



Service Vision for Health Visiting Services in England

CPHVA Oct 2010

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Where are we now- what are the opportunities and challenges ?

What do we know?

- New government support and prioritise public health and specifically growth in health visitor capacity
- Coalition Agreement and NHS White Paper intentions (subject to the spending review)
- Outcome of Action on Health Visiting (completed and reported to CNO Oct 10)

What don't we know?

- What the Public Health White Paper will say
- What the spending review will mean in detail
- What the incentives and levers for increasing the workforce will be in a new and devolved system

So what do we do nationally and locally to overcome the challenges and embrace innovation?

A service vision for England

Achieving better health for children, families and communities: the health visiting contribution



Improving public health

(*Best health outcomes)

Developing community resources

(*Community capacity/Big society)

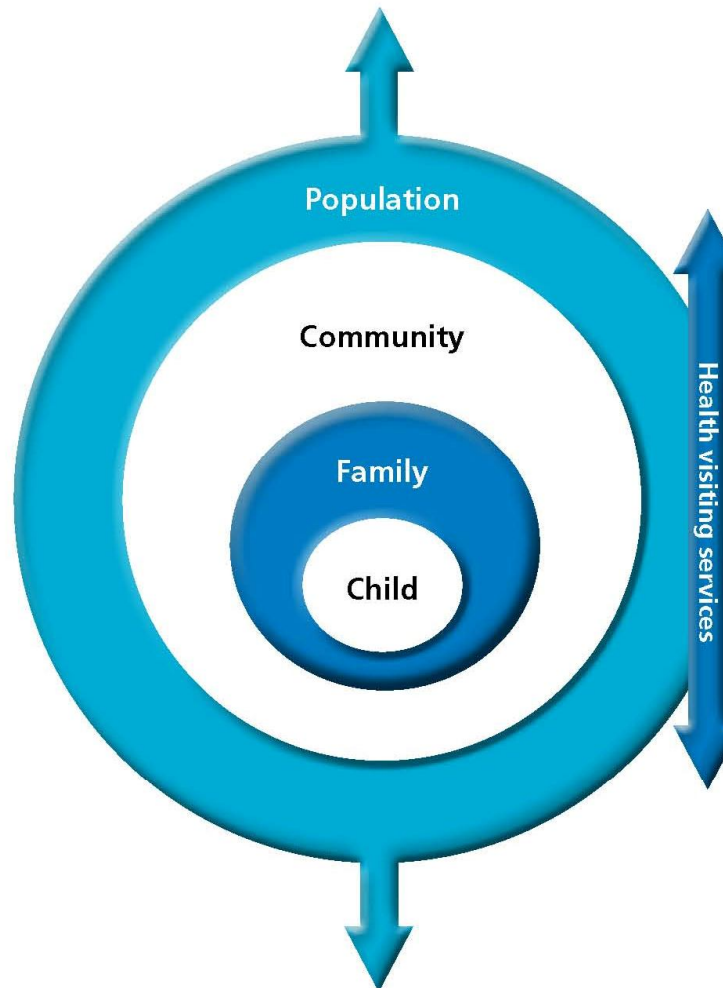
Maximising family resources

(*Supporting families)

Bridging family and services and primary health care services

(*General practice focus for health)

Accessing Specialist Services



Health Visitors

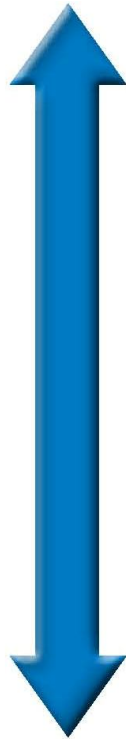
(*empowered professionals with more autonomy)

Health Visitors: skilled to improve health outcomes by:

- Providing family health services – more contacts and extended range care packages
- Champion of wider health and wellbeing, prevention and public health, building family and community capacity
- Utilising resource – leading teams delegating and referring

The Service Vision

**Community
and Public
Health**



**Individual
Health**

**Local people and
community groups**

All families

Universal HCP Service offer
(with increased contacts)

**Some families –
some of the time**

Specific additional care
packages

**Some families all
of the time**

Ongoing additional support

A few families

Intensive multi agency
care package

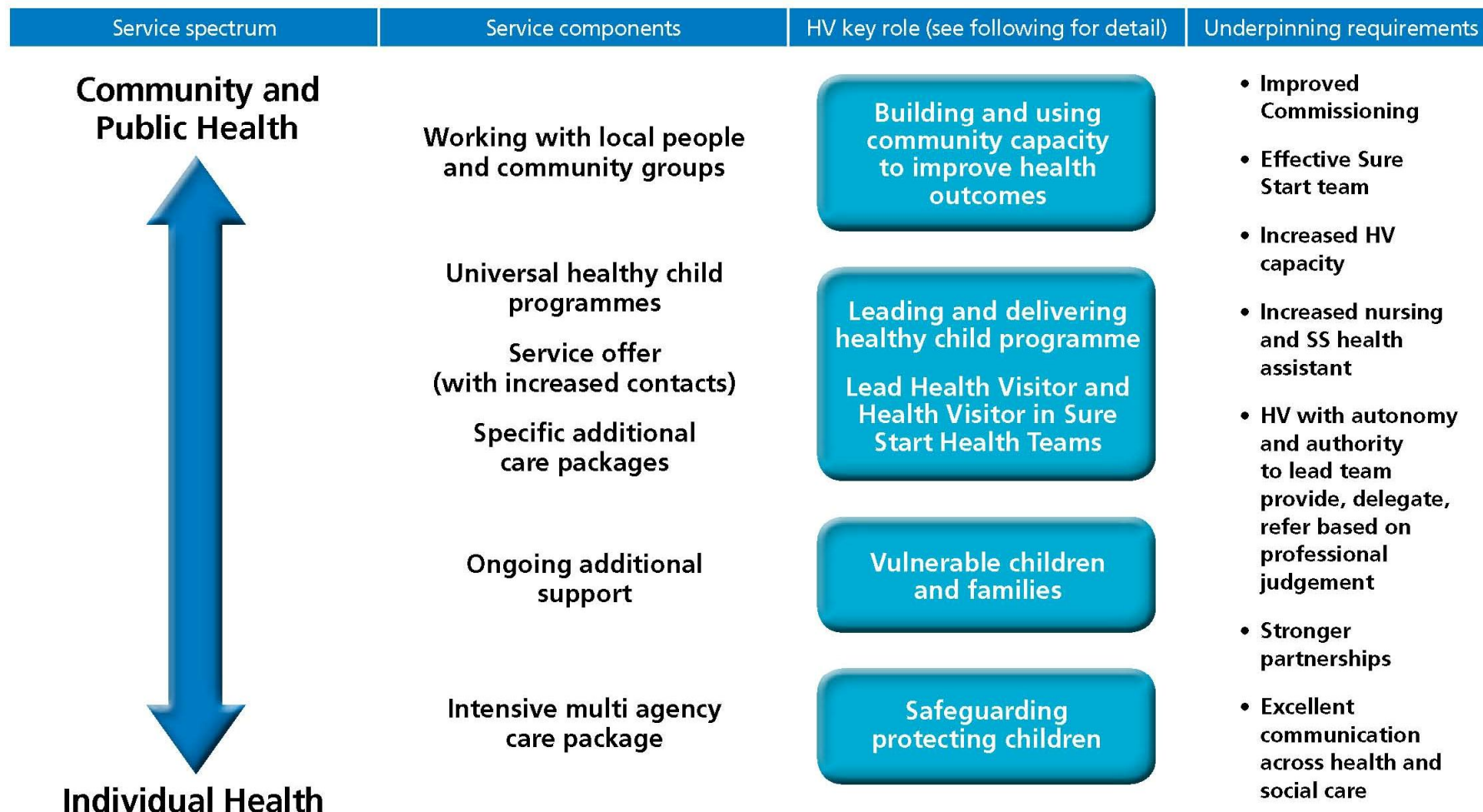
Building and using
community capacity
to improve health
outcomes

Leading and delivering
healthy child programme

Lead Health Visitor and
Health Visitor in Sure
Start Health Teams

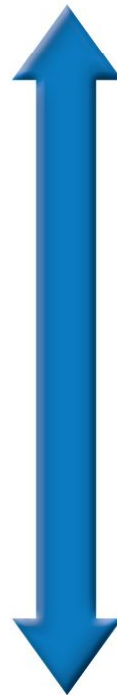
Vulnerable children
and families

Safeguarding
protecting children



Service Vision: How might this model look for schools nursing services for older children and young people?

**School based
Public Health**



**Individual
Health**

**All children and
young people (CYP)**

Universal HCP
Service offer
(with increased contacts)

**Some CYP and/or
some of the time**

Specific additional care
packages

**Some CYP all
of the time**

Ongoing additional support

A few CYP

Intensive multi agency
care package

Leading and delivering
healthy child programme

Leading/coordinating
school health teams

Vulnerable children/
young people and
families

Safeguarding
Protecting children and
young people

Service Vision: How might this look for families with a child with a disability?



Local people and community groups

Providing information on services in local community
Working with others to develop and improve facilities services
Sign posting/facilitating communities of 'interest' with parents and third sector organisations

All families

Universal HCP Service offer
(with increased contacts)

Using increased contacts to be alert to signs of developmental delay/difficulty
Building strong relationships enabling parents to raise concerns
Ensuring HCP is accessible for disabled children
Using evidence based development checks to identify potential problems
Reviewing speech and communication at 2½ year check
Referral for further opinion/diagnosis

Some families – some of the time

Specific additional care packages

Providing additional care programmes may be needed where related to their child's disability or often to address issues which can arise in any family but are increased where a child has special needs – maternal/parental mental health, feeding/weaning, play etc
Working with others to provide/supervise programmes to promote child's health and development

Some families all of the time

Ongoing additional support

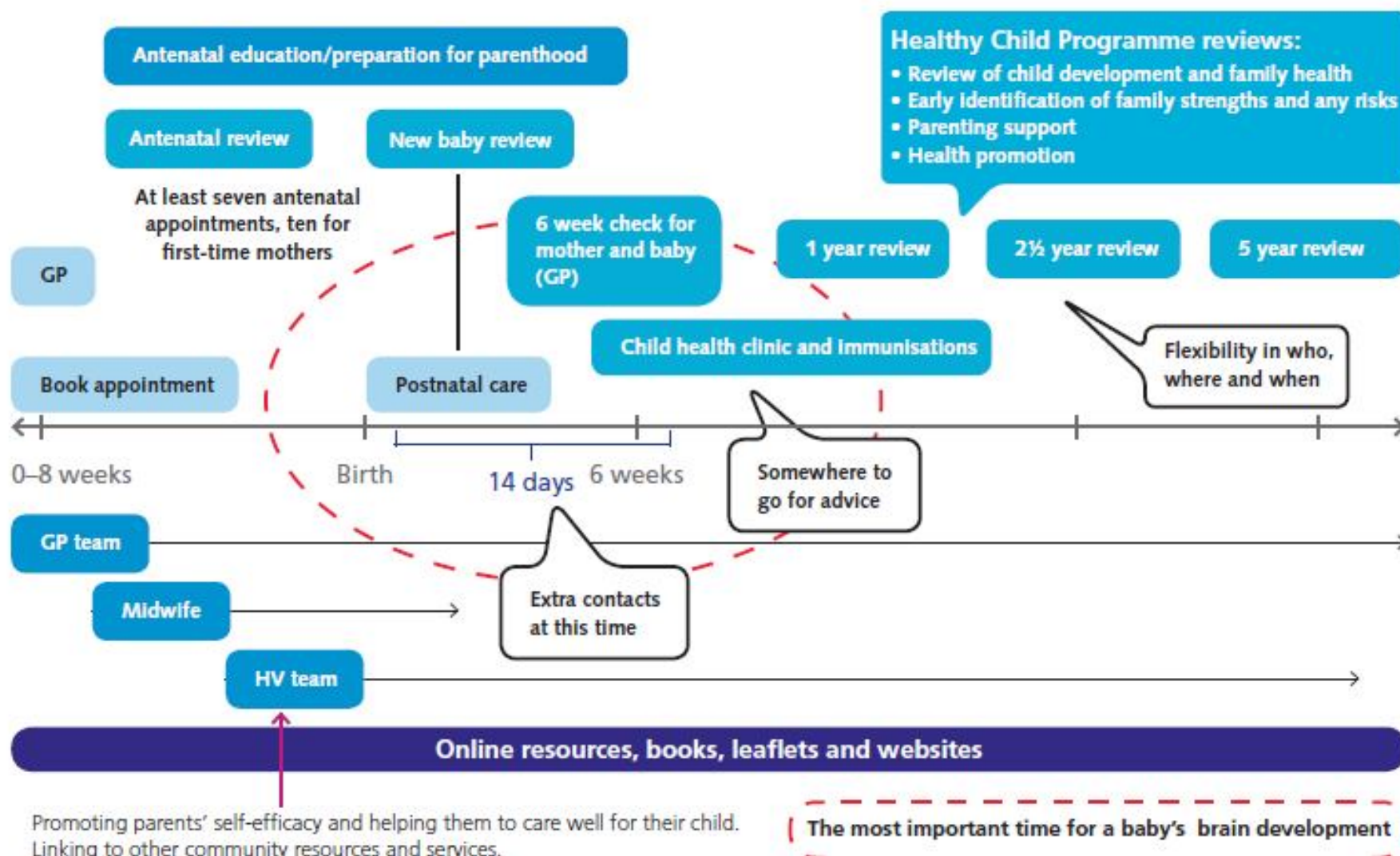
Many families with a child with a disability will require ongoing support from a team around the child. HV may provide key worker or team role in addition to ensuring universal preventative services are provided. HV may coordinate/support the family to coordinate the range of support and additionally ensure needs of siblings/other family members are addressed

A few families

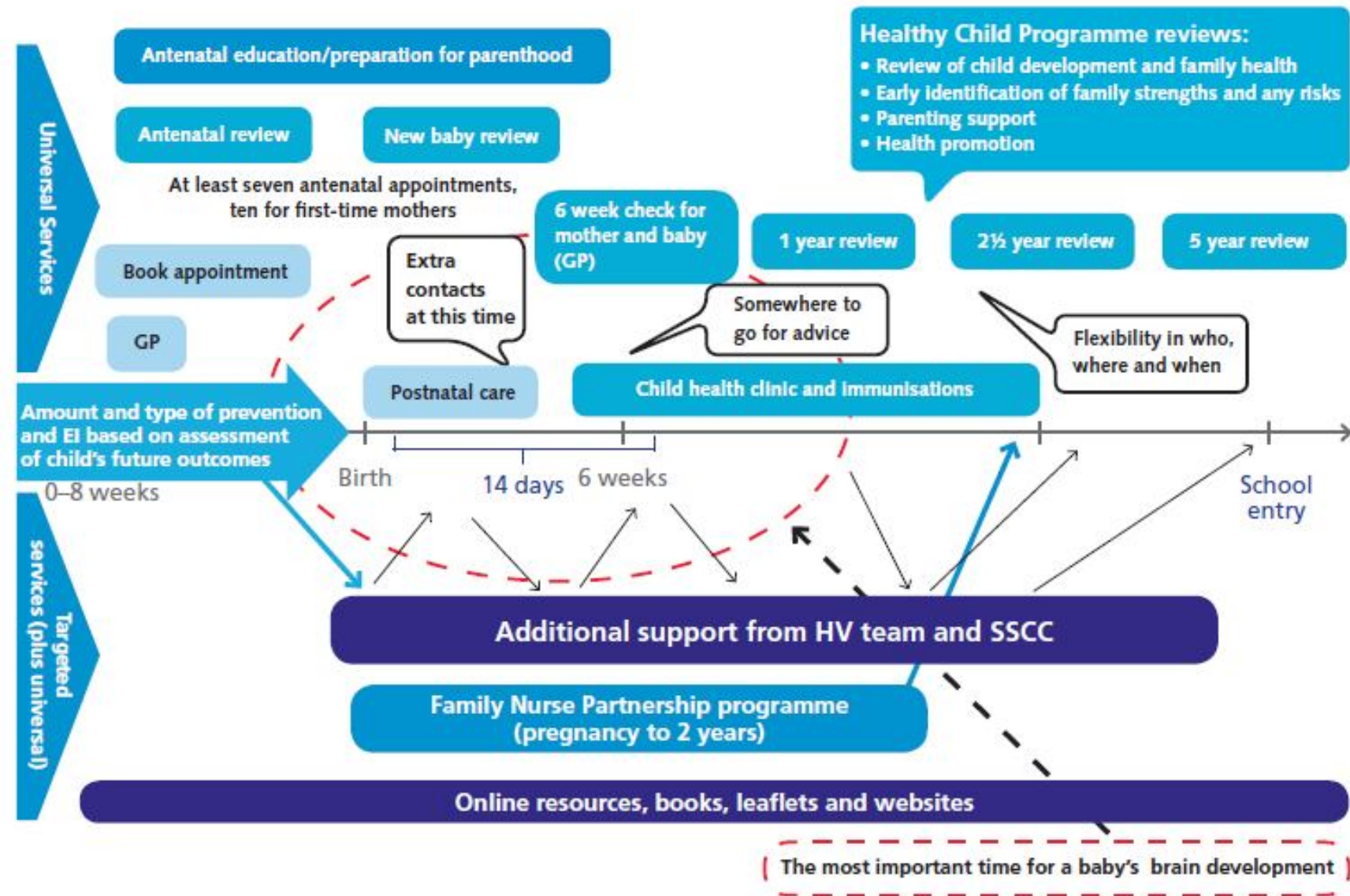
Intensive multi agency care package for safeguarding/child protection

Health visitors maintain contact with families while formal safeguarding arrangements are in place
It is essential to do this so that families receive an effective service during a crisis and ensure families receive preventative health interventions

The universal prevention and early intervention pathway from pregnancy to 5 years



The prevention and early intervention pathway from pregnancy to 5 years



Health visiting services at community level will include:

Community services are key to the increased focus on health and wellbeing. As one of the few groups of health professionals educated in public health, health visitors play a lead role in improving health outcomes. They will do this by:

- Applying the principles that guide health visiting through the whole service spectrum;
- Providing direct services and supporting and encouraging others such as health trainers, community nurses and allied health professionals to be 'health promoting practitioners';
- Supporting local commissioners to build accurate and localised health needs analysis and provide advice on accessible and acceptable services for local people;
- Overseeing the healthy child programme for a given population and developing outcomes of effectiveness for local programmes;
- Building community strengths and capacity to generate local responses from local people to the health issues that matter to them;
- Utilizing community resources (eg voluntary, social enterprise) as part of providing support to local families; and
- Working with key partners such as SSCC.
- Implementing high impact changes including:
 - Using creative ways to implement public health programmes, such as the HCP, in order to build the foundation for future health, so reducing later costs;
 - Making sure that the voices of children, young people and families are central to the planning and evaluation of services, using formal and informal processes;
 - Adapting the hours during which community services are accessible to suit the needs of children, young people and families;
 - Developing new ways of providing services to families who find it difficult to connect with traditional service arrangements; and
 - Offering services in a range of settings and through different media.

Health visiting services will include:

Services for all families – (universal healthy child programme).

HV roles in leading and providing include:

- Antenatal visit/family health assessment/preparation for parenthood
- New birth visits – parenting, feeding, health checks, screening – planning future health care
- First year contacts: formal health programme immunisation, screening, physical and developmental checks, information, support, feeding parenting, safety, relationships
- One to three years: formal health programme, including 2–2½ year health and development review, dental health, keeping safe, nutrition, speech language and communication, play
- Three to five years: a/a formal health programme for school entry

Sure Start and Community/Public Health

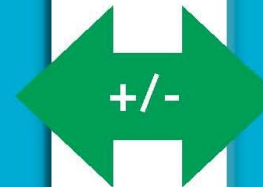
- Establishing the children's centre health promoting environment
- Delivering a wide range of health services in the children's centre
- Establishing effective partnerships between the children's centre, local GPs, the primary healthcare team and maternity services
- Having an information-sharing protocol in place across local children's services
- Coordinating health campaigns, improving information
- Offering education and training for children's centre staff.

For families needing additional, specific Intervention/Care packages

Health Visitors professional judgement and expertise to provide delegate or refer

For example:

Relationship Counselling
Maternal Mental Health/PND
Parenting advice on family health and minor illness
Sleep Problems
Feeding/weaning problems
Pre-school behaviour
Speech/communication problems



Health visiting services will include:

Vulnerable children and families

Health visitors are skilled at identifying families with high risk and low protective factors, enabling these families to express their needs and deciding how they might best be met.

This may include:

- Offering evidence-based programmes
- Encouraging the use of the Common Assessment Framework
- Referring families to specialists
- Arranging access to support groups, for example those provided in the local Sure Start Children's Centre
- Organising practical support – for example working with a nursery nurse on the importance of play
- Delegating focused contacts to a team member and monitoring effectiveness.

“Health visitors should use evidence-based methods to create behavioural and psychological changes, setting clear objectives and agreeing with families how they are to be achieved. Where health visitors refer families to services such as parenting programmes, they should review the impact and assess whether the desired outcome has been reached”.

Safeguarding and Protecting children

Health visitors are educated to recognise risk factors, triggers of concern, and signs of abuse and neglect, as well as protective factors. Using this knowledge they can concentrate their activities on the most vulnerable families. Through their preventative work they are often the first to recognise that the risk of harm to children has escalated to the point that safeguarding procedures need to be implemented.

Health visitors maintain contact with families while formal safeguarding arrangements are in place.

It is essential to do this so that families receive an effective service during a crisis and ensures that families receive preventative health interventions.

Health visitors contribute to all stages of the child protection process, including serious case reviews, and may be called upon to appear in court to explain the action they have taken.

They support the work of the local safeguarding children board through the delivery of multi-agency training programmes and through their membership of working and task subgroups.

A large orange arrow pointing downwards, with the word 'Outcomes' written vertically in white text inside it.

Outcomes

What next: national actions

New programme to take forward Coalition Government commitment

- Working with practitioners and partners
- Developing and promoting the new service vision
- Further developing the model of practice
- Investing in health visiting posts
- Developing skills/confidence/leadership in current workforce
- National Action on workforce and 'supply' to include
- Recruitment retention education professional development
- Education programme re community development/capacity

Family and Child Health

- Promoting prevention and stimulating 'demand' for key roles
- Improving commissioning of HCP (up to 19)
- Developing outcome measures/metrics and tariff
- Maximising Public Health White Paper opportunities HV and ScN

Finally

Whilst we don't yet know everything –
we know enough to understand the
opportunities and challenges

We have opportunity to influence where
things are not known/not finalized

Action will increasingly be local

We need to move from engagement to
mobilization

Call to action????



Opportunity is in our hands