The Highland Council

Education, Adult and Children's Services Committee
14 January 2015

Agenda Item	10ii.
Report No	ECAS 08/15

Assurance Report – Lead Agency Delivery of Children's Services

Report by Director of Care and Learning

Summary

The purpose of this report is to provide assurance to NHS Highland in relation to services commissioned and delivered through Highland Council. It will be presented to the Highland Health and Social Care Committee. Each Assurance report will focus on different elements of the commissioned service, as well as containing the core elements of performance management, exception reports and finance. The specific areas to be reported are agreed between the Child Health Commissioner and the Head of Health.

1 Public Health Nursing Services – Future Focus CEL (2013) 13:

1.1 CEL 13 is the Scottish Government's Chief Executive letter which states that the current Public Health Nursing (PHN) role, as defined within Nursing for Health 2001, should be refocused and the titles of Health Visitor and School Nurse reintroduced. The role of Health Visitor should focus on 0 to 5 years (including preconception) and that of School Nurse focus on school years (5 to 19 years).

1.2 The Principal Officer, Nursing is a member of the National Advisory Group and continues to be involved in the work of reviewing the role of Health Visitors (HV's) and School Nurses (SN's). .

1.3 It has been agreed that the 2014-15 tranche of Government funding allocated to the CEL 13 developments can be used to enable teams to support the training of HVs and Practice Teachers.

1.4 Five additional student HVs are starting the new HV programme at the University of Stirling in January. This will bring the total number of HV students to 7. To support this increase in student numbers there will also be additional Practice Teachers employed on secondment who will be required to undertake the Practice Teacher module which is also being run by the University of Stirling. Highland Council staff have been influential and supportive in the process of the university obtaining accreditation for these new and innovation programmes
The national caseload weighting tool is being run across Highland Council at the moment. Initial findings show that the number of additional HVs needed to provide the revised role is likely to be even higher than the calculations agreed for the Family Team restructuring (in the region of an additional 10.00 wte staff).

1.5 A perpetual advert for qualified children's services health staff has also been created by Highland Council on SHOW and My Job Scotland and is yielding

some enquiries from qualified HVs and SNs.

1.6 There is a national recommendation from the HV implementation group that each Health Board area has a local Implementation Group. In the NHS Highland area it has been agreed that there will be a NHS Highland wide group to oversee the whole implementation with two local implementation groups, one in Highland Council and one in Argyll and Bute CHP to undertake the implementation within the districts/localities.

1.7 The national School Nursing review has reported to the Scottish Executive Nurse Directors Group. If accepted the recommendations will lead to a significant change in role for the band 6 caseload holding school nurses whose work will be targeted on the more vulnerable children and young people within our schools, working more closely with the Named Persons.

1.8 There will be a requirement for all caseload holders to be fully qualified and on the specialist part of the NMC register. In Highland, this requirement has been in place for several years. However, it is creating current recruitment difficulties particularly while we await the revised programme curriculum requirements.

1.9 Currently there are three school nurse students undertaking the old course. However, it is not expected that there will be any further accredited training programmes for the revised role until late 2015. There are six vacancies which are being covered by staff nurses, with support from band 6 school nurses in other districts. Although qualified nurses, these staff nurses do not have the same range of skills and competencies as nurses with the additional school nursing qualification. This, together with the need to deliver the school based flu vaccination programme this is creating a strain on the school nurse provision.

2 Looked After Children CEL 16 (2009) The Implementation of Action 15 of the Looked After Children "We can and Must do better" Report.

2.1 Full implementation of CEL16 (2009), regarding implementation of these reports, continues through the Highland Practice Model. This is operationally managed by the Lead Nurse for looked after children, strategically led by the LAC Improvement Group and reported through the performance management framework.

2.2 Good progress has been made towards implementing "The Guidance for Health Assessments for Looked After Children" (May 2014). A robust action plan has been developed, to support the relevant changes recommended. This ensures implementation of the guidance, improvement in service delivery and health outcomes.

2.3 Significant changes had been anticipated these include further data collection and the implementation of the use of the Strengths and Difficulties Questionnaire (SDQ) Mental Health Screening for all Looked After Children. New data fields have been added to the LAC database and assessment form and this has been tested using the EYC PDSA test of change model. Feedback from staff has been positive with the assessments yielding the required data. SDQ's will be

rolled out using the same tests of change model from January 2015.

2.4 The Lead Nurse for LAC is part of the national working group in the development of a Logic Model for Health Promoting Care Placements. The improvement objectives for health in Residential Child Care are captured within the LAC Improvement plan and are currently in line with improvement noted in the recent draft of the logic model.

3 Flu Vaccination Programme CMO (2014) 13

3.1 The school based flu vaccination programme has been undertaken in line with the Scottish programme. In Highland Council area over 70% of children were vaccinated, just above the Scottish average, with over 12000 primary school pupils receiving the vaccine.

3.2 The delivery of the programme was not without its difficulties, largely related to centralised processes. An issues log was established as part of the programme, and will be reviewed as part of the evaluation process scheduled for 22 January 2015.

3.3 The Director has written to all schools and child health staff involved with the programme, to thank them for their contribution.

4 Allied Health Professionals – AHP's as Agents of Change in Health & Social Care, the National Delivery Plan for Allied Health Professions in Scotland, 2012-2015

4.1 The Scottish Government sets out the plan for delivery of AHP waiting times within 18 weeks from referral to treatment with a target of 90% by December 2014. Currently this target is not being achieved. An exception report is attached in relation to performance in Highland.

5 Governance / Risk Management

5.1 The organisational arrangements for governance and risk management were reported in the last assurance report. The Governance / Risk Management Group last met on 17 December 2014, and the risk register was updated. The following key risk areas have been identified. The risk register for the integrated service features on the agenda of the NHS Highland Children and Young People's Commissioning Group

5.2 Key risks identified include

- Recruitment to Health Visitor and School Nurse posts
- Continuing IT issues (availability of lap tops for increasingly mobile workforce, IT connectivity such as access to council systems for staff based in NHS premises, and access to NHS Highland systems for staff using council equipment)

6 Finance

The monitoring position for child health services within integrated children's services at October 2014 is shown below.

Activity	Budget	Actual to Date	Projection	Variance
Allied Health Professionals	2,834,008	1,560,663	2,740,312	-93,696
Service Support and Management	795,968	449,120	801,364	5,396
Child Protection	487,443	161,949	422,708	-64,734
Health Development	272,882	131,064	277,478	4,597
Family Teams	15,673,817	8,310,858	15,307,547	-366,270
The Orchard	1,258,843	731,258	1,258,843	0
Primary Mental Health Workers	515,392	270,744	468,586	-46,806
Payments to Voluntary Organisations	120,761	49,412	120,761	0
Total	**21,959,114**	**10,104,405**	**21,397,600**	**-561,513**
Commissioned Children's Services income from NHSH	**-8,658,846**	**-2,266,910**	**-8,658,846**	**0**

7 Service Delivery - Performance Framework for Commissioned Service

The performance measures noted below are an extract from the *For Highland's Children 4* performance framework. They reflect the performance measures specified for the commissioned service and are a mix of new measures and pre-existing measures (*new measures shown in italics)*

Performance Measure	Status	Comment
The percentage of children who reach their key developmental milestones at their 27-30 month health review will increase year on year.		Data Source – ISD (published data) – 66.1%. Nationally a number of different assessment tools are being used, making comparison of results difficult. In Highland work is ongoing to test a first line developmental assessment tool followed by a 2nd line assessment tool as required.
Improve the uptake of 27-30 month surveillance contact from the baseline of 52% to 95% by March 2016	Amber	Data Source – ISD quarterly reports (published data) Apr-Jun 2013 – 34% Jul-Sep 2013 – 72.1% Oct-Dec 2013 – 71.1% Jan-Mar 2014 – 82%

95% uptake of 6-8 week child health surveillance contact	Red	Joint responsibility between NHS and Council. Measured by the number of surveillance forms returned from GP practices. Data Source CHSS Preschool Work to improve the return rate from GP's will picked up through the NHS operational units.
95% uptake of 6-8 week of child health surveillance contact showing no difference in the uptake between the general population and the least affluence parts of Highland		No data available yet – Data Source CHSS Preschool. Work required on definitions
95% uptake of 6-8 week of child health surveillance contact showing no difference in the uptake between the general population and Looked After Children		As above
Achieve 36% of new born babies exclusively breastfed at 6-8 week review by March 2017	Red	Data Source – annual ISD report (published data) 09/10 – 32.9% 10/11 – 30.8% 11/12 – 30.9% 12/13 – 32.4% 13/14 – 31.2 % Improvement work progressed through the Maternal Infant Nutrition Feeding Group, including the recruitment of infant feeding support workers
There will be a reduction in the percentage gap between the most and least affluence parts of Highland in the number of children exclusively breastfed at the 6-8 week review		No data available yet – Data Source CHSS Preschool. Work required on definitions

Maintain the 95% allocation of the Health Plan Indictor (HPI) at 6-8 weeks from birth for the general population		Data source CHSS Preschool - awaiting data (local data)
Maintain the 95% uptake of primary immunisations by 12 months.	Green	Data source CHSS SIRS
Maintain the 95% uptake rate of MMR1 (% of 5 year olds)	Green	Data source CHSS SIRS
Sustain the completion rate of P1 child health assessments to 95%		No data currently available – Work required on definitions Data source CHSS School
90% of children and young people referred for specialist CAMHS (primary mental health workers) are seen within 18 weeks by December 2014	Green	Data source – Manual collation of data from PMHW team leads – collated and reported by NHS Service Planning
The percentage of statutory health assessments completed within 4 weeks of a child becoming looked after will increase to 95%	Red	Data source – local data base managed by LAC health team - Exception report attached
The percentage of initial LAC health assessments to be included in the Child's plan within 6 weeks will increase to 95%	Red	Data source – local data base managed by LAC health team - Exception report attached
Waiting times for AHP services will be within 18 weeks from referral to treatment by December 2014	Red	Data Source is manual audit by AHP team leads. – collated and reported by NHS Service Planning. Exception report attached
95% of children will have their P1 Body Mass index measured every year.	Red	Proxy measure is annual ISD report on valid height and weight recorded. (published data) 08/09 – 88.8% 09/10 – 92.1% 10/11 – 86.9% 11/12 – 91.1%

		12/13 – 92.1% No exception report as no local data currently available
Increase the number of S2 young women who receive HPV immunisations to 90% by March 2017	Amber	Data source CHSS SIRS 2012/13 school year reported October 2014 – 86.4% (published data)
The percentage of S2 young women who receive HPV immunisations will be no different between the most and least affluence areas		No data available yet
The percentage of S2 young women who receive HPV immunisations will be no different between the general population and the LAC population.		No data available yet

8 Exception Reports (attached)

8.1 Improve the uptake of the 27-30 month surveillance contact from the baseline of 52% to 95% by March 2016

8.2 95% of LAC statutory health assessments completed within 4 weeks of child becoming looked after and included in Child's Plan within 6 weeks

8.3 Waiting times for AHP Services will be within 18 weeks from referral to treatment by December 2014

9 Implications

9.1 Risk Implications – It is intended that the reporting framework will better manage risk in the Partnership Agreement

9.2 Equalities Implications – Many of the series detailed in this report, make a significant impact on health and social inequalities

9.3 There are no resource, legal or carbon clever implications from this report.

Recommendation

Members are asked to consider and comment on the issues raised in this report.

Designation: Director of Care and Learning

Date: 23 December 2014

Author: Sheena MacLeod, Head of Health

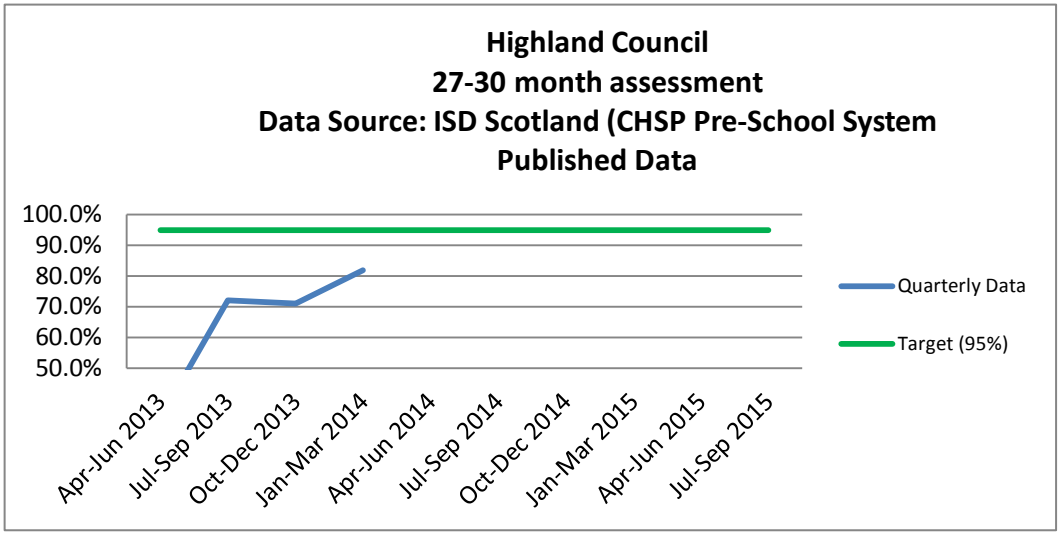
Exception Report: Improve the uptake of the 27-30 month surveillance contact from the baseline of 52% to 95% by March 2016

1 Current Position

The 27-30 month review was reintroduced in April 2013. It is part of the national preschool screening programme. For Highland's Children 4 has a target of 95% of children receiving this review. The review aims to identify any developmental issues to enable support to be provided at an early stage and to work towards the Early Years Collaborative stretch aim of 85% of children achieving their developmental milestones by the end of 2016.

There are a number of pieces of improvement work ongoing, aimed at a) achieving the 95% uptake of the review and b) ensuring that the review process provides a holistic assessment of need.

The table below demonstrates the improvement in the number of children (parents) undertaking the review. It is acknowledged that the 95% target has not yet been achieved but it expected that this will be achieved by the target date of March 2016. It is hoped that access to local data will support focused efforts in areas where performance is behind what would be expected. Current improvement work is focussed on developing an effective and staged assessment approach and working with parents to increase the uptake of this review.



2 ACTION PLANS TO ADDRESS

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As part of local EYC work a sub-group has developed and tested an assessment screening tool which provides a holistic assessment and links with the 3&4 year old developmental overviews being used in preschool settings.

The group are also looking at a suite of second level screening tools which would provide further examination of specific areas of need. This will then be extended to provide a staged assessment approach at all the key milestones. The 27-30 month contact also includes an assessment of the carer's mental well-being, which is increasingly being linked to a child's developmental achievement. Testing is now based around the

guidance required by practitioners undertaking these assessments in anticipation of Highland-wide roll-out at the beginning of 2015.

Work is also being undertaken engaging with parents to test out how best to motivate them to attend with their children for this review.

A national review of the universal pathway for health visiting contact recommends additional core contacts for all families and additional assessment points. This pathway will provide opportunity to identify needs earlier which should have an impact on achievements at 27-30 months. Work is beginning in Highland to apply the staged assessment approach to the 12 -13 month review to attempt to detect additional needs earlier.

Additional funding for health visiting training and additional posts has been also been released by the Government. It is expected that 250-300 health visitors will be trained across Scotland over the next 3 years and additional health visitor posts created in line with the national caseload weighting tool. It is now yet clear what this will translate to by way of additional posts for Highland.

3 EXPECTED IMPACT OF ACTIONS ON PERFORMANCE

The Highland suite of assessment tools together with the guidance and training will provide a consistent mechanism for determining need at the 27-30 month review and provide a clear baseline from which to work.

With increased capacity and family contact the relationships between HVs and the families on their caseloads should be strengthened. Ensuring parental engagement with the process should increase uptake of the review.

By increasing contact at an earlier age any needs should be identified and support provided prior to the 27-30 month review enabling more children to achieve their milestones at that age.

4 FORECAST OF RETURN TO PLANNED PERFORMANCE (ie Trajectory)

The Highland suite of screening tools together with the guidance and a training plan for staff should be ready for Highland-wide roll-out in February 2015.

It is expected that the effects of this will increase uptake, although it is recognised that a 95% uptake rate by March 2016 is challenging and that this target should not be at the detriment of a quality screening process.

There are HV capacity issues across Scotland and Highland is no exception. Caseload sizes are higher than the revised national caseload weighting tool would recommend. It is expected that additional resource from the Scottish Government to support trainee Health Visitor posts will be made available over the next 2 years.

Susan Russel
Principal Officer (Nursing)
December 2014

Exception Report: 95% of LAC statutory health assessments completed within 4 weeks of child becoming looked after and included in Child's Plan within 6 weeks

1 Current Position

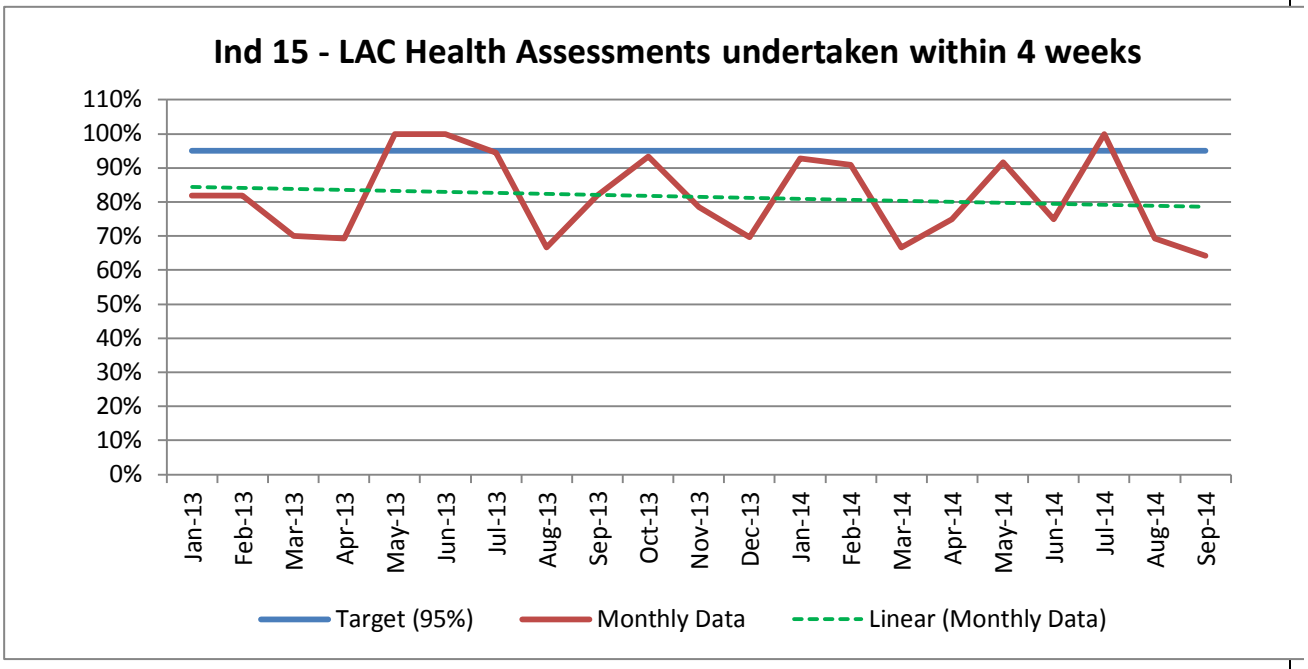
The Looked After Children (Scotland) Regulations 2009 set out a requirement for children to have an health assessment when they become Looked After. CEL 16 (2009) recommends that this assessment be carried out within 4 weeks of the child becoming Looked After. The health information should be available at the Childs Plan meeting which is required by regulation at the 6 weeks after the child becomes LAC.

There continues to be a robust performance monitoring pathway to support the achievement of these two targets This pathway:

a) Drives up quality through ensuring the health assessment meets an agreed standard before it is accepted
b) Ensures staff development and support through formal feedback for each assessment and through supervision for all health visitors and school nurses with LAC on their case load.
c) Strives to support achievement of deadlines for both targets through an escalation process

The priorities to improve health outcomes for LAC, are within the LAC Improvement plan and progress reported through the LAC Improvement Group.

TABLE 1 – Performance Indicator 15 (Jan 2013 –Sep 2014)



It should be noted that

a) Health assessments are undertaken by School Nurses and Health Visitors who are the health partner to the Childs Plan. Staffing shortages across Highland mean that achieving the timescales has been challenging.
b) There is a density of the LAC population across the Moray Firth basin and, in particular the Inverness High School, Charleston and Millburn ASGs. These ASGs are currently without

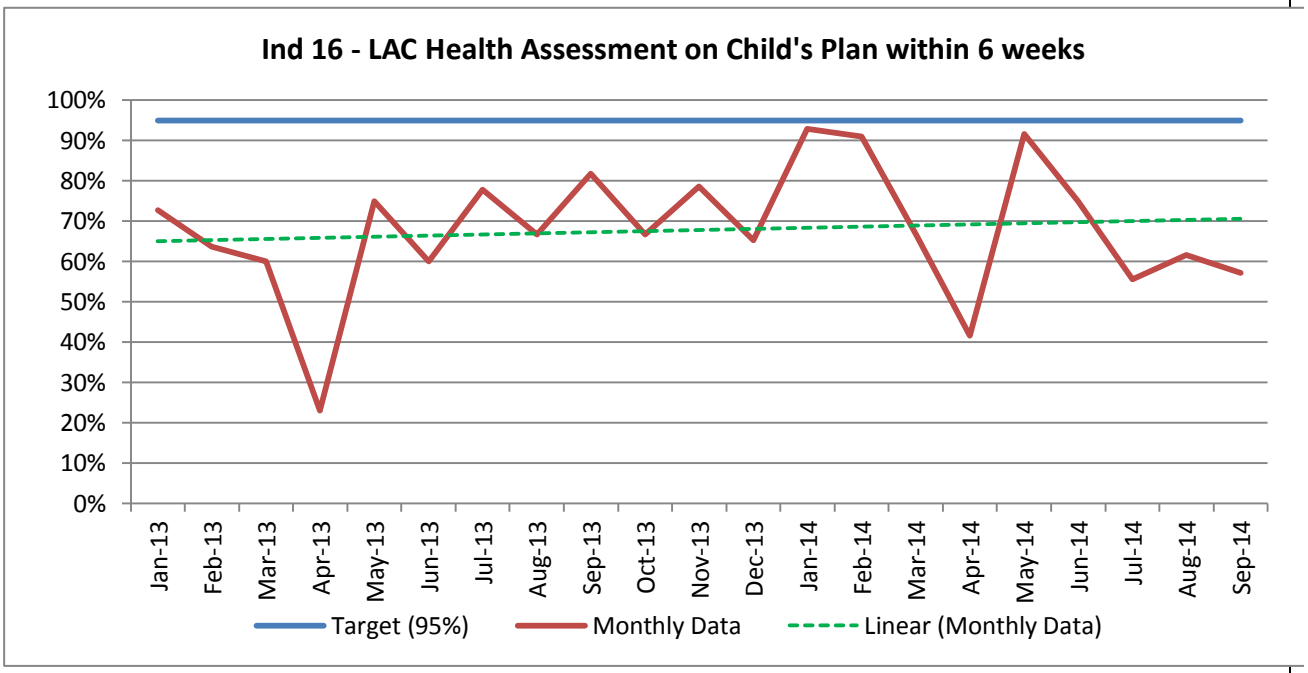
an experienced school nurse, which is creating additional pressure on achieving the initial heath assessments for LAC

c) Additional assessments for Looked After Children will be required following the release of "The Guidance for Health Assessments for LAC" (2014). This will have a further impact on the public health nursing workforce and their ability to deliver on this requirement within the 4 week timescale.

d) Additional Support has been provided to the Public Health Nurse through the role of the Lead Nurse for LAC by: a) supporting an intense learning and development programme for staff nurses in the community, in order that they have the skills and competencies to hold LAC cases and b) through the LN for LAC undertaking some of the health assessments where there is a significant gap in the service.

e) The new immunisation schedule for children (Flu vaccination in primary school and HPV vaccination in secondary school) has a significant impact on school nurse capacity.

TABLE 3 – Performance Indicator 16 (Jan 2013 – Sep 14)



It should be noted that

a) The notification and follow through process continues to be implemented

b) Whilst the new format of the Childs Plan is not accessible on Care First, there is now a mechanism in place to ensure all Childs Plan are accessible to quality assure health input around this performance indicator.

3. ACTION PLANS TO ADDRESS

In order to address the issues noted and improve performance the following actions will be taken

- The Highland LAC Health Model is dependent on a competent, skilled and available workforce to deliver requirements and improve health outcomes. The significant pressure within the public health nursing workforce is unlikely to be resolved in the incoming months therefore there will be a review of the Highland LAC Health Model, with an options appraisal to be presented to the Health Of Children's Services and the LAC Improvement Group.

- Dedicated learning and development sessions re LAC Health for family teams, will commence in January 2015.
- Continuation of the intense staff nurse development programme.
- There will be implementation of the "The Guidance for Health Assessments for LAC" (2014) – there is a robust action plan in place which is overseen by the LAC Improvement Group.
- Continue with monthly reporting and escalation through to Area Managers and Head of Health
- Recruitment to vacant school nursing and health visiting posts.

3 EXPECTED IMPACT OF ACTIONS

- Increased confidence and competence of newly qualified health staff to undertake health assessments.
- Improvement in the quality of decision making for the child as the Childs Plan contains contribution from the initial health assessment of need.

Jane Park
Lead Nurse LAC
December 2014

Exception Report: Waiting times for AHP Services will be within 18 weeks from referral to treatment by December 2014

1 CURRENT POSITION

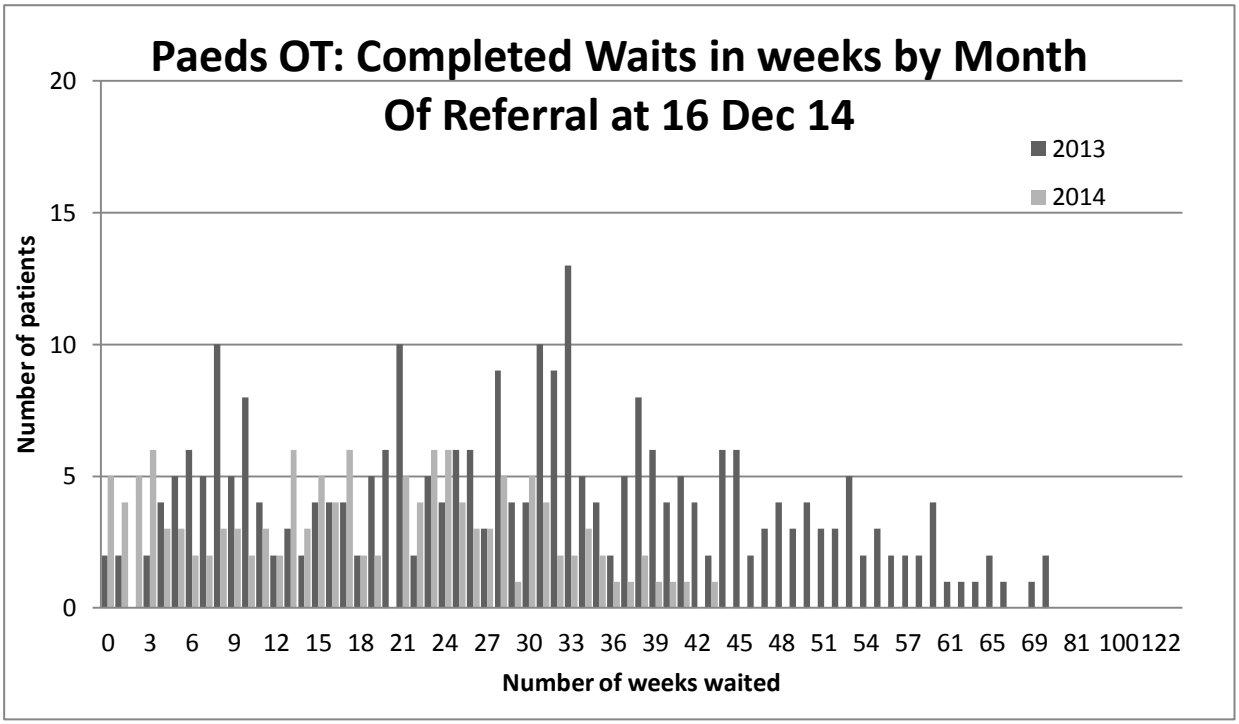
AHPs as Agents of Change in Health and Social Care, the National Delivery Plan for Allied Health Professions in Scotland, 2012- 2015 (The Scottish Government 2012) sets out the plan for delivery of allied health professions waiting times within 18 weeks from referral to treatment, with a target of 90% by December 2014. Service pressures exist within Occupational Therapy and Speech and Language Therapy and neither service has achieved compliance with this target to date.

Work has been ongoing with service planning to provide reports from the AHP activity and waiting time's system (AWT). Service planning has been able to provide 2 recent reports for each service and confidence is growing that these will be available regularly to support improvement activity. The dietetics report had a higher degree of unsafe data and therefore they continue to self-report the longest wait, pending a data cleansing exercise in early 2015.

Further work is required to present percentage compliance data. Examples of the reports that will be available can be seen below and these also update on the position.

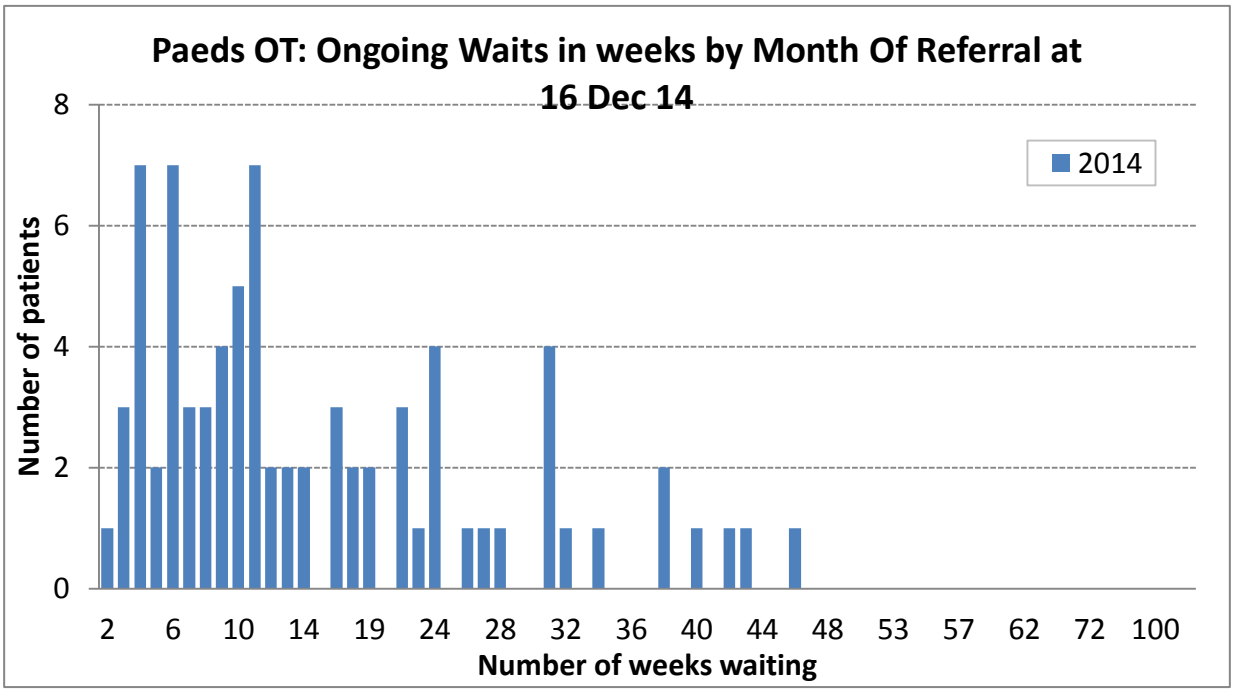
Occupational Therapy

Chart 1



This data demonstrates that occupational therapy has reduced the maximum referral to treatment time from 72 weeks to 43 weeks (2013-2014). All referrals are now submitted to a central point, triaged and allocated by the team lead to deliver a proactive workload management approach.

Chart 2



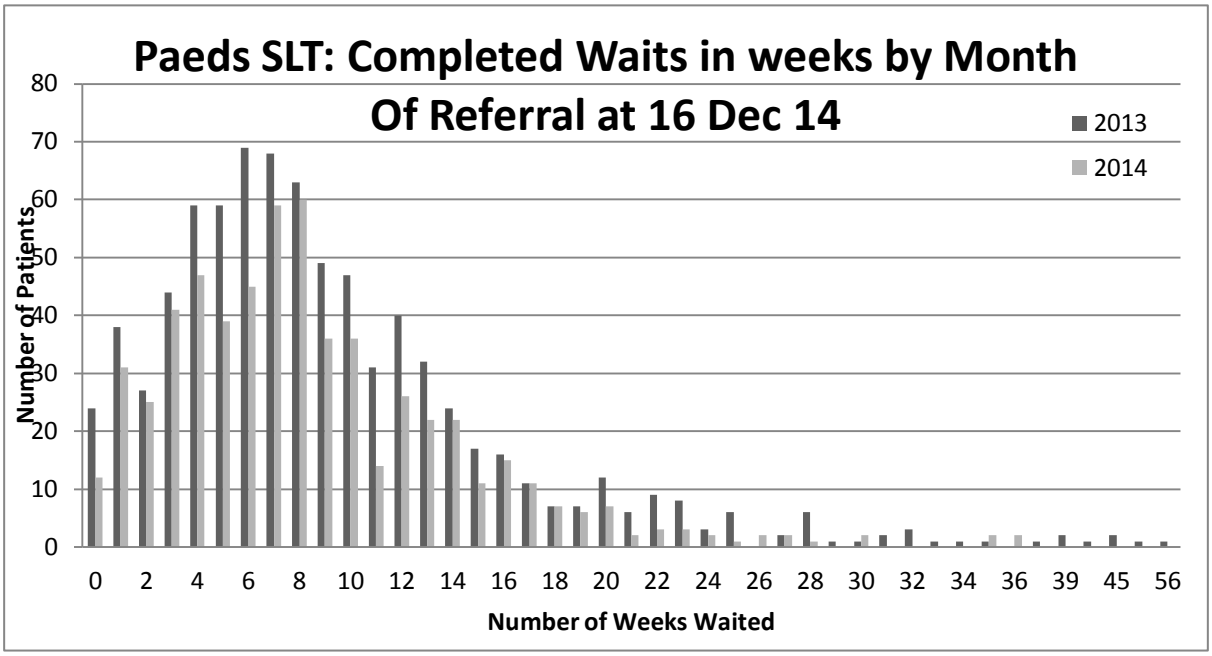
This data shows the number of children waiting for first contact (total 78), stratified by number of weeks waiting.

It should be noted that:

a) Occupational therapy (OT) has experienced ongoing vacancies within the establishment for several years. Currently 1.6fte establishment is vacant.
b) The data above is inclusive of all activity across the integrated OT service.
c) OT has implemented telephone triage for all requests for the service and anecdotally report that this has enabled quick advice and support to other professionals, with a number of cases not requiring to progress to the waiting list.

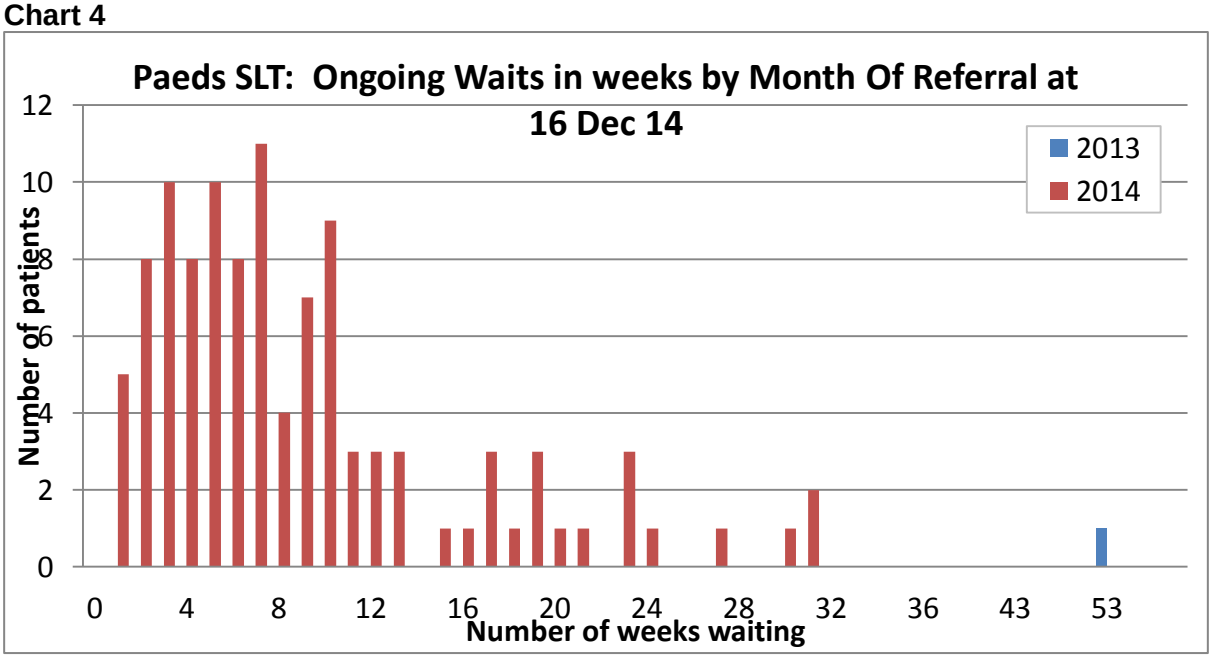
Speech and Language Therapy

Chart 3



This data demonstrates that speech and language therapy has reduced the maximum referral to treatment time from 56 weeks to 36 weeks (2013-2014). Triage will be introduced in 2015.

Chart 4



This data shows the number of children waiting for first contact (total 108), stratified by number of weeks waiting

It should be noted that:

a) Speech and language therapy (SLT) is experiencing vacancies within the establishment with internal recruitment processes being undertaken.
b) The leadership and management structure for SLT will support a more corporate approach to workforce deployment.

c) The data excludes adult caseload for North and West – service planning is supporting an approach to enable production of similar data for adult service provision. Self-reported waiting times for adults are: North 12 weeks; Skye, Lochalsh and Wester Ross 4 weeks; Lochaber 0 (October/November data).

At 16th December, physiotherapy had a maximum referral to treatment time of 12 weeks and dietetics self-reported maximum waiting times of 19 weeks. It should be noted that dietetics currently has 0.6fte vacancy and a concurrent maternity leave.

2 ACTION PLANS TO ADDRESS

In order to continue to improve performance the following actions are being taken

- Continued focus on recruitment to vacant posts:
  - A perpetual advert has been created inviting health visitors and AHPs considering moving to the Highlands to get in touch to discuss job opportunities. Within the first three weeks of its launch at the end of November we have received 3 enquiries from qualified AHP staff.
  - Interviews scheduled for the first week in January: band 5 occupational therapy vacancy; and the band 6 dietetic vacancy which is now being recruited to under agenda for change annex T. This will support a band 5 to progress to the band 6 vacant post, through intensive professional development to meet the foundation competencies. The band 6 occupational therapy interviews are scheduled for mid-January.
  - Speech and language therapy advertisements are planned in January.
- Implementation of queue theory – AHPs across Highland have received training through 2014 around demand, capacity, activity and queue theory delivered by the NHS service planning team. Children's AHP team leads have had additional input from service planning to be able to analyse the reports from the AHP activity and waiting time's system and will use this knowledge to further apply the theory to improve waiting times.
- Implementation of triage for speech and language therapy
- A range of improvement work – universal and targeted, to support: access to self-management advice and support; and capacity building within pre-school and education professions (driver diagram attached).
- Continued work with service planning: identify further opportunities within AWT to stratify data to support demand and capacity planning;

3 EXPECTED IMPACT OF ACTIONS

- Increased % compliance for 18 weeks referral to treatment target.
- Expected reduction of 20% within conversion rates from triage to assessment through better self-management advice for parents/children/professionals and signposting to appropriate services.

Claire Wood, Principal Officer AHPs
December 2014

How We Will Change & Improve To Reach This Improvement Goal