Agenda Item	10.
Report No	CLH 24/18

HIGHLAND COUNCIL

Committee: Care, Learning and Housing

Date: 22 August 2018

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 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.

(ii) Support the revised training programme for School Nursing and the use of the pay differential to fund the course fees, as set out in paragraph 7.3.

(iii) Agree to the appointment of 3 additional Practice Teachers on a 2 year secondment, and the use of the Health Training budget to fund the course fees, and the Practice Teacher costs as set out in paragraph 7.3.

3. Health Visiting services

3.1 We are currently in the final year of increasing the number of additional qualified health visitors to support the Scottish Government programme to implement the universal health visiting pathway by 1 January 2020. For Highland Council, this represented an additional 19.25fte health visiting posts being added to the 43fte that transferred from NHS Highland in 2012. Six additional posts were created using preventative (Highland Council) spend in 2014 when the Family Team model of health and social care provision was introduced. A further 13.25 posts have been established using recurring monies from the Scottish Government to meet a health visiting establishment for Highland of 62.25fte posts, which is in line with the required establishment as determined by the national caseload weighting tool.

3.2 Across Scotland, Health Boards have been increasing their health visitor (HV) numbers, which has meant that recruitment of qualified HVs has been difficult. Part of the Scottish Government initiative has been the provision of funded places on health visiting degree courses. To date, Highland Council has successfully trained 17 health visitors using the funded places and another 6 trainees are due to qualify in December. This however, has not been sufficient to provide the 62.25fte health visitors required.

3.3 Indeed, across Scotland it has been recognised that even with the additional training places, it remains difficult to increase the establishment while keeping pace with the number of staff leaving the service, due either to retirement, resignation or promotion within the service. In addition many health visitors are choosing to reduce their hours in an effort to maintain a healthy work-life balance.

3.4 As of 1st July, there were 8.8fte HV vacancies across the Family Teams. Advertising for qualified health visitors continues, and there will be at least another 3 training places funded for the course starting in 2019. However, there will be further retirements in the next few years and the Council will be required to continue with a HV training programme into the future if we are to reach and maintain the agreed establishment - so the Council will need to agree how future training places will be funded. Further financial pressure may arise when the additional funding to health boards for the extra HV posts loses its 'ring-fenced' status and becomes part of the wider financial package received by NHS Highland.

3.5 In the meantime, teams will continue to deliver the Universal Pathway, albeit some teams will face challenges, particularly at times of employee sickness or other absences. There is limited access to bank health visitors, and there needs to be a mechanism for safe delivery of services which limits risk and supports our health visitors to cope with the workload.

3.6 Where teams are unable to deliver the full pathway, an action plan is submitted through the line management structure and discussed with the Principal Officer (Nursing). This plan identifies where the team is not complying with the pathway and how the risks involved with this are to be managed. These plans are reviewed every 3 months.

4. Allied Health Professionals

4.1 Demand for a service from Allied Health Professionals (AHPs) remains high, with 209 new referrals being made for the services in June 2018.

4.2 AHPs 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 we continue to be within target for Physiotherapy; while Occupational Therapy (OT), Speech and Language Therapy (SLT), and Dietetics (DT) are outwith targets.

Profession	**Total Number of new referrals (June 2018)**
Dietetics (DT)	59
Occupational Therapy (OT)	34
Physiotherapy (PT)	22
Speech and Language Therapy (SLT)	94
Total	**209**

4.3 Staffing continues to be an issue, particularly for SLT, where it has not proved possible to fill some vacancies, and several staff have been on maternity leave. We now have access to the NHS Highland Bank system, although currently there aren't any suitable staff on this. We have recruited to some hours temporarily and all staff that are able and willing to are doing extra hours. We have changed skill mix, and are consequently more able to employ more new graduates and support practitioners - posts that are usually easier to recruit to. We are looking at different models of service for the post we have been unable to recruit to in Lochaber, including evaluating when and for whom 'Phone and Attend Anywhere' (a secure Skpe-like system) consulations are viable.

4.4 We have recruited to all qualified OT and DT posts recently, so expect waits to decrease over the next few months for these services. However difficulty with recruitment to the DT administrative post is causing increased workload for the team.

4.5 All available staff have now been trained in 'Effective Decision Making', which aims to improve services for users by introducing person-centred, evidence-based and systematically reflective decision-making and processes. We are about to introduce an advice phone line and email system for SLT, OT and PT services, which may reduce the number of requests for services, as guidance can be provided immediately.

4.6 Work also continues with other initiatives such as ensuring and monitoring supervision to help with managing caseloads, developing plans for recruitment and retention, workforce planning, increasing the use of technology, and supporting early help and self care through websites, Facebook , training, etc.

4.7 The June 2018 figures are as follows (with April 2018 figures bracketed):-

Profession	**Total number waiting**		**Number waiting <18 wks**		**% <18 wks**	
Dietetics	205	(202)	138	(139)	67%	(69%)
Occupational Therapy	69	(54)	54	(40)	78%	(74%)
Physiotherapy	11	(34)	11	(34)	100%	(100%)
Speech and Language Therapy	206	(281)	151	(207)	73%	(74%)
Total	491	(571)	354	(420)	72%	(74%)

5. Primary Mental Health Workers

5.1 The Primary Mental Health Worker Service has a full time establishment of 11.2 posts. In the last 12 months, three members of the team have left – two to different posts and one has retired. Since January 2018, two new members have been recruited to the team to fill vacancies, but at the same time there have been gaps in the team because of sick leave and paternity leave.

5.2 There remain vacancies in Caithness and in Easter Ross. The post in Caithness became vacant in September 2017 and has been advertised three times, without success. This has created a considerable gap in service provision, and basic emergency cover only has been provided.

5.3 Given the difficulty in recruitment to posts, it has been agreed to create a Trainee post and appoint staff to work as trainees over an 18 month period, to develop the knowledge and skills required, before reaching the level of competence when they can work fully autonomously. This approach has generated a great deal of interest, and it is anticipated that the two vacancies will be filled within the next month.

6. Family Team management restructure

6.1 The review of management posts in the Family Teams is ongoing. This review was initiated in order to realise savings across the Family Teams as part of the budget plans for 2018/19. This involves removing a layer of management across the teams. This impacts on the Practice Leads (Early Years) and Practice Lead (Health and Disability), which are on NHS Agenda for Change terms and conditions, as well as APT&C graded posts. The job descriptions and person specifications for the new posts have been revised and shared with staff, and it is anticipated that the roll-out of the changes will begin in early Autumn. There will be an update to the next meeting of the Committee.

7. School Nursing

7.1 The implementation of the Scottish Government-led school nursing review has only just begun in Highland. This is being led by the Lead Nurse for Looked after Children, who has agreed to extend her portfolio to include implementation of this review on behalf of the Principal Officer (Nursing). This review takes the school nursing role from a generic health improvement role, to a more targeted remit to improve the health outcomes of the most vulnerable school aged children, as previously reported to Committee.

7.2 A new training course has been developed, and is provided by 3 Scottish Universities. There are currently 18.65fte qualified school nurse posts in Highland Council with only 9.5fte qualified school nurses and 6.39fte trainees (amounting to 9 staff members) in post.

7.3 Unlike the health visitor programme, there is no additional Scottish Government funding to enable the training of school nurses. School nurse trainees have been appointed over the past year, and one trainee is already attending the training course in the University of the West of Scotland. We currently have a further 8 trainees waiting to start the course in Robert Gordon's University in September. Family Teams will require to find the majority of training costs (equivalent to £4560 per student over 2 years) from the pay differential between a band 5 trainee and a qualified band 6 school nurse. Additional costs of travel and accommodation may be able to be met from the £10K health training budget, which is part of the quantum from NHS Highland. This

training budget will also be required to fund the costs involved in training additional Practice Teachers who will be needed to support the school nurse trainees during their 2 year education programme. During their training the nurses will continue to work in Family Teams delivering a service appropriate to their skills except for periods of study leave and placements.

7.4 It should be noted that this is a period of significant organisational change for the school nursing service and that during this time, when staff are being supported to achieve appropriate qualifications, there will continue to be constraints on the delivery of services.

8. Balanced scorecard

8.1 The Balanced scorecard is attached at **Appendix 1.**

9. Implications

9.1 Resource
The latest finance monitoring report is attached at **Appendix 2.** Section 3 of this report highlights that the need for a training programme for Health Visitors is anticipated to continue into future years, which will fall to Highland Council to fund after the financial year 2019/20. There is a risk that the full cost of the health visiting services may not be funded by NHS Highland when the ring-fencing is removed from the funding for additional posts. This will be further discussed with NHS Highland.

9.2 Paragraph 7.3 highlights the costs arising from the need to support nurses to qualify as School Nurses in line with the new training programmes now available: three Practice Teachers on a 2 year secondment and the use of the Health Training budget to fund the course fees (£845 x 3) and the differential in pay band between a qualified Practice Teacher and a qualified school nurse (£1000 x 3 per year for 2 years).

9.3 Legal
No issues have been identified.

9.4 Community (Equality, Poverty and Rural)
No issues have been identified.

9.5 Climate Change / Carbon Clever
No issues have been identified.

9.6 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.

9.7 Gaelic
No issues have been identified.

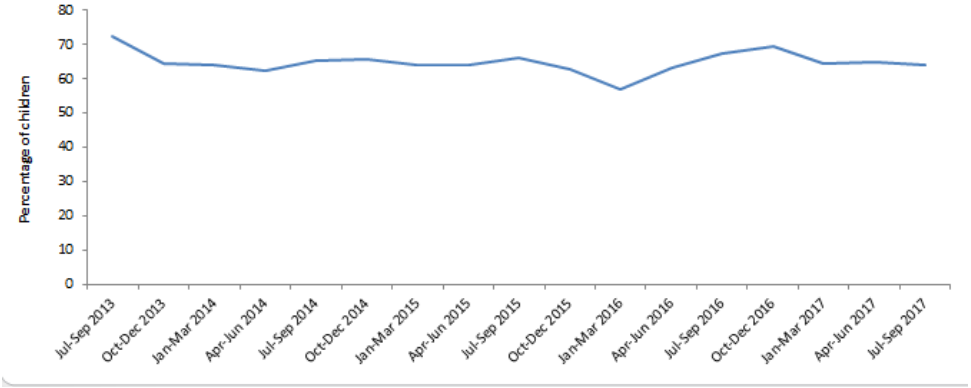
Designation:	Director of Care and Learning
Date:	13 August 2018
Author:	Sandra Campbell, Head of Children's Services

Appendix 1

HEALTHY
Outcome 4. Children and young people experience healthy growth and development

Indicator 15	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%

Analysis
This data is collected quarterly from NHSH. 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.

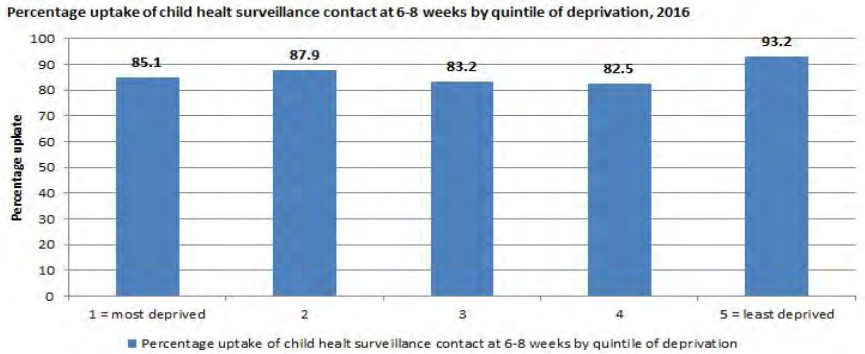


Indicator 16	Target	Baseline	Status	Imp Group	Current
Percentage of children will achieve their key developmental milestones by time they enter school will increase	85%	85%	↑	Additional support Needs	86%

Analysis
This data has been collected annually since 2015. The data shows little variance over that time.

Indicator 17	Target	Baseline	Status	Imp Group	Current

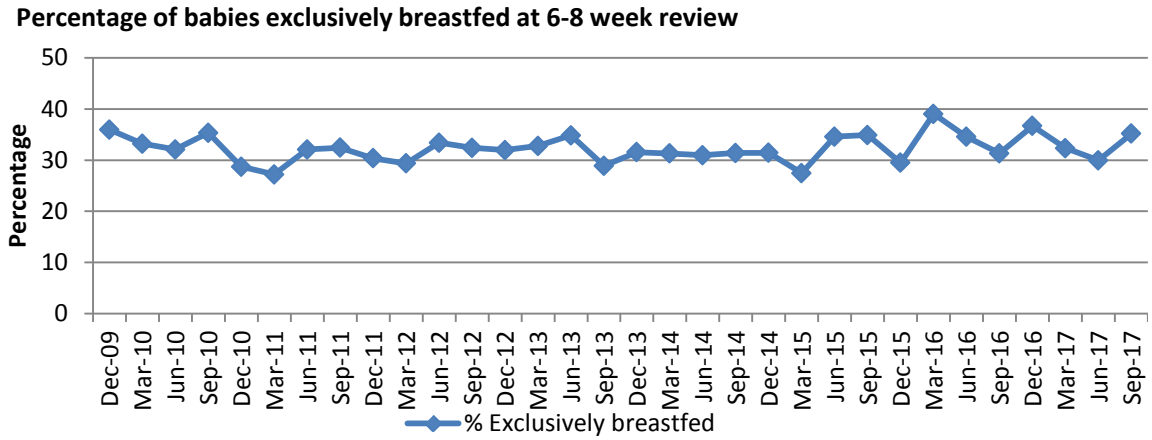
There will be a reduction in the percentage gap between the most and least deprived parts of Highland for low birth weight babies	Improve from baseline	30%		Early Years	33.3%
Analysis This data is collected annually from NHSH. The latest data is from 2017.The baseline was established in 2013. The 2016 data is shown in the table below.					
Indicator 18	**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 not withstanding quarterly variations the percentage of reviews has risen incrementally over that time.					
Indicator 19	**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 20	**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 21	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.



Indicator 22	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 NHSH. The last reporting period was from December 2016. The baseline was established in 2012.

Indicator 23	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 NHSH. The latest data is from December 2017. The baseline was established in 2012.

Indicator 24	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 NHSH. The latest data is from March 2017. The baseline was established in 2012.

Indicator 25	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 NHSH. 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 26	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 NHSH. 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 27	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%

Analysis

This data is collected annually from NHSH. The latest data is from 2016 /17. The baseline was established in 2009. The table below shows the improvement over time.

Height and weight recording for Primary 1 School Children in Highland Local Authority

Estimated Data Completeness for school years 2005/06 - 2016/17

	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 recor	***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**

Source: ISD Scotland, CHSP School December 2017

Indicator 28	Target	Baseline	Status	Imp Group	Current
90% CAMHS referrals are seen within 18 weeks	90%	80%		Mental Health	83%

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.

Indicator 29	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	92.1%

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

LAC Health Assessments within 4 weeks of notification				
Quarter	**Target (95%)**	**Eligible New LAC**	**SHAs Undertaken**	**(PMF Outcome Measure)**
Jul-Sep 17	95%	48	35	72.9%
Oct-Dec 17	95%	48	41	85.4%
Jan-Mar 18	95%	40	34	85.0%
Apr-Jun 18	95%	38	35	92.1%

Indicator 30	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	86.7%

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				
Month	**Target (95%)**	**Eligible New LAC**	**SHAs Available**	**(PMF Outcome Measure)**
Jul-Sep 17	95%	30	21	70.0%

Oct-Dec 17	95%	17	15	88.2%
Jan-Mar 18	95%	25	19	76.0%
Apr-Jun 18	95%	15	13	86.7%

Indicator 31	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.

Appendix 2

June 2018 Integrated Health Monitoring Statement

Activity	Budget	Actual to Date	Projection	Variance
Allied Health Professionals	3,143,612	679,410	3,143,612	0
Service Support and Management	640,997	214,156	640,997	0
Child Protection	448,785	76,098	448,785	0
Health and Health Improvement	524,314	180,397	524,314	0
Family Teams	16,956,102	4,046,032	16,560,898	-395,204
The Orchard	1,242,604	272,918	1,242,604	0
Youth Action Services	1,533,539	249,656	1,468,925	-64,614
Primary Mental Health Workers	565,069	101,003	565,069	0
Payments to Voluntary Organisations	871,754	381,257	871,754	0
Total	**25,926,776**	**6,200,927**	**25,466,958**	**-459,818**
Commissioned Children's Services income from NHSH	**-9,672,451**	**0**	**-9,672,451**	**0**

Commissioned Child Health (Integrated Services)

Risk Register – <u>April 2018</u>

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	Inability to deliver new Universal HV pathway. 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	Risk of inequity of provision and variation in quality of School Nursing service. 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	Risk of insecure records storage	Principal Officer Nursing	Possible	Moderate	Medium	Escalated to Principal Officers	Records archiving protocol developed and being tested	Unlikely	Moderate	Medium

	Lack of archiving processes for inactive child health cases.	& Principal Officer Allied Health Professionals								
Ref 7 Added April 2016	Risk of lack of focus on health issues within Highland Council 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	Risk of health records and information being delayed or lost 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	Risk of health staff not being able to access NHSH systems Lack of easy access to NHSH intranet for policies etc plus cost implications	Principal Officer Nursing & Principal Officer Allied Health Professionals & IT	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

		personnel								
Added Oct 2016	Risk of school nurses not receiving clinical/professional supervision 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	Risk of insufficient capacity to deliver required health services. 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 NHSH Integrated Staff Bank	Possible	Moderate	Medium
Added Aug 2017	Risk of delay in obtaining/transferring important health information about school pupils. 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	Risk of being unable to deliver full range of school nursing services in the Mid	Mid Area Management/	Almost certain	Medium	High	Use of bank staff to supplement the Staff Nurse	Recruitment to school nurse posts, although in reality this will be school nurse trainees.	Likely	Medium	High

	Ross area	Principal Officer Nursing				(Schools). Input from qualified school nurse from outwith area. Prioritisation of current workload Immunisations undertaken by Immunisation Team	Regular monitoring and support to Practice Leads (Schools) from Lead Nurse for LAC and School Years Workforce planning exercise in progress			