



To: Scrutiny Board

Date: 13.10.16

Subject: Health Visiting Service

1 Purpose of the Note

- 1.1 To provide a briefing to the Scrutiny Board on the Health Visiting service, commissioned by Coventry City Council's Public Health Department, including a description of the service, its performance and specifically, the role of the service in leading CAFs.

2 Recommendations

- 2.1 The Scrutiny Board are requested to note the information provided in this report and seek follow up as we continue to develop a model that aligns with the Family Hub model and increases the Health Visitors' role in leading on CAF cases.

3 Information/Background

- 3.1 Coventry City Council became responsible for commissioning Health Visiting Services together with the Family Nurse Partnership Programme in October 2015. These contracts had previously been held with NHS England.

The health and well-being of children in Coventry is generally worse than the England average across a number of key outcome measures¹. A number of high profile national reports (Marmot, Tickell, Field and Allen) have all highlighted the same issue: if you want to improve the life chances and health outcomes for children, you need to intervene as early as possible in a child's life, with the biggest return on investment achieved through interventions before the age of two years. Social ROI (return on investment) studies show returns of between £1.37 and £9.20 for every £1 invested in the early years. Public Health England are currently evaluating the return on investment for universal services, which will be published by March 2017.

- 3.2 As part of CCC's statutory responsibility for improving the health of the population of Coventry, the City's approach to Early Help and the city's Marmot commitment to the early years, Coventry City Council's Public Health Service commission Health Visiting to the value of £4.9m (2016/17 budget).

Health Visitors are responsible for leading on the Healthy Child Programme, which is a series of mandatory reviews, screening tests and vaccinations for children aged 0- 5 years.

¹ Coventry Child Health Profiles 2016 http://www.coventry.gov.uk/downloads/download/3694/2016_child_health_profile

The five mandatory visits are as follows:

- At 28 weeks pregnant
- 10-14 days new birth visit
- 6-8 weeks visit
- Child's development review at 9-12 months
- Child's development review at 2-2½ years

In addition to this, Health Visitors offer maternal mental health assessments, parenting support and advice on family health and minor illnesses. They also carry out physical and developmental reviews which include advice on feeding, weaning and dental health.

Health Visitors provide a universal service to all families with newborn infants in Coventry. Through weekly child case meetings with Social Care, Midwives and Children Centre workers, Health Visitors share concerns and early warning signs picked up through their visits. As a team, and alongside social care colleagues, a multidisciplinary decision is made about the appropriate response to each case (e.g. CAF level), reducing inappropriate escalation to social care and providing a joined-up response to the needs of the family.

4 Performance

4.1 In 2015/16 Health Visitors held an average caseload of 347 cases per Health Visitor.

The data from the first quarter of the financial year 2016/17 shows that there is generally good performance against the national KPIs for this service.

Performance of the service is measured against set indicators including:

KPI	2015/16 out turn (target)	Revised target 2016/17
Number of mothers who received a first face to face antenatal contact with a health visitor at 28 weeks or above	432	Target of 600
Percentage of New Birth Visits (NBVs) completed within 14 days and after 14 days	97.5% (97%)	100%
Percentage of 6-8 week reviews completed	99.5% (95%)	98%
Percentage of 12 month development reviews completed by the time the child turned 12 months	95% (97.3%)	95%-100%
Percentage of 12 month development reviews completed by the time the child turned 15 months	97.9% (100%)	n/a
Percentage of children who received a 2-2.5 year review	89.5% (85%)	100%
Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	89.5% (N/A)	85%

In addition to regularly monitoring the general performance of the service, the Public Health team works with the providers (CWPT) to develop plans against other important quality measures such as uptake of free nursery places for eligible children, increasing the accessibility of the system through offering an 8-8 service and increasing the number of CAF cases where the HV is the lead professional.

Health Visitors have an important role in leading and supporting CAF cases. Out turn data for the four quarters of the contract indicated that whilst Health Visitors were engaged and making a core contribution to CAF cases, the number of CAF cases newly initiated by Health Visitors was 73 in total during the course of 2015/16 year. Although this appears low, this is a

significant increase to the number held a few years ago. Additionally, the health visiting service currently has a role in 425 recorded CAF cases.

The service reports that 62 CAFs have been declined since January 2016. These families will continue to be supported by the health visiting services but will not be recorded on the e-CAF system.

To address the need to increase the number of CAFs lead by Health Visitors, Public Health have an agreed contract variation with the providers which includes a specific service development in this area.

Contract Variation

Description	Milestones	Time-scales	Expected benefit	Consequence of breach
Assess number on a Universal Plus and Universal Partnership Plus pathway to have a CAF with the HV indicated as the lead professional	Develop data capture through care notes and review alongside CCC data capture for CAF	By beginning qtr. 4	Improved alignment with local CAF requirements	GC.9

Acting Early is an important initiative involving the health visiting services. An internal audit, designed to assess its system impact, includes an evaluation of the quality of referrals from Acting Early teams into social care. Inappropriate referrals take up valuable time (taken to review and respond to the case) and can lead to delays in care, impacting on quality. The audit looked at whether the referrals made were appropriate. Whilst the audit is not yet completed, early findings indicate that in the two most mature Acting Early sites only 1% (4 out of 365 cases) of cases referred to social care between August 2015-16 were deemed inappropriate compared to 22% (563/2527) elsewhere in the City.

- 4.2 The Family Nurse Partnership is a service which is commissioned by Public Health and runs alongside universal Health Visiting Services, providing support to young vulnerable first time mothers over a period of two years. National dashboards show that the proportion of Coventry FNP's caseload who are on a Child in Need plan or a Child Protection Plan is more than twice the proportion of other FNP cases nationally - CIN 13.5% compared to 5.8% and CPP 17.3% compared to 8.3%. This indicates that the service is already working closely with CCC Children's Services and has a high degree of value within CCC's burden of care.

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