



HEALTH OVERVIEW AND SCRUTINY COMMITTEE
- 15 JUNE 2022

RECOVERY OF 0-5 HEALTH VISITING CONTACTS AND
TRANSITION

REPORT OF LEICESTERSHIRE PARTNERSHIP NHS TRUST
AND DIRECTOR of PUBLIC HEALTH

Purpose of the Report

1. This report details the current position in relation to the restoration and recovery of the Healthy Child Programme (HCP) universal contacts for children and families in Leicestershire, following the Covid-19 pandemic. The paper includes the governance and oversight arrangements for the full recovery of the service offer, which includes safe and effective transition of children from early years settings to school.

Policy Framework and Previous Decisions

2. *'The Healthy Child Programme'* (2016) (HCP) is the national public health framework for children and young people. The programme sets out a universal preventative service, providing families with screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting. It includes five mandated child contacts for health and development reviews:
 - i. Antenatal health promoting visit;
 - ii. New baby review (10-14 days);
 - iii. 6–8-week assessment;
 - iv. 10–12-month assessment;
 - v. 2-2 ½ year assessment.
3. *'Best Start for Life: a vision for the 1,001 critical days'* (DOH 2021) sets out a 5-year strategy which aims to improve life chances of children by addressing inequalities, narrowing the gap in attainment and improving outcomes for all children, including disadvantaged children and families.
4. The Children Act 2014 is designed to fully reform services for vulnerable children, by giving them greater protection, paying special attention to those with additional needs, and helping parents and the family as a whole.

5. The SEND Code of Practice 2015: outlines duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014.
6. Working Together to Safeguard Children 2018 provides guidance on interagency working to safeguard and promote the welfare of children.
7. National '*Covid-19 Prioritisation within Community Health Services Guidance*' issued on 19 March 2020, instructed providers to stop pre-birth and 0-5 services (health visiting) except for risk stratified visits for vulnerable families, safeguarding work and new birth visits. They advised virtual antenatal support and phone and text advice. This was to allow remaining staff to be re-deployed.
8. National '*Covid-19 restoration of community health services for children and young people: second phase of NHS response*' was issued on 3 June 2020 and instructed providers to restore pre-birth and 0-5 essential antenatal, new birth and 6–8-week reviews with other contacts being risk stratified.

Background

9. All children in Leicestershire have a named Health Visitor allocated in the ante natal period. Health Visitors are responsible for the prioritisation and management a geographical caseload from the antenatal period until handover to the School Nursing team.
10. Health Visitors follow standard operating guidance (SOG) in place to support them in delivering evidence-based care to children and families. Health Visitors also follow Trust procedures for the timely and effective handover of named children to the school nursing team, who require specific follow-up.
11. The Assessment Framework underpins health visiting practice and the SOG includes vulnerability criteria to support practitioner decision making to determine the level of service to be offered:
 - Community services – there are a range of services available, and Health Visitors work to develop these and ensure families and communities know about them.
 - Universal services – the local health visiting team works together with various agencies to ensure that families have access to the Healthy Child Programme and support parents at key times, through access to a range of community services.
 - Universal Plus services – a rapid response from the local health visiting team when specific expert help is needed.
 - Universal Partnership plus services - provides on-going support from the aligned Health Visitor working alongside a range of local services and with parents and families to deal with more complex issues

Children and families who are assessed as requiring Universal Partnership plus/safeguarding will be allocated via discussion with the Clinical Team Leader to ensure an equitable workload.

12. As the first wave of Covid-19 took hold and in response to national guidance, Leicestershire Partnership Trust (LPT) prioritised new baby reviews and risk stratified interventions for children 0-5 years, providing contact for the highest risk and other support for those triaged as lower risk.
13. In addition, Healthy Together as the local HCP provider continued to deliver the 6–8-week mandated contact, due to the high level of risk of not undertaking this contact at this very early stage of life and identifying maternal mental health needs.
14. During this period, social distancing measures meant that face-to-face contact was not always possible, and therefore digital resources became an integral part of the way the service was delivered, in line with national guidance. Face to face delivery of the new birth visit and 6–8-week check was quickly re-established, with recovery of other universal contacts being delayed due to staffing pressures and shortage of estate
 - I. There is an estimated shortage of 5000 Specialist Community Public Health Nurse Health Visitors (SCPHN HV) across England and an aging workforce, with more than 50% aged between 50 and 65 (*State of Health Visiting in England: IHV. December 2021*).
 - II. There has been a steady decline in the numbers of SCPHN HV each month within Leicestershire and Rutland. This is due to promotion to more senior roles, secondment opportunities, retirement and staff leaving for a better work-life balance.
15. Due to the recruitment challenges of qualified SCPHN HV's, the workforce plan for public health services has been revised to utilise greater skill-mix. Healthy Child Programme Nurses (HCPN's), and Healthy Child Programme Practitioners (HCPP's) now support the delivery of the programme to ensure sustainability. Initial evaluation has shown that this has a positive impact on the workload of the SCPHN HV. It is recognised that consistent skill-mix ratios are required in the different areas of the County, and this is being addressed through recruitment and forms the basis of the recovery plan.
16. A phased approach to the re-introduction of the mandated contacts was agreed with public health commissioners in March 2021, in response to workforce availability. It was agreed that the 2-2.5-year review would be re-established before the 10-12-month review. The rationale being that this contact is critical for delivering on the high impact area of readiness for school and effective transition for young children from early years into their school placement.

Current Position

17. There are eight health visiting teams covering the county, with a separate county-wide school nursing team. The teams consist of Practice Teachers, SCPHN HVs and SNs, HCPNs, HCPPs and administration staff. Appendix A outlines county coverage.
18. Three of the five universal contacts are fully re-established, with performance at pre-pandemic levels.
19. The antenatal and 10–12-month reviews are not fully re-established, due to the workforce challenges highlighted. These are being prioritised using deprivation deciles¹. Appendix B outlines current performance levels for each contact.
20. All parents are signposted to LPTs digital offer which includes websites, Health for under 5's² and Health for Kids³. These websites have a wealth of evidence-based information and advice on health and development related topics. The service also provides details of how parents can contact the Chat Health text messaging service, where parents can seek advice and support from Healthy Together via text.
21. Families who did not receive their mandated 10 -12-month review, will now have received a 2-2.5-year contact via telephone or face to face depending on their identified level of need.
22. In addition, for children who did receive a 2-2.5-year assessment in 2020, Healthy Together and the Local Authority's Early Learning and Childcare service meet at neighbourhood level to review service data and children with identified need. This is to make sure that appropriate intervention is being provided by one or both partner agencies and if a Section 23 identification of Special Educational Need is required this is completed as part of the local statutory assessment process.
23. The recovery plan for the antenatal and 10-12-month reviews (Appendix C) is governed through the monthly contract meetings between the Local Authority and LPT.
24. The service does not have a backlog of reviews; where a child was not clinically assessed to be at risk, the family were signposted to the digital resources described above.
25. The service received several complaints from families in Leicestershire who were not happy with the way the service was provided during the pandemic, these related primarily to not receiving a face to face 10-12-

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835115/loD2019_Statistical_Release.pdf

² <https://healthforunder5s.co.uk/>

³ <https://www.healthforkids.co.uk/leicestershire/>

month or 2-2.5-year review. The service responded to each of these families in turn setting out the rationale and plans to re-establish the full-service offer. The service also strengthened communication to families, to explain the service offer and how to access resources and support.

Resource Implications

26. National workforce pressures have resulted in local vacancies; there are currently 54 SCPHN HVs in post, with a funded establishment of 66.5 SCPHN HVs. A workforce plan is in place to increase the number of qualified staff, with greater skill mix supporting effective caseload management.
27. The service is currently supporting the training of eight SCPHN HV's due to qualify in September, with a further seven staff commencing training in September 2022. Two Nursing Associates are being supported to complete their nursing degree, with another enrolled. Growing our own workforce locally forms the basis of the workforce plan.

Conclusions

28. Three of the five universal contacts are fully re-established, with performance at pre-pandemic levels. A plan is in place to restore the antenatal and 10–12-month reviews and this is governed through monthly contract review meetings.

Background papers

29. Leicestershire's Joint Strategic Needs Assessment - <http://www.lsr-online.org/jsna.html>
30. Healthy Child Programme: Pregnancy and the first five years - <https://bit.ly/3hgV5tt>
31. The Best Start in Life and Beyond - <https://bit.ly/3dJsGKb>
Rapid review to update evidence for Healthy Child Programme - <https://bit.ly/3hgJNFs>

Circulation under the Local Issues Alert Procedure

32. None

Equality and Human Rights Implications

33. The 0-19 Healthy Child Programme is a universal service and so affects all children and their parents / carers in Leicestershire. The service is available to children up to the age of 25 who have Special Educational Needs and Disabilities.
 - a. The prioritisation model will have a positive impact on individuals or community groups who have protected characteristics.

34. Prioritisation of the re-establishment of the antenatal and 10–12-month reviews has utilised deprivation deciles. These are based on the Index of Multiple Deprivation 2019 (IMD 2019) which is the official measure of deprivation. Seven main types of deprivation are considered – income, employment, education, health, crime, access to housing and services and the living environment. These are combined to form the overall measure of multiple deprivation. Deciles are calculated by ranking from most deprived to least deprived and dividing them into 10 equal groups.

Appendices

Appendix A: County CTL Map

Appendix B – Current Performance

Appendix C - Antenatal and 10-12-month Universal Healthy Child Programme Recovery Plan

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