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| Health Visitor Programme - Weekly News |

Issue 23

28th March 2013

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We’d like to apologise for not producing a Weekly News last week, as some of you are aware the programme team is depleted currently so please bear with us.

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**A Big Thank You**

With the changes in structure I would like to take this opportunity to thank those colleagues that have undertaken additional roles to support the delivery of the Health Visitor Implementation plan. Your involvement has been key to our success in the East of England, and I look forward to continue to work closely with you going forward.

Thanks to:-

**County Leads**

Deirdre Wisdom

Liz Plastow

Rowena Harvey

Maria Richardson

Cath Slater

Clare Slater-Robins

**EIS Leads**

Maria Richardson

Pamela Agapiou

Rowena Harvey

Cath Slater

Liz Plastow/Stephanie Farr

**Work-stream Leads**

Deirdre Wisdom

Liz Plastow

For those of you without a nominated role your input is no less appreciated, so thank you also for your involvement and enthusiasm. We still have much to do and I have no doubt that we will achieve our goals.

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**Action – Survey Monkey Newsletter Feedback**

[**https://www.surveymonkey.com/s/EOEHVSurvey**](https://www.surveymonkey.com/s/EOEHVSurvey)

Please complete our Survey Monkey for our East of England HV Weekly News. We will collate the information and feed this back to you, thanks in advance for taking the time to complete this. **Responses by Friday 12th April**.

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**Information – Case Study Brochures**

Hot off the press**,** we have just received a delivery of brand new shiny brochures of case studies – they look fantastic and will be distributed to your areas in due course. PDF version attached

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**Information – Spreading the Word More Widely – Sharing Practice**

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| **Health Visiting Innovation - Improving Relationship and Communication with GPs Organisation :**  **SEPT Community Health ( Children’s Services), South East Essex Description:**  To foster close relationship with GP colleagues, use face to face and or telephone contacts to communicate regularly with them so that we can share essential information about children and their families health needs, resources and other support services available locally for children and families, and, to work collaboratively to improve family needs assessments and agree a joined up care plan where appropriate for children 0 – 19 years on the practice caseload identified as vulnerable by both the GP or Children’s services practitioners.  A term of reference was developed and agreed with GPs via the lead for safeguarding. Project presented at GP forums and information about the meetings published in the monthly GP newsletter. At least once a month face to face meeting between the GP and a Health Visiting and or School Nursing caseload holders is recommended to take place at the GP surgery with both parties bringing a list of cases for discussion to the meeting. The list of children should be shared before the meeting where possible. Each practitioner is responsible for ensuring that, and is required to inform the client that such meeting is taking place and information is being shared. A recording template was developed to record concerns shared at the meeting, potential impact of the concerns on the child / ren, action plan and review date for action plan. The template is then scanned on to the child / ren’s electronic record - SystmOne used by most practices accessible to both the GP and Children’s services staff.  **Area of service vision or family offer this meets**: Improve outcomes for children in the Safeguarding arena; improve communication between the leaders in Primary Care; Universal, universal plus and universal partnership plus.  **Rationale behind Innovation:** What clearly emerged from serious case reviews is a failure of system compounded by other factors, the greatest of which was lack of or ineffectiveness of, communication and liaison between health professionals.  **Outcome of Innovation:** Communication in its varied form – planned and ad hoc face to face, telephone, SystmOne notifications and tasks are now taking place more regularly between GPs and Children’s services staff where essential information needs to be shared. Efforts are on-going to achieve cooperation with practices where this has not yet been implemented even though the need to have regular meeting has been identified. Primary Care Meetings has been incorporated in the standard / guidelines for managing Health Visiting caseloads.  **For further information, please contact:** Deborah Payne - Integrated Locality Manager & Professional Lead for Health Visiting, South East Essex Community (Children’s) services. **Email:** [**Deborah.payne@sept.nhs.uk**](mailto:Deborah.payne@sept.nhs.uk) **Tel:** 01268 464500 |

**Information – Communities of Practice schedule**

The following dates have been confirmed for the next Communities Of Practice Workshops.

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| Region | When | Venue | Content | Contact |
| Norfolk and Suffolk | **23rd April** | **Cornwallis Hotel** | **Antenatal** | **Mandy Wagg**  **amanda.wagg@nchc.nhs.uk** |
| Cambridge/Peterborough | **23rd April** | **Huntingdon Racecourse** | **Non-english speaking families** | **Rowena Harvey**  **Rowena.Harvey@cpft.nhs.uk** |
| Essex | **TBC** | **TBC** | **TBC** | **Elieen Payne**  **eileen.payne@swessex.nhs.uk** |
| Bedfordshire/Hertfordshire | **1st May** | **Novotel,**  **Stevenage** | **TBC** | **Cath Slater**  **Cath.Slater@hchs.nhs.uk** |

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**Information – Practice Education Evaluation**

As many of you will be aware, the East of England have commissioned a DH funded evaluation into models of Practice Education. We are delighted that this evaluation is now complete.

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| **Executive Summary**  The Health Visitor Implementation Plan (Department of Health, 2011), has created unprecedented demand for practice based learning placements for student health visitors. The regulators recent development of the practice teacher with due regard model (Nursing and Midwifery Council, 2011& 2008) has provided an opportunity to utilise the wider health visiting community in providing high quality practice-based learning while developing innovative solutions to expanding the health visiting workforce. This study set out to investigate and evaluate three models of practice based teaching and learning across the East of England region. The evaluation was comprised of two phases.  **Phase 1** gathered quantitative and qualitative data froma practice portfolio audit (n34) and a survey of recently qualified health visitors (n39). Two key findings emerged:   1. **Irrespective of the practice teaching model, Practice Teachers rigorously manage their responsibilities** in relation to: provision of learning opportunities, monitoring of progression and assessment of fitness to practice ‘sign off’ thus conforming to the NMC Standards to support learning and assessment in practice (2008). 2. **Irrespective of practice teaching model, the vast majority of students felt able and or confident to undertake their role** in relation to the standards of proficiencies required of the Specialist Community Public Health Nurses-Health Visitor as determined by the regulator (NMC, 2004). Where there were disparities and students felt they lacked confidence this did not appear to relate specifically to the model of practice education but to a range of variables.   **Phase 2** sought to describe in more depth student’s experience of the practice education models in operation across the region. Data was collected from four focus groups (34 participants) from four participating Accredited Education Institutions. The findings revealed a number of key elements that provide a positive student learning experience;   * Proximity, continuity and reciprocal positive regard together with clinical expertise appears to be more important to students than whether the person is a PT or mentor. * Practice based learning is deemed to be effective when it is structured, organised and progressive. A range of learning strategies were utilised and valued and time for discussion and reflection were highlighted as critical to learning. Clarity and consistency in relation to role and learning expectations and the requirements of practice assessment empower students to manage their learning. * The practice environment can seriously challenge the learning experience of students, and where this results in a number of practice placement changes this is considered to be highly disruptive to learning and progression.   **Recommendations**   1. A re-examination of the culture and challenges that reside in practice placements and means to ensure optimal practice based learning that offer students a supportive clinical expert, working in close proximity. 2. A re-examination of the preparation of practice teachers and mentors, including practice teaching curricula and regulatory standards that give greater prominence to the affective aspects of practice learning considered fundamental to professional achievement. 3. The views of practice teachers and mentors are sought to gain further understanding of the mechanisms they employ to manage the opportunities and challenges of their role and establish ‘best practice’ benchmarks for practice educators. |



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**Information – Leadership Training Update**

Due to high demand, we are pleased to announce the dates for an additional cohort for Band 7 Team Leaders and Practice Teachers.

Operational Leads please confirm names on a first come first serve basis for Training taking place on Tuesday 7th May – Thursday 9th May, Hilton Hotel, Stansted, Essex. Please see list attached for your review.



Band 8 Leadership Training Cohort Monday 8th – Wednesday 10th July, Hilton Hotel, Stansted, Essex. Operational Leads will be contacted separately to confirm nominations.

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**Reminder – Use of EoE Twitter Account**

As previously reminded Julia continues to actively Tweet about the Programme. We would like you to follow our Twitter account, **East of Eng HV Prog@HealthVisitors** and encourage practitioners to set up their own accounts. Please consider this as part of your communications strategies and work with your communications teams as care has to be exercised when considering the content.

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| **Reminder – Spreading the Word More Widely – Sharing Practice**  In order to share the good practice that is underway in all our providers we are seeking an article, each week, from our providers on a rota basis which we will share via the HV Weekly News. This will help to ensure that we accelerate the roll out of the new offer and promote the health outcomes achieved by health visitors.  Attached is a rota, starting with ECCH from the 7th February 2013.  Articles of **up to** 200 words highlighting an innovation or area of good practice (including contact details) are to be sent to Lucy Hall, [HealthVisitorPA@eoe.nhs.uk](mailto:HealthVisitorPA@eoe.nhs.uk) by the Wednesday of each week. |

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**Contacts**

Julia Whiting, Health Visiting Programme Lead

T: 01223 743374

M: 07535 638236

E: [Julia.whiting@eoe.nhs.uk](mailto:Julia.whiting@eoe.nhs.uk)

Lucy Hall, Health Visiting Programme Support

T: 01223 743388

E: [healthvisitorpa@eoe.nhs.uk](mailto:healthvisitorpa@eoe.nhs.uk)

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