

The role of the HV Taskforce in the new service provision

UNITE / CPHVA
November 2012

Background

- New policy
- New evidence
- A response to what families want

Taskforce Terms of Reference

- The purpose of the Health Visitor Programme Taskforce is to champion and provide strategic challenge to the delivery of the governments commitment to improve services and health outcomes in the early years for children , families and their communities, through expanding and strengthening Health Visiting Services, with an extra 4200 Health Visitors in post by April 2015

The Taskforce will :

- Champion the vision for the Health Visitor Programme;
- Provide strategic challenge and assessment of the programme against delivery objectives and risks and issues;
- Ensure that all contributions from delivery partners and stakeholders necessary for the successful leadership and delivery of the programme are identified and promoted

- Promote the learning from the Early Implementer sites ; and
- Support the delivery of the programmes objectives and its longer term sustainability
- July 2011 – July 2013

The Taskforce will also =

- Take into account the wider context in which Health Visiting sits, for example , across Public Health, the Foundation Years Education, Social Care, Local Government and Criminal Justice.

We do this through -

- Being outward facing – visits / presentations
- Strategic not detail – advice / support
- Not redesigning – ten-plate a given
- Advice and challenge to the Programme Board

Membership

- NB Independent of DH but serviced by them
- Members include - Health professionals: Paediatricians / Health Visitors / GPs
Public Health, Research, regulator, health unions, NHS Confederation, 4 children, and Council of Deans.
- Individuals attend in a personal / professional capacity

What has the Taskforce found ?

- Good basis for new development
- Greater focus on the healthy child programme
- An enhanced profile for HVs - confidence
- Ripple effect – improved relationships, greater use of data,
- Leadership
- HVs are changing

Challenges

- 3rd part of the register
- Reduce duplication of returns
- Communications – GPs, LAs, Maternity Services, Executive Boards
- Commissioning
- Supporting staff through change
- Maintaining skill mix
- IT systems – connectivity / availability

Taskforce role now

- Sustain momentum with 1st wave EIS
- Ensure learning is embedded
- Encourage 2nd wave
- Ensure the whole agenda and workforce is not forgotten
- Stay focused on the children and their families