



Growing Healthy

Hearing people's experiences
of health visiting services

Background

Healthwatch Northumberland is your health and social care champion. We make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care.

Last year we started to hear a small increase in concerns from local families and those supporting them about health visiting services. To get a better understanding of people's experiences we asked people in Northumberland who were pregnant or had pre-school aged children for anonymous feedback about their experiences of the health visiting service, delivered by Harrogate and District Foundation Trust (HDFT), including what is working well and what could be better. We also wanted to understand people's awareness of the health visiting service and any barriers to using it, including those who were not routinely taking advantage of the services on offer.

Thank you to everyone who shared their views and experiences with us and helped to promote our request for feedback. We would also like to thank Northumberland Family Hubs and other community partners who made it possible for us to visit in person to talk to parents and carers.

We are aware there are issues not only in Northumberland but also nationally with recruitment and retention of staff across the health and social care sector and appreciate that feedback should therefore be considered within this wider context.

This report is an overview of the findings and draws out key recommendations based on the issues raised by parents or carers.

Who we heard from

We heard from 192 people. Just under half of responses were from in-person engagement with parents and carers across the county.

Whilst not all survey responses provided demographic information, from those that did, we can see that we had responses from different areas of the county - the highest number from West Northumberland (64) then Blyth and Ashington (38) Cramlington, Bedlington and Seaton Valley (23), North Northumberland (17) and Castle Morpeth (10). We received more limited responses from rural North Northumberland and the Seaton Valley postcodes.

Responses were mainly from women as mothers at nearly 97%. Just over 16% of parents/carers had a health condition or disability.

Summary

During this piece of work we looked at people's awareness of how to access the health visiting service and what it offers, whether they were routinely accessing the service, as well as how happy they were with the support provided.

Whilst most people we heard from were aware of how to contact the health visiting service there were many others who were not very clear on how or who to contact. Around half of people responding were also unsure or did not know who their child's named health visitor was, either due to staff changes or not having had recent contact with the service. Those who did have a named health visitor and who saw them at each appointment were generally happier with the support received from the health visiting service than those who did not, with many mentioning continuity of care or having a good relationship with their health visitor.

Many people had a good awareness of the universal offer in terms of key developmental reviews or if not, how they could find out about it, but there were still some who had limited awareness of when they would next expect a review or whether they may have missed a key review. Similarly, some people had a limited understanding of other possible targeted support and advice on offer outside of the key developmental reviews, for example, around parenting and other topics. These people told us they would not think to contact health visitors outside of reviews, or more generally were unaware that the health visiting service could provide this. Positively, many parents had used the health visiting service for targeted advice and support, particularly around feeding, nutrition, growth and development.

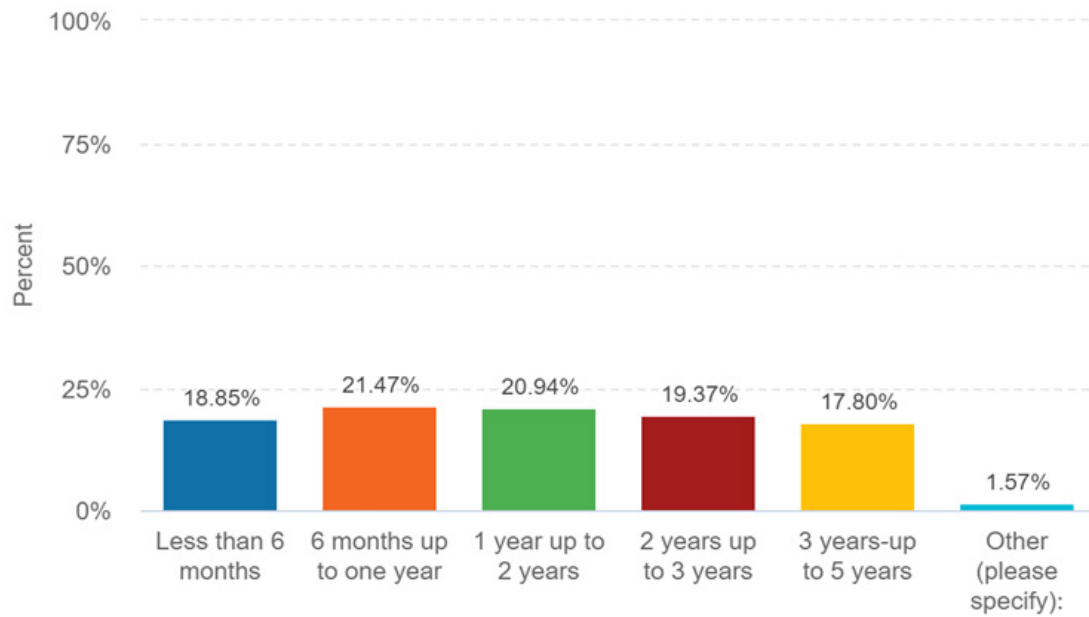
Most people we heard from had either not heard about the new Growing Healthy app, or had heard about but had not used the app. Many of those who had heard of but hadn't used the app seemed unaware of its functionality. Those who had used it gave mixed feedback but were generally positive about the health chat feature and self-help articles and information available.

In terms of how happy people were with the support from the health visiting service most selected the 'partly' response. Those who were completely happy praised the support given by the health visiting service or their named health visitor using words like 'supportive' and 'helpful'. Many who did not necessarily have routine or regular contact were still completely happy as they felt confident in being able to make contact and get support should it be needed. Those who were less happy with the service generally had concerns around staffing, having limited support, being unaware of how to access support and being unhappy with a particular health visitor or specific advice given. We also received multiple comments around accessibility and availability of clinics and concerns these were no longer a 'drop-in' facility.

Youngest child and family situation

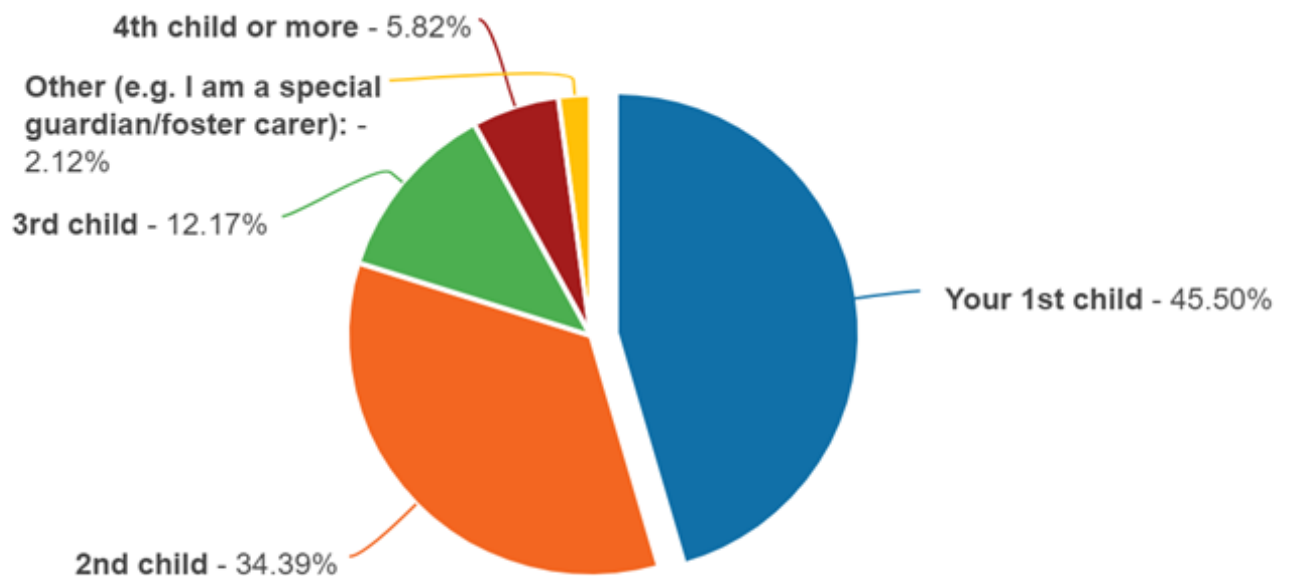
In the main part of our survey, we asked parents for some information about their children. This was to determine whether we were hearing from a range of parents with different family circumstances and to look at whether these had any impact or variations on experiences of the health visiting service.

Age of youngest child



'Other' in the above chart relates to foster carer or a child over 5 years

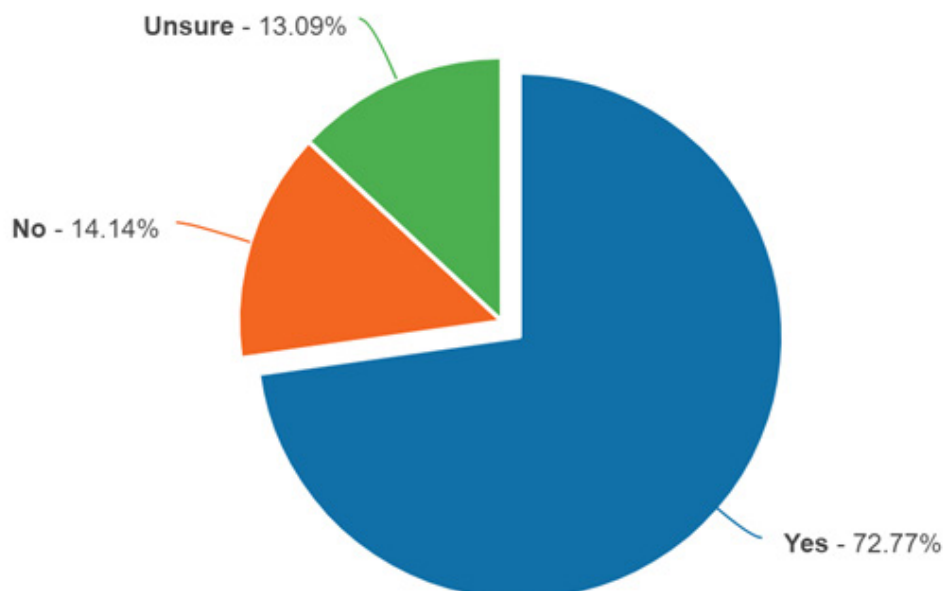
Is your youngest child -



Just under 18% of responses came from parents whose youngest child and/or another child or children under 5 had additional support needs or disabilities. In the main, where further information was provided, those additional support needs or disabilities were largely neurodiversity or suspected neurodiversity followed by speech delays.

Contacting the health visiting service

We asked people whether they were aware of how to contact their health visitor or the health visiting service more generally. Positively, most responses to this question were yes.



Where people gave additional comments, several mentioned knowing about/using the single point of contact number and others mentioned having a direct telephone number for their health visitor. We received a few comments about difficulties contacting the service such as calls not being answered or not getting called back – *“Yes but I’m still yet to have a call answered by them it rings and no one ever picks up”*.

Others seemed a little unclear about how to make contact – *“Not sure how to contact the service now and who I would be getting in touch with”*. Several people referred to the fact they would first try or had tried through GPs to contact the health visiting service – *“My replacement health visitor left, I presume I can contact our GP surgery for a health visitor phone number”*. Two people said their GP had not given the correct number when requested – *“Numbers given didn’t work. Doctors didn’t give right number either.”* A few people mentioned using other professionals to contact the health visiting service.

Having a named health visitor

Nearly half of respondents said they knew who their named health visitor was whilst just over 37% said they did not, and the remainder said they were unsure.

Where people gave further detail around this many comments referred to issues of staffing, including turnover or changes such as previous health visitors having left the service, on maternity leave or long-term sick. Many stated they were unaware of their current health visitor due to changes – *“I did when my son was born but I heard she was no longer working so not sure who it is now”* – and in some cases it was specifically mentioned that this caused problems when making contact.

“The health visitor changed at some point after my baby was born. I was never told of this change this caused me to have difficulties when trying to contact my health visitor as I did not know who to contact.”

“I rang the mobile number I had for my health visitor to find out someone in like Hartlepool now had that number. So I have no idea if my health visitor is still even there.”

There were also many comments around seeing different health visitors, with several specifically around seeing a different health visitor on each visit – *“It used to be (a named person) and she is fantastic with all my other kids, now I get a different health visitor every time who doesn’t know my family and each different health visitor gives different and conflicting advice”*.

“I have never had the same health visitor twice.”

Others who did not know their health visitor or who were unsure were those who had not had recent contact and a

couple of people who had moved into the area and not had any contact since then – *“Moved here a year ago so don’t know who health visitor is”*.

Just over half of people said they had not seen their named health visitor at each review or appointment whilst almost 39% said they had. The remainder were unsure. Many people said they liked to see the same health visitor as they had a good relationship with them or knew the family well – *“Had the same health visitor since my oldest child was very young and I really like that, good to have the same one as they know me and family”*.

“Had same health visitor for all children which has been great. At some point there were some changes but I was given option to keep same health visitor which was great.”

Several people said they had different health visitors but did not mind that this was the case – *“I’ve seen a different health visitor each time but I don’t mind this too much as each one has given some useful tips”*.

Others mentioned that perhaps it would be better to have seen the same person, but their circumstances meant it did not make a difference to them, for example, they did not need specific/ongoing support – *“Would like to have same person but depends on the situation. If it was a continuation of a concern would prefer the same but if just a general query would be OK with different people”*, or because they were not first-time parents this was not so much of an issue – *“When my oldest was younger had same health visitor but haven’t seen the same one with my youngest. Ok with seeing different people as it is my second child so am more confident but would feel differently if it was my first”*.

A few people told us that whilst a named health visitor would be preferred, they understood that there were staff shortages or pressures on the service - *"Usually have different people. Would have preferred same person but understand short staffed"*.

Where people expressed dissatisfaction, most comments received centred again around issues of staffing and for some there were concerns around gaps in key reviews due to this - *"There was a lot of personnel change. We had four separate people over the period. Some appointments were missed as we fell off the radar on one of these staff changes"*, or more generally in getting support that was needed - *"was in a very difficult situation. I rang for help, advice and support and was told I'd get a call back. Nearly six and a half months later I got a call"*.

Several comments specifically mentioned concerns around continuity - *"We used to see our named health visitor for most appointments. Now I feel I have no idea who is coming. I'm missing the continuity of care I used to have. She knew all my children so I didn't have to repeat myself"*. Others mentioned concerns in developing relationships with the health visiting service - *"Seen three different health visitors although last one I've seen twice. Haven't got a particular relationship with seeing different people"*.

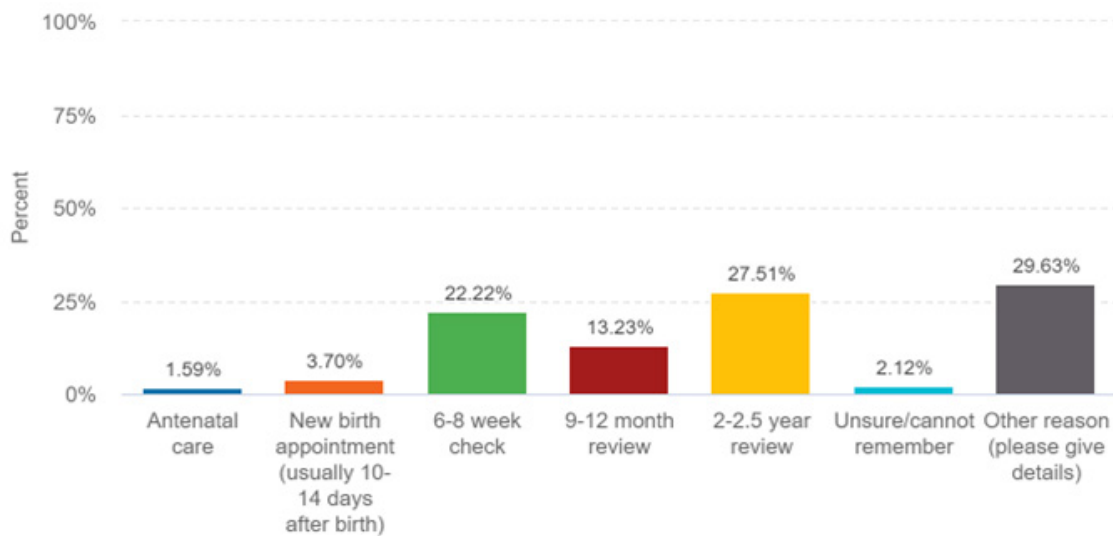
We also received some feedback from a professional who supported parents of children with additional needs with concerns around not being aware of named health visitors. This caused problems when knowing who to invite to relevant meetings and health visitors not knowing the child due to changeovers in staff. Whilst this is isolated feedback it has potentially wider implications.



Contact with the health visiting service

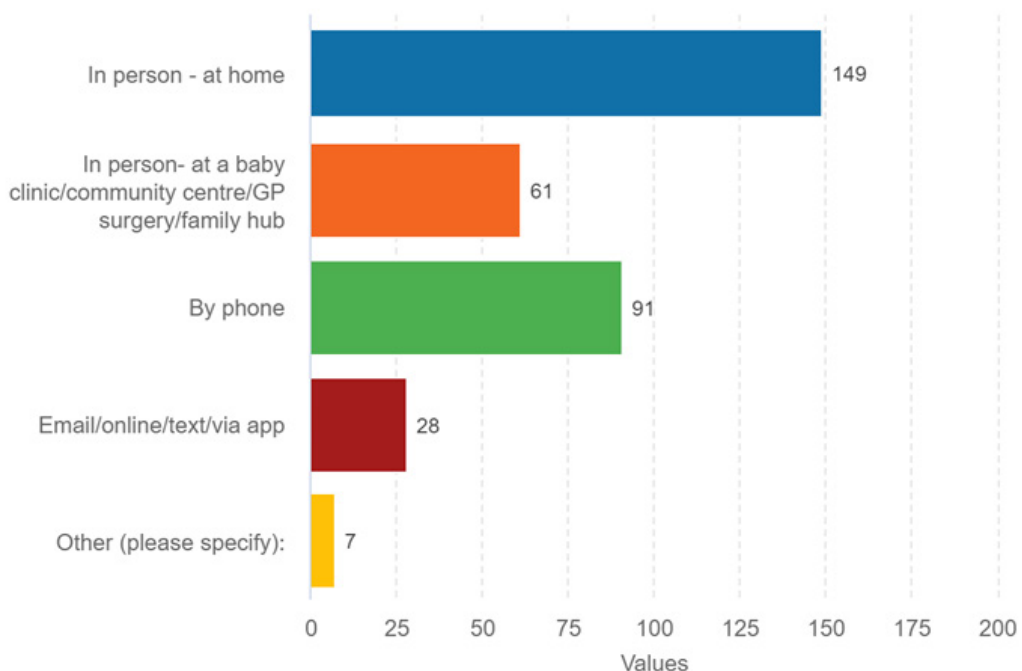
We asked for the main reason people last had contact with the health visiting service, their most recent contact and how they had contact with the health visiting service.

Main reason for last contact

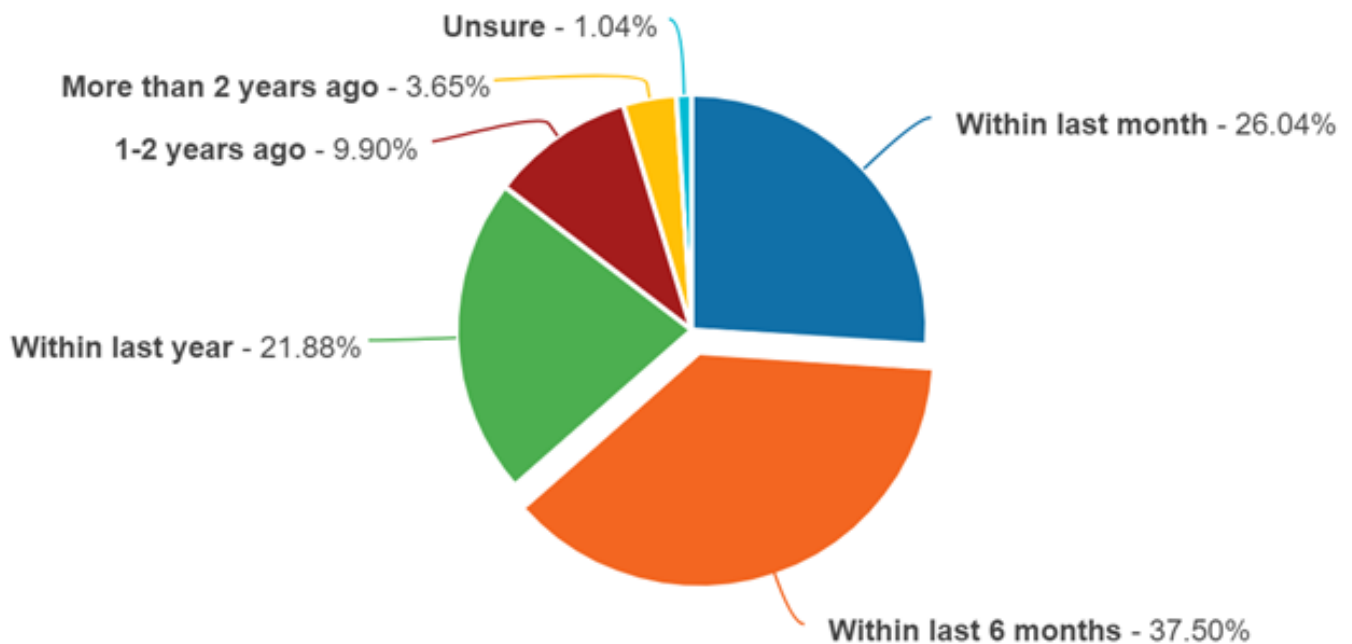


Although not significantly higher, the largest proportion of responses were from people who had contact for another reason outside of key reviews including 24 people seeking advice of some type, for example, around SEND, specialist referrals, feeding or nutrition issues, minor illness, or behaviour support. 18 people mentioned weight checks. Most contact was in person, at home.

Type of contact- multiple options



Most recent contact with the health visiting service



Positively, most people had some form of contact from the health visiting service within the last six months. Of those who had not had contact for more than a year these children were mainly aged 3-5 years with their last contact being the 2-2.5 year developmental review. However, there were a few responses where children were in the younger age ranges without apparent recent contact including two 1-2 year-olds with no contact since being newborn, one 2-3-year-old with no contact since 4 months of age (following parent seeking advice), one 3-5-year old without contact since 9-12 months of age and one 4 year old without a check since being newborn (moved back into area).

It is important to acknowledge whilst these are limited in number and some do not have background context, we are highlighting as it may demonstrate missed developmental reviews for those children. There are also a few additional comments elsewhere in survey responses around missed reviews or appointments due to staffing, although it is unclear whether these were then later resolved.

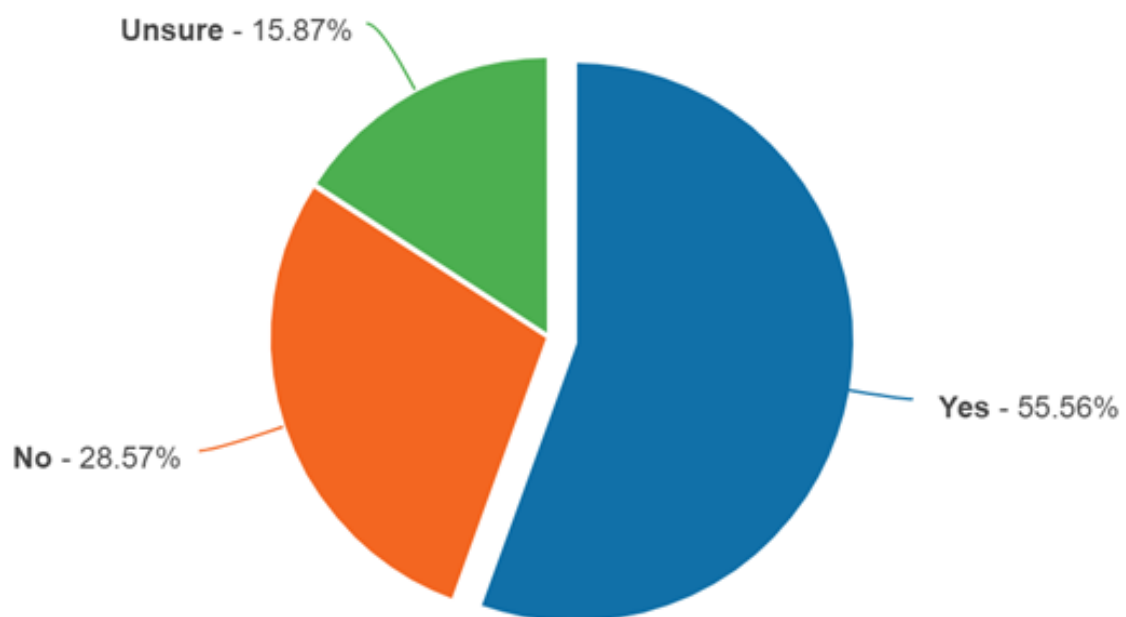
For those who had not seen or had contact with the health visiting service for over one year we asked the reasons for this. The majority told us that they did not need advice and support. Several others said they needed advice and support but were unable to access it or that they chose to seek advice from another service.

Numbers of responses and further comments on this question were limited so it is difficult to draw out any specific themes. Where people said they needed advice and support but had been unable to access, two comments referred to not knowing how to contact the service or knowing who their health visitor is - *"I have no idea who to contact"* (first time parent of child aged 3-5 years of age).

Other comments including from those who chose to seek advice elsewhere gave some additional detail around perceived accessibility - *"Since service has been taken out of local GPs to be based at bigger towns we are unaware of who our health visitor is and have no idea on the best way to contact them so it's much easier to search online or discuss any issues with GP"*, or more generally a lack of trust in the advice or support of the health visiting service - *"Tend to go through nurse practitioner. Health visitor missed a few things in regard to my own and child's health so felt more secure in advice of nurse"*. *"Refused bottle when younger and I rang them and was fobbed off so it put me off contacting them again."*

Understanding of health visitor service

We asked people whether they were aware of, or had been informed about, key developmental reviews including timings and purpose to find out their understanding of the health visiting universal offer. The results are shown below.



Several comments mentioned this information being available in the red book - *"Not told explicitly but expected meets are listed in the red book"*. One specifically referenced their health visitor ensuring awareness of visits - *"Health visitor always tells me what is due"*. Others knew due to having other children and four mentioned waiting for letters when next reviews were due. Some said they had an idea but not necessarily a detailed understanding - *"Explained when came what they were doing but weren't aware in advance what to expect"* - and some could not remember or did not know in advance when all review stages would be.

Others referenced not being aware of when they would next expect a visit - *"I don't think I was told but I have no idea when/if I'm meant to see anyone again"* (parent of child less than six months old), or that they believed their child might have missed a review - *"Have been expecting a review but not heard anything"*.

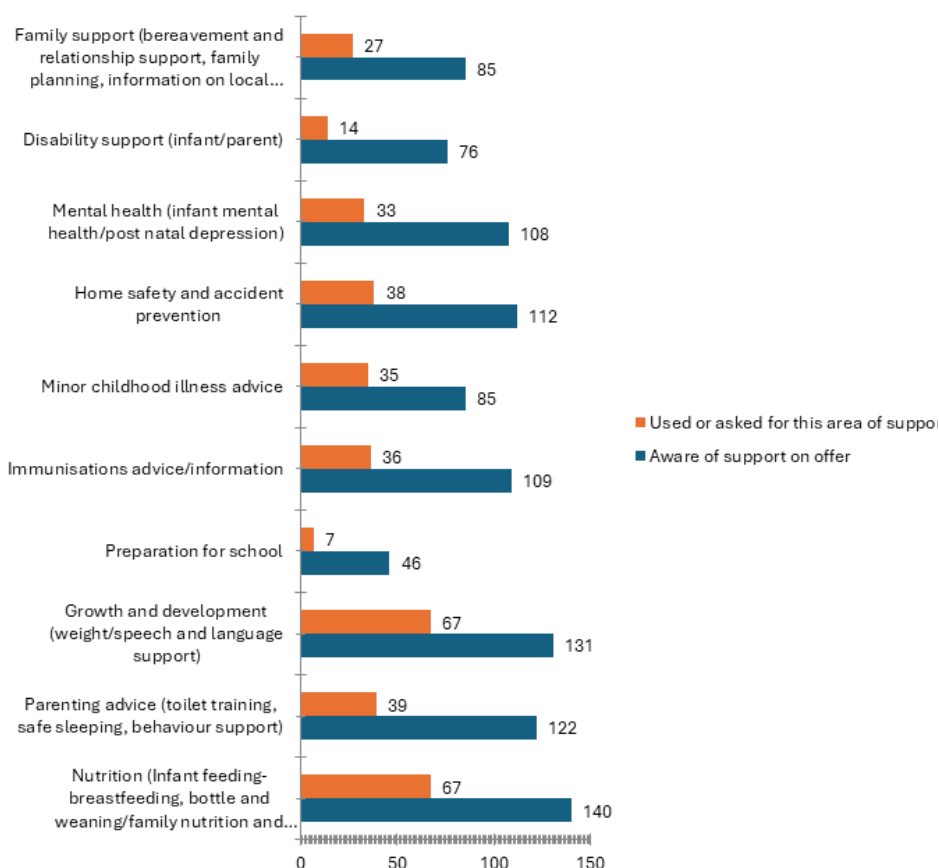
Awareness of targeted advice and support

We also asked parents about their understanding of the targeted support and advice the health visiting service can offer if needed, and whether they have used that area of support.

The area of advice that the largest number of parents were aware of was nutrition (feeding etc.) then growth and development, followed by parenting advice. People also had a good understanding of the support on offer for home safety and accident prevention, immunisation information and mental health for infants and parents. Family support such as signposting to local support groups, minor childhood illness advice and disability support were comparatively less well known. Preparation for school was the least well known of all the areas of support/advice with only 46 parents saying they were aware this could possibly be available. Parents unaware of support around preparation for school were not necessarily those with younger age children as many were also pre-school age 3-5 years.

Smaller numbers of parents had used or sought advice from the health visiting service for these targeted areas, however, 67 had sought advice around nutrition and growth and development. A smaller but still sizeable number of parents (between 30 and 40) had used or sought support around parenting advice, home safety/accident prevention, immunisations, minor childhood illness and mental health. The least likely topics that parents had accessed or tried to access support for through the service were general family support/signposting to local groups (27), disability support (14) and preparation for school (7).

Which of the following topics were you aware that the health visiting service could provide support with and which areas have you asked them for support with?



Further comments on these targeted areas of support were varied but several mentioned being signposted to local Family Hubs by their health visitor – *“Health visitor told us about family hubs. Been really good sessions”*. Others mentioned finding out about local support like Family Hubs through family or friends or word of mouth.

A few mentioned having an awareness of health visitor support but not needing to use it, whilst others said that they would not use the health visiting service for support due to not having trust in the care or knowledge, either from having previous bad experiences or perceived out of date or unhelpful advice. One mentioned not using the service due to a perception of health visitors being too busy.

Some people mentioned that they were unaware the health visiting service would help with support or advice for parents – *“I thought the health visiting service was just there to make sure you hadn’t harmed your child”*, and others said specifically they would not think to contact the health visiting service outside of key developmental reviews.

A couple of people mentioned too much advice was given too soon when it was not necessarily relevant e.g. around weaning – *“Do know that health visiting service offers support around these topics but sometimes get all the information very early on when these things might not be as relevant”* – with one suggesting an easier to understand supply of information on offer – *“Maybe small (none overwhelming) leaflets through door too, so we can put on fridge and know what to ask for, for any support we might need”*.

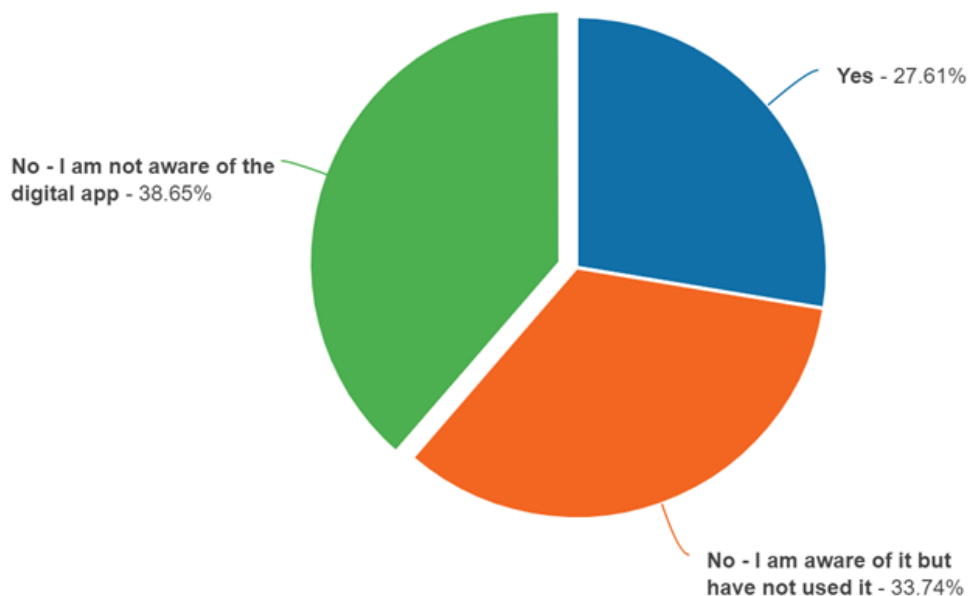
We asked people what services, if any, they used instead of health visiting for support and advice on some of those same topics.

Nearly 60% of people had used other sources of support. The most frequent source of support people mentioned were Family Hubs which is understandable given many of the people we spoke to were using these services – *“Family Hubs. I’ve done courses like brilliant babies and weaning which have been good”*, followed by GP services. Others relied on family and friends for advice and Google or the internet, a few specifically mentioning NHS online and NHS 111.

Fewer numbers of people used pharmacies, nursery or school or another childcare provider. Those whose children had additional needs mentioned using specialist services and special educational needs charities. Whilst very limited in number, a few parents did mention paying privately for advice (weaning, lactation, and speech/language) – *“I asked for help with weaning and for workshops but was told to get my info from Google ...I ended up paying for a private workshop to feel more confident”*.

Growing Healthy Northumberland digital app

We asked people about their awareness and use of the new digital app.



It became apparent during our sessions speaking to parents that many had downloaded the app but were not using it. A few of the people we spoke to simply had not had the time to explore it further, but many others were unaware of the functionality of the app. Several people, for example, mentioned not being aware they could contact the service via health chat or that the single point of access number was in the app and were happy to hear that this is a feature. Two people mentioned being shown how to use the app by their health visitor and that this was useful to them - *"My health visitor told me what it did and showed me how to use it which was very helpful"*.

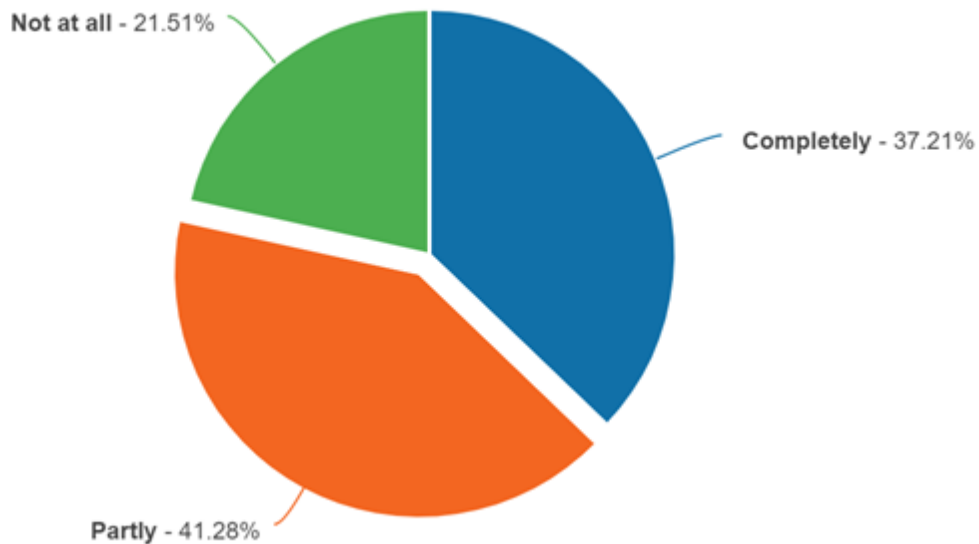
We asked people for further feedback on the app. Many said they had not needed to use it yet. A few mentioned finding it difficult to navigate or experiencing some technical glitches - *"Found it a little confusing even though I think I'm quite tech savvy. Found it difficult to navigate it"* - and a few others mentioned not liking to use digital platforms either as they were not good with online things, had data sharing concerns or would prefer more direct advice/support - *"I just don't like it. We are told not to Google things yet to use this app. I feel like I'm being pushed aside yet again"*.

Feedback on the health chat function was limited and a little mixed. A few mentioned that they were not replied to or received unhelpful advice, whilst a slightly higher number who had used it were very positive about the app - *"Had some concerns about son's eating, sent message via health chat and someone had contacted me back with advice within an hour. Really good app"*.

Others were positive about the self-help information available on the app - *"Think it's great. I haven't had to use it for my own kids but I'm a breastfeeding peer support and I find the information on there is really helpful for new mums"*.

Satisfaction with the health visiting service

We asked if people were happy with the advice and support given by the health visiting service and the following shows a summary of responses. Nearly 63% expressed some level of dissatisfaction.



We asked for further information to explain people's answers. These comments, along with feedback given in our final question 'is there anything else you would like to tell us about the health visiting service?' have been grouped together as the themes arising are the same.

For those who were completely satisfied and who gave additional information as to the reasons for this, most were around feeling that the service, or their individual health visitor, had been helpful or supportive to them.

"Been supportive with youngest child and reflux issues and also offered support around mental health as a parent."

"Cannot fault the service. My health visitor is excellent."

"I have found the health visitors I've seen to be helpful, warm and supportive. They have been non-judgemental and really taken the time to talk through all the questions I had".

Some people mentioned specifically that having the same health visitor had been very good for them - *"Been great to have same one with both kids"* - and a couple mentioned the benefits of having a health visitor who knew the local area well for signposting to services - *"They put me in touch with the ESOL support group, which has been very useful. They know the local area so are a good support for people new to it".*

A similar number of people mentioned not necessarily having contact outside of the key developmental reviews or having had recent contact but that they had confidence that they could get in touch should further support be needed - *"Although haven't current contact know that I can contact if needed".*

For those who said they were partly or not at all happy we have grouped further comments together along with feedback in the final open question as follows.

1. Support from health visiting service

Some feedback mentioned generally having limited contact with, or support from, the health visiting service – *“as a mother of three children aged 4 and under I have felt left to it with zero support or check ins”* – and several others specifically mentioned not being contacted back following requests for support – *“Contacted by text about vitamins two months ago but not heard back”*.

Some commented on being unable or unaware of how to contact the health visiting service – *“myself and friends don’t know how to contact health visitor”* (parent of child aged 3–5 years), or what the service was there to help with or could offer – *“I wasn’t aware of all services, found out about some through friends and know others who aren’t aware about weigh-ins. Think service could be better promoted”*.

Others specifically mentioned feeling that having such a large gap without any support or ‘check ins’ between key reviews was difficult, showing a possible desire or need for support but being unaware/unable/reluctant to seek it – *“If had more check ins would be good as wouldn’t want to ring specifically”*. A few who were not first-time parents specifically referenced a perceived decline in support – *“I used to feel that they were part of my journey. Now I feel like they are there if I hunt for the support”*.

Several others mentioned not feeling happy with specific support or advice given from the health visiting service – *“Felt could have a little more support with child’s reflux particularly early weaning but was told won’t see again until a year old”* (first time parent of child less than six months), including a couple of parents of children with additional needs mentioning delays with appropriate referrals/support. Others commented on having a difficult relationship with their health visitor – *“Me and my partner as first-time parents felt extremely unsupported and judged throughout our visits with the health visitor”*. A few people said home visits felt intrusive although one person explained this was due to not having a particular relationship with a health visitor. Concerns were also raised that as a health visitor had travelled from 50 miles away to visit they were unlikely to know local support services or offer of continuity of care.

2. Concerns around staffing

We received some concerns from people who did not know who their named health visitor was – *“Was happy with initial contacts but now things have gone downhill as not sure who health visitor is”* – and others who had concerns about gaps in support due to staffing issues – *“There were periods where almost all of the health visitors were off sick and I was begging for someone to help and was told their priority was newborn babies”* (parent of child with additional needs). We also heard concerns from a few about perceived or actual missed reviews or other appointments due to staffing issues – *“Think my baby missed a review due to being short staffed and I was told I could have one if I needed it but don’t feel that should be put on me as parent”*.

3. Where and how to access support

We received a significant number of comments to this question around drop-in clinics. This feedback also arose in other questions, receiving overall 35 comments. Feedback from parents was mainly expressing disappointment or concern that drop-in clinics for weighing babies had stopped and now parents/carers had to book. Some of the feedback was around the inconvenience of this and having to go to the trouble of booking an appointment – *“I have to find the number to call and book then make sure I’m not late etc. This often isn’t worth the added stress”*, with some saying they have been unable to get through to do so – *“Appointments hard to book as can’t get through on phone”*.

Many more mentioned generally that as a parent of a small child it is much more convenient to drop in rather than attend a set appointment due to not knowing exactly when they could attend, for example, due to child’s feeding/sleeping.

“Shouldn’t need to book in to go to a weigh clinic. It should be drop in. The team have been super flexible but with a newborn you kinda just need to go when you can at a time that suits on the day.”

“Would prefer drop in service for weigh-ins as one of the sessions during nap time.”

For others feedback was also around the drop-ins being a place to raise concerns or get advice more informally or develop relationships with the service – *“Clinics are no longer drop in like they used to be with oldest child. Nice way of checking in and get reassurance or ask questions”*. We were able to explore this a little more during the face-to-face sessions. Booking was perceived to make that informal advice and support less accessible, either because it is not as convenient, or because the process being more formalised is off-putting, for example, parents feeling they would need a ‘reason’ or ‘concern’ to book an appointment – *“Previously attended weekly weigh-ins with first child which doesn’t happen now. Could raise concerns there. Aware can book appointment but wouldn’t think to”*.

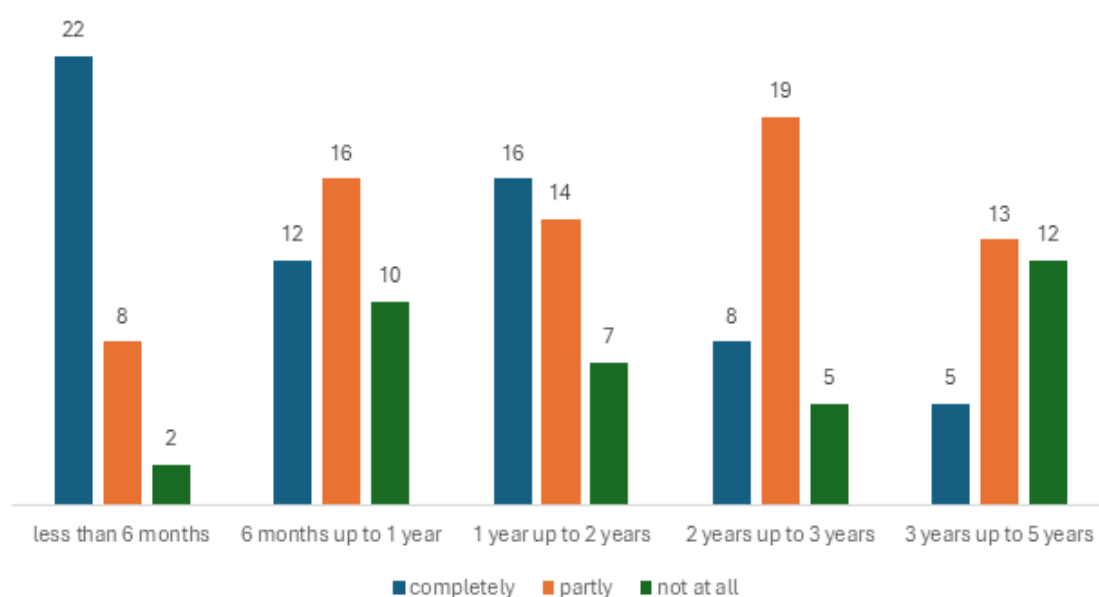
Others mentioned that clinics were not located geographically close to where they lived. We acknowledge the limitations of being able to access all rural communities with this survey but where we did have responses from some rural areas, particularly in North and West Northumberland, concerns were raised around distance, costs or ability to travel to clinics – *“I live outside of Berwick and I find it ridiculous that I have to book in for a ten minute appointment to get her weighed. Not to mention the cost of a bus fare or fuel to get there”*.

This was particularly prevalent in rural West Northumberland in places such as Bellingham, where we received several comments – *“Know there are weigh-in clinics at Hexham and Prudhoe but this is far to travel and petrol costs. Would like a local clinic”*. These concerns that were raised meant that we heard from parents who either weren’t using the clinics or were using clinics less frequently as a result.

Levels of satisfaction by family situation

Those whose youngest child was under 6 months of age were the happiest with the health visiting service. Least happy were those with children in the older age range of 3-5 years. Although the reasons for this are not specifically evident, it could be due to a higher amount of contact when children are newborn and conversely limited contact in the older age range. People were also most happy proportionately to response rate when their youngest child was their fourth child or more, followed by people whose child was their first.

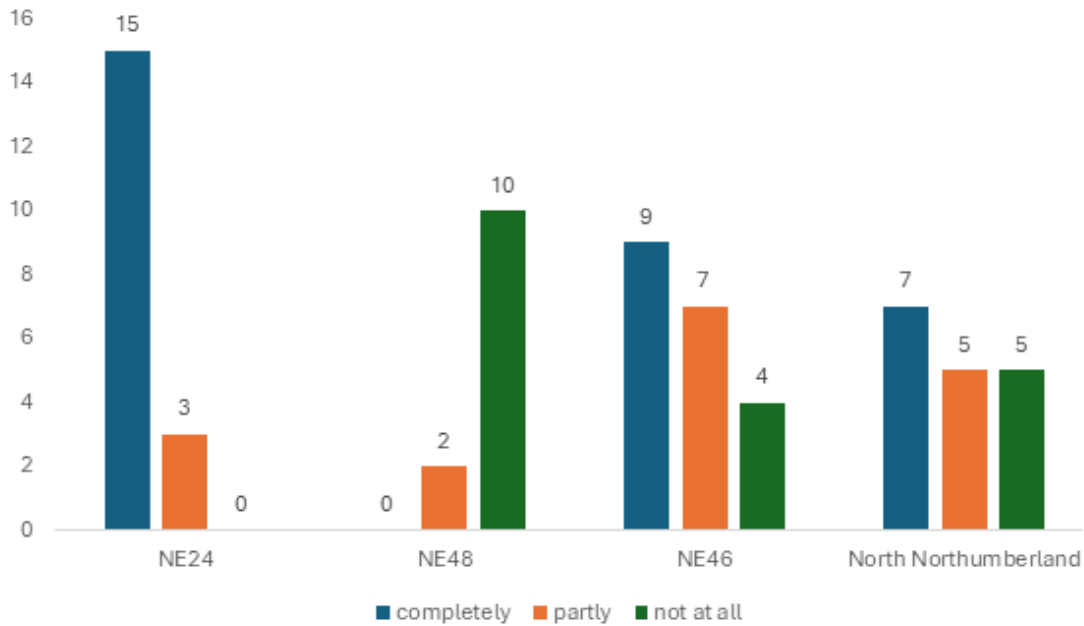
Happiness level by age of youngest child



Satisfaction by postcode areas

Where people gave their postcode there were some areas of Northumberland which were more satisfied with the health visiting service. We have picked a few areas below which were most notable. In Blyth (NE24), just over 83% were completely happy with the service and no one reported being not at all happy. Postcode NE48 in rural West Northumberland comprising of Bellingham and Kielder amongst other areas, was the least satisfied with just over 83% being not at all happy and no one being completely happy with the health visiting service. Comparing this with the less rural market town of Hexham (NE46), where only 20% were not at all happy, demonstrates the difference. We have previously outlined some concerns raised around the accessibility of clinics in this area. North Northumberland postcodes were grouped together given the lower response rates. Whilst responses from this area were the second least satisfied in terms of numbers, satisfaction levels were more evenly spread, having the same number of partly happy responses and a slightly higher level of completely happy responses.

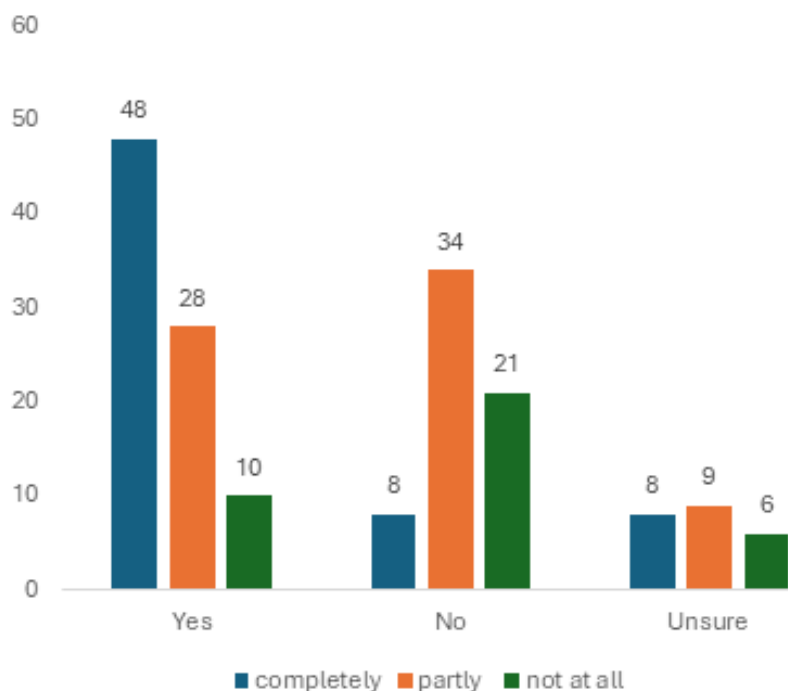
Happiness level by location



Named health visitor

Generally, people were also happier with the contact and support provided from the health visiting service where they knew who their child’s named health visitor was and had seen or spoken to their named health visitor at each review or appointment/contact.

Happiness levels – do you know who your named health visitor is?



Conclusion

This report focuses on the experiences of people who are pregnant or with pre-school age children, summarising their feedback on contact with and support from the health visiting service.

The recommendations have resulted from what we heard, and we would again like to thank everyone who generously gave their time to feedback, helped to promote our survey and facilitate contact with parents and carers. Thank you also to HDFT and Northumberland County Council who took the time to listen and respond to what we heard.

Recommendations

Results

Parents feedback on lack of awareness of how to contact health visiting service

Recommendations

Ensure all Northumberland GP surgeries and other relevant community services have up to date accessible information and phone numbers for health visiting service, for staff and to give to parents

Text messages or other contact to all parents with children under 5 years with new single point of contact details

Parents concerns on not having a 'named' health visitor

Ensure parents are told when their named health visitor leaves or there is a change, emphasising single point of contact number

Ensure parents have a specific named health visitor alongside promotion of awareness of other roles within the service

Parents being unaware of role of health visiting service

Ensure health visitors give parents information on key developmental review stages at first contact and in subsequent reviews. Remind parents this information is available in 'red book' and create section on review stages in 'growing healthy' App and/or invest in leaflet/online video or use existing national resources to promote this further

Promote to parents and other relevant partners the scope of expertise and targeted advice and support on offer from the health visiting service and where and how this can be accessed

Parents being unaware of functionality of 'Growing Healthy' app

Ensure health visitors or other staff demonstrate or explain the functionality of the app, particularly the health chat and contact function when giving parents details to download

Parents concerns around availability of and access to clinics or lack of awareness of available clinics.

Consider how best to address gaps in services in rural areas by mapping existing clinics and travel options. Consider a clinic in Bellingham area

Consider changing some clinics to drop-ins to improve accessibility. App information to include available clinics/drop-ins with an option, if appointment only, to be able to book via the app



Response from HDFT



Harrogate and District NHS Foundation Trust

Thank you for your report. We appreciate and value feedback from both our partners and service users and look forward to co-creating an action plan to ensure themes and learning are taken forward to develop our service offer.

On review of the report, it suggests we need to strengthen the information shared with service users on the Healthy Child Programme, the role of the Health Visitor and our digital offer which includes the 0-19 App.

It was positive that 72.77% of service users within the survey are aware of how to contact their Health visitor. In 2023, we realigned the 0-5 service into geographical areas; this was to support a consistent accessible health visiting service offer. We introduced a single point of contact (SPOC), and a duty Health Visitor is available from 8:30am-5:00pm in each geographical area to take calls from service users and partners. We also launched the HealthChat function on the 0-19 App. This provides virtual access to the 0-19 team and information on the service offer. The results from within the survey highlight an increase in 'negative/partially satisfied' responses from service users with 3-5-year-olds; this could be reflective upon the understanding of the Healthy Child Programme within this cohort of service users.

We appreciate the feedback regarding wellbeing clinics. We endeavour to provide equal access to all service users. We will continue to work closely with partners and service users to source venues that meet the needs of the community. It is reassuring that if growth monitoring is underpinned with a clinical need this would be completed within the home by a Health Visitor.

Could I thank you again for supporting the survey and capturing the views of service users. I look forward to meeting with yourselves to discuss the results in more detail and start the development of an action plan.

Ashley Iceton
General Manager

Contact us

Healthwatch Northumberland
Adapt (NE), Burn Lane, Hexham
Northumberland NE46 3HN

tel: 03332 408468

text: 07413 385275

email: info@healthwatchnorthumberland.co.uk

website: healthwatchnorthumberland.co.uk

Facebook: [@healthwatchnorthumberland](https://www.facebook.com/healthwatchnorthumberland)

Twitter: [@HWNland](https://twitter.com/HWNland)

Instagram: [hwnland](https://www.instagram.com/hwnland)

healthwatch
Northumberland