The Health Visitor Implementation Plan
Two Years On

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Where did we start
Policy Context

• Improving Public Health
• Building a Big (strong) Society
• Evidence base from neuroscience
• Strengthening and supporting families and parenting

Key messages
• Importance of prevention
• Importance of early help and early intervention

Coalition agreement health visiting commitment 4200
A government commitment

To increase the health visitor workforce by 4,200 over a May 10 baseline

This means a programme of training, improved retention and return to practice

We will need to train about 6000 nurses MWs to become HVs to meet this target

To transform services and improve access to give families the support that they need to give their children the best start

Services for all families

Additional services where families need more help

To achieve improved public/child health outcomes and address health inequalities
The Evidence

• Importance of the early years in general
• Importance of Children’s health in the early years
• Parenting style
• Importance of good maternal mental health
• Helping babies to develop
• FNP specific evidence
• Evidence in the HCP
The Future…
Public Health Priorities

Shift from focus on high rates of mortality from infectious diseases to concerns about millennial morbidities including:
- Obesity and re emergence of nutritional deficiencies Vit D, Iron and other micronutrients
- Well being/emotional health
- Speech, language, communication and cognition
- Keeping immunisation rates up
- Injury prevention/NAI (largest cause of A&E admissions
- Adolescent lifestyle behaviours change (violence alcohol, drugs, smoking etc.
- Health inequalities
Focus on Early Identification and Early Help

Ensuring early identification of need and timely support is delivered to support the family centred approach

- Focusing on early intervention and early help
- Encouraging partnership working to deliver a comprehensive service offer
- Recognising the value of multi-agency delivery with clear coordination
- Enhancing parenting strategies
- Preconceptual and antenatal care and advice
- Supporting breast feeding
- Warm attuned parenting and attachment
- Health promotion and change management around healthy lifestyles using promotional and motivational interviewing
2 years on and what have we achieved?

We have achieved so much:

- Engaged and re-energising the health visiting profession while simultaneously raising the profile and status of the profession;
- Promoted learning and the spread of good practice to drive the increase in the number of Health Visitors;
- Rejuvenated and refreshed the skills, leadership and confidence of the current profession;
- Updated, refreshed and refocused the education of Health Visitors to support the emphasis on public health and the principles of the BIG Society through Building Community Capacity.
- Promoted research and evidence based practice
- Promoted innovation and service transformation
- Developed professional guidance to support transformation
- Provided professional/interface between policy and service delivery
What does it mean in practice?

- 49 Early Implementer Sites
- Over 200 projects/case studies
- Delivery of more Antenatal care
- Focus on Transition to parenthood
- Refocus on public health issues
- Increase in number of evidence based interventions
- Improved working with children’s centres
- Focus on Maternal Mental Health
- Increase in number of community projects
What have the EIS sites achieved?

- The average number of local health outcomes measured by an EIS has increased from four to seven.
- The number of EIS organisations that evidenced they measure local health outcomes has increased from 11 in April 2011 to 37 in January 2013.
- Approximately 80% of EIS can evidence the work they are doing to listen to the voices of families.
- Approximately 60% of our early implementers can demonstrate that evidence based care packages are being offered.
- Half can evidence the additional services they are offering vulnerable families.
- 65% can evidence how they have listened to staff to transform service delivery.
What is still to be delivered?

- Pathways/Guidance
  - Domestic Violence and Abuse Guidance
  - Emotional Health and Well Being Pathway
  - 2 and half year integrated review
  - Universal Population Outcome Measure on emotional development
- Education/CPD
  - Domestic Violence and Abuse Training
  - Perinatal Mental Health Champion’s Training
  - HV/SN CPD modules
- BCC Programme fully transferred to e-LfH
  - Additional Masterclasses added for Genetics and Child Maintenance and more to come
- Professional Mobilisation and External Engagement
  - Share and Learn events – Supporting Families in the Foundation Years
  - Work with LAs and key stakeholders/Transition work
  - Influence and leadership (working with others to change outcomes for children, families and communities.

Refresh of call to action next two years!
Where do we want to be
Health and Wellbeing Shared Agenda

• Maximising health and wellbeing outcomes
• Delivering care and measuring impact - Making emotional health and wellbeing everyone's business
• Building and strengthening leadership
• Working with people to provide positive experience
• Supporting positive staff experience
• Ensuring we have the right staff, with the right skills in the right place
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