Health Visiting Taskforce

Notes of Meeting held on 29 September, 10.00-15.00, 124a, Skipton House

Chair: Dame Elizabeth Fradd

Secretariat: Sophie Taysom, Mia Snook

Attendees:

- Lord Victor Adebowale (Unite/CPHVA)
- Dr Janice Allister (RCGP Clinical Champion for Child Health) (by phone)
- Ann Baxter (Director of Children School and Families, London Borough of Camden)
- Dr Peter Carter (Chief Executive & General Secretary, RCN)
- Dr Kate Fallon (Chief Executive and Medical Director, Bridgewater 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)
- Anita McCrum (Public health senior nurse)

Apologies:

- Liz Redfern (Director of Patient Care and Nurse Workforce Development, South West SHA)
- Mike Farrar (Chief Executive, NHS Confederation)
- Matthew Hamilton (Director of Policy, Council of Deans of Health)
- Dr Sheila Shribman (National Clinical Director for Children)
- Professor Dickon Weir-Hughes (Chief Exec and Registrar, Nursing & Midwifery Council)

Observers: Viv Bennett & Nick Adkin (Joint Health Visitor Programme SROs), Sally Batley (Head of Implementation, Health Visitor Programme, DH)

Presenters:

- Lynn Andrews (Assistant Director of Nursing, East Midlands SHA)
- Vicky Bailey (Chair, Public Health strand of Future Forum)
- Kate Billingham (Project Director, Family Nurse Partnership and Healthy Child Programme)
- Jamie Rentoul (Workforce Directorate, DH)
- Geraldine Sands (Associate Director; Children, Young People and Safeguarding (children and adults), NHS Yorkshire and the Humber)
- Nichola Yorke (Deputy Director of NHS Communications, DH)

No	Agenda item	Notes	Owner
1	Introductions	The Chair welcomed members to the second meeting of the Taskforce. Members were asked to introduce themselves. The Chair noted apologies from Liz Redfern, Mike Farrar, Matthew Hamilton, Dr Sheila Shribman and Professor Dickon Weir-Hughes. She said she would contact those members who had been unable to attend to notify them of the outcomes of the meeting. She has already spoken to Mike Farrar who has stressed his enthusiasm for the Programme and is keen to help. <u>Terms of Reference</u> For the benefit of Lord Victor Adebowale and Dr Janice Allister (neither of whom were able to attend the first meeting), the Chair outlined the terms of reference and highlighted together with groups additions including leadership; sustainability; and embedding the work of the Taskforce within the Public Health agenda. The Chair then asked for any final comments on the minutes. The Chair highlighted the progress of key actions from the last meeting. This included confirmation that at a future Taskforce meeting there will be a presentation and discussion on: the Health and Wellbeing Boards; communications; and in the new year, the two year review. The Chair also flagged that Heather Gwynn (DH Director of Children, Families and Maternity) is progressing with bringing the Public Health Taskforce and the HV Taskforce together in the new year. **Decision: Taskforce agreed the notes of the last meeting.** <u>Progress to date</u> The Chair explained that there had been significant interest in the HV Taskforce, especially from the Nursing press. She has not yet completed any interviews as feels it too early in the history of the group. The Chair noted that she has attended two HV Programme Board meetings, and the latest Delivery Partnership Steering Group. She also intends to visit some Early Implementer Sites. The chair reflected that these are frank meetings where challenges are addressed	**Note**
2	Programme update Workforce	Jamie Rentoul, DH Director for Workforce Development, provided Taskforce members with an overview of the current HV Workforce situation, which included estimated trajectories of Health Visitors and Health Visitor training commissions up to 2015. A copy of the presentation is at **Annex A**. Jamie then updated the Taskforce on the Minimum Data Set, which has now been agreed and returned by all the SHAs. He noted that work is	

		being undertaken to assess if there is a need for further guidance and/or information especially about flexible retirement, part-time working and incentives for retention. Jamie concluded by saying that more needs to be done to ensure all commissioners understand why Health Visiting is a priority. For the group, Viv Bennett clarified who qualifies as being a Health Visitor and thus who is counted. Following a question by Dr Janice Allister, Viv reassured the group that the requirement for HV training has not changed (i.e. registration as a nurse/midwife and HV over 3-4 years), however there are more flexible ways of doing post-graduate training. Dr Kate Fallon said that it appears that more commissioners seem to understand what is required and recognise the important role Health Visitors play, however, GP colleagues need to be kept engaged. Viv Bennett stressed that it is important to engage with GPs both as a primary care providers and as part of local commissioning. The Chair agreed that this distinction is very important and asked that the Taskforce have a more in depth discussion engaging with GPs at a future meeting. **Action- a discussion on how to most effectively engage GPs on the Health Visiting agenda to take place at a future Taskforce meeting. [Action noted]** Lord Adebowale noted there is an image of the profession of huge caseloads and challenging inner city work and so there is a concern about sustainability. Viv Bennett added that the Department does not measure caseloads or use them as a metric, as the move is towards measuring outcomes in population health. The Department wants Health Visitors to be very visible as Public Health practitioners. Lord Adebowale said that if this so, then the DH needs to make this clear. The Chair agreed that the Department needs to be clear on what it does and does not measure and thus what it bases funding on. The DH also needs to be careful and consistent with the language used so that the NHS is clear of the vision. Pip O'Byrne stressed that currently, the quality of leadership locally is not consistent and therefore any messaging around the Health Visiting profession may not be reaching those staff on the ground. The Chair flagged this as a DH communications issue. Currently, Health Visitors do not have to hand short statements outlining their role and value. The DH communications team are in the process of drafting case studies and narratives that will support Health Visitors in this. These case studies and narratives will be brought to a future Taskforce. **ACTION – the DH comms Health Visitor case studies and strap lines to be brought to future Taskforce. [Action noted]** **ACTION – a discussion and presentation on communications to take place at a future Taskforce meeting. To focus on the language and components of the narrative behind the Health Visiting profession. [Action noted]**	**Sec** **Sec** **Sec**

		The group moved on to discuss the support and mentoring required by newly qualified Health Visitors. The Taskforce was concerned that by 2015, one third of the Health Visiting workforce will be newly qualified. There needs to be sustainable, high quality leadership locally. Dr Jill Maben asked if there are any plans to ensure Health Visitors have sufficient support, as without it there is a risk that they will leave the service. Viv responded that the Department are mindful of the pressures on the current Workforce and so far we estimate that we have had face-to-face communication with around 20% of them through national and local events. The Department also works through the SHA leads and Early Implementer Sites. Lord Adebowale agreed with the need to support new Health Visitors and stressed that there needs to be a clear reward for challenging work and there is a need to give professional credit to those Health Visitors in the most challenging roles so as to ensure they gain increased professional status. The Chair asked that Workforce issues become a permanent agenda item **ACTION – the Health Visitor Workforce to be a permanent Taskforce agenda item. [Action noted; will be included for all future meetings]**	**Sec**
	Progress since last meeting	Nick Adkin and Viv Bennett, joint SROs for the Health Visitor Programme, updated the group on the progress in policy and implementation since the last meeting. Viv began by stressing that achieving the increase in numbers of Health Visitors is not an end in itself and that we also need a transformed service and improved outcomes which is what makes the difference to children. Viv also stressed that to achieve the increase in numbers it is critical to support and retain the current workforce. Viv moved on to discuss the Early Implementer Sites (EIS) Assessing Success Evaluation Framework which had been circulated to the group. Viv noted that six new EIS sites who are achieving, or very close to achieving, the service vision have been added to the original twenty. Viv also noted that the Department is in the process if determining what Year Two of the programme will look like. Viv then outlined the progress of the Building Community Capacity Programme, which aims to refresh public health skills. To support this, funding will go directly to SHAs for national roll-out of the programme in the New Year. Viv moved on to describe the three accelerated learning events that recently took place at the NHS Institute, all of which evaluated well. Viv then updated the group on progress to ensure that we are training Health Visitors to deliver the new service vision. Two documents, 'Educating Health Visitors for a transformed service' (http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129700.pdf) and the 'Health Visitors return to practice framework – a guide for education providers' http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_129697) have been produced and are available on the DH website.	

		Viv moved on to discuss work being done around information and mobile technology. **ACTION – Outline of plans for the information and mobile technology work to be brought to a future Taskforce meeting. [Action noted]** Finally, Viv discussed the development programme on school health and school nursing and stressed that it is very important that the Healthy Child Programme is commissioned well. There is a national development plan and we need to ensure that School Nurses are involved in the transitions from the HV programme where appropriate. Nick Adkin took over the discussion and explained the process by which the Department meets with the EIS and SHA leads every month. The Chair said that she has had feedback that the EIS and SHAs are concerned that Taskforce will challenge them directly. The Chair stressed that she is keen to reassure them that the challenge will be to Programme Board and that Taskforce want to further understand how the EIS and SHAs are fairing and what role the Taskforce could take in supporting there work. **ACTION – EIS leads to attend and present at a future Taskforce meeting. [Action noted; this is to be an ongoing agenda item]** **ACTION – the full list of EIS to be circulated to Taskforce. [Action completed; please refer to November agenda, item 8]** <u>NHS Operating Framework (OF)</u> Nick moved on to discuss the NHS Operating Framework. The content in the 2011/12 OF was not as specific on the Health Visiting challenge as would have been ideal, however this was inevitable as it was published some months before the Health Visitor Implementation plan. For the 2012/13 Operating Framework we aim to be much clearer about the immediate importance and longevity of the programme. The Chair agreed that it is vital we stress the importance of ensuring longevity and sustainability. <u>Commissioning</u> The update then focussed on commissioning. Nick flagged to the group that the DH Health Visitor team are working with the shadow NHS Commissioning Board to develop effective commissioning of Health Visiting services. The aim is to get learning and understanding into the system early so the programme is successfully delivered. John Forde commented that Directors of Public Health are already planning for post 2013 delivery by facilitating meetings with Children's services locally and monitoring performance. **ACTION – A presentation and discussion on the Health and Wellbeing Boards to take place at a future Taskforce meeting. [Action noted]** <u>Progress reports</u>	**Viv Bennett/Sec** **Sec** **Sec** **Sec**

		Nick outlined that the Department are in the process of drafting the annual progress report, which will be finalised next month and circulated to the Taskforce, and the Department is committed to producing quarterly reports from then on. <u>Communications</u> Nick outlined the general approach of the DH comms activity. This consists of a comprehensive marketing recruitment campaign; engaging and enthusing the profession; engaging the early years workforce; and describing the Health Visitor vision to the public and families. The recruitment campaign will be national and last for three years. The process has been agreed by Programme Board and has now been formerly costed. Work is due to start in November. Dr Janice Allister had to leave the meeting at this point.	
3	Family Nurse Partnership	The Chair introduced Kate Billingham, Project Director for Health Led Parenting and First Years of Life. The Chair began by reminding the group that they had wanted a clearer understanding of how the Family Nurse Partnership work fits with the Health Visitor Programme. Kate Billingham discussed the purpose of the FNP programme, its current status and goals and the evaluation of the programme as described in her presentation (details of the presentation at **Annex B**). The Government is committed to doubling capacity by 2015. Peter Carter arrived. **Action – members to contact secretariat if they are interested in visiting an FNP site. [Action ongoing]** Lord Adebowale added that the depth of tools that FNP has, the structure of the programme and the emphasis on strength bases focus are all key to its success. Lord Adebowale asked how we get a similar structure into Health Visiting and replicate the learning. Kate responded that some FNP methods are already being shared. Viv Bennett added that it must be noted that FNP do not have a community focus and if we compare Health Visiting to FNP we are comparing a profession to a programme. The desired outcomes for Health Visiting and FNP are also not identical but we do need to ensure a cohesive system so that every contact counts. Dr Jill Maben had to leave the meeting at this point.	**All members**
4	SHA Presentations	The Chair introduced Geraldine Sands, Associate Director, Children, Young People and Safeguarding (children and adults), for NHS Yorkshire and Humber and Lynn Andrews, Assistant Director of Nursing, East Midlands SHA. The Chair noted that the attendance by the SHA leads was to give the Taskforce the opportunity to hear first hand what the SHA experience of the programme had been to date. The presentations focussed on six themes, which were: mobilising SHAs; education and training; service commissioning; leadership; provider services; and transition. As outlined in the presentation (attached as **Annex C**), Lynn and Geraldine described their regional commitments and	

		then the challenges they had experienced and the solutions they had put in place in response. Key challenges that remain include NHS system change and filling all training commissions. Lynn and Geraldine were asked if there was agreement at the local level that the Health Visitor Programme will improve the health and well-being of children and families. They said that yes, there was and this agreement was the argument used to convince Chief Executives and commissioners of the importance of Health Visitors. John Forde stated that leadership will be key to delivery of the programme. Lyn agreed and said it is also important to engage with partners outside of health, such as the Local Authorities and NHS workforce colleagues. The SHA is also now starting to work with the emerging Clinical Commissioning Groups. The Chair asked how the SHAs marketing and comms campaign was being linked to the national approach to ensure the messages were aligned. Geraldine responded that the SHA links with the DH comms via the EIS/SHA meetings every month. She added that at a local level there is an acute sense of the timeframe and SHAs cannot always wait for something nationally to happen. Lyn agreed that they need to work with the DH to influence their message and ensure that the local and national messages complement each other. Following a discussion on whether increasing the Health Visitor workforce or ensuring a good skill mix was most beneficial in improving outcomes, Viv stressed that the Government are committed to 4,200 new HVs and thus we need to work with this to deliver improved outcomes. It does not preclude local areas continuing to consider their best local skills mix. **ACTION – Viv Bennett's presentation on integration to be circulated to the Taskforce. [Action completed]** The Chair closed the discussion by thanking Lyn and Geraldine and stating that the Taskforce recognise the significant challenges that SHAs are facing and that what they have achieved so far is testament to their hard work.	**Sec**
5	The NHS Future Forum	The Chair introduced Vicky Bailey, Chair of the Public Health strand of the NHS Future Forum. Vicky told the group that the notes taken during this portion of the meeting would be included in the report back to the Government later this year. Vicky stressed that this part of the workstream is not about Public Health but rather the NHS' roles in improving the public's health. The Chair responded that the Health Visiting programme fits under the prevention part of QIPP. Future Health Visitors will have a major role to play in prevention of ill health. Second, until the NHS has a well-organised and efficient way of sharing records the system will struggle. John Forde added that integration is key for the 0-5 years and that this is integration of all services and not just NHS. John stressed that every interaction must count, particularly with lifestyle and intervention programmes. John added that the NHS organisations themselves need to promote good health. Pip O'Byrne agreed that integration is key and	

		added that Health Visitors are well placed to ensure services are integrated. Anita McCrum stated that Health Visitors are keen to perform their public health role but do not always have the opportunity to do so. Vicky added that less is heard on the NHS' role as a provider of care for children and young people than for adults. Further, Health Visitors should be the messengers between the key, large-scale health messages and the individual. Vicky Bailey concluded and said that integration and information have emerged as key themes in several of the listening exercises she has been involved in. She asked the Taskforce send her anything further they would like submitted as evidence for this exercise. The Chair and the Taskforce members thanked Vicky for attending.	
6	How do we measure success of the Taskforce	The Chair asked the group if they agreed that there should be an item on every agenda asking the DH team what has been discussed today that will help them to deliver the programme. **DECISION – an item towards the end of the agenda at all future Taskforce meetings for the DH SROs to feedback what they have heard that will help them deliver the programme.** The Chair added that it may be beneficial to have a response from the Programme Board on the issues raised by the Taskforce. The Chair also asked the group to note that she would be asking them how they were Championing the Health Visitor role in future meetings. The Chair moved on to list the key issues and concerns raised today which she would like the Programme Board to consider. These were: 1) Workforce – identifying and spreading best practice in filling training commissions; 2) GP engagement – how do we further engagement with GPs, both in their roles as primary care providers and as commissioners; 3) Commissioning – to continue working with the shadow NHS CB and the emerging HWBBs; 4) Communication – aligning the SHA/PCT led comms activity with that at the national level. Considering the language and components of the case for change; 5) Integration of services; 6) Training and education of HVs; 7) Post 2012 – gain a clearer understanding of the commissioning landscape post 2012. Identify now how we are best to influence the HWBB and the CCGs; 8) Supervision and support, especially for newly qualified HVs; and 9) Leadership. **Action: Members to further consider what Taskforce success might look like for the next meeting and what activities members could undertake to support this. [Action ongoing. Secretariat has contacted members for their views]**	**Sec/NA/VB** **All**

	AOB	The Chair asked Peter Carter to update the group on a consultation the RCN are hosting on Health Visitors and asked how it will complement the HV Programme. Peter responded that the RCN has many members who are Health Visitors and the forum is used to communicate messages to them from the College. He will share the outcomes with the Taskforce. **The next meeting of the HV Taskforce is on 28 November, 10.00-15.00, the Old Library, Richmond House.**	