



Croydon Health Services
NHS Trust

Public Health Nursing

Service context and Mandated checks

27th June 2023



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Working Together, continuing the conversation

- Following our visit in November in 2022, we continue to recognise and appreciate the value of the conversation and joint working across the system in relation to improving the provision Health Visiting services for the people of Croydon.
- The Local and National context continues to remain challenging for all parties involved.
- There is good joint working and relationships with Public Health, Local Authority and the Commissioners
- We are keen to continue the conversation and open relationship with members of the scrutiny committee following both our visit in November, conversations with the Chairs and the engagement meeting on the 13th June

National Context of Health Visiting Services



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The Indicative Health Visitor Collection (IHVC) was set up to support the government's commitment to increase the number of Health Visitors by 4,200 FTE to 12,292 FTE by March 2015, from a baseline of 8,092 FTE in 2010. There has been a 37% decrease in Health Visitor numbers nationally since 2015 with only 5690 FTE Health Visitors in post in February 2023



- 9% of Health Visitors in England reported that they have the recommended ratio of 250 children aged 0-5, or less, per full time equivalent health visitor.
- More than 1 in 4 health visitors in England report that they are accountable for over 750 children
(Institute of Health Visiting 2021)
- The National position has worsened since our last visit in November 2023 by 37WTE

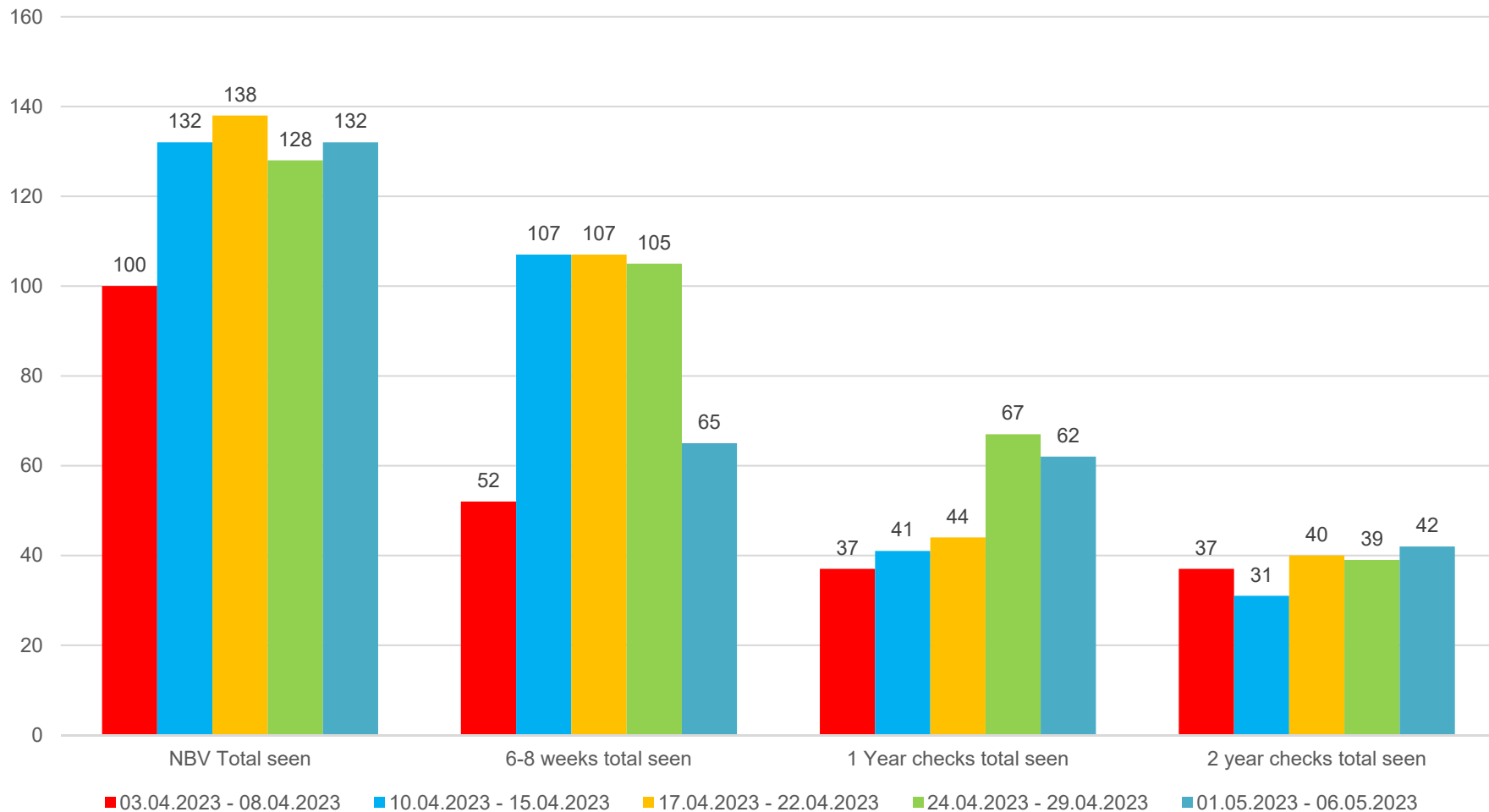
Local Context of Health Visiting Services



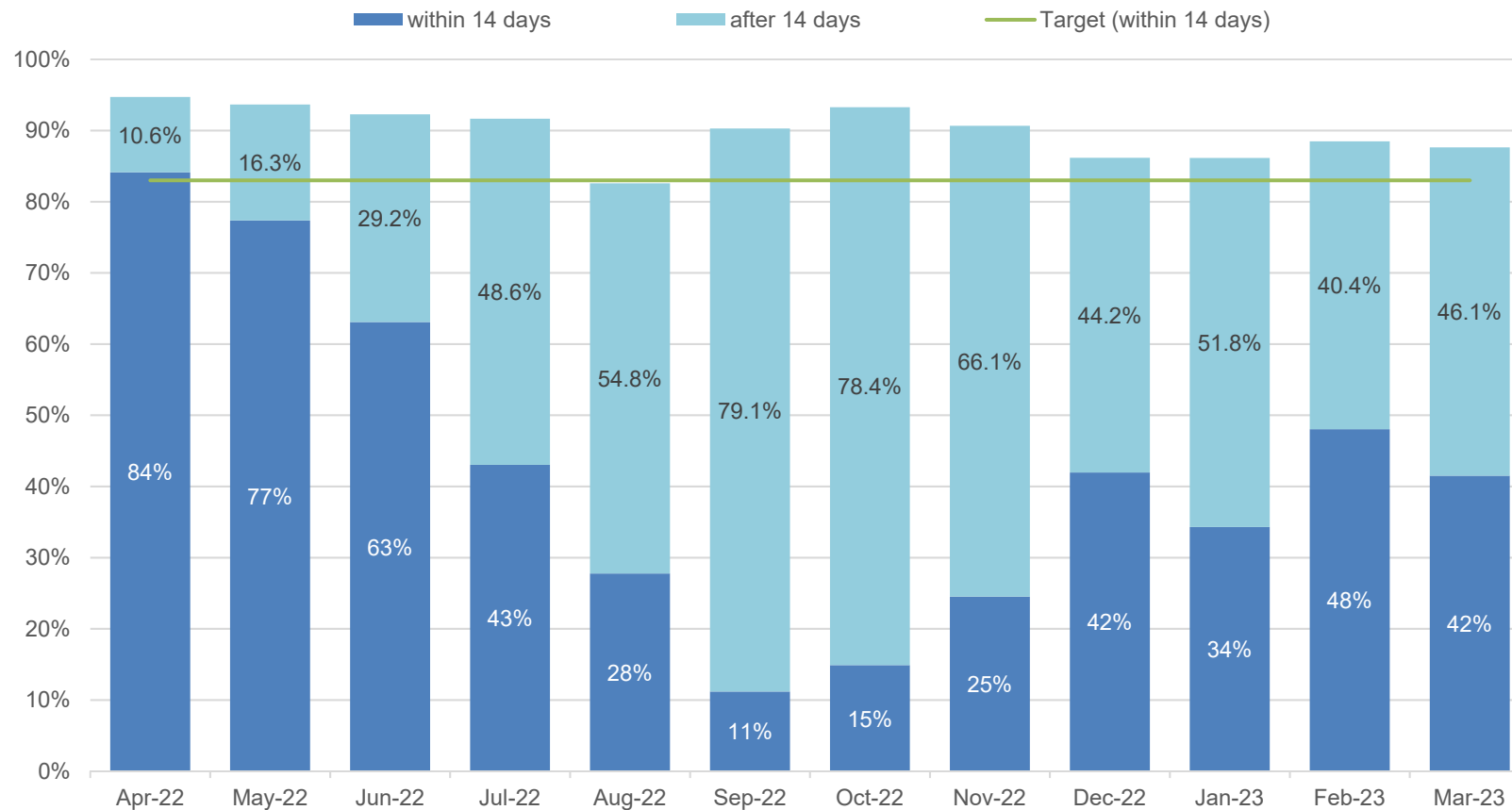
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- Current Croydon Health Visitor Case load is 25,130 with 877 Universal plus and 471 Universal partnership plus which is an increase of 900 circa 3.6% increase in demand
- Current Croydon Caseload per 1 FTE Qualified Health Visitor 1:1157
- CHS uses Community and Nursery Nurses to support the families leading to a ratio of 1: 550
- The Health Visitor Workforce remains challenging with continued high levels of vacancies at 45.5% an increase of 2% since our last visit to committee.
- Short term absence of 9% and high caseloads are driving significant turnover over the last 12 months with a stability index of 58%.
- There was also significant turnover of staff (7) who left within 1 year of starting within the service. Reasons cited for leaving by staff as part of the Trusts exit questionnaire process were:
 - Retirement
 - Work Life balance
 - Relocation
 - High workload
- The Health Visiting Team, Trust Board and Scrutiny Committee are keen that face to face visits are maintained due to the complexity of the local population, it is worth highlighting that virtual visits are part of the higher performing boroughs standard operating procedure, continuing face to face will have a performance implication.

Total number of families seen across 4 week period by CHS Health Visiting Services

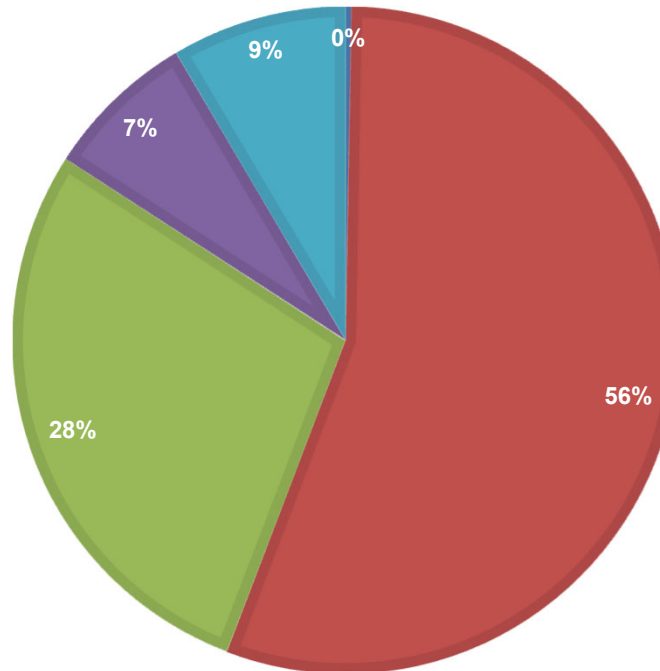


New Birth Visit



May Performance Data New Birth Visits

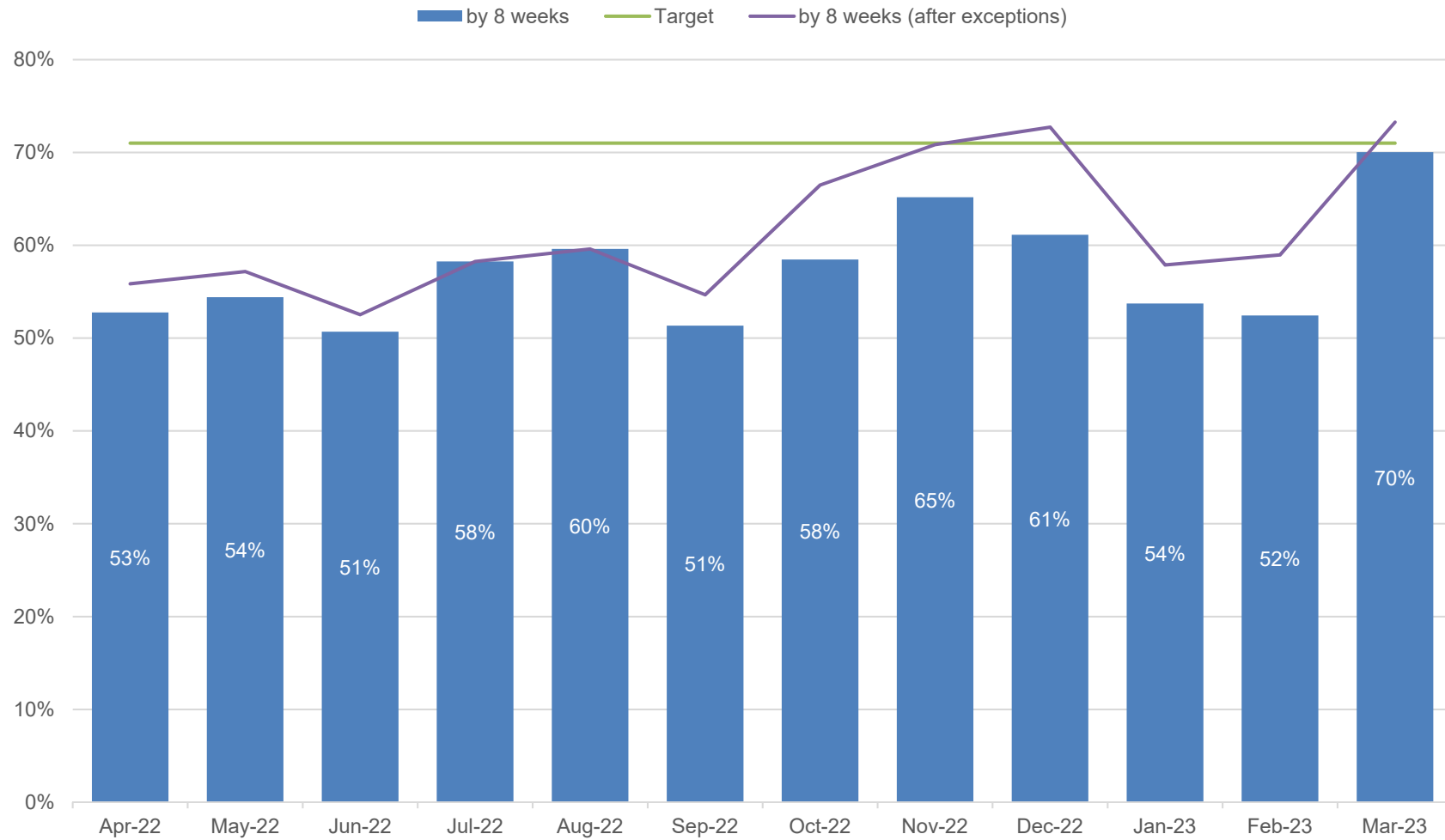
■ 0-9 days ■ 10 - 14 days ■ 15 - 21 days ■ 22 - 28 days ■ Over 28 days



A total of 353 Children received a their new birth visit with 19 exceptions consisting off:

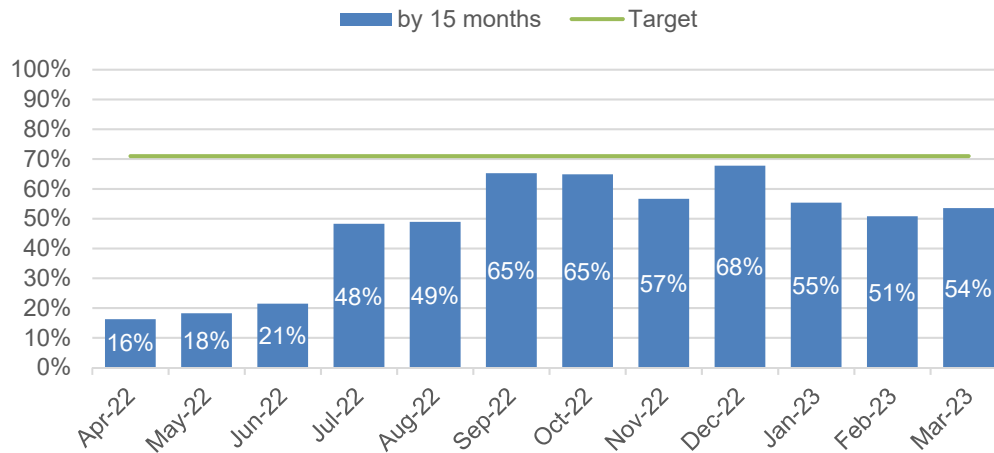
- 4 Transfers in from another borough who had a NBV by the original Borough
- 3 Patients who remained in hospital and will receive a NBV on discharge
- 2 Transfers outside the borough
- Remaining pts have been visited or visits booked outside of this reporting period

6-8 Week Check

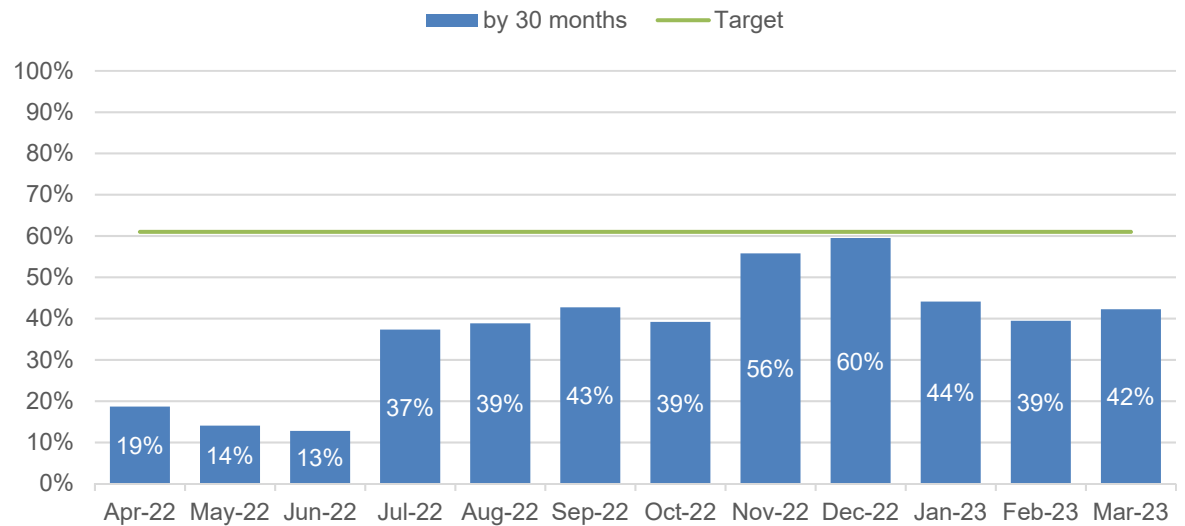


One and two year checks

12 month check



2 year review



A day in the life of Health Visitor



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Activities outside of the mandated checks

A Health Visitor works 7.5 hours per day.

The day will include – Reviewing electronic records of contacts during the day.

Morning Huddle with team leader and colleagues

Re-arrange diary if any urgent patient issues – safeguarding or covering for absent colleague

Home visits lasting 30/60/90 minutes excluding travel time.

Diary may need to be rearranged if home visit does not go to plan and family is in distress.

Attending core group 1 hour/child protection case conferences 2-2.5 hours/clinic cover 2 hours including contributing to appropriate reports

Maintain accurate and detailed records

Consult with other professionals and share relevant patient information

Review communication shared with them relating to their caseload – A/E attendance

Complete records and electronic diary including mileage

Patient Feedback



Public Health Nursing Improvement Programme

Actions delivered so far



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Single Front Door Model In Place

improved oversight of all CYP and Families. Oversight of all activities, improved access to Health Visitors

Recruitment and Retention Strategy

Croydon Recruitment offer in line with peers. Will deliver over the next 6 to 12 months

New ways of working

Saturday Clinics in place leading to improved 6 – 8 week performance and reduced DNA's

Public Health Nursing Improvement Programme

Actions delivered so far



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New ways of working

Development of complex needs
Health Visiting team currently
recruiting to (3 x HV & 3x NN)

Improved Operational Oversight

- Operational manager now in post
- Performance meeting in place
- Reduction in variation
- NBV May data shows improvement trend 57% within 14 days and 85% within 21 days

Organisational Development

Program in place, change in
narrative and ownership starting to
emerge

Public Health Nursing Improvement Programme

Actions identified for Year 2 so far

- Review Organisational Development impact to date
- 360 reviews for all Team and Operational Leaders across Health Visiting and School Nursing
- Restructure of program governance
- Program of staff engagement across all bases including further ad hoc site visits
- 6 Day service provision formal launch
- Year 2 improvement plan developed with Commissioners and Public Health to address the system wide wicked issues, ongoing capacity vs increase demand
- Protect leaders time to lead
- Review incentives scheme
- Recruit to Public Health Nurse Consultant Role, focusing on Health Inequalities and Service development.

Priorities for 2023-2024



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- Improved coverage levels on 5 key mandatory checks
- Improved coverage for targeted UP and UPP, including working closely with MW team
- Clear focus on Universal Plus and Universal partnership Plus families by having a dedicated complex families team
- Improve Digital and Clinic Offer
- Working with Early years to reinstate integrated 2 year review.
- Working in partnership to deliver integrated services as part of family hub model.



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