Agenda Item	14.
Report No	PEO 15/17

HIGHLAND COUNCIL

Committee: **People Committee**

Date: **23 August 2017**

Report Title: **NHS Highland Assurance Report**

Report By: **Director of Care and Learning**

1. Purpose/Executive Summary

1.1 The purpose of the 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 informed by the Highland Health and Social Care Committee and discussion with the Child Health Commissioner.

2. Recommendations

2.1 Members are asked to:

i. Scrutinise the data and issues raised in this report. Comments will be incorporated into a report to NHS Highland as part of the agreed governance arrangements.

3 Positive Progress and Transformation

3.1 Family Nurse Partnership

The Family Nurse Partnership (FNP) provides a programme of support to young first-time parents aged 19 or under. A specially trained family nurse visits the young mum regularly, from the early stages of pregnancy until the child is two. The FNP programme is underpinned by an internationally recognised robust evidence base, which shows it can improve health, social and educational outcomes in the short, medium and long term, while also providing positive economic returns

3.2 The programme in Highland is funded directly by the Scottish Government and has, until now, offered limited coverage which meant that not all parents who met the criteria were able to access the service. Funding confirmed for 2017/18 enables the programme to provide a continuous rolling service in the Mid and South areas, following the local expansion plan previously agreed. This has enabled the appointment of an additional nurse to the team, which now consists of one supervisor and five nurses.

3.3 The next stage of implementation would be in Caithness and Lochaber, but as teenage birth rates are falling in these areas, further discussion is required on the model of delivery - for example, possibly a dual role post.

3.4 The Scottish Government is interested in exploring new delivery models. Phase 3 of the roll-out would be into more rural areas where a dedicated specially trained Family Nurse would not be feasible, given very low incidence of teenage pregnancy.

3.5 Immunisation team pilot

3.5.1 Following the approval by the Committee in June, steps have been taken to establish a pilot team for the South and Mid areas to provide a dedicated immunisation service.

3.6 Improvement work led by the Child Health Commissioner

3.6.1 The Child Health Commissioner has initiated two new pieces of improvement work which may have significant impact on Highland Council services for children and young people. The first is a review of the arrangement for admission to Raigmore Hospital children's ward when young people exhibit significant self-harming behaviour. The second is a review of the resources available for children who are technology dependant and receive respite in Raigmore Hospital.

3.7 Representatives have been identified to take part on behalf of Highland Council in both reviews, which will begin with a process mapping exercise but may lead to recommendations for alternative delivery models which may have implications for Council services or resources.

4 Areas for Development – Allied Health Professionals waiting times

4.1 The latest figures for waiting times for AHPs show that Physiotherapy staff are meeting the target of 90% seen within 18 weeks. However the other services are not – see below. For all professions, the number of requests for service and AHP reported complexity continues to increase.

Compliance as at 30/6/17 (Performance at 31/3/17 in brackets)

Profession	Total waiting	Number < 18 weeks	% < 18 weeks
Dietetics	165 (138)	118 (118)	72% (86%)
Occupational Therapy	74 (75)	50 (72)	68% (96%)
Physiotherapy	21 (36)	21 (35)	100% (97%)
Speech and Language Therapy	306 (411)	216 (295)	71% (72%)
Total	566 (660)	405 (520)	72% (79%)

4.2 Dietetics

4.2.1 This is a small team of 4.45WTE Dieticians, and they currently have one Dietician (0.6WTE) on maternity leave for which cover has been arranged through team members taking on additional hours. The team is working on agreeing core services and developing early intervention, prevention and signposting to support materials and training. They are also looking to clarify the expectations from partners.

4.3 Occupational therapy

4.3.1 The team of 12 OTs has 2 vacancies at present and 2 members of staff are on sick leave. We have recently recruited to one post but were unable to fill the Golspie post. It will be re-advertised with an Inverness/Golspie base, which is more likely to attract applicants.

4.4 Speech and Language Therapy

4.4.1 Numbers of children waiting have decreased from 411 to 306.

4.4.2 However, there are ongoing challenges, with four posts not presently filled due to leave arrangements or vacancies.

4.4.3 The team has recently recruited to both SLT posts and a support worker in Skye and Lochalsh, so the wait times there should decrease.

4.4.4 The Neurodevelopmental assessment service is being set up, and SLTs are focussing on completing the outstanding locality assessment before the new service can start fully. This has increased wait times in other parts of the service, but will potentially have shorter wait times for those children who need combined neurodevelopmental assessment.

4.4.5 The team is working on agreeing core services and developing early intervention, prevention and signposting to support materials and training. They are also looking to clarify the expectations from Speech and Language Therapy Services, and from partners.

5. Balanced Scorecard

5.1 NHS Highland has informed the Council that data will be produced on a quarterly basis, which does not align with the committee cycle. There is therefore no new data for this report, and the next update will be in September.

5.2 The most recent scorecard is attached at **Appendix 1**, and as it is the same as reported to the last People Committee, there is no new commentary.

6. Implications

6.1 Resources

6.1.1 The integrated finance revenue report is attached at **Appendix 2**.

6.1.2 Funding for the Family Nurse Partnership is passported by NHS Highland from the Scottish Government, and the budget for 2017/18 has been confirmed as £354,271

6.1.3 Health Visitor funding is being increased in line with national plans previously reported, but for 2016/17, agreement was reached with NHS Highland to accept a settlement which was a reduction on the full cost of the additional posts rolled out in that year.

6.1.4 For 2017/18, confirmation has been received of an additional allocation of £157,655 which will cover the basic pay of the identified 13.25 FTE additional Health Visitor posts, but not full on-costs. This may create a pressure as the trainees complete their training.

6.1.5 **Appendix 3** shows the distribution of the final tranche of additional Health Visitor posts.

6.2 Legal

6.2.1 There are no issues identified.

6.3 Community (Equality, Poverty and Rural)

6.3.1 The expanded Family Nurse Partnership coverage will allow more young parents and their children to access this specialist service.

6.3.2 As previously reported, the allocation of Health Visitor posts is determined by the Scottish Government based on a National Caseload Weighting tool. It is recognised that this gives insufficient weight to rurality, being based on SIMD data which directs resources to deprived areas, rather than to deprived families.

Neither does it take into account the increase in delivery costs in rural areas.

6.3.3 The Health Intelligence team at NHS Highland advises that it is not possible to seek to change the tool and to counteract the inherent issues.

6.3.4 A “Professional Judgement Tool” was developed to sit alongside the Caseload Weighting tool. This is based on workload analysis, not just caseload numbers, and has led to adjustments of allocations, particularly to Sutherland, Skye and Wester Ross.

6.4 **Climate Change / Carbon Clever**

6.4.1 There are no new issues.

6.5 **Risk**

6.5.1 No new risks have been identified. Risks are routinely reported to the NHS Highland Risk Governance Group.

6.6 **Gaelic**

6.6.1 There are no issues identified.

Designation Director of Care and Learning

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Date 7 August 2017

Appendix 1

Balanced Scorecard

Key
Performance improving
Performance declining
Performance is stable

HEALTHY Outcome 4. Children and young people experience healthy growth and development							
	Indicators	**Target**	**Baseline**	**Status**	**Improvement Group**	**Current performance**	**Comment**
20	% of children reaching their developmental milestones at their 27 – 30 month health review will increase	85%	75%		Early Years	79%	Reported annually
21	% of children will achieve their key developmental milestones by time they enter school will increase	85%	85%		Additional support Needs	87%	Reported annually
22	There will be a reduction in the percentage gap between the most and least deprived parts of Highland for low birth weight babies	Improve from baseline	2.7%		Early Years	4.2%	Reported annually
23	Improve the uptake of 27-30 month surveillance contact from the baseline of 52% to 95%	95%	82.5%		Early Years	87.6%	Reported quarterly
24	95% uptake of 6-8 week Child Health Surveillance contact	95%	85.1%		Early years	82%	Reported quarterly
25	6-8 week Child Health Surveillance contact showing no difference in uptake between the general population and those in areas of deprivation	No variance	-8.4%		Early years	-5.7%	Reported annually
26	Achieve 36% of new born babies exclusively breastfed at 6-8 week review	36%	30.3%		Maternal infant nutrition	31.3%	Reported quarterly
27	Reduce % gap between most & least affluent areas for children exclusively breastfed at 6-8 weeks	Improve from baseline	14.4% compared to 41.9%		Maternal infant nutrition	15.8% compared to 38.8%	Reported annually
28	Maintain 95% Allocation of Health Plan indicator at 6-8 week from birth (annual cumulative)	95%	97.3%		Maternal infant nutrition	100%	Reported quarterly

29	Maintain 95% uptake rate of MMR1 (% of 5 year olds)	95%	94.6%		Early Years	96.3%	Reported quarterly
30	Sustain the completion rate of P1 Child health assessment to 95%	95%	93.1%		Early Years	99.8%	Reported quarterly
31	The number of 2 year olds registered at 24 months with a dentist will increase year on year	Improve from baseline	73.9%		Public Health and Wellbeing	73.4%	Reported quarterly
32	The number of 2 years olds who have seen a dentist in the preceding 12 months will increase	Improve from baseline	67.3%		Public Health and Wellbeing	42.9%	Reported quarterly
33	Waiting times for AHP services to be within 18 weeks from referral to treatment	95%	85%		Additional support Needs	80%	Reported quarterly
34	95% of children will have their P1 Body Mass index measured every year	95%	91.1%		Early Years	94.5%	Reported annually
35	90% CAMHS referrals are seen within 18 weeks	90%	80%		Mental Health	93%	Reported quarterly
36	% of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	95%	70%		Looked after children	85%	Reported quarterly
37	95% of health assessments for LAC who are accommodated are available for the initial child's plan meeting at six weeks	Improve from baseline	66.7%		Looked after children	67%	Reported quarterly
Outcome 5. Children and young people make well-informed choices about healthy and safe lifestyles							
38	The number of hits on pages relating to children and young people on the Substance Misuse Website increases	Improve from baseline	422		Public Health and Wellbeing	538	Reported annually
39	Self reported incidence of smoking will decrease (P7)	Improve from baseline	0.5%		Public Health and Wellbeing	1%	Data from 2015 Lifestyle Survey
40	Self reported incidence of smoking will decrease (S2)	Improve from baseline	5.5%		Public Health and Wellbeing	3%	Data from 2015 Lifestyle Survey
41	Self reported incidence of smoking will decrease (S4)	Improve from baseline	12.%		Public Health and Wellbeing	10%	Data from 2015 Lifestyle Survey

Appendix 2

Integrated Finance Report

June 2017 Integrated Health Monitoring Statement				
Activity	**Budget**	**Actual to Date**	**Projection**	**Variance**
Allied Health Professionals	3,144,741	678,015	2,849,700	-295,041
Service Support and Management	1,135,215	319,659	1,076,259	-58,956
Child Protection	447,080	90,841	377,426	-69,654
Health and Health Improvement	461,906	124,360	414,035	-47,871
Family Teams	16,811,108	3,926,224	16,221,777	-589,331
The Orchard	1,190,316	259,858	1,190,316	0
Youth Action Services	1,474,075	247,305	1,322,091	-151,984
Primary Mental Health Workers	542,930	136,090	541,235	-1,695
Payments to Voluntary Organisations	953,774	467,013	953,774	0
Total	**26,161,145**	**6,249,365**	**24,946,613**	**-1,214,532**
Commissioned Children's Services income from NHSH	**-9,562,142**	**-33,653**	**-9,562,142**	**0**

Appendix 3

Family Team	2016/17 funded establishment (HV FTE)	Caseload weighting tool results adjusted for professional judgement (HV FTE)	Additions (subtractions) to current establishment
Caithness	6.7	7.5	0.8
Sutherland	2.5	2.5	0
East Ross	6.8	7.6	0.8
Mid Ross	5.2	5.9	0.7
Skye, Lochalsh, Wester Ross & Assynt	4.5	4.5	0
Lochaber	5.5	5.5	0
Inverness West	10	10	0
Inverness Central, Badenoch & Strathspey	10.8	12.4	1.6
Inverness East & Nairnshire	8.2	7.8	-0.4
	60.2	**63.7**	**3.5**

Note: The required adjustment to Inverness East & Nairnshire is based on a boundary error in the previous calculations.