

Appendix 1

Summary of engagement with families and staff for Health Visiting.

To develop options and identify the best option for future arrangements of the service a series of engagement and feedback exercises have taken place with families and front-line health practitioners working across health visiting from 2015-2021. These feedback exercises sought to understand the views and needs of families of the health visiting service.

Over 1200 responses have been received from families across Warwickshire and over 400 frontline practitioners through various methods during this time (surveys, focus groups, interviews, stakeholder events). Throughout 2021, 34 virtual focus groups took place with 193+ health care professional partners. Over 300 parent/carer voices were captured through face to face interviews and an online survey.

This feedback has remained consistent, with repeated themes emerging in relation to the 0-5 Public Health Nursing service. The work indicates that both families and service staff desire similar elements around what to consider when considering future arrangements of the service.

The following points are areas that have been repeatedly raised as to what works well and priorities/needs for a future service.

These can be summarised into 5 key points:

1. **Service integration**, closer alignment and collaborative working with other 0-5 partners seen as top priority for both families and frontline staff. No one service can support families in all areas alone.
2. **Prevention**, early intervention and a locality targeted approach based on existing inequalities.
3. **Value driven:** Strengths based service that is person centered, consistent and driven by an ethos of personalization building trusting relationships in which families feel empowered and understood.
4. **Mental Health Support:** Awareness and access to support in a tailored timely manner. Being able to navigate support and feeling heard.
5. **Remit of Health Visiting:** Greater clarity around what the service offers, where the service fits into the wider 0-5 services available, what is and is not their role, communicated well to families in the right formats, in easy-to-understand language. Support was rated highly when health visitors were able to deliver the healthy child programme measures and seen as the 'go-to' for breastfeeding, sleeping and weighing.

These five points are briefly expanded upon below.

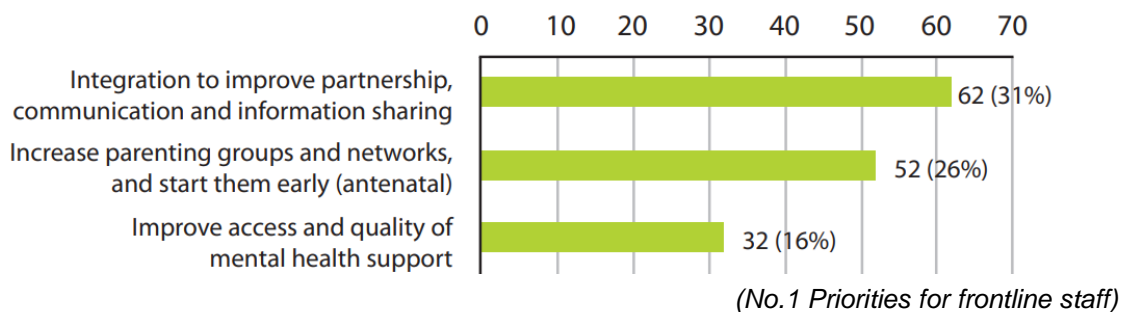
1. **Service Integration, closer alignment, and collaborative working with other 0-5 partners. No one service can support families in all areas alone.**

“Frontline staff nominated improved integration of 0-5 services and systems as their top priority”

“The combination of the GP, Health Visitor and Midwife worked really well. I needed a lot of support. As a single parent I needed extra support and they each looked after me in complementary ways. The combination worked really well”

“It’s about recognizing how we used to work together (Family Support Workers and Health Visitors). We learned so much from working like that. I knew who to go to and the HV would know the families really well and build a relationship up with those families, we’ve lost some of that”.

No.1 Priority



The overarching theme within feedback is one of integration and closer collaborative practice for all key partners working across the 0-5 age range (including the Family Nurse Partnership, Children & Family Centres, Family Support Workers):

- Health Visiting was seen as the most helpful support received after a baby was born. Equally it was recognized that no one service can operate in isolation. Closer alignment, working practices and communication sharing was seen as the biggest priority for frontline workers.
- Families would like to be able to navigate the various services easily and see a united front where their story is not repeated.
- From a service point of view integration was seen as critical to improve efficiency, reduce duplication and improve timeliness of support. Where this had been implemented, families said they thrived and felt fully supported.
- Staff would like greater opportunities to communicate with early help partners in an accessible way where transitions between services are streamlined.
- Staff and families would like greater information sharing between midwives, health visiting and hospital staff so that transitions are seamless and timely.

2. Prevention: Early intervention and a locality targeted approach based on health inequalities.

Many frontline staff workers felt that the prevention element had been lost - with a greater focus on the highest need it was difficult to work on areas that provided earlier intervention. This was seen as an intricate balance as families on the ‘targeted’ pathway felt the service was excellent and supported their needs, whereas those receiving the universal offer felt left behind. Frontline staff expressed a desire for an inequalities-based approach that focused on the North of the county or which was tailored to the needs of each locality. Would value opportunity and space to identify vulnerable families earlier.

3. A value driven service, building on strengths.

Consistently seen from feedback from families was the desire to have and build a consistent, trusting relationship with a health visitor. They liked being understood, heard and recognized for what they were doing well as opposed to feeling they were repeating their story or being 'passed from service to service'. Of those engaged in 2021 only 1 in 5 felt their needs were understood. Who supported the family, and their relationship was seen as important as the how/the method of engagement.

4. Mental Health support.

Throughout the work undertaken there was a recurring theme of families, particularly mothers experiencing mental health difficulties such as post-natal depression. During a time when some families feel unprepared, uncertain, and overwhelmed, having a health visitor as a key point of contact was really helpful to navigating the early stages of birth. Some families highlighted they would like greater awareness and referral on for mental health needs. A list of top likes and wants revealed mental health support, regular consistent visits, breastfeeding, weaning and healthy weight support. Families would like to feel more able to disclose difficulties, greater awareness and education and support around attachment, parent-infant mental health.

5. Remit of health visiting service: The scope and boundaries for an already stretched workforce.

Repeatedly staff and families alike noted how they were unsure of their core role due to lack of services to refer onto, or the level of need presented for staff. Equally in the 2021 survey 46% didn't know who their health visitor was and 22% didn't understand what they do. Often role ambiguity led to families mismatch of expectations but also staff feeling burdened with extra responsibilities. Health Visitor's play a navigation role in identifying other issues that may be impacting parent-infant health services and signposting to support outside their role. This ties in with integrated working and many noted that mapping what each service does in relation to the HCP would be of benefit. Families liked and staff felt most positive when delivering support that families valued and is central to their role such as breastfeeding, weaning, weighing and helping navigate 0-5 services. How this was then communicated to families was key to manage needs, expectations and demands.

2022: Children's 0-5 JSNA Published

A Joint Strategic Needs Assessment looks at the current and future health and care needs of local populations to inform and guide planning of services. This JSNA looked at the health and wellbeing of children aged 0-5.

Key findings: What does this tell us?

- There is an increasing population and diversity of needs amongst Warwickshire's young children. Services need to expand and find new models of working to keep in line with increasing numbers and complexity.
- Deprivation and inequalities are a critical factor for all services and targeted effort needs to take place in more deprived areas.
- There should be a closer alignment between services reflecting the increasing complexity of needs.
- There is a need to ensure integration at a local level, resilience, and sufficient capacity in the system, to reduce inequalities, particularly for disadvantaged groups and young children.

Developing the proposal

These key findings have influenced the proposed option of entering a Section 75 Agreement as it has the following benefits linked to these areas:

Key benefits

