

**REPORT FOR: PERFORMANCE &  
FINANCE SCRUTINY  
SUB-COMMITTEE**

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| <b>Date of Meeting:</b>           | 27 March 2019  |
| <b>Subject:</b>                   | Update on the Health Visiting Scrutiny Review  |
| <b>Responsible Officer:</b>       | Carole Furlong, Director of Public Health  |
| <b>Scrutiny Lead Member area:</b> | Health and Social Care scrutiny sub-committee Chair - Cllr Rekha Shah<br>Scrutiny Health Lead - Cllr Michael Borio |
| <b>Exempt:</b>                    | No   |
| <b>Wards affected:</b>            | All  |
| <b>Enclosures:</b>                | See papers referenced throughout the report.   |

## Section 1 – Summary and Recommendations

This report provides scrutiny members with an update on the 0-19 Health Visiting and School Nursing contract six months after it commenced on 1 July 2018.

### **Recommendations:**

For information.

## Section 2 – Report

### **Background**

The report of the Health Visiting Scrutiny Review was brought to the Overview and Scrutiny Committee on 27 June 2017<sup>1</sup> with the response from Cabinet and the then provider of the Health Visiting Service, London North West NHS Trust coming to Cabinet on 14 September 2017<sup>2</sup>.

It was acknowledged that a procurement process was about to take place and so the update to the Scrutiny Review was delayed to give the new service the chance to settle in.

The combined contract for health visiting and school nursing (0-19) was awarded to Central and North West London NHS Foundation Trust and commenced on 1 July 2018.

This report will look at the key achievements of the last six months as well as some of the challenges. It will also provide members with an update on their recommendations.

The new contract has delivered a number of efficiencies by combining four services / contracts into one: health visiting, school nursing, safeguarding supervision, and breastfeeding peer support. Thanks to these efficiencies we have added or will be adding a number of new services while maintaining the breastfeeding peer support offer. The new offer includes: vision screening for all children in reception, a new check at 4-5 months, a new check for vulnerable children at 3.5 years, health questionnaires for Years 7, 9, 11 and 13. These changes will be phased in over the coming 2 years. The vision screening has started this academic year.

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<https://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=276&MId=64281&Ver=4#AI108885>

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<https://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=249&MId=64134&Ver=4#AI110550>

## **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. The project is now moving into the IT governance phase.

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 for vulnerable children at 3.5 years is dependent on this project.

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 programme is on track to weigh all children by the end of the academic year.

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. The programme has already started to identify pupils who need to be referred for further tests.

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 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.

## Financial Implications

None. This report is for information only.

## Update on the Health Visiting Scrutiny Review recommendations

|    | <b>Recommendation</b>  | <b>Response (of 13.9.17)</b>  | <b>Update</b>  |
|----|--|---|--|
| 1. | To ensure the vacancy rate is filled across all the grades and not just the Health Visitors in order to meet the demand of the service, which will reduce the caseload per HV and improve the efficiency of the service.   | In public health we collate the quarterly vacancy data and ask for assurances around the staffing vacancies. We will ensure that this is built in to the new contract performance reporting regime. | <p>Under the new contract we will be receiving more detailed staffing data.</p> <p>There has been very few staffing changes since the start of the new contract. Overall the service is slightly over-establishment (though not costing the authority any additional money). This is only temporary.</p> |
| 2. | To improve the level of skill-mix within the Health Visiting teams to deliver the Healthy Child Programme focusing mainly on the underperforming 12 months and 2-2.5 year developmental checks while maintaining performance levels for the other mandated checks. | This will be a requirement in the new service spec and potential bidders were informed of this at the market engagement event in June.  | The bidders all put their staffing proposals into their bids. CNWL as the winning bidder was chosen on their plan to improve performance and deliver a high quality service. As can be seen from the table below, performance has been maintained despite all the changes. The                           |

|    | <b>Recommendation</b>  | <b>Response (of 13.9.17)</b>   | <b>Update</b>   |
|----|--|--|---|
|    |  |  | reasons for the dip in performance at 6-8 weeks are being addressed.  |
| 3. | To develop and implement a programme to recruit, develop and retain HV staff to meet the demand in service, which will reduce waiting times and deliver a more efficient service.  | Harrow does have good staff retention rates. We are looking to incorporate a requirement in relation to clinical support and training into the new service spec. We would also expect providers to set out how they will grow their own staff as part of the social value requirements of the evaluation process.  | There have been very few leavers since the new contract started. We will continue to monitor this closely.  |
| 4. | That Health Visitors (HVs) are trained to ensure information and advice provided to parents is consistent across the board including knowledge on Language Line and providing the service in various community languages | This is a very useful recommendation and has been shared with potential providers who attended the 0-19 market engagement event in June. We will be assessing how well the bidders for the new contract propose to meet these requirements around information and accessibility as part of the evaluation process. | We made sure that this was a strong feature of the bids. CNWL use The Language Shop as their contracted interpreting service and built time into their service model to allow for interpretation services to be used. |
| 5. | That HVs undergo diversity and cultural awareness training to develop an understanding of different cultures and how this impacts on their roles improving the quality of service being delivered.                       | We will ask the prospective providers during the procurement process how they will meet this requirement   | All CNWL staff are trained in equality and diversity issues. Please see also recommendation 16.   |
| 6. | That HVs are trained to recognise cultural pressures   | The recommendation   | The Safeguarding  |

|    | <b>Recommendation</b>   | <b>Response (of 13.9.17)</b>   | <b>Update</b>   |
|----|---|--|---|
|    | and are able to provide the relevant support, information and advice in a confidential and safe environment to mothers/parent, which will help pick up and address potential issues such as depression and domestic violence. | and the specifics of the issues that members picked up on when they carried out their visits are very useful. Prospective providers, during the procurement process, will be asked to demonstrate how they will ensure that this is dealt with under the new contract. | service which is now part of the combined 0-19 contract is making sure that this is picked up in safeguarding supervision.  |
| 7. | To further promote appointments within dedicated Saturday clinics to address the low take up of Antenatal and 12 months and 2-2.5 year Health Reviews to reduce the number of parents not attending.                          | We recognise the importance of the Saturday clinics in increasing the numbers under the current contract. We will be asking providers what range of steps they will be adopting to ensure the maximum uptake of all the mandated child development checks.             | We have changed the antenatal contact to focus on vulnerable mothers, first-time mothers, and late-bookers as this can be a sign of a mother who needs additional support. The process for getting the data to flow has taken some time to set up. The % of 2 year checks has been maintained. The % of 12 month checks by 15 months has remained high. However, the % of 12 month checks by 12 months has fallen significantly but that is due to an operational issue and will be rectified in the coming months. |

|    | <b>Recommendation</b>   | <b>Response (of 13.9.17)</b>  | <b>Update</b>  |
|----|---|---|--|
| 8. | To undertake a publicity campaign (including posters, social media, engaging with the voluntary and community sector, faith groups, schools and partners) to raise awareness and educate parents on the importance of the clinics, and could reduce the no shows. | We will be looking to have the most ambitious targets possible for attendance at the mandated child development checks and want to monitor these by ethnicity and other protected characteristic groups so it will be possible to ensure more steps are undertaken if particular ethnic/language groups are underrepresented. We have also worked closely with partners such as early support hubs/children's centres, PVIs (Private, Voluntary and Independently run childcare settings), GPs, maternity/midwifery, vol sec orgs as part of the consultation in order to look at how this can be addressed collectively. | We have set high performance level targets and will be working towards getting very comprehensive data on those that DNA. This will take some time to get the data flowing as we intend. See also recommendation 16. |
| 9. | To ensure adequate information (posters) is displayed at all clinics and also available to provide to parents, as lack of information was available at a number of clinics.   | We support this recommendation and will be working with current provider as well as the successful bidder of the new contract to ensure this is improved.   | Some scrutiny members have visited the new 0-19 base at Millmans and will know that there are a lot of posters and leaflets in the clinic space.<br><br>There are discussions  |

|     | Recommendation  | Response (of 13.9.17)  | Update  |
|-----|---|--|---|
|     |   |  | <p>ongoing with children's centres about how best to keep posters up-to-date and other printed information available and noticed by parents.</p> <p>Discussions are ongoing with Alexandra Avenue and Wealdstone Centre regarding displaying posters as these are spaces shared with many other services.</p> <p>Leaflets are available at all clinics when mandated assessments are carried out.</p> |
| 10. | <p>[Council] To agree targets (comparative to neighbouring boroughs) and include these as Key Performance Indicators (KPIs) within the contract to be monitored on a regular basis, which will help to improve performance.</p> | <p>We have agreed variations to the contract that was novated from NHS England on 1 October 2015. This includes more challenging targets. It is important to note that performance has been improving significantly in the last two quarters. More details about current performance are set out below in Appendix 3. It should be noted that we will be requiring the</p> | <p>The new contract includes more challenging targets for all the checks. We have included an indicator to ensure that all the vulnerable children are seen at each check point. The data has started to be reported for this but the data needs to be cleansed as some children have not been discharged who should have been since the change</p>   |



|     | <b>Recommendation</b>  | <b>Response (of 13.9.17)</b>   | <b>Update</b>  |
|-----|--|--|--|
|     |  | service to report on new local indicators that will show the percentage of vulnerable children who are seen at each of the mandated child developmental checks. There is the target that 100% of vulnerable children are seen. | of provider.   |
| 11. | To change the way ethnicity and mother tongue/language competence are recorded on patient records. At the moment the Health Visiting patient record system records 132 different ethnicities. It is recommended that ethnicity is simplified and the Council's Diversity Monitoring categories (Appendix 4) are used and a separate record is kept of language and language proficiency. | Work has started on this recommendation. There was be a meeting on 25 July to start discussions around aligning data recording and it will be a requirement of the new contract.   | The new provider will be using the NHS 16+1 standardised coding system for ethnicities. This should make it easier to monitor access etc. by different ethnic and language groups. |
| 12. | To review the contact material (letters) to ensure they are inclusive and incorporate a strap line offering the information in alternative formats and community languages, which will contribute to addressing the language barrier.  | We support this recommendation and it will be a requirement of the new contract. We will also be working with the existing provider to improve this.   | See response to recommendation 16. Some changes have been made to the antenatal letter following contact with Romanian parents. (Our biggest language group in Harrow.)            |
| 13. | To ensure all staff are aware of and trained to arrange for interpretation services if required to address the issue of language barrier.  | We support this recommendation and it will be a requirement of the new contract. We will also be working with the existing provider to improve this.   | CNWL use The Language Shop as their contracted interpreting service and built time into their service model to allow for interpretation services to be used.                       |

|     | <b>Recommendation</b>  | <b>Response (of 13.9.17)</b>   | <b>Update</b>  |
|-----|--|--|--|
| 14. | To undertake a review of the set-up of all clinics to ensure customer confidentiality is maintained at all times so that no more than one visit is conducted in the same room at any one time.                   | We support this recommendation and it will be a requirement of the new service. We will also be working with the existing provider to improve this before the commencement of the new contract.  | The new clinic space at Milmans allows for this. It is more difficult at some of the children's centre sites but staff are aware of the need to be sensitive to parents who might feel uncomfortable in such venues. |
| 15. | [Council] That a fully comprehensive Equality Impact Assessment is undertaken to highlight potential barriers and identify ways to improve the service. The findings and requirements of this to be incorporated | This recommendation is accepted and the EqlA along with the refresh of the JSNA that was completed specifically for this tender reflects the most comprehensive EqlA that was possible. The Scrutiny Review report in itself forms part of this. As Scrutiny Members note at recommendation 11, the system of data recording is not adequate so there are gaps in our knowledge of the service users and their protected characteristics. We have started conversations with the current service and it will be part of the new specification. | This was carried out as part of the pre-tender work.   |
| 16. | That the service develops and supports five groups for the five most common language groups. The purpose of these  | There was extensive consultation with different community  | The service has started by engaging with the Romanian  |

|  | <b>Recommendation</b>  | <b>Response (of 13.9.17)</b>  | <b>Update</b>   |
|--|--|---|---|
|  | groups would be to act as a sounding board for translated documents and invitation letters etc., and be able to support other parents from those communities | groups as part of the consultation process for this contract. We will be asking bidders to set out how they plan to engage effectively with the five most common ethnic groups in Harrow. | Community Trust who have Identified a group of Romanian mothers and are planning a focus group, to feed into concerted health promotion at contacts with Romanian families. |

## Performance

Overall high levels of performance have been maintained as can be seen in the table and graph below.

In terms of the areas of improvement, 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 service is working to improve this.

The performance for the **2 year reviews** remains strong. There were some issues with the way the data was calculated by the previous provider 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.

| <b>National KPI</b>  | 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       |

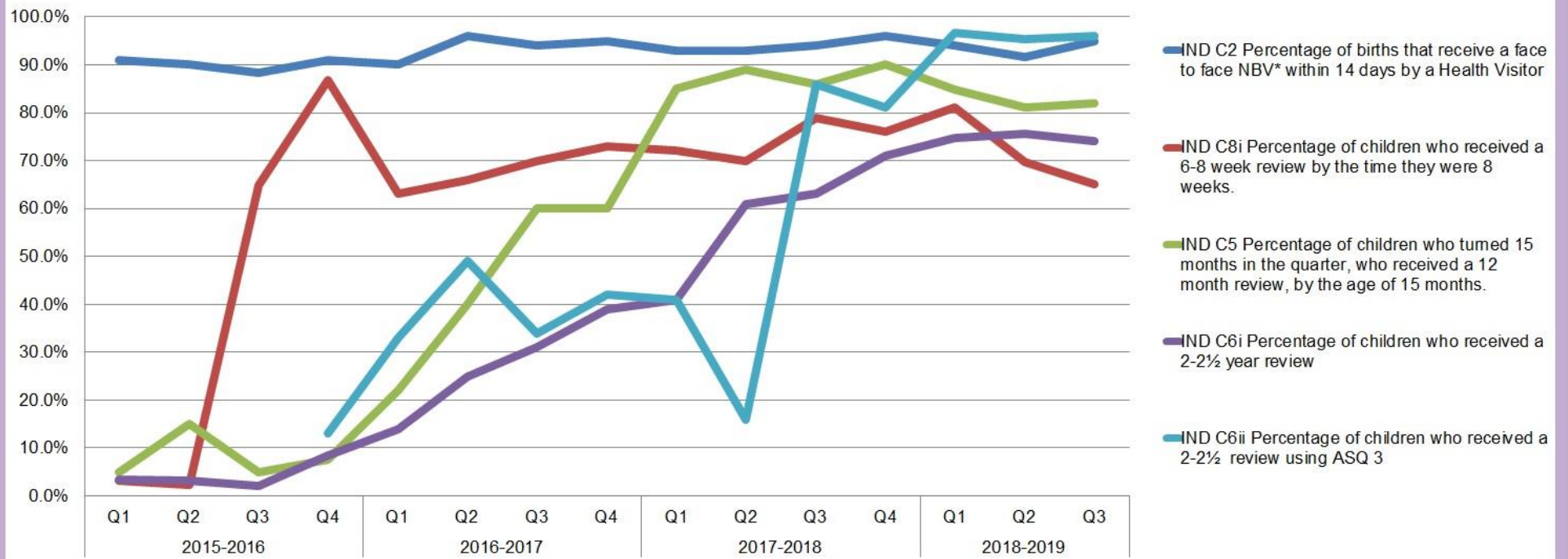
| National KPI   | Q1<br>17/18 | Q2<br>17/18 | Q3<br>17/18 | Q4<br>17/18 | Q1<br>18/19 | Q2<br>18/19 | Q3<br>18/19 |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Percentage of births that receive a face to face NBV* within 14 days by a Health 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%         |

## Risks and mitigations

| 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. | <p>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.</p> <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> |
| Capacity to deliver change across a number of complex areas while maintaining performance                                     | <p>There are a significant number of changes as set out above that are absorbing a large amount of management capacity within the service.</p> <p>Performance will continue to be monitored closely by the service and the commissioner.</p>   |

| <b>Risks</b>                     | <b>Mitigations</b>   |
|----------------------------------|--|
|                                  | <p>There will always be a strong focus on safeguarding.</p> <p>All the major changes will be piloted first before being rolled out across the whole borough. Post-implementation reviews will be carried out as appropriate.</p>   |
| <p>Impending SEND inspection</p> | <p>It is expected that Harrow will be inspected in the course of the next 3 – 6 months. The inspection covers all relevant parts of the local authority and NHS services. The 0-19 service will be inspected as part of this wider inspection.</p> <p>The 0-19 service has carried out an audit of SEN cases, and produced an action plan as a result. It has consulted with SEN parents at a coffee morning. It has met with the Designated Clinical Officer for Harrow to test preparedness. The action plan is comprehensive but various planned actions will not be delivered in the short-term.</p> |

## Performance



## Financial Comments

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

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.

## Equalities implications

Was an Equality Impact Assessment carried out? Yes

The Equality Impact Assessment was carried out ahead of issuing the tender was brought to Cabinet on 14 September 2017 and can be found here: <http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=249&Mid=64134&Ver=4#AI110550>. It drew on the work of and referenced the Health Visiting Scrutiny Review.

## Council Priorities

The Council's vision:

### Working Together to Make a Difference for Harrow

Please identify how the report incorporates the administration's priorities.

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

|                                   |           |
|-----------------------------------|-----------|
| <b>Ward Councillors notified:</b> | <b>NO</b> |
|-----------------------------------|-----------|

## **Section 4 - Contact Details and Background Papers**

**Contact:** Jonathan Hill-Brown, Public Health Commissioning Manager, 020 8424 7613.

### **Background Papers:**

The initial Health Visiting Scrutiny Review was brought to the Overview and Scrutiny Committee meeting on 27 June 2017.<sup>3</sup>

The Cabinet response to the Health Visiting Scrutiny Review was brought to Cabinet on 14 September 2017.<sup>4</sup>

An update on the 0-19 Health Visiting and School Nursing Service was brought the Health and Well-Being Board on 5 July 2018.<sup>5</sup>

A further update was brought to the Health and Well-Being Board on 7 March 2019.<sup>6</sup>

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<http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=249&MId=64134&Ver=4#AI110550>

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<http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=1280&MId=64406&Ver=4#AI113708>

<sup>6</sup> <http://www.harrow.gov.uk/www2/ieListDocuments.aspx?CId=1280&MId=64410&Ver=4>