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Title:	Health Visiting Reprourement
Report of:	Director of Public Health
Wards Involved:	All wards in Westminster
Financial Summary:	Not Applicable
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1. Executive Summary

- 1.1 In October 2015, local authorities became responsible for the commissioning of the 0-5 Healthy Child Programme (HCP). This included the Health Visiting service incorporating universal and targeted programmes and the Family Nurse Partnership (targeted services for first time teenage mothers). The NHS national service specification was used on transfer to the local authority, and the specification will remain in place until October 2017.
- 1.2 The move to commission children's public health by local authorities in 2015 is therefore an opportunity to take a fresh look at providing coherent, effective services for children locally and to focus on an integrated and responsive service.
- 1.3 The current service is provided by Central London Community Healthcare however this contract ends in October 2017, when the service will be retendered. Appendix 1 shows the original timeline for reprourement. Some of the planned objectives have been delayed, of which the most important in terms of the timeline is the market engagement event, and presenting the strategy report.

- 1.4 The difficulties in recruiting a 0-5s commissioner have contributed significantly to these above identified delays. In addition some of the deadlines for the questionnaires were also extended due to poor response rate, and cancellation of focus groups.
- 1.5 These delays mean that mobilisation is unlikely to begin in July 2017 and as a consequence the current contract will need to be extended for a short period of time.
- 1.6 The draft strategy document is currently being finalised, which will be followed by a market engagement event. Thereafter the strategy will be submitted to the Cabinet Member and the relevant committee for approval.

2. Background

- 2.2 The provision of Health Visiting services by local authorities include services in five key areas:
 - the antenatal health promotion review;
 - the new baby review;
 - the 6-8 weeks assessment;
 - the 1 year old assessment;
 - and the 2 to 2 ½ year old review.

The specification of these services has been for an initial period of 18 months following the transfer, until 31 March 2017.

- 2.3 The transfer of responsibility for the commissioning of health visiting is a significant opportunity for the Council and its partners to further ensure all children have the best start in life. Health visiting teams see every new mother and child born in Westminster and are trained to identify needs, provide support and ensure mothers and families are engaged in other services where necessary. The service includes screening tests, immunisations, developmental reviews, and information and guidance for every family to support parenting and healthy choices. They are of fundamental importance to ensuring early child health (through delivery of the healthy child programme), safeguarding and delivering an effective early help service at the point in life when services can make the most difference to children's life chances. This report provides an update on the commissioning developments of the public health services, for children aged 0-5 years.

3. Introduction to the Health Visiting Service

- 3.1 Health visitors are the lead professionals in the delivery of the Healthy Child Programme (pregnancy to 5 years). This programme includes both universal services and additional interventions for families with more complex needs. The programme includes health promotion, child health surveillance and screening, and services to be offered to families.
- 3.2 A wealth of evidence points to the importance of pregnancy and the early years in shaping an individual's life course. The Wave Trust's Conception to Age 2 report¹ outlined the importance of these years in developing and supporting emotional wellbeing, capacity to form and maintain positive relationships with others, brain development, language development, and ability to learn. UK studies have found that investment in pregnancy and early years support show returns of between £1.37 and £9.20 for every £1 invested in these programmes.
- 3.3 The Family Nurse Partnership (FNP) is a preventive programme for vulnerable first time young mothers aged under 20. It offers intensive and structured home visiting, delivered by trained nurses, from early pregnancy until the child is two. The FNP is a nationally licenced programme and is held to account by a local advisory board. All data for FNP is collated nationally and fed into a local advisory board. The FNP programme is commissioned to work with 25% of first time teenage parents.
- 3.4 FNP has a very clear evidence base, based on over 30 years of extensive research. Three large scale randomized control trials have tested the programme with diverse populations in different contexts. These have shown a range of long term benefits for children and mothers over the short, medium and long term. FNP has one of the best evidence bases for preventive early childhood programmes, being identified by many rigorous evidence reviews as having the highest quality of evidence and best evidence of effectiveness.

4. Service Delivery – Progress Made Locally

- 4.1 The current recorded frontline health visitor establishment across the whole three Boroughs (Westminster, Kensington and Chelsea and Hammersmith and Fulham) is just over 90 FTE staff. There is a quarterly contract meeting held, and stakeholders are involved through the health visitor partnership group.

¹ [Wave Trust, Conception to Age 2 – the Age of Opportunity, 2013](#)

- 4.2 An FNP advisory board meets quarterly to oversee progress. The three Borough FNP launched at the end of 2010. Since 2010, 220 parents have been supported as part of the programme, with 193 babies born to date. Most are contacted through the midwifery service. Each full time nurse can hold a caseload of 25 clients. There is an annual review due for the FNP service that will be carried out by the national team in July; this is part of their licensing role and will ensure that the programme is fit for purpose from a quality improvement perspective.

5. Service Review and Stakeholder Engagement

As part of the commissioning cycle we have undertaken an analysis of local needs and a service review to examine the extent to which the current service meets those needs.

5.1 Health Visitor Partnership Group:

This group meet at least bi-monthly since October 2015. The role of this group is to:

- Provide senior level leadership expertise and support to the redesign and re-commissioning of the service;
- Ensure maximum alignment with the Best Start in Life and the Connected Care for Children integrated approaches; and
- Update on and oversee the current provision of services.

It includes stakeholders from children's services, CCGs, Central London Community Hospital (CLCH), Healthwatch, GPs, a midwife and a parent representative. The groups are themed, and themes have included the antenatal contact, working with general practice, working with children's services, the transition from health visiting to school nursing, the integrated 2 year review, perinatal mental health and identifying need antenatally.

- 5.2 The group have struggled to engage either GPs or midwives on a regular basis. In order to mitigate this, we plan to write a short summary of the findings from the group and the recommendations from the needs assessment and send this to these stakeholders for information and comment.

6. Patient Engagement

- 6.1 Three focus groups have been undertaken as part of the service redesign process. The focus group in Westminster was held in the Stowe centre in Paddington. It included 8 local community and maternity champions.

- 6.2 We have undertaken questionnaires for health visitors, general practice staff, and children's services. The aim was to identify current service provision and to ask for input from frontline staff on their priorities for health visiting and for future service redesign. There were insufficient responses for each of the questionnaires, and therefore we left the online questionnaire open for a longer time than planned while we repeated publicity via children's services and the CCGs. The results are currently being compiled.
- 6.3 We have undertaken a health visiting needs assessment to inform the re-design of the new service across the three Boroughs. This is currently being circulated among partners for comments.
- 6.4 There are wide reaching changes currently being undertaken in Children's services, for which the consultation has just closed. We intend that the service specification will align to the new children's services offer in Westminster.

7. Commissioning

We intend that the new service should suit the needs of the local population. The following new elements will be included in the service specification:

7.1 Antenatal Preparation for Parenthood Classes

Increasingly it is being recognised that the antenatal period and the post-natal period is crucial, therefore ensuring that parents are prepared for parenthood is essential. Investment at this time saves money in the future. The service offered will include both antenatal visits and preparation for parenthood classes.

Two forms of antenatal classes are currently being piloted. There is a targeted class for young families which is a relatively new innovation by the NSPCC; it includes both home visits and antenatal and postnatal classes. In the areas where this model has been delivered previously, it has already shown good outcomes. The other class that is being piloted is a locally derived universal antenatal preparation for parenthood class; it is delivered in three sessions and includes midwives and children's centres workers in addition to health visitors. So far there has been a good retention rate of clients, as well as excellent attendee satisfaction. The evaluation is being led by the Public Health department.

7.2 Caseload

It is vital that health visitors remain a universal service; they are experts in early identification of need. However not all parents need the same amount of input. We will specify the caseload that health visitors carry, which will be evidence based and will reflect the deprivation variations across the City, so that health visitors are able to work more intensively with the families who need extra input.

7.3 Alignment with children's services

We intend to align health visiting team structures to those of children's services, but also (where possible) include team co-location. This will facilitate integration of the services so that they can best utilise available resources and avoid duplication. Currently all children's centres have a 'linked' health visitor. We will aim ensure that the service specification is written to fit with the delivery of children's services. Health visitors should form a lynchpin in the connection between health and children's services, and we expect them to retain excellent links with health services, particularly general practice.

7.4 High impact area leads

CLCH currently have leads for the 6 high impact areas in health visiting:

- Transition to Parenthood and the Early Weeks;
- Maternal Mental Health (Perinatal Depression);
- Breastfeeding (Initiation and Duration);
- Healthy Weight, Healthy Nutrition (to include Physical Activity);
- Managing Minor Illness and Reducing Accidents (Reducing Hospital Attendance/Admissions); and
- Health, Wellbeing and Development of the Child Age 2 – Two year old review (integrated review) and support to be 'ready for school'.

The high impact area leads are responsible for training; developing new pathways and implementing service recommendations, and work on this role for two days per week. These professionals work across the whole service. CLCH are currently evaluating this initiative. We would like this service to be maintained and expanded in the new borough to provide a lead in each borough.

7.5 Use of technology

We will specify in the new service specification that the provider must maintain an up-to-date and relevant online presence with information for local families. We will also expect that the provider enables their staff to have remote access to

patient records so that they are able to input data while undertaking home visits. CLCH were selected as a pilot site for the e-red book which was launched in March 2016. This enables parents to access an online e-red book, which has information tailored to local parents, as well as links to online health information. We expect that the provider of the new service would continue to implement innovation such as this.

8. Next Steps

We have written a draft service strategy document. Once this has been finalised, a market engagement event will be organised and the strategy will subsequently be submitted to the Cabinet Member for approval.

9. Legal Implications

Not applicable

10. Financial Implications

Not applicable

**If you have any queries about this Report or wish to inspect any of the
Background Papers please contact:**

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