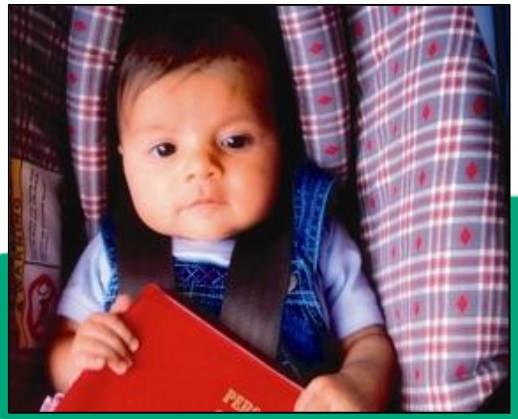
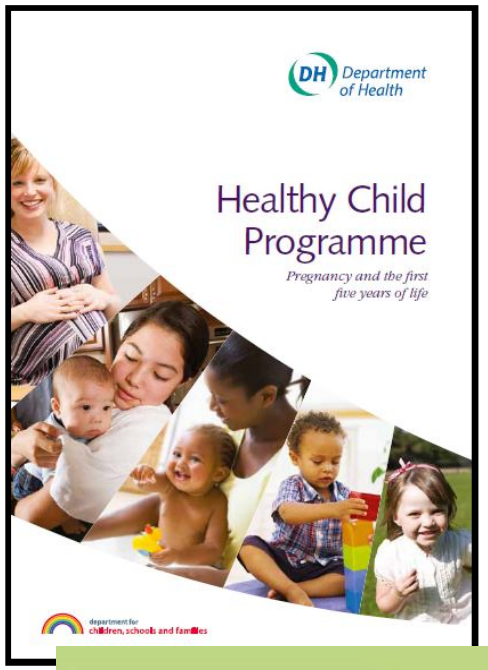


'Call to Action' – one year on

CPHVA Conference
Viv Bennett DCNO DH 2011

What is new?

Policy | **Evidence** | **Plan**



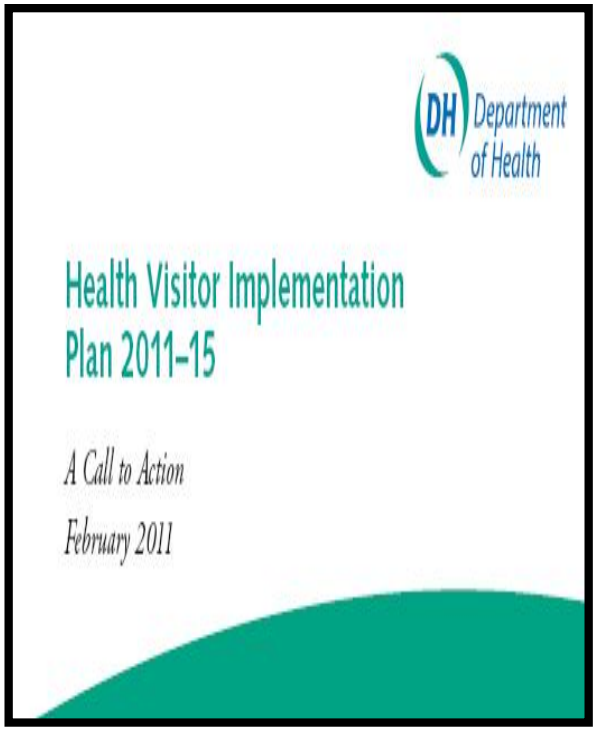
Neuro-science

What works in prevention/ health promotion

Impact of early years on adult health

Impact of parenting in early years on life chances

Early intervention a long term investment



Key messages

Importance of prevention

Importance of early help and early intervention

New 'National model'

Your Community

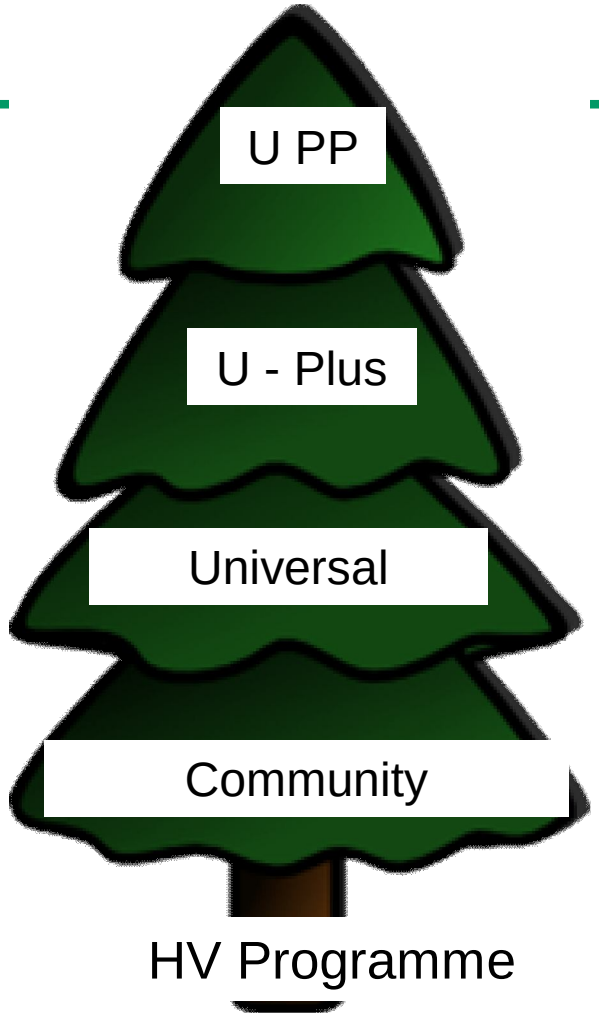
Universal services

Universal Plus services

Universal Partnership Plus services

SAFEGUARDING

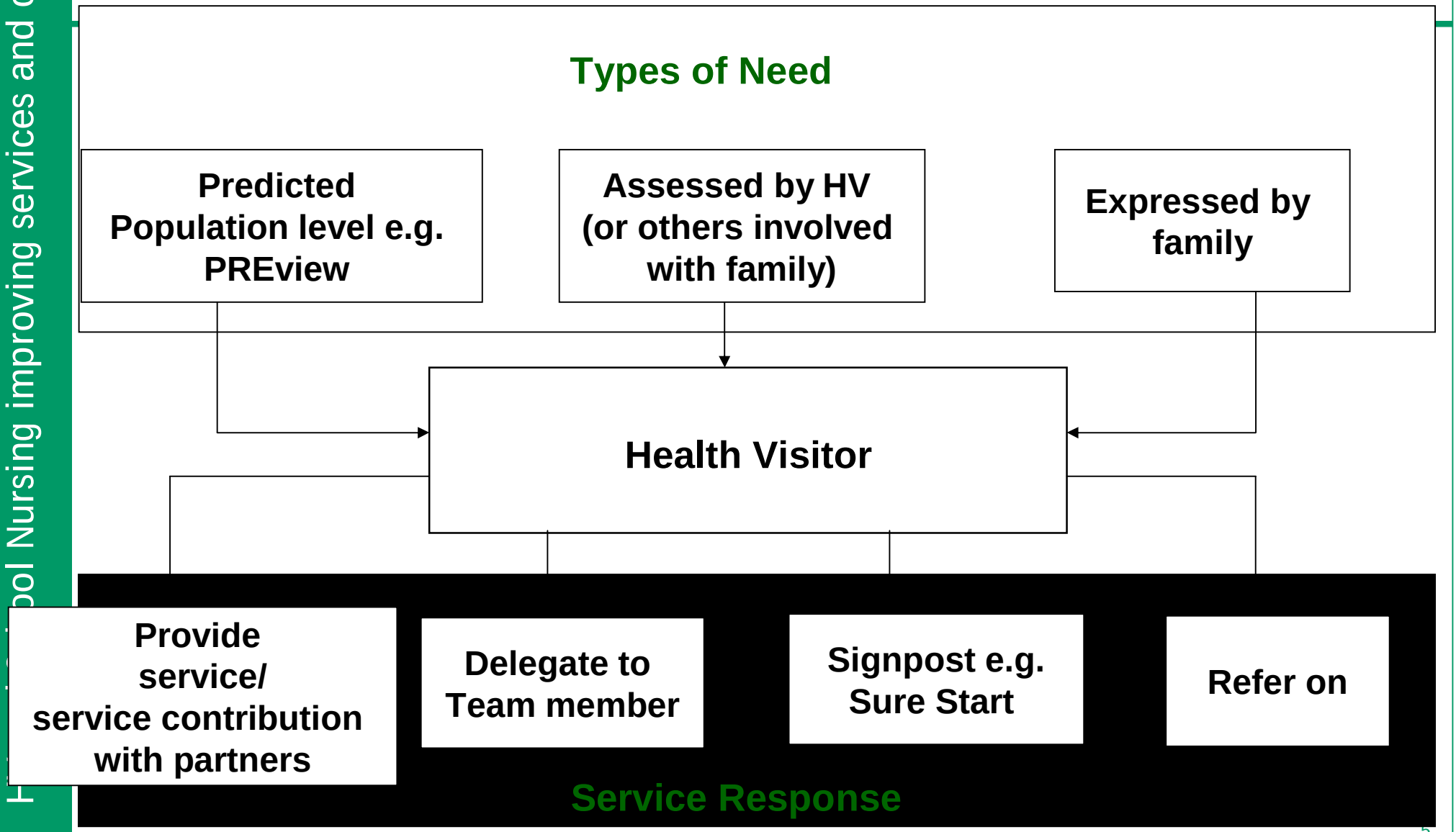
New 'Local service'



Evidence Practice Outcomes

Local health needs – improving local outcomes

New partnerships and pathways….



What are the challenges?

Financial

- **NHS and local authorities financial pressures**

Scale of expansion

- The number of health visitors has been in decline and is an 'aging workforce'. To do nothing would lead to continued decline and **thus we need 6,000 more HVs to meet the target to be achieved by (estimated) 85% training and 15% Return to Practice** and improved retention.
- Training of huge increase in students requires more and different clinical education and supervision -**1828 commissions for 2011/12** (compared with 500 previous year) and new placements

A changing system

- Managing changing incentives and levers for increasing the workforce in **a new and devolved system and with new commissioners and providers**

The current workforce

The decline in numbers has led to **variable coverage of service** across England and often significant workload pressures on HVs

- Achieving high **morale motivation and mobilisation in the current workforce**
- Implementing a new **service vision** whilst managing current service pressures
- Demonstrating progress and good practice and achieving some **early wins**

Meeting the challenge …….. performance management and demand side national actions

Policy/Performance management

- Maximise Public Health White Paper and early years policy opportunities for HV and School Nursing **to improve outcomes**
- **Build and promote improved partnerships** at national level (e.g. cross government)
- **Performance manage** progress towards delivery of the new service
- Monitor progress and move to more **real time data and mix data and 'soft intelligence',**

Demand side actions and commissioning

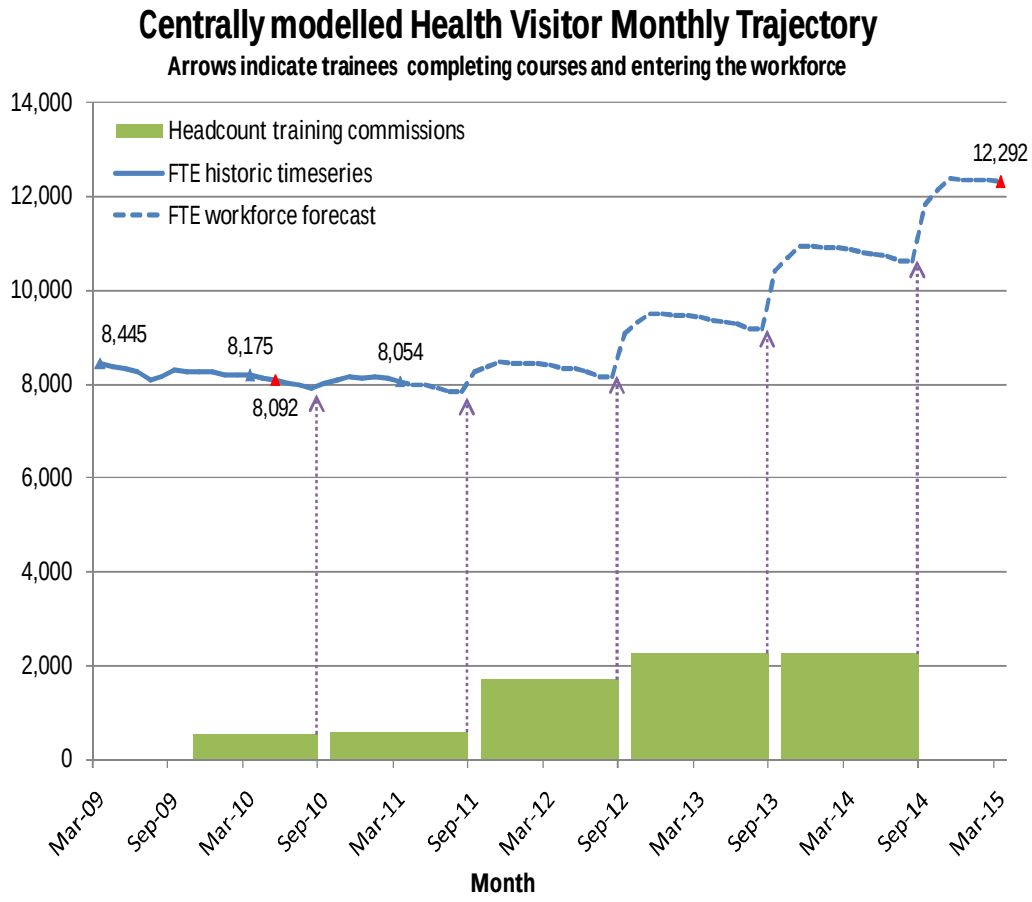
- Promote '**prevention' and provide evidence** for benefits to support growth in posts and transformed services
- Develop and promote the **new service vision and embed a new offer for families**
- Support local services to **work together**
- **Improve commissioning** of HCP (up to 19) – new **commissioning framework**
- Develop **outcome measures/metrics and pricing**
- Demonstrate and **share success and early wins**

Meeting the challenge …….'supply side' national actions

Supply side actions and professional development

- Attract sufficient numbers of nurses to the profession
- Get the training right: expansion and new service model requires increase in the numbers of clinical practice teachers and more placements
- Increase the number of returners to practice and improving retention
- Ensure commissions for HV training for national target are filled
- Develop skills/confidence/leadership in current workforce – 'mobilisation' and support through post graduate learning opportunities
- Link to work on building skilled strong Foundation Stage workforce and look for opportunities for joint training/shared learning
- Improve use of information and technology including mobile working
- Implement the 'Early Implementers' programme' and spread learning

Trajectory – national and SHA…..



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Health Visiting recent progress

Cross government work – Family Policy and Public Health - and supporting local partnership working

Taskforce established

Early Implementer Sites: Now 26 EIS sites receiving ongoing and testing new policy and approaches

Mobile technology – scoping project and good practice

Professional mobilisation : for example Accelerated learning events DH – NHSI, SHA Local events. CPHVA Roadshows

Education and CPD

1800 training places commissioned for this year - 1300 Sept remainder Jan March. 540 HVs qualifying now

Building Community Capacity pilot and roll-out HCP Elearning

Curriculum development and training Health Visitor RtP Framework' and 'Educating health visitors for a transformed service' (DH website)

First Annual Report Nov 11

Meeting the challenge …….. local actions

- **Education commissions that reach national trajectory and places filled and clinical placements and support available**
- **Commissioning specifications HCP and the new HV Service**
- **Provider delivery plans for a full or staged implementation of the new HV Service are in place**
- **Effective and shared safeguarding arrangements**
- **Effective partnerships between health visiting services, local PHCTs and Children's Centres and where there are FNP services in place/developing an integrated approach and opportunities to share learning**
- **Families understand the new service offer and are involved in local development and where appropriate delivery**
- **Current workforce given development and support to deliver the new service offer**
- **Current professionals are engaged by local commissioners and managers**
- **Early wins including demonstrating success from EIS**

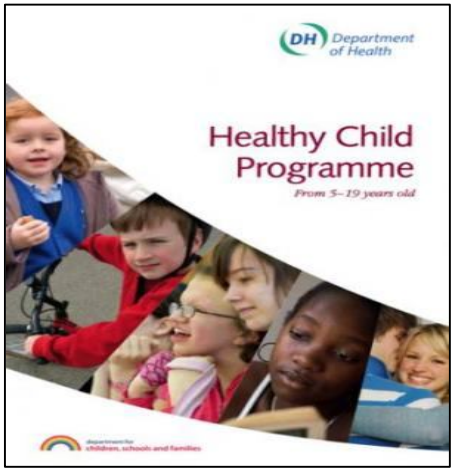
School Nurse Development programme progress

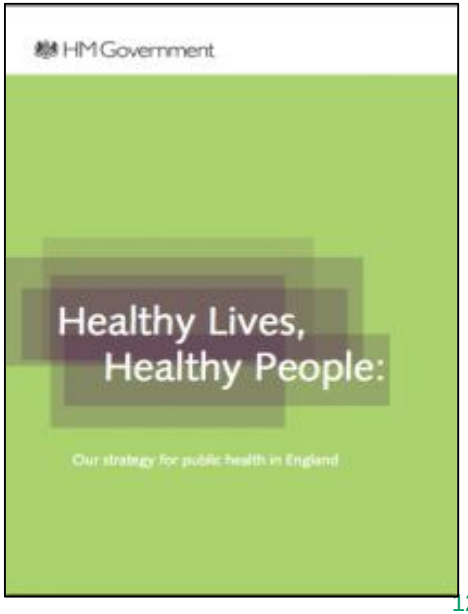
- **Clear service vision and model which illustrates the school nurse contribution to:**

Children, young people and family public health delivery

Educational inclusion through supporting children and young people with, long-term conditions or disabilities including mental health problems in both school and community settings.

- **Engagement with the profession, stakeholders, children and young people**
- **Accelerated Learning events with DH & NHSI**
- **SN part of the pilot for the training module 'Building Community Capacity'**
- **HV – SN transition pathway task group establish**

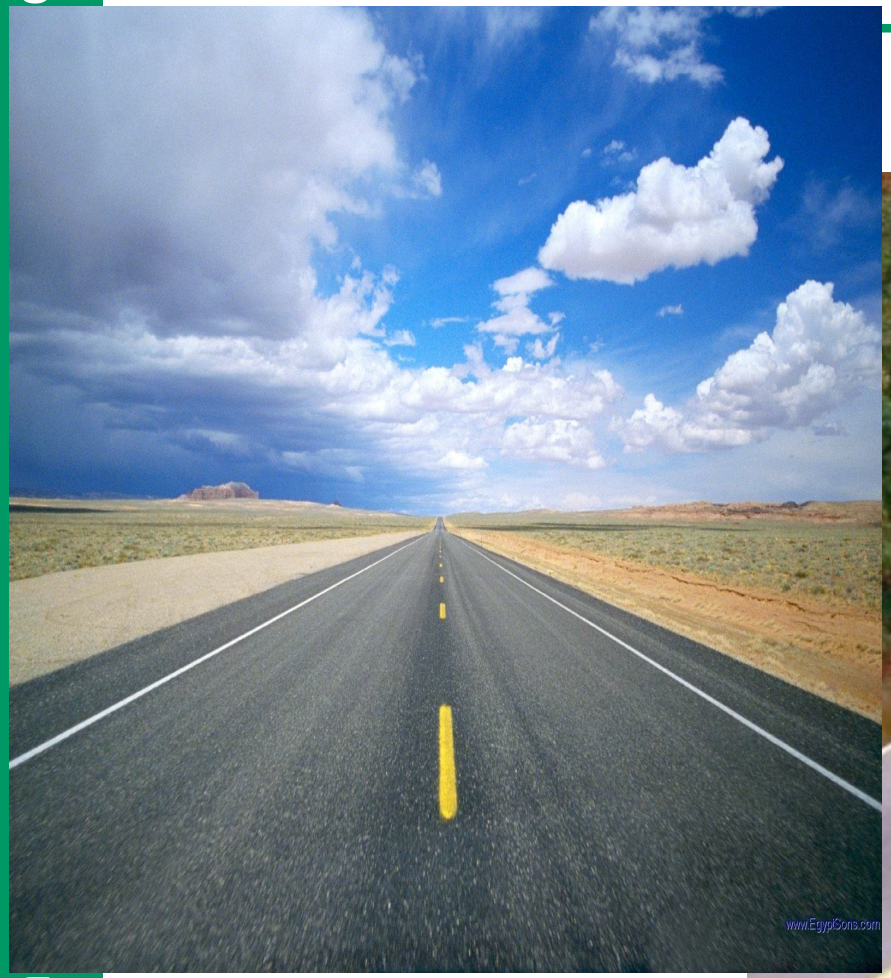


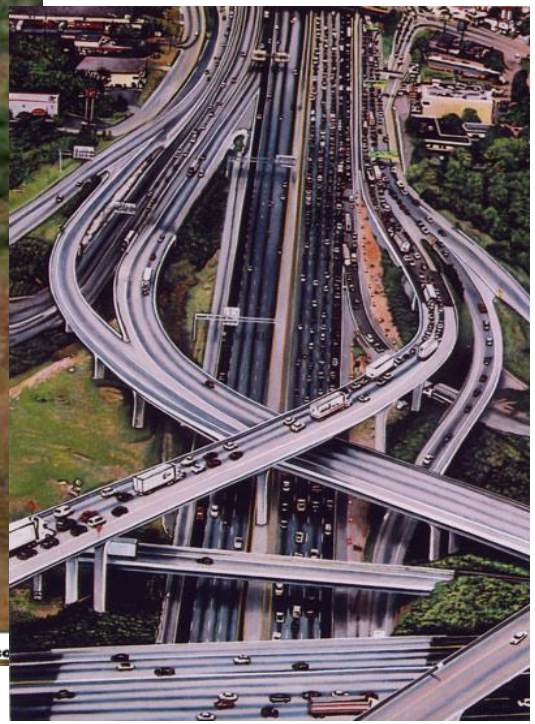


School Nurse Development Key challenges over next months

- **Emphasis on early years**
- **Resources and capacity**
- **Public Health Outcomes Framework and HCP outcomes (5-19)**
- **Further Pathway development**
- **Joint working with DfE re: children with complex needs in school settings**
- **Testing the model with the profession, stakeholders and service users**
- **Dissemination of good practice**

How does it feel locally?





Professional mobilisation to make it happen …….

Share what we do – key messages

Health visiting……

Empowering families for healthier future

Leading families and communities to better health

Building the future health of our community

Designing and delivering care to families

Promoting public health to the community

A healthier start for children

Making a difference in your community

What would success look like ?

Growth in workforce is delivered and coverage relates to need

All families have access to a full range of service. Families receive joined up services to meet their needs and choices and express high levels of satisfaction

Needs/problems are identified early and the right service response provided

Evidence based services and practice are provided by mobilized and supported professionals

Strong partnerships are built and sustained both between local organisations and with families using services

Health visitors and school nurses are proud of their profession and recommend it

Local leaders feel empowered to make changes

Children are 'ready for school' and supported through school

Local health outcomes improve and inequalities reduce

And finally …..thank you

‘A Call to Action’ sets out what we need to do nationally and locally to overcome the challenges, rapidly grow capacity and embrace innovation to transform services

An amazing response to the

‘Call to Action’

2000 + plus practitioners engaged directly with HV and School Nurse development programmes this year