The future of health visiting in England

The World Health Organization (WHO) has designated 2020 as the International Year of the Nurse and Midwife, in honour of Florence Nightingale, a pioneer for public health and founder of modern nursing. The year-long celebration will provide numerous opportunities to shine a light on the vital contribution that health visitors, as part of this workforce, play in improving outcomes for children and their families.

It therefore seems fitting that this year will also see the development of a new model of health visiting in England and the start of the refresh of the Healthy Child Programme, which is the underpinning policy. Public Health England (PHE) has reiterated that ‘health visitors are key in the delivery of essential early intervention preventative work’ and reducing inequalities.

Why focus on the first years of life? We are privileged to live in a time when we have more evidence than any other generation before us on the importance of the first years of life as a foundation for future health and wellbeing. We need to use this opportunity to make a difference to the lives of infants, children and their families.

We also now know more about why early intervention matters. Disadvantage starts early in life, the effects are cumulative, can impact across the life course and transmit from one generation to the next, if not addressed. The cost of failing to intervene early is enormous. This is felt in human suffering and lost potential, as well as placing a burden on the Treasury to cover the increased costs of late intervention and associated issues like knife crime, substance misuse, worklessness and physical and mental health problems. Inequalities are not inevitable — investment in our children’s future is the right thing to do and with the right policies in place we can create a fairer society.

Health visitors are a highly skilled specialist workforce, equipped to work in partnership with parents and communities to address a multitude of key government priorities for children and their families. The health visiting service does not discriminate — it is offered universally and supports both primary prevention and early identification of children and families who would benefit from additional support.

WHY IS A NEW VISION FOR HEALTH VISITING NEEDED?

Giving every child the best start in life remains a key government priority. However, the rhetoric has been criticised for not matching the reality in practice. Across the UK, children and families are experiencing very different levels of support and investment depending on where they live, rather than their level of need. Scotland, Northern Ireland and Wales have all committed to strengthening their health visiting service and support in the earliest years.

However, there is widespread concern about the state of health visiting in England, with the current threats to the service described as a ‘perfect storm’, including:

- Year-on-year cuts to the public health grant
- Falling health visiting numbers
- Cuts to health visiting training places
- Unmanageable caseloads
- Some poor commissioning decisions
- Increasing levels of reported workforce stress, which is creating recruitment and retention difficulties.

A NEW MODEL FOR HEALTH VISITING IN ENGLAND

It is time for action to make the difference now. We are delighted that the government has set out plans to review the health visiting model in England alongside a refresh of the Healthy Child Programme. The Institute of Health Visiting (iHV) has also been reassured that PHE are committed to building this on the best evidence of ‘what works’, rather than what can be achieved within the reduced public health grant, which is based on an outdated, and much criticised, funding formula.

To support this work, the iHV has been part of a stakeholder group led by PHE which provides the opportunity to influence policy makers by presenting evidence from research and practice. We have set out our contribution to this work in a series of published resources.

In October 2019, we published Health Visiting in England: A Vision for the Future (iHV, 2019a). This document sets out a blueprint to improve outcomes for children and families and reduce inequalities through strengthened health visiting services. This ‘vision’ was developed in collaboration with experts in the field of health visiting and the latest evidence and experiences from
practice. To be effective, the health visiting service needs to:
- Be centred on relationships and the needs of infants, children and their families
- Incorporate eight key essential elements (personalised, collaborative, effective, evidence driven, responsive, accessible, fairer, and professional autonomy)
- Offer all families eight universal contacts, with additional support for those with the greatest needs, or at risk of poor outcomes
- Address 15 ‘high impact areas’ (HIAs) where health visitors can make the greatest difference as part of integrated clinical pathways across the health and social care system.

A short summary of the key points is set out in our executive summary (Figure 1).

In January 2020, iHV also published the following ‘vision’ supporting documents:
- First edition of Good Practice Case Studies (Morton, 2020a): the case studies showcase high quality care in a number of different settings, demonstrating the ‘art of the possible’ to spread good health visiting practice. The authors of these case studies have shared their successes, as well as failures, to improve care as part of a learning culture. They provide some context and background to some of the challenges being faced by the health visiting profession, as well as the solutions that they have developed to drive quality improvement and ensure better, cost-effective outcomes for children and families
- What do parents want from a health visiting service? (Morton, 2020b): the findings from this survey present a mixed picture of health visiting nationally, with insight on what it is really like to be on the receiving end of the care that health visitors provide. The loudest message is that parents value being ‘met as a person’ and the trusted relationship with a named health visitor, which is provided through continuity of carer.

Many parents shared positive experiences of the support that they had received and the difference that it had made, such as:

I felt [HV] was very patient and understanding when I admitted I had been feeling low. She had a lot of time for me and I didn’t feel rushed. I felt that none of my questions were silly and she made me feel comfortable and more confident.

Sadly, this was not the experience of all parents, with some describing the service as rushed and impersonal — which is not the service that parents deserve, or health visitors want to provide. It is hoped that the evidence that the iHV has submitted as part of this consultation will shape the health visiting service of the future. The real test will be whether these parents feel that they have been ‘listened to and heard’ by those that are able to make the difference.

The current spotlight on health visiting feels like a ‘once in a decade’ opportunity — families in England need a world-class service that is based on evidence and relationships; a service that can improve the lives of every baby, child and parent and build the foundations for a better future. If not now, when?

REFERENCES


