


<p>To: All Chief Executives at Strategic Health Authorities in England</p> <p>All Chief Executives of Primary Care Trusts in England</p> <p>Gateway reference number: 15182</p>	 <p>Richmond House 79 Whitehall London SW1A 2NS 020 7210 3000</p> <p>8 February 2011</p>
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Dear Colleague

Government commitment on health visiting: NHS Operating Framework and assurance: for action

We are writing to draw your attention to the NHS Operating Framework 2011/12 and the Health Visiting Implementation Plan - A Call to Action - published today that set out the Government's commitment to a larger, re-energised health visiting service to deliver a new model of support to families, building on the Healthy Child Programme.

The NHS Operating Framework 2011/12 includes the requirement:

PCTS should ensure they develop effective health visiting services, with sufficient capacity to deliver the new service model [to be] set out in "Health Visitor Implementation Plan 2011 – 2015 – A Call to Action" : to deliver the Healthy Child Programme, provide greater support to families and develop local community capacity in support of children and families, working closely with Sure Start Children's Centres and other local services. The Government is committed to developing an expanded and stronger health visiting service as a key element in improving support to children and families at the start of life. This will entail ending the decline in workforce numbers, beginning to increase posts,

workforce numbers and training capacity in the short term, and increasing overall numbers of health visitors by 4,200 by April 2015.

The Government has set a challenging pace. This letter and accompanying documents provide further detail on the 2015 ambition and the action required in 2011/12.

Planning and Assurance

Each PCT will need to develop a plan, assured by SHAs, and in line with the NHS Operating Framework requirements. This will need to:

- assess current local delivery of the Healthy Child Programme and the service model set out in the HV Implementation Plan, identify the service gaps, and develop plans to extend coverage in 2011/12, with a view to achieving full implementation by 2015 at latest;
- ensure commissioning plans actively address and prevent further loss in health visitor posts and promote workforce growth in line with the Operating Framework and the 2015 ambition;
- share plans with local children's services, including Sure Start Children's Centres, to ensure the most effective links across children's centres, primary care, and maternity services, including appropriate use of children's centres premises to deliver local services.

The Health Visiting Implementation Plan lends support to this process by setting out an indicative trajectory for expansion of the workforce and of training commissions, subject to fine-tuning in the light of development of flexible training opportunities and success of return to practice initiatives. SHAs will need to work with their PCTs to commission health visiting training places in line with the 4,200 commitment and PCT plans.

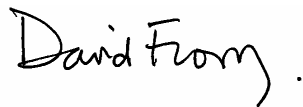
Annexed is information on baseline workforce figures and metrics and indicative SHA workforce growth envelopes consistent with the national 4,200 health visitor ambition for 2015. These figures will be refined over time in the light of further work on needs-based allocations, but should be used for 2011/12 to indicate the order of magnitude of changes. The Department anticipates further work to refine workforce and training plans and trajectories to enable firm plans with year-by-year milestones to be drawn up by the end of 2011/12 to cover delivery of the 2015 ambition.

In parallel, the Operating Framework sets out requirements on expanding the Family Nurse Partnership (FNP) programme. The FNP complements

and supports the work of health visitors, providing the intensive end of prevention for families who need more help to care well for their children and themselves. Family nurses come from a range of nursing and midwifery backgrounds including health visiting. Registered health visitors who work as family nurses should be counted as health visitors. We will be checking baseline figures to ensure consistency and transparency when counting family nurses in this category towards the 2015 ambition.

The Department will meet each SHA in Spring 2011 to review and sign off the aggregate plans, ensuring these are consistent with overall 2011-12 expectations and the 2015 ambition, and will review progress through the year, as part of the integrated approach to planning and assurance between the DH and the NHS.

Yours sincerely,



David Flory CBE
Deputy NHS Chief Executive



Dame Christine Beasley DBE
Chief Nursing Officer

Annex: Health visitor allocation - baseline and metrics

The Government commitment is to a 4,200 FTE increase over the published May 2010 figure from the NHSIC monthly workforce publication. SHA baseline figures and indicative shares calculated on this basis are set out in the table below.

Plans should be reviewed against the annual workforce census when that becomes available in March 2011.

SHA	May 2010 FTEs	Share of population (GMS based with cost components removed)	HV FTEs after expansion		Increase required from May 2010		Extra commissions needed in 2011/12*
			Number	% increase over May 2010	Number	% of 4,200	
North East	481	5.5%	677	40.8%	196	5%	53
North West	1,386	14.7%	1,808	30.5%	422	10%	114
Yorkshire and the Humber	880	10.3%	1,265	43.7%	385	9%	104
East Midlands	629	8.4%	1,033	64.1%	403	10%	109
West Midlands	870	10.9%	1,337	53.7%	467	11%	126
East of England	812	10.3%	1,268	56.2%	456	11%	123
London	1,151	15.0%	1,842	60.1%	691	16%	187
South East Coast	549	8.0%	984	79.1%	434	10%	117
South Central	539	7.1%	872	61.8%	333	8%	90
South West	795	9.8%	1,207	51.7%	411	10%	111
England	8,092	100.0%	12,292	51.9%	4,200	100%	1,135

*2011/12 commissions by SHA are calculated by applying the % share of the total 4,200 FTE expansion for each SHA to the estimated 2011/12 additional training requirement of 1,135