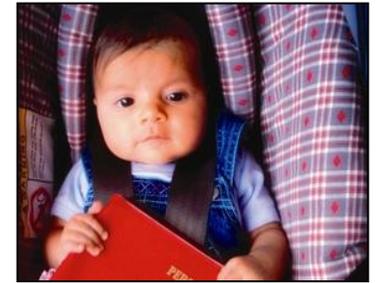


## **Improving health and well being for children and families: update on the national health visiting programme - an integrated health approach**

**Sue Hatton**

**Workforce Development Specialist for Women and Children and Health Visiting Programme Lead**

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# **Reminders of the reasons and context for change**

# Policy Background

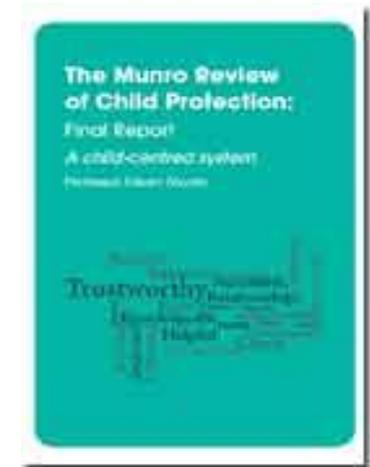
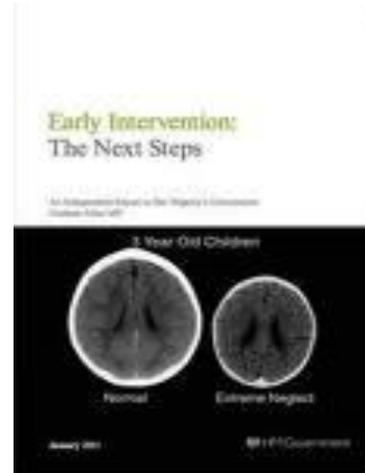
## Government priority for 'Big Society' and 'the family'

- Big Society
- Strengthening and supporting families and parenting
- Improving Public Health
- Cross Government Reviews
  - *Frank Field MP (Poverty and life chances)*
  - *Graham Allen MP (Early Intervention)*
  - *Claire Tickell ( Early Years Foundation Stage)*
  - *Eileen Munroe (Safeguarding/child protection)*



Importance of prevention, early help and early intervention

# A clear focus from Government



Child Poverty

Early Intervention

EYFS

Child Protection

**Growing evidence base about the impact of foundation years services on the social, emotional and cognitive development, and hence school readiness.**

# New knowledge policy and plans

## Evidence

### Neuro-science

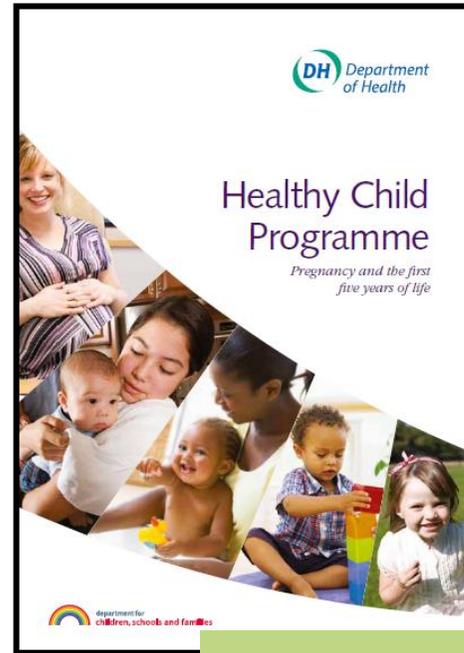
What works in prevention/  
health promotion

Impact of early years on  
adult health

Impact of parenting in  
early years on life chances

Early intervention  
a long term investment

## Policy



## Plans



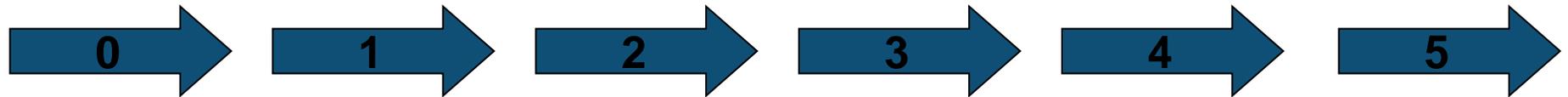
Healthy Lives,  
Healthy People:

## Key messages

Importance of prevention  
Importance of early help and early intervention

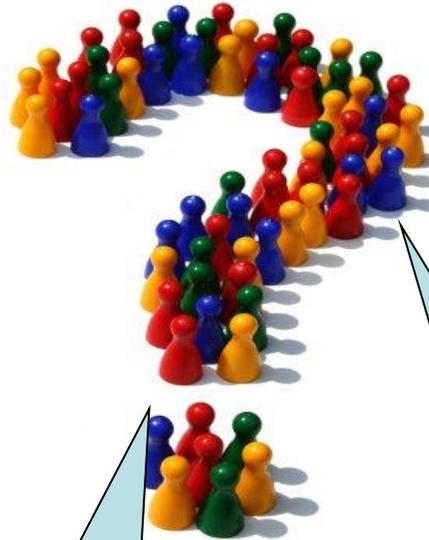
# The Government's vision

While significant progress has been made, there needs to be a new joint approach across foundation years services if the full benefits are to be realised and all children will benefit from the programmes and support in place.



0 Preparing for parenthood	1 Transition to parenthood	2 2 year olds	3 Free early education	4 Primary school
<ul style="list-style-type: none"> <li>▪ Midwives, GPs and health visitors</li> <li>▪ Shared parenting</li> <li>▪ Preparing for Birth and Beyond</li> </ul>	<ul style="list-style-type: none"> <li>▪ 4200 extra health visitors</li> <li>▪ High-quality delivery of Healthy Child Programme</li> <li>▪ Family Nurse Partnerships</li> </ul>	<ul style="list-style-type: none"> <li>▪ New 2 yr old entitlement to early education (2013)</li> <li>▪ New requirement on providers to provide a summary of progress between 2 and 3</li> </ul>	<ul style="list-style-type: none"> <li>▪ Universal entitlement to 15 hours over 38 weeks</li> <li>▪ New flexibilities from 2012</li> </ul>	<ul style="list-style-type: none"> <li>▪ Choice of school</li> <li>▪ Reception classes will consolidate and extend children's learning before KS1.</li> </ul>
<p><b>Sure Start and health services</b></p>				

# What parents told us they need .....



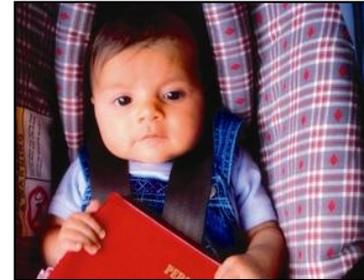
A community that supports children and families

Services that give our baby/child healthy start.  
Best advice on a being a parent  
To know our health visitor and how to contact them

A quick response if we have a problem and to be given expert advice and support by the right person

To have the right people to help over a longer term when things are really difficult  
To know those people and that they will work together and with us.

To be able to care for our child who is ill or has a disability at home within a normal family life



# The evidence: Healthy Child Programme : the best start for all children

## Universal

- Health and development reviews
- Screening and physical examinations
- Immunisations
- Promotion of health and wellbeing, e.g.:
  - smoking
  - diet and physical activity
  - breastfeeding and healthy weaning
  - keeping safe
  - prevention of sudden infant death
  - maintaining infant health
  - dental health
- **Promotion of sensitive parenting and child development**
- **Involvement of fathers**
- Mental health needs assessed
- **Preparation and support with transition to parenthood and family relationships**
- **Signposting to information and services**

## Universal plus

- Emotional and psychological problems addressed
- Promotion and extra support with breastfeeding
- Support with behaviour change (smoking, diet, keeping safe, SIDS, dental health)
- **Parenting support programmes, including assessment and promotion of parent– baby interaction**
- **Promoting child development, including language**
- Additional support and monitoring for infants with health or developmental problems
- Common Assessment Framework completed

## Higher risk

- High-intensity-based intervention
- **Intensive structured home visiting programmes by skilled practitioners**
- Referral for specialist input
- Action to safeguard the child
- Contribution to care package led by specialist service



**SAFEGUARDING**

# The plans



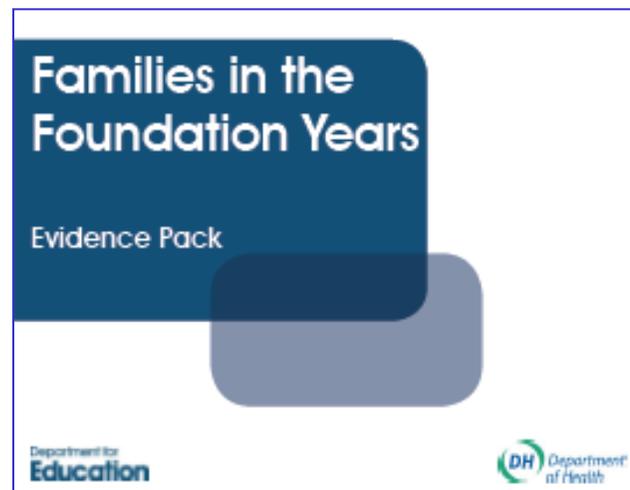
## Health Visitor Implementation Plan 2011–15

*A Call to Action  
February 2011*

## A Call to Action – One Year On Health Visitor Implementation Progress Report

## Getting it right for children, young people and families

*Maximising the contribution of the school  
nursing team: Vision and call to action*



**DfE and DH jointly published *Supporting Families in the Foundation Years* in July 2011 as vision for services to parents, children and families in the foundation years (pregnancy to 5)**

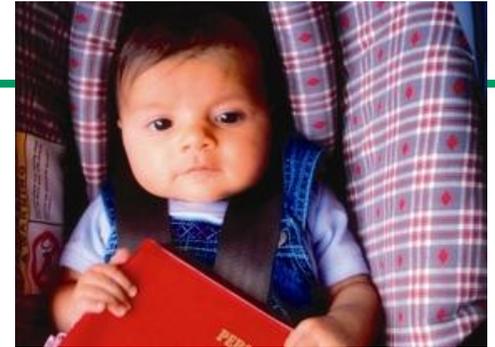
**‘A Call to Action’ sets out what we need to do nationally and locally to overcome the challenges, rapidly grow capacity and embrace innovation to transform services including moving to a 4 level ‘family offer’**

# Health Visitor Development Programme

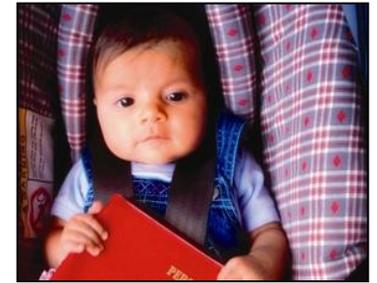
## What are the challenges?

### Challenges

- Scale of expansion
- Financial context
- Providing clinical education and supervision
- Retention and morale in current workforce
- Implementing new service vision whilst managing current service pressures
- Incentives and levers for increasing the workforce in a new and devolved system?



**‘Call to Action’ what we need to do nationally and locally to overcome the challenges, rapidly grow capacity and embrace innovation to transform services**



# **Transformed Services Models**

# Services for children 0-5: new model health visiting services

## **Your community**

has a range of services Sure Start services and the services Families and communities provide for themselves.  
Health visitors work to develop these and make sure you know about them.

## **Universal services**

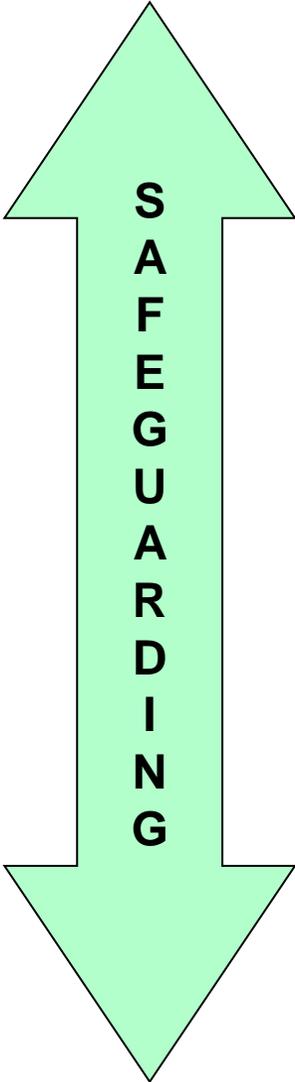
your health visitor and team provide the healthy child programme to ensure a healthy start for your baby/children and family (for example immunisations, health and development checks), support for parents and access to a range of community services/resources.

## **Universal plus**

gives you a rapid response from your HV team when you need specific expert help,  
For example with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting.

## **Universal partnership plus**

provides ongoing support from your HV team plus a range of local services working together and with you, to deal with more complex issues over a period of time.  
These include services from Sure Start Children's Centres, other community services including charities and, where appropriate, the family nurse partnership.



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# Services for school aged children and young people

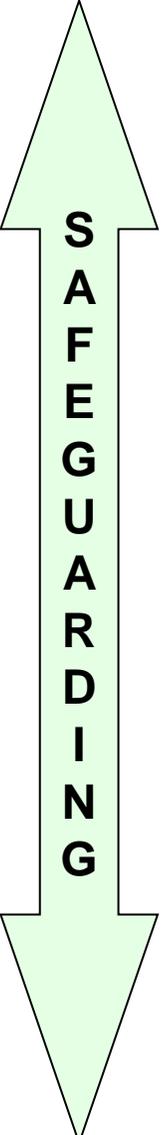
Services with sound foundations

Service information

Transitions

Involvement

Productive Community Services



## School Nursing (1)

**Your Community** describes a range of health services (including GP and community services) for children and young people and their families. School nurses will be involved in developing and providing these and making sure you know about them.

**Universal Services** from your school nurse team provides the Healthy Child Programme to ensure a healthy start for every child this includes promoting good health for example through education and health checks, protecting health e.g. by immunisations and identifying problems early.

Services with strong innovation

Improved accessibility

Partnership services

Quality

# Services for school aged children and young people

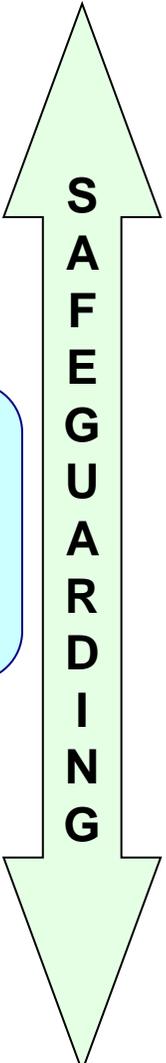
Services with sound foundations

## School Nursing (2)

Services with strong innovation

New technology

Young people friendly ways of communicating



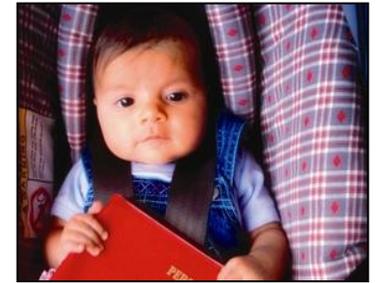
**Universal Plus** provides early help and a swift response from your school nurse service when you need specific expert help which might be identified through a health check or through providing accessible services where you can go with concerns. This could include managing long-term health issues and additional health needs, reassurance about a health worry, advice on sexual health, and support for emotional and mental health wellbeing.

**Universal Partnership Plus** delivers ongoing support by your school nursing team as part of a range of local services working together and with you/your family to deal with more complex problems over a longer period of time.

Reducing health related school absence

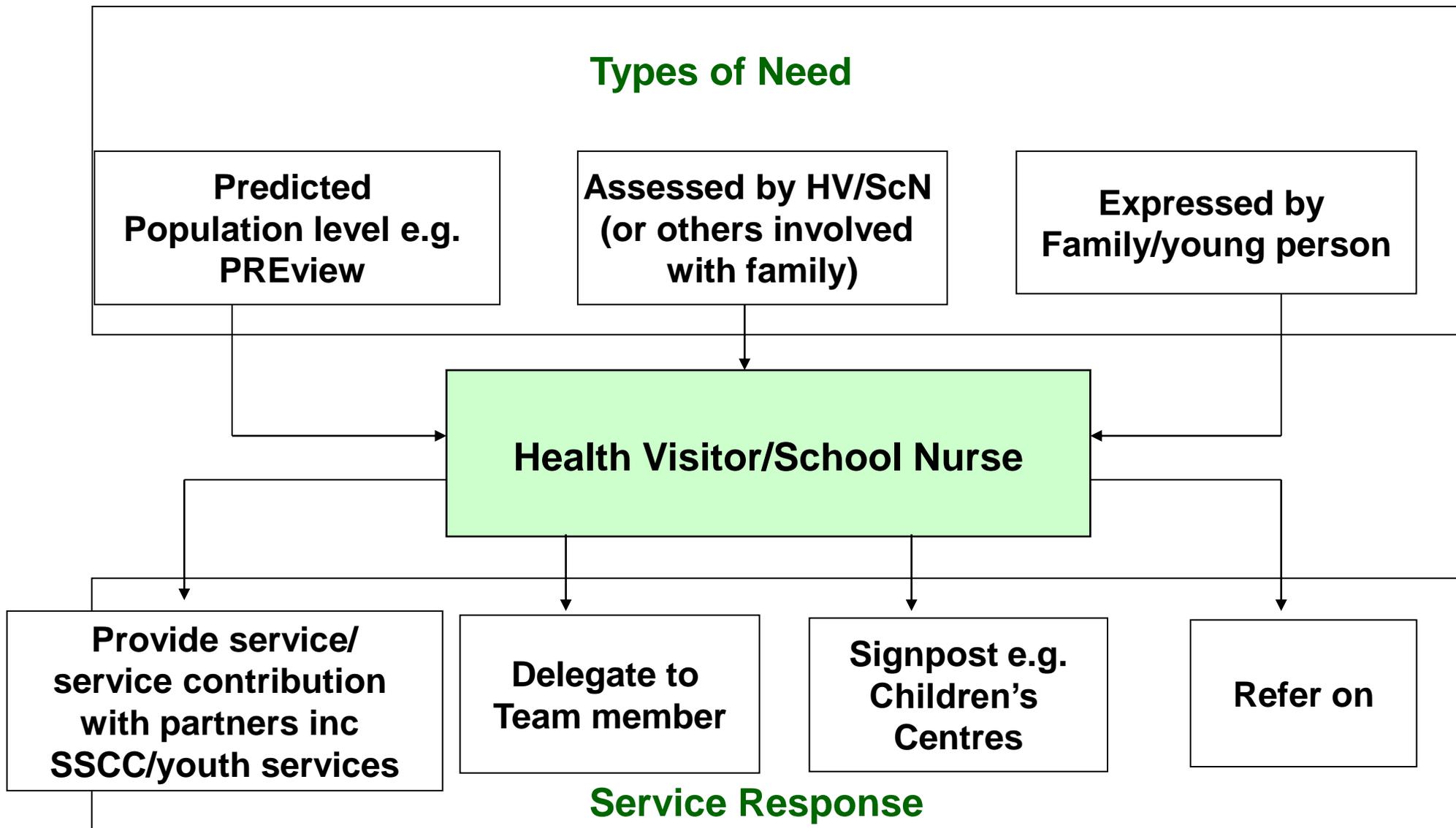
Early help

Information sharing



# **Transforming Services - Priorities**

# (1) Assessing and responding to local need



## (2) Transition to parenthood: Pregnancy and the early weeks

### Preparation for Birth and Beyond: new model for antenatal education

- Four levels of preparation:
  - From friends and family (social media)
  - Community groups
  - As part of routine care
  - Enhanced one to one
- Importance of pregnancy and early weeks for positive outcomes
- Focuses on the psychological transition to parenthood and couple relationships
- Based on the latest evidence of what works



### Six themes each with a menu of topics:

- Our developing baby
- Changes for me and us
- Giving for birth and meeting our baby
- Caring for our baby
- Our health and well-being
- People who are there for us
- Ref: *Preparation for Birth and Beyond*

### Examples of EIS antenatal projects

- Approaches such as Promotional Interviewing, Motivational Interviewing, Solihull Approach
- Improving communications between HV and MW
- Piloting a 6 week Preparing for Birth and Beyond programme
- Supporting male HVs to get involved in PBB activities particularly to support new fathers

### (3) Family Nurse Partnership programme

- Evidenced based, preventive, early intervention programme for vulnerable young first time mothers.
- Intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until age two.

#### ***Goals: Connecting with families to:***

- **Improve pregnancy outcomes**
- **Improve child health and development and future school readiness achievement**
- **Improve parents' economic self-sufficiency**
- FNP is evidence based programme that forms part of CC portfolio of services for vulnerable families
- It supports payment by results
- Family Nurses help their clients to benefit from Children's Centre services
- Some family nurses are based in CCs
- In some areas FNP clients run groups in CCs



### (3) Two to two and half years

- Extends free early education to more children:
- New commitment to integrate health and education reviews for children aged 2 to 2 ½:
- Evidence shows key time for assessing development and need and to provide additional help and support for school readiness and future health and wellbeing
- **2012 HV Programme priority : improving coverage quality and outcomes from 2 to 2half year review**
- Development Group of health and education experts now working on models for integration, to be implemented from 2015.
- Joint review being piloted in some of the EIS sites.
- Work going forward on 2-2.5 population outcome measure for Public Health Outcomes framework



## (4) Early Implementer examples of good practice at 2 – 3 years

- 2 – 2.5 Year Reviews
- All sites had a better understanding of local HCP coverage and quality
- All sites made progress towards improving quality and coverage of the HCP
- Half of sites had undertaken work to find out what parents thought
- Some sites are introducing clinical supervision to help practitioners become confident in their newly acquired skills



### Examples of 2.5 Year Review Projects

- Moving from opt-in approaches to universal uptake
- Introducing new tools such as Ages & Stages Questionnaire (ASQ) including training and support for their pilot teams;
- Providing training for children's centre staff, alongside HVs
- Saturday morning sessions.
- Showing the benefits of timely data to staff on uptake of reviews

# (5) Ready for school: HV to School Nursing Pathway

## Health Visiting and School Nursing Programmes: supporting implementation of the new service model No. 2: school nursing and health visiting partnership – pathways for supporting children and their families

### Context

This pathway is guidance to support professionals to deliver improved outcomes and outlines our aspirations for service delivery. Local services will be at differing points of development and can use the pathway to benchmark their progress. The pathway builds on good practice and evidence drawn from the professions.

This document sets out the rationale for the partnership pathway and outlines the challenges and potential opportunities for development. Key principles and core components required to enhance outcomes, including options for service delivery are detailed together with a comprehensive timeline. Delivery of the pathway requires the skills, knowledge and leadership of a qualified specialist community public health practitioner for both health visiting and school nursing. The delivery should be led by the appropriate Specialist Community Public Health Nurse (SCPHN) and supported by an appropriately determined skill mix based on local need.

### Why do we need a pathway?

The pathway provides a structured approach to addressing the common issues identified by both professionals associated with the transition of a family and child from health visiting to school nursing services. The pathway builds on good practice and provides a systematic solution focused approach on which to base future local practice.

The partnership pathway will focus on addressing the support required for children primarily aged between 3 and 6 yrs, whilst recognising that each child and family may have differing needs.

### Rationale

The overarching rationale for the partnership pathway is to achieve consistent, seamless support and care. Enhanced partnership working will ensure the delivery of the Healthy Child Programme 5-18 and achieve quality outcomes for children and parents. Underpinning this is:

### Examples of anticipated outcomes

#### Your Community

- Improved health outcomes and a reduction in health inequalities.
- Improved access to and influence over the wider community, allowing the promotion of healthy lifestyles and social cohesion.
- Improved planning of local services to reduce health inequalities.

#### Universal Services

- Improved user satisfaction.
- Improved outcomes through the delivery of the Healthy Child Programme.
- Supported and empowered children, young people and families resulting in the ability to make positive changes to their health and wellbeing.

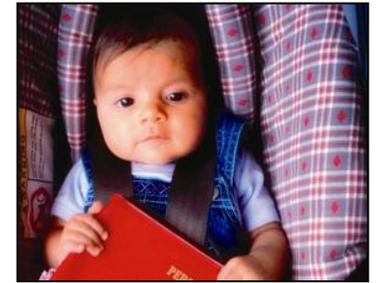
#### Universal Plus

- Supported children, young people and families resulting in the ability to address specific concerns on health issues.
- Services tailored to the needs of families through evidence-based programmes.
- Improved early identification of child and family need allowing timely and appropriate responses.

#### Universal Partnership Plus

- Improved seamless multi-agency support for pupils with complex health and/or additional need.
- Early and ongoing help for vulnerable children and families.
- Consistent approach to meeting the needs of children and families with complex needs and / or additional health needs.
- Appropriate safeguarding referrals.

**Opportunities:** Setting out an agreed framework can help to ide



# **Progress on HV and ScN**

## ***'Calls to Action'***

# The HV Plan: challenges and priorities in 2012

**Supply side:** Attracting nurses into HV training

Expanding the range of placements and increasing numbers of practice teachers /developing mentors

New mandatory data set to monitor progress

**Demand side:** Securing posts for newly qualified and RtP HVs and gearing up for expansion

**Systems: 2012 Operating Framework.**

Developing a Commissioning Framework through NHS transition and towards LA commissioning in 2015

**Cross Government:** Joining up work on 'Families and Foundation years'

Joint work DfE and partners: Focus area: review of children at 2 to 21/2 years

**Service Transformation and Health Improvement: maximising contribution to improved health outcomes**

- Outcomes –PHOF and Children's Outcomes Framework Strategy Early Implementer Sites – 'Assessing and Celebrating Success' and EIS 2
- Pathway development e.g. midwifery to health visiting and HV to school nursing
- Leadership
- Telling the story - narratives

**Partnerships:** nationally and locally

# System levers for implementing HV Programme

## DEMAND

### Operating Framework 2012/13 Chapter 2: Quality

- Areas requiring particular attention during 2012/13: Dementia and care of older people / Carers / Military and veterans' health **AND Health visitors and Family Nurse Partnerships**

### Commissioning

- **Commissioning providers to deliver the OF** increase capacity and new service
- **Commissioning route** - PCT Clusters then NHSCB
- **Contract levers** (national community contract)
- **Outcomes** reporting and contractual incentives (CQUINS)

## SUPPLY

- National marketing campaign and (ERG approval given) and local marketing and RtP campaigns
- Prioritisation of education funding and work with universities to extend and modernise training and with NMC on review health visiting
- Work with profession to extend **50% clinical training in practice**

## Professional leadership and accountability

# Where we are with the HV numbers?

## Staff in post figures – March 2012

March HVs on ESR = 8,199 FTE

March HVs non ESR = 258 FTE (*but still includes some bank staff*)

March total HVs = 8,457 FTE

**Increase in total HVs from baseline = 365 FTE**

**Distance from May 2015 target = 3,835 FTE**

## Training Figures

Total number of training commissions in 2010/11 = **545**

Total number of students who started training in 2011/12 = **1,642**

**Planned number of training commissions for 2012/13 = 2,561**

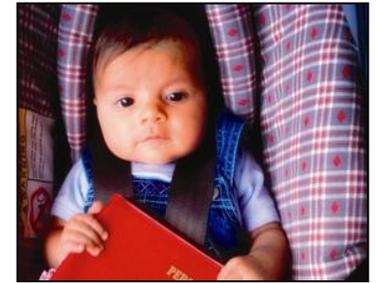
# School Nursing 'call to action'

## ACTIONS

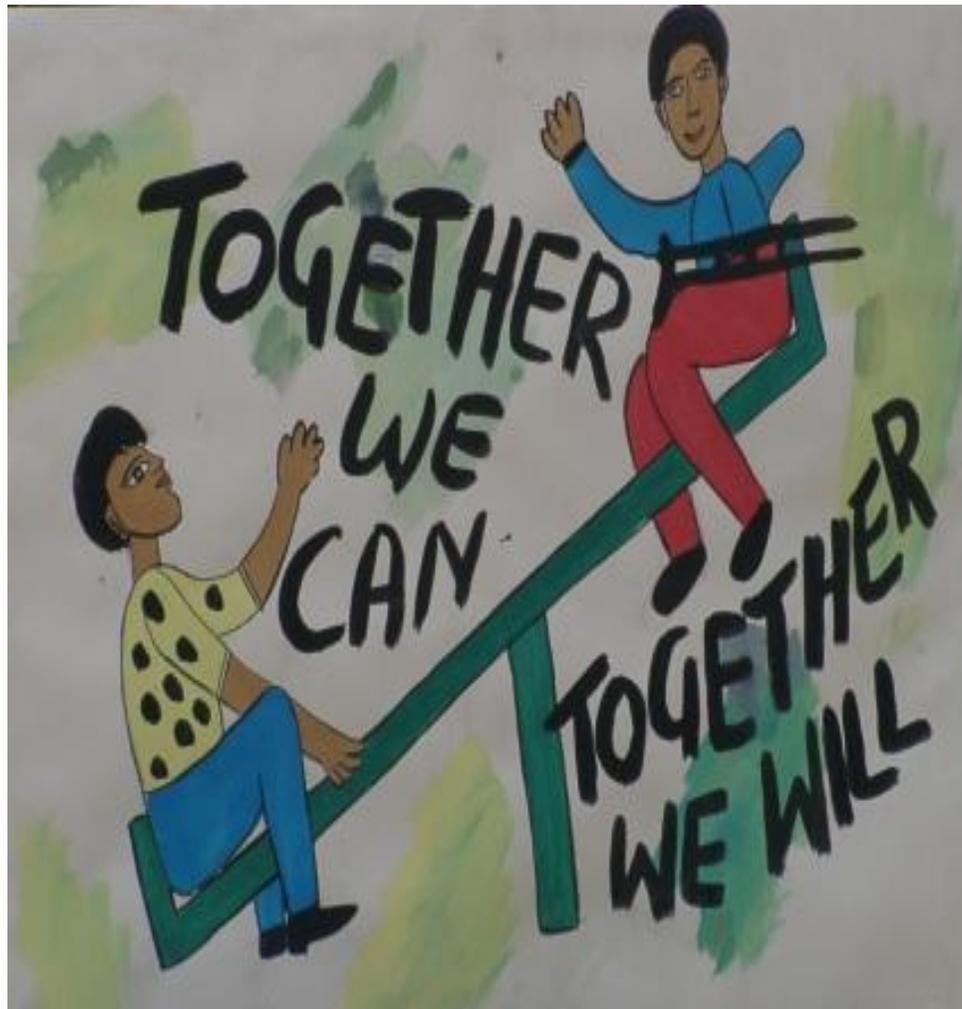
Our ambition is to ensure children, young people and families are offered a core programme of evidence based preventative health care with additional care and support for those who need it.

To realise this ambition requires action at national and local levels and we sent out a 'Call to Action' for the profession, those who commission school nursing services, and those who provide them to promote a revitalised service. The areas for action are shown below and further details shown in part three of this report:

- Improving partnership working, locally and nationally;
- Reviewing and revising the locally commissioned service;
- Implementing the service model locally;
- Strengthening local working between health and education;
- Providing services across the full range of preventative health care;
- Involving children, young people and families in service review and re-design.



**Leading and delivering change  
together**



**Creating sustainable partnerships which align our 'ambitions' to deliver best outcomes for children families and communities**

# Leadership and relationships

Strong (nurse) leadership required across local health and local government systems to

- *Build and strengthen partnerships*
- *Ensure effective education commissioning*
- *Ensure effective service commissioning for transformed service*



Professional Mobilization – supporting local clinical leadership

Relationships with DPH and Children’s Commissioning/ Service Leads

Operating Framework implementation with high expectation of effective local control in respect of programme/posts

**Effective local partnerships across health/EYFS/schools are vital**

## Health visitor programme national actions.....

### Integrated programme plan for the delivery of a new health visiting service

**1. Growing the  
workforce**

**2. Professional  
mobilisation**

**3. Aligning the  
delivery systems**

# **Health Visitor Delivery Partnership Group meeting: Children's centres and health visitors: unlocking the potential to improve local services for families.**

**Patrick Branigan – Children Centres: integrated working and partnerships**

**Progress towards the vision for the role of health visitors in Families in the  
Foundation years will depend on:**

- effective partnership between the Government,
- local authorities,
- health visitors
- related early years sector organisations links between the maintained and Private, voluntary and Independent (PVI) settings.

**At the request of the Health Visitor Delivery Partnership, it was agreed that a  
Task and Finish Group would be set up to consider,**

***“What more Sure Start Children's Centres can do to support and make the  
most of the expansion of the health visiting service – and what needs to  
happen to make this support a reality in order to best support families in the  
foundation years?”***

# **Integrated working opportunities- Task and Finish Groups**

## **Key projects:**

### **“Commissioning an integrated HV and CC offer” sub-group**

**The sub-group aims to provide an example of how joint commissioning can be a key factor in the creation of strong local partnerships to deliver the vision of integrated practice between health and early years staff.**

### **“Engaging PVI sector with Health visitors” sub-group**

**The sub-group aims to discuss the role of the HV with the private and voluntary sector, to explore how this can be further developed to improve outcomes for children beyond the current administrations commitment to HV engagement with CCs.**

### **“Information sharing in the foundation years” sub-group**

**The sub-group aims to support DfE and DH to identify and share models of information sharing (especially live birth data) that are working locally between health visitors and Children’s centre staff and to identify how information sharing could be made more effective.**

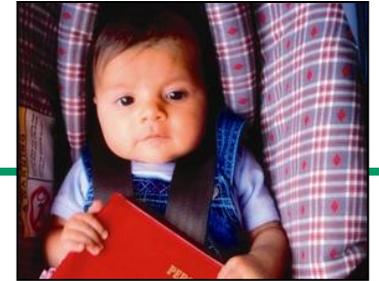
### **“Integrated practice: the opportunities” sub-group**

**The sub-group aims to discuss what more Sure Start Children’s Centres can do to support and make the most of the expansion of the health visiting service – and what needs to happen to make this support a reality.**

# Children Centres: integrated working and partnerships

**Key factors and recommendations to consider in supporting future integrated working between health visitors and children's centres are:**

- 1. Clearly defined roles for health visitors in leading services and/or teams within children's centres (*where capacity allows*)**
- 2. Shared targets around integrated delivery**
- 3. Co-location of health visitors within children's centres (*wherever appropriate*)**
- 4. Better communication through the channels between GP's, midwives, health visitors and children's centres**
- 5. Strong joint commissioning and training placements**
- 6. Wider promotion of exemplar emerging integrated practice**
- 7. Information sharing**

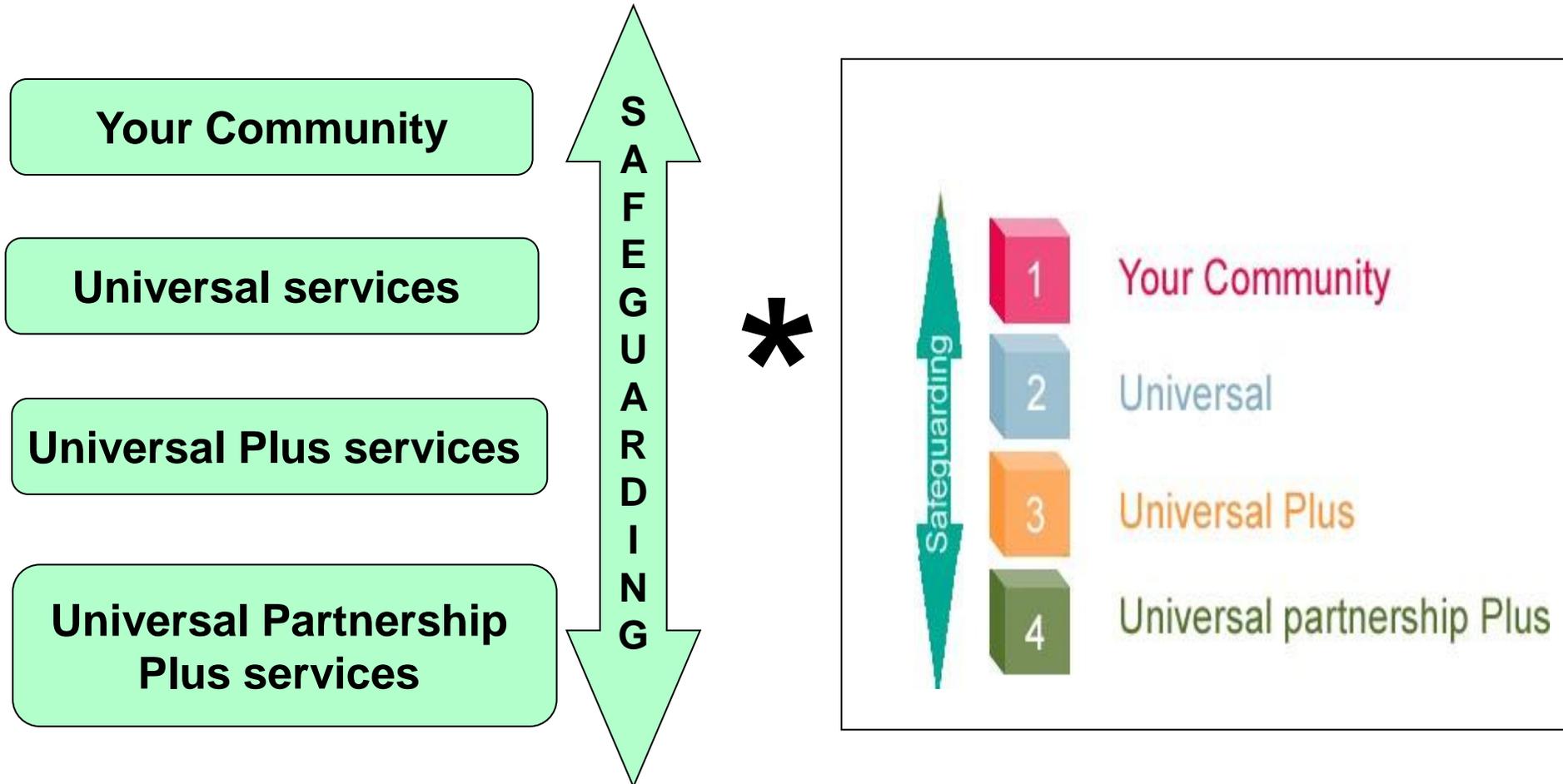


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**Success**

# Delivering and demonstrating transformed services: building confidence

**Service model being implemented through EIS, support to commissioning, leadership events and professional mobilization programme.**



# Demonstrating transformed services : EIS Success markers

## Systems

- Commissioning specifications for HCP, HV and (where appropriate) FNP

## Public and Community health

- Local health outcomes defined and measured
- SSCC named HV on management board and services/drop in centre

## Universal

- HCP delivery with specific improvement on pregnancy and early weeks and 2-2half review

## Universal plus

- Defined evidence based care packages

## Universal partnership plus:

- Joined up for families with complex and ongoing needs (e.g. social deprivation, disability etc)

## Safeguarding

- Staff receive training

## Education

- Practice teachers and mentors prepared to support new workforce to deliver new services

## Experience

- Families improved understanding, access, involvement, experience
- Staff listened and their voice helps transform service delivery

# What would success look like?

**HEALTHY  
START**



**AND BEYOND**



Growth in workforce is delivered and coverage relates to need

All communities have access to a full range of services from universal to support for vulnerable families to care for children with illness/disability at home, school and in local communities

Evidence based services and practice are provided by mobilised and supported professionals

Strong partnerships are built between local organisations and with families using services

Families receive joined up services to meet their needs and choices and express high levels of satisfaction

Needs/problems are identified early and the right service response provided

Children are 'ready for school' and thrive at school

Local health outcomes improve and inequalities reduce

# What will it look like ?

**Families receive joined up services to meet their needs and choices provided by people with the right skills**

**Local health outcomes improve and inequalities reduce**

- **Strong commissioning of services and education**
- **Effective new provider organisations**
- **Mobilised and supported professionals**
- **Strong partnerships between local organisations and with families using health visiting services**
- **High quality services with families expressing high levels of satisfaction**
- **Measured health outcomes**

