
**ADPH London**

A self assessment tool for the SLI review of local authority responsibilities for health visiting and school nursing services.

This tool was developed by Improving Performance in Practice and the Institute of Health Visiting on behalf of ADPH London.

Contents

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| **Date self-assessment completed** | 23-Sep-19 |

**Identify three top strategic priorities within your local authority**

1. Giving every child the best start in life

2. Building services around residents and their needs

3. Providing a place we can feel safe, secure, happy and healthy

**How does the health visiting and school nursing service contribute to achieving those priorities?**

1. Providing the Healthy Child Programme along with additional support for the most vulnerable. Providing specific support and programmes for key health issues e.g. obesity

2. Putting children and families at the heart of our service and listening to feedback from families and young people to ensure our service responds to the needs of local residents

3. Providing the Maternal Early Childhood Sustained Home Visiting programme

**What are your three most important objectives for the health visiting and school nursing service?**

**(use these to score yourself in Outcomes: Section 5 – priority indicators)**

**1** To deliver the Healthy Child Programme

**2** To promote the emotional, physical and social wellbeing of children, young people and families

**3** To deliver a visible and accessible service that is flexible and works with families and partner organisations

| 1. Vision and governance | | | | |
|---|---|---|---|---|
| | | **Evidence and scoring** | **Justification** | **Actions / Considerations** |
| 1.1 | Elected members champion and value the contribution of health visiting and school nursing to the health and wellbeing of children and young people. | Strong evidence | Cllr is a member of the Health and Wellbeing Board and meets with the DPH weekly and PH team monthly<br><br>Health and Wellbeing minutes | |
| 1.2 | A clear vision is in place for the service which articulates the service expectations for all service users and staff, enabling staff to understand what they need to do and how they need to do things. | Strong evidence | Service specification LINK to key pages consultation with staff and service users LINK to exec summary<br><br>Staff training plan LINK to document | |
| 1.3 | Senior clinical professional leadership with public health expertise coordinating and accountable for the local Healthy Child Programme strategy at a systems level (commissioning). | Strong evidence | CYP commissioner is a specialist community public health nurse (HV) | |
| 1.4 | Clear and appropriate confidentiality, consent and safeguarding policies and procedures in place. | Strong evidence | GDPR in all contracts<br><br>Included in quality standards LINK to page<br><br>Information sharing protocol including safeguarding policies, audit evidence | |

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| 1.5 | Commissioners have clear processes for reporting and acting upon information on demonstrable clinical and quality governance to ensure effective, efficient, safe and high-quality provision at all times. | Strong evidence | Transformation steering group LINK to minutes<br><br>Service specification includes reporting process LINK to key pages<br><br>Agenda item for operational HCP meeting LINK to minutes | |
| 1.6 | There are systems to support the development of leaders from within the service. | Some evidence | CPD programme programme including courses and shadowing opportunities.<br><br>HV undertaking in master's in leadership | |
| **2. Planning, commissioning and quality assurance** | | | | |
| | | **Evidence and scoring** | **Justification** | **Actions / Considerations** |
| 2.1 | The commissioning specifications reflect the PHE Commissioning guidance for 0-19 provision including the High Impact Areas for 0-19 are evidenced in the service delivery model. | Strong evidence | Service specification mirrors national guidance LINK to key page | |
| 2.2 | School nursing services are commissioned to undertake an assessment of the health and wellbeing needs of children and young people, in order to develop a plan in partnership with commissioners and schools, to build on strengths and meet needs. | Some evidence | Service specification LINK to key pages<br><br>School partnership agreement has been signed by some schools | |

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| 2.3 | There is evidence that the school nursing service is commissioned to inform the development of school based Relationship and Sex Education (RSE). | Some evidence | Within service specification LINK to pages<br><br>Example of provision LINK | |
| 2.4 | The commissioning of services makes provision for the needs of children and young people with medical conditions in schools in partnership with others. | Some evidence | Within service specification LINK to pages<br><br>Pathway and guidance in place | |
| 2.5 | The service specifications for 0-19 provision delivery reflect the Public Health Outcomes Framework priorities. | Strong evidence | KPIs reflect contribution to PHOF outcomes e.g. ASQ domains measure school readiness<br><br>Domain 2 Health Improvement contains all mandated reviews as well as breast feeding | |
| 2.6 | Service improvement plans are co-created with service users, staff and local stakeholders based on a robust assessment of current strengths and gaps, enablers and challenges. | Strong evidence | Consultation meetings with staff and service users | |
| 2.7 | There is evidence of service engagement in the JSNA and health and wellbeing board. | Some evidence | DPH attends the Health and Wellbeing Board<br><br>No evidence of service engagement with JSNA | |

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| 2.8 | Service delivery is concordant with NICE and key relevant guidance and policy. | Strong evidence | Service specification LINK to page<br><br>HCP is evidenced based<br><br>HV service has achieved UNICEF Stage 3 | |
| 2.9 | The Healthy Child Programme is commissioned within the service specifications. | Some evidence | Service specification including KPIs LINK to key pages | |
| 2.10 | Aligned vision between commissioner and provider, built on the evidence base to ensure robust effective services. | Some evidence | Service specification highlights the Council's vision for the HCP<br><br>Service collects feedback on service quality from service quality from service users through NHS 5x5 survey<br><br>Surveys are conducted in schools re effectiveness of training/awareness sessions | |

## 3. Communication and engagement

| | | Evidence and scoring | Justification | Actions / Considerations |
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| 3.1 | A strategy for Patient and Public Involvement is published and available to all relevant staff in the commissioning and provider organisations. | Some evidence | Service User Strategy LINK to document | |

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| 3.2 | There is a published communication strategy including information on the health visiting and school nursing services, public facing leaflets and web information on the services. | Some evidence | Early Help strategy has a communication plan LINK to key pages | |
| 3.3 | Staff within the commissioning and provider organisations are actively invited to participate in decision making processes to improve quality of care and their contributions are shown to be valued. | Some evidence | Staff consultation report LINK to exec summary | |
| 3.4 | Service specification and priorities for the health visiting and school nursing service are publicly available. | Some evidence | Transformation consultation responses LINK to exec summary<br><br>Stakeholder reference group LINK to minutes | |
| **4. Partnership** | | | | |
| | | **Evidence and scoring** | **Justification** | **Actions / Considerations** |
| 4.1 | Local pathways of care are co-produced across services, reflecting NICE guidance, to ensure smooth transfer of care at key transitional points and in response to changing levels of need. | Some evidence | Strong clinical pathways (e.g. optometry, speech and language) and referrals are regularly reported<br><br>Wider pathways haven't been co-produced or formalised<br><br>Pathways for referral for higher levels of need are clearer than early intervention e.g. referral to specialist speech and language service is clear, signposting to Ready, Steady Talk is still developing | |

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| 4.2 | There is joint working and engagement between commissioners and providers to support learning from Serious Case Review (SCR), complaints and compliments. | Strong evidence | Covered in contract monitoring meetings with commissioners<br><br>Joint reviewing SIs, complaints and compliments, 5x5 feedback and incidents list<br><br>Joint working takes place on serious case reviews<br><br>Collaborated with other partners at an Asthma Learning Review event | |
| 4.3 | Systems are in place to involve and engage families, children and young people in the development and evaluation of services to inform a continuous cycle of service improvement across the client journey. | Some evidence | Procurement of service involved the general population including patient stories, friends and family test, case studies. | |
| 4.4 | All school nursing and health visiting services are commissioned to meet the You're Welcome quality standards and criteria. | Strong evidence | You are welcome in service specification LINK to page<br><br>UNICEF BFI accreditation Stage 3 | |
| 4.5 | Structures are in place to support partnership working between health, social care and education. | Some evidence | Multiple structures are in place to facilitate this including meetings, strategic and operational groups, and ad hoc task and finish subgroups. These act as a facilitator for partnership working, however, it is down to agents in each organisation to maximise these opportunities. | |
| **5. Mode of delivery** | | | | |
| | | **Evidence and Scoring** | **Justification** | **Actions / Considerations** |

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| 5.1 | Commissioning and provision of health visiting and school nursing services are fair and equitable respecting the diversity of local populations. | Some evidence | Ratio of health visitors is by caseload numbers<br><br>School nursing provision is undergoing a review | |
| 5.2 | The health visiting and school nursing services have been commissioned with capacity to deliver high quality provision, as per PHE guidance, and the evidence base for practice with a proportionate universalism approach. | Some evidence | 4-5-6 model used for triage<br><br>Staffing based on historical staffing figures and available budget | |
| 5.3 | A strong focus on the promotion of health and prevention of public health issues, support building resilience and preventing future harm by supporting health literacy and health promotion. | Some evidence | Service specification LINK to key pages<br><br>Referrals to voluntary sector for early intervention e.g Home Start | |
| 5.4 | The principles of safeguarding every child are core to the service delivery model, e.g. clear supervision in place, working processes between agencies, evidence of multi- agency training and learning events. | Strong evidence | Quarterly safeguarding report | |
| 5.5 | The services are stable, sustainable and visible, available when needed and able to build trusting relationships with children, young people, families and carers. | Strong evidence | CQC report LINK to key pages | |

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| 5.6 | The HV/SN service are commissioned to identify a clear leadership role for each of the High Impact Areas, who are able to champion and advocate for the population they serve. | Some evidence | Commissioners request that teams have HIA champions | |
| 5.7 | Health visiting caseloads are proportionate to the level of local needs, to allow full delivery of the 0-5 healthy child programme. | No evidence | Caseload size is historical and based on numbers | |
| 5.8 | There is a named health visitor (SCPHN qualified practitioner) for each family as a key point of contact. | No evidence | No specified in service specification | |
| 5.9 | The first three visits (antenatal, new baby review and 6 to 8 week) are carried out by a health visitor (SCPHN qualified practitioner) within a location agreed by the parents/carer. | Some evidence | Some evidence from service reports. Always the SCPHN for new birth visit but not at 6-8 week review | |
| 5.10 | School nursing caseloads are proportionate to the level of identified need, allowing full delivery of the 5-19 healthy child programme. | No evidence | School nursing caseloads based on schools/numbers | |

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| 5.11 | There is a named school nurse (SCPHN qualified practitioner) for each secondary school and cluster of primary schools. | Some evidence | Within service specification LINK to page | |
| 5.12 | Assessment of all new referrals to the school nursing service are overseen by a school nurse (SPCHN qualified practitioner). | Strong evidence | Within service specification LINK to pages and affirmed by service reports | |
| 5.13 | Governance is in place to support health visitors and school nurses who hold the community prescribing qualification to draw upon their skills to support clinical care. | Some evidence | There is a register and protocols for prescribing. Needs to be audited and reviewed | |
| **6. Preventative focus** | | | | |
| | | **Evidence and Scoring** | **Justification** | **Actions / Considerations** |
| 6.1 | There is a focus on the four key public health domains: improving the wider determinants of health; health improvement; health protection; healthcare public health and preventing premature mortality. | Some evidence | Service specification follows national commissioning guidance LINK to key pages | |

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| 6.2 | Promotion of optimal health, reducing inequalities and good emotional wellbeing is at the heart of provision. | Some evidence | Specialist roles for perinatal mental health | |
| 6.3 | All parents, carers, children and young people are afforded equal access to the universal 0-19 HV and SN service, regardless of diversity factors, including: BME, disability, home learners, military and travelling families. | Strong evidence | Equality Impact<br>Assessment MECSH<br>Interpreter service<br>London Continuum of Need | |
| 6.4 | There are multi-agency early help systems to ensure timely targeted support and appropriate referral pathways. | Some evidence | Quarterly SEND reports<br>Early help Strategy in Service specification LINK to page<br>Joint training | |
| 6.5 | There is proactive support and interventions specifically focused across the life course; assessment of need including vulnerability factors Adverse Childhood Experiences (ACE's), 1001 critical days, mental health and wellbeing, healthy weight and nutrition, exercise, Relationship and Sex Education (RSE). | Some evidence | MECSH life course approach | |
| 6.6 | The health visiting and school nursing services are commissioned to be active participants in health surveillance in partnership with local communities to build community capacity; demonstrating population value, utilising asset-based approaches. | Some evidence | Community profiles are being developed<br>NCMP programme meets national targets | |

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| 6.7 | Family's needs change over time. Needs are re-assessed using a strengths-based, holistic assessment throughout the period from conception to 19 years to ensure children at risk of poor outcomes are not missed. | Some evidence | Co delivery using signs of safety with children's centres and health staff<br><br>Mandated reviews of health needs and family needs assessment | |
| 6.8 | Provision is available at all levels (universal, universal plus and universal partnership plus). Movement between levels is fluid as children and young people can have varying needs and benefit from interventions at different levels simultaneously. | Some evidence | Service specification details London continuum of needs assessment levels<br><br>Method in SystmOne for assigning clients to different pathways | |
| **7. Workforce development** | | | | |
| | | **Evidence and Scoring** | **Justification** | **Actions / Considerations** |
| 7.1 | Clear workforce planning systems in place to ensure the workforce provides the right person, with the right skills at the right time, keeping staff emotional health and wellbeing at the heart of workforce planning. | Strong evidence | Service specification LINK to page<br><br>Agreed training plan LINK<br><br>Clinical skills mix model | |
| 7.2 | Combined commissioning and providing workforce strategy is responsive to population needs informed by local priorities and underpinned by a systematic assessment of population needs. | Some evidence | Specialist roles in the service are a direct response to needs assessment | |

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| 7.3 | There is workforce strategy development to support the local health economy through recruitment from local population. | Some evidence | Workforce strategy includes local recruitment for SCPHN training<br><br>Apprenticeships offered | |
| 7.4 | Health visitors and school nurses can act with autonomy and authority in line with their professional practice. | Strong evidence | Service specification LINK to page<br><br>Team and allocation meetings LINK to minutes<br><br>Regular clinical supervision for SNs and HVs | |
| 7.5 | Health visitors, school nurses and the wider team are supported to maintain their professional registration and revalidation. | Strong evidence | CPD programme includes courses and shadowing opportunities<br><br>HV undertaking masters in leadership | |
| 7.6 | Annual appraisal, including performance and professional development review processes, inform the workforce planning and Continuing Professional Development programmes for the services. | Strong evidence | Regular clinical supervision including 1:1s every 6 weeks<br><br>Failsafe database<br><br>Team leads identify training needs | |
| 7.7 | Robust, appropriate and regular clinical supervision is in place for all staff and adequate resources are provided to enable members of staff to receive the safeguarding and clinical supervision that they need in order to fulfil the requirements of their role. | Strong evidence | Level 3 safeguarding supervision is 97% and level 4 is 100% | |

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| 7.8 | All staff have access to learning and development activities that are essential to providing clinically effective, customer focused and high-quality patient centered healthcare to the population that they service, as well as access to research and relevant knowledge. | Strong evidence | Mandatory training part of KPIs<br><br>MECSH training programme<br><br>Training plan LINK | |

## 8. Organisational learning

| | | Evidence and Scoring | Justification | Actions / Considerations |
|---|---|---|---|---|
| 8.1 | Systems are in place which demonstrate a continuous process of organisational learning including the application of legal duty of candour to be open with patients when things go wrong. | Strong evidence | Duty of candour policy LINK to key section<br><br>Serious case reviews<br><br>Incident and learning part of quarterly safeguarding reviews | |
| 8.2 | There is an evaluative culture focused on learning and development. | Some evidence | Commissioner shadows practitioner every month<br><br>Stakeholder meetings<br><br>Case studies and pathway evaluations | |

## 9. Innovation

| | | Evidence and Scoring | Justification | Actions / Considerations |
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| 9.1 | There is a learning culture where innovation and development is actively encouraged. | Strong evidence | See 8.2<br>Multi agency training<br>Active learning from other areas | |

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| 9.2 | The organisation(s) embraces new approaches including digital solutions to support accessibility of the services. | Some evidence | Facebook and Twitter promoting our other services<br><br>Multi agency market event<br><br>Using Skype | |
| 9.3 | Staff at all levels are actively encouraged to take forward new and innovative approaches to improve the quality of services. | Some evidence | Breastfeeding codesign - see report LINK<br><br>Co delivered health promotion groups<br><br>Train the trainer for MECSH | |

## 10. Monitoring

| | | Evidence and Scoring | Justification | Actions / Considerations |
|---|---|---|---|---|
| 10.1 | Commissioned outcomes measures for the provider services demonstrate: safe, effective, caring, responsive and well led. | Strong evidence | CQC inspection report LINK to key pages | |
| 10.2 | The service specification for HV/SN services reflect a balance between Key Performance Indicators (KPI's) focusing on outcomes as well as outputs. | No evidence | Service specification - does not have outcomes | |

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| 10.3 | There are clear systems for reporting and analysis of outcomes aligned to the public health priorities and high impact areas. | Strong evidence | Benchmarked against national targets and statistical neighbours<br>Feedback at quarterly performance management meetings | |
| 10.4 | There are processes in place to monitor performance and review delivery models as part of service quality improvements. | Strong evidence | Quarterly performance management meetings LINK to minutes<br><br>Commissioners attend professional forum<br><br>Scrutiny committee | |
| 10.5 | Systems are in place to measure the percentage of children at or above the expected level of development in communication skills is collected, reported on and published. | No evidence | No systems in place to report ASQ3 scores<br><br>We do not systematically use EYFS data to assess development | |
| **11. Outcomes** | | | | |
| | | **Evidence and Scoring** | **Justification** | **Actions / Considerations** |
| 11.1 | Immunisations rates reflect contractual targets and show an improving trend. | Some evidence | School age immunisations reflects contractual targets<br><br>Improvements in uptake for some immunisations but some slightly decreasing | |
| 11.2 | Breastfeeding rates at 6 weeks indicate an improving trend. | No evidence | HV 6-8 week check is targeted so no sufficient data | |

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| 11.3 | Breastfeeding rates at 6 weeks compare favourably to regional and national rates. | No evidence | No data, also initiation rates are low | |
| 11.4 | Health visiting and school nursing services are contributing to programmes of work that aim to reduce health inequalities. | Some evidence | HV/SN support UP and UPP families - with higher speed<br><br>Team members contributing to the Teenage Pregnancy Prevention Action Plan<br><br>0-19 staff receive training in understanding the impact of health inequalities<br><br>The service actively promotes and supports MECC and helping link up people who may have wider issues, such as housing or debt problems with appropriate services | |
| 11.5 | Woman with perinatal mental health issues are effectively identified, engage with pathways of care and show improvements in their mental health. | Strong evidence | Maternal mood recorded at 6 weeks and reported at the Quarterly performance management meeting.<br><br>HV/MECSH supervisor attends the perinatal meetings<br><br>Early intervention accessed by referring to perinatal health | |
| 11.6 | The percentage of children at the expected level of development in communication skills is showing an improving trend. | Strong evidence | Last quarter of 2018-19 showed an improving trend, increasing from 81% to 89% | |

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| 11.7 | The level of childhood obesity shows an improving trend. | No evidence | Fingertips data shows a gradual increase except for year 6<br><br>Scutiny task and finish group meeting has been set up to look at the problem across the board | |
| 11.8 | The local level of childhood obesity compares favourably with regional and national data. | Some evidence | Similar to London and England for reception. Year 6 rates are significantly worse | |
| 11.9 | Local data on oral health shows an improving trend. | No evidence | Trend data not available | |
| 11.10 | The local data on oral health compares favourably with regional figures. | No evidence | Worse on PHE measure of children with one or more decayed, missing or filled teeth | |
| 11.11 | All date reported in the outcome section is validated | Some evidence | | |
| **12. Priority indicators** | | | | |
| | **The health visiting and school nursing service contribution to the delivery of the local authority strategic priorities.** | **Evidence and Scoring** | **Justification** | **Actions / Considerations** |
| 12.1 | To deliver the Healthy Child Programme | Some evidence | We provide the HCP and some additional support for the most vulnerable however services should be reviewed to ensure that resources are proportionate to need | |

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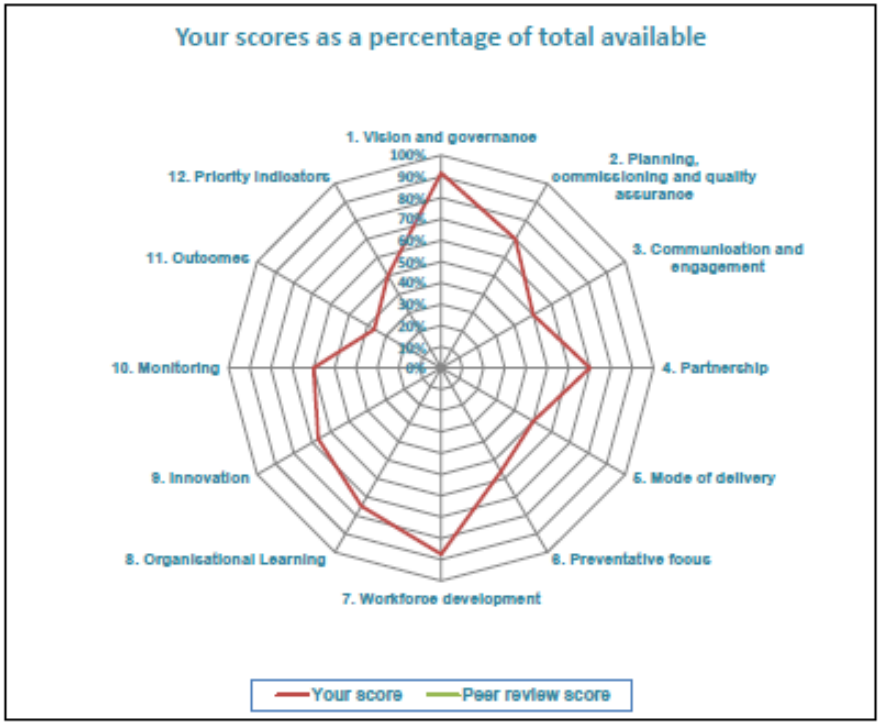
| 12.2 | To promote the emotional, physical and social wellbeing of children, young people and families | Some evidence | All the services that are commissioned have this intention however there is improvement needed especially for school age children | |
| 12.3 | To deliver a visible and accessible service that is flexible and works with families and partner organisations | Some evidence | Some co design and insights but more could be done to ensure we work with parents to ensure services reflect need | |

# Section 7: Scores

| Service Led Improvement Tool Scoring | Evidence | | |
|---|---|---|---|
| | Max | Your Score | Peer Review Score |
| **Leadership** | | | |
| 1. Vision and governance | 12 | 11 | 0 |
| 2. Planning, commissioning and quality assurance | 20 | 14 | 0 |
| 3. Communication and engagement | 8 | 4 | 0 |
| 4. Partnership | 10 | 7 | 0 |
| **Service Provision** | | | |
| 5. Mode of delivery | 26 | 13 | 0 |
| 6. Preventative focus | 16 | 9 | 0 |
| 7. Workforce development | 16 | 14 | 0 |
| 8. Organisational Learning | 4 | 3 | 0 |
| 9. Innovation | 6 | 4 | 0 |
| **Outcomes** | | | |
| 10. Monitoring | 10 | 6 | 0 |
| 11. Outcomes | 22 | 8 | 0 |
| 12. Priority indicators | 6 | 3 | 0 |
| **Grand Totals** | | 96 | 0 |




| Your Score |
|---|
| 62% |

| Peer Review Score |
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| 0% |