

Area Team Reference: 00634

Nursing Directorate  
4-8 Maple Street  
London  
W1T 5HD  
[england.healthvisiting@nhs.net](mailto:england.healthvisiting@nhs.net)

28<sup>th</sup> October 2013

**Re: Letter inviting expressions of interest for health visiting transformation funding**

To: NHS England Regional Chief Nurses and Directors of Commissioning

Copy:

Local Authority Chief Executives  
Chairs of Health and Wellbeing Boards  
Local Authority Directors of Children's Services  
Directors of Public Health  
CCGs Governing Body Nurses  
FT and NHS Trust Directors of Nursing  
PHE Centre Directors

Dear Colleagues,

NHS England, under the 7A agreement, has responsibility for increasing health visitor numbers and transforming the service to deliver the new model of health visiting set out in the document *National health visitor plan; progress to date and implementation 2013 onwards*<sup>1</sup>. The new model of health visiting includes the following four key elements:

- 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<sup>2</sup>. 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 on-going 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 new model of health visiting will need to be delivered in the context of the new

---

<sup>1</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/208960/Implementing\\_the\\_Health\\_Visitor\\_Vision.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/208960/Implementing_the_Health_Visitor_Vision.pdf)

<sup>2</sup>

[http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publications/policyandguidance/dh\\_107566](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/publicationsandstatistics/publications/publications/policyandguidance/dh_107566)

commissioning landscape. It should meet need as set out in the Joint Strategic Needs Assessment and take an integrated approach to improving outcomes for young children and their families via the Joint Health and Wellbeing Board. It should also take account of the forthcoming transfer of 0-5 year's public health commissioning to local authorities and the need to work closely together in the lead up to that transfer.

NHS England has identified resource to support systematic delivery of the new model of health visiting and demonstration of service transformation.

Area Teams are invited to bid for this resource and are required to do so with support from Health and Wellbeing Boards; specifically the Chair, Local Authority Directors of Children's Services and Directors of Public Health, Provider Director of Nursing and CCG children/ maternity commissioners (Appendix 1). A map in Appendix 2 shows the Area Teams with upper unitary tier local authority boundaries.

The amount available per Area Team will relate to their 0-5 years population (0s, 1s, 2s, 3s, and 4 year olds) and will be approximately 55k for an average sized Area Team (Appendix 3 for funding allocation). It is recognised that in some areas the Health and Wellbeing Boards will choose to collaborate together with the Area Team and the relevant provider organisations. In others areas it will be appropriate for Area Teams to work individually with each Health and Wellbeing Board and their constituent providers of health visiting services.

The funding is to support provider and commissioner development to deliver health visitor service transformation. Examples of how the money might be used would include:

- Commissioner development, for example supporting partners in developing and/or commissioning integrated 0-5 years strategies; and
- Provider development for example professional development to support the delivery of evidence-based early attachment and parenting programmes.

NHS England central health visiting team are aware of the demands on Area Teams and partners and will work closely with Regional Directors of Nursing and Health Visiting Boards to support Area Teams and partners in the development of the bids and in national procurement where this would be an advantage.

Webinars will be available to further explain the process for applying for funding and to ascertain what type of support area and regional teams may require. This is in addition to any individual call for support that may be required.

If you would like to be considered for this funding, please send an expression of interest, to [england.healthvisiting@nhs.net](mailto:england.healthvisiting@nhs.net) by 25<sup>th</sup> November 2013 using the template in Appendix 4.

Any queries should be directed to [england.healthvisiting@nhs.net](mailto:england.healthvisiting@nhs.net).

We look forward to receiving your proposals.



Hilary Garratt  
Director of Commissioning and Health Improvement  
NHS England

# **Appendix 1- Public health services to the 0-5 years in England: selection criteria, process and national support offer**

## **Introduction**

Service transformation requires delivery of the new model of health visiting, including community, universal and targeted levels of delivery. It must deliver the new model sustainably in the context of the new and future commissioning landscape for public health of the 0-5 years. This will require partnership between Area Teams and Health and Wellbeing Boards (HWB boards); including local authorities as current commissioners of early years services and CCGs as commissioners of maternity, mental health and acute and community children's services.

Responsibility for commissioning 0-5 years public health services is expected to transfer to local authorities from 2015. There is the potential to review current provision of public health services for 0-5 years services with the view to improve models of delivery that are better suited to meet the needs of the 0-5 years population and deliver the new model of Health Visiting<sup>3</sup>. These models can be borough specific but would also reflect best practice and evidence for health visiting services. This may include highlighting models of integration between existing local authority early intervention services, health visiting and primary care and links to the Healthy Child Programme. This will include a clearly articulated leadership role for health visitors in improving public health outcomes for young children and their families.

NHS England, the LGA, PHE and other partners are aware that Area Teams and their partnerships would value simplicity and minimal interference in this process. While aiming to meet this requirement, NHS England remain accountable for using the resource available to deliver the new model of health visiting, to improve outcomes and to provide the best value for money.

## **Supporting your application**

Against this background, we are requesting expressions of interest from Areas Teams that wish to participate. We aim to let you know whether we are able to fund your proposals during December. We are able to support all Area Teams and will work with you if your proposals need strengthening in relation to delivery of the new model of health visiting, if it does not seem likely to improve outcomes for young children or if it does not represent value for money.

Should any Area Team choose not to participate we will offer the opportunity to their commissioned health visitor providers.

We will not be prescriptive about the specific models for local adoption it will be for localities to decide, based on local needs and service configuration. We suggest that you consider the following in formulating your proposal.

---

3

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/208961/Implementing\\_Health\\_Visitor\\_Vision\\_Summary.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/208961/Implementing_Health_Visitor_Vision_Summary.pdf)

Points to consider	Potential activities
Delivery of the new model of health visiting	<p>Mapping the current strength and weakness of the HV services by AT.</p> <p>Supporting joint approaches between ATs and HWBs or children's partnerships to deliver the new model of health visiting and effect sustainable service transformation.</p>
Workforce development	<p>Ensure that health visitors have the skills, knowledge and resources to deliver evidence-based interventions, working in partnership to improve outcomes and deliver the new model of health visiting.</p> <p>Development of joint workforce strategies between ATs and HWBs including professional development.</p> <p>Encouraging integrated strategies for early years services and children's social services to make full use of the skills and competencies of health visitors. Supporting a leadership role for health visitors across 0-5 years services in improving health and wellbeing outcomes.</p>
Meeting local need in the context of local health and wellbeing strategies with partnership support	<p>Supporting HWBs and ATs to jointly develop a 0-5 year strategy which clearly articulates the leadership role for health visitors and strongly links to the JSNA. This may be by individual Health and Wellbeing Board or involve collaboration between the different Boards within one Area Team geography.</p> <p>Working with local partners including Directors of Children's Services and Directors of Public Health, LETBs and PHE to encourage the joining up of children's preventative health services for 0-19 year olds.</p>
Close links to other 0-5 years initiatives including FNP, parenting and early attachment programmes and Early Years Foundation Stage	<p>Supporting joint approaches between ATs and HWBs to agree close working or co-commissioning of plans and priorities from 2014-15 in the context of the transfer of 0-5 years public health services.</p>
A clear plan including monitoring and evaluation which can be shared in order to spread good practice, and value for money.	<p>NHS England will aggregate the outputs for each AT by end of March 2014 which will include demonstration of working towards:</p> <ul style="list-style-type: none"> <li>• HV transformation meeting the needs of children and families.</li> <li>• Improved child and family outcomes</li> <li>• Integration of health and wellbeing services for 0-5 years</li> <li>• Sustainability of HV transformation</li> <li>• Demonstrating the costs and benefits of the HV transformation compare to previous service delivery</li> </ul> <p>The programmes will also demonstrate value for money</p>

## Selection process

The selection process will be fair and transparent, whilst avoiding unnecessary bureaucracy. It will involve the following steps:

- Area teams have four weeks to develop and return their expressions of interest, using the enclosed 'expressions of interest' template. They should include statements of support from partners as set out in the template.
- In November submissions will be reviewed by NHS England, the Local Government Association and Public Health England.
- In early December we will contact you to confirm funding or to suggest how your proposal may be strengthened.

## National support for area teams

During the process of selection, national partners will discuss with Area Teams their specific needs and proposed models of health visitor transformation, and tailor their support accordingly. Support could include some or all of the following:

Capability Need	Support available
Changing the culture	Coaching and advice to improve proposals. Professional links to the national bodies. Priority setting webinars, including peer-to-peer support and showcasing innovative ideas.
Communication	Regular webinars with staff to discuss HV transformation. National and local networking opportunities. Opportunities to showcase local innovations.
Public and professional opinion and engagement	Facilitate engagement with Health Watch
Analysis and evidence	Evaluation support

Please submit your applications to [england.healthvisiting@nhs.net](mailto:england.healthvisiting@nhs.net) by 25<sup>th</sup> November 2013.

If you have any queries or questions about the process these can also be submitted to [england.healthvisiting@nhs.net](mailto:england.healthvisiting@nhs.net)

## Appendix 2- Map of NHS England Area Teams and Upper Tier Local Authority Boundaries

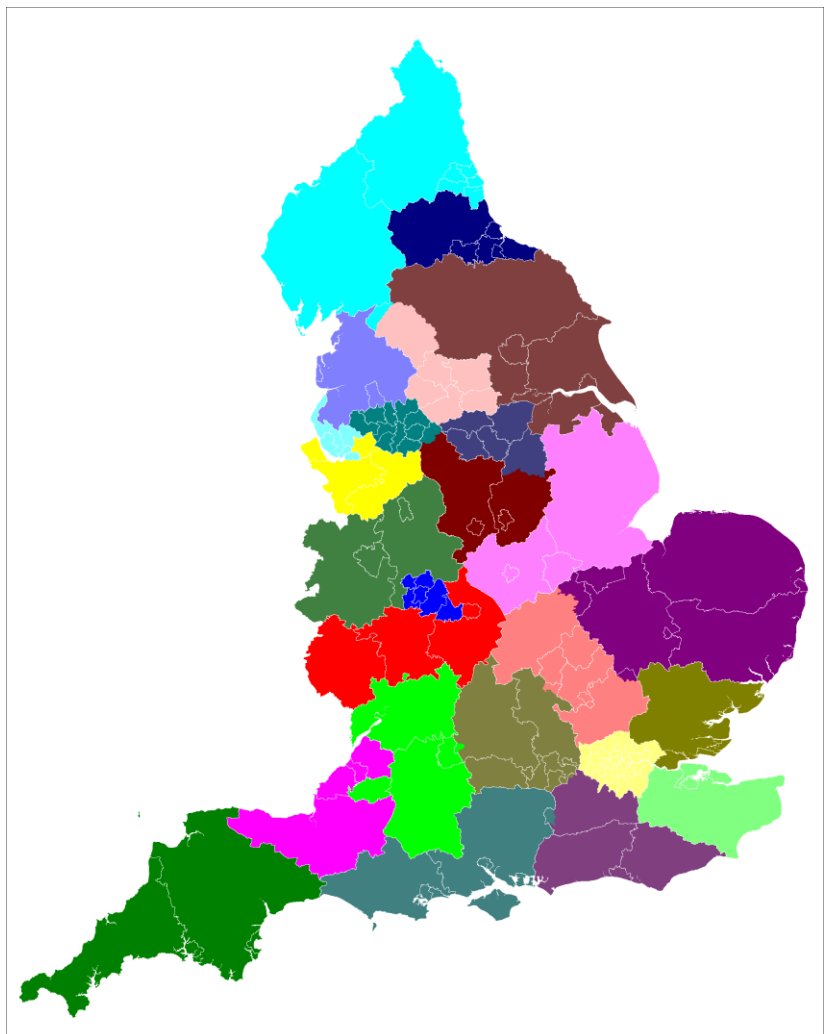
The role of area teams is to commission high quality primary care services, support and develop CCGs, assess and assure performance. They direct specialised commissioning, manage and cultivate local partnerships and stakeholder relationships, including representation on health and wellbeing boards.

### Key.

- Upper tier local authority boundaries are given by thin **grey** boundaries.
- Area teams regions are coloured.

### NHS England Area Teams

■	Arden, Herefordshire and Worcestershire Area Team
■	Bath, Gloucestershire, Swindon and Wiltshire Area Team
■	Birmingham and the Black Country Area Team
■	Bristol, North Somerset, Somerset and South Gloucestershire Area Team
■	Cheshire, Warrington and Wirral Area Team
■	Cumbria, Northumberland, Tyne and Wear Area Team
■	Derbyshire and Nottinghamshire Area Team
■	Devon, Cornwall and Isles of Scilly Area Team
■	Durham, Darlington and Tees Area Team
■	East Anglia Area Team
■	Essex Area Team
■	Greater Manchester Area Team
■	Hertfordshire and the South Midlands Area Team
■	Kent and Medway Area Team
■	Lancashire Area Team
■	Leicestershire and Lincolnshire Area Team
■	London Area Team
■	Merseyside Area Team
■	North Yorkshire and Humber Area Team
■	Shropshire and Staffordshire Area Team
■	South Yorkshire and Bassetlaw Area Team
■	Surrey and Sussex Area Team
■	Thames Valley Area Team
■	Wessex Area Team
■	West Yorkshire Area Team



Source: Analytical Service, NHS England

## Appendix 3- Funding allocation by area team

<i>Area teams within England</i>	<i>Total 0-4s Population</i>	<i>Funding</i>
<b>ENGLAND</b>	<b>3,328,746</b>	<b>£1,497,935.70</b>
<b>North of England</b>	<b>920,029</b>	<b>£414,013.05</b>
Cheshire, Warrington and Wirral	69,225	£31,151.25
Durham, Darlington and Tees	70,415	£31,686.75
Greater Manchester	183,606	£82,622.70
Lancashire	88,152	£39,668.40
Merseyside	68,661	£30,897.45
Cumbria, Northumberland, Tyne and Wear	105,131	£47,308.95
North Yorkshire and Humber	93,250	£41,962.50
South Yorkshire and Bassetlaw	89,162	£40,122.90
West Yorkshire	152,427	£68,592.15
<b>Midlands and East of England</b>	<b>1,001,539</b>	<b>£450,692.55</b>
Arden, Herefordshire and Worcestershire	94,641	£42,588.45
Birmingham and the Black Country	170,629	£76,783.05
Derbyshire and Nottinghamshire	116,752	£52,538.40
East Anglia	141,852	£63,833.40
Essex	105,343	£47,404.35
Hertfordshire and the South Midlands	181,907	£81,858.15
Leicestershire and Lincolnshire	99,955	£44,979.75
Shropshire and Staffordshire	90,460	£40,707.00
<b>London</b>	<b>594,079</b>	<b>£267,335.55</b>
<b>South of England</b>	<b>813,099</b>	<b>£365,894.55</b>
Bath, Gloucestershire, Swindon and Wiltshire	85,902	£38,655.90
Bristol, North Somerset, Somerset and South Gloucestershire	86,239	£38,807.55
Devon, Cornwall and Isles of Scilly	87,360	£39,312.00
Kent and Medway	106,570	£47,956.50
Surrey and Sussex	157,993	£71,096.85
Thames Valley	135,285	£60,878.25
Wessex	153,750	£69,187.50

*Source: Mid-2011 Population Estimates for Clinical Commissioning Groups (CCGs) in England based on the results of the 2011 Census.*

## Appendix 4- Health visitor transformation: expressions of interest for funding

Name and contact details of Area Team Health Visiting lead	
Please outline your proposal in not more than 500 words.	
Please give full details of how funding will be used to support provider and commissioner development. Please make clear how this bid represents value for money.	
What are the milestones for the programme? (Key deliverables and dates).	
How will the proposal support delivery of the new model of health visiting as set out in the core national health visiting service specification and the health visitor implementation plan?	
How will the proposal support an integrated approach to commissioning and provision of services for 0-5 years?	
What will be the outputs?	
How will the outputs improve public health outcomes for young children and their families?	
How will you provide a report on programme implementation, achievements, outputs and outcomes at the end of the project, and an intermediate report in March 2014?	
<p>Please include a short statement of support for the proposal from each of the following or their representatives:</p> <ul style="list-style-type: none"> <li>• Chair of health and wellbeing board/Children's partnership/Children's Trust.</li> <li>• Constituent Local Authority Directors of Children's Services/ Director of Public Health</li> <li>• Commissioned Health Visitor Provider Directors of Nursing</li> <li>• CCG children's/maternity commissioners</li> </ul>	
We intend to do a business case for further funding in 2014-15. While there is no guarantee that this will be funded it would be helpful to know if you would require further funding and how it would support delivery of the service specification and the new model of health visiting.	

Please return complete bids to [england.healthvisiting@nhs.net](mailto:england.healthvisiting@nhs.net) by 25<sup>th</sup> November 2013



## Appendix 5- Support available from stakeholders

### Health Education England (HEE)

Health Education England (HEE) and its Local Education and Training Boards (LETBs) are committed, through their mandate<sup>4</sup>, to ensure that sufficient health visitor training places are commissioned to support delivery of workforce expansion and are working closely with NHS England and its Area Teams to align training commissions with service plans.

In addition HEE and its thirteen LETBs:

- ensure education training programmes are high quality, aligned with the new service vision for health visiting, supported by strategies to reduce attrition and students are well supported;
- promote health visiting as a career;
- support practice teachers and mentors, and work with service and education providers to strengthen development opportunities with sufficient flexibility to meet future demands for the existing workforce;
- 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
- work with service providers and area teams to ensure continuing personal and professional development programmes to build capacity and provide health visitors with the skills needed to deliver the full service offer in order to improve outcomes for children and families
- support service providers to implement high quality preceptorship and supervision models and programmes incorporating the Preceptorship Charter<sup>5</sup>, which outlines the best practice quality markers to help newly qualified health visitors to adjust into their new professional role.
- work with service providers and area teams to support the ongoing development and delivery of communities of practice

HEE and LETBs are also establishing links with Local Authorities to ensure training commissions meet future needs.

The Health Visiting Programme at HEE is led by Carol Jollie, Education and Training Policy Manager [c.jollie@nhs.net](mailto:c.jollie@nhs.net). A network of LETB Health Visiting Leads has been established since March 2013 and meet on a monthly basis via a teleconference.

Further information on LETBs can be found on <http://hee.nhs.uk/about/our-letbs/>

---

<sup>4</sup> <https://www.gov.uk/government/publications/health-education-england-mandate>

<sup>5</sup> [http://www.ihv.org.uk/uploads/Preceptors%20Charter\\_Final7.pdf](http://www.ihv.org.uk/uploads/Preceptors%20Charter_Final7.pdf)

## The Institute of Health Visiting (iHV)

The Institute was established with government funding in 2012. Its focus is on supporting the development of high quality and consistent health visiting practice. It was established with support from the Royal Society for Public Health and works with many educational, statutory and third sector partners. The iHV aims to become a *Centre of Excellence* for health visitors and health visiting, and has a very popular website ([www.ihv.org.uk](http://www.ihv.org.uk)) where it is hosting a range of evidence based materials to inform practice.

Although relatively young the iHV already has over 1000 health visitor members, some joining individually, but increasing numbers of providers are taking advantage of corporate membership to make the resources of the iHV available to all their health visitors and students. It developed the recently published DH *Preceptor's Charter* for health visiting and also the DH *SAFER* update. It has also recently delivered training in perinatal mental health to health visitors across England and in so doing created 299 Perinatal Mental Health Champions who will be local resources, and who will disseminate the training to colleagues.

The iHV can support commissioner provider development in a range of ways, but particularly in the areas of education, leadership, research/evaluation and practice development. Its professional team are all national policy and academic leaders in the field, many also having specialist expertise in different areas of practice.

For further information please contact Dr Cheryll Adams, Director:  
[Cheryll.Adams@ihv.org.uk](mailto:Cheryll.Adams@ihv.org.uk)

## CPHVA

The Community Practitioners' & Health Visitors' Association (CPHVA) represents the majority of health visitors, school nurses and community nursery nurses in the UK and has done so since 1896.

Working at a strategic level with policy makers, we are in the unique position of being the conduit with the profession throughout the United Kingdom so we can listen, engage, advocate, understand and develop evidenced based best practice. All of this assists us to develop professional standards and uphold and defend the services that our members deliver.

For example, through years of campaigning we were instrumental in achieving and implementing the commitments in the HV implementation plan.

We provide extensive resources to our members and the wider health sector to support them in their practice and to enable them to develop and deliver safe and effective services. We produce the monthly Community Practitioner journal which is a benefit of membership and has over 20,000 individual subscribers. We also produce a range of written and online resources including continuing personal and professional development resources.

Contacts:

[cphva@unitetheunion.org](mailto:cphva@unitetheunion.org)  
[www.unitetheunion.org/CPHVA](http://www.unitetheunion.org/CPHVA)  
[www.facebook.com/CPHVA](https://www.facebook.com/CPHVA)  
[www.twitter.com/Unite\\_CPHVA](https://www.twitter.com/Unite_CPHVA)

## Department of Health

Professional Mobilisation Products		
Pregnancy to child aged 5		
Product	Description	Location
<b>Midwifery to Health Visiting Pathway</b>	This pathway contains evidence based information and key guidance to support professionals during the antenatal and post natal period and promotes improved partnership working along the pathway.	<a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/152203/dh_133021.pdf.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/152203/dh_133021.pdf.pdf</a>
<b>Health Visiting to School Nursing Pathway</b>	This pathway contains evidence based information and guidance for professionals from the pre-school to school transition period and promotes improved partnership working.	<a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216466/dh_133020.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216466/dh_133020.pdf</a>
<b>Maternal Mental Health Pathway</b>	This pathway contains evidence based information and key guidance on common issues associated with maternal mental health and wellbeing, from pregnancy through the early months after the birth.	<a href="https://www.gov.uk/government/news/maternal-mental-health-pathway-aims-to-provide-a-structured-approach">https://www.gov.uk/government/news/maternal-mental-health-pathway-aims-to-provide-a-structured-approach</a>
<b>Perinatal Mental Health Training</b>	Commissioned by the Department of Health, the Institute of Health Visiting has developed a training package for health visitors across England. It addresses the fundamental requirements that are necessary for health visitors to manage anxiety, mild to moderate depression and other perinatal mental disorders and to understand the impact of these disorders on the infant, family and society, and to know when to refer on.	A link to training material on the E-Learning for Health website will be available September 2013
<b>Domestic Violence and Abuse Pathway</b>	This guidance helps health professionals to recognise factors that may indicate domestic violence and abuse and describes steps to ensure appropriate support and referral where necessary. It highlights best practice, information and learning resources.	<a href="https://www.gov.uk/government/publications/guidance-for-health-professionals-on-domestic-violence">https://www.gov.uk/government/publications/guidance-for-health-professionals-on-domestic-violence</a>
<b>Safeguarding Document</b>	This is a professional guidance document which defines the safeguarding principles and professional contributions in relation to the new service visions for Health Visitors and School Nurses. It is intended to support and inform practitioners and colleagues working alongside these professional groups.	<a href="http://media.dh.gov.uk/network/387/files/2012/11/SAFEGUARDING_ENHANCING-PROFESSIONAL-GUIDANCE.pdf">http://media.dh.gov.uk/network/387/files/2012/11/SAFEGUARDING_ENHANCING-PROFESSIONAL-GUIDANCE.pdf</a>
<b>SAFER communication guidelines</b>	These guidelines are for communications between health visitors and local authority children's social care teams using the SAFER process when a child may be suffering or is likely to suffer significant harm.	<a href="https://www.gov.uk/government/publications/safer-communications-between-health-visitors-and-social-care-teams">https://www.gov.uk/government/publications/safer-communications-between-health-visitors-and-social-care-teams</a>

<b>Preceptorship Charter</b>	The charter outlines the best practice quality markers for newly qualified health visitors entering employment as a health visitor in England.	<a href="http://www.ihv.org.uk/uploads/Preceptors%20Charter_Final7.pdf">http://www.ihv.org.uk/uploads/Preceptors%20Charter_Final7.pdf</a>
<b>Health Visitor Teaching in Practice: A framework Intended for Use for Commissioning, Education and Clinical Practice of Practice Teachers (PTs)</b>	This framework contains a range of key information to improve understanding of the role and importance of the practice teacher, their preparation and responsibilities in order to deliver improved outcomes for children, families and communities aligned with the health visitor programme and service vision.	<a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/126821/HV-Framework.pdf.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/126821/HV-Framework.pdf.pdf</a>
<b>Educating Health Visitors for a Transformed Service</b>	This document describes a suggested approach for education commissioners and Higher Education Institutions and Lecturers to aligning education with the new service vision for health visiting.	<a href="https://www.gov.uk/government/publications/educating-health-visitors-for-a-transformed-service">https://www.gov.uk/government/publications/educating-health-visitors-for-a-transformed-service</a>
<b>A Health Visiting Career – Support in the First Two Years – Supporting Health Visitors to Support Families</b>	This guidance promotes understanding of the current picture, identifies areas of good practice, and suggests ways that these can be shared and enhanced. It gives an overview of the novice to expert journey and the pathway for newly qualified health visitors in their first two years.	<a href="https://www.gov.uk/government/publications/a-health-visiting-career">https://www.gov.uk/government/publications/a-health-visiting-career</a>
<b>Personal and Professional Attributes Tool</b>	This guidance document is intended for consideration by higher education institutions to support and inform the recruitment and selection process for students wishing to undertake Health Visitor Programmes. It outlines some of the personal and professional attributes that have been agreed as important to the successful delivery of the health visitor role.	<a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/152202/dh_133017.pdf.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/152202/dh_133017.pdf.pdf</a>
<b>Building Community Capacity Programme</b>	<p>This programme is a professional development package for health visitors, which combines learning through education materials and practical application in the workplace and local community.</p> <p>The BCC programme can be accessed online, however, the complexities of the HV role means that BCC is more than just an e-learning package, as it incorporates regular reflection work practice as well as input from a Workplace Advisor.</p>	<a href="http://www.e-lfh.org.uk/projects/building-community-capacity/">http://www.e-lfh.org.uk/projects/building-community-capacity/.</a>

<b>Early Implementer Site (EIS) Case Studies</b>	Case studies from organisations at the forefront of delivering the new health visiting service model. They focus on innovation and improvements in quality.	<a href="https://www.gov.uk/government/publications/health-visiting-programme-case-studies">https://www.gov.uk/government/publications/health-visiting-programme-case-studies</a>
<b>Health Visitor Public Health Career Framework</b>	The Health Visitor Public Health Career Framework has been developed to promote career opportunities for specialist community public health nurses (HVs) in England, however may also be relevant to other public health nursing roles. It is intended to support newly qualified health visitors, those returning to health visiting and those wanting to further develop their careers in public health. It also provides information for managers and commissioners who have responsibility for the skills, support and on-going career development of their health visiting workforce.	In draft, with a view to merging into one wider Public Health document.
<b>Health Visitor Public Health Development Model</b>	Initially aimed at health visiting, the development of the Health Visitor Public Health Development Model provides recognition of the importance of re-establishing and strengthening the role of health visitors by highlighting their unique contribution to public health. It is intended to enhance and further develop the public health skills of students undertaking the SCPHN programme, support newly qualified health visitors, those returning to health visiting and those wanting to expand their knowledge and expertise. The model introduces the use of the Public Health Intervention Wheel (PHIW) to support education and learning to build confidence and competence when delivering the public health agenda.	
<b>Healthy Child Programme</b>	Developed by the Department of Health and Department for Children, Schools and Families in 2009, The Healthy Child Programme for the early life stages focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.	<a href="https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life">https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life</a>
<b>e-LfH Healthy Child Programme Modules</b>	The Department of Health supported the development of this key resource which was created to meet the CPD needs of current and future HVs in respect of key aspects of delivering the Healthy Child Programme.	<a href="http://www.e-lfh.org.uk/projects/healthy-child-programme/">http://www.e-lfh.org.uk/projects/healthy-child-programme/</a>

## **Appendix 6- Further resources**

*Association of Directors of Public Health*

<http://www.adph.org.uk/>

*Department of Education*

<http://www.education.gov.uk/childrenandyoungpeople/healthandwellbeing>

*NHS England*

<http://www.england.nhs.uk/>

*Public Health England*

<https://www.gov.uk/government/organisations/public-health-england>

*RCN (Royal College of Nursing)*

[http://www.rcn.org.uk/development/communities/rcn\\_forum\\_communities/children\\_and\\_young\\_people\\_field\\_of\\_practice/cyp\\_healthy/health\\_visiting](http://www.rcn.org.uk/development/communities/rcn_forum_communities/children_and_young_people_field_of_practice/cyp_healthy/health_visiting)

*Local Government Association*

<http://www.local.gov.uk/childrens-health>

*SOLACE*

<http://www.solace.org.uk/>

*Healthwatch*

<http://www.healthwatch.co.uk/>