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# Briefing Note – update on the West Berkshire Health Visiting Service

<b>Produced for:</b>	<i>Health Scrutiny Committee</i>
<b>Requested by:</b>	April Peberdy
<b>Portfolio Member:</b>	Councillor Janine Lewis
<b>Service Director:</b>	April Peberdy
<b>Date Prepared:</b>	29 <sup>th</sup> February 2024
<b>Briefing Author:</b>	Nerys Probert

## 1 Purpose of the Briefing

- 1.1 The purpose of this report is to provide an update on the West Berkshire Health Visiting Service.
- 1.2 Local Authorities have an array of statutory duties for children under the terms of the Health and Social Care Act 2012, including the responsibility for providing a 0 – 5 Health Visiting Service.
- 1.3 The health visiting service leads on the delivery of the Healthy Child Programme (HCP) for 0 – 5 yrs. The HCP is a universal prevention, health promotion and early intervention programme available to all families.
- 1.4 The Healthy Child Programme is one aspect of ensuring every child has the “best start in life”<sup>1</sup> and reducing inequalities, but this work requires a whole system, integrated approach as prevention and intervention cut across a range of partners working with children and their families.
- 1.5 No one organisation or professional group provides the complete solution – effective strategic system-wide approaches require organisations to work together<sup>2</sup>.

## 2 Background

### The Healthy Child Programme – Service Model

- 2.1 The Healthy Child programme is delivered across three levels of service: **Universal**, **Targeted** (previously universal plus) & **Specialist** (previously universal partnership plus). Targeted is also used as an umbrella term for the two levels of targeted, i.e targeted and specialist.
- 2.2 Universal services are offered to everyone, ensuring that they receive screening tests, immunisations, and advice, support and referral to targeted or specialist services.

Universal services aim to prevent future problems by identifying those at high risk and putting in place early support at a targeted or specialist level according to need.

- 2.3 Targeted services provide timely and personalised expert advice and support when children, young people and their families need it for specific issues. This might include mental health, long term condition management and breastfeeding. Providers will often work with other agencies to coordinate holistic, wrap-around support for people who need more targeted support.
- 2.4 Specialist services provide specialist practitioner support. Providers will often work with other agencies to coordinate holistic wrap-around support for people with acute or ongoing needs.
- 2.5 In England, the spine of the HCP is a series of regular, planned universal reviews of the health and development of each child. Each review is carried out in dialogue with the parents and family. There is a minimum requirement of five key child development reviews:
- 2.6 **Antenatal health visit at 28 weeks or above (health promoting visit)**

The antenatal visit is the first time that the health visiting service will meet with parents to discuss any concerns or issues that they may have about becoming parents; this is particularly important for first time parents. It is the first time that the health visitor will meet with parents to explain the health visiting service offer and complete the initial holistic family health needs assessment. The health visitor will explore what is going well, as well as any difficulties that the family may be experiencing. This forms the basis for a shared understanding between parents and health visitors about family strengths and needs and mutual decision-making about appropriate goals and actions to improve health outcomes for all children. The assessment will include: emotional support, discuss transition to parenthood and attachment.

- 2.7 **New baby review; 10 to 14 days following the birth (the new birth visit)**

The first visit made by the health visitor at home after the baby is born, where health visitors will check on the health and wellbeing of the parents and baby, support with feeding and other issues and give important advice on keeping safe, and to promote sensitive parenting. Some examples of issues that parents may wish to discuss include interacting with baby (e.g. songs and music, books); feeding; diet and nutrition; colic; sleep; crying; establishing a routine; safety; car seats; and the immunisation programme. They may also weigh the baby during their visit.

- 2.8 **6 to 8-week assessment**

A review of the child's development at 6 to 8 Weeks. This visit is crucial for assessing the baby's growth and wellbeing alongside the health of the parent, particularly looking for signs of postnatal depression. It is a key time for discussing key public health messages, including breastfeeding, dental health, healthy start vitamins, immunisations, sensitive parenting and for supporting on specific issues such as sleep. This visit is in addition to the 6 to 8-week medical review, which is often completed by the GP (as part of the primary care offer).

## 2.9 One-year assessment

This visit focuses on the assessment of the baby's development. It provides an opportunity to discuss with parents how to respond to their baby's needs and to look at safety and health promotion messages linked to next stages of development. It also provides an opportunity to identify where additional support may be needed, including things such as the child's diet, dental health, and safety issues. It offers the opportunity to provide parents with information about attachment and the type of developmental issues that they may now encounter (e.g. clinginess or anxiety about being separated from one particular parent or carer; sleep and other behavioural issues). The assessment will also be used to stimulate awareness around the emergence of speech and language and how parents can provide a rich environment within and beyond the home, for example to share books and limit screen time. Immunisation status will also be reviewed and prompt and support attendance where required. The development of fine and gross motor skills, exploring the trajectory of their emergence and acting with the parents on any concerns. Ideally this review should take place close to the first birthday, though to allow flexibility, the Regulations direct that this should be between 9 and 15 months.

### 2.10. The 2 to 2½ year review

The universal two-year review provides an opportunity to identify children who are not developing as expected and require additional early intervention. This review is at a key time when specific problems may begin to be evident e.g. behaviour problems, speech and language delays. The review considers the health and development of the child alongside the wider environment of home and family circumstances. It ensures that families are linked in with the right services and support where additional help is needed. It is an opportunity to talk about any issues the parent or carer may have regarding the child's health. This may include their hearing and vision, language development, behaviour, sleeping or toilet training. The ASQ-3TM has been adopted as a public health outcome measure for children aged 2 – 2½ to help monitor child development across England. However, the two-year review is more than a review of the child's developmental progress. The review offers an opportunity for a holistic assessment of family need whilst acknowledging any cultural difference and language barriers, assessing determinants of health that can impact upon the child's progress, physical and emotional health and wellbeing e.g. domestic abuse, mental ill-health, poor parenting, poor relationships, substance misuse.

## 3 Current Status

### Healthy Child Programme – West Berkshire Health Visiting Delivery Model

- 3.1 West Berkshire Council via the Public Health Team, commission Berkshire Healthcare NHS Foundation Trust to deliver the Health Visiting service.
- 3.2 The service is commissioned as part of a wider 0 – 19 (up to 25 SEND) Public Health Nursing Contract, which is commissioned jointly with Wokingham Borough Council and Reading Borough Council.

- 3.3 The contract commissions a skill mixed service. Skill mix teams are a combination of staff and skills within a health visiting team who work together to optimise health outcomes.
- 3.4 They are used within health visiting services to enable health visitors fulfil their main purpose - to create good health through a universal service that addresses the needs of individuals, families and communities.
- 3.5 Health visitors are registered nurses/midwives who have additional training in community public health nursing. They provide a professional public health service based on best evidence of what works for individuals, families, groups and communities; enhancing health and reducing health inequalities through a proactive, universal service for all children 0-5 years and for vulnerable populations targeted according to need.
- 3.6 In West Berkshire the five mandated visits are commissioned in the following way.

### 3.7 **Antenatal health visit at 28 weeks or above**

All targeted (this refers to both levels of targeted – targeted and specialist) antenatal contacts are carried out face-to-face by a qualified Health Visitor in the parents/carers' home.

Universal antenatal contacts should include the opportunity to meet with a Health Visitor. The antenatal contact is face-to-face, with virtual contact only taking place as a last resort. This contact is via a small group session with other parents/carers, held in a community setting with support from partner services (such as family support workers, midwifery, or breastfeeding supporters, where available).

Antenatal group sessions are held at West Berkshire Community Hospital and Lambourn (on the health bus).

### 3.8 **New baby review; 10 to 14 days following the birth (the new birth visit)**

Universal and targeted NBVs are undertaken at home by a Health Visitor.

### 3.9 **6 to 8-week assessment; A review of the child's development at 6 to 8 Week**

The universal contact take place in a local clinic or at home, dependent on client need, by skill mix staff or Health Visitor.

The targeted contact (targeted and specialist) takes places in clinic or at home dependent on client need and risk assessment, by a Health Visitor. Under the leadership of the Health Visitor, the decision will be made as to whether the check can be carried out by Health Visitor/skill mix.

### 3.11. **One-year assessment and 2 to 2½ year reviews**

Universal reviews undertaken in clinic, by skill mix staff or Health Visitor. Targeted (targeted and specialist) reviews are undertaken at home or clinic dependent on client need and a risk assessment, by a Health Visitor.

- 3.12. The universal 1 to 1 clinic appointments referred to above (**6- 8 week, 1yr and 2-2.5 yrs**) are held at Central Family Hub, St Francis Hall, Beansheaf Community Centre, Theale Village Hall, Burghfield Village Hall, Speen Village Hall, Newbury Town Hall, Hungerford clinic, St Bernadettes Church in Pangbourne and Newbury Cricket Club.
- 3.13. In addition to the 5 mandated visits the Health Visiting Service also offer the following services; 3 and 6 month contacts, Well Baby Clinics and Infant feeding drop in clinic, safeguarding work, ChatHealth.
- 3.13. **3 and 6 month contacts** – This is a digital offer at 3 and 6 month contact for universal families. Targeted families are offered a 3-month face to face contact by a health visitor or if appropriate by another member of the team.
- 3.14. **Well Baby Clinics and Infant Feeding drop-in clinic** – provide facilities for babies to be weighed and measured and for families to have conversations with a Health Visitor or member of the team. *Table 1* below shows the current Well baby Clinics running in West Berkshire.

**Table 1: Schedule for current well baby clinics**

Day	Time	Location
2nd and 4th Tuesday of each month	9.30am-12pm	Theale Village Hall, Englefield Road, Theale, Reading RG7 5AS
Every Thursday	9.30am-12pm	Central Family Hub, Park Lane, Thatcham RG18 3PG
4th Friday of each month	9.30am-12pm	Lambourn Leisure Centre, Close End, RG17 8NJ

- 3.15. From Wednesday 3<sup>rd</sup> April 2024 there will be a baby wellbeing clinic running every Wednesday from Newbury Cricket Club, Northcroft Lane, between 1.30 – 3.30.
- 3.16. In terms of clinics, information is on BHFT'S website - is the best up to date information [Health visiting clinics | Children Young People and Families Online Resource \(berkshirehealthcare.nhs.uk\)](https://www.berkshirehealthcare.nhs.uk/health-visiting-clinics-children-young-people-and-families-online-resource)
- 3.17. **An Infant feeding drop-in clinic** is held weekly on a Friday at Central Family Hub from 13.30-3pm.
- 3.18. **Safeguarding work** - Health Visitors hold universal, targeted and specialist caseloads. Additional support is offered via additional visits to Children in Care, Vulnerable Children and children who have a Child Protection plan. Any health issue identified requires the Health Visitor to attend safeguarding meetings, which consist of strategy meeting, child protection meeting and other safeguarding meetings. The HV role at these meeting includes preparing and presenting relevant reports, usually consisting of a health assessment of the child. The provider continues to report that safeguarding caseloads have remained high over the last year, which contributes to the increased numbers of meetings HVs have been asked to attend. The increased time taken to manage the higher numbers of children on CP or CIN plans naturally impacts on other universal/primary prevention aspects of the service offer.

3.19. **ChatHealth** is a confidential texting service for parents and carers of babies and children 0-5. It is a means of direct access for advice and support regarding child health and development. ChatHealth continues to be extensively accessed by parents and carers from across the Health Visiting services managed by Berkshire Healthcare. There has been an increase in the number of messages received and feedback continues to be rated exceptionally positively, with over 95% conversations rated as 5/5. The feedback gained from parents and carer the services has supported demonstrates not only the success of the service, the need for the service within our communities but also highlights the care, compassion and knowledge of the health visiting service staff who run the service and reply to worried parents, putting their minds at ease or providing strategies for support. The ChatHealth team continues to grow with more team members gaining licences to be able to support this busy but successful service.

## 4 Implications and Impact – Performance Data

- 4.1 West Berkshire Council commission the collection of data in line with nationally mandated KPI's and targets for the Health Visiting Service, additional data is also collected but is not publicly available.
- 4.2 The most up to date publicly available data is from 2022/23 are summarised in table 1 and in the table 2 in the appendix.
- 4.3 Antenatal contact data is not publicly available but there is an ongoing issue with notifications from midwifery which has yet to be resolved.
- 4.4 As you can see the service did not meet the targets for the 12 month review and 2 – 2.5 year review within these timeframes in 2022/23. This was due to a combination of staffing issues and the service was still catching up from when the reviews were stopped during the first wave of covid. These reviews were still undertaken but outside the timeframe for reporting.
- 4.5 These issues have now been resolved and both visits are meeting the targets for 2023/24.
- 4.6 This national benchmarking data shows the performance of the West Berkshire service in comparison, to other Local authorities was above average in the South East and Nationally for all apart from the 12 and 2 – 2.5 year reviews in 2022/23. However, it is important to note that such indicators can mask health inequalities and do not provide insight into quality components of care and have limited ability to demonstrate service effectiveness for key public health priorities.
- 4.7 Although the staffing issues have been resolved in West Berkshire, it is important to note the national shortage in health visiting. This does impact on the service from time to time as it is very difficult to recruit to posts when staff leave the service.

## 5 Next Steps

- 5.1 Seek resolution for the antenatal notifications from midwifery.
- 5.2 Continue to contract monitor the service and work in partnership with BHFT to address issues of increasing pressures on the service because of safeguarding caseloads remained high.

## 6 Conclusion

- 6.1 The Health Visiting service is a universal prevention and early intervention service. The HCP is an evidence-based framework for the delivery of this public health services to children and families. Health visitors play a key role in identifying needs, promoting and improving health, preventing illness and reducing inequalities – helping children to thrive. At a time of increasing need and complexity, the profession is needed now more than ever.
- 6.2 The foundations for future 'health' are laid in the earliest years of life. Health Visiting doesn't just have benefits for babies, children, young people and families, long-term investments in these key services can benefit children's lives both now and into the future.

## References

1. Public Health England (2019) PHE Strategy 2020-25.  
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## Appendix:

**Table 1: Health visiting and child development related indicators from Public Health outcome framework for year 2022/23**

Data source: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>.

Proportion of New Birth Visits (NBVs) completed within 14 days	2022/23	→	1,336	92.7%	82.6%	79.9%*	13.3%		99.0%
Proportion of infants receiving a 6 to 8 week review	2022/23	↓	1,241	83.5%	84.2%	79.6%*	4.9%		98.5%
Proportion of children receiving a 12-month review	2022/23	↓	1,184	76.9%	84.3%	82.6%*	22.9%		99.0%
Proportion of children who received a 2 to 2½ year review	2022/23	↓	1,007	61.7%	76.3%	73.6%*	5.3%		98.0%
Proportion of children aged 2 to 2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review	2022/23	→	967	96.0%	94.7%	92.5%*	43.7%		100%
Child development: percentage of children achieving a good level of development at 2 to 2 and a half years	2022/23	↓	852	88.1%	79.8%	79.2%*	4.1%		94.4%
Child development: percentage of children achieving the expected level in communication skills at 2 to 2 and a half years	2022/23	→	891	92.1%	88.9%	85.3%*	12.0%		95.9%
Child development: percentage of children achieving the expected level in gross motor skills at 2 to 2½ years	2022/23	→	931	96.3%	93.0%	92.8%*	13.3%		98.8%
Child development: percentage of children achieving the expected level in fine motor skills at 2 to 2½ years	2022/23	↓	938	97.0%	90.7%	92.6%*	13.8%		99.1%
Child development: percentage of children achieving the expected level in problem solving skills at 2 to 2½ years	2022/23	↓	924	95.6%	93.1%	91.8%*	11.3%		98.3%
Child development: percentage of children achieving the expected level in personal social skills at 2 to 2 and a half years	2022/23	↓	894	92.5%	90.6%	90.3%*	13.7%		97.2%

Accessed on 4<sup>th</sup> March 2024

**Table 2: Health visitor service delivery metrics, 2022 to 2023, England, regions, and upper-tier local authorities (Data source, UKHSA, Published on 7 November 2023)**

(Data source:

[https://assets.publishing.service.gov.uk/media/6536995226b9b1000daf1dd8/health-visitor-service-delivery-metrics-2022-to-2023\\_annual.ods](https://assets.publishing.service.gov.uk/media/6536995226b9b1000daf1dd8/health-visitor-service-delivery-metrics-2022-to-2023_annual.ods))

Area	England	South East	Reading	West Berkshire
Face-to-face antenatal contacts (number)	152,238	29,910	197	135
Infants turning 30 days (number)	532,277	80,086	2,025	1,441
New Birth Visits within 14 days (number)	425,310	66,159	1,478	1,336
New Birth Visits within 14 days (percentage)	79.9%	82.6%	73.0%	92.7%
New Birth Visits within 14 days, lower 95% confidence interval (percentage)	79.8%	82.3%	71.0%	91.3%
New Birth Visits within 14 days, upper 95% confidence interval (percentage)	80.0%	82.9%	74.9%	93.9%
New Birth Visits after 14 days (number)	94,656	12,491	475	80
New Birth Visits after 14 days (percentage)	17.8%	15.6%	23.5%	5.6%
New Birth Visits within and after 14 days (number)	519,966	78,650	1,953	1,416

Percentage of New Birth Visits within and after 14 days (percentage)	97.7%	98.2%	96.4%	98.3%
Infants due a 6 to 8 week review (number)	530,344	80,479	2,056	1,486
6 to 8 week reviews (number)	421,976	67,743	1,501	1,241
6 to 8 week reviews (percentage)	79.6%	84.2%	73.0%	83.5%
Children turning 12 months (number)	560,882	85,999	1,989	1,493
12 month reviews by 12 months (number)	397,805	64,161	1,428	843
12 month reviews by 12 months (percentage)	70.9%	74.6%	71.8%	<b>56.5%</b>
Children turning 15 months (number)	550,222	86,785	2,032	1,539
12 month reviews by 15 months (number)	454,442	73,171	1,680	1,184
12 month reviews by 15 months (percentage)	82.6%	84.3%	82.7%	<b>76.9%</b>
Children aged 2½ years (number)	570,854	86,499	2,086	1,631
2 to 2½ year reviews (number)	420,057	66,008	1,399	1,007
2 to 2½ year reviews (percentage)	73.6%	76.3%	67.1%	<b>61.7%</b>
2 to 2½ year reviews (number)	435,667	69,784	1,399	1,007
2 to 2½ year reviews using ASQ-3 (number)	403,054	66,061	1,370	967
2 to 2½ year reviews using ASQ-3 (percentage)	92.5%	94.7%	97.9%	96.0%