

# Health visiting

Giving children the  
best start in life

# Foreword

The health visiting service plays a crucial role in giving children the best start in life and councils have embraced the opportunity to make a difference in this key development stage. The impact of this early support cannot be underestimated. It builds resilience, encourages healthy lifestyles and aids social and emotional development.

Health visitors lead on the delivery of the government's healthy child programme for children aged 0 to five, working alongside other health and social care colleagues, including family nurse partnership teams, nursery nurses and other specialist health professionals.

The support provided includes everything from universal help for all new parents, including ensuring good uptake of immunisations, to identifying those in need of more intensive support.

In England, the service follows what is known as the "four, five, six" model. This encompasses four levels of service, five mandated contacts and six high impact areas.

It is now more than three years since health visiting was brought into local government. A lot has happened in that time. We have seen councils develop new ways of working, integrating health visiting with other early years services and developing specialist posts for vulnerable groups, such as teenage parents.

These innovations – covered in detail in the case studies later in this report – are having a huge impact on the lives of families and the development of infants.

Since the transfer of the Healthy Child Programme in 2015, a number of key outcomes have improved. However there remain major challenges. School readiness

levels at the end of reception have improved by 10 per cent since the transfer but nearly a third of children are still deemed not to be "school ready" by the time they reach five, in that they have not developed the necessary skills and behaviours. There are large numbers of children growing up in families where there is parental conflict, substance misuse or mental health problems.

What is more, NHS data suggests the number of health visitors in post is falling. Those figures do not tell the whole story as they do not count those who work outside of the health service, but it is clear councils are struggling to recruit and retain sufficient health visitors. This is something we hope will be addressed in the coming NHS workforce plan or separately by Health Education England.

At the moment, councils are trying to overcome the challenges by working closely with their partners on new solutions. Some areas jointly commission services with clinical commissioning groups, others have offered nurses guarantees of jobs once they complete their health visitor training.

There have been calls for greater investment. Earlier this year the Health and Social Care Committee called for councils to be given greater support to allow them to spend more on health visiting in particular.

It just goes to show how important health visiting is to the life chances of children – and why councils must do all they can to ensure the very best support is provided.

**Councillor Ian Hudspeth**

Chair, Community Wellbeing Board

**Councillor Anntoinette Bramble**

Chair, Children and Young People Board

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# The health visiting service

## The four levels of service

- **Community**  
Broad knowledge of local resources, including children's centres and self-help groups.
- **Universal**  
The five key visits.
- **Universal plus**  
Provide families with access to expert advice and support on issues such as postnatal depression, weaning and sleepless children.
- **Universal partnership plus**  
Support families with children with complex needs, such as long-term conditions – both themselves and linking them with local services.

## The five mandated elements

- antenatal health promotion visits
- new baby review
- six to eight-week assessment
- one-year assessment
- two- to two-and-a-half-year review.

## The six high impact areas health visitors focus on

- parenthood and early weeks
- maternal mental health
- breastfeeding
- healthy weight
- minor illnesses and accidents
- healthy two-year-olds and getting school ready.

# Why is health visiting important?

The six areas<sup>1</sup> below have a high impact on improving the health and wellbeing outcomes of children and families. Health visitors through their delivery of the 0-5 Healthy Child Programme make a significant contribution to each of these.

## Transition to parenthood and the early weeks

- Transition to parenthood and the first 1001 days from conception to age two is widely recognised as a crucial period in the life course of a developing child.
- We know that 80 per cent of brain cell development takes place by age three.
- There is a significant body of evidence that demonstrates the importance of sensitive attuned parenting on the development of the baby's brain and in promoting secure attachment and bonding.

**Health visitors are trained in a variety of parenting programmes, targeted and universal and they can signpost to a wide range of information and services.**

## Maternal mental health

- Mental health problems in the perinatal period are very common, affecting up to 20 per cent of women.
- Perinatal mental illnesses cost the NHS and social services around £8.1 billion for each annual cohort of births. A significant proportion of this cost relates to adverse impacts on the child.

**Health visitors undertake additional training and are skilled in assessing mental health.**

## Breastfeeding (initiation and duration)

- Breastfed infants have a reduced risk of respiratory infections, gastroenteritis, ear infections, allergic disease and Sudden Infant Death Syndrome.
- Breastfed infants may have better neurological development and be at lower risk of tooth decay and cardiovascular disease in later life.
- Breastfeeding can be protective against obesity, particularly in those who are genetically predisposed ; breastfeeding for three months in the first year of a baby's life reduces the risk of obesity by 7 per cent.
- Women who breastfeed are at lower risk of breast cancer, ovarian cancer and hip fractures from reduced bone density.

**Health visitors are able to provide practical help and advice to mothers on how to breastfeed, help with managing and resolving breastfeeding problems and building community capacity to support breastfeeding by working with communities to establish peer support and programmes.**

<sup>1</sup> [www.gov.uk/government/publications/commissioning-of-public-health-services-for-children](http://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children)

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### **Healthy weight, healthy nutrition (including physical activity)**

- Children who are overweight are at increased risk of poor health outcomes such as type 2 diabetes and poor mental health.
- Childhood obesity is a significant health inequality with higher rates amongst children in disadvantaged areas and some ethnic groups.

**Health visitors during routine contacts have the opportunity to support health promotion and healthy lifestyles, using evidence – based techniques such as promotional and motivational interviewing.**

### **Managing minor illnesses and reducing hospital attendance/admissions**

- Illness such as gastroenteritis and upper respiratory tract infections, along with injuries caused by accidents in the home, are the leading causes of attendances at accident and emergency (A&E) and hospitalisation amongst the under 5s.
- Unintentional injuries are also a major cause of morbidity and premature mortality for children and young people in England.
- Dental extractions are one of the most common reasons for anaesthesia in under-fives and tooth decay is now a leading cause of parents seeking medical help and advice.

**Health visitors are able to provide help and support to new parents on a range of common minor childhood illness such as fever, cough and colds, vomiting and diarrhoea and also oral health.**

### **Health, wellbeing and development of the child aged two: Two year old review (integrated review) and support to be ‘ready for school’**

- Age two to two-and-a-half is a crucial stage when problems such as speech and language delay, tooth decay or behavioural issues become visible and good quality evidence based early intervention improves outcomes.

**Health visitors can intervene to address additional need, providing evidence based support and work with early years’ providers, school nurses and other community resources to support children to be ready for school.**

# Case studies

# Blackpool: providing more than the minimum five visits

In Blackpool a Big Lottery-funded initiative has helped the council extend the number of universal health visitor contacts from five to eight. Already, a year on from the launch, the extra visits are proving popular.

## The challenge

In England the Government has mandated that every new parent should have at least five contacts with the health visitor service.

The Government says councils can commission more, but with budgets tight five has become the norm in many places.

Blackpool is one of the most deprived areas of the country. Data shows that in everything, from school readiness and child poverty to obesity, Blackpool performs significantly worse than the national average.

The scale of the problems was one of the key factors behind the decision three years ago to make Blackpool part of the Big Lottery's Better Start initiative. The 10-year programme will see £45 million invested in early years schemes.

## The solution

Consultation with parents and stakeholders showed health visiting was seen as a key service in the early years. Families said they valued the support in those early months – and wanted more of it.

Blackpool's public health team worked with Blackpool Better Start, the partnership of local services led by the NSPCC to oversee the Big Lottery programme, to review what could be done.

Better Start commissioned Renew, a team of independent consultants, to undertake a year of consultations.

At the end of the review it became apparent from both health visitors and parents that the minimum offer of five visits should increase to eight.

The new offer went live from April 2018. The three new visits were introduced at:

- three to five weeks
- 18 months
- three to three-and-a-half years.

The final visit is an integrated review involving all key services connected to the child. The number of visits offered to vulnerable families under the universal plus and partnership plus models was increased to 30.

Blackpool Council Public Health Lead Nurse Donna Taylor said: "There are some real gaps in the mandated number of visits. The last one is done before the child is two-and-a-half – that is a long time before the start of school. We were particularly concerned about that given the number of children in Blackpool who do not have the necessary language and emotional skills to start school."

## The impact

It is less than a year since the new arrangements were introduced, but already there are signs of progress.

Coverage of the first contact post birth is rising – it is now above 95 per cent. Meanwhile, the number of new contact points being taken up has increased dramatically – up from 20 per cent when it was first introduced to close to 80 per cent, according to latest figures.

First-time mum Eva said: "The visits are a good thing because as you see someone more you trust them more. My family isn't here so having someone to talk to and having someone to help is so reassuring, especially with my first baby."



The work has also been recognised by the Institute of Health Visiting. It praised Blackpool for 'bucking the trend' and said the increase in contacts was 'fantastic' as it offered more time for health visitors to get to know families and offer support early and when problems arose.

## Lessons learned

The changes introduced by Blackpool have not just been about increasing the number of visits. Health visitors have also been given training in new techniques – and a year of work went into this ahead of the launch of the new services.

The training included Brazelton interventions to help staff get better at identifying those families that need additional support, and trauma informed approaches, which encourage practitioners to explore past experiences and the impact they have on an individual's current mental health. A new speech and language assessment has also been introduced.

Nor is it right to assume the extra visits require extra funding, said Ms Taylor. Better Start Blackpool invested around £1 million in helping provide support and training, but the actual cost of the service has remained around the same despite the increase in the number of contacts.

Ms Taylor said: "We spent a lot of time working with the provider looking at the service. The move to local government came at a time when budgets were being cut so we were very keen to see where efficiency savings could be made. Change like this is difficult, people from all sides are resistant, but it is worth it."

## How is the approach being sustained?

A 10-week perinatal education programme has also been implemented and is offered to all parents. Baby Steps is delivered by a multi-disciplinary team made up of a health visitor, midwife and a family engagement worker.

As well as exploring the physical challenges of having a baby, the primary aim is to support both mums and dads with the transition to parenthood, focusing on the emotional challenges that this time can bring and the impact upon the couple relationship.

The new arrangements have also involved collecting a lot more data on families and contacts. Whereas previously the service was judged on a collection of key performance indicators, Blackpool has moved to a system where there is a rich stream of data on everything from perinatal mental health to child development.

The plan is to carry out a full evaluation of the impact of the changes in the near future.

But Merle Davies, Director at Blackpool's Centre for Early Childhood Development, which helps run the Better Start programme, believes it will prove to be having an impact in the long-term. "We foresee parents receiving more support and attention from the one-to-one visits as it will give parents the chance to discuss issues in more depth.

"This will help forge a trusting relationship and will encourage families to be more open and confident to discuss sensitive issues. It will also help the health visitors to identify concerns at an earlier stage and refer to additional sources of support."

### Contact

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# Brighton and Hove: providing a specialist service for teenagers

A specialist health visitor service has been established in Brighton and Hove for vulnerable groups, including young parents. Around 60 young parents are receiving regular support, making a huge difference to them and their babies.

## The challenge

Brighton and Hove had a Family Nurse Partnership programme until 2016. It ensured young parents got the extra support they needed in the early years of their children's lives.

When it was decommissioned the families returned to the generic health visiting service. However, it was recognised that more specialist input was needed for these and other vulnerable groups.

## The solution

In the spring of 2017 Brighton and Hove City Council started commissioning a new specialist health visiting and school nurse service called the Healthy Futures team.

It is delivered alongside the 0 to 19 healthy child programme by Sussex Community NHS Foundation Trust and is composed of eight health visitors, a school nurse and two nursery nurses.

The families referred to the team have extra vulnerabilities and complexities and include pregnant under 18s, asylum seekers and refugees, travellers, care leavers, those under the care of social workers and the homeless.

One of the health visitors works solely with the under 18 clients, although other members of the team also work with young parents as there can be a lot of crossover with other vulnerabilities.

When caseloads are full, the young parents may be supported by other health visitors in the team.

The service offers young parents an enhanced level of support beyond the mandated five contacts. This typically includes four antenatal visits and then weekly visits after birth up to the six-week point.

From there the visits are based on the needs of the family. Some may have monthly visits, but others need less frequent contact. The support lasts until the children are 27 months old, at which point they are passed on to the generic health visiting service.

The frequency of the contact means the health visitors have the opportunity to identify and address needs. Specialist Teenage Parents Health Visitor Julie Davidson said: "We spend a lot of time talking to parents about the challenges they have and helping them. We can put them in contact with mental health care, benefits advice or domestic violence support.

"But as well as using other services, we can provide help and support ourselves whether it is about healthy relationships, coping with stress or supporting mother and baby attachment through, for example, offering baby massage from the nursery nurses."

## The impact

The team has 310 children on their caseload with the dedicated teenage parent's health visitor working with around 25 of the 60 young parents.

The support Stella and Asa (not their real names) received is typical of the service provided by the Healthy Futures team. The family were placed on a child in need plan because of social care involvement in the wider family.

The couple received a number of antenatal visits and were given advice about feeding and caring for the baby. They were also helped to find supported accommodation.

Regular contact was maintained after birth and the couple were given help to access food banks and started attending a group for parents under 20. When Stella started to struggle with her mental health she was supported to seek help and when their baby was eight months old the child in need plan was closed.

The couple ended up separating shortly afterwards, but Asa has maintained contact with the child, while Stella is back at college and studying.

Clinical Service Manager Linda Evans said cases like this illustrate the impact the service can have. “The approach is based on supporting families in the 1,001 critical days. The small caseloads allow the health visitors to spend additional time with the clients to build positive relationships, promote positive parenting and reduce the impact of disadvantage on these vulnerable families.”

## Lessons learned

Ms Davidson said it is important to be really flexible when working with this client group. “I always reassure them it does not matter if they want to change their appointment – they just need to let me know. I give them my mobile so they can text me. At that age you live in the moment so you have to be prepared for that.”

That flexibility also extends to where she meets her clients. “Of course I go to their homes, but sometimes that is not possible and the family may prefer to meet in another place, such as the local children centre.

“You need somewhere where the woman feels comfortable and you can start building a relationship. I also try to get the fathers involved. Normally they will attend at least one appointment before the birth – and then you stand a good chance of them continuing to be positively engaged following their baby’s birth.”

## How is the approach being sustained?

The service has worked hard to improve the way it engages its clients. The health visitors were all been issued with smart phones in recent months. This has allowed them to show the women YouTube videos and start using apps, including Baby Buddy and Best Beginnings.

They have also started using the antenatal/postnatal promotional guides, which allow the parents to prioritise what they want to discuss with the health visitor. These include things such as changing relationships, caring for yourself, caring for baby and community support.

Ms Davidson said: “Often our clients do not fully understand the range of help health visitors can provide so we are finding they are a good tool to get parents talking. It gives us guidance on asking open questions, which helps too.

“But it also means, because we have regular visits, that it is clear if they are trying to avoid a certain topic and we can use the cards to raise that if we feel it needs to be.”

### Contact

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# Manchester: providing breastfeeding support

In north Manchester clinical commissioning group funding has supplemented investment by the council to create a network of breastfeeding support for new mothers.

## The challenge

Breastfeeding has been shown to have many benefits. It protects babies from infections and illnesses and reduces the risk of obesity. There are also benefits for the mother, including a lower risk of breast and ovarian cancer.

Breastfeeding has also been shown to improve the emotional bond between mother and baby. It is why it is recommended babies are breastfed exclusively for the first six months.

But despite three-quarters of new mothers starting to breastfeed after birth, less than half are still managing it at the six to eight-week mark.

In north Manchester the health visiting service found there was such demand for help that it could not keep up.

## The solution

In 2018 funding was provided by the clinical commissioning group to allow the council-commissioned health visiting service to expand its infant feeding support.

Up to that point, there were only two specialist health visitor posts providing help for the entire city. The funding allowed a network of support to be established.

There are now seven infant feeding workers that health visitors can refer into. They work alongside the generic health visiting service in health centres, meaning women can receive prompt advice and support both one-to-one and in group settings when they need it for everything from poor latch to mastitis.

Those who have more complex problems are then referred on to the specialist infant feeding health visitors, of which there are four. There is also a community paediatric dietician on hand.

Infant Feeding Lead Justine Baines said: “There can be a variety of reasons why there may be on going problems. The baby could be tongue-tied, there may be unidentified clefts or some kind of allergy. We carry out a full feeding assessment at home or at a clinic so we can start getting to the bottom of what the problem is.”

## The impact

Since April 2018 there has been an additional 6,000 infant feeding support contacts – a figure that is increasing all the time as it took until October to get the service fully established.

For those that have been helped, the impact has been significant. Rachel (not her real name) describes the services as “amazing”. She said after struggling to breastfeed in the first two weeks she felt like a “complete failure”.

“I ended up at one of the groups and met the most amazing bunch of women. There were other mums, some who were struggling to get things going and others who were now able to feed their babies after a sticky start. We all had our own stories to tell and it was great to be able to share my feelings in such a supportive environment.

“The team talked me through my options and didn’t put any pressure on me which was my biggest worry. Within two weeks I had got rid of the shields and the formula. I’m not pretending it was easy, but the support made it possible.”

## Lessons learned

The unique part of the service is the seamless referral pathways and integrated team delivery that benefits new mothers, said Ms Baines.

Women are quickly referred to early interventions and help and then on to specialist support for more complex on-going problems if needed.

There is also rapid access to the paediatric dietician for babies who would normally have to wait months for referral. Reflux medications and specialist infant milks can be quickly prescribed by the service too.

## How is the approach being sustained?

To date, health visitors have just referred clients who they have identified as having difficulties. But that is now in the process of changing.

Ms Baines said: “We want to offer feeding support universally. It is much better to identify issues as early as possible. At the moment we are just fire-fighting – providing support once problems have manifested themselves. By offering all women access to the infant feeding workers we hope to tackle that.”

In the longer term, the hope is similar support could eventually be provided across the city, added Ms Baines.

“The project aims to evidence what works well over the next two years so the service model can be replicated across the city – supporting Manchester’s aim of being a breastfeeding-friendly city.”

### Contact

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# North Yorkshire: a specialist young parents health visiting service

A young parenting programme has been set up in North Yorkshire, led by specialist health visitors. It helps provide comprehensive one-to-one support for young parents and is filling an important gap following the decommissioning of the Family Nurse Partnership service.

## The challenge

In 2016 the Family Nurse Partnership service in North Yorkshire was decommissioned. But with around 400 teenage pregnancies every year, North Yorkshire County Council recognised the need to continue providing enhanced support to young parents.

It prompted the council to look at how else young parents could be helped to overcome the disadvantages that they and their children face.

## The solution

The council decided to commission Harrogate and District NHS Foundation Trust to deliver a young parenting programme in partnership with the council's early help service. This was introduced in April 2017.

A team of three specialist young parent health visitors run the service across three localities. They provide one-to-one support to the most vulnerable teenage parents and help the team of generic health visitors to deliver the service within their own areas.

It means teenage parents get an increased number of visits compared to the mandated minimum of five. The service is offered from 16 to 20 weeks of pregnancy up to the child's first birthday. The programme may be extended to the child's second birthday following the one-year review if needed.

There is a particular focus on preventing unplanned second pregnancies, stopping smoking, building self-esteem and confidence and reducing the numbers of that not in education and training.

Much of the support is provided directly by the health visitors themselves, although they can refer to other services such as mental health, domestic abuse services, housing and training and education support.

The programme also includes the offer of visits by the early help team to support parents with play, speech and language development and with attendance at community play activities.

## The impact

The service is working with around 130 young parents. Positive outcomes have already been achieved with younger parents breastfeeding, accessing contraceptive services, returning to work and education and reporting that their couple relationships are improving.

Health Visiting Professional Lead Jane Webster said: "We are passionate about improving the health and wellbeing of children and young people. National data suggests that the outcomes for teenage parents are significantly poorer than the general population.

"For this reason we are extremely proud of our Young Parenting Programme and the difference we believe it makes to the lives of children in North Yorkshire."

She said there is an academic evaluation currently being undertaken of the programme, which she was "optimistic" would show evidence that the programme was increasing "confidence, mental wellbeing and attachment" of those involved.

## Lessons learned

A package of materials and structured programme has also been developed by the specialist health visitors to help engage the young mothers and fathers.

This includes picture cards, board games, models and quizzes covering everything from labour, healthy eating and preparation for parenthood to child safety, interacting with your baby and child development.

The materials have proved very popular and young parents like to share them with their partners and grandparents. There has been some move to do some of this digitally, but there has sometimes been a surprising reluctance to engage with these online, which is not typical of the generation.

As a result, this area is being progressed gradually and practitioners are taking care to provide parents with careful support as they introduce them to digital materials.

## How is the approach being sustained?

Over the past year the individual caseloads of the specialist health visitors have been reduced from around 20 to 10 so that they can spend more time supervising, supporting and training the generic health visitors to support young parents.

The cases the specialist health visitors do hold tend to be the most complex cases that require intensive intervention.

Ms Webster said: “Our three specialist young parenting health visitors are inspirational and have a vast amount of expertise, which they are now sharing with the wider workforce in order to develop a highly skilled and knowledgeable workforce for young parents.”

## Contact

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# North Tyneside: the benefits of transferring staff into local government

Health visitors and school nurses have been TUPE into the council, paving the way for the co-location of services at community hubs alongside other family services. A host of benefits have been seen, including running clinics in more diverse locations.

## The challenge

Around 2,200 babies are born in North Tyneside every year. Around one in six are to families living in poverty.

To maximise resources and provide more holistic services to families, the council was eager to develop integrated pathways and ways of working across midwifery, health visiting, early years and children's services.

The move of commissioning responsibility for the 0 to five children's public health into local government created an opportunity to accelerate that.

## The solution

In April 2017 around 90 health visiting and school nursing staff were TUPE across from Northumbria Healthcare NHS Trust into the council's public health team, which is part of the health, education, care and safeguarding department. This prompted a reorganisation in the way the staff worked.

Up to that point the staff had been co-located in the area's 29 GP surgeries, but under the new arrangements they were relocated into four locality community bases in the three children's centres and a Customer First centre. In doing so, they became co-located with the early help, child care, and other family services.

Director of Public Health Wendy Burke said: "The service was very primary care focussed, but locating the staff in teams in the community working alongside a range of services has improved relationships and been beneficial to the families served.

"For example, there was a case recently where a young mother was struggling to find child care. She spoke to the health visitor about it and because the health visitor worked alongside the team that has responsibility for child care in the borough a free place was found in a local nursery, enabling the parent to return to part time work."

There have been other benefits too. Child health clinics where babies are weighed and checked and parents can access support and advice are now held in Customer First centres across the borough. These centres house the local libraries and a range of other services such as a benefits advice service, which means parents are introduced to these services and encouraged to access them.

Child health clinics are also offered in leisure centres introducing a range of opportunities for physical activity and meaning parents have been encouraged to take part in 'buggy boot camps' and swimming with their babies from an early age, establishing healthy lifestyles.

As well as being co-located with key services, the health visitors have also been able to develop stronger links with other services. There are regular meetings with colleagues from social care, child and adolescent mental health services (CAMHS) and education to offer early help to families to prevent problems from escalating.

A multi-agency safeguarding hub (MASH) was also created in 2017 and there is a senior health visitor who is the safeguarding lead nurse within the team, ensuring that there is full participation from the health visiting and school nursing services in the local response to safeguarding children in the borough.



## The impact

The health visiting and school nursing service was inspected by the Care Quality Commission in 2018. The resulting report was full of praise.

It said families were 'unanimously positive' in their feedback, reporting they felt they could engage safely in open and honest discussions with practitioners. One parent said: "I feel I can talk freely about anything." Others commended how accessible it was and one described the service as "outstanding".

Jo Connelly, health visitor and professional lead for the service, is a member of staff who transferred to the council.

She said "North Tyneside Council has given the service a very warm welcome and the service is valued by the elected mayor, cabinet, senior leaders and staff. Working in the community in partnership and alongside the range of council services means that we can provide much more holistic approaches for parents and their children and access to a much wider range of community services."

## Lessons learned

North Tyneside recognised straight away that it was important for health visitors to retain a strong relationship with GP surgeries.

Ms Burke said: "We were really conscious that maintaining relationships with GP practices was very important in the light of moving staff into their new community bases. Each GP practice has an aligned health visitor and staff are encouraged to pick up the phone and to drop into practices.

"Staff are also required to attend monthly GP safeguarding and communication meetings – for which there is 100 per cent compliance."

Another area of learning revolves around the TUPE process. Ms Burke said North Tyneside was fortunate that a nearby council, Redcar and Cleveland, went through the same process before them.

"We were able to look at how they did things and learn from their wealth of experience. Having access to the NHS pension scheme, for example, is extremely important not only for the staff who transferred but also for new staff.

"You do not want to have an inequity in the workforce. So as we have taken on staff we have taken a flexible approach to ensure things like pay and holiday allowance is not out of kilter with the staff who came from the NHS."

## How is the approach being sustained?

North Tyneside has started exploring new approaches to recruitment. The council has recruited staff nurses in advance of commencing health visiting training and the council guarantees them a job on qualification.

Ms Burke said: "We think it is important to 'grow our own staff'. Recruitment is a challenge in health visiting nationally due to the age profile of the workforce. You have to look at ways to make posts attractive.

"But we are also mindful of the need to look at a different skill mix by recruiting staff nurses, nursery nurses and public health assistants."

### Contact

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# Oldham: co-locating health visitors in children's centres

Health visitors in Oldham now operate out of children's centres alongside early years staff, school nurses, family nurses and, of course, children centre's staff. The move has created more seamless services and reduced bureaucracy.

## The challenge

Prior to responsibility for the 0 to 5 healthy child programme moving across to local government in 2015, early years, children's centres, the Family Nurse Partnership service, health visiting and school nursing were run by a range of different providers in Oldham.

The early years team sat in the council, while voluntary sector providers delivered the children's centre service and the NHS provided the others.

The different teams worked together closely, but the way the services were set up meant they had different priorities and were not located together. As a result, support provided to families was not always as seamless as it could be.

## The solution

Steps were already being taken by Oldham Council to integrate the services even before the transfer took place in October 2015. A number of the contracts had been extended by short-time periods to ensure they all expired together.

A provider, completely new to Oldham, Bridgewater Community Healthcare NHS Trust, was chosen to run the new Right Start service and over 100 staff were TUPE across.

Over the following two years Bridgewater and the council worked hard to prepare the teams for co-location in the town's 16 children's centres.

One of the biggest barriers was the amount of paper records – over 60,000 of them – meant there was insufficient room for co-locating all staff.

The new provider introduced electronic records and, with the help of funding from Greater Manchester's 'GM Connect' programme, the old records were digitised.

By April 2018, health visitors, early years staff, school nurses, family nurses and children centre's staff were working side-by-side.

## The impact

The impact of services working together as part of the integrated team has resulted in the removal of a referral process leading to more timely and joined up support for children and families.

Health visitors no longer have to refer families to other services which are part of the model, which has made it possible to redraw less complex pathways for families giving them easier access to services such as early special educational needs support, speech, language and communication therapies and parenting support.

For example, previously if a health visitor felt that a child had a potential special education need and would benefit from additional support a referral would have to be made to the council requesting support from an early educational needs adviser (AEN). The level and type of support was agreed through a panel process. Now the AEN can be 'called in' by the health visitor, improving the timeliness of support for the child and family.

Health visitors and early years specialists have also benefited from the advice of the oral health promotion specialist.

Previously they did not work in the same team, but now the specialist is part of the Right Start team and has provided training and advice to the health visitor teams.

It has helped Oldham drive down rates of tooth decay in the under fives. According to latest figures, the proportion of children with decayed, missing or filled teeth has fallen from around half to a third in the past two years.

## Lessons learned

Transformation of this type takes time, said Katrina Stephens, Oldham's Director of Public Health.

"It can be easily underestimated. Good communication throughout and beyond this process with internal and external stakeholders is essential to ensure everyone understands the vision and road map for getting there."

To illustrate the point, Ms Stephens gives the example of the time it takes to see significant improvements in performance.

"The children who were born in the first year the integrated service was operating will reach reception age in 2021/2022. So while we are seeing some positive improvements, we are probably not yet seeing the full impact of the model on measures such as 'school readiness'."

## How is the approach being sustained?

These are really just the first steps of Oldham's new journey.

Councillor Zahid Chauhan, Cabinet Member for Health and Social Care said: "It has taken a lot of hard work to get here and the benefits are beginning to be realised in the ways the different services are working together.

"But what has been achieved so far has given us the base we want to build on. For example, we have got funding from Greater Manchester for an extra oral health improvement post. It means we can start delivering more activity in early years settings.

"Health visitors are a key part of the approach to reducing paediatric hospital admissions which we have been piloting with GP practices. Building on this approach, we need to think now how to best organise services to ensure Right Start is integrated well with other services working in communities, to ensure joined up care for families."

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# Oxfordshire: tackling mental health problems

The county council asked for a specialist mental health visitor post when it re-tendered its contract. The new element to the service is having a major impact, helping new mothers cope with the challenges of parenthood.

## The challenge

It is estimated one in five new mothers struggle with mental health problems during pregnancy or within a year of their babies being born.

If left untreated, they can have significant and long lasting effects on the woman and her family, including on the child's emotional, social and cognitive development.

Health visitors provide crucial support in those early years – and can refer to mental health services. But in Oxfordshire the council wanted to do more.

## The solution

When it came to re-commissioning the health visiting service in 2017, Oxfordshire decided to stipulate it wanted a dedicated specialist health visitor for perinatal mental health within the service.

The existing provider, Oxford Health NHS Trust, won the tender and created a health visitor lead role for mental health. The post acts as a support to the wider health visitor workforce and adult mental health service, while helping mothers referred to navigate their way through the system.

Health visitors have been given training to carry out mood assessments within eight weeks of birth and are able to support these mothers with low-level problems.

There are a range of self-help groups available as well, which are run by the health visitors, and provide some structured advice about dealing with mental health problems, while also offering a chance to socialise with other parents.

Those with more complex conditions are referred into mental health services for everything from talking therapies to psychiatric interventions.

Oxfordshire Head of Public Health Programmes Donna Husband said: “It is a difficult, challenging period. It is vital that new mothers – and fathers for that matter – get the support they need. Our service is really focussed on this issue now.

“Health visitors are looking out for the issue at the holistic assessment, which is carried out before birth. It gives them something to compare against, but this is where continuity of health visitor is really important.”

## The impact

Over the past year 267 women have been referred by health visitors on to local mental health services. But many more are provided with support in the community whether it is through self-help groups or directly via their health visitors or GPs.

One woman who was supported by the health visitor team explained the impact it has had. Sophie (not her real name) said: “I have experienced the worst time of my life since my daughter, including attempting suicide and without this group I do not believe I would have come out the other side by now, I would have still been in the dark.

“I have forged relationships with women who understand my moods and experiences. I have a space I feel comfortable and accepted in. I have benefited from the coping strategies suggested by the group leaders and peers. I have realised I am not alone. I have realised I am okay.”

## Lessons learned

The creation of the mental health lead is not the only development undertaken by Oxfordshire. The council has also started providing an enhanced service to teenage parents.

The area has a Family Nurse Partnership service for vulnerable first time young mothers. For those who do not choose to be part of this service they will be supported by eight teenage parent health visitor champions who offer teenage parents more contact through a universal partnership plus service.

But to ensure there are enough health visitors to provide this support alongside mental health work Oxfordshire has had to look for creative solutions as the overall headcount of 133 qualified health visitors has remained the same.

The council has started to recruit a number of band five nurses – who have not done their specialist health visitor training but are in the process of completing the training – and band four assistants who work as nursery nurses.

These members of staff are able to take on some of the functions of health visitors, such as health promotion in the community, to give health visitors more time to focus on these enhanced services.

## How is the approach being sustained?

Since the enhanced mental health provision was launched, the service has had to contend with the closure of some of the local children's centres where services used to be based. That has provided a challenge in terms of finding space and childcare for the self-help groups.

It prompted Oxfordshire to launch a new group, Knowing Me, Knowing You, which combined self-help with play so children no longer needed crèche facilities.

Ms Husband said: “The mothers and babies attend together. It has proved a really good opportunity to socialise while doing some work around self-help and dealing with the stresses and pressures of parenting. It is working really well.”

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# Stockport: integration helped protect jobs and develop new roles

The council has brought together health visiting, early help and children's centres under the Stockport Family umbrella. Staffing levels have been protected and new specialist health visitor roles have been developed.

## The challenge

Four years ago Stockport had separate teams and management structures for health visiting, early help and children's centres.

As budget pressures became more challenging, it became clear that the way of working was not sustainable if front-line services were going to be protected.

Furthermore, the landscape of services had become more complex and confusing for families. Barriers between services and referral processes caused extra paperwork and 'hand-offs' between teams that were often unnecessary.

## The solution

In 2014 the decision was taken to start integrating the three services, firstly as the Integrated Children's Service and then under the Stockport Family banner in phase two, when children's social care became part of the service.

Health visiting is delivered by Stockport NHS Trust and early help and children's centres by the council.

The borough was organised around three localities with a locality leader appointed in each to oversee an integrated team. Team leaders also took on integrated roles managing health visitors and early years workers.

Children's centres are now known as Start Well hubs and integrated teams work together to deliver the menu of support focused on families with children aged 0 to five years.

Maura Appleby, Stockport Family Principal Lead for Health, said: "It has created a much more seamless service. Rather than referring on, the health visitors now engage early years help when it is needed whether that is support for speech and communication or parenting. The services work as one service, Stockport Family, as far as families are concerned.

"We are now developing better relationships with early years settings, helping to identify those children who have developmental needs and provide extra support earlier."

## The impact

The integration has protected front line staff despite rounds of both health and social care budget reductions, meaning the workforce – of close to 60 health visitors – has remained in place.

It has also allowed the development of new specialist roles. A perinatal mental health visitor post has been developed, working alongside a clinical psychologist in a parent-infant mental health service, which is funded by the clinical commissioning group.

There is also a specialist health visitor working with women who have experienced recurrent care proceedings and aiming to help women with their own health and personal development prior to planning further pregnancies, which is part of the universal partnership plus offer.

Karina Dyer, who fulfils that role, said it allows her to support women in a "truly person-centred and trauma informed way".

"We are always looking for opportunities to develop innovative and collaborative ways of working, with partners, in order to provide practical, emotional and therapeutic support."

## Lessons learned

Ms Appleby said: “We have adopted a ‘learn by doing’ approach. For example, when we first started moving towards integration we thought we did not need to have health visitors managed by health visitors. We took a big leap forward and then had to make adjustments. You have to be prepared for that.”

Another measure taken was the creation of new nursing role to work with the multi agency safeguarding hub (MASH). This is to help ensure the most appropriate decisions are made about early help.

“It helps to offer the right level of support to families.” added Ms Appleby.

## How is the approach being sustained?

Ms Appleby said there are two immediate priorities for the immediate future.

“We are aiming to improve our planning for children with special educational needs by working alongside colleagues in education teams, such a Portage.

“We also want to focus more on the transition to school, ensuring that is as smooth as possible. There are lots of opportunities now we are working in this integrated way.”

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# Tameside: working together to provide specialist support to families

In the Greater Manchester metropolitan borough of Tameside a jointly-commissioned initiative has seen health visitors and psychologists work together to offer mental health support to parents who are struggling.

## The challenge

Having a baby is meant to be one of the most joyous times in a family's life. For many it is, but for some things can go awry. When this happens, it can be distressing for parents and the baby.

Research has shown that our earliest relationship with our main caregiver can have a profound effect on how we develop physically, emotionally, cognitively and socially.

Unfortunately up to 30 per cent of parents will struggle to tune into their baby, putting the development of secure attachment at risk.

Back in 2006 Tameside's health visiting service started working with the local mental health trust to provide psychological support to parents who were struggling.

People from all backgrounds are vulnerable, but certain groups, including teenage parents, asylum seekers and those overburdened with risk tend need more support.

## The solution

The arrangement has now been formalised with the formation of the Early Attachment Service (EAS). It is jointly commissioned by the Tameside Metropolitan Borough Council's public health team and local clinical commissioning group.

The universal partnership plus service includes three specialist health visitors, a social worker, two child and adolescent psychotherapists and two clinical psychologists and is jointly delivered by Tameside and Glossop Integrated Care NHS Foundation Trust and mental health provider Pennine Care NHS Foundation Trust.

Midwives, health visitors, adult mental health, GPs, and social care staff can all refer into the service. This is done via consultations with the team.

Tameside and Glossop Integrated Care NHS Foundation Trust EAS Clinical Pathway Lead Catherine Mee said: "We obviously can't provide support to every family with difficulties so the consultation is an important step in prioritising who we provide direct support to. It also gives us an opportunity to offer support and advice to the health visitor or midwife so they are better equipped to provide on-going support if the referral is not accepted."

For those who are accepted into the service, there is regular support and psychological therapy for those who need it. The support can last from a few months to years. The team provides support all the way up to the child's fifth birthday.

Contacts are held at home or in community settings, such as children's centres. The service aims to initiate support within two weeks of the referral being accepted.

The team also works closely with local Home-Start volunteers, parents who provide support to families struggling with their babies. Scores of volunteers have been given purpose-designed training on fostering sensitive and responsive parent-infant relationships.

"This has meant we have been able to provide support to those parents with lower-level needs. The help provided by volunteers is vital – we could not reach the numbers we do without them," added Ms Mee.



## The impact

EAS has a caseload of 165 at any one time. Evaluation shows those who are provided with support see an improvement in their parent-infant relationship, more confidence as a parent and an improvement in their mental health.

In addition to the statutory support the volunteers are providing support to 100 families.

Feedback from those who have been helped also illustrates the impact it has had. Catherine said she had really been struggling when she was referred. She said the support she received was the first time she had been “listened to and believed”. “This was an excellent service and I feel it benefitted me,” she added.

## Lessons learned

Over the years EAS introduced a number of initiatives to ensure as many families as possible get the support they need.

A DVD and booklet, *Getting It Right From the Start*, has been produced and given out to new parents to raise awareness about issues from the importance of the relationship, brain development, infant communication, crying and sleep.

Health visitors, nursery nurses and midwives have also been given training in Brazelton interventions, which is a widely recognised supportive way to help promote parent-infant relationships.

And in 2015 Tameside and Glossop established the *Babies Can't Wait* agreement which gives parents with young children priority access to adult mental health services.

Ms Mee said: “Those early weeks and months are crucial. The development of the baby’s brain happens so quickly you cannot wait for help. We have adopted quite a dynamic and flexible approach. Cases are reviewed weekly and we try to ensure parents can get help while prioritising the most in need.”

## How is the approach being sustained?

EAS, together with Home-Start, has now developed a project aimed at fathers. The Dad Matters service promotes the welfare of fathers in the perinatal period and provides a range of resources and direct support when needed.

Meanwhile, Tameside’s wider approach has proved so successful that it is now being rolled out to other Greater Manchester areas under the Devo Manc initiative.

The EAS team is helping with this process. Ms Mee said: “Having the expertise of health visitors working alongside clinical psychologists and child psychotherapists means families get the specialist intervention they need early.”

### Contact

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# Wokingham: postnatal support to tackle high impact areas

Wokingham has integrated its health visiting and children's centre services. This has had a range of benefits, including the creation of a new five-week postnatal course for parents that addresses everything from mental health to getting 'school-ready'.

## The challenge

The Berkshire borough of Wokingham is home to around 165,000 people. Health is generally better than the England average and it is one of the least deprived authorities in England. Despite this around 6 per cent of children live in low-income families.

The borough is also undergoing major expansion with over 13,000 homes being built over the next decade, placing greater demands on services to support young families.

Wokingham's Children and Young People's Partnership, which brings together the council, local NHS and education and voluntary sectors, identified more integrated services for 0 to five-year-olds as a key priority.

## The solution

Wokingham Borough Council worked in collaboration with Berkshire Health Foundation Trust (BHFT) to co-design a new way of delivering services by aligning health visiting and children's centre roles and responsibilities.

Joint key performance indicators and shared outcomes were agreed and an integrated service manager post created. Although staff remained employed by their existing provider organisations – BHFT in the case of the health visiting service and the council for the children's centre workforce.

Council Public Health Programme Manager Carol-Anne Bidwell said: "The services were already working closely together, but based on the evidence and feedback from consultations we felt an integrated service could respond better to the changing needs of our community. Families had indicated they wanted to tell their story once and not every time they worked with a new professional."

## The impact

The number of children registered at children's centres is increasing, helping early identification of issues and preventing the need for involvement of statutory and specialist services.

There are also early signs that the inequalities gap is being closed with a 2 per cent increase in the performance on general levels of development for those children eligible for free school meals from 2017 to 2018.

Other signs of progress can be seen in the creation of a new co-delivered five-week postnatal course focussing on high impact areas, including mental health, minor illnesses and getting school-ready.

The sessions are co-delivered by children centre and health visiting staff at each of the area's six children's centres. They last 1.5 hours and are designed to be interactive. For example, in week one parents get to watch a video on baby brain development to understand why interaction is important, are taught relaxation techniques and spend time singing and saying nurse rhymes to their infants.

Families are invited to participate by health visitors around six weeks after birth. Each course attracts around 12 families. Feedback has been extremely positive. When asked, 70 per cent strongly agreed and 30 per cent agreed it made them better prepared for parenting.

One mother said: “It was a very good course, great to meet local mums and to create a group to stay in touch. There was a nice mix of topics. I’m feeling more confident about being a mum.”

Integrated Service Lead Fiona Howell said: “The course has proved really popular. It is not just the learning that takes place. The parents get to bond and make friends – that is invaluable.

“After they have finished, we encouraged them to get involved with the children’s centres other services and groups. That is the benefit of this integrated service – we can do so much more to help parents.”

## Lessons learned

Coordination and communication has been crucial to the progress Wokingham has made.

It was key staff did not feel one team was taking the lead so time was spent working with health visitors and children centre staff ahead of integration. This continued once the service was live with a series of joint workshops.

Staff have also been able to improve skills and professional development through training. Health visiting staff have been trained in and adopted the Signs of Safety framework, while children’s centre staff have also been trained on the Solihull Approach, a widely recognised model of parenting support used by health visitors.

## How is the approach being sustained?

The partnership board continues overseeing the development and integration of the services.

A programme such as this naturally has a number of stages. Now the new arrangements have been implemented and practice embedded, the current phase is focussed on providing greater focus on the impact of the work and continuous improvement.

There is also work to be done on co-location – difficulties in getting the IT right for health visitors has delayed that aspect of the integration.

Ms Howell added: “We’ve come a long way but there’s much more to be done. There are opportunities to do more with children with special educational needs and young parents for example. Now we have this model of working we can build on what has been achieved so far.”

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# Want to find out more

## **A better start: Supporting child development in the early years**

[www.local.gov.uk/sites/default/files/documents/15.51%20A%20Better%20Start\\_03.pdf](http://www.local.gov.uk/sites/default/files/documents/15.51%20A%20Better%20Start_03.pdf)

## **Fit for and during pregnancy: a key role for local government**

[www.local.gov.uk/sites/default/files/documents/15.52%20Fit%20for%20and%20during%20pregnancy\\_03.pdf](http://www.local.gov.uk/sites/default/files/documents/15.52%20Fit%20for%20and%20during%20pregnancy_03.pdf)

## **Health in All Policies: A manual for local government**

[www.local.gov.uk/health-all-policies-manual-local-government](http://www.local.gov.uk/health-all-policies-manual-local-government)

## **Implementing Better Births: A resource pack for local maternity systems**

[www.england.nhs.uk/publication/local-maternity-systems-resource-pack](http://www.england.nhs.uk/publication/local-maternity-systems-resource-pack)

## **Government pages on child and maternal health**

[www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life](http://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life)

## **National Maternity Review – Better Births**

[www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf](http://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf)

## **Healthy child programme**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/167998/Health\\_Child\\_Programme.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf)





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