Department of Health

Public Health England

Health Visitor Implementation Plan:

Quarterly Progress Report: July – September 2013

May 2014

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Health Visitor Implementation Plan:

Quarterly Progress Report: July – September 2013

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Contents

Introduction 5

Key achievements in the first quarter 6

Organisational responsibilities and programme governance 8

Workforce expansion 9

Transforming the service and revitalising the profession 14

Communications 20

Health Visitor Taskforce 20

Transfer of commissioning of 0–5 years children's public health services to local authorities. 21

Conclusion 22

1. Introduction

Purpose of the report

The Health Visitor Implementation Plan: A Call to Action, published in February 2011, set out how, through expansion of the health visitor workforce, (securing an extra 4,200 health visitors) and by transforming the health visiting service across England by April 2015, it will help secure effective, sustainable services to support families to give all children the best start, and to promote health and wellbeing in local communities. In summary, the programme will:

- improve health and wellbeing outcomes for under-fives;
- reduce health inequalities;
- improve access to services; and,
- improve the experience of children and families.

The Implementation Plan also committed to publishing quarterly reports explaining the programme's progress.

This report summarises the progress of the Health Visitor Programme from July to September 2013 and has been developed by the Department of Health, NHS England, Health Education England (HEE) and Public Health England (PHE). Previous quarterly reports, including for quarter 1, can be found at: https://www.gov.uk/government/publications/health-visitor-plan-quarterly-reports-2013-to-2014

Changes to the health and social care landscape

Since April 2013, the programme has been delivered within the new health and social care landscape, with the Department of Health joined by key partners organisations, in particular NHS England, HEE and PHE. Organisational roles were outlined in the quarter 1 update and in the '*National Health Visitor Plan: progress to date and implementation 2013 onwards'* (published in June 2013 to mark the programme's half way point), available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/208960/Implementing_the_Health_Visitor_Vision.pdf

2. Key achievements in the second quarter

Workforce Growth

At September 2013, there were 9,550 full time equivalent health visitors in post in England. This meant that overall, there were 1,458 more health visitors compared to the baseline figure at May 2010 of 8,092; (growth of 18%) and 1,873 more health visitors than the minimum number of 7,677 FTEs reached in August 2011.

This means that during quarter 2, the health visitor workforce has grown by 426 full time equivalents.

Collaboration to establish workforce trajectories and the training pipeline

Extensive collaborative working between NHS England at central, regional and local levels, HEE and its LETBs, and the Department of Health, enabled the development of workforce trajectories for 2013/14 and 2014/15, as well as the refinement of 2013/14 training targets during the quarter. This has enabled the service to remain broadly on track to meet the April 2015 expansion ambition of 4,200 extra full time health visitors.

Transforming service and revitalising the profession

NHS England and DH programme teams have been working to gather examples of good and innovative practice as well as case studies showcasing how the transformation of health visiting is impacting positively on outcomes for families. In partnership with DH, HEE, PHE and LGA, a process is being developed to facilitate capture of these case studies and examples from Regions, Area Teams, providers and partners with the aim that there will be a comprehensive database available for all partners in the near future.

To demonstrate the value of health visitors, six priority areas have been identified by the *Priority Areas Working Group.* Outcome of its work will support communication with a variety of audiences, including local authorities, about the impact of service transformation and will focus on and why these particular areas are important. The six areas are described in section 5 below.

For the first time using *current* specifications for data collection, a series of health visitor service metrics (2013/14) have been completed by all Area Teams and supplied to NHS England. The metrics measure for example, the number of antenatal visits made at 28 weeks and above. The intention is to record a range of data which demonstrates the ambitions of improved access experience and outcomes for children and families.

Health Education England LETBs together with DH professional leads, continued to work closely with health visiting service and education leads to support recruitment to training programmes and provision of high quality training, including placements.

HEE collated an overview of service transformation activities supported by LETBs and presented them to its Board.

Professional leadership and mobilisation

A range of activities, led by the DH/PHE Director of Nursing and health visitor professional leads, were delivered, in particular:

- Regional events to engage health visitor students held jointly between DN/CPHVA have continued through the summer and into autumn - facilitating dialogue with health visiting students about their training and careers.

- Following the Institute of Health Visiting's successful delivery of perinatal mental health training to around 300 health visitors across England earlier in the year, a further stage in facilitating spread of this training has begun, with three interactive e-learning modules are launched on the e-Learning for Healthcare portal.

- HEE sent out information to health visiting managers on useful training resources and recruitment marketing support via its LETB Health Visiting leads network.

3. Organisational responsibilities and programme governance

Following changes to the health and care system that came into effect in April 2013 the Secretary of State for Health remained accountable to Parliament for delivering the health visiting commitment. New key partner organisations, in particular NHS England, HEE and PHE were established and programme delivery is now based upon cross-organisational partnership working and contributions, with different partner organisations leading on specific programme elements.

A summary the changes is set out in the previous (quarter 1) update available at: : https://www.gov.uk/government/publications/health-visitor-plan-quarterly-reports-2013-to-2014.

To reflect the changed arrangements for the delivery of the programme a refreshed Programme Board was established to provide assurance that the overall direction and management of the programme will successfully deliver the programme outcomes. This board met for the first time in September 2013.

It is now jointly chaired by the joint DH and PHE Director of Nursing, Viv Bennett and by the Chief Nursing Officer, Jane Cummings (NHS England). It includes representatives of all of the key partner organisations including HEE, PHE and the Local Government Association, as well as the chair of the Health Visitor Taskforce.

4. Workforce expansion

Workforce trajectories

Workforce trajectories form the prime basis for assessing and monitoring progress on delivery of the Government's commitment to increase workforce capacity. During the quarter, NHS England worked very closely with its Regional Offices and Area Teams, HEE, Local Education and Training Boards (LETBs) and the Department, to develop a workforce trajectory for 2013/14 and 2014/15. Following a rigorous challenge process, the revised trajectory was submitted to the Department and signed-off through a letter from the Department to NHS England in August 2013. The key points outlined by the letter include:

- that the trajectory forms the focus of benchmarks that assess progress in delivering the 4,200 extra health visitors;
- it replaces the trajectory previously signed-off by the (former) SHAs;
- that significant variation from the plans would lead to necessary mitigation in good time
- that the particular challenge presented by London be regarded as a key priority and that a full range of options to help secure delivery be explored.

The trajectory for 2013/14 was rebased to reflect actual FTE numbers in post as at March 2013.

During the quarter, NHS England continued its use of the following, to ensure delivery:

- the performance management framework as part of the service specification, to ensure robust provider data systems are in place to enable the establishment of a national baseline for the delivery of the new model of health visiting;
- key lines of enquiry approach to facilitate Area Teams' explanation of shortfall of health visitor numbers against plan; and
- Area Team level reports, to form the basis for the collation of provider level service delivery data and a dashboard to RAG rate other aspects of service transformation.

Workforce growth

Health visiting workforce data for September 2013 was published on 19 December 2013. This showed the total number of health visitors nationally was 9,550 full time equivalents (FTEs). This was 121 FTEs (or 1.3%) above the September trajectory.

Overall, there were 1,458 more health visitors compared to the May 2010 baseline of 8,092 (growth of 18%), this equates to 34.7% of the 4,200 extra health visitors required by April 2015.

Workforce data is subject to seasonal influences and whilst data at the end of quarter 2 showed workforce growth slightly above trajectory, it will be important for the Department and its partners to continue their joint work, so as to ensure that progress remains on track to deliver the programme's commitment.

In particular, the challenges presented in London are acknowledged and future plans and supportive actions are likely to focus on: a relatively low level of qualifiers taking up posts, a

high level of staff turnover and the tendency to work part-time rather than full-time. Actions being considered include:

- initiatives aimed at reducing the use of agency staff; and,
- Area Teams working with provider organisations to minimise process delays, so that newly qualified health visitors are counted as part of the workforce as soon as possible.

Reducing service turnover and improving retention

Together with DH, NHS England has jointly commissioned NHS Employers to produce a web-based resource on health visitor retention and reduction in service turnover. This will lead to an on-line resource to be made available to all employers via the NHS Employers website, to help line managers deploy the best employment practices to aid retention of skilled professionals. It will also include guidance to support line managers with planning their future workforce requirements.

NHS Employers also agreed to provide one-to-one support for around 30 organisations where the data shows the greatest gap between actual numbers and numbers in the workforce trajectories and where most progress could potentially be made. The hub and one to one support will provide support through:

- a dedicated project team;
- use of quantitative and qualitative methods to understand the workforce; and,
- developing strategies to promote the new health visitor model and use of flexible working, development, improved recruitment, flexible retirement and health and wellbeing initiatives.

NHS England committed to supporting Area Teams in reducing service turnover through commissioning workforce initiatives to increase retention and supportive case studies outlining initiatives such as flexible retirement, were made available to the local service at the end of September.

Data and data quality

NHS England has responsibility for collection of the monthly Health Visitor Minimum Data Set (MDS), which is the main means for monitoring and assessing progress on workforce and training numbers.

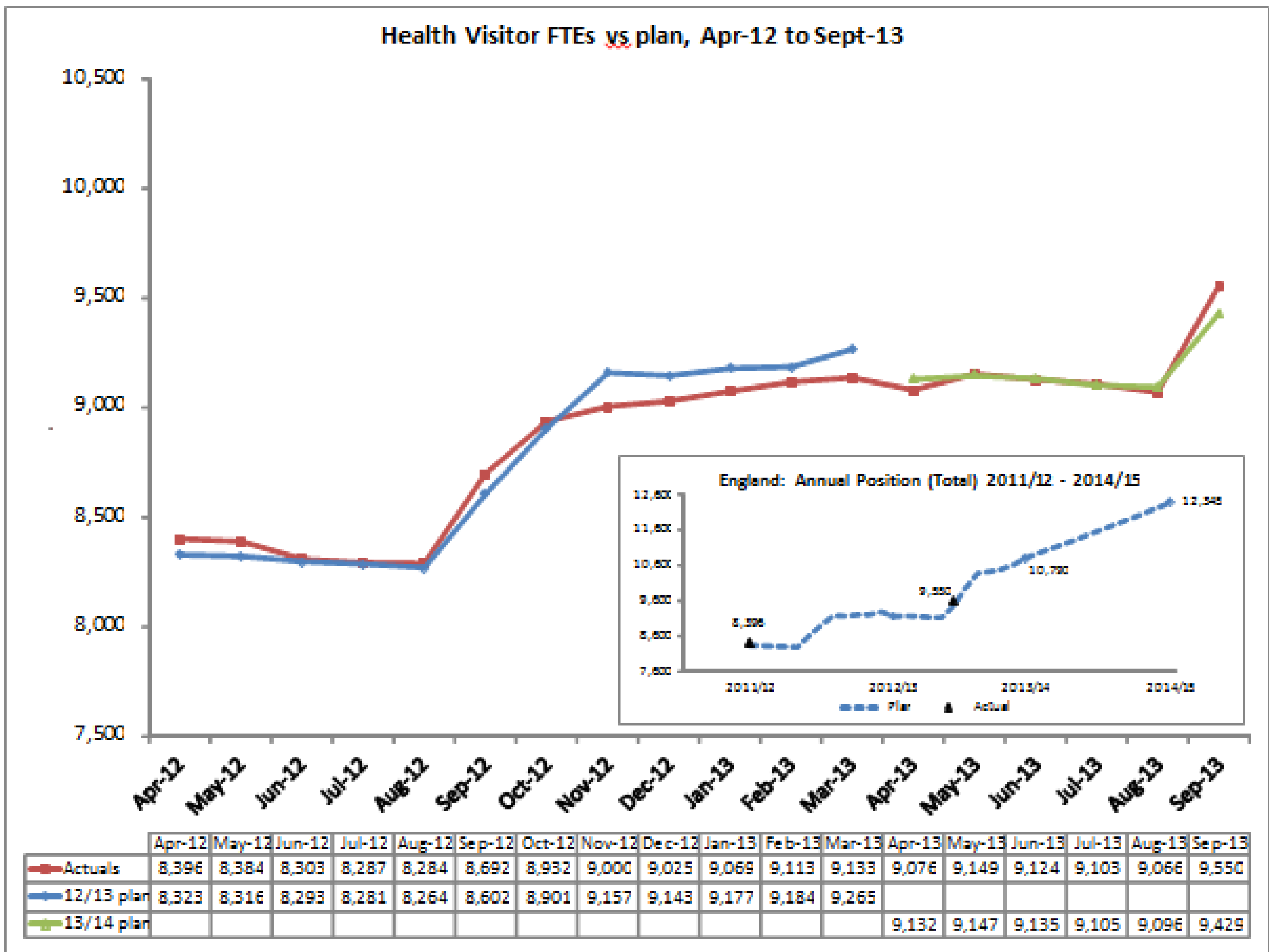
Area Teams have continued to embed associated collection arrangements, so as to develop more mature systems that fully capture local provider/commissioner flows, and accurately adjust reporting to accommodate structural changes. This has helped improve data accuracy, although further work is necessary.

NHS England and HEE have continued to develop supplementary reports to the MDS to provide additional information and insight into workforce and training issues. This will help organisations get more timely information to help better anticipate any emerging issues and develop responses accordingly.

Elsewhere, NHS England, DH, and HEE have agreed to work with providers, the Nursing and Midwifery Council (NMC) and with higher education institutions (HEIs), to ensure newly qualified, employed health visitors are counted on the electronic staff record system (ESR) as

soon as possible. Because ESR is the means through which the majority of the health visitor workforce is recorded, it is important that it reflects the most accurate position possible – avoiding distortion of time-lagged data, which distorts workforce information and can unduly influence recovery measures.

A summary of national progress against the national workforce trajectories is set out below.



	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Actuals	8,396	8,384	8,303	8,287	8,284	8,692	8,932	9,000	9,025	9,069	9,113	9,133	9,076	9,149	9,124	9,103	9,066	9,550
12/13 plan	8,323	8,316	8,293	8,281	8,264	8,602	8,901	9,157	9,143	9,177	9,184	9,265						
13/14 plan													9,132	9,147	9,135	9,105	9,096	9,429

Notes:

1.The graph above shows growth of the health visitor workforce (April 2012 to Sept 2013). The re-basing at April 2013 - when NHS England took up operational responsibility for delivering workforce growth, reflects joint adoption of a revised growth trajectory going forward to delivery in April 2015.

2. A non imaged-based version of the data table is available at annex A. This uses a larger typeface and facilitates use of screen-reading equipment etc.

Training trajectories and numbers

To meet workforce growth trajectories 2,732 health visitor training places are planned to be commissioned for 2013/14.

The cumulative number of students who started training as at September 2013 was 1,610. A further 657 offers of student training had been made for September and October 2013.

Reducing health visitor course attrition

By the end of the quarter, information on actual health visitor training course attrition was starting to be collected. This information will ultimately better inform the ability to model and estimate numbers completing training. A number of methods of reducing course attrition were being explored, including:

- Robust recruitment processes;
- Effective induction;
- Close working between Area Teams, service providers, health education institutions, and LETBs;
- High level support for students and mentors or supervisors;
- Assessment of student need/provision of support where needed; and,
- Individual support for potential course leavers.

Practice Placements workshop

In August HEE led a practice placements workshop that included attendees from:

- LETBs
- HEIs
- NHSE
- Practice Teachers
- NHS Employers
- Department of Health
- NHS England
- Unite
- NHS Trusts / HV Service Providers
  UK Standing Conference on Health Visitor Education UK Standing Conference on Specialist Community Public Health Nursing Education

The aims of the workshop were to help providers challenged by placement capacity issues and to examine the support available to practice teachers (PTs) and mentors in providing high quality input to a large number of trainees.

The event posed questions about:

- sustaining capacity at current levels in the context of future demand;
- how best can employers benefit from the skills and expertise of Practice Teachers (PTs) beyond the health visitor team itself (retaining skills to gain maximum return in investment); and,
- how best can HEE support PTs and mentors to provide high quality support to large numbers of trainees, practitioners returning to practice, newly qualified health visitors and other members of the team, (whilst at the same time ensuring effective, high quality care for families).

Actions for HEE and partners that stemmed from the workshop included;

- a scoping exercise to assess if any untapped PT resources are available;
- development of a national job description for PTs;
- raising the profile of PTs, through the likes of journal articles, and a need to articulate the future role of PTs post 2015;

- investigating whether PTs' access to the HEI library/other teaching resources, could be arranged;
- development of information for workforce directors and directors of nursing on the vision for health visiting; and,
- a broader media campaign about the role of health visitors and impact of health visiting.

A London health visitor 'intervention group' was established to understand individual organisational needs and their abilities to take additional students, including an audit of PT numbers and current PT:student ratios

Liaison with NHS Employers and its networks

Thirty eight health visitor workforce managers and practitioners engaged in NHS Employers three health visitor share and learn network events which took place during the quarter. The share and learn network is a forum to discuss local issues, propose solutions and share learning.

The agenda for the network is driven by members' needs. Evaluation showed that 100% of attendees' felt their expectations of the meetings were met. Meeting agendas included:

- the sharing of effective methods in practice teacher and preceptorship models;
- engagement of health visiting teams in the pilot of a health visitor online community of practice to support practitioners by providing a professional discussion forum for them; and,
- continued promotion of NHS Employers resources developed to help service providers to develop and grow their health visitor workforce.

NHS Employers also updated the health visitor section of its website to reflect developments in policy and NHS structure. Web statistics showed an average of 2,367 hits per month on NHS Employers health visiting pages from July-September. The website's resources are all available freely to all health visitors and their teams.

5. Transforming the service and revitalising the profession

Service transformation is, alongside expansion of the health visitor workforce, the key aim of the programme. Transformation is intrinsically linked with revitalising the profession and is being driven on three fronts:

- development of system and commissioning levers;
- service improvement programmes that are evidence-based and measurable; and,
- professional leadership and mobilisation.

The partner organisations are adopting an integrated approach to embedding health visitor service transformation nationally and they are setting out the steps to demonstrate success.

NHS England has instigated a series of webinars to provide a forum for share/learn around service transformation as well as an opportunity for participants to ask questions and discuss issues in a supportive environment. These webinars commenced in February 2014 and are running every 1st and 3rd Wednesday of each month.

NHS England is also in the process of developing a communications toolkit to support Area Teams in their ongoing discussions with providers and local authorities which will be delivered over the coming months. This is supported by a planned expansion of the external and internal website pages for the programme again providing both additional information as well as forums for open discussion and sharing of ideas and good practice.

Local level support

NHS England identified resource to support Area Teams and partnerships in embedding service transformation across England. In order to deliver the new model of health visiting in the context of the new and future commissioning systems, the overall strategy is centred on commissioner-led service transformation, with a local focus and engaged providers. All Area Teams put in a bid for service transformation funding, with London submitting a single bid.

Successful bids were focussed on the development of health visiting services to work effectively in areas of early attachment, maternal mental health, infant feeding and breast-feeding, and integrated 2 to 2 and a half year assessment using the Ages and Stages Questionnaire.

Other themes included development of a clear leadership role for health visiting and close working with stakeholders to define child and family centred models of delivery of the new model of health visiting.

Assessing progress

DH, NHS England, LGA, HEE and PHE are working together to ensure that the success of the transformed service can be demonstrated, as well as enabling continuity and building sustainability. Together they have identified 6 high impact areas, setting out how success can be demonstrated and early years profiles to support local areas to easily see the outcomes for the age group covered by the health visiting service (see section below).

Briefings for commissioners, providers and other stakeholders are ensuring they are engaged with the system, service and professional leadership requirements to deliver on these shared priorities. NHS England is evidencing progress through existing measures of outcome, access, effective delivery and parent experience.

Examples of transformation activity

HEE has compiled an overview of service transformation activities supported by LETBs. This is based on specific practice examples from the regions, to the NHS England/HEE joint governance board early this year. Specific examples include:

- As a cluster, Midlands and East published a summary of case studies of activities that HV service providers were undertaking in support of service transformation. In addition the LETB has supported development and implementation of initiatives, some of which were adopted nationally, including:

  - listening to the voice of Children and Families (resources to support HVs have more effective interaction with Children and their families when undertaking 2 year checks);

  - restorative supervision; and,

  - motivational Interviewing techniques.

- Roll out of East Midlands Building Community Capacity (BCC) programme will include early years colleagues in each cohort, thus supporting joint learning to develop local Health and Well Being strategies.

- London is working with HEIs and service providers to support energising the curriculum and a variety of education resources have been supported to enhance and complement the existing programmes, e.g.:

  - 'Think Baby' on-line training for all students and PTs across London;

  - HEIs and some Practice Teachers (PTs) have been supported with I-pads and tablets to enhance placements with increased education opportunities and IT communication with University lectures via face time/Skype that also reduces the need for additional placement visits; and,

- corporate membership to the iHV being rolled out across London to all HVs and students as part of the wide scale professional mobilisation.

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● The Southern Health NHS Foundation Trust has been working together with local Authorities to develop a toolkit, 'Strengthening Partnerships' to support integrated working with Children's Centres, maternity and GP's. This has provided a framework to integrate provision and delivery of care pathways that support parenting with healthy lifestyle choices such as breastfeeding, healthy weights and smoking cessation, management of sleep and behaviour issues, emotional wellbeing and maternal mental health.

The Trusts states that, "By working in partnership we can support vulnerable children as a system, by assessment and early identification of additional need and then provision of a rapid response which includes care packages delivered individually or as a group within the children's centre. A template for multiagency partnership working has been developed with protocols to support shared agendas and information sharing".

● In East of England, a comprehensive leadership programme entitled "Leading the Healthy Child Programme – building resilience in turbulent times"' has been delivered to almost 300 Band 7 and 8 clinical leaders during 2013 – learning will be shared at a conference event.

● Oxford Health NHS Foundation Trust has improved staff training in maternal mental health, with all clinical staff having undertaken mandatory training in this field. This has been facilitated by perinatal mental health champions who have been trained through the Institute of Health Visiting. Nine of its twelve localities now provide support groups three times a year for women with mild to moderate post natal depression.

● Health Education Yorkshire and Humber (HEYH) have funded additional CPT hours to support having sufficient trainees in place to meet the growth target, specific to areas where particular challenges exist. Through flexible CPD contracting, the aim is to deliver more education and training in support of the CPT role as required.

Measuring the impact of a transformed service

Awareness of the difference health visitor services make to the lives of children and families is key not only to future development of services, but also in demonstrating their value to commissioners.

The success of the Health Visiting programme in both increasing and retaining the workforce and transforming services requires sustained commitment from current health visitors and their teams. DH has the lead role for professional leadership and the Public Health Nursing Team are working with NHS England to support service transformation and provide evidence of support for the Public Health Outcomes Framework and with HEE to secure continuing professional development for newly qualified and experienced health visitors, particularly in priority areas such as maternal mental health.

Information about outcomes and their relationship to the service offer will help bolster the case for sustainability of health visiting services as commissioning transfers to local authority from October 2015.

NHS England and PHE's Child and Maternal Health Intelligence Network have developed Early Years Profiles of public health outcomes relating children aged 0-5 years. A Guide to Early Years Profiles supports interpretation of the data and development of evidenced-based actions to improve outcomes for children and their families. Links:
http://atlas.chimat.org.uk/IAS/dataviews/earlyyearsprofile and
http://www.england.nhs.uk/ourwork/qual-clin-lead/hlth-vistg-prog/

This will support both measurement of impact and setting of local priorities for action. The profile and guide will be reported at local authority level and will be available from March 2014, updated quarterly.

Service Metrics 2013/14 Q2

This is the first quarter for which a health visitor service metrics data collection has been completed by area teams using current specifications.

These metrics measure whether health visitor visits (important elements of the Healthy Child Programme (HCP) occurred. In the context of the strong evidence that prevention, promotion and early intervention in the early years have a positive impact on future health outcomes, the activities captured are important indicators of access to the HCP. Ultimately, when used in conjunction with relevant public health outcome data, it contributes to our understanding of the effectiveness of the health visitor service.

There are however issues remaining with data coverage and quality. In particular, whilst activity figures are presented for England and the regions in the table below, these are based on incomplete figures and are representative only of the providers who responded. Also, as this is new data, the quality is not as high as established collections. Hence, the data should not be interpreted as a baseline, rather, NHS England suggest it should be considered as pilot data.

Summary tables for the Q2 Health Visitor dashboard are presented below.

NB: figures reflect activity of responding provider organisations and may not be representative of the whole population.

Metrics: health visitor activity summary

	First antenatal visit at 28 weeks or above	New birth visit within 14 days	New birth visit after 14 days	Review at 12 months	Review at 2-2.5 years	Breast-feeding status recorded at 6-8 weeks	Breast-feeding received at 6-8 weeks	Sure start advisory board with health visitor present
North	13,252	69%	24%	74%	76%	91%	34%	93%
Midlands & East	6,627	81%	17%	73%	70%	99%	43%	90%
London	1,543	85%	10%	44%	44%	97%	39%	88%
South	11,119	64%	30%	53%	52%	99%	46%	99%
England	**32,541**	**74%**	**22%**	**65%**	**63%**	**96%**	**41%**	**94%**

Development of the six 'high impact areas'

To demonstrate the value of health visitors and their role, six priority areas have been identified to support communication with a variety of audiences, including local authorities, about the impact of service transformation and will demonstrate why these particular areas are important. . Each area is currently being developed by the Department in partnership with NHS England, HEE, PHE and the Local Government Association.

The six areas are:

- transition to parenthood and the early weeks, including attachment;
- maternal mental health;
- breast feeding;
- healthy weight, including nutrition and physical activity;
- development of the child two year review (the 'integrated review') and school readiness; and,
- managing minor illness, preventing accidents and reducing avoidable hospital admissions

Professional development and mobilisation

Since the outset of the programme, this key area of activity has driven service transformation and improved outcomes. This has been achieved through: development of health visitor skills and leadership abilities; liaison with the profession; and, guidance-based initiatives. Activities in this quarter 2, included the following:

Perinatal mental health champions

DH has funded the Institute of Health Visitors to train a network of 300 perinatal mental health visitor champions. This is proving highly effective training. Firstly, it addresses the fundamental requirements that are necessary for health visitors to manage anxiety, mild to moderate depression and other perinatal mental disorders and to understand the impact of these disorders on the child, the family and society, and to know when to refer on. Secondly, it's supported by interactive e-learning modules to help health visitors in the detection and management of perinatal depression and other maternal mental health conditions. As planned, the champions are disseminating training to colleagues and feedback is positive.

Domestic Violence and Abuse training

The Institute of Health Visitors is undertaking domestic violence and abuse training for health visitors in the form of ten 2 day workshops January to March 2014. This will deliver training for up to 300 health visitors, with subsequent e-learning modules being developed by the Institute and hosted by e-learning for Health.

The DVA Training will enable practitioners to:

- gain a clear understanding of the contemporary definitions of domestic violence and abuse (DVA), prevalence and impact within families and wider society;
- discuss the legislation, policy and evidence-base for excellence in practice;
- critically explore safe and appropriate approaches to initial identification and assessment of need and risk; and,
- provide a skilled and helpful response to potential victims of DVA.

Work has continued to support development of the child's 2 year integrated review - so as to develop a holistic review that identifies the child's progress, strengths and needs in order to promote positive outcomes in health and wellbeing, learning and behaviour.

Areas of focus have been:

- age 2 - 2 ½ is a crucial stage and early intervention –as an established key focus for Government;
- NCB research – due to report early 2014;
- early education places for disadvantaged 2 year olds;
- the context of moves towards greater integration, especially the planned transfer of responsibilities for 0-5 public health from NHS England to local authorities 2015
- commitment to a public health outcome measure at 2 – 2 ½ - measured as part of the integrated review
- the report on *Information Sharing in the Foundation Years and Government* response.

Revised guidance and pathways

A group made up of key professionals has been formed to review and where appropriate refresh the suite of guidance pathways that have been published since the beginning of the programme. They will consider; feedback on pathways, their use, gaps, changes and the need to reflect new resources/policy developments. The pathways/guidance group will focus on;

- Midwifery to Health Visiting;
- Health Visiting to School Nursing;
- Safeguarding; and,
- Youth Justice.

Ensuring the service is using the latest evidence

PHE has commissioned a rapid review of the evidence for the Healthy Child Programme (0-5 years). The review will cover all areas that will be commissioned in future by local government. Screening and immunization programmes are not included in the review as there are scientific committees overseeing these programmes.

6. Communications

Communication continues to be an important element of the programme's work to raise awareness of the programme's goals and how the respective contributions of all stakeholders support delivery of workforce growth and the new service vision. There is general agreement that cross-partner communications content includes messages about progress, achievements to date and/or upcoming plans to further support the profession.

7. Health Visitor Taskforce

This independent group champions the vision for the Health Visitor Programme, acts as a critical friend and provides strategic challenge to delivery. Chaired by Dame Elizabeth Fradd, it includes a wide range of stakeholders including parent representative groups, the voluntary and community sector, and professional organisations.

It regards one of its most significant current roles as its focus on visiting to health visitor services. This enables Taskforce members to gain an understanding of how the programme is working at a local level, and to report back on this to Taskforce and observers. In addition, Taskforce members offer their help and support for delivery, enabling local areas to benefit from their wide-ranging experience. Most recipients of visits acknowledge the encouragement and helpful suggestions they gain during a visit.

Taskforce views the visit programme as particularly important at present - when the focus on service transformation and improvement is increasing, and plans are being prepared to transfer

0-5 children's public health commissioning, (including health visiting, to local authorities from 2015). Visits may help to foster greater collaboration between Area Teams and local authorities.

Members have been encouraged to focus most of their visits to sites which may face the biggest challenges. Consideration has been given to including among the visit team, representatives from the local Area Team, LETB, local authority (particularly from public health), children's centre, established health visitors, newly qualified health visitor, student, practice teacher or mentor, and higher education institution e.g. a tutor or link-tutor.

During their visits, members have focused on the following areas:

- arrangements being put in place to strengthen relationships ahead of the transfer of health visiting service commissioning to local authorities in 2015;
- challenges around commissioning capacity or procurement;
- links with early years/children's centre providers;
- staff development and skill mix;
- workforce retention;
- extent of local focus on outcomes;
- challenges relating to service transformation and service change opportunities; and,
- practice placements (number/quality, capacity for student support and adoption of models in practice).

8. Transfer of commissioning of 0-5 years children's public health services to local authorities

The commissioning of 0-5 children's public health services will transfer to local authorities on 1 October 2015.

There will be a period of close working between the NHS and local government that will ensure an effective transfer and that local government is well prepared to receive these new responsibilities to add to existing early years and children's services.

At the national level, a task and finish group was established to develop a comprehensive transfer plan. The group is chaired by Jon Rouse, (Director General of Social Care, Local Government and Care Partnerships at DH), and includes membership from NHS England, Public Health England, LGA and Society of Local Authority Chief Executives.

Further details about the transfer will be communicated through partner organisations' regular channels of communication, and in the next Quarterly Update report at Q3.

9. Conclusion

The second quarter of the year saw the health visitor programme continuing to operate in the context of the new system architecture. Work during the quarter focused on continued progress, both on the expansion of the health visitor workforce and on continued momentum around service transformation. The quarter has also seen the emergence of service metrics data that will help illustrate the impact of the health visitor service and will over time, be of invaluable use alongside the service 'dashboard,' in demonstrating service effectiveness.

The report has recognised and highlighted some of the challenges to delivery, and these are being addressed jointly by all partners, in order that the programme remains on track to deliver its aims as it enters the second half of 2013/14.

The Health Visiting Programme Board is well-placed to initiate and co-ordinate cross-partner action and to harness effective collaborative working to make this happen.

Annex A

Health Visitor numbers (full time equivalents versus plan) April 2012 – September 2013.

	Apr - 12	May -12	Jun - 12	Jul - 12	Aug - 12	Sep- 12	Oct - 12	Nov - 12	Dec- 12	Jan - 13	Feb - 13	Mar- 13		Apr - 13	May - 13	Jun - 13	Jul - 13	Aug - 13	Sep - 13
Actual number health visitors	8,396	8,384	8,303	8,287	8,284	8,692	8,932	9,000	9,025	9,069	9,113	9,133		9,076	9,149	9,124	9,103	9,066	9,550
Planned number health visitors 2012/13	8,323	8,316	8,293	8,281	8,264	8,602	8,901	9,157	9,143	9,177	9,184	9,265	Planned number health visitors 2013/14	9,132	9,147	9,135	9,105	9,096	9,429

The graph above shows growth of the health visitor workforce (April 2012 to Sept 2013). The re-basing at April 2013 - when NHS England took up operational responsibility for delivering workforce growth, reflects joint adoption of a revised growth trajectory going forward to delivery in April 2015.