

NHS Brent Briefing Paper for Brent Health Partnership Overview and Scrutiny Committee on Health Visiting

1. Introduction

This briefing is aimed at informing the Brent Health Overview & Scrutiny Committee of the progress of the implementation of the national “Call to Action” implementation plan for health visiting which is being coordinated by the NHS Brent Health Visiting Project Board.

This paper:

This update is provided by NHS Brent. A Health Visiting Implementation Project Board was set up in September 2011 operating until the end of March 2012 with the aim to lead on the local implementation of the national implementation plan through a systematic process of scoping current partnership working, commissioning specifications, workforce issues and aligning them to national recommendations and local tri-borough negotiations.

2. Background & Context

Health visitors are nurses or midwives who hold post-graduate specialist practitioner qualifications and work in the field of child family and public health. They combine nursing or midwifery and public health education giving them the ability to combine biomedical and psychosocial knowledge with understanding of the health system and of the child and family health and wellbeing. They apply skills in working with individuals and communities thereby maximising health outcomes and reducing health inequalities¹.

New research knowledge about the critical importance of children’s early brain development, as well as evidence about the effectiveness of prevention, early intervention and parenting support has resulted in a strengthened role for health visiting. This has been incorporated into the *Healthy Child Programme (HCP) pregnancy and the first five years of life* (Nov 2009, revised 2010)², which sets

¹ NHS London (2011) *Health Visiting Briefing, December 2011, “Narrative for Commissioners & Providers”*
Department of health (2009, revised 2010). *Healthy Child Programme, (HCP) pregnancy and the first five years of life*
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107563

out the recommended framework of universal and progressive services needed to promote optimal health and development for early life stages and family well-being. The Healthy Child Programme provides the opportunity to identify families who are in need of additional support and children who are at risk of poor outcomes. It also outlines the roles and responsibilities of commissioners, health, education, local authority and other partners to encourage the development of high-quality services. The Government consequently published the Health Visitors Implementation Plan: A Call to Action (February 2011) setting out the government’s ambitious new plans to expand and rejuvenate the health visiting service. In December 2011, A Call to Action – One Year On, Progress Report was published highlighting progress in key areas of the programme (Appendix 1). This report was put together by the national Programme Implementation team and network of key “critical” stakeholders.

2.1 Current workforce allocation

NHS London has finalised the allocation of the London trajectory for 2012 -15 on a provider basis (Table 1) using a deprivation modelling methodology taking into account vacancy rates, deprivation, caseload in order to obtain an ideal distribution of the additional staff in post required up until 2015.

Table 1. NHS London Trajectories for Health Visiting in Brent

Provider	Staff in post (Jun 2011)	Required staff in post as at April 2012	Required staff in post as at April 2013	Required staff in post as at April 2014	Required staff in post as at April 2015
	WTE				
Ealing Hospital NHS Trust	97	103	126.6	155.7	182.9
NHS Brent	28.9	31.9	44	58.9	72.7

Table 2. NHS Brent Health Visiting Requirements

Provider	Staff in post (April 2012)	Required staff in post (April 2012)	Vacancies (April 2012)	Required staff in post as at April 2015	Total to recruit to Brent by April 2015
	WTE				
NHS Brent	28.9	31.9	3	72.7	43.8

2.2 Health visiting in Brent

In February 2011, the Health Visiting National Implementation Plan – A Call To action was published by the Department of Health. In June 2011, the Borough Director in liaison with the Lead commissioner for Maternity and Families agreed that the Consultant in Public health (Maternal and Child Health) should project lead a “task & finish group” that would develop and embed an implementation plan for Brent. Funding was made available for administrative support until March 2012.

The project group has met five times since October 2011 and the following have been agreed:

1. Terms of reference and membership document (Appendix 2)
2. Draft Vision for Health visiting service in Brent (Appendix 3)
3. Work stream leads and summary of progress of the four work streams (Appendix 4)
4. Dataset for a baseline demographic & geographic analyses of health visiting service in Brent which has commenced and due to be completed by the end of March 2012(Appendix 5)
5. Project plan & timeline up until March 2012 (Appendix 6)
6. A launch event in March 2012.

2.3 Impact of Implementation Plan in Brent

Whilst investment in training for more health visitors is welcomed, it is not yet clear how the increased workforce will be funded and sustained. In addition to

funding additional health visitors, higher grade staff will be required as practice teachers / clinical supervisors in addition to additional administrative staff to support the increased workforce. From April 2013, health visiting services will be commissioned by the NHS Commissioning Board, and a new National Health Visiting Taskforce will oversee the improvement and expansion of health visiting in England. Clarification would need to be sought about how local service development will be managed and whether additional funding will be made available to pay for what is projected to be almost a doubling of the current health visitor posts across Brent. For 2012/13 NHS Brent has identified additional funding to support recruitment up to the level required for April 2013 i.e. 44 posts with funding post 2013 being considered on an ongoing basis.

3. Summary

The health visiting service & health visiting workforce establishment has developed over time in response to local needs, additional investments and different models of service delivery. NHS Brent commissions health visiting services from Ealing ICO (Integrated care Organisation), in order to deliver the 0-5 Healthy Child Programme and safeguarding services. Despite the additional nurses in training it remains difficult to recruit and retain qualified health visitors, particularly in London, and this is being managed with the use of agency staff and the employment of Band 5 staff nurses working with qualified health visitors.

The Health Visitor Implementation Plan provides an opportunity to review the health visiting workforce and health visiting strategy across the London borough of Brent and to plan for an incremental increase in qualified staff based on a more equitable and needs based approach. The Implementation Plan has made tremendous progress and is on target on the deliverables agreed.

4. Recommendation

The Overview & Scrutiny Panel is asked to note progress of local implementation process.

Appendix 1

Summary of a Call to Action – One year on Report

Source: <http://www.dh.gov.uk/health/2011/12/health-visitor-progress-report/>

A. Context

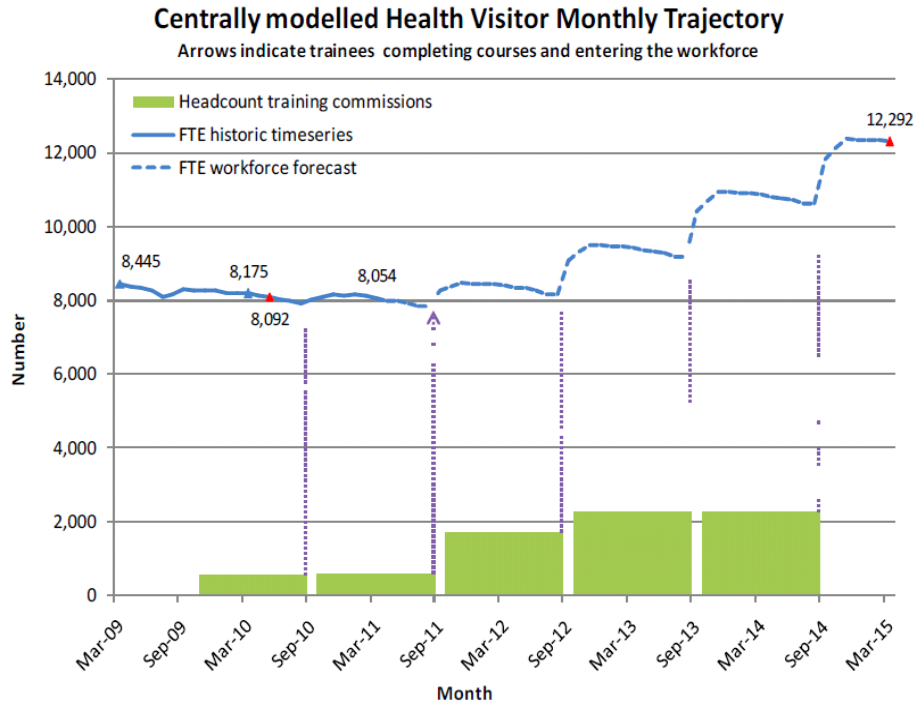
- In February 2011, the Department published the *Health Visitor Implementation Plan 2011-15 – A Call to Action*, which set out what implementing that commitment means for families, health visitors, nurses and foundation years staff, the NHS and wider organisations. And in July 2011, the Department of Health and Department for Education jointly published *Families in the Foundation Years* and *Supporting Families in the Foundation Years* as the Government's overall strategy and offer for families in relation to the foundation years.
- The report published on the 30th December 2011 sets out progress on key areas of the Programme since it commenced. The national implementation team will publish summary progress reports against the Government's commitment every quarter until 2015.
- The programme has been shaped around three main themes:
 - **Growing the workforce** through new and innovative approaches to training; promoting return to practice; promoting retention;
 - **Professional mobilisation** to engage and re-energise the health visiting profession; promote learning and good practice, including in relation to building community capacity;
 - **Aligning delivery systems**, ensuring policy alignment and that we have robust commissioning, measurement, incentives and systems in place to drive progress.

B. Growing the workforce – Key points

- The Government's commitment is to increase the number of health visitors by 4,200 by April 2015, against a May 2010 baseline of 8,092 full time equivalent posts. The NHS has made good progress so far this year. The number of planned commissions in place for 2011/12 has trebled since the 2010/11 financial year.
- Presently, there are over 500 newly qualified health visitors who have just completed their training and are entering the workforce, and DH has sought and received assurances that jobs will be available, with health communities using the significant investment.
- The Department launched a recruitment drive in late March 2011, however, a really significant rise in numbers of health visitors in post is not expected until autumn 2012, when the 2011/12 cohort of nurses complete their training.
- DH will be monitoring key data returns from the service, for example on numbers, training commissions and fill rates to assess delivery against trajectory and overall performance in delivering the programme.

- An "indicative" trajectory (Figure 1) has been developed to reflect the expected change in the workforce through to 2015 which will be reviewed on an annual basis.

Figure 1



The trajectory is indicative only and based on central analysis of likely workforce change due to attrition, retirements, new trainees and return to practice initiatives.

C. Professional mobilisation – Key points

- Clinical and professional leads of the Programme have undertaken extensive engagement with practitioners, leaders and partners with at least 2000 professionals to date. The profile of the profession continues to be raised in addition to the Government’s commitment and service vision.
- The Building Community Capacity (BCC) programme was designed and delivered by Northumbria University in March 2011. A Pilot of the programme commenced in 20 Early Implementer (EIS) sites in July 2011, with initial Pilot Projects identified in August 2011.
 - The Health Visitor Programme Board has agreed process for national roll-out of the BCC programme and it is planned that the wider health visiting and school nurse workforce will have access to the BCC Programme commencing January 2012.
 - The model of health visiting has been developed as an e-learning module within the Healthy Child Programme e-learning package. The suite of modules was launched by Public Health Minister, Anne Milton, on July 2011 the Royal Colleague of Paediatrics and Child Health, and is accessible to all health visitors working within the NHS.

- A review of the educational content of Practice Teacher programmes concluded in September 2011. An evaluation report outlining the change in educational content is expected in September 2012.
 - Over the summer of 2011 a Health Visitor Taskforce was established to champion and provide strategic challenge to the delivery of the Programme.

D. **Aligning delivery systems**

- The future commissioning route of the health visitor service and the wider children's public health service from pregnancy to 5 was subject to consultation in the Public Health White Paper, 'Healthy lives, healthy people: our strategy for public health in England' in 2011.
- In the medium term, the Government is committed to transferring commissioning of children's public health services from pregnancy to 5 to local authorities, however, its view is that the commitment to raise numbers of health visitors by 2015 is best achieved through NHS commissioning and has thus retained its proposal that the NHS Commissioning Board should lead commissioning in this area.

E. **Next steps:**

- The **Government's commitment** on health visiting was repeated in the 2012/13 NHS Operating Framework (published in November 2011) and the DH Performance Delivery Team (PDT) will monitor performance as part of monthly discussions with SHAs, with performance also discussed at the monthly NHS Operations Board where outlying organisations/ underperformance will trigger proportional action.
- The **establishment of PCT Cluster Nurse Directors** presented an early opportunity to restate the Government's ambition on health visiting within the context of new cluster arrangements, which will continue until 2013.
- The DH has developed a marketing recruitment strategy, which covers the remaining years of the programme, and provides a framework for national recruitment activity. This activity will continue up to 2014, and will work alongside local recruitment initiatives.
- More details of the governance structures, case studies, programme plan and timescales can be found on <http://www.dh.gov.uk/health/2011/12/health-visitor-progress-report/>

Appendix 2

TERMS OF REFERENCE

A. CONTEXT

The Health Visitors Implementation Plan (2011) set out the government's ambitious new plans to expand and rejuvenate the health visiting service. Under the new vision, health visitors will take the lead on providing a universal service to families to deliver the Healthy Child programme.

The NHS Operating Framework 2011/12 includes the requirement:

*PCTS should ensure they develop effective health visiting services, with sufficient capacity to deliver the new service model [to be] set out in "Health Visitor Implementation Plan 2011 – 2015 – A Call to Action": to deliver the Healthy Child Programme, provide greater support to families and develop local community capacity in support of children and families, working closely with Sure Start Children's Centres and other local services. The Government is committed to **developing an expanded and stronger health visiting service as a key element in improving support to children and families at the start of life**. This will entail ending the decline in workforce numbers, beginning to increase posts, workforce numbers and training capacity in the short term, and increasing overall numbers of health visitors by 4,200 by April 2015.*

B. PURPOSE OF GROUP

The central role of health visitors in child and family public health has been highlighted by the recently published Call to Action: Health visitor implementation plan (2011) which clearly explains the new services for families including a universal Healthy Child Programme and more intensive multi-agency approach to support vulnerable families (Appendix 1).

This Project team, between September 2011 and March 2012 will be leading on the local implementation of the national implementation plan with the aim to evaluate current service provision which will inform an integrated model of the Healthy Child Programme (HCP) delivery in Brent. This would be undertaken through a systematic process of scoping current partnership working, commissioning specification, workforce issues and aligning them to national recommendations and local tri-borough negotiations.

C. OBJECTIVES

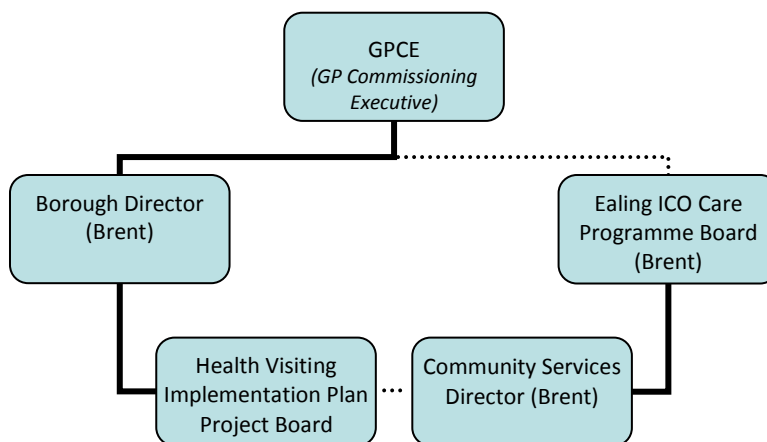
1. To identify, collect and collate relevant data, information and intelligence that will inform scoping the health visiting service in Brent.
2. To analyse data collected and summarise findings.
3. To agree format and details of final report.
4. To provide regular updates to the GP Commissioning Executive through the Borough Director.
5. To share external learning across North West London.

D. DELIVERABLES

1. An action plan signed off by the GPCE (GP Commissioning Executive) that will inform the development an Integrated Health Visitor & School Nursing Specification.
2. Outcome focussed specification incorporating the Healthy Child Programme as set out nationally to include five levels of service models set to local need.
3. Workforce profile including training programme for workforce across health visiting and early years.
4. Transition plan to align existing service provision with emerging commissioning responsibilities.
5. Communication and engagement plan.
6. Clear care pathways for early intervention & prevention programmes:
 - a. support of post natal depression
 - b. breastfeeding support & healthy eating
 - c. immunisation
 - d. stop smoking
 - e. parenting programmes (understanding your child better)
 - f. contraception

E. GOVERNANCE & ACCOUNTABILITY

The group will report to the GPCE through Borough Director. Minutes and outputs would also be fed through the Community Services Director (Brent) to the Operational Board as shown below:



F. MEMBERSHIP

1. Consultant in Public Health, Maternity & Child Health (Project Manager)
2. Lead commissioner for Maternity, Children & Families
3. Assistant Director/ (GM) of Children Services
4. Clinical Manager Lead for Health Visitors
5. Clinical Manager Lead for School Nursing
6. Head of Early Years & Extended Services
7. GP Commissioning Lead for Women & Children
8. Designated Nurse for Safeguarding
9. Maternity representation
10. MSLC (Maternity Services Liaison Committee)³ Brent representative / service user
11. Project Administrator

Other key members of staff would be invited as appropriate.

F. QUORUM

There should be at least 4 members present at each meeting. A minimum would be the chair, a commissioning lead, one health visiting provider lead and at least one clinical lead.

G. FREQUENCY OF MEETINGS

The meetings will occur fortnightly for the first month and then monthly until completion of project. At least one commissioner and provider in addition to the Project Manager should attend each meeting.

³ Department of Health (2006) *National Guidelines for Maternity Services Liaison Committees (MSLCs)*

Appendix 3 Draft Vision for Health Visiting Service in Brent

National vision statement:

Vision enhances the role of health visitors and places them at the heart of developing and providing services for families in the community. The aim is to make sure that all families get the support they need, from the routine health checks and inoculations as part of the Healthy Child Programme, to more in-depth help and support if needed.

Brent vision statement:

The Health Visiting Service for Brent is a family-centred, public health service that promotes and is committed to improving outcomes for all children and their families within a community setting. The service will reflect the vision of Brent to provide services that are driven by the prevention of ill health, health promotion & health protection wrapped around the child's needs. This will be achieved by a collaborative approach to integrated service delivery and building upon close partnership working between all stakeholders.

Appendix 4

Work stream Details

Work stream	Objectives	Lead(s)
Growing the workforce	<ul style="list-style-type: none"> • Collect relevant data on health visitors. • Plan recruitment and retention initiatives. • Work on increased places and flexible training options. 	Jacinth Jeffers
Professional mobilisation	<ul style="list-style-type: none"> • Develop the communications and engagement strategy which includes involving partners, parents and health visiting workforce. • Collate and share good practice in Brent. • Propose design and delivery of a recruitment campaign. • Work on leadership development. 	Mary Cleary
Aligning the delivery systems	<ul style="list-style-type: none"> • Align the service vision and model for key stakeholders. • To develop a commissioning framework and outcome measures. 	Mary Cleary / Sue Basham
Staff engagement forum	<ul style="list-style-type: none"> • To ensure health visitors workforce understand key messages and case for change • To ensure effective participation and engagement in the development of key elements of “new” service • To ensure good practice is shared and identify areas for ongoing improvements as appropriate 	Sade Adenekan

Summary of Progress of Work Streams

Growing the workforce

This work stream is aimed at leading the planning and delivering the growth required in workforce capacity, and identifying and quantifying the high impact workforce changes required, including levers and routes for implementation education, substantial increases in Return to Practice, improved career opportunities and improved retention.

Item	Deliverables	December 2011	January 2012	February 2012	March 2012	End of project status
1	Confirmation of the baseline number of health visitors					
2	A demographic and geographical analysis to establish location and population need and match with trainees and training places					
3	A robust data collection system for health visitor numbers, in order to measure progress towards an increased workforce across the NHS and local authorities					
4	Delivery of retention initiatives to retain the current health visitor workforce					
5	Delivery of recruitment initiatives to drive the increase in the number of health visitors, including return to practice					
6	An increased training places and flexible training options .					

Professional mobilisation

This workstream aims to promote and share the new service vision and family offer with all those who will be essential to its delivery; to promote the profile of health visiting as a career; and to strengthen development opportunities for existing staff to restore professional autonomy and decision making. It will improve opportunities to use the full range of health visitor skills and re-emphasise health visitors as key public health professionals, and will create a sense of excitement and energy around future opportunities

Item	Deliverables	December 2011	January 2012	February 2012	March 2012	End of project status
1	partner analysis of all groups that are interested in and/or will be impacted by the programme					
2	design and delivery of the communications and engagement strategy and plan					
3	design and delivery of a recruitment campaign					
4	promotion of learning, development and spreading of good practice					
5	design and delivery of professional development training, specifically focused on building community capacity , and specific training in new care packages such as cognitive behavioural therapy and new approaches such as motivational interviewing					
6	supporting high quality professional practice, including the model of practice for effective health visiting and clinical supervision					
7	leadership development to support health visitor leaders to manage and support existing health visiting teams and the new workforce and to promote all health visitors to be seen as leaders in local communities					
8	work on joint training between health visitors and other Children's Centre staff, including outreach and family support					
9	understanding the opportunities of information technology and improved information in supporting the new service model					

Aligning the delivery systems

This workstream will design and oversee the systems needed to ensure that the new service is commissioned, that the programme is delivered at pace, that drivers and incentives ensure a strong focus on responding to differential needs and improving outcomes, and that systems promote effective join-up between services in ways that best meet local needs. It will develop approaches in line with developments in the NHS and the opportunities offered by the development of the new public health service, adapting to the process of transition and building for a sustainable future model.

Item	Deliverables	December 2011	January 2012	February 2012	March 2012	End of project status
1	A service vision and model and service offer to families for health visiting services that delivers the Healthy Child Programme and is aligned Children's Centres, early years, early intervention services and the new Mental Health Strategy.					
2	A commissioning framework on which to develop local commissioning specifications					
3	Agreed outcome measures of the impact of increase in health visitor capacity					
4	Delivery plans for 2011/12 , developed with NHS London & Ealing ICO					
5	Evidence of implementation support for SHAs and PCTs in 2011/12 to support the achievement of the commitment at regional and local levels					
6	A transition model for new delivery aligned with the emerging system architecture and responsibilities for commissioning.					

Staff engagement forum

This work stream is aimed at ensuring wide communication and engagement with key stakeholders. Engagement will entail ensure that Health visitors working across health and early years services and at community level will build and strengthen partnerships, including with general practice, midwifery and Children’s Centres.

Item	Deliverables	December 2011	January 2012	February 2012	March 2012	End of Project Status
1	Evidence about what health visitors like / dislike about their role and any productivity measures that may change this, e.g. use of resources and working practices					
2	Identify partners in Brent (organisations/individuals) who are interested in and/or will be impacted by the implementation programme					
3	Develop a local narrative around the commitment and the role of the health visitor set within wider GP and early years narrative					
4	Identify the tools that will be required locally to support shared learning on how to deliver mass mobilisation					
5	Identify learning from current delivery in Brent highlighting impact of evidence based initiatives					
6	Identify opportunities for joint training between health visitors, midwifery and Children’s Centre staff					

Appendix 5

Agreed dataset for Demographic & Geographical Profile for Brent - Dataset for inclusion

Topic / area	Priority	Ease of production / access	Geographical detail	Benchmark available?	Source	Comments
Population level data						
Number of women of childbearing age	1		Ward	?	GLA / ONS	
Number of maternities	1		Ward		ONS	?RIO but ONS should have data
Number of births	1		Ward		ONS	?RIO but ONS should have data
Fertility rate	1		Ward	Yes	ONS/RIO	
Population age group 0-5 years	1		Ward	Yes	ONS / GLA residents	<i>Can we break down further? To Under 1s very vulnerable 1-2yrs and 2-5yrs</i>
Movements out of area	2		Ward	No	Exeter data/ RIO	
Movements into area	2		Ward	No	Exeter data/ RIO	
Ethnicity of mother	1		LA	Yes		
Country of birth of mother	2		LA	Possible	Exeter data/ RIO	
Mother's first language	3		LA	No	Exeter data	
Wider determinants						
Child poverty	1		Ward (LSOA)	Yes	IDACI	
Housing tenure	2		Ward		Census	
Lone registration	1		LA?		ONS	Borough level?
Teenage pregnancy	1		Ward	No	SUS	
Looked After Children 1. No of LAC out of borough placements 2. No of initial health assessments 3. No of review health assessments 4. % immunisations	1		??	Possible	LA	Data can be extracted from Framework-I through Policy & Performance
Domestic Violence Forced marriage, FGM , honour based violence and cases discussed at MARAC	1		??	No	LA	<i>Can be extracted from Framework-I but only REFERRALS with presenting needs of DV.</i>

Topic / area	Priority	Ease of production / access	Geographical detail	Benchmark available?	Source	Comments
Safeguarding (Child Protection) 1. Number of case conference reports for initial / reviews 2. Number of CP referrals to social care 3. Outcomes of CP referrals: S47 (CP) , S17 (children in need), NFA (no further action) 4. establishment / staffing	1		Ward	No	Council	Not sure level of data details Available from multiagency high level indicators quarterly reporting in Brent Can be extracted from Framework-I (LA) – it includes the CP start & end date, so can determine those subject to a CP Plan at different time periods.
Health Outcomes						
Low birth weight	1		Ward			
Maternal obesity in pregnancy	1		Ward (LSOA)			
Maternal smoking	1		LA?	Yes	Hosp discharge summaries	ACV should be able to breakdown
Breastfeeding initiation	1		Ward / LA	Yes	Hosp discharge summaries	
Breastfeeding 6-8 weeks	1		Ward	Yes	RiO	
Perinatal / postnatal depression	2		??	No	?RiO	As this subject is part of the CQUIN for ICO <i>Brent this can be pulled off RiO but only from 03.10.11.</i>
Child obesity (reception)	1		Ward / School	Yes	NCMP/local data	
Oral health	2		??	Possible	Talk to Claire	To speak to Claire Robertson regarding level available.
Mother accessing mental health services	2		Ward	No	CNWL quarterly data	

Topic / area	Priority	Ease of production / access	Geographical detail	Benchmark available?	Source	Comments
Mothers contacting substance misuse services 1. Mothers with a disability 2. Mothers with learning disabilities	3		Ward	No	DAAT teams?	To clarify with Andy Brown if mums are flagged
Services						
12 week booking	1		LA	Yes	Quarterly submissions	Provider data
Antenatal contact	2		Hospital	No	RiO	
Place of birth	2		Ward	Yes	ONS	
Home births	3		Ward	Yes	ONS	
Caesarean sections	2		Ward	Yes – London	SUS/Dr Foster	
Assisted deliveries	2		Ward	Yes - London	SUS/Dr Foster	
Neonatal BCG	1		Hospital	No	Hosp returns (Audiology)	BCG database available in Maternity (NWLH)
Newborn screening	1		Ward / LA	Yes		Clarify with CHR level of data available
Child immunisations	1		Ward / LA	Yes	Various sources	Many sources but possible
Hospital admissions 0-4 years	1		Ward	No	SUS/Dr Foster	
A&E admissions (0-4 years)	1		Ward	No	Needs exploring	Varies by trust submissions

Topic / area	Priority	Ease of production / access	Geographical detail	Benchmark available?	Source	Comments
Speech & Language referrals	2		Ward?	No	RiO / Children Centres	<i>ICO Brent can provide from RiO for core SALT service</i> <i>LA comments- this is recorded by SLT team and included centrally in commissioned report.</i>
Vision referral	3		?	No	Needs exploring	National programme same as hearing
Hearing referrals	3		? Service level	No	Check with Audiology	Available on RiO from ICO Brent
Mental health referrals	2		Ward	No	CNWL Quarterly data?/RiO/CAMHS	Possibly patchy but would require some effort
Children Centre – uptake of services	1		Children Centre level	No	Special data collection exercise?	<i>Can be provided through Estart but would need a list to specify which service for uptake data by children centre or by children centre catchment. Would need to clarify if by family of by number of individuals.</i>

Appendix 6

**Health Visiting Implementation Plan – A Call to Action
Summary of Project Plan**

Task	2011				2012		
	September	October	November	December	January	February	March
Set up project group	Green						
Draft TOR	Green						
Recruit administrator		Green					
Inaugural meeting		Green					
Agree TOR		Green					
Agree membership		Green					
Agree work stream leads		Green					
Agree objectives for work streams			Green				
Agree draft vision				Yellow	Yellow	Yellow	
Agree dataset for baseline Demographic profile				Yellow	Green		
Demographic & Geographical analysis					Yellow	Yellow	
Set up staff engagement forum					Red	Green	

Task (Deliverables)	2011				2012		
	September	October	November	December	January	February	March
Workforce mapping exercise				Yellow	Green		
Transition plan to align existing service provision with emerging commissioning responsibilities					Yellow	Yellow	
Communication & engagement plan					Yellow	Yellow	
Progress report to Borough Director For sign off with GPCE					Green		
Agree communication strategy for dissemination of project findings						Red	
Review of Work stream outcomes					Green	Green	
Launch event							Green
End of Project							