



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

July-September 2012

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For Recipient's Use		

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. *Our 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.

3. Thanks to the concerted support of the profession itself, the NHS, Higher Educational Institutions and wider partners, we are on track to meet 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 will start 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. As part of our commitment to report on progress every quarter, this report covers the period July-September 2012.

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 Visitor Association (CPHVA) 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/
- **Curriculum Development and Training Opportunities** - The Practice Teacher Framework was published in late June and initial feedback has been very positive. The Practice Teacher Task and Finish Group have produced its final report and an action plan developed based on its findings. A procurement exercise has now started to secure a supplier of Post-Natal Depression training.
- **Pathway Development** - The Maternal Mental Health Pathway was published at the end of July and has been well received. Stakeholders are reviewing the final draft of the Safeguarding Pathway and the first draft of the Public Health Careers Framework has been completed.
- **Professional Mobilisation and External Engagement** - Funding has now been agreed to repeat the successful CPHVA and RCN roadshows that ran earlier in the year.

Articles were prepared to support publication of the Maternal Mental Health Pathway and the practice Teacher Framework. The workstream is now looking ahead to how it will effectively engage with local authorities (LAs) as the programme looks forward to eventual transfer of commissioning to LAs from April 2015.

1.3 Over the coming quarter the professional mobilisation workstream will be working with e-LfH to ensure a successful launch of the building community capacity e-learning modules; publishing the Safeguarding Pathway and Public Health Careers Framework; and preparing for the next round of awareness raising roadshows.

2. Growing the Workforce

2010 baseline and 2015 target

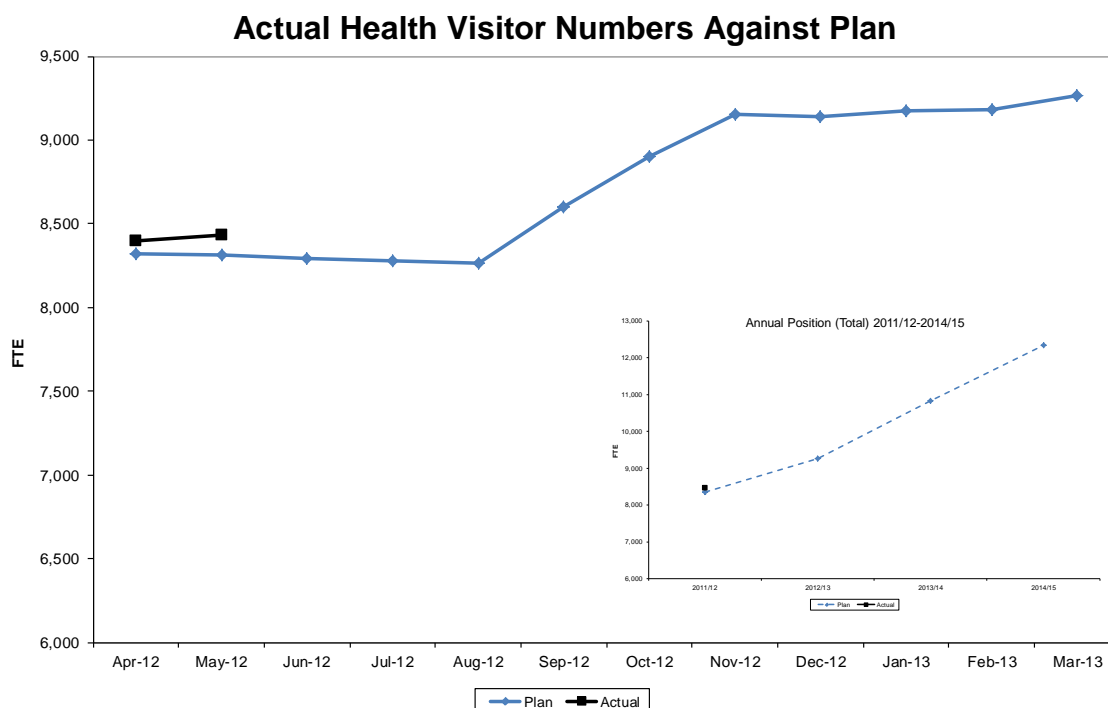
2.1 The baseline for the 4,200 extra full time equivalent (FTE) health visitors is May 2010 when there were 8,092 FTE health visitors practising in England. This means the target number to be achieved by April 2015 is 12,292 FTE health visitors.

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 we are adopting to grow the workforce include improved retention and encouraging health visitors who may have left the profession to return to practice.

Progress to date

2.3 Latest figures (May 2012) show there are 8,219 FTE health visitors recorded on the Electronic Staff Record (ESR). However, this does not show the full picture as SHA returns indicate that there are a further 212 FTE health visitors not recorded on the ESR, for example health visitors working in local authorities and some social enterprises. The total is therefore 8,431 FTE.

2.4 This is in line with our expectations and now we do not expect to see a large increase in numbers until autumn 2012 when the health-visiting students who entered training in autumn 2011 will have qualified and will begin to enter employment



Sources: NHS Information Centre and Health Visiting Minimum Data Set

Training

2.5 Latest data shows that there were 1,606 actual training places commissioned in 2011/12. This is marginally (36) lower than the planned number but still almost 3 times the number commissioned in 2010/11. SHAs are expected to make up any training shortfall in year by increasing workforce growth through other routes. Any further shortfall will need to be met by commissioning additional training places in subsequent years.

3. Early Implementer Sites Support and Development Programme Year 2

3.1 The Programme continues to support the second wave of Early Implementer Sites (EISs) through a combination of face-to-face and virtual-learning workshops. These focus on developing the knowledge, skills and confidence of the participants as well as providing the tools and techniques to lead the Healthy Child Programme locally and deliver a transformed health visiting service. Regular feedback and workshop agenda review is used to ensure that the programme meets the development needs and aspirations of participants.

3.2 To complement the workshops and offer another level of support each Year Two EIS has been paired with an EIS from Year One. This provides opportunities to transfer learning, build new networks and share good practice. In addition, each EIS has a Programme Coach (a senior member from the Department's Implementation Support Team), who meets regularly with the site, providing constructive challenge and bespoke support. Local mentors are also in place and provide professional guidance and local system experience.

3.3 Over the course of this financial year, sites will be expected to work towards delivering:

- two service improvement projects, demonstrating implementation of innovative and evidence-based practice;
- two succinct and well-written case studies highlighting other areas of learning and good practice;
- a well-evidenced Portfolio of Success that demonstrates measurable progress towards the new health visiting service and family offer; and
- an Implementation Journal from the project lead, describing their development as a leader and including personal insights and learning, such as what worked well and what worked less well..

It is envisaged that EIS Year Two will be able to showcase these innovations, improvements and learning at a national conference early in 2013.

Health Visitor Communities of Practice

3.4 We continue to support the development of Health Visitor Communities of Practice locally through Strategic Health Authority (SHA) Clusters. The communities are being defined locally and being further developed with support from EISs who are leaders locally in delivering 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. We will continue to support and guide SHA colleagues in Community of Practice development offering, for example, expert speakers at events and facilitated scoping meetings and advice.

Case Studies

3.5 Case studies are used widely to enhance delivery of the Health Visitor Implementation Plan and to showcase innovation. Twenty case studies have been approved for publication on the Department of Health website. We are working with SHA colleagues and EIS leads to develop further case studies this year for publication.

4. Communications and Marketing

4.1 The Communications Team continues to work closely with the CPHVA, the RCN, SHA Clusters, the Council of Deans of Health and representative professional associations, to drive the marketing and recruitment campaign and to raise awareness of the profession and progress towards the new service vision.

4.2 We are amplifying the on-going recruitment and awareness campaign through a range of media and digital channels, using the 150-year anniversary of the profession as a platform. Products delivered in the last quarter included:

- A visual timeline celebrating the contributions of the health visitor profession to public health over the past 150 years published to Storify, a website that uses pictures to tell a story. Find out more under Quick Links at www.dh.gov.uk/healthvisitors
- A series of articles in the nursing trade press to promote national guidance for the profession and NHS service

innovations taking place (Nursing Times 9 and 16 August and Nursing Standard 18 July and 10 August) with further articles planned for the autumn

- Promotion of health visiting articles and events through Twitter to encourage uptake of messages in the health and social care community through digital channels. If you are on Twitter you can find out more about Health Visiting by following @VivJBennett and @TanyaDHComms

4.3 In addition to media engagement, we are promoting our key messages about health visitors' work amongst early years professions through the development of joint work with NHS Employers, the Council of Deans of Health, the Department for Education, the Royal College of GPs and the voluntary sector. We are also raising awareness through the NHS SHA Clusters and our strategic delivery partners in the health and social care fields by developing a recruitment and engagement toolkit which we expect to launch this in the early autumn.

4.4 Over October and November, the Health Visiting Programme will have a presence at national conferences targeting people across in the health and social care fields, including:

- School and Public Health Nursing Conference (SAPHNA)
- National Children and Adult Services Conference (NCAS)
- Community Practitioners and Health Visitors Association (CPHVA)
- Royal College of Midwives (RCM)
- NHS Alliance

These conference appearances represent an opportunity to engage GPs, early years professionals, school nurses, midwives and others in the public health field about health visitors, and tap into their unique role in working across the primary and maternity healthcare team. We will be using our appearances at the SAPHNA, CPHVA and RCM events to raise awareness about professional guidance developed in partnership with our stakeholders, including school nurses and midwives.

Recruitment and marketing

4.5 Over March and April 2012, the Department sent a recruitment acquisition mailer to approximately 400,000 nurses

currently registered with the Nursing and Midwifery Council. The mailing, branded NHS Careers, was very successful. The latest response rate is 7.7% which represents around 35,500 nurses having expressed an interest in the profession.

4.6 A successful series of face to face events were held over March to recruit student nurses. Further events will be held from mid-October onwards with a renewed focus on hospitals and community nurses and supplemented by joint event planning with the Royal College of Nursing.

4.7 An acquisition video is also in train to be promoted via Nursing Times to serve the primary purpose of widening awareness and maximising interest in joining the profession, but also converting those who have already expressed an interest into signing up for a training course and additionally also raising morale amongst existing health visitors.

5. Taskforce

5.1 The Health Visitor Taskforce continues to champion and advise the Programme. Activities the Taskforce has contributed to following the last Quarterly Progress Report include:

- participating in events hosted by the RCN and the Department about health visiting as a career;
- contributing to research on health visiting through representation in the National Nursing Research Unit; and
- further visits to the EISs where members learn about the work of the sites and have the opportunity of offer their support.

5.2 Anthony May, Corporate Director, Children Families and Cultural Services at Nottinghamshire County Council, and Professor Judith Ellis, Interim Chair of Nursing and Midwifery Council, and Executive Dean of the Faculty of Health & Social Care at London South Bank University, have joined the Taskforce.

6. The Delivery Partnership Group

6.1 The Health Visitor Delivery Partnership Group, made up of the Programme's key professional stakeholders and delivery partners, continue to support the Programme's delivery objectives.

As noted in the previous Quarterly Progress Report, several members have also been involved with the Stakeholder Forum and Task and Finish groups looking at particular areas of the Programme.

7. Leading the Programme through NHS transition

7.1 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*.

7.2 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 by 2015. 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 Department and the NHS Commissioning Board.

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

7.4 The NHS Mandate consultation closed in late September and it is expected that both the Mandate and section 7A Agreement will be published later this autumn.

7.5 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 by the end of this period when funding for health visiting will also transfer to the local authorities.

8. The School Nursing Programme

8.1 The School Nursing Development Programme (SNDP) continues to progress through active engagement with stakeholders and partners. There are a number of products now ready for publication:

1. Fact Sheets:
 - Head Teachers
 - Health Care professionals
 - Elected Members
2. Pathways:
 - Youth Justice
 - Safeguarding
 - Complex Needs

8.2 Work continues with NHS Careers to raise the profile of school nursing as a career option amongst 16-25 year olds and to modernise the recruitment materials. We are also working with the national Child and Maternal Health Observatory (ChiMat) to develop a school aged health portal on their website.

8.3 The SNDP is working closely with the NHS Commissioning Board to plan the transition of school nursing services and identify any transition risks.

8.3 Over the coming quarter The School Nursing Development Programme will begin working on:

- products in the areas of sexual health, emotional health and wellbeing, and young carers.
- piloting the School Nurse Champion scheme with the British Youth Council.