

CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

16 JULY 2013

UPDATE ON HEALTH VISITING SERVICE

Report from: Barbara Peacock, Director of Children and Adults

Author: Teri Reynolds, Democratic Services Officer

Summary

This report from Kent and Medway NHS Commissioning Board sets out details of the expansion of the Health Visiting Workforce, the Action on Health Visiting implementation programme in Medway with the governance arrangements. It also sets out an overview of the Healthy Child Programme and describes the public health nursing role of Health Visiting and provides an assurance on the contribution the service will make to Medway's public health targets.

1. Budget and Policy Framework

- 1.1 Under Chapter 4 – Rules, paragraph 22.2 (c) terms of reference for Health and Adult Social Care Overview and Scrutiny Committee has powers to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.

2. Background

- 2.1. Appendix 1 to this report is an update report on the Health Visiting Implementation Plan – Action on Health Visiting from the Kent and Medway NHS Commissioning Board.

3. Risk management

- 3.1. There are no risk implications for the Council.

4. Legal and Financial Implications

- 4.1. There are no legal or financial implications for the Council.
- 4.2. For 2013 -2014 the additional costs of workforce growth in Medway is £351k and is met by NHS England who will retain responsibility for the

commissioning of this programme until the final year of the growth target (March 2015) when the programme will transfer to the local authority

5. Recommendations

5.1. Members are asked to consider and note the report.

Background papers:

None.

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Report for Medway Children's and Young People's Overview and Scrutiny Committee

Date: 16th July 2013

Topic: Health Visiting Implementation Plan – Action on Health Visiting

Prepared By:	Linda Denne, Public Health Commissioning Manager NHS England Kent and Medway
Date Prepared:	V1 26 th June 2013 V2 1 st July 2013 V3 2 nd July 2013 Final 4 th July 2013
Update on Previous Briefing	N/A

1.0 Briefing Summary

This paper:

- sets out the background to the expansion of the Health Visiting Workforce, the Action on Health Visiting implementation programme in Medway and the governance arrangements which are in place to ensure the programme remains on target
- sets out an overview of the Healthy Child Programme 0-5 yrs. in the context of the Health Visiting Implementation Plan – Action on Health Visiting¹ latterly The National Health Visitor Plan² progress to date and implementation 2013 onwards (see appendix 1)
- describes the public health nursing role of Health Visiting and provides assurance on the contribution the Health Visiting Service will make to Medway's Public Health targets

2.0 Introduction and background

Health Visiting Implementation Plan – Action on Health Visiting

2.1 The national *Health Visitor Implementation Plan* published in 2011 set out the rationale and framework to increase the number of Health Visitors (HVs) by 4,200 nationally and described the new Health Visiting model (see appendix 1). This reflected the coalition government's commitment to early years and is based on the growing body of evidence of the importance of intervention in the early years as outlined in reports such as 'Supporting Families in the Foundation Years'³ and previous reviews by Sir Michael Marmot, Frank Field, Graham Allen, Dame Clare Tickell and Professor Eileen Munro which have all reinforced the importance of early intervention in the foundation years.

2.2 National workforce modelling identified that Kent and Medway required one of the largest increases in Health Visiting numbers to meet the national end target - a growth figure of

¹ The Health Visitor Implementation Plan 2011-2015 – A Call to Action DH Feb 2011

² The National Health Visitor Plan: progress to date and implementation 2013 onwards Department of Health, NHS England, Public Health England, Health Education England 2013

³ Supporting Families in the Foundation Years DFE DH 2011

almost 79%.

2.3 Medway Community Healthcare Trust provide Health Visitors in the Medway area and the current HV workforce is 45.85 wte with a planned increase of 25 wte in 2013/4 and a final HV target of 78.8 wte by 2015. The additional Health Visitors in Medway will be deployed based on population and demographic need. This increased capacity will enable the service to expand the universal public health programme to children under 5 years of age and their families and lead and deliver the Healthy Child Programme (see 2.11).

Whilst some of the HV may come from open recruitment from external sources and training return to practice HVs, shortages of qualified HV workforce have meant that the majority of growth nationally is to come from training new HVs. Medway currently has 15 students in training (due to qualify later this year) with 25 commissions for training from September 2013 and January 2014. The clear workforce plan is reviewed 6 monthly.

Governance Arrangements

2.4 The Health Visiting Implementation Plan is a mandated programme of work, with national oversight through monthly cabinet office reporting, and ministerial briefings provided monthly.

2.5 A section 7a agreement between Public Health England and NHS England has been signed to enable a number of public health programmes to be directly commissioned by NHS England. This includes the Healthy Child Programme 0-5 years old which in turn includes Health Visiting and Family Nurse Partnership until 2015 at which time it is anticipated the commissioning for this will be transferred to local authorities.

2.6 Commissioners are working with the provider Medway Community Health to ensure through workforce planning that the target is met by 2015.

2.7 Monthly performance monitoring of the provider by the commissioner includes the following:

- Monitoring of progress in relation to delivery of the new HV model and Healthy Child Programme as capacity increases
- Monitoring of the workforce trajectory and workforce planning
- Alignment of the HV service with GPs and other agencies predominantly Children's Centres

2.8 Current performance indicates that Medway Community Health is 7 wte below the required target. A recovery plan has been agreed with the commissioner. However it should be stressed that nationally there is a shortage of supply of qualified Health Visitors. Performance dashboards are under development to monitor activity in relation to the Healthy Child programme coverage.⁴

2.9 NHS England Kent and Medway are preparing for the transfer of commissioning responsibility for Health Visiting from NHS England to Local Authorities. Trish Dabrowski (Head of Public Health Commissioning) and Linda Denne (Public Health Commissioning Manager) have met with Alison Barnett Director of Public Health and Dawn Hollis Senior

⁴ See Appendix 1

⁵ The Healthy Child Programme, Pregnancy and the First Five years of Life DH/DCSF 2009

Public Health Manager - Commissioning and Assurance to commence and formalise joint working arrangements towards transition.

2.10 Stakeholder engagement is fundamental to the success of the programme and to this end the commissioners will be working with CCGs and the Local Authority to ensure a joint approach to both the delivery of the programme and to strengthen public engagement in shaping the service.

2.11 In Kent and Medway a steering group which is chaired by the Accountable Executive, Sally Allum, Director of Nursing, NHS England Kent and Medway meets quarterly. The meeting is managed to a standard agenda.

2.12 Over the period until 2015, the Programme will, in partnership with Medway Council, provider organisations and other stakeholders, commission and deliver improved Health Visiting services that will result in the following key outcomes for the population of Medway:

- Delivery of a public health and Healthy Child Programme aligned service for children aged 0-5 years and their families;
- All children aged 0-5 years will receive early intervention, prevention and health promotion services which will help them achieve their optimum health and well-being;
- Traditionally 'hard to reach' groups of children who are vulnerable due to ill health, disability and/or disadvantage are reached in a timely manner to and receive the health input required;
- Outcomes for children as identified in national strategies (Action on Health Visiting) are achieved

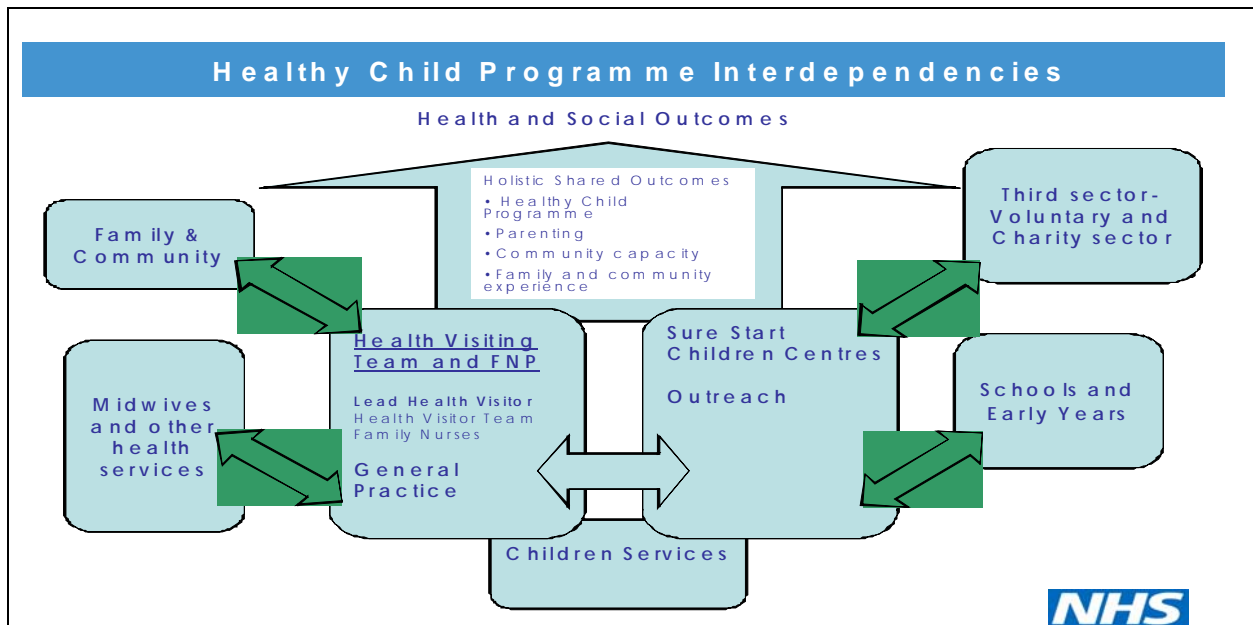
The Healthy Child Programme

2.11 The Healthy Child Programme (HCP)⁵ is 'the early intervention and prevention public health programme that lies at the heart of universal services for children and families'. It is based on a model of 'progressive universalism', which ensures that all children and families have access to universal health services with those in greater need receiving additional targeted services. It has two key programmes of work, one for Pregnancy to Five Year Olds and one for Five to Nineteen Year olds. For the purpose of this paper the former is the section referred to throughout.

2.12 The programme sets out a schedule of universal and targeted activities/interventions incorporating ante natal care, immunisation and screening programmes, breastfeeding and healthy eating, healthy weight, emotional health and well being, support for parenting and ultimately and most importantly safeguarding. Many of the outcomes are shared performance measures and priority areas for Children's Centres as well as Health.

2.13 At local community level the programme will be led by Health Visitors who will be responsible for delivery, coverage, quality, outcome monitoring of the HCP as well as specifically delivering aspects of the programme to families.

2.14 Health Visitors are expected to lead and coordinate the delivery of the universal HCP to a defined population which is intended to be delivered by a range of competent practitioners across health services and the wider children's workforce.



The Health Visiting Service

2.15 The Health Visiting service is a community public health children's nursing role for pre school children with the lead for a range of public health outcomes set within the HCP and described in the Public Health Outcomes Framework. This includes responsibility for promoting immunisations, breastfeeding, and reduction in smoking of pregnant women, promotion of healthy eating and physical activity, safe sleeping practice and signposting families to support services where appropriate. Whilst a number of outcomes resulting from the increase in Health Visiting capacity will be short term a significant number will be medium to long term.

2.16 The new Health Visitor model set out in the National Implementation Plan is designed to enable Health Visitors to be able to 'reclaim the role which brought many into the profession, and to refresh and develop their public health skills in working with children, families and communities.' The document goes on to state that it 'brings new leadership challenges, with opportunities to lead health visiting and wider skill-mix teams across early years settings, working with Sure Start Children's Centres and others.'

2.17 Successful delivery is dependent on maximising partnerships, in particular early years' services and children's centres with a shared commitment to agreed goals, values and shared holistic outcomes underpinned by clear lines of accountability and defined responsibilities.

3.0 Key Messages

3.1 Health Visitors are registered nurses and or midwives who will have undergone a masters level post graduate training to become registered as Specialist Community Public Health Nurses and deliver a number of core public health functions.

3.2 Currently Health Visiting workforce in Medway is 45.85 whole time equivalent (wte) with a planned increase of 25 wte in 2013/4 with further growth in 2014/5 to a final HV target of 78.8 wte by 2015

3.3 For 2013 -14 the additional costs of workforce growth in Medway is £351k and is met by NHS England who will retain responsibility for the commissioning of this programme until the final year of the growth target (March 2015) when the programme will transfer to the local authority.

3.4 Investment in Health Visiting services makes a major contribution to improving health outcomes, meeting Local Authority Public Health targets (e.g. breastfeeding), and reducing children in need by promoting health equality.

3.5 Successful early intervention is dependent on effective partnership working and a recognition of the contribution and role of all agencies in providing the best support to families, helping them find the right support at the right time⁶. The foundation of this is the delivery of a universal and more targeted Health visiting programme, working in partnership with partners and carers and partner agencies

3.6 The Healthy Child Programme describes an evidence based public health programme led by Health Visitors, in partnership with a range of services for families with children in the early years.

Recommendations

Committee members are asked to note the contents of this report.

⁶ Health Visitor Implementation Plan – A Call To Action DH Feb 2011

Appendix 1

New Health Visiting Model

The health visiting service will be offered to every family with a child/children under the age of 5 years ensuring access to the health visiting service as described in the Health Visitor Implementation Plan 2011-2015 – A Call to Action. The provider will work closely with commissioners to implement the new health visiting model as described below by 2015:

- **Community** – Based on the Joint Strategic Needs Assessment the service will understand the needs of local communities contributing to a directory of services to meet those needs. Health visiting professionals in the local area are to be supported in community development work undertaking the new 'building community capacity' training module.
- **Universal** – All elements of the Healthy Child Programme (HCP) 'Pregnancy and the First Five Years of Life' are to be delivered using evidence-based universal prevention (including routine childhood immunisations and non-routine immunisations for at-risk babies e.g. Hepatitis B and BCG, health and development checks).
- Health visitors will lead the delivery of the core universal contacts through integrated children's services whilst directly delivering those areas specific to health visiting prioritising first time parents and working in partnership with Family Nurse Partnership (FNP) once implemented in Kent.
- **Universal plus** – The health visiting service will undertake specific areas of each progressive part of the programme where clearly it is the role of the health visiting service to do so using clearly defined evidence based care packages. Where the progressive elements of the programme relate to other disciplines or agencies the health visiting service will make timely referrals to or sign post on to other disciplines/agencies providing a flexible and seamless approach.
- **Universal partnership plus** – as a minimum the HV service will ensure that there is a health visiting representative on the Steering Group of each children's centre and that there is a health visiting representative on each of the Children Centre Advisory Board across the districts in Kent The HV service will ensure there are services/drop-in sessions provided by health visitors through children's centres. The health visiting service will actively participate in the Common Assessment Framework (CAF) process.
- The health visiting service will actively contribute to the safeguarding of pre - school aged children and ensure the most current Child Protection processes are adhered to, working closely with other services particularly Social Services to support the Child Protection processes for children aged 0-5 years.
- The health visiting service will work with the virtual school to ensure that all looked after children (LAC) are identified as being vulnerable and that they have appropriate and timely access to HV advice and support in relation to the HCP.
- The health visiting service will contribute to the narrowing of the gap in inequalities agenda using the Joint Strategic Needs Assessment whilst contributing to the Public Health Outcomes.