

**Health Visiting
in England:
A Vision for
the Future**

Executive Summary

October 2019



The **Institute's "Vision for the Future"** for health visiting aims to support an accessible, evidence-based service for all children and their families based on proportionate universalism and supporting the government's ambition for it to be "universal in reach and personalised in response".

Our Vision – developed by the Institute of Health Visiting in collaboration with experts in the field of health visiting and the latest evidence:



- ▶ health visiting and local authority public health leaders
- ▶ practising health visitors
- ▶ academics
- ▶ researchers
- ▶ the views of more than 1000 parents.

Our Vision supports the government's plans to refresh the health visiting model for England through the provision of independent evidence-based recommendations for practice.

Why is this Vision important?

Challenges

- Widening inequalities and poor state of child health and wellbeing
- Unidentified need – "invisible children"
- Public health grant cuts
- Workforce challenges – training, recruitment, retention
- Unwarranted variation in quality of health visiting services
- Role drift from preventative public health
- Perverse system incentives to "tick the box, but miss the point"
- The cost of failing to intervene early is enormous

Opportunities

- Health visitors are a highly skilled workforce equipped to address numerous government priorities for children and families
- Early years lay the foundation for lifelong health and wellbeing
- Investment in early childhood is a smart investment – the greater the investment, the greater the return
- Inequalities are not inevitable. Early interventions make a difference

England 2019 - Inequalities are not inevitable but:

- 2.3 million children are living with risk because of a vulnerable family background
- More than 1/3 are "invisible" (i.e. not known to services)
- Highest rate of homicide for any age group is in babies under the age of 1
- Estimated total long-term costs for perinatal mental illness is £8.1bn for each one-year cohort of births



* Speech, language and communication need

What works?

A health visiting service centred on:

Relationships

The needs of infants, children and their families

Eight key essential elements.

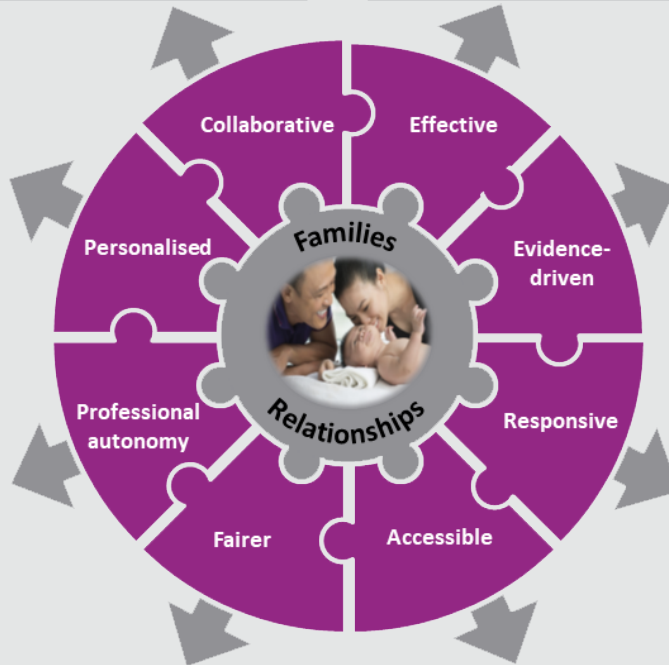
- Relies on relationships, trust and autonomy.
- Integration working across the healthcare system.
- Integration across other sectors – health, education, social care.
- Integration across the life-course – transitions.
- Learning culture.

- Measure what matters.
- Longer-term goals which value health assets, with cross-sector shared ambitions.
- Evaluation as a means to improve.
- Quality improvement rooted in co-production and data on access, experience and outcomes.

- Not a “one size fits all”. Working together and with families.
- Client-led goals and shared priorities.
- Continuity of health visitor.

- Essential to enable health visitors to provide a flexible service, tailored to individual need.
- Essential to adapt and change in response to the dynamic nature of the environment.
- Supported by “Safer staffing” – manageable workload.

- Preventative “upstream” focus.
- Proportionate universalism.
- Reducing health inequalities should be regarded as a key test of effectiveness.

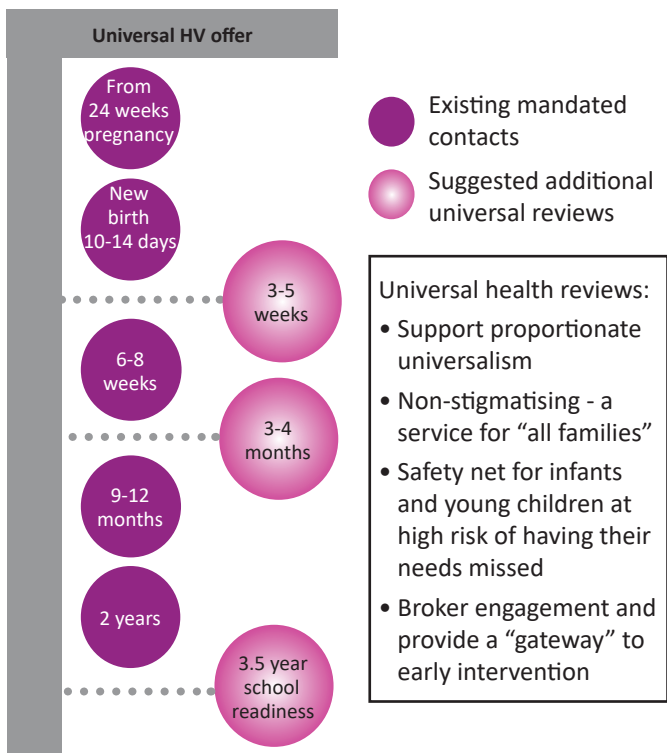


- Based on best evidence of “what works”, focused primarily on 15 high impact areas.
- Continuum of support for a continuum of need.
- Tailored to needs of children and families.
- Continuous cycle of quality improvement to develop, test, and scale new ways of working.

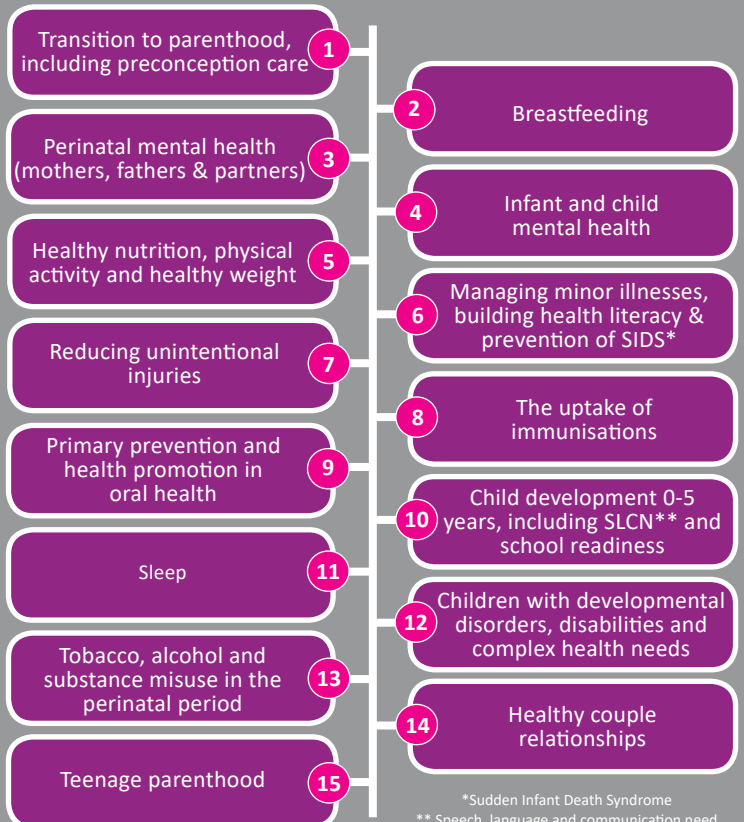
- Easy access to the right support when it is needed.
- Augmented with new technologies providing personalised advice.
- Movement between levels of support needs to be fluid in response to changing needs.

- Service entry points need to be widely accessible to the local population and support engagement by all groups.
- Address the needs of those who do not currently experience easy access to services.
- Identify barriers to service uptake and solutions to reduce the number of “invisible” children.

Eight universal contacts and additional tailored support where needed



Fifteen High Impact Areas



*Sudden Infant Death Syndrome
** Speech, language and communication need

Our recommendations:

“Health Visiting in England: A Vision for the Future” sets out how a robust health visiting service provides an important part of the solution to a multitude of government priorities. To achieve this ambition, we recommend:

Funding and accountability:

1. Immediate ring-fenced public health investment to cancel further threatened cuts to health visiting.
2. New investment with sustainable long term funding. A shift in emphasis in language and policy is needed, from “releasing efficiencies”/ short-term return on investment in 0-5 public health, to a recognition that investment in prevention and early intervention in the early years is a sound investment in our children’s futures.
3. Integration - national and local government should work together with key stakeholders to set out model integrated system pathways for key public health priority areas, with the necessary system support in place to implement these in full. This should include identifying current work “not done” and unmet need.
4. Outcome measures - develop and set high level goals for children’s population health and an outcome measure for integrated care, with a clear line of accountability between national goals, ambitions or targets and regional and local systems.
5. Continuity of practitioner and personalised care should be extended to include health visiting.
6. Language is a primary indicator of wellbeing - develop an extension to the early language measure being developed by PHE/DfE to include an additional review at 3.5 years for those children identified with speech, language and communication delay at 2-2.5 years, or where there are concerns.
7. An innovation fund is needed to develop, test, and scale new ways of individualising health visiting universal partnership plus services for children and their families in severely challenging situations with mechanisms to demonstrate their impact.
8. Strengthen integration across the healthcare sector with closer ties, especially with midwifery and General Practice.

Workforce and Leadership:

9. Urgently reverse the current decline in the health visiting workforce. As we await the refreshed Healthy Child Programme, as an interim measure, the proposed metric should be a floor of 12,000 WTE.
10. Workforce modelling to secure national implementation of the refreshed Healthy Child Programme in full, including “Safer Staffing” guidance.
11. National health visiting workforce strategy to provide opportunities for career progression and address high levels of sickness, recruitment and retention difficulties.
12. Transparent, centrally held data on health visiting workforce numbers to include all publicly funded health visitors, student health visitors and members of the skill-mixed health visiting team.
13. Data should be collected on the ratio of health visitors to the 0-5 population to inform a revised formula for 0-5 children’s public health funding.
14. Career paths towards and beyond registration as a SCPHN (health visitor) should be prepared and promoted.
15. New National Standards for health visiting are needed to support consistency within the profession. The title ‘health visitor’ should be protected and restored to statute.
16. Develop leadership capabilities within the health visiting workforce.
17. A Healthy Child Programme oversight function at national and local level should be established which includes workforce standards, training and development of staff at all levels.
18. Employer standards for health visitors and health visiting teams should be reviewed and refreshed within new clinical governance structures, integrated within Sector-Led Improvement.

To access the full document “Health Visiting in England: A Vision for the Future”,
please visit: <http://bit.ly/33pXIQ3>

For further information, please speak to Alison Morton, Director of Policy and Quality
Email: Alison.Morton@ihv.org.uk or contact the iHV: +44 (0) 1243 374874