



## An overview of people's views and experiences of the health visiting service in Leeds

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Healthwatch Leeds is here to help local people get the best out of their local health and care services by bringing their voice to those who plan and deliver services in Leeds



Healthwatch Leeds is the independent voice of local people for health and social care services in Leeds. We make sure service providers and commissioners - the people who plan and buy health and social care services - listen to the concerns of people and use the information to shape and improve their services.

We work hard to make sure that we include the people whose voices are not usually heard.

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### Summary

This was a planned project that provided an opportunity to speak to people who have recently been in contact with the health visiting team. The aim was to get people's views about the service and how it worked for them.

We were also aware that the health visiting service is expected to be recommissioned in 2018 and therefore the feedback that we gathered, could be used to influence the commissioning process.

We worked in partnership with Leeds Community Healthcare NHS Trust (LCH) and spoke to over 240 people in clinics and breastfeeding groups across Leeds. The main focus of the surveys was to find out about:

- Levels of awareness of what the service should be providing.
- If the service was providing what it should be.
- What people found particularly useful.
- What could be done better.

### Key Findings

- Overall there were very high levels of satisfaction with the service, with 90% of respondents rating it as excellent or good.
- The majority of respondents told us they had a named health visitor, however 1 in 10 told us they didn't have one or were not sure if they did.
- There were good levels of awareness (90%) about what the health visiting service should be providing.
- Most of the respondents (89%) told us that they had received all the visits and contacts that they should have had.



**“Sometimes difficult to speak to someone when needed as they seem to be so busy.”**



**“English is my second language so I find it difficult to understand many things. But my health visitor is very good in explaining things in simple terms. She has a lot of patience.”**

- There were some concerns about missed visits and contacts that were then not rescheduled or followed up.
- There were good levels of satisfaction with the handover from midwife to health visitor.
- There was some concern expressed by a number of respondents about feeling confused about the role and involvement of different health professionals, such as midwife and health visitor.
- Baby clinics, support groups and one to one support from the health visitors were highlighted as being particularly helpful
- Over a quarter of respondents suggested there were things that could be done better.

For example:

- ◊ Needing more consistent information and advice
- ◊ Having more frequent visits
- ◊ More flexibility in the service to meet the needs of each individual family.



- There were very low levels of awareness (29%) about where to raise a concern if there were any problems with the service.
- A quarter of respondents had needed extra support from the health visiting service with things like breastfeeding and emotional support. There were high levels of satisfaction with the extra support provided.

### Recommendations

We made a number of recommendations which are outlined in full on page 13 of the report.

***“The baby clinics are invaluable for support and reassurance for parents. Consistency of staff and seeing the same faces is important.”***

### Background

The health visiting service in Leeds is commissioned by the local authority and provided by Leeds Community Healthcare NHS Trust (LCH). The health visitors support families before and after birth and up until the youngest child in the family is 5 years of age. Health visitors work in local communities as part of the 'early start' team which also includes community nursery nurses, family outreach workers and other children's centre staff.

Each family should have a named health visitor and be offered the healthy child programme. This is a national programme for all children and families, offering research based guidance on health and development reviews, immunisations, screening, healthy choices and the promotion of social and emotional development. As part of this programme all families should receive core health visiting contacts from their named health visitor, which consist of:

- Antenatal Visit (if service is aware of pregnancy)
- New baby review (14 day home visit)
- 6-8 week visit
- 10-12 month contact
- 27 month contact

All families should receive an information leaflet outlining this offer and it should be explained at the first contact.

### Why we did it

We had some evidence on our database about issues with health visiting services, especially where children have additional needs.

The service is due to be recommissioned in 2018 and this was an opportunity to find out what people who use the service think about it and feed this into the commissioning process.

Reviewing the health visiting service was part of Healthwatch Leeds' work plan and the timescales were adapted to fit in with the upcoming recommissioning process.

### What we did

We worked closely with LCH to identify the baby clinics and breastfeeding groups in Leeds. We arranged to visit as many of these groups as possible over a 4 week period to carry out surveys and speak to new parents about their experience of the health visiting service.

During the month of November 2017 the Healthwatch staff and a team of 18 volunteers carried out 26 visits to baby clinics and breastfeeding groups. We carried out surveys with 243 parents about their experience of the health visiting service.

We asked people about the offer and if they had received everything they



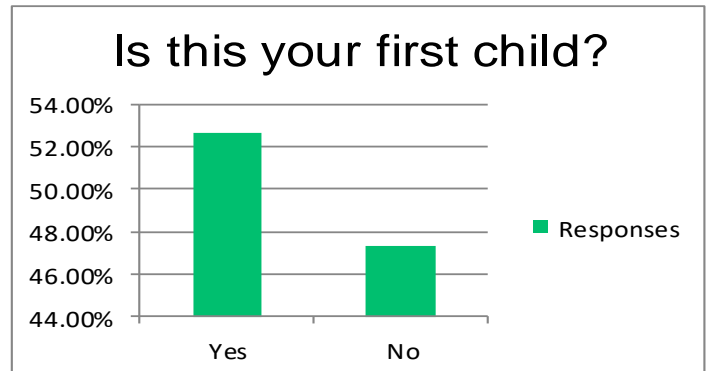
should have. We asked about satisfaction levels with the service and if anything could have been better. Specific questions were also asked about any additional support people had received and how helpful this had been.

We spoke to a wide range of people from across the city and different age ranges and backgrounds. (see appendices)

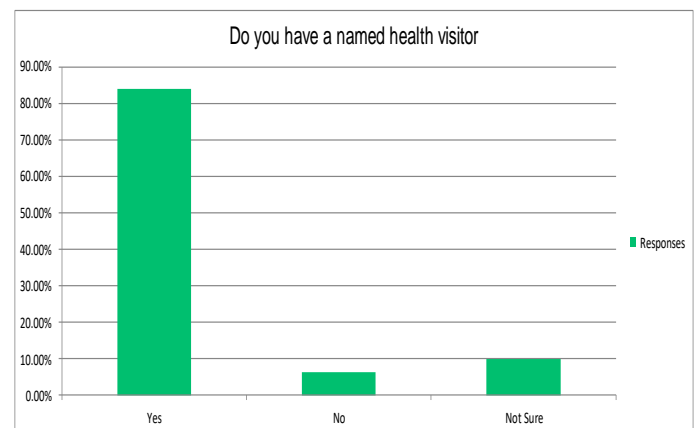
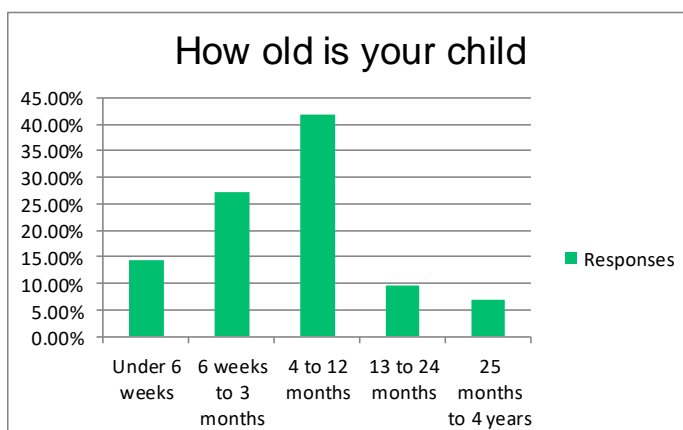
**What we found**

*The percentages reflect the number of people who answered the question. Not all respondents answered every question*

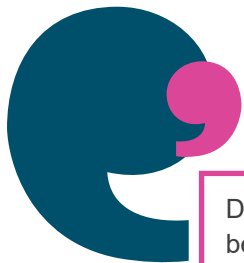
*Over 80% (203) of parents we spoke to had children under a year old and there was quite an even split between first time parents and those for whom this was not their first child.*



*84% (204) of the respondents told us they had a named health visitor while the remaining 16% (39) told us that they did not have a named health visitor or they were not sure if they had one.*

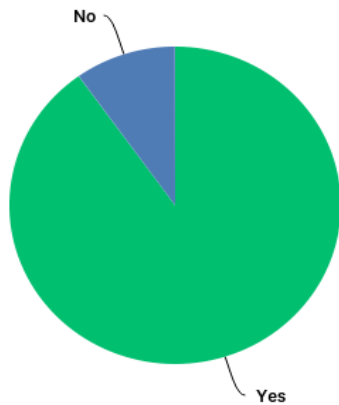


Everyone should have a named health visitor and should know who this is. While most people that said they had a named health visitor, there are still significant numbers who did not have one or were not sure if they did or who this was.



## What we found

Do you know what the health visitor should be providing? (Listed below) Antenatal visit (if service is aware of pregnancy) New baby review (14 day home visit) 6-8 week visit 10-12 month contact 27 month contact



*90% (219) of respondents said that they knew what the health visitor should be providing. Out of those that were aware of what should be provided the majority stated that they knew this as the health visitor had told them.*

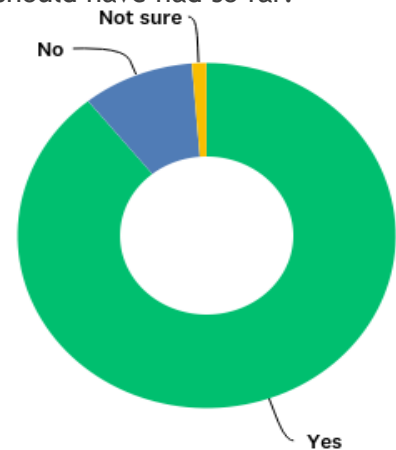
The high number of respondents that told us they knew what should be provided suggests that the information is being widely shared and understood. There are however a small number that are still unaware of the offer and what they should be receiving from the health visiting service.

If yes, how do you know about this?



*While the vast majority of visits and contacts are taking place (89% - 215) there were still 11% (26) that told us they had not received everything that they should have had.*

Have you received all the visits and checks that you should have had so far?



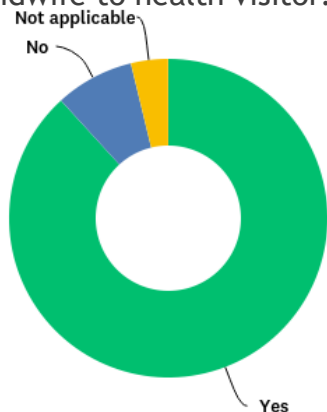
Comments were received about sometimes having a phone call instead of a visit. Others also reported missed visits and appointments that weren't rescheduled and health visitors saying they would arrange something but not following through.

*88% (210) of the respondents were satisfied with the handover process from midwife to health visitor. The remaining 12% were either dissatisfied with the process or the question was not applicable to them.*





Were you satisfied with the handover process from midwife to health visitor?



When asked what respondents had found particularly useful the baby clinics and advice and information received were mentioned the most. Many people also talked about the value of the breastfeeding groups and the importance of support they received from these groups.

Issues identified included the lack of a formal handover, confusion regarding the roles of the different health professionals involved and poor communication between midwife and health visitor. For some people this led to frustration and lack of continuity in the information provided.

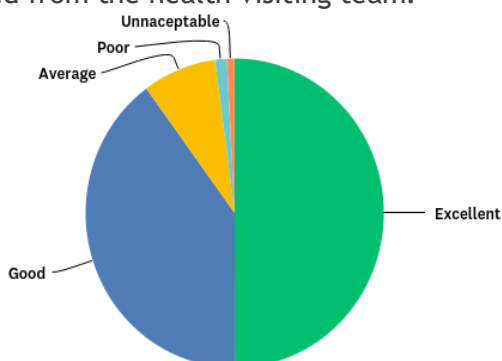
Other areas mentioned by many of respondents which had been useful to them included the one to one support from the health visitors and having someone to contact when support or advice was needed. Many talked about the excellent support and advice given by their health visitor including practical advice and emotional support.

*There were high levels of overall satisfaction with the service, 90% (214) of respondents rated the service as excellent or good. The areas highlighted by respondents as being particularly useful included baby clinics, breastfeeding groups, advice and information and one to one support.*

*26% (61) of respondents felt that aspects of the service could be better and offered a range of comments and areas for improvement.*

**“I had a concern and health visitor came out the same day and gave me good advice.”**

How would you rate the overall service that you have received from the health visiting team?



*This included consistency of information and advice, having a more flexible and informal approach when needed, better communication and information sharing across the service and more support advice and visits.*

Some people commented that the information received could be more consistent across the service as the advice provided is sometimes contradictory. Conversations are occasionally too structured (feel like box ticking) and a more informal, flexible approach would be preferred. The flexibility is especially important for second time parents, some of whom commented that they would appreciate an approach to fit in with their individual needs.

More frequent visits would be welcome by some and flexibility as to when these happen. The visiting pattern is often rigid, many respondents would have preferred to have a conversation regarding their needs on visiting times and how to distribute the visits across the development of the child.

Continuity of care could be improved: handovers across members of the care team are not always efficient. Having a consistent dedicated health visitor would be preferred but should that not be possible the information regarding the child and mother's history should be passed on to the new one.

*Only 29% (68) of the respondents would know who to raise a concern with if they were unhappy with the service received, the remaining 71% (169) stated they would not know who to contact.*



**“Would have liked more visits from health visitor as it's first child”**

While the numbers are low for those that would know who to contact about raising a concern, it is important to note that many who answered no to this question did state that they felt they would be able to get this information if and when needed.

Those that said they would know how to raise a concern stated that they would get in touch with the health visiting service or manager and others mentioned PALs or getting in touch with the GP surgery.



**“Emotional Support, counselling arranged through one of the health visitors at the breastfeeding group. Health visitor kept in touch to check things were going well afterwards.”**

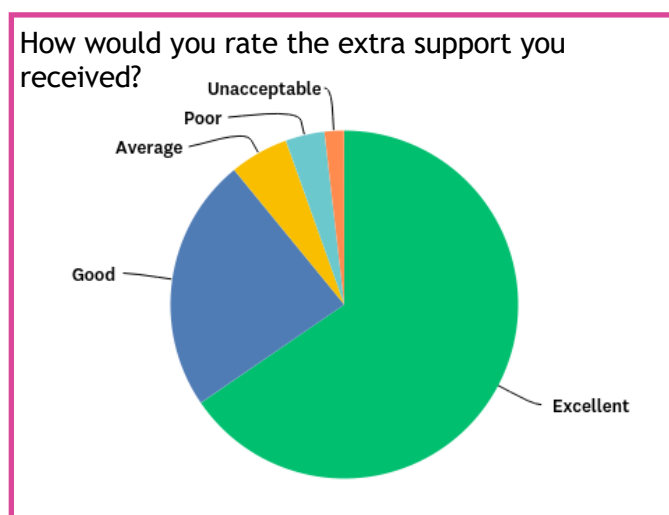


*25% (58) of the respondents stated that they had needed extra support from the health visiting team.*

The main areas where support was needed included breastfeeding advice and support and help with mental health and wellbeing. A small number also needed advice with other issues and extra visits and support.

*There were high levels of satisfaction with the extra support received with 89% (49) rating it as good or excellent. The majority of general comments about the health visiting service were very positive, however there were a few concerns raised by some that we spoke to.*

Many people said they had found the service to be helpful, friendly, supportive and informative. Positive



comments were also made about the one to support received from the health visitors and the value in having the same health visitor, which provided a consistent and supportive service for them.

The lack of consistency of service was commented on by some and how on occasion they felt some health visiting staff could be more helpful and supportive than others.

A few found the service to be poorly organised, especially in terms of accessibility, providing clear consistent information and continuity of care. Some people also felt that the service was understaffed and sometimes slow to respond due to heavy workloads of staff.

**“Sometimes difficult to speak to someone when needed as they seem to be so busy.”**

### Our messages / recommendations

The feedback that we have had from those that use the service is that on the whole this is a good, well run service with staff that are supportive and committed. There was high praise for individual staff members, both in group and one to one settings. Many people valued the baby clinics and breastfeeding groups and found these to be crucial as a support and information point.

There were some concerns expressed about staff being very busy and as a result of this sometimes not responding as they should. There were also a few concerns about individual staff members not being as supportive as others and the lack of consistency that this created in the service.

While the overwhelming view of the service is a positive one and people felt it worked well, there were a few areas where things could be better.

### Next Steps

This report and the recommendations will be shared with LCH, who provide the health visiting service and with Leeds City Council as the commissioners.

We will agree with them the next steps to be taken in response to our recommendations and work with them to ensure any agreed actions are followed through and implemented.

We will undertake any follow up work required to ensure there are real changes made to the service so that it is a good experience for everyone. The report will also be published on the Healthwatch Leeds website.

### Thank you

We would like to thank all the volunteers who took part in this project, carrying out the surveys and helping with analysing the data. We would also like to thank LCH for working in partnership on this project and supporting us in accessing the baby clinics and groups.

This report has been written by Sharanjit Boughan - Community Project Worker at Healthwatch Leeds, in collaboration with David Sgorbati (Volunteer)



Key Messages	Recommendations
The majority of respondents told us they had a named health visitor, however a significant number didn't or were not sure if they did.	Reinforce the existing systems and processes to ensure that everyone has a named health visitor and this information is clearly shared with new parents.
There were some concerns about missed visits and contacts that were then not rescheduled or followed up.	Provide a consistent approach to ensure all visits are taking place. If these need to be cancelled or re-scheduled have good communication processes in place to deal with this.
There was some concern expressed by a number of respondents about confusion over the roles and involvement of different health professionals.	Review with teams how different roles are explained. Work on having a consistent approach when doing face to face introductions at the first contact.
There were very low levels of awareness about where to raise a concern if there were any problems with the service.	Review and clarify information about compliments and complaints and how this is shared with people who use the services. Consider different approaches for people to provide feedback about the service.
Information and support provided is not always consistent and can be dependent on different health visitors.	There needs to be a clear and consistent approach in terms of information and support provided across the service.
While the universal offer for all new parents is helpful, this can sometimes feel restrictive and lacks flexibility to adapt to different needs	Consider introducing some flexibility into the universal offer where possible and adapt the approach to meet individual needs.
The service is sometimes slow to respond due to staff being unavailable or too busy.	Review staffing, in busy clinics to ensure the service is fully responsive to the needs of parents and children. Look at using a range of options such as call backs to offer support to new parents.

**“Having someone to call when I have questions and the baby clinic has been really helpful.”**

**“Very friendly and informal and concerned with mum as well as baby and very knowledgeable and experienced”**

**“I had a concern and health visitor came out the same day and gave me good advice.”**

**“Fantastic but understaffed and under funded”**

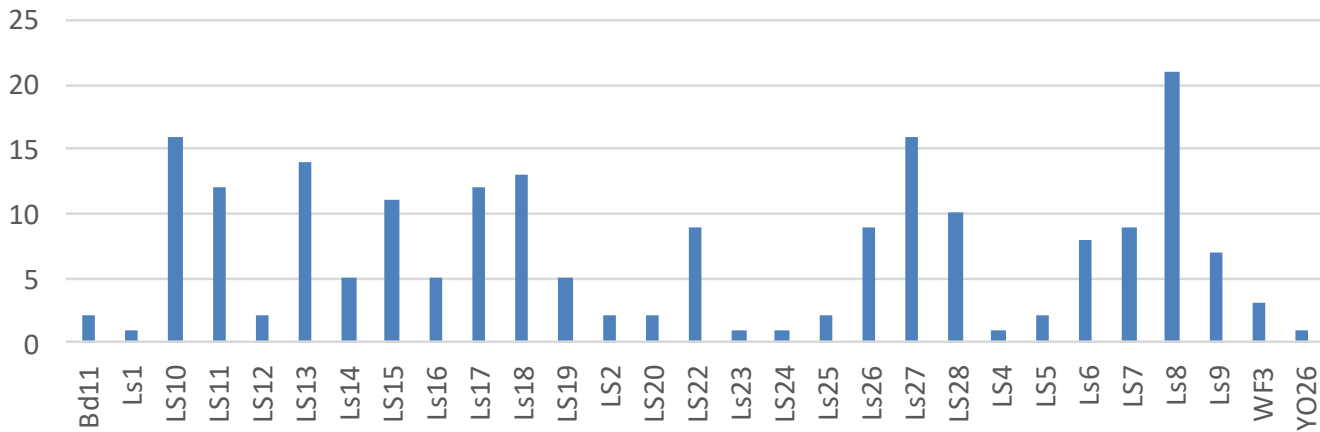
**“The breastfeeding support groups have been an absolute lifeline. I would have stopped breastfeeding without their help and support.”**

**“Could have been more personalised and not just tick boxes and going through the motions.”**

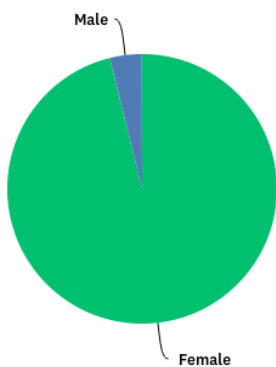
**“Everything worked well, I have a fantastic health visitor.”**



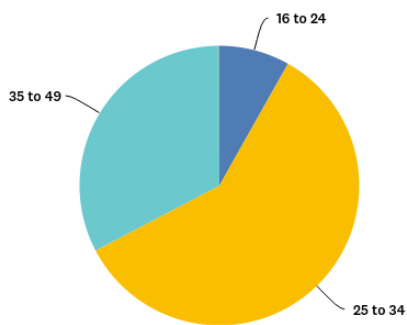
### Responses by postcode



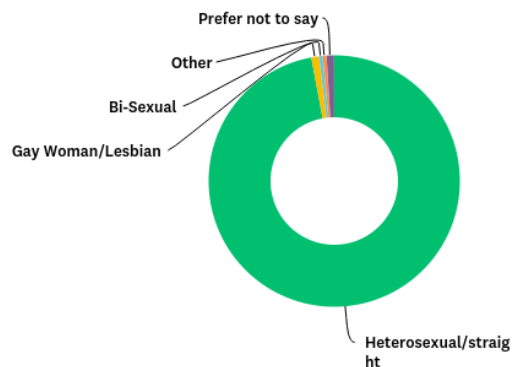
Q21 Gender?



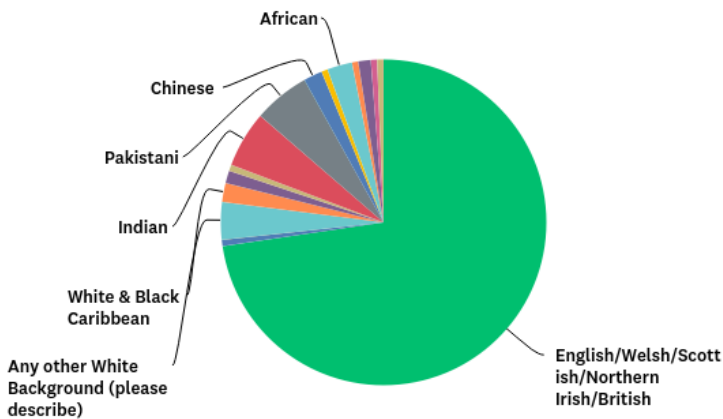
Q22 Age



Q23 Sexuality



Q24 Individual ethnicity



Q25 Do you have a disability?

