EXECUTIVE SUMMARY:

The purpose of this paper is to provide assurance to the Board that the PCT, Leicester City CCG, De Montfort University (DMU), Leicester, Leicestershire & Rutland Workforce Development Team and Leicestershire Partnership NHS Trust (LPT) are working in partnership to address the shortfall in Health Visitors against the regionally defined target and are progressing the Health Visitor Implementation Programme - A call to Action.

RECOMMENDATIONS:

The PCT Cluster Board is requested to:

NOTE the current position
AGREE any further actions to be taken
NATIONAL CONTEXT

1. The Government recognises that Health Visitors are fundamental to better health and wellbeing. Their unique skills in assessing health needs at both population and community level and family and individual child level, make them central players in ensuring children develop well and parents, carers, families and communities achieve optimum health outcomes.

2. In response to the Government’s ambition relating to Health Visiting, the Department of Health established the Health Visitor Implementation Programme - A call to Action. The key aim of the Programme is to improve services and health outcomes in the early years for children, families and local communities, through expanding and strengthening the Health Visiting workforce, with an extra 4,200 Health Visitors in post nationally by April 2015.

3. The programme will establish across the country a new model for Health Visiting Service that all families can expect to access as illustrated in figure 1.

Your Community

Universal

Universal Plus

Universal partnership Plus

FIGURE 1.

4. For families this means the Health Visiting workforce will be mobilised to provide support in the following ways:

- **Your community** - a range of services, including some Sure Start services and the services families and communities provide for themselves. Health visitors work to develop these and make sure people know about them.
• **Universal services** - health visitor and team provide the Healthy Child Programme to ensure a healthy start for children and families (for example immunisations, health and development reviews), support for parents and access to a range of community services/resources.

• **Universal plus** - a rapid response from the health visiting team when people need specific expert help, for example with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting.

• **Universal partnership plus** - provides ongoing support from the health visiting team plus a range of local services working together and with you, to deal with more complex issues over a period of time. These include services from Sure Start Children's Centres, other community services including charities and, where appropriate, the Family Nurse Partnership. The service will be available in convenient local settings, including Sure Start Children’s Centres, and health centres, as well as through home visits.

5. Leicester City has been successful in its application to become a second wave Early Implementation Site (EIS 2).

**CURRENT LOCAL POSITION**

6. Between 2004 and 2006 predecessor organisations Eastern Leicester PCT and Leicester City West PCT working in partnership with the local authority implemented the *Children’s and Young People’s Health Integration Project*. The aim of this project was to enable the Health Visiting Services to facilitate equity of outcome and the highest possible level of health and well-being for children and families.

7. Health Visitors and their teams were redistributed and skill mixed in line with national directives at that time to enable the promotion of comprehensive services, continuity of care and recognising the contribution of other providers of services for children and young people such as Sure Start Children’s Centres and other community services and workers.

8. This enabled the development of a universal service, accessible to all communities in Leicester through local settings such as Sure Start Children’s Centres, community centres and health centres, as well as through home visits.

9. It places Leicester’s Health Visiting workforce in a favourable position for moving forward with implementing the new model outlined in *the Health Visitor Implementation Programme- A call to Action*.

**LOCAL CHALLENGES**

10. Leicester is a large city and the scale of diversity is unique compared to other cities in England. There are approximately 79,569 children and young people aged 0 to 18, representing 26% of the total population. Leicester is ranked as the
25th most deprived local authority in the country according to the Index of Multiple Deprivation 2010, with some areas of the city falling within the most deprived 5% in all areas of England.

11. In terms of safeguarding children in Leicester, 458 children are the subject of a child protection plan. Of this figure 48% are under the age of 5, 33% are aged 5 to 11 years and 19% age 12 years or above. The table below identifies categories of child protection plan.

<table>
<thead>
<tr>
<th>Categories of child protection plan</th>
<th>% of plans in place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>24%</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>9%</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>47%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>10%</td>
</tr>
<tr>
<td>Multiple categories</td>
<td>10%</td>
</tr>
</tbody>
</table>

12. Three recent Serious Case Reviews in Leicester have highlighted a lack of communication from and to Health Visitors and other members of the primary care team including GPs and Community Midwives, specifically in relation to parental problems, such as poor mental health, domestic violence and substance misuse, despite an association between these factors and child abuse and neglect being well established.

13. In addition to this there are approximately 550 children accommodated in the care of Leicester City Council. Under section 10 & 11 of the Children’s Act 2004, health commissioners are required to promote the health and wellbeing of children in care. Health visitors in Leicester undertake Review Health Assessments (RHA) for children from birth to 4 years who are accommodated in the care of Leicester City Council every six months.

14. Currently there are 63.5 whole time equivalent (WTE) Health Visitors in Leicester City, supported by 6.41 WTE Children’s Nurses and 28.67 WTE Nursery Nurses, a disparity of 86 WTE Health Visitors between the current number and the target to be reached by 1st April 2015.

15. Nationally, Health Visiting caseloads of approximately 250 to 350 cases, less in deprived areas with high numbers of complex cases such as Leicester, are considered to be appropriate to implement the new model, in Leicester Health Visitors caseloads are currently in excess of 500 cases per WTE Health Visitor.

IMPLEMENTING THE NEW MODEL

16. The vast majority of the workforce expansion required to deliver the new model of service in Leicester will stem from working in partnership with De Montfort University (DMU), Leicester, Leicestershire & Rutland Workforce Development Team and Leicestershire Partnership NHS Trust (LPT) to develop new and innovative approaches to commissioning training placements for:
• qualified nurses to train as Health Visitors (NMC registered Specialist Public Health Nurses);
• qualified Health Visitors to train as Community Practice Teacher;
• qualified Health Visitors who are no longer practicing, to return to practice,
• and for growing your own workforce :- staff employed within the team as children / general nurses who will go to train when a place is available. This is to gain experience prior to training.

17. For Leicester City Clinical Commissioning Group it presents a real opportunity to strengthen and grow a workforce of Specialist Public Health Nurses who can provide invaluable advice and support to families and help children, parents and carers make decisions that positively affect their family’s future health and well-being. In line with the CCG’s vision of; ‘all people in Leicester having long and healthy lives’.

18. Consequently the CCG Governing Body is proposing the following financial modelling:-

- 2012/13, LPT to recruit six Health Visitors using population growth funding in the LPT contract, taking the total to 69.5WTE. This leaves a gap of 80 WTE against the longer term target
- Following completion of the recruitment above, recruit a further 24 Health Visitors at a total annual cost of £1.3m, via a contract variation.

19. Recruiting the number of Health Visitors required within the given timeframe will be demanding in terms of the output of nurses going through Health Visitor training in Leicester and it is not expected that a significant rise in numbers of Health Visitors in post will be realised until autumn 2012, when the 2011/12 cohort of 18 nurses complete their training through DMU.

20. To counteract this DMU recruited an additional Lecturer for 2011/12 and increased the cohorts from one annually to two annually providing the following capacity.

<table>
<thead>
<tr>
<th>COHORT</th>
<th>NUMBER OF PLACEMENTS</th>
</tr>
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<tbody>
<tr>
<td>SEPTEMBER 2011</td>
<td>20</td>
</tr>
<tr>
<td>MARCH 2012</td>
<td>8</td>
</tr>
<tr>
<td>SEPTEMBER 2012</td>
<td>18</td>
</tr>
<tr>
<td>MARCH 2013</td>
<td>18</td>
</tr>
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</table>
21. Practice Teachers and mentors are required in the practice setting to support learning and assessment in accordance with the Nursing and Midwifery Council Standards (NMC August 2006). For the March 2012 cohort the number of Practice Teachers/Mentors available to support Health Visitors in training was limited and this in turn limited the number of students that could be accepted onto the March 2012 cohort.

22. The SHA directly fund universities for Practice Teacher and Mentor training which is free at the point of access. Local Universities have been informed that this training is a priority and are making sure there is sufficient provision for service need. Leicestershire Partnership Trust (LPT) secured an additional 10 Practice Teacher training placements for March 2012 and there is strong interest in 18 places for September 2012. This increase in LPT’s Practice Teachers and Mentors is reflected in the number of trainees being accepted onto the September 2012/March 2013 cohorts. In addition to this LPT have restructured internally to realise time for Practice Teachers to take additional students.

23. Recruitment and retention of Health Visitors in Leicester City has historically been challenging and successful implementation of the programme will require commissioners and LPT to promote retention of Health Visitors by re-energise the health visiting profession; promote learning and good practice and ensuring that robust performance measures, incentives and systems are in place to monitor and drive change.

24. LPT have engaged an independent consultant to review the current Health Visiting service and to identify options for addressing current workforce issues. This will be submitted to the Cluster via the Clusters Children’s and Families commissioning lead following presentation to LPT’s board. The Clusters Children’s and Families commissioning leads are in the process of developing governance arrangements to oversee implementation of programme, alongside stringent DH governance arrangements for EIS 2.

**RECOMMENDATIONS**

The PCT Cluster Board is requested to:

**NOTE** the current position