

Children and Young People Overview and Scrutiny Committee

BRIEFING NOTE – No. 03/13

Date: February 2013

Briefing paper to: All Members of the Children and Young People Overview and Scrutiny Committee

Purpose: To update committee members on the development of the Medway Health Visiting Service.

Summary

This briefing is to update Members on progress to increase the numbers of health visitors in Medway and deliver the new family offer in line with the Health Visitor Implementation Plan 2011-2015.

1 Expansion of the health visiting workforce

- 1.1 Expansion of the Health Visiting service is a national government initiative proposing a significant increase in the numbers of Health Visitors by 2015. Kent and Medway Cluster have planned trajectories to meet by this deadline and the target increase for Medway is an additional 27.4 wte health visitors by 2015 (from baseline of 44.88). At the end of January 2013 there were 50.02 wte health visitors in post.
- 1.1 Medway Community Healthcare has invested to increase practice teacher capacity which will support a significant increase in student commissions. There are plans to train one new practice teacher in 2013 and two qualified practice teachers have been recruited from organisations outside of Kent and Medway.
- 1.2 Currently there are 16 full time and 2 part time students studying at Christchurch University and University of Greenwich. There are plans for 25 student commissions for 2013/14 across both institutions. Quality of applications has been variable. To address this Medway Community Healthcare has created a number of community health nursing development posts to support nurses needing community experience prior to starting health visitor training from September 13.



- 1.3 Medway Community Healthcare continues to explore recruitment of qualified health visitors through external advertising and the offer of a retention payment after one year. This has traditionally proved challenging although we have had some success in recruiting 2 practice teachers and one health visitor from outside of Kent and Medway
- 1.4 Initiatives to retain our existing workforce include flexible retirement options, payment of a retention premium and development of specialist posts to create a career pathway for experienced staff.

2 Development of the new service model and family offer

- 2.1 Core trajectories have been agreed with commissioners for the roll out of the new service offer based around delivery of the Healthy Child Programme

2.2 Community

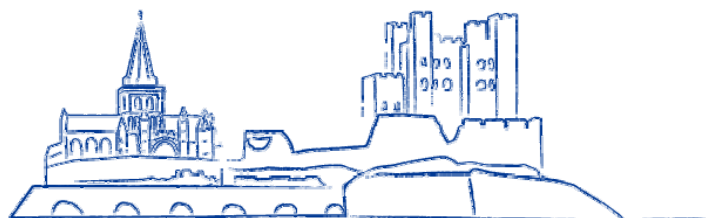
Three health visitors have completed a module on Building Community Capacity, developing projects to support the local community. Two additional health visitors will complete this module during February to April 2013. Projects include self-weighing for clients attending a children's centre; a support group for fathers run in the evening and a group for grandparents. Future projects aim to support the eastern European community in Chatham

2.3 Universal

Plans are in place to roll out a universal health visitor antenatal visit to all first time parents. The focus of this visit is on emotional preparation for birth and transition to parenthood. Early contact with a health visitor provides an opportunity to identify families who may need additional support in the postnatal period and to signpost to other services and sources of information. Discussions to agree a process for accurate and timely transfer of information between midwifery and health visiting have been on-going and a process has been agreed.

All parents are offered a contact with a member of the health visiting team at 10-14 days following the birth of baby. The focus is on promotion of sensitive parenting, advice and support for infant feeding and promoting continuation of breastfeeding. The role of Infant feeding co-ordinator will be transferring to MCH from April 2013 to co-ordinate and implement the UNICEF UK Baby Friendly Initiative across Medway Community Healthcare and ensuring that there is consistent and evidence based practice embedded within all professionals working within maternity and children's services. Clients are encouraged to access other services offered at their local children's centre.

Maternal mental health is assessed following guidelines published by the National Institute of Clinical Excellence (NICE) and followed up again at 6-8 weeks. By 2015 all mothers will be offered an assessment at 3-4 months.



A universal 2.5 year review is being rolled out across all 19 children's centres in Medway as a joint contact between health and children's centre staff. Children identified as needing additional support to meet their developmental needs will be referred to a 'Growing together' group run by a children's centre. The groups will focus on activities to promote specific areas of development for example gross motor or speech and language development.

2.4 Universal plus

HVs, Family Nurses and the early year's workforce will identify children and families who require additional services or support from a number of agencies to overcome entrenched problems known to contribute to poor health, social and educational outcomes, intergenerational 'worklessness' and poverty in line with the Equality Act 2010 and local Child Poverty Strategy.

The health visiting services has developed a number of specific evidence based care packages to support work at the universal plus level of the new service model. Two new specialist posts have been created to support further work in the areas of maternal and infant mental health and working with families who have complex needs. The Common Assessment Framework (CAF) is in use for families who require support from a number of services.

2.5 Universal partnership plus

Health visitors are trained to recognise risk factors, triggers of concern and signs of abuse and neglect as well as protective factors. Using this knowledge they can concentrate their work on some of the most vulnerable families. Through their preventative work they are often the first to recognise risk of harm has escalated to the point that safeguarding procedures need to be implemented. Health visitors maintain contact with families while formal safeguarding arrangements are in place.

Health visitors will contribute to all stages of the child protection process including serious case reviews and may be called on in court to explain the action they have taken. They also attend child protection conferences to help guide effective support to children and families.

A quality assurance framework has been developed to ensure that all health visitors receive high quality supervision in relation to safeguarding work and takes into consideration the additional support required for newly qualified staff

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