

NORTH YORKSHIRE COUNTY COUNCIL
YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE
15th April 2011
Covering Report -
In-depth Scrutiny Review Report on
Health Visitor and School Nursing Service in North Yorkshire

1. Purpose of Report

The purpose of this covering report is to introduce the draft final report of the Task Group on the in-depth scrutiny review Health Visiting and School Nursing Service in North Yorkshire.

Members of the Young People Overview & Scrutiny Committee are requested to comment and/or add to the information set out in the report and attached at Annex A.

2. Introduction

The aim of this review has been to obtain a clear picture of the current service being commissioned and delivered; whether it was meeting the needs of local families; the equity of that service across North Yorkshire and gain an understanding of what future commissioning, provision and performance arrangements will look like.

The findings of the Task Group are set out on page 4-7 of the attach report and outline the consultation meetings and visits that have been undertaken.

The Task Group had been very appreciative of the help, support and guidance it has received from the Community and Mental Health Service NHS North Yorkshire & York who have attended the consultation meetings, organised meetings with health professionals and users of the service and provided background information and explanations where appropriate.

3. Recommendations

The Young People Overview & Scrutiny Committee are requested to:

- (a) note the information in this report

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Annexes: Annex A

**YOUNG PEOPLE OVERVIEW & SCRUTINY
COMMITTEE**

REPORT OF THE TASK GROUP

**REVIEW OF THE HEALTH VISITING AND
SCHOOL NURSING SERVICE IN NORTH
YORKSHIRE**

April 2011

Chairman's Introduction:

I am pleased to present the Task Groups findings on the Health Visitor and School Nurse Corporate 0-19 Team Service in North Yorkshire. .

We would all no doubt agree that the start of life is an important time for children and parents and moving on through the school years requires well resourced health visiting and school nursing services. These specialist health professionals offer a programme of support, starting in pregnancy, through the early weeks of life and throughout childhood.

Over the last five years North Yorkshire and York have seen a significant reduction in health visitors than any other PCT in Yorkshire and the Humber. And, we now also know that 51% of the health visitor workforce is over 50 and eligible to retire in the next few years.

The Health Visitor and School Nursing Service in North Yorkshire is provided by North Yorkshire & York NHS, Community and Mental Health Services until the 1st April 2011 and then moves seamlessly to Harrogate & District NHS Trust. The Health Visitor and School Nursing Service works in partnership with many other agencies, including the County Council's Children & Young Peoples Service, to improve the health and well-being of children, families and communities and address some of the public health issues facing society today.

This scrutiny review has looked into the developments implemented by the Community Mental Health Services to provide a workforce profile that maximises resources, improves team working and supports the needs of children and families across North Yorkshire and York..

Our journey has been enlightening and it has been refreshing to meet with young parents as users of the service and the very committed health professionals who strive to deliver the best service they can.

I would like to take this opportunity to personally thank members of the Task Group C Cllr Keith Barnes and C Cllr John Batt, for their diligence and contribution; North Yorkshire and York NHS Community and Mental Health Services in particular Jo Harding, General Manager - Children and Specialist Services, the Health Professionals who gave up their time to meet with us and the young parents at the Thirsk Childrens Centre Well Baby Clinic who willingly talked about the services they receive and how they are supported to be more hands on with their young babies.

*County Councillor Andrew Backhouse
Task Group Chairman*

YOUNG PEOPLE OVERVIEW & SCRUTINY COMMITTEE

INTERIM REPORT OF THE TASK GROUP ON

HEALTH VISITING AND SCHOOL NURSING SERVICE IN NORTH YORKSHIRE

PURPOSE OF THIS REVIEW

The Aim of this review has been to obtain a clear picture of the current service being commissioned and delivered; was it meeting the needs of local families; the equity of that service across North Yorkshire; an understanding of what future provision, performance and governance arrangements will look like.

BACKGROUND

It is well known that the range of complex services required to support children and families today calls for well trained and competent professionals who focus their skills and expertise on where they can make the greatest impact. It is early intervention that has a positive influence on the health and well being of children and young people and their families.

But for some time there have been concerns at a national level over capacity issues in relation to health visitors and seen numbers reduced by 10 per cent in the last three years; case-loads significantly increased than the suggested/recommended 300 families or 400 children; 40 per cent of health visitors handling case-loads of over 500 children, 20 per cent over 1000 children, and 62 per cent of health visitors saying that they no longer have the resources to respond to the needs of the most vulnerable children. (CPHVA *Community Practitioner and Health Visitor Association Omnibus Survey 2008*)

The Coalition Governments plan is for a 4,200 increase in Health Visitors (HV's) nationally by 2015. Boosting the numbers of health visitors is key to delivering the Government's new vision for the profession and the service on offer for families and communities. Health Visitors are seen as a 'trusted brand' in terms of provision of family support and advice at a critical point (ie pre birth and with young children).

Unfortunately, at the present time we are not aware that there are any plans in place to review the case for increasing the numbers of School Nurses.

LOCAL CONTEXT – HEALTH VISITING AND SCHOOL NURSING SERVICES

Health Visiting is provided by NHS North Yorkshire & York Community and Mental Health Services across all four localities of North Yorkshire. School Nursing provision is provided in three localities with the exception of Selby which is currently provided by York Teaching Hospital NHS Foundation Trust. However, from the 1st April 2011 the Health Visitor and School Nurse Service will be provided by Harrogate and District NHS Trust and York Teaching Hospital Foundation Trust.

Over the past five year period North Yorkshire and York experienced the biggest reduction in the number of health visitors in the Yorkshire and Humber Region with a loss of some 67 specialist practitioner health visitors. In just one year (2008) there was a reduction of 17 health visitors. Fifty-one percent of the workforce is over 50

and eligible to retire in the next few years and 45% of caseloads exceed the recommended size of 400.

For several reasons in August 2009 the PCT decided to undertake A Review of Health Visitor Capacity. The purpose being to identify the challenges and risks associated with the then current commissioned modal of Health Visiting Services and the reduction in resources. The review took into account:

- historic reduction in staff
- caseload sizes and levels of vulnerability
- complaints
- incidents relating to staffing capacity
- increase in child in need and child protection activity
- expressed team pressures

Whilst this Review did not refer directly to School Nursing Services it was mentioned in the report that School Nurses are very much a part of the integrated teams working with 0-19 year olds.

The original move to 0-19 Corporate Teams was introduced in 2006 in one locality where the school nursing resource was so low that alternatives needed to be considered. By integrating Health Visitors and School Nurses into 'Corporate Teams' workloads have been distributed appropriately by skill type and level. Health Visitors now support Primary School aged children; ensuring nurses with Specialist School Nursing skills can spend time with secondary school aged pupils who are increasingly exhibiting complex difficulties.

In March 2011 Government launched the 'Health Visitor Implementation Plan 2011-15' which sets a bold pace and requires innovative approaches to training and development and skills health professionals to spot early issues which may develop into problems and risks to the family. It is a call to action to all with a part to play in delivering Health Visitor Services. But it is early days with regard to how North Yorkshire's current Health Visitor and School Nursing Service will respond and action this Implementation Plan but it is something we will watch with interest.

Findings of the Task Group

Our initial meeting with the General Manager of Community and Mental Health Services and the PCT Commissioners helped us understand the new model of working and the rationale behind the move for the Health Visiting and School Nurse Services to adopt a Corporate Team approach and provide 0-19 services.

We did become aware at that meeting that there were some concerns regarding the sharing of information, but this has improved and everyone agreed that it was in all our interests to improve further.

Analysis of the 0-19 population shows that there are significantly more children in the 5-19 age groups than in the 0-5 age group (138,900:41,000). The highest proportion of staff is health visitors with significantly less school nurses. Traditionally health visitors cease support to families after age 5, formally transferring care to the school nursing service. With reduced resources and financial pressures this model was becoming increasingly unmanageable for the PCT.

To maximise their resources and improve team working, the new model of 0-19 Teams has been introduced incrementally across the three localities that have both Health Visiting and School Nursing provided by the PCT. The integration of these health professionals into Corporate Teams has seen the workload distributed appropriately; health visitors supporting the primary school aged children; school nurses spending time with secondary school aged pupils who have high vulnerability which is commendable.

Of concern had been the high caseload levels of health visitors in North Yorkshire which ranged between 300-800. Where a health visitor had a 700+ caseload they were dealing in the main with low need families who required relatively moderate levels of support and advice, whereas the health visitor with a caseload of 300+ will have had families with high needs who require significant specialist support. Again the move to Corporate Teams has meant a more equitable distribution of caseloads.

(Apparently there is no national guidance other than the Community Practitioner and Health Visitor (CPHVA) Union suggestion and King's Fund suggestion of approximately 300 families or 400 children)

Consultation Meeting with Corporate Director Children & Young Peoples Service (CYPS)

The discussions with the Corporate Director/Chairman of the Childrens Trust Board were around the good partnership arrangements that exist between CYPS, the Childrens Trust and the PCT. And although the PCT has had to face significant financial pressures to manage their budgets, the provider arm of the PCT has continued to provide services and managed any risk down.

We also noted that under Transferring Community Services Harrogate and District NHS Foundation Trust will be the provider for Universal Children's Services (Health Visiting and School Nursing included) in North Yorkshire from the 1st April 2011. The Children and Young Peoples Service are committed to working in partnership and the Corporate Director here had already held regular meetings with the Chief Nurse.

Visit to Thirsk Childrens Centre



Our visit to *Thirsk Childrens Centre* provided a useful insight into the services available for young families and their children. With their permission we took the opportunity to talk directly with parents and asked their views on the health visitor service. The general consensus was that the users of the service were very happy with the relaxed atmosphere and being more hands-on with their baby. The Mothers told us that if they needed to speak confidentially with a Health Visitor whilst attending the Baby Clinic there

was a separate room available and that if they wanted to contact a health visitor at any other time they had telephone numbers and someone would always get back to them.

There was a Parent Support Adviser available during the clinic sessions who was showing young mums how to perform baby massage. The parents told us that they liked the fact that there were opportunities to talk with other young mums and find out more about the activities on offer.

Focus Group Meeting with Team Leaders, Health Visitors, School Nurses and Assistant Practitioners

The Focus Group meeting with health professionals provided an ideal discussion platform to learn about their experiences in working in Corporate Teams and how these teams have developed over a period of time.

We were reassured by the comments made by the Health Visitors and School Nurses that the Community and Mental Health Service had done the best they could to respond to local need with the resources available. They were proud of the fact that every child in North Yorkshire is seen by a skilled workforce, multi-agency working was positive and there is a more equitable distribution of caseloads. They considered that the Corporate Team approach was working well for most staff and the users and they felt they now had a better understanding that provision has to be managed by a Core Commissioned Programme.

Final Consultation Meeting – Community and Mental Health Services General Manager

The purpose of our final consultation meeting was to clarify a number of areas that had come to light during the various meetings with users, health professionals and NYCC officers.

Since the Review of Health Visiting Capacity had been undertaken the Task Group wanted to understand what the follow up plan had been. We were informed that a review of 0 – 19 Universal Services (Health Visiting and School Nursing) had taken place over the last 12 months which would inform a service specification in line with the national Healthy Child Programmes and form the basis for future commissioning. The outcome of this review is imminent but has been delayed due to key national guidance.

It became apparent in our discussions with health professionals that evidencing the services provided by the Corporate Teams had not been easy in the past and that Providers of Community Services have not traditionally had to measure performance using key performance indicators but from April next year there will be a requirement to complete a National Community data.

Measuring the impact of the Health visiting and School Nurse services with the users to know if the services are meeting the needs of families across is important and we had not come across any evidence to suggest that this was happening. We were however, advised that a large patient experience survey using a questionnaire across all services was conducted in 2010 and at a local level the PCT undertake a Countywide review of clinic facilities regularly and consultation with the users is an integral part of this.

We were surprised by the fact that the Health Visitor and School Nursing Service continue to use paper systems which are then filed and stored back at base. However, we now understand that the direction of travel is to move towards an electronic record with interoperability with GP practices. The preferred system is called System1. Some community services are already using this system with good effect. New providers of children's services are currently in discussion with IT leads in the Commissioning PCT to negotiate funding and implementation options.

Health visitors, school nurses and assistant practitioners are based in a variety of settings such as Childrens Centres, Community Clinics, GP surgeries and at Whitby the Community Hospital. Increasingly Health Visitors are co-located in Childrens Centres where possible. Where co-location is not possible Well Baby Clinics are being delivered from Childrens Centres. Health professionals did express their concerns that a number of Childrens Centres were not big enough to co-locate key professional groups in the same building which provides an opportunity for these professionals to have informal and formal discussions. But there is another option and that is to co-locate services which happens in many of North Yorkshire's smaller Childrens Centres where a variety of key professionals come together to provide support and advice.

During our discussions with School Nurses they told us that they support increasing numbers of young people in colleges with high vulnerability issues which adds further pressure to an already stretched service. But we were reassured to learn that services to school aged young people are continually monitored and risk assessed during any changes to delivery models. At a National level there has been some indication that School Nursing may be subject to review in the future. We will have to wait and see.

The Health Visit Implementation Plan

Since starting this review the Coalition Government with its plan to recruit 4,200 Health Visitors nationally by 2015 have published the awaited *Health visitor implementation plan 2011-15, A call to action*. The Implementation Plan provides the detail to support the Government's commitment, recognises the importance of partnership working and outlines what families can expect from the new health visiting service, the role health visitors can play and what will be expected from commissioners and providers.

In real terms this means that North Yorkshire and York will see an increase of **30.3** Health Visitors over the next 4 years.

With this comes an expectation that the full model will be delivered which leaves the providers with a challenge as there are some specific gaps in service delivery. One example of this is a face to face contact at 2 years. This is now a requirement of the Healthy Child programme but it has not been possible to delivery this in the County.

The other challenge for the Corporate 0-19 Teams is the current delivery model. The Community and Mental Health Service have worked hard to remodel Corporate 0-19 teams to deliver safe services within the resources available. They will need to take time to configure how these additional resources for 0-5's only will fit into the existing model and not destabilise services for school age children.

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Conclusions and Recommendations

This in-depth scrutiny review was undertaken to look into the provision and working model of the Health Visitor and School Nurse Service and we are grateful for the assistance, support and guidance we have received from NHS North Yorkshire & York Community and Mental Health Services.

Unfortunately North Yorkshire has seen the biggest decrease in the number of health visitors in the Yorkshire and Humber Region. Changes to working models have been adopted, not without their problems, but we sought, and received, reassurance that these were in the best interests of young families and had, in general, the support of key health professionals. We understand that the Health Visitor and School Nursing Service for North Yorkshire moves from the PCT to Harrogate and District Hospital Trust in April 2011 with the same contract and service specification. Coupled with national changes to the way the services may be commissioned, health visitors and school nurses live in uncertain times. Nevertheless we have been impressed with their skills and dedication in providing a universal service for all children, young people and their families.

The outcome of the review of 0 – 19 Universal Services (Health Visiting and school nursing) over the last 12 months is awaited and should form the basis of future commissioning in line with the national Healthy Child Programmes. This has placed the CMHS Service in a good position to understand future requirements and develop a fuller specification as part of the new National Health Visitor Implementation Plan

The concerns raised regarding the high caseload levels of health visitors in North Yorkshire (300-800) were acknowledged and further explanation given on why there was such a wide range. However, we were reassured that this was being dealt with and the move to Corporate 0-19 Teams meant there is an appropriate and more equitable distribution of workloads.

Information sharing between partners is a complex area which takes many forms and we were informed that data in relation to new births can come from numerous places. We understand that information sharing is getting better but all agree that this could improve.

The launch of the Health Visitor Implementation Plan is welcomed and sets out the vision of the new health visiting service. The implementation plan recognises the importance of partnership working and outlines what families can expect from the new health visiting service, the role health visitors can play and what will be expected from commissioners and providers. The good news, of course, is that there will be an increase in **30.3** Health Visitors across North Yorkshire and York over the next 4 years.

One challenge for the Health Visiting and School Nurse Service (the Corporate 0-19 Team) is to ensure that there are no gaps in service delivery which is a requirement of the Healthy Child programme.

The other challenge will be how the additional resources for 0-5 year olds (Health Visitors) fits into the current delivery model and does not destabilise services for school age children.

We are still not clear what the exact allocation will be for North Yorkshire for the four years but we will watch with interest as this unfolds.

Recommendations:

The recommendations from Young People Overview & Scrutiny Committee Task Group are:

1. ...that this report is forwarded to the Chief Executive of the Harrogate and District NHS Trust for their comment with an invitation for a representative to attend a committee meeting and update members on developments in the 0-19 Universal Service as appropriate.
2. ...that NHS North Yorkshire & York are invited to attend committee and brief the members on the outcome of the Review of 0-19 Universal Service for children and young people from a Commissioning perspective.
3. ...that partners continue to work together to improve information data sharing which helps to inform future service provision from a partnership point of view.
4. ...that clarify is received at a later date regarding the additional Health Visitor numbers thatn North Yorkshire can expect over the next four years.

DR

Working Notes of the Task Group:

1. 9th November 2010 – Initial Consultation Meeting

An initial consultation meeting with the General Manager, Community & Mental Health Service and Assistant Director Commissioner NHS North Yorkshire & York PCT in response to a pre-disclosed number of questions in relation to health visitor and school nurse service.

Definition:

- A health visitor is a qualified and registered nurse or midwife specially trained (health visiting course is a BSc Hons/postgraduate diploma course and once completed HV's register on the Specialist Community Public Health Nursing (SCPHN) part of the register) to assess the health needs of individuals, families and the wider community.
- School nurses are qualified and registered nurses trained (not required to hold the SCPHN) to provide a variety of services such as health and sex education within schools, carry out developmental screening, undertake health interviews and administer immunisation programmes.
- Assistant Practitioners work at level 4 of the NHS career framework

HVs and SNs have to undertake statutory and mandatory training at specified intervals and levels including safeguarding children, safeguarding adults, control of infection, resuscitation and vaccination and immunisation updates.

Current level of service:

Since 2005 health visitor whole time equivalents have reduced from 155 to 88 as of 31st July 2009.

Headcount of Health Visitors – July 2009	Whole time equivalents (wte)
131 (33 work with school aged children)	88 (18.36 work with school aged children)

This is a reduction of 67 wte in the last five years.

Headcount of Health Visitors – October 2010	Headcount of School Nurses (wte)
126	??

The table below demonstrates the changes made to include a non specialist workforce profile:

	March 2008	August 2009
Assistant Practitioners/Staff Nurses	24.68	32.59
Administrative support	8.14	19.36

Health visitors and school nurses are based in a variety of settings such as Childrens Centres, Community Clinics, GP surgeries and at Whitby the Community Hospital. They are managed within teams on a locality basis. Workforce plans are linked to local population indices of multiple deprivation scores and specify the number and skill mix within each team. Although HV is a universal service, services are targeted at children and families with the greatest need, capacity is monitored on a regular basis, and additional resources allocated where risks have been identified.

The current service is funded based on a service description

0-19 Children's Teams

In a move to maximise resources and improve team working a new model of 0-19 Teams is being introduced across the three localities that have both Health Visiting and School Nursing provided by the PCT.

Earlier analysis of the 0-19 population showed that there are significantly more children in the 5-19 age groups than in the 0-5 age group (138,900:41,000). The highest proportions of staff in NY are health visitors, with significantly less school nurses. Traditionally HVs cease support to families after age 5, formally transferring care to the school nursing service. This model of service has become increasingly unmanageable.

In 2006 the integration of Health Visitors and School Nurses into a 'Corporate Team' where workload was distributed appropriately by skill type and level was piloted/introduced in one locality where the school nursing resource was so low that alternatives had to be considered. Health Visitors supported the Primary School aged children ensuring nurses with Specialist School Nursing skills could spend time with secondary school aged pupils who are increasingly exhibiting more complex difficulties.

This new model of working is being introduced across three localities but has met with resistance and challenge from staff and stakeholders and has required significant levels of consultation, explanation and review.

Health Visitor Caseloads

Current caseloads in North Yorkshire are between 300-800 but there would appear to be no national guidance other than the CPHVA Union suggestion and King's Fund suggestion of approximately 300 families or 400 children.

However on closer examination HVs who have a 700+ caseload are dealing in the main with low need families who require relatively moderate levels of support and advice, whereas HVs with caseloads of 300+ have families with high needs who require significant specialist support.

Review of Health Visiting Capacity August 2009

This Review was undertaken by the NY & Y PCT as a result of an increasing body of evidence and concerns regarding the depleting numbers and caseload size of HVs in North Yorkshire. The *Review of Health Visiting Capacity* paper was produced in collaboration between Commissioners and Providers of Health Visiting Services in North Yorkshire and York. The purpose of the report was to identify the challenges and risks associated with the current commissioned model of Health Visiting

Services. It describes the existing structure, model and resource in August 2009 deployed to delivering universal services and targeted services to pre-school children and their families. The review took into account:

- Historic reduction in staff
- Caseload sizes and levels of vulnerability
- Complaints
- Incidents relating to staffing capacity
- Increase in Child in Need and Child Protection activity
- Expressed team pressures

It describes risks and challenges facing the service at that time. It will also describe the actions taken by Community and Mental Health Services to manage and reduce risk.

Following the completion of the Review of Health Visiting Capacity, a paper was taken to, and supported by, the NHS North Yorkshire and York Integrated Commissioning Executive Committee in October 2009 which proposed that immediate action regarding the Health Visiting service should be taken whilst a longer term review of the universal 0-19 pathway was undertaken.

This resulted in additional investment of £370,000.

Due to the wealth of information gained from the caseload and service review and following a workshop with commissioners, senior manager team leaders and team representatives the new investment was allocated as follows:

Team	WTE	Band	HV or SN
Scarborough Coast	1.60	6	HV
Scarborough Central	0.40	6	HV
York NE	0.20	4	AP
Selby/ Sherburn/Tad	0.70	4	AP
	0.50	6	HV
York West	0.20	4	AP
York SE	0.20	4	AP
Richmondshire	2.50	6	HV
Hambleton	1.30	6	SN
Harrogate	0.40	6	HV
Rural	0.80	6	SN

Key:
 AP = Assistant Practitioner
 HV = Health Visitor
 SN = School Nurse

Joint Inspection September 2009

The joint inspection by Ofsted and the Care Quality Commission was carried out in September 2009 and the PCT self assessed they were not fully compliant with safeguarding and that low numbers of Health Visitors within the local authority area were having a significant impact on the provision of safeguarding services and a review of provision and the risks of this service was underway.

A recommendation for improvement from the Ofsted and CQC report included implementing the findings of the review of the Health Visitor capacity in order to ensure that there is appropriate provision for effective safeguarding children which is in line with best practice.

Next Steps

Arrange Focus Group with Health professionals - January / February

Arrange visit to Childrens Centre to meet with parents / user of the Health Visiting Service – January / February

2. 1st December 2010 – Consultation meeting with Corporate Director Children and Young Peoples Service (CYPS)

General discussion took place on the good partnership working between CYPS, the Childrens Trust and the PCT with detail being provided on the separate commissioner and provider arms of the PCT.

Key points:

- Provider side of the PCT understand what they have got to do and manage risk down
- Commissioners - financial challenges facing the PCT meant that control on budgets tightened.
- Transferring Community Services - Under the new arrangements there will be one provider for Universal Children's Services (Health Visiting and School Nursing) from April 2011 - Harrogate and District NHS Foundation Trust. CYPS are committed to working with the Foundation Trust and regularly meetings with the Chief Nurse are already happening.

3. 1st February 2011 - Task Group Consultation Meeting with Parents

Thirsk, Sowerby and Rural Area Children's Centre

Thirsk Children's Centre has been built on the site of Thirsk Community Primary School, adjoined to the school's Foundation Stage unit. The centre is a new, purpose built resource which is self-contained from the school and has a training room, an activity room and two consultation rooms with associated facilities.

There is a satellite site at Sowerby Community Primary School, which provides an activity room, consultation room/office and facilities.

The purpose of the visit to Thirsk Childrens Centre was to give Task Group members an opportunity to talk directly with parents/carers as users of the Health Visiting and School Nursing Service. To do this we needed to attend a Baby Clinic where the Health Visiting team are present with Parent Support Advisers. Whilst a very different consultation experience it was a useful insight into the services available and with the parents permission we talked to several of the 'Mums' present who were engaged in a number of activities with their baby.

The session was well attended by young families who also had the opportunity to talk with a number of key professionals in particular a Health Visitor and a Parent Support Adviser. The general consensus was that the users of the service were very happy with the relaxed atmosphere and being more hands-on with their baby, having the opportunity to talk with other young mums; talk confidentially with the Health Visitor or any other professional and access any other services available.

- A mother of 5 week old twins when asked if she was aware that a Health Visitor would follow her children through Primary School to age 11 said she was aware but explained that she was a primary school teacher so felt she was probably more aware than others.
- But another young mother with a toddler and a young baby said she hadn't realised that was the case. She thought her interaction with a Health Visitor stopped when her little girl went to primary school.

The visit provided a useful insight into the services available for young families and their children. The interaction between health professionals/ parent support advisers encourage the mothers to have a very hands on approach at the Well Baby Clinic. The facilities and lay-out of the Childrens Centre are well thought out and all of us were asked for identification before we signed in.

4. 10th February 2010 – Focus Group with Health Professionals

The Focus Group meeting with health professionals provided an ideal opportunity to talk directly with a number of key professionals who deliver the health visitor and school nursing service.

Key Points:

We were reassured to learn that the move to Corporate Teams had been, in general, well received. There was good moral in the teams, sharing of caseloads and a better understanding that provision is managed by a Core Commissioned Programme.

Health professionals are committed to delivering the best service possible and are probably more reactive to high end need.

Continue to use papers systems which are filed and stored in their bases.

All considered that the best co-location would be in Childrens Centres but comment that some Childrens Centres are too small.

School nurses now deal with high vulnerability young people in schools
Caseloads

Discussion around the best location of Health Visitor and School Nurse Services

*Is it important to co-locate key professional groups in same building? Where they can have informal and formal discussions and improves the knowledge, understanding and needs of particular families?
Or is it more about the co-location of services were there are a variety of key providers available?*

Health Visitor Caseloads

Discussions about varying levels of caseloads

No statutory guidance but Lord Laming's Report did specify – nothing has followed from government on this

School Nurses

Deal with high vulnerability of young people in high schools.
Schools very pleased with service but would like more
Schools also very aware of the high vulnerability of young people today
Again working within core commissioned programme

Changes in the Health Service - Were there any concerns?

Perhaps around GP commissioning
Standard of services
Would they be aware of what a School Nurse does?

Anything else?

Core programme narrow
PCT have done the best they can do with what they have
Respond to local need
Integration is hard with so many agencies
Good multi agency meetings – positive
Caseloads – more equitable distribution
Every child in North Yorkshire is seen by skilled workforce
Some Childrens Centres could be a bit bigger
Disinvestment
Replacement and Recruitment of School Nurses

5. 16th March 2011 - Final Meeting of the Task Group

Following the various meetings with users and health professionals and NYCC officers there are a few queries, listed below, which Members of the Task Group sought further clarification on which include responses from the General Manager CMHS:

1. Evidencing the services provided by the Core Teams has not been easy in the past so how do you know/measure that the service is having an impact and meets local needs?

Providers of Community Services have not traditionally had to measure performance using key performance indicators. There have been very few targets relating to Childrens services specifically. There will be a requirement to complete a National Community data set from April next year and we are awaiting detail from the DOH re this. We continue to work with commissioning colleagues to define local quality indicators relating to Childrens Services.

2. We understand that the health professionals use paper systems which are filed/stored at their bases. Are there any plans to move to electronic records?

The direction of travel is to move towards an electronic record with interoperability with GP practices. The preferred system is called System1. Some community services are already using this system with good effect. New providers of children's

services are currently in discussion with IT leads in the Commissioning PCT to negotiate funding and implementation options.

3. Evidencing the value of the service - how do you measure the impact of the service and that it is meeting the needs of families?

In 2010 we conducted a large patient experience survey using a questionnaire across all services. At local level we are conducting an Countywide review of clinic facilities. Consultation with users is an integral part of this.

4. The review of Health Visiting that was undertaken - is there an update to this?

The PCT has been undertaking a review of 0 – 19 Universal Services (Health Visiting and school nursing) over the last 12 months. The aim was to develop a service specification in line with the national Healthy Child Programmes to form the basis of future commissioning. This has placed us in a good position to understand future requirements as part of the new National HV Implementation plan and develop a fuller specification.

5. What impact will the recently published HV Implementation Plan have for HV/SN service across North Yorkshire?

The document, *Health visitor implementation plan 2011-15, A call to action*, provides the detail to support the Government's commitment to recruit an extra 4,200 health visitors by 2015.

The plan sets out the vision of the new health visiting service, the call to action for the stakeholders involved, the pathway to 2015 and information about the work programmes that will support the implementation.

A full service model is outlined that will need to be commissioned and provided for accordingly.

The implementation plan recognises the importance of partnership working and outlines what families can expect from the new health visiting service, the role health visitors can play and what will be expected from commissioners and providers. The plan provides an opportunity to promote a revitalised health visiting service and already identified pathfinder sites and those demonstrating elements of good practice will begin rolling out the service ready for March 2012.

In real terms this means that we will see an increase in **30.3** Health Visitors across North Yorkshire and York over the next 4 years. With this comes an expectation that the full model will be delivered. This leaves us with a challenge as there are some specific gaps to service delivery now. One example of this is a face to face contact at 2 years. This is a requirement of the Healthy Child programme now but not been possible in this County. We would look to a phased implementation to any new provision carefully matched against the available new resource.

The other challenge is our current delivery model. We have worked hard to remodel corporate 0-19 teams to deliver safe services within the resources we have. The introduction of additional resources for 0-5's **only** leaves us with a challenge as to how these fit into our current model and do not destabilise services for school age children.

We are confident in our plans for joint working with our commissioners who have a good understanding of our services and challenges following their extensive review.

6. From April will the HV/SN Service still provide the Core Commissioned Programme? Any additions?

From the 1st April the same contract and specification will continue.

7. School Nurses tell us they support increasing numbers of young people in colleges with high vulnerability issues. This puts further pressures on a stretched service – are there any plans to review this part of the service?

As per Q6 we will ensure services to school aged are continually monitored and risk assessed during any changes to delivery models. There has been some indication Nationally that School nursing may be subject to review in the future.

8. Does the information that parents receive on Health Visiting Services explain how Corporate Teams work?

All teams have reviewed their communication to users of the service in light of new models of working.

9. Information sharing - are partner organisations continuing to work together to improve this issue?

Yes definitely- this takes many forms from sharing protocols, joint training and regular liaison group meetings. Health Visitors are increasingly chairing CAF meetings and acting as the Lead professional for multi-agency packages of care.