

## **Health Visiting Taskforce**

### **Notes of Meeting held on 27 July, 10.00-15.00, Cathedral Room, Richmond House**

**Chair:** Dame Elizabeth Fradd

**Secretariat:** Sophie Taysom

**Attendees:**

- Dr Peter Carter (Chief Executive & General Secretary, RCN)
- Dr Kathleen (Kate) Fallon (Chief Executive and Medical Director, Bridgewater Community Healthcare)
- John Forde, (Consultant in Public Health, NHS Coventry PCT)
- Matthew Hamilton (Head of Policy, Council of Deans)
- Pip O'Byrne (Chair, 4Children)
- Dr Jill Maben (Senior Research Fellow, Director, National Nursing Research Unit)
- Liz Redfern (Director of Patient Care and Nurse Workforce Development, South West SHA)
- Professor Dickon Weir-Hughes (Chief Executive and Registrar, NMC)

**Apologies (and organisations):**

- Lord Victor Adebawale (UNITE/CPHVA)
- Ann Baxter (Chair of Association of Directors of Children's Services Health, Care and Additional Needs Policy Committee)
- Mike Farrar (Chief Executive, NHS Confederation)
- Anita McCrum (Public health senior nurse)
- Dr Sheila Shribman (National Clinical Director for Children)

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

**Presenters:**

- Nick Adkin (Deputy Director, HV Programme, SRO)
- Dame Christine Beasley (Chief Nursing Officer, DH)
- Viv Bennett (Deputy CNO, HV Programme SRO)
- Ann Gross (Director, Department for Education)
- Jamie Rentoul (Director, Workforce Directorate, DH)

No	Agenda item	Notes	Owner
1	Introductions	<p>The Chair welcomed members to the inaugural meeting of the Taskforce. Members were then asked to introduce themselves.</p> <p>The Chair noted apologies from Lord Victor Adebawale, Ann Baxter, Mike Farrar, Anita McCrum and Sheila Shribman. She said she would contact those members who had been unable to attend to speak to them about the outcomes of the first meeting.</p> <p><u>Role of the taskforce and individual members</u></p> <p>The Chair outlined the role of the Taskforce saying it was formed with the intention to act as a critical friend. She outlined the importance of generating enthusiasm and commitment to the programme. She noted that while the Taskforce was an independent group, it was helpful to have DH presence to provide the broader policy context. If needed, the Taskforce could move into closed session with DH observers not present. The Chair also said that members could not delegate attendance to ensure that the Taskforce was able to work and deliver at the right level.</p> <p>This was followed by a wide ranging discussion about the terms of reference. The Chair picked up Mike Farrar's points about positioning the ToR in the wider context. This was supported by Liz Redfern. Matthew Hamilton suggested that specific reference be made to sustainability. Pip O'Byrne suggested that reference needed to be made to leadership.</p> <p>Liz Redfern emphasised the importance of what the group defines and measures as outcomes from these meetings.</p> <p><b>Action: Secretariat to update Terms of Reference and circulate for agreement to Taskforce members by 28 July. Action completed and final version circulated.</b></p> <p><b>Action: Secretariat to note that measuring Taskforce outcomes to be picked up at a later meeting. Action completed: this is being discussed as part of 29 Sept meeting, Item 6, Taskforce – how do we measure success.</b></p> <p>Viv Bennett outlined how the Taskforce fits in with the broader programme governance structure. She noted that the Taskforce has a championing and challenge role, while there is a Programme Board which has a role in assuring delivery. Sitting under this is a Delivery Partnership Group which brings together the earlier steering groups of Growing the Workforce, Professional Mobilisation and Aligning Delivery Systems. There is also a Stakeholder Forum. She also noted that the Programme team regularly engage with SHA health visitor leads, and the Early Implementer Sites (EIS) which is a key mechanism for programme delivery.</p>	<p><b>Note</b></p> <p><b>Sec</b></p> <p><b>Sec</b></p>
2	CNO Presentation	The Chief Nursing Officer, Dame Chris Beasley, provided Taskforce members with a high level overview of the programme. A copy of the	<b>Note</b>

		<p>presentation is at <b>Annex A</b>.</p> <p>CNO began by outlining the need for a Taskforce, saying that it has a central role to play in strengthening partnership working at the most senior/leader levels. She stressed that a core part of the Programme has been to work with partner organisations to shape the vision and the health visitor service offer.</p> <p>CNO put health visiting in the broader cross-government policy context explaining how their role was central to improving public health and was part of delivering the government's Big Society agenda. In general terms, CNO said she felt the original role of health visitors had been constrained and restricted as their numbers had diminished, and in some areas have become solely focused on safeguarding. The government's vision is of a revitalised health visitor service as set out in the implementation plan. In essence, it is a workforce that has felt neglected. As such, there was extreme variability in the roles, functions and skills of health visitors. In moving forward, it is vital to have an empowered workforce.</p> <p>CNO stressed the critical nature of the early years for future life chances. While it is crucial to ensure join up right across the early years, there is a need to retain focus on the specifics of delivering the health visitor programme.</p> <p>CNO then referred to the Call to Action in more detail - the health visitor implementation plan published in February. This outlines the plan for delivering a new health visiting service. As part of this, it has been vital to look at what parents say they need i.e. knowing who their health visitor is; receiving a quick response if there problems; and supporting families over a longer period of time if there are additional needs. CNO noted that, at present, many people are unclear about what is being offered and what they should expect. CNO then ran through the family offer.</p> <p>Finally, CNO raised the question about how we get the change and pace we need. Health visitors have always been pioneering and will continue to be so in future. Some health visitors have already moved a long way down this path.</p> <p>The Chair noted that she was struck by how what CNO had said aligned with the comments made about the terms of reference, specifically the need to include reference to the wider context, leadership and the importance of the programme's sustainability.</p>	
3	The early years agenda across government	<p>Ann Gross, Director of Early Years and Special Needs Group, Department for Education, gave members an overview of the wider government approach to the early years in light of the publication of Families in the Foundation Years documents the previous week. A copy of this presentation is at <b>Annex B</b>.</p> <p>Ann Gross outlined the context of the publication of Families in the Foundation Years, explaining that the document also serves as a response to recommendations from the Graham Allen, Frank Field and Dame Clare Tickell reviews. She stressed the importance of co-production in helping develop the vision.</p>	

		<p>Ann outlined the key priorities for the foundation years including the central role of parents and families, consistent delivery of the Healthy Child Programme and working to improve the quality of the workforce. As part of this, she noted that DfE and DH are working closely together to explore options for moving to a single integrated review for 2 to 2 ½ year olds. Also, a review will soon be launched into the foundation years workforce.</p> <p>Following the presentation, the Chair reflected on the government’s focus on early years development and health and the longer term benefits this investment can have, and how it was important to get this messaging out. John Forde welcomed integration of the early years workforce and highlighted the future role of the health and wellbeing boards to champion the foundation years agenda.</p> <p>Pip O’Byrne noted that as part of the publications, 4Children had worked with DfE to produce a website that brought all of this information into one place. Viv Bennett reflected that we need to celebrate how different elements of the early years are coming together and are aligned.</p> <p>Liz Redfern was interested in what leverage DfE had with local authorities to ensure that all providers are committed to delivering coherent foundation years services. Ann Gross responded, explaining the significant progress that had been made.</p> <p>Peter Carter noted that there could be parallels with the National Service Framework for Mental Health which led to significant improvements in service provision where it was lacking. However, the Framework which does not fit with the current government’s desire for more devolved decision making was centrally led with little scope for manoeuvre at the local level. The Chair noted the need to bring all the key players together.</p> <p>Viv Bennett noted that the Healthy Child Programme will eventually be the responsibility of Local Authorities but that for now it will sit with the NHS Commissioning Board. In the eventual move from the Commissioning Board to Local Authorities, it will be essential to build in sustainability.</p> <p><b>Action: The integration of the separate 2 to 2 ½ year reviews to be discussed as part of a future meeting. Action noted.</b></p>	Sec
4	Delivering the policy and supporting the profession	<p>The Chair introduced Nick Adkin and Viv Bennett, joint SROs for the Health Visitor Programme. This session was an opportunity to get more into the policy and implementation detail of the programme. A copy of the presentation is at <b>Annex C</b>.</p> <p>Viv Bennett began by saying that there is now a significant body of literature on what works and what doesn’t in terms of early years intervention and the role of health visitors. She pointed out that health visitors are generally being trained on a risk based approach. However, what we know is that this needs to be linked to a family based strengths approach.</p> <p>She then went on to discuss actions that need to be undertaken at a national level, and those at a local level. At the national level, she said there was a need to be clear about the early years narratives, a</p>	

		<p>recognition that this agenda is as much about public health as it is about the early years, and that health visitors play a key part of the public health workforce. At the local level, there is a need to think about how commissioning functions and how providers will deliver. She then went on to outline the role of Early Implementer Sites and the role of Family Nurse Partnerships.</p> <p>Nick then led the presentation. He said the current focus is on ensuring the number of commissions is sufficient and getting good quality numbers to apply for training and then filling the places. However, in addition, it's vital to get good quality people in and getting the training right. At present there is a focus amongst other things on increasing the numbers of clinical practice teachers, improving retention and emphasising the role of health visitors in health prevention.</p> <p>In looking at health visitor trajectories and numbers of training commissions, he said it is likely in the short term that numbers will drift downwards and that we cannot expect a step change until September 2012. In the meantime, DH needs to be clear on commissions and service vision. He said that work was ongoing in working through what transition meant for commissioning.</p> <p>Viv Bennett then picked up the presentation and raised the issue of what success would look like. Part of this is ensuring that distribution reflects local need. She also said that a lot is being asked of the profession eg. delivering a new service vision; mentoring students; and working in different ways. Support of the current workforce is crucial to the delivery of not just the numbers but also the service vision.</p> <p><b>Action: A Family Nurse Partnership presentation to be arranged for a future meeting Action completed: Presentation at 29 September meeting under Item 3.</b></p> <p><b>Action: Members to be sent a full list of contact details Action completed.</b></p>	<p>Sec</p> <p>Sec</p>
5	Reflections and comments from Chair and members	<p>Peter Carter asked what is meant by success for children. Viv Bennett discussed both formal and informal ways to measure success. Formally this meant readiness for school.</p> <p>Kate Fallon noted risks to providers. This point was picked up by Liz Redfern who said there was significant variation in how SHAs were supporting providers and there was concern about funding. Viv Bennett explained that the new money for the programme had been baselined in allocations and explained in the Operating Framework. Where there had been problems at the provider level, it would be helpful for the Taskforce and DH to know.</p> <p>Pip O'Byrne expressed concern on local inconsistencies with regards to the commissioning and deployment of health visitors. She added that people returning to the profession are enthusiastic and this has to be utilised. Liz Redfern said that SHAs have an important role to play in this.</p> <p>Jill Maben said that a significant challenge is to broach the gap between theory and practice and that health visitors need to be proud of their profession and recommend it as a career to others. Viv Bennett agreed</p>	

		<p>and emphasised that clarity of career structure is very important.</p> <p>The Chair reflected on what the group had heard thus far and the discussion. She said that this first meeting was about developing an understanding of the work, but future meetings would have more of a focus on updates and where the Taskforce could support driving work forward. She said she is particularly interested in hearing from Early Implementer Sites – what’s working and what isn’t.</p> <p><b>Action: Members to be sent details of the social mobilisation events and other events with key partners that they may be interested in attending</b> <b>Action completed</b></p> <p><b>Action: Members to be sent list of Early Implementer Site evaluation framework criteria</b> <b>Action noted: Will be sent when finalised.</b></p> <p><b>Action: Members to contact Sophie Taysom if they are interested in having a visit arranged with a health visitor</b> <b>Action ongoing.</b></p>	<p><b>Sec</b></p> <p><b>Sec</b></p> <p><b>Taskforce members</b></p>
6	The training and workforce challenge	<p>The Chair introduced Jamie Rentoul (Director, Workforce Directorate, DH) who focused on the logistic challenges presented by the level of expansion required to deliver the workforce for 2015 – especially against the recent reality of HV workforce and training trends. A copy of his presentation is at <b>Annex D</b>.</p> <p>Jamie Rentoul began by touching on the decline in the numbers of health visitors over the previous decade. He noted that the size of the challenge is significant. He then went through the projected increase in training commissions in order to meet with increase in numbers. He indicated that of the increase in the 4,200 health visitors on current figure, 85% of this would be secured through new recruitment, 10% through better retention and a further 5% via return to practice routes.</p> <p>He said that there were significant risks to delivering the numbers including that planned training commissions weren’t filled and clinical placements did not match CPT numbers.</p>	
7	Panel – opportunity for members to ask questions of SROs across areas of the programme	<p>Matthew Hamilton asked about what work was being done in highlighting and managing risks to the programme. Adding to this discussion, the Chair asked if we know where in the nursing professions, future health visitors are being drawn from. Viv Bennett responded saying that the programme is seeking to recruit numbers from the wider nursing population and that DH were aware of the risk of potentially negatively impacting on midwifery and school nursing numbers. She added there was work that needed to be done around getting students exposed to health visiting as a potential career path and everyone had to be more innovative in this. Dickon Weir-Hughes emphasised the importance of sharing best practice where possible.</p> <p><b>Action: Provide Dickon Weir-Hughes with list of HEIs demonstrating best practice. The work of these HEIs will then be showcased via NMC. Action ongoing: Secretariat working with SHAs on identifying best practice.</b></p>	<p><b>Sec</b></p>

		<p>John Forde noted that in Coventry, they had tried to commission for the 0-5 aged group. A real transformation would be if commissioning was done right across the service with health visitors taking on a leading and directing role. Matthew Hamilton reiterated the programme's focus needs to be not just on delivering by 2015, but building in sustainability to ensure real service transformation.</p> <p>Liz Redfern said that it was important to ensure that comms was joined up in terms of the messages going out to the service. It would also be helpful to think more about a national recruitment campaign.</p> <p><b>Action: Comms update to be provided at a future meeting. Action noted.</b></p>	<b>Sec</b>
8	<p>Afternoon session for Chair and members to reflect on information and determine how they wish to work</p> <p>Agreed next steps</p>	<p>The Chair summed up the meeting saying that a number of issues were raised that needed to be picked up by Taskforce in future. These include:</p> <ul style="list-style-type: none"> <li>• input from DfE and DH at a future meeting on an integrated 2 to 2 1/2 year old review;</li> <li>• an agenda item on image, messaging and comms at next meeting;</li> <li>• a presentation and discussion on health and wellbeing boards and their link to health visiting;</li> <li>• a presentation on Family Nurse Partnerships and how it links to health visiting;</li> <li>• some further work around clarifying career paths for health visitors;</li> <li>• a future agenda item on funding;</li> <li>• risks to be RAG rated to help shape the agenda;</li> <li>• presentations from Early Implementer Sites to understand what good looks like (in addition to sending members details of the next SHA/EIS event); and</li> <li>• how we will measure success as a Taskforce.</li> </ul> <p>Kate Fallon suggested that given the system architecture changes, it would be helpful to get a sense of how the new system is to be navigated, and how to continue to send out the right financial messages.</p> <p>Matthew Hamilton emphasised the importance of understanding how families are experiencing the service vision in action.</p> <p>Jill Maben felt it was important to develop further knowledge around what was attracting people to the profession.</p> <p>With regard to ways of working, the Chair stressed the importance of members distinguishing between personal views and those agreed by the Taskforce. The Terms of Reference could be used as a helpful guide in this.</p>	
	AOB	<b>Next meeting is to be held on 29 September, 10.00-15.00,</b>	