WHY IS HEALTH VISITING A HOT TOPIC?

In recent years the numbers of health visitors in the workforce have declined, as has the number of health visitor student placements offered by PCTs.

Increasing the numbers in the health visitor workforce is part of the NHS Operating Framework and the SHA (Strategic Health Authority) Assurance Framework as well as a key priority for the government as set out in the coalition agreement and comprehensive spending review. NHS Operating Framework Para 4 .14

"PCTs should ensure they develop effective health visiting services, with sufficient capacity to deliver the new service model set out in the Health Visitor Implementation Plan 2011-2015 – A Call to Action, to deliver the Healthy Child Programme, provide greater support to families and develop local community capacity in support of children and families, working closely with Sure Start Children's Centres and other local services. The Government is committed to developing an expanded and stronger health visiting service as a key element in improving support to children and families at the start of life. This will entail ending the decline in workforce numbers, beginning to increase posts, workforce numbers and training capacity in the short term, and increasing overall numbers of health visitors by 4,200 by April 2015"

Evidence clearly demonstrates that improving early years' health contributes considerably to better health outcomes in later life. Health Visitors (HV) have a key role to play in the delivery of the evidence based Healthy Child Programme (HCP) 0-5years. The HCP requires effective leadership to provide a holistic, coordinated service that is tailored to individual needs. The Call to Action was published February 2011 and sets out the new vision for Health Visiting Service and the offer to Children, Families and the Community. From an early stage NHS North West has recognised the importance of maximising the workforce resources surrounding the Healthy Child Programme (HCP) to provide the best opportunities for children and families across the North West.

THE CALL TO ACTION : NEW PROGRAMME FOR HEALTH VISITING

As described the new programme for health visiting was formally launched by the Anne Milton, Parliamentary Secretary for Health at the Unite/CPVHA conference followed up with the "Call to Action" which can be found here. It describes a role of health visiting that works not only with vulnerable families through providing family health services, but also builds communities champions wider health and wellbeing, prevention and public health; ensuring effective utilisation of resources through safer referral tools and strengthened clinical leadership (See fig. 1).

The England wide programme is governed by a national Health Visitor Board with Dame Christine Beasley, the Chief Nursing Officer as chair with support from Clare Chapman; Director General Workforce. Operational delivery is managed by a Partnership Board, and progressed by 3 key work streams. These are:

- service vision, commissioning and outcomes – delivering a new service specification for the proposed NHS Commissioning Board to utilise and successor bodies including Local Health and Wellbeing Boards to measure outcomes. This will include recommended workforce metrics
- workforce growth, education and regulation – creating the capacity and maximising flexibility in delivering the increased numbers. Determining the interdependencies, opportunities and risks to other programmes e.g. school nursing
- engagement, transformation and communication – reenergising the profession and clarifying the messages for employers, employees and the public. Delivering the new CPD specification to equip the existing workforce to deliver the new specification. The SHA is keen to ensure that this offer is open to all of the Children and Young Peoples workforce

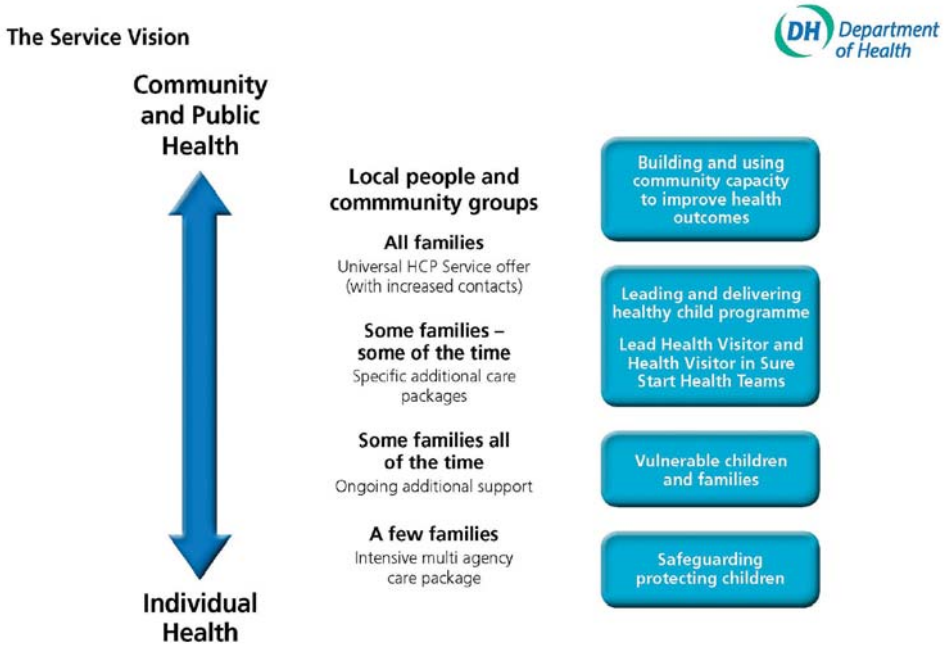

FIGURE 1 – THE NEW SERVICE VISION
(Department of Health – October 2010)

INITIAL NORTH WEST STEPS

As stated earlier NHS North West has recognised early the importance of the Call to Action and undertook three key objectives during 2010 to prepare for the call.

These were:

- to influence and shape developing national policy through existing and evolving forums (note CwFI, PAB, and DH programme and lead officer forums)
- to undertake a review of existing health visiting services and identify a North West baseline published January 2011
- to build upon the 2009 *Primary Care Workforce Contract Review* and encourage more flexible approaches to training of Health Visitors.

It subsequently wrote to all PCTs to inform them of the result of the review both regionally and their local position; seeking a host organisation for a Programme Director and notification of the inception of a local Delivering the Commitment Partnership Board and how it intended to replicate the national architecture.

Following this call for Expressions of Interest and a robust selection process, Liverpool Community Health Trust was identified as the host body and is currently undergoing a transparent recruitment process.

NORTH WEST IMPLEMENTATION

After the launch of Health Visiting the Call for Action the SHA has developed its own local implementation plan. This plan sets out the:

- programme architecture and objectives
- key milestones
- model Trajectories explored
- approach to allocation
- advice to Providers and Commissioners
- key risks associated with the programme.

The implementation plan is to be ratified by the programme board April 2011 and can be summarised by figure 2 - *Indicative Health Visiting Plan Process Map*.

This North West local programme reflects the national architecture, led by a Partnership Board with membership drawn across the SHA and with key stakeholders and chaired by Ann Hoskins (Director of Children, Young People and Maternity).

To support the programme as stated in the notes, local workstreams have been identified and supported by key SHA staff namely:

- Education Growth and Regulation – Joe.McArdle@northwest.nhs.uk
- Professional Mobilisation – Macaila.Finch@northwest.nhs.uk
- Aligning Delivery, Performance and Commissioning – Mary.Bell@northwest.nhs.uk

Subsequently NHS North West has also undertaken a review of all PCT plans for the operating framework and set out two trajectories.

The SHA recognises significant work is required to support organisations post TCS and is commissioning a leadership programme to support the new services.

HEALTH VISITOR AND INTERIM AND FULL PLANS MARCH 2010 TO MAY 2015

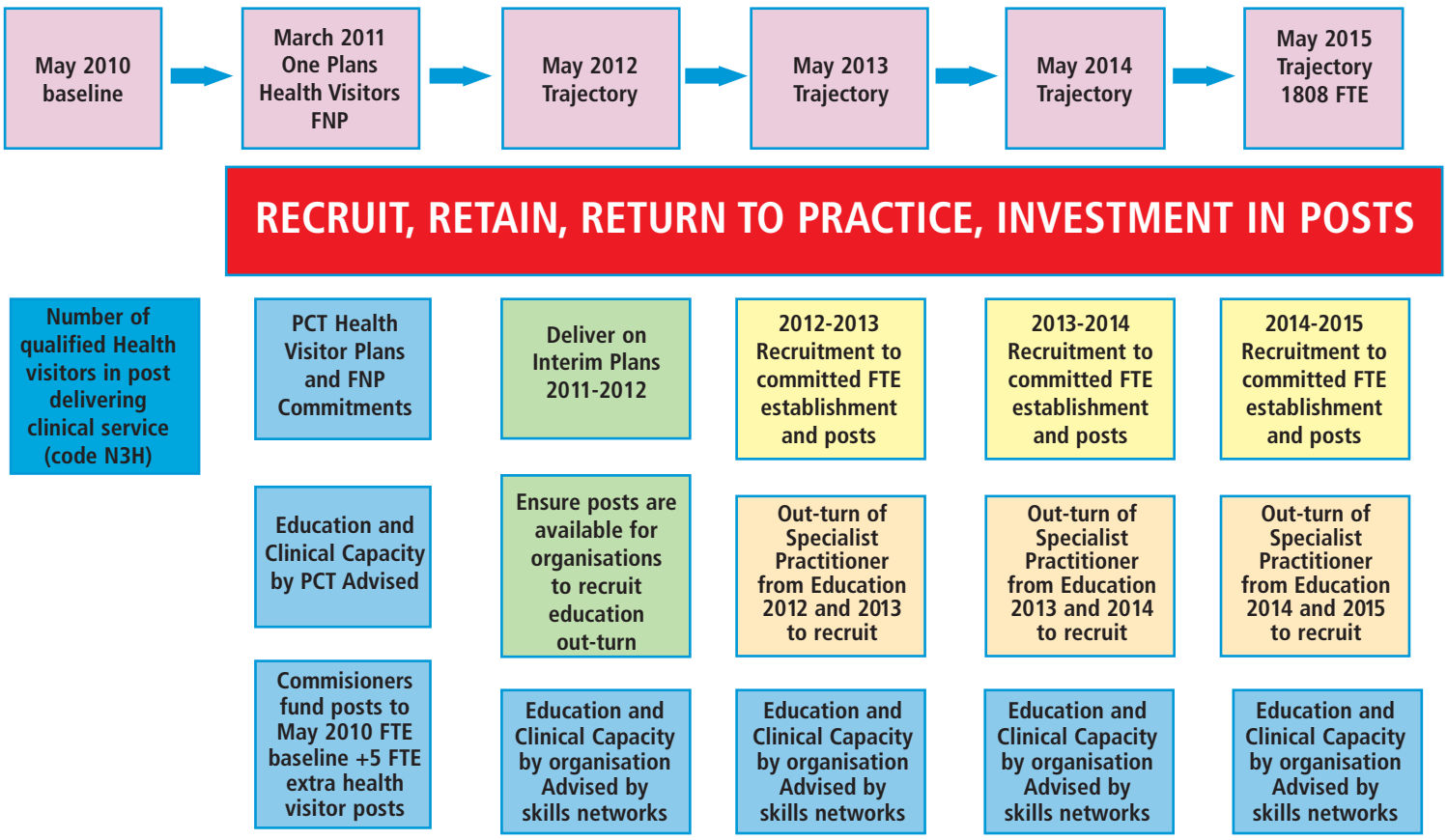

FIGURE 2 - INDICATIVE HEALTH VISITING PLAN PROCESS MAP

EARLY IMPLEMENTER SITE

The Call for Action requires the new model (see figure 1) to be delivered for 20 Early Implementation Sites across England supported by the national team. NHS North West wrote to all provider services seeking nominations to be an early implementer site and using a combination of the national criteria and local criteria (based on North West review) was able to select two implementer sites. These were Blackpool and Wirral Health Visiting Services.

Furthermore due to the high level of interest NHS North West chose to identify an additional local Early Implementer Site (Ashton Wigan and Leigh designate Bridgewater Community Foundation Trust).

It will invest an equivocal resource to the Trust as that given to the National Early Implementer Sites (£20k).

LOCAL TRAJECTORIES

Across the North West significant numbers of children are defined as living in relative poverty, quite often requiring intensive early years support. It was imperative therefore that recognition was given to this need when the SHA allocated service growth targets for 2011-2012. By applying an additional weighting of 0.25 for every child in relative poverty, the SHA was able to identify relative need and proportionality to the target of 42.2FTE. It expects to revise these indicative individual targets for Health Visiting Providers during 2011-2012 when both the learning from Early Implementer Sites becomes available and the full impact of Transforming Community Services is realised.

Furthermore it is recognised that the current national target of 422 will be impacted on by the retirement profile of the workforce (see figure 3 above)

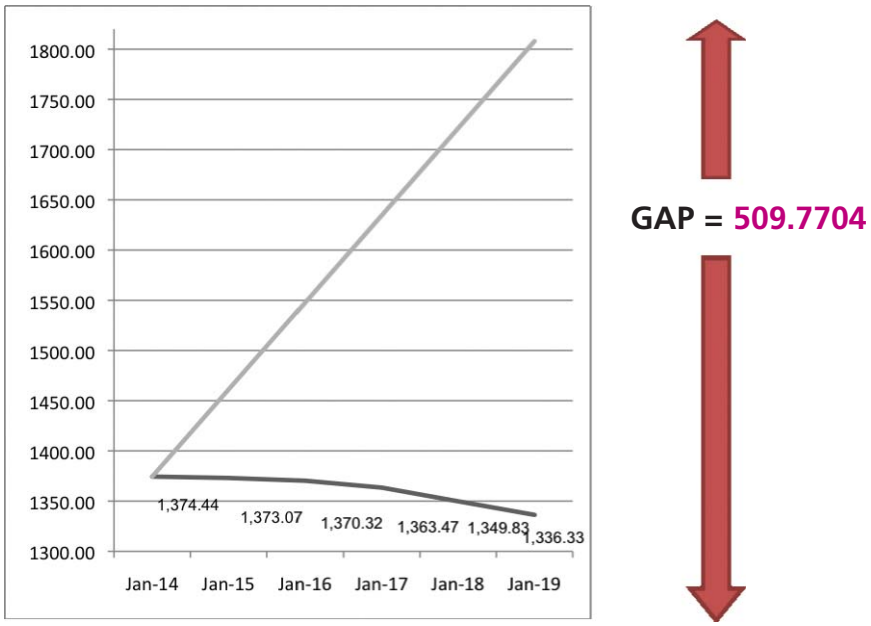

FIGURE 3 – RETIREMENT MODELLING
(Source: ESR DW data-sets January 2011)

The trajectory for placements/service exapansion was set out for PCTs and providers April 2011, as stated based on:

- Number of Students in Training/ Placements required (see table 1) and where the planned recruitment to seconded trainees is not available the SHA has made available bursaries for existing student to be trained to fill the shortfall.

TABLE 1 – 2011 PLACEMENT TARGET

	2011-2012 Target	Current Plan (31 March 2011)	Allocated Bursary Student
Ashton, Leigh and Wigan PCT	7	2	5
Blackburn with Darwen PCT	4	0	4
Blackpool PCT	4	3	1
Bolton PCT	6	4	2
Bury PCT	4	3	1
Central and Eastern Cheshire PCT	9	3	6
Central Lancashire PCT	10	3	7
Cumbria Teaching PCT	11	10	1
East Lancashire Teaching PCT	9	7	2
Halton and St Helens PCT	8	7	1
Heywood, Middleton and Rochdale PCT	5	3	2
Knowsley PCT	4	3	1
Liverpool PCT	12	12	0
Manchester PCT	13	7	6
North Lancashire Teaching PCT	7	2	5
Oldham PCT	5	6	0
Salford PCT	6	6	0
Sefton PCT	6	6	0
Stockport PCT	6	2	4
Tameside and Glossop PCT	5	3	2
Trafford PCT	4	0	4
Warrington PCT	4	0	4
Western Cheshire PCT	5	2	3
Wirral PCT	8	5	3
North West Total	163	99	64

This growth is required over a 3 year period to ensure output available for employment in 2014/15.

Whereas for service the required growth in establishment, based on 0-5 weighted population, is over 4 years with 10% target in 2011/12 as not all numbers available for employment. This will change over years 2, 3 and 4 of the programme as education output is markedly increased (see table 2).

TABLE 2 – INDICATIVE SERVICE ESTABLISHMENT GROWTH

	Indicative Growth Trajectory (FTE per anumn)				
	2011-12 (10%)	2012-13 (25%)	2013-14 (25%)	2014-15 (40%)	Total by 31st March 2015
Ashton, Leigh and Wigan PCT	1.8	4.5	4.5	7.1	17.8
Blackburn with Darwen PCT	1.2	3.0	3.0	4.8	12.0
Blackpool PCT	0.9	2.2	2.2	3.4	8.6
Bolton PCT	1.8	4.6	4.6	7.4	18.4
Bury PCT	1.1	2.8	2.8	4.5	11.2
Central and Eastern Cheshire PCT	2.3	5.7	5.7	9.1	22.8
Central Lancashire PCT	2.6	6.4	6.4	10.3	25.7
Cumbria Teaching PCT	2.3	5.7	5.7	9.2	23.0
East Lancashire Teaching PCT	2.4	6.0	6.0	9.6	24.0
Halton and St Helens PCT	1.8	4.6	4.6	7.4	18.4
Heywood, Middleton and Rochdale PCT	1.5	3.8	3.8	6.1	15.4
Knowsley PCT	1.0	2.6	2.6	4.1	10.3
Liverpool PCT	2.9	7.2	7.2	11.6	29.0
Manchester PCT	4.0	10.1	10.1	16.2	40.5
North Lancashire Teaching PCT	1.4	3.5	3.5	5.7	14.1
Oldham PCT	1.7	4.3	4.3	6.9	17.2
Salford PCT	1.6	4.0	4.0	6.4	16.1
Sefton PCT	1.3	3.3	3.3	5.2	13.1
Stockport PCT	1.5	3.8	3.8	6.0	15.1
Tameside and Glossop PCT	1.6	3.9	3.9	6.2	15.5
Trafford PCT	1.3	3.2	3.2	5.2	13.0
Warrington PCT	1.1	2.7	2.7	4.3	10.7
Western Cheshire PCT	1.1	2.8	2.8	4.6	11.4
Wirral PCT	1.9	4.7	4.7	7.5	18.7
North West Total	42.2	105.5	105.5	168.8	422.0

KEY WORKFORCE AND EDUCATION THEMES

NHS North West recognises there are critically important factors associated with developing the workforce with the appropriate skills, competencies and knowledge for registration as a Health Visitor and to meet the required growth. These are:

- **RECRUITMENT OF TRAINEES**

  NHS North West has reviewed all the Trusts plans for training and has set targets for places which will be filled by trainees for those Trusts who do not wish to "grow their own" by using additional supply from bursaried students

- **RETURN TO PRACTICE - PLANS FOR 2011/12 AND BEYOND**

  The SHA has supported Return to Practice for two years but with minimal impact (4 returners of which only one entered Health Visiting Services). For 2011-2012 it will look to build upon the national learning and local campaign to increase numbers of prospective returners from both those with lapsed registration, supporting those who are registered but have not practiced ultimately improving the translation rate from returner to employer to above 75%

- **CPT/MENTORS**

  The SHA recognises the risk custom and practice has on training capacity and welcomes the revised NMC guidance. It maintains a live register of mentors but will seek to improve a register of CPT during 2011-2012 by undertaking a key mapping exercise within its Mentorship Strategy and Valuing Mentors Campaign

- **CLINICAL PLACEMENT**

  These remain paramount and by determining a placement target NHS North West has taking into account the number of Health Visitors with a caseload whilst continuing to use existing quality assurance mechanisms such as Practice Education Facilitation to drive forward support of students in practice. These enables a system wide approach recognising the challenges in those areas which have low staffing figures to training high numbers under the existing mechanisms

- **TRANSITION FROM TRAINING TO EMPLOYMENT**

  The SHA has committed to supporting Flying Start England to support Preceptorship. It remains committed to preceptorship for 2011-2012 but further detail is required on the impact of the new flexible routes of training on post qualification support. The new flexible Primary Care Workforce Contracts enable providers to tailor their support post qualification

CONCLUSION

The Call to Action for Health Visiting is a critically important commitment to the government and NHS North West is committed to enabling delivery. It will continue to support organisations to deliver this commitment by positive enabling actions whilst recognising their accountability to deliver it as a vital sign.