

1 August 2012

Chief Executives of Strategic HA Clusters

Chief Executives of Primary Care Trusts Clusters

Directors of Nursing

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000

Gateway reference: 17892

Dear Colleague

Government commitment on health visiting: 2012/13 delivery and assurance

We first wrote to you on this Government commitment last year. As we now move towards the first year of significant expansion, we are writing again to set out the actions needed to keep the commitment on track.

The Health Visiting Implementation Plan: A Call to Action – 2011-15 (Feb 2011) set out the Government's commitment to a larger, re-energised health visiting service to deliver a new model of support to families, building on the Healthy Child Programme.

The Operating Framework 2012/13 makes clear Department of Health expectations for joint work between SHA and PCT clusters on health visitors and Family Nurse Partnerships to ensure grip on delivery of service expansion and improvement:

SHA and PCT clusters should work together to deliver the number of health visitors required as part of the Government commitment to increase the number by 4,200 by April 2015. Commissioners should ensure that new health visitors coming through the expanded training pipeline are effectively supported and deployed. The increased number of health visitors will ensure improved support for families through the delivery of the Healthy Child Programme and the Family Nurse Partnership programme.

As part of the 2012/13 integrated planning round, SHAs have been discussing operating plans for this year, which included training and workforce trajectories up to 2015. In an equivalent approach to last year's letter, a table with a regional breakdown of agreed workforce and training numbers for 2012/13 to 2015 is included as an annex to this letter.

Delivery and assurance

SHAs will ensure the following arrangements exist during 2012/13:

- FTE health visitor workforce numbers are reported using data from the Electronic Staff Record (ESR) and non ESR sources, in line with agreed definitions of the Health Visiting Minimum Data Set (HV MDS)¹
- progress is closely tracked in line with the agreed plans for growing the workforce, including training commissions and return to practice towards the additional 4,200 extra health visitors by 2015
- extended coverage of local delivery of the Healthy Child Programme during 2012/13 is demonstrated, moving towards delivering the full service offer as soon as possible
- effective support and deployment of health visitors by ensuring adequate and consistent provision of Practice Teachers. Practice Teachers should have sufficient time for teaching, assessment and overview of clinical placements for all health visitor students. In addition, Practice Teachers should be available to provide support to all newly qualified health visitors, whose contribution is regularly quality assured
- focus around sharing current good practice, peer review and building local communities of practice. Fully using Early Implementer Sites to help shape and lead service transformation
- close working with partners and stakeholders to the health visiting agenda, including Sure Start Children Centres, local authorities, Health and Well-being Boards, Clinical Commissioning Groups, GPs and wider early years staff. Moving to a model of partnership working around service delivery and developing joint planning arrangements.
- Primary Care Trusts prepare for smooth transfer of commissioning responsibility by compiling documents relevant to current arrangements, for example, details relating to providers of health visitor services, existing service specifications or contracts where in place, and local performance data. This information should be shared with relevant Local Area Teams in advance of formal handover to the NHS Commissioning Board.

The Department has worked with NHS Employers to produce a guide for planners, commissioners and employers of health visitors, which outlines an approach that has proven successful when seeking to grow sections of local

¹ Please note that neither bank nor agency staff are captured by ESR and neither were counted in the May 2010 baseline. Therefore, bank and agency staff should not be included in any part of the return.

NHS workforces in the past– offering employment at the point of recruitment to training. *Health visitor employment: from training to practice – a guide for employers*, describes the employment model, its benefits and how to implement it in local areas. This offers a model of practice for those who need it and can be found on the NHS Employers website at:

<http://www.nhsemployers.org/PlanningYourWorkforce/childrensandfamiliesworkforce/Healthvisiting/Healthvisitoremploymentfromtrainingtopractice/Pages/Healthvisitoremploymentfromtrainingtopractice.aspx>

Commissioning pathway to 2015

The future commissioning route of health visiting and the wider children's public health service from pregnancy to 5 age group was subject to consultation in the Public Health White Paper and last summer the Government set out its approach in the Command Paper, *Healthy lives, healthy people: what you said about our plans to help people stay healthy and what we are going to do*.

In the medium term, the Government is committed to transferring commissioning of children's public health services for the 'pregnancy to 5' age group, from the NHS Commissioning Board to local authorities. However, in the short-term, its view is that the commitment to transform the service: raising the numbers of health visitors and at the same time strengthening the Healthy Child Programme and expanding the Family Nurse Partnership by 2015, is best achieved through NHS commissioning. It has therefore retained its intention that the NHS Commissioning Board should lead commissioning in the short-term. This will be achieved via a section 7a agreement between the DH and the NHS Commissioning Board.

This will include work to ensure health visitor training, which from April 2013 will be commissioned by Local Education & Training Boards, is aligned with commissioning of services.

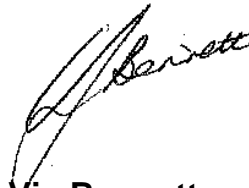
For 2012/13, PCT clusters will, supported by SHAs, continue to commission health visiting services. The NHS Commissioning Board is currently developing its commissioning process for April 2013 to March 2015 as well as developing a process to ensure smooth handover to local authorities at the end of this period. Funding for health visiting will not be part of the local authority public health budget until 2015.

It is vital to delivery of this Government commitment that the service continues to drive both the transformation of what health visitors do on the ground as well as delivery of the workforce and training trajectories as agreed with each SHA.

Yours Sincerely

A handwritten signature in black ink that reads "David Flory". The signature is written in a cursive style with a period at the end.

David Flory CBE
Deputy NHS Chief Executive

A handwritten signature in black ink that reads "Viv Bennett". The signature is written in a cursive style with a period at the end.

Viv Bennett
Director of Nursing

Annex: Health visitor allocation - baseline and milestones (signed-off by SHA Directors of Nursing)

	May 2010 FTEs	March 2013 milestone	March 2014 milestone	April 2015 target	Planned training commissions in 2012/13 ²	Planned training commissions in 2013/14	Planned training commissions in 2014/15
North East	481	629	653	677	57	46	40
North West	1,386	1,463	1,648	1,808	285	285	90
Yorkshire and The Humber	890	1,087	1,211	1,287	221	147	100
East Midlands	664	808	953	1,067	237	237	60
West Midlands	870	964	1,174	1,337	377	315	60
East of England	812	894	1,070	1,268	296	303	70
London	1,151	1,308	1,584	1,842	374	374	100
South East Coast	549	689	803	984	274	274	70
South Central	494	603	716	815	180	180	50
South West	795	820	1,010	1,207	260	295	110
North	2,757	3,179	3,512	3,772	563	478	230
Midlands & East	2,346	2,666	3,197	3,672	910	855	190
London	1,151	1,308	1,584	1,842	374	374	100
South	1,838	2,112	2,529	3,006	714	749	230
England	8,092	9,265	10,822	12,292	2,561	2,456	750

² Planned training commissions for 2012/13 and 2013/14 are based on workforce planning assumptions submitted during the 2012-13 planning round and, as such, may be subject to change

Health Visitor trajectories, England

