

OVERVIEW: HEALTH VISITORS CALL FOR ACTION

Health Visitors Call For Action

The national call to action for Health Visitors (HV) which was instigated in Feb 2011 detailed a requirement for significant growth in Health Visitors and a transformation of services in support of children and their families.

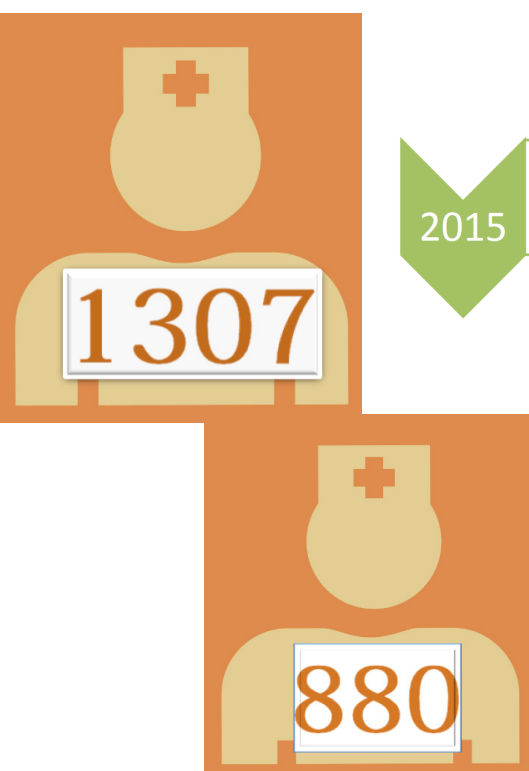
Historical Commissioning

Prior to the call to action we historically commissioned between 40 – 50 places on the HV programme each year across four Universities, this needed to treble if we were to support service providers in meeting their targets for growth by March 2015. The HV programme is 50% theory and 50% clinical practice/workbased, therefore to ensure sufficient placement capacity it was necessary to have support from Service providers.

Collaborative Approach

A collaborative approach was needed to meet this significant challenge. The Universities and HV service provider teams reviewed their resources ensuring sufficient capacity to recruit and support greater numbers of students. The Growing workforce group was introduced to get key stakeholders involved in education commissioning and the HV Call to action together to create partnership working and joint ownership of working towards the March 2015 deadline.

This group was extended in 2013 to include all service provider HV leads, CCG and AT colleagues with a responsibility for HV. Student allocations were given to HV service providers to ensure there was sufficient placement provision to meet the required commissioned number each year.

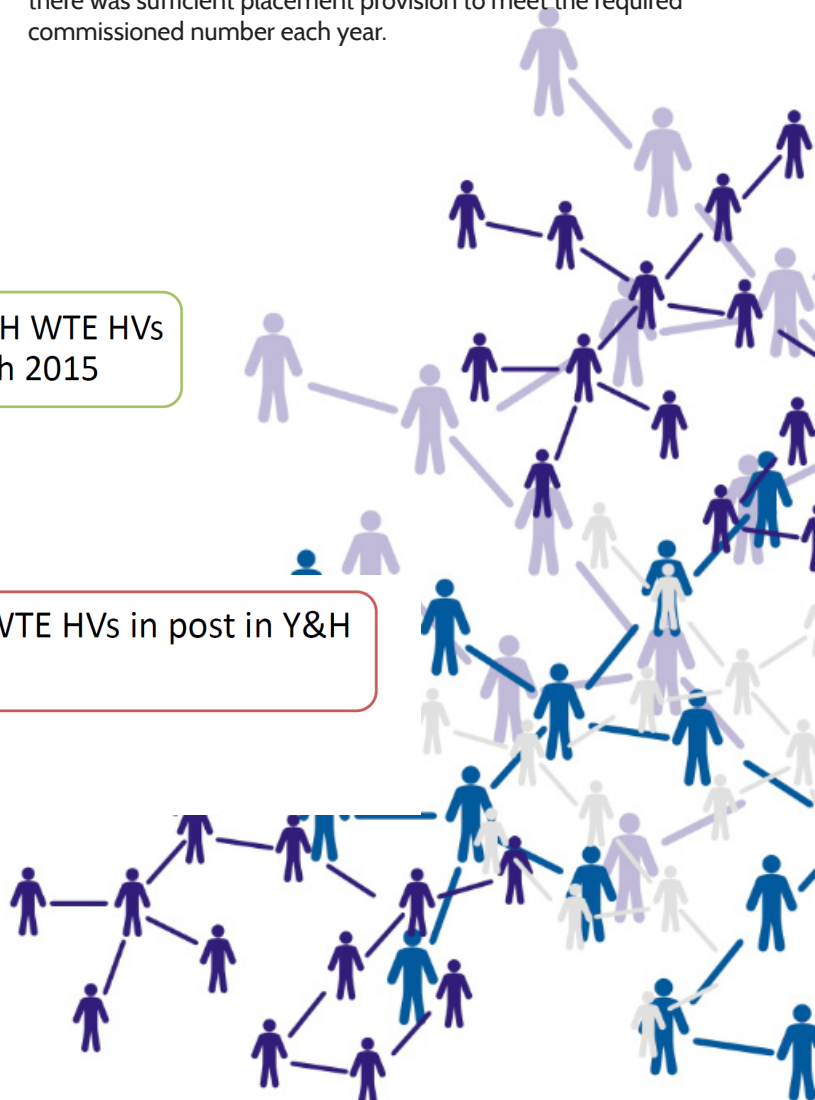


2015

- Target for Y&H WTE HVs by 31st March 2015

2014

- WTE HVs in post in Y&H



Call to action challenges and solutions

Call to action brought many challenges for which solutions needed to be sought. Working with key stakeholders that included HV leads from service provider organisations, education providers and service commissioners we have over the last developed and implemented an education framework.

This framed some of the work required to address challenges identified

Inconsistency in applicant experience and recruitment between the education providers,
Increase Practice teacher capacity and quality education
Aligned to the needs of a transforming service

The number of intakes for HV trainees went from 4 to 6 a year and a return to practice programme was introduced though demand for this programme has been disappointingly low both at a local and national level, despite large scale marketing campaigns.

Current HV Position

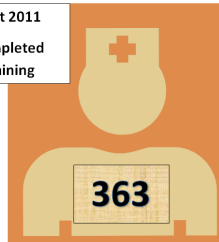
Currently we have more trainees studying to be a HV than the shortfall in posts required to be filled by 31st March 2015.

- some students will not complete for various reasons between now and the end of March 2015.
- HVs in practice will leave for a variety of reasons including retirement
- target is based on WTE and advertised as full time, but many newly qualified HVs choose to work part time to suit their life/work balance.

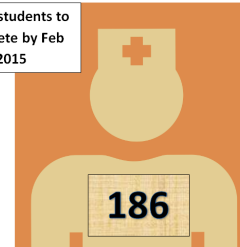
Common practice suggests any employers wishing to recruit good HVs will try to accommodate their individuals' needs where possible. This means that whilst it may appear there is an oversupply, in reality we are likely to be very close to target.

Continual analysing workforce and university data collectively on a regular basis and working closely with colleagues from within the Growing the workforce group and the North of England NHSE HV board, to constantly review our final position ensuring we are able to support employers and students effectively going forwards.

Sept 2011
Completed
Training



Active students to
complete by Feb
2015



As of March 2014 shortfall in workforce = 84.6 WTE

Transformation of Service

In relation to transformation of services, in 2011 implanter sites were identified to lead on transformational change. Prior to April 2013 Strategic leads in SHAs brought communities of practice together to enable sharing of experience and best practice in transforming services and creating innovative practice. Since then with the transition of the SHAs Health Education Yorkshire and the Humber (Y&H) attempted to bring those discussions into the GTW meetings which strengthened relationships with the NoE team in NHSE to re-create communities of practice. Given the excellent work been developed across HV services in Y&H allowing the sharing of good practice having lost some momentum post April 2013. Ongoing education needs of the HV workforce are continually reviewed and opportunities for HVs to maintain and enhance their competence are available through HEYH contracts and eLearning programmes.

Investment for the future

HEYH has committed huge investment in Health visiting services since the Call to action not only in financial terms but in resources. Continually monitored by central teams ensuring the Call to action is a national and local success. To date much has been achieved across Y&H not only in creating more HV posts, supporting increased numbers of students and newly qualified HVs but at the same time transforming HV services to ensure quality of services meets the need of children and their families. In recognition of working collaboratively this could not have been achieved without the dedication and high level of commitment shown by those involved in the delivery HV services i.e. Health visitors, practice teachers and HV Service leads alongside education providers in partnership with HEYH.

Appendix

Education Framework

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stakeholders
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