

Midlothian Integration Joint Board



Thursday 29th March 2018

Health Visiting Services in Midlothian

Item number: 5.8

Executive summary

This report sets out the actions taken to address the key pressures within the health visiting service in Midlothian HSCP. In February 2016 we reported the significant vacancies we were experiencing and the risks this presented for our children and families. The report outlines the actions taken in order to mitigate these risks and gives an account of the current situation within Midlothian HSCP health visiting service.

Board members are asked to:

- **Note the position of Midlothian health visiting services in 2015.**
 - **Note the actions taken to ensure a safe and effective health visiting service.**
 - **Note the current position within Midlothian health visiting service and note the need for ongoing collaboration across Lothian.**
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Report

Health Visiting Services in Midlothian

1 Purpose

- 1.1 This report sets out the current position of the health visiting service in Midlothian HSCP, and details some of the actions taken to ensure the delivery of a safe and effective health visiting service within Lothian.

2 Recommendations

- 2.1 Note the position of Midlothian HSCP health visiting services in 2015.
- 2.2 Note the actions taken to ensure a safe and effective health visiting service.
- 2.3 Note the current position within Midlothian HSCP health visiting services.
- 2.4 Note the need for ongoing collaboration across Lothian.

3 Background and main report

- 3.1 In October 2015 the Health Visitor staffing position in Midlothian HSCP was escalated to the Executive Nurse Director as a significant concern. Low numbers of qualified Health Visitors in Midlothian had occurred as a result of a number of factors including: Age profile of the Health Visitors and many reaching retirement; National shortage of qualified Health Visitors; Inability to maintain a consistent Team Manager; A culture resulting in student Health Visitors choosing to work elsewhere in Lothian; High vacancy rates impacting on remaining staff; A very challenging workload.
- 3.2 The staffing position led to an exacerbation of sickness levels, which in turn added to an already unsustainable situation.
- 3.3 It is important to note that although there were significant pressures in Midlothian, there were also staffing pressures to varying degrees across Lothian.
- 3.4 In December 2015 the health visiting vacancy rate across Lothian was 19%, but in Midlothian was 44%.
- 3.5 Key risks were recorded on the NHS Lothian Risk Register and on the Health and Social Care Partnership's Risk Register. The main risks identified an unsustainable workload for existing staff and the potential for a sub-optimal service for children and families, particularly those who are vulnerable.

- 3.6 Immediate actions were taken to mitigate the identified risks. These included:
- Risk assessment of cases and workload and redistribution of existing staff according to identified need.
 - Existing and recently retired staff offered additional hours.
 - Utilisation of NHS Lothian Staff Bank
 - Recruitment of additional skill mix team members, admin and clinical.
 - Staffing and management support from Edinburgh and East Lothian.
 - Recruitment of 3 Family Support Workers from Midlothian Council.
 - Support from specialist roles across Lothian – Child Protection Advisors, Looked After Children Nurses and Midwifery services.
 - Appointment of an additional Team Manager.
- 3.7 In recognising the wider issues facing the service across Lothian a corporate approach was agreed and a steering group of Chief Nurses and Managers was brought together and a weekly telephone huddle was put in place. The Associate Director and Child Health Commissioner had a strategic role in relation to this group to ensure a co-ordinated approach across Lothian.
- 3.8 The approach across Lothian has seen further corporate actions put in place. These have included:
- A national recruitment campaign, advertising through a range of media.
 - Funding of additional training places for Lothian
 - The establishment of a generic recruitment process within Lothian whereby newly appointed staff are allocated to posts within areas of highest need.
 - Application of the national Health Visiting Caseload Weighting Tool to establish appropriate numbers of Health Visitors across all areas of Lothian while ensuring equitable services.
- 3.9 Within Midlothian the Chief Nurse has led the team to overcome some of the cultural difficulties and create an environment where staff feel valued and supported. This has resulted in Midlothian regaining its reputation as a rewarding and enjoyable place for Health Visitors to work.
- 3.10 As part of the Getting it Right for Every Child agenda (GIRFEC) health visiting services are moving to a new universal pathway providing an equitable service for all children in Scotland. The original funded establishment for health visiting in Midlothian was 15.92 wte but with the Scottish Government funding allocated to this agenda, the Midlothian health visiting funded establishment will increase to 26.73 wte by 2020.
- 3.11 The current health visiting staffing levels in Midlothian are 20.04 wte which is 26% above the old establishment figures. This is a considerable improvement from the 44% vacancy rate reported in December 2015. Recognising the levels of need in Midlothian, in addition to the vacancy rates, additional new staffing was allocated in January 2018. Staffing numbers will continue to increase until the new funded establishment is reached.

- 3.12 The Universal Pathway for health visiting services is being implemented in line with the NHS Lothian agreed phased programme. The implementation started for all pregnancies booked with the midwifery services in October 2016, with babies due to be born in May 2017. The full pathway will be implemented by 2020 in line with the increasing Health Visitor numbers.
- 3.13 Team Managers are now focussing on support and mentorship for the many newly qualified Health Visitors. Also on systems and processes to ensure quality of service provision.
- 3.14 Midlothian HSCP has employed a GIRFEC administrator in anticipation of the Scottish Government's implementation of Children & Young People's Act and GIRFEC. This post has supported the Health Visitors if there are wellbeing concerns about a child. The administrator arranges multi agency meetings and takes a minute of these which aids a co-ordinated approach to the formation of an action plan for these children and their families.
- 3.15 The health visiting service remains vulnerable to staff absence, movement and retirements. For this reason it is essential we continue with a Lothian-wide corporate approach to the service in terms of recruitment and allocation of new Health Visitors

4 Policy Implications

- 4.1 The Health Visiting Service has a central role to play in the implementation of the Children and Young People (Scotland) Act, Named Person and Child Planning requirements. The ongoing recruitment of additional Health Visitors is crucial to this agenda.

5 Equalities Implications

- 5.1 There is no identified need for an Equality Impact Assessment for this report. It is worth noting that the Health Visiting Service supports primary care and local authorities in reducing inequalities, particularly for vulnerable children and their families.

6 Resource Implications

- 6.1 As part of the wider work around GIRFEC, the Scottish Government made funding available to train an additional 500 Health Visitors in Scotland, in line with their commitment to recruit an additional 500 Health Visitors. We have started to recruit our allocation of Health Visitors within Midlothian and necessary funding is being made available locally as this recruitment takes place.

7 Risk

- 7.1 Some risk still exists due to the vulnerabilities of the services across Lothian. This includes risk of absence, movement and retirements. This continues to be managed locally by the Chief Nurse and Team Managers, with a corporate approach across NHS Lothian. In addition there continues to be close liaison with social work colleagues to ensure appropriate support is in place.

8 Involving people

- 8.1 There is ongoing engagement with health visiting teams, social work and General Practice around the pressures within the health visiting service, both locally and across Lothian.

9 Background Papers

- 9.1 None

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