

GLOUCESTERSHIRE LMC DOCUMENT SUMMARY

<u>Document Title:</u> Health Visitor Implementation Plan 2011–2015 'A Call to Action'	
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<i>N.B. This summary was correct when issued. Its accuracy cannot be guaranteed in the long term, since policies and organisations change. Although every effort will be made to ensure that it is updated the Reader is urged to exercise caution if the document at the time of reading is more than a year old.</i>	
<u>Bottom Line:</u> Health visitor services are very important, and have been under-resourced in the past. That is about to change.	

Health visitor numbers have dropped by a fifth since 2004. The government wishes to reverse this decline by training up to 6,000 more health visitors over the next 4 years to bring the total nationally to 12,292 (FTE) from the current, deplorable baseline of 8,092 of whom many are due to retire. The aim of the new plan is to help all families, but with priority to those in the greatest need. The intention is to base them on Sure Start Children's Centres rather than GP practices. Although the need for them to 'provide effective links between midwifery, primary health care and family services' is recognised, it does not go into how that should be done.

It defines a number of levels of service, to be implemented as the required number of health visitors become available:

- **Community** – based on the Joint Strategic Needs Assessment, the needs of local communities are understood and a directory of services to meet those needs is in place/being constructed. Health visiting professionals in the local area are supported in community development work and have undertaken/are undertaking the new 'building community capacity' training module.
- **Universal** – all elements of the Health Child Programme (HCP) are being delivered. Contacts with families are increased, especially for first time parents.
- **Universal plus** – evidence based care packages offered as part of Universal plus are clearly defined. Provider continuing professional development plans demonstrate that health visitors can access any specialist training required.
- **Universal partnership plus** – as a minimum there is a named health visitor on the management board of the local Sure Start Children's Centre and there are services/drop-in sessions provided by health visitors through the centre.

Ultimately, the new health visiting service will be in place when the local community knows that it exists and knows how to ask for it, and (presumably) can receive it.

As always, there will be pathfinder / early implementation sites. All areas will need to have a delivery plan in place by the end of 2011/12. It is not clear what the retention initiatives and recruitment initiatives will be – many will have to be locally devised.

The lead for this work, and funding health visitors, will ultimately be Public Health England, but in the meantime it will be led by the DH and the NHS Commissioning Board, and actioned by PCTs until they disappear.

GPs are not directly involved in the plan, although GP Commissioning Consortia will be.