

11 September 2012
Our reference: FOIRQ1328

Dear P J Ballinger

Please find below the information you requested under the Freedom of Information Act.

1. Health Visitor caseload numbers of children for 2006,2007,2008,2009,2010 and 2011 (please provide average (mean) caseload size, median and range).

The Trust was responsible for the health visiting service in Haringey between 1 April 2008 and 30 April 2011. On 1 May 2011 this service was transferred to NHS Whittington, therefore, the Trust does not hold the records of this service anymore. However, we have been able to find some information that we hold.

Between May and October 2009 the average caseload was 800 per Health Visitor. In January 2010 this had decreased to 500 when the Trust had been able to recruit more staff.

Some additional information about the Health Visiting service is available in the Trust Board minutes which can be accessed via our website www.gosh.nhs.uk – About us – Decision Making – Trust Board meetings.

You may also want to approach NHS Whittington for more information.

2. Numbers of Health Visitors /Public Health Nurse Practitioners at grade 6 AfC, Numbers of Public Health Nurses at grade 5 AfC, Numbers of Nursery Nurses at grade 4 AfC for the following years 2006,2007,2008,2009,2010,2011.

Please see table below. (Figures accurate at 31st March of each year.)

Year	Health Visitors grade 6 AfC	Public Health Nurses grade 5 AfC*	Nursery Nurse Grade 4 AfC**
2006	0	0	1 HC; 0.93 FTE
2007	0	0	1 HC; 0.93 FTE
2008	0	0	1 HC; 1 FTE
2009	0	2 HC; 1.61 FTE	7 HC; 6.4 FTE
2010	0	4 HC; 4 FTE	8 HC; 7.4 FTE
2011	0	0	6 HC; 5.4 FTE

*Includes student health visitors and paediatric community nurses.

**Includes nursery nurses in the community service in Haringey and at the GOSH main site nursery for staff members' children

AfC = Agenda for change
HC = Head count
FTE = Full time equivalent

Health Visiting Teams: who does what?

- **Team Leaders: 5.00 wte:** have responsibility for day to day operational management of the team and prioritisation and oversight of work allocated to team members. They provide child protection and line management supervision to staff and undertake audit and evaluation of work practices. They are responsible for maintaining and improving clinical quality, ensuring work is evidence or best practice based, identifying and meeting training needs of staff, completing staff annual appraisals and identifying capability or disciplinary issues within the team. The Team Leader also holds a clinical caseload of more complex families providing the full range of health visiting services to them, as well as being a team resource for second opinions, joint visits, and attendance at case conference with newer or less experienced members of staff.
- **Health Visitors: 34.14wte:** undertake direct and indirect clinical work with families, providing a progressive, universal healthy child programme to all children aged 0-4 years. (NB universal service currently suspended). HVs work directly with families who have been identified as vulnerable. Often what makes a child vulnerable is a complex interplay between factors that affect the parents own mental health and socially based issues. A good understanding of these issues and the ability to introduce and explore them is required. To improve health inequalities, it is increasingly clear that it is necessary to reach families with young children, because there is so much evidence that behaviour patterns become embedded at this time. Recent evidence from neurobiology and genetic research shows that early behaviour patterns become, in effect, 'hard-wired' into the infant's developing physiology, setting the scene for later risk factors and disease. It is therefore crucial that the new birth visit is performed by a professional with the range of skills required to "get it right" (Shonkoff & Philips 2000).
- The New Birth Visit has now more than ever before become the corner stone of assessment and intervention for young infants and their families. The New Healthy Child Programme introduces a Health Visiting service based on targeted universalism the level of which will be based on information the Health Visitor has collated at her initial assessment. In addition for many families who are not assessed as requiring an enhanced level of intervention this may be one of the only contacts that they have with their Health Visitor.
- **Registered Nurses: 5.00wte:** undertake both routine and targeted work with families who have been identified as vulnerable. Routine work with babies and children includes neonatal blood spot screening, continence assessments, Epipen training for families (emergency allergy management), undertaking allocated. "Removal In" health needs assessments. They also undertake allocated, time limited pieces of work with targeted families i.e. those with higher levels of need under the supervision of a HV. A care plan with anticipated outcomes would be jointly set and agreed by the HV and the Nurse. Typical work would be with a family where there are unresolved child protection concerns that may include delivery of a care plan for a child where there are feeding, behavioural, toilet training problems.

- Children's Nurses are also appropriately trained to undertake work with babies and children where there are underlying medical conditions e.g. feeding problems related to cleft palate, reflux, childhood cancers, as well as triaging A&E notifications to follow up families, whose children are identified as being at risk of accidents e.g. burns and scalds.
- **Nursery Nurses: 4.80wte:** role is similar to the Children's Nurse, but without the specialist medical aspects of a child's care. Work is allocated by the HV and staff work under the HV's supervision. Nursery Nurses are particularly skilled in working with children who have developmental delay and families who need support with developing skills in managing routines including toilet training, sleeping, feeding problems in toddlers, and adult-child play, interaction and communication. They also have expertise in the development of speech & language skills in children. Nursery Nurses undertake time limited pieces of work with mothers who are identified with Post Natal Depression, such as baby massage which has a strong evidence base in supporting attachment and bonding in mother and baby.
- **Health Visitor Assistant: 9.80wte:** support the HV teams in the general running and setting up of clinics, ensuring clinics are well stocked with health promotion materials e.g. breastfeeding, and that the clinic environment is appropriate and welcoming for families. They also provide weight measurement clinics including plotting of weight/growth centile charts and referral on to the HV where failure to thrive or faltering growth is identified. Assistants run the HV service duty desk and undertake follow up home visits to families who have recently moved into Haringey and follow up families who DNA clinic appointments. They also carry out a range of clinical administrative functions such as records and RIO searches, maintaining the blood spot data base, sickness and absence returns.
- **Administrative Staff: 5.00wte:** maintain data bases of new births, removals in and out, caseload profiles (e.g. all families allocated to coloured folders), GP HV liaison visits, HV team activity returns, typing reports/letters filing, photocopying, stock ordering and maintenance, sending out appointments, message taking. They also support the running of clinics when the HV Assistant is unavailable.

I trust that the information provided is sufficient and helps to answer any concerns, questions or issues you may have.

If you should have any further queries related to this request, please do not hesitate to contact me. Please ensure that the above reference number is quoted on any correspondence.

Yours sincerely

Maria Björklund
FOI Co-ordinator
Email xxxxxxxx@xxxx.xxx.xx

[enclosed – Your rights – see next page]

Your rights

If you are not satisfied with the response to your request for information, please do not hesitate to contact the member of the FOI team whose name appears on the response letter. Please quote your reference number on any correspondence.

You can also write to the Assistant Head of Quality, Safety and Transformation – Risk Management at the following address:

Quality, Safety and Transformation team
Great Ormond Street Hospital
LONDON
WC1N 3JH

If you are still not satisfied with your response, you also have the right to appeal to the Information Commissioner.

You can contact the Information Commissioner's Office at the following address:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF