

Local differences in health visiting: where you live matters

1001 Critical Days APPG

8th June 2021

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Institute of Health Visiting

A “Best Start in Life” for all children....?



Levelling up?

Unwarranted variation in outcomes



Widening inequalities and poor state of child health and wellbeing

- RCPCH (2020) Progress is stalling or reversing in important areas
- Our under 5 mortality rate is the 2nd highest in Western Europe
 - The most common age at death was less than 1 year (63.0%)
 - The highest rate of homicide for any age group is in babies under the age of 1.
- 2.3 million children are living with risk because of a vulnerable family background - a third are “invisible”

https://www.ncmd.info/wp-content/uploads/2021/05/NCMD-Child-Mortality-and-Social-Deprivation-report_20210513.pdf

<https://www.childrenscommissioner.gov.uk/report/childhood-vulnerability-in-england-2019/>

<https://stateofchildhealth.rcpch.ac.uk/evidence/at-a-glance/#page-section-3>

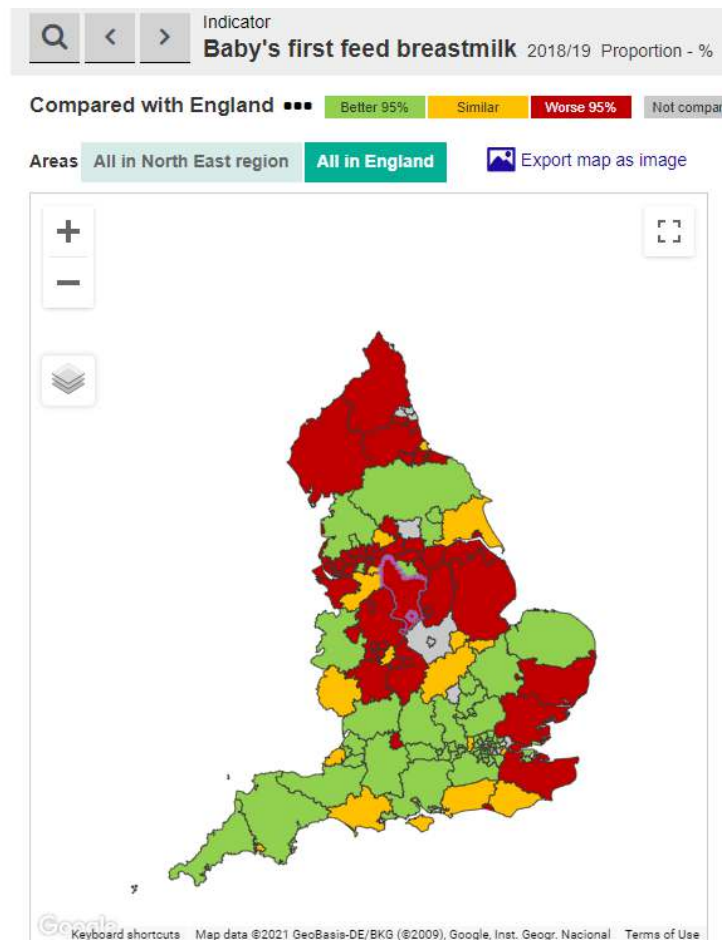


Child protection – rate of children and young people on either a child protection plan or the child protection register per 100,000 children aged 0-18	Increasing 42.0 to 45.0
Looked after children (LAC) – rate of LAC per 10,000 children aged 0-18	Increasing 60.0 to 65.0

Unwarranted variation in outcomes – between local authorities



Indicator	Period	England	North East region	County Durham	Darlington	Gateshead	Hartlepool	Middlebrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
Infant mortality rate	2017-19	3.9	3.4	3.2	3.7	4.6	3.0	3.2	3.9	3.5	3.2	3.4	2.8	3.6	3.0
Child mortality rate (1-17 years)	2017-19	10.8	11.8	10.2	*	10.5	*	17.7	14.8	10.9	8.9	13.2	12.0	15.0	10.0
Population vaccination coverage - MMR for one dose (2 years old)	2019/20	90.8	95.1	98.8	94.3	94.2	92.7	91.3	93.8	95.9	94.0	93.8	96.7	94.7	97.6
Population vaccination coverage - Dtap / IPV / Hib (2 years old)	2019/20	93.8	96.5	98.0	96.6	96.5	95.0	93.9	94.7	98.0	95.9	96.2	96.1	95.8	96.7
Children in care immunisations	2020	87.8	92.3	99.3	99.5	96.5	96.4	91.0	79.6	94.4	88.2	82.9	99.8	91.2	94.8
School readiness: percentage of children achieving a good level of development at the end of Reception	2018/19	71.8	71.8	71.8	71.7	73.4	72.2	63.1	70.4	72.0	74.8	71.1	73.3	73.8	72.6
Average Attainment 8 score	2019/20	50.2	48.4	49.1	49.6	49.5	46.8	46.2	47.7	49.2	48.6	47.7	48.6	48.5	48.0
Average Attainment 8 score of children in care	2019	19.2	20.6	25.6	14.6	18.6	16.7	20.0	23.4	23.9	16.5	19.3	18.0	21.2	20.5
16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2019	5.5	6.9	4.8	4.2	5.2	3.7	4.7	9.2	3.6	4.7	5.5	7.3	4.9	10.8
First time entrants to the youth justice system	2019	208.0	273.8	179.5	259.4	254.4	236.5	217.4	308.9	232.9	311.5	174.7	645.9	195.5	383.2
Children in absolute low income families (under 10s)	2018/19	15.3	19.3	16.1	17.9	17.2	21.4	30.0	23.1	15.2	16.7	18.7	21.7	16.8	19.6
Children in relative low income families (under 10s)	2018/19	18.4	23.7	22.3	21.9	21.4	28.7	36.8	28.1	18.7	20.0	23.3	28.2	20.9	24.3
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act	2019/20	14.9	12.1	11.2	6.8	26.3	9.2	14.6	*	9.1	6.4	6.9	21.2	15.0	11.1
Children in care	2020	87	106	90	120	105	158	189	113	71	73	126	97	131	106
Children killed and seriously injured (KSI) on England's roads	2017-19	18.0	23.9	25.4	29.5	20.8	26.1	17.0	23.0	29.6	27.4	24.3	19.9	16.7	23.2
Low birth weight of term babies	2019	2.90	3.11	3.27	2.96	3.11	3.92	3.19	3.68	2.84	2.90	2.11	3.22	3.06	3.55
Reception: Prevalence of obesity (including severe obesity)	2019/20	9.9	11.0	10.7	12.0	13.0*	14.3*	14.6*	11.6	11.0	9.1	13.1	9.7	9.8*	10.1

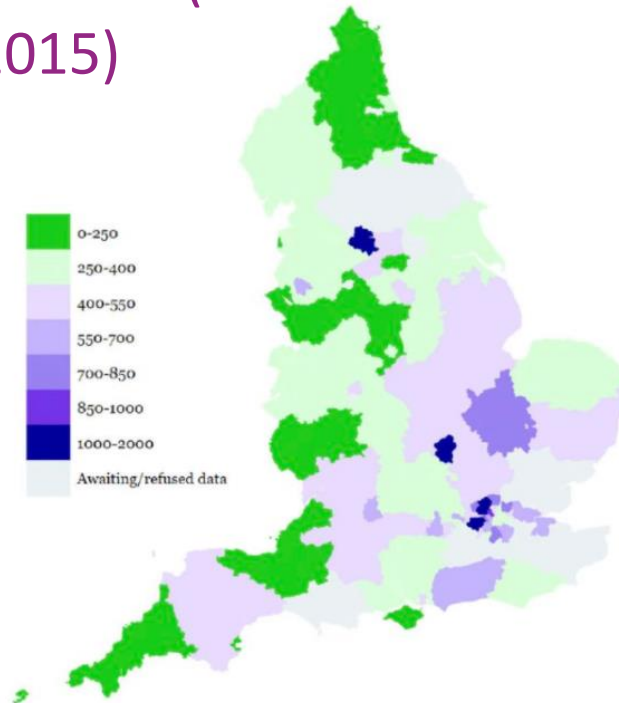


Unwarranted variation in input: access to HV

Proxy measure: HV caseload size

[note: recommended caseload = 250 children 0-5 per WTE HV]

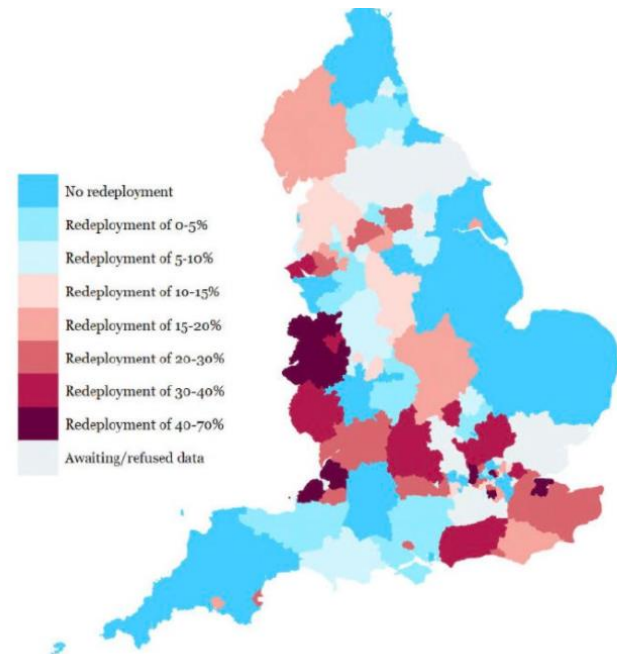
Caseload size (31% cut in HVs since 2015)



Note: N=136. Caseload is no. of children <5 divided by no. of FTE caseload holding health visiting staff.

Figure 7: Caseload size on 1st February 2020, by Upper-Tier Local Authority in England

Up to 63% of HVs were redeployed (range: 0-63%)



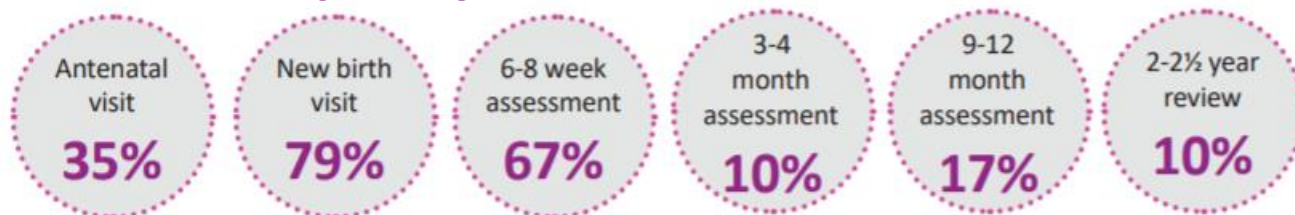
Note: N=138.

Figure 14: Percent of total staff in health visiting teams redeployed up to 1st September 2020 due to COVID-19, by Upper-Tier Local Authority in England

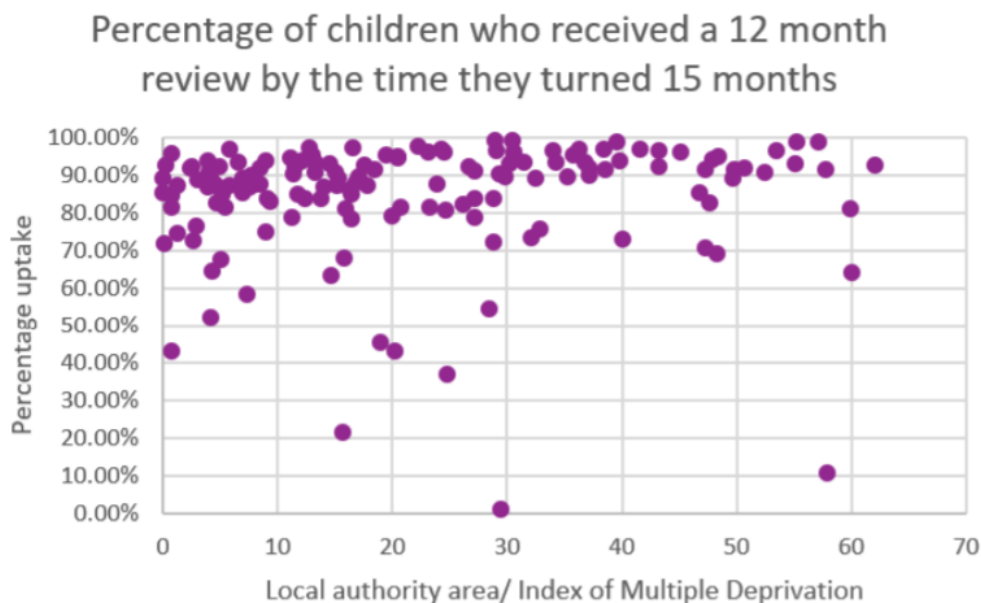
Ref: Conti, G (2020) <https://dl.orangedox.com/HEALTHVISITINGFOINew> and https://discovery.ucl.ac.uk/id/eprint/10106430/8/Conti_Dow_The%20impacts%20of%20COVID-19%20on%20Health%20Visiting%20in%20England%20250920.pdf

Unwarranted variation in input: “how” matters

Variation in quality: % health reviews completed by a health visitor (iHV, 2020)



Variation in uptake:



Variation in evidence-based practice:
“Ticking the box but missing the point”



ASQ-3:

- Population measure (part of a holistic health review)
- not a screening tool; low sensitivity (i.e. it misses children)

Increasing need - backlog of “work not done” *HVs did not stop, and they will not stop*



“Shadow pandemic” - invisible need

- 82% of HVs reported **↑** in domestic abuse
- 81% **↑** perinatal mental illness /women unable to access support
<https://maternalmentalhealthalliance.org/news/mbrace-rapid-response-covid-maternal-deaths-suicide/>
- 76% **↑** in use of food banks & speech/communication delay
- 27% **↑** in Serious Incidents; 35.8% relate to infants under 1 <https://explore-education-statistics.service.gov.uk/find-statistics/serious-incident-notifications>
- Reduction in safeguarding referrals
<https://bmjopen.bmj.com/content/10/9/e042867>

Not enough HVs to meet levels of need

- HVs went “above and beyond” to support vulnerable families ++innovation
- HVs only reaching “tip of the iceberg”
- Prioritisation has a “human cost”

<https://ihv.org.uk/wp-content/uploads/2020/12/State-of-Health-Visiting-survey-2020-FINAL-VERSION-18.12.20.pdf>

It is an absolute scandal. Other medical professionals are getting on with their jobs, why are HV different? There must be vast undetected child neglect (intentional and otherwise) and abuse that it is their job to spot and I don't know why they've been allowed to bow out.

11:11 AM · Apr 14, 2021



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“ not the failure of a single health visitor, or manager or commissioner, but the predicted consequence of years of cuts to the health visiting service”



The cost of failing to intervene early is enormous

Why does this matter?

£8.1bn

£66bn



HM Treasury

£17bn

£50.5m

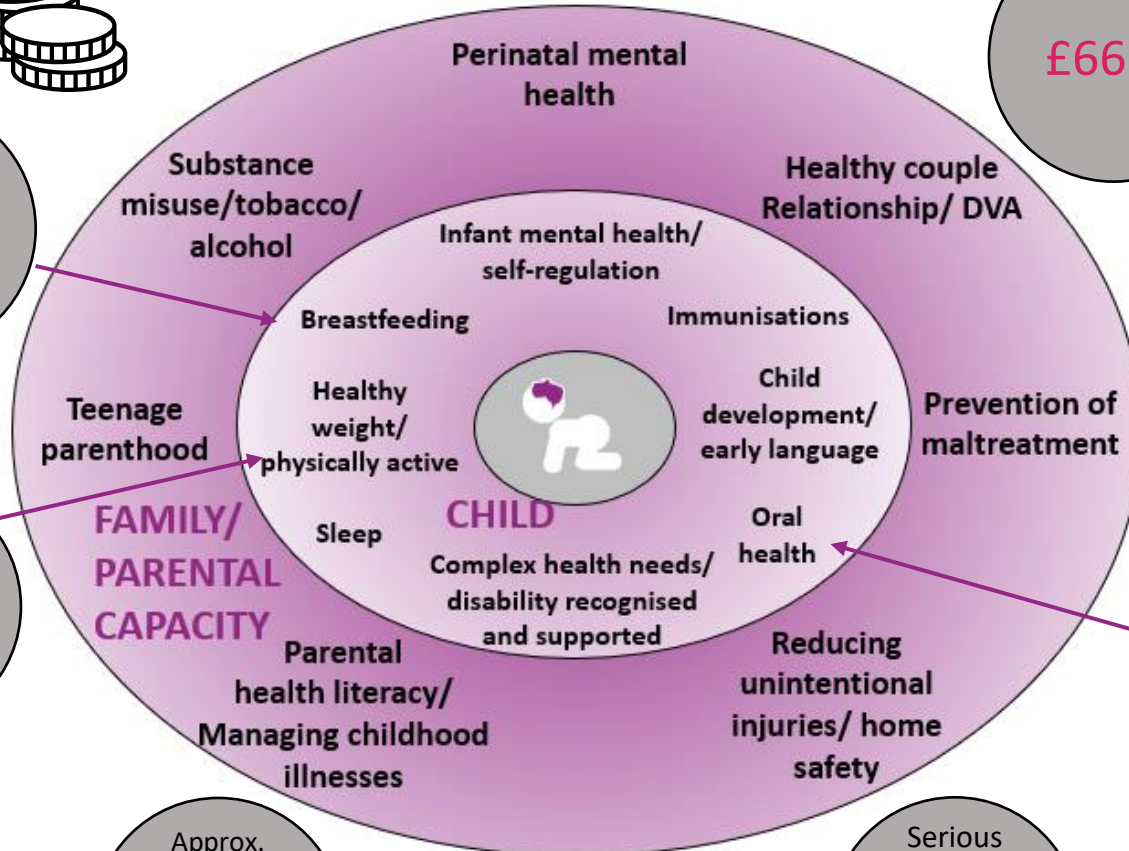
Serious injuries
Per child:
£33,200
£4.89m

Approx.
A&E
attendance
costs
£300m

£48m
5 illnesses

NHS
£6.1bn

Wider
society
£27bn



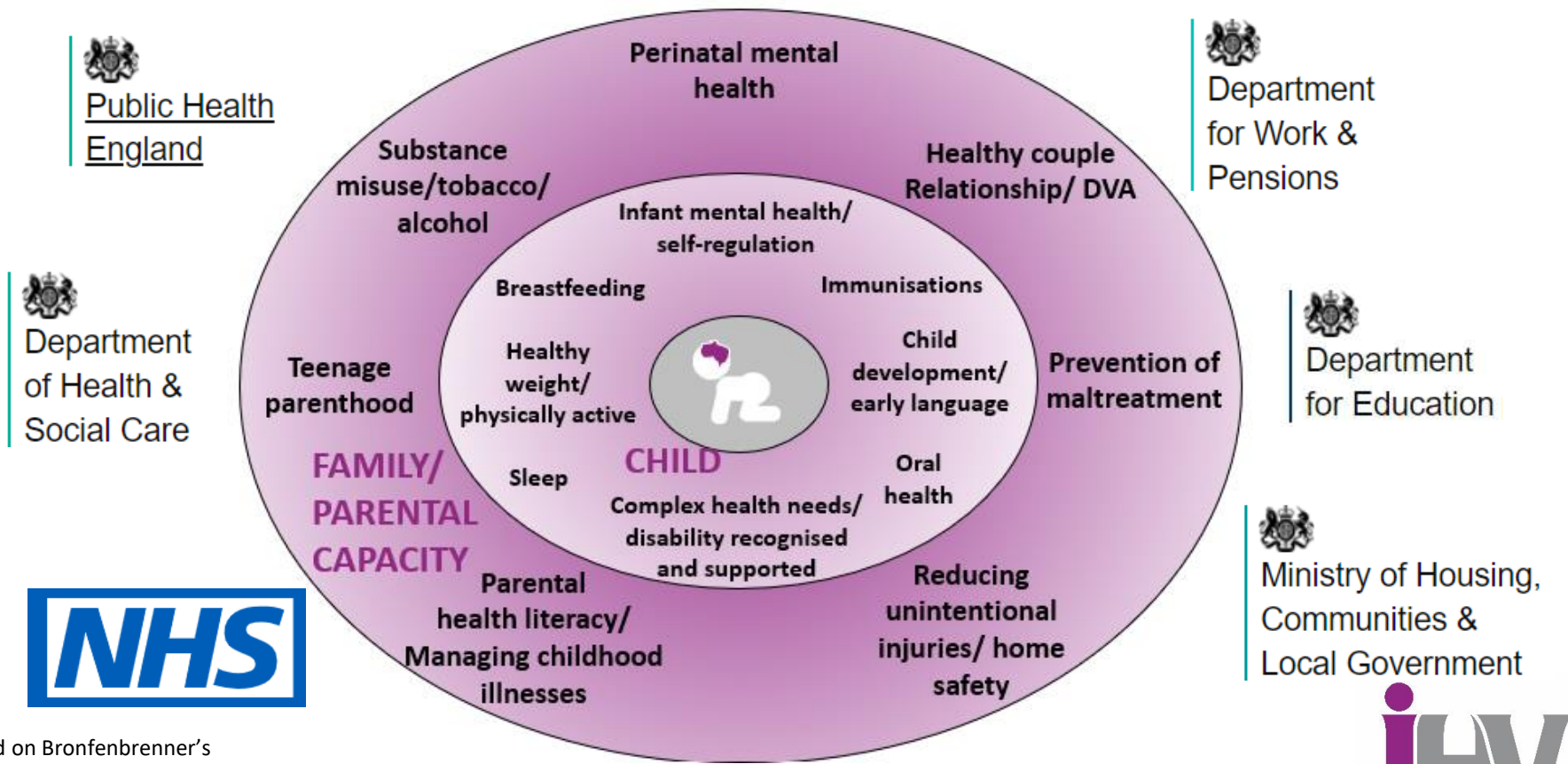
£700m
cut from
PH grant
since
2015

Based on Bronfenbrenner's
Ecological Systems Theory

Integrated systems: health visiting, an important part of the solution



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Based on Bronfenbrenner's
Ecological Systems Theory

How do we get there? We need to act now



- Babies and young children have unmet need, with wide inequalities (++evidence)
- We can't say '*we didn't know*' – we need to act **NOW**
- We know enough about what works to make a difference **NOW**
- We need a plan, with investment, to prioritise public health and early intervention **NOW**
- We need more health visitors **NOW**

Building back better by investing in our 'human' future makes sound economic sense