



**STARTING IN A FEW MINUTES AT 15:30**

**Good Level of Development**

**20 November 2025**

**#iHVInsights**

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Good Level of Development

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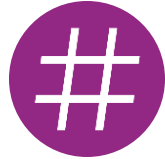
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- Attendance at this event and engagement with the iHV reflection template will support you with demonstrating CPD activities that align to the 2022 NMC Standards of Proficiency for SCPHN Health Visiting.

The Institute of Health Visiting is a charity and centre of excellence for health visiting. Its core purpose is:  
To improve outcomes for children and families and reduce health inequalities through strengthened health visiting services

# Agenda



## Welcome

- Alison Morton- CEO, iHV

## Guest Speakers

- Sarah Tyndall - Head of Clinical Delivery, Office for Health Improvement & Disparities, Department of Health & Social Care
- Georgina Mayes - Senior Lead for Health Visiting Professional Services, iHV
- Heidi Fewings - Children's Prevention and Early Intervention Lead, Humber Teaching NHS Foundation Trust
- Jason Goforth - Programme Lead for Children, Young People and Families, Hull City Council

## Q&A with Speakers

## Close and Evaluation



## Sarah Tyndall

Head of Clinical Delivery, Office for Health Improvement & Disparities, Department of Health & Social Care



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Department  
of Health &  
Social Care

# Healthy Child Programme

**Update about 0-19 transformation programme and health and development reviews**

November 2025

Sarah Tyndall  
Head of Clinical Delivery,  
0-19 Clinical Programmes Unit, Chief Public Health Nurse Office, DHSC

# Public Health Nursing

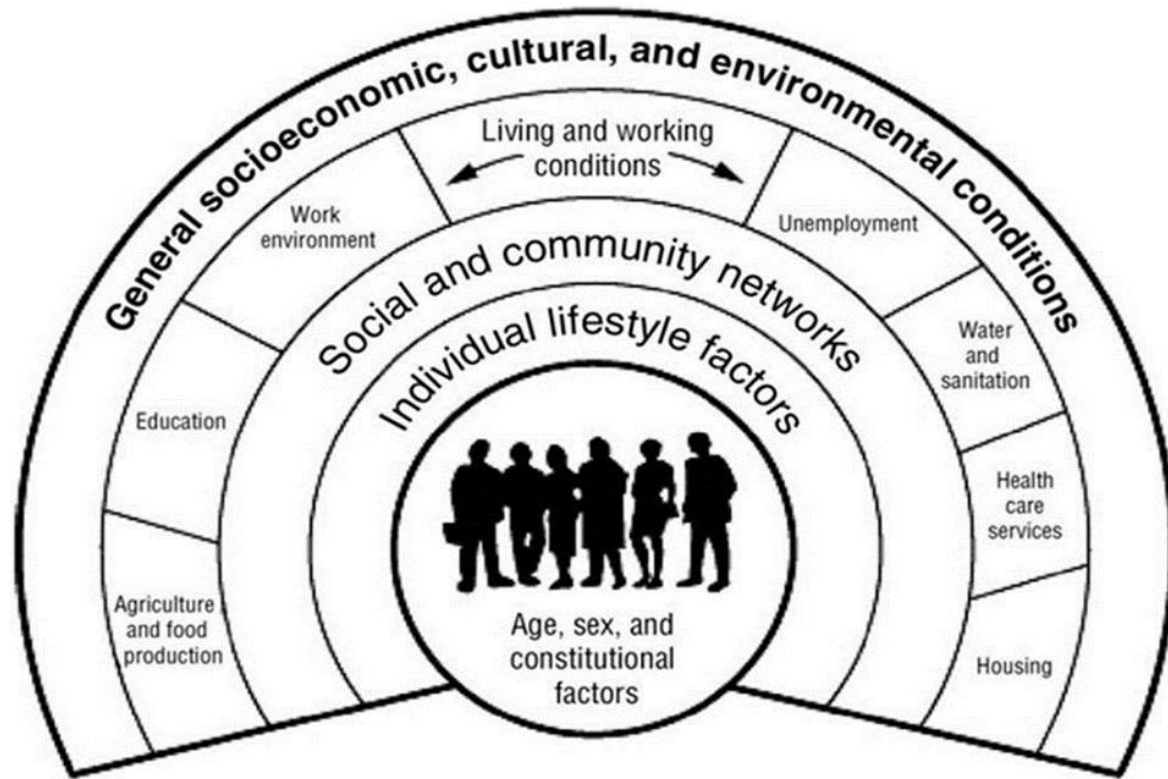
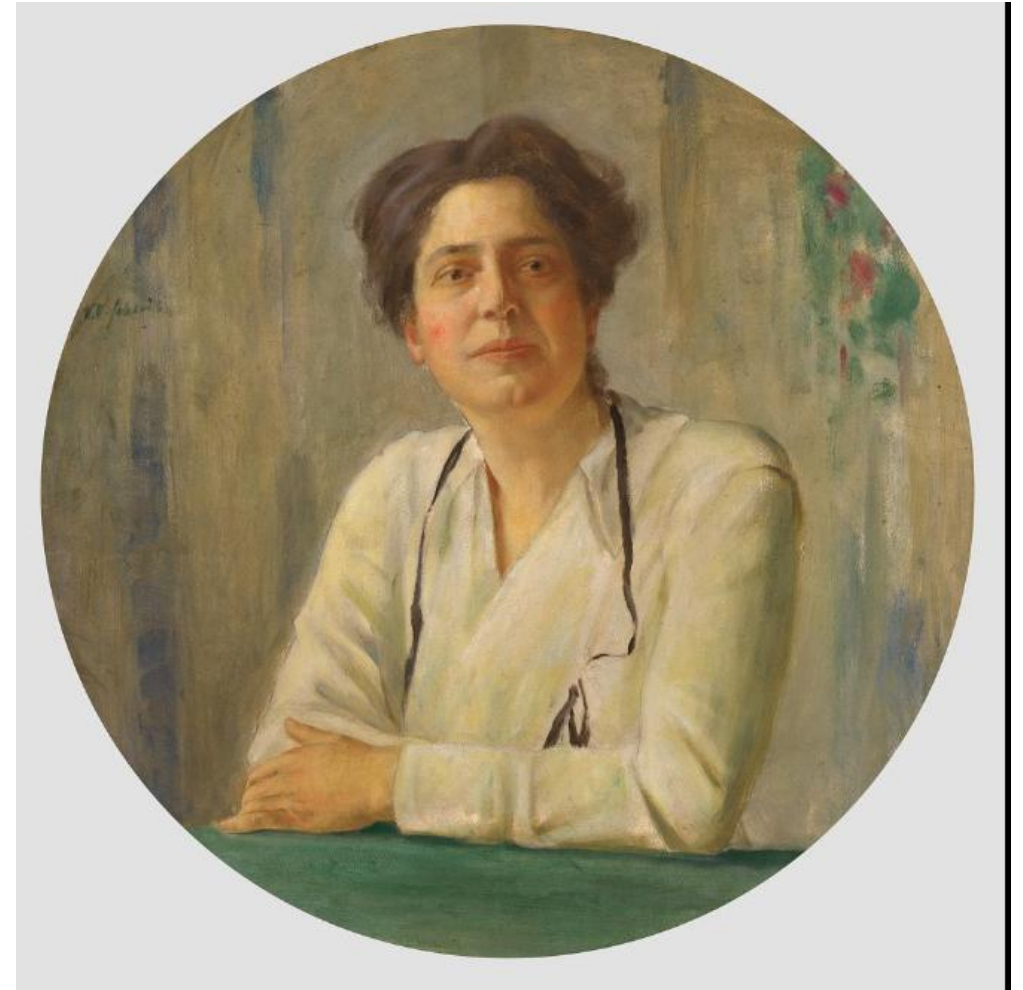


Figure 1. The Dahlgren and Whitehead model of health determinants



# 0-19 public health nursing workforce

Creating the conditions for success to deliver impact on ministerial priorities

10 Year Health Plan & commitment to strengthen health visiting

## Key conditions for success

- ✓ We have an appropriately skilled and resourced 0-19 **workforce** in England.
- ✓ We have an effective **Healthy Child Programme** – guidance and resources to support evidence-led 0-19 service delivery.
- ✓ We have a sustainable, national **delivery model** that enables local areas to provide evidence-led services based on the needs of babies, children and young people in their area.

Immunisations delivered by health visitors

Neighbourhood health teams

\*Vision, aims and objectives developed in collaboration with stakeholders

## Vision

The 0-19 public health nursing workforce in England provides universal, personalised care for all children and families that is:

- evidence-informed
- based on robust assessment of need
- to a consistent standard regardless of where they live.

## Key ministerial priorities

10 Year Health Plan - healthiest generation

CNO Strategy

Best Start in Life Strategy

# Current Transformation programme

Driving the healthiest generation ever through improved child health outcomes

## 1 Improving Capacity

1.1 Development of a safer staffing tool

1.2 Identification of new training routes/career paths for public health nurses and raising the profile of the profession

1.3 Improvement to a workforce data system for monitoring delivery of 0-19 public health nursing services.

1.4 Alignment of Health Visitors and School Nurses with neighbourhood health teams

## 2 Improving Capability

2.1 Implementation of a competency framework for skill-mixed teams

2.2 Opening a health visitor and school nursing career framework

2.3 Support further uptake and rollout of digital tools to free up time to care

2.4 Establish a 0-19 Public Health Nursing Research Network to optimise research-based interventions

## 3 Strengthening Delivery

3.1 Establishment of a national Quality Improvement Forum

3.2 Publication of refreshed HCP commissioning guidance linked to CQC inspection

3.3 Improve current 0-19 services data collection and reporting, and metrics for an 'early warning' system

3.4 Revision of 0-19 performance to strengthen quality assurance

# Health and development reviews

## Upcoming priorities in 0-19 transformation programme

- Publication of the Healthy Child Programme Guidance
- Development of the 0-19 Quality Improvement partnership forum
- Improving data

## Priority for 75% of children to reach a good level of development

- Expectation of a focus in all areas
- Targeted work in some LAs to support improvement in uptake and quality
- Sharing of practice, analysing themes, shared learning





## Georgina Mayes

Senior Lead for Health Visiting  
Professional Services, iHV



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# iHV UK survey report: How can we improve the quality of health visitor health reviews?

iHV Insights Event: Good Level of Development,  
20 November 2025

Georgina Mayes, Senior Lead for Health Visiting Professional Services  
Institute of Health Visiting

# iHV survey context

## Opportunities

- [Opportunity Mission](#) – The government’s ambition: “To raise the ‘**healthiest generation of children ever**’” which includes strengthening health visiting
- **National Mission Target:** 75% of 5-year-olds to reach a **Good Level of Development** by 2028 (↑ from 67.7% = 40-45K more children)
- [Health Mission](#) – building an NHS fit for the future – ending hospital backlogs



## Challenges

- Children in the UK have some of the [worst health outcomes](#) compared to other similar nations
- **40% ↓** in health visitors in England since 2015



- **Despite health visitor’s best efforts:** [almost 1 in 4 children are missing out on vital health reviews](#)
- But - **National data mask significant variation** between highest and lowest performing local authorities (national data, OHID).
- [Frontline HV intelligence](#) - variation in the delivery of health reviews.
- Risks [ticking the box and missing the point](#)

# About the iHV UK survey report

The survey findings presented are based on **preliminary** survey data and are subject to change. We exercise caution where sample sizes are smaller.



641 practitioners completed the survey between 22 September and 3 November 2025

- **78%** of respondents were **health visitors (HVs)**
- **22%** of respondents were **health visiting team members**

Nation	Percentage of survey respondents	UK population distribution (percentage)
England	92%	84%
Scotland	3%	8%
Wales	2%	5%
Northern Ireland	2%	3%

# Survey findings: methods of delivery

## Survey results for England show:

- The new birth visit is consistently delivered as a face to face (F2F), home visit
- Predominantly, F2F methods are used across the 5 contacts.
- For 9-12 month and 2-2.5-year reviews – the majority are delivered in clinics rather than at home.
- Evidence of some ‘pockets’ of group contacts, letters and online delivery.

Type of contact – England only	Online	phone	Letter	F2F (home)	F2F (clinic)	F2F (Group)
Antenatal	6%	5%	12%	64%	8%	5%
New birth visit	0%	0%	0%	99%	1%	0%
6-8-week review	1%	2%	0%	59%	38%	0%
9-12-month review	1%	1%	1%	23%	72%	2%
2-2.5-year review	0%	0%	1%	21%	75%	3%

Comparing five common universal HV contacts across all UK nations



## Results for the other nations:

- Wales and Northern Ireland - **health visitors reported they deliver F2F contacts only**
- Scotland - 6% of respondents stated they deliver antenatal contacts via the phone, the rest were F2F home visits

# Survey findings: are universal reviews delivered by health visitors to all families?

Type of contact*	England	Scotland	Wales	Northern Ireland
Antenatal	33%	29%	57%	60%
New birth visit	75%	100%	100%	100%
6–8-week review	52%	100%	100%	100%
1 year	14%	71%	43%	50%
2 year	12%	81%	71%	100%

\*Findings presented as percentage of respondents who reported that universal reviews were delivered by a SCPHN health visitor

- England is clearly the outlier, with the lowest provision of all five universal reviews by a health visitor compared to the other UK nations.
- Our results follow a similar trend to our findings from the iHV 2024 UK State of Health Visiting Survey

# Survey findings: Continuity of Carer

- [Research](#) shows that **families want personalised healthcare, not a one-size-fits-all “tick-box” approach** - continuity of carer delivers better [outcomes](#)

However:

- Only 52% of HVs in England can provide continuity of carer to families “all or most of the time”
- The other nations have a much higher percentage of HVs who can provide continuity of carer “all or most of the time” compared to England.
- Our results show a similar trend to our findings from the iHV 2024 UK State of Health Visiting Survey.

Nation	Provide continuity of carer “all or most of the time” (2025 preliminary results)	Provide continuity of carer “all or most of the time” (2024 – survey results)
England	52%	45%
Scotland	89%	90%
Wales	93%	85%
Northern Ireland	100%	86%

*“As a HV, only have AN and birth visit contacts. Other contacts are completed by skill mix” [HV England]*

*“Visits are arranged by the hub and practitioners have limited flexibility of their diaries. The only way continuity is offered is if families come to clinic to see the same practitioner” [HV England]*

# Survey findings: shining a spotlight on new birth visits



## The earliest weeks of a baby’s life are a period of heightened vulnerability and risk...

### Timing of the new birth visit (NBV)

- 89% of HVs in England reported delivering the new birth visit between **10-14 days** (Note: 10-14 days is legal statute).
- **Pockets of variation:** 4% of HVs in England reported delivering the NBV between 15 and 28 days. (No respondents from the other UK nations reported delivering the NBV during this time).
- [National 2024/25 data](#) for England show an increase in uptake of the NBV before 14 days since 2022/23, however, variation between local authorities remain:

Health visiting contact	England average 24/25 data	England average 22/23 data	Lowest performing Local Authority	Highest performing Local Authority
NBV by 14 days	↑ 85.2%	↓ 79.9	9.7%	99.1 %

## Hands on/Hands off approach:

- ‘Hands on’ – (not NIPE), but you hold the baby, feel muscle tone/ fontanelle, record skin marks/ birth marks etc.
- ‘Hands off’ - facilitative style only – you do not touch the baby but ask questions about key assessment areas

Nation	Hands on NBV	Hands off NBV
England	50%	50%
Scotland	93%	7%
Wales	100%	0%
Northern Ireland	100%	0%

# Understanding barriers to delivering high quality health reviews

## Administration/ non-clinical duties:

- 43% of health visitors in England reported spending between 41-60% of their time undertaking non-clinical/ administration duties:

*“IT system not fit for purpose... In previous location I was able to provide 4-6 contacts [per day] now average 2-4 due to inappropriate system”*

*“Changing addresses of families... Writing letters for appointments. Making appointments. With the **loss of admin support at bases**, gradual taking on previous admin work”*

*“Diaries... I have an outlook one which I can access on my work phone, a Rio one that I can't access on my phone but must use and then my annual leave diary. Since moving to non-paper diary, I've got myself in such a pickle, **it's not streamlined or easy!**”*

**Top 3 barriers** reported by HVs in England for delivering high quality reviews:

Ranking	Barriers	% of HVs in England
1	Not enough health visitors	80%
2	Impact of wider determinants on health (e.g. poverty, housing, environment)	76%
3	People don't fully understand who health visitors are and what they do	75%

**Known limitations of the ASQ:**

Ref: ([Wilson et.al. 2022](#) & [Law et.al., 2023](#))

# Limitations of ‘process metrics’ – can give the illusion of quality. How to improve the quality of universal health reviews?

## HV Services in England – Is your service measuring the quality of health reviews?

- 47% of HVs reported “yes”
- 17% of HVs reported “no”
- 36% were “unsure”

### Examples of quality measures being used:

*“We do back to the floor visits on all staff where this can be assessed [and] a specific audit planned for 2026-2027 on the quality of the 2-2.5 year contact”*

*“Through Supportive Practice Reviews (observed practice), and audits”*

*“We have regular supervision, peer caseload reviews and record audits”*

*“Team Lead undertakes joint visits. Review of records. FFT and patient focus groups”*

*“Friends and family test UNICEF baby friendly”*

## Health visitors in England reported their top three improvement areas:

Ranking	What needs to happen to improve the quality of universal health reviews?	Percentage of HVs [England]
1	More health visitors	77%
2	More time [for families] to spend with health visitors	54%
3	Equity of service for families	42%



# Digital Solutions → saving administration time = more clinical time

- **73% of Health visitors in England felt that digital technology has the potential to better support their role and free up time for direct family contact.**
- **Better IT systems which integrate with other systems was a strong theme, as a digital solution to support HV practice:**

*“We need systems to work together instead of separate systems between, Health Visiting, Children Services and Midwifery”*

*“Record keeping is the biggest proportion of time spent and the level of detail required in the records take as long to write as the visit”*

*“We are not using the tools available well enough. Health visiting are slow to implement tech changes to decrease the administrative burden of our roles, e.g. using recording equipment and AI tools”*

## Digital tools used by HVs in England:

Digital tools	% of HVs
Electronic record system	81%
Digital text messaging service	67%
Area specific websites	36%
Online booking (choose & book)	32%
NHS App	24%
The use of Artificial Intelligence	5%
I do not use digital tools	4%

# Next steps

- **Full analysis of all survey areas** - across all domains, including family health needs assessments, to identify key themes and areas of learning
- **Publish survey report** - with findings and recommendations, highlighting best practice examples for wider learning
- **Stakeholder engagement** - Share results with government and key stakeholders, including a wider plan for dissemination of learning





## Heidi Fewings & Jason Goforth

Children's Prevention and Early Intervention Lead, Humber Teaching NHS Foundation Trust / Programme Lead for Children, Young People and Families, Hull City Council



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**Humber Teaching**  
NHS Foundation Trust

# **Humber 0-19 Services: Transforming the 2-2.5yr review offer**

***‘One Hull of a Journey’***

**0-19 Research Network Oct 2025**

# Historical overview

- Hull has always had a generally good uptake of the 2-2.5-year review and the ASQ 3 questionnaire.
- However, the % of children reaching the recommended threshold for each of the ASQ 3 domains has not been representative of the city's deprivation / school readiness levels i.e. historically achieving 90-95% within each of the domains of the ASQ 3.
- This previously meant children were not identified enabling earlier intervention.

## Reasons for this:

- Quality had been lost over the years
- Traditionally the ASQ 3 was designed to be delivered by Health Visitors, over the years this moved over to skill mix staff (national trend) due to financial pressures and reduced Health Visiting workforce
- Reduce focus on the review

# Quality improvement

- Our Commissioners tasked us with improving the uptake of the 2-2.5-year review, as well as the ASQ 3 & ELIM outcomes
- We observed & audited the offer and scrutinised the data which directed us to produced a **new model of delivery** to re-introduce quality back into review.
- Skills mix staff were replaced with HVs and NA - **assessment focused** to ensure more in-depth offer, rather than relying on parent led ASQ results.
- **Quality measures** (training / audit and peer supervision) were introduced to return quality back into the review.

# Changes made to the delivery of ASQ at 2-2.5-year review

- Re-focus the importance of the 2-year review – ensuring delivery is by HV and delegated registered skill mix.
- Ensure ASQ is being used as a population-level screening tool alongside the holistic HNA.
- Include children diagnosed with conditions affecting development are included in the ASQ scores.
- Improve timescales to ensure the review is being completed as early as possible.

# Priorities to support QI and raise performance

1. Focus on caseloads size – keeps HV expertise closer to the child/family allowing for early identification, early intervention or onward referral for targeted support.
2. Three specialist posts of Infant Feeding Coordinator, Perinatal Mental Health and SEND to support ‘levelling up’ and target areas of health inequality.
3. Adopt a ‘One Team’ approach with integrated pathways connecting to Humber children’s services and wider LA and none statutory services.
  - Such as - First Steps to Communication offer (SALT)

# Impact on ASQ thresholds at 2-2.5 years

- Ensure that data collected through ASQ aligns with the developmental expectations of children in Hull (4<sup>th</sup> deprived), reflecting local population trends and benchmarks.
- Improve early identification of children with Speech Language and Communication needs and enhance onward referrals for appropriate interventions and support.
- Improve early notifications of children with Special Educational Needs and Disabilities (SEND) and streamline onward referrals, including referrals for First Steps to Communication pathway.

# Outcomes

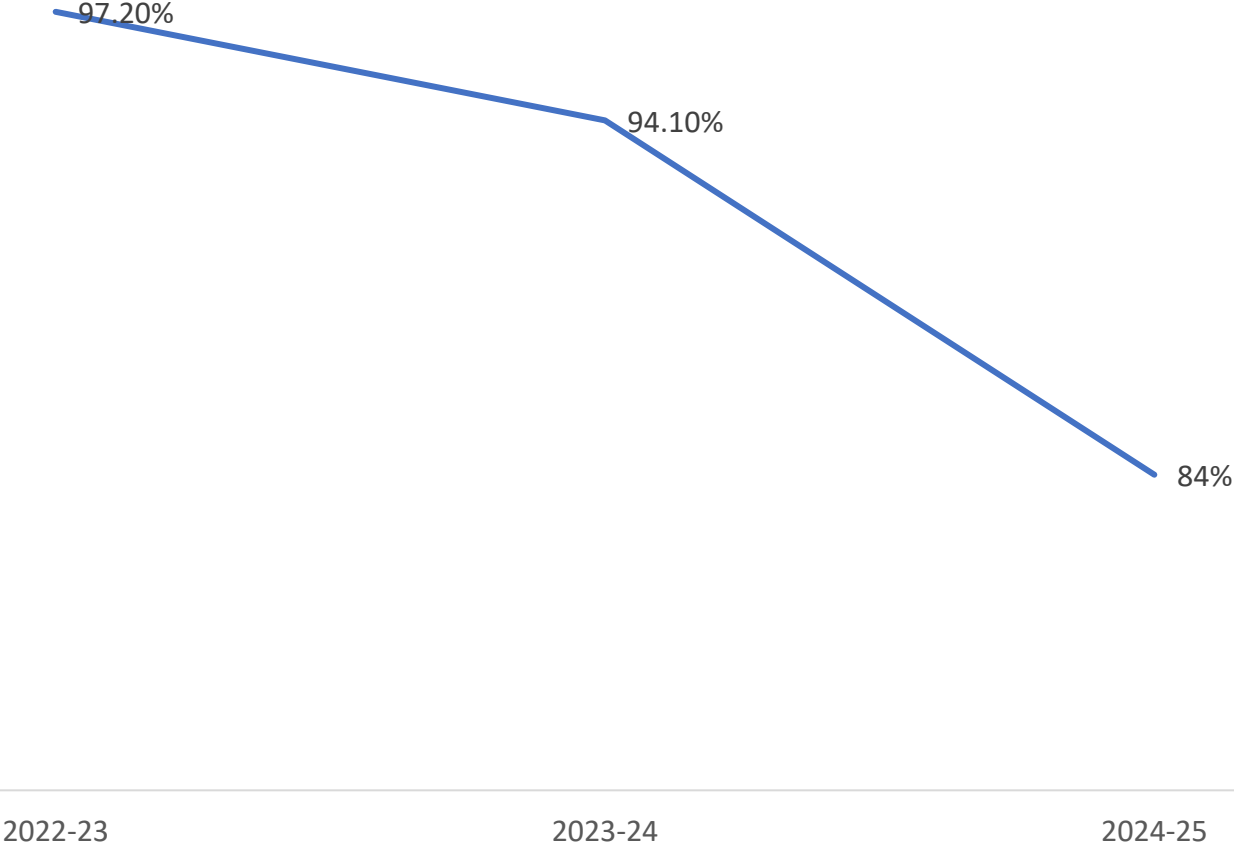
- As a result, Hull is now seeing significantly reduced levels of children below the threshold for the majority of the ASQ 3 domains, nearly in line with school readiness data
- Which has resulted in much **earlier identification** of child development problems.
- **Increase** in children referred for further support, particularly speech and language and the First Steps to Communication Pathway.

# Comparison to stat. neighbours

% of children achieving the required threshold for communication	
Salford	78.8%
Hull	80.4%
NE Lincs	82.5%
Stoke on Trent	82.9%
Blackpool	84.6%
Middlesbrough	90.4%

### ASQ - Communication

— ASQ - Communication

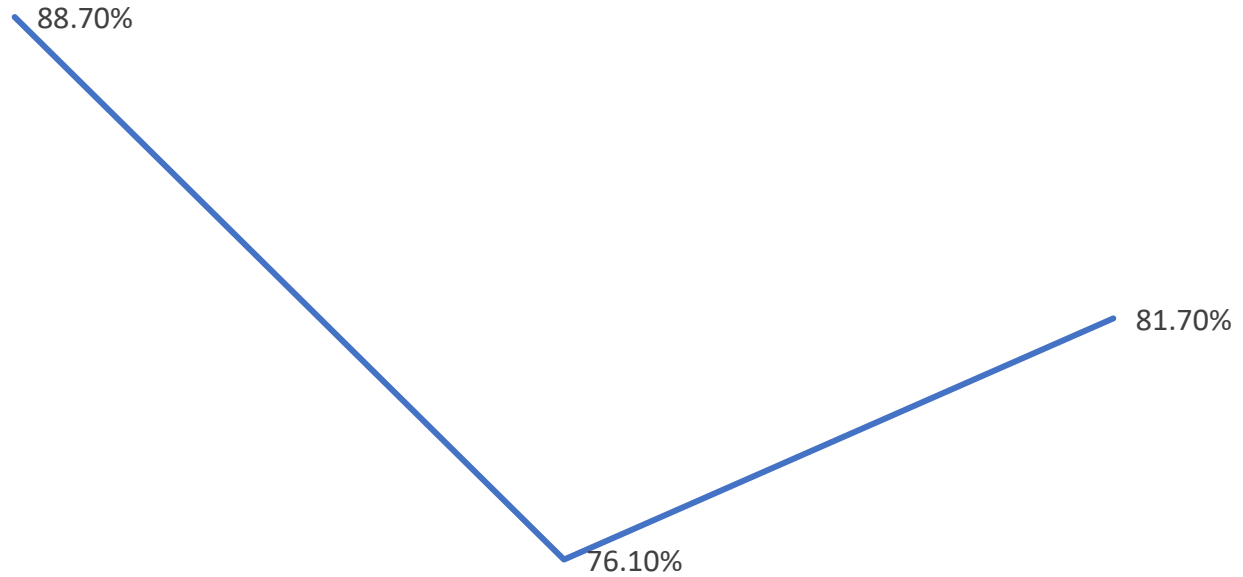


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### ASQ all 5 areas



2022-23

2023-24

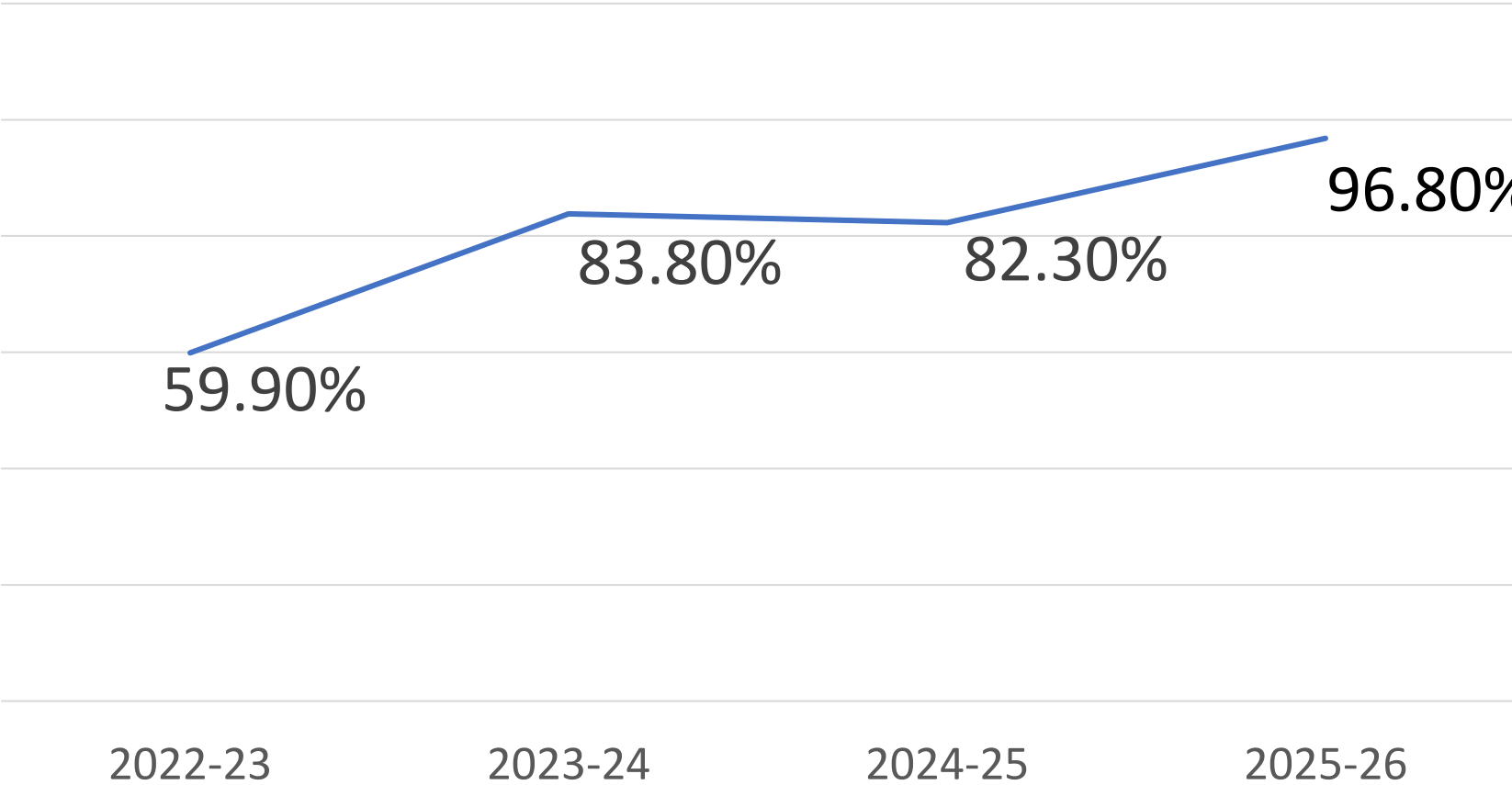
2024-25



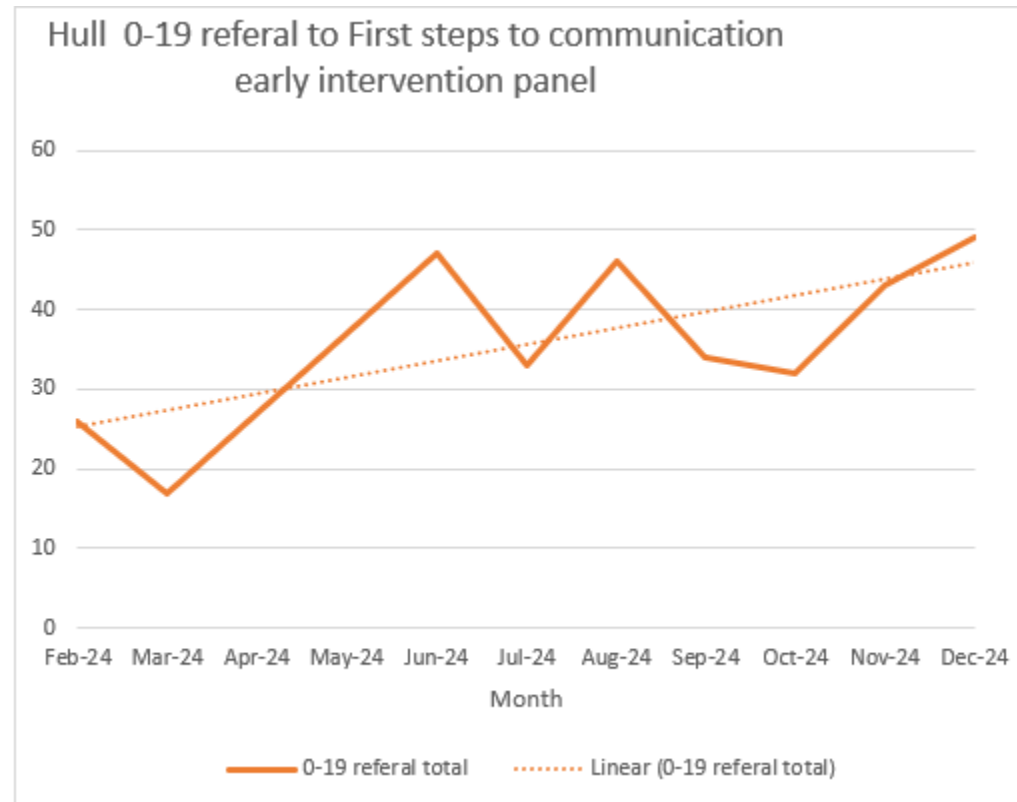
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# ELIM completed as part of 2-2.5 year review



# Number of referrals made as a result of the ELIM



# Failed Contacts

- Visit earlier to make use of the 6m timescales
- West of the area 60% no access visits
- 40% EAL – non-English speaking
- Letter – reviewed the wording and made appropriate
- Resource library for non-English speaking families
- NHS Long term plan – Integrated Neighbourhood Teams provides the opportunity to advocate for the HV offer.
- Working smarter NOT harder!

# Good Level of Development – school readiness

## Investing knowledge, skills & confidence

- Specialist training to increase HV expertise – Solihull, PIMH, Unicef Gold, ADBB
- Early intervention packages of care – strengthening targeted level
- Enhancing our universal offer – 2<sup>nd</sup> antenatal
- Partnership pathways – First Steps to communication, Family Hubs

## Whole system approach:

- Speech, Language & Communication development – babies from birth
- Social and emotional development – babies from birth/parental confidence
- Home learning environment – parent infant relationships

# One Hull of a Journey

Recognition of public health

Strengthening partnership relationships

Vision and leadership

Unlocking workforce talent

Engagement with CYP and families



**We will aim to answer as many questions as possible during the live session.**

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- 26 February 2026 – 15:30-16:30
- 26 March 2026 – 15:30-16:30

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TOPIC	DATE
Research Network	26 November 2025
Specialist HV PIMH SIG	14 January 2026
Corporate Service Leads Network	29 January 2026
SCPHN Student Network	3 February 2026

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can be found at:  
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 9/10 Dec 2025

## This Mum Moves Ambassadors



 9 Feb 2026

## Changing Conversation: Autism and Supporting Behaviour



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## Postnatal Contraception Workshop



 10 Feb 2026

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 17 March 2026



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<b>INFLUENCE ON PRACTICE</b> – How will I use this knowledge, skill or experience in my practice? What difference will it make to me/ to children, young people, families and communities? Has this knowledge, new skill or experience changed your attitude or thinking, if so, in what way?	
<b>FURTHER ACTIONS</b> – What needs to happen for me to use this learning?	
<b>LINK TO NMC CODE (2018)</b> - Which theme or statement does my learning or development support and why?	
<b>LINK TO STANDARDS OF PROFICIENCY (NMC, 2022)</b> - Please identify the part or parts of the relevant standards that you used to inform your CPD	
<b>ANYTHING ELSE TO NOTE:</b>	

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