

CASE STUDY

Goole Health Visiting & School Nursing Team “Showcase” Children’s Team for Productive Community Services

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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**

Description of Project

The children and young people's team in Goole have adapted and then implemented the methodology of the Productive Community Services (PCS) Programme (NHS Institute for Innovation and Improvement) within their work. They adopted this approach in order to:

- Increase the amount of time spent directly supporting clients
- Improve the team working ethos
- Improve the service they offer to children, young people and their families
- Improve the outcomes for this client group.

The co-location into a purpose built health centre of the two health visiting teams for the town of Goole and its surrounding villages was instrumental in the development of closer team working and for sharing ideas to improve the service being delivered.

Further opportunities for closer working relationships occurred when the school nursing team for the area were also based within the same office.

The idea to become the pilot "showcase" team for the PCS Programme was shared with the team by the locality manager and, with the support of the service improvement manager leading the project, the team embraced the concept. They developed their team vision and worked through the modules of the PCS "box".

Our Vision



Team Vision – Goole Health Visiting & School Nursing Team

Challenges

The health visiting team in Goole has faced considerable challenges in recent years. Following a number of child deaths and subsequent serious case reviews there was investment into the area to increase the number of practitioners within the team and to provide local leadership and to increase the level of integrated working with staff from the local authority.

There was then a change in management structure in 2009, swiftly followed by a number of staff within the team departing for a variety of reasons, all at a time when recruitment was being restricted.

At a time when morale could have declined, the team that remained were convinced that there could be opportunities to improve the situation and were easily convinced of the potential benefits of working with the “Productive” methodology.

The Productive Community Service has enabled the whole team to examine our working practices. This has been very useful to me as a new team member.

Quote from RH - new HV

The team had also recently embraced the introduction of electronic record keeping (SystemOne) and used the ideology of PCS to prove the worth of dedicated administrative support to the team in order that they could all work more effectively.

Summary of Achievements

PCS has allowed the health visiting team to better develop their corporate model of working, allowing them time to organise and standardise their working practices. It has offered them the opportunity to refine their weekly allocation of work meetings and save valuable time for increasing client contact.

The simplicity of implementing “a well organised work environment” (module one of PCS) cannot be underestimated. It brought order to a room occupied by a significant number of staff. It created better communication channels, such as a calling card sized “reminder” that can be easily seen on a clear desk to indicate messages are waiting for the staff member.

The team operates a ‘duty health visitor’ system, allowing each of the health visitors to undertake this role and offering them time to manage telephone calls effectively. This gives the opportunity to answer another request from clients who wish to talk to someone when they need to and keep answer phone messages to a minimum.

The “patient status at a glance board” was adapted for “a staff status at a glance board” and was implemented. This tool allowed all staff to know over a three-week period the whereabouts of colleagues and to know who had planned commitments such as core groups or other multi agency meetings.

Impact

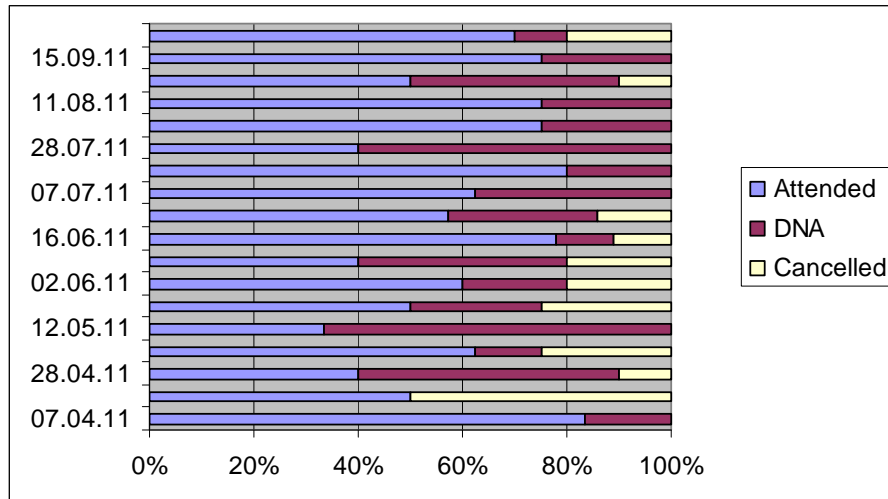
A significant impact on the team itself has been a renewed “energy” and enthusiasm to tackle the needs of their complex client group. Goole is within one of the most deprived areas in the country with Goole south in the 10 percent most deprived and Goole north in the 20 percent most deprived. (Indices of Multiple Deprivation, 2010)

The team has been better able to seek feedback from their client group with the introduction of a “You Said, We Did” board in the child health clinic room. The questionnaires offered to clients allowed them to seek a change in the timing of one of the child health clinic sessions to better suit their needs and then to advertise why the change had taken place.

The “getting to know our key stakeholders” module has offered the team the opportunity to focus on relationships with colleagues in order to improve communication channels, resolve issues, and focus on supporting clients.

The feedback from local midwifery services and from the local children’s centres has been excellent, and two of the health visiting team are making a significant impact with clients from eastern Europe who meet at a local community centre and are seeking various options for offering a more tailored service to this group.

The adjustment to the health visiting working practices has allowed for the introduction of a robust programme of antenatal clinic contacts for all mothers between 24-32 weeks gestation, with invitations being extended to between eight and ten women to clinic sessions held in three weeks out of four. Below is a snapshot of attendances between April and September 2011:



This focus on the antenatal period has allowed for renewed focus on advice about breastfeeding. The team have also introduced an early contact scheme with the support of community midwifery services, local breastfeeding peer supporters and children’s centre staff to support breastfeeding mothers and seek to increase and sustain the rates of breastfeeding within the area.

Benefits

The implementation of the PCS programme has renewed the staff’s approach to trying new ideas to increase their client facing contact. The enthusiasm for supporting their clients has been evident throughout.

The health visiting team are working hard to deliver the Healthy Child Programme and have recently achieved 100 percent attendance at two-year developmental assessment sessions, which are organised in co-operation with children’s centre staff.

The showcase team has been facilitating the roll out of PCS more widely, to other children and young people’s services teams across the Trust area. There is now a great deal of expertise and knowledge about practical and effective solutions that can be shared amongst colleagues.



Whilst some thought that PCS was simply a new name for an old idea, the general consensus is one that this is actually sustainable. It is about low / no cost changes that if implemented will then lead to innovative ideas and move the service forward.