

Report for Scrutiny on health visiting universal checks

Meeting date: 2nd March 2021

The situation at March 2020

- Targets had been set over two years to take performance to the level of statistical neighbours with similar budgets
- Targets agreed for 2020/2021 included a 12% increase in the two year target and a target for the first time for the antenatal check
- National recommendation to roll over NHS provider contracts in order to free staff to respond to COVID, so implementation of new contract delayed to 2021-2022 – half of PHN team redeployed for 3 months during this time
- Acknowledged that service has low funding for London, but also that it does not deliver to the level of statistical neighbours with equivalent funding, although there is disparity with neighbours on what is counted and reported
- Improvement slowed down in the 3 and 4th quarter of 2019-2020 as the service focused on re-organising, in line with the Early Help locality teams
- Progress was also being made in Feb and March 2020 on the model and delivery of the integrated review – joining up the education and health assessments

The impact of COVID

**First lockdown – NHSE guidance:
Face to face work and clinics
stopped except:**

- Antenatal contact (virtual);
- New birth visits (F2F, virtual contact where indicated);
- Safeguarding work;
 - contacts triaged - assessed and stratified for vulnerable or clinical;
 - interventions for identified vulnerable families, e.g. FNP, safeguarding work (MASH; statutory child protection meetings; home visits)
 - phone and text advice – digital signposting.

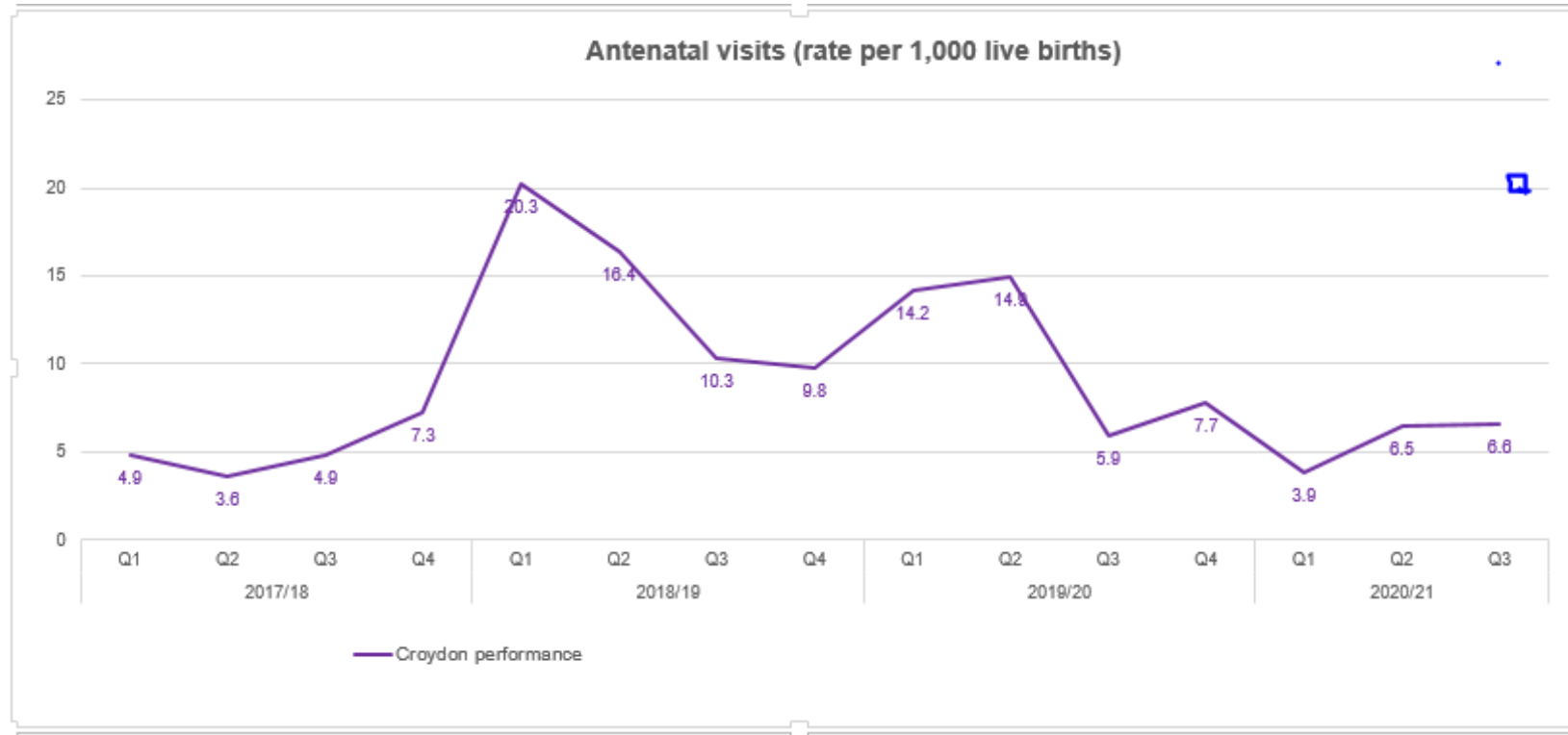
**July 2020 – updated NHSE
guidance:
Continue essential services,
as before – subject to triage:**

- Antenatal contact;
- New birth visits;
- 6–8 week review;
- Safeguarding work

**Current situation –
additional recovery
steps being taken in
addition to July 2020
steps:**

- 1 and 2 year checks being undertaken through a blended model of F2F and virtual, according to need and risk
- All receive a phone call – used to screen to see who needs a full appointment

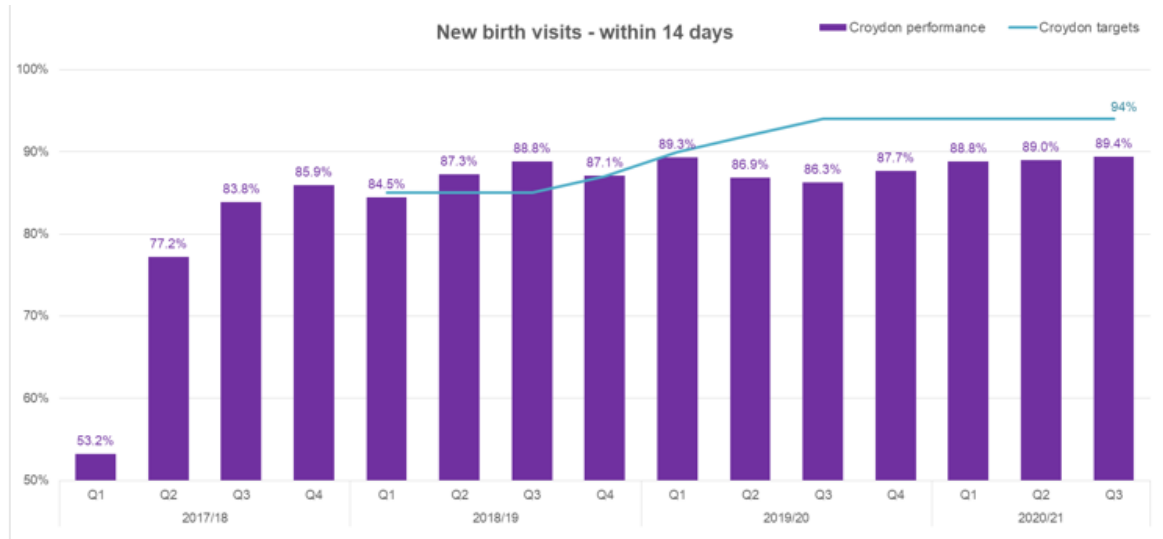
Data: Antenatal check



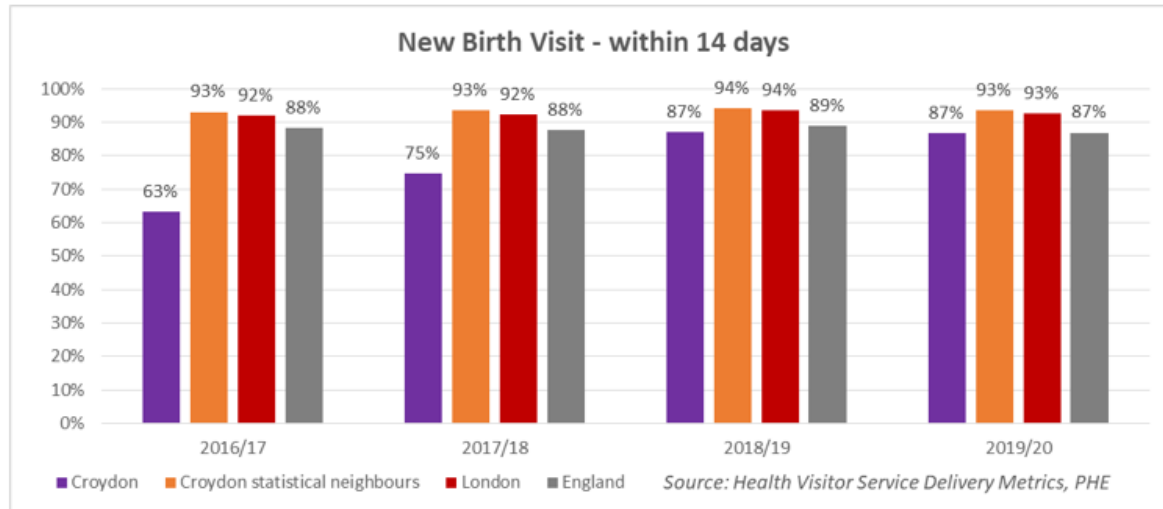
2020/2021 was the first year where a target for the antenatal check had been agreed - 20%

This has not been implemented during COVID

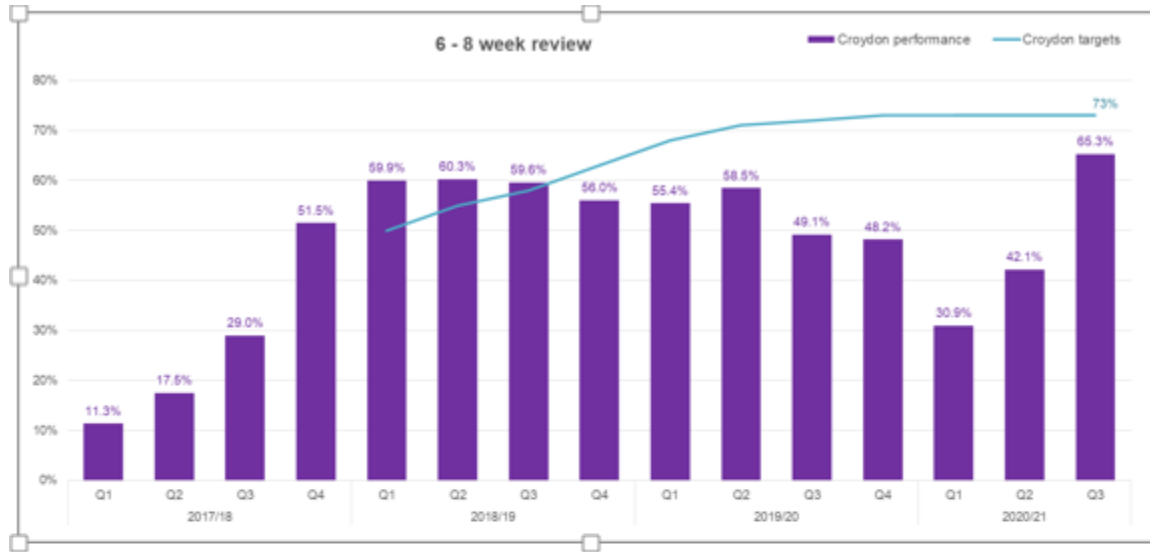
Data – new birth visit



New Birth Visits have continued through COVID as a key safeguarding appointment

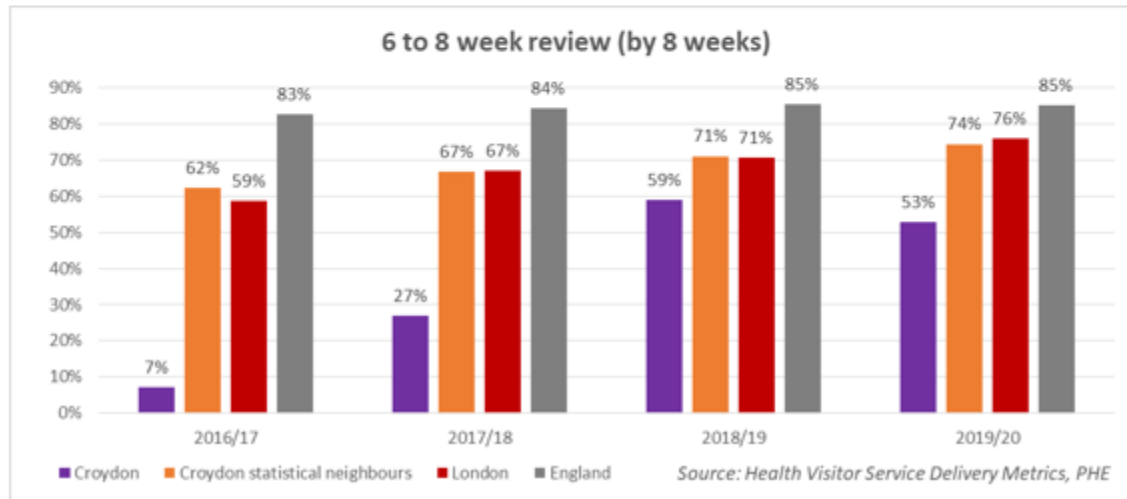


Data – 6 to 8 week check

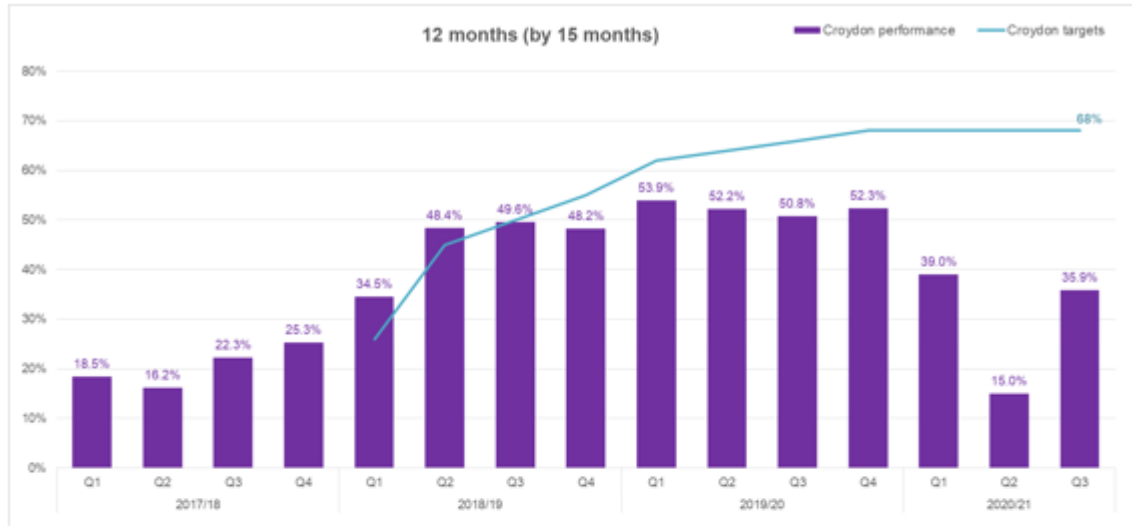


Improvement slowed down in 2019/2020 due to focus to transformation re-modelling

National instruction to stop checks due to COVID, now nearly back to pre-pandemic target levels

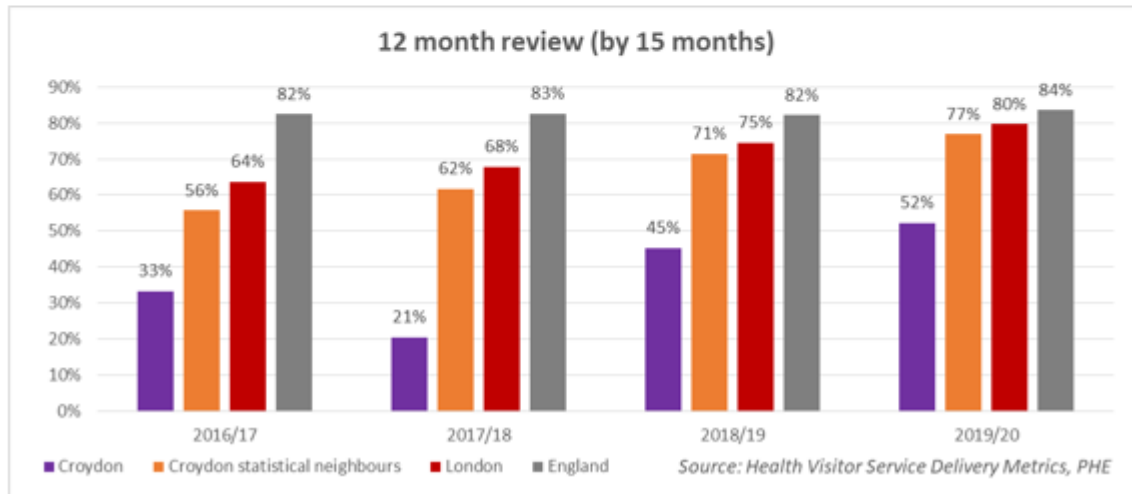


Data – one year check



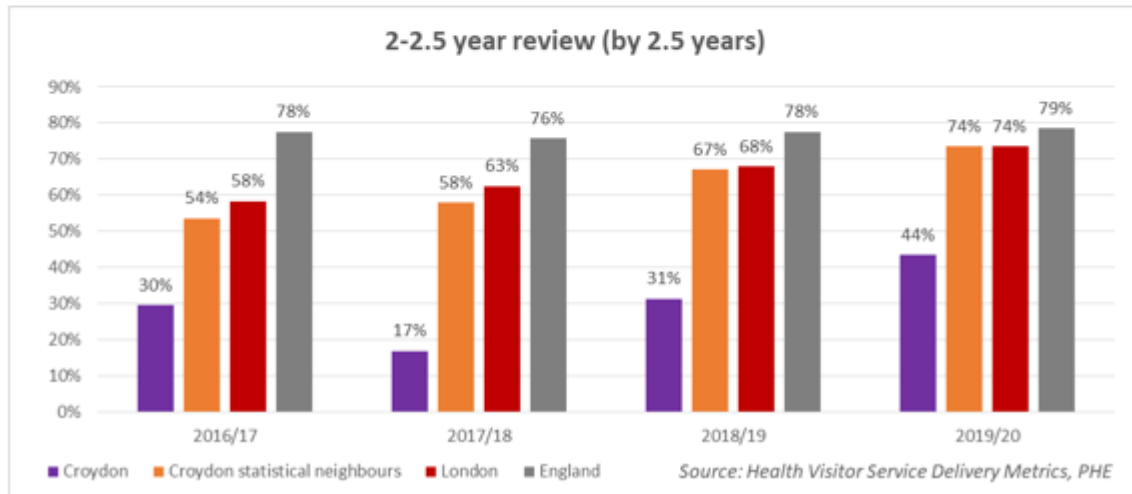
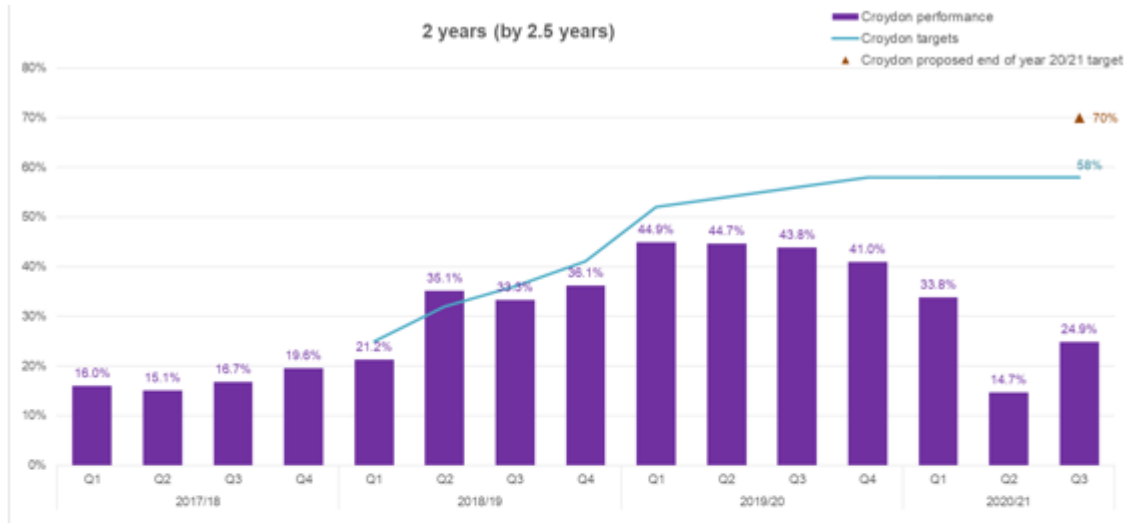
National instruction to stop checks due to COVID.

No instruction to formally re-state, but services to build recovery on these checks as they can.



Good recovery progress achieved by Q3 2020/21

Data – two year check



National instruction to stop checks due to COVID.

No instruction to formally re-state, but services to build recovery on these checks as they can.

Improving recovery progress achieved by Q3 2020/21

Priorities for 2021 -2022

- Improved coverage levels on 5 key mandatory checks
- Improved coverage for targeted UP and UPP, with reasons for being on these pathways
- This will enable focus on understanding the reasons why families and children are on the Universal Plus and Partnership Plus pathways
- Additional new targets in High Impact Areas for;
 - Perinatal Mental Health
 - Healthy Weight
- CHS solution to EMIS – support in scoping requirements
- Maintaining current budget level from PH ring fenced grant
- Funding the pay uplift for Agenda for Change so that services are not reduced