

NORTH YORKSHIRE COUNTY COUNCIL**YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE****18th February 2011****Covering Report****Scrutiny Review of Health Visiting and School Nursing Service****in North Yorkshire****1.0 Purpose of Report**

- 1.1 To provide the Committee with a progress report on the work of the Task Group attached at Annex A.

2.0 Recommendation

- 2.1 Members of the Committee are asked to note and comment on the contents of the Task Group's Interim Report attached at Annex A

3.0 Background

- 3.1 The Aim of this review is to obtain a clear picture of the current service being commissioned and delivered; was it meeting the needs of local families; the equity of that service across North Yorkshire; an understanding of what future provision, performance and governance arrangements will look like.
- 3.2 Recent facts and figures have suggested that North Yorkshire has seen the biggest decrease in the number of health visitors in the Yorkshire and Humber SHA, with a loss of some 67 specialist practitioner health visitors over a five year period. School Nursing has faced similar reductions. These have led to rising concerns around the health visiting and school nursing capacity across North Yorkshire.
- 3.3 Health Visiting Services are currently provided by NHS North Yorkshire & York Community and Mental Health Services in all localities of North Yorkshire. School Nursing is provided in three localities with the exception of Selby which is currently provided by York Teaching Hospital NHS Foundation Trust.
- 3.4 The Task Group's approach has been to hold a number of consultation meetings with expert witnesses to better understand the range and complexity of the services being delivered to local families in North Yorkshire and the financial challenges being faced.
- 3.5 Their findings to date are set out in the Interim Report attached at Annex A.

4.0 **Recommendations**

- 4.1 Members of the Committee are asked to note and comment on the Task Group's Interim Report attached at Annex A.

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Background Documents: None

Annexes: Annex A

YOUNG PEOPLE OVERVIEW & SCRUTINY COMMITTEE

INTERIM REPORT OF THE TASK GROUP

IN DEPTH SCRUTINY REVIEW

HEALTH VISITING AND SCHOOL NURSING SERVICE IN NORTH YORKSHIRE

18TH FEBRUARY 2011

BACKGROUND

The range of complex services required to support children and families today calls for well trained and competent professionals who focus their skills and expertise on where they can make the greatest impact: in early intervention with children and families.

National concerns over capacity issues in relation to health visitors (HVs) have seen numbers drop by 10 per cent in the last three years; case-loads significantly higher than the recommended 300 families or 400 children; 40 per cent of health visitors handling case-loads of over 500 children and 20 percent over 1000 children, and 62 per cent of health visitors saying that they no longer have the resources to respond to the needs of the most vulnerable children. (CPHVA *Community Practitioner and Health Visitor Association* Omnibus Survey 2008)

The Coalition Governments' plan is for a 4,200 increase in HVs nationally by 2015 which will more than likely be driven centrally. Ministers see HVs as a 'trusted brand' in terms of provision of family support and advice at a critical point (ie pre birth and with young children).

North Yorkshire has seen the biggest decrease in the number of health visitors in Yorkshire and Humber SHA, with a loss of some 67 specialist practitioner health visitors over a five year period. In 2008 there was a reduction of 17 health visitors in one year. The School Nurse Service has faced similar reductions.

Health Visiting Services are currently provided by NHS North Yorkshire & York PCT, Community and Mental Health Services across all four localities of North Yorkshire. School Nursing provision is provided in three localities with the exception of Selby which is currently provided by York Teaching Hospital NHS Foundation Trust.

In August 2009 NHS North Yorkshire & York Community and Mental Health Services undertook an Initial Review of Health Visiting Capacity to identify the challenges and risks associated with the commissioned model of Health Visiting Services at that time.

Work of the Task Group:

09 November 2010 - Task Group Panel Meeting

An initial consultation meeting with the General Manager, Community & Mental Health Service and Assistant Director Commissioner NHS North Yorkshire & York PCT in response to a pre-disclosed number of questions in relation to health visitor and school nurse service.

Definition:

- A health visitor is a qualified and registered nurse or midwife specially trained (health visiting course is a BSc Hons/postgraduate diploma course and once completed HV's register on the Specialist Community Public Health Nursing (SCPHN) part of the register) to assess the health needs of individuals, families and the wider community.
- School nurses are qualified and registered nurses trained (not required to hold the SCPHN) to provide a variety of services such as health and sex education within schools, carry out developmental screening, undertake health interviews and administer immunisation programmes.
- Assistant Practitioners - Assistant practitioners work in a range of locations, including community settings (such as clinics, patients' own homes, G.P. surgeries. For some posts, assistant practitioners may need an NVQ III qualification and care experience – for others they may need a BTEC higher diploma or foundation degree in a subject relevant to their area of work (e.g. science or health and social care).

HVs and SNs have to undertake statutory and mandatory training at specified intervals and levels including safeguarding children, safeguarding adults, control of infection, resuscitation and vaccination and immunisation updates.

Current level of service:

Since 2005 health visitor whole time equivalents have reduced from 155 to 88 as of 31st July 2009.

Headcount of Health Visitors – July 2009	Whole time equivalents (wte)
131 (33 work with school aged children)	88 (18.36 work with school aged children)

This is a reduction of 67 wte in the last five years.

Headcount of Health Visitors – October 2010	Whole time equivalents (wte)
126 ?? work with school aged children	?? ?? work with school aged children

The table below demonstrates the changes made to include a non specialist workforce profile:

	March 2008	August 2009
Assistant Practitioners/Staff Nurses	24.68	32.59
Administrative support	8.14	19.36

Health visitors and school nurses are based in a variety of settings such as Childrens Centres, Community Clinics and GP surgeries and at Whitby the Community Hospital. They are managed within teams on a locality basis. Workforce plans are

linked to local population indices of multiple deprivation scores and specify the number and skill mix within each team. Although HV is a universal service, services are targeted at children and families with the greatest need, capacity is monitored on a regular basis, and additional resources allocated where risks have been identified.

The current service is funded based on a service description

0-19 Children's Teams

In a move to maximise resources and improve team working a new model of 0-19 Teams is being introduced across the three localities that have both Health Visiting and School Nursing provided by the PCT.

Earlier analysis of the 0-19 population showed that there are significantly more children in the 5-19 age groups than in the 0-5 age group (41,000:138,900). The highest proportions of staff in NY are health visitors, with significantly less school nurses. Traditionally HVs cease support to families after age 5, formally transferring care to the school nursing service. This model of service has become increasingly unmanageable.

In 2006 the integration of Health Visitors and School Nurses into a 'Corporate Team' where workload was distributed appropriately by skill type and level was piloted/introduced in one locality where the school nursing resource was so low that alternatives had to be considered. Health Visitors supported the Primary School aged children ensuring nurses with Specialist School Nursing skills could spend time with secondary school aged pupils who are increasingly exhibiting more complex difficulties.

This new model of working is being introduced across three localities but has met with resistance and challenge from staff and stakeholders and has required significant levels of consultation, explanation and review.

Health Visitor Caseloads

Current caseloads in North Yorkshire are between 300-800 but there would appear to be no national guidance other than the CPHVA Union suggestion and King's Fund suggestion of approximately 300 families or 400 children.

However on closer examination HVs who have a 700+ caseload are dealing in the main with low need families who require relatively moderate levels of support and advice, whereas HVs with caseloads of 300+ have families with high needs who require significant specialist support.

Review of Health Visiting Capacity August 2009

This Review was undertaken by the NY & Y PCT as a result of an increasing body of evidence and concerns regarding the depleting numbers and caseload size of HVs in North Yorkshire. The *Review of Health Visiting Capacity* paper was produced in collaboration between Commissioners and Providers of Health Visiting Services in North Yorkshire and York. The purpose of the report was to identify the challenges and risks associated with the current commissioned model of Health Visiting Services. It describes the existing structure, model and resource in August 2009 deployed to delivering universal services and targeted services to pre-school children and their families and went on to explain the risks and challenges facing the service

at that time. It also describes the actions taken by Community and Mental Health Services to manage and reduce risk.

Following the completion of the Review of Health Visiting Capacity, a paper was taken to, and supported by, the NHS North Yorkshire and York Integrated Commissioning Executive Committee in October 2009 which proposed that immediate action regarding the Health Visiting service should be taken whilst a longer term review of the universal 0-19 pathway was undertaken.

This resulted in additional investment of £370,000.

Due to the wealth of information gained from the caseload and service review and following a workshop with commissioners, senior manager team leaders and team representatives the new investment was allocated as follows:

Team	WTE	Band	HV or SN
Scarborough Coast	1.60	6	HV
Scarborough Central	0.40	6	HV
York NE	0.20	4	AP
Selby/ Sherburn/Tad	0.70	4	AP
	0.50	6	HV
York West	0.20	4	AP
York SE	0.20	4	AP
Richmondshire	2.50	6	HV
Hambleton	1.30	6	SN
Harrogate	0.40	6	HV
Rural	0.80	6	SN

Key:

AP = Assistant Practitioner

HV = Health Visitor

SN = School Nurse

Joint Inspection September 2009

The joint inspection by Ofsted and the Care Quality Commission (CQC) was carried out in September 2009 and one of the recommendations for improvement from the Ofsted and CQC report included implementing the findings of the Review of the Health Visitor capacity in order to ensure that there is appropriate provision for effective safeguarding of children.

1st December 2010 - Consultation Meeting Corporate Director Children & Young Peoples Service

General discussion took place on the good partnership working between CYPS, the Childrens Trust and the PCT with detail being provided on the separate commissioner and provider arms of the PCT.

Key points:

- Provider side of the PCT understand what they have got to do and manage risk down
- Commissioners - financial challenges facing the PCT meant that control on budgets tightened.
- Transferring Community Services - Under the new arrangements there will be one provider for Universal Children's Services (Health Visiting and School Nursing) from April 2011 - Harrogate and District NHS Foundation Trust.

CYPS are committed to working with the Foundation Trust and regularly meetings with the Chief Nurse are already happening.

Next Steps

Visit to a Children's Centre to meet with parents / user of the Health Visiting Service arranged for 1st February.

Focus Group Meeting with Health professionals arranged for 10th February

It is expected that the Task Group Meeting will arrange a second meeting with NHS North Yorkshire & York PCT to pick up on any areas requiring further detail or explanation and to follow up on the implementation of the Review of Health Visiting Capacity carried out in August 2009 and the transferring community services to Harrogate and District NHS Foundation Trust.

Cllr Andrew Backhouse
Chairman of the Task Group

February 2011

Draft