

**SUNDERLAND SHADOW
HEALTH AND WELLBEING BOARD**

16 November 2012

REVIEW OF HEALTH VISITING SERVICES

Report of the Children's Trust

1 Purpose of the Report

- 1.1 This report has been produced in response to a request from the Health and Well-Being Board to consider the delivery of Health Visiting Services, specifically to include concerns about potential risks to safeguarding and communication issues as well as the developing service specification.

2. Introduction/background

- 2.1 In response to publication of the Health Visitor Implementation Plan 2011-2015: A Call to Action (February 2011) and NHS SoTW being one of twenty early implementer sites work has been undertaken, with colleagues from across the region, to develop a regional service specification for Health Visiting. To ensure engagement with this process across SoTW a Health Visitor Expansion Programme Early Implementer Stakeholder Group was established in 2011, with representation sought from local partners, including clinical commissioning groups. Membership has included 2 representatives of Sunderland CCG.
- 2.2 The working model for the Health Visiting Service has recently changed, following a Rapid Process Improvement Workshop. The outcome was a move to geographical based working across the Health Visiting Service, rather than a practice based working model. This has raised a number of concerns for primary care, particularly in relation to communication and safeguarding,
- 2.3 At a meeting of the Health and Well Being Board on 30th March 2012 the position as regards the future development of the Health Visiting service was considered. This report made reference to concerns raised in a recent survey of GP practices and also noted some concerns as to the level of influence the Sunderland Clinical Commissioning Group (SCCG) had been able to make in determining the new service specification.
- 2.4 The development of a new regional service specification has been taken forward by the designated leads for the national early implementer site leads across the North East, with representation sought from nominated children's leads (where identified) within Clinical Commissioning Groups. A draft service specification was taken to the SCCG Executive Committee in February 2012, after which further detailed discussions have been held and nominated leads have

represented SCCG on the South of Tyne and Wear Early Implementer Stakeholder Group.

- 2.5 Health Visiting is currently commissioned by NHS SoTW and delivered in Sunderland by South Tyneside Foundation Trust. This contract runs to March 2013, after which responsibility for the commissioning of Health Visiting Services will pass to the NHS Commissioning Board. It is anticipated commissioning responsibility for the Health Visiting service will pass to the Local Authority in 2015.

3. Current Position

- 3.1 As stated above the Health Visiting Service is currently commissioned by NHS SoTW and a regional service specification has been developed, to be implemented incrementally over the three year period 2012/13 to 2014/15 in line with the new National Health Visitor Model.
- 3.2 The development of the service model and regional service specification has been taken through the Early Implementer Stakeholder Group, led by commissioners and providers. In addition to this separate discussions have been held with CCG representatives, views from which have been fed into the ongoing process. An example of this is the need, in times of emergency, for health visitors to assist with emergency immunisation arrangements. As health visitors will not be routinely providing immunisation there are concerns amongst primary care about how health visitors will maintain skills and competency in immunisation to enable them to assist in such times of emergency. It is the expectation, under the service specification, that the provider of the Health Visiting Service will ensure arrangements are in place to support this.
- 3.3 Currently, although the service specification has been agreed at a regional level it is now with the provider, awaiting final approval. Some further negotiation may be needed in relation to outcome measures, although it is accepted the outcomes are incremental, as the health visiting workforce is expanded.
- 3.3.1 The specification, which describes the outcomes to be achieved but not the 'how to', includes 12 defined key service outcomes. These include:
- Liaise with Maternity services as set out within Department of Health Pathway No.1: health visiting and midwifery partnership – pregnancy and early years, this includes a targeted joint antenatal assessment where appropriate.
 - To ensure a seamless, timely, high quality, accessible, efficient and comprehensive service that engages all children and families from conception to five years and which promotes social inclusion, equality and respects diversity.
 - To provide a home visiting service to all families with children under the

- age of five years with level of intensity based on assessed client need (following the 4 level model) utilising the skills of the health visiting team appropriately.
- The Health Visiting service will work in partnership through the delivery of evidence based programmes to keep all children healthy, happy, safe and ready to learn; improving early language development and school readiness.
 - The Health Visiting service will contribute to the reduction of inequalities in infant mortality and child poverty, and improve outcomes in infant, maternal and child health.
 - To co-ordinate and deliver a range of services to meet the outcomes required within the HCP.
 - To signpost and support families to access service provision which will improve health and well being and reduce inequalities.
 - To act as an interface between groups and individuals in the population and population based approaches to improving health and wellbeing. Health Visitors will be a catalyst in identifying and enabling action by local communities and individuals to enhance the community's capacity to improve health outcomes. The health visiting service will play a key role in enabling people and agencies to work together where necessary to influence policies (local or national) affecting health and wellbeing.
 - To deliver specific additional care packages to vulnerable families as and when required in accordance with the Universal Plus Offer.
 - To work with other agencies to co-ordinate / deliver of intensive care and support packages in accordance with the Universal Partnership Plus Offer.
 - The Health visitor will lead the coordination of services across the four levels to ensure the right services are available at the right time to ensure that family needs are met.
 - To ensure a seamless transition into school nursing services (DH pathway)

3.3.2 The specification has a separate section on safeguarding and makes it clear that safeguarding runs throughout service delivery and specifically notes this in regard to the 4 levels of the delivery model. It notes the requirement for engagement in MARAC and MAPPA processes and responsibilities as a partner of the SSCB.

3.3.3 The specification also includes a section in relation to how the Health Visiting Service works with GP's, noting the need for close working and regular contact including:

- Review of families with low service uptake and planning for improvement, for example immunisations
- Face to face meetings to share information, concerns regarding vulnerable families, make referrals and agree proposed provision of care for families with additional needs

- Face to face meetings by the Health Visitor involved with the family to share information where safeguarding concerns have been identified in attention to the information already shared through the Local Safeguarding Process
- Face to face meetings to share information on children identified as having a complex health need e.g. children discharged from specialist units
- Ongoing communication through a variety of methods to ensure the GP and Health Visitor are sharing information on families appropriately and effectively to improve outcomes
- The Health Visitor will be an active participant at regular relevant practice team meetings – an agreed schedule of attendance should be agreed by the GP practice and their named Health Visitor
- Health Visitors will record information electronically in the practice information system for each child detailing the responsible Health Visitor and contact details and other relevant information (subject to access being made available).
- The Health Visitor will provide professional development at least twice a year e.g. updates on relevant evidence based interventions to improve child health, trend information from their area in relation to injuries, common behavioural issues.

3.4 The Integrated Inspection of Safeguarding and Looked After Children's Services, carried out in February 2012 commented positively on the delivery of health visitor services and noted that health visitors and school nurses use skill mix effectively to deliver the full Healthy Child Programme up to age 5. The report also commented positively on the service in terms of appropriate packages of care to support vulnerable families, engagement in the CAF process, the use of risk assessment and the transfer from health visiting to school nursing services.

3.5 One of the biggest concerns raised by GPs centres on communication between GPs and health visitors. The survey conducted with GPs in February 2012 highlighted the following concerns:

- 44% of respondents did not know who the link visitor for the practice was;
- 78% did not know the team of health visitors working with their patients;
- 69% had not given the health visitor team even read only access to the Practice System;
- 43% never know who the named health visitor for individual patients is and 65% didn't think their patients knew;
- 52% rated the relationship between the practice and health visitor service as poor or very poor with 18% rating it as good or very good.

The survey captured positive aspects of the work but more than half of the respondents offered no response to this question. There were suggestions for improvement made and these have been considered. It is noted that many of the concerns would be addressed by the proper implementation of the specification noted in 3.3.1 above.

3.6 To help address concerns about communication a copy of the Health Visiting Directory has been shared with Practice Managers and again with the CCG for recirculation, detailing the named Health Visitor for each practice. This should also be made available on the Sunderland Information Portal. In relation to concerns regarding record keeping in practice information systems a Working Group across SoTW, currently looking at the development of a minimum data set for District Nurses, will also be asked to develop a minimum data set for Health Visitors, which could be used for this purpose. However, not all health visitors have access to practice information systems, an issue which will also need to be resolved to support the use of a minimum data set.

4. Recommendations

Partners are asked to:

- Note and discuss the contents of this report.
- Agree to the proposal of reviewing the implementation of the revised Health Visitor service specification after a period of time, informed by the views of commissioners, providers and SCCG. The time period for this is to be determined by the Shadow Health and Wellbeing Board, although a period of three months is suggested.

