



Department
of Health

Growing a Sustainable Workforce: The Health Visitor Implementation Plan: A Call to Action - In Action

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Growing a Sustainable Workforce: The Health Visitor Implementation Plan: A Call to Action - In Action

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Purpose of Document

This case study focuses on an improvement in service quality, innovation or a new way of working, specifically along one or more of the strands of the health visiting service vision and family offer:

Community

Universal

Universal Plus and

Universal Partnership Plus.

Case Study Overview

The Department of Health's *Getting it Right for Children and Families* (2009) both highlighted the key role to be played by the health visiting team in the effective delivery of the Healthy Child Programme and recognised the need to develop the health-visiting workforce, taking action to increase its numbers if service transformation were to take place. The Health Visitor Implementation Plan sets out how and when these objectives will be achieved on a national level. For Nottingham City this has meant that approximately 100 new health visitors will either need to be trained or attracted into the profession over the next three years.

While this is undoubtedly an exciting time of growth, it also brings with it challenges to adequately recruit, train, support and retain these much-needed additions to our workforce.

As an organisation we felt confident in our ability to provide a comprehensive mentorship and teaching programme that matched the skills and knowledge of specific roles and services to the health and wellbeing needs of children and young people aged 0-19 years living in Nottingham. This we could achieve while simultaneously providing children and families with services that were not only locally based, but also clinically effective and safe at the point of delivery. We also acknowledged however that, without the support of a motivated workforce, strong partnerships with associated stakeholders and a dedicated group of practice teachers, our ambitious aims (to rapidly increase health-visiting numbers, creating a sustainable, competent and enthusiastic workforce able to both deliver the Healthy Child Programme and transform services) might be unachievable.

With this in mind, we began to think outside the box. We worked with colleagues across the region to produce a series of supporting documents aimed at informing long-arm mentoring practices and standardising a series of Band 5 competencies, in order to help develop registered nurses well trained in the common core skills needed to be effective community practitioners while providing insight into the role of the Specialist Community Public Health Nurse (SCPHN).

We worked with the Department of Health to look again at preceptorship and the first two years of a health-visiting career, creating specialist posts, team-leadership opportunities, and a coherent preceptorship programme, to provide a structure for progression within the health-visiting arena locally. We fully implemented, and indeed expanded, a mentorship programme designed to support newly appointed Band 5 nurses, to include students on the SCPHN programme, creating communities of practice that would continue to offer support once qualified.

Most recently, we developed a timetable of support for mentors and SCPHN students; visually represented change through all four levels of the new service specification; and are in the process of providing a series of observational forms targeted at key developmental stages in the first two years of life, linking policy drivers and theory to professional practice.

Achievements

In order to achieve our target of 154.7 health visitors (whole-time equivalent) by March 2015, CityCare needed to develop a robust plan for training and retaining students. Research suggests that learners most value the interpersonal skills of a mentor when in practice. Indeed, if we want to empower students to achieve to their highest potential, we must give them ~~a~~ genuine people to relate to. For this reason, Band 6 practitioners who possessed a breadth of knowledge and experience within their role, and were suitably qualified (as specialist nurses and mentors), were asked to mentor students under the ~~long-arm~~supervision of the Band 7 practice teacher. Supported by a timetable of planned meetings and in-house training, students, mentors and practice teachers continue to work together to ensure that individual learning needs are met, and competency achieved.

We looked again at how best to deliver a series of in-house teaching sessions aimed at enhancing the student experience through shared learning and the formation of ongoing and supportive communities of practice. Delivered in a rolling programme, practice teachers, mentors and student practice teachers (in need of teaching hours in order to complete their own learning) work together to provide identified learning experiences for students on the SCPHN programme and professionals from other areas of health and social care. Quality assurance is inbuilt through annual peer and pedagogical review of the programme's learning resources, as new practice teachers refresh and develop existing lesson plans. Once completed, students are actively encouraged to ~~stay~~ in touch taking time out of caseloads to develop the critical-reasoning skills and leadership qualities needed to be competent health visitors through peer supervision . not only now but throughout their preceptorship year.

While the programme's aim is to promote success, where this cannot be achieved a formal process of review, action planning and incremental change has been initiated. To facilitate this difficult process mentors are offered additional training in critical reflection and the giving and receiving of feedback, and sign-off/practice teachers meet regularly with students, mentors and clinical team

leaders to review student progress and revisit placement opportunities . making changes, where necessary, to meet student needs.

In *Getting to Grips with Assessment*, Brenda Smith and Sally Brown (SEDA, 1997) suggest that, to be effective, feedback needs to be purposeful: it must be timely, realistic, motivating and sincere. We believe that this has been achieved both with students, who rate the training days highly (%really enjoyed the day . the sessions were informative but relaxed+) and mentors (%always feel a bit better after a meeting or chat with her. I feel I need to be directed in a basic, step-by-step way, with this process+). In practice, teachers, students and mentors meet regularly to discuss observed practice, portfolio outcomes and placement progress. In the past, this support has not always been consistent and we have developed, this year, a contact timetable highlighting where support will be offered by practice teachers in the hope that both mentor and student will feel more contained.

The negotiation, review and eventual sign-off of the practice portfolio / competent practice remains in the sphere of influence of the practice teacher. This requires that practice teachers adhere to the quality-assurance guidelines of linked higher education institutions. In order to facilitate this process, CityCare practice teachers convene an academic board twice a year. Here, they reflect on the implemented programme of support, making changes where its stated aims . to improve the quality of patient care and increase health- visiting numbers . have not been met, and to take forward areas of innovation highlighted by students in their portfolios, from which service transformation might take place.

Benefits

- A goal of 154.7 health visitors (whole-time equivalent) in practice by 2015, leading to service transformation through the delivery of the Healthy Child Programme, enhanced job satisfaction for CityCare employees and, ultimately, better outcomes for children and young people aged 0. 19 years living in Nottingham City.
- A model of practice, which provides quality training for an unprecedented amount of students over a three-year period. Developed by practice teachers, it makes use of the skills and expertise of our current workforce and is, as a result, forward thinking. In focusing on our strengths, we are motivated to do more . to feel enthused by the challenge of change rather than daunted by it.
- A continued assurance that our Band 6 mentors are kept up to date with current practice, meeting the requirements of triennial review through continuing development and peer review.
- A sustainable workforce: we are currently recruiting 22 more Band 5 nurses who will work through competencies and, where appropriate, be supported to apply for health visitor training in future years.

Challenges

Conflicting role demands and current staff shortages already significantly reduce

opportunities for teacher-practitioner interaction to the detriment of both the practice teacher and SCPHN student. Practice teacher numbers are in decline, despite an organisational commitment to train more, and caseload sizes remain high.

Aimed at supporting the implementation process, practice teachers initially short-arm mentored one student while long-arm supervising between one and four students, depending on hours worked. This has now changed, and practice teachers this year will only long-arm supervise students, in order to ensure parity across the organisation. From January 2013, practice teachers are hoping to either significantly reduce or have no attached caseload, working with mentor and student in their placement area and to co-locate to a shared venue allowing for a more immediate discourse, which can only be of benefit to those we support.

We acknowledge that changes are pointless if the students' experience is poor or the existing workforce is destabilised by demands placed upon them and, for practice teachers tasked with the responsibility of containing both mentor and student, emotional exhaustion remains a reality. For this reason, we have asked for restorative supervision to be put in place for practice teachers and mentors who will be asked to take students again this year.

In Nottingham City we knew that change would not be easy, and the organisation therefore adopted, with the support of the Strategic Health Authority, a transformational leadership role. Practice teachers and team leaders hoped that their enthusiasm, clarity of vision and sustained commitment to the plan would motivate and inspire others to get on board. This process began for mentors with a dedicated launch where practitioners were asked to consider a future in which Cowley (2009) numbers might be achieved, and their skills and qualities used to implement an effective, preventative Healthy Child Programme, where local needs are assessed, community capacity is developed and children's full potential is realised.

Regular meetings, face to face and virtual, have allowed associated stakeholders to discuss and negotiate change, while developing the interprofessional relationships needed for the programme's success. Our status as a social enterprise has perhaps been of benefit here: call-to-action progress days and workstreams in which health visitors are represented have created a sense of ownership of the plan, and opportunities to develop and shape future service delivery.

Learning, Sharing and Sustainability

The huge increase in health-visiting numbers means that we not only need to change the way we educate and support SCPHN students now, we also need to plan for their future. A large percentage of our workforce will be newly qualified and in need, if they are to stay, of ongoing preceptorship, a place to sit, additional training and access to newly developed career pathways. It is here that we see the role of the practice teacher developing, maintaining our role as change agents while continuing to support and educate a newly qualified workforce.

In order to sustain our current progress, we must continue to respond appropriately to

the experiential learning facilitated by the delivery of the implementation plan. We must also maintain our current high standards when recruiting the workforce of tomorrow and support mentors in offering both the breadth of opportunity and trusting relationships SCPHN students need to succeed. If newly qualified SCPHN are to be retained we must also build on and make robust, our preceptorship programme.

This case study is a celebration of our workforce and a timely reminder that, together, we can transform the service we deliver. We just need to take it, one SCPHN student at a time!