Harrogate and District NHS
NHS Foundation Trust

REPORT STATUS: OPEN

Young People Overview and Scrutiny Meeting

Report Title: **Progress on Delivery of the Healthy Child Programme and Health Visiting Implementation Plan**

Report From: **Janet Probert, Director of Partnerships & Innovation**

Report Purpose: **For information**

Background

This is a report detailing progress of a national priority in delivery of the Healthy Child Programme and Health Visiting Implementation Plan.

Recommendations/ Next Steps

That the Board of Directors note the progress made in delivering this complex programme.

Report Content

In February 2011 the Government launched the Health Visitor Implementation Plan 2011-15, "A Call to Action". NHS North Yorkshire and York Primary Care Trust (PCT) is the local commissioner for this programme, which will be fully implemented by April 2015.

The plan describes the start of life as a crucial time for children and parents with good, well-resourced health visiting services helping to ensure that families have a positive start, working in partnership with GPs, maternity and other health services, Sure Start Children's Centres and other early year's services. Overall the Coalition Government has made the commitment to an extra 4,200 health visitors by 2015.

This Plan sets out what implementing that commitment will mean for families, for health visitors, and for all who have a part to play. It covers:

- The vision – why health visiting matters – and the new health visiting service
- The call to action: to professionals, to service commissioners and providers, to higher education institutions, professional bodies, and local partners
- the pathway to 2015
- the supporting work programmes:

  1. growing the workforce–
  2. professional mobilisation
  3. aligning delivery systems to ensure rapid progress.

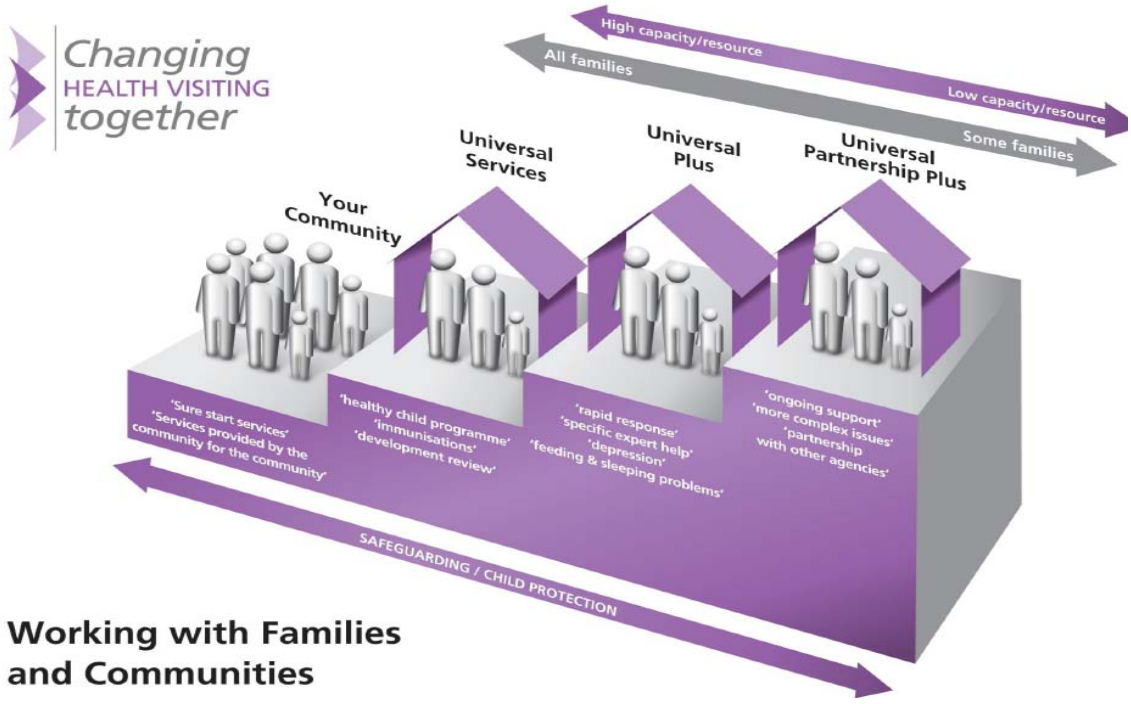
The new health visiting service: what it means for families

Your community has a range of services including some Sure Start services and the services families and communities provide for themselves. Health visitors work to develop these and make sure you know about them.

Universal services from your health visitor and team provide the Healthy Child Programme to ensure a healthy start for your children and family (for example immunisations, health and development checks), support for parents and access to a range of community services/resources.

Universal plus gives you a rapid response from your HV team when you need specific expert help, for example with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting.

Universal partnership plus provides ongoing support from your HV team plus a range of local services working together and with you, to deal with more complex issues over a period of time. These include services from Sure Start Children's Centres, other community services including charities and, where appropriate, the Family Nurse Partnership.



Working with Families and Communities

Local Context

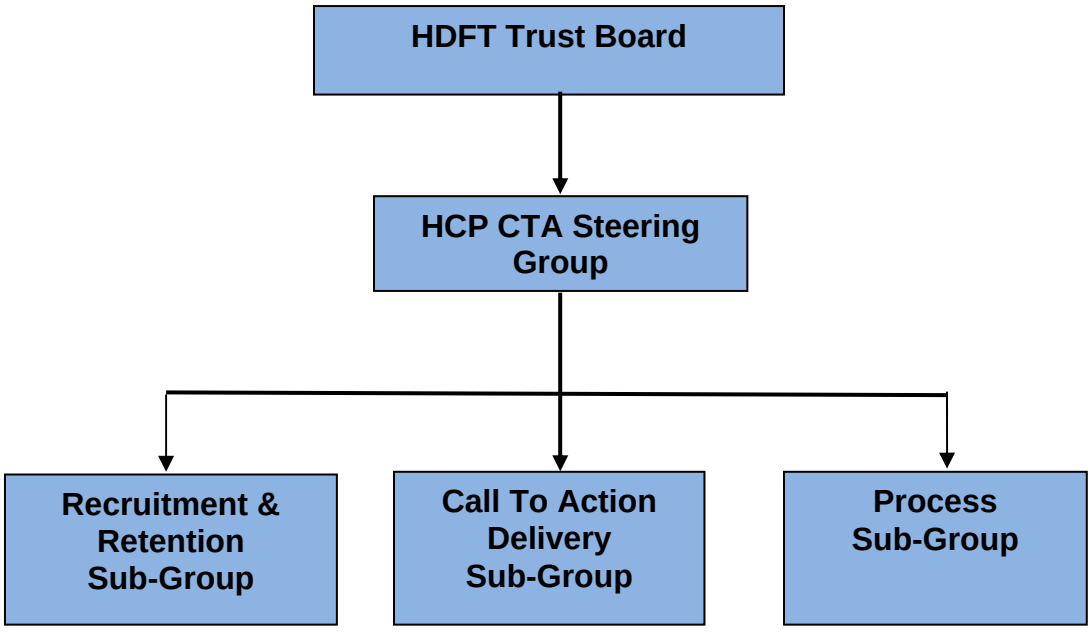
The commissioned model delivered by HDFT across North Yorkshire incorporates a 0 – 19 years model of care across health visiting and school nursing. This model was developed in view of a significant reduction in funding for children's services from 2008, which necessitated remodeling to limit the impact of reduced funding.

Delivery of this model requires health visitors to deliver models of care across 0 – 19 years, which in effect is delivery of a joint health visiting / school nursing role. This cross-function working is particularly well developed in Craven, Harrogate and Rural areas.

HDFT has worked with NYY PCT to agree delivery of the Healthy Child Programme (HCP) and priority delivery areas. This has included co-production of the Health Visitor and Family Nurse Partnership Plan, which was refreshed in February 2012. There is a clear commitment at executive level in all organisations to the execution of the plan and achievement of the key targets.

HDFT Approach

HDFT have put in place a governance and delivery structure for implementation of the HCP. This includes an overarching steering group, which provides strategic direction for delivery of the programme. The sub groups report into the steering group, which have dedicated terms of reference and key deliverables to support implementation.



Achievements

Health Visitor Recruitment

The 2011/12 target for increase in Health Visitor numbers was agreed at 4.87 fte for HDFT. This provided an increase in the baseline from 83.59 to 88.46 fte Health Visitors.

The indicative increase in Health Visitor numbers for HDFT is 3.00fte for 2012/13. This level is likely to be repeated until 2014/15 and is representative of 80% of the allocation provided by NYY PCT for providers of Health Visitor services.

HDFT instigated plans to reach the planned trajectory for an increase in health visitor numbers for 2011/12. Progress has been made from confirming our baseline in August 2011 to the December 2011. Our establishment at 31st March 2012 exceeded the target level with 88.61fte Health visitors in post.

The table below highlights the likely recruitment levels required to support the service in line with normal turnover rates and planned retirements. The total planned recruitment level for HDFT from 2012/13 to 2014/15 is therefore 24.75 fte.

Financial Year	Baseline at start of year	Additional Health Visitor w.t.e Target for provider (yrs 2-4 indicative)	Additional turnover @ 5% of baseline	Planned retirements	Total
2011/12	83.59	4.87			
2012/13	88.46	3.00	4.42	1.90	9.32
2013/14	91.46	3.00	4.57		7.57
2014/15	94.46	3.00	4.72		7.72
	Total	**13.87**	**13.72**	**1.90**	**24.62**

The allocation of health visitors across the health visiting teams was prioritised using demographic, deprivation indices, data and joint work with NYCC Children's Services.

The HDFT Recruitment and Retention Sub Group oversaw the allocation of additional posts and where practical encouraged an increase in current Health visitor hours to minimize increase in head counts where appropriate to meet service needs.

The allocation process for 2012/13 is currently being developed with confirmation required from the PCT for funding levels, which is anticipated will be completed in September 2012. The allocation itself will incorporate the requirements for wider delivery of Building community Capacity.

Retention and Recruitment Sub Group

This group reports monthly progress to the HDFT Health Visitor "Call to Action" steering group. Representation on this group includes development leads, operational managers, health visitors and human resources.

The remit of the group is to ensure necessary process, development and innovation is in place to maintain and increase HV numbers.

An early success for this group has been the rapid recruitment process developed for the additional health visitor growth trajectory for 2011/12.

This group has developed plans and identified key work streams which are ongoing and include:

- Lessons learned from the current recruitment drive
- Planning for vacancies
- Leadership development
- Flexible retirement options
- Job description development, including nurse prescribing qualification
- Establishing a full overview of retirement pressures across children's services using length of service and age as determining factors
- Student Placements
- Arm's Length Mentoring

Our flexible retirement model has already established success with 2.8fte health visiting staff retiring in the period up to March 2012, with 1.8fte returning on flexible retirement.

- Focus groups of local health visitors to understand the key issues affecting recruitment and retention which will help inform future approaches;
- Surveys and questionnaires of the current and student workforce;
- Exit questionnaires;
- Integrated approaches to communications and the promotion of health visiting as a career

We are reviewing our existing Community Practice Teacher (CPT) model, which allows us to capitalise on the expertise provided by our existing CPT workforce. HDFT have implemented a new CPT mentor model, which will result in CPT roles being developed to allow for the supervision of additional students through the use of mentors. The mentors will be supported through accessing arm's length supervision by CPTs.

We have a number of CPTs based in one locality and the outlined model will help to utilise these CPTs to support more students outside of the locality the CPTs are established. Our scoping of CPT establishment has evidenced reduced levels of capacity in one area, which is being addressed and currently being recruited towards.

Healthy Child Programme delivery Sub Group

This group is tasked with delivery of operational and practice changes for the Health Visiting workforce.

A priority during 2011/12 for this group was the implementation of the 2 year review. In December 2011 the group established timelines for implementation of the check for delivery from April 2012. This development has been shared with York THFT for the benefit of the wider health economy.

To deliver this review HDFT provided training for all health visitor teams by the end of March 12. The rollout of the 2 year check across all localities will commenced in April 2012.

The standard for the 2 – 2 ½ year check was developed in line with recommended good practice in 2 Year check process developed in line with DH HCP 2 Year Review 2009.

Building Community Capacity

A current development of this group is delivery of Building Community Capacity, (BCC). BCC requires the identification of Health Visitors and one workplace advisor to develop community projects in localities that will develop a positive outcome for the community and involves Health Visitors being involved in community work and delivering joined up services as part of a joint strategic needs assessment.

For HDFT this requires the 3 Health Visitors and one work place advisor to be released for 2 days training and 26 half days over 26 weeks to work on BCC.

The aim is that on completion of these projects that the 4 nominees will assist in the rollout of an E Learning BCC project for all Health Visitors & S/N's in HDFT.

The three pilot projects as part of phase 1 of BCC began development in May 2012 and will be reported back to the SHA in September/October 2012.

Alcohol Project Harrogate Locality

- Reduction of alcohol consumption in under 18s
- Reduced A/E admission with alcohol intoxication in under 18s
- Reduced public order offences related to alcohol consumption.
- Targeted health awareness sessions in 2 secondary schools using an interagency approach with police and magistrates

Obesity Project in Easingwold Locality.

- Encourage healthy eating in Easingwold.
- Develop community engagement with healthier eating message.
- Scoping how to make healthier eating fun and how to engage communities via links into children's centre
- Plan is to develop cookery lessons and other ways of engaging the community in awareness raising around the benefits of healthy eating.

Make Do and Grow. Ryedale Locality

- Develop awareness of healthy eating antenatally.
- Reduce consumption of ready meals
- Increase awareness/knowledge re growing own food.
- Increase community engagement .

SystmOne and Mobile Working

The implementation of SystmOne will be completed for Universal Children's by September 2012. This IT system will support services in the delivery of care as well as providing validation and assurance of service delivery through the collection of a range of metrics. These metrics and outputs will include key areas of activity such as outcomes from the 2 year check, breastfeeding levels, and childhood obesity.

Mobile working options are currently being considered to support the roll out of SystmOne across over a challenging geographical area. This is to be piloted in the Whitby and Pickering areas in the autumn to identify operational and system issues prior to any wider roll out and will be part of a wider organisational priority to support improved service delivery and efficiency.

Family Nurse Partnership (FNP)

North Yorkshire and York NHS and East Riding of Yorkshire NHS have agreed to develop a shared FNP to be delivered by HDFT and Humber NHS Foundation Trust. This is supported by local authorities in both areas with the east coast identified as a priority for the FNP, and other early intervention services, in particular the Scarborough, Bridlington and Goole areas.

Recruitment to this service will include a part-time supervisor, with 2 FNP nurses supporting the Scarborough area, and 2 supporting the Brildington/Goole areas. This is currently being progressed with the intention that the service will be operational from February 2013.

FNP is a preventive programme for vulnerable young first time mothers, offering intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until the child is aged two. The programme was developed in the Unites States 30 years ago with the first ten UK sites commencing in 2007. Fifty-five sites have now delivered FNP and more than 6000 clients have benefited from the programme.

FNP works by building supportive relationships with families and guiding first-time teenage parents using behaviour change methods so that they adopt healthier lifestyles for themselves and their babies and provide good care for their babies. The programme uses in-depth methods to work with young parents on attachment, relationships and psychological preparation for parenthood. The FNP is a licensed programme, providing continuity of delivery in different areas.

FNP complements and supports the work of main stream health visiting workforce by providing intensive, prevention and early intervention for vulnerable families. As FNP delivers intensive prevention for more vulnerable children and families it needs to be embedded within local safeguarding arrangements and have close liaison with Health Visitor teams, Social Care, Voluntary Services, GPs and maternity services.

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