Caring for and supporting communities

The Community Practitioners’ and Health Visitors’ Association

Annual Report 2004–2005

caring for and supporting communities
It is with some considerable regret that I write what will be my final contribution in the Annual Report as Director of the CPHVA, as I leave the organisation to take up post as Chief Nurse Adviser for New Zealand (which started in October 2005).

The Association will continue to flourish, and I am pleased to pass on the support recently reaffirmed by Amicus General Secretary – Derek Simpson – for the ongoing professional policy and practice work within the health sector, including, of course, the CPHVA.

Over the past three years I have worked with expert members and leaders on our various committees, and with professional, regional and national officers, as we have sought to build a secure future for our professional groups and associations within the Amicus union. Some of this, quite frankly, has been tough going, with changes to our structural systems, finance and administration arrangements involving a good deal of work to implement. However, most of this work is now complete. The most significant change is a new structural map right across the health sector, ensuring an integrated approach to professional issues while retaining the ability of the CPHVA to address the specific needs of its membership.

I wish the CPHVA well for the future. The Association will continue to be a pervasive influence on health care provision in the UK and, indeed, beyond.

Mark Jones
Director, CPHVA
In health visiting you learn to always be prepared for the unexpected as doors open and new challenges appear. However, being Chair of the CPHVA does, I feel, beat health visiting for the unpredictability of the role.

A period of change was expected. As you read this report our former director, Mark Jones, will be in his first months in New Zealand as the Chief Nurse Adviser to the Department of Health. Pat Jackson has become Manager for Children’s Services for a trust in Essex, while Ann Owen and Anna Daley – Professional Officers for Wales and Scotland respectively – have moved on. Gavin Fergie has been appointed as the new Professional Officer for Scotland. The CPHVA office is now based in Moreland Street, near London’s Angel tube station. We offer thanks to the numerous secretaries and personal assistants who have assisted the staff over the last year.

There have been few changes in the executive in its second term. However, we have welcomed Helen Ross, Chris Smith and Margaret Reavley, who have replaced Heather Livesey, Sheryll Brett and Mary Poole. My particular thanks go to members of the committee who have taken on extra responsibilities in supporting the professional team and to my vice chairs, Annie Hair and Lorna Farr.

During the year, Amicus held its first policy and rules conference in Brighton. The CPHVA, through its health and regional structures, had a smaller but visible delegation. One motion, which will affect all members, is the future election of regional and potentially national full-time officers.

Mark Jones has continued to ensure the professional focus is maintained within the wider union. Hopefully, the new professional structure across all groups and associations will have been accepted and be implemented. A new election process to find a new Chair and Executive for the CPHVA will begin in the spring of 2006. We welcome Karen Reay as Lead Officer for Professional Policy and Practice, Amicus Health Sector.

The Amicus branch consultation concluded that a new branch structure will be emerging, but our centres will remain as the local point for professional activity.

Agenda for Change (AfC) has now been implemented, and most members assimilated, with a new knowledge and skills outline for professional and career development. Particular thanks go to all CPHVA colleagues who have been crucial to this process: project leads, job evaluators and analysts, as well as AfC and workplace representatives.

To the current members of the professional team who continue to maintain the high CPHVA profile as a respected national professional organisation while dealing with many industrial and professional individual requests: ‘Thank you’.

Best wishes to Mark Jones, the officers and staff. And to you, the members, a request to support your new Chair and Executive when they are elected during the forthcoming year, and to carry on serving the communities you work in. They are the future generation and we want them to enjoy better health and reduced inequalities. Public Health does matter.

Carolyn Taylor  
Chair, CPHVA  
Carolyn.Taylor@stpct.nhs.uk

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Carolyn Taylor  
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Improved services to members and delivery of a coherent strategy to protect the jobs of community nurses will be at the top of my agenda as Lead Officer for Professional Policy and Practice, Amicus Health.

As many of you will know, I have had a long association with the CPHVA: first qualifying as a health visitor in 1985, and being a member of the CPHVA Executive and Chair of the Labour Relations Committee, before becoming an Amicus regional officer in the North East.

The employment and professional issues that affect community practitioners are, therefore, very real to me, as I have experienced a wide variation of them during the last two decades.

I believe that the CPHVA has a strong reputation in speaking up for its members. But in an increasingly complex – and harsh – world, we must think smarter and act quicker if we are to thwart those who think that community nurses are the ‘soft’ option when it comes to proposed cuts to jobs and services.

I am committed to improving the channels of communication between our hard-working members on the ground, the CPHVA team of professional advisers and the wider Amicus union. The union has a comprehensive network of regional officers skilled in dealing with health issues and negotiating with NHS managers.

There is a lot of hard work ahead, but I believe the prize – a vibrant and valued community nurse workforce underpinning the primary care structure – is worth fighting for.

Karen Reay  
Lead Officer for Professional Policy and Practice, Amicus Health Sector  
Karen.Reay@amicustheunion.org
Fighting community nurse job cuts and protecting pensions – key priorities for 2006

Fighting cuts to community practitioners’ jobs and protecting NHS pensions will be key priorities in the coming year for the Amicus Health Sector.

Looking back, Amicus was initially undecided about Agenda for Change (AfC). In November 2004 a majority of members voted in support of the new national agreement introducing job evaluation, harmonised pay and conditions and a framework that applies across the NHS and entitles each individual to knowledge and skills development.

Amicus held the first national Policy and Rules conference at which the Health Sector delegation was among the largest and therefore significantly influential.

The debate about the normal retirement age for public sector workers came to a head immediately before the May General Election. The trade union protest and political lobby resulted in a major climb-down by the government and a commitment to proper consultation.

Britain backed a third-term Labour government. Over two terms, Labour has consistently boosted spending on health services and education, which seems to have proved popular with the electorate.

The atrocities of the 7 July London bombings brought home the real value of our public services. We pay tribute to all those whose professionalism and dedication helped save lives and comfort the bereaved. Among the victims were Amicus members who themselves were health service professionals. We pledge they will not be forgotten.

Our key priorities for the next year

Amicus workplace representatives and members will continue to implement AfC. This is hard work. Have you thanked your local rep for their hard work on your behalf? I hope so. In the meantime, nationally we continue to review and develop the job evaluation scheme, as we want to be confident that it is delivering our objectives, namely equal pay for work of equal value and adequate incentives to recruit and retain healthcare professionals.

Amicus will be suggesting to the Pay Review Body that the entry point for graduates, Band 5, needs to be looked at. In pay terms, is this an adequate starting point?

The Amicus policy conference agreed a firm stance on privatisation. We are not convinced that privatisation in many guises is value for money or good for clients and patients. In England, the government’s support for privatisation had resulted in one primary care trust proposal to set up a limited company for the provision of nursing and therapy services.

Talks on the normal pension age continue. However, we are promised a ‘listening government’ and that means a commitment to adequate consultation.

Our survey in primary care shows chronic funding problems that in some areas have put community practitioners on notice of redundancy. This is unacceptable and contradicts government policy on promoting the public health agenda. We need to get the message across that we will campaign for adequate resources and resist cuts that will damage services.

And that means investment in areas where the population is dispossessed and cynical. It also means that no one, irrespective of his or her residency status, should be denied healthcare. This, coupled with our union’s commitment to Make Poverty History, begins to provide answers in communities that feel abandoned by big business and the ‘first world’ leaders.

So it’s time to focus on the growing importance of valuing healthcare professionals and using our influence to secure community services fit for the 21st century.

Gail Cartmail
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January 05
- CPHVA welcomes plan to recruit 3,000 community matrons
- Launch of CPHVA publication Partnership Working – If it is so easy why aren’t we all doing it?
- Launch of new homelessness guide for primary care trusts The Vital Link: Preventing Family Homelessness

February 05
- Launch of Northern Ireland school nurses’ leaders forum
- The 7th Northern Ireland Community Nursing Network conference in Belfast
- Ann Owen, Welsh Professional Officer, leaves CPHVA

March 05
- CPHVA practice nurse conference in Stoke on Trent
- CPHVA welcomes National Service Framework (NSF) for long-term conditions
- 10th anniversary Bounty Awards
- Amicus responds to NHS Pension Review Consultation
- Community Nursery Nurses: Professional Guidelines published by CPHVA

April 05
- CPHVA provides members with access to CINAHL, the nursing and allied health database

May 05
- CPHVA annual research weekend
- CPHVA supports National Breastfeeding Week

June 05
- Joint RCM/CPHVA postnatal depression conference – Motherhood and the Mind
- CPHVA stages Developing and Supporting Educational Roles for Community Specialist Practice conference in Derby

July 05
- CPHVA hosts International School Nurse Conference in Edinburgh
- Pat Jackson, Professional Officer, School Health and Public Health, leaves CPHVA

August 05
- New Professional Officer for Scotland, Gavin Fergie, joins CPHVA
- Mark Jones leaves CPHVA to become Chief Nurse Adviser in New Zealand
- Karen Reay takes up appointment as Lead Professional Officer, Policy and Practice, Amicus Health Sector

September 05
- CPHVA stages school nursing conference in Northern Ireland
- CPHVA supports group of companies and organisations dedicated to reducing the impact of domestic violence on the workplace
The CPHVA website has now been operational for three years. Access to it continues to grow and it presently has around 27,000 visits per month.

The on-line bibliographic database – with facilities to request photocopies of articles – is heavily used by members. It has an average of 500 visits per week. It is encouraging that members are becoming more familiar with on-line searching techniques, and the database has proved to be a vital tool for those undertaking research and specialised degree courses. There is provision for downloading articles in full text from 14 titles of journals subscribed to by the CPHVA.

Community Practitioner, the CPHVA journal, has its own website (www.commprac.com). Basic information and contents pages are available to all, while the full text of each issue is available to journal subscribers and CPHVA members only. This site is being redesigned to make it more user-friendly and accessible to members and subscribers.

The journal continues to be archived via Ingenta. Members can access full-text articles of the journal from this site at no cost, while non-members can access the articles on a ‘pay as you go’ basis. Depending on its success, our intention is to develop this service further.

The on-line bookshop enables books to be ordered using credit and debit cards.

The in-house bibliographic database, focused on community nursing and primary care, now comprises over 10,000 records and is available on the website to CPHVA members and journal subscribers.

The CPHVA has contributed to the development of the National electronic Library for Health. Further collaboration is planned for 2006 when the CPHVA will be involved in developing the specialist resources such as child health.

The CPHVA Information Resources Department is now relocated at 33-37, Moreland Street, London EC1V 8HA.

We hope that members will continue to use it as much as they have done in the past.

Indi Munasinghe
Information Resources Officer
Indi.Munasinghe@amicustheunion.org

Mixed reaction to new GMS contract

This year has been one of change for district and practice nurses, with the national agenda continually evolving and having an impact on our working lives. Agenda for Change (AfC) has created a lot of work, with many members inquiring about how it affects them. Most practice nurses have not been included in AfC because they are employed by their GPs.

Practice nursing

The new General Medical Services (nGMS) contract has altered the way nurses in general practice work, with more focus being put on improving chronic disease management and the quality of lives of patients with chronic disease. Many members have contacted the CPHVA with concerns about the time they spend collecting data for the Quality and Outcomes Framework (QOF), which ensures GPs receive their payment. For more information visit www.dh.gov.uk, where you can download the Improving Chronic Disease Management guidelines.

Developments in district nursing

We have seen many new ways of delivering care in the community this year, with community matrons – usually experienced district nurses – focusing on patients with complex needs. They aim to prevent hospital admission and promote early discharge as well as improve the patient’s quality of life. The Department of Health has also produced guidelines on this. Supporting People with Long Term Conditions is about liberating the talents of nurses who care for such people.

Uni-professional committees

The CPHVA continues to support and represent the district nurses and practice nurses within its membership. The uni-professional committees met four times during last year to discuss specific issues. One practice nursing and four district nursing conferences were held at various locations throughout the UK in 2005. These events were well supported and feedback from the delegates was positive. If you are interested in joining the committees, please contact me.

Rosemary McQuarrie
Professional Officer, Practice Nursing and District Nursing
Rosemary.Mcquarrie@amicustheunion.org
Over the past year the CPHVA has once again been involved in numerous research activities, which include the following:

- The CPHVA and others were involved in an exciting piece of research, a national survey of health visiting practice, led by Professor Sarah Cowley at King’s College. In-depth questionnaires were sent to 2,500 health visitor registrants on the Nursing and Midwifery Council Register. The results will be presented at the annual conference as well as being published in *Community Practitioner*, the CPHVA journal. It is clear that our members are engaged in a vast range of activities and most still see their work with families as being their priority.

- The research advisory group is currently engaged in writing a new research strategy to guide its activity for the next few years.

- In May the Annual CPHVA Doctoral Research Weekend took place in the peaceful surroundings of the All Saints Pastoral Centre at St Albans. This was an opportunity for doctoral students to come together to meet others and discuss their research with the support of the expert researchers, Professor Sally Kendall from the University of Hertfordshire and Doctor Pauline Pearson from Newcastle University. Following the weekend, those attending can access the Doctoral Students mail group to keep in contact.

- The continuing success of the research stream at the annual conference saw intense competition from research-active members and others to present their research. Other research activities at the conference included research clinics, a meeting of the Academic Researchers’ forum, a research stand, and invited papers on the work of the NICE guideline programme and the National Collaborating Centre for Maternal and Child Nutrition.

- The first piece of work undertaken by the new research collaboration between the CPHVA, the Royal College of Nursing and the Royal College of Midwives was to lobby against the bureaucratic processes of research governance, which have proved detrimental to nursing and student research. A joint statement was produced and this was made publicly available via a letter published in the *Health Service Journal* and posted on each organisation’s website. We received good feedback and were relieved when new guidance on research ethics, outlining far more realistic requirements, was published a few months ago. The focus of the group has now shifted to considering how we might be effective in lobbying for improved career pathways for members who wish to go into research.

- Clinical Effectiveness Information Bulletins focusing on the public health needs of older people and the work of the Social Care Institute of Excellence have been published this year.

Cheryll Adams
Professional Officer, Research and Practice Development
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In partnership with the Education and Research Community we have worked, and in some cases are still working, on the following:

The National Practice Teacher Forum
Plans are in place to develop this advisory group. An advert has been made available to regional groups, via the Community Practitioner journal and forthcoming conferences and Green Papers.

Education Conference 22 June 2005: Developing and Supporting Education Roles in Community Specialist Practice
Over 130 delegates attended from across specialist practice. Key speakers included Yin Butt, Public Health Advisor, DoH, and Roger Thompson, Nursing and Midwifery Council (NMC). Visitors included public health consultants who were seeking information on how to develop health visiting education in Denmark.

Scoping exercise: Local impact of KSF and AfC
Work continues with the Education and Research Committee members who identified problems with implementation of the Knowledge and Skills Framework (KSF) and Agenda for Change (AfC). These included:
- discontent within the workforce
- mismatch of skills and poor pay conditions
- problems with interpretation, especially with newly qualified staff
- challenges to grading and staff pay
- similarities of process with Personal Development Profiles (PDP) and its promotion of an internal market.

As the way forward, the following is being considered:
- a CPHVA booklet to explain the KSF and AfC
- training for membership
- a national project to capture the views of practitioners
- a ‘frequently asked questions’ page on the CPHVA website
- publication of the results of the scoping exercise conducted at the Derby conference.

Concerns expressed by the CPHVA include:
- These proposals open the floodgate to those who may have been in school nursing for only a short period of time.
- They will cause animosity among practitioners who have completed a degree to gain access to the third part of the register.

Principles of Health Visiting
A contribution was made to the working group on updating this publication.

Pauline Byers
Education Consultant
p.byers@derby.ac.uk

Communicating the CPHVA message
Information about the CPHVA communications strategy – whether it is to do with the media, public relations, publications, and/or campaigns – can be obtained from the CPHVA’s Professional Communications Officer, Shaun Noble.

He can be contacted either by phone 020 7780 4080 (direct line) or email: Shaun.Noble@amicustheunion.org
The CPHVA Annual Professional Conference was an important event in 2004 for all those involved in primary care and public health. With the title Going Upstream, the focus was on public health practice within and outside mainstream services.

There were keynote speeches looking at national and international initiatives in public health, community nursing and health visiting. These examined issues such as human rights and public health, progress on health inequalities, integrated services for children and for an ageing population, and the impact of the media on public health.

The programme also included the first CPHVA Nursery Nurses National Conference, with keynote speakers looking at specific issues for nursery nurses working in the community. These included the Voluntary Code of Conduct, grading and team working.

The packed and varied programme of concurrent sessions was very successful, with practice and research papers of interest to everyone working in public health and primary care.

About 1,000 delegates attended and were able to choose sessions to suit their particular interests. There were also many opportunities to participate in debates and discussions, both formally and informally.

Ruth Hudson
Professional Officer, Education and Professional Development
Ruth.Hudson@amicustheunion.org

21-23 October 2004
Harrogate International Conference Centre

This year has been another of rapid change as the professional agenda continues to evolve.

As you will all be aware, our professional team line-up has changed. We have said ‘goodbye’ to old colleagues and ‘hello’ to others. These staff changes have created various and new demands throughout the year, such as working with members in the Shetland Isles until our new Scottish colleague Gavin Fergie was appointed, and supporting and discussing professional issues with members working in Germany and Jersey.

As this was an election year, we focused on using opportunities to ensure all major parties were aware of our issues and were clear about what we wanted to see on the health agenda. This included holding and attending fringe meetings at the Labour, Liberal Democrat and Conservative Party conferences. For these events our theme was Positive Parenting, a Public Health Priority.

As new policy emerges, we all need to consider how this will affect our members in their working lives. Part of this interpretation and explanation is done with the help and support of our various membership groups, including, in particular, the Special Interest Groups.

Obi Amadi
Lead Professional Officer (Health Visiting)
Obi.Amadi@amicustheunion.org

The Bog Standard campaign, which the CPHVA supports, aims to increase awareness of how improving both access to and provision of school toilet facilities can benefit children’s health.
The CPHVA has been involved in many and varied public health activities over the past year. These include:

- Responding to the consultation by the National Institute for Health and Clinical Excellence (NICE) on the structures for managing the public health guidance programme inherited from the Health Development Agency.
- The launch of the Health Development Agency Maternal and Child Nutrition Collaborating Centre based at the University of York. CPHVA members and staff were involved both in the launch and in supporting the first items in the work programme, including a scoping of professional bodies’ professional resources to support breastfeeding, and a survey of the educational needs of professionals and others who support breastfeeding mothers.
- Pauline Byers is representing the CPHVA on the recently established Department of Health, Public Health Stakeholders Group, which is looking at the strengthening of the public health function of nurses, midwives and health visitors in relation to the White Paper, Choosing Health.
- A new CPHVA public health publication was launched at the International School Nursing Conference – a teaching pack on hygiene for Personal, Social and Health Education (PSHE) at Key Stage 2. It is also available on CD Rom. Both can be ordered from the CPHVA bookshop.
- The CPHVA has registered as a stakeholder to support all the 11th-wave Public Health topics referred to NICE by the Department of Health. More information is available on the NICE website – www.nice.org.uk

In October 2004 Gerard Donaghy joined as the journal’s new assistant editor.

Editor Melanie Danforth left the journal at the end of September 2005 to go back to university full time. She would like to take this opportunity to thank all the editorial and professional colleagues she has worked with during her time as editor, and journal reviewers and contributors, for the support and expertise they have lent over the past years.

Jane Appleton, our professional editor, has been on maternity leave since late 2004. The department has also been without an editorial administrator since November 2004 and is looking forward to the administrator’s role being filled. Staff shortages have meant that some proposed changes, such as the journal redesign, have been put on hold.

Community Practitioner welcomes submissions from health professionals. Professional papers in the journal continue to be double-peer reviewed. In the first instance, please send news items, professional papers or opinion pieces for consideration to Gerard Donaghy at the Moreland St address.

Telephone: 020 7780 4085/6 Fax no: 020 7780 4141. Email: commprac-editor@daisybroadband.co.uk

The new editor of Community Practitioner is Becki Davies, who was appointed in September 2005.
The CPHVA was delighted to host the 13th Biennial International School Nurse conference in Edinburgh in July 2005. It was attended by delegates from 14 countries: the USA, Japan, Poland, Australia, Singapore, Iran, Zimbabwe, England, Scotland, the Netherlands, Denmark, Slovenia, Canada and Ghana.

The five-day event attracted a record number of presenters and topics from across the globe. The proceedings were opened by the CPHVA’s outgoing Professional Officer for School Health, Pat Jackson. Other UK speakers included CPHVA Director, Mark Jones, Chief Nursing Officer for Scotland, Paul Martin, and Professor of Public Health at Anglia Polytechnic University, Woody Caan.

The conference focused on the challenges facing school nurses as they tackle many and varied challenges in supporting the health of young people. Delegates were able to learn from the novel ideas developed by school nurses from around the world. They included:

- the Community Nurse Certification Programme, Sexual Health Roadshows and Stop it Now! (a group established to stop child abuse) developed in England
- initiatives to support the children of divorced parents in Denmark
- an electronic client file from the Netherlands
- yogo teachers who are the Japanese equivalent to school nurses in schools
- youth-friendly practices in Australia.

Other interesting presentations discussed dental education in Slovenia, school nursing practice in Harare and a plethora of initiatives from the USA and Canada.

The conference was supported by a social programme for delegates and their partners which saw them enjoying the beautiful city of Edinburgh.
The past year in Northern Ireland has seen considerable change, and much activity by CPHVA and Amicus officers, both in nursing and in the broader health arena.

Labour relations activity has focused on Agenda for Change (AfC) and its effect on members’ pay and conditions. Amicus officers Kevin McAdam and Steve Tweed, supported by the CPHVA Professional Officer and workplace representatives, have endeavoured to support all members to ensure the effectiveness of the implementation process.

Internal developments

The CPHVA Professional Officer has moved to the Londonderry office. It is anticipated that this will lead to greater integration within the larger Amicus organisation and improved accessibility for members and other relevant stakeholders.

The Northern Ireland Committee, ably led by Kate Boles and supported by the Professional Officer, has engaged with all major partners to influence health policy and the community nursing agenda.

The Professional Officer is a member of the Evaluation and Quality Assurance Group for the Redesign of Community Nursing Project. She is also a Project Board Member of the Development Framework for Nursing and Midwifery, which is the vehicle through which nurses and midwives in Northern Ireland can best develop roles that are safe for the public, needs-led and governed by sound evidence-based practice.

The CPHVA conference programme, run in conjunction with the Northern Ireland Community Nursing Network, increased this year to three events aimed at district nursing, health visiting and school nursing. All were well attended and feedback was very positive. A fourth conference for district nurses was also organised in partnership with Europa Healthcare. This attracted a large range of delegates from within district nursing and specialist community nursing.

Judith Hill, Chief Nursing Officer (CNO) at the Department of Health, Social Services and Public Safety, has moved on to other pastures and we wish her every success in her new post. We extend our best wishes to the newly appointed CNO, Martin Bradley, and look forward to working in partnership with him in the future.

A Regional School Nurse Leaders Forum has been set up, supported by the CPHVA, with a remit to work with relevant stakeholders to enhance the progress of the school nursing agenda in Northern Ireland.

Developments on the political front

On the broader political front our recently appointed direct rule Health Minister, Shaun Woodward, has wasted little time in getting to grips with a range of key areas on the policy agenda. Among the health and social care issues he has announced as priorities for him to tackle are reducing waiting lists, improving clinical and social care governance, setting up a task force to produce a strategy for suicide prevention, and a review of health service provision.

There has also been a ministerial consultation exercise on a smoking ban. An overwhelming 91% of those organisations and members of the general public who responded were in favour of a ban in all enclosed public places and workplaces. However, the minister has deferred the decision on a ban until a more comprehensive assessment is made of its impact.

In the hope that devolved government will soon be restored and local accountability brought back into health policy, we look forward to a more fruitful period on the political front.

Briege Coyle
Professional Officer, Northern Ireland
Briege.Coyle@amicustheunion.org

Anna Daley and Ann Owen, Professional Officers for Scotland and Wales respectively, left the CPHVA. Gavin Fergie was appointed Professional Officer for Scotland.
In the ongoing absence of a Professional Officer, CPHVA Cymru has undertaken to make itself aware of issues, groups, committees and meetings in Wales that have needed representation from CPHVA Cymru members.

Change continues apace

Wales has had a time of great activity, including the appointment of a new Minister for Health, Dr Brian Gibbons. Dr Gibbons has established a forum to address union issues. On the Agenda for Change (AfC) front, our local accredited representatives (LARs) have been actively engaged with Amicus in dealing with issues for our membership as they arise.

As of July 2005, 40% of job matching has been completed in Wales.

On the professional front, we look forward to the publication of the long-awaited Community Nursing Review in the near future. We now have members of the Country Committee (CPHVA Cymru) on all the strategic and decision-making forums that report into the Office of the Chief Nurse at the Welsh Assembly Government. The Chair of CPHVA Cymru, Angela Roberts, and Marianne Cowpe, University of Glamorgan, continue as Welsh CPHVA members of the Nursing and Midwifery Council.

In the absence of an annual Welsh conference in 2005, CPHVA Cymru is in the process of organising an event for 2006.

Looking to the future

This has been a challenging year for CPHVA members. However, we hope to continue to gather and disseminate information across Wales through centres and up to the Executive. We ask for support from all our centre members by actively engaging with centre meetings, and receiving and passing on concerns, issues and good practice. We look forward to having a new Professional Officer in post soon.

Angela Roberts
Chair, CPHVA Cymru
angela.roberts@wrexhamlhb.wales.nhs.uk

New Professional Officer for Scotland

For the CPHVA in Scotland, Agenda for Change (AfC) has meant more than the Pay Modernisation Agenda. We said ‘goodbye’ and ‘good luck’ to Anna Daley in November 2004 and welcomed a new Professional Officer, Gavin Fergie, in August 2005. Scotland has also seen further personnel changes, including the retirement of Anne Jarvie and the appointment of Paul Martin as Chief Nursing Officer.

Issues and challenges

There have been significant policy and legislative changes with the dissolution of trusts. They have been replaced by single NHS Boards which incorporate the previous trust areas. There was also the dissolution of Local Health Care Cooperatives and the establishment of Community Health Partnerships (CHPs). These changes have provided many challenges, as well as opportunities, to ensure our members are best represented at local level. Unfortunately, due to our Professional Officer vacancy it became more difficult to ensure the CPHVA in Scotland best represented its members nationally. However, it is hoped this shortfall will be addressed with the Committee working with Gavin Fergie.

Our members in Scotland face many issues, including the emergence of Scotland-wide guidance on the Hall 4 Report and the implications for each health board in implementing it. The appointment of a new Health Minister and his subsequent report will affect us all, as will the new Mental Health Act (Scotland). The new GMS contract will have implications for primary care nurses in dealing with chronic diseases.

Possibly the most fundamental and important change, which is just around the corner, is the ‘No Smoking in Public Places’ Bill. Meanwhile, the Framework for Nursing in Schools is awaiting feedback from the national pilot for school profiling, which has been identified as an initial stage of the planning for public health work in schools. Finally, the Scottish Executive is currently developing guidance on integrated children’s service planning. This will have an impact on primary care nurses, particularly in view of the fact that CHPs now have a lead responsibility for child health.

The Scottish Committee would like to take this opportunity to thank all those who have been committed over the last year to furthering the professional profile of the CPHVA. But first and foremost we would like to thank them for working hard to ensure our members in Scotland are well represented.

John McLaren
Chair, Scottish Committee
john.mclaren@borders.scot.nhs.uk

New Professional Officer for Scotland, Gavin Fergie
Gavin.Fergie@amicustheunion.org
This year has seen the national roll out of Agenda for Change (AfC). All Amicus members were balloted in October 2004 and voted 56% to 44% to support the implementation of AfC.

By the middle of 2005 significant progress had been achieved. Health visitors, district nurses, school nurses and community nursery nurses all expect the majority within these professional groups to benefit from their assimilation to AfC. This is not just due to the new pay structure, but also to the gains in annual leave allowances and the development of the Knowledge and Skills Framework with career progression and continuing professional development.

The major task throughout this period has been to match postholders in the NHS to nationally agreed job profiles. For community nursery nurses the national profile provides for a pay band 4; for health visitors there are pay bands 6 and 7; and similarly for district nurses. For school nurses there are bands 5, 6 and 7. Amicus/CPHVA members have been urged to ensure that they have fully up-to-date and comprehensive job descriptions as the basis for matching national profiles. This should ensure that they get the best outcome from AfC.

At national level the NHS Staff Council has a key role in monitoring the roll out of AfC, focusing in particular on consistency of outcomes and equality issues. In addition, the Staff Council has begun a review of the interim regime of the unsocial hours agreement. This work will continue throughout 2005 with the intention of completing negotiations for a new unsocial hours agreement to take effect in April 2006. The Amicus Health Sector National Committee has established an unsocial hours subgroup to inform the national negotiators during the course of the review and subsequent negotiations.

Review of the NHS pension scheme

There has also been consultation this year arising from the review of the NHS pension scheme. Amicus/CPHVA members were encouraged to respond to the consultation. The two most important concerns were the raising of the retirement age to 65 and a change from final salary-based pensions to career average earnings-based pensions. These changes were initially a non-negotiable issue as far as the government was concerned. However, in March, Amicus attended a meeting of unions with the Deputy Prime Minister. As a result, it was agreed that all aspects of the proposed pension changes would be subject to negotiation.

The review of the NHS pension scheme will now be subject to further developments which are taking place across the whole of the public sector. This will be an important issue for the coming year and members of Amicus/CPHVA will be kept fully informed of developments.

Changes in industrial structure

Important changes have taken place in the industrial structure for Amicus/CPHVA members. Following the Amicus Health Sector conference in June 2004 and the establishment of a Health Sector National Committee, it was agreed that occupational advisory committees (OACs) would be established for all main staff groups within the Amicus membership. As a result, the CPHVA labour relations committee was wound up at the end of 2004.

In January 2005 the inaugural meeting of the Amicus Nursing OAC took place. The majority of the delegates to the new committee are from the CPHVA and the Mental Health Nurses Association. The committee elected Joyce Horan as Chair. Joyce served as Chair of the CPHVA Labour Relations Committee, and her appointment provides valuable continuity between the previous industrial structure and the new one. Carolyn Taylor, Chair of the CPHVA Executive, was elected as vice chair of the Nursing OAC. On behalf of all members we would like to record our thanks to all those who served on the CPHVA Labour Relations Committee during its long lifetime. It played a significant part in the role and activities of Amicus/CPHVA members.

The Nursing OAC has taken on key campaigning issues from the Labour Relations Committee. Most importantly these include the Making It Happen campaign to ensure that all our members have the full benefit of IT resources wherever they work. The Deals on Wheels campaign is also being reinvigorated to ensure that our members are properly recompensed for the use of their own car or have acceptable lease car arrangements with their employers – no Amicus/CPHVA members should be paying for the privilege of working for the NHS through use of their car. These campaigns will be priorities for Amicus activities for nursing members throughout the rest of 2005.

Achievement of local representatives

The work undertaken by Amicus/CPHVA local representatives to assist the process of implementing AfC has been tremendous. Many of our workplace representatives have had to obtain significant increases in their union facilities time to allow them to cope with AfC work. Many have had to undertake their role with the continuing pressure of their clinical work.

Great thanks are owed to all those Amicus/CPHVA workplace representatives, and the members who have supported them, to ensure that the best outcomes are achieved for our members in their assimilation to the new AfC terms and conditions of service. Their work will not end with the national roll out but will continue as further developments take place, particularly with the challenges and benefits that will arise from the Knowledge and Skills Framework which must be fully in place by October 2006.

Barrie Brown
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The North Staffs Centre proposes that the CPHVA lobbies the government to change the law to allow retailers to sell children’s home safety equipment, such as stair gates and fireguards, without charging VAT. This will enable more families to purchase home safety equipment should they so wish and go some way towards addressing the health inequality agenda.

This issue was to be taken forward in 2005. However, it has been delayed and will now be taken forward further in 2006.

The Chester and Halton Centre calls upon the Executive Committee of the CPHVA to urge the government to ban smoking in the workplace and public places.

The CPHVA Executive reiterated their view in their response to UK-wide consultations, in their communication to members and to other stakeholders, that firmer action should be taken in this direction, similar to that now in place in the Irish Republic.

The Western Centre calls upon the Executive Committee of the CPHVA to lobby the Office of Communications (Ofcom) to ban the practice of letting the mass media use naked babies to promote/endorse commercial products.

The CPHVA agreed that there was a need to examine their own publication materials, i.e. the new nursery nurse leaflet, and to work with other organisations to take forward these concerns.

The Bristol and Weston Centre calls upon the Executive Committee of the CPHVA to urge baby food manufacturers to comply with the Department of Health (DoH) guidelines on weaning foods, with particular reference to the exclusion of gluten in foods for babies under six months.

The CPHVA has been concerned about this issue since 2001 when the WHO passed a resolution to recommend exclusive breastfeeding for the first six months of life. Our concern has been twofold: firstly, regarding the labelling of commercially prepared weaning foods, and secondly, the quality of the content of such foods. We have had a series of meetings with the Infant and Dietetic Foods Association (IDFA) to discuss these issues.

We have also debated the issue with individual companies, who say that they will not change their labelling practices until forced to do so. As there was clearly no way to make progress with them, our meetings have ceased.

We continue to be members of the Baby Friendly Law Group and continue to campaign on this issue, both as part of this group and as an individual organisation. The CPHVA has written to the Infant Nutrition Department at the Department of Health (DoH), stating that we wish to see guidance and legislation that will impose a requirement on commercial companies to alter the labelling of their products to reflect the ‘six months’ message.

The issue of weaning foods needs to be addressed through the Department of Health and other agencies.

The Northern Ireland Eastern Centre calls upon the Executive of the CPHVA to lobby the Department of Health to acknowledge the extending role of the health visitor within child protection in recognition of the Agenda for Change profile. We demand investment and development of standardised risk assessments, record keeping, supervision and training at a multidisciplinary level and not at the discretion of individual trusts.

It is not within the remit and function of the Department of Health (DoH) to become involved with the service specifications of individual NHS organisations. Standards for record keeping are laid down by the Nursing and Midwifery Council (NMC) for nursing and other regulatory bodies for other disciplines. Therefore it is not within the authority of a single statutory or non-statutory organisation to agree universal records. The health visiting role in child protection is for individual organisations and their employees to agree within the job description and KSF post outline. The Occupational Advisory Committee (OAC), working through officers and staff of Amicus, has, however, been successful in getting this role recognised by the National Job Evaluation Group within the band 7 Specialist Profile.

Health visitors and community practitioners have been asked to modernise. AGM calls upon the Association to be proactive in the way that members are supported to set the agenda with primary care organisations so that the true public health role of all community practitioners is properly reflected in the process.

The CPHVA proposed that it organise a number of regional public health roadshows to address the issues raised both at local level and by the professional team nationally. However, the Professional Officer for School Health and Public Health has since left the organisation and it is expected that her replacement will take this forward in 2006.

The Salisbury Centre calls upon the Executive Committee of the CPHVA to urge the government to promote the use of ‘real nappies’, in line with its commitment to reduce gas emissions into the environment. 800,000 tonnes of non-biological/toxic nappy waste is dumped annually, seven million trees felled to provide disposable nappies.

This motion was referred back to the Salisbury Centre to engage with environmental health departments, the Carbon Trust, and the Real Nappy Company, along with a further suggestion to examine closely the European Union’s policy on this topic.
More support for nursery nurses

Following the launch of the Voluntary Code of Professional Conduct for nursery nurses at the 2004 conference, developments and changes are happening at local level. Jobs are changing and the benefits of community nursery nurses (CNNs) are being felt across the UK by clients and health visiting colleagues.

The CPHVA believes that, with appropriate training and regular clinical supervision, the community nursery nurse is an essential member of the health visiting team.

From October 2005, Thelma Sackman, Consultant in Primary Care and Nursing, will be providing support and development for CNNs two days a month.

The main focus this coming year will be to consider a development of a competency framework. Any colleague who has done some of this work already please contact myself or the CPHVA.

Email: thelma.sackman@lineone.net

Your help would be appreciated.

Thelma Sackman
Consultant in Primary Care and Nursing

Although many of you will still be involved with job evaluation and matching, some of our colleagues have been getting to grips with the Knowledge and Skills Framework (KSF). Based on the good job descriptions that many of you have developed during the last year, the KSF gives clarity to what is required in any job. It means that you can:

- start a post knowing what is expected of you
- comfortably develop in your role with the reassurance that you are doing a good job
- grow beyond your current remit with knowledge of what you can work towards next.

The value of KSF

KSF is not ‘just something else that you will have to do’ – it puts learning at the heart of every role. As a result, training, education and personal development become natural and ‘what people do at work’. It supports, and is supported by, all the other positive initiatives – Improving Working Lives, Investors in People, and The Skills Escalator.

The six core dimensions – communication, personal and people development, health, safety and security, service improvement, quality and equality, and diversity – apply to every post and make sense in a patient-centred service.

Some of the 24 specific dimensions will apply to your job, depending on what you do. They capture the essence of what is required from anyone in a particular post, and show how the application of knowledge and skills can be demonstrated by someone fully developed in a post.

The key to the framework is development, and it has at last been nationally agreed that it is everyone’s right to have the development and learning opportunities necessary for them to provide an excellent service to their clients.

Over the next year we need to see where to focus resources. In situations where there are excellent relationships, good appraisal and review systems, a learning culture and continuing professional development, it will be natural to implement the framework. However, some staff and managers will need additional help to make the most of learning opportunities and the development review.

Your union Learning Representatives will be an asset as part of the representatives’ team, providing support to members who need it during the implementation of the KSF and the review process. Contact your regional office if you want to find out more about the role of Learning Representatives, and the KSF.

Kate Oultram
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This year the National Institute for Clinical Excellence (NICE) and the Health Development Agency (HDA) have joined together to form the National Institute for Health and Clinical Excellence. As a result, NICE’s brief has broadened to include the production of public health guidance. The CPHVA has some concerns regarding the potential effects on the development of public health guidance, which has traditionally relied on a much broader and more holistic range of research sources and methodologies than those used by NICE. We are therefore delighted that several CPHVA members have been selected to support the development of the NICE guideline on obesity.

In all, CPHVA members have now represented their professions as experts on five different guideline development groups: referral for suspected cancer, puerperal/perinatal mental health, depression in children, normal postnatal care and obesity. All have found this to be a challenging but rewarding experience. We hope that others will volunteer in the future, as doing so represents a real opportunity to share personal professional experience for national benefit.

The CPHVA continues to be a partner in the National Collaborating Centre for Primary Care. Cheryll Adams is vice chair of the board. It has proved a very satisfying experience to work with colleagues from the Royal College of Nursing Practitioners, the Royal Pharmaceutical Society and others to take forward the centre’s very active guideline development programme. Of great interest to health visitors will be the guideline on normal postnatal care, which is due to be published in June 2006. The guideline on depression in children, normal postnatal care and obesity. All have found this to be a challenging but rewarding experience. We hope that others will volunteer in the future, as doing so represents a real opportunity to share personal professional experience for national benefit.

In 2004 the CPHVA Education and Development Trust (formerly the Charitable Trust) made three awards – the annual MacQueen Award for Excellence in Practice, the Lady Limerick Research Bursary and the Carolyn Puckett Award.

Every year the Trust recognises the achievements of CPHVA members via the MacQueen award. This year it was presented to Liz Taylor, Public Health Development Manager, for her participation in the Sure Start Mainstreaming Pilot Project in Southampton between 2002 and 2004.

The Lady Limerick Research Bursary, named after the former President of the CPHVA, was a one-off award aimed at PhD doctoral researchers looking to fund a research project. Louise Condon, a Sure Start health visitor, was awarded the bursary to carry out a survey for her PhD on Understanding preventative health services for pre-school children.

The Carolyn Puckett Award was also unique in 2004, as a bequest in memory of health visitor Carolyn, who was murdered by a member of one of the families on her caseload in 1980. It was awarded to Mary Low, a local accredited representative for Amicus, and the Community Nursing Management Team at Thurrock PCT. They will be using the award to enhance staff safety within the Trust.

Research project on health effects of racism due in 2006

I have had a busy year as the elected chair of the Race Equality Committee (REC), with no vice chair to support me in the first few months. However, the eventual election of Jane Keoghane as vice chair enabled me to move the work of the committee forward. The committee would like to thank Obi Amadi, the CPHVA’s Lead Professional Officer (Health Visiting), for her continued support of its work.

Last year’s conference was the first time that a fringe event was held. This generated a lot of discussion about support for the Black and Ethnic minority within the Association. It gave many ideas for the committee to take forward and led to the first steps in setting up networks to support the members.

The responses to the REC’s questionnaire gave the committee a better understanding of the national picture on race equality and diversity. It also showed the need for the committee to be more proactive and to keep members informed of what is happening on a regular basis.

The new structure for the Association led to discussion about whether the committee should continue. The Executive agreed that it should, but with a name change. This is a topic that the committee is actively debating at the time of writing.

In 2003 we received funding for a research project: The Health Effects of Racism and Minority Ethnic Nurses and the Early Onset of Retirement. The project would not have happened without the support of Obi Amadi and the NHS employers. The research question came from the REC and was developed by Dr Vina Mayor, Professor Archibong from the University of Bradford is undertaking the research. The work will be completed in early 2006 and the findings will be disseminated through Community Practitioners.

The future seems bright, with lots of challenges and changes presenting themselves. And we look to members to support our continuing progress.

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The National Association of Health Workers with Travellers (NAHWT) has continued to offer support and mentorship to colleagues working with the Travelling community and continues to share good practice. Members have contributed to the Gypsy Travellers debate in many ways, including presenting and facilitating at conferences and meetings.

The Association has also given evidence to the Office of the Deputy Prime Minister Select Committee for its Report on Gypsy and Travellers Sites, 2005.

The NAHWT’s evidence included the following statement:

‘Forced movement causes problems generally in reducing Gypsies’ and Travellers’ access to healthcare – which contributes to late diagnosis, poor follow up and management of chronic illness and exclusion from health promotion, immunisation and screening programmes.

Maintaining continuity of care, getting referrals and keeping appointments can be impossible.

Few health authorities consider Gypsies and Travellers when addressing health inequalities and sparse provision of adequately resourced outreach services and sometimes discrimination by service providers further reduces their access to healthcare.

The government is continuing to focus on accommodation and planning issues which affect Gypsy Travellers. In doing so, it has been further informed by the publication of the Department of Health report The Health Status of Gypsies and Travellers in September 2004, to which our members made a significant contribution.

In summary, the report found that Gypsy Travellers have significantly poorer health than any of the groups with whom they are compared, with reported health problems between two and five times more prevalent.

Travellers identified accommodation factors as being contributory to this, citing:
- poor and unsafe environments
- forced mobility
- lack of choice in that they are prevented from living a traditional Travelling life.

Other factors include unequal access to services, which are also culturally inappropriate, along with widespread communication difficulties between health workers and Travellers.

Recommendations include tackling the lack of central policy guidance and planning, which has led to little responsibility or accountability being taken by local health providers for Gypsy Travellers’ health. There has been fragmented and unequal access to services, with the health needs of Travellers and Gypsies being given low priority. The report notes that until the invisibility of Gypsy Travellers in health monitoring is addressed, this will continue to be the case.

The report concludes that as Gypsy Traveller health is affected by many factors outside the remit of the Department of Health, there needs to be an inter-departmental coordinated approach to achieving the report’s recommendations.

We in the NAHWT have welcomed this report. It gives up-to-date information that will inform not only our members’ practice, but also our continuing contribution to both local and national policy formation to address the needs of the Gypsy Traveller community.

Joanne Davis
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The Parenting and Family Support Group has now increased its membership base to a total of 210 members. The benefits of membership are:

- invitations to five meetings per year with usually an afternoon speaker
- mailed minutes and information following each meeting
- email group forum for instant, up-to-date information and networking
- consultation on major child/parenting/policy responses to government
- an opportunity to update on new materials and innovations in the field of parenting, education and support.
- presence/stand at the annual CPHVA professional conference.

Work from various members of the group was again presented in the popular Talk Shop format at the annual CPHVA conference in Harrogate.

The group was involved in Parents Week 2004 in partnership with the National Family and Parenting Institute (NFPI). There was a good response to the Hull Big Voice event, where parents’ and young people’s responses were collected in support of the local Parenting Strategy. A local MP attended the event. A second well supported event was held in London.

An increasing number of our members across the UK have been involved in the development of parenting strategies to run alongside local authority children and young people plans, a requirement of Every Child Matters.

The group has supported the Parenting and Education Support Forum’s development of National Occupational Standards for Work with Parents by raising the profile of the standards and by field testing them in real practice or training situations.

Collaboration with the NSPCC

In December the group collaborated with the NSPCC in giving feedback to Ruth Breslin, the NSPCC Policy Research Officer, on preparing a Joint Statement on Protecting Babies and Toddlers.

We have also been involved with the NSPCC in discussing problems over the media representation of parenting. Some TV programmes have been considered to be emotionally abusive of children. We are working with the CPHVA Executive to produce guidelines to help practitioners when asked to take part in, or to recruit parents for, these programmes. We are also working with a TV production company to produce programmes that are more positive and look at intervention working in the early postnatal period.

A representative from the group regularly attends the All Party Parliamentary Group for Children and the All Party Parliamentary Group for Families. The minutes from these groups are circulated via the thriving e-group.

The group’s successful annual conference was held at Birmingham Children’s Hospital. With the title Every Parent Matters, it explored parenting in a number of contexts.

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Co-chair, Parenting and Family Support  
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Building services around children’s needs

During the past year our group has not had as many meetings as usual. Our AGM was held at the beginning of October when we had a change of officers. We had representation again at the Annual Conference and interest in our stand.

We have been preoccupied this year with Agenda for Change (A4C), as have others in the NHS, and have received help with our job descriptions and advice regarding KSF from our colleagues at Amicus.

In the coming year some of us in the group will be involved in the newly formed Children’s Trusts and all that they entail. The document Every Child Matters: Change for Children sets out the national framework for the building of services around the needs of children and young people. We need to manage this change on both an individual basis and within our different organisations for a better outcome for future generations. For many of us, working with Education and Social Services will bring many challenges and rewards.

Paula Roper-Hall  
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The Champions group are flushed with the success of their most recent AGM and conference, held at the beginning of July in Hertfordshire.

The Earl of Listowel opened the conference with an emotional keynote presentation on his work with children in residential care. Other presentations – on Sexual Exploitation, Private Fostering, Life in a Secure Unit and Children’s Trusts – made this the most exciting and informative conference yet. The venue was good and the networking opportunities excellent.

The membership of this group continues to grow, and we continue to welcome more and more disciplines other than health into the group. This diversity is enriching and helpful, as children’s services move into Children’s Trust arrangements, integrated practice and multi-agency teams.

Across the country, however, the numbers of designated health professionals working with this very damaged group of children remains small, and the numbers of looked-after-children are a minority group. This means that our voices must become louder, as we fight for the right for a decent health service for children in care and young people leaving care. The standards across the country are still not acceptable, and there is a huge diversity depending on where a child is placed.

**Children and Young People Plans**

All over the country, strategic authorities are formulating their Children and Young People Plans. These will be the plans that all children’s services will work with over the next few years. The time is right for the voice of health professionals to be heard, and it is essential that they track down an advocate who can represent them and the children and young people whom they work for.

**Fighting for a better service for children and young people in care**

**Paul, aged four and the youngest in a family of seven, had been scapegoated and severely neglected by all in the family. When the social worker asked him his name, he replied, ‘Shitface’, as he genuinely believed it was.**

Remember what our cause is about, remember EVERY CHILD MATTERS.

**Kathy Dunnett**
Chair, Champions of Children and Young People in Care
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**Education and Training – looking forward to a positive year**

The Special Interest Group for Education and Training (SIGET) provides a forum for its members on community practice education and training issues. It also contributes to the wider debate on professional education through the Education and Research Committee, on which it has a co-opted member.

The group responds to national education consultation documents, expressing views drawn from the wide experience of its members, whose backgrounds are in both education and practice. It works closely with the CPHVA, and members often present at conferences and publish articles in *Community Practitioner*. The group is very lively and friendly and provides excellent opportunities for networking. We meet quarterly in London, having the business meeting in the morning and a guest speaker in the afternoon.

This has been a challenging year for us, as for all Special Interest Groups, due to the structural changes in CPHVA/Amicus. Following various meetings and negotiations with members of the CPHVA/Amicus management, we hope that the next year will be a very positive one, in which we will welcome new members.

**Kitty Lamb**
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For the first time ever there are over 100,000 families who are homeless, and this has been reflected in the focus and activities of the Special Interest Group on Housing, Health and Homelessness (SIGHHH).

SIGHHH members were involved in the development of National Guidelines for Primary Care Trusts, The Vital Link: Preventing Family Homelessness. The aims of this guide are to:

- establish a set of principles of practice for working with homeless families that ensure it is a useful toolkit for practitioners and PCT leads
- demonstrate the complex needs of homeless families by highlighting relevant findings from research and specialist practitioners
- relate the needs of homeless families to the policy agendas of PCTs
- raise awareness of local authority agendas in relation to homelessness
- use case studies from PCTs around the country as illustrations of different models of service provision and strategic responses
- adopt a public health approach in addressing the health needs of homeless and excluded people.

This guide was funded by the Homelessness Directorate (ODPM), and SIGHHH looks forward to working with the Homelessness Directorate in the future on health and homelessness.

Involvement in Shelter campaign

SIGHHH was also involved in the national Shelter campaign that focused on the fact that one million children live in bad housing. Jane Cook (Chair) gave evidence to a national enquiry concerning the impact that homelessness has on the health of children.

SIGHHH continues to be a member of the All Party Parliamentary Group on Homelessness. It is the only participating agency that focuses on the health perspective of homelessness.

The group is 20 years old this year, at a time when there are more families and children who are homeless and living in poor housing conditions than ever before. Housing is a major determinant of health, and SIGHHH continues to believe that children have the right to decent and affordable permanent accommodation.

The year has started started well for the Working with Older People Special Interest Group, with a presentation and poster at Conference in Harrogate. Ian Philp, the Older People’s ‘Czar’, presented to a very lively audience, while I spoke on the White Paper, Choosing Health, concerning issues that affect older people’s health. Our poster highlighted the unique position community staff have to help identify and support older people who are at risk from various forms of abuse.

The year has been unsettled as a result of changes at headquarters. We will need to invent new fundraising strategies to support our networking and learning opportunities in the future.

This year has seen the introduction of the community matron role, with many areas gradually getting to grips with the ‘brand new’ way of working with people with long-term conditions, often older people. The proactive nature of the new role – which some of our members have taken on – is heartening to health visitors, who have long struggled to validate this way of working. The cohort of clients may be different but the principles are the same, with the aims of encouraging self-help and optimising health.

The change culture does not abate. The group aims to support practitioners, many of whom are accommodating very different ways of working and integrating with other professions, while management is often in crisis and unable to focus on professional development. We know that those who are ‘involved’ often find themselves ahead of the game, which is fantastic. The group welcomes all CPHVA members – both old and new – who work with older people.

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Jane Cook
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New challenges for local authorities on private fostering

The Private Fostering Special Interest Group has – with the British Association for Adoption and Fostering (BAAF) and others – once again been at the forefront of the drive for change in relation to privately fostered children and young people.

Following Lord Laming’s report into the death of Victoria Climbié, a privately fostered child, the Children Act 2004 will strengthen and enhance the existing notification scheme to safeguard and promote the welfare of privately fostered children.

Beverley Clarke, SIG Chair, was a member of the BAAF Project Team that wrote the National Minimum Standard (NMS) on behalf of the Department for Education & Skills, which was published in March 2005 along with the new regulations and guidance for consultation.

The Act and regulations require every local authority to promote public awareness about the need to notify them, the local council, about private fostering arrangements, to appoint an officer to monitor the way in which they discharge their duties, and to comply with new minimum standards against which they will be inspected.

The new measures took effect on 1 July 2005 and present a major challenge to local authorities. In many areas very few private fostering arrangements have been identified, and doctors and teachers have already voiced concerns about issues of confidentiality. Yet a failure to report a private fostering arrangement by either a carer or birth parent does constitute an offence, and an increasing number of child abuse inquiries have a private fostering element.

If the new measures do not prove effective, a power in the Act to establish a full registration system may yet be used.

Responding to new information strategies

The Informatics Sub Committee (SIGIT) reconvened in February this year as mandated by the Executive Committee, reporting to and accountable to the Professional Committee. Lorna Farr was elected Chair, Catherine Powell, vice chair.

The Sub Committee has been reconvened because of the rapid developments in health informatics and the new information strategies within health and social care. The CPHVA must be in a position to influence national policy developments and inform and support members. It requires a coordinated approach to raise awareness of the information needs of community practitioners, to influence national and local agendas and to disseminate information to members about developments.

Members of the Informatics Sub Committee are drawn from CPHVA membership and have a formal responsibility to maintain two-way communication between the Association and members within the regions and countries. In the first instance, to ensure that membership can respond quickly to the national agenda, members have been drawn from the existing SIGIT group. Members have been asked to link with their Regional/Country Chairs. We would like to ask Regional/Country Chairs to ensure that they have a nominated committee representative.

Lorna Farr
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The Postnatal Depression and Maternal Mental Health Network continues to provide a hub for practice development and research in the area of perinatal depression. We also continue to develop our international connections. The Biennial International Marcé Society Conference was held in Oxford in September 2004, and the network membership was well represented, both through delegates giving papers and through contributions to a CPHVA symposium. We also took a CPHVA stand to make our now quite extensive range of publications available to delegates.

We were delighted when the work of the network won the poster prize, a real acknowledgement of the many successful work streams we have been able to initiate with the membership. We were also thrilled when we were asked by a member of the French branch of the Marcé society if they could translate our guidelines for detecting perinatal depression into French.

As we listened to speaker after speaker talking about the benefits of the health visiting model for detecting and managing mild to moderate postnatal depression, there was absolutely no doubt about the value seen in health visiting by the international community.

**Work overseas**

Attendance at international conferences has led to a number of ongoing work streams with overseas colleagues. In May, network member Sheelah Seeley was invited to Ohio to train Healthy Start workers in the detection and management of postnatal depression in line with a health visiting model of practice.

The work around the *How are you feeling?* booklets has continued with the publication of an English version. We have had very good feedback from the many centres using the booklets. Their purpose has also been represented in an international book on screening for perinatal depression.

We are also aware that many network members have been engaged in other activities this year. They include:

- leading the development and implementation of strategies and care pathways for managing perinatal depression
- running, and speaking at, conferences
- developing services for fathers
- publishing
- appearing on TV to talk about perinatal depression
- acting as a member of the guideline development group for the NICE guideline in preparation.

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**Cheryll Adams**
Network Facilitator
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The Community Practitioners’ and Health Visitors’ Association is the UK professional body that represents registered nurses and health visitors who work in a primary or community health setting. The CPHVA is a professional section of the Amicus trade union.

about the CPHVA

The CPHVA campaigns to protect the status of the community practitioner and the services they deliver. To this end, it has enjoyed much success over the years – the government continues to be committed to the importance of community practitioners as part of its long-term strategy for eradicating health inequalities.

At the same time, there is no room for complacency as certain NHS trusts, health authorities and boards are always seeking to ‘restructure’ or introduce economies that could be detrimental to CPHVA members, their patients and clients.

The CPHVA talks on a daily basis to key decision makers in all relevant government departments, the NHS Executive, NHS trusts, and other professional organisations. The CPHVA understood from the outset that devolution meant individual healthcare agendas for the four countries that form the United Kingdom.

Amicus represents about 100,000 professionals working in the NHS. Being part of a larger organisation gives the CPHVA added strength in its aim of ensuring that the community practitioner remains a valued – and distinct – entity in the health service for the next decade.

The CPHVA is based at
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Fax: 020 7780 4142
(Nearest Underground station is Angel on the Northern line.)
Further background information on the CPHVA can be found on our website: www.amicus-cphva.org

To order CPHVA publications, ring the bookshop hotline.
Telephone: 020 8249 4454
or order online
www.cphvabookshop.com

Community nurses wishing to join the CPHVA can apply either online www.amicustheunion.org or via their nearest Amicus regional office – a list of offices can be found on the website under the Contact Us banner.
Alternatively, you can ring the Amicus membership hotline: 0845 850 4242.
The regional offices deal with queries about existing membership or you can ring the hotline.

The CPHVA is the UK professional body that represents registered nurses and health visitors who work in a primary or community health setting. The CPHVA is a professional section of the Amicus trade union.