

Health visitors

A progress report

April 2009

Introduction

As part of our policy and campaigning work over the last two years we have been looking at the role of health visitors. In order to inform the policy debate we have polled parents of under-fives on their views of health visitors, asked Primary Care Trusts (PCTs) about health visitor numbers and collated research on the role of health visitors.

We have asked for

- a universal health visitor services with an intensive service for parents who will benefit most
- a preventative health visitors service – the key to unlocking support for vulnerable families who are still missing out
- a well-trained health visitor service with a clearly defined role and a better career structure.

Our report: *Health visitors: an endangered species* (2007) and the work of other organisations such as the CPHVA/ Unite has had public influence.

Health visitors are on the public agenda. The Government and all the political parties realise the vital role that they play in early intervention with families. A universal health visitor service is increasingly accepted by experts¹ as the way to access the hard to reach. In the recent report by Lord Laming², commissioned after the death of Baby P, the vital role of a universal health visitor in safeguarding has also been recognised.

We welcome the fact that the Chief Nursing Officer at the Department of Health and the Community Practitioners and Health Visitors Association have called a health visitor summit to discuss a programme of action for health visitors to look at how the service might be refreshed.

Background to our work

In 2006 the Family and Parenting Institute decided to look at the health visitor service. All our research highlighted what an important service for families it was, and yet the numbers of health visitors seemed to be falling. We wanted to test whether they were really popular with parents and whether there was some pattern in the falling numbers.

Our results were clearer than we had expected. Parents of under-fives valued health visitors and had clear expectations of what their role should be. Of the 4775 parents of under-fives which YouGov polled for us in March 2007, some 76 per cent said they wanted parenting support and advice on their child's health and development from a trained health visitor with

¹ Health Select Committee (2009), *Health Inequalities*

² Lord Laming (2009), *The protection of children in England: a progress report*

up-to-date knowledge and 83 per cent wanted that help in the home. They understood that health visitor training could be better and their advice more 'official' and up to date, but they did not want them to disappear.

Public policy, on the other hand, seemed to be accepting a gradual decline, or at least a shift in the service away from universality as parents understood it and towards a far more targeted system where health visitors led teams of other practitioners such as nursery nurses and community nurses and parents identified as 'at risk' would receive support with a post-birth visit to offer advice and identify any difficulties.

And yet parents had told us that they did not think that health visitors should just be for the ones with serious needs, they thought all families would benefit from help and advice when they needed it. They liked the fact that health visitors visited everyone's home and could offer personal up-to-date advice on health issues which they could not get from family and friends.

The services deemed most important were:

- "offering health advice" (86 %)
- "providing practical parenting advice (e.g. feeding and weaning)"(85%)
- "having someone to talk to if you are worried" (84%)
- and "carrying out regular child development checks" (84%).

Also on the list were:

- "telling you about local services" (baby groups, etc) (80%)
- "giving advice on parenting toddlers and young children" (73%)
- "noticing where there may be abuse/neglect or where parents are having serious problems and involving other professionals (71%)
- "supporting parents with their own emotional health and relationships" (71%).

Parents also mentioned support for breast-feeding, post-natal depression and help with sleep deprivation.

It is worth noting that it is the health/medical aspect of health visitors which appears to be most important to parents. Families respect these professionals because they are universal and medically trained, and the family does not feel that it suffers the stigma of being a social problem.

What we heard from families in the survey is that the service they would like is not available. That is why we questioned all the PCTs in England under a freedom of information request about health visitor numbers. The data we received suggested that access to a health visitor in 2006/07 had largely become a postcode lottery across England with a huge variation in numbers.

As a result of the work we did in 2007 and the evidence which we at the Family and Parenting Institute had collected over the years, we decided to launch a campaign. More than 70 voluntary organisations and experts signed a letter to the Prime Minister, Gordon Brown, on the matter. Many MPs from all parties signed an early day motion posted by the Liberal Democrat Shadow Minister for Children, Annette Brooke. The Conservatives highlighted health visitors as one of their key policies and the Government began work to look at the key

role of the modern health visitor and how that could best help the most disadvantaged families, from which the current summit is a welcome development.

Executive PCT boards also began to ask questions about the numbers of health visitors, and as safeguarding came onto the public agenda, the questions from both PCTs and Local Authorities became more urgent.

2008/09 figures

With all these questions being raised about health visitors and their increased public profile, we decided in 2009 to check again with PCTs whether our campaign had had an effect on the ground. So we repeated some of the same questions to PCTs which we had asked in 2006. We also asked an additional question about their health visiting budget.

1. How many whole time equivalent (WTE) health visitors who work with children under five did you employ in your PCT in December 2008?
2. How many children under five did you have living in your PCT in December 2008?
3. How much was allocated in your PCT's 2008/09 budget for health visiting?

136 PCTs out of the 152 replied. What is shown by the new data is a continued inconsistency across PCTs. Certain trusts have addressed the issue of health visitor case loads in their area, however, other PCTs have reduced the number of health visitors over the last two years. For example, Redbridge, who had the worst ratio of children under five to whole time equivalent health visitors in December 2006, had by December 2008 nearly halved their health visitor case load.

Of the comparable data between 2006 and 2008 we were able to track the 10 PCTs with the most improved ratio of children under five to whole time equivalent health visitors, as well as the 10 PCTs where that ratio has most deteriorated from December 2006 to December 2008. The three PCTs that had performed worst in 2006 were the most improved PCTs by 2008.

The data we received showed an interesting regional variation. Overwhelmingly, the PCTs with the lowest numbers of health visitors are in London. In fact, 9 of the 10 PCTs with the lowest ratio of children under five to health visitors are in London. Based on the Community Practitioner and Health Visitor Association (CPHVA) guidelines, for a universal service to be effective health visitors should have a maximum caseload of 250 families. Of the 136 PCTs from whom we received data, only 15 were meeting this target in December 2008. 30 PCTs had more than doubled that. Even if we take more conservative caseloads of 400 as the absolute minimum, 54 PCTs, according to our survey, do not comply.

Large numbers of health visitors themselves report difficulty with caseloads. In a CPHVA 2008 Omnibus survey, health visitors were asked the question, "Within your current caseload responsibilities, do you feel you have adequate resources to respond to the needs of the most vulnerable children?" 69.2 per cent answered "No". In the survey, 47.5 per cent of health visitors said that employing more health visitors would be the most important factor to improve when addressing the effectiveness of the service.

Looking at the latest Indices of Multiple Deprivation (IMD) scores (2007), we can see that although the most affluent areas fare worst in terms of health visitor coverage, there are still areas of great deprivation where there are very few health visitors. (The ranking for IMD scores shows 1 as the most deprived and 143 as the least deprived; and for FPI ratings the lowest number represents the worst ratio and the highest expresses the best.)

IMD rating	PCT	FPI rating	IMD rating	PCT	FPI rating
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1	Heart of Birmingham	13	152	Surrey	26
2	Liverpool	105	151	Buckinghamshire	15
2	City and Hackney	64	150	Richmond & Twickenham	10
4	Tower Hamlets	50	149	South Gloucestershire	43
5	Manchester	125	148	Hampshire	20
6	Knowsley	95	147	Leicestershire County & Rutland	21
7	Newham	6	146	Berkshire West	32
8	Islington	34	145	Oxfordshire	67
9	Middlesbrough	120	144	West Hertfordshire	33
10	Birmingham East & North	37	143	Mid Essex	36

And yet the Government has explicitly stated that health visitors are vital to the Child Health Promotion Programme (CHPP) and are ideally placed to tackle the Government's "key public health priorities in particular, obesity, smoking, alcohol, drugs and accident prevention" as well as "promoting infant, child and family mental health."³ (These are all also explicitly mentioned as priorities in the Department of Health's *Child Health Promotion Programme*, which was updated in March 2008.)

However, in order to effectively address these, health visitors must have equal access to the entire community.

Health visitor training

One of the key aspects of ensuring that health visitors meet the needs of modern families and modern PCTs is to provide proper training so that what they do can have the most effect with families and intervene early.

Below are listed some of the skills health visitors might need, so that they remain predominantly health professionals who work with all under-fives and their families, but that they also know how to work as part of a multi-agency team and can play their role in the frontline of safeguarding during the first few years of a child's life:

- high level safeguarding training, and the ability to understand and work with a multi-professional team
- the professional confidence to confront and challenge as well emotionally support parents and recognise the signs of abuse and neglect, know what actions to take, and how to engage with families to reduce risk and improve the quality of care
- a solid understanding of child development
- ability to do a comprehensive holistic individual and family health needs assessment
- knowledge of how to professionally supervise staff and lead a team
- public health training
- the ability to recognise and support post-natal depression, either through listening visits or through referral and advocacy to mental health services, depending on

³ Department of Health (2007), *Facing the Future: a review of the role of Health Visitors*.

severity; as well as the ability to recognise existing mental illness and support and refer to the right services

- an understanding of the importance of attachment and the ability to help parents who have attachment difficulties with their children
- knowledge of the problems of domestic violence, serious family conflict and dysfunction and the ability to recognise when this is happening within a family and to intervene appropriately
- knowledge of the problems of alcohol and drug misuse, the training to identify problems, confront them alongside parents and refer to appropriate services
- the knowledge and ability to give credible and acceptable advice and guidance to mothers and fathers whose relationship and family relationships might be under strain with a baby or young child in the household
- up-to-date knowledge of evidence-based parenting support and the kinds of parenting support available for mothers and fathers and for those with specific problems, such as addiction or mental health problems. General programmes like the Solihull Approach and Brief Encounters have worked well for health visitors, as has non-directive counselling or Cognitive Behavioural Therapy
- a knowledge of and ability to pick up infant mental health problems and to act on them as an “infant mental health specialist”
- specific up-to-date knowledge of how to help with breast-feeding and healthy eating, particularly tailored to the needs of under-fives and their families
- the ability to give general advice to families around housing and benefits
- knowledge of accident prevention
- counselling to diploma level (a training some health visitors have added to their training, but which is not routinely offered)
- knowledge of how to advocate on behalf of a family and make sure that they get the services they need.

At the moment health visitors are trained in 45 programmed weeks and a health visitor qualification can be obtained through the Specialist Community Public Health Nursing Register.

Current programmes are more consistent than they used to be, but since health visiting is no longer named in statute, there is nothing which specifies what health visitors as a specific group should do.

Professor Sarah Cowley at King's College, University of London, and Christine Bidmead, training facilitator/health visitor at the South London and Maudsley NHS Foundation Trust, in their report⁴ argue that there is not enough in current health visitor training that specifically addresses the needs of families and young children, particularly in respect of recent evidence about perinatal mental health, neurobiology, the effects of early child development on future health, as well as health inequalities and the understanding and delivery of effective programmes. They also argue that students need to master a sophisticated level of professional skill and public health leadership for which there is not time during their course.

Currently, to become a health visitor you need to spend three years in pre-registration nursing. Again, while recognising the importance of the medical aspects of the training, Professor Cowley et al. argue that many of the aspects of this may not be valuable to health visiting practice, such as looking after anaesthetised patients and caring for the terminally ill.

Most parents still trust health visitors, despite being unaware that they have to pre-register in nursing. Only 33 per cent of the parents in our YouGov survey said that they wanted advice and parenting support from a trained nurse, compared to 76 per cent who chose a health visitor.

⁴ Bidmead, C. and Cowley, S. (2009) *Controversial questions 3: should there be a direct entry route to health visitor education?*

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We have argued before that there could be direct entry university courses, as there are now for midwifery, which would include medical training but which would be more focused on the work health visitors have to do. This would mean a more specialised health visitor workforce with up-to-date knowledge and the right skills to engage parents and make good referrals, a better career structure, and possible 'super' health visitors who could do some of the more intensive preventative work, building on the work of the Family Nurse Partnership.

Health visitor numbers are in decline and the health visiting population ageing, so it makes sense to look at other ways for health visitors to enter the profession. In addition, many who are being recruited to health visiting teams now are either staff nurses or nursery nurses who are often not equipped to deal with all of the aspects of a health visitor's work. A course appropriate to their needs would help them in career progression.

Professor Cowley argues, and we would concur, that nursery nurses, family support workers and Sure Start workers should be able to do a three-year university course which would train them to be health visitors (with parts of the nursing training included). This would not only provide them with career progression, but, it would also be a career route for people from disadvantaged backgrounds and so diversify the workforce.

We would also agree that there could be an entry for graduates to enable them to follow a two-year full-time masters programme which would encourage high-flying, well-educated people into the profession. Another route might be to build on what already exists in many universities, two-year programmes through which graduates can become registered nurses. This could be extended to a three-year programme (the first two years being geared towards public health and the third a health visiting programme.)

Obviously these programmes would all have to be carefully managed, but they could be part of an imaginative solution which would reinvigorate the workforce. The solution is not just about ensuring that the training health visitors receive is rigorous and suited to what we know about child development, families and public health needs, but also attracting to an esteemed profession, intelligent and highly competent people who will be able to give families and their young children the best start in life.

Budgets

You are not really going to deliver a good workforce if there are so many differences in the budgets. The variations across PCTs are stark. The PCT with the greatest budget per child under five was the Wirral with £386.35, while South West Essex Teaching PCT at the opposite end of the scale allocated just £60.03 per child in 2008/09. That works out at £326 less per child than the Wirral.

Across the respondent PCTs the average spend on the health of a child under five in England was just £160.29. These figures on pre-school universal healthcare expenditure are particularly striking when held aside preschool education spending: the Organisation for Co-operation and Development Family Database report showed that the UK's expenditure on pre-primary education was £2,685⁵.

Conclusion

Parents are very clear that they value health visitors. They value their base in health, they value having a relationship with them and they value seeing them regularly: that is why it is so important that there are good numbers of health visitors.

But it is important that we concentrate not just on the numbers but on the quality of the health visitors. It is important that we widen the pool from which we recruit health visitors, and that

⁵ OECD Family Database: PF10 Public spending on childcare and early education

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we attract some of the best graduates into the profession with good post-graduate training that does not necessarily mean pre-registering in nursing but does mean keeping a sound nursing and medical element to the training. It means having career development for Sure Start workers so they can directly enter the profession, just as they can directly enter midwifery. And it is important that the training that all these different people receive matches the needs and increasingly high aspirations of the families they are there to serve.

Table 1 below shows the PCTs with the highest ratio of children under five to health visitors and those with the lowest. Table 2 (see p 12) also shows levels of budget to children under five.

The figures are based on the number of whole time equivalent health visitors employed in December 2008. A freedom of information request was sent to every PCT in the country (see p 17 for questions asked). Out of the 152 PCTs, 138 responded with data on the number of health visitors and 134 responded with data on budget.

The information below is a true representation of information provided by PCTs as of 27 April 2009.

Table 1: Ratio of children under five to health visitors

	Primary Care Trust	WTE (whole time equivalent) health visitors	Children under five (approx)	Ratio of children under five to health visitors
1	Lambeth PCT	33.38	29,850	894.25
2	Barnet PCT	34.5	28,761	833.65
3	Haringey Teaching PCT	21.44	16,764	781.90
4	Barking and Dagenham PCT	20.53	15,667	763.13
5	Coventry Teaching PCT	29.02	21,910	755.00
6	Newham PCT	30.65	22,768	742.84
7	Havering PCT	20.17	14,354	711.65
8	Hounslow PCT	25.71	17,600	684.56
9	Richmond and Twickenham PCT	23.75	15,438	650.02
10	Nottinghamshire County Teaching PCT	55.56	35,457	638.17
11	Kingston PCT	17.18	10,928	636.09
12	Enfield PCT	35.15	22,100	628.73
13	Heart of Birmingham PCT	42.79	26,744	625.01
14	North East Essex PCT	33	19,150	580.30
15	Hillingdon PCT	36.69	20,843	568.08

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16	Bassetlaw PCT	13.6	7,607	559.34
17	Hampshire PCT	128.25	71,371	556.50
18	Leicestershire County and Rutland PCT	64	35,258	550.91
19	Derby City PCT	32.5	17,713	545.02
20	Berkshire East Teaching PCT	51.18	27,646	540.17
21	Buckinghamshire PCT	68.58	36,490	532.08
22	Redbridge PCT	35.5	18,668	525.86
23	North Somerset PCT	21.17	11,014	520.26
24	Brent Teaching PCT	33.67	17,500*	519.75
25	Surrey PCT	122	63,000	516.39
26	Milton Keynes PCT	37	19,030	514.32
27	South West Essex Teaching PCT	49.58	25,354	511.38
28	Leicester City Teaching PCT	46.97	23,800	506.71
29	Walsall Teaching PCT	34.59	17,409	503.30
30	Stockport PCT	33.17	16,536	498.52
31	Berkshire West PCT	59.02	28,681	485.95
32	West Hertfordshire PCT	71.34	34,172	479.00
33	Trafford PCT	28.83	13,708	475.48
34	Islington PCT	24.6	11,500	467.48
35	Ealing PCT	53.1	24,783	466.72
36	Mid Essex PCT	42.34	19,628	463.58
37	Birmingham East & North PCT	65.56	30,328	462.60
38	Western Cheshire PCT	27.2	12,356	454.26
39	Central Lancashire PCT	59.58	26,908	451.63
40	Wiltshire PCT	57.6	26,011	451.58
41	East and North Hertfordshire PCT	71.88	32,377	450.43
42	Northamptonshire Teaching PCT	99	44,006	444.51
43	South Gloucestershire PCT	33.56	14,757	439.72
44	Bromley PCT	43.05	18,681	433.94

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45	Salford Teaching PCT	35	15,172	433.49
46	Harrow PCT	33	14,280	432.73
47	Devon PCT	85.41	36,428	426.51
48	South Birmingham PCT	54.48	22,960	421.44
49	Torbay Care Trust	16.8	6,998	416.55
50	Tower Hamlets PCT	44.42	18,386	413.91
51	Bradford and Airedale PCT	98	40,500	413.27
52	Camden PCT	28.75	11,820	411.13
53	Warrington PCT	27.86	11,405	409.37
54	Lincolnshire Teaching PCT	91	36,729	403.62
55	Lewisham PCT	52.59	21,200	403.12
56	North Yorkshire and York PCT	99.8	40,000	400.80
57	Isle of Wight NHS PCT	15.79	6,304	399.24
58	West Essex PCT	41	16,349	398.76
59	Sandwell PCT	49.15	19,500	396.74
60	Swindon PCT	28.2	11,185	396.63
61	Kirklees PCT	69.79	27,465	393.54
62	Somerset PCT	69.91	27,500	393.36
63	Warwickshire PCT	75.52	29,621	392.23
64	City and Hackney Teaching PCT	53.91	21,032	390.13
65	Norfolk PCT	94.46	36,600	387.47
66	Portsmouth City Teaching PCT	31.01	12,003	387.07
67	East Sussex Downs and Weald PCT	38.6	14,830	384.20
68	Oxfordshire PCT	98.77	37,901	383.73
69	West Sussex Teaching PCT	116.49	44,303	380.32
70	Sheffield PCT	83.29	31,500	378.20
71	Hastings and Rother PCT	24.05	8,986	373.64
72	Herefordshire PCT	23.88	8,860	371.02
73	Central and Eastern Cheshire PCT	67.68	25,100	370.86

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74	Sutton and Merton PCT	66	24,379	369.38
75	Southampton City PCT	39.4	14,365	364.59
76	Halton and St Helens PCT	48.95	17,704	361.68
77	Worcestershire PCT	84.53	30,400	359.64
78	Bury PCT	32.06	11,500	358.70
79	Greenwich Teaching PCT	42.5	15,053	354.19
80	Kensington & Chelsea PCT	29.19	10,205	349.61
81	Shropshire County PCT	41.44	14,480	349.42
82	Gloucestershire PCT	93.98	32,100	341.56
83	Great Yarmouth and Waveney PCT	32.67	10,915	334.10
84	Wandsworth Teaching PCT	60.5	20,000	330.58
85	Telford and Wrekin PCT	26.28	8,616	327.85
86	North Lincolnshire PCT	29.6	9,670	326.69
87	North East Lincolnshire PCT	30.68	9,860	321.38
88	Peterborough PCT	36	11,543	320.64
89	Plymouth PCT	39	12,479	319.97
90	East Lancashire PCT	73.71	23,500	318.82
91	South Staffordshire PCT	105.2	33,108	314.71
92	South East Essex PCT	57	17,839	312.96
93	Eastern and Coastal Kent Teaching PCT	103.01	32,206	312.65
94	Cornwall and Isles of Scilly PCT	83.96	26,191	311.95
95	Knowsley PCT	30.24	9,306	307.74
96	Dudley PCT	59	18,031	305.61
97	Barnsley PCT	45.12	13,761	304.99
98	Bath and NE Somerset PCT	28.65	8,622	300.94
99	Newcastle PCT	49.88	14,937	299.46
100	Blackburn with Darwen PCT	40.66	11,871	291.96
101	Hull Teaching PCT	69.37	20,228	291.60
102	Derbyshire County PCT	121.85	35,408	290.59

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103	Brighton and Hove City Teaching PCT	52.71	15,249	289.30
104	Bolton PCT	61.3	17,275	281.81
105	Liverpool PCT	87.2	24,499	281.5
106	Calderdale PCT	42.98	12,101	281.55
107	Dorset PCT	62.5	17,573	281.17
108	Northumberland PCT	57.23	15,862	277.16
109	Cumbria PCT	89.25	24,600	275.63
110	Redcar and Cleveland PCT	29.3	8,000	273.04
111	Heywood Middleton and Rochdale PCT	47.7	13,000	272.54
112	North Tyneside PCT	42.9	11,611	270.65
113	North Lancashire PCT	57.62	15,506	269.11
114	Wirral PCT	67.53	18,095	267.95
115	Sefton PCT	50.48	13,478	267.00
116	Nottingham City PCT	63.93	16,954	265.20
117	Ashton, Leigh and Wigan PCT	72	18,970	263.47
118	Doncaster PCT	66.16	17,100	258.46
119	South of Tyne and Wear PCT	134	34,620	258.36
120	West Kent PCT	157	40,395*	257.29
121	Middlesbrough PCT	36.8	9,400	255.43
122	North Staffordshire PCT	39.83	10,133	254.41
123	East Riding of Yorkshire PCT	48.04	11,989	249.56
124	Hammersmith and Fulham PCT	57.41	14,212	247.55
125	Blackpool PCT	32.9	8,112	246.57
126	Manchester PCT	126.98	30,988	244.04
127	Oldham PCT	70.47	17,003	241.28
128	Tameside and Glossop PCT	65	15,200	233.85
129	Suffolk PCT	80.38	18,784	233.69
130	Wakefield District PCT	103.97	22,929	220.53
131	Leeds PCT	186.7	40,600	217.46

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132	Bristol Teaching PCT	82.2	17,572	213.77
133	Westminster PCT	56.6	11,524	203.60
134	Stoke on Trent Teaching PCT	86.54	17,461	201.77
135	Bournemouth and Poole PCT	90.39	17,855	197.53
136	Darlington PCT	29.61	5,304	179.13
137	County Durham PCT	150.34	24,806	165.00

- West Kent were unable to provide the number of children living in its area. This figure was taken from the NHS statistics website.

Liverpool PCT did respond. Please contact Liverpool PCT direct for figures.

Croydon PCT did respond to the request but have contacted us subsequently to say that they had provided the wrong figures despite confirming on three previous occasions that the figures were right. Please contact Croydon PCT for further information.

Table 2: Budget per child under five.

	Primary Care Trust	Children under five (approx)	2008/09 Health Visitor budget (£)	Calculated budget per child under five (£)
1	South West Essex Teaching PCT	25,354	£ 1,522,049.00	60.03
2	Buckinghamshire PCT	36,490	£ 2,604,360.00	71.37
3	Portsmouth City Teaching PCT	12,003	£ 985,329.00	82.09
4	North East Essex PCT	19,150	£ 1,579,878.00†	82.50
5	Barnet PCT	28,761	£ 2,433,000.00	84.59
6	Wiltshire PCT	26,011	£ 2,240,709.00	86.14
7	Lincolnshire Teaching PCT	36,729	£ 3,290,300.00	89.58
8	Coventry Teaching PCT	21,910	£ 2,183,000.00	99.63
9	Harrow PCT	14,280	£ 1,496,361.00	104.79
10	Walsall Teaching PCT	17,409	£ 1,845,000.00	105.98
11	Enfield PCT	22,100	£ 2,368,408.00	107.17
12	Richmond and Twickenham PCT	15,438	£ 1,654,626.00	107.18
13	Bassetlaw PCT	7,607	£ 820,000.00	107.80
14	Hounslow PCT	17,600	£ 1,900,000.00	107.95
15	Hillingdon PCT	20,843	£ 2,293,941.00	110.06

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16	Berkshire East Teaching PCT	27,646	£ 3,062,383.00	110.77
17	Leicestershire County and Rutland PCT	35,258	£ 4,030,994.00	114.33
18	Derby City PCT	17,713	£ 2,030,473.00	114.63
19	Devon PCT	36,428	£ 4,213,673.69	115.67
20	Northamptonshire Teaching PCT	44,006	£ 5,105,818.00	116.03
21	South East Essex PCT	17,839	£ 2,082,833.00	116.76
22	Hampshire PCT	71,371	£ 8,393,676.00	117.61
23	South Birmingham PCT	22,960	£ 2,746,631.00	119.63
24	Havering PCT	14,354	£ 1,727,104.00	120.32
25	Milton Keynes PCT	19,030	£ 2,340,000.00	122.96
26	Isle of Wight NHS PCT	6,304	£ 779,000.00	123.57
27	South Gloucestershire PCT	14,757	£ 1,836,095.00	124.42
28	Croydon PCT	25,150	£ 3,162,101.00	125.73
29	Warrington PCT	11,405	£ 1,456,151.00	127.68
30	North Somerset PCT	11,014	£ 1,414,014.00	128.38
31	Oxfordshire PCT	37,901	£ 4,905,268.00	129.42
32	Berkshire West PCT	28,681	£ 3,716,000.00	129.56
33	Leicester City Teaching PCT	23,800	£ 3,099,431.00	130.23
34	Brent Teaching PCT	17,500**	£ 2,300,000.00	131.43
35	Birmingham East & North PCT	30,328	£ 3,989,434.00	131.54
36	Haringey Teaching PCT	16,764	£ 2,206,346.00	131.61
37	West Kent PCT	40,395	£ 5,322,000.00	131.75
38	North Yorkshire and York PCT	40,000	£ 5,307,400.00	132.69
39	Mid Essex PCT	19,628	£ 2,614,400.00	133.20
40	Kingston PCT	10,928	£ 1,467,113.00	134.25
41	West Sussex Teaching PCT	44,303	£ 5,988,000.00	135.16
42	Blackburn with Darwen PCT	11,871	£ 1,610,931.00	135.70
43	Warwickshire PCT	29,621	£ 4,047,792.00	136.65
44	West Hertfordshire PCT	34,172	£ 4,687,002.00	137.16

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45	North Lincolnshire PCT	9,670	£ 1,327,504.00	137.28
46	Kirklees PCT	27,465	£ 3,798,209.00	138.29
47	Bromley PCT	18,681	£ 2,585,907.00	138.42
48	Dudley PCT	18,031	£ 2,517,708.00	139.63
49	North East Lincolnshire PCT	9,860	£ 1,384,300.00	140.40
50	South Staffordshire PCT	33,108	£ 4,649,000.00	140.42
51	Sheffield PCT	31,500	£ 4,433,563.00	140.75
52	Norfolk PCT	36,600	£ 5,154,000.00	140.82
53	Nottinghamshire County Teaching PCT	35,457	£ 5,009,795.00	141.29
54	Gloucestershire PCT	32,100	£ 4,566,320.00	142.25
55	Swindon PCT	11,185	£ 1,614,188.00	144.32
56	Hull Teaching PCT	20,228	£ 2,949,500.00	145.81
57	Trafford PCT	13,708	£ 2,009,084.00	146.56
58	East and North Hertfordshire PCT	32,377	£ 4,790,584.00	147.96
59	Cumbria PCT	24,600	£ 3,672,028.00	149.27
60	Ealing PCT	24,783	£ 3,705,858.00	149.53
61	Somerset PCT	27,500	£ 4,141,000.00	150.58
62	Salford Teaching PCT	15,172	£ 2,311,064.00	152.32
63	Oldham PCT	17,003	£ 2,590,600.00	152.36
64	Western Cheshire PCT	12,356	£ 1,884,000.00	152.48
65	Bury PCT	11,500	£ 1,787,000.00	155.39
66	Cornwall and Isles of Scilly PCT	26,191	£ 4,084,151.00	155.94
67	Tameside and Glossop PCT	15,200	£ 2,373,067.00	156.12
68	Sandwell PCT	19,500	£ 3,048,033.00	156.31
69	Torbay Care Trust	6,998	£ 1,094,795.00	156.44
70	Heart of Birmingham PCT	26,744	£ 4,188,500.00	156.61
71	Manchester PCT	30,988	£ 4,927,241.00	159.00
72	Bath and NE Somerset PCT	8,622	£ 1,386,000.00	160.75
73	Central Lancashire PCT	26,908	£ 4,340,000.00	161.29

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74	Wakefield District PCT	22,929	£ 3,747,646.00	163.45
75	Shropshire County PCT	14,480	£ 2,389,783.00	165.04
76	Middlesbrough PCT	9,400	£ 1,555,000.00	165.43
77	Bradford and Airedale PCT	40,500	£ 6,700,000.00	165.43
78	Stockport PCT	16,536	£ 2,735,708.00	165.44
79	Redbridge PCT	18,668	£ 3,089,261.00	165.48
80	Worcestershire PCT	30,400	£ 5,043,920.00	165.92
81	West Essex PCT	16,349	£ 2,733,155.00	167.18
82	Leeds PCT	40,600	£ 6,859,000.00	168.94
83	Kensington & Chelsea PCT	10,205	£ 1,726,495.00	169.18
84	Barking and Dagenham PCT	15,667	£ 2,653,948.24	169.40
85	North Lancashire PCT	15,506	£ 2,626,919.00	169.41
86	East Sussex Downs and Weald PCT	14,830	£ 2,515,678.00	169.63
87	Liverpool PCT	24,499	£ 4,157,487.00	169.70
88	Tower Hamlets PCT	18,386	£ 3,126,574.00	170.05
89	Derbyshire County PCT	35,408	£ 6,033,041.00	170.39
90	Hastings and Rother PCT	8,986	£ 1,554,634.00	173.01
91	Bolton PCT	17,275	£ 3,024,338.00	175.07
92	Peterborough PCT	11,543	£ 2,033,576.00	176.17
93	Barnsley PCT	13,761	£ 2,427,499.00	176.40
94	Bournemouth and Poole PCT	17,855	£ 3,150,000.00	176.42
95	Dorset PCT	17,573	£ 3,120,180.00	177.56
96	South of Tyne and Wear PCT	34,620	£ 6,200,000.00	179.09
97	Knowsley PCT	9,306	£ 1,675,790.00	180.08
98	City and Hackney Teaching PCT	21,032	£ 3,800,000.00	180.68
99	Telford and Wrekin PCT	8,616	£ 1,591,268.00	184.69
100	Herefordshire PCT	8,860	£ 1,649,502.00	186.17
101	Newham PCT	22,768	£ 4,246,486.00	186.51
102	North Staffordshire PCT	10,133	£ 1,899,377.00	187.44

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103	Northumberland PCT	15,862	£ 2,975,780.00	187.60
104	Halton and St Helens PCT	17,704	£ 3,345,700.00	188.98
105	Stoke on Trent Teaching PCT	17,461	£ 3,300,000.00	188.99
106	Wandsworth Teaching PCT	20,000	£ 3,926,052.00	196.30
107	Lewisham PCT	21,200	£ 4,173,000.00	196.84
108	Heywood Middleton and Rochdale PCT	13,000	£ 2,570,150.00	197.70
109	Ashton, Leigh and Wigan PCT	18,970	£ 3,800,000.00	200.32
110	Westminster PCT	11,524	£ 2,380,000.00	206.53
111	Calderdale PCT	12,101	£ 2,503,313.00	206.87
112	Sefton PCT	13,478	£ 2,802,825.00	207.96
113	Sutton and Merton PCT	24,379	£ 5,100,000.00	209.20
114	Central and Eastern Cheshire PCT	25,100	£ 5,257,243.00	209.45
115	Islington PCT	11,500	£ 2,427,372.00	211.08
116	Lambeth PCT	29,850	£ 6,358,265.00	213.01
117	Plymouth PCT	12,479	£ 2,670,911.00	214.03
118	Hammersmith and Fulham PCT	14,212	£ 3,050,000.00	214.61
119	Darlington PCT	5,304	£ 1,143,819.00	215.65
120	Eastern and Coastal Kent Teaching PCT	32,206	£ 7,000,285.00	217.36
121	Doncaster PCT	17,100	£ 3,718,000.00	217.43
122	Greenwich Teaching PCT	15,053	£ 3,283,547.00	218.13
123	North Tyneside PCT	11,611	£ 2,561,000.00	220.57
124	Nottingham City PCT	16,954	£ 3,765,800.00	222.12
125	County Durham PCT	24,806	£ 5,586,790.00	225.22
126	Blackpool PCT	8,112	£ 1,856,000.00	228.80
127	Bristol Teaching PCT	17,572	£ 4,171,000.00	237.37
128	Redcar and Cleveland PCT	8,000	£ 1,900,000.00	237.50
129	Suffolk PCT	18,784	£ 4,565,173.00	243.04
130	Southampton City PCT	14,365	£ 3,738,000.00	260.22
131	East Riding of Yorkshire PCT	11,989	£ 3,182,074.00	265.42

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132	Camden PCT	11,820	£ 3,410,115.00	288.50
133	Newcastle PCT	14,937	£ 4,580,000.00	306.62
134	Wirral PCT	18,095	£ 6,991,000.00	386.35

* West Kent were unable to provide the number of children living in its area. This figure was taken from the NHS statistics website.

** This figure represents the mean number of children living in the Brent PCT area. The PCT was unable to offer a figure of children under five more accurate than '15,000 – 20,000'.

† North East Essex was keen to make clear that this was the direct budget and does not represent the full cost of the service.

PCTs that did not respond to the 2007 inquiry:

- Barnet
- Blackburn with Darwen
- Central Lancashire
- Devon
- Halton and St Helens
- Hounslow
- Luton
- North East Essex
- South East Essex
- Wiltshire
- Wolverhampton

PCTs that did not respond in 2009 inquiry as of 27/04/09:

- Bedfordshire
- Bexley
- Cambridgeshire
- Hartlepool – responded but were unable to provide information
- Luton
- Medway
- North Tees
- Rotherham
- Southwark
- Waltham Forest
- Wolverhampton

The questions asked:

1. How many whole time equivalent (WTE) health visitors who work with children under five did you employ in your PCT in December 2008?
2. How many children under five did you have living in your PCT in December 2008?
3. How much was allocated in your PCT's 2008/09 budget for health visiting?

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We have been campaigning for more health visitors since 2007.
www.familyandparenting.org/healthVisitors