

1.0 Background Information.

One of the strategies written into the Aspley and Bells Lane Community Sure Start Local Delivery Plan, to support the Sure Start health objective, "improving health," is to employ Nursery Nurses. Part of the Nursery Nurses role is to support Health Visitors and Midwives who work within the Aspley and Bells Lane Community Sure Start programme area. The idea being, that providing Health Visitors and Midwives with additional support will allow them more time to engage in public health activities.

To this effect, four nursery nurses have been employed, which equates to three full time equivalent posts. They are all employed by Nottingham City Primary Care Trust and are seconded to Sure Start. They have been named, "Sure Start Health Workers." They are co-ordinated by a Health Services Coordinator, who is employed by Nottingham City Primary Care Trust and seconded to Sure Start. Three of the Sure Start Health Workers (Nursery Nurses) came into post on Monday 24th February 2003. The fourth came into post on Monday 19th May 2003.

Health Visitors within Nottingham City Primary Care Trust currently work attached to a G.P Practice and **not** within a defined geographical area. A family's Health Visitor will depend upon which G.P. the family is registered with and **not** where they live. This has consequences, as Sure Start works within a defined geographical area; hence the two systems are in conflict. The challenge is therefore to provide support by Health Workers to an optimum number of Health Visitors who have families from Aspley and Bells Lane Sure Start on their caseloads.

1.1 Purpose of audit

An initial audit of home visits carried out by the Sure Start Health Workers was carried out in December 2003 for the time period 1st June - 30th November 2003. A report containing the results of this audit was produced in December 2003. The initial report provided some baseline data to work with for future audits.

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A repeat audit was carried out in December 2004 for the period 1st June 2004 - 30th November 2004. The purpose of this audit was to see if there was any significant difference in the number of home visits and the purpose of the home visits a year later.

This report contains the results of the December 2004 audit and compares the results to the initial audit completed in December 2003.

During the selected period of time the Health Workers provided support for the Health Visiting Teams working at Aspley Medical Centre, Melbourne Park Medical Centre, Old Basford Health Centre, Mary Potter Health Centre, Strelley Health Centre, RHR Medical Centre, Bilborough Clinic and Lime Tree Surgery.

No significant support to midwives in the form of home visits has been established for the audit period. However a number of initiatives such as 'Bumps a Daisy' antenatal group and a Breast Feeding Peer Support Group have been devised in conjunction with local midwives.

1.2 Other significant developments

Other significant developments and activities by Sure Start Health Workers in partnership with other health professionals, have been established which are not represented within this report. These include:-

- Support at two baby clinics. (Aspley Medical Centre and Melbourne Park)
- Supporting Community Paediatricians' growth clinics.
- Development of a baby massage programme.
- Developments of a "Weight Wise," programme.
- Supporting Development reviews/ parties.
- New Leaf - stop smoking service.
- Stay and Weigh - "mini clinics."
- Development of an antenatal group - "Bumps a Daisy."
- Development of a Breast Feeding Peer Support Group.

2.0 Evidence base for home visiting

Home visiting is a mechanism for the delivery of a number of different programmes or packages of care. The evidence for how effective home visits are in achieving their aim varies. A systematic review by the Health Development Agency (2004) reviewed the current evidence base for the effectiveness of antenatal and postnatal home visits.

A summary of the findings suggested that home visiting can;

Improving health outcomes

- Home visiting can have a beneficial impact on low birth weight or other pregnancy outcomes.
- Good evidence that home visiting can have an impact on reducing childhood injury.
- Some evidence to suggest a beneficial impact on measures of intellectual development in children.
- Insufficient evidence to determine the influence of home visiting on interventions on immunisation rates or hospital admissions.
- Weak evidence to suggest a link between home visiting and improvement in children's diets.
- Home visiting has the potential to improve breast feeding rates.

Improve quality of parenting

- Good evidence to suggest that home visiting can produce positive effects on various dimensions of parenting.

Improving outcomes for mothers

- There is some evidence for a positive effect on home visiting on the detection and management of postnatal depression.
- Insufficient evidence exists to prove any long term benefit on access to social support.

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- There is insufficient evidence to prove any long term benefit of home visiting on maternal life course development such as participation in education or employment or the spacing of subsequent pregnancies.

3.0 Methodology for the audit

The same six month period as the initial audit was chosen for 2004. This was the period from the 1st June 2004 until the 30th November 2004.

A form designed by the Health Workers for each week within the selected time period was used to collect data. Different categories of responses were devised. The forms were completed by each Health Worker every week during the selected time period for all the home visits they had planned by appointment.

4.0 Results for 2004 audit.

All the forms completed by the Sure Start Health Workers were collated. During the six month period a total number of 481 home visits had been planned. Some of these visits may have been to the same family but on a separate occasion. Each visit has been counted as a separate contact.

Of the 481 visits 458 (95.2%) were within Aspley and Bells Lane Sure Starts geographical area and 23 (4.8%) were out of this area. 202 (41.9%) of these visits were no access visits where Health Workers failed to gain access during the planned visits to the family. Table 1 illustrates these results.

Table One

Table one indicates the number of planned home visits by Sure Start Health Workers for the time period 1st June - 30th November 04

Home visits	Number of visits (n)	Percent (%)
In Sure Start Area	256	53.2
Out of Sure Start Area	23	4.7
No access visits	202	41.9
Total planned visits	481	100.0

4.1 Purpose of home visits

Of the 279 visits where access was gained to families, 34 (12.2%) were support visits. 15 (5.4%) were for baby weighing. 38 (13.6%) were for behaviour related referrals such as toilet training, sleep problems or toddler behaviour. 154 (55.1%) was for Child Health Surveillance as part of the Nottingham City Primary Care Trust Child Health Promotion Programme. 19 (6.8%) of the visits were to complete the Sure Start National Speech and Language Measure. 19 (6.8%) of the visits was recorded under, "other types of visit," which included giving information and introductions to Sure Start as the primary purpose of the visit. Table two illustrates the results of the purpose of the home visits where access was gained.

Table two

Table two illustrates the purposes of the planned home visits where access was gained to the home.

Types of visit	Number of visits (n)*	Percent (%)*
Support visits	34	12.2
Baby weight	15	5.4
Behaviour related	38	13.6
Child Health Surveillance	154	55.1
Speech and Language Measure	19	6.8
Other Type of visits	19	6.8

(* Only access visits are included in this table for calculating %)

5.0 Results of comparison of 2003 audit with 2004.

The results from the audit from 1st June to 31st November 2003 and 1st June to 31st November 2004 were put together so a comparison could be made. Tables 3 and 4 illustrate the results form both audits.

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Table three

Table three is a comparison of the number of home visits results obtained from the 2003 and 2004 Sure Start Health Worker home visiting audit.

Planned home visits	Number of visits	
	2003 period	2004 period
In Sure Start Area	355 (67.2%)	256 (53.2)
Out of Sure Start Area	72 (13.7%)	23 (4.7%)
No Access visits	101 (19.1%)	202 (41.9%)
Total	528 (100%)	481 (100%)

Table four

Table four is a comparison of the types of visits undertaken by the Sure Start Health Workers from the 2003 and 2004 audits where access was gained to the family.

Purpose of visit	Number of visits	
	2003 period*	2004 period*
Support visits	55 (11.9%)	34 (12.2%)
Baby weight	27 (5.8%)	15 (5.4%)
Behaviour	154 (33.3%)	38 (13.6%)
Child Health Surveillance	133 (28.7%)	154 (55.1%)
Speech and Language Measure	15 (3.2%)	19 (6.8%)
Other types of visit.	79 (17.1%)	19 (6.8%)
Total	463 (100)	279 (100%)

(*Only access visits are included in this table for calculating %)

6.0 Discussion of comparisons

Carrying out the simplistic audits and comparisons of two time periods has been a worthwhile exercise. It has been useful as it helps look at where

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Sure Start resources have been used and helps to identify possible improvements in the service offered. The audit should not be considered in isolation when looking at the work of the Sure Start Health Workers but it should form part of a body of knowledge and evidence over time regarding the impact the Sure Start Health Workers have on the Sure Start Objectives.

5.1 Number of visits

The total number of planned visits fell in the second time period from 528 to 481. Possible reasons for the fall in the number of planned visits for the 2004 period may include;

- Health Workers giving more time into planning and operating other initiatives such as the Breast Feeding Peer Support Programme or New Leaf smoking cessation services.
- Increase in absence of Health workers due to sickness.
- Attendance by workers at role related training.
- Health Workers supporting other health visitors initiated activities such as development review parties.

There was a significant drop in the number of planned visits to families who lived out of area, from 13.7% to 4.7% in 2004. This may indicate that Health Visitors are sticking more to the Aspley and Bells Lane Sure Start geographical area or that the Sure Start Health Workers feel more confident in refusing to do out of area visits.

The largest difference between the 2003 and 2004 audits was in the number of no access visits encountered by the Sure Start Health Workers which has more than doubled. This was 19.1% in 2003 and 41.9% in 2004. This is concerning as no access visits utilise a large amount of resources both in worker time and also costs such as worker car mileage claims. A possible reason for the increase in no access visits may be the nature of the families referred to the Sure Start Health Workers. The Health Visitor may be referring more, "hard to reach," families to the worker, who have a history of not attending. It is not possible to test this hypothesis from the data collected as this would need further research. Another possibility could be that Health Visitors are not following the recommendations of the Child Health Promotion Programme (Hall 4) and are consistently referring families

who have not attended for a developmental review to be followed up by a home visit where a letter or another form of communication may have been more appropriate. Again it is difficult to prove this without further research. However an indication of this may be that the percentage of visits for Child Health Surveillance (which includes development reviews) has increased significantly from 28.7% in 2003 to 55.1% of visits in 2004.

5.2 Purpose of visits

There has been one large significant change in the purpose of the visits in the 2003 and 2004 audits. In 2003 the largest percentage of access visits was for behaviour related issues which was 33.3% in 2003 and was 13.6% in 2004. This indicates a 19.7% decrease in visits for behavioural related issues. The most significant difference was the visits for Child Health Surveillance which was 28.7% of access visits in 2003 and 55.1% of access visits on 2004, indicating a 26.4% increase in visits for Child Health Surveillance. There does not appear to be any major differences in the other types of visits recorded between the 2003 audit and the 2004 audit.

7.0 Recommendations

It is difficult to make realistic recommendations from this report because of other factors which will influence the future. The most significant factors are:-

- Development of Children's Centres within Nottingham City
- Implementation of the National Service Framework for children within the city of Nottingham.
- The commitment for Nottingham City PCT Health Visiting service to move from a G.P attached way of working to patch based working by March 2006.
- Recruitment and retention issues for Nottingham City PCT Health Visiting service in the Aspley and Strelley area.

The above needs to be taken into consideration when looking at the future.

However with the above in mind some recommendations can be made on the basis of this report. These could include:-

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1. Further investigation in to the initial purpose of no access visits using the data already available.
2. Liaison with the Nottingham City PCT Clinical Lead for Health Visiting regarding no access visits and a possible solution.
3. Working with the Clinical Lead for Health Visiting in the implementation of patch based health visiting.
4. Continue to promote the Child Health Promotion Programme (Hall 4) amongst Health Visiting Teams.
5. Complete a more robust evaluation of the role of the Sure Start Health Worker bringing together other sources of evidence which has/is being collected.
6. For any future plans consider the evidence base for the how effective home visiting is.

References

Health Development Agency (2004) Ante and post natal home visiting programmes: a review of reviews. The evidence base. Health Development Agency : London

Further copies of this report can be obtained from:

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