

## Update to the Southwark Education and Children's Scrutiny Committee

### 1.0 Background

- 1.1 The Health Visitor Implementation Plan in 2011 set out a call to action to expand and strengthen health visiting services. The start of life is a crucial time for children and parents. Good, well-resourced health visiting services can help ensure that families have a positive start, working in partnership with GPs, maternity and other health services, Sure Start Children's Centres and other early year's services. That is why the Coalition Government made the challenging commitment to fund an extra 4,200 health visitors by 2015. This resulted in an increased workforce locally.
- 1.2 In 2012-2013 the number of Health Visitors in Southwark was 54.24 WTE and as the HV Implementation Plan came to its conclusion this had increased to 75.03 WTE in line with the agreed trajectory.
- 1.3 However, as a result of cuts in the Public Health Grant, Lambeth & Southwark Local Authority commissioners significantly reduced contract funding in 2016-2017, primarily to the Health Visiting service. In Southwark this was the equivalent of 15.0 WTE HV's and 4.4 WTE Band 6 School Nurses. The Family Nurse Partnership was protected. The overall reduction has been achieved through natural turnover.
- 1.4 Significant transformation work, to redesign and remodel services has been undertaken to manage demand and ensure we are able to deliver safe and sustainable services within the reduced funding.

### 2.0 Health Visiting

- 2.1 The Health Visiting and School Nursing services have been redesigned and remodelled to ensure we maintain provision of all the elements of the Healthy Child Programme. The focus continues to be the universal delivery of the 5 mandated elements of the Healthy Child Programme- which includes Antenatal health contact and health promotion visits New Birth review at 10-14 days, the 6-8 week assessment, 1 year assessment, 2-2 ½ year assessment. The service also includes screening, immunisations, promotion of social and emotional wellbeing, support for parenting, and effective promotion of health and behaviour change.
- 2.2 Families are allocated a named health visitor who will carry out the initial assessment and depending on the level of identified need allocate the child and family to the universal, universal plus or universal partnership plus caseload. The criteria are based on a continuum of need. The intensity of visiting will vary depending on the identified needs of the family and child.
  - **Universal Caseload**—children and families who have no identified health needs and will receive the Healthy Child Programmes 5 mandated contacts.
  - **Universal Plus Caseload**—Children and families who have identified health or social needs who require additional support to reach their potential and improve their health outcomes. E.g. children with disabilities.
  - **Universal Partnership Plus Caseloads** are comprised of the most vulnerable clients e.g. Children subject to Child Protection Plans, Child in Need Plans, and Looked after Children.

Caseloads are managed through a combination of caseload alignment and corporate working this is where skill mix teams have evolved in health visiting, there has been a corresponding move to corporate working where the client workload and resources for service delivery are shared to ensure full coverage and uptake of core activity and safe caseload allocation. Taking this into consideration the recommended caseload size is between 250 and 400 children (not families). The average caseload size in Southwark is 330. The Team Leaders monitor this monthly as well as levels of need, i.e. Universal Plus and Universal Partnership Plus. The Index of Multiple Deprivation rating of a GP practice continues to be considered when making the allocation of caseloads to health visitors.

- 2.3 The Children's Community Services have significantly extended the skill mix of the teams, increasing the knowledge, skills and competencies required to maintain the delivery of services to address the needs of our diverse and complex local population and deliver this in an integrated way with all members of the team delivering the service. This methodology and transformation has allowed us to align services to deliver the best outcomes within the available resource. The skill mix and development of staff in both services provides support for delivery of the Healthy Child Programme mandated areas in relation to BCG immunisation, health reviews, and Emergency Department attendance follow ups and also new families moving into the boroughs requiring assessments. All staff are involved in health promotion activity and delegated aspects of care in relation to vulnerable children and families.
- 2.4 A significant amount of work has been done to support the health visitors by placing them within larger teams to provide more sustained cover whilst simultaneously reducing the number of sub-scale child health clinics offered. This has been negotiated with the GPs and resulted in a more consistent, robust offer to children and families, with staff covering clinics which are open longer, on more days also improving access as families are now able to access any clinic in their borough.
- 2.5 Health visitors carry the responsibility for high risk, complex and vulnerable families in difficult and challenging social circumstances. Safeguarding children is a significant concern for prioritisation. The health visiting service is supported by two programmes, the Early Intervention Service (EIHV) and the Family Nurse Partnership (FNP) programmes. These two programmes enable enhanced support for the most vulnerable families within the continuum of need. The Early Intervention Health Visiting Service (EIHV) is a health visiting service that provides rapid assessment, and support to families with young children under 1 year of age, who have complex health and social care needs. This service aims to improve health outcomes for these children and families. This is in addition to the Family Nurse Partnership (FNP) which is an intensive home visiting programme for first time mothers, aged 19 years or under. Average caseloads are 50 children for EIHVs and 25 for each Family Partnership Nurse Both boroughs are now flexing and extending the eligibility criteria for the FNP programmes to widen access to the most vulnerable. Both these programmes divert some of the highly vulnerable and complex families away from the generic health visiting teams and help to reduce pressure on individuals HVs. However, we will need to keep under review the balance between the mainstream service and these specialist teams, particularly if further funding reductions are required.

- 2.6 A strong commitment is in place to support staff managing vulnerable caseloads. The safeguarding supervision process has been reviewed to ensure that this is optimal. Uptake of supervision and progress of supervision actions is monitored as part of monthly Key Performance Indicators. Practitioners are supported in attending case conferences, which is prioritised. Safeguarding supervisors also offer to undertake home visits to support practitioners with complex or difficult cases.

### **3.0 Safety of the Service and Mitigation of Risk**

- 3.1 The following processes have been put in place to monitor safety and mitigate risk:

- Community Dashboard of all KPI's in addition those relating to Safeguarding
- Weekly Safer Staffing Review
- Review and redesign of the Safeguarding Supervision model and its implementation
- Regular review by team leaders of staff capacity and caseloads and levels of need Health Visitor Supervision and Performance Reviews Monthly.

### **4.0 2017-2018 and the following Financial Year**

- 4.1 In the forthcoming financial year the Universal Service in Southwark is not expected to experience further cuts in income although no inflationary funding has been received. Confirmation of this is still awaited.
- 4.2 Evelina London continues to work on further redesign and delivery and would welcome support and be able to work together to deliver high quality services in a safe and sustainable way to all families especially those most at risk.
- 4.3 We await the outcome of Public Health England's review of the Universal Child Programme and the mandated visits. There have been recent calls to add a sixth mandated visit.
- 4.4 The impact of the cuts this financial year have been met by redesign of services and the hard work and commitment of the health visitors and school nurses through innovation and transformation. If further cuts are required in preparation for funding reductions in 2018-2019, there is a very high likelihood that this will take us below the pre national Implementation Plan staffing levels and increase risk to the safety of children who are at their most vulnerable.

### **5.0 Conclusion**

It is important to remember that Health Visitors provide the only statutory access to all children and families from pre-birth to school age irrelevant of need. The mandated visits and interventions are designed to keep children safe and support families. We want to ensure the commissioned service continues to deliver Universal Services in Southwark which are safe, high achieving and deliver the life chances for children supporting cohesive and functioning families.

Close working with colleagues from Public Health and LA and CCG commissioners will be required.