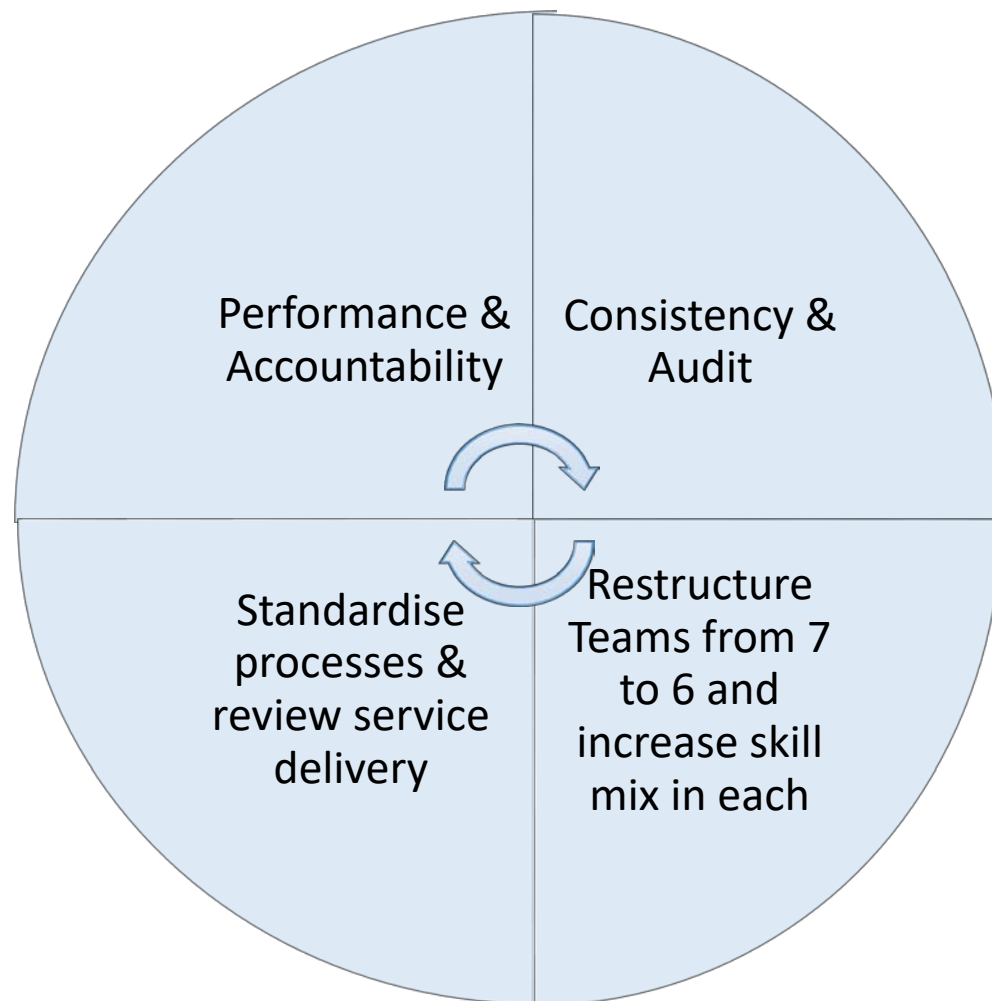


Health Visiting - Service Improvement

Improvement cycle already in place, more children being seen, heard and helped.

Provides synergy with the Neglect strategy and the principles of safeguarding



The service fulfils many functions, one of which is to deliver on the 5 mandated contacts.

Mandated contacts are *part* of the national service specification, but do not reflect the entirety of the service

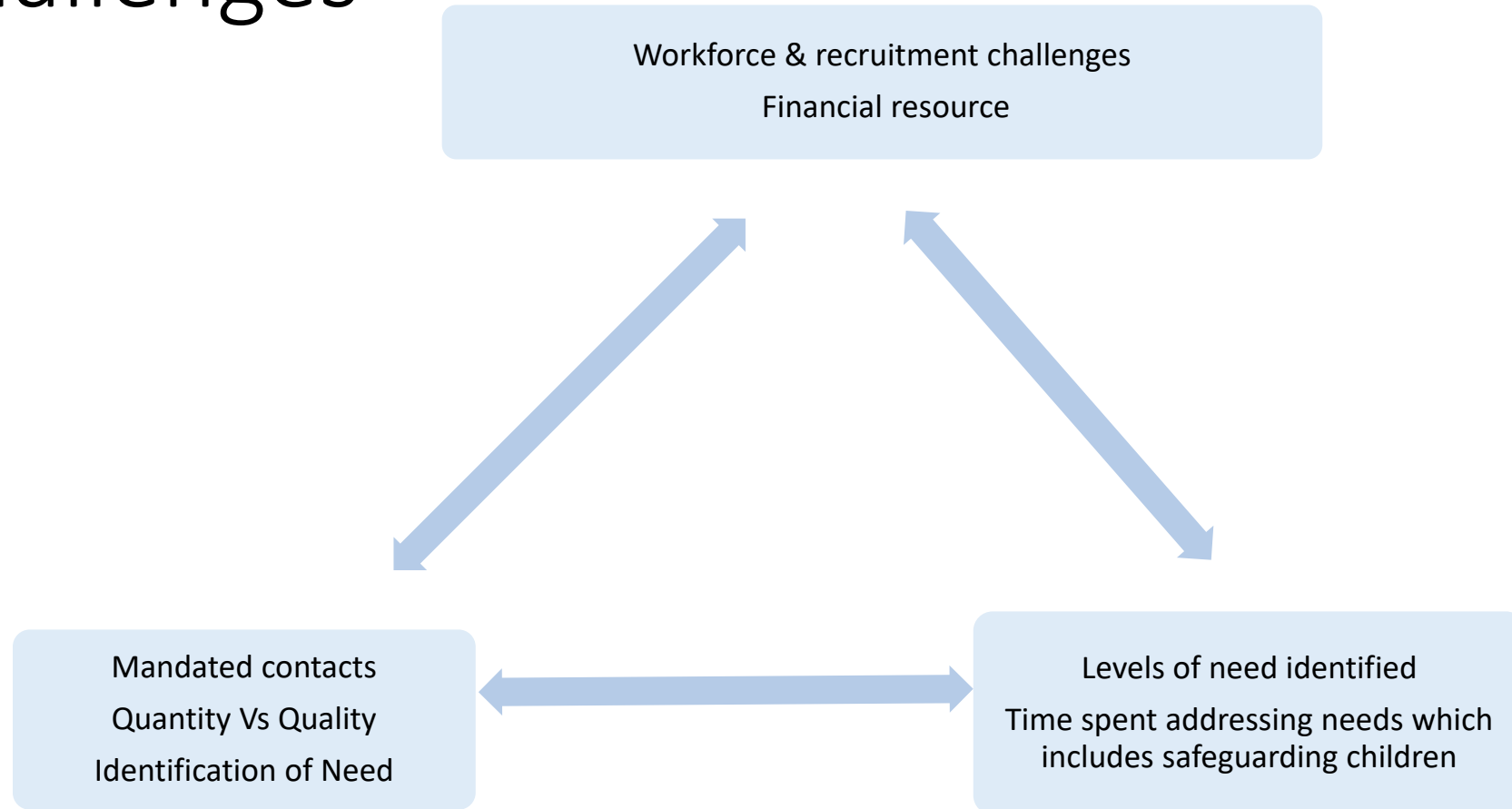
Antenatal Visits

- Antenatal contacts – 1st time mothers risk assessed, offered face-to-face or video consultation.
- Mothers with a child previously – risk assessed and offered mostly telephone consultation.
- Attend monthly *Vulnerable Women's Group* meeting to share information, identify the most **vulnerable** women and **target** this specific cohort.
- Monthly virtual locality meetings between health visiting and midwifery.
- Collaborative working relating to vulnerabilities or risk enabling the health visiting teams to **prioritise** these women.
- HV service has **embraced technology** to offer **virtual antenatal contacts**, which has been received positively by most women (recognising that this form of contact may not suit everyone).

Current Performance

- 100% of New Birth Visits completed January 2021
- 6-8 Week contacts – Covid risk assessment to determine risk. Offering face-to-face or video consultation.
- Caseload profiling of *Universal Plus* and *Universal Partnership Plus* to target higher risk families.
- 9-12 month and 2-2½ year reviews are all contacted and offered a documented screening telephone contact to assess need.
- CHAT Health app available

Challenges



QUESTION

Do the resources match the needs of the children & families of Croydon?

QUESTION

If no to the above, what should the service stop or prioritise?

QUESTION

How will partners ensure resources match growing demand without impacting performance?