Health Visiting Programme: Guidance and FAQs for the Education Initiative – Continuing Professional Development for Health Visitors

1. Purpose of this Document

This document has been developed to support Regions, Area Teams (ATs) and providers in understanding:

- The additional Continuing Professional Development (CPD) opportunities (Appendix 1) available via the Education Initiative (EI)
- How these will support workforce development to meet the new and emerging requirements of service transformation and transition of commissioning responsibilities, as well as emerging evidence on effective practice.

2. Overview of Continuing Professional Development for Health Visitors

CPD is a requirement for continuing registration for all clinicians including health visitors (HVs). CPD consists of any educational activity which helps to maintain, develop or increase knowledge, problem-solving, technical skills or professional performance standards all with the goal that professionals can provide better health care. CPD includes ‘formal’ activities, e.g. courses, conferences and workshops, as well as self-directed activities such as preceptorship and directed reading. The NMC has identified standards of CPD for nurses, midwives and HVs.

The range of additional CPD on offer within the EI is a result of a review of the current CPD training opportunities against the skills and knowledge required to deliver the 0-5 delivery model for health visiting and recognition there is a need for additional, evidence-based training to support HVs in their changing role.

CPD learning material is available to all HVs and covers ten broad domains as follows:

- Transition to parenthood
- Maternal and infant mental health
- Health and wellbeing 2.5 years
- Breast feeding
- Managing minor illness
- Building community capacity
- Leadership and other support
- Domestic violence and abuse
- Safeguarding
- Obesity, nutrition and physical exercise

The Initiative has been developed by Health Education England (HEE) and the Department of Health (DH) with support from other key stakeholders and further informed by listening to those working in health visiting services.
For the newly qualified health visiting workforce it will enable them to expand learning delivered during their Specialist Community Public Health Nursing (SCPHN) training. For the existing workforce it will support them to refresh and extend their skills and knowledge.

It will also help them to develop the skills to support the transformation of the health visiting service.

As part of supporting transformation, NHS England has provided funding via Area Teams to support ATs to work with local authority and CCG commissioners and with local providers to improve delivery of the universal elements of the HCP and delivery of evidence based interventions to meet identified need, specifically the comprehensive delivery of the following checks: antenatal, new born visit, 12 months and two to two and a half years and delivery of evidence-based interventions to meet identified needs.

These will particularly focus on the following 6 High Impact Areas (available via: https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children):

- Transition to Parenthood and the Early Weeks
- Maternal Mental Health (Perinatal Depression)
- Breastfeeding (Initiation and Duration)
- Healthy Weight, Healthy Nutrition (to include Physical Activity)
- Managing Minor Illness and Reducing Accidents (Reducing Hospital Attendance/Admissions)
- Health, Wellbeing and Development of the Child Age 2 – Two year old review (integrated review) and support to be ‘ready for school’.

This Initiative sits firmly within the agenda for transforming the service and while CPD is funding through the Health Visiting National Core Service Specification and providers’ allocations, in some areas, service transformation funding could be used to support providers and health visitors to access these training opportunities.

3. Supporting the Uptake of CPD

The core national service specification for health visiting contains a clear requirements regarding Continuing Professional Development. It required that providers develop a CPD programme which supports delivery of the service specification particularly evidenced based assessments and interventions as well as multi-agency learning, leadership and supervision and that resources are allocated for the CPD requirements identified in the plan.

This can be supported by the following action by different stakeholders:

**Regions:**

- Support area teams to raise awareness of the EI, its importance for service transition and encourage uptake.
Area Teams:

- Work in partnership with providers to ensure that HVs are able to access CPD: this may include identifying any underspend in health visiting budgets to support backfill.
- Work with providers and the Regions to support uptake of CPD to progress service transformation and delivery of the 0-5 delivery model for health visiting as set out in the Health Visiting National Core Service Specification.

Providers:

- Ensure a health visiting service training development plan exists which supports staff in the implementation of the updated health visiting offer to families and children.
- Work with area teams and LETBs to ensure staff understand and have access to the additional CPD identified and support to do so.
- Consider the workforce resources available to deliver CPD for all HVs and explore ways of ensuring access.

4. When will this be implemented?

This CPD menu will be available from September 2014 although some providers may be able to access components of this CPD menu earlier.

Providers should make contact with their LETB who will be able to advise on what is available now and timescales for the remainder of the CPD learning. As providers will also be providing training opportunities on the EI enhanced menu, they will also need to ensure this is in place from September 2014.

5. Who do you contact with additional questions?

If you have any questions please email: england.healthvisiting@nhs.net and clearly state CPD training in the subject line. A member of the health visiting team will respond to your query as soon as possible.
Frequently Asked Questions

Question 1: What is this Education Initiative (EI)?

This Education Initiative (EI) is an additional training offer comprising an extended CPD menu (Appendix 1) of professional development opportunities. It has been developed to support current transformation of services and the sustainability of the health visiting service following transition of commissioning responsibilities to local authorities in October 2015.

The Initiative was developed in partnership by DH and HEE and presents a range of learning that is, or will be available to HVs to support them in their changing role, to deliver service transformation and to build resilience.

It will also support them to improve delivery of the universal elements of the HCP and delivery of evidence based interventions to meet identified need, specifically comprehensive delivery of the following checks: antenatal, new born visit, 12 months and two to two and a half years and delivery of evidence-based interventions to meet identified needs.

These will particularly focus on the following High Impact Areas which have formed a foundation for much of this enhanced CPD offer:

- Transition to Parenthood and the Early Weeks
- Maternal Mental Health (Perinatal Depression)
- Breastfeeding (Initiation and Duration)
- Healthy Weight, Healthy Nutrition (to include Physical Activity)
- Managing Minor Illness and Reducing Accidents (Reducing Hospital Attendance/Admissions)
- Health, Wellbeing and Development of the Child Age 2 – Two year old review (integrated review) and support to be ‘ready for school’.

The Education Initiative also forms one part of a four-year transformation programme of recruitment and retention, professional development and improved commissioning linked to public health improvement being funded by the DH.

The menu also contains reference to three further DH funded projects commissioned from UCL Partners Academic Health Sciences Network:

- DIY Health Project Management of Minor Illnesses
- Start at the Beginning
- A Shared Outcomes Framework on perinatal mental health.

A further project to develop and support post qualification development and support for HVs has been commissioned from the institute of Health Visiting and Partners, ‘Making the Most of Health Visitors’.

As part of the Initiative there is a focus on supporting HVs to undertake the additional development opportunities outlined through their Personal Development Plan (PDP) and organisational training needs analysis. For newly qualified HVs, the EI will enable them to embed and expand learning delivered during their Specialist Community Public Health Nursing
(Health Visitor) [SCPHN(HV)] training. For the existing workforce it will support them to develop their skills and knowledge.

The Department has also funded a number of additional interventions broadly aimed at realising the benefits of the expanded HV workforce. The work has been commissioned from HEE and is led by Health Education North Central and East London (HE NCEL) as the lead Local Education and Training Board (LETB). The commissioned activity is to be completed by 31st March 2015.

**Question 2: Why is this CPD being delivered now?**

It is recognised that at this time of unprecedented workforce growth CPD is of increasing importance for HVs due to recent developments in the evidence and knowledge base requiring new approaches to practice. Also, the requirement to transform the service to deliver the 0-5 delivery model of health visiting by 2015 means there is a need to support HVs in developing skills in specialist areas to enhance their role as leaders in the delivery of the Healthy Child Programme in the context of wider 0-5 services and support them to improve delivery of the universal elements of the HCP and delivery of evidence based interventions to meet need particularly those covered by the 6 High Impact Areas.

**Question 3: How does this initiative link with existing CPD?**

The EI is a collection of additional learning options available to all HVs in response to the new skills and knowledge required to deliver a strengthened service offer to children, families and communities.

It supports what is already on offer and also provides additional evidence-based learning opportunities accessible in a variety of ways such as e-learning, mentoring, restorative supervision and alternative practice.

**Question 4: How was the EI menu developed?**

The evidence-based menu was developed by DH and HEE with support from other key stakeholders. It is based on a national training needs analysis of the health visiting workforce and provides a comprehensive range of additional education to help HVs continue to build the skills, competencies and knowledge to take forward the 0-5 delivery model of health visiting and improve outcomes for young children, their families and communities.

**Question 5: Who is CPD for?**

CPD is an important requirement for HVs wishing to maintain their registration based on organisational and individual training needs analysis.

The CPD menu (Appendix 1) recognises the interdependencies that exist between the health visiting workforce and other early years, primary care and other staff. It links to local needs as identified through Health and Wellbeing Board priorities and Joint Strategic Needs Assessments.
Although the EI is primarily aimed at HVs, providers should look at maximising the opportunities to make this CPD opportunity available and of benefit to all staff who work across the 0-19 years agenda.

HVs will need to obtain study leave approval in their organisations to participate, in line with their organisational and personal objectives and development plans.

**Question 6: Whose responsibility is it to ensure HVs obtain CPD?**

It is the providers’ responsibility to ensure that the training identified through a training needs analysis for HVs is implemented. It is the individual HVs responsibility to take up the CPD identified.

Providers, area teams and LETB’s need to work together to ensure that the CPD is delivered and evaluated.

It is expected that area teams will discuss provider plans for CPD uptake and impact on a regular basis. Area Teams will work with providers on identification and resourcing of HV development needs which are evidenced from training needs analysis.

**Question 7: What happens if some of the training in the EI menu is not available initially in my area?**

The provider has the main responsibility in ensuring that individual training needs are identified through a robust appraisal/continuing professional development assessment and to provide/enable training opportunities that meet the organisations overall Learning Needs Assessment.

The majority of the EI menu is dependent on provider funding, with the exception of the ELfH Maternal MH modules that are now in place.

Providers and area teams will need to liaise with HEE via the LETBs to review current training commissions and confirm the organisations Learning Needs Assessment findings as per usual business.

Timescales may vary locally; area teams and LETBs will be able to advise when learning will be available.
### Appendix 1: Menu of CPD Opportunities

<table>
<thead>
<tr>
<th>Case for Inclusion</th>
<th>Training and Development Need</th>
<th>Planned Activity to Meet Need</th>
<th>Options for Delivery</th>
<th>Resource Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>National/Local need</td>
<td>Evidence Based Programmes such as Preparing for Pregnancy and Beyond and Triple P</td>
<td>Think Baby Programme FNP materials PBB resources available</td>
<td>All Provider Led Train the trainer approach E-learning HCP programme</td>
<td>All Provider funded MARSIS 2 day programme with a 2 week reflection time in between approx. £200 a HV that’s delivered locally</td>
</tr>
<tr>
<td></td>
<td>Promoting secure attachment/Attachment theory Brazelton Solihull Approach and Motivational Interviewing Baby Cues</td>
<td>Some areas have commissioned Motivational Interviewing CPD sessions commissioned in some HEIs. MARSIS (Developed with DH funding previously - combination of Solihull approach, restorative supervision and motivational interviewing, South Warks Foundation Trust)</td>
<td>Delivered locally-2 day training (1 day 2 weeks apart) Delivered locally-via Kings College Trainers or HEI</td>
<td>Solihull Approach £1,500 for 12 HVs Promotional Guide Delivery of a 2 day training programme to include the PI training and train the trainer training. £1,250 per day &amp; materials Total £2500 £50 license fee for every HV trained</td>
</tr>
</tbody>
</table>
### Appendix 1: Menu of CPD Opportunities

<table>
<thead>
<tr>
<th>Maternal Mental Health</th>
<th>Consideration being given to extend current commitment of PMH Champion face to face training</th>
<th>HEE provided ELfH learning modules to deliver Maternal Mental Health education/training</th>
<th>ELfH online module/s funded by HEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Mental Health training</td>
<td>Access to the e-learning modules for PMH</td>
<td>All the below Provider based Evidence based screening tools Provider based Face to face champions and train the trainer approaches.</td>
<td>All further learning opportunities to be Provider funded</td>
</tr>
<tr>
<td>Use of evidence based screening tools</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Health and wellbeing and development at age 2 are a high priority area. (Linked to school readiness). It is included in the HV Service Specification. | Training in the use of Ages and Stages Questionnaire (ASQ) and associated evidence based assessment tools Child development training Speech and Language Infant Mental Health | E-learning modules in development Face to face delivery of learning materials being considered Communications Trust materials available and could be adapted and or further developed as a specific resource to support HVs on speech and language development and support activities | Provider based Face to face training through HEIs or other provider as per learning needs identified by the Provider appraisal system |
| Age 2-2 ½ is a crucial stage when problems with development, speech, behaviour etc. become visible and can be addressed by the health visitor. There is a government commitment to consider roll out of integrated review at age 2 by 2015. | Access to the use of ELfH learning HCP and | Provider funded Costs associated with train the trainer approach | Free access via ELfH |
| Training in the use of new tools and the new process is required. The review is part of the HCP and identifies the child’s progress, strengths and needs at this | | | |

Maternal mental health is a key Government priority and one of the 6 high impact areas, it is included in the HV Service Specification. There is robust evidence on the impact of maternal mental health during pregnancy and the first 2 years of life, on infant mental health and future adolescent and adult mental health. Perinatal mental illness including PND is very common. It can have significant impact not only on the mother and baby, but also on the rest of the family. There is evidence of under detection of Maternal Mental health issues. HVs have identified this as an area for further development as they are now increasing involved in the antenatal period and will assess maternal mood and her feelings toward the unborn baby and to assess risk factors. Outcome measure in development for PHOF.

Health and wellbeing and development at age 2 are a high priority area. (Linked to school readiness). It is included in the HV Service Specification. Age 2-2 ½ is a crucial stage when problems with development, speech, behaviour etc. become visible and can be addressed by the health visitor. There is a government commitment to consider roll out of integrated review at age 2 by 2015. Training in the use of new tools and the new process is required. The review is part of the HCP and identifies the child’s progress, strengths and needs at this...
Achieving and maintaining full accreditation of UNICEF Baby Friendly Community Initiative is one of the elements identified in the HV Service Specification and is linked to the priority area of Breast Feeding and is in the PHOF.

There is growing evidence that breast feeding is best nourishment for babies up to 6 months and can play a part in reducing health inequalities, has benefits for maternal and infant health including promoting emotional attachment.

Breast fed babies have a reduced risk of respiratory disease, gastroenteritis, ear infections, allergic disease and Sudden Infant Death Syndrome.

Women who breast feed are at lower risk of breast and ovarian cancer and reduced bone density.

Supporting women to breast feed is covered in part in training, however the in depth knowledge for new UNICEF accreditation requires additional training.

<table>
<thead>
<tr>
<th>Achieving and maintaining full accreditation of UNICEF Baby Friendly Community Initiative</th>
<th>Breast feeding linked to UNICEF baby Friendly Accreditation Standards</th>
<th>Training available through UNICEF and also NCB programmes</th>
<th>Provider Led Programmes delivered by range of providers and/ or through champions and train the trainer approach</th>
<th>Provider funded Additional cost to be identified by the Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age; facilitates appropriate intervention and support for children and their families, it also generates information to inform service planning and contributes to the reduction of inequalities, life-long health and wellbeing, education achievement, economic productivity and responsible citizenship. A population outcome measure age 2 is being developed for inclusion in the PHOF.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appendix 1: Menu of CPD Opportunities

| Managing minor illness and reducing accidents reducing hospital attendance/admissions is one of the high impact areas and is referenced in the HV Service specification. Injuries are a leading cause of hospitalisation and represent a major cause of morbidity and premature mortality for children. There is a strong link between unintentional injury and inequality. Also many hospital admissions are for infections and or minor illnesses that can be avoided with appropriate advice and health messages alongside building parental confidence to manage illness at home. Dealing with sick children and supporting parents to know what to do when their child is ill and providing accident prevention advice is part of the HV role; however HVs coming from adult fields of nursing may have limited experience in paediatric care and or in managing and supporting children with additional needs and disability. |
| Managing the sick child and minor illnesses MECC/Principles of Behaviour Change Special Educational Needs and Disability (SEND) training Nurse Prescribing Imms Vacs update |
| Injury prevention an common paediatric illnesses, recognising the sick child e-learning modules Consider adaptation of HEE MOU DIY parent resource to include HV resource Training resource in planning stage for SEND as part of MOU with EIFH |
| Provider Led DH funded ‘spotting the sick child’ elearning modules or Coventry University Parent resources being developed as part of minor illness MOU DIY as resource pack Refresher day for prescribers that currently do not prescribe |
| Provider funded Free access to ELfH modules Adapted DIY parent resource not available yet SEND modules available yet |
| V100 if not included in SCPHN programme and update/refresher modules to increase confidence and competence |
| V100 : Stand-alone option – approx. cost of a module £350 but HVs would need a prescriber mentor who would support the practice portfolio element in practice |
## Appendix 1: Menu of CPD Opportunities

<table>
<thead>
<tr>
<th>Building Community Capacity</th>
<th>BCC programmes</th>
<th>BCC programme available through EIFH</th>
<th>Provider Led</th>
<th>Provider funded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Local programmes in place at Universities</td>
<td>Blended learning BCC Programme</td>
<td>Free to access on e-learning for Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Self-directed e-learning.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Action Learning sets.</td>
<td></td>
</tr>
<tr>
<td>Leadership in new landscape</td>
<td>Leadership programmes particularly band 7 and 8a are in place and accessible in most areas.</td>
<td>Provider led in partnership with NHS Leadership Academy</td>
<td>Provider funded Leadership programme approx.£50k for 24 HVs + venue costs (Rewriting costs approx. £10k for a week’s work of 2 people)</td>
<td></td>
</tr>
<tr>
<td>Teach First approach to leadership in health visiting</td>
<td>Link to Leadership Academy programmes</td>
<td>Range of initiatives as per CPD MOU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptorship training</td>
<td>Possible need to redesign to meet future new needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principles of restorative supervision</td>
<td>Covered in HEE MOU for 2 year post training CPD requirements.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice teacher development as team educators and support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporting Newly Qualified HVs development for mentors Coaching skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free E-learning Preceptorship modules available via the Institute of Health Visiting (IHV) website</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free E-learning Induction modules available via the Institute of Health Visiting website</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By 2015 approximately 60% of the workforce will be newly qualified and inexperienced. Commitment has been given within the HV programme to supporting the newly qualified practitioners during the first 2 years of practice to aid transition from theory to practice and from novice to expert.

Key components to this being effective are the development of Leadership skills, a well delivered Preceptorship programme and Supervision. Practice teachers and Mentors need to be skilled in supporting development of team members alongside delivery of development activities, using strengths based approaches and motivational interviewing skills.
### Appendix 1: Menu of CPD Opportunities

<table>
<thead>
<tr>
<th>Topic</th>
<th>Provider Led/ Costed</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence and Abuse is high on the Governments agenda. It is one of the main factors in child protection and safeguarding referrals and or Children in Need plans. Early identification and intervention through sensitive enquiry and management is a key role for the HV. In order to maximise impact more intensive training in this area is required for most HVs.</td>
<td>Provider Led Face to face training resource developed and by IHV being delivered in 10 areas. Consideration to be given to extending face to face coverage. E-learning modules developed with IHV and to be made accessible to all HVs</td>
<td>Face to face champions and train the trainer approaches. Access to e-learning modules</td>
</tr>
<tr>
<td>Safeguarding training is an ongoing CPD need and is required by all HVs. Changes to the guidance and introduction of new assessment tool and information sharing information is essential. Communication failures are identified as a contributing factor in all serious case reviews.</td>
<td>Provider Led Face to face or train the trainer through Safeguarding leads or HEIs</td>
<td>Further training opportunities Free access to ELfH modules</td>
</tr>
<tr>
<td>Obesity, nutrition and physical exercise is one of the high impact areas; a priority area for Government; part of the HCP and is an outcome measure in the PHOF. Overweight and obesity in childhood is associated with overweight and obesity in adulthood with subsequent increased risk for cardiovascular disease, poor health, outcomes such as the 2 diabetes and poor mental health. HVs provide PH advice and emphasis on feeding, weaning, healthy foods and portion size and encourage active lifestyle and play.</td>
<td>Provider Led Briefing papers and updates Champion face to face training Train the trainer</td>
<td>Provider funded Small costs for briefing development Costs not yet known for face to face training</td>
</tr>
<tr>
<td>Evidence based advice Brief Intervention Training Vitamin D and Healthy Start Vitamin advice Nutrition Champion Training</td>
<td>Evidence based advice Brief Intervention Training Vitamin D and Healthy Start Vitamin advice Nutrition Champion Training</td>
<td>Evidence based advice Brief Intervention Training Vitamin D and Healthy Start Vitamin advice Nutrition Champion Training</td>
</tr>
<tr>
<td>Physical exercise guidelines and healthy eating guidelines available. Vitamin D training not commissioned</td>
<td>Physical exercise guidelines and healthy eating guidelines available. Vitamin D training not commissioned</td>
<td>Physical exercise guidelines and healthy eating guidelines available. Vitamin D training not commissioned</td>
</tr>
</tbody>
</table>

---

**Notes:**
- **DVA training**
- **DVA face to face training resource developed and by IHV being delivered in 10 areas.**
- **Consideration to be given to extending face to face coverage.**
- **E-learning modules developed with IHV and to be made accessible to all HVs.**
- **Safeguarding training is an ongoing CPD need and is required by all HVs. Changes to the guidance and introduction of new assessment tool and information sharing information is essential. Communication failures are identified as a contributing factor in all serious case reviews.**
- **Specific Safeguarding programme for HVs Child care and the Law**
- **Mandatory training available through LAs however specific package to support HV decision making not commissioned. E-learning modules available**
- **Evidence based advice Brief Intervention Training Vitamin D and Healthy Start Vitamin advice Nutrition Champion Training**
- **Physical exercise guidelines and healthy eating guidelines available. Vitamin D training not commissioned**
- **Provider Led**
- **Face to face**
- **champions and train the trainer approaches.**
- **Access to e-learning modules**
- **Provider Led**
- **Face to face or train the trainer through**
- **Safeguarding leads or HEIs**
- **Provider funded**
- **Further training opportunities**
- **Small costs for briefing development**
- **Costs not yet known for face to face training**
- **Free access to e-learning resources available via the iHV website**
- **Free access to ELfH modules**