



***Health Visitor Implementation Plan
Quarterly Progress Report***

October-December 2012

Health Visitor Implementation Plan Quarterly Progress Report – October-December 2012

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Introduction

1. The health visiting profession – which this year celebrates its 150th anniversary - and its service to families is highly valued by the Government. In its 2010 Coalition Agreement, the Government committed to increase numbers of health visitors by an extra 4,200 by April 2015. Ministers want that extra capacity to bring with it the ability for local teams to improve public health outcomes, providing personalised care, with health visitors having the time to provide parents with critical health and development advice, and to connect families to the array of health and wider community resources that help them to give their children the best start in life.

2. The Department is funding a four-year transformational programme of recruitment and retention, professional development and improved commissioning linked to public health improvement. This will secure a future health visiting service that is universal, energised and fit for long-term growth. *The Health Visitor Implementation Plan 2011-15 – ‘A Call to Action*, published in February 2011, sets out how we will work with partners to deliver this ambition. As part of our commitment to report on progress every quarter, this report covers the period October-December 2012.

3. Thanks to the concerted support of the profession itself, the NHS, Higher Education Institutions and wider partners, we are delivering our commitment, with over 6,000 new health visitors being trained before 2015. In 2011/12, three times as many health visitors began training, compared to in 2010/11. This year, we are starting to see real growth as this cohort of newly qualified health visitors begin to join the frontline.

4. Our programme of Early Implementer Sites continues to drive service transformation in a range of settings across the country, ensuring clinical delivery of the Healthy Child Programme, improved antenatal services, breast-feeding and immunisation rates, parental confidence and improved information sharing among practitioners and parents.

Key Programme achievements this quarter

1. Professional Mobilisation

1.1 The professional mobilisation workstream continues to work at a pace to deliver improvements to the professional development on offer for health visitors. It continues to work with higher education institutions, the Royal College of Nursing (RCN) and the Community Practitioners and Health Visitors Association (CPHVA), along with other professional bodies and clinicians, to develop training opportunities, the health visitor curriculum and to deliver high quality guidance in the form of frameworks and pathway documents.

1.2 In the last quarter, the workstream has successfully delivered on:

Building Community Capacity - The contract for the long term hosting of the BCC programme was awarded to e-Learning for Health (e-LfH) who are working closely with Northumbria University to transfer the learning over to their interactive e-Learning website, www.e-lfh.org.uk/ with the end of January 2013 being the expected date for completion of the transfer and live roll-out. DH has continued to work with e-LfH in the lead up to the transfer to ensure a successful launch of the BCC e-learning modules.

Curriculum Development and Training Opportunities - The Practice Teacher Task and Finish Group has produced its final report and an action plan has been developed based upon its findings. The survey is published and the Department will be undertaking a trend analysis of the data (planned to be available during Q4).

A procurement exercise has now started to secure a supplier of Peri-Natal depression training.

Work on the Career Framework will be informed by further work on the Public Health agenda and will, in due course, be adapted to include these broader issues.

Pathway Development –

The Safeguarding Pathway (Enhancing Professional Guidance), was launched at the CPHVA conference in November and has been well received.

A Task and Finish Group has now begun work to develop a health visitor pathway to provide the tools, skills and guidance for health visitors to be better equipped to deal with domestic violence. This will lead to publication of a Domestic Violence Pathway towards the end of 2012/13.

Professional Mobilisation and External Engagement -

The workstream is now looking ahead to how it will effectively engage with local authorities (LAs) as the programme looks forward to the planned transfer of commissioning to LAs from April 2015.

A repeat of the successful RCN Roadshows is taking place in January/February 2013, one of the main points of focus is to bring more people into the professions.

Work has been completed to map the health visiting contribution to the Nursing Vision and its associated '6cs'. This involved identifying the specific contributions at population and individual level for the priority area of maximising health and wellbeing.

1.3 Over the coming quarter, the professional mobilisation workstream will continue to work closely with the NHS Commissioning Board and Health Education England ensuring smooth transition of the workstream into the new delivery landscape. It will also continue to highlight professional mobilisation at speaking engagements and presentations and preparing for the next round of awareness raising roadshows with RCN.

1.4 Work has been ongoing with early years' partners, including 4Children. Three 'share and learn' events, (hosted by 4Children)

attracted around 100 participants at each location. They have facilitated joint learning/updates on both health and education issues related to supporting families in the Foundation Years and have enjoyed positive evaluation.

2. Growing the Workforce

2010 Baseline and 2015 target

2.1 The baseline for measurement of the growth in the health visitor workforce of 4,200 extra full time equivalents (FTEs) is May 2010, at which point there were 8,092 FTE health visitors. This means that at the programme's conclusion in April 2015, the total number of health visitors should stand at or about 12,292 FTEs.

2.2 The vast majority of the growth will come from delivering an increase in the number of training places and we plan to train over 6,000 new health visitors before 2015. Other methods include improving retention of the current workforce and encouraging ex-health visitors to return to practice.

Progress to date

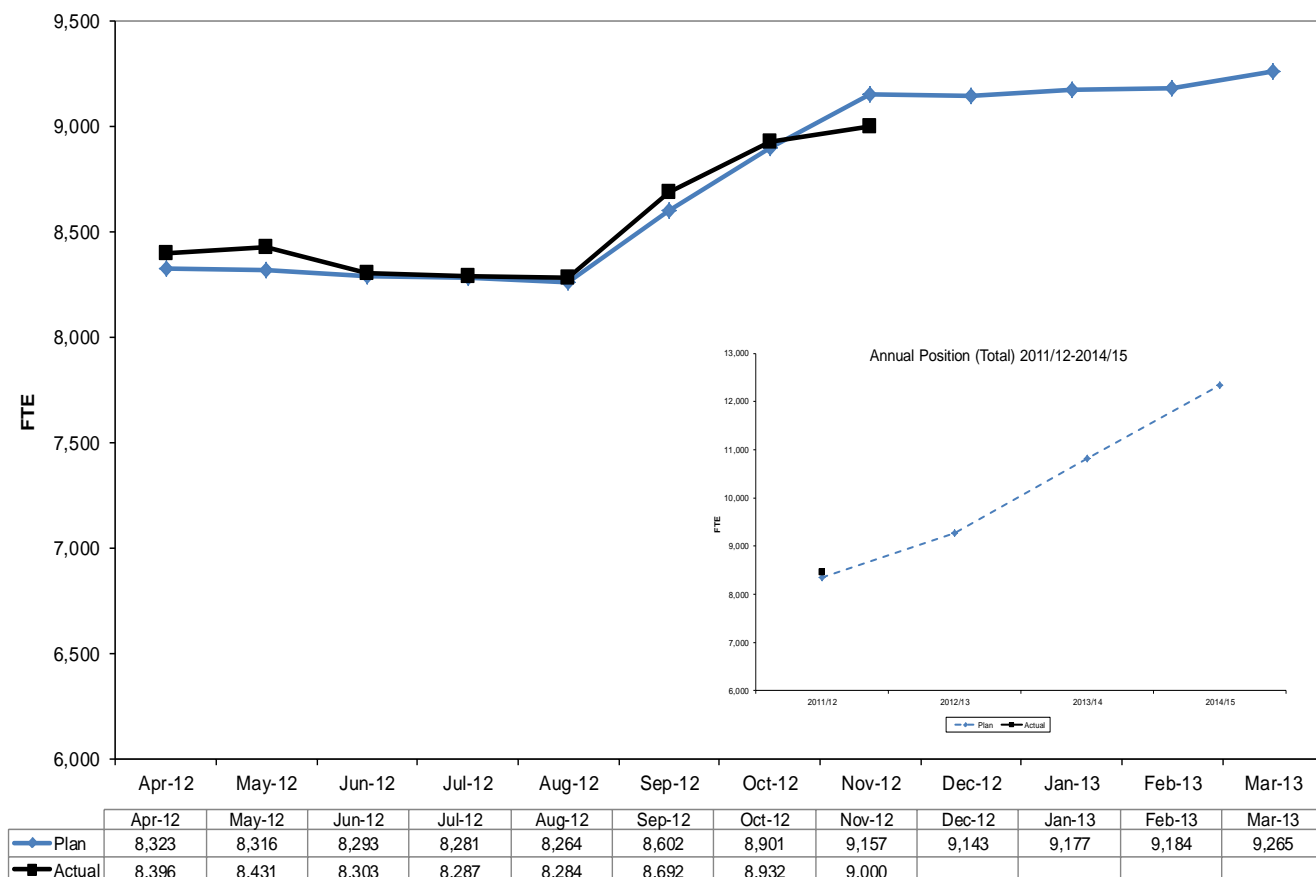
2.3 Latest figures (for November 2012, published on 21 February 2013) show there are 9,000 full time equivalent (FTE) health visitors - an increase of 908 (11 per cent) since May 2010, 157 below trajectory.

2.4 Increases in health visitors were expected at this stage, as the health visitor students who entered training in autumn 2011 qualify and take up employment. However, it is disappointing that we are off-trajectory.

2.5 In order to return to the programme's established trajectory of growth, we are leading recovery discussions with the relevant SHAs. As we move into the new landscape of responsibilities in April 2013, we are ensuring our partner organisations - the NHS CB and HEE - also participate in this dialogue, as well as in our scrutiny of training intentions (parag. 2.6 below refers), to deliver robust plans that will place us back on track.

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Chart to show the number of FTE health visitors in post up to November 2012 at national level (against the cumulative SHA plans), as well as the overall trajectory (2011 – 2015).



Please note all numbers are rounded to the nearest whole number, however full numbers are used in any calculations
 * ESR May-10 Baseline does not reflect the 2011 PCT boundary changes

Sources: NHS Information Centre and Health Visiting Minimum Data Set
 Please note all numbers are rounded to the nearest whole number, however full numbers are used in any calculations

Training

2.6 Latest data shows that SHAs planned to commission 2,627 training places in 2012/13 including ‘return to practice’. The actual and forecast position for 2012/13 gives an estimated fill of 2,410, which is 217 short of the planned commissions.

2.7 Final actual intakes for 2012/13 will be available later in the year and three SHAs are currently looking at revising their plans for 2013/14 to make up the expected shortfall in 2012/13.

3. Implementation Support

What have implementation support team helped to deliver?

3.1 The current Health Visitor Programme (HVP) consists of a number of integrated functions, across several national and local organisations. Since the beginning of the HVP, the Implementation Support Team has been one of these key functions. Our approach to national implementation has been based on the NHS change model and is consistent with the principles of mass-mobilisation and large-scale change described by the NHS Institute for Change and Innovation.

3.2 Implementation Support currently has two delivery work-streams: *Assuring Service Delivery - Strategic and Commissioning Mobilisation*; and *Health Visitor Service Transformation - Provider and Practitioner Mobilisation*. This approach encompasses all levels of the emerging NHS system, joining up implementation support and assuring delivery across England. The programme listens to our stakeholders, ensuring their voices are heard and the support functions are adapted to best help the NHS transform and deliver real change. The table below describes the achievements made with the aid of the national implementation support function.

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All EISs have:	All SHAs have:
aligned their services to the four tier offer	implementation plans in place for health visiting and wider children's health
delivered at least one project linked to antenatal visits or 2-2 ½ year review	early implementers covering all PCTs, supporting local networks and communities of practice (CoP)
developed at least one of their improvements into a poster	successful locally delivered projects and programmes over the last two years
a named health visitor on their local Sure Start Children Centres (SSCC) board	evidence through project reports, posters and case studies to share good practice regionally and nationally
developed evidenced based care packages aligned to the Health Child Programme (HCP)	a SHA self-assessment framework (12 month coverage) to understand current position to full implementation of the HVP
measures and metrics in place to evidence their delivery and support their portfolio of success	a focused recruitment programme for posts, as well as recruitment of potential health visitors into training
plans that all their health visitors, including students are trained in safeguarding every 12 months	access to programme funding to support embedding projects, supporting transition and developing commissioning for better support for children and their families
developed an implementation journal to publish their narrative of service offer implementation	access to national implementation support, tools, frameworks and guidance
delivered significant service offer improvements with little or no workforce growth	have a regional understanding and picture of their health visiting providers and their gap to full service offer delivery
embedded or have plans to embed health visiting services specifications aligned to the Health Visitor call to action	built good assurance infrastructures around commissioning delivery
involvement in their local community of practice / health visiting network	innovated and developed national metrics of success

3.3 The Implementation Support Team are working with some Early Implementer Sites (EIS) to strengthen their portfolio of success and project delivery to demonstrate the levels of service transformation achieved. Three events were held in December to support this work and the team will maintain on-going coaching relationships with them to March 2013 to enhance delivery.

Health Visitor Communities of Practice

3.4 The Implementation Support Team continues to support the development of Health Visitor Communities of Practice locally, through Strategic Health Authority (SHA) Clusters. All SHA clusters now have Health Visitor Communities of Practice, which are defined locally, and being further developed with support from EISs, who are leaders in local delivery of the new service vision and family offer. The Communities are being used to support the delivery of the service commitment according to the guiding principles developed by the Department of Health. SHA colleagues will continue to be supported and guided in Community of Practice development.

Case Studies

3.5 Case studies are used widely to enhance delivery of the Health Visitor Implementation Plan and to showcase innovation. In December 2012 twenty case studies were published on the Department of Health website. Further case studies from SHA colleagues and EIS leads will be published in the first quarter of 2013.

4. Communications and Marketing

4.1 Autumn communications activity was focused on face-to-face engagement at professional conferences and building tools for our delivery partners to use to promote the vision for health visiting. Our media campaign featured articles promoting new career guidance for health visitors which was showcased in a case study in the Nursing Times.

4.2 In November the country's first Institute for Health Visiting was launched – its founding had been supported by the Department. At its launch event, the lead Minister Dr Dan Poulter delivered a speech, which included a message of personal support from Prime Minister David Cameron, to an audience representing the senior academic and professional leadership of health visiting.

4.3 The launch was further heralded by a feature article with Viv Bennett, Director of Nursing at the Department of health, in the Journal of Health Visiting - the country's newest journal for health visitors, which began publishing in January this year. The

publication is compiled and launched by the same team that established Practice Nursing, Independent Nurse, British Journal of School Nursing and British Journal of Nursing.

4.4 During the autumn ‘conference season’, the Programme engaged a range of professional groups whose roles see them working closely across the health (primary and maternity services) team and colleagues in social care. In addition to health visitors, this included contacts with school nurses, midwives, and GPs and meant the programme was represented at the following conferences:

- School and Public Health Nursing Association (SAPHNA)
- Community Practitioners and Health Visitors Association (CPHVA)
- Royal College of Midwives (RCM)
- NHS Alliance

4.5 In particular, the programme used the opportunity at this year’s CPHVA conference to promote clinical guidance developed to help health visitors, midwives and school nurses to work seamlessly in partnership together to deliver the best public health services to children in the early years.

4.6 As the timeframe for transition of the Health Visiting Programme to the new health and social care landscape reaches its key stage, an event on 27 February 2013 is being developed to demonstrate the achievements of the two years of Early Implementer Sites. This will support transition, with input from both the Chief Nursing Officer at the NHS Commissioning Board and the Director of Nursing from the Department of Health, amongst other key stakeholders.

4.7 The event will use keynote speeches to reflect the respective roles of partner organisations in transforming health outcomes for children, followed by a programme of facilitated workshops based on the NHS change model. Delegates will be able to work through the challenges for the future of the programme and look to spread the best practice developed for collective solutions.

Recruitment and marketing

4.8 The recruitment acquisition campaign has already generated over 30,000 expressions of interest amongst nurses through registrations in response to a mailing in March 2012. Further acquisition activity that has either recently been completed, or currently underway, is outlined below.

SHA Recruitment Toolkit: Nov 2012

4.9 This has been developed to foster collaboration and centrally assist local SHA recruitment initiatives. The Toolkit has a dual role to help with both acquisition and conversion. The content includes the following components: key messaging; brand guidelines; and best practice creative.

Face-to-Face hospital events: Jan – Feb 2013

4.10 Recruitment via information stands at hospitals in self-selecting SHAs. Health Visitors will be available to answer questions from interested nurses and capture their details to find out more via our recruitment registration programme and/or signpost to their nearest SHA. Events will also be held in collaboration with the Royal College of Nursing and in NHS Direct offices.

Digital film: Jan 2013

4.11 A one-minute film to showcase the compelling reasons to consider a Health Visiting career and engage potential recruits. The film is hosted on the NHS Careers site and promoted via digital display advertising on NursingTimes online network.

4.12 Mailings to new nurses and in support of SHAs are planned. These mailings will generate further interest by approaching previously untargeted groups of new nurses and providing an extra push in those SHAs where required.

Conversion activity

eCRM programme: ongoing from Oct 2012

4.16 eCRM is an electronic mailing campaign to convert previously acquired leads to sign up to training courses in their local area via a series of themed emails covering areas such as: training; support; finance; and funding.

Direct Mail: Jan – Feb 2013

4.17 Through a Direct Mail (DM) campaign the programme aims to convert previously acquired leads to apply to become a health visitor via a paper equivalent of eCRM programme. The DM is targeted to re-energise and motivate their pursuit of a fulfilling new career.

5. Taskforce

5.1 The Health Visitor Taskforce continues to champion delivery of the Programme by supporting Early Implementer Sites through a series of visits, and engaging with Health Visitors and related professions at events nationwide, including at the CPHVA conference.

5.2 The Taskforce also acts as a critical friend to the Department through direct feedback at meetings, and by representation from the Chair at the Health Visitor Programme Board. Activities the Taskforce has contributed to following the last Quarterly Progress Report include:

- contributing to projects the RCGP, RCN and RCPH are taking forward working with GPs;
- speaking at the Kings College London induction week for nursing students to talk about the Programme and the future of health visiting;
- continuing the programme of visits to the EISs where members learn about the work of the sites and have the opportunity of offer their support;
- and running a workshop at the East of England Health Visitor conference on the purpose of Taskforce and the Programme.

6. Leading the Programme through NHS transition – The Future Delivery Board

6.1 Through the Health and Social Care Act 2012 the NHS is being modernised so that it is more responsive, efficient and accountable. One result of this is that the health and care landscape will alter significantly, with major structural changes due to be completed on 31 March 2013. The main changes affecting the Health Visiting Programme will be the abolition of SHAs and PCTs and the creation of the NHS Commissioning Board (NHS CB), Health Education England (HEE) and Public Health England (PHE) all of which will become fully operational on 1 April 2013.

6.2 Whilst the Secretary of State for Health will retain overall responsibility for the delivery of the Programme these changes will impact on the way in which the Health Visiting Programme is delivered. To date, it has been delivered primarily working through the SHAs.

6.3 From 1 April 2013, the responsibility for operational implementation of the Government's health visitor commitment will fall to the NHS CB. This will be achieved through what is known as a Section 7A agreement, in which the Secretary of State has set out the NHS CBs responsibilities for delivering the Health Visiting Programme in 2013-14. A further Section 7A agreement will be developed for 2014-15. From April 2015, the intention is to transfer the commissioning of health visiting services from the NHS CB to local authorities.

6.4 The Section 7A agreement includes arrangements for funding, assurance and the key deliverables the NHS CB will be held to account for. More detail on the specific agreement regarding health visiting is in a **service specification** for Public Health Services for Children (from pregnancy to age 5) and can be found at:

<https://www.wp.dh.gov.uk/publications/files/2012/11/27-Childrens-Public-Health-Services-pregnancy-to-5.pdf>

6.5 It should be noted that the NHS Commissioning Board (NHS CB) will commission health visiting services through its 27 Area Teams and **not** CCGs. HEE will support delivery of the

Programme by ensuring that the training and education commissions are in place to enable workforce expansion. NHS CB and HEE will therefore work closely and collaboratively to ensure commissions are at the appropriate level and take account of service providers plans.

6.6 To ensure the Health Visiting Programme is fit and ready to continue to deliver a Future Delivery workstream was established in the autumn of 2012. The aim of the workstream is to ensure that all of the delivery partners, DH, NHS CB, HEE and PHE, are clear about their responsibilities, there is an effective programme structure and governance in place and that the new organisations have plans and resources in place to continue implementation.

6.7 Due to the importance of this work, it was agreed that a separate board should oversee it, which is comprised of senior decision makers from each of the partner organisations. The Future Delivery Board will ensure that each organisation is clear on what its responsibilities are, approve resources and plans, and assure that risks and issues are being managed effectively. The Board meets monthly, reporting to the HV Programme Board and its contribution will be reviewed after April 2013.

6.8 The Future Delivery Board, chaired by Viv Bennett, met for the first time on 13 December 2012. At the meeting the terms of reference and membership were agreed, resources were identified and the general workstream approach was approved. It was also agreed that the Board would be supported in their work by a Future Delivery Working Group comprised of relevant people from each organisation who would be responsible for developing and delivering the products outlined above.

6.9 The Future Delivery Working Group will meet for the first time in late January to begin developing the plans and structure for future delivery of the Health Visiting Programme.

7. School Nurse Development Programme

7.1 Steady progress continues against the actions outlined in the “Call to Action”. Active engagement with the profession and stakeholders continues.

7.2 Over the past quarter we have published the following documents:

- Fact-sheets:
 - Head teacher
 - Health and social care professionals
 - The elected members fact sheet is being checked with stakeholders
- Pathways:
 - Youth Justice
 - Safeguarding

Other documents and guidance still to be developed include:

- Complex needs pathway
- Young Carers pathway
- Emotional wellbeing and mental health pathway
- Sexual Health pathway

7.3 Work continues to strengthen the workforce and raise the profile of school nursing. The work with NHS careers is progressing with new footage being developed for the website, aimed at 16-24 year olds.

7.4 The draft ChiMat portal has been scoped and will go live in March 2013.

7.5 Work continues through the HCP transition programme, including transition risk and workforce commissioning/planning

7.6 Over the coming quarter the following is planned:

- Further work on “Call to Action”.
- Work with Local Government Authority to manage the transition.

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- Identify and scope recommended actions from the Carlisle report – a standardised approach to school nursing.
- Piloting Champions for school aged health with the British Youth Council
- Young carers development work with the Queens Nursing Institute and Royal College of Nursing
- Parent fact sheet focussing on public health messages, with some specific input on fathers.