



Department  
of Health

**NHS**  
*England*



Public Health  
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*Health Education  
England*

# The National Health Visitor Plan:

progress to date and  
implementation 2013 onwards

A summary

## Introduction

As part of its strategy to ensure families and children have the best start in life the Coalition Government remains committed to expanding the health visitor workforce by 4,200 and transforming the health visiting service, by 2015.

*“There is overwhelming evidence that tells us that the first few years in children’s lives shape their future development, and influence how well children do at school, their ongoing health and wellbeing and their achievements later in life.”*

Supporting Families in the Foundation Years, DfE and DH, 2011

The Health Visitor Implementation Plan 2011–15 made the case for health visiting services, setting out a vision and providing a roadmap for delivery. We have revised the plan to take account of progress made, changes in the health and care landscape and to help secure sustainable health visiting services beyond 2015. The full document and this summary is available at <https://www.gov.uk/government/publications/health-visitor-vision>

## Progress from 2011–13

The **workforce has increased**. There were 9,113 health visitors (full time equivalent) in post in February 2013, an increase of 1,021 from the May 2010 baseline. In 2012/13, four times as many students began training compared to 2010/11.

*“As a newly qualified health visitor, I am respected, well supported, and my more experienced colleagues not only embrace my ideas and leadership but positively encourage them. I feel I have the opportunity to make a real difference to families and communities, as part of a large health visiting team and growing workforce.”*

Rachel Dent, Health Visitor

**Transformation of health visiting services**, using the new four tier service model, has started:

### Community – Universal – Universal Plus – Universal Partnership Plus

**49 Early Implementer Sites** (EIS) are working to deliver the four tier health visiting service model locally. They have spearheaded the development of services in new and innovative ways, for example on preparing for parenthood and the 2–2½ year child review. Over 40 case studies have been published.

#### **Southern Health NHS Foundation Trust, Hampshire: Raising the profile and duration of breastfeeding**

The Trust has worked with health visiting teams, Children's Centres and maternity partners, to develop a number of interventions that raise the profile of breastfeeding and provide practical support. Initiatives include: promotion of venues that offer a warm welcome to breastfeeding; development of electronic resources for parents and GPs; and, a two-day breastfeeding management course for health visitors and Children's Centre staff. Planned benefits are: increased duration of breastfeeding; consistency of knowledge; and, improved maternal wellbeing.

Since the health visiting programme started **the health visiting profession has improved its leadership skills and gained in confidence**. This is the result of actions including building support for the health visiting vision, improved professional development, the publication of professional advice and guidance and the introduction of flexible teaching and mentoring models.

## 2013 onwards

The programme will continue to deliver on the following themes (each contains examples of some supporting actions that have or will be taken):

- **workforce expansion:**

- NHS England and Health Education England (HEE) will support delivery of their agreed plan for workforce growth;

- NHS England Area teams will ensure sufficient posts are created and sufficient, adequately supported practice teachers and placements are provided;
- HEE will promote health visiting as a career and attract the best quality candidates into training.

- **service transformation:**

- clear expectations for service delivery have been set in a national core service specification that Area Teams are using with providers;
- a performance management framework will be used to assure delivery against the service specification;
- defined pathways, to support the four tier service model, are being put in place;
- continued learning from the EISs and other sources.

- **professional leadership and mobilisation:**

- establishing and maintaining strong partnerships and effective communications and leadership with professional bodies, regulators, the Local Government Association and others;
- continuing to engage and re-energise the profession whilst also raising the profile and status of the profession;
- ensuring high quality training and continuing personal and professional development programmes help build capacity and skills.

Many individuals and organisations, working in partnership, will support the vision and contribute to delivery from 2013. These include:

- *Individual professionals and teams:* health visitors, practice teachers and mentors, nursery nurses, midwives, school nurses, GPs, primary health care teams, mental health practitioners, learning disabilities nurses, Children's Centre staff.
- *National bodies:* NHS England, Department of Health, HEE, Public Health England, Nursing and Midwifery Council, and voluntary, parent and professional representative bodies.

- *Local bodies:* NHS England Area Teams, Local Education and Training Boards, local authorities (LAs), health and wellbeing boards, providers of health visiting and primary care services, and education providers.

## Health and wellbeing outcomes

An expanded workforce, combined with transformed services, is expected to contribute to reductions in health inequalities, improvements to health and wellbeing outcomes and better experience and access for families and children. Progress will be measured against outcomes in the Public Health Outcomes Framework and the NHS Outcomes Framework, in particular:

Under 18 conceptions	Infant mortality	Low birth weight of term babies	Smoking status at time of delivery
Breastfeeding (initiation and at 6–8 weeks)	Vaccination coverage	Healthy weight 4–5 years	Tooth decay in children age 5

NHS England have also identified, within their core service specification, the NHS outcomes influenced by health visiting actions.

## Sustainability and transfer of commissioning from 2015

We want to ensure the programmes' legacy is a strong, vibrant health visiting profession and service beyond 2015. We will work to support the transfer of commissioning of health visiting services to local authorities, alongside the appropriate funding, from 2015.

Actions are already underway to support this, including:

- health visiting service providers are being encouraged to work closely with LAs to determine which services are offered locally and to contribute to Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies;
- the LA community will be involved in developing the NHS England health visiting service specification for 2014/15; and,
- support for on-going development of the public health workforce in LAs to inform commissioning of early years.

## Conclusion

The early years of life are critical in shaping health and wellbeing throughout life. Improving outcomes for children, families and communities, as well as creating services that provide better access and experience, are essential.

Health visitors remain central to achieving this vision. As one parent from Hampshire said:

***“what they do is priceless”***

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