

# Improving health and wellbeing for children and families together

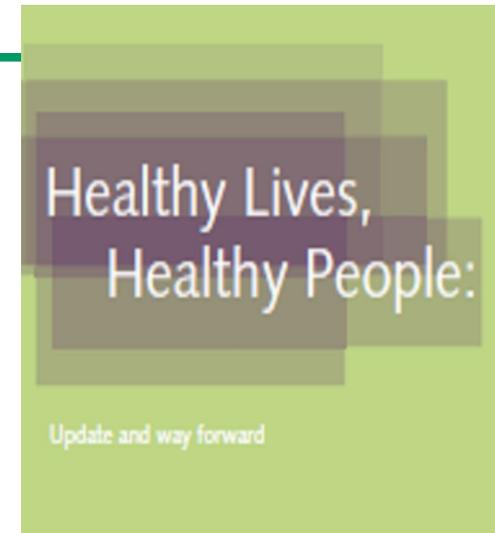
Viv Bennett DCNO DH 2011

## New policy

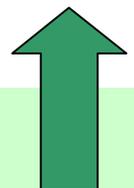
- Improving Public Health
- Building a Big (strong) Society
- Strengthening and supporting families and parenting
  
- Cross Government Reviews inc.
  - Foundation Years
  - Safeguarding

### Key messages

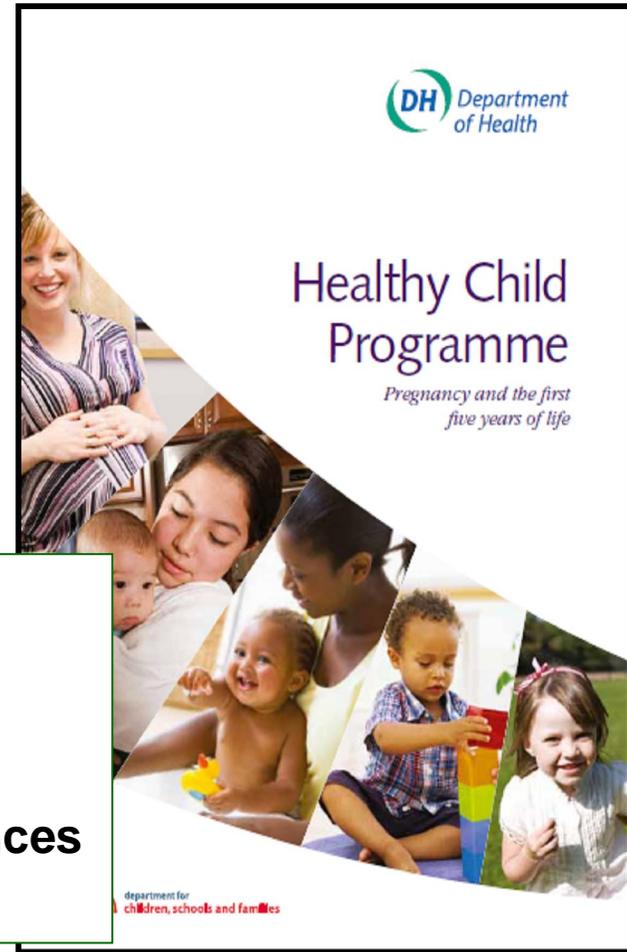
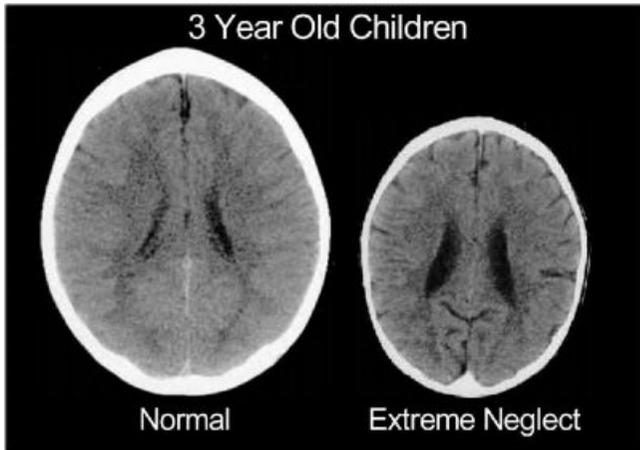
- Importance of prevention
- Importance of early help and early intervention



Coalition agreement health visiting commitment 4200



# New Evidence

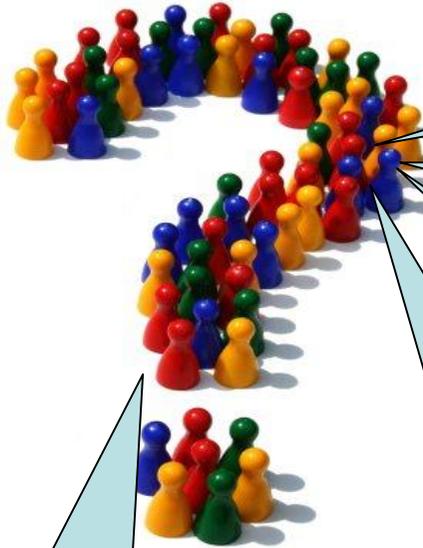


## New evidence

- From 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 – long term investment

Evidence based universal programme to improve health outcomes for children and young people

# New and refocused services to give families what they tell us they need.....



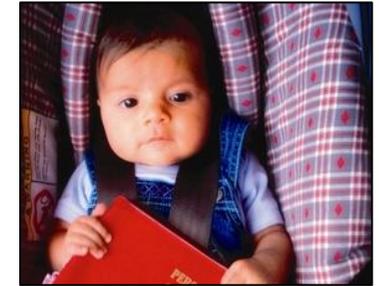
A community that supports children and families

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 health visiting contribution'

## A programme of national and local action



### Health Visitor Implementation Plan 2011–15

*A Call to Action*  
*February 2011*

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

1. Growing the  
workforce

2. Professional  
mobilisation

3. Aligning the  
delivery systems

'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

# What are the challenges?

## Financial

- NHS and local authorities financial pressures

## Scale of expansion

- The number of health visitors has been in decline and is an 'aging workforce'. To do nothing would lead to continued decline and thus we need 6,000 more HVs to meet the target to be achieved by (estimated) 85% training and 15% Return to Practice and improved retention.
- Training of huge increase in students requires more and different clinical education and supervision -1828 commissions for 2011/12 (compared with 500 previous year)  
**and new placements**

## A changing system

- Managing changing incentives and levers for increasing the workforce in a new and devolved system and with new commissioners and providers

## The current workforce

The decline in numbers has led to variable coverage of service across England and often significant workload pressures on HVs

- Achieving high morale motivation and mobilization in the current workforce
- Implementing a new service vision whilst managing current service pressures
- Demonstrating progress and good practice and achieving some early wins

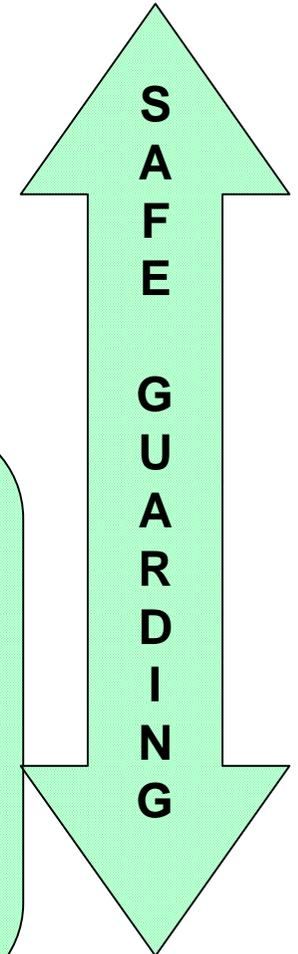
## What the health visiting service will look like – ‘a family offer...’

### **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.



## Family offer contd...

### **Universal plus**

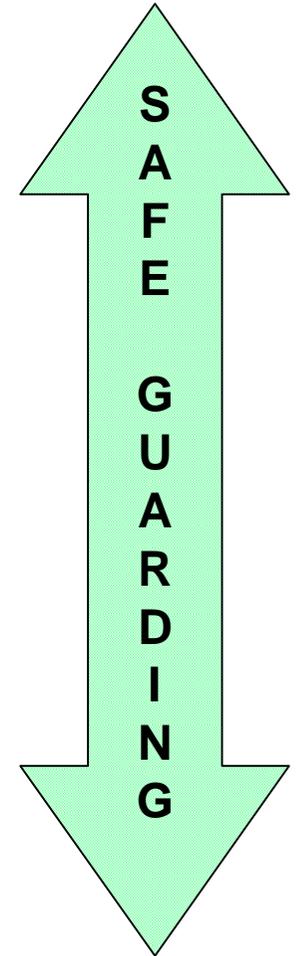
gives you a rapid response from your HV team when you need specific expert help,

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.

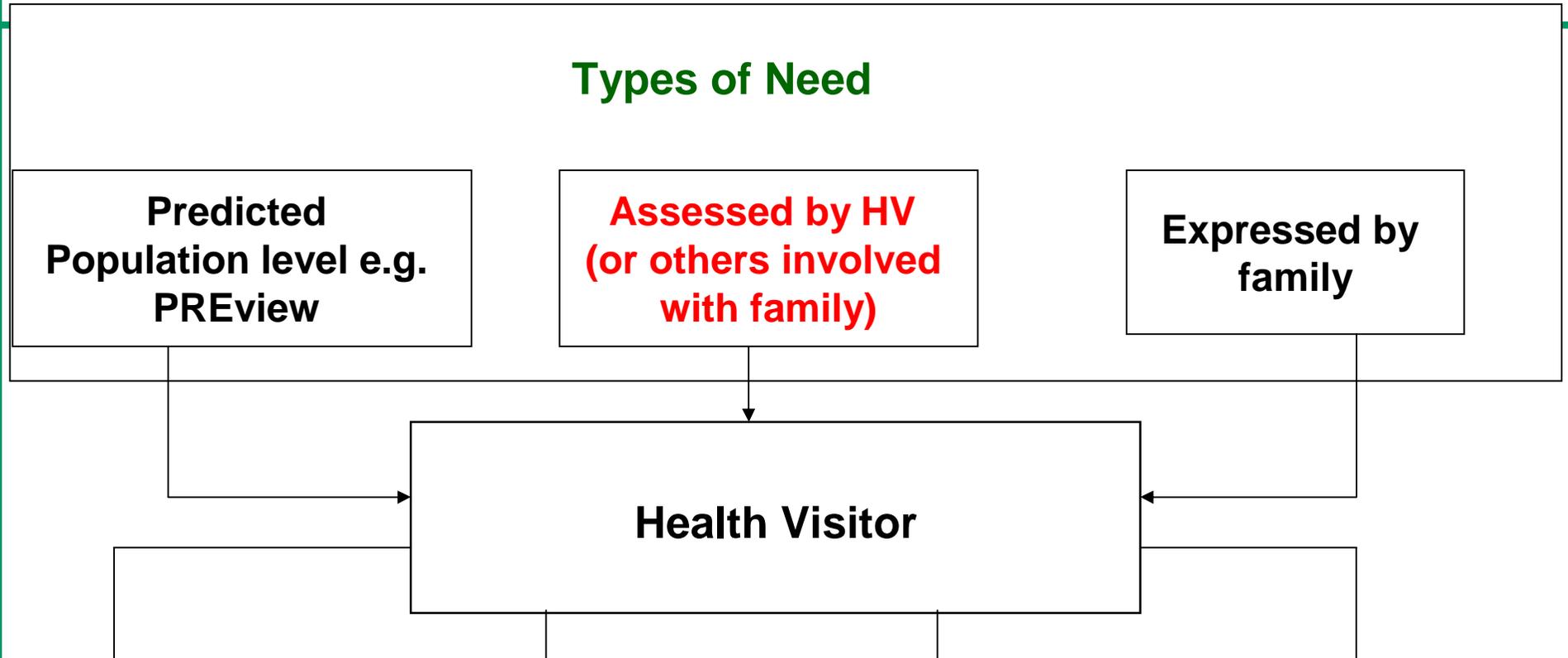
These include services from Sure Start Children's Centres, other community services including charities and, where appropriate, the family nurse partnership.



# Assessing and responding to need

Health Visiting Programme

## Types of Need



**Provide service/ service contribution with partners**

Delegate to Team member

**Signpost e.g. Sure Start**

Refer on

## Service Response

# Health visitor programme national actions

## Policy/Performance management

- Maximise Public Health White Paper and early years policy opportunities for HV and School Nursing to improve outcomes
- Performance manage progress towards delivery of the new service
- Build and promote improved partnerships at national level (e.g. cross government)
- Monitor progress move to more real time data and mix data and 'soft intelligence'

## Demand side actions and commissioning

- Promote 'prevention' and provide evidence for benefits to support growth in posts and transformed services
- Develop and promote the new service vision and embed a new offer for families
- **Support local services to work together**
- Improve commissioning of HCP (up to 19)
- Develop outcome measures/metrics and pricing
- Demonstrate and share success and early wins

# Health visitor programme national actions

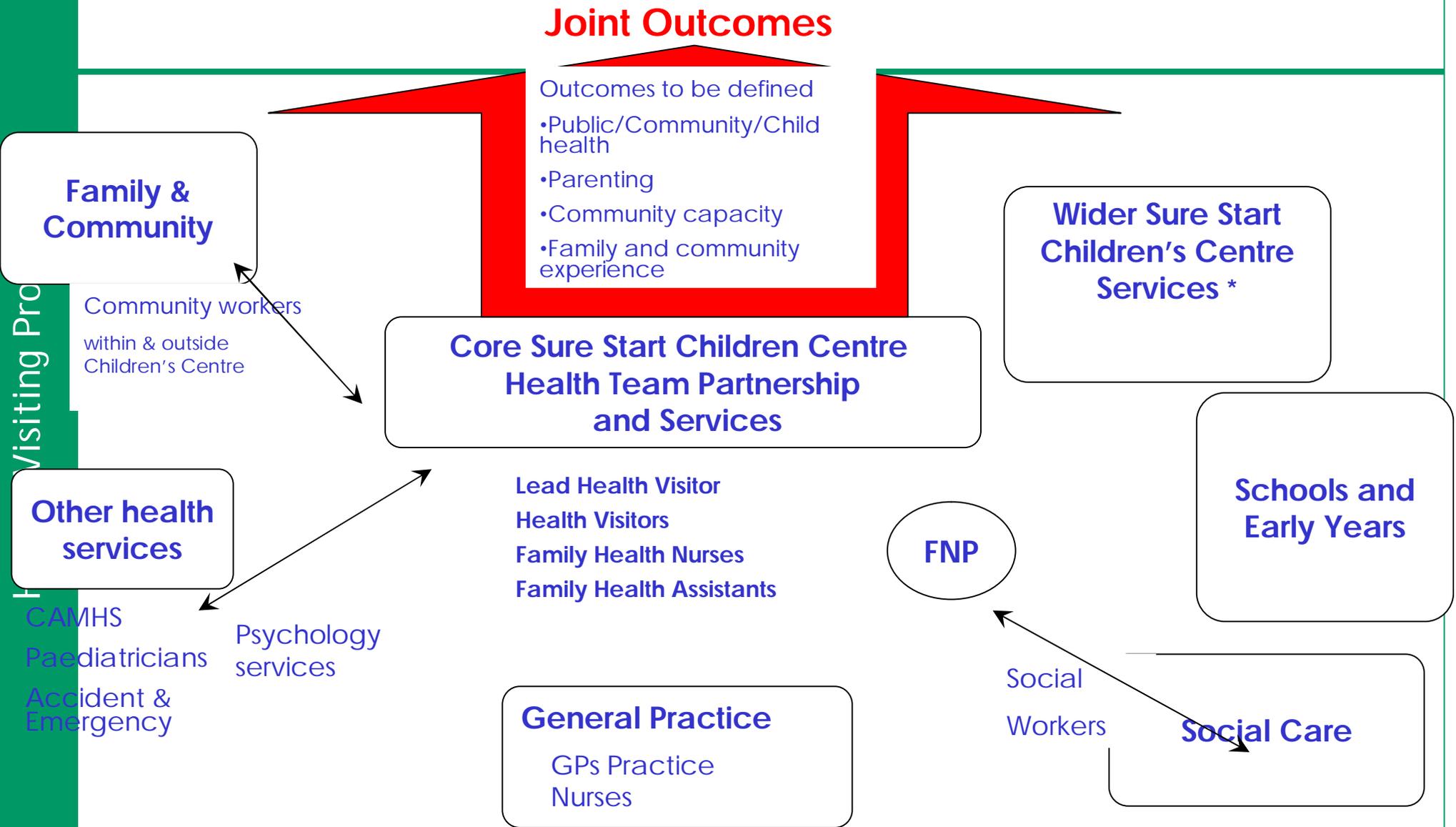
## Supply side actions and professional development

- Attract sufficient numbers of nurses to the health visiting profession
- Get the training right: expansion and new service model requires
- Increase the numbers of clinical practice teachers
- Increase number of returners to practice and improving retention
- Ensure commissions for HV training for national target are filled
- Develop skills/confidence/leadership in current workforce – ‘mobilization’ and support through post graduate learning opportunities
- **Link to work on building skilled strong Foundation Stage workforce and look for opportunities for joint training/shared learning**
- **Improve use of information and technology including mobile working**
- **Implement the ‘Early Implementers’ programme’ and spread learning**

## Local Action - National Support: What needs to be put in place?

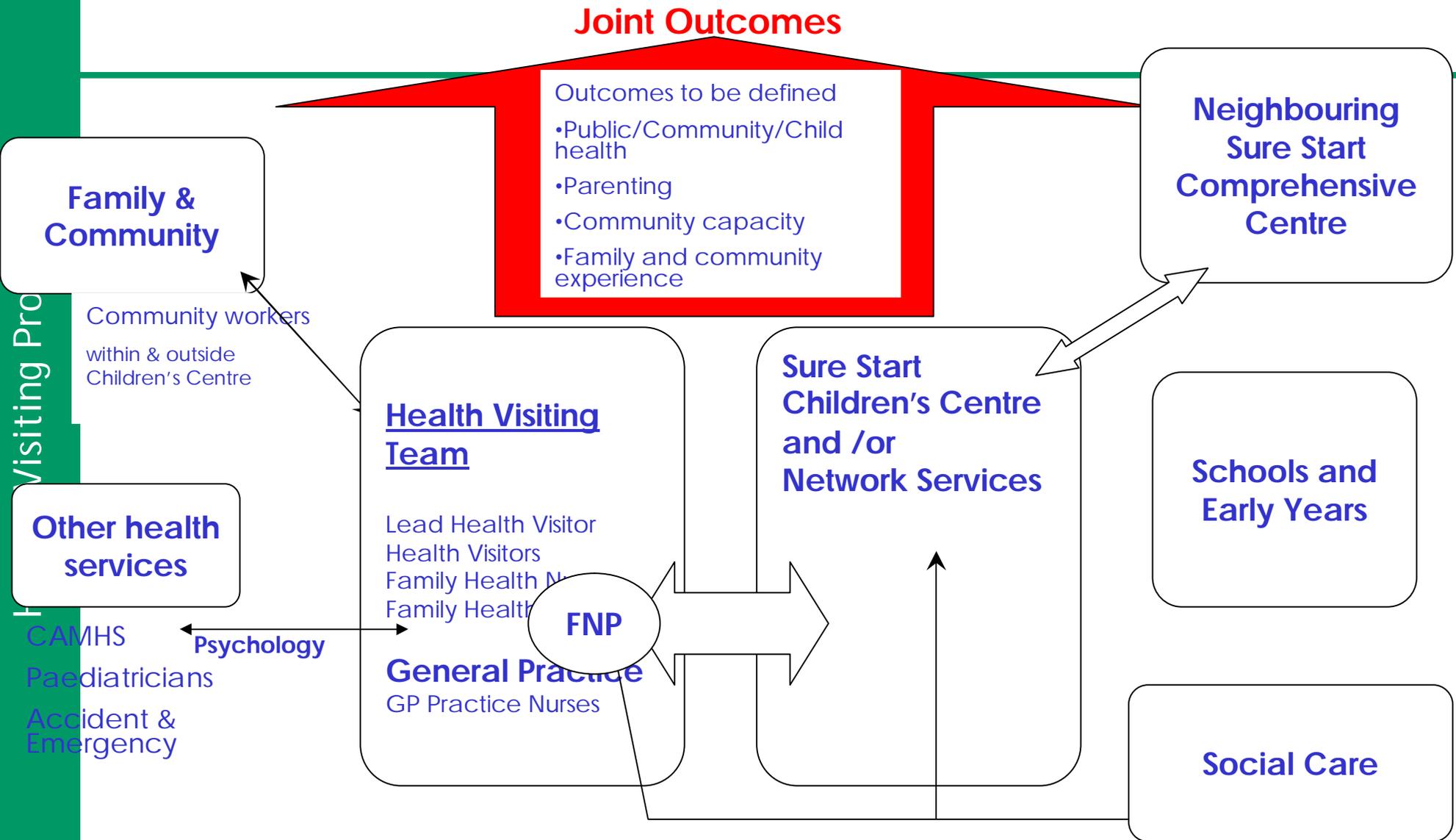
- Education commissions reach national trajectory and places are filled **and clinical placements and support available**
- Commissioning specifications for evidence based services for children and families that include HCP and the new HV Service are in place
- Provider delivery plans for a full or staged implementation of the new HV Service are in place
- **Effective and shared safeguarding arrangements are in place**
- **Effective partnerships are demonstrated between health visiting services, local PHCTS and Surestart**
- Where there FNP services in place/developing there is an integrated approach and opportunity to share learning
- **Families understand the offer and are involved in local development and where appropriate delivery**
- **Current workforce given development and support to deliver the new family offer**
- Health Visitors are proud of the profession and recommend it to others
- EIS demonstrate success and deliver early wins

# Local Model? (1)



\* May include e.g. child care provider, Job Centre Plus, Learning Centre

# Local Model? (2)



**Effective  
teamwork**



# What would success look like ?

Growth in workforce is delivered and coverage relates to need

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

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

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

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

Health Visitors are proud of the profession and recommend it

**Local leaders feel empowered to make changes**

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



**Children are 'ready for school'**

**Local health outcomes improve and inequalities reduce**

**What else?**