



Department  
of Health

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England*

# The National Health Visitor Plan:

progress to date and  
implementation 2013 onwards



# Contents

Foreword	2
Introduction	4
Background	5
Progress from 2011–13	7
The Health Visiting Programme – 2013 onwards	11
Actions and Next Steps	16
Health and wellbeing outcomes	20
Sustainability and transfer of commissioning from 2015	22
Conclusion	24
Further information	25
References and Resources	26

## Foreword

The early years 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.

The purpose of the Health Visitor Programme, started in 2011, is to secure an extra 4,200 health visitors and transform the health visiting service across England by April 2015. Achieving this will help secure effective, sustainable services to support families to give all children the best start and to promote health and wellbeing in local communities.

We need to continue to build on the progress already made and ensure our organisations work together, with partners, the profession and people who use health visiting services to maintain momentum and manage the challenges ahead.

We are very pleased to be leading this work nationally. We place great importance on a 'healthy start' for all children and families, and each of our organisations have a clear priority to reduce inequalities and improve health outcomes for under fives and their families. We know the critical difference that health visitors can make in leading the

Healthy Child Programme (HCP), the key universal, evidence based programme for improving the health and wellbeing of children, and in providing early intervention when families need extra help.

Health visitors have responded positively to the *Health Visitor Implementation Plan 2011-2015: A Call to Action*<sup>1</sup> published in 2011. By using the Early Implementer Sites (EIS) and applying new evidence, health visitors are leading change at the frontline providing high quality support for families and children. They are developing new services, creating strong partnerships and tackling population health issues to deliver better health outcomes. This would not have been possible without service providers and commissioners, higher education institutions, local government, Children's Centres and many other individuals and organisations supporting the programme.

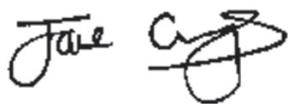
Despite the achievements there is still a lot to be done to ensure we reduce variability in services and outcomes and deliver excellent services everywhere. This will need concerted and coordinated effort from national organisations, continued action locally and support from individuals to transform the service.

<sup>1</sup> [www.gov.uk/government/publications/health-visitor-implementation-plan-2011-to-2015](http://www.gov.uk/government/publications/health-visitor-implementation-plan-2011-to-2015)

We look forward to working with the profession, local organisations and families and communities to deliver the national commitment and ensure there are sustainable transformed health visiting services which meet the needs of children and families up to and beyond 2015



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## Introduction

This document summarises progress so far, and roles and actions for the Health Visiting Programme 2013-2015, including ensuring the sustainability of health visiting services from 2015 onwards. It has been produced because, two years into the programme, we need to update the plan to build on the progress made so far and to identify how key partners will work together to take the necessary action to continue to expand the workforce and deliver the new health visiting service model.

This document is available at <https://www.gov.uk/government/publications/health-visitor-vision>. We will add material referred to in this document including links to action plans, programme governance information and supporting tools, learning programmes, case studies and practice guidance. These will be further added to during the remainder of the programme.

The Department of Health will continue to publish, with the input of partner organisations, quarterly reports on progress on delivering the health visiting commitment. NHS England and Health Education England will also publish regular reports on progress in delivering the health visiting commitment as part of their reporting against the mandate, and on progress with their health visiting delivery plan.

# Background

The Coalition Government made a commitment in 2010 to increase the health visitor workforce by 4,200 full time equivalents (fte), and transform the health visiting service, by 2015. The Government remains firm in its resolve to meet that commitment. This is based on growing evidence<sup>2</sup> about the importance of the early years for developing emotional resilience and laying the foundations for good health and the role of health visitors in supporting families to achieve this.

*“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. In addition, it is widely acknowledged that a strong focus on the first few years of children’s lives leads to huge economic, social and emotional benefits later on, both for individuals and for society as a whole.”*

Supporting Families in the Foundation Years,  
Department for Education & Department for Health, 2011<sup>3</sup>

The Healthy Child Programme (HCP)<sup>4</sup> is the key universal service for improving the health and wellbeing of children, through health and development reviews, health promotion, parenting support, screening and immunisation programmes. Its goals are to identify and treat problems early, help parents to care well for their children, change health behaviours and protect against preventable diseases. The programme is based on a systematic review of evidence and is expected to prevent problems in child health and development and contribute to a reduction in health inequalities.

As evidence for early intervention grows, health visitors in their role as leaders of the HCP, are vital to identifying needs and working with other services to ensure prompt preventative care is provided. As public health practitioners, health visitors also contribute to health needs analysis and work with local communities to improve health and reduce inequalities.

The expansion of the health visiting service is intended to:

- improve health and wellbeing outcomes for under-fives;
- reduce health inequalities;
- improve access to services; and,
- improve the experience of children and families.

2 [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/127165/health-visiting-information-brochure.pdf.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127165/health-visiting-information-brochure.pdf.pdf)

3 [www.gov.uk/government/publications/supporting-families-in-the-foundation-years](http://www.gov.uk/government/publications/supporting-families-in-the-foundation-years)

4 [www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life](http://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life)

The Health Visitor Programme is complemented by initiatives to facilitate an effective and broader impact on the health and wellbeing of 0–19 year olds, in particular:

- **Family Nurse Partnership (FNP)**<sup>5</sup>
  - FNP has the potential to transform the life chances of the most disadvantaged children and families in our society by offering more targeted support for the most disadvantaged young families. The number of places on the Family Nurse Partnership (FNP) will increase to 16,000 by 2015. FNP therefore enhances the health visiting service model. Work is taking place to share the learning from FNP with universal services and to test new practice and service models including group FNP.
- **School Nursing service vision**<sup>6</sup> – the service vision for school nursing sets an ambition that school nursing services will be visible, accessible and deliver universal public health, ensuring that there is early help and extra support available to children and young people at the times when they need it. Health visitors and school nurses work together to ensure an effective transition for children between the respective services.

5 [www.fnp.nhs.uk](http://www.fnp.nhs.uk)

6 [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/152212/dh\\_133352.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/152212/dh_133352.pdf)

## Progress from 2011–13

The first phase of the programme (2011-13) halted and reversed the historical decline in the number of health visitors and training places with over 1,000 new health visitors now in the workforce. It has also readied the health visiting profession to play a lead role in shaping and delivering services. Early Implementer Sites<sup>7</sup> (EIS) were developed to lead the way and demonstrate how service transformation can be achieved.

### The workforce

The **workforce has increased** from the May 2010 baseline of 8,092:

- there are now<sup>8</sup> 9,113 health visitors (fte) in post, an increase of 1,021 from the baseline. This is 71 fte or 1% below trajectory;
- in 2012/13, four times as many students began health visiting training compared to 2010/11;
- a successful marketing campaign attracted more applicants to health visiting training;
- this progress was due to strong partnership working with professional and regulatory bodies, higher education institutes, NHS Employers, and service commissioners and providers.

***“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.”***

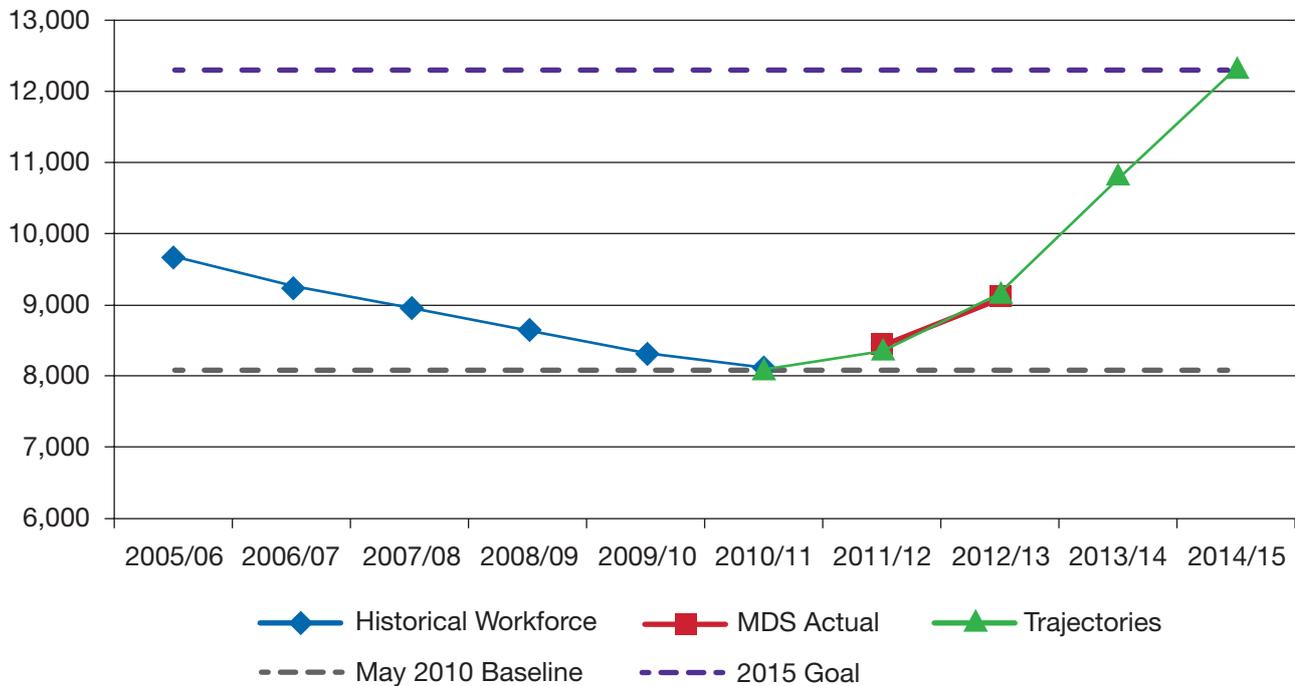
Rachel Dent, Health Visitor

The chart overleaf shows historical health visitor workforce numbers, growth so far and the projected path to achieve the full growth of 4,200.

7 [www.gov.uk/government/publications/celebrating-early-implementer-achievements-one-year-on](http://www.gov.uk/government/publications/celebrating-early-implementer-achievements-one-year-on)

8 As at February 2013. Source: Monthly NHS Hospital and Community Health Service (HCHS) Workforce Statistics in England – February 2013 at <http://www.hscic.gov.uk/catalogue/PUB10832>

## Health Visitor Workforce (FTE) with progress and future projections



1. Historic data from HSCIC Annual Workforce Census for 2005/06 to 2009/10 as at 30 September. 2010/11 data from HSCIC Monthly Workforce Publication May 2010.
2. MDS Actual from monthly HV MDS. 2012/13 position is as at February 2013.
3. Trajectories taken from 2011/12 and 2012/13 Operating Framework Planning submissions. 2012/13 trajectory is as at February 2013 (9,184 fte).

## Service Transformation

**Transformation of health visiting services is taking place**, using the new service model – a framework for local commissioning and service design which is being embedded across the country. It has four components:

- **Community:** health visitors have a broad knowledge of community needs and resources available e.g. Children's Centres and self-help groups, and work to develop these and make sure families know about them.
- **Universal:** health visiting teams lead delivery of the Healthy Child Programme. They ensure that every new mother and child have access to a health visitor, receive development checks and receive good information about healthy start

issues such as parenting and immunisation.

- **Universal Plus:** families can access timely, expert advice from a health visitor when they need it on specific issues such as postnatal depression, weaning or sleepless children.
- **Universal Partnership Plus:** health visitors provide ongoing support, playing a key role in bringing together relevant local services, to help families with continuing complex needs for example where a child has a long term condition.

### The Early Implementer Site Programme has been rolled out:

- 49 EISs are working to deliver a wide range of aspects of the new health visiting service model locally;

- the EISs spearheaded the development of services in new and innovative ways, particularly around:
  - preparing for parenthood and the 2–2½ year child review;
  - improved antenatal services;
  - increasing breast-feeding and immunisation rates;
  - parental confidence and improved information-sharing among practitioners and parents.
- a ‘learn and share’ event celebrated this work in February 2013, facilitating the exchange of knowledge and ideas;
- over 40 case studies from the EIS’s have been published<sup>9</sup>.

#### EIS Case Study: Raising the profile and duration of breastfeeding

Southern Health NHS Foundation Trust, Hampshire, 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.

#### Professional leadership and mobilisation

Since the start of the programme **the health visiting profession has improved its skills base, leadership abilities and gained in confidence** as a result of a range of actions including:

- creating understanding and building support for the vision for health visiting through two accelerated learning events and 16 joint DH/CPHVA roadshows and regional events;
- improved professional development for health visitors for example through the Building Community Capacity (BCC) work-based e-learning module<sup>10</sup> to give health visitors the skills to make a wider community impact locally;
- increased opportunities for health visitors to train to be mentors or practice teachers;
- changes to health visitor curricula to better reflect changing service needs;
- published guidance<sup>11</sup> covering:
  - the midwifery to health visiting pathway;
  - the health visiting to school nursing pathway;
  - the maternal mental health pathway;
  - the practice teacher framework;
  - educating for a transformed health visiting service framework;
  - a personal and professional attributes tool;
  - health visitor career expectations in their first two years.

9 <https://www.gov.uk/government/publications/health-visiting-programme-case-studies>

10 [www.e-lfh.org.uk/projects/building-community-capacity/introduction/](http://www.e-lfh.org.uk/projects/building-community-capacity/introduction/)

11 [www.gov.uk/government/publications/health-visitor-information-pack](http://www.gov.uk/government/publications/health-visitor-information-pack)

- establishing regional communities of practice to provide an opportunity for health visitors to share learning and best practice and hear about EIS developments;
- running share and learn events to more closely align early years staff and functions with health visiting work to improve outcomes for 0-5s;
- developing flexible models for teaching and mentoring students;
- advising on related initiatives such as the NHS Information Service for Parents<sup>12</sup>.

The programme has also supported the establishment of the Institute of Health Visiting ([www.ihv.org.uk](http://www.ihv.org.uk)) that is dedicated to developing and improving health visiting practice and aims to be a trusted source of professional research and standards.

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12 [www.nhs.uk/InformationServiceForParents/pages/home.aspx](http://www.nhs.uk/InformationServiceForParents/pages/home.aspx)

# The Health Visiting Programme – 2013 onwards

Delivering the increased workforce capacity and service transformation is challenging and requires organisations in the new health and care system to work together. This section sets out:

- the roles of different individuals and groups; and,
- actions and next steps

More detailed plans are being developed and will be available at <https://www.gov.uk/government/publications/health-visitor-vision>

## Roles

Delivering the health visiting commitment and ensuring that increased capacity results in transformed services requires many individuals and organisations to continue the momentum for change and to work collaboratively on the challenge ahead. The major contributors and their roles are:

### *Individual Professionals*

- **Health Visitors** – continue to respond positively to the challenges of the *Health Visiting Implementation Plan 2011-15*, promote the profession and develop their professional practice. They are key to providing a safe and supportive environment for those returning to practice, and in working with practice teachers to provide leadership and mentor support for health visiting students. Health visitors are leaders working with local partners and early

years providers such as Children's Centres.

Health visitors have a responsibility to work with parents, communities, local authority (LA) children's services, other nursing professions and primary care using evidence based assessments and interventions to develop and embed the new service for families locally. They can only work effectively across their role if there are strong connections during ante-natal care with midwives, with GPs and primary care teams, with early years staff, for example in preparation for the introduction of the integrated review at 2 years, and at the transition to school (with school nurses).

- **Practice teachers and mentors** – are vital to educating the numbers of students needed to achieve workforce expansion and ensuring that, on qualification, new health visitors are able to provide services based on up to date evidence and the new service models. To enable this to happen practice teachers need to continue the efforts made to work flexibly and through mentors. They are also key to providing support for newly qualified health visitors and other members of the health visiting workforce.
- **Nursery nurses** – as part of the health visiting team they have an important contribution to make, for example in supporting play activities and the

development of children with physical or learning disabilities.

### *Other professionals and teams*

- **Midwives** – work with health visitors during the antenatal period to identify risks and develop early intervention plans, and to support an integrated approach to delivery of preparation for parenthood and parenting programmes. Health visitors should encourage expectant mothers to book in early with the midwife as an effective action to improve outcomes for young children, and one which increases uptake of health visiting services.
- **School nurses** – lead the delivery of services to school aged children in partnership with other professionals. School nursing teams lead the delivery of the HCP (5-19) and provide a variety of services both in and out of school settings to support health and wellbeing. This includes carrying out developmental screening, undertaking health interviews and co-ordinating health protection including immunisations and vaccination programmes.

Pre-school, health visitors work collaboratively with school nurses to review the general progress and delivery of key health messages on parenting and health and prepare for school entry. This includes identifying additional health needs and the provision of early help where needed. From school age upwards, the school nurse will be the lead professional, with support from health visitor, where there are ongoing or identified additional needs from the child or family.

- **GPs and primary health care teams** – work in partnership with health visiting and local services in delivery of the Healthy Child Programme and support

families to achieve better outcomes for themselves and their children.

- **Mental health practitioners** – work closely with health visitors to provide support and advice across a range of maternal, child mental health and wellbeing issues. They also provide specialist support for issues such as postnatal depression.
- **Sure Start Children’s Centre staff** – have a key role in supporting and improving outcomes for children and families. By working in partnership with health visitors to deliver services, providing a setting for integrated service delivery such as parenting classes and clinics, endorsing health and wellbeing messages and providing social and educational opportunities they can ensure delivery of joined up services.

### *National bodies*

- **The Secretary of State for Health** – will remain accountable to Parliament for delivering the health visiting commitment
- **The Department of Health** – sets the Mandates for NHS England<sup>13</sup> and Health Education England (HEE)<sup>14</sup>, assesses progress against the Mandates’ objectives, supports the system wide Health Visiting Programme, develops health visiting policy and provides professional leadership of the health visiting profession through the DH Director of Nursing.
- **NHS England** – is responsible from April 2013 for commissioning health visiting services and delivering workforce growth and service transformation as part of its Mandate objective to:

<sup>13</sup> <http://mandate.dh.gov.uk/>

<sup>14</sup> [www.gov.uk/government/publications/health-education-england-mandate](http://www.gov.uk/government/publications/health-education-england-mandate)

*improve the standards of care and experience for women and families during pregnancy and the early years of their children's life*

Area Teams will lead this locally (see below). More details on NHS England's responsibilities are set out in a Section 7A agreement<sup>15</sup> and Service Specification No. 27<sup>16</sup> which covers the commissioning of 0-5 public health services for which NHS England is responsible to the Secretary of State for Health. In relation to health visiting this includes:

- delivering the required increase in the health visiting workforce; and,
  - achieving systematic transformation of all health visiting services, building on the EIS project achievements. This requires delivery of the new model of health visiting and full coverage of the healthy child programme by 2015 by all health visiting services.
- **Health Education England (HEE) and its Local Education and Training Boards (LETBs)** – will ensure that sufficient training places are commissioned to support delivery of workforce expansion and will work closely with NHS England to align training commissions with service plans.
  - **Public Health England (PHE)** – will have a key role in sharing the latest evidence base and reporting on the Public Health Outcomes Framework

(PHOF). PHE will also support delivery of the programme and, in collaboration with NHS England, the transfer of commissioning of health visiting services to LAs through public health workforce development, developing tools and resources to support implementation and sharing best practice.

- **Health Visiting Taskforce** – this independent group champions and provides strategic challenge to the delivery of the Government's health visiting commitment. The Taskforce includes a wide range of stakeholders including parent representative groups, the voluntary and community sector, and professional organisations.
- **Nursing and Midwifery Council** – sets the standard for entry to the health visitor profession, holds the register and sets some educational requirements for health visiting training programmes.
- **Voluntary and parent representative bodies** – at national and local level are vital to the creation and development of community led services.

### *Local bodies*

Service Commissioners

- **NHS England Area Teams** – lead the commissioning of health visiting and delivery of improved outcomes for young children and their families. They will commission according to a new national core service specification which sets out the expectations of providers in delivery of the increased capacity and the transformed service. They will work closely with providers to ensure that those expectations are met.

In partnership with PHE, they will also provide leadership across the system to support partnership working with local authorities (children's services and public

15 [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/192992/s7A-master-131114-final.pdf.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192992/s7A-master-131114-final.pdf.pdf)

16 [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/192978/27\\_Children\\_s\\_Public\\_Health\\_Services\\_pregnancy\\_to\\_5\\_VARIATION\\_130422\\_-\\_NA.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192978/27_Children_s_Public_Health_Services_pregnancy_to_5_VARIATION_130422_-_NA.pdf)

health) and primary care. This could include delivery of local, jointly commissioned early years health and wellbeing strategies with a clearly articulated leadership role for health visiting in the delivery of improved health and wellbeing outcomes for 0-5s and their families.

- **Local Authorities (LAs)** – as commissioners of early years’ services, children’s social services and the school health service (5-19 Healthy Child Programme) LAs are encouraged to work in close partnership with Area Teams and Clinical Commissioning Groups (CCGs) to commission services that deliver improved outcomes for young children and their families. This should include close involvement in the commissioning of health visiting services in preparation for the transfer of commissioning of 0-5 children’s public health services to LAs from 2015 and collaboration with LETBs to commission education programmes which meet changing service needs.
- **CCGs** – working with partners and through local health and wellbeing boards are vital to ensure seamless commissioning of services for children and joining up public health with other children’s services.
- **Health and wellbeing boards** – set the strategic direction for health and social care commissioning for the whole local community through Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). Boards cover the whole life course, and have been encouraged to recognise the importance of early years, including its crucial role in the development of the full potential of the future population. They are encouraged to ensure that JSNAs and JHWSs take

account of early years and work in full partnership between early years’ services, children’s social services, CCGs and Area Teams, to make full use of the skills and competencies of health visitors.

#### Service Providers

- **Providers of health visiting services** – should support their health visiting services to deliver the full core national service specification including maintaining their agreed trajectory and establishment of health visitors and health visiting teams, and to improve outcomes. They should support this through workforce planning, systematic workforce development; provision of the required number of practice placements for trainees; and by providing trained supported practice teachers, mentors and preceptors to support trainees, those returning to practice and newly qualified staff. They should work in partnership with primary care and council commissioned services ensuring that the services they provide are consistent with local health and wellbeing strategies, particularly where the provider covers a number of LA areas.
- **Primary care providers** – are encouraged to work in partnership with health visiting and local services in delivery of the Healthy Child Programme e.g. immunisation and vaccination programmes and supporting families to achieve better outcomes for themselves and their children.
- **Local Authorities** – in addition to commissioning children’s services some LAs are also direct providers. In this capacity they are encouraged to work in partnership with communities, the voluntary sector, health visitors and

primary care services to deliver improved outcomes for children and families. They will also wish to engage with LETBs about the commissioning of health visitor education.

- **Education Providers** – will provide and ensure the quality of health visiting training, including placements, at a local level.

## Education

- **LETBs** – will commission training places; ensure training programmes are high quality and students supported; promote health visiting as a career; support practice teachers and work with service and education providers to strengthen development opportunities for the existing workforce.

## Actions and Next Steps

Here, we describe in brief how the programme will deliver under the following workstreams:

- workforce expansion; and,
- transforming the service and professional leadership

These workstreams will be further developed and added to over time.

### Workforce expansion

NHS England, with HEE, are agreeing monthly workforce growth trajectories for 2013-14 and an end of year trajectory for 2014-15 at national, regional and Area Team level. The trajectories will include planned training commissions of over 2,500 for 2013-14. The Health Visitor minimum data set will continue to be collected by Area Teams, supported by LETBs, so that growth can be measured against trajectories.

NHS England has developed a national core service specification and performance management framework with clear expectations on providers for delivery and assurance on recruitment and retention. The specification has been included in 2013-14 contracts.

To ensure the 4,200 commitment is met, and to address potential challenges in meeting trajectories or training commission plans, a detailed delivery plan has been agreed by the joint NHS England and HEE Governance

Board. This plan sets out accountabilities and timescales for action. NHS England and HEE will work together to support delivery and take action where necessary.

The delivery plan actions include:

- NHS England will support commissioners and providers to deliver growth including:
  - supporting providers in development of workforce strategies to retain experienced staff including flexible retirement options;
  - improving retention through professional development programmes;
  - exploring recruitment from other countries;
  - closely monitoring recruitment in order to support Area Teams in managing provider delivery of increased capacity; and,
  - supporting the development of local plans to address locality shortfalls.
- NHS England Area Teams will:
  - ensure sufficient posts are created to meet growth trajectories through setting clear expectations on providers;
  - ensure sufficient placements and practice teachers by ensuring that, through contractual and other

- methods, providers host sufficient numbers of students and adopt good practice in placement provision through developing mentoring and coaching capacity in experienced nurses to support flexible models of teaching;
- performance manage providers delivery of increased capacity to ensure that funded vacancies are filled promptly; and,
  - work with service providers to reduce staff turnover and develop flexible retirement schemes – valuing and engaging experienced and mature members of staff.
- HEE and its LETBs will:
    - promote health visiting as a career;
    - work with service and education providers to market training opportunities;
    - share resources and promote innovative models of teaching;
    - work with service and education providers to attract the best quality candidates to training and reduce attrition from courses; and,
    - ensure effective support for practice teachers and mentors.

### Transforming the service and professional leadership

Service transformation aims to provide support for children, families and communities to improve health outcomes, reduce inequalities and provide extra help and early intervention when needed. It should also support improved access to services and better experience.

For service transformation to take place health visitors will need to review services and work in new and innovative ways. We will continue to support innovation and change to enable the new service to be delivered effectively and in line with the needs of the families and local communities.

The culture of provider organisations will need to support professional autonomy, innovation and change to enable transformation to take place. This will continue to be supported through strong professional leadership and mobilisation and development of the profession.

### Service transformation

Capitalising on workforce growth, professional mobilisation and the learning in service from the EISs and other sources, the programme will work to spread service transformation nationally, based on the four level service model.

To ensure service transformation, NHS England has set clear expectations for service delivery in a national core service specification that all Area Teams are using with service providers in 2013-14 contracts. However the way in which the specification is delivered will continue to be led by local need. Delivery against the service specification will be assured through a performance management framework.

Area Team commissioning leads will ensure defined pathways, as set out in the core service specification, are in place to support Universal, Universal Plus, Universal Partnership Plus and Community levels of service with clear roles for health visitors, primary care, early years, the voluntary sector and, where appropriate, communities themselves.

### *Professional leadership, mobilisation and development*

The Director of Nursing in the Department of Health will continue to lead on professional leadership and mobilisation and, working with others, will:

- establish and maintain strong partnerships and effective communications and leadership with professional bodies, regulators, NHS England, HEE, PHE and the Local Government Association (LGA);
- be a champion for health visiting development and sustain effective networks to ensure the profession remains engaged with programme delivery, through speaking engagements, articles and social media;
- provide professional leadership to health visitors, developing professional guidance and materials to support professional development;
- provide expert professional nursing advice to national policy development;
- continue to engage and re-energise the profession whilst also raising the profile and status of the profession.

Specific products that will be delivered to support health visitors will include:

- a preceptors' charter
- a Public Health Career Framework
- a Perinatal Mental Health training package
- learn and share events with Children's Centre staff
- professional guidance and training tools for Domestic Violence and Abuse.

HEE and LETBs will work with service providers and Area Teams to ensure high quality training and continuing personal and professional development programmes help build capacity and provide the skills needed. They will also have a role helping to develop a learning and engagement culture that supports and sustains health visitors so they can deliver a quality service to families and children and continue to change and develop the service.

NHS England, working with PHE and other stakeholders, will support a programme of commissioner development to support evidenced based commissioning of integrated services for early years. This could include:

- Comprehensive Healthy Child Programme delivery
- Building community capacity
- Meeting the needs of complex families
- Leadership for improved outcomes.

In addition, a programme of professional development for health visitors will be developed by the Department of Health, working with others. This will support working in partnership to deliver outcomes including providing a key leadership role across partnerships for meeting community and individual needs through assessment, care planning and the delivery of evidence-based interventions.

### Health Visiting in Greater Manchester

Health visitors are at the heart of a bold vision in Greater Manchester (GM). In the past, services were facing significant capacity and investment challenges. The new vision will see a whole system shift to investment in preventative and early intervention services. The new delivery model will ensure a move from:

- fragmented services that can miss the wider factors influencing a child's development, to a 'whole child' and 'whole family' approach.
- multiple separate assessments, to an integrated and progressive series of assessments timed around crucial child development milestones.
- funding programmes which often have a weak evidence base, to funding interventions proven to be effective and good value for money.
- the most vulnerable and disadvantaged families being allowed to slip through the net, to services that reach out and provide additional support where necessary.

The new delivery model includes:

1. A shared outcomes framework, across all local partners, including public health outcomes for children and parents and improved parenting skills contributing to school readiness;
2. A common assessment pathway across GM with a key leadership role for health visiting: eight common assessment points for an integrated ('whole child' and 'whole family') assessment at key points in the crucial developmental window;

3. Evidence-based assessment tools for use by health visitors and others to identify families reaching clinically diagnosable thresholds for intervention or having multiple risk factors as early as possible;
4. Needs assessment triggers referral into an appropriate evidence-based targeted intervention;
5. A new workforce approach, to drive a shift in culture: enabling frontline professionals to work in a more integrated way in support of the 'whole family' and with other services to collectively reduce dependency and empower parents;
6. Better data systems to ensure the lead professional undertaking each assessment has access to the relevant data to see the whole picture, reduce duplication, track children's progress and support the most vulnerable and disadvantaged;
7. Long-term evaluation to ensure families' needs are being addressed and add to national evidence for effective early intervention.

## Health and wellbeing outcomes

The prime purpose of increased workforce capacity and service transformation is that it should contribute to reductions in health inequalities, improvements to health and wellbeing outcomes and better experience for families and children.

The Public Health Outcomes Framework and the NHS Outcomes Framework include a range of outcomes which it is expected will be positively impacted by delivering the programme. Those which have a specific focus for the programme are:

Indicator	Health visiting impact
Under 18 conceptions*	Can be reduced by, for example, health visitors supporting teenage mothers to take up contraception and avoid future pregnancies
Infant mortality#	Can be improved through antenatal work with mothers to support quitting smoking and healthy weight
Low birth weight of term babies*	
Smoking status at time of delivery*	Can be improved through antenatal work with mothers to support quitting smoking
Breastfeeding (Initiation and at 6-8 weeks)*	Can be improved by antenatal support and by early identification and responsiveness to mothers' concerns.
Vaccination coverage*	Can be improved by outreach to parents who do not take up vaccination to support uptake
Child development at 2-2½ years* (placeholder)	Can be improved through delivery of evidence-based parenting programmes and through close working with Sure Start and local authority early years teams.
School readiness* (placeholder)	
Healthy weight 4-5 years*	Can be improved through encouraging breast-feeding and healthy weaning in line with the guidelines as well as healthy family nutrition.
Tooth decay in children age 5*	

### Note:

\* Public Health Outcomes Framework

# NHS Outcomes Framework

Placeholder status indicates – under development

As other indicators are developed, for example on maternal mental health, these will be considered for their potential use as measures of the impact of the transformed health visiting services.

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

Domain	Areas where health visiting can impact
Domain 1: Preventing people from dying prematurely	Reducing deaths in babies and young children: <ul style="list-style-type: none"> <li>• infant mortality</li> <li>• neonatal mortality &amp; stillbirths</li> </ul>
Domain 2: Enhancing quality of life for people with long-term conditions	Children's long-term conditions: <ul style="list-style-type: none"> <li>• reducing emergency admissions for children with asthma, epilepsy and diabetes</li> </ul>
Domain 3: Helping people to recover from episodes of ill-health or following injury	Preventing lower respiratory tract infections (LRTI) in children becoming serious: <ul style="list-style-type: none"> <li>• emergency admissions for children with LRTI</li> </ul>
Domain 4: Ensuring people have a positive experience of care	Improving women and their families' experience of maternity services: <ul style="list-style-type: none"> <li>• women's experience of maternity care</li> <li>• improving children and young people's experience of healthcare</li> </ul>
Domain 5: Treating and caring for people in safe environment and protecting them from avoidable harm	Improving the safety of maternity services: <ul style="list-style-type: none"> <li>• admission of full term babies to neonatal care</li> <li>• delivering safe care to children in acute settings</li> <li>• incidence of harm to children due to a 'failure to monitor'</li> </ul>

## Sustainability and transfer of commissioning from 2015

We want to ensure that the programme leaves a legacy of a strong, vibrant health visiting profession and service beyond 2015. We also want it to support the transfer of commissioning of health visiting services to LAs, alongside the appropriate funding, from 2015, thus making a real difference to children and families.

The Health and Social Care Act gave local government responsibility for local population health improvement and created local health and wellbeing boards. Commissioning of children's public health services from age 5 to 19 was transferred to local government in April 2013; but commissioning of 0-5 services was retained by NHS England to deliver the new service vision by April 2015, before commissioning of these services is also transferred.

We need to ensure that commissioning of public health services for 0-5s is effective and embedded with commissioning of other early years services. We are therefore committed to ensuring that the transfer of commissioning of health visiting services to local government from 2015 is as successful as possible. Therefore a task and finish group of the Children's Health and Wellbeing Partnership is being established to develop a comprehensive transfer plan. The group will consist of members of the Department of Health, NHS England, PHE, the Local Government Association, SOLACE, Association of Directors of Children's Services and other organisations. This group

will seek assurance of safe transfer to local government.

There are already actions underway or planned that will help to create stronger partnerships between the NHS and LAs in preparation for the transfer. These will be supported at a national level by NHS England working with the LGA and PHE and include:

- NHS England's core service specification for health visiting services stresses the need for local health visiting service providers to:
  - work closely with LAs to determine which services are offered locally and to improve family and community capacity and champion health promotion;
  - contribute to the development of JSNAs and JHWSs; and,
  - input into local health and wellbeing boards and contribute to the health and wellbeing strategy.
- the LA community will be involved in developing the NHS England health visiting service specification for 2014/15.
- NHS England, in partnership with PHE, will develop its Public Health commissioners to ensure they can work effectively with LAs in the lead up to transition in 2015.
- NHS England is exploring the potential for the joint sign-off of local

commissioning plans for 2014/15 by NHS England Area Teams and LA chief executives.

In addition PHE will:

- continue to collate and disseminate the evidence of what works, including developing tools and resources to support implementation locally.
- publish the Public Health Outcomes Framework so local areas can judge their local progress against national outcomes.
- support sharing good practice at a local level through PHE Centres.
- support on-going development of the public health workforce in LAs to inform commissioning of early years and the on-going support and development of the children's public health nursing workforce.
- HEE and its LETBs are also establishing links with LAs to ensure training commissions meet future needs.

## Conclusion

This document both summarises progress for the first two years of the programme to deliver the Government's health visiting commitment and outlines the role and actions that will help to ensure success for the next two years. It also identifies the start of a process to transfer the commissioning of health visiting services to LAs from 2015.

As the programme moves forward plans will be tailored and adapted to ensure that it remains on track and that health visitors continue to deliver for children and families. As one parent from Hampshire said:

*“what they do is priceless”*

## Further information

This document is available at <https://www.gov.uk/government/publications/health-visitor-vision>. Detailed actions and information about the governance of the programme will also be available on the website. The website will also be a way of accessing links to material referred to in this document and other supporting tools, learning programmes, case studies and practice guidance. We will add to these during the remainder of the programme.

You may also want to visit the relevant webpages of NHS England, HEE and PHE at:

[www.england.nhs.uk](http://www.england.nhs.uk)

<http://hee.nhs.uk/work-programmes/health-visiting/>

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