

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 7 March 2019

Subject: **INFORMATION REPORT** -Update on the new 0-19 Health Visiting and School Nursing Service

Responsible Officer: Carole Furlong, Director of Public Health, Harrow Council
Javina Sehgal, Managing Director, Harrow Clinical Commissioning

Public: Yes

Wards affected: All

Enclosures: None

Section 1 – Summary and Recommendations

This report provides the Health and Well-Being Board with an update on the 0-19 Health Visiting and School Nursing service contract since it commenced on 1 July 2018.

FOR INFORMATION

Section 2 – Report

Background

The background to the new 0-19 Health Visiting and School Nursing Contract was set out in the previous paper that was taken to the Health and Well-Being Board on 5 July 2018.¹

This report will look at the key achievements of the last six months as well as some of the challenges.

Achievements

CNWL as the new provider – in conjunction with LNWUH and CLCH as the previous providers – worked very hard to successfully transfer all the staff and data to the new service, in a new venue with functioning IT systems on the first day of work, Monday 2 July 2019. It is a testament to all involved that this happened without a hitch and was no small undertaking with 75 staff involved.

As part of mobilisation CNWL needed to recruit a number of staff. All key posts were filled by the beginning of October 2018.

Official launch of the new service was on 2 October 2018. Shortly afterwards visits to the fully refurbished office / clinic space at Milman's in Pinner were arranged for any Councillor who wished to attend. It was a useful opportunity for the lead / shadow members as well as the members of the Health Visiting Scrutiny Review to see for themselves how the service is operating from the new combined site.

The service has carried out an in-depth audit of SEN cases and held a consultation with parents / carers of children with SEN in order to make sure it is supporting this group of vulnerable young people. Overall practice was found to be good but there were a number of areas that the service will be focussing on over the coming months, including the service offer for home-schooled pupils. This is an important focus for the service currently.

As previously set out in Cabinet reports, the introduction of the new check at 4-5 months is dependent on health visiting resources being freed up through GPs sending through additional information from their existing 6-8 week check. Dr Small has assisted greatly with the technical solution and support for the project. Her successor as Lead GP for Children and Young People, Dr Bundock, is now taking over the work and has led on the work to identify the pilot GP practices for the data flow tests. The pilots will be starting shortly.

Significant amounts of work are being carried out to work in a different way at the 2 year check points with early years settings. The fuller introduction of the new check at 3.5 years is dependent on this project.

Work is being undertaken with LNWUH to clarify the responsibilities in terms of safeguarding and the post formerly called the Paediatric Liaison Health

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Visitor, as well as to redefine the responsibilities of that post in regards to the 0-19 service itself.

There was a delay in starting with the NCMP (National Child Measurement Programme) while the new staff in the school nursing team were recruited. The opportunity was also taken to revise and refresh all the letter templates for parents / carers and schools.

The new vision screening service started in January 2019 and was preceded by meetings with ophthalmology at Northwick Park Hospital to ensure that the pathways were appropriate and only appropriate referrals were made. It was agreed that there would be a research project undertaken to assess the impact of the programme. The Brent 0-19 Service have been included in order to ensure that the same referral processes are used by both Brent and Harrow 0-19 services. The engagement was very much welcomed by the ophthalmology consultant who believes it will be of great benefit to the young people in Harrow and hopefully prevent later referrals at a point when treatment is much more difficult.

The processes for supporting school-aged children who have child protection plans has been rolled out. After some initial difficulties this is now working well. It will be reviewed over the next 12 months and the HSCB kept informed of how this is working.

Contact has been made with the Romanian community group as a first step to setting up more regular feedback processes with the five most spoken language groups in the borough. Romanian is now the second widest-spoken language in Harrow after English.

At the request of the HSCB the 0-19 Service has made FGM a priority given the low numbers of referrals from health services. The service has ensured that all its staff have been trained or had their training refreshed.

The service has been working closely with public health and LNWUH paediatricians to scope a project to improve breast-feeding rates in Harrow. The drivers for this are the numbers of avoidable admissions in babies under 28 days to Northwick Park Hospital A&E as well the problems with childhood obesity and poor oral health.

The Breast-Feeding Peer Supporters won the award for Volunteers of the year Award at the Harrow Heroes 2018 Award ceremony.

Safeguarding service

All posts are now recruited to. There is a full-time MASH Health Visitor based at the Civic Centre and full-time administrative support for the team.

Performance

Overall high levels of performance have been maintained.

The number of **antenatal checks** has fallen quite significantly as the service is still working on data flows from the main maternity units in order to have the

information to target the antenatal checks at the mothers specified in the service specification i.e.

- those categorised as vulnerable by maternity/midwifery services;
- those referred by GP as vulnerable;
- late bookers for maternity services i.e. those who register their pregnancy after 20 weeks ;
- first-time mothers (primips);
- those for whom there is no information e.g. they have just arrived in the country.

The percentage of **6-8 week reviews** has fallen slightly but the figure for 6-8 week reviews carried out before 10 weeks is 76%.

The performance for the **2 year reviews** remains strong. There were some issues with the way the data was calculated previously for the **12 month reviews** which is why there has been a significant drop. This will start improving and the figure for **12 month reviews by the age of 15 months** has remained high.

National KPI	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19
Total number of infants who turned 30 days within the quarter	938	914	931	828	916	906	894
Number of mothers who received a first face to face antenatal contact with a Health Visitor.	284	276	255	248	263	26	23
Percentage of births that receive a face to face NBV* within 14 days by a Health Visitor	93%	93%	94%	96%	94%	92%	95%
Percentage of children who received a 6-8 week review by the time they were 8 weeks.	72%	70%	79%	76%	81%	70%	65%
12 Month checks when child turns 12 months in that quarter	84%	80%	86%	86%	34%	19%	14%
Percentage of children who turned 15 months in the quarter, who received a 12 month review, by the age of 15 months.	85%	89%	86%	90%	85%	81%	82%
Percentage of children who received a 2-2½ year review	41%	61%	63%	71%	75%	76%	74%
Percentage of children who received a 2-2½ review using ASQ 3	41%	16%	86%	81%	97%	95%	96%

Priorities for the next phase of transformation

There are a number of significant projects which will require a concerted investment of time on the part of the 0-19 Service as well as Public Health and other partners in order to implement the service specification as planned:

- Continued work on new processes for 6-8 week review and 2 year old reviews
- Implementation of action plan following SEN audit and review
- Review of paediatric liaison role
- New online health questionnaires for secondary aged pupils
- More work to set up feedback groups for 5 most commonly spoken languages in Harrow
- Review of nursery nurse role at Woodlands and Kingsley
- Data flows (there are a number of projects relating to this and needing to ensure that the data can be transferred safely and within all data protection legislation).
- Data reporting: all the key data is being reported on but the new service specification went much further in its data requirements. It is going to take some time before this is all reported as required by the service specification.

Financial Implications/Comments

There are no financial implications arising from this report updating the progress since the start of the contract in July 2018. proposed changes to the budget.

The contract value totals approx. £3.7m pa, and represents school nursing and health visiting services (funded by the Public Health grant) and the children's safeguarding service (funded by Harrow CCG).

It should be noted that the award of this contract included the provision of breast feeding services (previously commissioned separately) as well as vision and screening services which were not previously funded. The contract was awarded for an initial term of 3 years, with the potential to extend for a further 4 years.

Legal Implications/Comments

Not applicable

Risk Management Implications

Risks	Mitigations
Dip in performance	This is always a risk and will be closely monitored as always. The service has been set performance targets which they are working towards.
Risks of vulnerable children not being seen due to changes in processes e.g. to the school nurse involvement in CP processes.	This is always a risk and was carefully considered as part of the procurement and service design stage. Children's social care and the HSCB were consulted on the changes prior to procurement.

Risks	Mitigations
	<p>There is always a strong focus on the part of the service and LA/CCG commissioners re. the most vulnerable children i.e. it is always checked that the service is regularly seeing those known as vulnerable; those transferring into Harrow from another local authority or country.</p> <p>In addition, reviews have been built into the process so that it can be ensured that the changes are not having a negative impact on vulnerable children and families. The intention behind the changes is to <i>reduce</i> risks overall by ensuring that e.g. children who are not in an early years setting are seen at 3.5 years.</p>

Equalities implications

Yes. All set out in previous reports and published with Cabinet papers.

Council Priorities

The Council's vision:

Working Together to Make a Difference for Harrow

The 0-19 Health Visiting and School Nursing service will positively impact all of these areas with most immediate impact on the vulnerable and families.

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for local businesses
- Making a difference for families

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

Name: Donna Edwards

on behalf of the
Chief Financial Officer

Date: 11 February 2019

Ward Councillors notified:	NO
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Section 4 - Contact Details and Background Papers

Contact:

Jonathan Hill-Brown, Public Health Commissioning Manager, LB Harrow, 020 8424 7613
Anita Harris, Head of Children's Commissioning, Harrow CCG, 020 8966 1048

Background Papers:

Reports to Cabinet, 17.11.16:

<https://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=249&MId=62839&Ver=4#A1103940>

Reports to Cabinet, 14.9.17:

<https://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=249&MId=64134&Ver=4#A1110550>

Reports to Health and Wellbeing Board, 5.7.18:

<http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=1280&MId=64406&Ver=4#A1113708>