

Agenda Item	11.
Report No	CLH 09/18

HIGHLAND COUNCIL

Committee: Care, Learning and Housing

Date: 30 May 2018

Report Title: **NHS Highland Assurance Report**

Report By: Director of Care and Learning

1. Purpose/Executive Summary

- 1.1 The report sets out current issues, progress and risk in relation to health services commissioned from Highland Council by NHS Highland.
- 1.2 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 contents and make comments which will be incorporated into a report to NHS Highland.

3. Allied Health Professionals

- 3.1 Allied Health Professionals had made significant progress with reducing waits for more children and young people but following staffing difficulties numbers waiting and those waiting more than 18 weeks have increased for some. At present the Service is within target for Physiotherapy, while Occupational Therapy (OT), Speech and Language Therapy (SLT), and Dietetics are out with targets.
- 3.2 Staffing continues to be an issue, particularly for Speech and Language Therapy. The Council has recruited to some OT posts recently, so expect waits should decrease.
- 3.3 As presented to the Joint Monitoring Committee in April, work is ongoing on all initiatives, such as: managing caseloads, developing plans for recruitment and retention, workforce planning, increasing the use of technology, supporting early help and self-care, ensuring effective request management and developing collaborative relationships with children, young people, parents and professionals.
- 3.4 The April 2018 figures are as follows (with Jan 2018 figures bracketed):

Profession	Total number waiting		Number waiting <18 wks		% <18 wks	
Dietetics	202	(132)	139	(93)	69%	(70%)
Occupational Therapy	54	(71)	40	(65)	74%	(92%)
Physiotherapy	34	(16)	34	(16)	100%	(100%)
Speech and Language Therapy	281	(182)	207	(163)	74%	(90%)
Total	571	(401)	420	(337)	74%	(84%)

4. Measuring Body Mass Index (BMI) rates in the child population

- 4.1 Obesity is one of the biggest public health challenges we face in Scotland, given the significant, but largely preventable, harms to health and associated costs to the health and social care services and the economy. The Scottish Government monitors obesity trends through the Population Health Directorate to determine whether recent public health initiatives are being effective in stopping the rise in obesity levels. One of these public health measures is the monitoring of the Body Mass Index (BMI) in all Primary 1 children.
- 4.2 Traditionally, the BMI has been part of the Primary 1 health review, undertaken by the school nursing service. However the rate of data collection has fallen across Scotland from 91.8% in school year 2015-16 to 83.5% in 2016-17. As reported to the last Committee, in the same period in Highland, the rate dropped from 94.5% to 82.4%.
- 4.3 There are several reasons for this fall:
- Across Scotland, the School Nursing Review has focussed the role of school nurses on more vulnerable children and young people where health outcomes are worst and therefore work has been targeted around areas such as tier one mental health interventions, meeting health needs in Looked After Children and those where there are child protection concerns. This has diverted resources away from the universal screening role.
 - There is a national shortage of school nurses, as with many specialist health roles. In Highland there is a current establishment of 26FTE qualified school nursing

posts, out of which there are 7.3FTE vacancies, with another 2 retirements happening at the end of May. Because of the national review the school nurse post-registration courses were required to be redesigned and were unavailable for 2 years, only gaining approval from the Nursing & Midwifery Council in 2017. Highland Council has one school nurse who has commenced this revised course and has appointed another 8 trainees to begin the course in September this year.

- The newly introduced Universal Health Visitor Pathway includes a health review for all children aged between 4-5 years. While this review is not due to be introduced in Highland until June 2019 it is being undertaken in some Board areas with the expectation that those children receiving it will not require a further review the following year in Primary 1. Again this has shifted focus away from screening in this age group.
- Typically when there are staff capacity issues the professional direction is to ensure that the urgent, additional work is prioritised to ensure that child-centred, individualised care is provided. This is usually to the detriment of non-urgent, universal tasks.

4.4 A letter has been sent from the Scottish Government Population Health Directorate to all Health Boards reiterating the importance of this Primary 1 BMI measure and advising that there is no plan, at present, to move away from this measure or to change the current collection arrangements. Boards are asked to make sure staff understand this and request that actions are taken to ensure that this measure is prioritised.

4.5 Recent discussions have been held with the NHS Highland Child Health Commissioner, including colleagues from the NHS Highland Child Health Department, Health Improvement, Care & Learning and Argyll & Bute Integrated Joint Board. The following actions have been agreed:

- The professional leads for Care & Learning & Argyll & Bute Integrated Joint Board are to work with local teams to encourage the prioritisation of BMI recording for all Primary 1 children by the end of this school session.
- The Child Health Department will run reports of current BMI recording rates for each team so that any teams struggling to complete these can be assisted.

4.6 As part of this investigation into falling BMI recording, it has become apparent that the input by the school nursing service at the Primary 1 review varies across the authority, and that generally a far more detailed assessment is undertaken in Highland than in other NHS Board areas. It has been agreed that a larger piece of work is required to confirm the nationally required content of the Primary 1 review, to ensure that there is equity of service across Highland and with the rest of Scotland. In addition, further work is needed to look at the required skill mix of the school nursing service in the Family Teams, to ensure that outcomes for the service can be met. This is being progressed through the School Nursing Implementation Group.

5. Assurance Reporting Process

5.1 NHS Highland is reviewing the assurance reporting process for commissioned Children's Services, along with the arrangements around adult services. Reports will now be considered at a new Finance and Performance sub-committee, rather than the full Health and Social Care Committee, with the aim of giving more time for scrutiny and discussion around Children's Services.

5.2 This is in line with the proposals recently agreed by the Council for revised governance processes, that are also being presented to the Health Board.

6. **Review of Family Team management structure**

6.1 The management arrangements for integrated Family Teams in Children's Services are under review currently, due to a savings measure approved as part of the Highland Council budget. Revised Job Descriptions are being drafted for management posts, and the overall number of management posts is being reduced. This includes the management of Health Visitor and School Nurses. Meetings with Trade Unions have included the Royal College of Nursing representative and consultation meetings with staff have included the Principal Officer of Nursing. The review process is expected to be completed by the end of the summer.

7. **Balanced Scorecard**

7.1 The Balanced scorecard is attached at **Appendix 1**. As noted in the Performance report, there remains an issue in being able to report up to date data for many of these measures. This is being addressed by NHS Highland.

8. **Implications**

8.1 Resources

The latest finance monitoring report is attached at **Appendix 2**. It should be noted that the uplift of 1.5% in the quantum finance provided by NHS Highland for 2018/19 will not cover all the anticipated increase in staffing costs due to national pay awards.

8.2 Legal

No implications identified.

8.3 Community (Equality, Poverty and Rural)

No implications identified.

8.4 Climate Change/Carbon Clever

No implications identified.

8.5 Risk

Risks are routinely reported to the NHS Highland Risk Governance Group. A full copy of the current risk register is attached at **Appendix 3** for information.

8.6 Gaelic


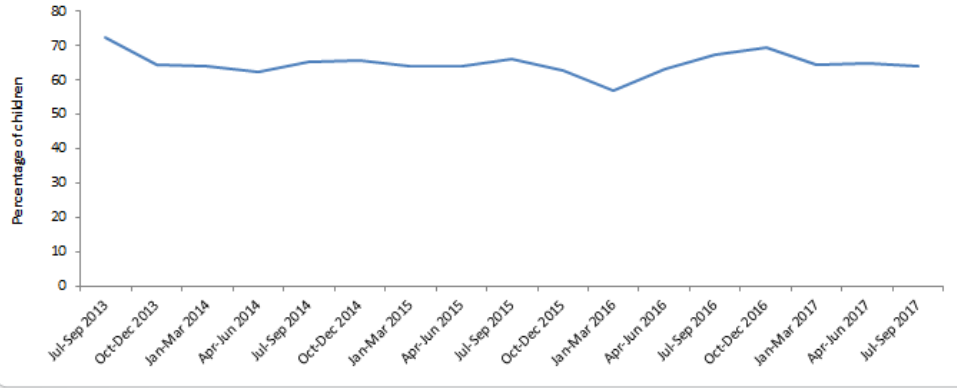


No implications identified.




Designation: Director of Care and Learning

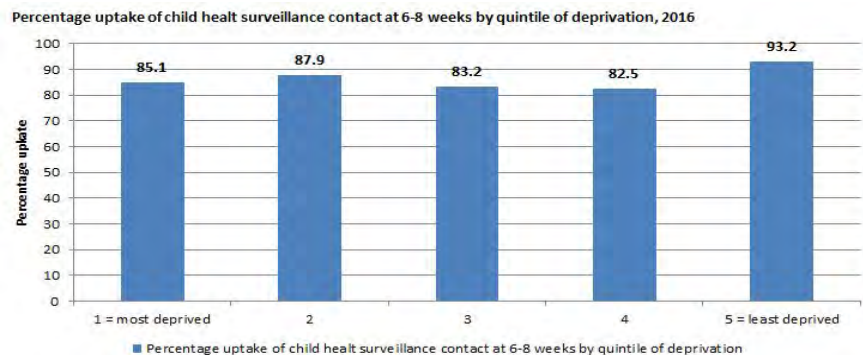
Date: 18 May 2018

Author: Sandra Campbell

Background Papers: None

HEALTHY					
Outcome 4. Children and young people experience healthy growth and development					
Indicator 16	Target	Baseline	Status	Imp Group	Current
Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	85%	75%		Early Years	64.1%
<p>Analysis</p> <p>This data is collected quarterly from NHS. The latest data is from September 2017. The baseline was established in 2013 and quarterly variations have been within the 55 – 70% range during that time.</p> 					
Indicator 17	Target	Baseline	Status	Imp Group	Current
Percentage of children will achieve their key developmental milestones by time they enter school will increase	85%	85%		Additional support Needs	86%
<p>Analysis</p> <p>This data has been collected annually since 2015. The data shows little variance over that time.</p>					
Indicator 18	Target	Baseline	Status	Imp Group	Current
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	30%		Early Years	33.3%

Analysis This data is collected annually from NHSH. The latest data is from 2017. The baseline was established in 2013.					
Indicator 19	Target	Baseline	Status	Imp Group	Current
Improve the uptake of 27-30 month surveillance contact	95%	52%		Early Years	87.8%
Analysis This data is collected quarterly from NHSH. The latest data is from September 2017. The baseline was established in 2011 and notwithstanding quarterly variations the percentage of reviews has risen incrementally over that time.					
Indicator 20	Target	Baseline	Status	Imp Group	Current
95% uptake of 6-8 week Child Health Surveillance contact	95%	85.1%		Early years	87.8%
Analysis This data is collected quarterly from NHSH. The latest data is from September 2017. The baseline was established in 2012 and only small quarterly variations have been observed over time showing no real pattern of improvement.					
Indicator 21	Target	Baseline	Status	Imp Group	Current
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	0.2%
Analysis The baseline was established in 2013. The 2016 data is showing the percentage uptake of child health surveillance contact by quintile of deprivation is shown in the table below.					

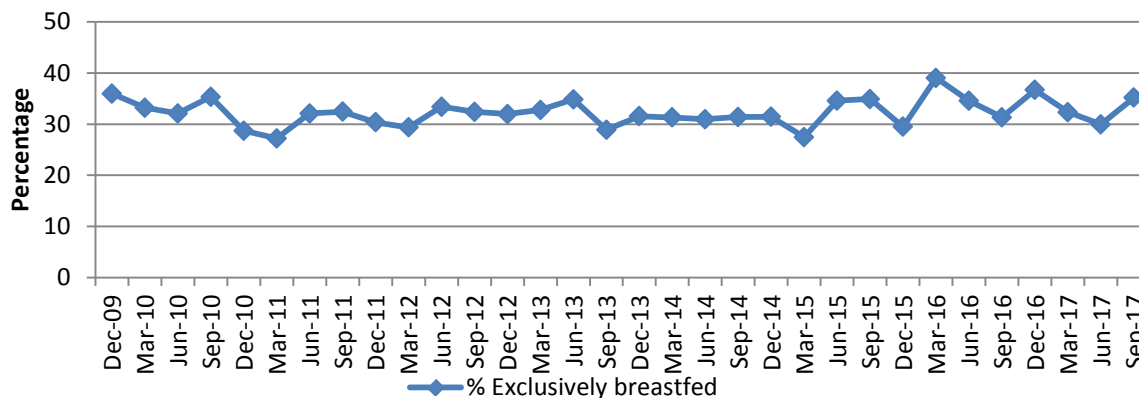


Indicator 22	Target	Baseline	Status	Imp Group	Current
Achieve 36% of new born babies exclusively breastfed at 6-8 week review	36%	30.3%		Maternal infant nutrition	35.2%





Analysis




The baseline was established in 2009. The table below shows the percentage of babies exclusively breastfed over that time.

Percentage of babies exclusively breastfed at 6-8 week review




Indicator 23	Target	Baseline	Status	Imp Group	Current
Maintain 95% Allocation of Health Plan indicator at 6-8 week from birth (annual cumulative)	95%	97.3%		Maternal infant nutrition	100%

Analysis Children are allocated a Health Plan indicator showing whether their status is either 'core' or 'additional'. This data is collected quarterly from NHS. The last reporting period was from December 2016. The baseline was established in 2012.					
Indicator 24	Target	Baseline	Status	Imp Group	Current
Maintain 95% uptake rate of MMR1 (% of 5 year olds)	95%	94.6%		Early Years	97.8%
Analysis This data is collected quarterly from NHS. The latest data is from December 2017. The baseline was established in 2012.					
Indicator 25	Target	Baseline	Status	Imp Group	Current
Sustain the completion rate of P1 Child health assessment to 95%	95%	93.1%		Early Years	82.4%
Analysis This data is collected quarterly from NHS. The latest data is from March 2017. The baseline was established in 2012.					
Indicator 26	Target	Baseline	Status	Imp Group	Current
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	66.5%
Analysis This data is collected quarterly from NHS. The latest data is from December 2016. The baseline was established in 2013. Data over time shows very little variation in the quarterly data received.					
Indicator 27	Target	Baseline	Status	Imp Group	Current
The number of 2 years olds who have seen a dentist in the preceding 12 months will increase.	Improve from baseline	80.6%		Public Health and Wellbeing	83.8%
Analysis This data is collected quarterly from NHS. The latest data is from September 2017. The baseline was established in 2013. Data over time shows very little variation in the quarterly data received.					





Indicator 28	Target	Baseline	Status	Imp Group	Current																																																		
95% of children will have their P1 Body Mass index measured every year	95%	88.8%		Early Years	82.4%																																																		
<p>Analysis This data is collected annually from NHS. The latest data is from 2016 /17. The baseline was established in 2009. The table below shows the improvement over time.</p> <p>Height and weight recording for Primary 1 School Children in Highland Local Authority</p> <p>Estimated Data Completeness for school years 2005/06 - 2016/17</p> <table border="1"> <thead> <tr> <th></th> <th>08/09</th> <th>09/10</th> <th>10/11</th> <th>11/12</th> <th>12/13</th> <th>13/14</th> <th>14/15</th> <th>15/16</th> <th>16/17</th> </tr> </thead> <tbody> <tr> <td>Population of 5 year olds (NRS Estimate)</td> <td>2,371</td> <td>2,431</td> <td>2,495</td> <td>2,497</td> <td>2,537</td> <td>2,636</td> <td>2,631</td> <td>2,442</td> <td>2,538</td> </tr> <tr> <td>Total number of children reviewed</td> <td>2,127</td> <td>2,256</td> <td>2,180</td> <td>2,296</td> <td>2,390</td> <td>2,419</td> <td>2,300</td> <td>2,336</td> <td>2,091</td> </tr> <tr> <td>Number of children with valid height & weight records</td> <td>2,105</td> <td>2,240</td> <td>2,170</td> <td>2,276</td> <td>2,369</td> <td>2,385</td> <td>2,289</td> <td>2,307</td> <td>2,091</td> </tr> <tr> <td>As a percentage of NRS population estimate</td> <td>88.8</td> <td>92.1</td> <td>87.0</td> <td>91.1</td> <td>93.4</td> <td>90.5</td> <td>87.0</td> <td>94.5</td> <td>82.4</td> </tr> </tbody> </table> <p>Source: ISD Scotland, CHSP School December 2017</p>							08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Population of 5 year olds (NRS Estimate)	2,371	2,431	2,495	2,497	2,537	2,636	2,631	2,442	2,538	Total number of children reviewed	2,127	2,256	2,180	2,296	2,390	2,419	2,300	2,336	2,091	Number of children with valid height & weight records	2,105	2,240	2,170	2,276	2,369	2,385	2,289	2,307	2,091	As a percentage of NRS population estimate	88.8	92.1	87.0	91.1	93.4	90.5	87.0	94.5	82.4
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Indicator 29	Target	Baseline	Status	Imp Group	Current																																																		
90% CAMHS referrals are seen within 18 weeks	90%	80%		Mental Health	83%																																																		
<p>Analysis This data is reported quarterly for the Primary mental health service. The baseline was established in 2013 and the latest data shows that all the children and young people referred to the service were seen within the 18 week target. The target is a national NHS HEAT target.</p>																																																							
Indicator 30	Target	Baseline	Status	Imp Group	Current																																																		
Percentage of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	95%	70%		Looked after children	85%																																																		
<p>Analysis This data is collected quarterly and the baseline was established in 2016. The table below shows the quarterly variation over the last year.</p>																																																							


LAC Health Assessments within 4 weeks of notification				
<u>Quarter</u>	<u>Target (95%)</u>	<u>Eligible New LAC</u>	<u>SHAs Undertaken</u>	<u>(PMF Outcome Measure 46)</u>
Jul-Sep 17	95%	48	35	72.9%
Oct-Dec 17	95%	48	41	85.4%
Jan-Mar 18	95%	40	34	85.0%

Indicator 31	Target	Baseline	Status	Imp Group	Current
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	76%

Analysis
This data is collected quarterly and the baseline was established in 2016. The table below shows the quarterly variation during the last year.

LAAC Health Assessments available for CPM at 6 weeks				
<u>Month</u>	<u>Target (95%)</u>	<u>Eligible New LAC</u>	<u>SHAs Available</u>	<u>(PMF Outcome Measure 47)</u>
Jul-Sep 17	95%	30	21	70.0%
Oct-Dec 17	95%	17	15	88.2%
Jan-Mar 18	95%	25	19	76.0%

Indicator 32	Target	Baseline	Status	Imp Group	Current
Waiting times for AHP services to be within 18 weeks from referral to treatment	95%	85%		Additional support Needs	82%
Analysis Detailed analysis of this data is contained within the assurance report.					
Outcome 5. Children and young people make well-informed choices about healthy and safe lifestyles					
Indicator 33	Target	Baseline	Status	Imp Group	Current
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
Analysis The baseline was established in 2014 and is collected annually. The trend data shows incremental increase over this period.					
Indicator 34 (P7)	Target	Baseline	Status	Imp Group	Current
Self-reported incidence of smoking will decrease	Improve from baseline	1%		Public Health and Wellbeing	1%
Analysis This is new data taken from the 2017 lifestyle survey. The question in the survey was redesigned from previous surveys and as a consequence now determines a baseline for improvement. The survey is undertaken every two years across Highland schools.					
Indicator 34 (S2)	Target	Baseline	Status	Imp Group	Current
Self-reported incidence of smoking will decrease	Improve from baseline	5.3%		Public Health and Wellbeing	5.3%
Analysis This is new data taken from the 2017 lifestyle survey. The question in the survey was redesigned from previous surveys and as a consequence now determines a baseline for improvement. The survey is undertaken every two years across Highland schools.					

Indicator 34 (S4)	Target	Baseline	Status	Imp Group	Current
Self-reported incidence of smoking will decrease	Improve from baseline	13.2%		Public Health and Wellbeing	13.2%
<p>Analysis This is new data taken from the 2017 lifestyle survey. The question in the survey was redesigned from previous surveys and as a consequence now determines a baseline for improvement. The survey is undertaken every two years across Highland schools.</p>					

March 2018 Integrated Health Monitoring Statement
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Activity	Budget	Actual to Date	Variance
Allied Health Professionals	3,057,506	2,818,126	-239,380
Service Support and Management	1,119,492	1,056,906	-62,586
Child Protection	447,948	407,324	-40,624
Health and Health Improvement	508,667	494,159	-14,508
Family Teams	16,632,296	15,906,760	-725,536
The Orchard	1,194,384	1,150,744	-43,640
Youth Action Services	1,505,690	1,355,006	-150,684
Primary Mental Health Workers	565,435	490,263	-75,172
Payments to Voluntary Organisations	953,774	942,782	-10,992
Total	25,985,192	24,622,070	-1,363,122

Commissioned Children's Services income from NHS

-9,585,150

-9,585,150

0

**Commissioned Child Health (Integrated Services)
Risk Register – April 2018**

The following matrix will be used for risk prioritisation, further information can be found in the Risk Management Policy.

LIKELIHOOD	CONSEQUENCES / IMPACT				
	Insignificant	Minor	Moderate	Major	Extreme
Almost Certain	MEDIUM	HIGH	HIGH	VERY HIGH	VERY HIGH
Likely	MEDIUM	MEDIUM	HIGH	HIGH	VERY HIGH
Possible	LOW	MEDIUM	MEDIUM	HIGH	HIGH
Unlikely	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
Rare	LOW	LOW	LOW	MEDIUM	MEDIUM

Date	Description Of Risk	Risk Owner(s)	RISK EXPOSURE-			RISK CONTROL		RISK EXPOSURE –		
			Likelihood (L)	Severity (S)	Risk rating	Existing Control Measures	Actions	Likelihood (L)	Severity (S)	Risk Rating
Revised April 18	<u>Inability to deliver new Universal HV pathway.</u> Health visitor establishment is increasing however staff turnover continues to create vacancies and many posts are filled with trainee posts or inexperienced HVs. Level of need is increasing as new pathway is introduced. Increasing stress levels for HVs.	Principal Officer Nursing & Children's Services manager	Almost certain	Moderate	High	Practice Leads (Early Years) to ensure robust supervision.	Action planning template developed and circulated to capture the measure taken to prioritise the need. Continue to make efforts to attract qualified HVs to Highland Robust preceptorship arrangements in place for newly qualified HVs. Continue to look for opportunities to recruit qualified HVs.	Almost certain	Moderate	Medium
Revised Nov17	<u>Risk of inequity of provision and variation in quality of School Nursing service.</u> Lack of central vision and leadership for school nursing. School nursing review creating new expectations of the service which is challenging to current workforce	Lead Nurse for Looked after Children & School Years/ Children's Services manager	Possible	Moderate	Medium	Practice Leads(Schools) have management and Principal Officer Nursing has professional accountability	Lead Nurse post in place. School nurse Implementation Group convened and final Government document has been released Implementation work has begun. Currently 8 school nurse trainees in post. One trainee has started the course the remainder will hopefully be starting later this year			Medium

Revised Nov 2017	<u>Risk of insecure records storage</u> Lack of archiving processes for inactive child health cases.	Principal Officer Nursing & Principal Officer Allied Health Profs	Possible	Moderate	Medium	Escalated to Principal Officers	Records archiving protocol developed and being tested	Unlikely	Moderate	Medium
Ref 7 Added April 2016	<u>Risk of lack of focus on health issues within Highland Council</u> Senior Manager for Health vacancy leading to lack of focus on health issues	Head of Children's Services	Possible	Major	High	Agreed Job Description	Work with NHSH to ensure agreement of Job Description & authority to recruit Principal Officer roles providing some health focus however this is affecting their professional roles.	Possible	Major	Medium
Ref 8 Added June 2016 Revised Nov 2017	<u>Risk of health records and information being delayed or lost</u> Lack of robust cross agency transport system	Principal Officer Nursing & Principal Officer Allied Health Professionals	Possible	Major	High	Recommendation re using Royal Mail for health records unless previously agreed between sender and recipient.	Work with NHSH to create formal guidelines re transportation of health records. Transportation of records within Inverness area achieved	Unlikely	Major	Medium
Updated Nov 2017	<u>Risk of health staff not being able to access NHSH systems</u> Lack of easy access to NHSH intranet for policies etc plus cost implications	Principal Officer Nursing & Principal Officer Allied Health Professionals & IT personnel	Likely	Moderate	High	Ordering VPN fobs as budget will allow	Nov 2017 :Solutions close to being in place for Datix reporting Agreement re Highland Council intranet page for Health information	Possible	Moderate	Medium

Added Oct 2016	<u>Risk of school nurses not receiving clinical/professional supervision</u> Lack of robust mechanism for the clinical/professional supervision of School Nurses to ensure supported and professional service	Principal Officer Nursing	Possible	Moderate	Medium	Discussions with Practice Leads (Early Years) to share supervision with Practice Lead (Schools)	Lead nurse for School Years post working with Practice Leads (Schools) to develop clinical supervision arrangements.	Unlikely	Moderate	Low
Added Aug 2017	<u>Risk of insufficient capacity to deliver required health services.</u> Workforce planning and recruitment issues	Principal Officer Nursing & Principal Officer Allied Health Professionals	Likely	Moderate	High	Teams submit an action plan identifying additional measures to mitigate risks	Regular management review of action plans and resources targeted to areas of highest risk Establishment of supplementary staff qualified for Highland Council on NHS Integrated Staff Bank	Possible	Moderate	Medium
Added Aug 2017	<u>Risk of delay in obtaining/transferring important health information about school pupils.</u> School nurse records regularly not available due to problems in identifying when children transfer in or out of schools	Principal Officer Nursing & IT	Likely	Minor	Medium	School nurses continue to work with schools to obtain timely notifications	Regular monthly reports from SEEMiS (education database) to identify transfers In and out of Highland schools	Possible	Minor	Medium
Added Jan 2018	<u>Risk of being unable to deliver full range of school nursing services in the Mid Ross area</u>	Mid Area Mgmt/Principal Officer Nursing	Almost certain	Medium	High	Use of bank staff to supplement the Staff Nurse (Schools). Input from qualified school nurse from	Recruitment to school nurse posts, although in reality this will be school nurse trainees. Regular monitoring and support to Practice Leads (Schools) from Lead Nurse for LAC and School Years	Likely	Medium	High

						outwith area. Prioritisation of current workload Immunisations undertaken by Immunisation Team	Workforce progress	planning	exercise	in			
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