



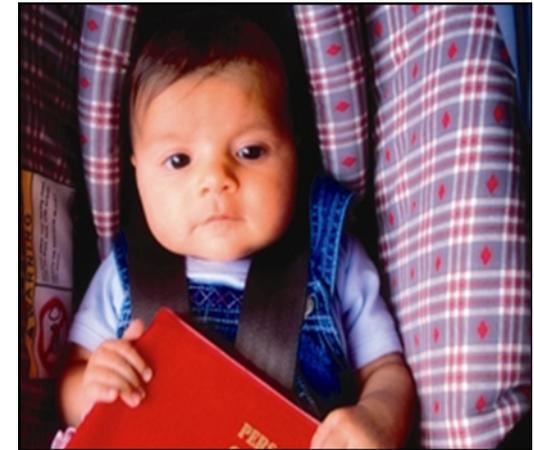
Department  
of Health

# North of England Celebrate, Share & Learn Event – The Health Visitor Programme, National Context, Progress & Next Steps

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DH – Leading the nation's health and care



Commitment to increase the number of health visitors by 4,200 (to 12 292) by March 2015 and to transform services to

- **Improve access**
- **Improve experience**
- **Improve health outcomes**
- **Reduce health inequalities**

# Why Children and Young People are a Priority

- The evidence base shows we can make a difference through early intervention and public health approaches (<http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf> and [www.earlyinterventionfoundation.org.uk](http://www.earlyinterventionfoundation.org.uk))
- There are economic and social arguments for investing in childhood. The Family Nurse Partnership estimated savings five times greater than the cost of the programme in the form of reduced welfare and criminal justice expenditures; higher tax revenues and improved physical and mental health (Department for Children, Schools and Families (2007) *Cost-Benefit Analysis of Interventions with Parents*. Research Report DCSF-RW008)
- Marmot showed that of c. 700,000 children born in 2010, if policies could be implemented to eradicate health inequalities, then each child could expect to live two years longer (<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>)
- Child poverty has short, medium and long term consequences for individuals, families, neighbourhoods, society and the economy. These consequences relate to health, education, employment, behaviour, finance, relationships and subjective well-being (<http://www.jrf.org.uk/system/files/2301-child-poverty-costs.pdf>.)

# Environment matters for short, medium and long term outcomes

Blackburn with Darwen Adverse Childhood Experiences:  
Increased risk of having health behaviours/conditions in adulthood for individuals  
who experienced four or more ACE

- STIs: risk is increased 30-fold
- Heroin or Crack user: risk is increased 10-fold
- Prison or cells: risk is increased 9-fold
- Hit someone last 12 months: risk is increased 8-fold
- Morbidly Obese : risk is increased 7-fold
- Been hit in last 12 month: risk is increased 5-fold
- Pregnant or got someone accidentally pregnant under 18: risk is increased 4-fold
- Regular heavy drinker: risk is increased 4-fold
- Liver or digestive disease: risk is increased 2-fold

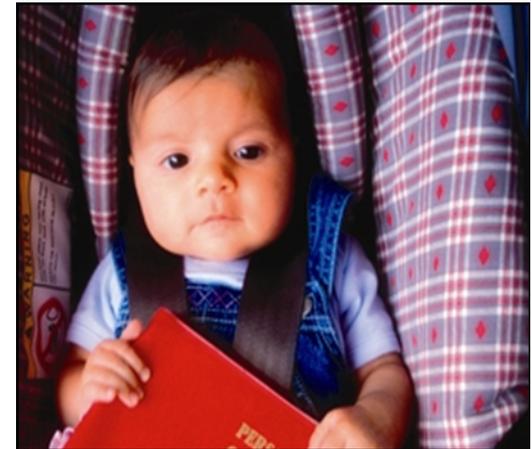
Adverse childhood experience;retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. Bellis M,Lowey H, Leckenby N, Hughes K, Harrison D Journal of PH, advance access 013/04/14

### HV Numbers

- As at the end of May 2014 an additional 2,290 health visitors (FTEs) have been employed in England since May 2010, making a total of 10,382 FTE.
- The numbers starting health visiting training has grown by 500%, from under 500 in 2009/10 to 2,761 in 2013/14

### Professional Development

- Extensive engagement with front line
- Improving confidence and extending skills in the profession
- Investing in an Institute of Health Visiting
- Investing in education for priority areas including maternal mental health and domestic violence and abuse



# Supporting transformation

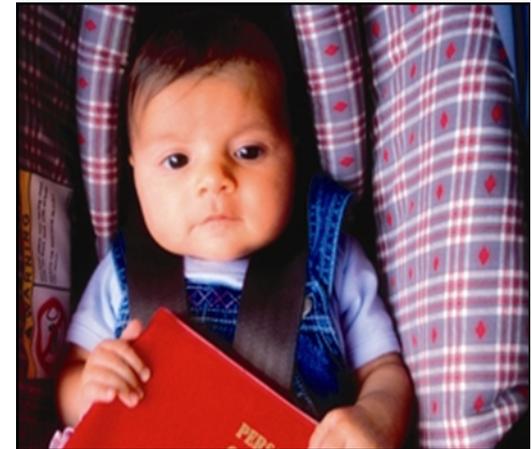
## Six high impact areas of health visiting practice

- To support the transformation of the healthy visiting service and increase knowledge and understanding of the service.
- DH invited NHS England, PHE, HEE, LGA and the Early Intervention Foundation (EIF) to meet to propose an integrated approach with the following aims:
  - Responding to the ‘so what question’ – impact of 4,200 more health visitors
  - Support the transfer of commissioning to LAs
  - Demonstrate impact and outcomes
- 6 priority areas to form the basis for discussions between PHE and LAs – to demonstrate success, enable continuity and build sustainability through a small bundle of measurable impacts.



### **Six priorities for demonstrating success and building sustainable services post 2015**

- Transition to parenthood and the early weeks
- Maternal mental health (PND)
- Breast feeding (initiation and duration)
- Obesity to include nutrition and physical activity
- Health and wellbeing at 2 (development of the child two year old review (integrated review) and support to be 'ready for school')
- Managing minor illness and reducing accidents (reducing hospital attendance/ admissions)



- Working with Military Families:
  - Initial workshop
  - Scoping day
  - Identification of themes
  - 2<sup>nd</sup> workshop – 29 October
  - Product development:
    - Pathway
    - Champions
  - Proposed conference – early spring
- **Professional guidance**
  - FGM guidance
  - Obesity guidance
  - Leaflets/Fact sheets/FAQs
  - 0-5 Regional Events
  - Education and CPD support

# Current Professional Activity

- Development of Complex Care Pathway and e-learning programme comprising 6 e-learning sessions in 2 modules:
- Complex needs and additional needs:
  1. Physical health eg long term conditions, life-limiting illnesses
  2. Physical disability eg cerebral palsy, hearing or sight impairment
  3. Special educational needs eg learning disability, autism spectrum
- Emotional health and wellbeing:
  1. Emotional health and wellbeing
  2. Risk factors and early warning signs to avoid crisis
  3. Mental health and mental illness in children and young people
- The training modules will be accessible for all early years providers and will be available in March 2015 on the e-Learning for Healthcare website

## Commissioning responsibilities

The following commissioning responsibilities will transfer to local authorities on 1st October 2015:

- The 0-5 Healthy Child Programme (Universal/universal plus) which includes: Health visiting services (universal and targeted services);
- Family Nurse Partnership services (targeted service for teenage mothers).

The following commissioning responsibilities will remain with NHS England:

- Child Health Information Systems (CHIS) in order to improve systems nationally. This will be reassessed in 2020;
- The 6-8 week GP check (also known as the Child Health Surveillance)

**Governance** The transfer is primarily a local one from NHS England Area Teams to the LAs. The work is being supported at national level by a national 0-5s Programme Board co-chaired by Mark Rogers, Chief Executive, Birmingham City Council and Viv Bennett, Director of Nursing, DH/PHE

# Next Steps

- Completion national HV Programme
- Safe transition 0-5 HCP commissioning
- Sustainable services and professional leadership
- Developing with ‘PC and PH’ PHE Health and Wellbeing Framework
- Supporting local and educational use
- Extending resources and digital development with PHE
- Promoting with practitioners
- Developing 5 countries (UK and RoI)programme
- Working with EU Chief Nurses Group and WHO Europe Nursing and Midwifery development
- Growing our social movement
- Being significant contributors to **‘A culture for health’**

## Beginning of Life : first 1001 days

All interventions link in with the  
[Healthy Child Programme evidence base](#) :

Lifecourse

### Interventions are mapped to the National Four Level Model for Health Visiting services 'Your Community' level

- Facilitating health enhancing behaviours.
- Working with local people and other services to improve health and well-being outcomes and build community capacity. Assets based community development (ABCD)
- Linking people to community resources, signposting to information and developing peer support groups e.g. breastfeeding cafés, signposting to support services.
- Signposting and/or delivery of targeted Parenting Programmes.



# Sustainable Services 2015 and beyond

## Local Authority commissioning HCP 0-19 real opportunities for:

- Joining up children's commissioning locally - public health, early years /wider family services, integration with children's social care safeguarding and education
- Involving HWB to promote aligned/joint commissioning between local authority and health commissioning for wellbeing, health services, health protection, and complex care
- Streamlining universal access to Healthy Child Programme with early intervention and targeted interventions/programmes for families needing more help
- Joining up 0 – 5 Healthy Child Programme with 5 – 19 Healthy Child Programme (which is already commissioned by LAs)
- Better integration of services at point of delivery with improved access and experience
- **Improved communication for families with complex needs and in safeguarding**  
**Improved outcomes for children families and communities and reduced inequalities (PHOF)**



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