The Future of Health Visiting in an integrated model of care across Leicester, Leicestershire and Rutland

Our Vision

Our health visiting service will champion the improvement of health outcomes for all children.

Forward

This is not the beginning of our journey. We have already made some great progress in responding to the Government’s commitment to develop the unique role of health visitors. The Department of Health describes this contribution as:

- Public health nursing
- Working with the whole family
- Prevention, early identification and intervention
- Knowing the community and being ‘local’
- Being proactive in promoting health and preventing ill health
- Progressive universalism (universal services that are systematically planned and delivered to provide a continuum of support according to need at neighbourhood and individual level)
- Safeguarding children
- Working across organisational boundaries
- Teamwork and partnerships

The coalition government has committed to increasing the national health visiting workforce by 4200 staff. At a local level, Leicestershire Partnership Trust (LPT) is expanding the health visiting team by 90 staff to 233 WTE by April 1st 2015.

This vision document sets out the shape of a new health visiting service that draws upon the particular skills and expertise of our health visitors - as leaders of teams that deliver the Healthy Child Programme. It also defines how we will redesign the
way health visiting services are delivered across Leicester, Leicestershire and Rutland.

In 2011 the Families, Young People and Childrens (FYPC) Division came together within LPT, providing a unique opportunity for health visitors to improve the experience of families. We can work more effectively with our colleagues that deliver services to address the complex mental and physical health needs of children. This co-ordination of services is being aligned through the wider FYPC Service Development Initiative (SDI), a service redesign programme that will transform access and service delivery of our services by 2017.

Our vision for health visiting requires complex and detailed planning to ensure that our workforce is well-resourced and confidently skilled to deliver a new model of working. Throughout this process it is essential that we maintain our focus on the impact of our work on children and families, measuring the quality of our services on the basis of improved health outcomes and experiences of local families. We will continue to also build on our partnership with GPs, midwives, school nurses, Sure Start children centre colleagues and other local and voluntary organisations, to ensure that all children are able to get the best possible start in life.

Our Health Visiting Service Offer

LPT’s health visiting service has established a national and local reputation for innovation. We will continue to build on this approach, using the latest evidence-based practice, to ensure that by April 2015 the new health visiting service, **delivered by our neighbourhood teams**, will:

- **Lead the delivery of the Healthy Child Programme** for all children up to the point of transition to our school nursing service. This will be structured around six universal key contact points focusing on prevention, early identification and early intervention, through:
  - Antenatal contact
  - New Birth Visit
  - 6 week contact
  - 3 to 4 month contact
  - 1 year contact
  - 2 to 2 ½ year contact.

- **Connect local organisations and health colleagues together** to avoid care becoming unnecessarily complicated for families by:
  - ensuring timely early intervention
  - preventing health needs from deteriorating
  - avoiding duplication between professionals
  - ensuring families receive a seamless service.

- **Deliver packages of care through clear pathways** which link seamlessly, if required, to more specialist teams, such as:
the detection and management of maternal mental illness in pregnancy and the post natal period (Universal plus)
• to and from more specialist teams such as the Discharge Pathway from hospital/UHL (Universal Partnership Plus)

- **Build Community Capacity** by championing the wider health and wellbeing of the population and using public health expertise to improve outcomes for families and children:
  - contributing to understanding local health needs
  - targeting work appropriate
  - co-ordinating action with other services
  - engaging local communities to build community capacity.

- **Help to safeguard children from harm** by working proactively with families and partner agencies.

- **Develop clear outcome and performance measures** for safe and effective team working:
  - Define competencies, skill mix and workforce planning tools
  - Use evidence based assessment tools to standardize child health and development review
  - Deliver education and training to fulfil new roles.

### Delivering the Vision

This vision will be delivered through effective engagement with our key stakeholders: commissioners, local people, General Practitioners, Local Authorities, voluntary agencies, higher education institutions, staff and staff side organisations. This will form a co-ordinated response to our service development needs, and will be project managed through the themes of:

- Growing our workforce
- Professional mobilisation
- Aligning our delivery systems

### 1. Growing Our Workforce

In order to deliver the necessary increase in the health visitor workforce we will:

- Support the training of 142 health visiting students
- Support the changing roles and responsibilities of clinical team leaders and lead practice teachers
- Support our established and experienced health visitors to adopt new developments into their practice and to retain their skills in a rapidly changing environment
- Actively recruit nurses in advance of them beginning their formal health visitor training - to develop their skills and understanding of the health visiting vision locally (Grow Our Own)
• Work closely with our colleagues in local Higher Education Institutions to develop more training places and ensure that curriculums support the needs of the changing health visitor role
• Plan for our workforce beyond the April 2015 delivery date of the national programme.

**Our allocation of health visitors** within neighbourhood teams is modelled on the population of 0 to 5 year olds in the community as set out by the Department of Health for the local authority areas we cover.

The future allocation of health visitors per neighbourhood is set out below and will be reviewed annually in response to refreshed population and caseload data.

<table>
<thead>
<tr>
<th>Neighbourhood</th>
<th>WTE Health Visitors by April 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>North West Leicester</td>
<td>16.5</td>
</tr>
<tr>
<td>North Leicester</td>
<td>15</td>
</tr>
<tr>
<td>West Leicester</td>
<td>15</td>
</tr>
<tr>
<td>South West Leicester</td>
<td>15</td>
</tr>
<tr>
<td>Central Leicester</td>
<td>21.2</td>
</tr>
<tr>
<td>South Leicester</td>
<td>19</td>
</tr>
<tr>
<td>North East Leicester</td>
<td>20</td>
</tr>
<tr>
<td>East Leicester</td>
<td>20.3</td>
</tr>
<tr>
<td>North Charnwood</td>
<td>12.7</td>
</tr>
<tr>
<td>South Charnwood</td>
<td>14.6</td>
</tr>
<tr>
<td>Hinckley</td>
<td>8.2</td>
</tr>
<tr>
<td>Melton and Rutland</td>
<td>8</td>
</tr>
<tr>
<td>Rural West</td>
<td>10.2</td>
</tr>
<tr>
<td>Whitwick and Ashby</td>
<td>9.9</td>
</tr>
<tr>
<td>Market Harborough</td>
<td>8.55</td>
</tr>
<tr>
<td>Blaby</td>
<td>10.5</td>
</tr>
<tr>
<td>Oadby and Wigston</td>
<td>8.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>233</strong></td>
</tr>
</tbody>
</table>

**Lead Practice Teachers** remain critical to the effective supervision and development of students. Up to four students will be supervised by each Lead Practice Teacher. The student will also be mentored by an experienced health visitor who will have undertaken specific training to mentor students.

**Clinical Team Leaders** are responsible for providing the day to day line management of the teams including clinical input.

**The specialist Health Visiting teams** for travelling families, for the homeless and for asylum seeking and refugee families, together with the Family Nurse Partnership and Early Start Charnwood, further enhance the Health Visitor establishment.
The health visiting teams also feature **community child health nurses, community nursery nurses, health visitor assistants and administrative staff.** These roles will continue to play an important part in the future health visiting workforce and in the delivery of care to children and their families, working with health visitors to connect together the wider team within FYPC.

The FYPC Division is committed to building a health visiting service which supports staff development opportunities that increase the **integration of services.** It is anticipated that health visitors will increasingly feature as both contributors to, and leaders of the local Healthy Child Programme, in integrated neighbourhood services whilst maintaining their unique public health role.

2. Professional mobilisation

We recognise the potential local impact of a skilled and experienced health visiting workforce. We also acknowledge the positive manner in which our staff has already stepped forward to communicate their new service offer, to promote health visiting as a career and to take up leadership and education roles.

Expansion of the workforce to the scale required generates tensions between the need to deliver services and the need to support large cohorts of students and newly qualified health visitors.

We will continue to support our health visiting team to respond to these demands, and this support will increase to ensure that:

- Our communications and engagement strategy and resources are delivered with maximum impact and aligned to recruitment campaigns
- Innovation is recognised and supported into mainstream practice
- Leadership skills are recognised, developed and promoted
- Skills are shared efficiently and supervision arrangements support staff development, safe practice and staff support needs
- Established and new staff is provided with relevant training opportunities that both meet the needs of the service and challenges the traditional boundaries of staff groups.

3. Aligning the delivery systems

Delivering the vision set out in this paper requires collaboration between all of the parties identified.

Co-ordination of this work, whilst central to current service management and leadership roles, also requires **dedicated project management** support that will:

- Establish and maintain co-ordinated and timely plans that recognise the interdependencies with other workstreams within the FYPC service development programme
- Identify and stimulate action to mitigate risks
Set and hold the best pace for development
Communicate effectively with stakeholders to provide the best opportunity for them to respond successfully.

Success is however dependent upon the response to the demands of the project management process; this workstream will continue to require new levels of response from colleagues delivering support for:

i. **Information and Technology** to communicate performance and workforce information and to provide efficient record keeping; communication with service users and care related communication between professionals (FYPC SDI IM&T Workstream)

ii. **Estate** to accommodate an increased workforce in appropriate environments (FYPC Locality and Hub Workstream)

iii. **Administrative support** to schedule work in a responsive and co-ordinated way across FYPC services for families (FYPC Unified Access System)

iv. **Management to lead change** that maximises the opportunities for integration of services, to agree relevant outcome measures with commissioners and to appropriately assess the impact of additional investment (FYPC SDI Senior Management Team)

v. **Service user involvement** to provide impactful and valid feedback from families using our services and track that feedback into actions that will improve the quality of experiences (FYPC SDI Service User Involvement Workstream)

The **Care Pathways Workstream of the FYPC SDI** will progressively join up the care pathways that encompass the universal partnership plus element of health visiting practice locally, and address associated staff development, new roles and supporting systems and processes. Health visiting staff will be engaged throughout this process to agree and implement pathways that include, but also extend beyond, the health visiting service offer through other FYPC services.

The Leicester, Leicestershire and Rutland Health Visiting Service **Standard Operating Procedure** sets out the universal service offer.

**Our Partnerships**

The FYPC Service Development Initiative provides an outstanding opportunity for health visiting services to work more effectively with other teams within LPT who are working to meet the needs of children and families. Until the Transforming Community Services programme in 2011 many of these associated services were part of other organisations; the potential impact of this organisational change cannot be underestimated.

Health visiting services work with many organisations and professionals locally to fulfil their role. **Midwifery services** provide a vital link for parents with the new health visiting model; this relationship will continue to develop to the benefit of local families. Whilst they are not exclusive relationships, it is also recognised that the
partnerships created with **General Practitioners and Local Authority Childrens Centre teams** are key to the future delivery of the service.

In recent years the development of the service and the co-location of health visitors with Childrens Centre teams has provided integration opportunities with significant benefits for families. This partnership will remain a central feature of our service. It is however also recognised that as this partnership developed **General Practitioners increasingly expressed a desire for more contact with health visitors.** With the support of General Practitioner colleagues our plans will address this important relationship directly; ensuring that both parties have increased opportunity to communicate effectively with each other.

**Feedback and Further Contact**

We welcome all feedback on the content and delivery of this vision. If you are responsible for the management or leadership of a group or service which you believe would benefit from further contact with the team leading this work, or if you would like to learn more or to discuss closer collaboration with us, please direct this in the first instance to Amy Roberts **amy.roberts@leicspart.nhs.uk** - secretary to Mark Roberts, Head of Community and Youth Services at Leicestershire Partnership Trust. Feedback received will be discussed by the FYPC SDI Health Visiting Workstream Group and will inform future planning.