

The reduction in the number of health visitors in England

House of Commons

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Key Messages

- Health visitors working in local government play a pivotal role in ensuring all children get the best possible start in life. Councils want to protect our world class health visiting service by attracting, training and keeping new essential workers.
- The LGA has offered to work with the Department of Health and Social Care, the NHS and Health Education England to get the right number of training places commissioned and to deliver policies to ensure health visiting remains an attractive and valued career
- We are calling for a properly resourced, integrated workforce plan that underpins the current refresh of the Healthy Child Programme. In addition to ensuring we have a sufficient supply of specialist public health nurses, a workforce strategy should recognise the benefits of having a diverse range of health visiting, school nursing, children's centre and other early years staff in children's and health services. We believe that this will lead to better outcomes for children and families.
- Since 2015 there has been a steady decline in the number of health visitors. This is largely due to qualified nurses retiring and moving to other roles, and too few trainees entering the profession.
- The closure of the Health Visitors Implementation programme also reduced the number of new training places for health visitors. As a result, many local authorities have struggled to recruit and retain sufficient numbers and vacancy rates remain high. In March 2019 the LGA called for urgent investment in the health visiting workforce.
- Councils have seen a significant reduction to their public health budgets in the period between 2015/16 and 2019/20. The recent announcement of a real-terms 1 per cent increase in the public health grant for 2020-21 is welcome, but is unlikely to address the impact of the past reductions to funding. We are calling for increased funding to support councils to deliver a refreshed and modernised Healthy Child Programme.

Briefing

For more information, please contact:
Jade Hall, Public Affairs and Campaigns Adviser
Jade.Hall@local.gov.uk 02076643108

Background

Healthy Child Programme

The Healthy Child Programme is designed to support the healthy physical and emotional growth of every child. Delivery is led by health visitors for the 0-5 population and by school nurses from 5-19. The programme comprises child health promotion, child health surveillance, screening, immunisations, child development reviews, prevention and early intervention to improve outcomes for children and reduce inequalities.

Responsibility for commissioning the Healthy Child Programme transferred from the NHS to local government in 2015. Since then, many councils have redesigned the programme to integrate services from 0-19, focusing on a life course approach and holistic family care, as well as offering the programme in different settings, such as schools and nurseries.

Since local government began delivering the Healthy Child Programme, a number of key outcomes have improved. However there remain major challenges. School readiness levels at the end of reception have improved by 10 per cent, but nearly a third of children are still deemed not to be “school ready” by the time they reach five, in that they have not developed the necessary skills and behaviours. The LGA is working with Public Health England and partners to improve the Healthy Child Programme’s impact on outcomes and ability to deliver personalised support.

Workforce

Local authorities have successfully delivered a more integrated Healthy Child Programme. By including nurse nurses and early years practitioners in the delivery of some aspects of the programme, there has been positive skill-sharing, better outcomes and a more efficient and targeted use of health visitor and school nurse time.

The numbers of health visitors employed directly by local authorities and in social and private enterprises is growing, as demonstrated by the results from a recent LGA survey. This estimates this figure to be 900 FTE health visitors employed outside of the NHS. This figure should be taken into account in future workforce planning.

The responsibility for training health visitors and school nurses sits with the NHS and Health Education England. However, whilst the [*Interim NHS People Plan*](#) has sought to address shortages in the wider nursing workforce, there has so far been no provision for specialist public health nurses, such as health visitors and school nurses. The LGA has called for future iterations of the plan to address the equally important shortages across the local government health and care workforce, including in health visitors and school nurses, or for the Government to commit to a separate children’s health and wellbeing workforce plan.

A cross government children’s workforce plan would support the development of a well-qualified workforce with the appropriate knowledge, skills and experience to work in a preventative way. This needs to be an integrated strategy between local authorities, health and education partners, putting the child’s journey at the centre.

Local flexibility in delivering additional health visitor checks

In the context of limited resources, a balance is needed between providing universal services to all children while also focusing additional resources on the most vulnerable children and marginalised groups.

The mandation of universal health visitor checks should be based on improving outcomes for

children and families and must not be used as a mechanism to maintain workforce numbers. This would devalue the service and potentially create a culture of box ticking. Local areas should have the flexibility to introduce additional checks in their area based on local needs and priorities. This is already happening in some areas such as in Cheshire East where the five mandated health visitor checks have been incorporated into the wider under-fives support to create a 12-stop parent journey. If we are to achieve this vision, councils need to be properly resourced to enable this to happen.

Case Study Examples

Set out below are some examples of best practice demonstrated by local authorities:

- Enfield Council and Barnet, Enfield and Haringey Mental Health have invested in a specialist health visitor for perinatal mental health, who works with the Enfield Parent Infant Partnership, which incorporates the local CAMHS service, the London borough's children's service and voluntary sector partners. This provides direct mental health support to mothers. Referrals are made by health visitors, GPs, midwives and children's centres and provides the mother with psychotherapy support or help from the specialist health visitor.
- Norfolk County Council: For the past two years health visitors and social workers in Norfolk have been carrying out joint assessments for children under five deemed in need or at risk of harm. The idea is that by working together they can share the professional analysis and pool understanding of the child and family's situation. The joint assessments are also seen as a way of reducing the "fear factor" of social worker reviews – as the health visitor is often a friendly face – and ensure the assessments are rooted in child development.

Further examples of best practice can be found in the new LGA and Association of Directors of Public Health (ADPH) publication *Health visiting: giving children the best start in life*. This is available on our [website](#).