

SCRUTINY REPORT



MEETING: Health Scrutiny Committee

DATE: 18th September 2019

SUBJECT: Health Visitors

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1.0 INTRODUCTION

This report provides an overview of the development and achievements of the Health Visiting service since the commissioning became the responsibility of Public Health in October 2015.

Health Visiting is the only Universal service for children under school age commissioned in Bury. As such, the service is a key contributor to identifying barriers to good child development and a child being school ready, delivering and referring to appropriate interventions and crucial to ensuring no child slips through the net.

2.0 BACKGROUND

Responsibility for public health passed from the NHS to local authorities in April 2013. The responsibility for 0-5 aged services remained with NHS England for them to oversee the fulfilment of the Prime Minister's 2010 challenge to increase the health visiting workforce and transferred in local authorities in October 2015.

The 0-5 Public Health Service for Bury consisted of Health Visiting and Family Nurse Partnership services.

Following a workshop with key stakeholders on 3rd August 2017 the decision was made to decommission Family Nurse Partnership (FNP) in Bury and implement a new model of delivery within Health Visiting. This was due the restrictions placed on the service by the FNP licence with regard to referral criteria and delivery of the programme.

Following a period of review and redesign, an extended version of the Health Visiting Service was agreed and contracted with the provider from 1st July 2019. This model includes additional capacity within the service to deliver more intensive support for those families who require it.

The Health Visiting service is for all families who have a pre-school aged child and are resident in the Borough of Bury. Health visitors are qualified nurses or midwives who have completed further education to degree level to become specialist community public health nurses (health visitors).

Health Visitors follow the nationally mandated Healthy Child Programme providing a wide range of care, advice and support. This includes advice on health and minor illness, feeding, weaning, dental health, developmental checks and support for parents such as post-natal depression.

All children are offered a core set of visits with those requiring additional support having a tailored service around these needs. They deliver care in people's homes, health centres, children's centres and other community-based locations and work closely with a wide range of other professionals, community groups and 3rd sector organisations.

Bury's core offer aligns with stages 1-5 of the Greater Manchester Early Years Delivery Model (EYDM). The EYDM comprises of 4 key elements:

1. High Quality Universal Services
2. 8-stage New Delivery Model assessment pathway
3. A range of multi-agency pathways
4. A suite of evidence based assessment tools and targeted interventions

Stages 1-5 of the pathway, refer to assessment stages which are universally offered to all Bury children. The stages are as follows:

<u>Stage 1</u> Health Visitor antenatal visit	<ul style="list-style-type: none"> • promotional contact • information given about infant development, feeding, parenting and the Healthy Start Programme. • provide contact details and advise how they will/can support following birth
<u>Stage 2</u> New Birth Visit 10-14 days	<ul style="list-style-type: none"> • the Health Visitor is to provide support with feeding and caring for baby • Health Visitor to undertake Newborn Behavioural Observation
<u>Stage 3</u> 2 month/ 6-8 week assessment	<ul style="list-style-type: none"> • the Health Visitor may weigh the baby, review their general health and discuss their immunisations. • they will also give the family contacts for their well baby clinic or children's centre where they can get their baby weighed and access a range of advice and support. • EYDM requires assessment of baby against ASQ3 and offer mental health screening using a variety of tool including GAD2, GAD7 (General Anxiety Disorder) and EPNDS (Edinburgh Postnatal Depression Scale assessment) of parents • Health Visitor to undertake Newborn Behavioural Observation
<u>Stage 4</u> 8-12 month assessment	<ul style="list-style-type: none"> • This contact includes advice, such as child's diet, dental health and safety issues. • As part of the visit, the health visitor may weigh and measure the child and discuss their immunisations. • If a parent wishes, the health visitor can also put them in touch with local parent/carer and baby groups, children's centres or activities in their area. • EYDM requires assessment of baby against ASQ3
<u>Stage 5</u> 24 month/ 2-2½ year assessment	<ul style="list-style-type: none"> • This visit is an opportunity to talk about any issues a parent may have regarding their child's health. This may include their hearing and vision, language development, behaviour, sleeping or toilet training. • The child will also be weighed and measured, and the parent can discuss their immunisations and the various options for childcare and early years education. • EYDM requires an integrated assessment / shared information and assessment against either ASQ3 or EYFS

Children are screened through an Ages and Stages Questionnaire (ASQ) assessment, which assesses the expected levels of development at the developmental stage during which it is completed.

<p>ASQ3 screens:</p> <ul style="list-style-type: none"> - Communication skills - Gross motor skills - Fine motor skills - Problem solving skills - Personal-social skills 	<p>ASQ SE (Social Emotional) screens:</p> <ul style="list-style-type: none"> - Self regulation - Compliance - Social-communication - Adaptive functioning - Autonomy - Affect - Interaction with people
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At each of the assessment stages, numerous other assessments and interventions are delivered as appropriate, such as perinatal mental health assessment, breastfeeding support, Newborn Behavioural Observation (to promote parental sensitivity and secure infant attachment), accident reduction and reducing hospital attendance/admissions through advice and early intervention.

In addition to the core offer, the revised service model contracted from 1st April 2019, includes 3 Key Worker Health Visitors. Children and Families who are assessed as Universal Partnership Plus and Safeguarding will be offered additional support, assessment and intervention.

The aim of the revised delivery model is to improve the health and wellbeing of children and young people by responding to identified health needs based on robust public health and evidenced based data. To learn lessons from the FNP programme and ensure the added value is transferred into the new Early Years model and the Health Visiting service.

The model of care for children and families follows the principle of Early Intervention in the early years, supporting and empowering families to reduce reliance on public service with the involvement of the 3rd sector.

This integrated model of care prioritises:

- Early intervention and prevention.
- Self-care/self-management and good parenting.
- Safeguarding – domestic violence/child protection/child in need.
- Mental Health issues.
- Attachment and bonding.
- Bury Early Years Outcomes framework.
- SEND Support for families.

The Health visiting have realigned service delivery to Bury's Neighbourhood Delivery Footprints with defined partnership arrangements in place between the Health Visitor service and voluntary sector providers such as Early Break & First Point Family Support Services.

As of 1st July 2019, the service transferred with all Bury Community Services from Pennine Care Foundation Trust to Bury and Rochdale Care Organisation as part of the Northern Care Alliance.

3.0 ISSUES

There are a number of challenges faced by the service

Reducing budget – we had to compromise on the remodel of the service. Further to decommissioning the Family Nurse Partnership and pressures to achieve financial efficiencies, we were only able to fund 3 Key Worker Health Visitors instead of the 5 the model had described.

Data – paper based records create inefficiencies in recording and reporting.

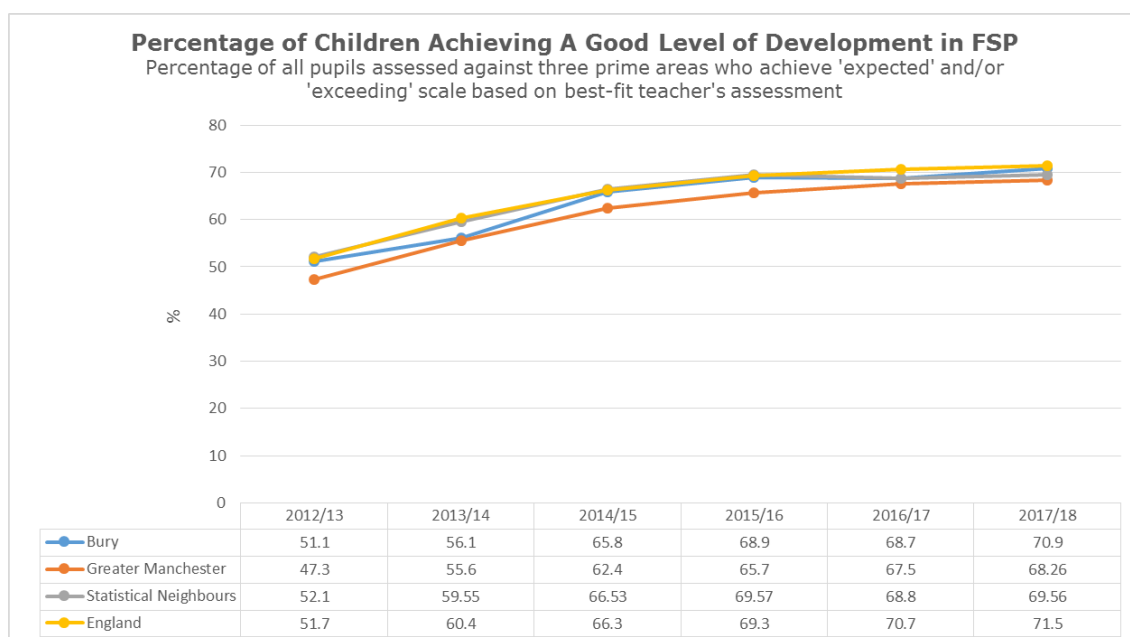
Relationships with maternity services – suitable and consistent pathways aren't in place to ensure timely notification are received and therefore key contacts have been missed.

4.0 WHAT IS WORKING WELL?

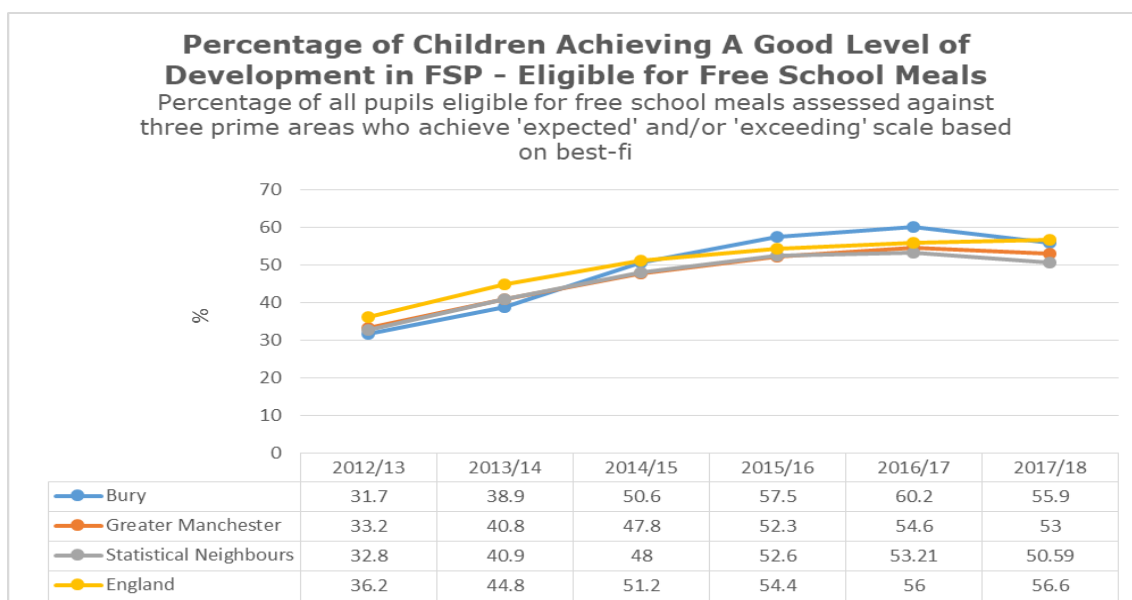
The Health Visiting service are a key partner in our work to improve School Readiness in Bury.

'School readiness' is a term used to describe how ready children are socially, physically and intellectually to start formal schooling. Whilst an end in itself, school readiness should also be seen as a 'way marker' for future life chances. It is an indicator for having had a good start in life i.e. growing up in a nurturing safe environment that enables children to survive and be physically healthy, mentally alert, emotionally secure, socially competent and able to learn.

School readiness is measured through assessment at the end of the early years foundation stage (EYFS) at the end of Reception year and known as the EYFS (Early Years Foundation Stage) profile. This is reported to the Department for Education and informs the Good Level of Development data (GLD).



In 2018 Bury closed the gap with the England average from 2% points in 2016/17 to just 0.6% points in 2017/18, we also now have the second highest level of GLD in Greater Manchester behind Trafford and exceed the average of our statistical neighbours.



Between 2012 and 2017 there was an excellent rate of improvement in the proportion of children eligible for free school meals from 32% to 60% and whilst still below the whole population average, the gap had reduced. The percentage of Bury children eligible for free school meals achieving good level of development (GLD) was above the national average. However, in 2017/18 there has been a decline in GLD for those children eligible for free school meals in Bury, Greater Manchester and also with our statistical neighbours. England overall has seen a 0.6% increase.

We are unable to explain and determine the nature of this rate of decline, again this is due to a lack of data reported at earlier assessment stages.

Delivery of the Universal offer

In October 2010, Public Health Minister, Anne Milton set out the Government's vision for the future of health visiting in England, repeating the Government's commitment to increase the health visitor workforce by 4,200 by 2015 and launching a new service model for the profession going forward.

Bury's Health Visiting service achieved its target in September 2015 and increased its Health Visitor workforce by 35%. The performance data shows a positive increase in response to the increased capacity.

	2015/16	2016/17	2017/18	2018/19	Month1-3 2019/20
<u>Stage 1</u> Health Visitor antenatal visit	150	394	322	258	74
Notifications have been delayed due to reporting issues from Maternity Services. Uptake of this contact is problematic. Anecdotally, working women are usually still working when this contact is offered and therefore not available to attend and women who already have a child are less likely to attend.					
<u>Stage 2</u> New Birth Visit 10-14 days	76.7%	78.9%	79.9%	85.5%	89.5%
The reduced number is because the health visiting service are unable to identify the 'problematic'. These are babies who may still be in hospital or who are not available for the visit. The service do get notified of the majority of births.					
<u>Stage 3</u> 2 month/ 6-8 week	68.11%	74.1%	78.9%	84.2%	89.5%

assessment					
During this same time period, a GP delivers a NIPE screen for all registered babies and promotes relevant immunisations. This impacts on the uptake of the Health Visitor Stage 3 assessment.					
Stage 4 8-12 month assessment	81%	86.7%	84.7%	91.3%	94.1%
Uptake of this assessment stage is consistent and steadily increasing.					
Stage 5 24 month/ 2-2½ year assessment	65.5%	90.9%	89.9%	92.2%	95.1%
Age two is an important time for children. It is a time when problems with both language development and behaviour can start to be identified, and where interventions can be most effective, making a real difference to a child's future. Uptake of this assessment is good and steadily increasing.					

Interventions

Early Years Communication and Language Promotion Service Specification

Work is progressing across Health Visiting and Speech and Language Therapy service, Community Nursery Nurses from within the Health Visiting team received training from Speech and Language Therapy service on implementation of the Wellcomm tool. This is a screening tool used to identify children who are experiencing Speech and Language difficulties at the earliest stage. The use of the Wellcomm Tool is a GL assessment tool for use with all children who have been identified as not achieving the expected outcome on the Communication domain when assessed using the ASQ3. The Wellcomm Clinics are now located in each of the Townships within Bury making them more accessible for some families to attend and some Home Visits have been offered to perform the Wellcomm assessment. From the 1st July 2019 the Wellcomm tool is the universal tool for referral into Speech and Language from the Health Visiting Service.

Breast Feeding Peer Support Group

The Bury Breast feeding Buddies Café continues at Castle Leisure Centre every Thursday from 10am – 12pm providing a great opportunity for breast feeding mums to meet up and chat in a relaxed environment. The breastfeeding peer support group held at Prestwich Hub Children's Centre also continues to run every Monday at the same time as the Well Baby Clinic at the same venue. This is over seen by a member of the Health Visiting team. Bury's Health Visiting Service hold full UNICEF Baby Friendly Initiative accreditation and all Health visitors are trained to give breast feeding advice to UNICEF level 3.

Oral Health

The service supports the improvement of oral health in under 5s by giving out key messages and Brushing for Life packs at key contacts.

Pathways

As a partnership we have focussed on delivery of the Early Years Delivery Model (EYDM) stages since the commissioning of the service transferred to local authority responsibility. Delivery of the assessment stages are now imbedded in Bury and GM and the focus has now shifted to delivery of 6 specific pathways for intervention.

These pathways are:

- Physical Development
- Complex Needs
- Antenatal Early Intervention & Prevention
- Perinatal and Infant Mental Health
- Social, Emotional, Behavioural
- Speech and Language

The pathways are all at differing levels of maturity. Along with Council colleagues, the health visiting service are working locally and with the GM teams to develop and implement the pathways to improve outcomes for our children.

5.0 WHAT NEEDS TO WORK BETTER AND WHAT ACTION IS IN PLACE TO ADDRESS THIS?

Reducing budget – we had to compromise on the remodel of the service. Further to decommissioning the Family Nurse Partnership and pressures to achieve financial efficiencies, we were only able to fund 3 Key Worker Health Visitors instead of the 5 the model had described.

The revised model was contracted on 1st July so the service is currently undertaking a recruitment exercise. The reduction of 5 to 3 key worker roles has meant that 3 staff will work across the 5 localities in Bury rather than one key worker working in each area.

Robust supervision and management is in place and a performance measure plan is in place to enable monitoring of outcomes from the universal workforce and the additional key worker workforce working with targeted families.

Data – paper based records create inefficiencies in recording and reporting.

Data collection and reporting has been identified as a problematic area. The service operates with paper based care records and there is currently no appropriate electronic means to record the full ASQ assessment electronically.

Bury Council and Bury Community Services were successful in their application to be the first early adopter to digitise key assessment tools. This project is being led by the Greater Manchester Combined Authority Digital Team and is working to develop a 'unified architecture' to allow all the difference data systems to 'talk' to each other and push and pull information. They are also developing a system to enable parents and professionals to complete assessments electronically.

Bury staff from across Public Health and Health Visiting are working with the GM Team and technical provider to develop the solution. We are currently working to a deadline of November 2019.

This solution will allow thorough reporting and enable more thorough and reactive identification of population need and appropriate interventions through:

- Digitisation of all Ages & Stages (ASQ3) and SE forms
- Digitisation of WellComm forms to support communication development
- Development of a shared Early Years Outcome Plan that will travel through the 8 stages ensuring that outcomes and support are visible operationally in subsequent stages
- Streaming of supporting and helpful video content incorporated into the citizen app / worker app to support assessment process

- Calculation of assessment scores automatically (with moderation by Health Visiting services)
- Early Years Education Settings (and other professionals) are able to access appropriate information captured by Health Visiting services

Relationships with maternity services – suitable and consistent pathways aren't in place to ensure timely notification are received and therefore key contacts have been missed.

This is a problem across GM and is compounded as we don't have a midwifery service in Bury. Our babies are delivered outside of the Borough, predominately in Bolton (Bolton Foundation Trust) and Manchester (Pennine Acute Hospitals Trust).





There is an acknowledgement across all GM localities that pathways need developing with Midwifery services to improve information sharing and delivery of specific interventions. This work is in the early stages.

Liaison with the antenatal leads with Pennine Acute Hospitals Trust has resulted in a revised process for notifications being confirmed and implemented, whilst this is still being monitored the impact can already be seen. Improving the process for Bolton Foundation Trust is the next priority.

5.0 CONCLUSION

The service have been a key contributor to the improvement of a good level of development in Bury and improving the health and wellbeing of our babies, preschool children and families and continue to work in partnership with us as commissioners and more crucially the Starting Well Partnership Board to deliver national, regional and local priorities.

List of Background Papers:-

Early Years Delivery Model – Assessment Stages	 Early Years assessments.pptx
Early Years Pathway Presentation	 Early Years Pathway Presentation (3).ppt
Health Visiting Service Specification - Bury	 Health Visitor Service Specification
Health Visitor KPIs 2015-2019	 HV KPIs 2015-2019.xlsx

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