

The Highland Council
Education, Children and Adult Services Committee
11 February 2015

Agenda Item	9ii.
Report No	ECAS 24/15

Assurance Report – 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.

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

1.1 Health Visiting review implementation

1.1.1 It has been agreed that there will be a NHS Highland-wide strategic group with two local implementation groups for the Highland Council area and Argyll and Bute CHP, to undertake the operational implementation within the districts/localities. Terms of reference for the strategic group have been drafted and dates for an initial meeting are being sought. Terms of reference for the local operational implementation groups are in the process of being drafted.

1.2 School nursing review

1.2.1 There is no further information forthcoming from the National Review Group regarding whether the school nursing review recommendations will be accepted. Meantime in Highland Council, work is ongoing to clarify the current school nurse workforce numbers and the percentage that already have a specialist nursing qualification.

1.2.2 Currently there are 3 staff nurses undertaking the old School Nurse training programme. It is expected that 1 will qualify in September 2015 and the other 2 will qualify in September 2016. They are expected to take up posts in Milburn, Alness and Wick. In the meantime, they are providing support to the schools in those areas.

1.2.3 There has been an expression of interest in the post based in Charleston and this is being progressed. A qualified bank nurse is available to provide cover for Inverness High School and will commence shortly.

1.2.4 Throughout Highland there are a number of staff nurses who are working in school services, under the supervision of qualified school nurses. It is anticipated that some of them will take up training places when the new training course becomes available.

2 Exception Reports – Updates

2.1 Allied Health Professional Services (AHP’s)

2.1.1 There is no updated data available for AHP Services waiting times since the last

report (January 2015).

2.1.2 There has been a joint meeting with NHS Service Planning and they are 'rebuilding' the naming conventions in order to improve the accuracy of data into the future. This will mean a delay in getting the next round of reports but hopefully it will mean that by simplifying the system more accurate monthly reports will be produced. The AWT system was not developed with capability to produce a percentage for compliance with the 95% target. However, Service Planning are investigating whether they can supply this in the future. It is hoped that an updated performance report will be available for the next Committee

2.1.3 In terms of AHP recruitment, the following posts have been recruited to

- Band 5 Occupational Therapist (0.60 wte)
- Band 6 Occupational Therapist (1.00 wte)
- Band 6 Dietician (0.60 wte)

2.2 **27-30 Month Assessment**

2.2.1 There is no updated data available for the 27-30 month assessment.

2.3 **Looked After Children**

2.3.1 Good progress continues to be made towards implementing the new "Guidance for Health Assessments for Looked After Children" (May 2014). As a consequence of the recommendations within the guidance, a new health assessment form has been developed to support improved clinical assessment and the capture of additional data fields (e.g. demographics, smoking, immunisation and mental health assessment). The information is used to inform the health element of the child's plan as well as being part of the child's health record.

2.3.2 Vacancies within the health visitor and school nursing teams continue to impact on the achievement of the 4 week target for the initial health assessment. This is compounded by late notification of children who have become looked after. The escalation process, advising Practice Leads and managers about looked after children, continues to ensure that health assessments are prioritised. This is supported by caseload prioritisation through discussion and supervision with the Lead Nurse for LAC and Managers.

2.3.3 A review of the LAC health model in Highland is underway through the Improvement group, to explore opportunities to improve performance and outcomes for children.

2.3.4 Data relating to the health assessment being carried out within 4 weeks and available for the child plan meeting at 6 weeks is not currently reported on at national level, therefore Scotland wide comparison is not achievable. However, the Scottish Government has set up a working group to review health services for looked after children, and is carrying out a scoping exercise asking health boards about the range of health services provided for LAC, data captured and how it is reported locally. One of the anticipated outcomes from the working group is an agreed data set around health assessments and outcomes.

3. **Family Teams**

3.1 Since the integration of children's health and social care services work has been

ongoing to develop integrated family teams, aligned to Associated School Groups (ASG's) and around District Boundaries. This was achieved in October 2014.

- 3.2 Each team is managed by a District Manager and services are arranged around three key functions, each of which is led by Practice Leads (early years, school years and care & protection). In addition, the Council has invested an additional £2m in early years child health services. Accordingly, it is difficult to isolate the health resource as a separate part of the team.
- 3.3 There has been a focussed approach to appoint to the new posts during 2014. This has largely been successful, and the Council is also initiating a trainee scheme, both to maximise the number of Health Visitor posts that are filled, and to promote career progression within the Service.

4. Finance

December 2014/2015 Integrated Health Monitoring Statement
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Activity	Budget	Actual to Date	Projection	Variance
Allied Health Professionals	2,834,008	1,995,069	2,721,994	-112,014
Service Support and Management	795,968	576,208	796,366	399
Child Protection	487,443	218,709	422,708	-64,734
Health Development	272,882	167,413	270,009	-2,873
Family Teams	15,945,249	10,946,520	15,528,958	-416,291
The Orchard	1,258,843	934,130	1,258,843	0
Youth Action Services	1,615,239	868,733	1,441,853	-173,387
Primary Mental Health Workers	515,392	349,072	467,414	-47,979
Payments to Voluntary Organisations	120,761	58,794	120,761	0
Total	23,845,785	16,114,648	23,028,906	-816,879

Commissioned Children's Services income from NESH	-8,658,846	-4,359,128	-8,658,846	0
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5. Performance Measures and Access to Data

- 5.1 Information relating to commissioned child health services is now presented in a balanced scorecard format (attached).
- 5.2 Also, further to the last meeting of the NHS Highland Improvement Committee, work has been initiated to identify the challenges and (if need be) review the means by which data is collected and made available from the child health surveillance system (CHSS).
- 5.3 A data and performance management group has been established, chaired by the Child Health Commissioner. The work of the group is mainly focussed around developing a standardised approach for the management of data, including definitions to be used, the source of the data, management of the data, responsibility for producing the data and frequency of reporting.
- 5.4 The biggest challenge and risk to producing high quality data is analytical capacity.

Once this is secured it is expected that the quality of data will start to improve. Initial analysis for the majority of data items has been undertaken, but more work is required to ensure that the data is available and able to be inputted into the Council's PRMS system.

- 5.5 It is worth noting that the development of outcome and associated performance measures for children's services is relatively new and are presenting challenges across the UK. Further, much of the outcome information collected as part of *For Highland's Children 4*, is not collected elsewhere, or was not collected in Highland prior to the establishment of the lead agency.
- 5.6 Within *For Highland's Children 4*, there are 14 high level outcome measures and the performance measures for the commissioned service sit within outcome 4: 'children and young people experience healthy growth and development':

Performance Measure	Data Source	Comments
% of children reaching their developmental milestones at their 27-30 month review will increase	CHSS (pre-school)	Early Years Collaborative stretch aim – 85% of all children reach all of their developmental milestones at the time of review by December 2016
Improve the uptake of 27-30 month surveillance contact from the baseline of 52% to 95% by March 2016	CHSS (pre-school)	Data now available and demonstrates improvement towards target
95% uptake of 6-8 week child health surveillance contact	CHSS (pre-school)	Data available – health visitors undertake part of the assessment which needs to be completed by GP's and submitted.
Uptake of 6-8 week child health surveillance contact shows no variation due to affluence	CHSS (pre-school)	Data available (first 6 months of 2014) indicates that there little variation across income groups
Uptake of 6-8 week Child Health Surveillance contact shows no variation due to LAC status	CHSS (pre-school)	Data available – initial analysis undertaken and further work is required to ensure robustness of data
Achieve 36% of new born babies exclusively breastfed at 6-8 week review March-17	CHSS (pre-school)	Data available – timescale for achievement has been revised.
Reduce % gap between most & least affluent areas for children exclusively breastfed at 6-8 weeks	CHSS (pre-school)	No data available yet
Maintain 95% Allocation of Health Plan indicator at 6-8 week from birth	CHSS (pre-school)	Data available
Maintain the 95% uptake of primary immunisations by 12 months	CHSS (SIRS)	Data available – requires analysis by Health Intelligence as this measure covers a number of vaccinations.
Maintain 96% uptake of MMR1 (% of 5 year olds)	CHSS (SIRS)	Data available
Sustain the completion rate of P1 Child health assessment at 95%	CHSS (school)	Data Available

90% CAMHS referrals are seen within 18 weeks by December 2014	NHS Service Planning	Data Available
90% CAMHS LAC referrals are seen within 18 weeks by December 2014	NHS Service Planning	No data available yet
% of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	LAC data base	Data available
% of initial LAC health assessments included in Childs Plans within 6 weeks will increase to 95%	LAC data base	Data available
Waiting times for AHP services to be within 18 weeks from referral to treatment by December 2014	NHS Service Planning	Data available
95% of Children will have their P1 body Mass index measured every year	CHSS (school)	Data available
Increase the number of S2 young women who receive HPV immunisation to 90% by March 17	CHSS (SIRS)	Data available
% of S2 young woman receiving HPV immunisation shows no variation due to affluence	CHSS (SIRS)	No data available yet
% of S2 young woman receiving HPV immunisation shows no variation due to LAC status	CHSS (SIRS)	No data available yet

6. Governance / Risk Management – Update on Key risks

- 6.1 In terms of recruitment to health posts, a number of initiatives are underway.
- Perpetual advert in place
 - Traineeships for Health Visitors
 - Appointment of staff nurses to support health visitor and school nursing teams
- 6.2 In relation to the IT issues highlighted in the previous report, the Head of e-health, has been asked to work with colleagues in Highland Council to confirm and offer potential solutions in relation to connectivity issues. Further hardware is being acquired for staff who have to be increasingly mobile, along with the appropriate access software to support them accessing both NHS and Council systems.

7. Implications

There are no resource, legal, equalities, climate change/carbon clever risk, Gaelic or rural implications from this report.

8 Recommendation

- 8.1 Members are asked to note and comment on the issues raised in this report. Members are also asked to note that the format of this report remains under review.

Designation: Director of Care and Learning
Date: 30 January 2015

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