

# Central Bedfordshire Health and Wellbeing Board

**Contains Confidential or Exempt Information** No

**Title of Report** Health Visitor and School Nurse Sufficiency Review

**Meeting Date:** 3 April 2014

**Responsible Officer(s)** Karen Oellermann, (Assistant Director, Commissioning and Partnerships, Central Bedfordshire)

**Presented by:** Karen Oellermann, (Assistant Director, Commissioning and Partnerships, Central Bedfordshire)

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## Action Required:

1. Note that the recruitment and retention of health visitors is on track, although vacancies remain in the School Nursing Service that will need to be addressed in order to meet targets for 2014/15.
2. Note the good performance in relation to new birth visits.
3. Agree that protocols setting out the links between key partnerships be developed for agreement with partners by the LSCB.

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## Executive Summary

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| 1. | The Central Bedfordshire Safeguarding Children Board monitors the sufficiency of key children's roles in the workforce as part of its performance framework. Sufficiency of community practitioners to deliver the universal Healthy Child Programme was a priority area for improvement at the last Safeguarding and Looked After Children inspection. This report was therefore requested to provide information on the sufficiency of Health Visitors and School Nurses in Central Bedfordshire. |
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## Background

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| 2. | The Central Bedfordshire Safeguarding Children Board monitors the sufficiency of key children's roles in the workforce as part of its performance framework.   |
| 3. | The Board requested both the NHS England/Area Team (as the commissioner of Health Visitors) and Public Health (as the commissioner of School Nurses) to provide information on sufficiency so that the Board could be assured that Central Bedfordshire had sufficient numbers of these key workers in post. At the time the report was requested, it was felt that it would be useful for the Health and Wellbeing Board to be sighted on it and it was therefore referred to this meeting. |

4.	At the Board meeting on 27 February, SEPT, as the provider that has been commissioned to deliver Health Visitors and School Nurses, provided a summary of the position in relation to the numbers of Health Visitors and School Nurses and the roll out of the Healthy Child Programme for 0-5 and 5-19.
5.	The number of Health Visitors (HVs) currently in post in Central Bedfordshire is 38.34WTE with current vacancy rate of 1.88 WTE. The recruitment programme currently in place for Health Visiting is aiming at 84 health visitors across Bedfordshire by March 2015. NHS England has not yet confirmed the target numbers for Central Bedfordshire alone. The pro rata numbers based on a 60:40 split (Central Bedfordshire: Bedford) suggest that there should be 50.4 WTE in Central Bedfordshire. Of the current 69.7 WTE Health Visitors in Bedfordshire (as of 28.02.14) 40.5 WTE are deployed in Central Bedfordshire, which represents 58.4% of the total number of WTE Health Visitors.
6.	At a recent interview with SUSTAIN (the body employed by NHS England to review progress towards these targets) it was confirmed that SEPT are progressing well in the overall target for Health Visitors.
7.	The numbers of school nurses in post in Central Bedfordshire (as of 28.02.14) is 6.15 WTE with 2.45 WTE currently vacant. Although this was not discussed in detail at the Board meeting, the vacancy rate is 20.74% and a recruitment strategy is in place to support current vacancies. 4.0 WTE School Nurses are currently in training – due to qualify in August 2014 - and an additional 2.0 WTE School Nurse Trainees will be recruited for September 2014 to address possible attrition in 2015/16.
8.	The Board also noted the performance in relation to new birth visits (quarter 2 performance shows 42% took place within 14 days with an additional 56% taking place between 14 and 21 days). This is good performance as 98% are therefore taking place in 21 days. The service is working towards a plan to achieve the Healthy Child Programme 14 day target of 95% of babies visited by April 2015.
9.	It was noted that where assessments revealed need and high risk families, midwifery support was extended to the 28 <sup>th</sup> post natal day.
<b>Messages from early inspections of Local Safeguarding Boards</b>	
10.	Ofsted recently launched its current single inspection framework of local authority's children's social care services and local safeguarding boards (LSCBs), with the first inspections taking place in November 2013.
11.	A review of the emerging messages for local safeguarding boards has highlighted the need to ensure that there are well established links between the local safeguarding board and other key partnerships and that these are defined and embedded in local protocols. Key partnerships mentioned include the Health and Wellbeing Board, Children's Trust and the Adult Safeguarding Board.

12.	Formal protocols have therefore been identified as an 'area for improvement' for a number of safeguarding boards and these protocols need to be in place and need to drive improvement.
13.	It is therefore recommended that protocols setting out the links between key partnerships be developed for agreement by the LSCB.

### Detailed Recommendations

14.	That the Health and Well Being Board note that the recruitment and retention of health visitors is on track, although vacancies remain in the School Nursing Service that will need to be addressed in order to meet targets for 2014/15.
15.	That the Health and Well Being Board note the good performance in relation to new birth visits.
16.	That the Health and Well Being Board agree that protocols setting out the links between key partnerships be developed for agreement with partners by the LSCB.

### Issues

#### Strategy Implications

17.	This area impacts on a number of the priorities within Central Bedfordshire Health and Well Being Strategy and is also within the Children and Young People's Plan.
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#### Governance & Delivery

18.	Health Visitors are commissioned by NHS England/Area Team and School Nurses are commissioned by Public Health. SEPT is the provider of both of these services. The Healthy Child Programme Board provides governance around the delivery of the Health Child Programme.
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#### Management Responsibility

19.	<p><b>Health Visitors</b> Commissioner for NHS England Area Team – Shaney- Ann Charles Provider - Chris Myers, Deputy Director, Children &amp; Specialist Services, SEPT.</p> <p><b>School Nurses</b> Commissioner for Public Health, Central Bedfordshire – Barbara Rooney Provider - Chris Myers, Deputy Director, Children &amp; Specialist Services, SEPT.</p>
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<b>Public Sector Equality Duty (PSED)</b>	
<b>20.</b>	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
	Are there any risks issues relating Public Sector Equality Duty <span style="float: right;">No</span>
<b>Source Documents</b>	<b>Location (including url where possible)</b>
SEPT report to Central Bedfordshire Local Safeguarding Children Board	Central Bedfordshire Council. Reports to the Local Safeguarding Children Board Strategic Agenda are not published online