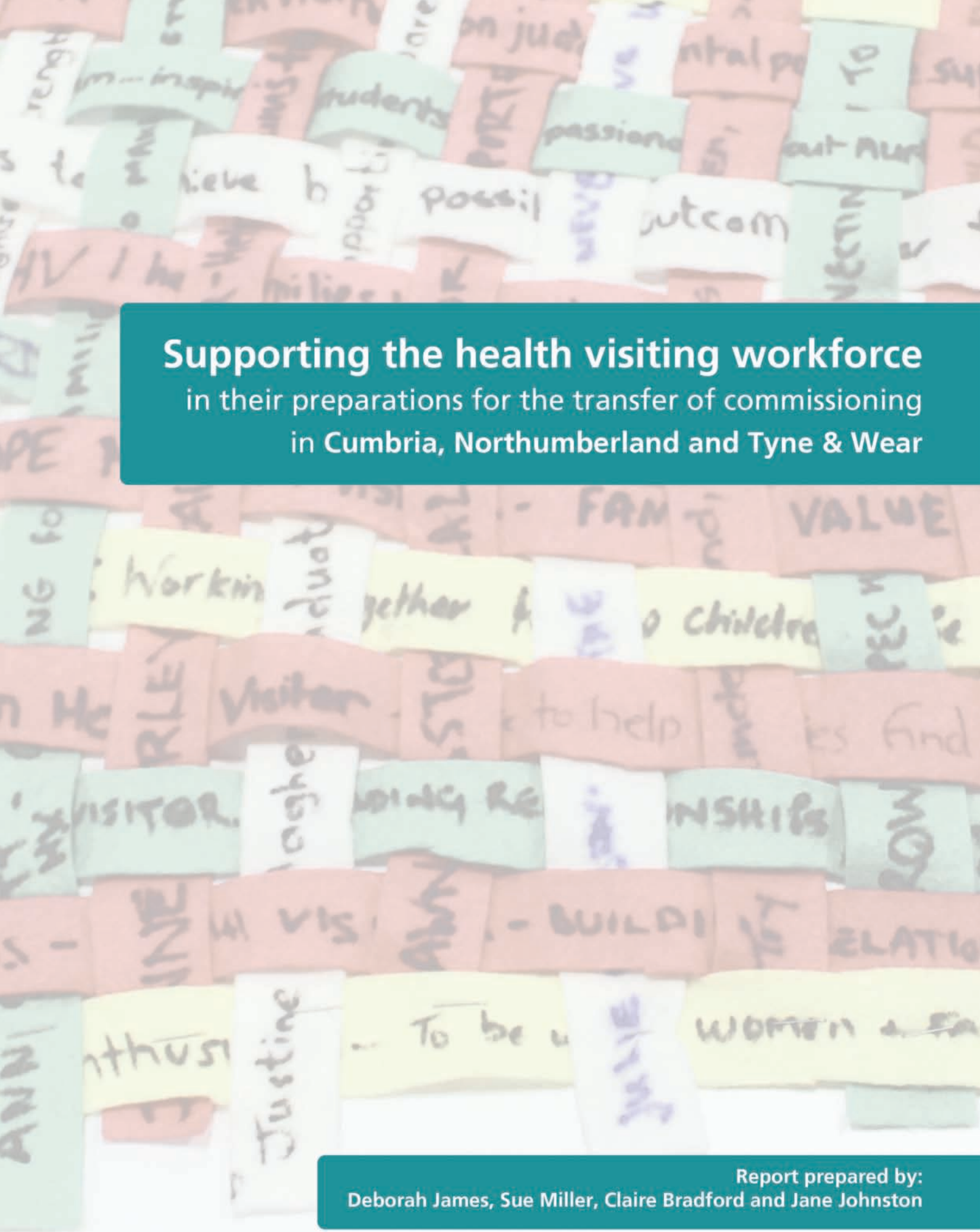


Supporting the health visiting workforce

in their preparations for the transfer of commissioning in **Cumbria, Northumberland and Tyne & Wear**

Report prepared by:
Deborah James, Sue Miller, Claire Bradford and Jane Johnston

northumbria UNIVERSITY NEWCASTLE

NHS England

Preparing for Transition of Commissioning

Context and Background

In October 2015 the commissioning responsibility for the health visiting service will be transferred to local government and their **health and wellbeing boards**[1]. These boards were established through the **Health and Social Care Act 2012**. They are designed to be a forum where key leaders from the health and care systems will work together to improve the health and wellbeing of local populations in order to reduce health inequalities.

The boards aim to capture specialist local knowledge of health needs and should result in better informed joint commissioning of services. As part of the drive towards greater integration the **Health Visitor Implementation Plan**[2] set out a call to action which has expanded and strengthened the health visiting workforce. In July 2014 NHS England (Cumbria, Northumberland, Tyne and Wear areas) commissioned Northumbria University to deliver a project to support the health visiting workforce in preparation for this transition of commissioning arrangements and improving outcomes for children and their families.

Project Aims

One of the major conceptual drivers of the **Call to Action** and the **Health Visitor Implementation Plan** was the focus on integration of the various workforces around families.

As the leads for this project we used our experience of what we know works with families when they are in challenging situations. Drawing on our clinical, management and commissioning perspectives we decided to adopt a strengths-based approach for the project delivery. We wanted to create a learning space where members of the integrated workforce and their leaders could have conversations to explore their multiple perspectives around health visiting in the local context.

What we did

We set up a series of meetings in the four local provider areas across Cumbria and the North East of England. We agreed specific features to reflect local circumstances and ran four half day interactive workshops for up to 100 staff in each area. These workshops:

- provided a prominent platform for the voice of families from the local area;
- identified local examples of integrated best practice in health visiting;
- created space for targeted conversations with strategic leaders across health and local authorities;
- supported reflexivity within the health visiting workforce.
- Gave health visitors an opportunity to ask questions about the implications of the change ahead.
- commissioned Roots & Wings to record the project through the design of this summary report and the supporting video[3].

Why we did it

It can be difficult to demonstrate the impact of preventative work on the outcomes for families. It is even more challenging to pinpoint which part of an intervention contributes to the positive outcomes for families.

For this reason we gave space in the workshops for practitioners to develop their understanding of the causal mechanisms - what they do day to day - that impacts on families and communities.

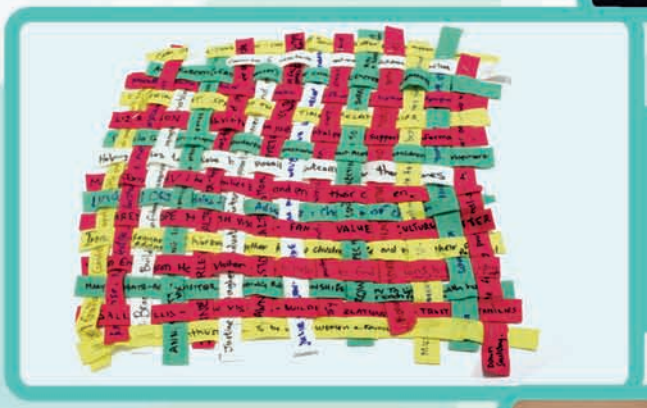
We highlighted the significance of the relationship building and engagement work that forms a core element of the universal aspect of the health visiting services.

When we refer to health visiting we are also referring to nursery nurses employed within the health visiting service.

Capturing the impact of the project

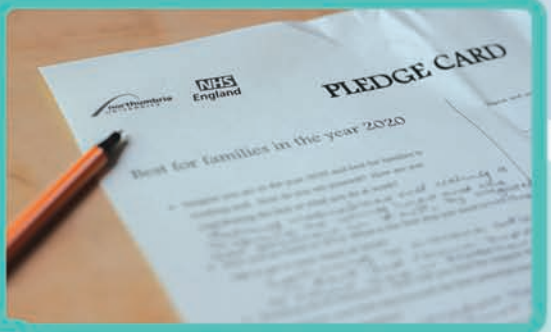
During the workshops we gathered lots of feedback from the participants. We collected this through a number of ways:

We collected participants' questions in written form.



We invited participants to identify what they felt made the biggest difference to the families they worked with. These statements were written out on individual strips of felt and woven together.

We asked each participant to write down how they envisioned contributing to family work in 2020. We then asked them to write down what their first step would be to move towards their preferred future.



We asked a series of questions to explore perceptions of the role of health visiting and the impact on families.

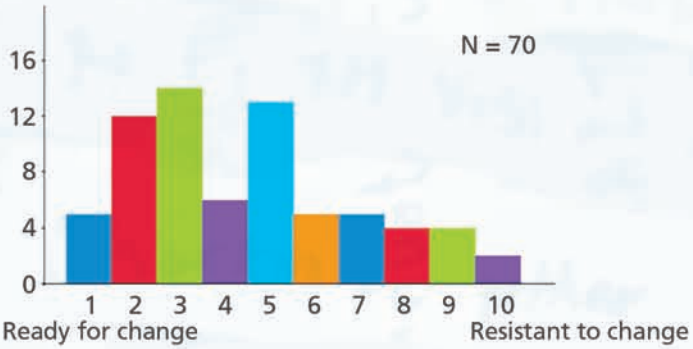
We were aware of a potential risk that taking part in the workshops could amplify fear and anxiety within the workforce in relation to the change of commissioning responsibility, so we also asked participants about their readiness for change. In order to mitigate this risk we used creative approaches and encouraged playful interactions in an open-space workshop by creating distance for reflexive thinking.

These methods created distance from the day-to-day which allowed participants opportunity to think about the multiple perspectives on their role and its impact.

The Findings

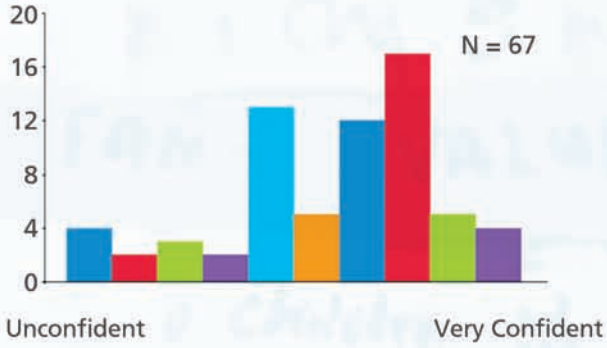
We asked questions on Survey Monkey about participants' readiness for change and we also focused on the multiple perspectives of health visiting practice and its impact. This was to help create greater mindfulness of how others view the work of health visiting services. Ability to take alternative perspectives will enable health visitors to explain their role and the difference it makes in a way that is more helpful in fostering engagement with other colleagues in the integrated workforce. Just under 100 participants completed the survey (not all participants responded to all questions).

Most of us find change challenging. On a scale of 1 to 10 where are you?



The question about feelings showed that as a group the participants were more likely to report feeling positive and ready to embrace the change than to report feeling angry and resistant to it.

How confident do you feel in your own ability to make the most of the new commissioning arrangements for health visiting?



In accordance with the positive feeling towards change most participants expressed a positive confidence in their ability to make the most of the opportunities that come with the change in commissioning transfer.

A close examination of the responses showed that health visitors, like all of us, found it relatively difficult to 'step into the shoes' of the family or the other practitioners.

There were variations in the content of responses, for example, health visitors said that other practitioners would highlight traditional functional health activity such as weighing babies, immunisation and developmental checks as the main ways that health visitors spend their time. But there was very little differentiation in their responses concerning the unique causal contribution that the health visitor makes through their training in public health, community asset holding, relationship building and observation.

Whilst respondents or health visitors appeared to be aware of the energy being put into the relationship building between health visitors and families, it seems that they do not believe that the message around the value of the public siting of their practice as a universal provision has penetrated or been communicated to the wider workforce.

Given how far the health visiting workforce has moved on in the last ten years their record of how their colleagues view them suggests that they believe that their new strengthened and expanded practice base has not yet reached the consciousness of their colleagues.

Responses from the weave, the pledges and the survey questions showed that the main site of practice that is valued by health visitors is the interaction in the family home. This foundation for health visiting is just as important for the future as it was in the past.

This data was presented to participants, including strategic leaders and commissioners in Cumbria and the North East (in December 2014).

The themes that found strongest resonance based on the information we discussed concerned the need to identify the unique and critical contributions that health visiting makes to families' outcomes.

Katharine Taylor (one of the strategic health visitor leads) commented that the project had supported her to prioritise the communicating of the key messages about what health visitors do. She said,

> *"passion is not enough, I need to empower staff to promote the unique contribution that their training and modus operandi equips them to do."*

She said the project was timely and had enabled her to get ahead of the game in her area so that when the service commissioning responsibility changed people would know what health visitors did, why and the difference their intervention makes.

The Challenge

We collected over 2000 pieces of feedback during the workshops. When we were reviewing the findings we were struck by the relative absence of the concept of 'challenge'.

The reason the absence of this concept stood out was that in our professional experience, change is fundamentally linked to challenge.

Whether a practitioner facing change, a manager enacting change or a parent or carer who needs to change, challenge will always be present in the change journey.

Effective challenge that improves parenting comes from practitioners who are authentic, non-judgemental, well informed, well connected and authoritative and who have a relationship with the family. Using challenge with support to enact change at the site of practice is a high level skill which requires ongoing supervision for development in the workforce.

If the mechanisms that sustain high quality practice are not recognised, the value that should be assigned to them could be missed in future commissioning arrangements.

Making Action Count

At the end of the workshops participants made pledges to show how they envisioned their preferred future. The pledges showed their personal action plans towards that vision. A selection of participants' pledges and our responses to them highlight this:

e.g.1 - Health visitor

VISION: Continuing to make a difference to the families who I support working with the healthy child programme.

- To have achieved recognition for implementing change and working with people around me
- To research projects and questionnaires for parents on "what they would like"

We agree that researching the service user perspective is a good place to develop perceived value of HV practice for change in families.

e.g.2 - Commissioner

VISION: Commissioning innovative and responsive services that deliver excellent outcomes for users.

- Fully understand the nature and uniqueness of commissioned services and use this to develop a cohesive sector system with clear desired goals
- Work with colleagues to develop service level knowledge

This commissioner understands why we need to draw on the deep contextual knowledge embedded in services/communities to design strategies that make integrated systems work.

e.g.3 - Family nurse partnership health visitor

VISION: Co-located with other professionals working in the local community – to share best practice and improve working together. Everyone under 20yrs who has a baby be able to be offered a place on FNP.

- Continue to deliver FNP to a high standard and share our learning with other agencies – so the vision for the future can be shared and understood by everyone.
- Collaborative working. Keep networking. Keep being strength based to promote positive working.

The belief in the need to share practice to sustain and develop practice is strongly present in this pledge.

e.g.4 - Health visitor

VISION: At the centre of a multi-agency team, coordinating high quality services to support a family to achieve their best outcomes.

- To understand roles, responsibilities, the complexity of services and to forge better working relationships.
- To seek out information from other services and want to understand.

The personal challenge is explicit here - this practitioner sees her own motivation in practice as critically connected to the collective endeavour.

Learning, Sharing and Sustainability

At times of change maintaining professional identity is important and this project provided some support to the health visiting workforce to do this.

Leadership is critical and the four health visitor leads in the region have offered a great deal of support to the project and have each offered their perspective on it and how they intend to take the next steps.

"We aim to be a sustainable, robust health visiting service able to change. Communication is vital in our joint vision and values...The workshops were empowering and motivating, blossoming workforces and partnerships."

(Helen Condran)

"It really helped me crystallise my thoughts and provided a good time to reflect on some of our values in a workforce that already deals so well with change."

(Katharine Taylor)

"How do we sell the value of health visiting going forward? How do we market those values?"

(Helen Robinson)

"We want to know what it is we need to do to support the health visiting workforce through the change."

(Derek Curry)

Next steps...

The health visitor leads each have the data from the workshop for their area.

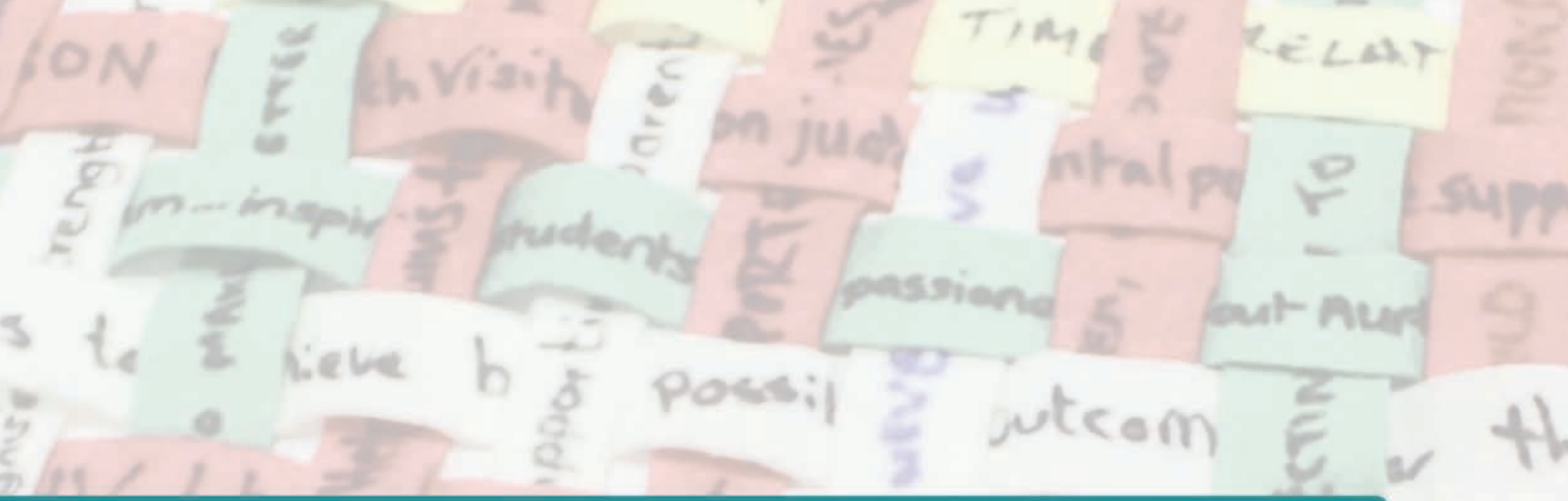
The Institute of Health Visiting[4] provided input into each of the workshops and are working with us and NHS England to provide ongoing leadership to support the workforce over the next 12 months.

Make contact with your HV lead to find out more about how you can develop your own learning through this project.

And finally...

Story telling is increasingly being recognised as a way of offering fresh insights to a situation, enhancing creativity and enabling individuals and organisations to deal collectively with complexity and uncertainty that is entailed in change.

Our hope is that this project will demonstrate how individual and collective story telling can support reflexivity in practitioners for whom, like us, change is the only certain future.



Resources

1. www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/health-wellbeing-boards-one-year-on-oct13.pdf
2. www.gov.uk/government/publications/health-visitor-implementation-plan-2011-to-2015
3. www.vimeo.com/119159489
4. www.ihv.org.uk/

Further contact:

Dr Deborah James HCPC, RCSLT

Reader in Child and Family Communication
Business and Engagement Lead for Social Work and Communities
Faculty of Health and Life Sciences

Room H021
Coach Lane Campus East
Newcastle upon Tyne, NE7 7XA
Tel: 0191 215 6287 / Fax: 0191 2156083

Dr Claire Bradford MRCP FRCPath FFPHM

Head of Public Health
NHS England Cumbria and north east
NHS England 0-5 sender transfer programme public health commisioning lead

@crbpad GMC 2853303

Waterfront 4 Goldcrest Way
Newburn Riverside
Newcastle upon Tyne NE15 8NY
Direct dial: 0113 8252974
Mobile: 07981 163674 or 07834567781

Design by rootsandwings

northumbria UNIVERSITY NEWCASTLE

NHS England