

The Highland Council
Education, Children and Adult Services Committee
18 May 2016

Agenda Item	10.
Report No	ECAS 35/16

Update on the Implementation of the Refreshed Universal Pathway for Health Visiting

Report by Director of Care and Learning

Summary

The revised Universal Pathway for Health Visiting was published in October 2015. Since then, Health Boards have been working with the Scottish Government to compile their plans for implementation. This report updates members on the current progress within Highland Council, as Health Visitors begin to deliver the enhanced home visiting programme.

1. Background

- 1.1 The future focus of health visiting services was set out in a Chief Executive's Letter (CEL13) released on 28 June 2013. A Children, Young People and Families Nursing Advisory Group was established under the Chief Nurse's Office, with the key area of service being the review of health visitor universal contacts for families with pre-school children.
- 1.2 There was a recognition that the previous guidance in 2005 (*Health for All Children 4: Guidance on Implementation in Scotland*) had reduced the number of routine Health Visitor contacts and led to a loss of the previous relationships that Health Visitors had with the families on their caseloads. This current review has resulted in a new universal pathway for health visiting, with routine contacts increasing from 5 to 11 in the first 5 years of a child's life (attached as **Appendix 1**). The rationale is to promote a therapeutic relationship between the family and their Health Visitor, allow an environment where any additional needs are identified early, and to promote strength-based interventions in a timely manner. The full document is available at <http://www.gov.scot/Publications/2015/10/9697/0>
- 1.3 This new pathway, together with the introduction in statute of the named person service, has provided a reinvigorated Health Visitor service where the knowledge and skill of Health Visitors are recognised and applied for the benefit of young children. In Highland the unique development of Health Visitor services within integrated Family Teams adds to the range of interventions readily available to families and allows an effective child planning process.

2. Implementation

- 2.1 The NHS Highland Health Visiting Implementation Steering Group has the corporate oversight of this development work, and is chaired by Pat Tyrrell, Deputy Director of Nursing and Midwifery. A Highland Council Health Visitor Operational Implementation Group has been convened and is currently meeting on a monthly basis to ensure effective implementation of the Universal Pathway within Highland Council. It has a wide membership including third sector representation.

- 2.2 It was agreed nationally that the new pathway would be introduced incrementally for babies born to women who have had their initial antenatal booking appointment since October 2015. For local Family Teams, this will mean that the first babies to benefit from the pathway are currently being born.
- 2.3 The work of the implementation groups has focussed on 3 main areas: workforce planning, care planning, and education and training.
- 2.4 Workforce planning has been agreed in line with the national caseload weighting tool, and the additional Scottish government funding being made available over this and the next 2 financial years to provide an additional 13.75FTE posts, and take the Highland Health Visitor capacity to 62.6 FTE posts. An additional 5.8 FTE posts have been created in 2015/16 financial year, taking the current number of posts to 54.4FTE, and a further 4.5 posts will be created in this current year.
- 2.5 The care planning work is being undertaken by sub-groups. The antenatal group has already completed its work. The second group, looking at the content of the contacts in the first 2 months, is about to report. A third group is looking at the implementation and training requirements of the nationally agreed assessment tool (Ages & Stages). It is hoped that, in the absence of a nationally agreed HV recording system, the current Highland documentation which was developed by local Health Visitors in 2011, will require minimal alteration to its format.
- 2.6 The Health Visitor training programme is being delivered by the University of Stirling, and the 2015 cohort of trainees have now completed and taken up posts as qualified Health Visitors. A further 8 trainees are currently undertaking the programme, due to complete in December 2016. The establishment has been further increased with the successful appointment of 2 qualified Health Visitors from outwith Highland.
- 2.7 Nationally funded professional development sessions are being arranged for every qualified Health Visitor in Scotland. For Highland Council, this is being run by University of Stirling. There have been 3 cohorts of the development sessions running between April and May with the final cohort finishing in mid-May. This development is mandatory for all qualified staff.

3. Delivery of the new pathway

- 3.1 Although the Health Visitor establishment within Highland Council has already been increased, the level of trainee posts continues to create capacity issues for some teams. This situation is replicated across most NHS Boards, with some Boards having to delay the implementation of the new pathway until the end of 2016.
- 3.2 In Highland Council, we have agreed with the Scottish Government that we will implement the new pathway from May, while recognising that some teams may need to be flexible with the number of visits that are delivered in the home, and that in certain circumstances, where professional judgement suggests that it is appropriate, some contacts may need to be delivered in a clinic setting or by using telecare. (There is currently discussion centrally about the Health Visitor use of telemedicine in rural and island areas.) As with the previous Health Visitors service, Family Teams will be asked to report any capacity exceptions to senior management, together with an action plan.

- 3.3 It is envisaged that when Health Visitor numbers reach the agreed levels in 2018, as indicated by the caseload weighting tool, the new pathway will be fully implemented as per the national guidance.

4. Implications

- 4.1 **Resources:** The additional capacity required to deliver this pathway has been partly funded through Highland Council's preventative spend and partly from additional recurring resource from the Scottish Government
- 4.2 **Equalities:** As this is an enhanced universal pathway, it provides an enhanced service to all families. By increasing the contact for all families where additional needs are identified, families will be offered additional support at an earlier opportunity.
- 4.3 **Climate Change/Carbon Clever:** Additional home visiting may lead to additional travelling requirements. Health Visitors will be asked to plan their visiting to keep travelling to a minimum.
- 4.4 **Rural:** It is hoped that through working with other island and rural Boards, innovative use of telecare will enable an equally effective universal health visiting service.
- 4.5 There are no legal, risk or Gaelic implications arising from this report.

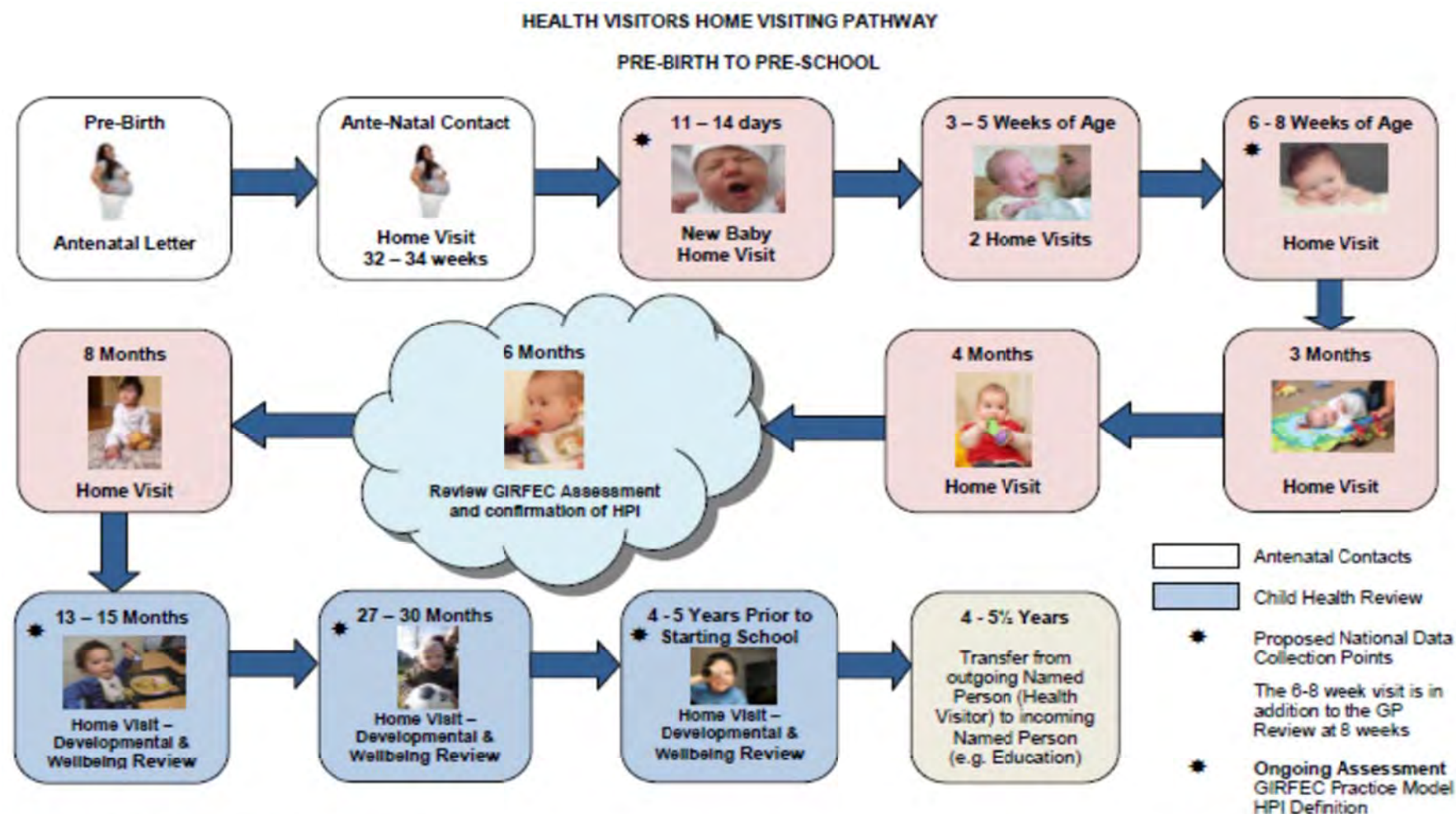
5. Recommendation

- 5.1 Members are asked to consider and comment on the implementation of the enhanced health visiting pathway.

Designation: Director of Care and Learning

Date: 9 May 2016

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**Health Plan Indicator Definition**

An additional HPI indicates that the child (and/or their carer) requires sustained (>3 months) additional input from professional services to help the child attain their health or development potential. Any services may be required such as additional HV support, parenting support, enhanced early learning and childcare, specialist medical input, etc.