1. Summary of the service and the main features

Locations
The Health Visiting Service covers all four Boroughs; Barnet, Hammersmith and Fulham, Kensington & Chelsea and Westminster.

Aims and Objectives
The Health Visiting Service works with individuals, families and community groups to lay the foundations of good health and wellbeing for families and to give children the best start in life. As part of the 0-19 Children’s Service, Health Visiting Teams, including nursery nurses, staff nurses and health visitors provide a service from birth to primary school age. The Service is delivered in family homes, Health and GP premises and Children’s Centres. The Health Visiting Team works in partnership with a range of health, social care and early year providers to deliver a co-ordinated programme of care based on the Healthy Child Programme and at key transition periods during a child’s life.

Health Visitors lead ‘The Healthy Child Programme’ which:

- Focuses on a universal preventative service, promoting good health and preventing ill health
- Identifies a core set of timely interventions which include the following key features; screening for child development concerns, immunisations, health and developmental reviews, supported by advice around health, wellbeing and parenting
- Describes a programme of early intervention which aims to identify risk factors that make some children more likely to experience poor outcomes in later life
- Supports the identification of children and families who are vulnerable and would benefit from additional support or services to improve health and wellbeing

Key features of the interventions include:

- Supporting parents/parenting skills to give children the best start in life
- Health Promotion and packages of support including, sleeping, feeding and nutrition, behaviour management, speech and language development
- Growth monitoring, as an important indicator of a child’s health and wellbeing

The Health Visiting Teams also deliver intensive programmes for children and families identified as having greater health and social needs. Within this vulnerable client group are child protection concern, domestic violence and
wider health needs, including children identified as having developmental needs.

Expected outcomes include:

- Prevention of serious and communicable diseases
- Provision of care that keeps children healthy and safe
- Increase in the prevalence and duration of breast feeding
- Strong parent–child attachment and positive parenting
- Early recognition of growth disorders/developmental and behavioural concerns
- Healthy eating and increased activity/identification of children at most risk of being overweight/obese
- Better short and long term outcomes for children identified as vulnerable
- Readiness for school

2. Patients at the “heart of everything we do”

Health Visiting is a diverse, satisfying and challenging role that involves bonding with families over time. Health Visitors are best placed to help families and young children. In fact, a growing body of evidence underlines the importance of the role in the first years of a person’s life.

Antenatal Patient story extract

“I am now 6 months pregnant and have seen mainly the same midwife; it has been great at St Mary’s. We are seeing the same Health Visitor that saw us with our first child and helped us after our son’s death; she visited us more than she should have.”

Actions:
Feedback the praise to St Mary’s midwife team and to the HV team for the consistency of care.

2 year review extract

“I didn’t get an appointment or an invitation for a 2 year review. Luckily the red book had the phone number of the health centre so I knew who to ring. ..The centre I went to was nice, it was friendly and there were other parents with children there of a similar age. There were toys on the mat. During the review, I was asked lots of questions, I found it difficult to explain, I just knew my daughter didn’t speak as well as her brother. What I couldn’t understand was why this person didn’t sit on the floor with my daughter and play with her. I asked for a referral to the speech therapist and completed the form there, which was useful as I could put my comments on the form and sign it.”

Actions:
- 2 year service improvement project implemented sending appointments to all clients
- 2 year standardisation project has standardised the review alongside training for staff
- Saturday clinics introduced
3. Looking back what have we done to improve the quality of the service?

_School Nursing applies a continuous improvement cycle approach, to how we work with our clients, families and develop service. Paramount to this is a focus on safety and clinical effective. Below are some examples of how we have achieved this._

### Patient safety - ‘a culture of being open and safe’

Health Visiting has taken the following steps to improve patient safety in the last year:

**Antenatal CQUIN**

Previous experience suggests that information sharing could be improved between health visiting and midwifery services particularly in relation to vulnerable mothers to ensure that care is joined up.

A new pathway has been developed in partnership with the midwives for vulnerable women, to support best practice and improve health outcomes for vulnerable women and families. This includes two extra contacts by the Health Visitor, one at 34 weeks antenatally and one at 3-7 days postnatally. To support the development of a shared language the London Continuum of Need has been adapted to support midwives in identifying vulnerability and using the same language as Health Visitors.

**Productive Referrals Management Project in Health visiting**

- The aim of the Productive Referrals Management Project (PRM) is to review the administrative processes across Health visiting and together with a cross section of clinical and administrative staff, redesign those processes to achieve the following goals:

- Improve Safety and Quality: Redesign the process to remove fragmentation, remove delays and minimise risk which we had previously.

- Standardise and harmonise the processes across all four Trust boroughs, to ensure they follow the same consistent, optimised process, ensuring that each person’s role is clearly defined.

- Develop a set of performance monitoring reports so that we can ensure that every notification is followed up, the correct action taken within the agreed timeline and there is a clear process in place to follow-up on those carers / parents who cannot be contacted or who DNA on their appointments.
Health Visiting Recruitment

A national decline in recruitment and training of health visitors going back over the past 20 years has led to community providers struggling to retain staff in the long term. The Department of Health initiative ‘Call for Action’ set out to address this issue and asked all NHS Providers to commit to expanding health visiting services. We have shown our commitment to this, employing 40 qualified health visitors, and in addition trained 44 health visitor students between 2011 and 2013.

- Clinical effectiveness - ‘no decision about me without me’

Health Visiting has taken the following steps to improve clinical effectiveness in the last year:

Developing band 7 health visitors – Children’s services are changing both in the way we meet children and family needs and how we respond to the commissioners who fund our services. This includes how we demonstrate the effectiveness of care delivered to achieve the best results for children. Crucial to the delivery of high quality services is the role our Team Leads, Community Practice Teachers and Specialist Nurses play. As local leaders they help shape and support the delivery of best clinical practice and have experience and skills to influence quality, safety and responsive patient focused care. As part of the development programme, the Children’s Division has run a number of band 7 away days focusing on ensuring they are leading evidence based practice in line with the vision for Children’s Nursing. Over 2013 learning sets are currently being arranged to ensure that staff are continually supported and have the platform for helping influence developments in children’s nursing.

Transforming Children’s Services – NICE and standardisation Project

The Division have transformed how we manage and incorporate NICE guidance into clinical practice. We have developed an extensive NICE Database which highlights relevant guidance summaries to specific services. Guidance has been built into core contacts across Health Visiting to ensure compliance.

In response to this we have developed clinical practice standards in relation to clinical interventions in health visiting and to support this robust training programme, pilot of associated tools and audit process. For example, we have developed guidance around delivering health reviews including the 2 year review and the primary contact in health visiting. This guidance is currently being piloted and is modelled on the Department of Health recommendations. Once the pilots have been completed and data reviewed, finding will help shape the final version of the guidance in the form of a Clinical Practice Standard.

Breastfeeding point at Boots

National Breastfeeding awareness Week in 2012 provided an opportunity for CLCH H&F health visitors to spend time with the public gathering information and feedback. The primary aim of this national event is to raise awareness to antenatal and postnatal women of the health benefits of choosing to breastfeed along with the support available within the community for breastfeeding mothers and their babies.
The health visitors set up a drop in information point in Boots chemist in Westfield’s white city. The event was run over 3 days and enabled families to approach the health visitors for health or breastfeeding advice or to give feedback regarding the service via a questionnaire. Some of the feedback;

- “I think this is a very good event”
- “Good service – keep up the good work”
- “Good advice, thank you”

**Support for Post Natal Depression – ‘Talking Times’ post natal support group for mothers with post natal depression. [PND]**

In Kensington & Chelsea, a health visitor led post natal support group for mothers with PND was piloted with the aim of supporting mothers exhibiting symptoms of anxiety and low mood. Using a cognitive behavioural training approach mothers had the opportunity to examine the reasons for their feelings and behaviours, explore their parenting beliefs and learn creative solutions to problems identified. Using combined Patient Reported Experience Measures (PREMs)/Patient Reported Outcome Measures (PROMS) to measure clinical outcomes and patient satisfaction the project met its aims and objectives for a small sample, through providing early intervention, helping mothers with low mood and anxiety to recover and enjoy motherhood through the sharing of experiences in a group setting, plus equipping them with the skills to help them through challenging times.

**Selected comments from patients**

- “to be listened to while expressing my feelings was very important for me and everyone was so supportive and helpful”
- “I strongly believe that focusing on me as a mother and my own needs has made me a better mother. I would really recommend this group to other mothers who are feeling the need for further support”

**Recommendations:**

Roll out the group, NICE GUIDANCE early identification is key to improving the mothers’ mental health, which in turn lessens the negative impact on infant mental health and on other family members as well.

**- Patient experience - ‘you said-we did’**

The Health Visiting Service offers all patients that access the service the opportunity to return a Patient Reported Experience Measures (PREMs) so that patients can provide feedback the service they receive. There have been a total of 726 PREM responses received this year, of which 95% of patients reported their overall experience of care as good or excellent.
<table>
<thead>
<tr>
<th>‘You said’</th>
<th>‘We did’</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. more local BCG clinics in K&amp;C</td>
<td>1. We opened a new BCG clinic in South Kensington to serve local clients. This clinic is very popular and the clinics may be further extended</td>
</tr>
<tr>
<td>BCG waiting times too long</td>
<td>We changed the appointment slots from two bookings every 15 minutes to one booking every 10 minutes</td>
</tr>
<tr>
<td>2. The 2 reviews were excellent and you would recommend them to a friend and you liked the aide memoir used by staff</td>
<td>2. We have rolled out the 2 year standard and aide memoir to all staff for the 2 year review</td>
</tr>
<tr>
<td>3. Breast feeding advice to be consistent and evidence based</td>
<td>3. As part of the Baby Friendly Accreditation process we have been training clinicians to ensure they have the skills and knowledge in breast feeding support. Accreditation standard was 80%, {Staff results 95%} Mothers audit results showed an improvement in the provision of information to breast feeding and bottle feeding mothers</td>
</tr>
<tr>
<td>4. Saturday clinics for 2 year reviews</td>
<td>4. We set up Saturday clinics</td>
</tr>
<tr>
<td>5. The support you received from the postnatal depression support group in K&amp;C was important to you and supportive</td>
<td>5. We have rolled out the training to all Health Visitors to be able to deliver postnatal depression support in line with NICE guidance</td>
</tr>
</tbody>
</table>

**4. What resources were utilised in the process of improving quality?**

We have utilised various resources to improve the quality of care provided by the Health Visiting Service, some of the main areas include:

- Internet premises, TCS management team, quality squad
- Relevant NICE Guidance and the HCP were utilised to improve quality including client and staff feedback
  - The role required protected time and so a band 7 staff member was seconded for this purpose.
- We also utilised audio and video recording devices and pilot project feedback
- Audit tools
- Laptops
5. Top Tips

Things that worked well

**Children’s divisional Quality group** – This group has been established with a clear focus of bringing children’s community nurses together with the explicit focus of putting quality at the heart of everything we do.

**Nice standardisation project**: We have developed a methodology for reviewing both the current NICE guidance compliance and understanding as well as newly published guidance. We have a robust project plan which has involved developing new clinical practice standards with staff and clients; piloting tools including obtaining service user feedback and launching the new standards along with training programmes. We are now in a position to evidence our NICE compliance and demonstrate safe high quality care. This project is on-going.

**Securing additional resourcing both internally and externally** - such as the quality squad to support using RiO accurately and the use of Learning and Development in the staff away days.

**Partnership working** – Safeguarding Health Visitors, Mellow parenting RBKC, Children’s Centres and Health Visiting, Improved communication with GPs.

**Away days** – positive feedback from the band 7 away days, now in the process of developing learning sets.

**Baby Friendly Initiative** – staff engagement with the level 3 training and the pass rate of 95%.

**Lessons learned:**

- Involve frontline staff and be more visible to them to address their clinical issues/concerns.
- Attend team meetings, forums etc.
- Stronger leadership and planned change management approaches specific to the NHS.

**Developing Clinical Practice Standards:**

- Engagement with the teams helped ensure change came from within so is likely to be more sustainable. Working parties involving frontline staff and relevant therapy services are help shaping the development of Clinical Practice Standards for core contacts across health visiting.
- Sharing best practice with other boroughs via away days, quality group etc.
- Working with NICE guidelines positively as provides a robust evidence base when implementing change.

Things that didn’t work as well

Due to the difference in commissioning arrangements across the inner and outer boroughs, the delivery of health
visiting services have proven more challenging to manage whilst standardising services and developing standards. For example key elements of the Healthy Child Programme have been commissioned differently across all 4 boroughs.

Geography of CLCH has proved difficult and gaining full representation across all boroughs has been difficult to achieve when piloting projects.

6. Key Improvement Areas

1. Record keeping
2. Standardisation of high quality safe care
3. Ability for HV to evidence their activity to demonstrate quality
4. Provide high quality care, continued care, continued shared learning
<table>
<thead>
<tr>
<th>Improvement area</th>
<th>Our target</th>
<th>How will we measure?</th>
<th>Who is responsible?</th>
<th>By when?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Record Keeping</td>
<td>85% and above</td>
<td>Audit of records</td>
<td>Professional leads / service managers</td>
<td>April 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow up action plan with specific borough actions PADR</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>One to one meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Team meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Standardisation of high quality safe care</td>
<td>Nice compliance</td>
<td>Audit of Clinical practice standards PADR</td>
<td>Frits Klinhamer, Project lead</td>
<td>Sept 2013</td>
</tr>
<tr>
<td></td>
<td></td>
<td>One to one meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>More discussion in the team</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>More uniformity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Better team working and increased morals and more adaption to change.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Themes/feedback from away days and learning sets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Ability for HV to evidence their activity to demonstrate quality</td>
<td>Increase Service user feedback-prems, patient stories and proms, service evaluation targets</td>
<td>Feedback from childrens’ centres/other professionals (MDT). Outcomes of PREMS AND PROMS</td>
<td>Team leaders, professional leads</td>
<td>November 2013</td>
</tr>
<tr>
<td>4. Provide high quality clinical care, continued sharing of learning</td>
<td>Increase in number of patient stories and actions corresponding to key HV contact with clients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Supervision to be rolled out across School Nursing, full implementation of the policy</td>
<td>Clinical supervision database-quarterly reports to IGM – children’s division</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joint responsibility Quality - Professional lead Implementation – Senior manager</td>
<td>31st April</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>