INCREASING CHOICE AND ACCESSABILITY TO THE HEALTH VISITING SERVICE FOR CHILDREN AND THEIR FAMILIES

Wirral Healthy Child Clinic

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Purpose of Document

This case study focuses on an improvement in service quality, innovation or a new way of working, specifically along one or more of the strands of the health visiting service vision and family offer

Community
Universal
Universal Plus and
Universal Partnership Plus

Brief Description of Case study/Project

With an emphasis on improving prevention and early intervention, the Health Visitor Implementation Plan encouraged us to rethink the *way* we deliver our service not necessarily *what* we do. We sought views form peers, agencies and families through verbal discussions during our universal and targeted services, open parent forums, and multi agency meetings asking parents their views through the local children's centres. This information identified themes on improving choice and accessibility, and, identified the diversity amongst agencies and families in terms of the role of health visitors.

The Healthy Child Clinic (HCC) is a drop in service for families that is open Monday – Friday. Families can access any aspect of the Healthy Child Programme including unscheduled immunisations. The rationale is one of addressing the themes identified, and to work in partnership with families in making decisions about their child's health (family and child centred care).

The universal, universal plus and universal partnership framework underpins the clinic, but in our experience families frequently move in and out of each area and seldom sit neatly within each domain. It is therefore imperative that we ensure accessibility to the universal service so that we can identify families needing additional support and, most importantly, identify them earlier. Families, particularly those accessing universal partnership rarely *seek* support proactively often because they fear being labelled or judged by professionals. They are normally identified through their lack of engagement or when another agency has highlighted a problem. We want to change this by allowing families to choose when they see us, build relationships and empower families to access support when they feel they need it. For example, drawing upon our experiences we know that women present to professionals on numerous occasions before disclosing domestic violence or mental health concerns. If we only provide an opportunity during current standard universal contacts at birth and six weeks then we are reducing the opportunity for women to discuss their issues and often women are identified when they have reached crisis. We still provide those contacts but we are now accessible on a one to one basis for an additional 35 hours a week. This is without any additional cost to the trust.

We have also moved away from the traditional appointment system for developmental reviews. We offer choose and book or 'walk in' reviews where parents can discuss their child's development. If this issue is not resolved during the drop in session, we create

care plans for families underpinned by the universal, universal plus and universal partnership domains to support the family. Families determine where and when the care plan is delivered, whether at home or in a clinic setting. For universal partnership, we use the Common Assessment Framework (CAF) to ensure families receive a joined up service.

Summary of Achievements

The attendance figures have increased two-fold since opening in March 2011. We now have up to 120 families accessing the clinic weekly. The strongest indicator for this success is word of mouth by our clients. Families from across Wirral access the clinic despite its promotion being limited to one area (leaflets, discussed at home visits).
The number of mothers receiving support for post-natal depression (PND) has increased since the clinic started. Monthly commitment data sent to managers highlights the number of families who are working with us, as evidence of the programme's success.

Caseload supervision highlights that support now sits within universal plus rather than partnership and although there are women within universal partnership this has reduced. All women have been seen on a one to one basis with families commenting that we have 'time to listen'.

Integrated working has improved significantly. Due to increased demand, we have now opened the clinic to accommodate midwives and the local children's centre. We have other agencies waiting, including one to one midwives (independent provider) and women's services. General practitioners refer directly into the clinic. Interest is generated through network meetings, joint working with families and monthly meetings with GP's. The clinic is promoted across social care, education and the voluntary sectors through meetings and literature.

The unpredictability of attendance at clinic, demands enhanced communication, assessment and leadership skills. Evidence of performance is drawn from supervision documentation. A training programme has been provided to our staff for motivational and promotional interviewing, by way of improving leadership and assessment skills. We have an increased number of health visitors coming forward to lead on specific clinic-related topics such as immunisations.

Over the past two years, completion of developmental reviews has increased from the range of 30 - 40 percent to 80 percent and above (2010-2012). An audit of appointment bookings during 2010 and choose and book/ drop in sessions during 2011 -2012 provides evidence of this improvement. Our data indicates that, on average, five daily appointments are offered by the service.

Challenges

Meeting increasing demand for the service

The principle that no one will be turned away requires that we evaluate the clinic as soon as possible, due to demands on staff. We aim to roll out the programme at two further sites across Wirral. This should further minimise travel distance for local families who want to access the service.

Although the service opening hours were originally from 09:00hrs – 17:00hrs, families were arriving at 08:30hrs and at 17:00hrs, which created difficulty in accommodating parents outside the clinic times. To address this, we arranged to open on Tuesday evenings. We were finding that those who attended were from another geographical area.

We recognise there is a need to provide even more choice and accessibility and we are working with the staff to explore how we can align working patterns with proposed changes. Proposals for flexible working have been received positively by staff at team meetings.

Increased involvement for partner agencies to be part of the service

The priorities set out in the Health Visiting Implementation Plan and feedback from parents (see measuring quality) will act as a framework for selecting those relevant agencies. Further expansion of room availability is currently being reviewed.

Staff training

For those health visitors predominantly working in safeguarding, applying skills in a clinical area has been limited. The first cohort of health visitors accessed multi-agency training such as a prescription writing refresher course or presentation of a sick or injured child. The nature of presentation is unpredictable and evidence from the Walk in Centre (WIC) and Accident and Emergency (A&E) show that families often present at a range of venues with a sick child. Clarity in the naming of the clinic has gone someway to address this. Training is not an additional cost as we have capacity to share resources across agencies. We will continue promoting the health visitor's role through literature, parenting groups and partnership working.

Technology

We have to expand the options in terms of how we communicate with parents. Although drop-in is effective, we need to consider use of the internet and booking in systems online.

Measuring improvement and quality

Although we have sought views from families, we need to have formal evaluation mechanisms so that the measures we use are robust and can be used as evidence to improve practice. We are working in partnership with our governance and quality unit to

plan how we can capture this data. Quantitative data is captured weekly (such as geographical numbers attending GP practice) but we need to enhance the qualitative data to inform the potential future demands of the clinic. For example parents' focus groups or asking parents to join us in clinic and feedback their observations. We also need to capture the views of health visitors working in the clinic.

Lessons learnt

There is still much work to be done and we must take stock, reflect, and, learn from our achievements to date. When setting up the clinic we had assumed that the most important aspect of convenience was locating the clinic with walking distance of service users, but this is not the case. Those using the service have told us that what they find most convenient is a service that is accessible at a day and time that suits them. Families tell us that they will travel if they believe they are coming to see a professional who has time to listen to them, so we know that the 'relationship' is important.

We have learnt that health visitors posses the skills needed to take the implementation plan forward, and providing more opportunities to demonstrate those skills is often all that is required.

Integrated working placed within the context of HCC has identified that external agencies have diverse requirements in terms of their expectations of joint working with us. The HCC has highlighted the complexity of this issue. For example, an agency may want to work in partnership with one issue (improving referrals to speech therapy) whilst social care requires a more intrinsically linked partnership and more time spent working collaboratively (including co-location when required). We will be seeking feedback from these agencies regarding how they use the clinic to deepen our understanding in this area.

Benefits

The benefits of this work are:

- prevention and early intervention for children, families and communities
- improving and enhancing the skills of health visitors regaining autonomy in their work
- making health visiting a desirable career, ensuring it is seen as a progression in nursing and something to aspire to
- reaffirming the health visiting service as key in public health delivery

The HCC is sustainable, as it does not ask us to change what we do but the way we do it. We are not reliant upon additional funding or additional skills to implement our way of working.

The initiative has been successful because of these key factors:

- Support from senior managers by listening to, and engaging with, frontline staff
- Families wanting the service

- Staff commitment to delivering the service
- Effective integrated working
- Community ownership and engagement, as demonstrated by feedback to and from local children's centre board and local councillors
- Identification of potential safeguarding issues
- Word of mouth

HCC updates are provided at Wirral wide meetings and local team meetings. Updates and discussions are also presented to external agencies. The plan is to now feedback to parents so we can take the service forward.

Innovation

We let the families steer the direction of the clinic and we respond to their agenda.

The service is offered to its maximum potential working within current legislation.

We have moved away from professionals always knowing best. This has required health visitors to not only embrace change but also be proactive. Change can be challenging for individuals and groups but the HCC has been warmly welcomed by all health visitors and the skill mix within the teams.

Three local health visiting teams pooled their resources to offer the service.

Changing the *way* we offer our service not changing *what* we do. The service could be viewed as an addition to any work we already undertake, however, staff are feeling empowered and positive about their role.

We are empowering families to access the service, tackling public health issues set out in many drivers for improving the life chances for children and their families.

To discuss any aspect of the HCC please contact

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Parents
Details available upon request

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