



**STARTING IN A FEW MINUTES AT 15:30**

# **Public Health role in reducing A&E attendances**

**16 January 2025**

**#iHVInsights**

[www.ihv.org.uk](http://www.ihv.org.uk)



# Public Health role in reducing A&E attendances

16 January 2025

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# Welcome



## Make the most of the opportunity



## Enjoy the whole hour



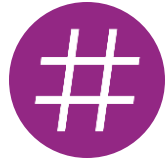
**Ask** - type your questions to the panel as you think of them during the presentations – use the Q&A function:

- **Name of presenter** you would like to answer your question
- Brief **question**
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## Feedback

Participate in the poll or contact us at [events@ihv.org.uk](mailto:events@ihv.org.uk)



## Social media - #iHVInsights



## Continue your CPD:

- Access recording of live session after the event on our website (no recording on other devices is allowed)
- Attendance at this event and engagement with the iHV reflection template will support you with demonstrating CPD activities that align to the 2022 NMC Standards of Proficiency for SCPHN Health Visiting.

The Institute of Health Visiting is a charity and centre of excellence for health visiting. Its core purpose is:  
To improve outcomes for children and families and reduce health inequalities through strengthened health visiting services

## Welcome

- Amanda Holland - Professional Education, Learning and Development Lead, iHV

## Guest Speakers

- Honorary Professor Damian Roland - Consultant in Paediatric Emergency Medicine, Leicester, Leicestershire & Rutland Urgent and Emergency Care System Clinical Director
- Georgina Mayes - Health Visiting Professional Lead (Quality and Policy), iHV
- Kate Walters - Divisional Director of Nursing & AHP's, Children & Family Services and CAMHS

## Q&A with Speakers

## Close and Evaluation

# Next speaker



## Honorary Professor Damian Roland

Consultant in Paediatric Emergency  
Medicine, Leicester, Leicestershire  
& Rutland Urgent and Emergency  
Care System Clinical Director



Type your questions as you  
think of them during the  
presentations

Use the Zoom Q&A function

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- Brief **question**
- **Your name** (if you wish to do so)



# Emergency Department Attendances in < 5 year olds

Prof. Damian Roland  
Consultant in Paediatric Emergency Medicine  
[@damian\\_roland](#)



# COVID-19

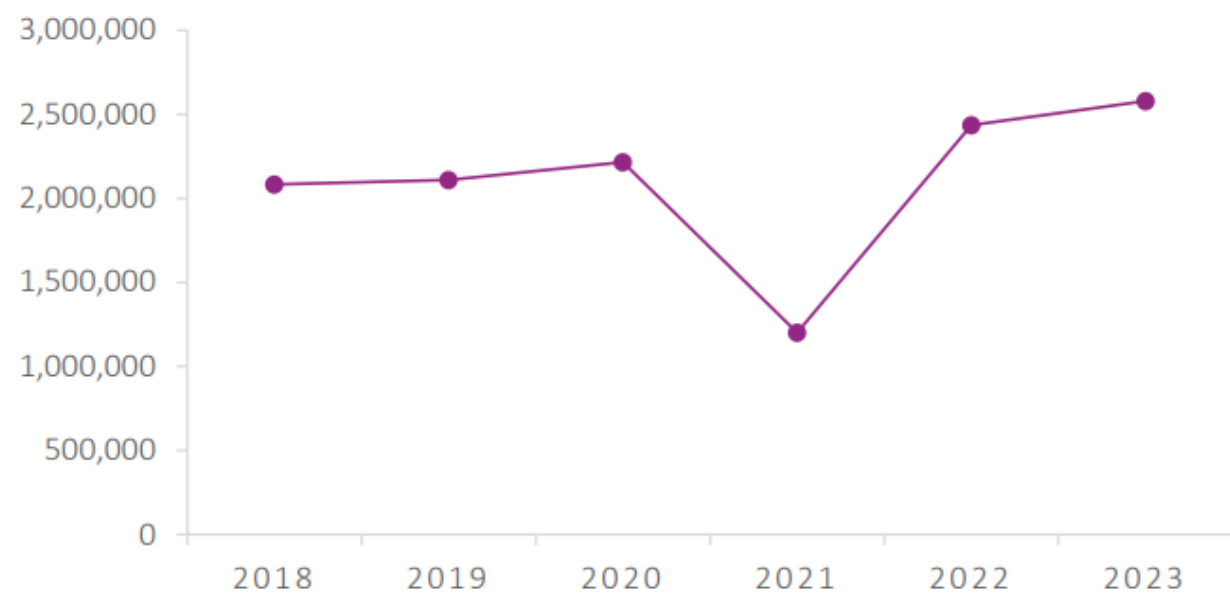




## Understanding the rise in 0-4-year-old Emergency Department (ED) attendances and changing health visiting practice

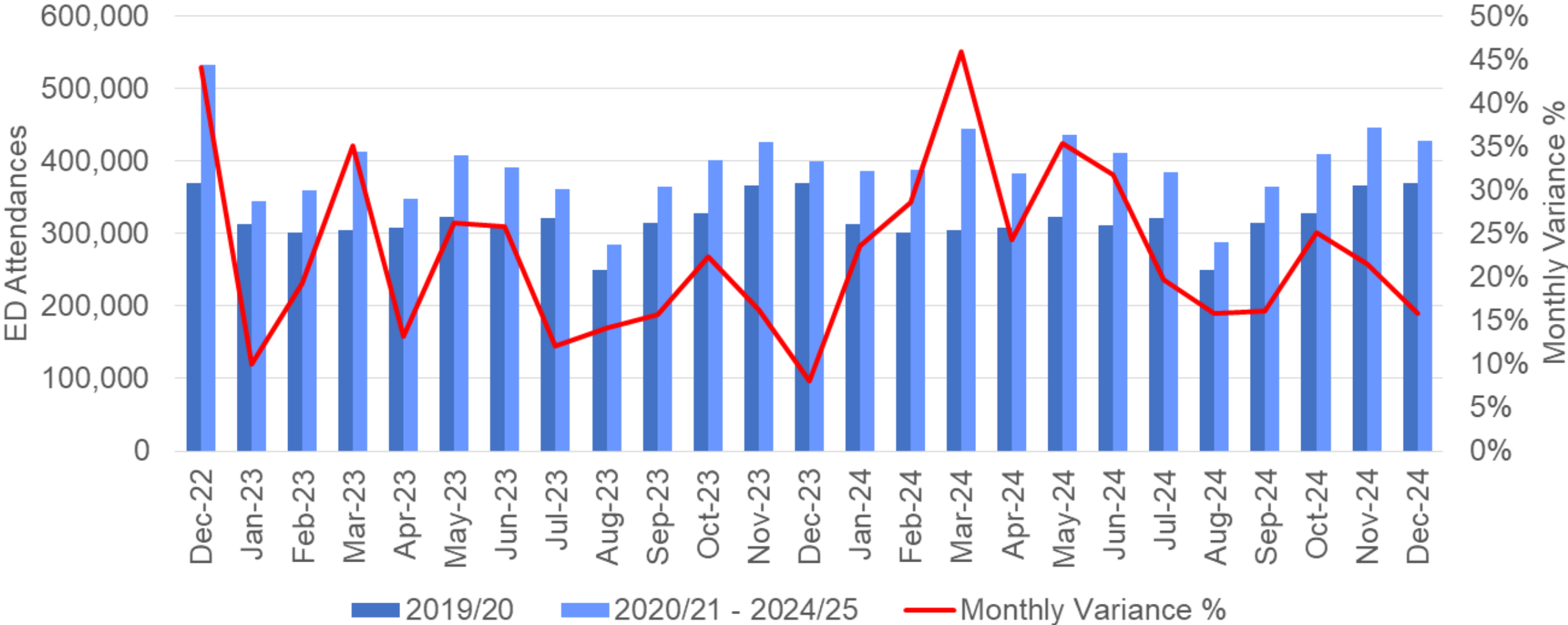
Publication date: December 2023

**Figure 2: ED attendances in England for children aged 0-4 2017/18 – 2022/23** (Source [NHS Digital](#) and [Fingertips](#))

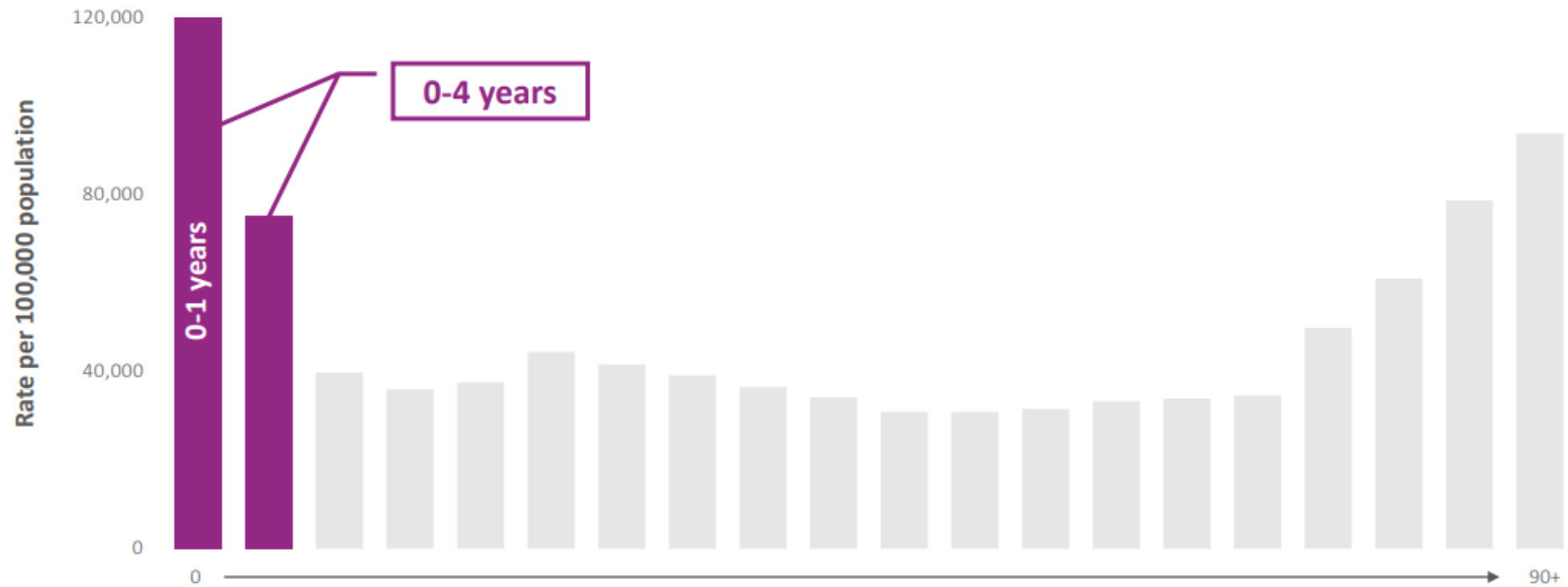


Year	Attendance
2017 - 2018	2,083,036
2018 - 2019	2,110,411
2019 - 2021	2,214,936
2020 - 2021	1,200,815
2021 - 2022	2,435,000
2022 - 2023	2,577,839

### Paediatric ED Type 1-3 attendances



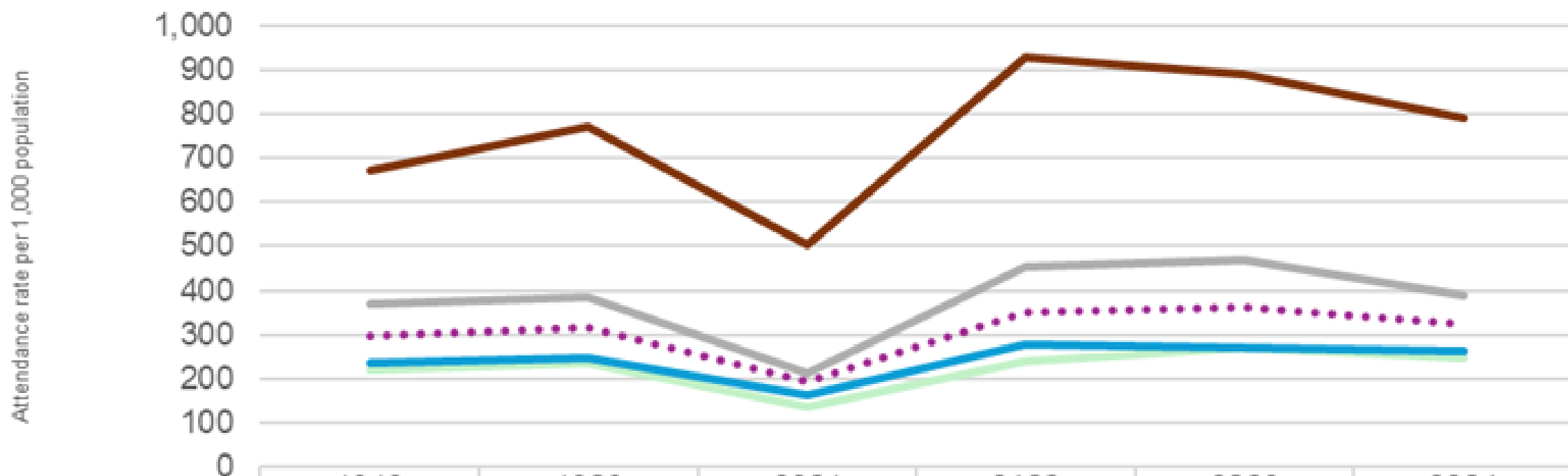
**Figure 4: England ED attendance by age. Rate per 100,000 population 2022-23** (Source ECDS NHS digital)



**Figure 10: Most common presentations for 0-4 ED attendances for Leicester, Southampton and North West London**

	Rank	Leicester	Southampton	North West London
Most common →	1	Breathing Difficulty (wheeze, bronchiolitis, croup & pneumonia)	Upper Respiratory Infection (cough/cold)	Upper Respiratory Infection (cough/cold)
	2	Upper Respiratory Infection (cold/cough)	No abnormality detected	No abnormality detected
	3	No abnormality detected	Gastroenteritis	Tonsilitis
	4	Gastroenteritis	Minor head injury	Gastroenteritis
	5	Tonsilitis	Viral wheeze	Bronchiolitis

Rate of ED attendance (per 1,000 population) for LLR, by age group - 2018/19 to 2023/24. Excludes Loughborough UCC



	1819	1920	2021	2122	2223	2324
0 to 1	671	774	505	928	892	792
2 to 4	369	384	211	452	469	390
5 to 12	221	234	136	238	270	245
13 to 17	236	248	161	277	271	261
All ages	297	317	191	349	361	324

## Analysis of ED activity, for LLR residents, by MSOA – ages 0-17

Rate of Attendance at ED per 1000 population by MSOA



**Colour key to map:** Red = above LLR rate, White = similar LLR rate, Green = below LLR rate

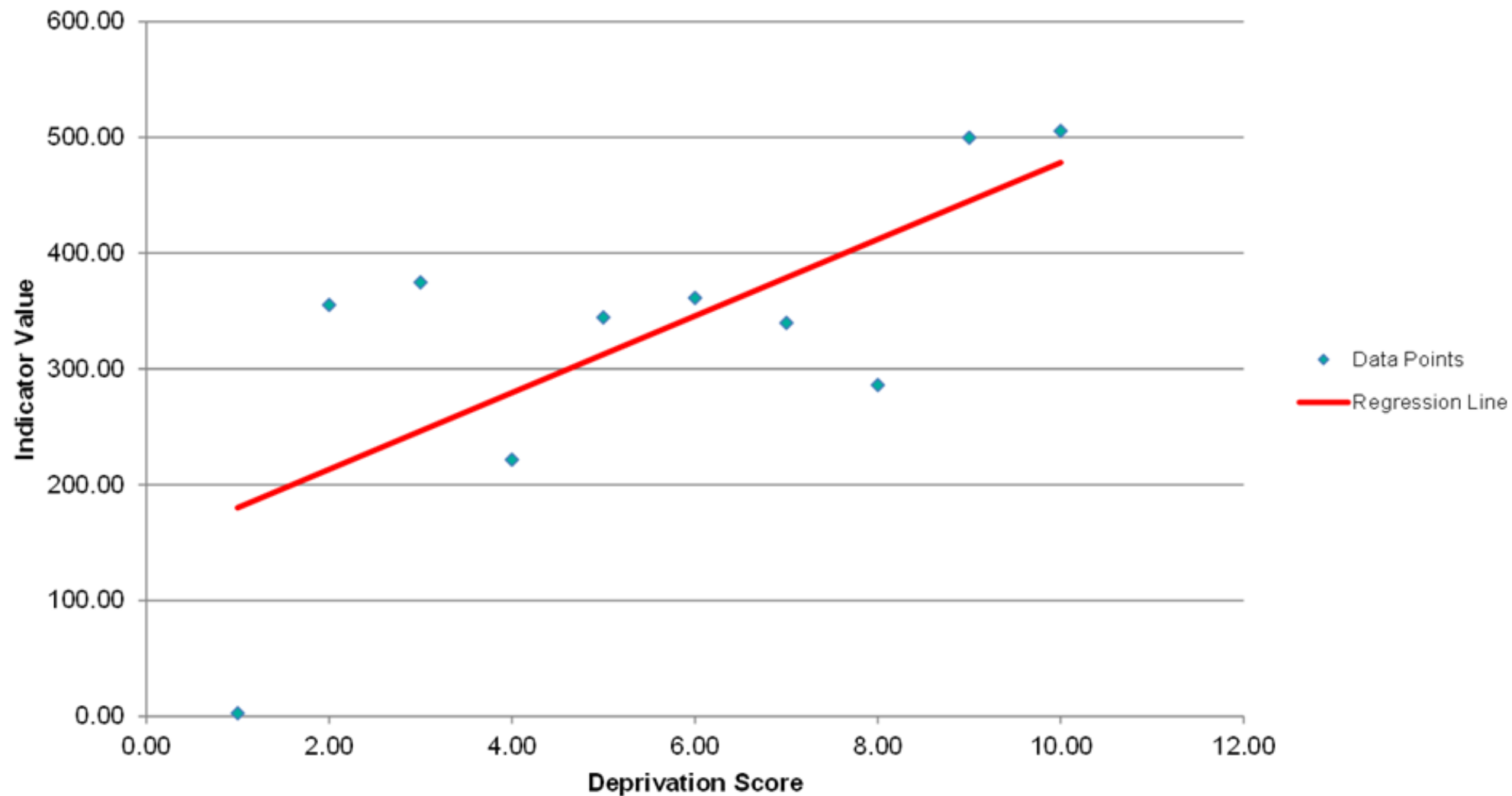
Average Decile of Deprivation by MSOA



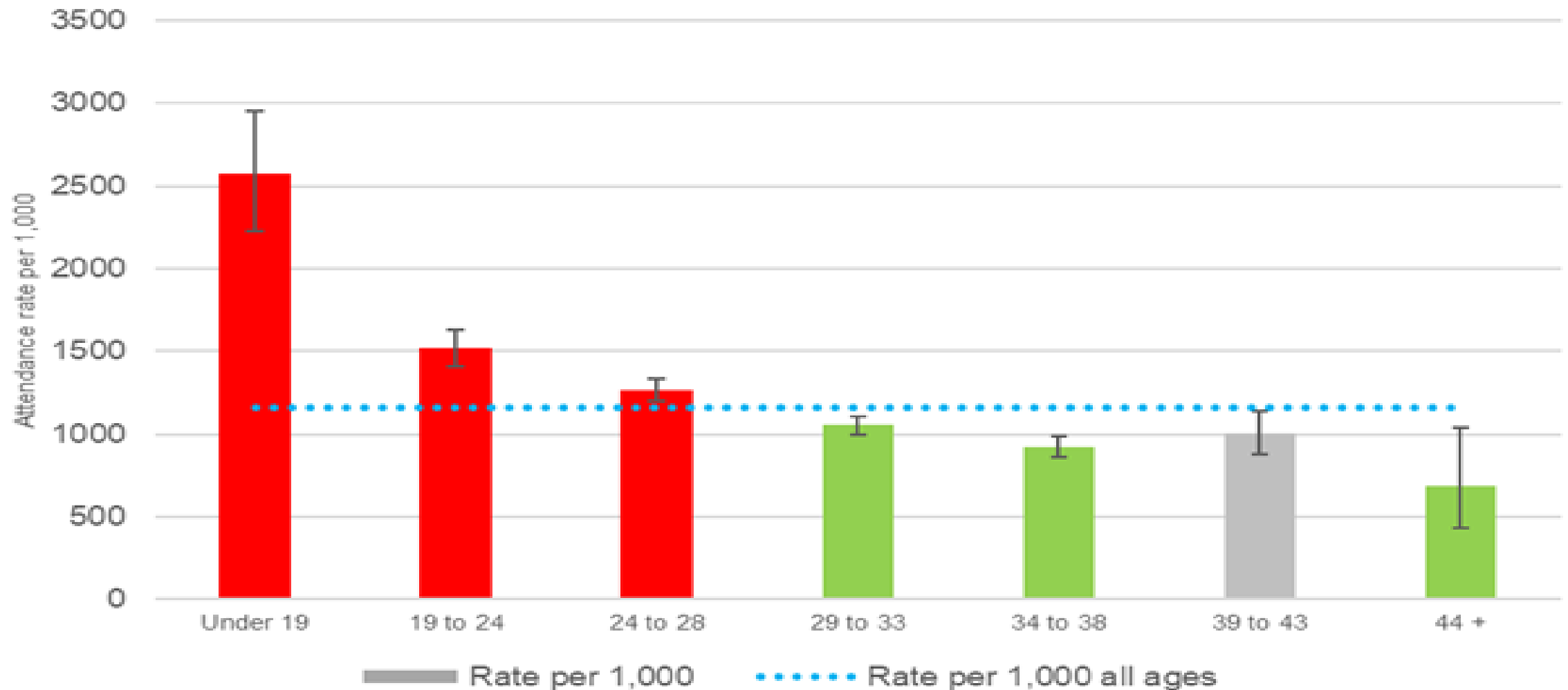
Average quintile of deprivation
Least deprived - most deprived
>= 2 and <3
>= 3 and <4
Over 4 - least deprived

**Linear Regression Chart for ED attendances for children aged 0-17, 2022/23, Directly standardised rate. Residents in Leicester (city).**

**Linear regression slope = 33.13 (95% Confidence Interval: 5.63 to 60.63)**





















## Births (2022) - ED attendance rate (per 1,000) in 12 months after birth - by mothers age at birth



## A&amp;E attendances (0 to 4 years) (previous method) - CCG 2019/20

Crude rate - per 1,000

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
<b>England</b>	↑	2,197,409	674.4		673.5	675.3
Midlands NHS Region, old due to ICB changes	↑	280,535	637.8*		635.5	640.2
NHS Stoke On Trent CCG	↑	14,620	833.2		819.7	846.8
NHS South East Staffordshire And Seisdon Peninsula CCG	↑	8,845	815.6		798.5	832.6
NHS North Staffordshire CCG	↑	7,770	784.5		767.4	802.4
NHS Coventry and Warwickshire CCG	↑	41,955	771.8		764.4	779.2
NHS Northamptonshire CCG	↑	32,090	721.5		713.6	729.4
NHS Black Country and West Birmingham CCG	↑	64,325	706.2		700.7	711.7
NHS Derby and Derbyshire CCG	↑	37,130	687.9		680.8	694.9
NHS Cannock Chase CCG	↑	4,825	682.5		663.2	701.9
NHS Leicester City CCG	→	16,980	682.3		672.2	692.7
NHS Birmingham and Solihull CCG	↑	52,440	630.0		624.6	635.4
NHS Lincolnshire CCG	→	23,650	615.4		607.6	623.3
NHS West Leicestershire CCG	↑	12,510	609.5		599.0	620.4
NHS Nottingham and Nottinghamshire CCG	→	35,495	607.4		601.1	613.7
NHS East Leicestershire And Rutland CCG	→	9,545	570.4		558.9	581.9
NHS Stafford And Surrounds CCG	→	3,885	544.3		527.2	561.5
NHS East Staffordshire CCG	↑	3,775	490.2		474.6	506.0

Should a baby attending an Emergency Department with a non-urgent issue be a NEVER event






Who trains/teaches  
caregivers on  
managing acute illness  
and injury?



# RSV vaccination approaches

## ADVANTAGES

## DISADVANTAGES

Maternal immunisation	F protein based		Less likely to be affected by genomic variability	Limited duration of protection Unlikely to prevent community transmission
Infant immunisation	Monoclonal antibody based		Effectiveness established in at risk groups	Susceptible to escape mutations Unclear whether will affect transmission
Childhood immunisation	Live vaccine		Unlikely to be affected by genomic variability Potential to interrupt community transmission	Limited evidence so far for effectiveness



Thank you key workers

# Next speaker



## Georgina Mayes

Health Visiting Professional Lead  
(Quality and Policy), iHV



Type your questions as you think of them during the presentations

Use the Zoom Q&A function

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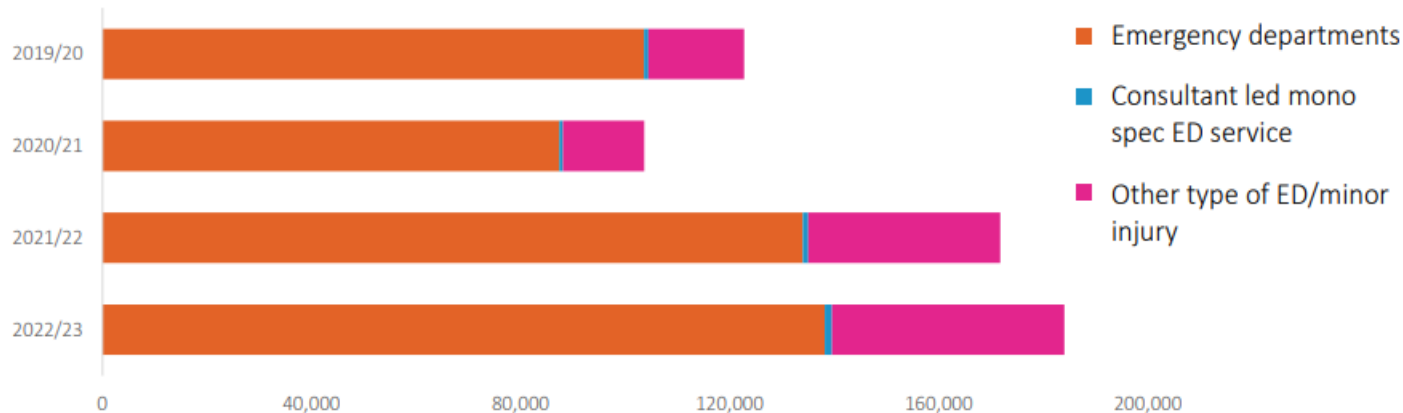
# Public health role in reducing A&E attendances



Georgina Mayes, Health Visiting Professional Lead (Quality and Policy),  
Institute of Health Visiting

# National context

- A&E attendance rates in children aged 0-4 years have reached an **all-time high in England**.
- **Babies under one** have the **highest rate** of A&E attendance – and rates have increased by 42% over the last 10 years.
- The number of children attending A&E, who do not require investigations, treatment or hospital admission is **increasing nationally**:



NHSE data - The number of children who attended A&E where 'nothing abnormal' was detected (Source NHSE 2023 - CYP Transformation Programme)

NHS hospital posts job ads for 'corridor nurse' amid 'significant pressure in urgent and emergency care'

12 January 2025, 16:15

Source: [Leading Britain's Conversations](#)



The Whittington Hospital in north London has advertised for a corridor nurse amid huge pressures this winter. Picture: Google Maps/Getty

The government has pledged to “fix the NHS” –with 3 key shifts, from:

- Hospital to community
- Analogue to digital
- Treatment to prevention

And health visiting has a part to play.

# Why parents go to A&E

## Parents do not take the decision to attend the ED lightly:

Factors that influence parental decisions to attend ED:

**Parents want peace of mind**, the need for reassurance on:



- The severity of their child's symptoms/ to rule out a serious illness
- The best course of treatment for their child's symptoms
- To avoid being judged for "doing the wrong thing"



**First-time parents** are more likely to attend ED as they learn to manage common childhood illnesses.



**Geographical location** – Those who live close to hospitals and in deprived, urban areas are more likely to make frequent visits to the ED.



Those with **lower health literacy** were more likely to seek care immediately.



Those with good **support networks**, with people to turn to for advice, had greater confidence around managing their child's illnesses.



**Access to services** – lack of accessible alternative support in communities can be a driver for ED attendance. Parents wanted their baby/ young child to be seen in person.



# Taking the pressure off A&E – and supporting parents

- A&E departments are facing significant challenges - due to a range of factors
- And parents are worried about their unwell baby/child and may be unable to get the support they need elsewhere
- It is **perfectly normal** for parents to worry when their baby or child is unwell!



## Cuts to Health visiting services are a false economy:

- There are not enough health visitors to meet the scale of need - families are getting less support now
- Many health visiting drop-in baby and child health clinics have closed or have been scaled back
- Putting pressure on other services including A&E departments.



# Health visiting services are part of the solution

- Supporting parents to manage minor illnesses is a central function of health visiting (a High Impact Area in England).
- Health visitors are often parents' first point of contact when they are concerned about their child's health, providing a trusted source of advice and support\*.
- When adequately resourced, health visitors make an important contribution to the improvement of parental health literacy and managing minor illnesses in childhood.
- Drop-in baby and child health clinics provide an ideal opportunity to support parents with managing minor illnesses, plus a range of other parental concerns and health needs.

“The main reason that parents go to health visitor clinics is not to get their babies weighed but more for a regular confirmation that their baby is doing well and affirmation that they are a ‘good enough parent’ which builds their confidence” (iHV 2023)



\*Parent Infant Foundation (2022) Why Health Visitors Matter. <https://bit.ly/3QZgy3O>

36. Morton, A., (2020) What do parents want from a health visiting service? Results from a Channel Mum survey, January 2020. Institute of Health Visiting. <https://bit.ly/3JZEC>

# The public health role in reducing A&E attendances: prevention and early intervention

Services provided by health visitors are not a diagnostic service. But practitioners must have the knowledge to support parents to make a decision about the most suitable course of action and signpost them to the appropriate help based on their child's presenting symptoms\*.



\*iHV (2023) [Understanding the rise in 0-4 years olds Emergency Department attendance and changing health visiting practice](#)

## Who are health visitors and what do they do?

They are a vital infrastructure, working in partnership with families, communities and professionals

infant - /'ɪnf(ə)nt/  
from Latin infant - 'unable to speak'  
Health visitors speak up for babies and their families

### Who are health visitors?

- Registered nurses or midwives
- Have additional registered specialist training in public health
- Part of the 'health' workforce
- Work with all families from pregnancy to starting school
- "Eyes and ears" of the community
- Innovative workforce embracing digital technology



- ### What do health visitors do?
- Give every baby the best start in life
  - Support thousands of families every week
  - Provide extra support when families need it the most
  - Build on families' strengths
  - Prevent costly problems or spot them early
  - Connect families to the right support and find solutions together
  - Building a fairer society

## Health creation is at the heart of health visiting

"As we recover from the pandemic, we have huge opportunities and challenges ahead... I am convinced that health visitors will play a key role in addressing the crucial issues amongst the families they work with."

Dr Camilla Kingdon, President of the Royal College of Paediatrics and Child Health



When adequately resourced, HVs can reduce pressure on A&E and primary care through:

## Universal:

- **↑ Parental confidence in self-management/ when to seek help with 'anticipatory guidance' on:**
  - Managing minor conditions that do not require hospital treatment (e.g., infant crying, feeding issues, minor skin rashes, coughs and colds – with safety netting advice)
  - Prevention messages and schemes to ↓ accidents, ↑ immunisation uptake and oral health
- **↑ Access to HVs:** Drop in HV clinics in the community – seeing babies/ children in-person; Advanced Nurse Practitioner HV roles with nurse prescribing could support this
- **Using technologies:** like Chat Health, Healthier Together and HV advice lines to ensure families have easy access to consistent evidence-based advice (with safety-netting).

## Targeted:

- **Enhanced HV support for groups that are high users of A&E** – e.g. first-time parents, babies discharged from Neonatal Unit (NNU), SEND, asylum seekers etc...

Reinstate hospital liaison HV posts to improve communication between hospitals and the community and support targeted follow-up.

# Public health role in reducing A&E attendances: improving parental health literacy with safety-netting advice

- More research on the impact of community and primary care provision on A&E attendance is needed
- One study showed that when parents received consistent, explicit safety-netting advice from a health professional they felt more confident and were less likely to re-attend A&E\*

(Health visitors were trained on web-based resources with a “traffic light” system of red, amber, green guidance on symptoms of common conditions, with safety-netting advice)

*“The nurses they come to the house and do a check-up on the baby.... They gave [Healthier Together resources] to me... they explained how... Like if there’s something wrong to go straightaway to the red - but if not, that one, this section, to stay at home and just ring the doctors...It made me feel better because I was scared because it’s my first baby...”*

\*Lees A, Tapson K. & Patel S. (2018) A qualitative evaluation of parents’ experiences of health literacy information about common childhood conditions. SelfCare 2018;9(1):1-15

## When should you worry?



RED

### If your child has any of the following:

- Is under 3 months of age with a temperature more than 38°C or under 36°C (unless fever in the 48 hours following vaccinations and no other red or amber features)
- Breathing very fast, too breathless to talk, eat or drink
- Working hard to breathe, **drawing in of the muscles below the ribs**, or noisy breathing (stridor)

### You need urgent help.

Go to the nearest Hospital Emergency (A&E) Department or phone 999



AMBER

### If your child has any of the following:

- Is 3-6 months old with a temperature 39°C or above (unless fever in the 48 hours following vaccinations and no other red or amber features)
- Temperature of 38°C or above for more than 5 days or shivering with fever (rigors)
- Temperature less than 36°C in those over 3 months
- Breathing a bit faster than normal or working a bit harder to breathe

### You need to contact a doctor or nurse today.

Please ring your GP surgery or call NHS 111 - dial 111

If symptoms persist for 4 hours or more and you have not been able to speak to either a member of staff from your GP practice or to NHS 111 staff, recheck that your child has not developed any red features



GREEN

### If none of the above features are present

- Watch them closely for any change and look out for any red or amber symptoms
- If your child has any other symptoms associated with their fever, you may want to look at the information on **sore throat, cough, earache, diarrhoea and vomiting or tummy ache or our other pathways**
- Additional advice is also available to young families for coping with crying of well babies – [click here](#)
- If your child has a long term condition or disability and you are worried please contact your regular team or follow any plans that they have given you

### Self care

Continue providing your child’s care at home. If you are still concerned about your child, speak to your **health visitor, local pharmacist** or call NHS 111– dial 111. Keep monitoring your child for red and amber features and seek help if they develop

Children and young people who are unwell and have a high temperature should stay at home. They can go back to school, college or childcare when they no longer have a high temperature, and they are well enough to attend.

# Public health resources to support your practice

## Resources to support families:

- [Resources to support practitioners in respiratory illnesses when working with families.](#)
  - Resources to support practitioners – RSV Vaccination Programme (including films)
- [Healthier Together](#) - Red, Amber, Green (RAG) rating, with safety-netting advice on when to seek medical advice. And information from different health care professionals, including health visitors.
- [iHV Top Tips for parents](#)
  - Minor Illness and Reducing Accidents



## Resources to support professionals:

- [Webinars-and-podcasts-respiratory-illness](#)
- [E-learning-respiratory-illness](#)
- [iHV Good Practice Points](#)
  - Managing Minor Illness and Reducing Accidents
- [iHV A&E report](#)
- [iHV Film: Can you see my baby? Health visitors prevent emergencies](#)








**Resources to support practitioners in Respiratory Illnesses when working with families**

**Healthier Together**  
iHV Institute of Health Visiting  
Excellence in Practice

The resources mentioned throughout this document have been selected following a robust quality assurance process involving the iHV, professionals, subject experts, and parents/carers. These specific resources or sections of resources have been recognised as being useful to parents/carers and practitioners. Inclusion doesn't signify endorsement by the iHV but aims to highlight specific resources which may be of benefit to some families and/or professionals.

This resource is structured by topic, and the resources on specific conditions are listed alphabetically within each section. We are aware that some may be unaware of a specific organisation or website, therefore we have included a glossary of organisations listed alphabetically with a brief description of the focus, aim and link to their main website.

 Accessing Health Care <a href="#">Click to view</a>	 Managing Minor Illnesses <a href="#">Click to view</a>	 Respiratory Illnesses <a href="#">Click to view</a>	 Background Reading, Policies and Guidance <a href="#">Click to view</a>	 Glossary of Organisations <a href="#">Click to view</a>
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Respiratory Illnesses - A-Z of resources

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# Next speaker



## Kate Walters

Divisional Director of Nursing & AHP's, Children & Family Services and CAMHS

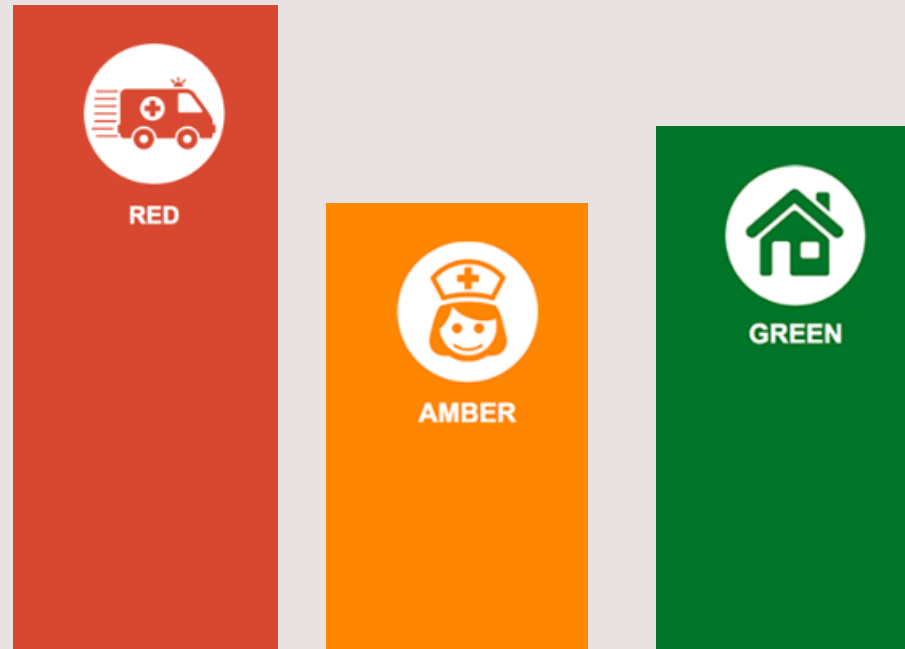


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# SUPPORTING AND IMPROVING PARENTAL CONFIDENCE IN MANAGING MINOR ILLNESS AND SAFETY NETTING ADVICE FOR FAMILIES



Picture credits: [Healthier Together Website](#)

## CONTEXT:

Nearly 2.6 million children aged 0–4 years attend ED every year, with increasing rates by 42% in the last 10 years

Compared to all other age groups, babies under one have the highest rate of ED attendance

Number of children who attend the ED and do not require investigations, treatment or hospital admission is increasing nationally

# HEALTH VISITING:

High Impact Area - Improving Health literacy, managing minor illnesses and reducing accidents

Mandated contacts

Signposting and the use of digital resources

Accessibility

Leading the Healthy Child Programme

IN HAMPSHIRE

HIA lead

Training

Data

Digital

Pathways

Accessibility

# DATA - PROACTIVE SEARCHING FOR HEALTH NEEDS

Alerts / Care Plans						
CIN	CPP	LAC	Specialist Response	Targeted Response	Teenage Parent	Child Care Plan
✓					✓	✓

Family & Child Assessment		ASQ-3			
Child Level Developmental Needs		Child Level Parenting Capacity		Child Level ASQ-3 Score	
Behavioural Concerns		Parent Health Impact On Child	✓	Communication Score	30
Child Chronic Conditions		Parent In Prison		Fine Motor Score	50
Communication Concerns		Parenting Capacity Concerns	✓	Gross Motor Score	20
Social Needs Concerns		Parents Chronic Conditions		Personal Social Score	50
Social Presentation Concerns		Substance Misuse	✓	Problem Solving Score	40
		Violence Concerns	✓	ASQ:SE 2	10.00
Child Level Family & Environmental Factors		Latest ASQ Assessment Date			
Financial Concerns		13/04/2023 13:20:00			
Healthy Start Scheme	✓	Immunisation Programme			
Housing Issues		Primary Immunisation Part 1	Primary Immunisation Part 2		
Interpreter Required		✓	✓		
		Primary Immunisation Part 3	Child Level Pre School Status Pt3		
		✓	✓		

**Parent  
Information  
Portal**



*Today's Health. Tomorrow's Future*

**Hampshire  
Healthy  
Families**



*Today's Health. Tomorrow's Future*



**ChatHealth**

DIGITAL

## For all things health and families in Hampshire

### Hampshire Healthy Families

*Today's Health, Tomorrow's Future*

Find out about activities and events happening near you and our range of workshops for parents and carers.



### School Age Immunisations

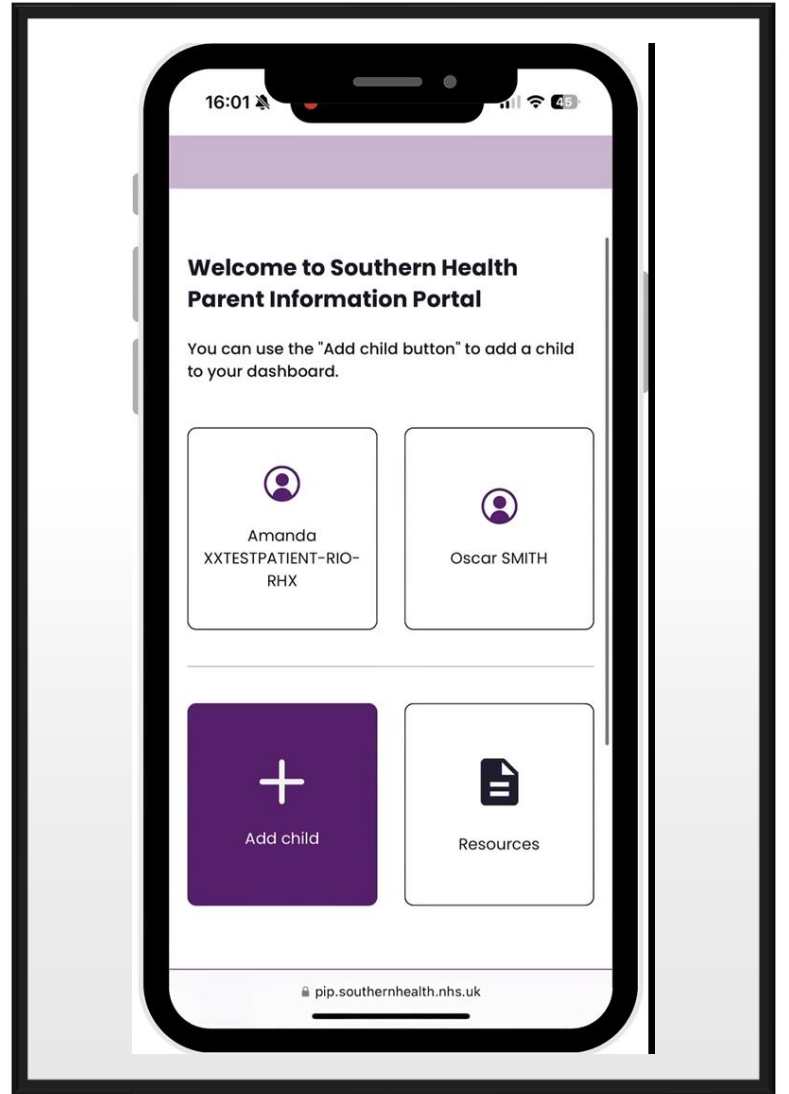
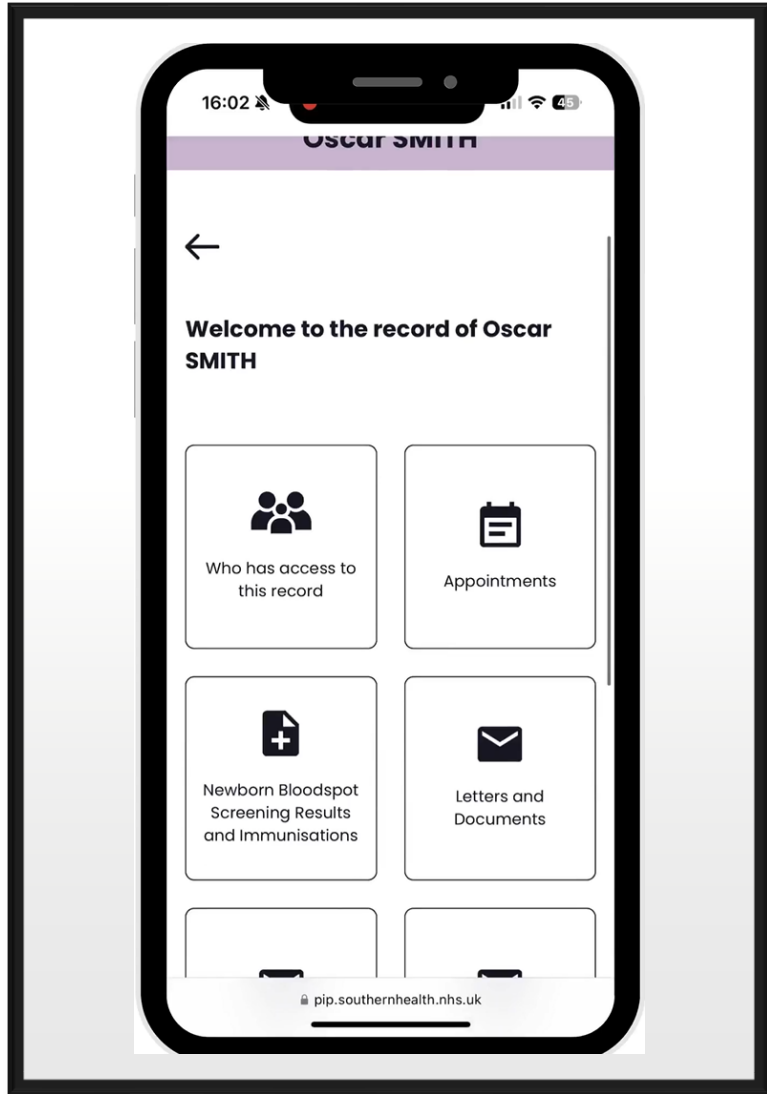
Immunisation information for school-aged children and access to the e-consent form.



### Healthier Together

Improving the health of children and young people

Clear information on common childhood illnesses, including advice on what 'red-flag' signs to look out for, where to seek help if required, what you should do to keep your child comfortable and how long your child's symptoms are likely to last.



# OTHER AREAS OF FOCUS



Community offer with Barnardo's



3-4 month public health awareness contact



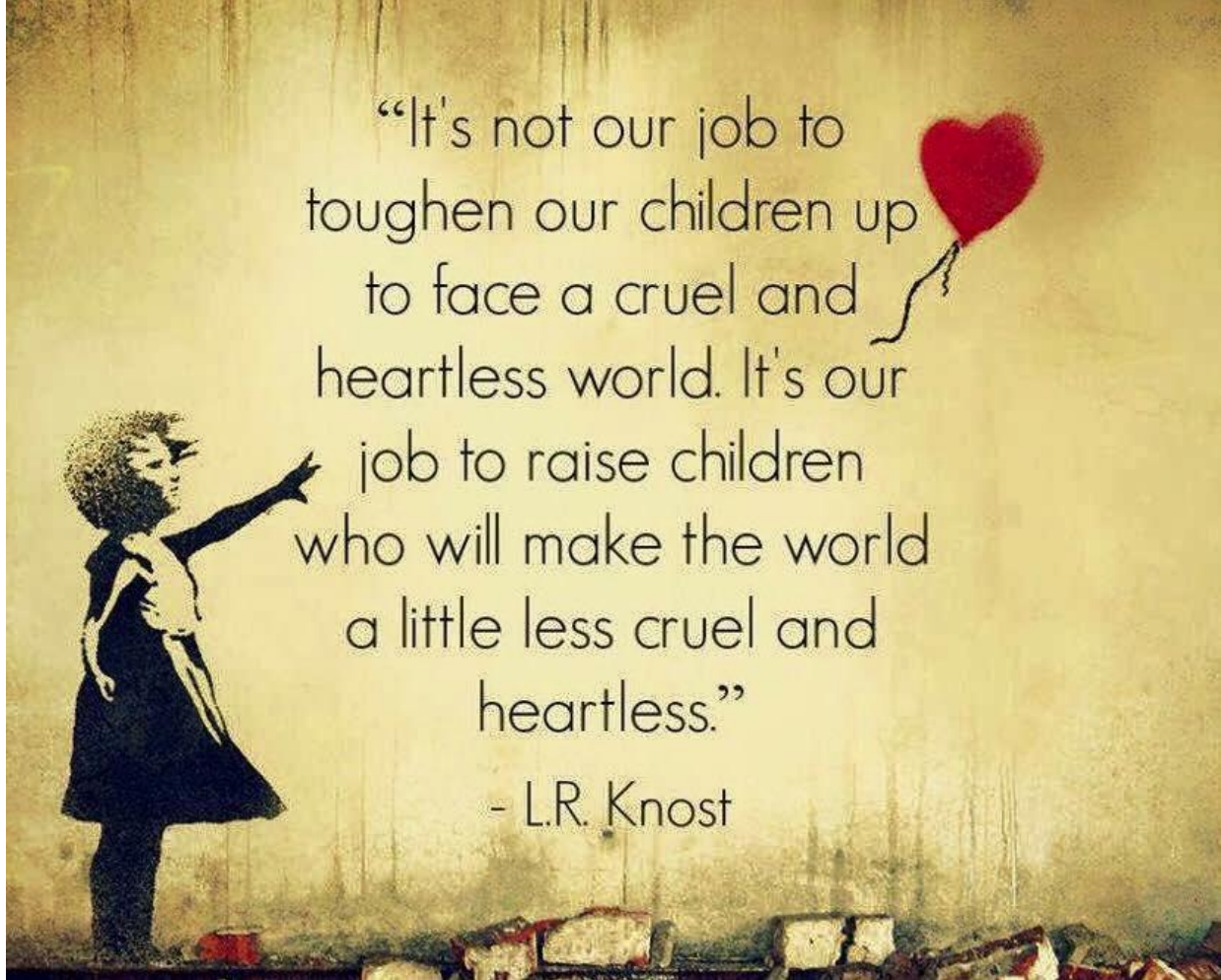
Follow up A&E attendance



Primary Care liaison



Integration and partnership working



“It's not our job to  
toughen our children up  
to face a cruel and  
heartless world. It's our  
job to raise children  
who will make the world  
a little less cruel and  
heartless.”

- L.R. Knost



**We will aim to answer as many questions as possible during the live session.**

Use the Zoom Q&A function

- **Name of presenter** you would like to answer your question
- Brief **question**
- **Your name** (if you wish to do so)

# Over to you!



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- Submit your anonymised responses to the poll
- What more can we do to support you in your practice?
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# Thank you so much for joining us



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Watch #ShapingUs - The Princess of Wales spotlights the vital role of Health Visitors



## Continue your CPD!

After this event you will be able to access the following resources on the iHV website:

- A recording of this live session (no recording on other devices is allowed)
- This slide set
- Links and background reading
- A link to download a Record of Attendance & reflection template

Log in at [www.ihv.org.uk](http://www.ihv.org.uk) and head to the Insights page

#iHVInsights

Public Health role in reducing A&E attendances

# Future iHV Member Benefit Event Dates



TOPIC	DATE
Tools to support conversations with families – applying the Family Partnership Model	30 January 2025
SCPHN Student Health Visitors Networking Event	13 February 2025
Specialist Health Visitors in Perinatal and Infant Mental Health Special Interest Group	18 February 2025

All future dates can be found at:  
[bit.ly/4enHn2H](https://bit.ly/4enHn2H)



**Join us again!**



**Bruising in Non-Mobile Infants - Accidental,  
Medical or Non-Accidental?**

**20 February 2025 at 3:30pm**

**#iHVInsights**

[www.ihv.org.uk](http://www.ihv.org.uk)



Thursday 8 May 2025



Manchester | King's House Conference Centre



# Healthier Beginnings



iHV Evidence-based Practice Conference



Hybrid Conference