The National Health Visitor Plan: progress to date and implementation 2013 onwards

Summer 2013 Health Education East of England Health Visiting Conference and Showcase Event: Building Community Capacity
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Background

- The Department of Health (DH) launched the *Health Visitor Implementation Plan 2011-15: A Call to Action* in February 2011
- Delivery of the Health Visiting (HV) Programme represents a major Government priority
- Implementing the Health Visitor Vision: 2013 Onwards document developed in partnership:
  - Joint produced document - DH, NHS England, HEE, and PHE
  - Summary of progress so far
  - Roles and actions for the Health Visiting Programme 2013-2015
  - Sustainability of health visiting services from 2015 onwards
  - Introduction of a new system for commissioning health and public health services
  - Partnership working in the delivery of the new health visiting service model
Partnership Working

- The Department of Health (DH) is and will remain accountable for overall delivery of 4,200 extra health visitors, and the transformation and commissioning of HV services
- From April 2013 operational responsibility for delivery passed to NHS England
- Responsibility for the commissioning of HV training places is the responsibility of Health Education England (HEE)
- Public Health England (PHE) will lead the public health system, and will be carrying out HV research
- From April 2015, the intention is to transfer the commissioning of HV services from NHS England to local authorities.
Health Education England (HEE)

- We are responsible for the education, training & development of the whole workforce (bands 1-4, pre- and post-reg, CPD) and for recruiting for values from our schools and into our Universities.
- We are employer led, with healthcare providers and clinicians taking responsibility for planning and commissioning education and training through our LETBs.
- Quality of care is our first principle - we are responsible for ensuring that the workforce has the right skills and values and are available in the right numbers, in the right place at the right time, to support the delivery of excellent healthcare and drive improvement in health outcomes.
- We will ensure that the shape and skills of the future health and public health workforce evolves to sustain high quality outcomes for patients in the face of demographic and technological change.
HEE’s priorities

Core values
- Respect and dignity
- Commitment to quality care
- Compassion
- Improving lives
- Working together for patients
- Everyone counts

- Pride in working for HEE
- Pride in being a healthcare professional
HEE’s strategic priority programmes

- Pre-degree care experience
- Four-year GP training
- Bands 1-4 strategy (Cavendish)
- Values-based recruitment
- Dementia awareness
- Trainee feedback app
- Gamification / careers service
- Widening participation
- Non-surgical cosmetics
- Genomics
- PG nurse training – older people, complex needs
Local Education and Training Boards (LETBs)

- Total of 13 LETBs
- Committees of HEE
- Not Statutory Bodies
- Provider led
- Stakeholder representation
- Core leadership of:
  - Managing Director
  - Independent Chair
  - Director of Education and Quality
  - Head of Finance
- Dispersed HEE leadership
- Deaneries part of LETBs
“The commitment to an additional 4,200 FTE health visitors, by April 2015, will help to ensure vital support to new families and give children the best start in life. **HEE has a key role to play in commissioning sufficient training places across the country to ensure the additional staff are available in the right place at the right time.** To achieve this, HEE will need to work closely with NHS England to align training commissions with service plans and with PHE and local authorities to ensure sustainable development and smooth transfer of commissioning.”
HEE Health Visiting Priorities

- **Workforce expansion:**
  - Support delivery of the agreed plan for workforce growth;
  - Promotion of health visiting as a career and attract the best quality candidates into training

- **Service transformation:**
  - High quality training and CPD to help build capacity and provide the skills needed.
  - Development of a learning and engagement culture that supports and sustains health visitors

- **Professional leadership and mobilisation:**
  - Strong partnerships, communications and leadership
  - Engagement and status of the profession
  - High quality training and CPD programmes
  - Close partnership working between HEE and NHS England and between LETBs and Area Teams
NHS England Priorities

- NHS England has delegated responsibility from the Secretary of State to directly commission some public health services through a Section 7A agreement. The Public Health Functions Agreement covers 30 services within the following:
  
  - Health Visiting Services
  - Healthy Child Programme
  - Family Nurse Partnership
  - Child Health Information Services (Child Health Records Depts.)
  - Immunisations
  - Cancer and non cancer screening
  - Sexual Assault Services
Public health functions to be exercised by the NHS Commissioning Board

Figure 1: The Universal Elements of the Healthy Child Programme

- Antenatal Education / preparation for parenthood
- New Baby Review
- 6 week check for mother and baby
- 1 year Review
- 2 – 2 ½ year Review
- 4/5 years Primary School Entry Review
- 11/12 years School Transition Review
- 16 – 19 years Immunisation Status Review

Healthy Child Programme reviews:
- Review of child health and development
- Early identification of family strengths and any risks
- Parenting support
- Health promotion

Antenatal Care
- Formal health programme including dental health, keeping safe, nutrition, speech, language and communication, play

Postnatal Care
- National Child Measurement Programme - Measure height and weight at 4/5 and 11/12

HCP from Pregnancy to 5 years
- 0 – 12 weeks: Immediate physical examination after birth
- 6 weeks: 8 week Immunisation
- 1 year: 13 month Immunisation
- 2½ years: 3, 4, 12 month Immunisation
- 4/5 years: Preschool Booster at 3 yrs and 4 mths
- 6 – 8 day Bloodspot Screening

FNP = Pregnancy to 2 years
NHS England Priorities

- **HV Workforce expansion:**
  - Support delivery of the agreed plan for workforce growth
  - Ensure posts are commissioned to meet the agreed workforce trajectories, building on the excellent work of local providers, HEE and the Deanery prior to April 2013 to ensure we meet the national expansion figures
  - Identify the budget - There are budget challenges, but NHSE are committed to meeting the health visitor expansion figures
NHS England Priorities

- **HV Service transformation:**
  - Support providers to work to the new national core service specification through a benchmarking exercise to identify any gaps
  - Assure the quality of the service through a new assurance and delivery dashboard
  - Work with providers and stakeholders to define pathways to support the four tier service model
  - Continue to learn from the early implementer sites and existing good practice
NHS England Priorities

- **HV Professional leadership and mobilisation:**
  - Build strong partnerships with local government to ensure a smooth transition of 0-5 services and budgets in 2015
  - Ensure strong linkages between the commissioning of the health visiting service, Healthy Child Programme and Family Nurse Partnership.
  - Through contracts and commissioning specifications, ensure that high quality training and CPD programmes are made available to health visitors
Improved PH Outcomes and PH Priorities for 2013/14

- **Outcomes**
  - Health improvement
  - Health protection
  - Healthcare public health and preventing premature mortality
  - Improving the wider determinants of health

- **Priority 4**
  Supporting families to give children and young people the best start in life, through working with health visiting and school nursing, family nurse partnerships and the Troubled Families programme
Delivering the 0–5 Healthy Child Programme

- NHSE EA are leading a project to develop an integrated commissioning and delivery toolkit for the Healthy Child Programme 0–5, both universal and specialist elements. The production of this toolkit will be used to provide a methodology to address integrated commissioning and encourage joint working across local government and the NHS to improve child and maternal health outcomes, particularly development at Foundation Stage level.

- The toolkit will identify interdependencies, contributions and commitments to the improvement of health outcomes for children and families.

- The project will produce a model for workforce development across the NHS, local government and third sector to deliver the integrated Healthy Child Programme.

To get involved in the project please contact Tony.Hadley@sustain-improvement.com
Resources and contacts

NHS England
http://www.england.nhs.uk/ourwork/qual-clin-lead/hlth-vistg-prog/
NHS England East Anglia contact
Sharon.singleton@nhs.net

Health Education England
http://hee.nhs.uk/work-programmes/health-visiting/
Carol Jollie – HV Programme Lead - c.jollie@nhs.net

Department of Health
https://www.gov.uk/government/publications/health-visitor-vision