1. The Royal College of Nursing welcomes the Children and Young People (Scotland) Bill and the opportunities it presents to make a positive difference to children’s rights and children’s services in Scotland. The Bill presents the Scottish Government with an opportunity to invest in the lives of children in the early years; to support all families; and to target additional support in a way which could make a step change for a whole generation. Paragraphs 7-11 of the financial memorandum set out a powerful economic case for early intervention and is an opportunity for Scottish Government, to show its commitment to a preventative approach by investing in a universal health visiting service which is greatly appreciated by parents. Yet the RCN is concerned that the level of investment set out in the section on ‘costs to the NHS’ significantly underestimates what is required to realise the benefits of the preventative approach set out.

2. Our evidence therefore centres on the role of the health visitor as Named Person for children under five, which corresponds to Bill sections 19-41, and Financial Memorandum paragraph numbers 40-65.

Assumptions made within Financial Memorandum
3. The implementation of the Named Person and the Child’s Plan, as set out in the Bill, requires funding which enables the Named Person to form meaningful relationships with families and their children. That requires time. And while we recognise the challenges in estimating the time required and acknowledge the advice taken in preparing the figures set out in the Financial Memorandum, we are concerned at some of the assumptions made. In this section of our evidence we question the following six assumptions in the Financial Memorandum on which the costs set out are based:

- Training costs within the NHS only apply to health visitors and midwives;
- There are no implementation costs to the NHS until 2016-17;
- All professional time is calculated on an hourly basis, ignoring all associated employment costs;
- Costs will decrease significantly year-on-year, as the GIRFEC approach beds in;
- No additional administrative support will be required in the NHS;
- Any salary uplifts will be absorbed by health boards.

Training costs within the NHS only apply to health visitors and midwives
4. The amount of money allocated for Named Person training to take on new duties is allocated as backfill costs for midwives and health visitors only. Whilst the Named Person role only applies to qualified health visitors, there are training issues for the wider team who also deliver the Getting it Right for Every Child (GIRFEC)
approach. The figures must reflect the needs of the wider team of staff nurses, nursery nurses, health care support workers and administrative staff who will also require protected time for training.

5. The costs allocated for training need to be linked to a robust education plan from NHS Education for Scotland. The training budget, which is to develop materials, is only for 2016. There is no training budget to deliver the training which NES has developed. It is important that within a costed education plan there is consideration of ongoing induction for new staff and ongoing development and refresher training for all those involved in GIRFEC.

There are no implementation costs to the NHS until 2016-17

6. The Getting it Right for Every Child (GIRFEC) approach has been well tested and now needs to become embedded across Scotland. The Financial Memorandum points out that there is currently a range of different stages of implementation of GIRFEC but the money which is identified for implementation does not become available to service providers until 2016-17. The money is needed now as implementation has started without adequate resource. If implementation continues without adequate funding, the approach will be diluted and inconsistent within and between areas, and children and families will not see the benefits of this child centred way of working across agencies.

All professional time is calculated on an hourly basis, ignoring all associated employment costs

7. The Financial Memorandum sets out the number of additional hours of professional time required to deliver the Named Person service. In 2016-17 the Financial Memorandum estimates 691,223 hours of additional health visiting time will be required. On the basis that a full time health visitor works 1950 hours per year we have calculated that this equates to 355 whole time equivalent posts.

8. For health visitors across Scotland to be able to take up their role as Named Person, there must be more health visitors to provide this additional time. The Financial Memorandum has taken into account the standard employer costs of Employer Superannuation and National Insurance but there are other associated costs which must also considered i.e. office space, travel expenses, administrative support and consumables.

9. In addition, when calculating posts for workforce planning purposes, significant allowances are made for predicted absence to cover maternity leave, annual leave, sickness, continuing professional development. This is currently accepted by Scottish Government to be 22.5% . This must be taken into account within the discussion between the Finance Committee and Scottish Government.

10. As the GIRFEC approach beds in, costs will decrease significantly year-on-year. The RCN is concerned at the assumption that the additional hours required to address the needs of children with emerging or significant concerns are expected to reduce rapidly over the period set out in the Financial Memorandum. If the approach is effective there may be a small reduction over time, but currently health visitors
have no capacity to engage effectively with families and communities in a way that
models the preventative approach.

11. The development of a Child’s Plan requires significant time and coordination. At its heart is the relationship with a family and a reasonable estimate for this is an average of ten hours per health visitor per child per year for a family where there are significant concerns. Meetings must also be arranged, minutes written up and circulated. There are no short cuts and it will be many years before less time is spent dealing with families in crisis. Whilst we accept that by 2018-19 there may be some children being born to families with whom the Named Person is familiar, leading to some efficiencies (FM Para 60), we believe the Financial Memorandum considerably overstates the level of efficiencies that will be achieved in this way.

12. As the new 27-30 month check is introduced there will be many children being identified as toddlers who need additional support. We consider that to reflect this, the figure for three year olds should remain at 10 hours each year until the cohort who are 0-1 in 2016-17 reach the age of 3 (i.e. until 2019-20).

No additional administrative support will be required in the NHS

13. Paragraph 55 of the Financial Memorandum makes the case for administrative support in schools. The same administrative support for the Named Person approach and developing and implementing a Child’s Plan are required in the NHS. Currently health visitors have minimal administrative support. This means that, for example, health visitors are taking minutes at meetings around a Child’s Plan and typing them up (usually in their own time) sometimes to hand deliver to partners in other agencies as secure email is not possible across agency boundaries. To maximise the expertise of health visitors, adequate administrative support to the NHS must be funded.

Any salary uplifts will be absorbed by health boards

14. The RCN understands that HMT economic appraisal guidance requires that calculations do not factor in forward inflation when calculating costs and benefits of policies. However, the Finance Committee is asked to note that the calculations to date were undertaken using 2012 salary figures. There has since been 1% NHS pay increase and even if there were no cost of living increases between now and 2019-20 there would be incremental ‘drift’ as individual practitioners progress up a pay scale. If new posts are established to support the implementation of the Bill it is important to recognize that any salary uplift would have to be met by health boards from within existing budgets if no allowance is made.

The wider context of the health visitor workforce

15. The Financial Memorandum sets out its estimate of the additional costs to the NHS of implementing Named Person including additional hours of health visiting. This needs to be seen in the context of a wider review of the health visitor workforce across Scotland. Health visiting is an aging workforce. Nearly half (45%) of the NHS Scotland health visiting workforce is aged 50 or above. This compares with a third (33%) of the total NHS nursing and midwifery workforce. An additional 41% of the health visiting workforce is aged 40-49 compared with 36% of the wider NHS
nursing and midwifery workforce. There are insufficient health visitors in training to replace those who will be retiring in the next few years.

16. Given that the implementation of the Named Person requires significant additional health visitors this must be planned for and money made available for new health visitor training as a matter of urgency. Currently health boards across Scotland have different policies as to how health visitor training is offered to registered nurses. Some offer secondment opportunities where staff are enabled to undertake training on full salary and their university fees are covered. Other health boards expect registered nurses to undertake their postgraduate health visitor education on a bursary which is non-pensionable. This excludes many excellent candidates from training. There must be equitable, funded access to postgraduate health visitor education across Scotland.

17. The combination of the number of health visitors coming up to retirement, the current workload pressures on health visitors and the requirements of the additional capacity needed to implement the Named Person service mean that the health visitor workforce across Scotland is reaching crisis point.

18. In our joint briefing to MSPs in January 2013, the RCN set out key messages to be taken into account when planning health visiting for Scotland. These issues must be taken into consideration in financial planning:

19. The Scottish Government must fund NHS Education for Scotland to commission health visiting education programmes and provide backfill costs to the health boards so that staff can be released for training.

20. The Scottish Government must commit to the development of a process for determining optimal caseload numbers for health visiting teams with regular processes for review and adjustment, taking into account clinical weighting, continuity of care, the effective implementation of Getting It Right For Every Child (GIRFEC)/Named Person, deprivation, geography and skill mix, and must hold health boards to account for delivering this.

21. The Scottish Government must embed health visiting within its 2020 workforce vision and work with health boards and local authorities to ensure that workforce capability and capacity is based on population needs, and includes workforce projections, succession planning and career development.

22. Workforce planning must be based on national workload and workforce planning tools.

23. To deliver a universal health visiting service requires a team of qualified health visitors and other appropriately skilled staff, working within integrated teams, with robust supervision arrangements.

24. Health visiting teams must be supported by IT infrastructure which is fit for purpose.
Scotland's families deserve health visitors.

25. The RCN is not alone in calling for a review of the health visiting workforce. This is why the RCN has joined together with partners to campaign for the Scottish Government to commit to health visiting for all families in Scotland. Our partner organisations include Scotland’s Commissioner for Children and Young People, Children in Scotland, Parenting across Scotland, the Royal College of General Practitioners, the Community Practitioners and Health Visitors Association, the Queens Nursing Institute Scotland and the Institute of Health Visiting. As demonstrated by the range partners within our campaign alliance, the nursing profession is not alone in the view that investment in health visiting services is key to the Scottish Government’s approach to primary prevention.