Local Demography
Strengths and Challenges

- Large geographical footprint, city and four market towns
- Child Population approx. 39,230 (0-19)
- Integrated Care Organisation and co-terminus with local authority (11 Children's Centers)
- Stable workforce – ageing population
- Historical challenges in workforce
Health Visitor Implementation Plan

• Integrated programme plan for the delivery of a new health visiting service

Growing the Workforce

Professional Mobilisation

Aligning the Delivery Systems
Health Visitor Implementation Plan 2011-2015

- Herefordshire Early Implementer Site
- Workforce development – 41 Health Visitors 01.04.15
- New Health Visiting Service Vision
Community

- Group antenatal provision
- Community based Health Visitor Led drop in clinics
- Community based rapid response services
- Health promotion, public health initiatives
- Community profiling
- Health Visitor lead for Healthy Child programme
- Building Community Capacity
Universal

• Antenatal home health visitor contact
• Postnatal primary visit between 10-21 days
• Postnatal 6 week visit, maternal mental health assessment
• Weaning contact
• Developmental assessments at 9 months, 2 years, 3 ¼ years
• Health Promotion at all contacts, Including check of immunisation status.
Universal plus

• Packages of evidence based care:-
   Maternal mental health
   Infant mental health
   Attachment
   Behavioural issues
   Sleep interventions
   Dietary concerns
   Breastfeeding advice and intensive support
Universal Partnership Plus

- Child Protection
- Child in need
- Looked after children
- Common Assessment Framework (CAF), Common Assessment Framework Team Around the Child (CAFTAC)
- Multiagency group meetings MAG
- Children with Disabilities
- Children with medical conditions
- Referral to additional services
Key Changes 1

• GP attachment with Geographical / Community caseloads.
• Band 7 Health Visitor Team Leader
• Teams, based on caseload numbers and vulnerability / deprivation and Safeguarding
• Named Health Visitors for each GP Surgery for enhanced caseload
• Regular meetings with GP’s re vulnerable families
• Weekly routine clinics in GP bases
Key Changes 2

- Specialist Health Visitor Services
- Daily health visitor clinic in a children’s centre’s including rapid response service and phone line service
- Central phone line for any enquiries manned by a trained Health Visitor.
- Community Profiling
- Named Health Visitor for each GP practice
- Named Health Visitor for each Children’s Centre
- Named Health Visitor for each Nursery
Early support

The ante-natal visit and multi-agency countywide ante-natal education
Health Visiting Antenatal Provision

"I really feel that I understand about how my baby is developing, and how I can help their development, it's amazing!"

"As a father I felt very involved in the session, and understand how to support my partner and baby."

A Journey to Parenthood - Antenatal Health Visitor Home Contact

- Previous sporadic antenatal home contact within Health Visitor service.
- Aim - Health Visitor antenatal home contact at 28-34 weeks gestation to all primigravida antenatal mothers, and unknown multigravida mothers.
- New Service Vision and Family Offer - Universal Services.
- Evidence base and staff training - Promotions Interviewing.
- Questionnaire utilized with clients to monitor success and facilitate continual development of the antenatal provision.
- Progress charted through numbers of antenatal parents receiving a home visit between 28-34 weeks gestation.

A Countywide Approach to Multi-Agency Antenatal Education & Preparation for Parenthood

- Previously minimal Health Visitor input into group antenatal education.
- Aim - to provide evidence based multiagency programme for antenatal education.
- Health Visitor's focus is on the journey to parenthood highlighting baby's brain development.
- Multiagency support sessions focus on practical issues caring for a newborn.
- Breastfeeding is discussed at all three sessions.
- New Service Vision and Family Offer - Your Community.
- Evidence base and staff training:
  - Early Intervention: the next steps. Allan (2011)
  - Preparation for Birth and Beyond. Dott (2011)
- Evaluation forms will monitor ongoing success and continual development of antenatal provision.
- Progress: through monitoring of attendance of antenatal parents.

"March 2012, 92% of evaluation forms completed by antenatal parents showed an increase in their confidence levels in relation to their knowledge of their baby's brain development."

A provider of health and social care.
Antenatal Visits
Developed by Health Visitors
<table>
<thead>
<tr>
<th></th>
<th>24-28 weeks (ante-natal)</th>
<th>34-38 weeks</th>
<th>Birth</th>
<th>Birth to 17 days</th>
<th>10-14 days</th>
<th>6 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Midwife</strong></td>
<td></td>
<td></td>
<td>Send Discharge Information to Child Health</td>
<td>Home Visit as required</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Visitor</strong></td>
<td></td>
<td></td>
<td>Birth Information received</td>
<td>Home Visit/HV role/Children Centre role</td>
<td>Full assessment of Needs</td>
<td></td>
</tr>
<tr>
<td><strong>Nursery Nurse</strong></td>
<td></td>
<td></td>
<td>Home Visit offered to families</td>
<td>Breastfeeding</td>
<td>Immunisation Advice</td>
<td></td>
</tr>
<tr>
<td><strong>Children's Centre</strong></td>
<td>Families Automatically Enrolled with Children's Centre at 24 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Child Health</strong></td>
<td></td>
<td></td>
<td>Birth Notification sent</td>
<td>Home visit to do 6 week measurements</td>
<td>“Whooley” Questionnaire for Postnatal depression</td>
<td></td>
</tr>
<tr>
<td><strong>GP/Practice Nurse</strong></td>
<td></td>
<td></td>
<td></td>
<td>6 week review</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Approach

• Improved quality Universal Antenatal contacts
• Appropriate Early Intervention/ referral as appropriate
• Developed by staff-multi agency approach
• Focus on Maternal and Infant Mental Health
• Focus on Fathers
  • Health Issues
  • Involvement
  • Role within family
Training

• Schedule of growing skills
• Ages and Stages questionnaires
• Promotional Interviewing
• Community Building and Development
• Healthy Child Programme
• Leadership
• Restorative supervision
• Safeguarding supervision
The Programme

- Commenced with 3 sessions increased to 4
  - Practical parenting and introduction to children’s center
  - Maternal and Infant Mental Health
  - Preparation for birth
  - Breastfeeding
- Standard sessions delivered to plan and evidence based
- Sessions offered in children’s centers across county
- Times and days varied and can mix and match
Expected Outcomes

• Health Visitor available to clients every week day
• Quality, evidence based and equitable service, with measurable outcomes
• Increased productivity and efficiency within the Health Visiting Service
• Quality community needs assessments, leading to effective service provision
• Improved Public Health Outcomes.
What Parents Say

The Antenatal contact made me feel more confident that I would receive the best possible after care.

I really looked forward to the visits and reassurance that my baby girl and I were doing well. She came on a week I was feeling worried and anxious. Thank you for the kind, friendly advice. Just what I needed.

It was nice to talk about the stages of my baby and that support would be there (young mum).

With their support I was able to breastfeed my baby although due to difficulties we could not continue this. My daughter has benefited from expressed breast milk which she is still receiving at 10 weeks.

Information about immunisations was reassuring and helpful.

I will welcome the service. I think it will be very useful to me and my family.

A provider of health and social care.
Thank you
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Any Questions?