



To: Education and Children's Services Scrutiny Board (2)

Date: 6th April 2017

Subject: Health Visiting and Early Help

1 Purpose of the Note

- 1.1 To provide an update to the Education and Children's Scrutiny Board (following the October meeting) on the Health Visiting service, commissioned by Coventry City Council's Public Health Department, including the proposed contribution of the Health Visiting service to the Family Hub model, recent work to increase health leadership for CAF's and the proposals regarding a new integrated Family Health and Lifestyle service.

2 Recommendations

- 2.1 The Education and Children's Services Scrutiny Board are requested to:
- 1) Note the information provided in this report, particularly the details regarding the contribution of the Health Visiting service to the Family Hub model,
 - 2) Note the action plan developed to increase the number of health led CAF's
 - 3) Support the proposed development of an integrated Family Health and Lifestyle service.
 - 4) Identify any further recommendations to the appropriate Cabinet Member

3 Information/Background

3.1 Collaborative working within a hub

3.2 Health Visitors are currently working as part of an integrated Acting Early team, alongside Children's Centre, Midwives and Children Services staff (neighbourhood workers and Children and Family First workers). Health Visitors (alongside the partners listed) co-designed the new way of working in 2013/14 – with roll out being achieved across all 10 sites from 2015 (rolling out in phases). There is a good history of integrated working within this service and a great deal of investment has been made to change the culture. As part of the Acting Early programme Health Visitors meet weekly with their integrated team members to review cases of concern and offer a multiagency response. Team development and locality based action plans (driven by locality specific data) has seen the service adapt to local need.

3.3 As a core service within the developing family hubs, the Health Visiting Service will be key to driving the design and implementation of the family hubs. Within each hub reach area there will be a number of services, both targeted and universal. Health Visiting, alongside School Nursing, will be the core providers of the universal offer and will operate out of the family hub, as well as other community locations and the users homes (as part of the family hub – hub and spoke model).

3.4 From 2018, as part of the re-commissioning of the Family Health and Lifestyles service, there will be an increased focus on helping families develop resilience – adopting strengths based approaches. In order to do this, Health Visitors (as well as other professionals within the Family Health and Lifestyles Service) will work alongside family hub staff to understand the assets within a community and how individuals can be better connected to these sources of support.

- 3.5 A key role of the Health Visiting service is to identify early warning signs (and signs of abuse or neglect) – as a universal service they are the eyes and ears into families lives. Through an appropriate forum, Health Visitors will identify early concerns and work alongside the family, and family hub partners, to understand how they can be best supported.
- 3.6 The Health Visiting service, as part of the family hubs, will offer support to families in the following ways:
- School Readiness – Supporting parenting and attachment, with particular emphasis in the first two crucial years. Health Visitors will also work with multi-agency Family Hub workers with expertise in early years to ensure that children are prepared for the world of education and learning.
 - Group Work – focused on evidence based approaches e.g. Triple P. Health Visitors will enable early identification of families who would benefit from group work and will continue to support the family (as part of a team) through the process, remaining their key worker where appropriate
 - Child Based Issues – screening for development delay and hearing impairment – referring to specialist services where appropriate. Working with families where there are child related health and welfare concerns/issues to ensure the child is supported to take full advantage of education and learning. Health Visitors will provide targeted support to families with younger children, working alongside family hub staff to provide case based support.
 - Parent Based Issues – providing support to families to build their parenting capability from as early as the antenatal period, referring to targeted case based worker where a higher level of parenting support is needed. Supporting families with complex health and/or mental health needs, where domestic violence has been experienced and delivery of Care of Next Infant Programme (an intensive support programme for those families who have preciously experienced a sudden unexpected death in infancy).
 - Prevention of ill health - supporting families to take up vaccinations and provision of information and advice on family health and minor illnesses, advice on feeding, weaning, accident prevention and dental health.
 - Identifying early warning signs and signs of abuse or neglect – seeing all families with a new born infant and children up to the age of 5, the service is key to identifying and assessing early concerns and signs of abuse and neglect – referring to the referral and assessment service when appropriate or supporting the family via a CAF.
 - The Health Visiting service uses a Family Health Assessment Tool (FHAT) to assess all families' needs. As a result of this assessment, families will be offered one of three levels of service, the most intensive being the partnership plus.
 - Drivers of integrated working – experience of integrated working (including design and implementation) via Acting Early programme they will be key to driving the design and implementation of integrated family hub teams. As part of this they will be key to providing insight and delivering family actions identified by the family hub integrated team.

4 Work to develop the current Health Visiting Service and its leadership of CAFs

- 4.1 Health Visitors have contributed to a total of 365 CAFs during quarter 3 – however despite an increase being seen in the number of CAFs led by Health Visiting over the past 18 months, the progress has not been sustained in recent months. During quarter 1 of 2016/17 health led between 89-102 CAFs, 77-89 CAFs in Quarter 2 and between 68-70 CAFs in quarter 3.
- 4.2 As the commissioner of Health Visiting and the Family Nurse Partnership services (delivered by CWPT), Public Health have led discussions with service leads regarding a recent decline in the number of health led CAFs which has resulted in the development of an action plan (detailed below).

- 4.3 The number of Family Health Assessment Tool assessments / month undertaken by the service is in excess of 800. This tool is universally delivered to all parents and also includes assessment of where the baby sleeps day and night and maternal mental health assessment. The Family Health Assessment Tool captures similar information to a CAF but requires input into a specific clinical record system. The re-entry of this information into the e-CAF system is time consuming (approx. 30 mins) and Health Visitors report that the system is cumbersome and technically difficult to use. Moving forward Public Health will explore the potential technical and information governance solutions to this issue.
- 4.4 The Health Visiting service delivers three levels of support, the most intensive being partnership plus. There are currently 446 families receiving this level of support.
- 4.5 Over the last ten months, 60 families have refused consent for inclusion in the CAF system. These families continue to receive ongoing support from HV and FNP services.
- 4.6 The average caseload for a health visitor and the number of more complex cases they manage or contribute to the management of, are detailed in Table 1.

Table 1: The average caseload per Health Visitor whole time equivalent

Average Health Visitor Caseload per Whole Time Equivalent (WTE) January 2017								
Universal ¹	Universal Plus	Partnership Plus (not CAF, CIN, CP, LAC) ²	CAF level 2 Lead	CAF level 2 contribute	CAF level 3 contribute	CIN	CP	LAC
281	23	8	0.95	4.6	1.6	4	3	1

- 4.7 Actions have been agreed and an action plan will be developed as follows:
- Review trend and recent reductions in CAF leadership in health to understand the current position and to set a realistic trajectory for the future.
 - Initiate a review of existing CAF cases where health was identified as the most appropriate lead with a view to understanding any system failure in allocation and to reallocate where appropriate.
 - A team of Health Visitors, operating within a specific Family Hub will develop an approach to ensuring that all opportunities to support the CAF system are taken.
 - A review of two cases on the eCAF system will be included in the health visitor supervision process alongside record keeping and documentation reviews.
 - Further review of service access to eCAF system (currently underway).
 - The two Health Visitor posts for asylum seekers, refugees and vulnerable families will undertake a focused piece of work in relation to the leadership of CAFs on the caseloads.

¹ Delivery of the 5 mandated checks in line with The Health Child Programme

² Examples of cases within this definition include complex health issues, DV support, complex mental health support, Care of Next Infant Programme (CONI) an intensive support programme for those families who have preciously experienced a sudden unexpected death in infancy.

- Implement an escalation process for scenarios where agreement cannot be reached where health is identified as appropriate lead.

4.8 The above actions will provide the basis for an agreement about the CAF key performance indicator (KPI) for the Health Visiting Services.

5 **Proposed development of an integrated Family Health and Lifestyle service**

5.1 Public Health currently commission a range of services aimed at improving the health of children and their families. These include Health visiting, Family Nurse Partnership, Stop smoking in pregnancy, School nursing, One Body One Life family weight management, Infant feeding service and Mamta. From 2018, it is being proposed that these services are integrated into a Family Health and Lifestyles Service. The integration of services is well documented as a means of improving quality, removing duplication and reducing costs and is in tune with CCC's direction of travel, for example the developing family hub model. The proposal is based on evidence of what works across the UK, what service users in Coventry want and will form a core component of the Family Hubs moving forward (see section 6).

5.2 The following guiding principles have been developed in partnership with stakeholders and users:

5.3 Services supporting children's health and wellbeing should:

- focus on family-centred service delivery and provide parenting support
- be fully integrated within the developing model of family hubs
- have a robust approach to spotting the early signs of poor health and wellbeing, abuse and neglect
- have an approach that reduces health inequalities
- a culture of continuous quality improvement and investment in staff, developing the workforce to lead improvements

5.4 More generally, services should be integrated to provide a more seamless delivery to:

- reduce service users having to unnecessarily repeat information
- provide more timely support (e.g. removing the need for multiple referrals to different services)
- have greater focus on empowering local communities to do more for themselves and have clear parent or community leadership
- demonstrate a culture of continuous improvement and commitment to staff wellbeing and development
- better harness technology to deliver interventions and support coordination of care

NAME: Sue Frossell and Christina Walding
 JOB TITLE: Consultant in Public Health, Programme Manager in Public Health
 DIRECTORATE: People Directorate
 CONTACT DETAILS: Tel: 07852541487,
 Email: sue.frossell@coventry.gov.uk,
 Email: Christina.walding@coventry.gov.uk