



Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>14<sup>th</sup> February 2020</b>	<b>Agenda Item</b>	<b>4.2</b>
<b>Report Title</b>	<b>Healthy Child Wales Programme Delivery in SBUHB</b>		
<b>Report Author</b>	Paula Davies, Lead Health Visitor for Swansea & Public Health		
<b>Report Sponsor</b>	Paula Heycock, Interim Head of Nursing & Community Services		
<b>Presented by</b>	Tanya Spriggs, Interim Head Unit Nurse Director, Primary Community services		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To provide members with an update regarding the SBU HB Health Visitor Service compliance with Healthy Child Wales Programme (HCWP) performance measures.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>The process of collecting, transferring and inputting data has several stages and as a result impacts on data compliance.</li> <li>Feedback from the National system indicates that there is missing data on children eligible for the HCWP.</li> </ul>		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
			X
<b>Recommendations</b>	<p>Members are asked to:</p> <ol style="list-style-type: none"> <li>Note the content of the paper.</li> <li>Note the actions to improve data collection by developing an electronic system having an audit trail of electronic delivery to Child Health Department.</li> <li>Inform individual case holding Health Visitors of their data collection and missing data on a monthly basis.</li> </ol>		

# Healthy Child Wales Programme Delivery in Swansea Bay UHB

## 1. INTRODUCTION

The Healthy Child Wales Programme (HCWP) is an all Wales evidence based framework for health visiting developed in partnership with Welsh Government. The programme was introduced in the Health Board core health visiting (HV) services in October 2016 and Flying Start health visiting services in April 2017. The programme requires the HV service to deliver a minimum of nine contacts to children between the ages of 10-14 days and 3.5 years. There was no additional resource made available to implement the programme.

All HV services report their performance into Welsh Government via a National reporting system. This data is also reported into Swansea Bay University (SBU) Health Board Performance and Finance Committee (P&FC). SBU HB is above the national average on five out of the eight reportable contacts. There is no national target set for achievement against each of the visits, however, it had been noted by the Primary and Community Services Unit that compliance was lower than expected. A further analysis has been undertaken to establish the cause of low levels of reported activity.

## 2. BACKGROUND

All children and families are assessed within the first 1-6 weeks following a child's birth. The outcome of the assessment will determine whether the child/family receives universal (routine), enhanced or intensive interventions from the Health Visiting Service.

Currently in core HV service the caseload is, on average, **250** children aged 0-5 years and core HV are aligned to GP practices within the eight Clusters. Flying Start HV have up to **110** children on the caseload as the service operates within postcode areas assessed as high on the Welsh Index of Multiple Deprivation and are visiting families on several GP lists in more than one Cluster. Flying Start HV offer an additional 3 contacts to families as part of the enhanced HV service. The process and the data collected is the same for both core and Flying Start HV.

A National Data Collection Form should be completed at all HCWP contacts by the HV. This is then returned to the Child Health Department for inputting into the Child and Young Persons Integrated System (CYPRIS) by personnel managed within the Singleton Delivery Unit.

Review focussed on two phases. Firstly, to establish if the data reported was accurate and if visits to children were being omitted. Secondly, on the data management processes to establish if these were robust enough to support an accurate reporting system.

### Review of home visiting

The initial analysis focussed on the 10-14 day contact, this visit is considered as the most important visit. Snapshot data from August 2019 was reviewed and identified

that 22 children were reported as not having received a visit. A case file review was undertaken on all 22 cases. The outcome of the review demonstrated that 21 children had received the visit. The only child not to receive the visit was exempt as they were an inpatient on the neonatal unit (Summary in table 1 below). This provides assurance that visits were undertaken appropriately and that children were receiving their assessment and contact with HV service.

Health Child Wales Programme contact	Eligible children	Completed data sheets received	Percentage completed	All Wales compliance Average Jan-Mar 2019	Missing data sheets for contacts due August 2019	Percentage of missing data scrutinised	Percentage contacts completed of scrutinised missing data
10-14 day	351	329	93.71%	92.3%	22	100% 22 children	95.46% 21 children

Table 1.

### Data management process

The process of completing the data forms and returning it to the Child Health Department (CHD) for input onto the CYPrIS system has a number of stages and is reliant on internal mailing systems.

- HV manually complete the data forms which are then returned to the Child Health Department via internal mail and entered into the CYPrIS system by a clerk.
- The clinic contacts at 8, 12, &16 week have a different process. The data forms are sent to the assigned HV for completion. Data required for these forms are gathered from more than one source. Initially, from 'baby clinic' appointments held in Primary Care premises. The HV in these clinics will see children from across the area. They will complete elements of the data collection form and send this to the case holding HV for completion.
- Completed data sheets are sent to child health records department who enter the data and destroy the completed forms.

The principle causes for the lack of completed data forms can be attributed to:

1. Internal systems for transferring data forms are not efficient
2. Compliance with HCWP by individual Health Visitors.
3. Late entry/submission of forms

There are further service pressures that impact upon the data. During extended periods of staff absence, the All Wales protocol for managing caseloads means that certain visits are prioritised.

- During this reporting period, there were thirteen caseloads following the All Wales guidance for managing caseloads during a period of reduced staffing. This guidance recommends that during staff shortages children receiving

universal service are sent letters to inform them of the situation and reinforce contact details of the HV Service should they have any concerns.

- Prioritisation of the 10-14 day contact and follow-up, clinic cover, safeguarding, movement into area, A&E follow-ups, domestic abuse notifications and telephone queries are covered during periods of absence.
- HV does not, at present, fall under the Nurse Staffing Act but work is ongoing at an All Wales level to develop a framework for determining HV staffing requirements.



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These key issues have an impact on the delivery of the HCWP on the 15 month, 27 month and 3.5 year contact.

However, children at these key milestones are seen in Immunisation Clinics at approximately 13 months and 3 years 4 months. If any concerns identified during this contact a home visit would be instigated by the Health Visitor.

### **3. GOVERNANCE AND RISK ISSUES**

Currently the HV service are taking measures to improve the process for which data is collected and submitted.

- An alternative electronic system of submitting data is being explored for implementation. Discussions are being undertaken with Child Health Records to improve the process by the introduction of such an electronic system. A meeting is in place in March 2020.
- HV managers are monitoring monthly figures and sharing this information with the HV staff to ensure compliance improves. A review of the current caseload and clinic cover arrangements is being undertaken to ensure a more timely and prudent approach to data submission.
- Initial findings suggest that of the children's' missing data sheets in August 2019 that approximately 66% of children did receive a HCWP contact. A further trawl of the records is being undertaken to provide assurance that all appropriate and prioritised children were seen.
- The 10-14 day contact is prioritised and there is evidence from the audit that there was full compliance for all those children.

#### 4. FINANCIAL IMPLICATIONS

A review of the systems and processes are currently being undertaken alongside the development of an Acuity Tool which will form part of the All Wales Safe staffing Act requirements. Currently there is no backfill for 'empty caseloads' where the allocated HV is absent. There may be some implication if a 'Bank' resource were to be made available to provide assurance that caseload cover and data collection is undertaken.

#### 5. RECOMMENDATION

Committee members are asked to note the following recommendations for the Primary Care and Community Services Unit to deliver

1. Improve data delivery by developing electronic formats and having audit trail of electronic delivery to Child Health Department.
2. Inform individual case holding Health Visitors of their data collection and missing data on a monthly basis

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	X
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	X
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	X
	Safe Care	X
	Effective Care	X
	Dignified Care	X
	Timely Care	X
	Individual Care	X
	Staff and Resources	X
<b>Quality, Safety and Patient Experience</b>		
<p>The HCWP was introduced to ensure that all children are offered the best start in life. The HCWP offers the essential contacts from birth to 5 years which is recorded within the child health department which relies on data collection on a paper based system submitted by Health Visitors. In order to meet the Quality, Safety and patient experience - improvements and monitoring of a robust system needs to be implemented.</p>		

<b>Financial Implications</b>	
Some potential if a Health Visiting Bank Resource was implemented.	
<b>Legal Implications (including equality and diversity assessment)</b>	
This will assist the HB in meeting the requirements of Safeguarding by ensuring compliance and identifying early interventions and support.	
<b>Staffing Implications</b>	
Full complement of staff required to meet the compliance of the programme and data collection and submission.	
<p>The impact of the “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.</p> <p>Long Term – assist with robust resilient communities due to early intervention</p> <p>Prevention – early intervention and support to minimise impact of Adverse Childhood Events, enforcing the Public Health Agenda.</p> <p>Integration &amp; Collaboration – partnership working with Health &amp; Social Organisations, Cluster working, Public Health, Education</p> <p>Involvement – Family and community involvement and ownership of their health and social care needs</p>	
<b>Report History</b>	No previous reports
<b>Appendices</b>	

