

# HEALTHY START



## **Healthy Start vitamin distribution case study January 2013**

**Name of PCT:** Public Health Tower Hamlets NHS ELC

**Region:** London

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### **Status of vitamin distribution (ie as per Healthy Start scheme or universal etc, selling vitamins to those who don't qualify)**

Initially, the first bottle was available universally to all women at booking and all babies at the 6-8 week check.

Following a health needs assessment in 2011 however this was changed to the first three bottles universally free to pregnant women.

First bottle provided at their antenatal booking appointment with the remainder available at any of the distribution centres (including maternity services)

Eligibility for the universal free vitamins is based on area of residence; all pregnant women who are residents of Tower Hamlets are eligible for the scheme.

Remainder as per Healthy Start Scheme; based on eligibility

All eligible babies given healthy start from one month

### **Number and location of distribution points ( eg health clinics, children's centres, pharmacies).**

- 30 distribution centre in total across the 8 LAPs in Tower Hamlets.
- A combination of antenatal clinics, Health Visitor clinics, children's centres, health centres and pharmacies.

### **Resources produced:**

- Postcode based poster for health centres detailing the distribution centres in their area.

- Detailed leaflet with information regarding the Healthy Start scheme, details of individual distribution centres and a map of distribution centre locations. Map to be made available on Public Health website following the transition to the Local Authority.
- PDF examples with full details available by request

### **Who/what was the driver for Healthy Start vitamin distribution in your PCT?**

#### **Who**

- Project group convened in 2008 chaired by Public Health and with representatives from General Practitioners, Prescribing, Public Health Dietitian, Health visiting, Maternity, 3<sup>rd</sup> sector and Early Years in LA.

#### **What**

- Prevention of vitamin D deficiency in women and children
- NICE PH 11: Maternal & Child Nutrition (March 2008) - places the onus on PCTs to ensure supplementation happens
- NICE CG: Antenatal Care (June 2008)
- Scientific Advisory Committee on Nutrition (SACN) Position Statement on Vitamin D (2007)
- Chief Medical officer's update of summer 2005
- CMO letter 2012
- Vitamin D health needs assessment undertaken
- Poor uptake awareness and uptake of the scheme
- Poor awareness of the scheme amongst key stakeholders e.g. midwives, health visitors and GPs
- High prevalence of vitamin D insufficiency / deficiency at booking and in primary care – based on audit data
- Large proportion of the population at risk of vitamin D insufficiency / deficiency
- Very high prescription costs for Vit D products and inconsistent prescribing

### **How is the Healthy Start project organised in your PCT? Do you have a team? Who is in it? Do you have senior support?**

- Lead – Senior Public Health Strategist (maternity and early years)
- Public Health advisor supports e.g. analysing monitoring data and producing reports; liaising with distribution centres; training
- Healthy Start support worker who is responsible for ordering the vitamins; taking vitamins to the distribution centres; stocktake at each of the distribution centres; collecting and collating monitoring data; training; providing general information e.g. how to access resources.

- Healthy Start Steering group with representatives from public health, maternity, health visiting, children's centres, the local authority early years team, GPs and the third sector.
- Outreach work

In 2011, an outreach project was commissioned by Public Health to ascertain the current awareness of Healthy Start in Tower Hamlets and any issues / concerns / suggestions re: service.

Following the completion of the project an action planning event was held to review the recommendations from the project and how best to take forward. One of the key recommendations was greater involvement of the community in raising awareness about the scheme. The action was to *“train up local women to be Healthy Start/Vitamin D Health Ambassadors working alongside health and educational professionals in community settings – Idea Stores, schools, faith groups, children's centres”*.

In 2012, a Healthy Start Champions outreach project was commissioned. 12 volunteers have been trained and are about to undertake a series of sessions and events across the borough to raise awareness of the scheme, signpost and gather further information about further improvements/

**If you are giving vitamins out to women and children who do not qualify for the scheme who approved your budget? Did you have to develop a business case?**

The budget was approved by Public Health.

A business case was required.

**How do you embed vitamin distribution into local delivery plans?**

- Identification and engagement with key stakeholders e.g.:
  - Surveys with GPs, HV and midwives to understand awareness etc
  - Outreach work with the community
  - Attendance at forums / meetings
  - Training
  - Updates emailed to all GPs
- SLA with the community health service (for Healthy Start Support worker and purchasing of vitamins)
- A core part of the Vitamin D supplementation in pregnancy maternity service guidelines
- Included in the East London CEG vitamin D guideline and CEG vitamin D update. Sent to all GP practices.
- Operational procedures written in conjunction with the maternity and health visiting services. Posters for all midwifery and HV clinics as well as diary inserts.
- Sticker goes on the front of the maternity hand held record as a record and prompt for the vitamins

- Tower Hamlets specific resources developed.
- Incorporated into antenatal education
- To be included in the induction programme for midwives
- Incorporated into the mandatory Baby Friendly Initiative update training for all Health Visitors.

*Overall followed the process of a behaviour change strategy.*

### **Have you trained staff and others who are giving out vitamins? How did you go about this?**

Yes, the distribution centres were initially approached by the Healthy Start support worker and a public health advisor. Once there was agreement to become a distribution centre training was provided re: the HEALTHY START scheme, how to order resources and the process e.g. monitoring.

Information sessions held at:

- Midwifery and Health Visitor forums
- Early years foundation stage co-ordinators meeting
- Managers of day care settings meeting

Training for the Healthy Start champions

- Health living assessed module – part of the NCFE entry level award in personal and social development
- Healthy eating and vitamin D - provided by PH Dietitian
- The Healthy Start Scheme – provided by a public health advisor
- Cultural competence and health promotion (including group working) – provided by the Women’s Health and Family Service (WHFS)

### **Did you have any administration issues eg floats if you are selling vitamins? How did you manage these issues?**

- Distribution centres taking responsibility to monitor the stock due to capacity issues.
  - The Healthy Start support worker has taken over this role.
- Weekly monitoring forms not being completed.
  - The forms have been simplified.
  - Healthy Start support worker responsible for collecting and collating.
  - Support worker responsible for the stocktake.
  - Maternity Care assistants complete for the first free bottle (for the integrated midwifery team)

Have been unable to sell at this stage as distribution centres do not have the capacity to take on this task and coordinate the payment system.

### **What would you have done differently with your distribution?**

Due to changes in staff there was initially a gap between increasing the distribution centres and raising awareness amongst key stakeholders. It is essential that key stakeholders are part of the process from the start.

## **What works and what is a challenge?**

### **Worked well**

- Recruitment of a support worker which has enabled the operational management of the scheme and named for contact for distribution centres.
- Provision of the vitamins universally to all women from their antenatal booking appointment
- Having a steering group with representatives from key stakeholders
- Regular communication with key stakeholders to raise awareness of the scheme
- Development of operational procedures for the midwives and health visitors
- Outreach work with the community
- Increasing the access with distribution centres across the Borough
- Having a small budget for communication and evaluation e.g. outreach work, development of local resources
- Getting the CCG and the Medicine's Management lead involved.

### **Challenges**

- Ensuring all monitoring forms completed
- Key stakeholders fully engaging with the scheme
- Midwives and Health Visitors being able to allocate adequate time for discussion within clinics due to competing priorities.
- Increasing the uptake for children.

## **What are your next steps in terms of Healthy Start – do you have targets or any specific aims?**

- Selling the vitamins or provision of universally free is a recommendation from the vitamin D JSNA.
- Local vitamin D conference for key stakeholders including action planning workshops for how to take forward.
- Roll-out of the Health Start champions project
- Scoping possibility to add increased number of codes onto EMIS to enable electronic monitoring by Health Visitors
- Audit of the vitamin D in pregnancy guidelines

## **Are you evaluating your distribution? How are you doing this?**

- Audit of implementation of operational procedures;
- Audit of implementation of the vitamin D during pregnancy guideline;
- How the awareness and implementation of the scheme improved:
  - Repeat surveys – midwives / health visitors / GPs
  - Repeat questionnaires / focus groups with community members within the target group
- Uptake of healthy start vitamins and drops

- Evaluation of the Healthy Start champions project

### **What advice would you give to a PCT who is looking at developing their distribution?**

- Ensure you allocate some resources to employ a support worker to assist with the day-to-day operational management of the scheme.
- Stakeholder engagement, including the community, from the outset to develop the system. Support from both midwifery and health visiting in particular is vital.
- Regular communication to all stakeholders to raise awareness of the scheme
- Ensure there is a robust system in place for monitoring – ideally paperless
- Have clear operational procedures in place for the midwives and health visitors and work towards embedding this as a continuous component of their appointments – first booking and reviews.

Ensure easy access – this will be different across areas. We have found have key settings involved in the distribution to be effective. E.g. the majority of antenatal care is in the community therefore multiple settings have been essential.

