

Health Visiting Taskforce

Notes of Meeting held on 28 November, 10.00-15.00, the Old Library, Richmond House

Chair: Dame Elizabeth Fradd

Secretariat: Sophie Taysom, Mia Snook

Attendees:

- Lord Victor Adebawale (Unite/CPHVA)
- Dr Janice Allister (RCGP Clinical Champion for Child Health)
- Ann Baxter (Director of Children School and Families, London Borough of Camden)
- Dr Kate Fallon (Chief Executive Ashton Leigh and Wigan Community Healthcare)
- John Forde (Consultant in Public Health, NHS Coventry PCT)
- Pip O'Byrne (Chair, 4Children)
- Dr Jill Maben (Senior Research Fellow, Director, National Nursing Research Unit)
- Matthew Hamilton (Director of Policy, Council of Deans of Health)
- Dr Sheila Shribman (National Clinical Director for Children)
- Professor Dickon Weir-Hughes (Chief Executive and Registrar, Nursing and Midwifery Council).

Apologies:

- Dr Peter Carter (Chief Executive and General Secretary, RCN)
- Liz Redfern (Director of Patient Care and Nurse Workforce Development, South West SHA)
- Mike Farrar (Chief Executive, NHS Confederation)
- Anita McCrum (Public health senior nurse NHS Yorkshire and Humber)

Observers: Viv Bennett & Nick Adkin (Joint Health Visitor Programme SROs),

Delegations:

- Jo Webber (Deputy Policy Director, NHS Confederation)
- Fiona Smith (RCN Children and Young People's Adviser)

Presenters:

- Nichola Yorke (Deputy Director of NHS Communications, DH)
- Sally Batley (Head of National Implementation, DH)
- Sharon Whitfield, Pam Ley and Rebecca Peece (NHS Doncaster Early Implementer Site)
- Annette Patterson and Jennifer Taubman (NHS Hillingdon Early Implementer Site)

| | Agenda item | Notes | Owner |
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| 1 | Welcome and introduction | <p>The Chair welcomed members to the third meeting of the Taskforce. It was noted that this was the first meeting for Dr Sheila Shribman, and Gail Adams who is a new member. The Chair welcomed Jo Webber, attending in place of Mike Farrar. Members were asked to introduce themselves. The Chair noted apologies from Anita McCrum, Liz Redfern and Peter Carter.</p> | |
| 2 | Note of the last meeting and actions | <p>The Chair then asked for any final comments on the minutes. The Chair noted that the key issues and concerns raised in the September Taskforce meeting were shared with Programme Board. The Chair then highlighted the progress of key actions from the last meeting. This included an action on discussing how to most effectively engage GPs with the Health Visiting agenda.</p> <p>Janice Allister flagged that the RCGP Clinical Innovation and Research Unit has produced an information paper on Health Visiting, which is to be submitted to the College Journal and College news. JA is hopeful that this will provide information and generate helpful discussion.</p> <p>ACTION – Secretariat to circulate the RCGP Clinical Innovation and Research Unit paper on Health Visiting when available. [Action completed – see January papers]</p> <p>ACTION – a discussion on GP engagement to take place at the next meeting. [Action ongoing]</p> <p>Gail Adams stressed the importance of the Taskforce discussing education and training and asked that this be on a future agenda. GA also suggested that the Terms of Reference be looked at again to include a reference to equality.</p> <p>ACTION – Gail Adams to suggest wording for inclusion of equality in the terms of reference and liaise with Chair. [Action completed – see Paper A for Jan meeting]</p> <p>Decision: Taskforce agreed the notes of the last meeting.</p> | <p>JA Sec</p> <p>Sec</p> <p>GA/Ch Sec</p> <p>Note</p> |
| 3 | Comms | <p>The Chair welcomed Nichola Yorke, Deputy Director of NHS Communications. Nichola briefly described recent comms activity and the current planned activities for the 150th anniversary of the Health Visiting profession. NY asked the members how the Department can ensure that they make the most of this opportunity. She added that the five big objectives for the campaign to reach are:</p> <ul style="list-style-type: none"> - current HV professionals; - potential recruits; - commissioners and Universities; - GPs; and - the general public (future) <p>The Chair noted that the Taskforce, in a previous meeting, had identified all these groups as critical in ensuring successful delivery of the programme. Members suggested additions to this list. These were:</p> <ul style="list-style-type: none"> - leaders in Public Health; - employers; - Chief execs and senior officials of Local Authorities; - non-health partners e.g. Children's Centres; - existing students; and | |

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| | <p>- existing families.</p> <p>There was also agreement from the members that commissioners and Universities should be treated as separate stakeholders.</p> <p>Dickon Weir-Hughes asked for clarity on the exact event the anniversary was marking and suggested that the DH comms team contact the Professor of History at Manchester University to ensure that the historical facts are correct. VB said that other organisations, such as the CPHVA, are also marking this anniversary. Nick Adkin thanked DWH for the suggestion and said that whilst the DH has completed research into the history of the profession, they will connect with his colleague at Manchester.</p> <p>ACTION – DH comms to contact the Professor of History at Manchester University to discuss the 150 year anniversary of the HV profession. [Action completed]</p> <p>NY stressed that the activities around the anniversary are just one part of a larger campaign. NY ran through key dates in 2012 where there will be opportunities to have anniversary related activities and asked members for further suggestions and comments. Jo Webber flagged that the NHS Confederation’s annual conference will include a stand on child health and the DH should consider the National Children’s and Young People’s conference.</p> <p>ACTION – members to contact Tanya Royer in the DH comms team with suggestions for further events to mark the 150yr anniversary of Health Visiting. [Tanya.Royer@dh.gsi.gov.uk] [Action ongoing]</p> <p>VB stated the DH need to ensure that the anniversary plans are broad and set within the wider context of improving children and young people’s public health. Jill Maben added that it is vital that comms activity is built on a strong evidence base. Sheila Shribman flagged that the Healthy Child Programme has a good evidence based which could be used as a base for campaign materials.</p> <p>ACTION – Jill Maben to link with Nichola Yorke to ensure comms material has strong evidence base to demonstrate the important role of Health Visitors in improving health outcomes. [Action noted]</p> <p>ACTION – Nichola Yorke to circulate comms scripts and narrative to members for comment prior to the next TF meeting. [Action completed, see Jan papers]</p> | <p>NY</p> <p>All</p> <p>JM/NY</p> <p>NY/Sec/All</p> |
| <p>4 Program me update</p> | <p>The Chair introduced Nick Adkin, joint Senior Responsible Officer for the Health Visitor Programme. NA provided a general workforce update. NA stressed that the DH do not expect a significant increase in numbers of HV until those in training enter the service in from September 2012. NA flagged that the Management Letter asked for 1,776 training places for 2011/12. Of these, 1,285 students entered in September and the remainder are expected to enter in January and March..</p> <p>There was then discussion around the reasons for the difficulties in London. VB flagged that London has struggled to attract candidates of the required standard. NA added that we are monitoring the situation closely and are having discussions with SHAs who are at risk of not reaching the target. NA also noted that at present we expect targets to be monitored at the level of each of the existing 10 SHA’s as well as at 4 SHA cluster level..</p> <p>NA told members that Workforce have now received Review of Central Returns approval for the Minimum Data Set and that there is an additional data collection this month, against which the SHAs will be performance managed. NA also flagged to members that the 2012/13 Operating Framework has been published, which sets out the priority action needed to deliver the health visitor programme.</p> | |

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| | | <p>The members then discussed how to ensure employment of newly qualified HVs. NA noted that Programme Board have endorsed the option to strengthen existing arrangements at a local level and that each SHA cluster establishes a “talent pool” to help all newly qualified HVs find jobs. Matthew Hamilton flagged the importance of considering all options that this might attract people into the profession who would otherwise not consider it. MH asked how the Taskforce can help with ensuring jobs are available for newly trained HVs.</p> <p>ACTION – NA and NY to determine how best to market health visiting an attractive career including key messages about employment. [Action ongoing]</p> <p>Gail Adams stressed the legal implications of options to ensure employment of the expanded training pipeline and asked if NHS Employers as an organisation are working with the DH. NA responded that NHS Employers have produced information on options around flexible working, retirement and pensions, and this is available through their website. DH continues to work closely with NHS Employers.</p> <p>Viv Bennett took the lead at this point and described the documents produced for the October 2011 CPHVA conference, which described the new service offer and its importance. VB invited the members to comment on these documents and to use them in communications with stakeholders.</p> <p>ACTION – Secretariat to circulate the material on School Nurses produced for the CPHVA conference. [Action completed]</p> <p>VB then updated members on discussions with the SHA and PCT cluster Directors of Nursing VB added that the DH proposal is to have at least one EIS site in every PCT cluster from March 2012. John Forde flagged that that other key leaders, such as Directors of Public Health, need to be identified and engaged with the HV programme, in addition to the work being done with SHA and PCT Cluster Directors of Nursing..</p> <p>ACTION – Viv Bennett and John Forde to discuss how to ensure delivering of the HV programme through strong leadership throughout all NHS organisations. [Action ongoing]</p> | <p>NA/NY</p> <p>Sec</p> <p>VB/JF</p> |
| 5 | EIS Presentations | Representatives from Hillingdon and Doncaster Early Implementer Sites presented their work to date. Key points and subsequent discussion are appended to these minutes. | |
| 6 | RCN consultation | <p>The Chair welcomed Fiona Smith, who attended on behalf of Peter Carter. FS updated the members on the RCN consultation on the role of Health Visiting Services and all Public Health Nursing, which has now closed. FS said that the responses received in the consultation period, including that from the DH, will assist with RCN responses to challenges ahead. The members broadly welcomed the paper and its focus on the public health workforce as a whole.</p> <p>ACTION – PC to circulate the final report from the RCN consultation when published. [Action completed]</p> | PC |
| 7 | NMC consultation on the third part of the register | Dickon Weir-Hughes spoke on the NMC consultation on the third part of the register,. DWH flagged that from now until April 2012, the NMC are reviewing the literature and the call for evidence will continue. From January to March 2012 stakeholder engagement will formally begin, prior to the report being due back to the Council in June. The NMC expect the whole process to result in new education and practice standards in place from beginning 2013. The Taskforce members agreed to take part in a Workshop early in the New Year to provide an early response to this consultation. | |

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| | | <p>ACTION – Secretariat to circulate the NMC Registrar’s letter and alternative models of practice teaching powerpoint and to organise workshop. [Action ongoing]</p> <p>The Chair raised the idea that Taskforce could take on the broader role of collectively responding to consolation documents. This was discussed and agreed.</p> <p>ACTION - Secretariat to collate and submit Taskforce response to consultations. [Action ongoing]</p> | <p>Sec/D WH</p> <p>Sec</p> |
| <p>8</p> <p>Next steps and Taskforce support to end 2012/13</p> | | <p>Sally Batley, the Head of National Implementation for the Health Visitor Programme, described the success of the EISs so far in supporting service and professional transformation and asked the Taskforce for their views on how best to ensure this continues in 2012/13. SB flagged that there are currently 26 sites, however the proposal is for this to increase to at least one in every PCT cluster from March next year The Chair asked if the Taskforce could be provided with lines regarding the direction of the Programme so that they can ensure consistency of message.</p> <p>ACTION – VB to share a FAQ paper with the Taskforce members. [To be circulated once completed]</p> <p>Pip O’Byrne invited the DH to place EIS case studies and other material on the foundation years website. She added that other Taskforce members were welcome to use this site if they had relevant information to share.</p> <p>ACTION – Sally Batley and Pip O’Byrne to discuss inclusion of EIS products and information on the foundation years website. [Action completed]</p> <p>Sophie Taysom noted that as well as the Taskforce offering support to the programme, they also need to have a critical engagement role. SS suggested that it would be helpful if Taskforce were given something specific to comment on as the whole of the strategy for phase two of the programme is too broad for purposeful discussion. The Chair suggested future agendas could be shaped so as to ensure that members are given the opportunity to critically engage and asked that the SROs continue to identify and be clear on where the Taskforce can act as a critical friend in future planning activities.</p> <p>VB agreed and stated that current areas the members can give steer on are:</p> <ul style="list-style-type: none"> - how to support the low capacity sites; - how can the members, through the organisations they represent, champion the programme; and - development of pathway templates. <p>Kate Fallon asked if there is more the DH could do to after the transition to ensure delivery of this programme. NA responded that if there is something specific the Taskforce feel needs to be done or changed, they should bring it to the attention of the SROs. The Chair added that if the members are made aware of any barriers of challenges to delivery when visiting the EIS, they should raise them at the next Taskforce meeting.</p> <p>ST noted that the DH have a short summary of activity and history of EISs which members will be provided with before visits. VB added that the DH will also provide members with FAQs.</p> <p>At this point, Gail Adams and Matthew Hamilton had to leave the meeting</p> <p>ACTION – Secretariat to provide a list of sites who might most benefit from additional Taskforce support and to flag which have already been visited/presented at Taskforce. [</p> | <p>VB/Sec c</p> <p>SBa/P OB</p> <p>All/ Sec</p> <p>Sec</p> |

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| | | ACTION – any member willing to visit an EIS to notify the Secretariat. Members to also notify Secretariat of any scheduled visits to EIS. | |
| 9 | Taskforce related activities undertaken by members | <p>The Chair invited members to outline how they have been contributing to the HV programme.</p> <p>Sheila Shribman said that she is Chairing a group looking at feasibility of an integrated review at 2-2.5years review and that some EIS are involved in this work. SS added that she has accepted a speaking engagement at an EIS event on the 8 December.</p> <p>Pip O’Byrne discussed 4Children publication on the lack of awareness of the symptoms of postnatal depression and the need to improve diagnosis and treatment. The report includes some specific recommendations for Health visitors. [http://www.4children.org.uk/Resources/Detail/Suffering-in-Silence]</p> <p>Janice Allister outlined an information paper on Health Visiting that is being drafted by the RCGP’s Clinical Innovation and Research Unit. This is to be submitted to the College Journal, the College news and the College Council.</p> <p>John Forde described a series of local workshops taking place and flagged that discussions are taking place regarding planning for post 2015.</p> <p>Jill Maben described the research she is involved in looking at the evidence base for Health Visiting. JM noted that they also provided information for the CPHVA conference in October and are having a piece of research published in the Community Practitioner in January.</p> <p>Kate Fallon flagged that in addition to raising awareness locally, the Community Providers Group is also raising awareness of the HV programme for providers.</p> <p>The Chair provided an update from Anita McCrum, who was unable to attend the meeting but provided a written note. AMC stressed that it is important that the Taskforce are visible and actively seek opportunities to engage and communicate with professional groups. AMC added that she provided a contribution on Practice Teachers for an article on Health Visiting in the Community Practitioner.</p> <p>The Chair moved on to outline her own activities, which included a visit to Northampton EIS. LF said that she was hugely impressed with the consistency shown throughout the organisation in the desire to deliver the programme. The challenges faced by this EIS include engaging with GPs and not having a strong narrative on Health Visiting to give to commissioners.</p> | |
| 9 | AOB | <p>The Chair invited NA and VB to reflect on key messages they will take from the meeting. NA replied that it is clearly vital that for effective messaging and communications, the DH get the script right first and that key audiences are: commissioners; GPs; Local Authorities and public health colleagues. VB added that it is important that the Taskforce can challenge the programme and that she will ensure they continue to have the opportunity to do so. VB also asked if any members would be willing to support an EIS in producing material for a peer review publication so that best practice can be shared more widely than the local or SHA level.</p> <p>ACTION – members to contact secretariat if they can assist EIS in preparing material for peer review publication.</p> <p>The next meeting of the Health Visitor Taskforce is 23 February, from 10.00 – 3.00, the Cathedral Room, Richmond House.</p> | ALL |

Annex A – Early Implementer Site presentations

Sharon Whitfield, Pam Ley and Rebecca Peece from NHS Doncaster and Annette Patterson and Jennifer Taubman from NHS Hillingdon presented on their experiences as Early Implementer Sites (EISs)

AP, from NHS Hillingdon, described how they are exploring the public health role of HVs and outlined the public health model they have developed to increase breast feeding uptake. AP described their data quality team who identify geographical trends and their relationships with Children's Centre staff. AP added that a difficulty they face as an EIS is ensuring commissioners understand and are committed to the programme.

The Chair thanked the presenters and invited the Taskforce members to comment and ask questions. GA asked what help and support the Taskforce could offer the EIS and Pip O'Byrne asked what the biggest challenges facing the EIS are. JT suggested that the Taskforce could send a clear message to commissioners on the important role of HVs in improving public health outcomes.

The Chair asked how the sites would measure qualitative outputs. AP said it is clear when they meet the service how motivated they are and they ask for verbal updates from the profession and families. AP added that it would be helpful if Taskforce could ensure that information from the Department and the high level structures of the NHS is filtered down through all layers of the service. Gail Adams asked if the members would be willing to support the sites by visiting the EISs and perhaps for each member to be allocated 1 or 2 sites. There was broad agreement from the members.

The Chair thanked the representatives from Hillingdon and Doncaster and stressed that she appreciates the challenges they face and recognises their great enthusiasm. The members of the Taskforce were very impressed by the knowledge and passion of the teams presenting to improve services for children and families in their area.