

## **SOA Annual Performance Review – Early Years**

### **The Performance Framework for integrated children's services**

The performance management framework developed within our integrated children's service plan, 'For Highlands children 4' (FHC4) is designed around the achievement of better outcomes for Highlands's children, their families and the communities in which they live.

The outcomes relate to the impact of services on the well-being of children and young people using the SHANARRI indicators. It focuses on their experiences and the extent to which their lives and life opportunities will be enhanced to ensure they are:

- Safe
- Healthy
- Achieving
- Nurtured
- Active
- Respected and Responsible
- Included

The performance framework is designed to monitor and scrutinise progress in meeting the outcomes. The performance measures in this framework are high level.

More detailed performance measures against outcomes in Improvement group plans are contained within individual improvement group plans.

### **How are We Performing?**

#### **Early Years.**

This area of our framework has a specific focus on the following outcomes.

1. Children and young people experience healthy growth and development.
2. Children and young people are supported to achieve their potential in all areas of development.
3. Children and young people thrive as a result of nurturing relationships and stable environments.

The indicators show improvement in the majority of measures during the last year.

Significant improvement activity has taken place over the last three years to ensure robust and detailed data concerning children achieving their developmental milestones is available. This data is collated from detailed developmental overviews undertaken on every child in the Highlands.

A significant focus around improving breastfeeding rates across Highland has resulted in the achievement of the 36% target for the first time during the last year.

<b>Indicators</b>	<b>Baseline</b>	<b>Current performance</b>	<b>Comments</b>
The number of children entering P1 who demonstrate an ability to develop positive relationships increases	91%	94%	This percentage is based on an evaluation of all children in the highland area.
Every district in Highland is able to deliver a core suite of parenting interventions			New measure
The percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	75%	79%	Data shows steady improvement throughout the year.
The percentage of children achieving their key developmental milestones by time they enter school will increase	85%	87%	A mechanism for the extensive evaluation of all children across highland has been developed in recent years.
Achieve 36% of new born babies exclusively breastfed at 6-8 week review	30.3%	34.5%	The 36% target was met for the first time during the second quarter of this year.
Sustain the completion rate of P1 Child health assessment to 95%	93.1	99.8%	Performance has been consistently good throughout the year.
Waiting times for AHP services to be within 18 weeks from referral to treatment	85%	80%	The waiting times for Dietetics, Physiotherapy and Occupational Therapy are within the 90% target

A number of more specific outcomes relating to Children in the early years are reported on throughout the year and the following provides a rationale for current performance.

**Outcome: Children and Young People Experience Healthy Growth and Development**

Performance Measure	Current Situation
<p>The percentage of children who reach their developmental milestones at their 27 – 30 month health review will increase year on year</p>	<p>The 27-30 month review aims to assess child wellbeing and to promote early child development (particularly social/ emotional and language/cognitive development).</p> <p>Locally revised tools for undertaking this review are now used across all family teams. With the revision of the Health Visitor pathway this remains under review.</p> <p>ISD (National Data for 2013/14) showed that 72% of children who had a 27-30 month review had no concerns identified, Information provided by NHS Highland health intelligence team indicates that in 2014/15 75% of children reached their developmental milestones and that in 2015/16 this figure has risen to 79%.</p> <p>The stretch aim has been revised and now reads:</p> <p>“By 2020, at least 85% of children within each SIMD quintile of the CPP will have reached all of their developmental milestones at the time of their 27 – 30 month child health review.”</p>
<p>The percentage of children who reach their developmental milestones at entry to Primary one will increase year on year</p>	<p>An assessment model has been agreed and developmental overviews are now used across Highland providing rich data for each child on entry to school. The data shows that 85% of children met their developmental milestones in 2013/14 with 87% achieving in 2014/15. This figure has remained at 87% for the year 2015/16.</p> <p>This target was set against a pre-existing national stretch aim that 85% of children would reach their developmental milestones at entry to Primary one by 2019..</p> <p>We will continue to use developmental overviews to monitor this target within Highland in coming years although consideration will be required to reflect on how we report on the new stretch aims for children at this stage.</p> <p>The new stretch aims state:</p>

	<ul style="list-style-type: none"> <li>• By 2020, at least 85% of children within each SIMD quintile of the CPP will have reached all of their developmental milestones by the time of their 4-5 year child health review.</li> <li>• By 2020, at least 85% of children within each SIMD quintile will have successfully achieved early level literacy, numeracy and are progressing in health and wellbeing as evidenced by SHANARRI indicators by the end of primary 1.</li> </ul>
<p>There will be a reduction in the percentage gap between the most and least affluent parts of Highland for low birth weight babies</p>	<p>The performance measure for this now reads; There will be a reduction in the percentage gap between the most and least deprived parts of Highland for low birth weight babies</p> <p>Although variable, the latest data from NHS Highland shows that the percentage difference has risen from a baseline of 2.9% in 2013 to the current position of 4.2%.</p>
<p>Improve the uptake of 27-30 month surveillance contact from the baseline of 52% to 95% by March 2016</p>	<p>Improvement work is underway to increase the uptake. National ISD data indicates that coverage increased from 34% to 82% in the year 2013/14. This dropped to 79% in the year 2014/15 and remained the same for the year 2015/16. Data for June 2016 shows this to be at 84.1% which is a significant increase from the year end figure of 78.8%.</p> <p>Uptake of 27-30 month child health surveillance contact is currently reported as 87.6% (previous quarter 85.6%).</p> <p>A delivery plan is currently in place to demonstrate improvement in the uptake acknowledging the joint accountabilities of General Practitioners and Health Visitors</p>
<p>95% uptake of 6-8 week Child Health Surveillance contact showing no difference in the uptake between the general population and the least affluent parts of Highland.</p>	<p>The data shows a variable picture with 8.4% poorer uptake in areas of deprivation in 2014. However, this trend reversed in 2015 with a 5.7% greater uptake of 6-8 week contact in areas of deprivation.</p> <p>More generally, uptake of 6-8 week</p>

	<p>surveillance contact is currently reported at 81.3% (a small fall from previous quarter of 84.8). Return of the form from GPs remains problematic and improvement work with Primary Care Managers through the Child Health Commissioner continues</p>
<p>There will be a reduction in the percentage gap between the most and least affluent parts of Highland in the number of children exclusively breastfed at the 6-8 week review</p>	<p>The data shows that in 2014/15 there was a variation of 15.8% of children exclusively breastfed compared to 36.2% in the general population. Data for 2015/16 shows the variation to be 18.8% compared to 31.7% in the general population.</p> <p>With regard to the number of children exclusively breastfed at 6 -8 weeks in the general population, the latest data from NHS Highland shows that although the target of 36% of new born babies being exclusively breastfed at their 6-8 week review was achieved last quarter, the current performance is 31.3%.</p>

**Outcome: Children and young people make well-informed choices about health and safe lifestyles**

<b>Performance Measure</b>	<b>Current Situation</b>
<p>The number of early years providers who offer children healthy snack choices will increase</p>	<p>This measure has been met as all Early Learning and Childcare settings currently offer healthy snacks in accordance with national and local guidance.</p>
<p>The number of pre school aged children who have access to energetic physical play increases</p>	<p>This measure has been met as all Early Learning and Childcare settings are currently providing the required 20 minutes energetic physical play on a daily basis either indoors or outdoors.</p>

**Outcome: Families receive support, advice and guidance which is well-matched to their needs and available in ways which helps them to prepare for the various developmental stages**

Performance Measure	Current Situation
The number of staff trained in the use of approved parenting programmes increases	Approved parenting programmes include Baby massage, Solihull Approach, Incredible Years, Triple P and PEEP. Records currently exist and a baseline has now been established and progress reported on every 6 months.(March & September). The key area of focus in terms of improvement work is training staff in the Incredible Years parenting programme, which is aimed at parents / carers of 3-4 year old children with severely disruptive behaviour. Additional staff have been trained and parenting programmes have been established across the districts.
The number of areas producing an annual plan for delivering universal and targeted support to parents increases	All 4 areas have just about completed a mapping exercise to identify parenting support available in their area. This will inform the development of plans to support local needs. This measure has been further refined to now read; Every district in Highland is able to deliver a core suite of parenting interventions. A baseline is still to be established.
Increase the number of parents participating in a validated parenting course who have 3-4 year olds with severely disruptive behaviour	This measure is now included within the core suite of parenting interventions and will be reported as above.
The number of schools offering sessions and/or written information to parents about child development at transition to P1 increases	Audit methodology has been agreed and there is baseline data which tells us that all schools offer sessions to parents. Further work continues to consider the quality and consistency of the information offered.

**Outcome: Families are valued as important contributors and work as equal partners to ensure positive outcomes for their children and young people.**

Performance Measure	Current Situation
<p>Family Nurse Partnership fidelity goals will be achieved</p>	<p>The detail of the Family Nurse Partnership fidelity goals are reported monthly to the Scottish Government and monitored through the Highland FNP Project Board. All goals having been achieved.</p> <p>At present the Family Nurse partnership in the Highland Health and Social Care Partnership is funded by the Scottish Government and delivered through the Care and Learning Service Highland Council</p> <p>During 2017/18 are currently;</p> <p>Concluding funding discussions with Scottish Government with regard to funding for 2017/18 for the Highland Health and Social Care Partnership</p> <p>Recruiting to posts to ensure rolling programme of FNP within the current geography</p> <p>Working with Scottish Government to look at funding options and service models to achieve the full reach across the Highland Health and Social Care Partnership</p> <p>Sharing learning from FNP programme with universal health visiting services, namely motivational interviewing and strengths based approaches</p>

## **The Children and Young People Improvement Collaborative**

The Early Years Collaborative (EYC) and Raising Attainment for All initiative (RAFA) have now been combined by Scottish government to become the Children and Young People Improvement Collaborative (CYPIC). This collaborative continues to develop a method and culture for delivering improvement. Frontline staff and managers across a range of services are using the 'Model for Improvement' to accelerate change. This model is consistent with the improvement framework outlined within For Highland's Children 4. The model for improvement is being used increasingly to support improvement both within improvement groups and across area and family teams. This work is currently being promoted extensively with the support of the Children's Planning Manager.

### **Quality improvement**

The Supporting Improvement Co-ordination Group continues to have a key role in leading and driving forward improvement. A quality Improvement learning network has been established and its first 6 month learning programme has been completed. The programme provided an opportunity to for eight participants across the CPP to develop skills to support the use of improvement methodology and build capacity within services. This programme has been evaluated by participants and mentors to be a highly effective mechanism for embedding the model for improvement. The second quality improvement learning network is currently underway and brings together twelve participants from across the CPP working on a wide range of projects. Many of the projects are collaborative with participants working on shared projects across services.

A number of CCP's across Scotland were successful in their bid to attract additional Scottish Government funded training over the next year. Highland CPP have been able to attract funding for both sets of training. An improvement coach has been identified and is undertaking intensive training provided by the Institute of Health Improvement. In addition, a team of improvers from the CPP is currently undertaking extensive team training which will enhance learning and enable improvement methodology to be further embedded.