



Briefing Paper on :-
Transforming the Health Visiting Service in
Nottingham City
Area 3



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1 Introduction

This paper will give a brief overview of how the Health Visiting Implementation Plan has transformed the early support offer to families in Nottingham City and in particular Area 3.

2 Background and Context

In 2010 the Government set out its vision for the future of Health Visiting in England for expanding and modernising the Health Visitor service by March 2015. In early 2011 this was supported by the publication of the Health Visitor Implementation Plan 2011-15 – A Call to Action. This was further highlighted as a priority area in the Operating Framework for the NHS in England 2012/13.

Nottingham CityCare Partnership has a challenging target to expand the number of Health Visitors from a baseline of 69.4 whole time equivalents(2011) to 154.7 whole time equivalents by March 2015 (an increase of 123%). At the time, the enormity of this challenge was recognised by both the clinical commissioners and Strategic Health Authority, and it was recognised that Nottingham had the largest requirement for increase in Workforce throughout the East Midlands region. Despite this challenge Nottingham CityCare has worked in partnership with NHS England, Health Education East Midlands and Higher Education Institutes to embrace the Health Visitor Implementation Plan and thoroughly supported the plan for increasing the workforce and modernising the Health Visiting Service delivered to children and families within the City.

3 Local Context and the Challenges

- Need to increase from 69.4 to 154.7 WTE which poses significant challenges
- Limited capacity of provider to train students with such a low WTE start point
- The need to revise training methodologies in order to support the increased number of students and the need to train the existing staff to take on this mentoring role has been central to the success of the expansion project
- The need to ensure there were sufficient planned numbers of commissioned health visitor student places (12 month duration), to ensure achievement of the required local trajectory by April 2015
- The need to ensure the retention of students within the city post qualification
- Loss of existing, experienced health visitors to other disciplines, retirement

4 Progress to Date

- As at 30th October 14 there were 99.58 WTE Health Visitors in post against the 31st March 2015 target of 154.7 WTE
- Further recruitment from the January 2015 students plus oversupply from neighbouring providers are anticipating. It is anticipated that there will be an additional 35 Health Visitors working on the City in January 2015.
- For Area 3 that will mean, approximately an additional 10 newly qualified Health Visitors working in Area 3
 - 4 Levels of Service Provision
 - Emphasis on Universal Provision of visits and assessments throughout early years and close partnership working with all other agencies where vulnerabilities are identified
 - Working together with early Years on combined 2- 2 ½ year assessment

5 Transform Early Support in Nottingham City

Safeguarding and early intervention

- Increased Health Visiting resource targeted in priority areas
- Improved immunisation rate for hard to reach groups e.g. complex families
- Increased support for vulnerable young people e.g. travellers, homeless

Healthy and positive children and young people:

- Increased maternal and infant mental health support
- Improved nutrition advice and guidance e.g. infant feeding to ensure they maintain a healthy weight as they grow and develop

Strong families:

- Increased awareness and uptake of community services for children and families including primary care and Children's Centre services

Achievement and economic well-being:

- Improving children's development and readiness for school (Healthy Child Programme)

6 Key Achievements

- All Health Visitors are currently being trained to use antenatal/postnatal promotional guidance
- Successfully change practice to accommodate the Birth Visit within 10-14 days
- Successful pilot in delivering Preparation for Birth and Beyond (plan to roll out across the city)

- All staff are trained in the use of the Ages and Stages assessment tool (Band 4-7)
- Baby Friendly stage 2 accreditation successfully gained. Stage 3 Assessment due December 2014
- 20 staff trained in providing Restorative Supervision, working group established to effect implementation
- Joint service 2 -2 ½ year review pilot nearing completion
- Partner and user engagement (Have you say about your local Health Visiting Service) Survey and Focus Groups has been conducted and currently being analysed.
- 4 Specialist Practitioners in post (Immunisation, Infant Feeding, Vulnerable Children and Perinatal Mental Health)
- Partnership working with key stakeholder.
- GP core offer
- Community Development Health Visitors in post

7 Priorities for 2014/15

- Training for staff in :-
- Signs of Safety, CAF
- Parental Mental Health, Antenatal/Postnatal Promotional Guidance
- Preparation for Birth and Beyond
- Healthy Relationship Toolkit
- Solihull
- Minor Ailments clinic Pilot Recognising a Sick Child, Bereavement
- Building Community Capacity
- Recruitment of additional Community Development Specialist Public Health Visitors, and Specialist Public Health Visitors
- Increasing the number of CAF being initiated
- Carry Out Minor Ailments Clinic Pilot (Area 3 included in the Pilot)
- UNICEF Baby Friendly stage 3 accreditation (November 14)
- Building Community Capacity
- Mobile Working and increase in accommodation (Expansion of IT and communication resources)

8 What has been happening in Area 3?

- Recruitment of an additional 8 Health Visitors in the past 18 months
- The introduction of Preparation for Birth and Beyond programme
- Breastfeeding Groups and Weaning sessions
- Parent Groups namely Diddydots, Tinytots and Inbetweenies
- Promotion and recruitment of families to the Dolly Parton Imagination Scheme
- Recruitment of a Community Development Health Visitor based in Area 3
- Recruitment of Infant Nutrition, Immunisation and Perinatal Mental Health and Vulnerable Childrens Specialist Health Visitors that work across the City
- Health Visitors working intensively with families on the Priority Families programme

9 Transfer of 0-5 children's public health commissioning to local authorities

From 1 October 2015, the Government intends that local authorities (LAs) take over responsibility from NHS England for commissioning (i.e. planning and paying for) public health services for children aged 0-5. This includes health visiting and Family Nurse Partnership ((FNP) targeted services for teenage mothers).

The Healthy Child Programme (HCP) is the national public health programme, based on best knowledge/evidence to achieve good outcomes for all children. The transfer of 0-5 commissioning will join-up that already done by LAs for public health services for children and young people 5-19, (and up to age 25 for young people with Special Educational Needs and Disability. This will enable joined up commissioning from 0 to 19 years old, improving continuity for children and their families.

The following commissioning responsibilities will not transfer to local authorities;

- Child Health Information Systems
- The 6-8 week GP check (also known as Child Health Surveillance)

10 Mandating Elements of the Healthy Child Programme

- The Government's aim is to enable local services to be shaped to meet local needs.
- Some services however need to be provided in the context of a national, standard format, to ensure universal coverage, and hence that the nation's health and wellbeing overall is improved and protected - this includes some of the HCP services.
- The potential for mandating elements of the HCP was set out in *Healthy Lives, Healthy People1*: A range of public health services are *already* mandated, for example, on national child measurement.
- Building on the mandation of services outlined above, and subject to parliamentary approval, the Government now intends to mandate certain universal elements of the 0-5 HCP namely:-
 - Antenatal health promoting visits
 - New baby review
 - 6-8 week assessment
 - 1 year assessment
 - 2-2½ review
- Evidence shows that these are key times to ensure that parents are supported to give their baby/child the best start in life, and to identify early, those families who need extra help (early interventions). These elements are delivered by health visitors or (less often) through FNP as part of an on-going relationship with families and communities.