

## Report on the position of Health Visiting and delivery of the New Birth Visit in Haringey

### Introduction

Whittington Health was designated as an Early Implementer Site to lead the *Health Visiting Implementation Plan* (DH 2011). This plan sets out a call to action to expand and strengthen health visiting services by leading the way in:

- Improving local child and family services through increasing the number of health visitors, resulting in better health outcomes for children and families, higher job satisfaction for health visitors and their teams and stronger local partnerships across health and early years services
- Mobilising and supporting health visitors and their teams to develop and deliver the new service model and family offer (i.e. community, universal, universal plus and universal partnership plus)
- Demonstrating how local commissioners and their providers can implement the service model and family offer – ensuring that increased capacity delivers a transformed service
- Strengthening the Healthy Child Programme by drawing on learning from the Family Nurse Partnership Programme and other evidence-based methods and programmes
- Sharing learning from the development process and demonstrating early success

A key component of the plan is the growth of the workforce as the numbers of health visitors employed across the NHS has declined over the years from 10,137 in 2004 to 8,017 in 2010. In order to address this shortfall the government is committed to an expansion plan to increase the number of health visitors by 4,200 by 2015. At the local level this translates to an expansion plan for 50.3 wte new health visiting posts across Haringey by 2015.

Alongside the expansion and development plans, the Department of Health (DH) and NHS London introduced a 95% target to carry out new birth visits (NBV) within 10-14 days as a performance indicator for the health visiting service in 2009/10 (Q3).

This report discusses operational challenges and a management action plan to increase the number of qualified health visitors in Haringey and to improve performance with regards to delivery of the New Birth Visit.

### The challenge

#### Recruiting Health Visitors:

In line with NHS Trusts across London, Whittington Health has found it difficult to recruit due to a historical lack of investment in the training of health visitors to replenish a retiring workforce.

We have had a rolling recruitment drive in an attempt to replace our vacancies; however, we have not been able to fill all vacant posts and have lost some members of staff due to:

- A lack of high calibre health visitors coming forward for interview
- A diminished number of available health visitors across London

- Health visitors choosing not to commute into central London; London's higher cost allowance is no longer as attractive due to increasing cost of travel

### **Delivering the New Birth Visit**

In July 2008 the timescale for delivering new birth assessments was agreed locally with commissioners and stretched to 28 days. This was subsequently changed in line with government expectations.

The health visiting service includes exclusions in the figures that are submitted to NHS London. The service has four exclusions which account for 5 – 10% of late new births. These are:

- Late notification of birth from hospital or child health, that is, received by the HV service on day 12 or after
- Child is in hospital
- Wrong address on birth notification
- Parent refusal

Other key factors to explain late NBVs are:

- HV vacancies
- The accessibility of interpreters within 10-14 days, particularly in South Haringey
- Unavailability of agency health visitors to cover vacancies and long term sick leave
- A lack of co-ordinated processes within some teams

### **Actions:**

#### **Health Visitor Expansion**

##### **1. Recruitment**

###### **Attracting the best by:**

- Ensuring recruitment processes are responsive, timely and opportunistic by working with HR.
- Continuing to run a rolling HV recruitment programme.
- Working with DH/NHS London and Whittington Health's communications department to develop our marketing strategy

##### **2. Retention**

###### **Investing in and developing our HV workforce by:**

- Valuing our workforce by recognising and rewarding excellent practice
- Visible leadership which supports career progression and encourages innovative practice
- Embracing flexible working
- Ensuring there are career pathways for non-qualified HV staff enabling them to progress to HV qualification
- Providing our staff with advanced technology to enable them to deliver high quality care
- Robust and effective management structures
- Supervision

##### **3. Training the next generation**

###### **Pathways to becoming a health visitor**

- Contribute to NHS London's HV expansion plan
- Work with the London Deanery to recruit the best students

- Plan to train 45 HV students over 3 years to 2015
- Explore other pathways for training HVs
- Recognise the value and influence of practice tutors and mentors and the clinical placement experience
- Develop relationship with higher education such as Kings College London
- Develop skills based learning support programme for student HVs; on-going into preceptorship on qualification.

#### **4. Promote excellence in practice**

##### **Develop a highly skilled workforce by:**

- Develop role specific induction programme for staff
- Develop a robust preceptorship and mentorship programme
- Enable HV staff to deliver high quality care through the implementation and regular audit of evidence based clinical and risk management policies
- Ensure HV developments reflect and inform local public health policies and embraces partnership working
- Promote a HV network across Haringey and Islington through study days
- Celebrate and publicise good and innovative practice
- Learning needs analysis and learning support programme for the whole workforce
- E-learning programme and efficient use of IT support
- Clinical supervision
- Appraisal and PDP

#### **New Birth Visits:**

1. **Prioritisation of families:** Health Visiting teams triage and prioritise new birth assessments if:
  - A midwife refers a family
  - There were concerns in the antenatal period
  - A parent or professional raises a concern about the baby or family
  - Known vulnerable family
  - First time parents
2. **Improving process and productivity**
  - A project manager was seconded to the HV service for 4 months to work with HV teams to look at improving processes and productivity using LEAN working tools.
  - The service is carrying out an audit to review current information pathways between midwifery and health visiting.
  - Locality Managers to use RADAR to monitor NBV data fortnightly
  - Action plan completed for improving the coverage of new birth visits within 10-14 days.

#### **Current performance**

##### **HV Recruitment**

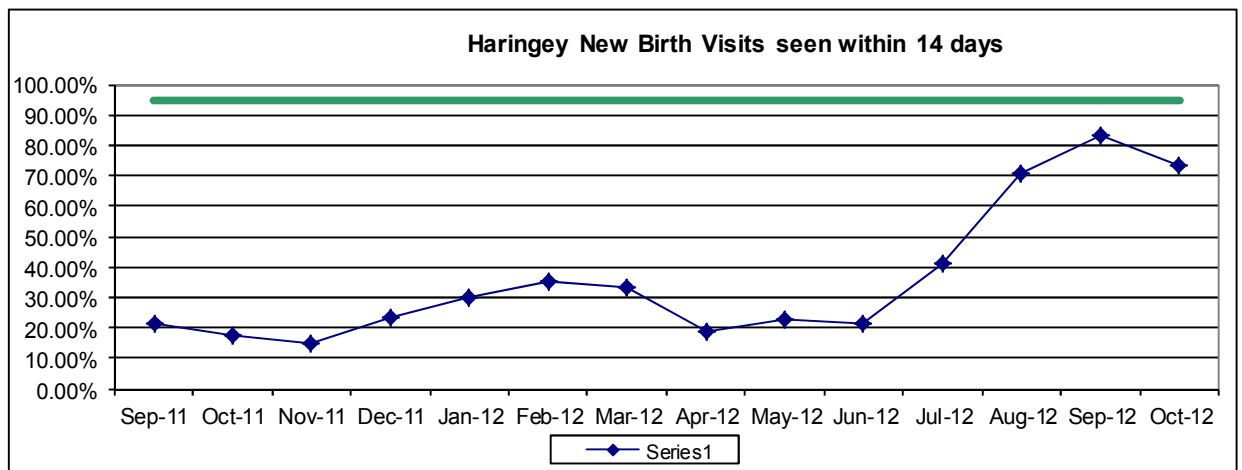
Health visiting recruitment has been steady with a gradual increase in Health visitor numbers in 2012. We were particularly successful in recruiting a number of newly qualified health visitors, both internally trained and from other areas.

Whilst the recruitment plan will continue, we do not expect to recruit large numbers of health visitors until the next tranche of graduating students become available in September 2013.

<b>Haringey</b>		
	Budget 2012/13	In post December 2012
Health Visitors	37.14	33.5

### New Birth Visits

From June 2012 we have seen a steady increase in the number of new birth visits carried out between 10 and 14 days. We expect this trend to continue as we reach our targets for recruiting health visitors.



	Target	April	May	June	July	Aug	Sept	Oct
Births				345	368	319	334	330
Seen in 14 days				75	151	225	279	243
% in 14 days	<b>95%</b>	<b>18.8%</b>	<b>22.8%</b>	<b>21.6%</b>	<b>41.0%</b>	<b>70.5%</b>	<b>83.5%</b>	<b>73.6%</b>

**Sam Page, Assistant Director Universal and Safeguarding Children's Services  
January 2013**