

The Case for Investment in Health Visiting Services

“It’s time to turn off the taps rather than mopping the floor”

Why we must invest in prevention and health promotion services to give our children the best start in life, and save our public services

The Case for Action

The Government has acknowledged there are challenges ahead, it must “bust the NHS Backlog” and make the UK a “healthier and fairer place”. The Chancellor has said that the Spending Review, announced this autumn will ensure “strong and innovative public services” and level up across the UK to “increase and spread opportunity.”

Yet the focus of Government policy and spending is too often on dealing with a backlog of unmet needs, rather than reducing this need through improving the health, happiness and resilience of our citizens. We are investing billions in overstretched health and social care services, which are flooded with growing needs. It’s time for a different approach. It’s time to turn off the taps. It’s time to invest in health promotion and prevention in the earliest years of life.

Investing in services that give children the best start in life reduces demands on GPs, hospitals and social care. It means children start school ready to learn and to achieve, so our schools can be more effective. Investing at the start of life gives our children the best chance of being safe, happy and healthy throughout their lifetime and into old age.

Science shows us that action in early life can prevent problems that can be costly to individuals and society. Economics shows that investment at the start of life generates the greatest returns.

We are calling for investment to deliver the Government’s Start for Life Vision. This includes a £500 million ringfenced uplift in the Public Health Grant over the next three years. This will enable local authorities to create strong and innovative Health Visiting services able to play their role in increasing opportunity for our citizens and reducing long-term burdens on the NHS.

The Detail

What are health visitors?

- Health Visitors are a workforce of skilled specialist public health nurses, with the expertise required to provide holistic care to families. They support babies, children and adults, and are the infrastructure that can deliver preventative and community healthcare services.
- Health visitors offer a proactive universal service, which means that – if services are operating effectively – all families are offered contacts where a health visitor is able to build relationships, discuss important health promotion messages, and assess the families needs to plan ongoing support or referrals to other services if needed.
- Health visitors can take the pressure off GPs and A&E departments, and can help children to have the early experiences required to arrive at school better able to control their behaviour and ready to learn. They can also reduce burdens on children’s social care through identifying concerns and

referring families to early help services before problems escalate. Health Visitors play a key role in ensuring families have a happy healthy start in life.

- As skilled health professionals, Health Visitors play a safety critical role identifying and managing common and serious health problems for women and babies after birth. They can identify early signs of illness or developmental delay; help to prevent illness and accidents, and give families the confidence to look after their child's health and support early development. They can also provide invaluable support to mothers and fathers.

Case study – perinatal mental health

Leanne had birth trauma and severe postnatal depression after her first son was born. During her second pregnancy, she started to struggle to control her anxiety around the birth and talked to the family's health visitor, Holly, for extra support. Leanne's describes the support offered to her and her family:

"... Holly was there for me throughout. No matter how bad things felt I knew I could pick up the phone to her and she would be there to support me through it... I've lost count of the number of times she has phoned me to check in or come back to me long after her working day must have finished. I honestly don't know where I would be without Holly and I can't thank her enough!"

Health visiting and the NHS

- Many of the issues that result in under 5s using NHS services are preventable:
 - Illness such as gastroenteritis and upper respiratory tract infections, along with injuries caused by accidents in the home, are among the leading causes of attendances at Accident & Emergency and hospitalisation amongst the under 5s.
 - 80% of accidents to under 5s are in the home, with children from the poorest families more likely to be killed or seriously injured.
 - Dental caries is the most common reason for children being admitted to hospital. Removal of teeth is the highest cause of anaesthesia in under 5s.

Counting the costs

- In 2017 it was estimated that the annual costs of hospital admissions for RSV (Respiratory Syncytial Virus) in children aged 5 and under were £37.5millionⁱ. Health visitors can help to prevent the occurrence of RSV by promoting breastfeeding, avoidance of cigarette smoke and hand hygiene at the home. They can also support early action which prevents cases reaching hospital.
- There are also 450,000 visits to A&E departments and 40,000 emergency hospital admissions in England each year because of accidents at home among under-fivesⁱⁱ. The cost of treating children's accidents as outpatients and inpatients has been estimated at more than £275 million a year. It can cost as much as £250,000 to treat one severe bath water scaldⁱⁱⁱ.
- In 2015, the cost of tooth extractions for children aged 4 years and under was approximately £7.8 million^{iv}.

- Health visitors are a trusted source of knowledge, advice and information for parents. They have an important role in building parents' confidence in how to manage minor illness. If they have the opportunity to develop trusting relationships with mothers and fathers, they could be first point of contact for parents who are unsure on the best course of action when their child is unwell. This can help reduce the number of times parents access GP surgeries and A&E departments for problems that can be dealt with elsewhere.

- For younger children, health visitors have a crucial role promotion of breastfeeding, bottle hygiene awareness, immunisations, and supporting parents to give up smoking, all of which can reduce attendances at A&E and subsequent hospital admissions.

Case study – infant feeding

Bethany, a Health Visitor, explained how she supports parents with infant feeding concerns:

“Infant feeding issues are a big part of our role. Health visitors advise about colic, constipation, and reflux, all of which has been evidenced to increase parental distress when unresolved. Often a health visitor feeding assessment can identify the problem and it can be resolved without need for primary care services. We might help with issues such as making up feeds correctly, changing feeding position, or supporting parents in other ways to calm a crying baby.”

Health Visitors and Immunisation

Coverage for all routine childhood vaccinations administered to children under five in England was declining, even before the pandemic^v. In 2019 the UK has lost its World Health Organisation ‘measles-free’ status.

Researchers have stated that the reduction in public health services, like health visiting, has contributed to this decline and has led to families researching vaccines in other ways, including accessing information from inaccurate sources on social media.^{vi}

An innovative service fit for the future

- Over recent years, particularly since health visiting services moved to local authorities, there has been significant disinvestment in health visiting and a decline in health visiting numbers.

Public Health Grant allocations have fallen in real terms from £4.2 billion in 2015–16 to £3.3 billion in 2021–22^{vii}. During this period, it is estimated that around a quarter of the health visiting workforce have been lost.^{viii}

- Health visitors have worked incredibly hard during the pandemic but they are worried that they are only reaching the ‘tip of the iceberg’ of growing need, with widening inequalities.
- The cuts in services – which are still taking place – mean that many families no longer receive a good service and there is a “postcode lottery” of support. Health visitors are operating with caseloads of 800-1000 families in some areas, services are designed so that there is a lack of continuity in care, and opportunities to see families face-to-face are restricted. In these circumstances, even the most skilled professionals cannot work effectively. Many families are not even receiving their mandated checks with a health visitor, let alone able to access additional, timely support. The most recent data available on health visitor service delivery in England shows that in 2019/20 23% of one-year-olds had no 12-month health visiting review.
- When health visiting services are invested in, they can work in new, evidence-based and innovative ways to provide excellent services, especially to our most vulnerable families.

It is now time to invest in workforce development and service innovation. Increasing funding in the public health grant to enable 5000 new health visitors over the next 5 years would give health visiting teams they need to play their role in tackling this nation’s challenges.

Our Spending Review ask

- We are calling for investment to deliver the Government’s Start for Life Vision, including improvements in parent and infant mental health services, breastfeeding, maternity and health visiting services. This includes a £500 million ringfenced uplift in the Public Health Grant over the next three years which would enable growth in health visitor numbers and strengthening the leadership in health visiting services.
- We are calling on Government to invest enough to reach a total of 5000 new health visitors over the next 5 years, with 3000 in this spending review period. Research by Professor Gabriella Conti^{ix} suggests that at least 5000 new health visitors are needed in England to deliver the service that families need. This would enable services to be closer to a point where health visitors have, on average, a caseload of 250 families. This is the caseload level achieved in Scotland and Wales, and that experts recommend to enable a high-quality service for families. In reality, health visitors would not have uniform caseloads; those in areas of high need or deprivation might have smaller caseloads to reflect the greater need amongst families.
- In addition, we are asking for £4m over the spending review period to increase the leadership capacity in health visiting service. This additional capacity would enable service leaders to drive excellence in practice through workforce development, research, service innovation and strong integration with other services.

The costs of health visitor workforce development is shown in the table below:^x

	Year 1	Year 2	Year 3
Substantive Band 6 Health Visitor Posts	£38m	£76m	£114m
Training student health visitors (band 5 salary)	£86.9m	£86.9m	£86.9m
Leadership	£0.8m	£1.6m	£2.4m
Total	£125.7m	£164.5m	£203.3m

Delivering on the Government’s Commitments

“I guarantee... 50,000 more nurses.” Boris Johnson’s Guarantee in the 2019 Manifesto

“...I know my right hon. friend the Chancellor is determined to ensure that we get the proper funding for early years because the investment that we make in those first three years repays society and families massively.” Boris Johnson, House of Commons, 7th September 2021

“... as Secretary of State, I’m determined everyone gets access to the health and care they need – especially the kind of preventive action that will stop them from becoming ill in the first place. That’s another way we ensure, not just a healthier society, but a fairer society too.” Sajid Javid, Speech, 16th September 2021

ⁱ Cromer, D., Van Hoek, A. J., Newall, A. T., Pollard, A. J., & Jit, M. (2017). Burden of paediatric respiratory syncytial virus disease and potential effect of different immunisation strategies: a modelling and cost-effectiveness analysis for England. *The Lancet Public Health*, 2(8), e367-e374.

ⁱⁱ <https://publichealthmatters.blog.gov.uk/2017/02/28/preventing-accidents-in-children-under-five/>

ⁱⁱⁱ <https://www.rospa.com/home-safety/advice/accidents-to-children>

^{iv} <https://publichealthmatters.blog.gov.uk/2017/06/14/health-matters-child-dental-health/>

^v <https://digital.nhs.uk/news-and-events/latest-news/childhood-vaccination-coverage-statistics-2018-19>

^{vi} <https://inews.co.uk/news/vaccination-child-rates-mmr-vaccine-health-visitors-decline-355034>

^{vii} Health Foundation statement retrieved from <https://www.health.org.uk/news-and-comment/news/public-health-grant-allocations-representa-24-percent-1bn-cut> on 19th May 2021

^{viii} First 1001 Days Movement, (2021) A Decade of Disinvestment <https://parentinfantfoundation.org.uk/1001-days/resources/evidence-briefs/>

^{ix} Conti, G and Dow, A (2021) Rebuilding the health visiting workforce: costing policy proposals <https://dl.orangedox.com/HVCosting>

^x These figures include 1000 new band 6 health visitors each year, and 1000 more in training. The three year total is £494m.