HEALTH VISITING SERVICE UPDATE

NOVEMBER 2009

1. Introduction

The Health Visiting Service is commissioned by NHS Haringey and provided by Great Ormond Street Hospital (GOSH) in Haringey Children's Community Health Services.

The service is commissioned to provide

- a progressive universal health service (the Healthy Child Programme) to all families with children 0-4years (approx 18,000); and
- a specified targeted and specialist level of service to identified children/families antenatally;
    - those subject to a Child Protection Plan,
    - children who may be at risk of significant harm,
    - Children in Care and
    - Children in Need including those with disabilities and complex or chronic health needs.

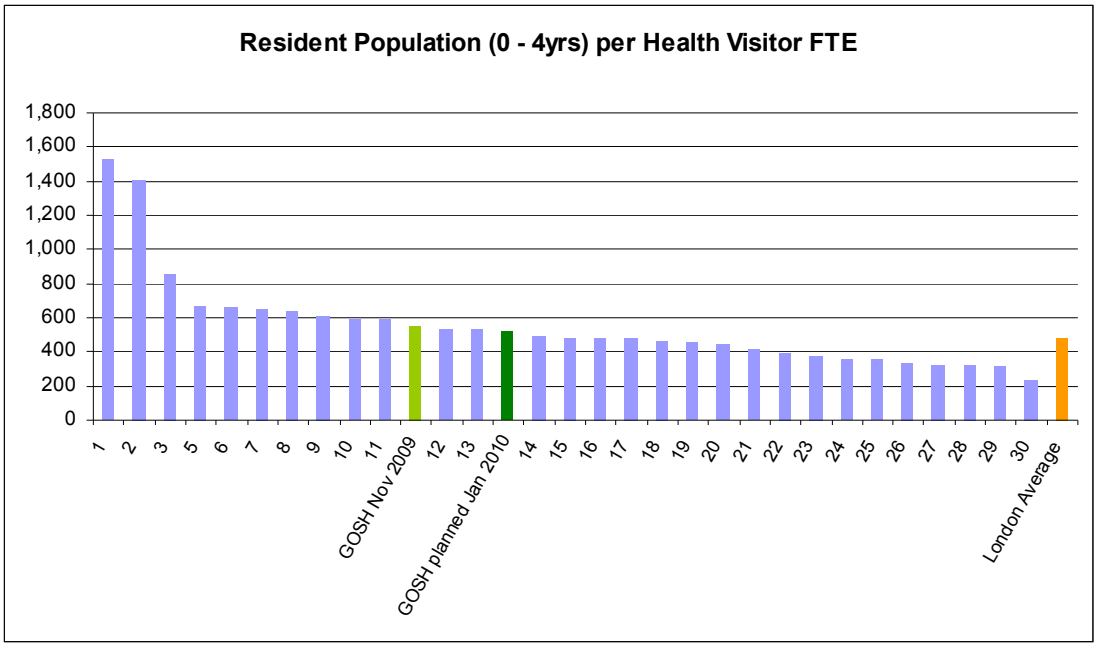
The service is an important element of the Multi-agency Early Years Teams which are increasingly working together in children's networks to deliver programmes such as

- The Haringey Safeguarding Plan;
- the Healthy Child Programme;
- the Early Years Foundation Stage;
- Every Child's a Talker;
- and Aiming High for Disabled Children.

These are provided from children's centres and other linked sites including health centres and GP surgeries. The different agendas are interlinked and have the potential to make a sustained positive impact on children's lives at an early stage, and reduce the inequalities in outcomes that exist in Haringey.

2. Background

Until 2008 the service had a good record of recruitment and retention and relatively low levels of vacancies. However, a combination of increasing workloads and a lower Agenda for Change rating than some neighbouring boroughs such as Islington and Hackney where staff also enjoyed inner London weighting led to a number of vacancies in the service.



The 2008/2009 PCT investment plan included 590k for investment in health visiting, to cover the cost of raising the Agenda for Change banding of Health Visitors and to fund 6 new Health Visitors and 3 new Health Visitor Assistants. Media coverage of Baby Peter's case has impacted upon the recruitment however our retention of staff remains high and we are training our own workforce to meet the safeguarding needs of our population.

AVERAGE STAFFING LEVELS 2005-2009

	2005	2006	2007	2008	October 2009
Total wte posts in HV Service	**47.7**	**49.71**	**49.3**	**50.3**	**58.74**

The Department of Health recommend the following elements in a core universal programme to be provided for all families, and additional preventive elements for children with medium- and high-risk factors:

Healthy Child Programme: Progressive Universalism (DH,2009)

Universal	Additional Needs/Medium Risk	Targeted High Risk
• Health and development reviews • Screening and physical examinations • Immunisations • Promotion of health and wellbeing, e.g.: – smoking – diet and physical activity – breastfeeding and healthy weaning – keeping safe – prevention of sudden infant death – maintaining infant health – dental health • Promotion of sensitive parenting and child development • Involvement of fathers • Mental health needs assessed • Preparation and support with transition to parenthood and family relationships • Signposting to information and services	• Emotional and psychological problems addressed • Promotion and extra support with breastfeeding • Support with behaviour change (smoking, diet, keeping safe, SIDS, dental health) • Parenting support programmes, including assessment and promotion of parent– baby interaction • Promoting child development, including language • Additional support and monitoring for infants with health or developmental problems • Common Assessment Framework completed • Topic-based groups and learning opportunities • Help with accessing other services and sources of information and advice	• Action to safeguard the child • High-intensity-based intervention • Intensive structured home visiting programmes by skilled practitioners • Referral specialist intervention • Contribute to care package led by specialist service

3. <u>Suspension of the Universal Service</u>

By July 2008 the staff shortage in the Health Visiting service took a pro active decision to temporarily suspend the traditional universal health visiting service thereby concentrating its resources on safe guarding. Formal contingency arrangements were put in place which gave priority to providing the full range

of universal and targeted services to children subject to a Child Protection Plan, and Children in Need. These arrangements remain in place to date.

Under the contingency arrangements all families with a new baby receive a "new birth" visit within 28 days of birth and babies with known risk factors are seen sooner. Every family with a pre-school child new to Haringey is contacted within one month of their arrival by the Health Visiting Service. Where there are known risk factors, the family will be seen within 5 days of their arrival.

Children and families are assessed at the new birth visit, or on first contact with the service, and are prioritised for further intervention against written prioritisation criteria. Families prioritised for further intervention receive elements of the healthy child programme and other targeted interventions according to written standards, which are kept under review.

From their introduction, it was agreed that the contingency arrangements would be kept under review through fortnightly performance management meetings to assess impact and risk and to monitor progress. These meetings are attended by commissioning, public health and services leads, and have led to the introduction of a number of innovative arrangements to ensure that the quality of service provision is maintained and developed in line with joint commissioning intentions within Haringey and the wider sector.

Health Visiting Service Duty Desk

- The duty line is open Mon-Fri 9.00am to 1.00pm and is staffed by HV Assistants or Administrative staff.
- Families and professionals have immediate access to a member of the Health Visiting Service who can take phone enquiries and provide information, advice and guidance as required.
- Enquiries are triaged daily by the Health Visitor between 3.00-5.00pm and any child or family requiring urgent intervention is dealt with the same day.

Approximately 3000 calls are received each month. In September 2009 there were 1489 calls from families and 1468 from professionals. This single point of access has been well received by other service providers who can gain a triage opinion from the team and who can book visits directly with the family as appropriate. This 'direct booking' for parents is not only efficient but enables differentiation of provision following the triage of need.

Individual Child/Family Appointments System

- Any family or professional can request an individual appointment with a Health Visitor or a member of the Health Visiting team regardless of whether they are a child/family receiving the reduced universal service or an enhanced level of service.

- Appointments are usually made within a week of a request and again are triaged by the Health Visitor for urgency.

Face to face GP and HV liaison at the GP surgery every 4 – 6 weeks.

This is a vehicle for information sharing and discussion of children subject to a child protection plan and /or children who are vulnerable. Data is collected and reported on at the fortnightly performance meetings. The quality of liaison visits is to be audited in January 2010.

Elements of the universal Healthy Child Programme currently available in Haringey

	Health Visitor	**Paediatric Nurse**	**Nursery Nurse**	**Health Visitor Assistant**
New Birth Assessment	✔			
Results of neonatal bloodspot	✔			✔
Drop-in baby weighing clinics		✔	✔	✔
Duty desk telephone service (The HV on call for the day responds to all calls after 3pm)	✔	✔	✔	✔
Health Visitor team appointments	✔	✔	✔	
HV GP 6 weekly liaison visits	✔			

The universal Healthy Child Programme: average numbers children seen/calls per month to April 2009.

Intervention	**2005-2006**	**2006-2007**	**2007-2008**	**2008-2009**
New Birth assessments	N/A	415	420	394
Baby weighing clinics	N/A	446	639	948
Children moving into Haringey	N/A	253	296	345
Children moving out of Haringey	N/A	256	281	278
Telephone calls to HV duty desk	N/A	1702	3104	3518

4. Steps to Recruit to the Health Visitor Service

Recruitment to Health Visiting services is a national problem. Fewer Health Visitors have been trained in recent years and the Health Visitor workforce is an ageing staff group. On a local level it is to be noted that there are vacancies in the Health Visiting Service of all London PCTs. The Haringey Health Visiting service has responded to these issues mounting an extensive and specialist advertising campaign to recruit new staff on a rolling basis.

Recent appointments will reduce the number of vacancies to 9.40 wte as of 1st January 2010. This is against an enhanced establishment of qualified Health Visiting staff.

There are hopes for further interest in advertised posts following robust participation and marketing by Haringey staff attending the annual CPHVA Conference (Community Practitioners and Health Visitors Association) in October 2009.

In addition GOSH in Haringey have undertaken the following initiatives:

- The sponsorship of 5 trainee HVs under a 2 year post qualification "contract"
- The employment a Plunkett nurse from New Zealand who is working as community staff nurse
- The sponsorship of a graduate to complete a 3 year fast track nursing and health visiting training at Kings College London
- supporting a health visitor on a return to practice course who is interested in working as a bank health visitor.

The service is currently negotiating the sponsorship of 2 further fast track places at South Bank University for 2010, and two community staff nurses who joined the service as health visitor assistants, and were subsequently sponsored to complete their children's nurse training at Middlesex University, have both expressed an interest in training as health visitors following consolidation of their learning.

Staff retention in 2009 has been excellent, with very few leavers other than the retirements.

Table 6: Staff Leavers 1st April 2008 - 31 October 2009

	To Other London PCT	To Out of London PCT	Work /Life balance	Death	Reason Not Known
Team Leader		1			4
Health Visitor	2	1	4	1	
Registered Nurse					
NNEB					
HV Assistant					

5. The Current Service – Skill Mixed Teams

The Health Visiting service is an important element of the multi-agency early years teams which are increasingly working together in children's networks, to deliver a number of interlinked agendas: the Haringey Safeguarding Plan; the Healthy Child Programme; the Early Years Foundation Stage; Every Child's a Talker; and Aiming High for Disabled Children, from children's centres and other linked sites including health centres and GP surgeries. Work is co-ordinated by a small steering group, that has senior representatives from the Council's Children and Young People's Service, GOSH, and NHS Haringey,

with a much broader operational group to support implementation and ensure wider engagement.

The multi-agency early years teams will be an integral part of the emerging polysystems, and work to the Haringey Thresholds of Needs Guidance approved by the Local Safeguarding Children's Board, which must underpin decisions about referrals from universal services and use of the Common Assessment Framework, and responses from targeted and specialist services. The Thresholds of Needs Guidance supports decisions taken by the Health Visiting Service about targeted provision through 'coloured folders'. We are looking to co-locate staff in the multi-agency teams, as part of the development of an integrated and innovative approach to workforce development, which will increasingly ignore service boundaries and focus on getting the people with the right skills and experience in post, to deliver the desired outcomes.

The Health Visiting Service is organised in 5 skill-mixed teams, each led by a Team Leader. One team covers the West of the borough, while there are two teams each for the North and the South of the borough. Each team is comprised of qualified Health Visitors and other clinical and administrative support staff including Registered Children's Nurses, Nursery Nurses, Health Visitors Assistants and administrative staff. In addition 3 new posts, Specialist Health Visitors - Child Protection, have been created in response to the need for more expert clinical and supervisory roles within the Health Visiting Service.

There is no benchmarked ratio within Health Visiting Services nationally of qualified to unqualified Health Visiting staff. Health Visiting Services are delivered to an undifferentiated caseload i.e. in contrast with many other early childhood health services, families have not been previously assessed and referred by doctors. This explains the importance attached to qualified Health Visitors carrying out assessments and providing supervision for skill mixed staff managing a caseload. Skill mixed staff can carry out interventions if they have been sufficiently briefed by the Health Visitor about what to expect and what to do in the event of a variation from an anticipated path in the child's health or development and the family's circumstances. In this context good quality, regular supervision is of paramount importance.

The responsibilities of the different team members are as follows:

Team Leaders (5 whole time equivalents):

- Responsible for day to day operational management of the team and prioritisation and oversight of work allocated to team members.
- Child protection and line management supervision to staff
- Audit and evaluation of work practices through supervision, records audit, training/development evaluation and Personal Development Reviews in line with the JAR Action Plan/Safeguarding Plan.
- Responsible for maintaining and improving clinical quality, ensuring work is evidence or best practice based, identifying and meeting training needs of staff, completing staff annual appraisals and identifying capability or disciplinary issues within the team.
- Clinical caseload of more complex families providing the full range of health visiting services to them,

- Team resource for second opinions, joint visits, and attendance at case conference with newer or less experienced members of staff.

Specialist Health Visitors Child Protection (3 whole time equivalents):

- provide expert advice, and clinical and supervisory support to staff within the HV service on child protection, including complex cases where children are subject to Child Protection Plans and /or Children in Need.
- Direct specialist child protection supervision and training for staff and lead on the implementation, coordination, management and audit of safeguarding systems within individual teams and the wider service as well as providing the operational connection with the health safeguarding team based at the Council.
- Own caseload of complex families, and provide second opinions, support to staff at case conferences and carry out joint home visits where necessary.
- Deputise for the Team Leaders.

NB: advertisements for these posts have attracted a significant number of applicants.

Health Visitors: (34.14 whole time equivalents):

- Direct and indirect clinical work with families,
- Direct work with families who have been identified as vulnerable. This is a complex interplay between factors that affect the parents own mental health and socially based issues. A good understanding of these issues and the ability to introduce and explore them is required.

To improve health inequalities, it is increasingly clear that it is necessary to reach families with young children, because there is so much evidence that behaviour patterns become embedded at this time. Recent evidence from neurobiology and genetic research shows that early behaviour patterns become, in effect, 'hard-wired' into the infant's developing physiology, setting the scene for later risk factors and disease. It is therefore crucial that the new birth visit is performed by a professional with the range of skills required to "get it right" (Shonkoff & Philips 2000). The New Birth Visit has now more than ever before become the corner stone of assessment and intervention for young infants and their families. The new Healthy Child Programme introduces a Health Visiting service based on targeted universalism the level of which will be based on information the Health Visitor has collated at the initial assessment. In addition for many families who are not assessed as requiring an enhanced level of intervention this may be one of the only contacts that they have with their Health Visitor.

Registered Nurses (5 whole time equivalents):

- Routine and targeted work with families who have been identified as vulnerable. Routine work with babies and children includes neonatal blood spot screening, continence assessments, Epipen training for families (emergency allergy management), undertaking allocated "Removal In" health needs assessments.
- Allocated, time limited pieces of work with targeted families i.e. those with higher levels of need under the supervision of a HV. A care plan with anticipated outcomes would be jointly set and agreed by the HV and the Nurse. Typical work would be with a family where there are unresolved

child protection concerns that may include delivery of a care plan for a child where there are feeding, behavioural, toilet training problems.
- Children's Nurses are also appropriately trained to undertake work with babies and children where there are underlying medical conditions e.g. feeding problems related to cleft palate, reflux, childhood cancers, as well as triaging A&E notifications to follow up families, whose children are identified as being at risk of accidents e.g. burns and scalds.

Nursery Nurses (4.8 whole time equivalents):
- Nursery Nurses are particularly skilled in working with children who have developmental delay and families who need support with developing skills in managing routines including toilet training, sleeping, feeding problems in toddlers, and adult/child play, interaction and communication.
- Work is allocated by the HV and staff work under the HV's supervision. They also have expertise in the development of speech & language skills in children.
- Nursery Nurses undertake time limited pieces of work with mothers who are identified with Post Natal Depression, such as baby massage which has a strong evidence base in supporting attachment and bonding in mother and baby.

Health Visitor Assistants (9.8 whole time equivalents):
- Support the HV teams in the general running and setting up of clinics, ensuring clinics are well stocked with health promotion materials e.g. breastfeeding, and that the clinic environment is appropriate and welcoming for families.
- They also provide weight measurement clinics including plotting of weight/growth centile charts and referral on to the HV where failure to thrive or faltering growth is identified.
- Run the HV service duty desk and undertake follow up home visits to families who have recently moved into Haringey, and follow up families who DNA clinic appointments.
- Range of clinical administrative functions such as records and RIO searches, maintaining the blood spot data base, sickness and absence returns.

Administrative Staff: (5 Whole time equivalents):
- Maintain data bases of new births, removals in and out, caseload profiles (e.g. all families allocated to coloured folders), GP/HV liaison visits, HV team activity returns, typing reports/letters filing, photocopying, stock ordering and maintenance, sending out appointments, message taking.
- Support the running of clinics when the HV Assistant is unavailable.

6. Introducing Further Skill-Mix

It is evident from caseload profiling and audits, the lessons from Serious Case Reviews and the multi agency First Response pilot that a wider range of specialist skills complementing those of the Health Visitor would benefit young children and their families. These include skills found in Clinical Psychology professionals in assessing and managing mental health problems (including depression and anxiety) and skills in identifying and intervening in poor attachment between mother and child. In addition these staff can provide specialist psychological techniques and supervision to the Health Visiting

Team to support them to develop their assessment and intervention skills with vulnerable and complex families.

Similarly Speech & Language Therapists have considerable expertise in normal and abnormal child development, feeding and the development of parent/child interaction skills. These provide the foundation for normal development of play, listening, attention, speech, language and communication skills in children which in turn affect a child's ability to thrive academically, socially and emotionally.

Nursery Nurses also have a great deal to offer young children and families. They have in depth training in child development and have considerable skills in working with families both individually and in groups.

To this end the HV service will shortly be advertising for 3 (2.80wte) Clinical Psychology posts. Staff will be employed by the Haringey IAPT Parent Infant Psychology Service (PIPS) to work across the HV teams providing expert psychological supervision to staff, specialist expertise in clinical assessment and risk assessment and management, and with the HV remaining in the role of Lead Professional for the family, undertake direct casework with complex families.

The new psychologists will be part of the PIPS joining their 4 colleagues already working with very young children and their families, and will be contracted to provide a service to GOSH in Haringey Health Visiting Service. A protocol for joint working will need to be agreed, and will be based on the agreement already in place for professional and care group management of staff crossing multi disciplinary teams.

In addition, following the success of the placing of a Speech & Language Therapist in the First Response pilot early in 2009, the Health Visiting Service is currently piloting a Speech & Language Therapy post in one of the 5 Health Visiting Teams and the evaluation of this service will be available in the New Year.

Very recent discussions with Public Health colleagues and NHS Haringey's Child Health advisor have led to the initiation of a short term working group to identify aspects of the universal offer at age 1yr and 2 yrs that could be undertaken by other clinical staff. There is a very small pool of health professionals who have undertaken specialist training in normal and abnormal child development; those being paediatricians, health visitors, clinical psychologists, speech & language therapists and nursery nurses.

It is envisaged that Clinical Psychologists, Speech & Language Therapists and Nursery Nurses will be recruited, and with some additional training from a HV and doctor, their role will be, as a Key Worker, to manage a caseload of triaged families identified by the Health Visitor where children's assessed needs, relating especially to early prevention and intervention, can be addressed. This would include for example specialist psychological assessments and intervention for families presenting with Tier 1, 2 and 3 needs including behavioural and social problems, attachment disorder, conduct disorder; assessment and intervention for breastfeeding, home safety, accident prevention, feeding, behaviour, play development, speech, language and communication and sleeping difficulties.

The HV will maintain the role of Lead Professional for all families, requiring their clinical and management oversight of the case and case supervision.

7. Targeted Provision

The needs of children and families change, sometimes quickly and sometimes over time. These changes may be identified by the family, the Health Visiting team or a range of other professionals who are in regular contact with the child e.g. GP, Children's Centre staff. In Haringey, the Health Visiting Service uses a system of different coloured folders to indicate different levels and type of need. In response to any concerns raised or new information, the child can move into a higher or lower priority category. The system is as follows:

Red Folder - preschool children subject to a Child Protection Plan.

Blue Folder -l preschool children where there are unresolved Child Protection concerns but the child is not subject to a Child Protection Plan.

Yellow Folder - Children in Care

Green Folder - Children with special medical needs, disabilities, special educational needs and children with life limiting or life threatening conditions.

Orange Folder: (NB: New from November 2009) - Children requiring time limited early health visiting interventions to prevent escalation of child/family to red or blue folder e.g. post natal depression, poor/compromised infant nutrition, sleep problems, behaviour problems.

Health Visiting interventions by Coloured Folder

	RED Child subject to Child protection Plan	**BLUE** Unresolved Child protection concerns	**YELLOW** Child in Care	**GREEN** Child with Special Medical Needs	**ORANGE** Time Limited Intervention
No of Children October 09	66	477	81	271	See above
Allocated Named HV	✔	✔	✔	✔	✔
Delivery of care package by other member of HV Team e.g. Paediatric Nurse or NNEB: supervised by HV		✔	✔	✔	✔
Allocated to other member of Team				✔	✔

	RED Child subject to Child protection Plan	**BLUE** Unresolved Child protection concerns	**YELLOW** Child in Care	**GREEN** Child with Special Medical Needs	**ORANGE** Time Limited Intervention
1:1 Supervision 3 monthly with Team Leader	✔	✔			
Contact with Family minimum every 4-6 weeks	✔	✔			
Contact with Family as per Policy				✔	
Case Discussion at 6 weekly HV GP Liaison	✔	✔	✔	✔	

8. Competency

The Haringey health visiting department is working with colleagues to achieve excellence in safeguarding and the support of developing families. To this end an extensive training programme has been developed to ensure that practitioners not only have the tools but also develop their competencies. An ethos of support and continuous improvement has supported recruitment and been positively evaluated by those joining the borough.

Training programmes include the following:-

- Solihull Approach Programme - 12 members of the health visiting teams attended a 2 day training in 2007. In 2008 a number of children's centre and schools support staff attended the Solihull training offer provided by the National Academy of Parenting Practitioners. We anticipate running the training again in 2010 to include psychologists and SLTs within the health visiting service, which will provide a conceptual framework that can support effective and consistent approaches across agencies.

- Brazelton New born infant observation training – 10 members of the HV teams attended the training course in November 2009 and have identified it as a useful professional development tool for inexperienced and newly qualified health visitors.

- Tavistock Child psychology lectures covering many topics e.g. Attachment, behavioural problems, bonding, working with Fathers and single parents.

- The Health Visiting Educational Forum provides a monthly programme of education and training with the use of internal and external speakers. The Tavistock work is included in the HV Forum.

- An ex designated nurse for child protection is currently coaching the 5 HV team leaders on the qualitative aspects of Child Protection supervision on a 1:1 basis.

- Recognised supervision training by Intrack (Tony Morrison Richard Swan), has been booked for March 2010 to build on the existing programme. Training the trainers will commence in Oct 2010.

- All staff are up to date with mandatory child protection training.

- Further training for the practical application of the *Framework for the assessment of children in need and their families* and for the *Common Assessment Framework* is in progress.

- A delegation attended the CPHVA conference attended and disseminated learning.

- In 2010 the service plans to introduce Parents' Evaluation of Developmental Status (PEDS), which is a system used for the identification of children with developmental and behavioural difficulties such as speech-language delays, and attention and learning problems. PEDs is recommended as a universal tool in Health For All (4^{th} ed).

Moreover, the transformational and iterative improvements are driven and quality assured by the advanced model of supervision developed and in place for all areas of practice. The supervision model includes managerial and clinical supervision and is now being rolled out to other PCTs as Haringey is the market leader in this area of best practice.

The quality of staff and service management has been commented on by an external consultant (ex London designated nurse) currently employed to provide child protection supervision to staff, and has found the staff she has met very enthusiastic and committed to making changes and improvements in the service. She said that they were "engaged and thinking, confident and very receptive, with good relationships between them all. Staff are operating with a lot of competence." Andy Burnham, Secretary of State for Health also congratulated the Haringey HV Service during his speech at the CPHVA conference for the work they were doing.

4. Conclusion

Prior to the Ofsted inspection that took place in June 2009, agencies working with children and young people in Haringey were keen to reiterate that 'we do not under-estimate the scale of the task we are undertaking in putting in place fundamental changes. But we know what needs to be done, we know where we are going, and, most importantly, we share an overriding commitment and passion to deliver the improvements needed so that children are safe in Haringey.'

This remains the case, and in the intervening period, we believe the Health Visiting Service has taken significant steps on our collective journey to improve capacity, capability and competency. The attraction of the service for new staff has turned a corner with sustainable recruitment and team development in place. New relationships and ways of working have increased not only the capacity but the capabilities of the team now leading the profession forward in terms of expertise, experience and the desire to achieve excellence. Use of tools like the Peds and the Brazelton facilitate the movement from judgement to assessment, thereby developing competencies not only within the Health visiting community but across all services for children and young people.

The Health visiting service recognises the need to maintain existing staffing levels and indeed increase the service level in areas of most need, and work is underway to look at reintroducing the universal Healthy Child Programme in the areas of highest need. To this end recruitment is on going and the resource plan reflects our commitment in the longer term. Working smarter and releasing the benefits of collaboration with education and social care are fundamental to the future resilience of safeguarding for the children of Haringey.

Joint Paper from GOSH in Haringey and NHS Haringey.

Julie Quinn
Deputy CEO NHS Haringey

Jane Elias
Director of Operations GOSH in Haringey.