

Lessons from health visiting during COVID-19: the experiences of South Gloucestershire residents

May 2022



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List of abbreviations

BNSSG CCG	Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group
CQC	Care Quality Commission
GP	General Practice
HV	Health Visiting (or Visitors)
HWSG	Healthwatch South Gloucestershire
LMS	Local Maternity System
MVP	Maternity Voices Partnership
M4M	Mothers for Mothers
NCT	National Childbirth Trust

Executive Summary

At Healthwatch South Gloucestershire our purpose is to find out what matters to people in South Gloucestershire and help make sure their views shape the support they need.

We listen to patient experiences, base our work on them and inform commissioners and providers about good practice and areas for service improvement.

Throughout the pandemic, multiple changes to maternity care and health visiting services occurred. This report presents the experiences of women who had transitioned from maternity care to health visiting during the period of 2020 to 2022.

Healthwatch South Gloucestershire set up a focus group with 'Mothers for Mothers' and an online survey to capture a wide range of experiences. The survey required respondents to self-screen to confirm their eligibility.

Between March and late April 2022, we collected responses from 118 people. The questions asked were on:

- Experiences of giving birth
- How information about health visiting was shared
- Who gave information about what to expect from the health visiting service
- What topics were or weren't covered by health visitors



About Healthwatch South Gloucestershire

Healthwatch South Gloucestershire's work includes addressing health inequalities. For this reason, we work with people and groups who are least heard and with those with protected characteristics.

Our statutory duty and remit is laid out in The Health and Social Care Act 2012. We provide a voice for people who use health and adult social care services, by:

- Enabling local people to monitor the standard of provision of local care services and whether or how local health and social care services could and ought to be improved.
- Obtaining the views of local people regarding their needs for, and experiences of local health and social care services and importantly to make these views known.
- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local health and social care services.
- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard.
- Making reports and recommendations about how local care services could and ought to be improved. Provide these to commissioners, providers, people responsible for managing or scrutinising local health and social care services. Share with Local Government.

- Taking public views to the people who make decisions – including having a representative on the Health and Wellbeing Board.
- Feeding issues back to government via Healthwatch England and the CQC.

Our outcomes are tracked against a set of key performance indicators by our commissioners at South Gloucestershire Council. Our 2019-2024 contract promised:



“Healthwatch is committed to promoting equality, and diversity and tackling social exclusion in all our activities. We aim to ensure equitable access to our initiatives and projects.”



Background

Perinatal

The period of time when you become pregnant and up to a year after giving birth.¹



Maternity Care

The services provided in hospitals and the community to women, babies, and families throughout the whole pregnancy, during labour and birth, and after birth for up to six weeks.²



Health Visiting

Working with families with a child aged 0 to five to identify health needs as early as possible and improve health and wellbeing by promoting health, preventing ill health and reducing inequalities.³



Justification

- In 2021 our Prioritisation Panel for Healthwatch South Gloucestershire recommended an in-depth piece of research to understand the issues behind local intelligence we received.
- During 2020/2021 we received feedback from the public about health visiting and how people felt the service was not giving them the support they needed. National research claimed: **“Generally, women felt that there was less information and support available and, unsurprisingly, this left many women feeling stressed and concerned about their pregnancy and childbirth.”**⁴ We therefore pursued a piece of local research to understand more.
- During 2020/2021 we received feedback from the public about how the changes to health visiting as a result of the pandemic were working well (and better than they expected.) This has been highlighted in national research: **“The disparity between the best and worst experiences of care**

¹ <https://www.sabp.nhs.uk/our-services/mental-health/perinatal/what-does-perinatal-mean>

² <https://www.futurelearn.com/info/courses/maternity-care/0/steps/35340>

³ <https://www.healthcareers.nhs.uk/explore-roles/public-health/roles-public-health/health-visitor/health-visitor>

⁴ https://www.npeu.ox.ac.uk/assets/downloads/maternitysurveys/reports/You_and_Your_Baby_2020_Survey_Report.pdf

and the impact on women's health suggests that there is much to be learnt from the women who gave birth during the COVID-19 pandemic."⁵

- We undertook an [Equality Impact Assessment](#) (EqIA) to help us understand how the perinatal care is experienced by different groups of people. This informed our focus on mothers from lower socioeconomic backgrounds and those who had mental health as an issue.
- Through this exercise we found that work is already being undertaken looking at perinatal care in relation to black and ethnic minority mothers and mothers with physical disabilities, and chose not to duplicate this work.
- Through our EqIA, we found that around one in five women experience a perinatal mental health problem. ⁶ As a result, Mothers for Mothers were a suitable organisation to work with in co-designing the survey.
- During our project scoping, we had detailed conversations with healthcare professionals who work in the area of perinatal care. We spoke with service providers, voluntary organisations and regional research organisations to gain a deeper understanding of the context and the challenges faced, not only as a result of COVID-19, but the wider changes to perinatal care.
- National research conducted by The Institute for Health Visiting looked at the pressures on health visiting services, specifically the shortage of qualified HVs.⁷
- The impact of maternity and HVs service change and closure during the pandemic has been identified as a learning opportunity: **“Overall, the findings suggest that women who gave birth during the first wave of the pandemic faced uncertainty and additional stresses at what can already be a challenging time.”**⁸

⁵ https://www.npeu.ox.ac.uk/assets/downloads/maternitysurveys/reports/You_and_Your_Baby_2020_Survey_Report.pdf

⁶ <https://www.mind.org.uk/about-us/our-policy-work/side-by-side/perinatal-peer-support/>

⁷ https://cdn.ps.emap.com/wp-content/uploads/sites/3/2021/12/State_of_Health_Visiting_Survey_2021_FINAL_VERSION_25.11.21.pdf

⁸ https://www.npeu.ox.ac.uk/assets/downloads/maternitysurveys/reports/You_and_Your_Baby_2020_Survey_Report.pdf

Impact of COVID-19

On Health Visiting

This is provided in South Gloucestershire by Sirona Health and Care CIC. Most appointments switched from face-to-face to telephone or online. The regularity and frequency of routine appointments also changed.⁹ From March 2020, all Baby Hubs in South Gloucestershire closed.¹⁰ March 30th 2020 South Gloucestershire Health Visiting on Facebook said a reduced health visiting service was available only, as staff had been redeployed to support community health services: “all scheduled reviews will not now take place, however you are encouraged to phone the health visiting team with any questions or concerns. Unfortunately, we are unable to re-schedule reviews for a future date.”

South Gloucestershire Baby Hubs reopened as drop-ins from October 2021.¹¹

Maternity Care

This is provided by Midwives from North Bristol Trust’s South and the University Hospitals Bristol and Weston Trust. The Royal College of Midwives (RCM) gave guidance in March 2020 that partners should not visit antenatal or postnatal wards. The restrictions were phased out in 2021.

Information was limited to a question-and-answer format, with accompanying videos, on the Royal College of Gynaecologists (RCOG) and Royal College of Midwives (RCM) COVID-19 hubs.

Key principles in RCOG guidance for antenatal and postnatal services did not prioritise providing information. They suggested:

- Using home appointments where appropriate.
- Ensuring adequate staffing provision.

⁹ <https://babiesinlockdown.files.wordpress.com/2020/08/babies-in-lockdown-main-report-final-version.pdf>

¹⁰ <http://www.sirona-cic.org.uk/services/health-visiting/?fbclid=IwAR3s8Wz2PF8pFpMaiuEwdqBwJ3oUww4BYpNhYOCfyphwCixIraErp2EM2zg>

¹¹ <https://www.facebook.com/sgbabyhubs/photos/a.172260753383325/819395495336511>

Project aims and objectives

This project is a result of patient feedback we received that suggests there is no clear or consistent explanation of what health visiting offers, or specifically what to expect from health visiting as opposed to maternity care.



This has led to critique of the Health Visiting service as people might be unsure about what they can and cannot expect from it. This issue has been heightened during the COVID-19 pandemic, with HVs being redeployed and service users unable to access help.



This project builds on the existing feedback we collected and looks to develop a more detailed understanding of the experiences of people, and especially those cohorts identified in our Equality Impact Assessment.

We did this by:

- Speaking with service users to find out what worked and what didn't work.
- Gaining an insight from service providers about what worked and what didn't work.
- Identifying ways the transition between maternity services and health visiting could be better explained.
- Identifying if there are generational expectations about what health visiting does or doesn't offer.
- Making recommendations for now and for future-proofing.

Our Approach

Conversations with healthcare professionals

As part of the project scoping, we undertook informal interviews with multiple healthcare professionals from local and system-wide perinatal care services in Bristol, North Somerset and South Gloucestershire (BNSSG). We asked about the challenges services had faced during the last two years and discussed what would be useful to evaluate.

Focus groups with Mothers for Mothers (M4M)

We attended the South Gloucestershire M4M support group, discussing their experiences of health visiting. This group gave a valuable insight into the issue and became a co-design group who helped develop questions which would be asked in the online survey. The group were also invited to test the questions in a pilot online survey.

Support from Maternity Voices Partnership (MVP)

We also sought co-design involvement on the survey questions with our local MVP. This group is allied to National Network that were set up to contribute to developing and improving the quality of local maternity care. They provided feedback, suggesting ways to improve the questions and changes were made to language to improve clarity and sensitivity.

Online Survey

The online survey used Microsoft Forms. This tool was chosen as it provides 'branching'¹². This helped to ensure that only those who live in South Gloucestershire and had a baby between 2020 and 2022 could complete the survey.

The survey had a combination of open and closed questions, including use of the 'Likert Scale'. To incentivise participation, particularly from communities where there are stark health inequalities, we offered the chance for five people to win a £10 shopping voucher.

The survey was promoted through the Healthwatch South Gloucestershire social media channels (making specific use of the Facebook groups HWSG is part of) and through partners such as the MVP. It was also shared with attendees of the COVID vaccination information webinar who had consented to us contacting them. The webinar, held in March 2021 as part of a series, was geared towards new and pregnant mums.

¹² This allows respondents to be directed to a specific part of the survey based on the answer provided

Results and Findings

Focus Group with 'Mothers for Mothers' service users

The conversations and co-design work with M4M helped shape the survey and we are incredibly grateful for their time and openness with us. The mothers we spoke with all had experience of post-natal depression and reported that their HVs did speak with them about this, but they raised concerns for those mothers without a pre-existing diagnosis and how they might be missed.

The group told us they had been negatively impacted by the closure of support services during the pandemic. Many felt isolated from the peer support which they felt was vital for their wellbeing.

There were mixed feelings about how supportive HVs have been – with one mother saying it felt like '*potluck*' and another saying that it felt like '*a bit of a postcode lottery*'. It is also felt that there is no clear explanation about what to expect from health visiting and that a simple leaflet or web page explaining the 'journey' would be helpful.

Survey: 'Share your views: maternity care to health visiting services'

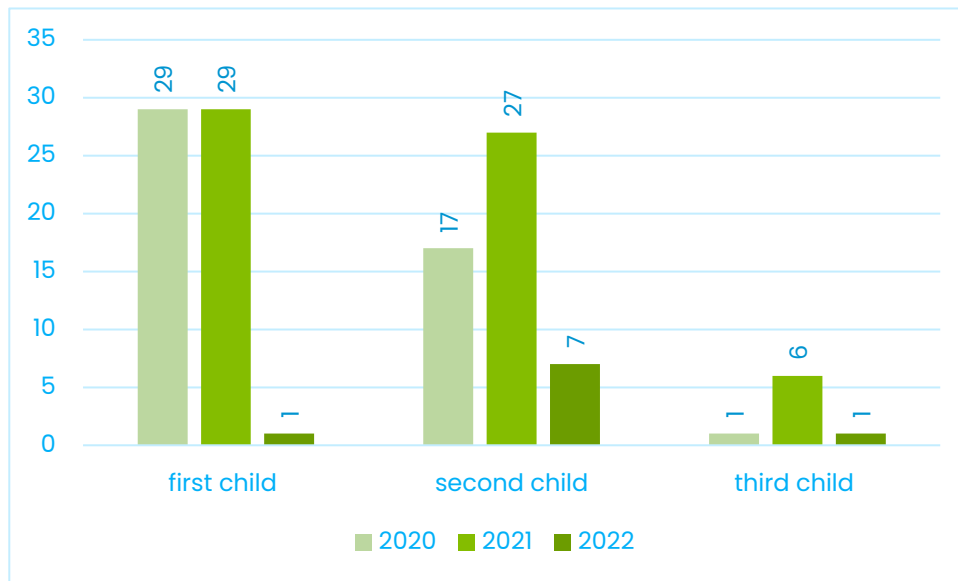
As we targeted our marketing of this research, we had 118 eligible people completing the survey. We collected detailed demographic information at the start of the survey. 45% of those who participated were 30 to 34 years old and 86% identified as heterosexual. A detailed breakdown of the demographics can be found in Appendix 1.

The survey combined quantitative and qualitative questions, allowing us to expand on initial insights, gather more data and hear more service user voice. The following pages provide a detailed analysis of the answers given for the four different sections of the survey:

- Section One – questions to gauge respondent level of experience
- Section Two – questions about the transition from maternity care to health visiting
- Section Three – questions about interactions with the health visiting service
- Section Four – questions to find out more about experiences of health visitors

Share Your Views Survey: Section One

To gauge the level of experience respondents might have, we asked which number baby their most recent birth experience was.



- 49% first child
- 43% second child
- 7% third child
- 1% fourth or more

We found that those who were reporting about their experience with a second or third child had lower expectations about what HV services offer.

“I saw someone different every time at a different location every time. The care was fine and I am a second time mum and didn’t have any concerns but I imagine if I was a first time mum and not sure of things I might have felt a little lost.”

For those having their first child, the majority of respondents were more critical of the service and **found themselves struggling more**.

“I understand it was an unknown time with the lockdown - but I didn’t feel supported (as a first-time mum). No phone contact to ask how we were getting on...I didn’t even know who to ask for help.”

The majority of respondents (75) gave birth at the Central Delivery Suite at Southmead Hospital. 14 respondents gave birth at RUH (Royal United Hospital Bath), which given the vast geography of South Gloucestershire is often closer than Southmead Hospital. Some of those who gave birth at RUH or other regional hospitals found the transition from maternity care to health visiting bumpy, due to lack of connectedness between these adjacent patches.

Share Your Views Survey: Section Two

Respondents were asked when the transition from maternity care to health visiting was explained to them:

- 28% said it was not explained to them
- 24% said it was explained after giving birth
- 35% said it was explained before giving birth
- 13% could not remember

All 118 participants were asked this question, however those who answered 'the change was not explained to me' (33) and 'I can't remember' (15) were taken directly to section 3.

"The visit before baby was born was really lovely and unexpected, really as didn't remember that from first baby - 2nd visit following birth was informative, not pushy."

Respondents were asked 'who explained the transition from maternity care to health visiting?':

- community midwife 53%
- health visitor 27%
- hospital midwife 16%
- friends or family 2%
- NCT class 1%

"The midwives are the point of contact for immediate days and weeks post-delivery. The midwives transferred me to the health visitor team after three weeks."

Respondents were asked how they were given information about the transition from maternity care to health visiting:

- 70% were told during a conversation with a healthcare professional
- 6% were told only by reading it on a leaflet
- 14% were told during a telephone call

Share Your Views Survey: Section Three

Our findings suggest the majority of respondents (74) were **contacted** by a health visitor before the birth of their child.



A large number of respondents (41) were **visited** by a health visitor before they gave birth, some (17) were not visited at all.



“Health visitor didn’t even call to say they would not visit, I had a brief telephone call a few days later, but was offered no support despite not being able to breastfeed.”

Just under half of respondents (58) were told the purpose of the HV visits.



“I was not really sure what the health visitor was for. She was lovely but just talked a lot about herself. Most information I needed was in the red book or the midwives had already told me. The health visitor told me nothing I didn’t already know.”

Out of those who did receive visits from health visitors, 42 had been seen by the same HV at each appointment and 45 were seen by different HVs at each appointment.

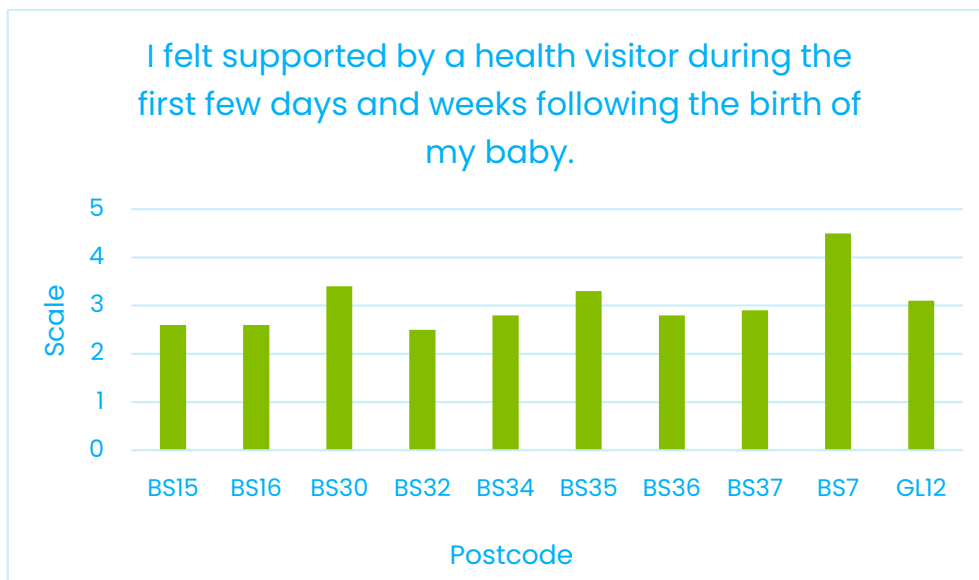


Share Your Views Survey: Section Four

This set of 8 questions helped us find out more about how respondents felt about the support they received (or are receiving) from the health visitor service. The questions are based on information identified on the NHS website¹³ and The Institute for Health Visiting.¹⁴

Each question gave an 'agree to disagree scale' (known as the 'Likert scale'). This was so that we could record opinions in more detail than simple 'yes/no' answers. We also provided a space for respondents to tell us more about their answer.

To analyse the data, we have coded the responses (1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree) and identified an average score for each postcode. Respondents are divided into their postcode area. The areas for each postcode are listed in the appendix.



In the postcode locations with the highest scores, respondents highlighted that they didn't feel rushed during their initial HV visits and felt they could contact the HV on the phone if needed.

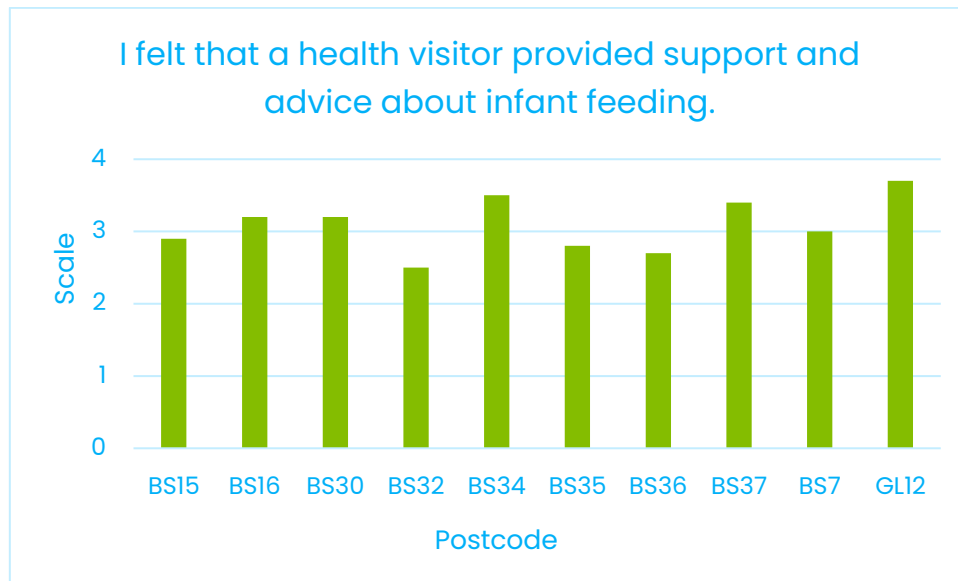
"Our health visitor was lovely and had a lot of time for us on her visits."

However, a recurring theme in every postcode is that when the support was just by telephone it was not enough. Many mums reported difficulty in contacting HV services and this left them feeling unsupported.

¹³ <https://www.nhs.uk/conditions/baby/support-and-services/services-and-support-for-parents/>

¹⁴ <https://ihv.org.uk/families/what-is-a-hv/>

“Never visited, or invited to visit anywhere. No one cared or returned phone calls.”



Our findings suggest that across the whole of South Gloucestershire, HV services *are* providing information about infant feeding. However, many respondents commented that they didn't always feel supported in making an infant feeding choice that was best for them *and* their baby.

Multiple respondents highlighted the benefits of peer support groups, however for many they were unable to access such support due to the pandemic. Many respondents highlighted that due to no face-to-face visits taking place they did struggle to get practical support during a very difficult and exhausting time.

“Were too fixated on breastfeeding, rather than checking what worked for me.”

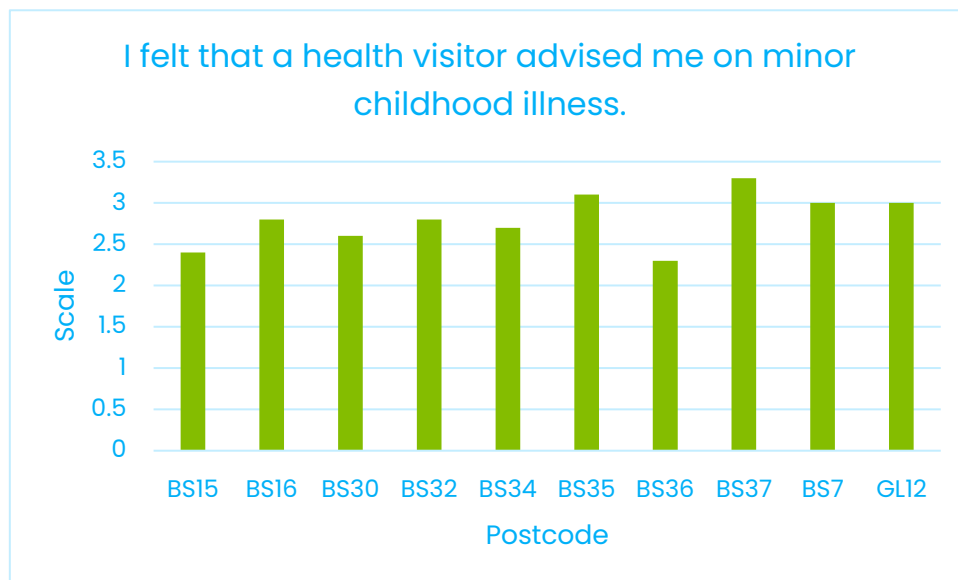
“(HV) gave some useful info but was a bit confusing as still under midwife so had different people giving different feeding plans.”

“Received no info about feeding from health visitor, I received some info from the hospital and luckily I breast fed my oldest child, so I was aware of what to expect.”

“I went to a breastfeeding group which was really supportive and friendly.”

“No support was given with regards to feeding. I paid a lactation consultant to visit me to support with feeding.”

“I struggled with breast feeding because my baby was tube fed expressed breast milk for the first 7 weeks. I struggled with transitioning and my milk supply was poor. I never saw a health visitor to discuss this.”



Across South Gloucestershire, respondents did not feel they were advised on minor childhood illnesses, with many stating that it did not get discussed and some being told to contact GP if they had issues.

“I don’t remember anything to do with childhood illnesses being mentioned.”

“It did not feel like the health visitor knew much. I was not clear on what things I should ring the health visitor about versus what to go to the doctors about.”

“As I had a child already it was assumed I knew everything.”

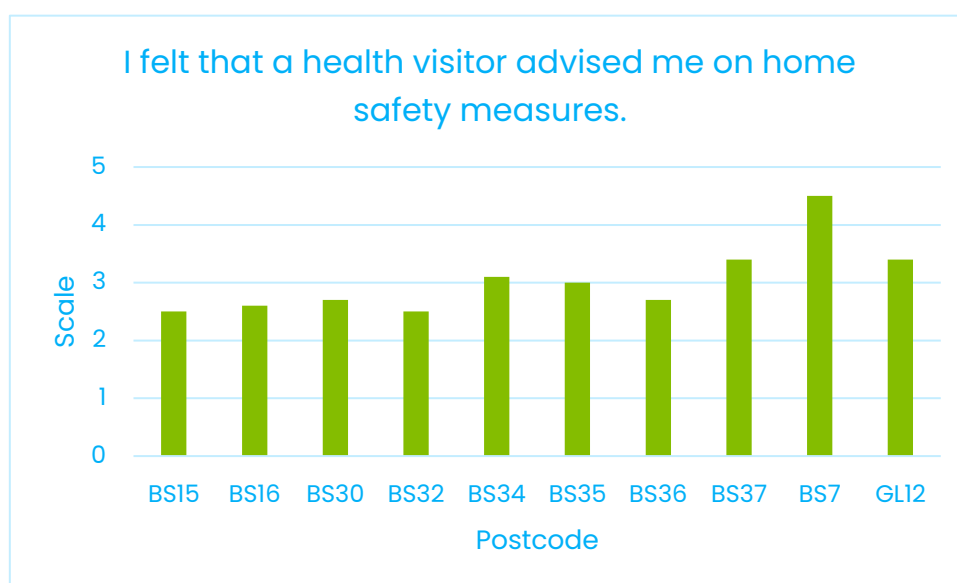
“Useful advice given but always “best practice”.”

“Just referred me to my GP.”

“We reached out to the health care workers as my daughter was suffering from severe eczema. We were told we would have to wait 3 weeks to see anyone. Ended up going private.”

“When asked any questions advised to Google or ask GP.”

“My son has on going raspy chest and I keep getting fobbed off saying it’s normal for a lock down baby.”



There appears to be inconsistency about how much home safety is discussed, with some respondents reporting it being discussed at length, other saying it was not at all covered and many respondents referencing that as it was not their first child this was not appropriate. Some respondents raised concerns about the timing of such discussions.

“Given it was only 4 days after I’d given birth and was sleep deprived it wasn’t information I was able to absorb and hold on to. If we’d had a later visit at a later date, it might have been a more appropriate time.”

“They advised but it felt too early to be thinking about stair gates etc!”

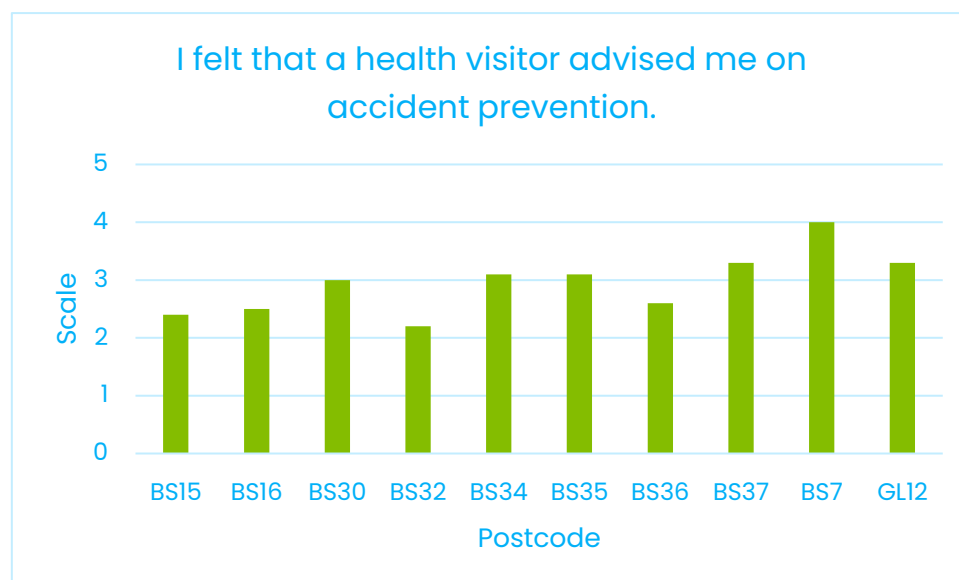
“I don’t recall her talking about home safety measures other than to tell me not to drink tea while holding my baby just as I was taking a sip of my tea. This felt quite patronising.”

"I can't remember specifically about this. However again she could see I had other children and I'm guessing she could see how our home environment was."

"Good reminder of what I needed to do for safe sleeping and when baby starts to move- things I had forgotten since first baby."

"I was never advised what I should or shouldn't do. Only asked what I planned to do, my answer seemed to satisfy, and it was no longer discussed."

"Went through safe sleeping and answered any questions I had. Didn't lecture. Just supported."



There appears to be inconsistency about how much this is discussed, with some respondents reporting it being discussed at length and others saying it was not at all covered. However, as this is more relevant for older children, it feels appropriate that it may not be discussed with a new-born's parent.

"Baby currently very young so not applicable but given brief advice on considering it in the future."

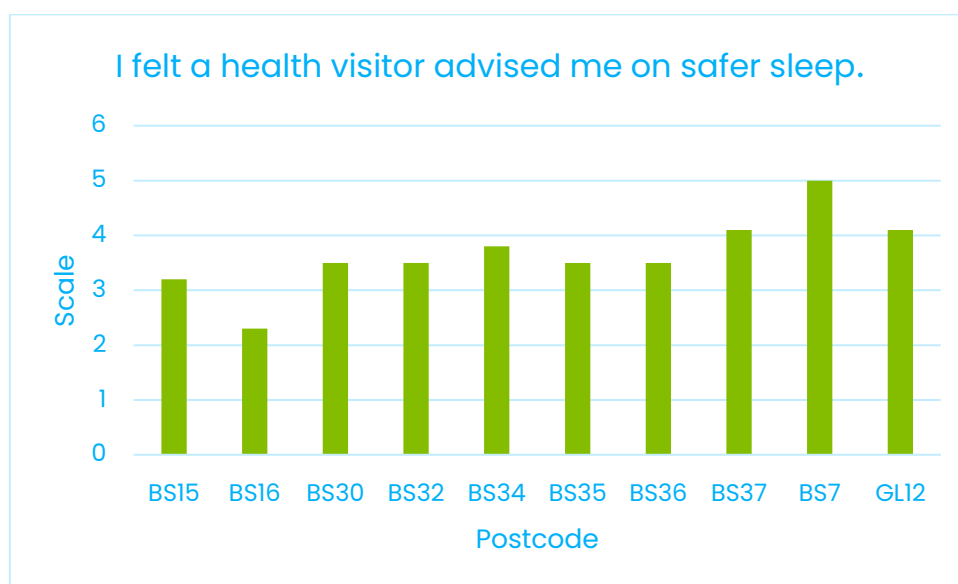
"Main focus of this was on not leaving the two children alone as elder child could inadvertently hurt baby."

“Insufficient contact so no discussion like this.”

“I haven’t spoke to a health visitor since my son was 4 months and this call was about 3 minutes long purely on weaning for 6 months.”

“Antenatal class advised (on this) instead.”

“We have never seen a health visitor.”



Many respondents in BS16 reported not receiving any support from HV service, even on the topic of safe sleep. Many respondents across South Gloucestershire report being signposted to The Lullaby Trust¹⁵ for more information about safe sleep. While this worked for those respondents, it could be excluding those without digital access or certain disabilities. Many respondents report just wanting to feel able to have an open and honest conversation about sleep with a health visitor – some respondents report avoiding the topic as they felt they would be reprimanded by HV for not sleeping ‘correctly’.

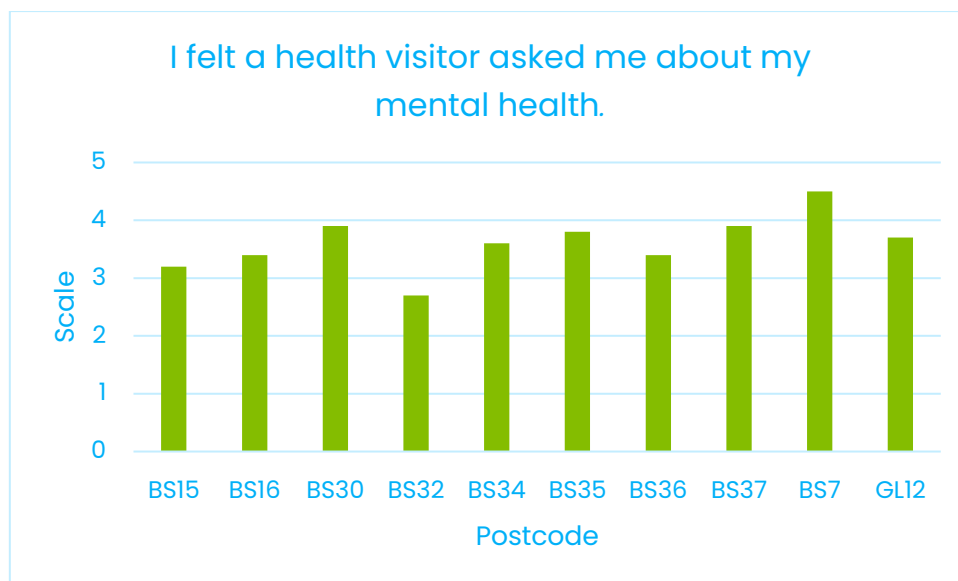
“I co-sleep. I was not made aware this was even an option until Googling how myself and baby could get better quality sleep – let alone safe sleep rules.”

¹⁵ <https://www.lullabytrust.org.uk/>

“Discussed sleep issues we were having, open to what we were saying, not judgemental. Acknowledged we were going against standard advice by swaddling and considering co-sleeping but gave advice on how to do it more safely.”

“Discussed a few times. Would be good to include safe co sleeping as so many people do it anyway.”

“From experience this is pushed to an unhealthy level though. There doesn't seem to be an acceptance from health visitors that some babies just will not sleep in a crib. Rather than making parents feel like they are doing a terrible job for co-sleeping and then consequently have them lie to the health visitor when asked which is what I did, I was fed up of being told to just put my baby down. It would be much better to give the safer co-sleeping advice so parents at least know how to minimise the risk.”



For many respondents, **there wasn't the opportunity to address their mental health** – either because they did not have contact with a HV or it was not discussed by the HV during a visit. While the majority of those with existing mental health concerns found they were asked about their mental health, many who subsequently developed mental health conditions were not.

“I wasn't asked or given support.”

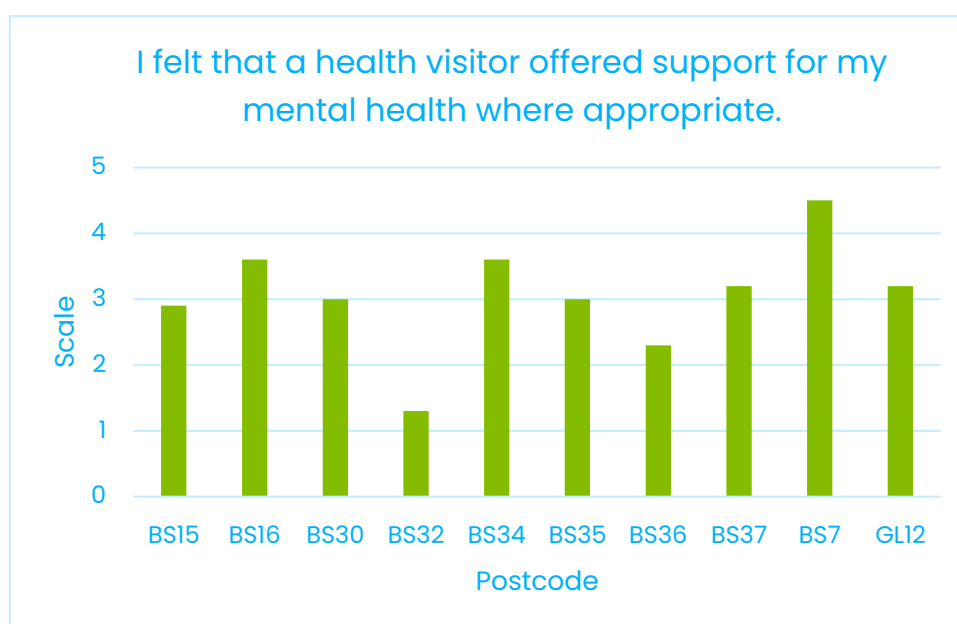
“No support given despite giving birth at the start of a pandemic and having started my pregnancy on anti-depressants!”

“Asked but did not seem to care. I was very tearful and did not feel very supportive. I also expressed I was feeling lonely on a number of occasions and there was nothing really the HV team did to support (this was during COVID). Other local authorities put on Zoom programmes to get parents to get to know each other. We had nothing, I was just told to check Facebook.”

“They discussed this with me but felt I was struggling due to my baby losing weight but I was concerned about this and not my mental health. Assumptions were made via a phone call when this person had never met or spoken to me before.”

“This was asked on first visit. I disclosed that I had an anxiety disorder before pregnancy. No follow up to ask how I was feeling in this regard at second visit, only asked the tick box question if we have support around.”

“I feel this was only (discussed) because I disclosed, I was on antidepressants and felt comfortable mentioning it. However, the conversation was positive and non-judgemental.”



The national, regional and local issues with accessing appropriate and timely mental health support are further reinforced by the responses to this question.

“She empathised and wished she could help us with more support.”

“My health visitor was amazing at providing mental health support including her own personal experiences.”

“Apart from acknowledgement of struggle and pointing toward GP for further support, not much more help was offered at the time.”

“Beyond being able to be on a waiting list, even though I felt anxious, I didn't meet required levels to be fast tracked.”

“Asked if was ok. That was it, I wasn't and still am not.”

“If I was going through a mental health issue I don't think anyone would ever know as I was never checked on. I think it's a worrying situation for mums who had a baby during COVID as there was no support.”

“I was suffering depression - we were first-time parents during a pandemic with people not able to visit. We felt abandoned.”

“I saw a health visitor and I expressed I was struggling but nothing was ever followed up.”

Conclusions

- There are good examples of health visiting in South Gloucestershire. However, the service is not consistent across the patch.
- Health protection/prevention conversations were not always provided, and people were not receiving the same information, potentially furthering inequalities.
- Women having had their first baby during this period may be disinclined to engage with health visiting for future births, due to a poor experience.
- Assumptions are made about the knowledge mothers have if they already have had children.
- While GP services are under ongoing pressure, mums should be encouraged to seek advice and guidance on childhood illnesses from the full range of options in primary and secondary care
- Conversations about mental health are not consistent across the patch and depend on the mother being proactive.

“Overall I was very disappointed in the service offered by the health visitors. I have heard friends in other areas of the country who have received much better care- easier to access their health visitor, more empathy demonstrated, didn’t feel rushed to have the appointment finished.”



“I felt I had no support whatsoever. As a first-time mother it was daunting and frightening. I actually had to chase the health visitor team for appointments.”

Recommendations

For Now

- Ensure first-time appointments are flexible to offer face-to-face if needed, or longer session than others, to give time for information to be shared and questions to be asked and answered, and relationships to be built.
- Ensure that there is mandatory training in mental health for HVs so that they feel confident discussing mental health conditions.
- Take steps to standardise and normalise the signposting and recording of support for women with existing mental health conditions.
- Having a process to check mothers' engagement with support for mental health.
- HVs help to build awareness of the local MVP to encourage mums to feed back their experiences and provide opportunities for the service to learn from this qualitative feedback.
- Set up learning opportunities between community midwives and HVs to ensure maternity staff provide effective explanations to parents about their transition to HV.

Future Proofing

- Carefully consider or mitigate against any changes to postnatal support (health visitor, breastfeeding, weighing clinics) by considering impact on maternal mental health.
- Where appointments cannot be in person, ensure phone or virtual appointments take place and are an in-depth conversation about mother and baby.
- Adhere to the Accessible Information Standard; provide Easy Read, translated resources and alternative formats in addition to online resources.

Stakeholder Responses

Deirdre Fowler, Chief Nurse and Midwife, University Hospitals Bristol and Weston NHS Foundation Trust

"The majority of women in South Gloucestershire are cared for by North Bristol Trust midwives in the community. The University Hospitals Bristol and Weston Head of Midwifery represents Midwives across the Local Maternity and Neo-natal System on a "pathway design workstream group." This group is looking at the pathways of care for families and children and includes a focus on communication and the transfer of care between midwives and health visitors ensuring a smooth transition of care. This includes, that health visitors are notified when women book with the midwife so that the health visitors can undertake a home visit in the ante natal period.

Understanding what matters to women as part of their maternity care is central to improving the quality-of-care women and their partners receive from us. We would like to thank Healthwatch South Gloucestershire for undertaking this work and sharing the report and recommendations with us."

Maria Kane, Chief Executive, North Bristol Trust

- “As a Trust that provides maternity services, both in hospital and in the community, we welcome this detailed report that helps us understand the experiences of women after they leave our service.
- COVID has had a huge impact on all of our services, including our community services and this report highlights areas of care where adaptations have been successful but also where they have fallen short.
- We are pleased to see that our midwives are giving the majority of women good advice about when their care will be handed over to the HV team.
- We recognise that there is an opportunity to improve the information given to women about what to expect from the HV team. This should be done during the ante natal period so that women are well informed. We will use this feedback to inform how to make this better moving forward.
- The rise in numbers of women experiencing mental health problems is significant and is consistent with what women are experiencing when under the care of maternity services. NBT is pleased to have a specialist midwifery and mental health team who care for these women and is looking to expand this team in order to fully meet these needs in response to this rise in demand.
- Whilst this report highlights many areas of good practice, there are clearly some areas for improvement. We look forward to extending our system working and recognise that cross organisation working between NBT and the HV service is important in order to provide the service that our women and families deserve.”

Mary Lewis, Director of Nursing and Quality, Sirona care & health

We are really grateful to all who participated in Healthwatch South Gloucestershire's Lessons from Health Visiting during Covid-19 research.

We recognise the period of 2020-2022 has been a very difficult time for families and the pandemic had an impact on a number of people in various ways.

National guidance meant we had to redeploy our staff to support adult services and follow infection, prevention and control advice for health services which meant adapting to provide phone or video calls for the majority of people. This coincided with the national lockdown.

We know this worked well for some but for others the lack of face-to-face contact was more difficult.

As soon as we were able we did reopen the drop in centres as we know these provide an important source of support.

We would like to invite those who took part in the research to help us as we have just embarked on the transformation of Public Health Nursing, which includes our Health Visiting Service. This work is to ensure wherever someone lives in Bristol, North Somerset and South Gloucestershire they will be able to access the same level of support.

A key aim is to enable Children, Young People and families to know how to get information and/or support when they need it and which suits their needs. This will be the backbone of the programme as the focus will be on what matters to individuals and their families to ensure children and young people thrive.

This work is expected to take 18 months to two years with a launch in early Autumn 2022 . We want to focus on what is important to the child, young person and their family to improve their outcomes and reduce health inequalities by building relationships, trust and connections across their local community.

This transformation should provide easy access to all community services and in the event a specific service is required referrals can be made earlier to a range of specialist services for extra support where needed.

The transformation of Public Health Nursing will involve working with our partners Avon and Wiltshire Mental Health Partnership NHS Trust which provides CAMHS – Child and Adolescent Mental Health Service and we believe this will ensure services are joined up and respond to the needs of those in our care.

If anyone would like to get involved they can contact sirona.communications@nhs.net with their contact details.

Appendices

Appendix 1 – Demographics of Respondents

Postcode	Survey No.	Survey Percent
BS15 (Kingswood Area)	15	13%
BS16 (Emersons Green Area)	25	21%
BS30 (Longwell Green Area)	14	12%
BS32 (Bradley Stoke Area)	6	5%
BS34 (Patchway Area)	17	14%
BS35 (Pilning Area)	8	7%
BS36 (Frampton Cotterell Area)	10	8%
BS37 (Yate Area)	14	12%
BS7 (Stoke Gifford Area)	2	2%
GL12 (Charfield, Wickwar Area)	7	6%
TOTAL	118	100%

Age	Survey No.	Survey Percent
19 to 24	4	3%
25 to 29	17	14%
30 to 34	56	48%
35 to 39	34	29%
40 to 44	5	4%
44 to 45	2	2%
TOTAL	118	100%

Gender	Survey No.	Survey Percent
Woman	115	97%
Man	3	3%
Non-binary	0	0%
Prefer not to say	0	0%
Intersex	0	0%
Not Known	0	0%
TOTAL	118	100%

Gender the same as birth	Survey No.	Survey Percent
Yes	118	100%
No	0	0%
Prefer not to say	0	0%
Not known	0	0%
Total	118	100%

Sexual Orientation	Survey No.	Survey Percent
Asexual	3	2%
Bisexual	3	2%
Gay Man	0	0%
Heterosexual	106	90%
Lesbian/Gay Woman	2	2%
Pansexual	0	0%
Prefer not to say	2	2%
Not known	1	1%
Other	1	1%
Total	118	100%

Ethnicity	Survey No.	Survey Percent
Asian/Asian British	1	1%
White: Any other White Background	2	2%
White: English/Welsh/Scottish/Northern Irish	115	97%
Total	118	100%

Religion	Survey No.	Survey Percent
Christian	43	36%
Muslim	1	1%
Prefer not to say	3	3%
No Religion	71	60%
Total	118	100%

Relationship Status	Survey No.	Survey Percent
Single	4	3%
Married	82	70%
Cohabiting	31	26%
In a civil partnership	1	1%
Total	118	100%

Financial Status	Survey No.	Survey Percent
Don't know/prefer not to say	2	2%
I don't have enough for basic necessities and sometimes run out of money	2	2%
I have just enough for basic necessities and little else	24	20%
I have more than enough for basic necessities, and a small amount of disposable income, that I can save or spend on extras or leisure	75	63%
I have more than enough for basic necessities, and a large amount of disposable income, that I can save or spend on extras or leisure	15	13%
Total	118	100%

Other Factors	Survey No.	Survey Percent
I am a carer	1	1%
I have a disability	2	2%
I have a long-term condition	9	7%
I have a long-term condition AND I have a disability	1	1%
I prefer not to say	1	1%
None	104	88%
Total	118	

Appendix 2

The '*Equality Impact Assessment*' can be viewed by clicking the link below:

www.healthwatchsouthglos.co.uk/sites/healthwatchsouthglos.co.uk/files/Equality%20Impact%20Assessment%20Feb%202022.pdf

Appendix 3

The '*Theory of Change*' can be viewed by clicking the link below:

jamboard.google.com/d/1L8oEduF5ybDI8PVhhW4md8XWRXRFr2W-OfgVSe7I2QE/edit?usp=sharing



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