

Children and Young People's Public Health Nursing Services (0 – 19 years)

Getting a good start in life and throughout childhood, building resilience and getting maximum benefit from education are important markers for good health and wellbeing throughout life. Health visitors and school nurses have a crucial leadership, co-ordination and delivery role within the Healthy Child Programme. They work with key partners to deliver comprehensive services for children, young people and families.

KEY PERFORMANCE DATA OCTOBER 2021 – MARCH 2022

Mandated contacts

Indicator	BCP		Dorset		England Average*
	Oct – Dec 21	Jan – Mar 22	Oct – Dec 21	Jan – Mar 22	Oct – Dec 21
% of mothers receiving a first face to face antenatal contact with a Health Visitor	34%	35%	67%	65%	-
% of all births that receive a face to face NBV within 14 days by a Health Visitor	50%	52%	89%	81%	82.7%
% of children who received a 6-8-week review by the time they were 8 weeks	93%	95%	95%	91%	80.9%
% of children who received a 12-month review by age 12 months	89%	92%	90%	86%	70.9%
% of children who received a 12-month review by age 15 months	90%	92%	91%	91%	81.4%
% of children who received a 2-2½ year review by age 2½	84%	87%	87%	85%	72.3%
% of children due 2-2½ year review for whom ASQ-3 is completed as part of review	97%	96%	98%	96%	92.0%
% of children who received a 2-2½ year review using ASQ-3 who were at or above the expected level in all five domains	89%	91%	87%	91%	83.6%

* Latest published and verified data from OHID

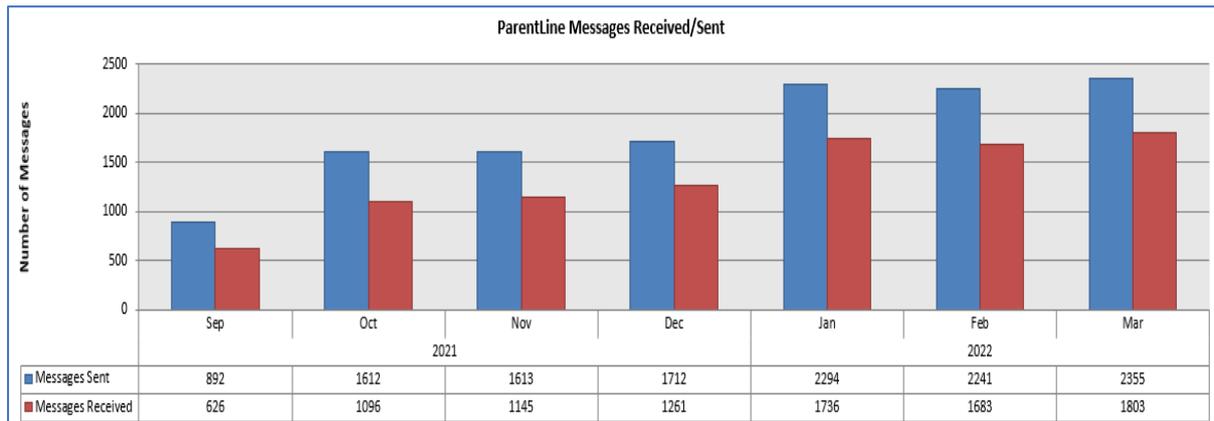
Business Continuity plans were enacted within Bournemouth, Christchurch & Poole teams as an amber risk at the Contract review Meeting (CRM) held on the 28th April 2021. Measures were further enacted pan Dorset and escalated as a red risk in September 2021 as Health Visitor capacity became further outstripped by demand.

Families at Universal Plus and Universal Partnership Plus were prioritised for contact and support, and Universal offers were delivered differently, including digital and skill mix. New Birth Visits were protected with 99% delivered by qualified Health Visitors and the contact target date extended to 16 days, with 98% or more receiving a contact within 30 days between October 2021 and March 2022.

KPIs and business continuity are monitored via Dorset HealthCare Trust's Directorate Management Group and reported in the Trust Board Performance Summary for internal oversight and monitoring and through Public Health Dorset's quarterly contracting and commissioning procedures. In January 2022 a Contract Notice Query was issued and KPI's for Antenatal and New Birth visits are being reported and monitored monthly complemented with further supportive action to address rising demand and capacity challenges.

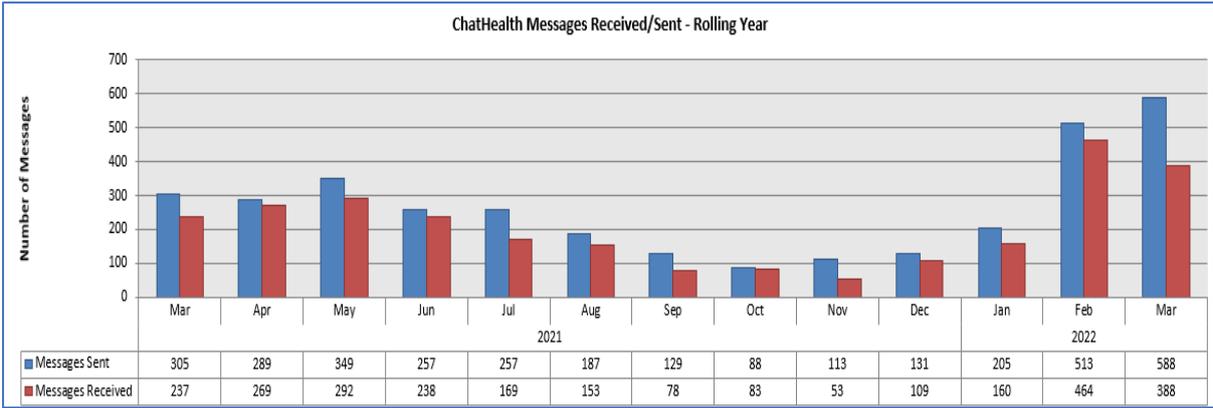
Digital Access

In September a confidential text message-based service for parents of children aged 0-5 years, called Parentline was launched. Between 1 January 2022 and 31 March 2022, 5,222 messages were received by DHC's ParentLine service. Some of the most common reasons why parents / carers are contacting ParentLine are: constipation / stool enquiries, child physical health, sleep. Over 70% of enquiries are from parents with children under 1 year old, demonstrating ParentLine as a really positive addition to providing information and advice to parents of this significant age group.



97% of respondents who contacted ParentLine said they found the conversation helpful. *"I found this service very helpful.....it's a great to get help and advice needed without waiting for appointments and taking up appointments when other people may need them, especially when my questions could be resolved over message quickly"*.

Chat Health is a confidential text message-based service for older school aged children to seek information and advice on their health and wellbeing. Between 1 January 2022 and 31 March 2022 1,012 messages were received by DHC's ChatHealth service which is a significant increase over the previous quarter. Some of the most common reasons why young people are contacting ChatHealth: Emotional health and well-being / worry, anxiety / panic attacks, also young people testing out the service. Digital access through CHAT Health is an established part of the 5-19 delivery and referral model for face-to-face or Attend Anywhere (virtual) appointment with a School Nurse.

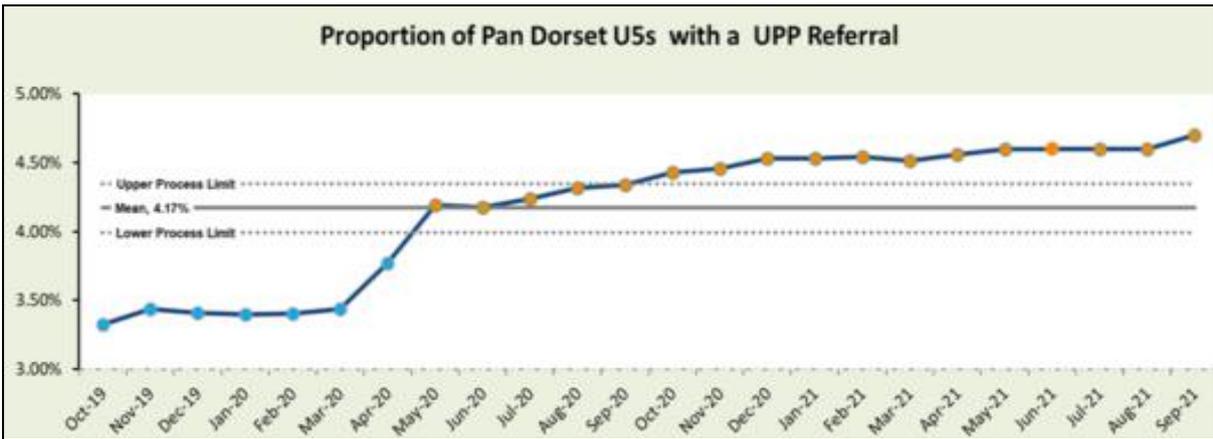


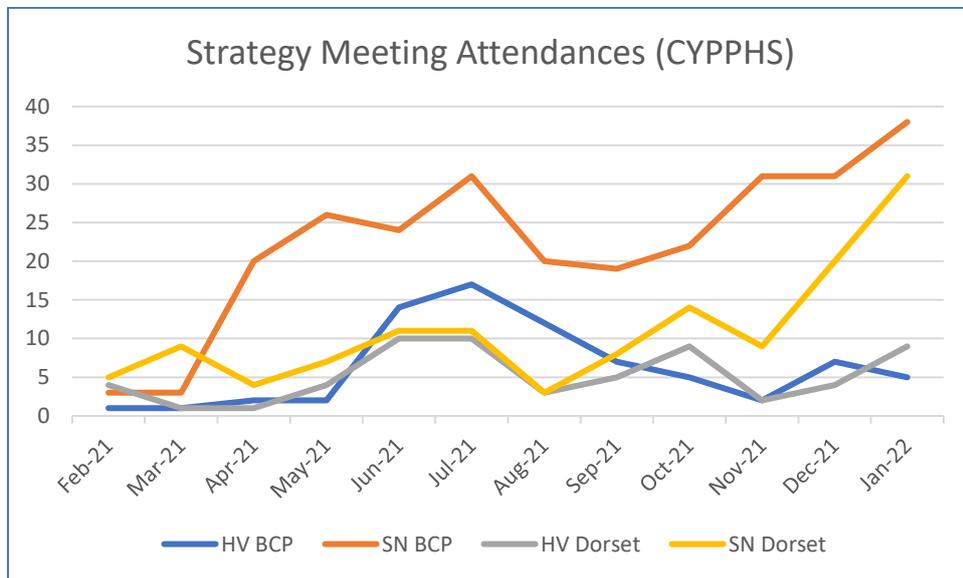
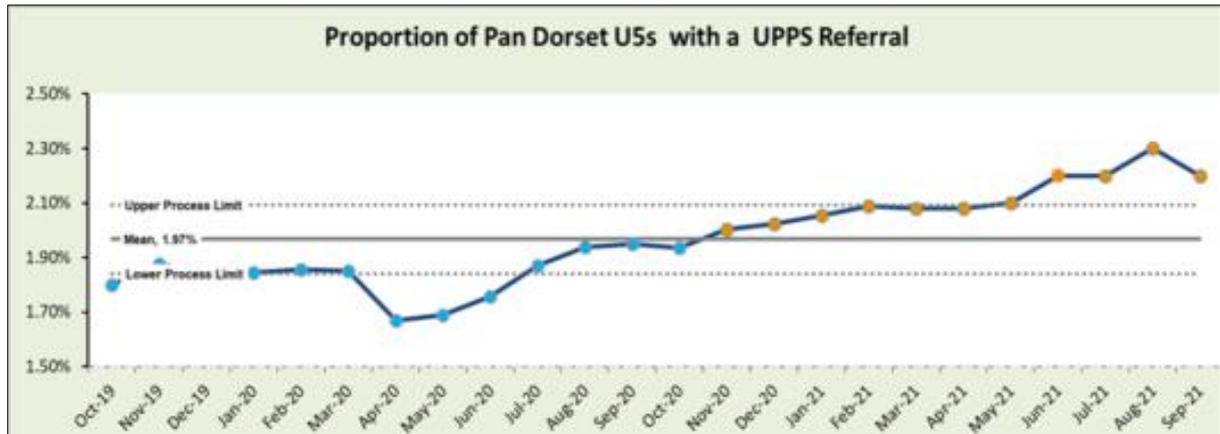
CHALLENGES FOR THE SERVICE

As the key Performance Data indicated there are some significant challenges for the Children and Young People’s Public Health Service, notably rising demand, and staff capacity. This section of the report provides additional evidence of the challenges and outlines plans which seek to mitigate risk. However, the Board should note, plans may require long term and systemic commitment to change.

Rising Demand

The Children and Young People’s Public Health Service have seen significant increases in the proportion of families with children under 5 years who need Universal Partnership Plus and Statutory support and interventions. This places considerable demand on the service to attend additional Initial Child Protection Conferences (ICPC’s), Review Child Protection Conferences (RCPC’s) and since the transfer of responsibility to frontline teams for Open Amber cases in July 2020 considerable increases in and rising requests to attend Strategy discussions, particularly in BCP.





	Quarterly Totals		
	BCP	Dorset	Pan Dorset
Q1	125	37	162
Q2	106	40	146
Q3	98	58	156

The Joint Public Health Board in February 2022 agreed additional short-term investment to support Safeguarding capacity. It is anticipated this will be achieved through recruitment of additional Band 5 nurses with specific safeguarding skills and

by upskilling the current Band 5's workforce in partnership with Bournemouth University by delivering an accredited Safeguarding professional development course.

Staff Capacity

In line with many frontline services, the Covid-19 self-isolation regulations impacted on staff absence rates, with particular pressure during the Autumn and early Spring periods. In Quarter 3, there was an average absence for Health Visitors isolating due to Covid of 3.5% with a 5% average sickness rate.

The Service has experienced increasing whole time equivalent vacancies, currently 15.0 WTE in Health Visiting. Feedback from staff leaving the service notes the rising demand and complexity of families and pressures from holding risk for very vulnerable families where there are emerging gaps in Early Help support. Public Health are working closely with the service to consider opportunities for organising work aligned to need and/or communities which would potentially improve both quality and role satisfaction (and retention) and increasing local flexibility (home visits and clinics appointments).

The Board should be aware that Antenatal and New Birth Visits are only delivered by SCPHN qualified Health Visitors, which means where there are staff absences or vacancies inevitably impacted on these two mandated contacts, where other contacts can and are delivered by a skill mix of staff within the service.

Recruitment challenges are prevalent across the South West region and Dorset Health Care has a Safer Staffing Group, overseeing a dedicated plan around reducing Health Visitor vacancies. The Trust have also introduced several measures to improve recruitment and retention, including an enhanced relocation expenses package for staff. It is recognised that recruitment to nursing vacancies across specialisms is challenging and seek the Board's support in seeking assistance from Integrated Care System recruitment strategies.

CELEBRATING SUCCESS

The Annual Conversation recognised the positive progress and service improvements despite the challenges from the pandemic and workforce challenges including; digital delivery; delivering responsive services including the arrival of Afghan families under the resettlement programme; developing clinical leadership opportunities aligned to key priorities; scaling CO monitoring at mandated contacts; implementing ASQ 3 for the school age review and further scaling of parental mental health.

In quarter 4, Public Health acknowledged the positive feedback from families and young people who use the Children and Young People's Public Health Service. Highlights are:

- *90% of respondents reported that the service they received was either very good or good, through a two-way text survey of service users.*

The Health Visitor listened to my experience and offered non-judgemental advice, reassured my concerns, and laid out where support is availability if/when we need it

I feel well looked after and like my Health Visitor has plenty of time for us, has given lots of great advice and reassurance

- 97% of respondents who had their appointment through *Attend Anywhere* rated their experience of their video appointment as either very good or good.
- 81% would choose video appointments in the future. Feedback noted some challenges with technology, some families felt the interaction with their child was missed through virtual appointments whilst others were pleased with the convenience but also noted the care and attention given through an appointment using the digital platform.

I felt she was listening to and interested in everything I was saying. She was very knowledgeable and helped me with my concerns, recommending relevant websites and information. The call connected really well and there were no IT issues at all

For a child's development I would prefer her to be seen in person in case I am not picking up on something to report.

FUTURE COMMISSIONING PLANS

There is a contract *Break Clause* prior to years 4 and 5 for the Service. This is an important opportunity to reflect on progress, impact, and future priorities. Engagement with stakeholders was initiated through the Annual Conversations in November and January with the following priorities proposed: addressing inequalities and wider determinants of health especially recovery from the impact of the Covid-19 pandemic; early identification and core capacity to deliver a robust Healthy Child offer (0-19); developing a sustainable workforce and system public health offer and a focus on key transitions including better utilising the National Childhood Measurement Programme at year 6.

Public Health is working closely with Dorset HealthCare to review and develop the requisite *Contract Variation*, for years 4 and 5 and this process will include workshops to focus on quality and improvement opportunities including Payment by Results priorities and outcomes, Key Performance Indicators and quality assurance reporting, workforce demand and capacity and a importantly engagement with frontline staff.

FOR THE JOINT PUBLIC HEALTH BOARD TO NOTE:

The service continues to provide a high level of coverage for the Universal Mandated checks from Antenatal to age 5 years with priority given to Antenatal and New Birth Visits. There continues to be significant participation in Early Help through a skill-mixed team to deliver evidence-based interventions and support for more vulnerable families. The service has achieved positive progress and impact against the four key priorities of the service; smoking cessation; school readiness; physical activity and emotional and mental health.

The service is experiencing significant challenges from rising demand and workforce retention in delivering a full Healthy Child Programme. Demands from additional safeguarding expectations and presentations places pressure on teams and there is an opportunity cost against prevention and early intervention, which reduce risk and minimise families escalating into statutory services. Commitment from partners is sought to ensure universal proportionate approaches can be implemented and risks for vulnerable families can be jointly held.

