

REPORT TO THE TRUST BOARD August 2014

Paper Title:	'Health Visiting Implementation Plan 2011-2015, A Call to Action' (DH 2011) Health Visiting Service Update
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Purpose:	For information and agreement
Action required by the board:	To acknowledge progress against 'Health Visiting Implementation Plan 2011-2015, A Call to Action' (DH 2011) An executive lead is identified and to oversee the CHIS as required by NHSE The Board acknowledges the changes to commissioning landscape of HV services and agrees in principle the need to progress as required the tender process in order to continue to provide the HV service beyond 2016
Document previously considered by:	Community Services Divisional Management Board
Executive summary	
<p><i>NHS England has requested that all trust boards are informed of the progress to date on HV – call to act 2010. This paper provides a summary of key actions as provided by Community Services Division, St Georges NHS Trust.</i></p> <p>1. Key messages</p> <ul style="list-style-type: none"> • St Georges has a good, stable health visiting workforce • Data is provided to NHSE via the minimum data set as required • NHSE is focused on CHIS and reporting • There are CQUINS attached to the health visiting and CHIS revenue budgets related to CHIS performance • The health visiting service will be tendered in 2016 after commissioning moves to the Local Authority 	
Key risks identified:	
<p><i>Are there any risks identified in the paper (impact on achieving corporate objectives) – e.g. quality, financial performance, compliance with legislation or regulatory requirements?</i></p> <p>Boundary issues</p> <p>In April 2014 NHSE expect services to be based on borough boundaries i.e. resident population as opposed to GP registered population. An agreement has been reached with NHSE to change to resident population as of 1 June 2014. The transfer of all current non resident children to the appropriate borough service will commence August 2014. Further work is required, led by Dr Tom Coffey, WCCG Children's Lead to ensure GPs are fully informed to ensure continuity of care is</p>	

promoted and any clinic risk is mitigated	
<p>Tendering of services The commissioning of health visiting will move from NHS England to Wandsworth Local Authority (WLA) in October 2015 when it is expected that WLA intend to tender the health visiting service. This will require consideration to be given to future HV provision by CSD and the need to compete for HV service. <i>The financial impact on CSD is c. £5m (>5% total income budget).</i></p>	
<p>Related Corporate Objective: <i>Reference to corporate objective that this paper refers to.</i></p>	<p>Developing Workforce</p>
<p>Related CQC Standard: <i>Reference to CQC standard that this paper refers to.</i></p>	<p>CQC outcome 4: Care and welfare of people who use services CQC outcome: 13: Staffing CQC outcome 21: Record keeping</p>
<p>Equality Impact Assessment (EIA): Has an EIA been carried out? Yes If yes, please provide a summary of the key findings. No negative impact identified. Service is for all children and families living in Wandsworth.</p>	

Introduction

In October 2010 the Public Health minister, Anne Milton set out the Government vision for the future of health visiting in England, reinforcing the Government commitment to increase the health visiting workforce by 4,200 by 2015. In addition, the 'Health Visiting Implementation Plan 2011-2015, A Call to Action' (DH 2011) set out this commitment for families, health visitor workforce, nurses and early years' staff, NHS and wider organisations. The commissioning of health visiting moved from Primary Care Trusts to NHSE in April 2013. The current health visiting service and CHIS are regarded by NHSE as well functioning.

Early Implementer

CSD HV service for Wandsworth was chosen by the DH as an early implementer for the health visiting implementation plan in 2012. This was a great opportunity for senior staff to attend training and conferences and gave access to additional resources and opportunities. The service benefitted from this involvement by developing a core service offer to include a Family Health Needs Assessment process, maternal mood assessment and stronger involvement with antenatal care. This has led to senior service leads being involved with the health visitor institute, developing strong links with South Bank University HV training programmes and other national programmes.

Workforce

HV services in Wandsworth (provided by Community Services division, CSD) received investment from NHS England (NHSE) to fund extra HV posts in line with the locally agreed 4 year trajectory target. The trajectory has been achieved with a total of 60wte HV in post (6wte new posts). Additional investment for specialist HV posts (c. 10wte) has been received from Wandsworth Clinical Commissioning Group (WCCG).

Moreover, as the HV service has been encouraged and incentivised to take additional health visiting students over the last 3 years. As a result of this the HV service has just recruited 5 wte HVs who complete their training in September 2014.

Workforce data is returned to NHSE monthly via UNIFY. This data includes: number of leavers, starters, bank and agency usage, destination of new students and students in training. This data return is monitored against NHSE and CSD agreed HV workforce plan (2014).

NHSE Minimum data set

NHSE has developed a new service specification and data set which is reported quarterly to NHSE since September 2013. Work is continues locally to ensure that RIO (clinical information system) is enabled to adequately record and produce the data required. It is likely that this reporting will continue until April 2016.

Child health information system (CHIS)

The CHIS is a part of the community IT system RIO and will form a crucial element of the new Open RIO system to go live in late October 2014. NHSE are responsible for the commissioning of CHIS and this responsibility will remain with NHSE until 2020. NHSE have made it clear that the CHIS is very important in relation to the safeguarding of children and children's information. As a result NHSE request board level commitment and overview of the CHIS with a board lead, usually the Chief Nurse.

The CHIS data and processes are managed by the child health information team (CSD) in partnership with the business intelligence team (corporate informatics). A recent serious incident in East Anglia regarding a child death resulting from inadequate communication between CHIS and EMIS (GP clinical information system) has resulted in a requirement to review of all processes across London. CSD CHIS has completed the required information and are not

considered as a high risk service; however the CHIS will receive a more detailed review by NHSE later in the year.

A number of CQUINS (2% of the health visiting and CHIS revenue budget) have been attached to the health visiting/ CHIS budget for 2014-2015 relating to data sharing across London, monitoring of neonatal BCG immunisations, Looked After Children immunisations and monitoring and follow up of babies with Hepatitis B. It is expected that these CQUINS will be realised.

Family Nurse Partnership

Wandsworth Local Authority has agreed to have a family nurse partnership team (FNP) which is required by and will be funded by NHSE. This partnership scheme is an intensive support programme for pregnant teenagers (under 19s) and will be provided in partnership with CSD health visiting service. It is expected that the FNP will be in place by December 2014.

Future

Commissioning of health visiting will move to Wandsworth Local Authority (WLA) in October 2015 when it is expected that WLA intend to tender the health visiting service.