

Health and Wellbeing Board

7 September 2022

0 - 5 Health Visiting Service update

1. Recommendation(s)

That the Health and Wellbeing Board:

- 1.1 Notes and endorses the best practice and innovation associated with the service
- 1.2 Notes and comments upon the issues and challenges the service is currently experiencing
- 1.3 Supports the short-term and long-term actions being taken locally by the Health Visiting Service and Commissioners to assist with and improve recruitment and retention as well as improve performance and mitigate the risks.

2. Background

2.1 The 0-5 Public Health Nursing Service protects and promotes the health and wellbeing of children and their families through the delivery of the Healthy Child Programme (0-5). This is a nationally mandated programme available to all infants and their families with prevention and early intervention at the heart. The service:

- Delivers the five health visitor mandatory contacts for all children between 0 and 5
- Helps parents develop and sustain a strong bond with children
- Encourages care that keeps children healthy and safe
- Protects children from serious disease, through screening and immunisation
- Reduces childhood obesity by promoting breastfeeding, healthy eating and physical activity
- Reduces smoking in pregnancy rates and support families to maintain smoke-free environments
- Identifies health issues early, including parent, infant and child mental health, so support can be provided in a timely manner
- Makes sure children are prepared for and supported in all child-care, early years and education settings and especially are supported to be 'ready to learn at two, and ready for school by five'

2.2 The Health Visiting Service is key to delivering the Warwickshire Health and Wellbeing Strategy 2021-2026 priority 1 around helping children and young people to have the best start in life.

2.3 The Health Visiting Service has been commissioned by the Local Authority since 2017 following a change in government policy. Previously the service was commissioned and provided by the NHS.

2.4 The current contract was awarded to South Warwickshire NHS Foundation Trust (SWFT) in 2017 following a procurement process and the contract has been in place since 2018. The contract awarded was for 2 years plus 2 years. The contract has been extended for a further year in line with the Council's Contract Standing Orders (CSOs) and pursuant to Regulation 72(1) (c) Public Contracts Regulations 2015. The contract is therefore currently due to expire on 31 March 2023. Longer term commissioning options are currently being considered as part of planning for the re-procurement of the service.

3. Summary of Service Performance

3.1 The service is designed to meet a wide spectrum of needs for all children (birth - 5) within Warwickshire. There are some key areas that deliver intervention for children and families with more targeted needs, as well as delivering on the developmental reviews for all children in Warwickshire. Some of the targeted service areas that continue to support with these needs are:

- The Henry intervention supports families with healthy eating and nutrition
- Family Nurse Partnership supports very young parents and is reviewed nationally
- Breast feeding promotion supports mothers in continuing with breastfeeding.

3.2 Warwickshire Health Visiting Service continue to innovate and adapt their practice. Some examples of innovative practice are:

- Outcome Stars reporting empowers families by tracking their journey of change. This practice was shortlisted for the Nursing Times Award last year.
- Addressing increasing mental health needs with the employment of specialist Health Visitors with this expertise, including using Video Interactive Guidance (VIG) as an intervention to support attachment and prevention of escalating needs.
- The innovative work and research to address the smoking rates in the north of the County where rates are the highest.
- A self-weigh pilot in conjunction with Warwickshire's Children's Centres.

3.3 Developmental reviews and checks are mandated for all children (0-5). The performance of the contract is monitored against five Health Visitor mandated contacts/ Key performance indicators (KPIs):

- First visit – At 28 weeks pregnancy: Health Promoting Visit
- Second visit – At 10-14 days after birth: New Baby Review
- Third visit – At six to eight weeks old: Six-to-eight-week Assessment
- Fourth visit – At nine to 12 months old: One year Assessment

- Fifth visit: – At two to two and a half years' old: Two-to-two-and-a-half-year review

3.4 The current performance data available indicates that the provider's performance in respect of qualified Health Visitor mandated contacts has declined from 2019/20 and 2020/21. There are several service challenges outlined in Section 5 which impact performance.

3.5 Table 1 below shows that there has been a downward trend for all the mandated contacts over the past year. The most significant decreases are New Birth Visits completed (as required within 14 days) have decreased from 62.2% in 19/20 to 52.7% on average last year. This is not meeting the target performance, however more than 90% of new babies are seen within 30 days of birth. The 6 to 8 week reviews are also down from 82.9% to 63.9% which is a significant drop, and again not within the target performance.

Table 1

Health Visiting Mandated Contacts Performance Data Yearly 2019-2022						
	Antenatal Contact	New Birth Visit (Within the mandated 14 days)	New Birth Visit (within 30 days)	6-8 week review	12month review	2-2.5 year review
KPI /Target	(*)	≥98%	≥98%	≥90%	≥85%	≥80%
2019-2020	2,280	62.2%	96.2%	82.9%	81.1%	79%
2020-2021	2,905	78.2%	95.2%	85%	86.7%	80.8%
2021-2022	1,170	52.7 %	94%	63.9%	81%	77%

*Number of mothers who received a first face-face antenatal contact with a Health Visitor at 28 weeks or above: This is unable to be collected as a percentage due to the difficulties in defining an adequate denominator.

3.6 Table 2 below shows that performance has declined throughout 2021-22 consistently by each quarter. The performance from quarter 1 (Q1) to quarter 4 (Q4) has declined for:

- New Birth Visits (within 14 days) from 66.2% to 49.4%,
- 6 to 8 week checks from 81.9% to 51%,
- 12 month reviews from 86% to 73%,
- 2- 2.5 year reviews from 84.9% to 77%

Table 2- Health Visiting Mandated Contacts Quarterly Performance Data 21/22

Quarter	Antenatal Contact	New Birth Visit (within 14 days)	Total Seen within 30 Days	6-8 week review	12 month review	2-2.5 year review
Q1	505	66.2%	95%	81.9%	86%	84.9%
Q2	161	50.8%	94%	65.2%	83.8%	82.5%
Q3	216	45.3%	92%	59%	80%	80%
Q4	288	49.42%	95%	51%	73%	77%

3.7 The impact on children and their families of this reduced performance is that a number of families are not receiving the mandated contacts either antenatally or at the 6 to 8 week review. 95% of families are still being seen for a new birth visit within 30 days of birth. In terms of additional mitigation:

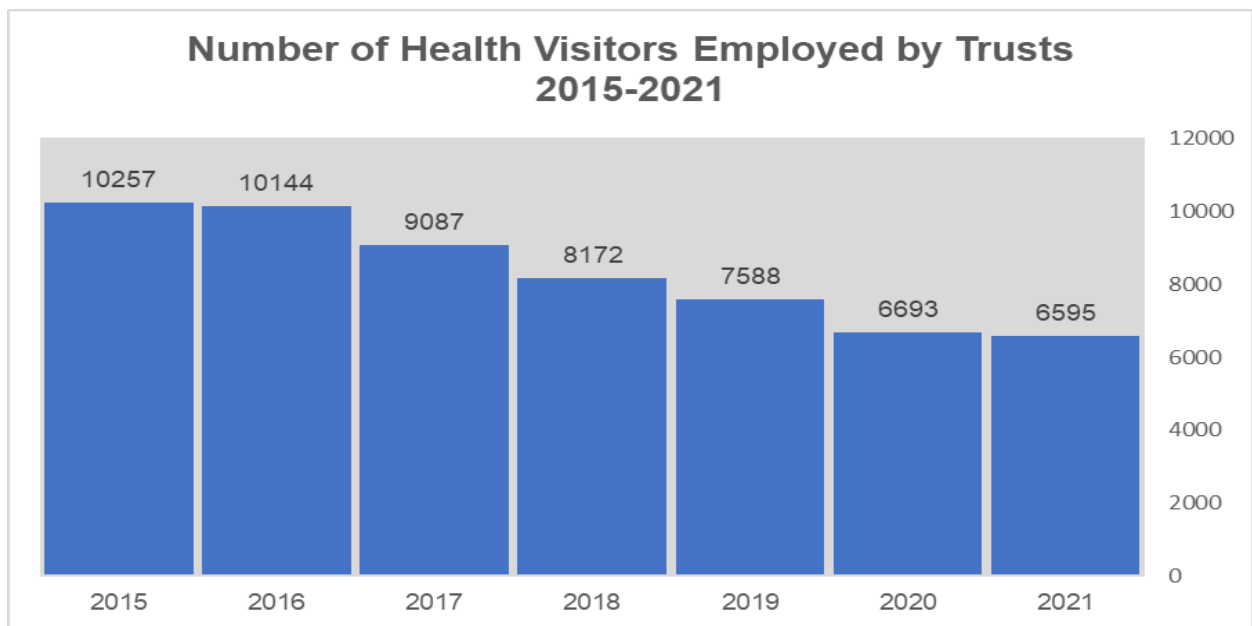
- Those children and families with additional needs, vulnerabilities and requiring targeted or specialist interventions are prioritised for visits antenatally and at 6 to 8 weeks.
- Families who have been assessed as requiring no additional intervention and are therefore following a universal pathway will not be visited antenatally or at 6 to 8 weeks. However, other health services do see the children at these key times i.e. midwives and GPs antenatally, and GPs undertake New Infant Physical Examinations (NIPE) and immunisations in surgery around 6 to 8 weeks.

4. Service Issues and Challenges

4.1 Recruitment and retention of qualified Health Visitors

There is a national shortage of qualified Health Visitors. Graph 1 below shows the decline in the number of qualified Health Visitors nationally in the NHS from 2015 to 2021. The peak is from the 'Call to Action' when there were over 10,000 staff which has declined to around 7,000 to date. Factors that are believed to have contributed to the decline are recovery from the Covid19 Pandemic (staff retiring, leaving the service) and University courses not being viable due to lack of intake. Warwickshire's staffing situation mirrors the national picture. The numbers of Health Visitors in post in the local service are 68 with a permanently funded establishment of 86.

Graph 1 (Decline in Health Visiting Workforce)



Source: NHS Workforce Statistics, NHS

Digital, March 2021

4.2 Increasing caseloads

The nationally advocated maximum caseload for a qualified Health Visitor is 250 children according to the Institute of Health Visiting. The caseloads in Warwickshire currently range between 289 to 759 children per Health Visitor (based on staff in post not establishment). The highest figure in Warwickshire is in Rugby and is due to the number of vacancies at present in that area. The lowest figure is in an area of significant deprivation in North Warwickshire. Teams are constructed with lower caseloads overall when the numbers of safeguarding cases are higher.

Even if the service was fully staffed, the caseload would be in excess of the national recommendation. In previous years by the end of August the caseloads have reached 390-400 in many areas of Warwickshire (there is an annual cycle as a significant number of children move onto School Nursing service in September each year).

4.3 Increasing population

The 0-5 years Joint Strategic Needs Analysis (JSNA) published in May 2022 identifies that the child population in Warwickshire is increasing. This is due to a

higher birth rate but also due to families moving into the area. The JSNA predicts that given current trends by 2043 there is likely to be an increase of the birth to 5 population of 17.7%.

4.4 Increasing complexity and level of need

As seen across many services for children and young people following the pandemic, the complexities and level of needs that families are experiencing have increased. Staff report that they are spending more time with families supporting around safeguarding, domestic abuse, mental health issues and cost of living worries. This means that what has been manageable in caseload numbers is now much harder to manage.

The NHS remains under considerable and seasonal pressures with surges in Covid taking place. This impacts on the service due to the increased level of sickness/ self- isolation required as well as restrictions in terms of social distancing remain in place at times.

5. Recovery/Restoration Plan

5.1 The provider (SWFT) and commissioner (the Council) co-developed a Joint Recovery Plan in Autumn 2021 to address the significant pressures on the service. The purpose of the plan was to mitigate risk to children and families, manage the ongoing service pressures and prioritise work both over the short-term and longer-term.

5.2 The Joint Recovery Plan has focussed on:

5.2.1 Short-term actions:

These were immediate actions agreed in December 2021 that were put into place over the following months, and included:

- The joint prioritisation of the five mandated contacts (as outlined above).
- Reviewing workforce capacity & skills mix including:
 - A review of the skill mix within the teams across the County e.g. introduction of 4 Band 5 roles, and increasing student numbers.
 - Collaborative working with partners, including the Council's Early Help teams, Midwifery and GPs
 - Using creative solutions to maximise reach including CHAT health, and amalgamating a duty service across teams

5.2.2 Long-term actions

There is recognition that some key actions and strategic responses are required in the longer term to ensure that the recovery of the service is sustainable. Actions are recommended in the following areas:

Workforce integration & Skills Mix

- Continuous recruitment in progress
- Engage with National work force planning via NHSE

Development of service offer

- Co-Production with parents to define service delivery outcomes
- Ensuring clinic slots are more available and accessible.

Early Help System Integration

- Further work required within the system around the development of early help.
- Commitment to Sector Led Improvement Tool

Scoping of needs

- JSNA completed and recommendations being pursued

Contract and governance

- In early 2023, an options appraisal will be developed between the Council to explore future commissioning and procurement options for this service, with regard to the new NHS provider selection regime.

5.3 The recovery plan is reviewed monthly involving service and commissioning leads and oversight from Assistant Directors for Commissioning, and Children & Families, and the Director of Public Health. Commissioners have been working with Health Visiting Managers towards reinstating services and improving the compliance with the mandatory contacts for all families. There is joint work underway to model the impact the above actions will have on contract performance over the next six to twelve months.

6. Financial Implications

6.1 The current value of the Health Visiting contract is £6,444,515 annually. This mandated service is funded from within the Public Health Grant.

6.2 Demand has increased for Health Visiting service because of the increasing needs around migration and the impact of the pandemic.

7. Environmental Implications

None

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The report was circulated to the following members prior to publication:

Local Member(s): Not applicable – county wide paper

Other members: Cllrs Bell, Drew, Golby, Holland and Rolfe