

Committee(s):	Date(s):
Health and Wellbeing Board	6 th November 2013
Subject: Health Visiting in the City of London	Public
Report of: Health and Wellbeing Policy Development Manger	For Information

Summary

This paper gives an overview of health visiting in the City of London. From April 2015, responsibility for commissioning health visiting services will transfer to local authorities. However, health visiting services are currently understaffed, and need strengthening and expanding across London.

To this end, NHS England reviewed existing health visitor provision, to develop new models that better meet the needs of the 0-5 year old population nationally, and link more effectively with other 0-5 services. It also intends to tackle the shortfall in health visitor numbers, so that services can transfer to local authorities in a state where they do not require significant investment.

Locally, health visitor services are provided through the Homerton University Hospital NHS Foundation Trust (HUHFT), which was an early implementer site for of the new service model outlined in the Department of Health's Health Visiting Plan: *A Call to Action* (February, 2011).

Recommendation(s)

Members are asked to:

- Note this report and its contents

Main Report

Background

1. On April 1st 2013, responsibility for commissioning public health services transferred to local authorities, with the exception of services for 0-5 year olds. These services were instead transferred to NHS England for two years, and will be transferred to local authorities in April 2015.
2. These services include:
 - The Healthy Child Programme from pregnancy and the first five years of life

- Health promotion and prevention interventions by the multi-professional team
 - Health visiting services
 - The Family Nurse Partnership programme
 - Child Health Information Systems (CHIS)
3. The definition of a Health Visitor is *'an employee who holds a qualification as a registered Health Visitor and who occupies a post where such a qualification is a requirement'*. 'Clinical responsibilities' are specifically included as part of this definition. Health visiting is a universal service for all families with children under 5. Their key role is to improve the health of children in their first few years of life and to lead public health promotion, support for families and prevention of illness. There is additional targeted support for families needing additional services, for example; lone parents, teenage parents and for children with additional needs such as disabled children, or low birth weight babies. The service is delivered through home visiting, clinics at GP practices, health centres or children's centres, and by appointment or drop in service.
 4. According to the Marmot review¹, *'disadvantage starts before birth and accumulates throughout life leading to significant health inequalities'*. The report stressed the importance of giving every child the best start in life by addressing inequalities at an early stage and then throughout life. Health visitors (HVs), play a key role in early intervention, prevention and health promotion for families with children under five at this important stage of their lives; however the profession has been in decline for 20 years with low morale across the workforce due to high workloads².
 5. The Health Visitor Implementation Plan 'A Call for Action', published in February 2011 and updated in 2013, set out a new service model of health visiting and highlighted a need to expand and strengthen the health visiting services through growing, mobilising and aligning the workforce with a plan for 4200 new health visitors by April 2015.
 6. The plan sets out what all families can expect from their local health visiting service:
 - Health visitors will work to develop and make sure families know about a range of services including services communities can provide for themselves.
 - A universal service from health visitors and their teams, providing the Healthy Child Programme to ensure a healthy start for children and family, support for parents and access to a range of community services/resources.

¹ Marmot M (2010) *Fair Society, Healthy Lives*. University College London

² Weil L (2012) City and Hackney Health Visitor Needs Assessment 2012

- A rapid response from the health visitor team when parents need specific expert help, for example with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting.
 - On-going support from the team, plus a range of local services working together and with families, to deal with more complex issues over a period of time. These include services provided by Sure Start Children's Centres, other community providers including charities and, where appropriate, the Family Nurse Partnership.
7. Within London, there is currently a shortfall of 136.5 WTE health visitors, and this is projected to increase to 421 by 2015.
 8. Over the next two years, NHS England intends to increase the numbers of health visitors, to achieve target numbers; to review existing health visitor provision; and develop new models that better meet the needs of the 0-5 year old population in London, and link more effectively with other 0-5 services. NHS England intends to complete mapping by early September 2013.
 9. The overall aim is that health visiting in London will be passed over to local authorities in a form that will allow local authorities to continue to commission them, without the need for additional remodelling or re-specification.

The local picture across City and Hackney

10. Local health visiting teams are provided by the HUHFT. There are currently 6 health visiting teams in City and Hackney, one for each of the 6 Children's centre geographical areas (A-F), with the City of London included in area E. There are 3 HV Leads who manage 2 health visiting skill mixed teams of 12-20 members of staff. Staff are based in general practices, health centres and Children's Centres. Allied services include children's services, general practitioners, safeguarding teams and midwives. Budgets for health visiting and cost per child is higher in City and Hackney compared with neighbouring areas.
11. Disaggregated data on health visiting for the City of London is not yet available, although the team is working towards obtaining this.
12. A recent needs assessment identified that most City of London children are born outside the borough. Many City children are referred to Tower Hamlets rather than City and Hackney and as a result, it is thought that some may not be followed up correctly. A problem throughout the locality is children who live within the border of City and Hackney but are registered with a GP of a neighbouring borough as sometimes there is confusion as to which HV team is coordinating their care, and therefore children can end up being registered

or followed up with neither. Portsoken ward, in the east of the City which borders with Tower Hamlets, is an area where this is of particular concern³.

13. HUHFT was selected as one of 26 early implementer sites across the country, putting the HV Implementation plan into action by March 2013.

14. The Trust's objectives in becoming an early implementer site were to⁴:

- develop a three-year service implementation plan;
- achieve growth in the health visitor workforce in line with local population needs;
- improve partnership working with other health services and Children's Centres; and
- develop a new professional development programme to support health visitors and equip them to deliver the new service offer.

15. Work is progressing locally, with positive outcomes seen in the areas of commissioning, workforce expansion by training more health visitors, professional development, service offer, and communication and user engagement.

16. Historically HUHFT trained 2-3 HV students per year; however the small number trained and the issues of retaining staff when they qualified led to a stagnation in numbers of health visitors

17. The HV workforce trajectory for 2011-15 requires HUHFT to train and/or recruit an additional 47 health visitors over this period to achieve an establishment of 99 whole time equivalent.

18. The strategy being adopted is to

- a. 'grow their own health visitors' by supporting staff nurses in the health visiting teams to undertake the specialist practitioner course as well as training students from other parts of London.
- b. Increase the number of practice teachers by encouraging experienced health visitors to undertake the practice teachers course or to mentor a student health visitor with support from a 'sign off' practice teacher.

19. A HV manager and the lecturer/practitioner, supported by Human Resources, developed recruitment guidelines, a workforce development strategy and professional development programme for students, newly qualified and existing HVs. This approach is in recognition of the fact that over 25% of the

³ ibid

⁴ Smikle M (2013) *Reconnecting to practice: Working as an early implementer site of the new service offer for health visiting*. Journal of Health Visiting, July 2013, Volume 1, Issue 7

HV workforce will be newly qualified and require additional support to ensure safe and effective delivery of care as well and to allow consolidation of theory in practice. In addition the existing HV workforce needed to be kept abreast of the new development in neurological child development and new approaches to parenting and have been trained to use the Solihull Approach.

20. Between September 2011- August 2012 the number of student health visitors and practice teachers increased by 400%. As a result 17 HVs joined the service between September 2012 and January 2013 (twelve of the HVs were newly qualified trained by HUHFT) with another 25 due join the service between October 2013 to February 2014. Staff are starting to see an increase in HV numbers in the teams, the profile of health visiting has been raised in the organisation and feedback from service users is starting to demonstrate that HVs are more able to spend quality time with families.
21. HUHFT together with the London Borough of Hackney is a pilot partner for the Department of Health and Department of the national integrated 2 year review project to improve the uptake of the review and early identification and management of problems that that may impact on normal child development.

Conclusion

22. The City of London Corporation will take over responsible for commissioning health services for 0-5 year olds from April 2015. Although health visiting services across London are generally understaffed, the on-going work that has been undertaken by the Homerton University Hospital's health visiting service is tackling the situation locally, which should put the service into a good position to transfer.

Appendices

None

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