|  |  |  |
| --- | --- | --- |
| The Highland Council | Agenda Item | 7. |
| Education, Children and Adult Services Committee  11 November 2015 | Report No | ECAS  95/15 |

**Children’s Services – Assurance Report**

### **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. The content of each assurance report is agreed in advance with the Child Health Commissioner. |

|  |  |
| --- | --- |
| **1** | **Locally Agreed Targets and Outcomes** |
| 1.1 | Within *For Highland’s Children 4,* there are 14 high level outcome measures with a number of performance measures relating to each. The performance measures for the commissioned service sit within Outcome 4: ‘Children and young people experience healthy growth and development’. **Appendix 1** is an extract from the performance framework. |
| **2.** | **National Priorities, Targets and Standards** |
| 2.1 | **Allied Health Professionals – 18 week Referral to Treatment Time** |
| 2.1.1 | A report detailing the work of the Allied Health Professional Staff was presented to the October meeting of the Education, Children and Adult Services Committee. It has been suggested that this report and some of the innovative work of the AHP teams be the focus of discussion the January meeting of NHS Highland’s Health & Social Care Committee. |
| 2.1.2 | The report recognised that waiting times are important and noted that there had been considerable joint work undertaken by the NHS Service Planning team and Highland Council AHP staff to provide meaningful waiting time data for each of the AHP Services. There is still work to do to ensure that the quality of the data continues to improve. |
| 2.1.3 | Whilst waiting times are important, they are not the only measure of success. The report gave examples of the range of work that AHP staff are involved in, including how they are redesigning their services to better meet the needs of children, to cope with ever increasing demands and to develop preventative services: e.g. SLT staff work to support the development of positive relationships and early literacy, and the physiotherapy surveillance service for children with Cerebral Palsy to prevent hip dislocation. |
| 2.2 | **27-30 Month Child Health Review** |
| 2.2.1 | In *For Highland’s Children 4,* there is a performance target that aims to improve the uptake of the 27-30 month surveillance contact from the baseline measure of 52% to 95% by March 2016. This review is part of the preschool national Child Surveillance Screening Programme (CHSP). Highland Council has yet to meet this target, and performance is currently at 76%. |
| 2.2.2 | It was agreed with the Director of Public Health, that an audit of health visitor records should be undertaken for the cohort of 411 children born between August and September 2012, to determine why any reviews were not being undertaken.  Of the 411 children in the agreed cohort, 116 were recorded on the central system as not having received their review. During the audit, 17 health visitor records were not available to view. Of the remaining 99 records that were audited, 52 children (53%) had infact received a 27-30 month review, while 47 (47%) had not. This would give an overall uptake rate for the cohort of 84%, still short of the 95% target but more than the reported figure. |
| 2.2.3 | It was noted that 25 of the 52 children who had received the review did so after the age of 32 months, and they had not been counted as having had a review on the CHSP system. This has the effect of reducing the uptake rate of those children receiving the review by 32 months old, to 78%. |
| 2.2.4 | Uptake varied across the nine Family Teams, with the lowest uptake linked to those teams known to have reduced capacity. 18 families (4% of the total cohort) did not receive an invitation for a review. It is not clear why they did not receive the letter inviting them to participate in the review. |
| 2.2.5 | Reasons for the review not being undertaken were also reviewed. The most common reason was that families did not attend despite being offered a minimum of 2 appointments, or families declining the review. Other reasons included families having left the area or living temporarily abroad. |
| 2.2.6 | Further work is required to develop health visiting capacity in the Family Teams and ensure that vacant caseloads are adequately covered. However, these results would also suggest that to improve the overall uptake rate, work should be undertaken to better understand:   1. Why some parents don’t engage with this review 2. More clarity as to why many of these reviews are not being captured on the CHSP system 3. Why so many reviews are being undertaken after the 32 month cut off. |
| 2.3 | **Primary School Flu Vaccination Programme** |
| 2.3.1 | The 2015-16 schools based flu vaccination programme commenced in Highland Council primary schools on 27th October, and will run until the beginning of December. Lessons learned from the 2014 programme have been included in the planning of the current programme. |
| 2.4 | **Public Health Nursing Services – Future Focus CEL (2013) 13 - Health Visiting Implementation** |
| 2.4.1 | The NHS Highland Health Visiting Implementation Steering Group has the corporate oversight of this work, and is chaired by Pat Tyrrell, Deputy Director of Nursing and Midwifery. |
| 2.4.2 | Recommended caseloads for Health Visitors can vary from 100 to 400, depending on deprivation factors. The calculation for the recommended number of Health Visitors has been carried out by the NHS Highland Health Intelligence Team, supplemented by the Professional Judgement Workforce Planning Tool. |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Health Visitor Establishments** | |  |  |  | |  |  |  |  |  | | **Team** | **Required Wte** | **Wte at Integration** | **HC funded wte** | **Shortfall** | | Caithness | 8.0 | 5.4 | 0.2 | 2.4 | | Sutherland | 2.7 | 2.8 | 0.0 | -0.1 | | East Ross | 7.6 | 5.4 | 0.4 | 1.8 | | Mid Ross | 5.4 | 4.4 | 0.2 | 0.8 | | Skye Lochalsh and Wester Ross | 4.6 | 4.0 | 0.2 | 0.4 | | Lochaber | 5.5 | 3.8 | 1.2 | 0.5 | | Inverness West | 9.5 | 5.4 | 1.1 | 3.0 | | Inverness Central, Badenoch & Strathspey | 9.8 | 8.2 | 1.4 | 0.2 | | Inverness East & Nairn | 9.5 | 3.6 | 0.9 | 5.0 | | Total | 62.6 | 43.0 | 5.6 | 14.0 | |  |  |  |  |  | |  |  |  |  |  | | Notes: |  |  |  |  | | HV numbers have been calculated using caseload weighting and professional judgement tools | | | | | | SG funding will provide an additional 13.75 wte posts by 2018. | | |  |  | | SG funding covers direct salary costs, additional costs are not included (office and IT costs) | | | | | |
|  |  |
| 2.4.3 | As at 01 November 2015 there are no health visitor vacancies against the establishment of 48.6wte (establishment at integration and Highland Council additional posts). Twelve of the health visitor posts are filled with trainees, 5 of whom are expected to complete their training in January 2016. |
| 2.4.4 | The Care and Learning service is in the process of appointing to 3.8wte posts as part of the incremental increase in health visitor posts funded by the Scottish Government. |
| 2.4.5 | There is agreed Early Years Workload Prioritisation guidance in place. When a Family Team reports concerns regarding Early years capacity, an action plan based on this guidance is submitted to the Children’s Services Management team for approval. These plans are reviewed monthly. Where capacity issues raise professional concerns this is escalated to the Board Nurse Director. |
| 2.5 | **Public Health Nursing Services - Future Focus CEL (2013) 13 - School nursing review** |
| 2.5.1 | The school nursing review is still at the testing phase in 2 Scottish sites. The lack of a current school nursing course is creating governance issues for many Health Boards. This currently sits as a risk on the Governance and Risk Management Register for the integrated children’s service, and is being mitigated by providing supervision and support to nurses who are working in schools but who have not got the additional qualification. |
| **3.** | **Action Plans for Unmet Targets - Updates** |
| 3.1 | **Exclusive Breast-feeding Rates at 6-8 weeks (target of 36%**) |
| 3.1.1 | Breastfeeding rates in Highland have remained unchanged for the last 6 years, although the rate for exclusive breastfeeding at 6-8 weeks remains higher than the national average, albeit there has been a drop in the last reported period. |
| 3.1.2 | In an attempt to increase breastfeeding rates 4.00 wte Infant Feeding Support Workers have been appointed   * 1 WTE in Raigmore funded by the Maternal and Infant Nutrition Framework funding * 3 WTE funded by the Highland Council preventative spend   + 1.00 wte based in Easter Ross   + 1.00 wte based in Inverness   + 0.50 wte based in Caithness   + 0.50 wte based in Lochaber |
| 3.1.3 | The Infant Feeding Support Workers are employed by NHS Highland and are part of the midwifery teams, but continue to provide support for breastfeeding mums when they transition to the Health Visiting Service at 10 days post birth. This support is available to mothers as long as they continue to breastfeed and feel they need the support. It is considered important that they are based with the midwifery team so that they can support mothers in the immediate post delivery phase, to establish breastfeeding. |
| 3.1.4 | A detailed evaluation of the impact of the new service has been undertaken by NHS Highland, and the conclusion is that the early indications demonstrate a positive impact on breastfeeding rates at 6-8 weeks. It is also recognised that this is a relatively new service and it will take time for the impact to feed through into the national statistics and that there is a need for ongoing evaluation. |
| 3.1.5 | Highland Council will continue to provide funding for 3 of the 4 wte posts until at least March 2017, to allow the impact of the Infant Feeding Support Workers to become clear and, and will work closely with NHS Highland to consider ways in which the service might be expanded. Further discussion will also take place with NHS Highland about any additional investment in this service, taking account of the report consider by the Committee in August. |
| 3.2 | **Health Assessment for Looked After Children**  An exception report is attached as **Appendix 2.** |
| **4** | **Ongoing Reviews** |
| 4.1 | **Role of the Child Protection Advisor (Health)** |
| 4.1.1 | The Child Protection Advisor (CPA) role is a nationally recognised specialist nursing/midwifery role for the NHS in Scotland. In North Highland this is a commissioned service delivered on behalf of NHS Highland within the Care and Learning Service. |
| 4.1.2 | The Care and Learning Service over the last three years has seen a number of incremental changes. There have been changes in management structures and organisation arrangements and these have impacted on the role of the CPA’s. In addition, there have been concerns raised about the role from within the CPA team. |
| 4.1.3 | A review group was established with a broad remit of reviewing the role of the CPA’s to take account of the development of the family teams, the commissioning viewpoint of NHS Highland, their interagency role and the role of the newly established Practice Leads. |
| 4.1.4 | The work of the review group is now completed and the report is in the final draft stages, and will be considered by the Service Directorate. |
| **5.** | **Governance / Risk Management Issues** |
| 5.1 | As previously reported, there is a governance / risk management group within the Highland Council, specifically reviewing risks around the integrated health elements of the service. Membership of the group includes NHS representation, staff side representation, Children’s Services Managers and health professional leads. The group last met on 28 October 2015, and the Risk Register is in the process of being updated to reflect reassessment of risk and newly identified risks. Once updated, the Risk Register will be shared with the members of the group and risks escalated if the control measures are believed to be insufficient to manage the risk effectively. |
| 5.2 | The key risk areas under review include   * ICT risks (new risk) relating to health staff working on NHS sites who do not have reliable access to council systems. The Child Health Commissioner has asked for a report on the issues and will follow this up with colleagues in NHS Highland. * Inadequate archive systems and processes for child health records (new risk). This risk is being considered and assessed and will be added to the risk register. * Caseload sizes for health visitors. This risk is being reviewed in light of the increased establishments, successful appointments into Health Visitor vacancies and trainee health visitor posts. * Inability to recruit Qualified School Nurses. This risk is being reviewed to take account of Staff Nurses who have been appointed into School Nurse posts and the level of supervision they are receiving from qualified school nurses. * E-ksf review process, to ensure that health staff are competent. This risk is being reassessed to ensure that processes are in place to move to a paper based system at some point in the future. |
| **6** | **Forward Look** |
| 6.1 | **Preparation for Children and Young People’s (Scotland) Bill 2014** |
| 6.1.1 | There is no further update from the previous assurance report. |
| **7.** | **Financial Report** |
|  |  |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Commissioned Children's Services 15/16 - to September 2015** | | | | | | | |  |  | |  |  |  |  | | **Staff Group** | **Staff- budgeted FTE** | | **Annual Budget** | **Actual YTD** | **Projected Spend** | **Outturn** | |  | **Total** | **Total** | **Total** | **Total** | |  | **£000's** | **£000's** | **£000's** | **£000's** | |  |  | |  |  |  |  | | Nursing Management | 2.00 | | 133,819 | 66,278 | 133,164 | -655 | |  |  | |  |  |  |  | | **Family Teams staffing** |  | |  |  |  |  | | Practice Lead - Early Years | 10.80 | | 550,694 |  |  |  | | Practice Lead - Disability | 1.00 | | 48,938 |  |  |  | | CPT | 1.30 | | 72,611 |  |  |  | | Health Visiting | 52.59 | | 2,331,491 |  |  |  | | Disability Nurses | 3.62 | | 153,205 |  |  |  | | Staff Nurse | 7.03 | | 263,622 |  |  |  | | Nursery Nurse | 2.11 | | 63,929 |  |  |  | | School Nursing | 19.31 | | 847,566 |  |  |  | | Savings |  | | -274,846 |  |  |  | | **Total- Family Teams costs** |  | | 4,057,210 | 1,869,597 | 3,683,374 | -373,836 | |  |  | |  |  |  |  | | YAT nurses | 2.00 | | 94,126 | 2,824 | 49,824 | -44,302 | | Continence Products - contract |  | | 43,200 | 25,059 | 43,200 | 0 | | Cradle to Grave | 2.00 | | 85,757 | 23,633 | 56,496 | -29,261 | |  |  | |  |  |  |  | | LAC Respite - The Orchard | 9.35 | | 433,808 | 433,808 | 433,808 | 0 | |  |  | |  |  |  |  | | Health Improvement - Early Years | 2.00 | | 146,714 | 57,125 | 146,714 | 0 | | Health Improvement - Schools - immunisation | 0.50 | | 58,011 | 18,905 | 58,011 | 0 | | Health Improvement | 2.00 | | 104,837 | 37,414 | 104,837 | 0 | |  |  | |  |  |  |  | | Child Protection Advisors | 6.80 | | 362,290 | 150,964 | 313,699 | -48,591 | |  |  | |  |  |  |  | | **Allied Health Professionals** |  | |  |  |  |  | | Speech and Language Therapists | 36.69 | | 1,721,420 | 717,413 | 1,444,579 | -276,841 | | Occupational Therapists | 12.29 | | 506,287 | 248,024 | 498,253 | -8,034 | | Physiotherapists | 7.78 | | 321,918 | 164,051 | 319,857 | -2,061 | | Dietetics | 5.13 | | 233,092 | 109,248 | 218,556 | -14,536 | | Savings |  | | -92,138 | 0 | 0 | 92,138 | | AHP management team | 1.00 | | 127,830 | 52,186 | 123,160 | -4,670 | | Nutricia |  | | 50,000 | 0 | 83,159 | 33,159 | | Before Words |  | | 32,768 | 4,092 | 4,092 | -28,676 | | **Total- AHPs** |  | | 2,901,177 | 1,295,013 | 2,691,656 | -209,521 | |  |  | |  |  |  |  | | Primary Mental Health workers | 11.20 | | 521,575 | 232,690 | 478,125 | -43,450 | |  |  | |  |  |  |  | | Early Years Collaborative |  | | 2,000 | 0 | 2,000 | 0 | | Family Nurse Partnership |  | | 297,916 | 105,625 | 297,916 | 0 | |  |  | |  |  |  |  | | **Sub Total** |  | | **9,242,440** | **4,318,935** | **8,492,824** | **-749,616** | |  |  | |  |  |  |  | | Business Support and IT costs |  | | 587,739 | 258,475 | 553,213 | -34,526 | | Payments to Voluntary Organisations |  | | 122,103 | 61,052 | 122,103 | 0 | | Property (including The Pines) |  | | 113,875 | 118,476 | 130,631 | 16,756 | | Training |  | | 10,000 | 325 | 7,000 | -3,000 | |  |  | |  |  |  |  | | **Sub Total** |  | | **833,717** | **438,327** | **812,947** | **-20,770** | |  |  | |  |  |  |  | | **Total** |  | | **10,076,157** | **4,757,262** | **9,305,771** | **-770,386** | |  |  | |  |  |  |  | | **Funded by:** |  | |  |  |  |  | | NHS Highland |  | | 8,814,705 |  |  |  | | Highland Council |  | | 1,094,036 |  |  |  | | Scottish Government (Family Nurse Partnership funding) | | | 167,416 |  |  |  | |  | |  | **10,076,157** |  |  |  | |
| **8** | **Implications** |
| 8.1 | There are no resource, legal, equalities, climate change/carbon clever, risk, Gaelic or rural implications from this report. |

|  |  |
| --- | --- |
| **9** | Recommendation |
| 9.1 | Committee is asked to consider and comment on the issues raised in this report and to note that the format of this report remains under review. |

Designation: Director of Care and Learning

Date: 2 November 2015

Author: Sheena MacLeod, Head of Health

| **FHC4** | | **2011/12** | **2012/13** | **2013/14** | **2014/15** |  |  | | |  | | | |  | |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  | April | May | Jun | Jul | Aug | Sep | Oct | **Target / comment** | | **Imp Group** | | |
| Healthy | |  |  |  |  |  |  |  |  |  |  |  |  | |  | | |
| 4. Children and young people experience healthy growth and development | |  |  |  |  |  |  |  |  |  |  |  |  | |  | | |
| 26 | % of children reaching their developmental milestones at their 27 – 30 month health review will increase |  |  |  | 75.1% |  |  |  |  |  |  |  | EYC Stretch aim – 85% by December 2016 | | Early Years | | |
| 27 | % of children will achieve their key developmental milestones by time they enter school will increase |  |  | 85% | 87% |  |  |  |  |  |  |  | 85% | | Additional support Needs | | |
| 28 | % of children who reach their developmental milestones at entry to Primary four will increase |  |  |  |  |  |  |  |  |  |  |  | EYC Stretch aim –By 2018 (National aim) | | Early Years | | |
| 30 | Improve the uptake of 27-30 month surveillance contact from the baseline of 52% to 95% by March 2016 |  |  | 82,5% | 78.6% | 75.9% |  |  |  |  |  |  | 95% | | Early Years | | |
| 31 | 95% uptake of 6-8 week Child Health Surveillance contact |  |  | 85.1% | 81.7% | 76.5% |  |  |  |  |  |  | 95%  Health Surveillance contact has two elements (HV & GP) – measure used is number of forms returned by GP. Manual audit suggests HV contact is close to 100%. | | Early years | | |
| 32 | 6-8 week Child Health Surveillance contact showing no difference in uptake between the general population and those in areas of deprivation |  |  | 2.9% variation | 5.4% variation |  |  |  |  |  |  |  | No variance | | Early years | | |
| 33 | 6-8 week Child Health Surveillance contact showing no difference in uptake between the general population and Looked After Children |  |  |  |  |  |  |  |  |  |  |  | Awaiting Data from NHS Highland | | Early years | | |
| 34 | Achieve 36% of new born babies exclusively breastfed at 6-8 week review March-17 | 30.9% | 32.4% | 31.2% | 30.3% |  |  |  |  |  |  |  | Detailed in assurance report | | Maternal infant nutrition | | |
| 35 | Reduce % gap between most & least affluent areas for children exclusively breastfed at 6-8 weeks |  |  | 14.8% compared to 40.5% | 15.8% compared to 36.2% |  |  |  |  |  |  |  |  | | Maternal infant nutrition | | |
| 36 | Maintain 95% Allocation of Health Plan indicator at 6-8 week from birth (annual cumulative) |  | 97.3% | 99.5% | 99.7% | 99.5% |  |  |  |  |  |  | 95% | | Maternal infant nutrition | | |
| 37 | Maintain 95% uptake rate of MMR1 (% of 5 year olds) | 97.3% | 94.6% | 96.7%Q4 | 96.2% | 97.1% |  | 96.6% |  |  |  |  | 95% | | Early Years | | |
| 38 | Sustain the completion rate of P1 Child health assessment to 95% | 91.1% | 93.1% | 99.5%  Q4 | 99.0%  Q3 |  |  |  |  |  |  |  | 95%  Reported annually | | Early Years | | |
| 40 | The number of 2 year olds registered at 24 months with a dentist will increase year on year |  |  | 76.8% | 73.9% | 72% |  |  |  |  |  |  | Increase from 76.8 baseline | | Public Health and Wellbeing | | |
| 45 | 90% CAMHS referrals are seen within 18 weeks by December 2014 |  | 80.0% |  | 95.3% | 92.9% | 90% |  |  |  |  |  | 90% | | Mental Health | | |
| 46 | % of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95% | 23.3% | 70.0% | 66.7% | 66.7% | 68.8% | 66.7% | 66.7% | 71.4% | 70.0% | 64.3% |  | 95%  Amber status represents improvement post integration. | | Looked after Children | | |
| 47 | 95% of health assessments for LAC who are accommodated are available for the initial child’s plan meeting at six weeks |  |  |  |  |  | 66.7% | 63.6% | 75% | 83.3% |  |  | Looking for improvement from the 66.7% baseline. | | Looked after Children | | |
| 48 | Waiting times for AHP services to be within 18 weeks from referral to treatment |  |  |  |  |  |  |  |  |  | 87% |  | 95% | | Additional support Needs | | |
| 49 | 95% of children will have their P1 Body Mass index measured every year | 91.1% | 93.1% | 90.2% | 99.6% |  |  |  |  |  |  |  | 90%  Reported annually | | Public Health and Wellbeing | | |
| 50 | 80% of young women in S2 to receive HPV immunisation by March 2017 |  | 86.4% |  |  |  |  |  |  |  |  |  | 90%  Awaiting Data from NHS Highland | | Public Health and Wellbeing | | |
| 51 | The percentage of young women who receive HPV immunisation will be no different between the most and least deprived areas |  |  |  |  |  |  |  |  |  |  |  | Awaiting Data from NHS Highland | | Public Health and Wellbeing | | |
| 52 | The percentage of young women who receive HPV immunisation will be no different between the general population and the Looked After Children Population |  |  |  |  |  |  |  |  |  |  |  | Awaiting Data from NHS Highland | | Public Health and Wellbeing | | |

**Looked After Children (LAC) Health Assessments - Exception Report**

**Targets**

* **The percentage of statutory health assessments completed within 4 weeks of the child becoming Looked After will increase to 95%**
* **95% of health assessments for LAC who are accommodated are available for the initial child’s plan meeting (at 6 weeks) - revised performance measure agreed at Strategic Commissioning Group September 2016**

|  |
| --- |
| **1 Background** |
| Children who become Looked After are required to have a health assessment carried out (The Looked After Children (Scotland) Regulations 2009). It is recommended that this is done within 4 weeks of notification to the Health Board. However, the Highland Council performance measurement is from the earlier point, of when the child becomes looked after.  The purpose of carrying out the health assessment is to   1. identify previously unidentified health needs, and 2. ensure that health information is available to support decision making at the Child’s Plan Meeting.   While performance has increased from the level of 23%, prior to integration, it has plateaued at 65/70%.  Performance data is not reported at national level, which continues to make comparison with other areas of Scotland difficult.  The majority of NHS Boards (including NHS Highland in Argyle & Bute) offer LAC health assessment through specialist teams and community paediatrics using the British Association of Foster and Adoption medical assessment documentation. These assessments are, in the main, restricted to the cohort of LAC placed away from home. Highland have, since 2009, included all LAC in the statutory health assessment process with assessments undertaken by staff in universal health services using the My World Assessment framework. Performance measurement for health assessments within 4 weeks of the child becoming Looked After will therefore continue to include all LAC. It should be noted however that this significantly increases the scope and thus the service demand by around 35%.  The requirement to ensure that health information is included in the Child’s Plan, does not mean that this is simply appended to the Plan. It should be integrated by the lead professional, as part of the multi-agency assessment. |

|  |
| --- |
| 1. **Current Position** |
| **Statutory health assessments**  Statutory health assessments are carried out by the health partner to the Childs Plan (school nurses, health visitors, learning disability nurses and FNP nurses). There are challenges around ensuring that these are done within the 4 week timeframe from when a child becomes looked after. This is because of vacant posts, the training needs of newly appointed staff, and competing priorities (for example school immunisation programmes).  In addition, “The Guidance on Health Assessments for Looked After Children and Young People, 2014” means that health assessments have become more comprehensive and consequently take more time to complete.  A recent small sample audit carried out by the Lead Nurse for LAC demonstrated a number of key strengths in the health assessment process including   * the effective use of the Highland Practice Model, * the improvement in skills and competencies in the nursing workforce through a learning and development programme for LAC * the improvement in the quality of health assessments.   It also highlighted areas for improvement, specifically   * greater clarity around the consent process for health assessment and interventions * improvement in the notification process from the lead professional.   Analysis of annual data from 01 August 2014 to 31 July 2015 shows that 86% of children had health assessments after becoming looked after. The 14% shortfall was acco8unted for by children who ceased to be looked after within a short time frame, emergency placements, and young people who refused to have a health assessment.  LAC Health Assessments - Timescales for Completion of Assessment   |  |  |  |  | | --- | --- | --- | --- | | Completed within 4 weeks | Completed between 4 and 8 weeks | Completed beyond 8 weeks | Not completed | | 65% | 9% | 12% | 14% |   **Health Information and the Childs Plan**  The Child’s Plan is the single plan which reflects the strengths, pressures and needs of the child, and is compiled by the lead professional, who is a social worker. The Child’s Plan is not simply a compilation of numerous reports and views. It is a plan which should accurately and proportionately reflect the child’s needs after multi-agency assessment and discussion with the child and family. This can be a complex process.  The date of the initial Childs Plan Meeting varies, according to the placement type and according to which part of the legal statute supports the status of being Looked After. The performance measure which set the timescale for the health information to be in the child’s plan within 6 weeks for all LAC, regardless of placement or statute was therefore inappropriate. This performance measure has now been revised to be applicable to LAC who have been accommodated and where there is a legal requirement to have a child’s plan meeting within 6 weeks. |

|  |
| --- |
| 1. **Action Plan** |
| In order to address the issues noted and improve performance the following actions are in place:   * Prioritisation for this issue for staff and managers in the family teams. * Additional support and training for nursing staff will continue through the Lead Nurse for LAC * Additional support and learning for family teams will be provided by the Lead Nurse for LAC. Topics include: health awareness, health assessments, use of clinical support tools, attachment and child development, sexual health and risk taking behaviour. * Newly appointed members of the family teams will be included in the rolling learning and development programme. * Escalation process will continue to ensure that Children’s Services Managers are aware of improvement and performance priorities. * The LAC Improvement Group will continue to manage and monitor progress of improvement priorities within the LAC Health Service. * There will be additional dedicated LAC nursing staff to support the health assessment process. |

|  |
| --- |
| 1. **Expected impact of Actions** |
| * A continued improvement in the quality of health assessment for Looked After Children * An increased confidence and competence of newly qualified health staff. * An increase in the available support for staff across Family Teams in respect of health and Looked After Children * Performance Management data which is more attuned to legal requirements, recommendations and providing a benchmark for Improvement |

Jane Park/Sheena MacLeod

Lead Nurse LAC / Head of Health

October 2015