

# Service vision for health visiting in England

CPHVA Conference 20–22 October 2010

## Chief Nursing Officer's foreword

Last year I wrote to you through the foreword of a document *Getting it Right for Children and Families*, which set out the evidence base for health visiting and the key roles of health visitors in supporting children and families to achieve the best start and the best health outcomes. One year on, I am delighted to be writing again to tell you what we have achieved and what there is still to do.

We have completed the initial 'Action on Health Visiting' programme. This has demonstrated considerable achievements on all of our initial ambitions and has refocused attention on the role of health visitors and their unique professional contribution to child development and family support. We have begun a process of rebuilding, clarifying roles and promoting expansion and take-up of training places, although there is further to go to sustain and increase capacity. I would like to thank all the health visitors, other NHS staff and Unite/CPHVA who all worked very hard to build and sustain the partnership approach which was the basis for this work.

Since the commencement of our work, we have of course had a general election and a new government. The Coalition Government is committed to increasing the number of health visitors and to maximising the potential of their role to support children and families, and in addition to building and using the resources of local people and communities to improve health and wellbeing.

Specifically, they wish to see the development of a programme to increase the number of health visitors to:

- Provide increased support to all families
- Provide and/or enable access to additional tailored care packages/ support according to family need

- Develop community capacity and utilise that capacity in providing a wide range of services and choices to local people.

In this pack, we set out the service vision for health visiting in England. We show how health visiting fits within the Coalition Government's policy and the ambition to build up health visiting to have sufficient capacity to deliver on the five key components of service. We suggest how the vision might look for children who have a disability or illness and through school nursing for children and young people of school age.

We know that we have more work to do to make this vision a reality and are working with the NHS, Nursing and Midwifery Council and higher education to rapidly increase numbers in the workforce.

We also know that we need to have strong, effective commissioning of services for children and families and communities, and the service vision shown here will be the basis of our commissioning support programme for health visiting services.

So I am asking for your views on how we best take the vision forward.

We have a great opportunity for health visiting to be visible and valued across the whole spectrum of practice and, most importantly, to play its part in providing the best health outcomes and high quality services. I look forward to working with you to make this a reality.



Dame Christine Beasley, Chief Nursing Officer for England

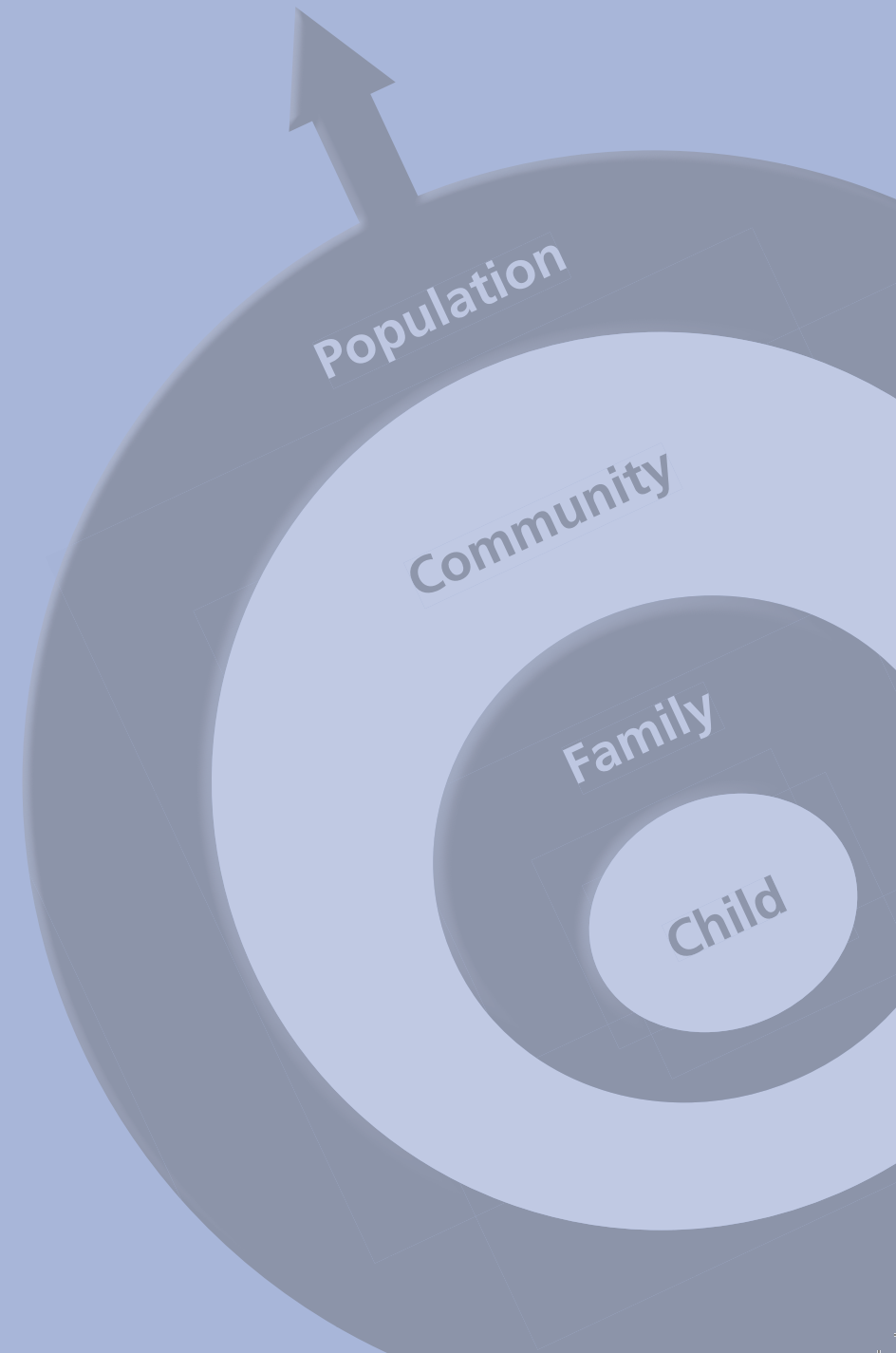
## Service vision for health visiting in England

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This booklet gives some of the detail of that vision, which we will continue to develop with the profession, partners and the NHS.



Slide 1 sets out areas across a wide range of policy where health visitors are seen as having key roles. Slides 2 and 3 set out the service spectrum in more detail, showing the scope and components of an effective 21st century health visiting service.

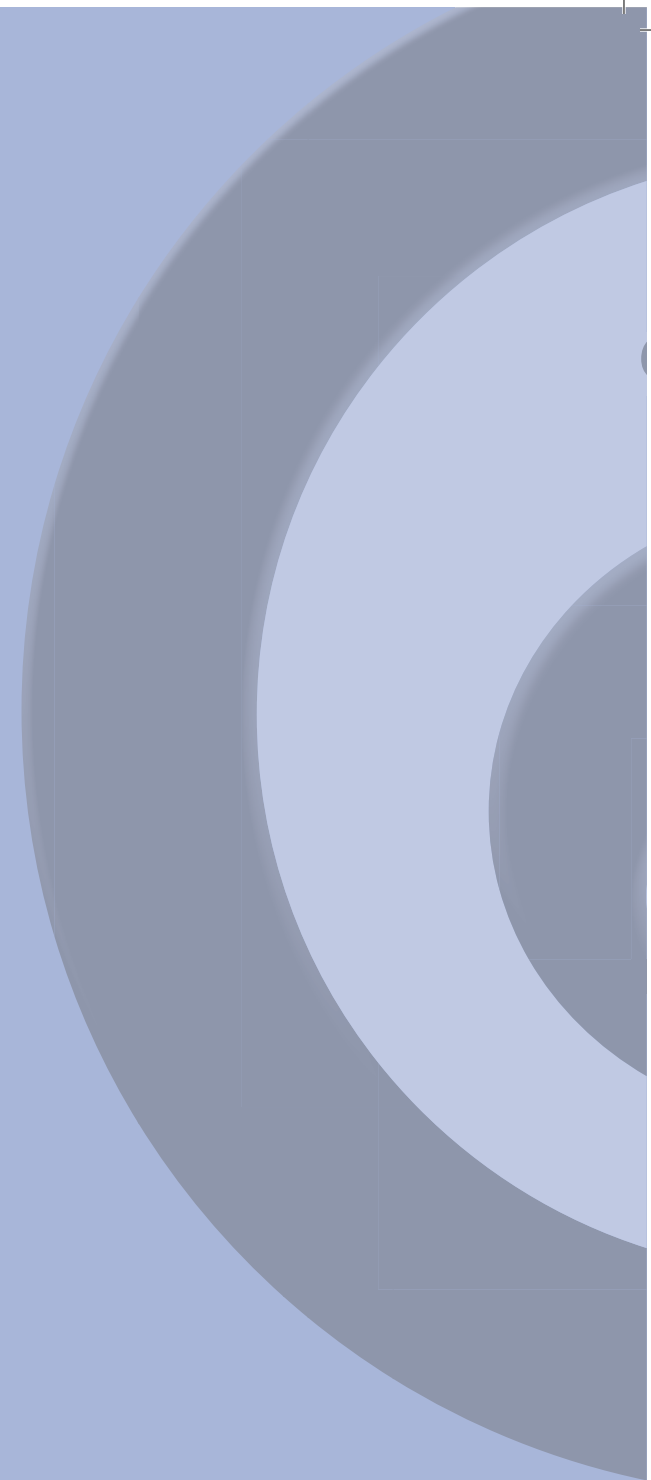
Slide 4 then asks whether the vision would apply to schools nursing services for older children and young people, and Slide 5 then applies the components to a service for families with a child with a disability.

The universal prevention and early intervention pathway from pregnancy to 5 years is shown in Slide 6, and for families needing additional support including Family Nurse Partnership in Slide 7.

This training pack then builds on the engagement with the profession in 2009 to set out the detail of the services provided by health visitors and their teams in each of the five service components (Slides 8–10).

We want to know what you think would help to improve and implement the service vision. We know that the workforce growth is the major concern and we have strong commitment and workforce growth plans to achieve this.

Beyond this there are other areas on which we are seeking your views. We would be grateful if you would complete the short questionnaire at the end of document and give us any other feedback.



# Achieving better health for children, families and communities: the health visiting contribution

## Improving public health

(\*Best health outcomes)

## Developing community resources

(\*Community capacity/Big society)

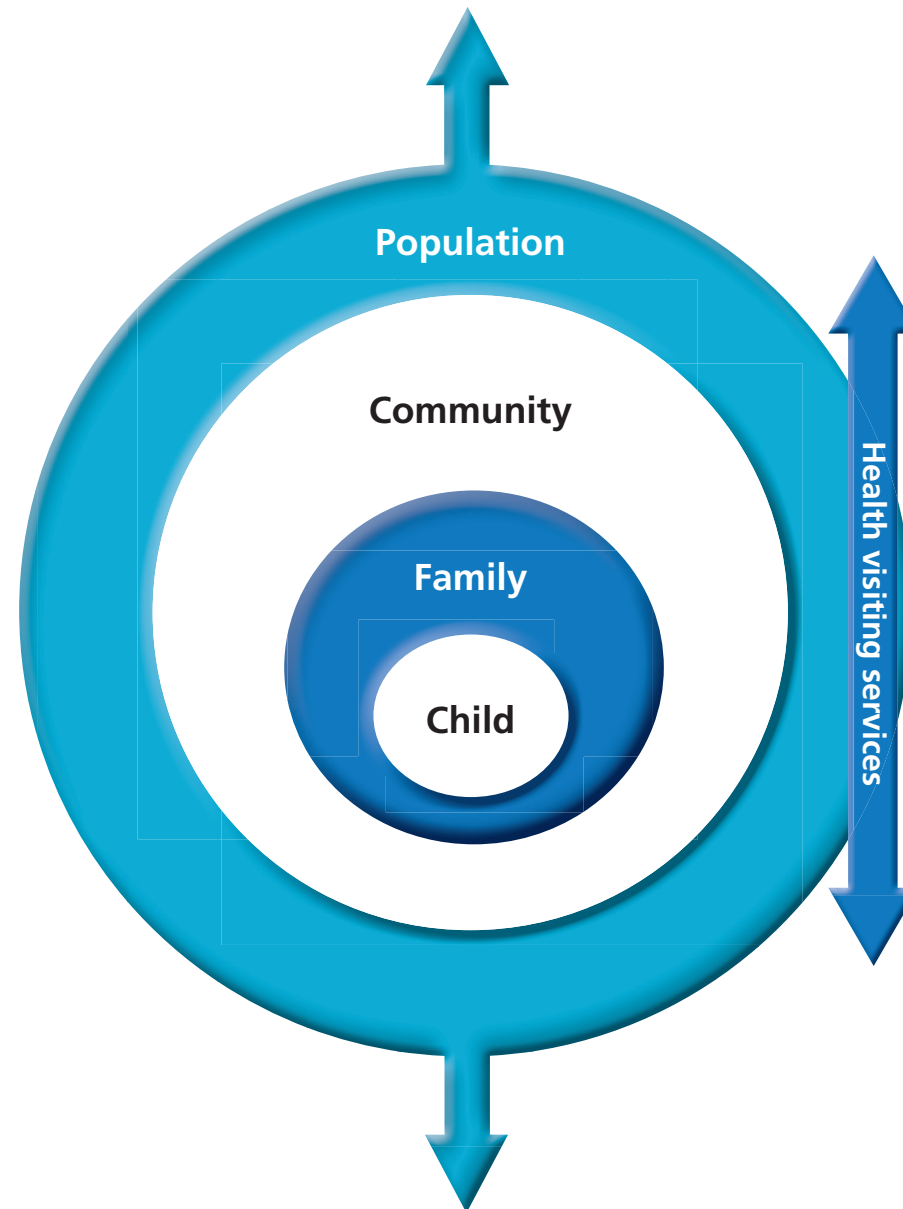
## Maximising family resources

(\*Supporting families)

## Bridging family services and primary healthcare services

(\*General practice focus for health)

## Accessing specialist services



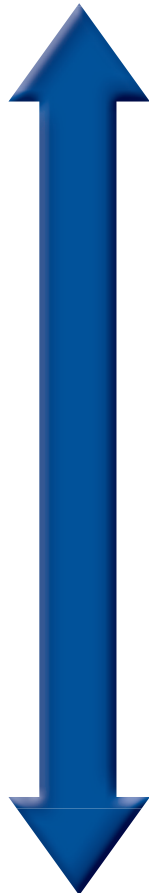
## Health visitors

(\*empowered professionals with more autonomy)

Health visitors: skilled to improve health outcomes by:

- Providing family health services – more contacts and extended range care packages
- Championing wider health and wellbeing, prevention and public health, building family and community capacity
- Utilising resource – leading teams delegating and referring

**Community  
and public  
health**



**Individual  
health**

**Local people and  
community groups**

**All families**

Universal HCP service offer  
(with increased contacts)

**Some families –  
some of the time**

Specific additional care  
packages

**Some families all  
of the time**

Ongoing additional support

**A few families**

Intensive multi agency  
care package for safeguarding/  
child protection


**Building and using  
community capacity  
to improve health  
outcomes**

**Leading and delivering  
Healthy Child Programme**

**Lead health visitor and  
health visitor in Sure  
Start Health Teams**

**Vulnerable children  
and families**

**Safeguarding and  
protecting children**

Service spectrum	Service components	HV key role (see following for detail)	Underpinning requirements
<p><b>Community and public health</b></p>  <p><b>Individual health</b></p>	<p>Working with local people and community groups</p>	<p>Building and using community capacity to improve health outcomes</p>	<ul style="list-style-type: none"> <li>• Improved commissioning</li> <li>• Effective Sure Start team</li> <li>• Increased HV capacity</li> <li>• Increased nursing and SS health assistant</li> <li>• HV with autonomy and authority to lead teams provide, delegate, refer based on professional judgement</li> <li>• Stronger partnerships</li> <li>• Excellent communication across health and social care</li> </ul>
	<p>Universal healthy child programmes</p> <p>Service offer (with increased contacts)</p>	<p>Leading and delivering Healthy Child Programme</p> <p>Lead health visitor and health visitor in Sure Start Health Teams</p>	
	<p>Specific additional care packages</p>	<p>Vulnerable children and families</p>	
	<p>Ongoing additional support</p> <p>Intensive multi agency care package</p>	<p>Safeguarding and protecting children</p>	

# Service vision: How might this model look for schools nursing services for older children and young people?

School based public health



Individual health

## All children and young people (CYP)

Universal HCP  
Service offer  
(with increased contacts)

Leading and delivering Healthy Child Programme

Leading/coordinating school health teams

## Some CYP and/or some of the time

Specific additional care packages

Vulnerable children/young people and families

## Some CYP all of the time

Ongoing additional support

## A few CYP

Intensive multi agency care package

Safeguarding and protecting children and young people



# Service vision: How might this look for families with a child with a disability?



**Local people and community groups**

Proving information on services in local community  
Working with others to develop and improve facilities services  
Sign posting/facilitating communities of 'interest' with parents and third sector organisations

**All families**

Universal HCP service offer (with increased contacts)

Using increased contacts to be alert to signs of developmental delay/difficulty  
Building strong relationships enabling parents to raise concerns  
Ensuring HCP is accessible for disabled children  
Using evidence based development checks to identify potential problems  
Reviewing speech and communication at 2½ year check  
Referral for further opinion/diagnosis

**Some families – some of the time**

Specific additional care packages

Providing additional care programmes may be needed where related to their child's disability or often to address issues which can arise in any family but are increased where a child has special needs – maternal/parental mental health, feeding/weaning, play etc  
Working with others to provide/supervise programmes to promote child's health and development

**Some families all of the time**

Ongoing additional support

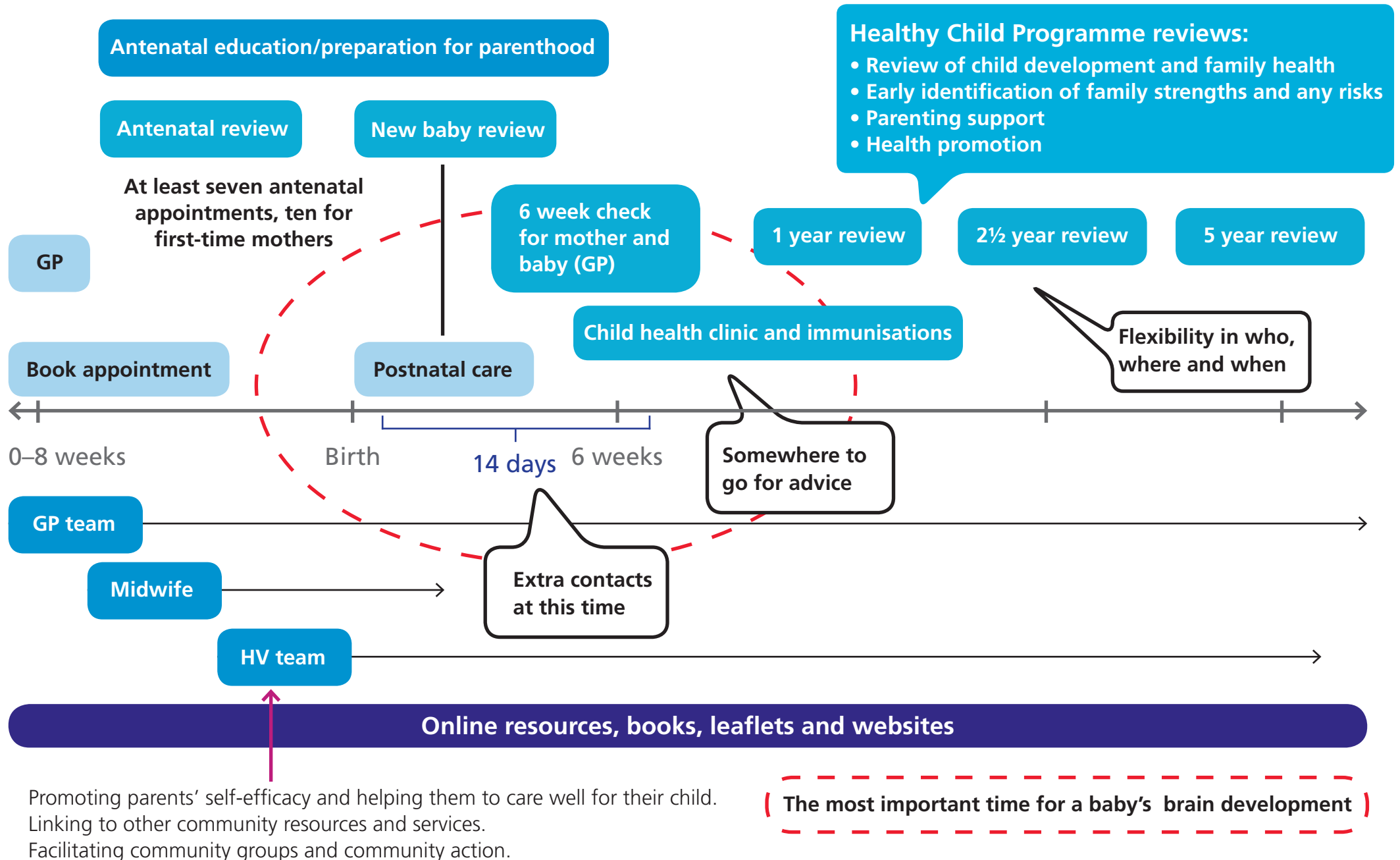
Many families with a child with a disability will require ongoing support from a team around the child. HV may provide key worker or team role in addition to ensuring universal preventative services are provided. HV may coordinate/support the family to coordinate the range of support and additionally ensure needs of siblings/other family members are addressed

**A few families**

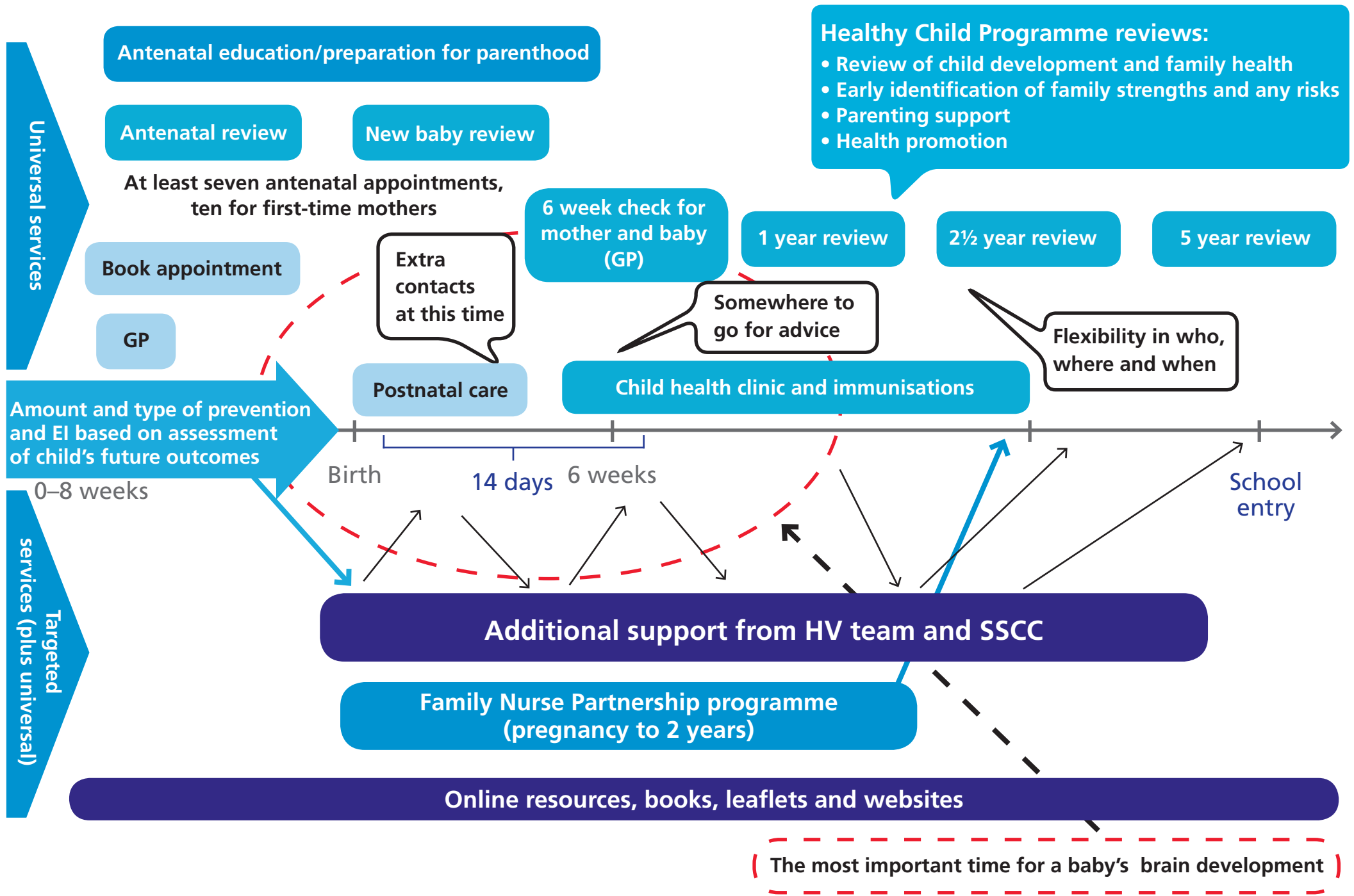
Intensive multi agency care package for safeguarding/child protection

Health visitors maintain contact with families while formal safeguarding arrangements are in place  
It is essential to do this so that families receive an effective service during a crisis and ensure families receive preventative health interventions

# The universal prevention and early intervention pathway from pregnancy to 5 years



# The prevention and early intervention pathway from pregnancy to 5 years



## Health visiting services at community level will include:

Slide 8

Community services are key to the increased focus on health and wellbeing. As one of the few groups of health professionals educated in public health, health visitors play a lead role in improving health outcomes. They will do this by:

- Applying the principles that guide health visiting through the whole service spectrum
- Providing direct services and supporting and encouraging others such as health trainers, community nurses and allied health professionals to be 'health promoting practitioners'
- Supporting local commissioners to build accurate and localised health needs analysis and provide advice on accessible and acceptable services for local people
- Overseeing the Healthy Child Programme for a given population and developing outcomes of effectiveness for local programmes
- Building community strengths and capacity to generate local responses from local people to the health issues that matter to them
- Utilising community resources (eg voluntary, social enterprise) as part of providing support to local families
- Working with key partners such as SSCC
- Implementing high impact changes, including:
  - Using creative ways to implement public health programmes, such as the HCP, in order to build the foundation for future health, so reducing later costs
  - Making sure that the voices of children, young people and families are central to the planning and evaluation of services, using formal and informal processes
  - Adapting the hours during which community services are accessible to suit the needs of children, young people and families
  - Developing new ways of providing services to families who find it difficult to connect with traditional service arrangements
  - Offering services in a range of settings and through different media.

## Health visiting services will include:

### Universal services

Services for all families (universal Healthy Child Programme)

#### HV roles in leading and providing include:

- Antenatal visit/family health assessment/preparation for parenthood
- New birth visits – parenting, feeding, health checks, screening – planning future healthcare
- First year contacts: formal health programme immunisation, screening, physical and developmental checks, information, support, feeding, parenting, safety, relationships
- One to three years: formal health programme, including 2–2½ year health and development review, dental health, keeping safe, nutrition, speech, language and communication, play
- Three to five years: formal health programme for school entry.

#### Sure Start and community/public health

- Establishing the children's centre health promoting environment
- Delivering a wide range of health services in the children's centre
- Establishing effective partnerships between the children's centre, local GPs, the primary healthcare team and maternity services
- Having an information-sharing protocol in place across local children's services
- Coordinating health campaigns, improving information
- Offering education and training for children's centre staff.

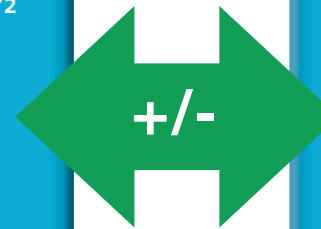
### Additional services

**For families needing additional, specific intervention/care packages**

**Health visitors' professional judgement and expertise to provide, delegate or refer**

For example:

Relationship counselling  
Maternal mental health/PND  
Parenting advice on family health and minor illness  
Sleep problems  
Feeding/weaning problems  
Pre-school behaviour  
Speech/communication problems



## Health visiting services will include:

### Vulnerable children and families

Health visitors are skilled at identifying families with high risk and low protective factors, enabling these families to express their needs and deciding how they might best be met.

**This may include:**

- Offering evidence-based programmes
- Encouraging the use of the Common Assessment Framework
- Referring families to specialists
- Arranging access to support groups, for example those provided in the local Sure Start Children's Centre
- Organising practical support – for example working with a nursery nurse on the importance of play
- Delegating focused contacts to a team member and monitoring effectiveness.

“Health visitors should use evidence-based methods to create behavioural and psychological changes, setting clear objectives and agreeing with families how they are to be achieved. Where health visitors refer families to services such as parenting programmes, they should review the impact and assess whether the desired outcome has been reached.”

### Safeguarding and protecting children

Health visitors are educated to recognise risk factors, triggers of concern, and signs of abuse and neglect, as well as protective factors. Using this knowledge they can concentrate their activities on the most vulnerable families. Through their preventative work they are often the first to recognise that the risk of harm to children has escalated to the point that safeguarding procedures need to be implemented.

Health visitors maintain contact with families while formal safeguarding arrangements are in place.

It is essential to do this so that families receive appropriate preventative health interventions and an effective service during a crisis.

Health visitors contribute to all stages of the child protection process, including serious case reviews, and may be called upon to appear in court to explain the action they have taken.

They support the work of the local safeguarding children board through the delivery of multi-agency training programmes and through their membership of working and task subgroups.



Outcomes

## FEEDBACK FORM

**It is intended to use the models and examples in this booklet to inform our commissioning support work, and we would really value your thoughts on the questions below.**

Do the scope of service and service components encompass the full potential of health visiting services?  Yes  No

If not, which components are missing?

Are there additional services that should be added to the service model for families with a child with a disability? (please specify)

Could the model be used for services provided by school nursing to older children and young people?  Yes  No

If no, what needs to change?

If yes, what would need to be included?

Is the universal prevention and early intervention pathway from pregnancy to 5 years (Slides 6/7)  Clear  Comprehensive

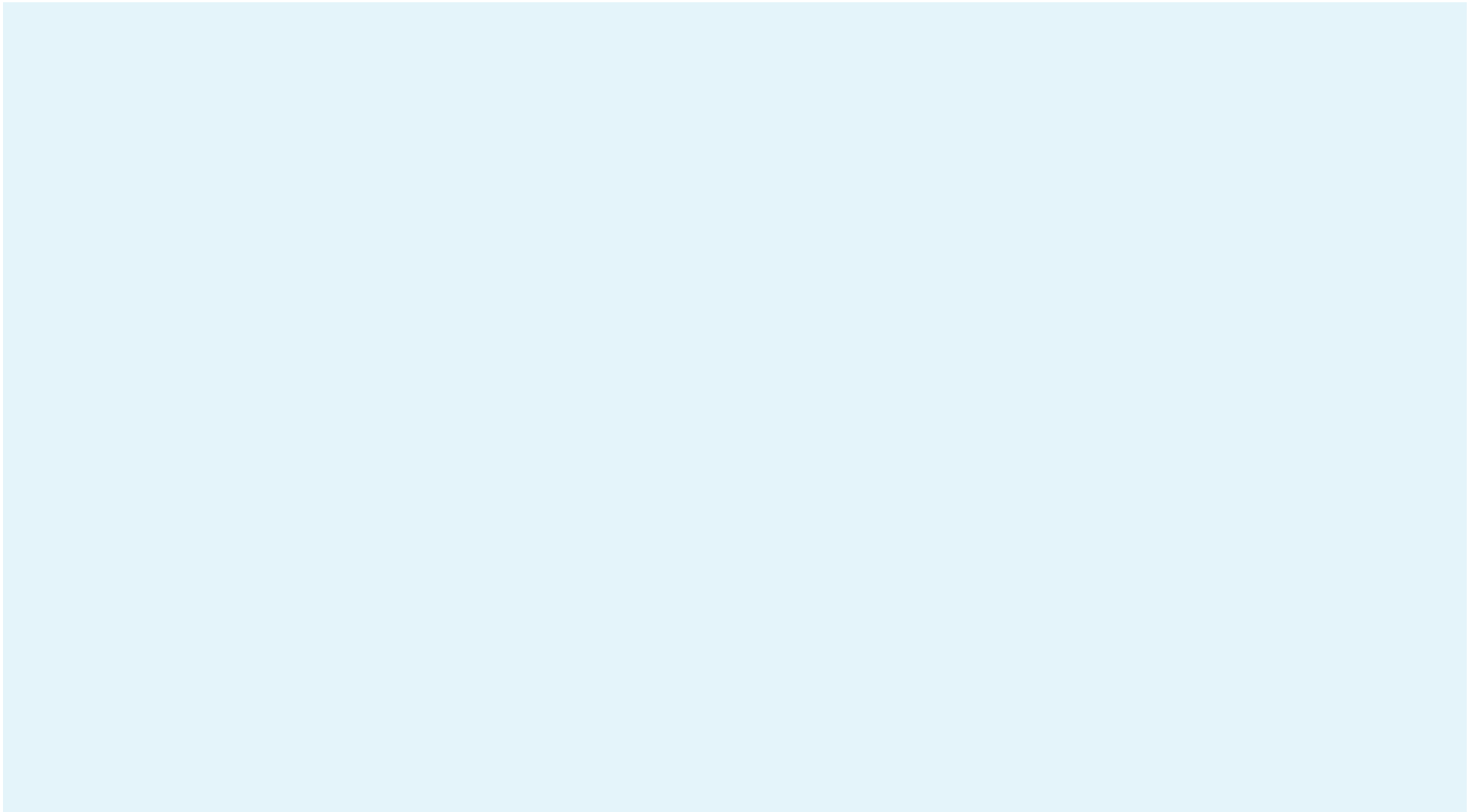
If not, what needs to change?

The health visiting service at community level is new work – we would welcome any comments:

The health visiting roles in the other four service components build on the evidence and professional consensus of the Action on Health Visiting Programme.

Should any further information be included? (please specify)

Any other comments:



Thank you for your time.

Please place in box at Unite/CPHVA stand or return to:

Amanda Finch, Health Visiting Programme Coordinator, Professional Leadership Team,  
Department of Health, 5E58 Quarry House, Quarry Hill, Leeds LS2 7UE

