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| <b>Report Title</b>    | <b>CYP Joint Commissioning– Health Visiting user engagement sessions</b> |
| <b>Author</b>          | <b>CYP Joint Commissioner</b>  |
| <b>Date of meeting</b> | <b>November 2018</b>   |

## **1.0 Purpose of Report**

- 1.1 To provide an overview of service user views regarding the proposed cuts to the health visiting budget.
- 1.2 Engagement took place across six sessions around the borough: 2 x breastfeeding support groups, 1 x Dad's Network session, 1 x Baby Hub, and 2 x nursery drop off.
- 1.3 Demographic data collection took place but was not mandatory. High level observation demonstrated good participation from service users; more women were engaged than men, reflective of the service. More representation from BAME services users would have been beneficial to reflect demographics in Lewisham. Overall the age range was diverse and included additional family members/carers of service users such as grandparents.

## **2.0 Questions Used**

- 2.1 To remain consistent with the online consultation, officers used a combination of closed and open ended questions similar to those online.
- 2.2.1 The questions used can be found below:
- 1) Do you/have you used the Lewisham Health Visiting service?
  - 2) Which elements of the Health Visiting service have you used? (Please tick as appropriate)
  - 3) How helpful did you or your family member find the different parts of the service you accessed? (Skip question if none used).
  - 4) Which Health Visiting outcomes do you consider most important? (You can choose more than one)
  - 5) What do you think of proposed cuts to the health visiting service?
  - 6) Do you feel that this proposal will affect particular individuals more than others, and if so, how do you think we might help with this?
  - 7) What improvements could be made to the service in order to achieve the same reduction in funding?
- 2.2.2 Optional equalities monitoring questions were also included.

## **3.0 Responses**

- 3.1 Responses for question 1 are as follows:  
Of the 34 responses in engagement sessions
- 31 (91%) had used the HV service
  - 3 (9%) said they had not
- 3.2 Participants identified specific elements of the Health Visiting service used in question 2:
- 2 of 34 (6%) used a targeted or MESCH service, both rated the service extremely helpful.

- 32 (94%) stated they had a new birth visit, 4 stated they had a pre-birth visit
- 25 (74%) stated they had a 6-8 week visit
- 25 (74%) said they had accessed a Baby clinic or Baby Hub
- 27 (79%) said they had accessed breastfeeding support
- 6 (18%) said they had a 7-11 month developmental review
- 5 (15%) said they had a 2-2.5 year developmental review

3.3 Of the 31 Participants who said they had used the service:

- 30 (97%) found the HV service very or extremely helpful
- 1 (3%) found it moderately helpful

3.4 The engaged participants rated the priority of Health Visiting outcomes. Participants were able to identify any area as a priority and could select multiple priorities. So, breastfeeding support was selected as a priority by 29 participants, improving child development was selected as a priority by 20 participants, and so on:

|   |    |     |
|---|----|-----|
| <b>Breastfeeding support</b>                      | 29 | 85% |
| <b>Improving child development</b>                | 20 | 59% |
| <b>Improving vaccination coverage</b>             | 17 | 50% |
| <b>Disease prevention through screening</b>       | 14 | 41% |
| <b>Reducing infant mortality</b>                  | 13 | 38% |
| <b>Reducing the number of children in poverty</b> | 11 | 32% |
| <b>Outcome: Reducing low birth weight</b>         | 10 | 29% |
| <b>Outcome: Improving life expectancy</b>         | 8  | 24% |
| <b>Reducing hospital admissions</b>               | 8  | 24% |
| <b>Improving school readiness</b>                 | 5  | 15% |
| <b>Reducing obesity in 4-5 year olds</b>          | 5  | 15% |
| <b>Reducing under 18 conceptions</b>              | 2  | 6%  |
| <b>Reducing tooth decay in children</b>           | 2  | 6%  |
| <b>Reducing smoking at delivery</b>               | 2  | 6%  |

3.5 Participants unanimously felt that any cuts would have a negative impact on service delivery.

Comments from service users on the value of Health Visiting included:

*“Such a difficult part of a woman's life. Hardest thing I have ever done”*

*“My HV has been a lifeline and so supportive signposting and referring”*

*“Fewer breastfeeding clinics would be bad. Critical for baby feeding. Breastfeeding hubs are so important on the day you need them”*

*“Isolation is a massive risk so good for mothers”*

3.6 The majority of participants felt that this proposal will affect particular individuals more than others, with comments linking this to those who may be isolated or in need of more help and support:

|           |     |
|-----------|-----|
| Yes       | 88% |
| No        | 6%  |
| No answer | 6%  |

Participants had the additional comments to make:

*“Some people are less aware of the support out there so having the structured appointment creates that access opportunity.”*

*“Will affect those that needs more help. Those with no support network. I made friends through this”*

*“Anyone who is having problems with feeding, low weight, jaundice. Home visits for more vulnerable people.”*

*“Will affect everybody. It’s a real Mix that use services. Everybody depends on it.”*

*“Anyone who is isolated and doesn’t have a support network. All my friends don’t have babies so I became isolated the HV called me regularly and reassured me”*

*“Anyone who has had difficult birth or doesn’t have family support or is new to the community. Anyone experiencing a bad relationship and alone.”*

- 3.7 In response to the question on whether service improvements could be made that may achieve the same savings, 65% of respondents felt that this would be possible, 30% felt it wouldn’t, and 5% did not answer.

Comments included:

*“Could be clearer about the offer e.g. Who is responsible for what? How do they link in? GP, Hospital, HV, who to contact if waiting for hospital appointment?”*

*“More telephone communication. Sometimes just needed a chat not a visit.”*

*“More groups can see more people plus is more social”*

*“Getting parents back into the community especially dads. A system where they engage with Dads, Saturday evening service.”*

*“More venues for drop-ins groups such as hubs. Groups where you can have conversations with HV”*

#### **4.0 Conclusion**

- 4.1 It is difficult to draw conclusions from this small sample size. However, overwhelming support for the service can be noted, along with concern from all participants about negative impacts from any cuts, particularly for more vulnerable service users.