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<b>Title:</b>	<b>Health Visiting Report</b>
<b>Report of:</b>	<b>Mike Robinson, Director of Public Health</b>
<b>Cabinet Member Portfolio</b>	<b>Cabinet Member for Adult Social Services and Public Health, Councillor Heather Acton</b>
<b>Wards Involved:</b>	<b>All</b>
<b>Policy Context:</b>	<b>City for Choice</b>
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## **1 Executive Summary**

- 1.1 This paper provides an update on the Westminster Health Visiting service delivered by Central London Community Health NHS Trust (CLCH).
- 1.2 The contract with CLCH has been in place since 2012. They provide health visiting and family nurse partnership across tri-borough with separate contracts for Westminster City Council, Hammersmith and Fulham, and Kensington and Chelsea. The current contract is for a period of two years from October 1 2017 and until September 30 2019, with the option to extend for a further 6 months, for an annual contract value of £3,570,600.
- 1.3 CLCH has completed a transformation programme to establish an improved skills mix team. This approach reflects the service model agreed with the council. Nursery nurses are now carrying out 12-month, and two year-old developmental reviews, which releases health visitors to focus more time on vulnerable families.
- 1.4 CLCH services in Westminster were recently inspected by the Care Quality Commission. Whilst the overall judgement was 'Good', there were a number of

areas within health visiting that were judged as 'Requires Improvement'. The CQC inspection areas for improvement are listed in Appendix 1.

- 1.5 Performance from April 2017 to January 2018 is provided as Appendix 2. Performance on the five mandated contacts is close to or above target.
- 1.6 Other key performance indicators (KPIs) shows a more mixed picture, but performance is generally good in Westminster. Reporting on a new KPI to measure onward referrals into key services remains outstanding. This is an important action for CLCH as it demonstrates effectiveness in securing support for children with additional needs.
- 1.7 There are concerns with the performance of CLCH across the tri-borough area. Public Health Commissioners have instigated an action planning process with CLCH to address issues of concern. Fortnightly meetings are taking place to ensure the effective implementation of the action plan and to provide assurance that the service is improving and data quality issues are being addressed.

## **2 Key Matters for the Committee's Consideration**

- 2.1 The committee is asked to consider the performance of the provider following the implementation of the transformation programme in 2017.
- 2.2 Does the committee feel that the level of assurance being sought from CLCH is sufficient?
- 2.3 Are there any aspects of the service about which the committee would like further information?

## **3 The Transformation Plan for CLCH**

- 3.1 From January 2017 - July 2017, Public Health and the Children's Commissioning Directorate held negotiations with CLCH over the terms of a contract extension. These discussions included a new skill-mix model, more robust performance indicators, increased client-facing time for health visiting staff, and reduced costs.

### **Staff Skill- Mix Model**

- 3.2 Officers have worked with CLCH to improve the health visiting service skill mix set out in Appendix 3. Health visitors are qualified registered nurses or midwives (NMC registered) who receive additional training to become specialist community public health nurses.
- 3.3 Qualified nurses and nursery nurses (NNEB or NVQ Health and Social Care Level 2) have replaced health visitors for the last 3 mandated universal contacts, 6-8 weeks check by Community Staff Nurses. 12 months and 2-year old to 2.5-year old developmental reviews by nursery nurses. Nursery nurses are part of the health visiting team and work under the supervision of a health visitor.

- 3.4 Vulnerable families remain under the 'Health Visitor' caseloads for all mandated contacts. The level of vulnerability is measured using the London Continuum of Need Criteria as set out in Appendix 4. This model is built on the concept of proportionate universalism. This means that the greater the vulnerability or need for the child or family the greater the level of support received.
- 3.5 The new model is in line with Public Health England guidance which supports the use of appropriately skilled non-health visiting staff for the later mandated contacts. The first two mandated contacts, Antenatal Contact and New Birth Visits, and all visits to vulnerable families, continue to be carried out by a Health Visitor.

### **Workforce Update**

- 3.6 CLCH has achieved the workforce redesign with no redundancies. They have maintained good staff retention and had a fairly low clinical staff sickness rate of 3.24% in December 2017.
- 3.7 As the CLCH service phased out a number of Health Visitor positions in 2017 they have recruited Nursery Nurses. In December 2016, there were 33.19 WTE Health Visitors in post compared to 24.76 WTE in December 2017. There are currently 1.89 WTE vacancies.
- 3.8 In December 2017, there were 9.00 WTE Nursery Nurses in post with a vacancy rate of 2.60 WTE. Nursery Nurses are now in practice following completion of three months' training.

### **Key Performance Indicators**

- 3.9 A new performance framework with revised key performance indicators and targets has been agreed with the provider, effective from 1 July 2017, through a contract variation. In summary:
  - Expectant mothers receive a letter or text from a Health Visitor offering them home contact if high risk, or a group ante-natal session if they are low risk.
  - Partners or fathers in attendance at the New Birth Visit will be recorded.
  - The Ages & Stages Questionnaire: Social-Emotional (ASQ: SE) assessment tool focusing on children's social and emotional development will be offered to all children with suspected additional needs.
  - Links will be maintained through 100% attendance at GPs monthly safeguarding and multi-disciplinary meetings.
  - Types and volume of referrals made or received will be reported.

- The number of vulnerable children or families on the caseload will be reported.
- Monthly contract and performance meetings will be scheduled using a robust reporting framework with emphasis on quality.

3.10 The council has recently provided training for health visitors on recording of family composition and parental conflict. There is a priority for health visitors to be able to identify parental conflict and the impact on children. The council is working with the provider to develop plans to enhance the quality of our identification and assessment of parental conflict in future.

3.11 In addition to the delivery of these indicators, several activities that were taking place but not being recorded are now included in the performance reports. This includes the distribution of 'Brushing for Life' packs and Oral Health Promotion messages at the 12 month and 2-2.5 year reviews. The number of 'Clinical Assessment Frameworks' completed and the number of Early Help Panels attended by Health Visitors are also recorded.

3.12 The table below summarises the progress of CLCH in the implementation of the transformation programme.

**Table 1: Progress on Key Aspect of the Transformation Plan**

Item	Comments	Status
Review of GP Health Visitor-led Child Health Clinics	<p>Review of clinics with fewer than 10 attendants completed.</p> <p>Reduced frequency of clinics or consolidation with a neighbouring practice.</p>	Completed, December 2017
GP updates on the new Health Visiting Service model	Communicated changes to a number of GP forums or individual practices by Public Health Commissioners and CLCH Managers.	Completed, December 2017
Launch of health visiting 6-8 weeks clinics	To improve staff productivity and service efficiency, the service moved from home-based to clinic-based contacts.	Completed, January 2018
Launch of joint Health Visitor and Midwife Antenatal group classes	<p>Health Visitor training on the Birth and Beyond course.</p> <p>Source venues for classes</p> <p>Automated data transfer from maternity hospital to CLCH through CHIS</p>	<p>Completed, November 2017</p> <p>In progress</p> <p>Discussions between CLCH, officers and maternity to commence February 2018</p>
Improve service skill-mix model	<p>Health Visitors now at new establishment level.</p> <p>9 out of 11.6 Nursery Nurses in post.</p> <p>Half of Nursery Nurses now in practice, following 3 months' training.</p>	<p>Completed</p> <p>Near completion</p>

## **4 Summary of Service Performance**

### **4.1 Performance on the Five Mandated contacts in Quarter 3 2017-18**

#### **Antenatal Contacts**

- 4.2 The first joint 'Health Visitor Midwife Antenatal Group' commenced in October 2017 in Westminster at Bessborough Children's Centre. The group was attended by 42 women. Two additional antenatal group sites have now been secured.
- 4.3 There were 70 targeted antenatal vulnerable face-to-face home contacts made in Q3, representing a 40% increase since Q2 (Q1 =23, Q2 = 50). The increase is due to the full implementation of the transformation programme and the increased availability of Health Visitors to target vulnerable families.
- 4.4 Public Health Commissioners and CLCH plan to meet with maternity providers to discuss phasing out manual referrals at 10 weeks and to move to an automated antenatal notification process. By using the Child Health Information System (CHIS) at week 20 of pregnancy, CLCH can ensure that all pregnant women are referred to the service at the appropriate time.

#### **New Birth Visits**

- 4.5 Performance for the 14-day contact for Q3 remains at 91%. This is a 3 % decline since Q1, against a target of 95%. Performance in January 2018 improved significantly to 96%. The 30-day contact improved to 97% in Q3 and has risen again to 99% in January 2018, against a target of 98%.
- 4.6 There is an action plan priority to bring performance for the 14-day new birth contacts up to target levels in Q4 2017-18.

#### **6 to 8 Week Reviews, Including Maternal Mood Assessment**

- 4.7 The provider continues to meet the 80% target for maternal mood assessments being completed within 8 weeks of birth. Q1 =83%, Q2 = 91% and Q3=87%.

#### **Percentage of Infants Being Fully or Partially Breastfed at 6-8 Week**

- 4.8 The service has met the 80% target for the past 3 quarters Q1 =87.7%, Q2=83.2% and Q3= 83.7%. This is based on infant feeding recorded status of 80.5%, 81.4% and 81.6% for the same period.
- 4.9 The service continues to maintain its UNICEF breastfeeding Baby Friendly Initiative Level 3 status. A Baby Café will be launched at Portman Children Centre on 22nd February 2018, the first of three baby cafés in the centre of London. The breastfeeding drop-in aims to offer specialist help and support to pregnant and breastfeeding mothers at any stage in their journey.

## **12 Month, 15 Month and 2 Year to 2.5 Year Developmental Reviews**

- 4.10 All three developmental reviews continued to exceed the 75% target, with Q3 performance for all three reviews at 81.1%, 84.5% and 81.5% respectively.
- 4.11 The Ages and Stages Questionnaire (ASQ-3); which is mandatory for the 2-2.5-year-old developmental review, is being used. This has remained consistently at 100%, which is very welcome.
- 4.12 Children who scored below the cut-off point for the (ASQ-3) have a further evaluation to assess developmental delay and need for additional support. This is done using the Ages and Stages Social-Emotional Questionnaire (ASQ:SE2), and reporting on this indicator commenced in December 2017. Both these screening tools help to identify those children with suspected developmental delay. Onward referrals of children with development delay takes place and is due to be recorded in future.

### **4.13 Performance on New Key Performance Indicators**

- 4.14 CLCH only commenced reporting on most of the new KPIs in December 2017. Having established the reporting methodology, more meaningful analysis of trends in performance will be conducted in the months to come. In summary:
- 727 antenatal birth notifications were shared with children centres between August and December. This enables children centres to engage families in activities and provide support services, when required.
  - 59.7% and 70.7% of 12 months and 2-year old to 2.5-year old children subsequently received a cup, a brushing for life pack and oral health promotion message, against the 65% target. The service is working with the oral health lead to address supply issues.
  - 100% of children are receiving the Ages and Stages Level 3 development assessment at the 2-year old to 2.5-year old visit. Children with development delay are being recorded and referred to appropriate services. The council is working with CLCH to get more detailed information on referral pathways and outcomes for this cohort of children.
  - 161 health visitor referrals came from other services: GPs, Midwives, Children Centres, Social Care, and other specialist services.
  - 90% of frontline health visiting staff completed the oral health training as part of their ongoing continuous professional development.
  - There was 100% achievement in the following KPI areas:
    - General Practices with a named health visitor team leader.
    - Children Centres with a named health visitor team leader.

- General Practices that hold multidisciplinary team meetings that discuss children aged under 5.
- Health Visitor attendance at practices that hold monthly safeguarding meetings that discuss children aged under 5.
- Health Visitor attendance at general practice and geographical-based baby clinics.

## 5 NEXT STEPS

### Action Plan

5.1 Public Health Commissioners continue to have concerns about the performance of CLCH and the quality of the performance data that they provide. As a consequence, an action planning process commenced in January 2018. Public Health Commissioners are meeting fortnightly with CLCH to ensure progress against action plan priorities. The action plan focuses on the following issues:

- The progress in implementing the new staffing model which had been scheduled to commence on 1 July 2017.
- Ongoing data quality and performance issues.
- Non-reporting on some of the new KPIs.
- Some underperformance on established and new KPIs.
- Addressing the recent CQC service rating of “requires improvement” for the ‘Safe’ (defined by CQC as “you are protected from abuse and avoidable harm”) domain for Community health services for children and young people.

5.2 The areas identified by CQC as requiring improvement and CLCH timelines to implement is set out in appendix 4.

### Preparation for Inspection

5.3 There is likely to be a joint CQC/OFSTED inspection of Bi-Borough SEND services in 2018-19. Health visiting services will be inspected as part of the inspection, particularly the early identification, support, and referral of children with development delay. Commissioners are working closely with colleagues in Children’s Social Care, Schools Directorate, and the CCG to ensure effective preparation for the inspection. This is being built into the CLCH action plan.

5.4 CLCH are working on the key findings from the CQC inspection of their services to ensure that these matters are addressed quickly and effectively.

### Family Hubs Pilot

5.5 Health Visitor services are an important element of the piloting of family hubs in Westminster. Public Health is working closely with Children’s Social Care to ensure that Health Visitors are well integrated into the Family Hub Model. This will be a priority over the next few months.



**If you have any queries about this Report or wish to inspect any of the Background Papers please contact Paul Williamson, Head of Health Outcomes, Public Health [pwilliamson@westminster.gov.uk](mailto:pwilliamson@westminster.gov.uk)**

## **APPENDICES:**

Appendix 1 - CQC: areas for improvement in CLCH Community health services for children, young people and families



CQC Action Plan for  
CYPF.pdf

Appendix 2 - Westminster Health Visiting Scorecard 2017-18



Westminster - HV  
Monthly Report - Ja

Appendix 3 - Health Visiting Skill-Mix model



Health Visiting  
Service Skill-Mix Fra

Appendix 4 – London Continuum of Need Model



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## **BACKGROUND PAPERS**

Central London Community Healthcare NHS Trust – Action Plan January 2018 – July 2018