

Subject : **Enhancing the Delivery of the Health Visiting Service : Scotland’s Health Visiting Action Plan 2025-2035**

Purpose : This report is for awareness to update IJB members on the recently published plan and its implications for the health visiting service in North Ayrshire.

Recommendation : IJB members are asked to note the national strategic direction to enhancing the health visiting service.

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
GIRFEC	Getting it Right for Every child
SCPHN	Specialist Community Public Health Nurse (SCPHN)
HPI	Health Plan Indicator
UHVHP	Universal Health Visiting Pathway

1.	EXECUTIVE SUMMARY
1.1	In March 2025, the Scottish Government published Enhancing Delivery of the Health Visiting Service: Scotland’s Health Visiting Action Plan 2025-2035 .
1.2	The Action Plan has been informed by national evaluation, feedback from Health Boards and analysis of pertinent data such as developmental concerns at the various Health Visitor reviews.
1.3	Actions set out within the plan will be fully delivered by 2030 but the plan’s strategic objectives will guide the Scottish Government’s approach to supporting the health visiting service for at least the next decade, until 2035. This will ensure that national level support for the health visiting service in Scotland is guided by clearly stated strategic objectives and that associated actions have sufficient time to be implemented and take effect.

2.	BACKGROUND
2.1	<u>Role of the Health Visitor</u>
	Health Visitors are specialist nurses who have undertaken the Specialist Community Public Health Nurse (SCPHN) (Health Visiting) course, a one year postgraduate qualification at Masters level. Health Visitors are autonomous practitioners working at Band 7 level. 43.37WTE Health Visitors are employed in North Ayrshire.
	Health Visitors have a central role in the promotion and protection of wellbeing of children under 5 years old and their families as well as prevention of ill-health and harm.
	<p>Under Getting it Right for Every Child (GIRFEC), and the Children and Young People (Scotland) Act (2014), Health Visitors are considered named persons for under 5s.</p> <p>Health Visitors work to implement the Scottish Government’s Universal Health Visiting Pathway¹ with all children under 5. The Pathway sets out a minimum of 11 core visits to be offered to families from ante-natal to pre-school: 8 within the first year of life followed by 3 reviews from 13 months to pre-school. These are set out below:</p> <ul style="list-style-type: none"> • Ante-natal • Primary visit (10-14 days) • 3-5 weeks (2 visits) • 6-8 week • 3 months • 4 months • 6 months • 8 months • 13-15 month review • 27-30 month review • 4-5 year review <p>Every child should be allocated a Health Plan Indicator (HPI) which determines the level of additional support, beyond the core pathway, that is required. Children with a Core HPI will receive the full pathway and will continually be assessed and reviewed at the identified pathway points to ensure this remains correct.</p>

¹ Scottish Government (2015) [Universal Health Visiting Pathway in Scotland: pre-birth to pre-school - gov.scot](https://www.gov.scot/Topics/Health/visiting-pathway)

	<p>For children and their families where additional support is required to help the child meet their health and/ or developmental milestones (sustained support for more than 3 months), an HPI of Additional is allocated. Children with Additional HPIs will have a greater level of contact with the HV and with the wider HV service (as well as other services where this is indicated). About one-third of a caseload (sometimes more) will be children with an Additional HPI.</p>
	<p>In North Ayrshire, caseload sizes are calculated by allocating 25-30 children per 0.2 WTE Health Visiting capacity. For example a 1.0 WTE Health Visitors would be expected to hold a caseload of between 125-150 children. Caseloads are lowest in August when pre-schoolers are transitioned to school and steadily climb throughout the year with new babies and children transferring into the area, with May-July seeing caseloads at their highest.</p>
	<p>Over the last ten years, there has been substantial work to develop the wider health visiting service to allow additional support to be available to families, when needed, at the right time and in the right place. Currently, the service also employs:</p> <ul style="list-style-type: none"> • 5.8WTE Health Visiting Support Workers – assisting families with support around communication, toileting, behaviour, sleep and infant feeding. • 2.0WTE Family Nurturers (NAC posts) – who offer more intensive support around bonding and attachment, play, routines and community integration. These roles also work alongside the Pathways service, supporting parents/carers in the periods before, during and after younger children are rehabilitated home into parental care. • 2.6WTE Perinatal Mental Health Nurses – offering early and preventative help to expectant and new mums who are experiencing low level mental health difficulties. • 0.9 WTE Health Care Support Worker – working alongside the Perinatal Wellbeing Team to provide practical support to families. • 0.6WTE Infant Feeding Support Nurse – a specialist role working within the Infant Feeding Team but providing direct support to breastfeeding mums, as well as any support with formula fed babies. • 2.0WTE Dads Support Workers – through the Whole Family Wellbeing Fund we have been able to work with national charity Dads Rock to bring in these posts to enhance our offer of support to dads through 1-1 and group based work. <p>In addition, the health visiting team is co-located with the Early Years Social Work Team across North Ayrshire.</p> <p>The integrated model has been recognised by the Scottish Government as an example of good practice.</p>

2.2	<u>Evaluation of the UHVP</u>
	<p>To support the implementation of the UVHP, the Scottish Government made an investment of £40 million to increase the number of Health Visitors in Scotland by 500 WTE by 2018. The Scottish Government then set a timeline for ensuring all families received the pathway, this was set as 1 Jan 2020.</p>
	<p>These substantial changes in the service model and increased investment in health visiting necessitated an evaluation to assess the impact of the UHVP on outcomes for children and families and to enable identification of areas for improvement in the future. In 2021, the evaluation of the Universal Health Visiting Pathway was published by the Scottish Government and identified the following areas for further consideration:</p>
	<ul style="list-style-type: none"> • The antenatal visit should be prioritised in the pathway schedule, because of its role in building positive and trusting relationships between families and health visitors, as well as facilitating the earlier identification of concerns relating to maternal mental health. • The pathway should be considered in terms of perceived gaps in the visit schedule. Additional visits could be introduced at 6 months and 18 months. • The substantial number of additional visits health visitors provide to families outside the core visits should be adequately monitored and incorporated into their workload planning. • At times services for onward referrals such as speech and language therapy may not be available or accessible to families. It might be helpful to develop robust referral strategies in conjunction with such services to ensure families receive timely support. • More efficient ways of reducing or simplifying documentation and paperwork should be explored.
2.3	<u>Developmental Concerns</u>
	<p>Health visitors identify and address potential developmental concerns early on through regular health and development reviews. These reviews involve asking parents about their child’s progress, carefully observing the child, and supporting parents to complete a structured questionnaire about the child’s development. At the end of the review Health Visitors record whether they have any concerns about each area of the child’s development.</p> <p>Since 2020/21 there has been an increase in developmental concerns observed nationally. North Ayrshire has the second highest level of developmental concerns in under 5s across Scottish authorities. Child Health Surveillance (CHS) data from 2022/23 describes:</p> <ul style="list-style-type: none"> • 10.8% of children reviewed at the 13-15 month review had at least one developmental concern (compared to a Scottish average of 12.5%)

	<ul style="list-style-type: none"> • 20.5% of children reviewed at the 27-30 month review had at least one developmental concern (compared to a Scottish average of 17.9%) • 18.9% of children reviewed at the 4-5 year review had at least one developmental concern (compared to a Scottish average of 16.6%)
2.4	Findings from the evaluation of the UVHP, feedback from health boards, and statistics on early child development and health visitor coverage have informed Scotland's Health Visiting Action Plan.
3.	PROPOSALS
3.1	Successful implementation of the Action Plan will result in the enhanced delivery of Scotland's health visiting service, resulting in a greater proportion of our pre-school children being able to reach their full potential and attain the highest level of health and wellbeing.
3.2	<p>The Action Plan commits the Scottish Government and its strategic delivery partners to a suite of actions focused around the following four interconnected strategic objectives:</p> <ol style="list-style-type: none"> 1. We have a skilled confident and knowledgeable health visiting workforce able to fully promote and protect child health and development in line with professional expectations. 2. We have sufficient health visiting workforce capacity to identify and appropriately respond to the needs of all pre-school children and their families. 3. Health Visitors have a clear role and remit which is coherently integrated into wider children and family support services. 4. The health visiting service is appropriately prioritised and promoted by relevant leaders and decision makers in recognition of its role in prevention and early intervention.
3.3	<p>The actions supporting these strategic objectives are, in the main, being taken forward by the Scottish Government and other national partners; however, there is work happening locally which should be acknowledged.</p> <p>Appendix 1 sets out the national actions together with a narrative around current local activity within the Health Visiting service in North Ayrshire.</p>
3.4	<p>The publication of the national action plan places a renewed focus on the critical role of the health visitor in the health and wellbeing of pre-school children.</p> <p>IJB is asked to acknowledge the publication and note local work which aligns to some of the described actions within each of the strategic objectives.</p>

4.	IMPLICATIONS
4.1	<p><u>Financial</u></p> <p>The national caseload weighting tool is expected imminently. This will be used in North Ayrshire to assess current caseload sizes. There is a likelihood that this may recommend lower caseloads in some areas which may require a review of capacity. Any financial implications will be taken through current governance routes for the service before any changes are made.</p>
4.2	<p><u>Human Resources</u></p> <p>None</p>
4.3	<p><u>Legal</u></p> <p>None</p>
4.4	<p><u>Equality/Socio-Economic</u></p> <p>It is anticipated that some of the actions within the national plan, as well as work already ongoing locally will impact positively on the visible inequalities that can be seen in relation to developmental concerns, as well as other child health indicators.</p> <p>Further, a key aspect of health visiting is to uphold the rights of children under the United Nations Convention on the Rights of the Child (UNCRC). Children's rights are central to the plan and to our local approach.</p>
4.5	<p><u>Risk</u></p> <p>None</p>
4.6	<p><u>Community Wealth Building</u></p> <p>None</p>
4.7	<p><u>Key Priorities</u></p> <p>The Plan has implications for the HSCP Strategic Plan and its ambitions around equalities. There will also be a direct link with the Children's Services Plan, Child Poverty Plan, Corporate Parenting Plan and ongoing work in relation to UNCRC.</p>

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Appendices

- Appendix 1 – Strategic Objectives – North Position

Appendix 1

Strategic Objective 1: We have a skilled confident and knowledgeable health visiting workforce able to fully promote and protect child health and development in line with professional expectations.

Action	North Ayrshire narrative
<p>The Scottish Government will work with NHS Education for Scotland (NES) to develop and publish an online health visiting learning site which provides Health Visitors with access to relevant guidance and resources including how they can be utilised to support each of the UHVP's 11 visits.</p>	<p>North Ayrshire Health Visiting team has access to a locally developed Teams channel which contains evidence based information on all aspects of health visiting practise.</p> <p>Across Ayrshire, we have worked with NHS Ayrshire and Arran's Public Health department to develop a Smart Start document and pathway which links with all relevant guidance and resources for each visit on the UVHP.</p> <p>The development of a national site is welcomed but local teams still need and utilise local resources.</p>
<p>The Scottish Government will work with NES and Health Boards to agree professional development priorities in response to a 2024 survey of Health Visitor learning needs.</p>	<p>North Ayrshire Health Visitors have an internal professional training matrix which is updated every six months and reflects both mandatory and statutory training requirements (MAST), as well as training considered essential to role. This includes annual practical breastfeeding training delivered by our Community Infant Feeding Team; perinatal mental health training on TURAS; and trauma skilled training to name but a few.</p> <p>Professional development priorities are also determined by any learning from Local Management Team Reviews (LMTR), Significant Adverse Event Reviews (SAER), Child Protection Committee (CPC) Learning Reviews, Child Death reviews and Practice Reflective Improvement (PRI) discussions.</p>
<p>The Scottish Government will promote and share guidance to support Health Visitors to comprehensively assess and record child development at child health reviews.</p>	<p>North Ayrshire Health Visitors currently utilise Ages and Stages Questionnaires (ASQ) at each review. These are well embedded into practise however any support to enhance this is welcomed.</p>

<p>Representatives from speech and language services will work collaboratively with Health Visitors to understand and guide the needs of the health visiting service in relation to supporting early speech, language and communication.</p>	<p>North Ayrshire Health Visitors work closely with the Speech and Language Therapy team. Further our HV Support Workers have received significant training on communication and provide a significant amount of support in relation to this.</p> <p>A Speech, Language and Communication workstream has been established as part of North Ayrshire GIRFEC Steering Group and has representation from a range of services.</p>
<p>The Scottish Government will work with the Money and Pensions Service to make the Money Guiders professional learning programme available to Health Visitors.</p>	<p>North Ayrshire Children and Families Team has had a financial inclusion pathway since 2019. This was revised in 2022 with training provided locally. Child poverty/ financial inclusion/ income maximisation is one of our priority areas within our CFHT workplan for 2025/26 and training will be provided to staff supported by colleagues in Money Matters etc.</p>



Strategic Objective 2: We have sufficient health visiting workforce capacity to identify and appropriately respond to the needs of all pre-school children and their families.

Action	North Ayrshire narrative
The Scottish Government will reassess the health visiting caseload weighting tool.	We look forward to receiving this to allow a full assessment of caseload numbers across North Ayrshire’s Health Visiting teams.
The Scottish Government will develop and share guidance on how Health Boards can make best use of the caseload weighting tool to support Health Visitor deployment and workforce planning.	As above
The Scottish Government will conduct a review of Health Visitor recruitment and retention practices.	Senior Manager Children and Families recently completed a paper for the Director setting out the workforce plans in the context of the current financial position. This will be transferred into the CFHT Workforce Plan which is currently being drafted.
The Scottish Government will work with delivery partners to establish mechanisms to develop and share messaging on: <ul style="list-style-type: none"> • the role and contribution of Health Visitors in Scotland: and • career pathways into health visiting. 	National issue
The Scottish Government will provide Health Visitors with opportunities to increase their skills, knowledge and confidence in relation to supporting parenting, infant feeding and perinatal mental health.	North Ayrshire Health Visitors have a professional training matrix which is updated every six months and reflects both mandatory and statutory training requirements (MAST), as well as training considered essential to role. This includes annual practical breastfeeding training delivered by our Community Infant Feeding Team; perinatal mental health training on TURAS; and trauma skilled training to name but a few.

Strategic Objective 3: Health Visitors have a clear role and remit which is coherently integrated into wider children and family support services.

Action	North Ayrshire narrative
<p>The Scottish Government will convene a short life working group to consider if the UHVP should be proportionately amended in response to contemporary evidence including the findings of the UHVP evaluation.</p>	<p>We would welcome this. Our developmental concern data would suggest that a visit between 13-15 months and 27-30 months may help earlier identification of worries/ concerns and earlier provision of support as a result.</p>
<p>The Scottish Government will enhance health visiting information on the Parent Club website to include more interactive information on what parents and carers can expect from the health visiting service.</p>	<p>We will continue to operate our Ayrshire Bairns app which provides evidence based information on child wellbeing and development for parents/carers, as well as information on the UVHP itself.</p>
<p>The Scottish Government will enhance health visiting information on the Parent Club website to include more interactive information on what parents and carers can expect from the health visiting service.</p>	<p>As above</p>
<p>The Scottish Government will conduct a feasibility assessment on introducing a digital early child development tool to enhance current paper based processes. This will be in line with wider work to progress and modernise child health systems and processes.</p>	<p>North Ayrshire Health Visiting team has already replaced some paper based processes with digital processes (use of electronic child health surveillance monitoring forms). The anticipated launch date of the new national child health system is June 2025 and this will bring changes to practice for teams as well.</p>
<p>The Scottish Government will conduct a review of how health visiting teams identify and access connections and pathways to other children and family support services across the NHS, local authorities and third sector. Innovative practice identified through the review will be shared across Health Boards and Integration Joint Boards.</p>	<p>North Ayrshire CFHT has been recognised nationally for it's approached to integrated early years provision. We continue to build on this having expanded our Perinatal Mental Health provision within the last year, established a partnership with national charity Dads Rock, and re-established positive working relationships with early years education.</p> <p>We also benefit from North Ayrshire's Named Person Service and the directory of supports that is produced. We are able to provide</p>



	comprehensive data on requests for assistance across agencies and services.
The Scottish Government will use the opportunity provided by 2025/26 GIRFEC national and regional engagement events to strengthen knowledge and understanding of key GIRFEC roles and responsibilities including how best to work with the named person.	This is one of the main aims of the North Ayrshire GIRFEC Steering Group re-established in 2024.

Strategic Objective 4: The health visiting service is appropriately prioritised and promoted by relevant leaders and decision makers in recognition of its role in prevention and early intervention.

Action	North Ayrshire narrative
The Scottish Government will re-convene the Children, Young People and Families Nursing Advisory Group.	This is welcomed.
<p>The Scottish Government will establish twice yearly bilateral meetings with:</p> <ul style="list-style-type: none"> • territorial Health Boards delivering the health visiting service; and • universities delivering the Health Visiting Specialist Community Public Health Nursing (SCPHN) course to discuss health visiting across different geographical areas. 	This is welcomed.
The Scottish Government will work with Public Health Scotland to arrange annual webinars on national Health Visitor coverage and early child development statistics.	This is welcomed and would be helpful in supporting recent efforts to strengthen our approach to data collation and analysis.
The Scottish Government will engage with Chief Officers of Integration Joint Boards (IJBs) to discuss the value of investing in early child development activity including the health visiting service.	This would be welcomed.
The Scottish Government will engage with Directors of Finance, or an appropriate subgroup, within NHS Boards to discuss the value of investing in early child development activity including the health visiting service.	This would be welcomed.
The Scottish Government will promote the importance of health visiting to Children's Services Planning Partnership Strategic Leads. This will	This would be welcomed.



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be done as part of a series of facilitated workshops on a range of topics during 2025.	
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