RISK AUDIT PERFORMANCE COMMITTEE

Date of Meeting	19 November 2025
Report Title	Community Nursing Role Test of Change Evaluation
Report Number	HSCP.25.094
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Consultation Checklist Completed	*Yes*
Exempt	No
Appendices	*a. Evaluation Report*
Terms of Reference	5. Receive and scrutinise performance reports and receive assurance that actions in respect of emerging trends are proportionate to the IJB's Risk Appetite Statement.

1. Purpose of the Report

1.1. This report seeks to provide assurance to the Risk, Audit and Performance Committee (RAPC) that the necessary efforts to transform service delivery are being undertaken as set out within the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategic Plan 2025-2029. An example of one such innovation from within the Health Visiting Service is detailed within this report.

2. Recommendations

2.1. It is recommended that the Risk, Audit and Performance Committee:
2.1.1. Note the findings and lessons learned from the test of change.

    2.1.2. Endorse the approach undertaken by the service to develop and test different models of care in order to modernise service delivery

    2.1.3. To note and thank colleagues from the Public Health Scotland Local Intelligence Support Team for ensuring the robust evaluation of this test of change.

3. Strategic Plan Context

3.1. The ACHSCP's Strategic Plan for 2025-2029 was approved by the Integration Joint Board on 1st July 2025. It sets out two main aims:

    3.1.1. Modernise our approach to service delivery (Make best use of resources; Implement transformation)

    3.1.2. Shift our focus towards prevention and early intervention (Improve physical and mental health; Reduce harm)

3.2. Given the challenges that the ACHSCP currently experience with service delivery (including human and financial resources), the Strategic Plan explicitly states the need "*to transform our service delivery to increase capacity within existing resources*". Therefore, there is a need to think about how services can be delivered in different ways, to achieve this.

3.3. This report describes one such innovative approach that occurred within the Health Visiting Service.

4. Summary of Key Information

4.1. Background

Under the Aberdeen City Integration Scheme, Health Visiting is delegated operationally to the Chief Officer of the IJB. It is a service experiencing workforce pressures that constrained delivery of the Universal Health Visiting Pathway (further information is visible here. To mitigate this, Community Nurses (Band 5) were introduced to support Health Visitors and bridge the gap with Nursery Nurses. The test of change commenced in April 2024 with Community Nurse (CN) recruitment and onboarding.

4.2. Method

The Local Intelligence Support Team were commissioned to lead the evaluation of this initiative, with oversight being provided by the Programme Manager for Public

Health and Data. A proportionate mixed-methods evaluation was undertaken, combining internal referral data with semi-structured interviews (CNs, HVs, and team leads). The evaluation was conducted in March–April 2025 before publication in June 2025.

4.3. Results

CNs handled 202 referrals during the test period assessed, with 'new to area' contacts comprising 53%, directly releasing an estimated ~162 hours of HV capacity over an 8 month period. Early uncertainty about CN role boundaries improved over time, leading to better integration and increased delegation. Overall satisfaction with the test of change averaged 6.6/10, though impact was tempered by reductions in CN staffing that occurred during the implementation period.

4.4. Conclusions and next steps

The model demonstrated clear benefits for specific Health Visitor tasks, such as 'new to area' contacts; however, its overall impact during the test phase was constrained by staffing challenges. Between the winter of 2024 and the spring of 2025, two community nurses were not available to work in the service (specific reasons redacted for identifiability purposes), reducing continuity and limiting the model's longer-term contribution during the evaluation period. Work remains ongoing to ensure that learning from this test of change informs future service design, particularly around onboarding and induction processes, where clearer role expectations and structured support could further improve integration and effectiveness.

Despite these challenges, the model will continue beyond the test phase. The staff involved are employed on permanent contracts and are now focused on developing their knowledge and skills. One team member is currently on maternity leave and will be supported to build a comprehensive understanding of the Health Visitor role on their return, with the aim of applying for training next year. In the meantime, the role is being adapted to provide targeted support for families who are subject to child planning but are not considered complex (i.e. those requiring additional visits beyond the standard pathway). This adaptation is designed to enhance service delivery, alleviate pressures on Health Visitors, and strengthen the developmental pathway toward Health Visitor training.

Looking ahead, the priority remains to strengthen and expand the Health Visitor establishment to build a resilient and sustainable workforce. This direction aligns with the Scottish Government's Health Visiting Action Plan, which emphasises building capacity and resilience within Health Visiting services. The Community Nurse role may continue to offer value as a developmental and supportive function,

best positioned as complementary to, rather than a substitute for, the Health Visitor establishment. Any future implementation will benefit from a clearly defined role, improved integration planning, and alignment with service needs, professional boundaries, and national policy priorities.

4.5. Delivery of statutory duties

During a period of significant staffing challenges within the Health Visting service in Aberdeen, operational priorities were adjusted to ensure continued support for the most vulnerable children. Child Protection and Looked After Children were prioritised, and delivery of the full Universal Health Visiting Pathway was temporarily reduced. As staffing levels have now improved, the service is actively reintroducing the full pathway, ensuring that all children and families receive the appropriate level of support. Throughout the period of reduced capacity, the full Health Visiting Pathway remained available to children identified as requiring additional support, enabling continued monitoring of wellbeing and the identification and assessment of emerging needs.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

There are no direct implications arising from this report.

5.2. Financial

The test of change did provide cost comparisons of particular interventions and was able to demonstrate financial savings associated with some of these. For example, CN's employed as a Band 5 undertook 108 'new to area' visits on behalf of the HV's (Band 7), saving almost £2000 over this 8 month period, demonstrating that there are opportunities in some instances to provide greater efficiencies in service delivery.

5.3. Workforce

This test of change did highlight the challenges that can be associated with piloting innovative care models with small staff groups. With two of the staff unable to operate in the service due to redacted reasons, there needs to be realistic consideration given as to how much impact one member of staff can have on providing efficiencies for a City-wide service.

5.4. Legal

There are no direct implications arising from this report.

5.5. Unpaid Carers

There are no direct implications arising from this report.

5.6. Information Governance

There are no direct implications arising from this report.

5.7. Environmental Impacts

There are no direct implications arising from this report.

5.8. Sustainability

There are no direct implications arising from this report.

5.9. Other

Any potential quality and safety risks in the Health Visiting Service are monitored through the Clinical Care Governance Committee. This includes the implementation of Health Visiting pathway visits that is under a phased reintroduction with its progress being reported through that governance structure.

6. Management of Risk

6.1. Identified risks(s)

Risk	Likelihood	Impact	Controls	Evaluation
Assurance over delivery of strategic priorities	Low	Medium	Performance Framework outlines the required reporting to take place through the year in order	If the paper was not presented, assurance would not be given to the RAPC and therefore part of the remit

			to create assurance	and responsibility of the Committee would not be met.

6.2.   Link to risks on strategic or operational risk register:

This report links to Strategic Risks 2, 4 and 5 on the Strategic Risk Register:

Strategic Risk	Cause	Event	Consequence
2	IJB financial failure and projection of overspend	Demand outstrips available budget	IJB can't deliver on its strategic plan priorities, statutory work, and projects.
4	Performance standards/outcomes are set by national and regulatory bodies and those locally determined performance standards are set by the board itself.	There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory, and local standards.	This may result in harm or risk of harm to people.
5	Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.	Failure to deliver transformation and sustainable systems change.	People not receiving the best health and social care outcomes

6.3 How might the content of this report impact or mitigate these risks:

The report and its appendices help to mitigate the risk by providing assurance that progress against the Strategic Plan 2025-2029 is being achieved. It demonstrates that the types of innovations required to transform service

delivery are being tested and also provides evidence of how if well designed, can result in more cost-effective delivery of care.