From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee

Date: 22 November 2018

Subject: Contract Monitoring Report – The Health Visiting Service

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary:

This contract monitoring report provides the Committee with an overview of the Health Visiting Service commissioned by Kent County Council (KCC). The service performance is good and with completion of mandated reviews above the national average.

The Health Visiting Service supports over 90,000 families in Kent with children aged under the age of 5. Working in close partnership with KCC services has enabled delivery of key projects including co-location of staff in Ashford and Infant Feeding.

A collaborative approach with the commissioned provider, Kent Community Health NHS Foundation Trust (KCHFT), supports KCC to provide an efficient, effective and responsive service which offers value for money, flexibility and continuous improvement.

Recommendation:
The Health Reform and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on:

- ongoing activities to deliver statutory obligations, meet performance expectations and ensure value for money
- work to support the integrated transformation of the HV service including; implementation and delivery of the new infant feeding model, co-location with Children Centres and revised offer for vulnerable families

1. Introduction

1.1 Kent County Council (KCC) Public Health has a responsibility to deliver improved health and wellbeing and reduce inequalities for Children and Young People living in Kent. To support this, KCC commissions the Kent Health Visiting Service.

1.2 This contract monitoring paper provides details of the purpose, performance, outcomes, value for money and strategic direction of the Health Visiting Service. An update on the new Infant Feeding Service has been incorporated into this paper.

2. How is it delivered in Kent?

2.1 The service is delivered by Kent Community Health Foundation Trust (KCHFT) through an innovative contracting partnership put into place in June 2017. This supports accelerated delivery of the Sustainability and Transformation Partnership (STP),

flexibility to manage budget reductions while meeting statutory obligations and the delivery of continuous improvement.

2.2 The workforce includes Locality Clinical Managers, Team Co-ordinators, Health Visitors, Community Public Health Nurses, Community Nursery Nurses and an administration team allocated to District areas.

3. What does the service provide?

3.1 The Kent Health Visiting Service lead the delivery of the Healthy Child Programme (HCP), as part of an integrated approach working alongside maternity services, primary care and Early Help, to support families with children aged 0-5 years. There are around 17,500 live births in Kent each year[i] and an estimated 91,399 children under 5 in Kent in 2017, forecast to increase by 6,500 (9%ii) by 2023.

3.2 The universal offer includes 71,000 mandated developmental reviews which includes; an antenatal, new birth, 6 to 8-week, 1 year and a 2-2½ year contact. The HCP's universal reach provides an invaluable opportunity to identify families that are in need of additional support and safeguarding concerns. The service is family centred, flexible and focus on 6 early years high impact areas as detailed in Appendix A.

3.3 The service also provides a targeted offer including; Universal Plus, Universal Partnership Plus and a Vulnerable Families offer. The latter will be delivered under the Family Partnership Model across all Districts in 2019 to support greater equity and improve outcomes for a greater number of families. For more information please see appendix B.

3.4 The service has a key role in the protection and safeguarding of children, working with other agencies where there are safeguarding concerns and intervening early with families who are at risk.

3.5 On 1st June 2018 Health Visiting incorporated the delivery of Infant feeding services in Kent. The new model was designed to extend and expand the reach of breastfeeding support by utilising the skilled Health Visiting workforce and to improve links with key partners including Midwifery Services. Further information is provided in Appendix C.

4. Why invest?

4.1 The Health Visiting Service fulfils KCC's statutory obligations to offer five universal mandated developmental reviews which are funded via the Public Health ring fenced grant. It makes a significant contribution to achieving KCC's strategic vision to ensure that children and young people in Kent get the best start in life[iii] . For more information on how the service supports this outcome please see Appendix D.

4.2 There is a wealth of evidence for the return on investment that can be gained from early intervention in children's lives to support better outcomes[iv], and the Health Visiting Programme is one of a number of programmes that supports a preventative approach.

5. What does good look like and how does Kent perform?

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[i] in 2017 there were 17,467 births in Kent. Source: Births and deaths in Kent -2017, Strategic Business Development & Intelligence, Kent County Council

[ii] Source: Housing led forecast (Oct 2016) Strategic Business Development & Intelligence, Kent County Council

[iii] Increasing Opportunities, Improving Outcomes – Kent County Council's Strategic Statement 2015 - 2020

[iv] Source: National Health Visitor Programme (2017), PHE – Benefits Realisation http://qna.files.parliament.uk/qna-attachments/804278/original/PHE%20Benefits%20Realisation%20Report.pdf

5.1 The Service performance is monitored by the public health commissioning team on an ongoing and quarterly basis, reported nationally to Public Health England, KCC Cabinet and this committee. Key measures of success are as follows;

5.1.1 Provide five mandated development contacts to under 5's

5.1.1.1 Following transfer to KCC, the service has increased antenatal contacts completed and maintained performance at the new birth, 6-8-week, 1 year and 2-2.5-year contacts. Please see Appendix E for more information.

5.1.1.2 As demonstrated in table 1 below, the service has met or exceeded targets for all the mandated contacts, except for the coverage of antenatal contacts for quarter 1 of 2018/19. The activity delivered for this contact does not represent a drop-in performance due to an agreement between KCC and KCHFT to increase the target this year. The service is planning to increase performance this year by improvements made to the antenatal notification process.

Table 1: Delivery of universal contacts for Kent and Nationally in 2017/18 and 2018/19 (Q1)

Metrics	National Data 2017/18	South East Data 2017/18	Kent Target 2017/18	Kent 2017/18	Kent Target 2018/19	Kent 2018/19 Q1
PH04: No. of mandated universal checks delivered by the health visiting service (12 month rolling)	-	-	65,000	**71,495 (g)**	65,000	**71,287 (g)**
PH14: No. and % of mothers receiving an antenatal contact with the health visiting service	-	-	30%	**8,408 48% (g)**	50%	**2,078 48% (a)**
PH15: No. and % of new birth visits delivered by the health visitor service within 30 days of birth	98%	98%	95%	**17,018 97% (g)**	95%	**4,094 98% (g)**
PH16: No. and % of infants due a 6-8 week contact who received one by the health visiting service	84%	86%	80%	**15,856 90% (g)**	**80%**	**3,628 89% (g)**
PH17: No. and % of infants receiving their 1-year review at 15 months by the health visiting service	83%	83%	80%	**15,018 87% (g)**	80%	**3,609 86% (g)**
PH18: No. and % of children who received a 2-2½ year review with the health visiting service	76%	80%	80%	**14,319 83% (g)**	80%	**3,546 80% (g)**

5.1.2 Comparison to other Local Authority areas

5.1.2.1 As detailed in table 1, the Kent Health Visiting Service achieved similar or higher coverage rates than the national average in 2017/18 for the mandated contacts, excluding antenatal, for which comparison is not available.

5.1.2.2 In comparison to the South East in 2017/18, Kent achieved higher coverage on the 6-8-week, 1 year and 2-2.5 year contact and had a similar rate of coverage for the new birth visit.

5.1.3 Improved outcomes for families assessing the service

5.1.3.1 The service is multifaceted, and supports families work towards a number of short and long-term outcomes such as improved parental attachment, child development and health, improved parental lifestyle choice.

5.1.3.2 Outcomes of the service can be measured in a number of ways:

- Illustrated via case studies and feedback as illustrated in Appendix F.
- *Measuring changes to the population outcomes to which the service contributes, for example school readiness, minor injuries and A&E attendance[i].
- *Measuring change in access to other KCC children services.
- Using linked data to track personal outcomes over time (Kent Integrated Dataset).

*(*It is worth noting that a number of the above cannot be directly correlated to the service but be one of a number of contributing factors that support improvement in outcomes.)*

5.1.4 Provide a responsive service that meets user needs

5.1.4.1 The service continues to perform well with regards to patient experience. 99% of the parents who responded to questionnaires said they would recommend the service to friends or family**,** 98% were satisfied with the service and 99% felt listened to.

5.1.4.2 The service also collects regular feedback from staff and users and invites them to codesign changes to services. For example, KCHFT has recently added a search facility to the Infant feeding website pages in response to user feedback.

5.1.5 Delivery of the new Infant Feeding Model

5.1.5.1 The Infant Feeding Service has transitioned to the Health Visiting service and delivered several achievements:

- The Service has been awarded the UNICEF Baby Friendly Initiative Stage 2 accreditation, demonstrating skills and knowledge to effectively care for mothers and babies with regards to infant feeding.
- A new website was launched to promote services (kentcht.nhs.uk/service/kent-baby).
- Developed local timetables with Children Centres which offer a choice to families including baby hubs, drops ins, peer support groups and support at the home.
- Offer women a timely appointment - The service prioritises based on presenting need and to date those with an urgent need are offered an appointment within 48 hours.
- Held sessions with peer supports across to understand their views and support them.
- Identified staff within the service who will be a Breastfeeding Champion.
- Ensured all relevant staff have received training relating to the identification of tongue-tie using the evidence-based Bristol Tongue Assessment tool. This will support them to refer on to CCG funded Tongue Tie services.
- Appendix G provides three case studies of women using the new Infant Feeding services.
- An evaluation framework has been developed to support learning and measure the impact of the new model. Further information can be shared with this committee in due course.

5.1.5.2 Following the transition in June 2018, KCC received a number of complaints regarding the new Infant Feeding Service. Appendix C details the 4 complaints received in quarters 1 and 2. Improvements have been made in response to the feedback received and work will continue to embed and develop the service within the wider system**.**

6. Key improvements and service transformation

6.1 To maximise opportunities to integrate services and improve efficiency and outcomes, a transformation programme was developed. This resulted in the delivery of key service improvements (detailed further in appendix H) including:

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[i] https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133228/pat/6/par/E12000008/ati/102/are/E10000016

- Co-location and joint protocols between Children Centre and Health Visiting staff.
- Delivery of new Baby Hubs in Children Centres and co-designed parenting programmes.
- Clearly defined evidence-based pathways to ensure consistent experience.
- Development of a more equitable offer for vulnerable families.

7. How much does it cost?

7.1 The transformation programme described above has achieved £1.8 million of cashable savings and a further £0.7m of cost avoidance which has been delivered through better use of staff time and rationalisation of posts.

7.2 Despite a reduced operating cost, the service's performance has been consistent as presented in table 1 and has delivered a number of improvements within the Health Visiting Service and the wider 0-5 pathway as set out in appendix H.

7.3 The Partnership between KCC and KCHFT has implemented open book accounting and reviewed the service spend, capacity and priorities to identify further savings for 2019/20. The Public Health grant will reduce by £1.8M next financial year and this approach enables KCC to maintain front line services but deliver required savings.

7.4 The current contract value for 2018/19 of £22,344,268[i] will reduce by £200,000 per annum from 2019/20 and has been achieved though:
- A reduction in premise costs due to colocation.
- A decrease in overheads achieved through new systems and shared payroll with KCC.
- Removal of five performance incentive targets to reduce administrative burden.

7.5 The PHE Spend and Outcomes Tool (SPOT) for local authorities[ii] can be used to determine if the contract offers KCC value for money. It highlights that Kent spends slightly less than the national average for the prescribed and not prescribed 0-5 Children's services and that national performance (shown in table 1) demonstrates Kent performance being similar to or above national levels.

8 Risk

8.1 Risks are monitored using a shared risk register with the service. Key risks for the service are detailed in appendix I and include recruitment and retention of staff coupled with increasing demand and a national reduction of funded educational places for the Specialist Community Public Health Nursing programme.

8.2 The service has a number of mitigations to manage these risks. This includes targeted recruitment, robust retention policy, flexible working arrangements and collaboration with Canterbury Christchurch University to train qualified nurses in the Community Public Health Nurse role.

9 Conclusions

9.1 KCC has commissioned a Health Visiting Service since 2015 which supports over 71,000 families in Kent each year. KCC and KCHFT have taken a collaborative approach to monitor performance and ensure that the service offers value for money and continuous improvement.

9.2 Future priorities for the service are:

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[i] KCC has also committed some other one off funding this year to support co-location and service improvements set out above.

[ii] Available at https://www.gov.uk/government/publications/spend-and-outcome-tool-spot

- Develop innovative solutions to address risks relating to a reduced Health Visiting workforce.
- Exploration of opportunities to integrate with early help and specialist children services.
- Health Visiting to continue to embed and refine the infant feeding services.
- Pilot and roll out of the revised offer for vulnerable families.

Recommendations

The Cabinet committee is asked to **NOTE** and **COMMENT** on:

- Ongoing activities to deliver statutory obligations, meet performance expectations and ensure value for money.
- The work to support the integrated transformation of the HV service including; the implementation and delivery of the new infant feeding model, co-location and the reshaping of the offer for vulnerable families

Background Documents

Public Health Transformation Programmes -Health Reform and Public Health Cabinet Committee - 30 June 2017
https://democracy.kent.gov.uk/documents/s77418/Item%208%20-%20PH%20Commissioning%20Strategy.pdf

Transition of Infant Feeding Service -Health Reform and Public Health Cabinet Committee - 1 May 2018
https://democracy.kent.gov.uk/documents/s83969/Item%2010%20-%20Infant%20Feeding.pdf

Performance of Public Health commissioned services -Health Reform and Public Health Cabinet Committee - 1 May 2018
https://democracy.kent.gov.uk/documents/s83970/Item%2011%20-%20Public%20Health%20Performance.pdf

The Healthy Child Programme – Pregnancy and the first 5 years of life
www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life

Report Authors:
Victoria Tovey, Senior Commissioning Manager
Victoria.tovey@kent.gov.uk

Samantha Bennett, Consultant in Public Health
samantha.bennett2@kent.gov.uk

Relevant Director:
Andrew Scott-Clark, Director of Public Health
03000 416659
Andrew.scott-clark@kent.gov.uk

Appendix A – The 6 early years high impact areas:

- Transition to parenthood and the early weeks
- Maternal mental health
- Breastfeeding
- Healthy weight, healthy nutrition and physical activity
- Managing minor illnesses and reducing hospital attendance/admissions
- Health, wellbeing and development of the child aged 2 and supporting families to be ‘ready for school’

Appendix B – Further Information on the Health Visiting Service Offer

The Health Visiting Service includes;

Level	Description	Example Services Delivered by Health Visiting
Universal	Working with parents and carers to lead and deliver the full HCP from antenatal care through to school entry.	5 mandated contacts Healthy Child Clinic Baby Hubs
Universal Plus	Delivery of advice and interventions when family have additional needs on a specific issue, including maternal mental health & wellbeing, parenting issues,	Breastfeeding Support Listening visits for perinatal mental health 1:1 session for healthy weight Solihull parenting courses
Universal Partnership Plus	To work with parents and agencies in the provision of intensive multi-agency targeted packages where there are identified complex health needs or safeguarding needs.	Case Conferencing Safeguarding Partnership interventions with families
Family Nurse Partnership	The FNP programme was introduced in 2007 in a number of locations in England. The service offer consists of up to 64 structured home visits to first time teenage mothers, delivered by specially trained Family Nurses, from early pregnancy until the child is two years old. FNP aims to improve pregnancy outcomes, parents' economic self-sufficiency, child health and development. Participation is voluntary, and participants must meet the strict eligibility criteria.	

The table below provides the average number of Universal Plus and Universal Partnership Plus caseloads that the Health Visiting service has per annum (17/18):

Universal Plus Caseload	Universal Partnership plus Caseload
39,192	7,308

Appendix C – The Infant Feeding Service

Overview

In October 2017 KCC developed and consulted on a new model for infant feeding support for families across Kent. This looked to embed and extend the range of breastfeeding support into the universal Health Visiting Service thereby offering support to more families. Following a discussion at Health Reform and Public Health Cabinet Committee in February 2018 and a subsequent Key Decision in March 2018, KCHFT implemented the new infant feeding model in June 2018.

KCHFT have worked closely with key partners to ensure that women are offered the right service in a timely manner and to build on the positive elements of the previous service, which includes the volunteer Peer Supporters. KCHFT continues to work with key partners including Children's Centres, Midwifery and local CCGs to embed the new model within the wider system.

The new approach aims to deliver a number of benefits, including:

- Provide a more 'joined-up' experience for families looking for advice and support on the full range of infant feeding issues
- Increased awareness and promotion of breastfeeding
- Offer an increased number of professional led clinics
- Offer additional access to telephone advice and home visits where identified as needed

Training

To ensure the effective implementation of the new model the service have also carried out the following training to develop the skills and knowledge of the Health Visiting Workforce;

- Health Visitors complete the E-Learning Nutrition Workbook
- Community Nursery Nurses attend Introducing Solid Food Training
- The phased roll out of the tongue tie training using the Bristol Tongue Assessment for Health Visitors
- All clinical staff must complete the 2-day Baby Friendly initiative training. This includes:
  - All new starters will receive training within 6 months of commencing in post
  - A Practical Skill Review 6 weeks post training.
  - On an annual basis Health Visitors and Community Nursery Nurses are offered refresher training and are assessed against a yearly Practical Skill Review

Complaints

Since transition, KCC has received complaints regarding the new service. The table below summarises the complaints received in quarters 1 and 2 following the transition of the service, and the resolution to each theme.

Theme	Number of Complaints	Resolution
Breastfeeding Service Changes	2	Referral process in place for Specialist Breastfeeding Service. Additional training has been delivered to Breastfeeding Champions relating to the management of tongue-tie. This training has meant that Health Visitors are equipped with a greater knowledge base around the identification and management of tongue tie which will make it easier for babies to be appropriately managed
Reduction in peer support groups	1	KCHFT to be proactive in the recruitment and retention of peer support volunteers across all districts primarily those with the greatest need. KCHFT and KCC are committed to continue to work collaboratively to ensure a high-quality service is provided to Kent residents.
Usability of the	1	KCHFT have made various changes to the website in response

Breastfeeding Support Pages on the KCHFT website		to the feedback received and will continue to make ongoing developments to improve the usability of the website.

Infant Feeding Service Challenges

The referral pathways for frenulum division requires two documented feeding assessments to identify a tongue tie. These can be undertaken by the Breastfeeding Champions and Breastfeeding Specialists within the Health Visiting Service. Breastfeeding Champions are equipped to provide this support, undertake feeding assessments and help in the management of tongue tie whilst waiting for referral for frenulum division. The services for division of the frenulum are the responsibility of the CCGs and there are currently delays in some areas of the county between a referral for division and the procedure taking place. With provision being varied across the county. KCC and KCHFT are working with CCG's to see how the pathway for the division of frenulum can be improved.

Future Plans for the Infant Feeding Service

The Health Visiting Service are now supporting Children's Centres to achieve the stage 2 accreditation and both Children's Centres and the Health Visiting Service will work towards achieving stage 3 accreditation by 2020.

The Local Maternity System Kent and Medway are developing a website where Kent wide information and resources regarding infant feeding will be sited. KCC are leading a workstream to develop the infant feeding pages, collating the information from all the relevant local services (Acute trusts, CCGs and KCHFT) to support the consistent provision of information and signposting for families across Kent.

A wider programme of public health initiatives led by the Kent Public Health team to increase initiation and maintenance rates of breastfeeding rates in Kent is being planned. This will include a pilot community engagement project to explore using peer supporters in wider community roles, the relaunch of the breastfeeding welcome scheme and the development of a suite of system wide communications tools about breastfeeding, to include a focus on the first hour after birth and sustaining breastfeeding for the first 6 weeks.

Continue to progress discussions with CCG's the pathway for the division of frenulum.
The service will continue to support women who are peer supporters or have recently completed training. The service is conducting a review using insights with peer supporters and breastfeeding mothers to identify how peer supporters can be support mothers to breastfeed and the development of the new peer support training programme. This will be offered to women who would like to volunteer as a peer supporter in 2019.

Appendix D – The Health Visiting Services' contribution to Public Health outcomes

Health visiting has the opportunity to have regular contact with families, including within the home environment early on in the child's life and this can be invaluable in support of the development and wellbeing of the whole family.

There are a number of challenging public health issues in the early years which Health Visiting can support families to address:

- Smoking at Delivery - The percentage of women recorded as smoking at delivery in Kent continues to remain higher than the England average. In 2017/18 the percentage in Kent was 14% compared to the England average of 11% which is slowly decreasing year by year[i].
- Healthy Weight – In 2017/18 8% of Kent's reception year children were obese, this is lower than the national average and similar to the South East average.
- Breastfeeding – Breastfeeding rates in Kent remain low with 49% of women partially or fully breastfeeding at 6-8 weeks which is similar to the national average at 44%[ii].
- Health Inequalities – The children of Kent experience significant health inequalities that will have lifelong impact. Deprived children in Kent are more likely to be obese, have a parent who smoked during pregnancy, be less likely to be breastfed and less likely to take up the offer of childhood immunisations. Data suggests that the health inequalities gap across Kent and England is increasing[iii].

Health visitors play a crucial role in reducing health inequalities and ensuring that children have the best possible start in life through delivery of the HCP. The effective delivery of the HCP leads to;

- strong parent–child attachment and positive parenting, resulting in better social and emotional wellbeing among children;
- care that helps to keep children healthy and safe;
- healthy eating and increased activity, leading to a reduction in obesity;
- increased rates of initiation and continuation of breastfeeding;
- positive oral health
- readiness for school and improved learning;
- early recognition of growth disorders and risk factors for obesity;
- early detection of – and action to address – developmental delay, abnormalities and ill health, and concerns about safety;
- identification of factors that could influence health and wellbeing in families; and
- better short- and long-term outcomes for children who are at risk of social exclusion.

[i] Source: PHE Fingertips NHS Digital

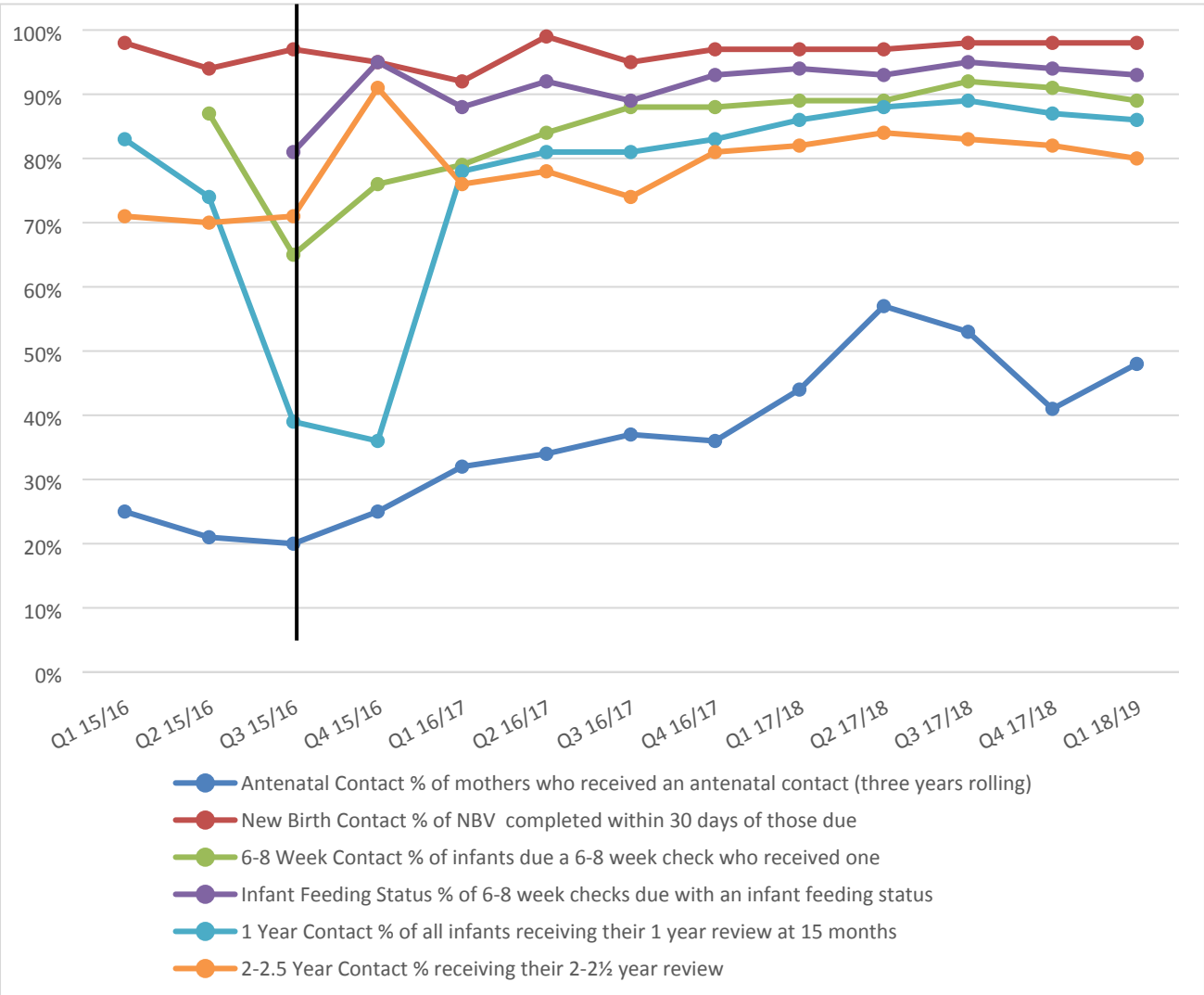
[ii] Coverage above 85% however quarter did not meet 95% for robustness expected for national reporting

[iii] Source: Kent Public Health Observatory Mind-the-Gap-Analytical-Report

Appendix E – Performance of the Health Visiting Service

Graph 1 below illustrates the performance of the service from quarter 1 2015/16 which fluctuates to reflect seasonal trends.

Graph 1 – Performance of the Health Visiting Service Quarter 1 2015/16 – 2018/19



*The vertical black line on the graph indicated the transfer of commissioning responsibility from NHS England to KCC.

Appendix F – Service Case studies on improving outcomes

Case studies – The Healthy Weight Discussion Tool, Canterbury

Case study 1

A mother of a 14-month-old child attended the Health Visiting Clinic for discussion about behaviour issues. He was noted to be overweight, the Healthy Weight Discussion Tool was initiated, and the mother decided on changes she felt she could make. She was invited to return to clinic for a review. On the return visit to the clinic her son had dropped his weight centile, from being considerably above the 98th to being on the centile. The mother was thrilled and explained that she had previously felt powerless to change her children's weight status, all 3 of whom were severely overweight. Since the contact 3 months ago, the family have changed their snacks to healthy ones, reduced portion sizes and all have bikes. The mother has also enlisted her obese 11-year-old onto a dance class to improve her weight. The mother asked if she could return to clinic in 3 months for another 'weigh-in' for her son.

Case study 2

During the delivery of a developmental review a Community Nursery Nurse (CNN) initiated the Healthy Weight Discussion Tool with a mother of an overweight 2 year old child. The mother was also overweight. Following this review the CNN has reviewed the child, in which the mother advised how helpful she has found the visit from the CNN as she felt that she did not know where to start in changing both her and her daughter's lifestyle. The CNN referred the mother to the dietitian and has another contact booked with the family.

Case study 3

The Health Visiting team in Canterbury have also been working with key partners with regards to supporting families to achieve and maintain a healthy weight. For example, a member of the Health Visiting Team visited a local nursery to discuss their mealtimes and portion-sizes and have shared useful interventions. The service have also provided training to local Children's Centre staff on Introducing Solid Foods, including a discussion on responsive feeding and cues.

Appendix G- Infant Feeding Service Case Studies published in Community Health Magazine, Autumn 2018.

Case Study 1

Health visitors offer a service to everyone regardless of need, but when someone needs extra support they are always there to turn to and that's what mum M and her husband G experienced.

"We'd been trying and trying for a baby," explains 45-year-old M, from Sevenoaks. "I thought at the age of 36 and being reasonably fit and healthy it would be easy to get pregnant. After a few years, we began to try IVF treatment. I also had a number of miscarriages – but when I got pregnant with J I just knew this time it was going to be fine. And it was."

A gave birth to baby J in May 2017 at Pembury Hospital, where she described the care as fantastic. However, when J was just a few-days-old, M found herself worrying about his development. "I was trying to breastfeed him, but I honestly didn't have a clue what I was doing. I had no idea if he was latched on properly or getting enough milk. He just seemed to fall asleep all the time when I was feeding him."

M visited a breastfeeding drop-in session at her local children's centre in Sevenoaks. "The volunteer peer supporters were incredible. They were kind, patient and gave me all the reassurance I needed to carry on breastfeeding.

"There's so much conflicting advice on the internet, it's so hard to know what to believe. Just being able to talk things through with a real person was amazing. I'm sure I would have given up without their support, but thanks to them and with more advice from the health visitor I was reassured that I was doing the right thing." Like most first-time parents, M and G also struggled with getting enough sleep, which can have a huge impact on emotional health. "When J was around four or five months I went along to a healthy child clinic and saw a lovely health visitor. I was so tired and feeling overwhelmed by everything. J wouldn't nap during the day unless he was in his buggy and I was exhausted. I was only there to get him weighed but I burst into tears.

"The health visitor couldn't have been kinder. She reassured me that I was doing well and boosted my confidence. She gave me some practical advice and I felt better about everything straight away." Returning to her full-time job, as an HR director for a London construction company, also presented a challenge to M: "J was exclusively breastfed and had never taken a bottle, not even expressed breastmilk. I had no idea how the nursery was going to manage. "So, I called the health visiting duty helpline for advice.

Claire answered, and she could not have been kinder or more supportive. Again, she gave me reassurance and practical strategies to help J and me to adjust. I called again when I needed help with weaning him off the breast at bedtime and once more they were fantastic; kind, reassuring, and non-judgmental. "All the tips I got paid off and J now eats well, sleeps well and is a lovely calm baby. The health visitors deliver common sense advice with compassion, and their help is available right on your doorstep. We're privileged to have these wonderful professionals as part of our community."

Case Study 2

K, 30, from Gravesend, has five daughters and by the time little A, 10 months, came along, she thought she would have all the answers.

She said “A had tongue tie and acid reflux, which my health visitor Becky quickly spotted and then made a referral. We’ve had a lot of challenges as a family and Becky has really helped us. She supported me when I left an abusive relationship, liaised with social services and my GP and put me on the right path. All the health visitors have helped us so much.
“I have been on a freedom programme and in a recovery group for survivors of domestic abuse and now I’m learning how to support and empower other mums through the EPEC programme. We used to stay indoors all the time; I felt like a nobody.”

“But we’re like a new family now as we’ve all been helped through difficult times with support from the health visitors. My older daughters used to be quiet and withdrawn. Now they are confident and chatty, a bit too chatty sometimes!’’

Case Study 3

V is just one of 150 women who provide an invaluable service to new mums across Kent.

Mum-of-two, V is a breastfeeding peer supporter – a trained volunteer providing help and advice to families, which are struggling with breastfeeding. “I became involved after having my son W, who’s now six,” explained V, 34. “I really wanted to breastfeed him and my plan was to do that, but unfortunately I had gestational diabetes and William had low blood sugar when he was born.

“The first priority of the health professionals looking after us was to get his blood sugar to the right level and I wasn’t given any support or help to breastfeed. I couldn’t get him to latch properly either, so we ended up giving him formula milk.

“When he was about one, I saw they were offering training to people to be a breastfeeding peer supporter. As I had my own experience with wanting to breastfeed and not being able to, I thought I would like to help others in the same situation. There just wasn’t any help for me so I wanted to make sure others received the help they needed.”

Peer supporters are trained to give breastfeeding mums support and encouragement. They also help by giving information to parents to help solve common breastfeeding problems, such as correct positioning. They receive training in listening skills and dispelling breastfeeding myths.

V thinks breastfeeding peer supporters are essential to the community: “There aren’t enough specialist professionals to see everyone who has a problem with breastfeeding, but we are able to help with the really common issues that people experience and then the specialists can deal with the more complex cases. For instance, if they come in to the clinic and say; ‘my baby is feeding all the time’, we can let them know that it’s perfectly normal for babies to go through a stage of feeding a lot and they are doing well. So, we can triage, listen to the mums and help where we can.”

When daughter S came along three years after her brother, V felt much more prepared: “I knew what I was doing, what to expect and where to get help. I immediately knew from the first feed that something wasn’t right. I saw a specialist when she was four-days-old who diagnosed a severe tongue-tie and it was snipped two days later. It wasn’t plain sailing, by any means, but I persevered and I still do night feeds three years later. A lot of the time it’s reassurance and encouragement mums really need. Sometimes it can be a really easy fix, I remember one mum who was really struggling, finding breastfeeding painful and was ready to give up. All it needed was just a tiny positioning tweak and it was all sorted – it was a real eureka moment.’’

Appendix H – Service improvements

Table 2: Summary of key improvements within the service

Improvement	Outcome
Integration and joint working between Children's Centre and Health Visiting	The Health Visiting service has developed a more systematic approach to partnership working with Children's Centres. Key workstreams collaborative work has included. • Co-location of services[i] • Protocols for information sharing and partnership agreement for integrated working • Local meetings between team leaders to support integrated working. Case studies demonstrating integrated working are included in Appendix J.
Delivery of Clinics in Children's Centres and development of Baby Hubs. They are designed to improve the support offered to families with services working together, fostering better professional networks and developing joined up pathways	Baby Hubs are now being delivered in every district in Kent and were developed in response to user feedback. A Baby Hub provides families with children under the age of one the opportunity to have contact with the Health Visiting Team on a drop in or bookable basis. They are based in Children's Centres to support the integrated offer for 0-5s. The service anticipates that Baby Hubs will deliver the following benefits: • Support early identification of families needing an enhanced level of support • Integrate access to universal services for under ones in one place • Take a targeted approach to meet the identified needs of the community • Give parents easy access to other services as appropriate e.g. English as a Second Language (ESOL), Speech and Language, baby and toddler groups due to co-location of services. • Provide additional opportunity for under ones to receive infant feeding support
Clearly defined pathways for priority areas supporting improved understanding and a consistent approach	KCC and KCHFT have develop clear evidence based pathways for priority areas. This includes: Breast feeding and nutrition, healthy weight, domestic abuse, adult alcohol and drug misuse, smoking, managing minor illness and reducing accidents and perinatal mental health. These will support a consistent approach to improve outcomes. The pathways will be audited to assess their implementation.
Early Help and KCHFT co-designed a new schedule of parent education programmes	Early Help and KCHFT co-designed a new schedule of parent education programmes. There are being implemented via a phased roll out across the county. The schedule includes antenatal programme entitled 'you and your baby', and post-natal programmes focussed on the 3-4 month and 3-4-year-old age groups. The sessions include preventing minor Illness and reducing accident, introducing solid foods, behaviour and the Solihull parenting

[i] The transformation programme identified opportunities to improve integration between Children's Centres and Health Visiting through co-location of the services. To explore this, the programme initiated the Ashford co-location project. Ashford was been identified by premise leads as the most appropriate area to initially test colocation principles and practicalities. Co-location is taking place November 2018. The benefits of this approach will be evaluated to identify the impact on colocation of services on joint working and service user outcomes.

	programme. The programmes are co-delivered between Early Help and the Health Visiting Service where possible and they are being evaluated to inform future delivery.
Co- design and review of the offer for vulnerable families	KCC and KCHFT have agreed that the Family Nurse Partnership (FNP) programme is not sustainable in its current form and therefore will move to a wider service offer for vulnerable families, including first time young parents. This will mean that a greater number of families with diverse needs can access different levels of support including an intensive offer from the Health Visiting Service. Many areas including Medway have already moved away from the FNP model and a multi-agency working group is supporting the design and effective transition to the new enhanced model. See Appendix K for further details.

Appendix I – Risk

Table 3: Summary of key risks to the service.

Risk	Mitigating Actions
Recruitment – It can be a challenge to recruit staff with the required skills to ensure full staffing levels across the country. Nationally there has been a reduction in the number of funded education places for the Specialist Community Public Health Nursing (Health Visiting) Programme.	• Health visiting resources are allocated based on the populations need. They are reviewed regularly to ensure equity of provision based on changing demographics and deprivation weightings. • KCC and KCHFT are working on the development of the workforce strategy. • A new collaboration between KCHFT and Canterbury Christ Church University has resulted in a fully accredited course to train qualified nurses in the Community Public Health Nurse Role. This commenced in September 2018 and will increase the skill mix of the workforce to help mitigate against the shortage of qualified Health Visitors. • KCHFT have a robust staff retention policy which offers a number of benefits to staff. In addition, they proactively advertise and offer relocation fees and including, flexible retirement.
Delivery of transformation projects	Vulnerable Families: • KCHFT and KCC are working with the Family Nurse Partnership National Unit, to ensure that the transition to the new services is safe and communicated to families. • The new vulnerable families offer uses the evidence based Family Partnership Model of delivery. • The new model will include a broader eligibility criterion and therefore support families with a range of vulnerability characteristics. • KCC and KCHFT are working with key partners including Midwifery, Early Help, and Specialist Children's Services to inform and develop the new vulnerable families pathway and ensure that this is effective and supports multiagency working. Co-location: • The services have been working together to agree new ways of working and joint operational processes to ensure the teams can work effectively together and integrate where possible. • The project evaluation will inform the financial and non-financial benefits of the project.
Out of County Housing stock in Kent - The service could receive an influx in the number of families with children aged 0-5 due to the out of county housing scheme, which will not necessarily be pre-empted	• KCHFT continue to monitor the demand of the service, allocate resource as required and identify solutions to recruit new staff into the service. • Introduction of Vulnerable Families offer Kent wide to provide additional support to families that may be high risk

Appendix J – Service Case studies on multiagency working
Background

M is a 23 year old single mother of G born in July 2015. M has a history of ADHD and learning difficulties. Initially she lived with maternal grandmother and great grandmother. Concerns were identified following M accessing healthy child clinic with dietary concerns regarding G in March 2017. Other concerns included maternal grandmother providing the majority of care of G and M not engaging with her child, M not keeping health appointments for herself and her child.

Later M commenced a relationship with an older man. Further concerns were raised regarding whether this relationship was controlling due to M working long hours in a take away shop for her partner and it is unclear whether there was any payment. Concerns were raised regarding new environment for G not being safe or stimulating and M unable to meet her needs.

Health Visiting- Obtained consent from M to refer to children centre for support and for sharing of information between children centre and health visiting. HV supported with dietary, behavioural advice and toileting through packages of care. HV completed developmental review for G. Referrals were made by HV to dietician and to social services. GP informed of referrals. HV supported family to access healthy start vitamins. Health visitor supported family with attendance for health related appointments. Health visitor contributed to Child in Need Plan until family closed to social services.

Children centre- supported family with free for two funding and finding suitable nursery provision, accessing parenting courses and cooking courses run at Children Centre. Community worker supported family with attending appointments and contributed to Child in Need plan until family closed to social services

Social Services- supported family with DNA confirmation of father of G. Father engaged well with social services and has regular contact with G along with the paternal grandmother. Agreement reached within family and appropriate court order obtained for G to live with maternal grandmother and M to have regular contact. Adult safeguarding of M also explored in respect of her relationship and being a vulnerable adult. Case closed to social services

Appendix K – The New Vulnerable Families Model

KCC and KCHFT are currently reshaping the offer provided for families identified as vulnerable to provide a more equitable, flexible and personalised offer.

The reshaped offer will be personalised to support families with a range of vulnerabilities, across Kent. The new model is expected to achieve the following benefits:

- Enhanced confidence and competence for practitioners within the health visiting service to support vulnerable families across Kent
- Increased number of vulnerable families being supported intensively with improved equity of access
- Increased good parent-infant attachment
- Improve child health & development, including speech, language and communication.
- Increased numbers of parents engaging appropriately with other services that are available to support them and their children.
- Improved parenting skills and self-efficacy
- Improved partnership working between health visiting, early help and SCS on an individual family basis.
- Reduce the need for specialist intervention
- Reducing the impact of adverse childhood experiences (ACE)
- Improvement in reported public health outcomes for children and families in Kent.