

SCOTTISH CONSERVATIVE PARTY DEBATE: EDUCATION 8 JUNE 2016

Royal College of Nursing

The Royal College of Nursing (RCN) is the world's largest professional organisation and trade union for nursing staff, with members in the NHS, independent and third sectors. RCN Scotland promotes patient and nursing interests by campaigning on issues that affect members, shaping national health policies, representing members on practice and employment issues and providing members with learning and development opportunities. With around 40,000 members in Scotland, the RCN is the voice of nursing.

RCN position

The RCN fully supports the principle of the Named Person, which will promote, support and safeguard the wellbeing of children and young people in Scotland.

The RCN also supports health visitors being the Named Person for pre-school children. The knowledge, skills and relationship health visitors have with families mean that they are best placed to be the Named Person, providing that they are properly resourced and supported to fulfil this role.

Background

The Named Person was established through the widely-supported Getting it Right for Every Child (GIRFEC) approach. The Named Person is important in monitoring an individual child's progress within their family, linking with relevant services which can help them and focusing on early intervention where it is needed. Children and their families should have a right to receive care and support they need as set out by the GIRFEC approach.

Health visitors have a unique role in supporting and assessing the development of all children in the early years and in ensuring they are referred to specialist colleagues in a timely way. They are the professional that provides consistent input across all children in the early years.

Health visitor capacity

Health visitors need to be resourced and supported to do the role of the Named Person.

The RCN has consistently raised concerns about the capacity of the health visiting workforce to implement the Named Person, replacing the high number of health visitors retiring or nearing retirement, as well as implementing the new health visiting pathway. The roll out of the Family Nurse Partnership nurses may have a further impact on the health visiting workforce.

This is why the RCN's manifesto for 2016, Nursing Scotland's Future, called for a government-led workforce and skills impact assessment to be carried out each time a new health or social care policy is proposed.

The new health visiting pathway from pre-birth to pre-school was published in October 2015, following a review of health visiting by the Scottish Government. It offers a consistent core home visiting programme to all families by health visitors which consists of 11 home visits to all families - 8 within the first year of life and 3 child health reviews between 13 months and 4-5 years.

The Scottish Government's £40 million funding for an additional 500 health visitors (to be trained by 2018) is welcome. But the phased approach to their introduction into the workforce means that it will take time for health boards to be at full capacity.

The funding allocated to health boards was calculated based on the short fall of health visitors identified in each area. This funding must be used only to train additional health visitors. It must not be subjected to efficiency savings.

The RCN appreciates that health boards are working hard to negotiate this transition period, but some are struggling to recruit enough health visitors for the demand now. The RCN is aware that some boards are looking at changing how their health visiting teams operate to juggle workload with available staff. But the role of the qualified health visitor, providing a universal service, is key to turning round Scotland's poor health record by investing in the early years.

The health visitors' role cannot be devalued and the RCN has been clear with the Scottish Government that gaps in the workforce cannot be used as a reason to give work to other staff that should be undertaken by a qualified health visitor. That would not be in the best interests of Scotland's children.

Implementation

The RCN does not believe that the Named Person legislation should be scrapped. And, at this time, the RCN is not calling for a pause in its introduction.

What is crucial, however, is that health boards have the resources and health visiting workforce to implement the Named Person properly.

Given that, it is imperative that health boards and the Scottish Government are open where there are concerns about workforce capacity.

Situations where health visitors are not the Named Person

Only in exceptional circumstances will a health visitor (or Family Nurse Partnership nurse) not be the Named Person for pre-school children. This may be because the health board has decided it is not in the child's best interest for a health visitor to be the Named Person. For example, in a rural area where the health visitor is related to the child.

Where a health board has a short-term and unforeseen difficulty in identifying a health visitor to be the Named Person, they may identify another appropriate professional, with the necessary qualifications and skills to be the Named Person, as a temporary solution. The board must, however, act to address short-term deficiencies to ensure a health visitor becomes the Named Person as soon as possible.

These exceptional circumstances cannot be the norm.

Case loads

NHS boards use a tool based on the Scottish index of Multiple Deprivation to determine the numbers of health visitors required. The higher the level of deprivation, the lower the recommended number of children aged 0-4 years allocated per whole time equivalent health visitor.

This means that in areas of highest deprivation, health visitors should have the lowest caseloads to allow them to spend the recommended amount of time on each case.

It also allows each health board to calculate the number of health visitors required.

Caseloads must continue to be monitored closely to assess the additional workload impact of the Named Person. Health visitors must have the capacity to spend the appropriate time with each family.

Health visitor job description and remuneration

The Named Person will introduce new responsibilities to health visitor roles. These responsibilities need to be reflected in health visitors' job descriptions, and the level of remuneration for those roles.

Conclusion

Health visitors make a significant contribution to the health and wellbeing of families and local communities across Scotland. They work with a wide variety of other professionals, including social workers, GPs, community nursing staff and nursery nurses.

Health visitors are the key professional group who have access to all families. They provide support during the antenatal period, with the joys and stresses of a new baby; teach parents how to meet the nutritional needs of their child and help children and families to develop healthy lifestyles.

These specialist nurses enable parents in the most need to develop parenting skills and confidence. They also monitor and assess the development, health and wellbeing of all of Scotland's children, detecting early any issues which require further action. Health visitors act as the named professional and first point of contact for all health and wellbeing and child protection issues for children under five, working with community groups and social services colleagues to promote health in the early years.

To deliver this kind of specialist, universal service requires a team of qualified health visitors. These professionals must receive the support that they require to undertake their duties, and the additional responsibilities being placed upon them through the Named Person legislation.

Further information sources

If you would like any further information please contact Sarah Atherton, Parliamentary and Media Officer, by email at sarah.atherton@rcn.org.uk or by telephone 0131 662 6172.