

HEALTH AND WELLBEING BOARD

05 NOVEMBER 2013

Title:	The 0-5 year Healthy Child Programme (Health Visiting) Service		
Report of NHS England			
Open Report		For Decision	
Wards Affected: ALL		Key Decision: NO	
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Sponsor: John Atherton, Head of Assurance, NHS England			
Summary: <p>The purpose of this report is to provide the Health & Wellbeing board with an overview of Early Years Programme (Health Visiting) services in Barking and Dagenham which are now commissioned by NHS England following the NHS reforms which came into effect on 1 April 2013¹. The health visiting service is provided by North East London NHS Foundation Trust (NELFT).</p> <p>The national health visiting programme aims to improve the quality of services and health outcomes in the early years for children, families and their communities, through expanding and strengthening health visiting services, with an additional 4200 health visitors in post nationally by April 2015. For Barking and Dagenham this means an increase from 46.2 WTE in July 2011 to 87.7 WTE health visitors in March 2015.</p> <p>The report provides a summary Early Years Programme (Health Visiting) services in Barking and Dagenham.</p>			
Recommendation(s) <p>The Health and Wellbeing Board is recommended to agree:</p> <ul style="list-style-type: none">(i) To note the progress against the Health Visitor Implementation Plan is on track to deliver the required outcomes and outputs and that in order to do so the service is undergoing significant service redesign.(ii) To note the progress being made to deliver the national programme, which will considerably increase Barking and Dagenham's health visiting workforce by 2015, enabling NELFT to develop the capacity to deliver the Healthy Child Programme within the context of an integrated model with a view to improving children's health			

¹ Commissioning of the Healthy Child Programme 0-5 will be transferred to local authorities on 1 April 2015

outcomes and reducing demand for targeted services.

1. Background and Introduction

Changes in Commissioning Responsibility

- 1.1. The Health and Social Care Act 2012 introduced a number of changes to the NHS which came into force on 1 April 2013. Significant changes in the responsibility for commissioning healthcare services have occurred as a consequence of this act. Clinical Commissioning Groups (CCG's) retained some commissioning responsibilities of Primary Care Trusts (PCTs), mainly areas of acute and community commissioning. Some areas transferred to other organisations e.g. the commissioning responsibility for the healthy child programme for children aged 0-5years and immunisations transferred to NHS England, while school nursing commissioning transferred to local authorities.
- 1.2. NHS contracts for public health services were transferred from the Primary Care Trust to the local authority on the 1 April 2013 without amendments to service specifications or budgets for the first financial year (2013/14).
- 1.3. The Council also has a duty to improve the strategic co-ordination across local NHS, social care, children's services and public health. The Barking and Dagenham Health and Wellbeing Board (H&WBB), a partnership board established with effect from 1 April 2013 as a result of the Act, is the means through which the Council will deliver this duty.
- 1.4. Appendix 1 includes further detail on the commissioning responsibilities of Clinical Commissioning Groups (CCGs), Local Authorities, NHS England and Public Health England.

Healthy Child Programme 0-5 and Health Visiting

- 1.5. There is much evidence to suggest that prioritising early childhood provides opportunities to add the most years to life expectancy and to reduce inequalities. As such, the H&WBB has included giving children the best start in life a key theme in its Joint Health and Wellbeing Strategy. Children's health services are crucial to this and will be of central importance to the local authority and to partners moving forward. The H&WBB will provide strategic direction to the development of children's health services locally as well as agreeing and overseeing any changes.
- 1.6. The 'Healthy Child Programme: Pregnancy and the First 5 Years of Life', published in 2009, sets out standards for delivery of a programme to improve the health and wellbeing of children as part of an integrated approach to supporting children and families using 'progressive universalism'. Health Visitors have a crucial role in ensuring that children have the best possible start in life and have been identified as the lead professional for delivery for the Healthy Child Programme (HCP 0-5) in partnership with other health and social care colleagues.

- 1.7. The Health Visitor Implementation Plan 2011-2015 was published in February 2011, and sets out the full range of services that families will be able to expect from health visitors and their teams. A refreshed document, 'implementing the Health Visitor Vision: 2013 Onwards' has been recently produced to solidify these aims and describe the role of the various key players in the new NHS landscape.
- 1.8. From April 2013, NHS England assumed responsibility for health visiting workforce growth and service transformation. As a single national organisation, however, NHS England will be responsible for ensuring that services are commissioned in ways that support consistency not centralisation; consistency in ensuring high standards of quality and outcomes across England, whilst still allowing for local tailoring of needs.
- 1.9. However, on 1st April 2015, the commissioning of health visiting will become the responsibility of the local authority public health function. NHE England London Region will work closely with local partners through Health and Wellbeing Boards and Children's Partnerships to help achieve the necessary co-ordination of commissioning of services for children in readiness for the handover of commissioning responsibilities to local authorities in 2015.
- 1.10. A London Health Visiting Transformation Board has been established to inform the transition of responsibility from NHS England to local authorities. The aims of this board are: to map the current provision of health visiting services across London including the deployment of health visitors and health visiting teams, the delivery of Healthy Child Programme and identification of high risk areas; and to model future service delivery of public health services for 0-5s, specifically health visiting and health visitors, including links with the 5-19 Healthy Child Programme and other early intervention services commissioned or provided by local authorities
- 1.11. In the meantime, the Barking and Dagenham Public Health team is in discussion with NHS England around being closely involved in the performance management of the Health Visiting Service prior to the transition of commissioning responsibility.
- 1.12. In September 2013 NHS England has commenced the collection of an Early Years and Immunisation minimum data set which will provide regular, and comparative, performance data on the service. This information will be disaggregated by borough, provider and general practice as well as by NELFT the provider.
- 1.13. Family Nurse Partnership (FNP), an intensive home-visiting programme for young first time parents who are considered at risk, has been provided in Barking and Dagenham since 2010/11. This separate service is also commissioned by NHE England and delivered by NELFT. The programme continues until the child is 2 years old and families on FNP do not form part of the caseload of Universal Health Visitors.

Current Service and Work Programmes

- **Growing the workforce**

- 1.14. In Barking and Dagenham, the Health Visiting service is delivered by North East London Foundation Trust (NELFT).

- 1.15. Analysis by NHS London in 2011 showed that the number of Health Visitors in Barking and Dagenham was insufficient to meet the needs of the children and families or deliver HCP 0-5 years.
- 1.16. Barking and Dagenham currently has 40.87WTE Health Visitors (HVs) in post. However, NHS London estimated that the borough would require 87.7WTE HVs in post by April 2015 to meet the needs of our children and families. This is a shortfall of 41.5WTE, doubling the current complement.
- 1.17. The national Call to Action (C2A) for Health Visitors has led to funding for 13 WTE additional posts in Barking and Dagenham in 2012/13 and NELFT is currently recruiting to existing vacancies as well as the 12/13 C2A growth allocation.
- 1.18. NELFT has been commissioned by NHS England to recruit a further 17.5 new C2A posts in 2013/14 on top of existing vacancies.
- 1.19. NHS England will support this with funding once the vacancy factor for NELFT is below 10% and the use of agency staff is below an agreed % which is still being discussed and awaiting agreement.
- 1.20. NELFT recognises that despite the improved number of health visitors appointed this year, recruitment into the Barking and Dagenham area still remains a significant challenge. Recognising this the trust has embarked on an exciting web based recruitment campaign (Open Up Possibilities²) that has successfully resulted in a significant increase in enquires and job applications from qualified and student health visitors.
- 1.21. A workforce strategy has been developed to support the recruitment of health visitors. The strategy includes:
 - A 'grow our own' approach to developing health visitors within NELFT, with guaranteed employment upon successful completion of the Specialist Community Public Health Nursing degree (SCPHN).
 - The development of a range of Band 7 special interest health visitor posts.
 - A significant increase in the numbers of Practice educators.
- 1.22. The current average caseload of 0-5 year olds in the borough is 450 families per Health Visitor. This is higher than Laming recommendation caseload of 400 children per WTE Health Visitor, however the significant socio-economic, demographic and culturally diverse needs of the local population add considerable complexity to the health visitors work with families.
- 1.23. Delivery of the full Healthy Child Programme will not be possible until recruitment to all C2A posts has been completed. This will also reduce the average health visitor caseload to 228 families.

- **Professional mobilisation**

² http://www.nelft.nhs.uk/about_us/working/open_up_possibilities/health_visiting_open_up

- 1.24. Part of the Call to Action: Health Visitor Implementation Plan includes the engagement and re-energisation of the health visiting profession; promote learning and good practice, including building community capacity. Within Barking and Dagenham, health visitors have established excellent collaborative working relationships with Children's Centres and other early years settings. With the additional growth in health visiting posts, this will be further expanded to enhance activities to achieve better early identification and early intervention of problems relating to health, development and behavioural issues.
- 1.25. NELFT is particularly keen to introduce the evidence based MECOSH programme into the health visiting service within Barking and Dagenham (Appendix 2).
- 1.26. Introduction of the MECOSH programme would first require additional core training for health visitors to enhance their skills in breastfeeding support, working with vulnerable families, child and adult mental health, ante natal assessment, healthy lifestyles, obesity prevention and strengths delivery of the Healthy Child Programme.
- 1.27. In addition to the Call to Action requirements an integrated pathway of care is under development for all 0-5 community and mental health service provided by NELFT health visitors and primary mental health workers. This will be supported by a proposed reconfiguration of teams of multi-disciplinary staff across the six geographical clusters within Barking and Dagenham.
- 1.28. Further expansion of the integrated model of working will see NELFT 0-5 staff collaboratively delivering an Early Year's Service Model of care with Early Years Outreach Workers and Children's Centre's, ensuring that services are joined up and that when children and families are identified as requiring additional support, they receive the right evidence based interventions which are delivered as part of an integrated package of public services.

- **Service Delivery Core Offer**

- 1.29. Barking and Dagenham children and families can expect with the planned successful service developments that health visitors and their skill mix teams will deliver the new four levels of the Family Offer:
- Your Community – Building Community Capacity
 - Universal Services
 - Universal Plus
 - Universal Partnership Plus
- 1.30. The Health Visiting service provides the Health Child Programme (HCP) for babies and children. The HCP checks currently are New Birth Visit (10 -14 days old), 1 year review and 2 year review. Families are offered appointments for these when they reach required age. There are also open Child Health clinics running in different locations which are drop ins. Families can get their babies weighed, checked and raise any concerns they have with the Health Visitor and get appropriate advice.

- 1.31. New Birth Visits ideally need to take place by the time the baby reaches 14 days (Target 95%). Currently 88% is undertaken within 14 days which is slightly below the target. The new birth visit is key to identifying safeguarding issues (pregnancy/new birth associated with domestic violence) and post natal depression.
- 1.32. In 2012/13, 2158 of 1 year olds received a Health Review and 2649 received a 2 year Health Review. Due to a data error the organisation is unable to give percentages at this time.
- 1.33. Health Visitors are also responsible for supporting women with continuing to breastfeed (after initiation which is supported by midwives).

2. Summary

- 2.1. NELFT has a comprehensive programme to develop the Barking and Dagenham Health Visiting service offered in line with the nationally set strategy. NELFT is fully engaged with NHS England to confirm the transition process for the transfer of service commissioning arrangements to Barking and Dagenham Local Authority as smooth as possible minimising the impact on families. NELFT is also using this opportunity to explore innovative approaches to utilise its health visiting skill mix workforce to deliver a broadened service offer that would support key commissioning challenges e.g. reducing obesity and supporting the shift of care from acute hospitals into community settings.

3. Mandatory Implications

3.2. Joint Strategic Needs Assessment

The report is well aligned to the strategic recommendations of the Joint Strategic Needs Assessment. It should be noted, however, that there are areas where further investigation and analysis have been recommended as a result of this year's JSNA. The purpose of the ongoing JSNA process is to continually improve our understanding of local need, and identify areas to be addressed in future strategies for the borough.

3.3. Health and Wellbeing Strategy

The Health and Wellbeing Board mapped the outcome frameworks for the NHS, Public Health, and Adult Social Care with the Children and Young People's Plan. The transition of the Health Visitor service, currently commissioned by NHS England is integral to the Strategy's delivery on improving child health and early years. The transition must take place by April 2015 so plans to ensure the commissioning and delivery functions are transferred seamlessly must be in place in 2014/15. Training for staff such as Maternal and Early Childhood Sustained Home Visiting Programme (MECSH) should be considered as part of the transition process.

3.4. Integration

The responsibility for Health Visiting Services will transfer to the Local Authority in April 2015. Plans are currently underway to examine the most effective models of integration into existing services across the partnership. A local group led by the

Local Authority will be formed to commence the integration planning with the CCG, NELFT and NHS England. Implementation will be overseen by the Children's Trust and the Health and Wellbeing Board through the Children's Health and Maternity Sub Group.

3.5. Financial Implications

(Implications completed by John Atherton, Head of Assurance, NHS England)

None at present.

3.6. Legal Implications

(Implications completed by John Atherton, Head of Assurance, NHS England)

None at present.

4. Background Papers Used in Preparation of the Report:

- [Health Visitor Implementation Plan 2011-2015](#)
- [Healthy Child Programme: Pregnancy and the First 5 Years of Life](#)
- [Implementing the Health Visitor Vision: 2013 Onwards](#)

5. List of Appendices:

- APPENDIX 1: Commissioning Responsibilities post 1 April 2013
- APPENDIX 2: Maternal Early Childhood Sustained Home-visiting – at a glance