

2. Redeployment - variation in interpretation and implementation across the UK/depleted workforce/ concerns about skill gap

Variation in redeployment across the UK:

The findings from this snapshot review suggest that there is **considerable variation in the way that redeployment is being implemented** across the UK. Respondents described how health visiting is being reduced by 50-70% in some locations, with staff redeployed to support other prioritised parts of the healthcare system and little consideration of the risks to children as the service is removed. In some instances, highly trained health visitors with Specialist Community Public Health Nursing skills were being asked to pick up Healthcare Assistant and ward clerk roles. In contrast, we also heard of a minority of areas that are increasing their health visiting capacity, or not redeploying any staff, to ensure that they are as well-equipped as possible to manage the anticipated increased demand related to the secondary impact of COVID-19 on children and families.

"I am pleased to say XXX health visiting service is increasing. 34 staff are being redeployed back in from various services within the trust. Health Visiting in XXX is considered critical to life service at the moment."

Health visitors' willingness to be redeployed:

Some of the health visitors are happy to be redeployed given the circumstances, others are upset that health visiting is not seen as essential. The majority of respondents are alarmed about the way that the initial focus of redeployment has been on frontline NHS capacity to treat COVID-19 patients, rather than considering the full impact of the pandemic, including the secondary impact across all services.

Here are examples of responses where health visitors are supportive of redeployment:

"I have been out of the acute sector for 14 years, but I have volunteered to go back and help if needed. So far I haven't been asked to [respondent is a HV and a practice teacher]."

"The response from our managers so far has been mixed and lacking real direction. I feel they have forgotten they have a large workforce of skilled registered nurses."

And their concerns:

"Obviously, COVID19 is a massive health emergency and I can see that we need to pull out all the stops to deal with this. However, other areas of health provision will suffer and this needs to be mitigated as far as possible."

Consultation and planning for redeployment, including backfill and remaining service capacity to meet priority needs:

Concerns that there is already a very serious gap in provision and that now **the already overstretched workforce is being reduced to 50% or less**. Prior to the pandemic in 2019, 29% of health visitors were already responsible for 500-1000+ children (Institute for Health Visiting, 2020). The iHV recommends a maximum of 250 children per health visitor.

"With less than a days notice, our service was reduced by 50% as half of us were redeployed to other areas, not necessarily ones we had any experience in. There was no opportunity to prepare our caseload or families, or conduct any kind of handover to colleagues left in post. There have been mixed messages to staff about what kind of service they should now be providing. Most contacts are reduced, taking place by phone but by staff who don't even work in our area, so have no local knowledge. It is purely a tick box exercise so they can say a service was provided, but the reality is, it simply will not meet our families needs."

"Management are calculating what numbers of staff are needed for a reduced skeleton service as we all prepare for redeployment."