

### **Now is the time for Principle 3 – ‘Influencing policies affecting health’**

Following the commissioning transfer of the health visiting service from the NHS in October 2015 to local authorities they are facing unprecedented government cuts to their budgets. If you are unhappy with the future plans for your health visiting service what can you do?

1. **Make sure you know the facts**, if possible request a meeting with your managers and commissioners to ensure you and they fully understand the implications of any changes. Insist on this, a recent iHV survey suggested that only 3% of health visitors in practice had ever met their commissioners. This is truly shocking. How can commissioners possibly understand your work without meeting you and hearing about the challenges of your practice first hand. In any discussions **come armed with evidence and focus on the outcomes** you think will be achieved for infants, children, families and communities.
2. **Always put the infant, child, family and community in the centre** of any discussions about health visiting – they are almost certainly the reason you chose the role you are in, so talk about them as being the reason for the health visiting role and how your work can change outcomes for infants, children, families and communities.
3. You are all clinical leaders so **embrace that leadership role** and work together with your managers to ensure any change will really deliver what is required by families.
4. **Find out how definite any plans are**, usually they aren't, at least initially. Hold your nerve there may still be the opportunity to influence them.
5. Arrange to **take your commissioners/key Members/Councilors out shadowing you** for a morning or even a whole day – you should do this anyway - it is one of the most influential things any health visitor can do. It really helps others understand the complexity of the role of the health visitor. Without this experience it's easy to believe that others can step into a health visitor's shoes and do almost as good a job.
6. Its easy to be protectionist about your role, we all fall into that trap, but **try to acknowledge and embrace change** if its going to make a positive difference to your clients. However challenge it with evidence if not.
7. Find ways to **demonstrate your impact** on the service, get feedback from your clients and other professionals you work with and make it public.
8. **Never forget the success of people power!** If they think their services are going to be cut your families may want to do something about that. Look at what happened when libraries were being closed. Families are beginning to rise up where they hear about cuts to the health visiting service, so make them aware.
9. **Use the media to bang the drum** for what a fantastic profession health visiting is. Get regular media slots showcasing your great work. One of our fellows has gone as far as getting a weekly column in her newspaper.
10. If there is an opportunity to **share an office with other members of the wider skill mix team**, take it. There is no better way of building respect and understanding for one another's roles. Unless you work directly with members of the wider team, they may never understand your role. Just look at how challenging it is to maintain GP-HV relationship since health visitors were put into community bases.

**N.B.** We have recently heard of several health visitors saving their services using the techniques above. Act now!!

**Useful references: Influencing skills for health visitors:** <http://ihv.org.uk/for-health-visitors/resources-for-members/resource/professional-guidance-for-members/influencing-skills-for-health-visitors/>