

Agenda Item	14.
Report No	CLH 51/19

HIGHLAND COUNCIL

Committee: Care, Learning and Housing

Date: 21 August 2019

Report Title: NHS Highland Assurance Report

Report By: Chief Executive

1. Purpose/Executive Summary

1.1 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 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.

3. Implications

- 3.1 Resource - The latest finance monitoring report is attached at Appendix 1.
- 3.2 Legal - None
- 3.3 Community (Equality, Poverty and Rural) - None
- 3.4 Climate Change / Carbon Clever - None
- 3.5 Risk - Risks are routinely reported to the NHS Highland Risk Governance Group.
- 3.6 Gaelic - None

4. Performance Data

- 4.1 An extract from the 'For Highland's Children 4' performance management framework is included at appendix 3 of this report.
- 4.2 NHS Highland continue to advise of technical issues for the Child Health Surveillance data and would like to reassure you that they are continuing to look for this to be resolved as part of the work progressing nationally around the 'Child Public Health and Wellbeing Transformational Change System'.
- 4.3 The majority of indicators within the framework are reporting an improving trend or are exceeding targets. Of the twenty indicators, only two are showing red. Neither of these indicators have had new data since June 2018. New data will be available for the next assurance report which will show the impact of remediating actions undertaken this year.
- 4.4 The latest finance monitoring report is attached at Appendix 1.

5. Allied Health Professionals

- 5.1 Allied Health Professional waiting times overall continue to be outwith the contractual target set by NHS Highland that 90% will be seen within 18 weeks of the request being made.
- 5.2 This is guided by the Health and Care (staffing) (Scotland) Act 2019. In June 2019 we were achieving 70% overall.
- 5.3 Speech and Language Therapy and Occupational Therapy have seen increased demands from the Neuro Developmental Assessment Service (NDAS). In June 2019 59% of children and young people were seen by this multi-disciplinary service within the 18 week target.
- 5.4 Services have seen increasing demand and complexity of need. Recruitment restrictions and lengthy, unclear processes have meant many NHS Highland funded posts have not been advertised during the past 10 months. This is having a direct impact on the children, young people, adults, families, and staff, as we are unable to provide timely specialist assessment and support, and further develop universal preventative work. We continue to develop plans for long term recruitment and retention, and workforce planning- but this is difficult with current constraints.
- 5.5 Plans to improve services for users continue to be developed, trialled and evaluated. Work is ongoing with all initiatives particularly supporting early help and self-care. Our enquiry phone line is highly rated with 94% saying the discussion was 'very useful'.
- 5.6 We are working on ensuring effective request management with more first conversations happening by phone. 57% of these then go on to be seen for assessment/ intervention, 32% receive advice/ reassurance, and 11% do not need AHP support.
- 5.7 We aim to increase the use of technology to improve access to support and reduce client and staff travel times. Ongoing difficulties with IT are causing staff to have less time to do face to face clinical work and increased stress. This is particularly the interface with NHS systems, and the long waits to get new equipment (for staff who do not have access to their own hardware) and replace old equipment which often doesn't

work quickly.

5.8 Detail on wait and request times are shown in appendix 2.

6. Health Visiting Service

6.1 Health visitors are employed as part of Care & Learning Family Teams. The service is a universal, largely home visiting service offered to all families with preschool children. For Highland Council this represents just under 11,000 preschool children. Health visitors are Named Person to their caseload and the average full-time caseload is between 200 and 250 children, although this can vary depending on geography and deprivation.

6.2 The health visiting service underwent a national review in 2015. This produced the Universal Health Visiting Pathway (see table 1) which prescribes 11 core assessment contacts offered to families by the health visiting service. Further contacts are often required if unmet need or additional support is required.

6.3 The pathway has several underlying principles:

- Promoting, supporting and safeguarding the wellbeing of children
- Person-centeredness
- Building strong relationships from pregnancy
- Offering support during the early weeks and planning future contacts with families
- Focusing on family strengths, while assessing and respectfully responding to their needs.

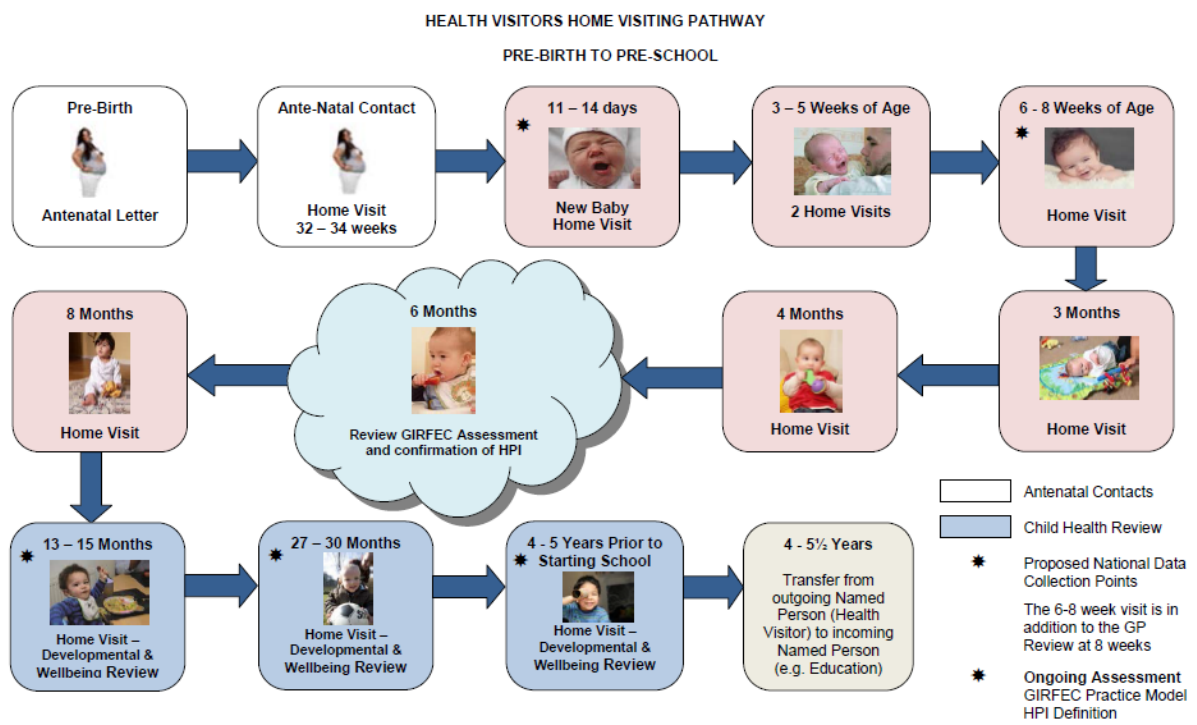


Table 1

6.4 Together with the new pathway, Scottish Government also announced an increase of 500 health visitors for Scotland by 2018. This is combined with a new training programme. This made provision for an additional 13 posts for Highland. Over the last

three years we have trained 20 health visitors to fill these newly established posts and fill both the existing vacancies and those created by more recent retirements. A further 6 trainees are either undertaking or are about to commence the Health Visiting programme.

- 6.5 This training requires to be ongoing in order to sustain workforce numbers into the future. Current vacancy numbers are 2.7FTE which represents 4% of the establishment. This is a greatly improved situation compared to over 25% in 2015 and means that all teams will have fully implemented the pathway by March 2020.
- 6.6 In recognition of the enhanced health visiting role a revised national job description has been agreed and adopted across Scotland. This detailed the expectations of the role relating to the assessment of all preschool children and the responsibilities of the Named Person. This revision was reflected in a regrading of the role and a pay increase. There is now work underway to agree the style and level of leadership required by a more skilled and autonomous workforce alongside a review of the current national performance and audit measures to ensure an effective service.

7. School Nursing Service

- 7.1 The school nursing service is also currently subject to a national review following a recognition that services were being staffed and delivered differently across Scotland and that the basic health needs of those in greatest need were not being met. The review responded to increasing evidence around the health impacts of child poverty and adverse childhood experiences. Scottish Government researched, evaluated and revised the role of the school nurse in 2017.
- 7.2 School nursing services will move away from being universally deliverable to universally accessible by 2023. This will provide targeted nursing supports for vulnerable groups, deliver services using a range of nursing skills across local communities and provide enhanced support to schools. This will include support with the curriculum for health education and promotion. Current provision is now being refocused to concentrate on supporting the well-being of vulnerable groups of children and young people. Mental well-being is also highlighted as an area of need.
- 7.3 This change requires a workforce with a different level of skills and knowledge and, as in health visiting, there has been a new training programme developed together with updates for those already registered as specialist school nurses. To support this there is in place an implementation plan to move forward the changes in the role of the school nurse. The plan reflects the need to have a school nursing workforce with advanced qualifications and skills.
- 7.4 Meeting this requirement involves enhancing the existing school nursing resource by recruitment to training posts, establishing skill mix within the teams, and through the application of the learning plan to develop the skills and competences of the workforce in its entirety.
- 7.5 There will continue to be a reduced universal service run by first level staff nurses but the senior specialist nurses will use their skills in a more targeted approach to reduce the health inequalities we currently see in our populations.
- 7.6 Scottish Government has announced that an additional 250 school nursing posts will be created across Scotland. However, there is no indication of how this resource will be allocated. Unlike health visiting Scottish Government have not provided a

caseload weighting. However, in conjunction with NHS Highland, we are planning to test a community nursing workload tool within school nursing later this year to better understand where the current pressures are. It is hoped that this will inform the additional allocation from the Scottish Government proposals for Scotland.

- 7.7 Maintaining full staffing complement is challenging and in response last year Highland Council commenced a training plan to put 15 school nurse trainees through the two year programme between now and 2022. There are currently seven nurses due to qualify in 2020.

Designation: Chief Executive

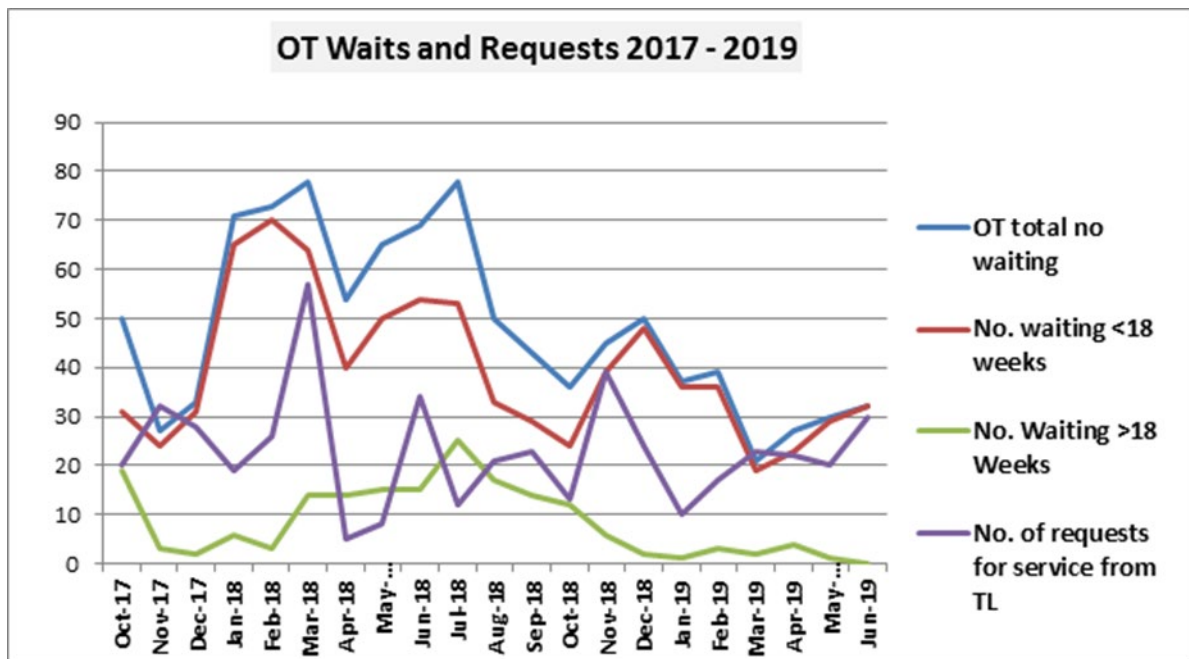
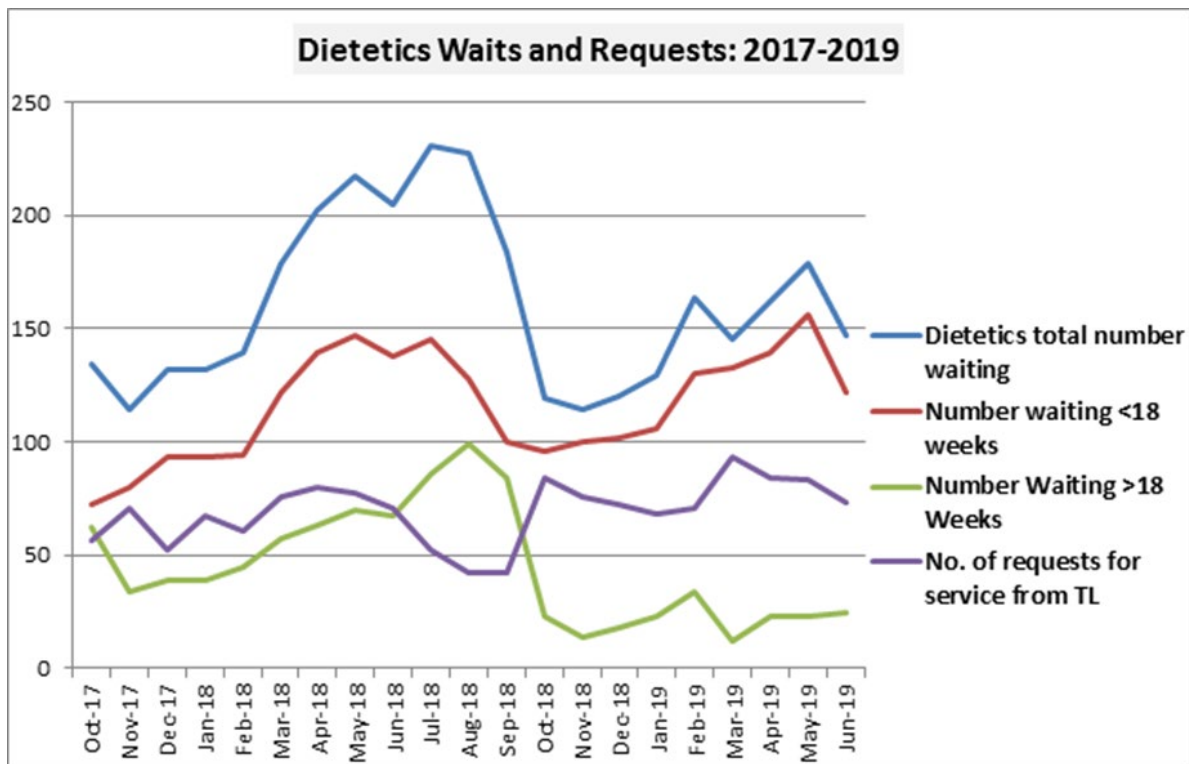
Date: 5 August 2019

Author: Ian Kyle, Children's Planning Manager

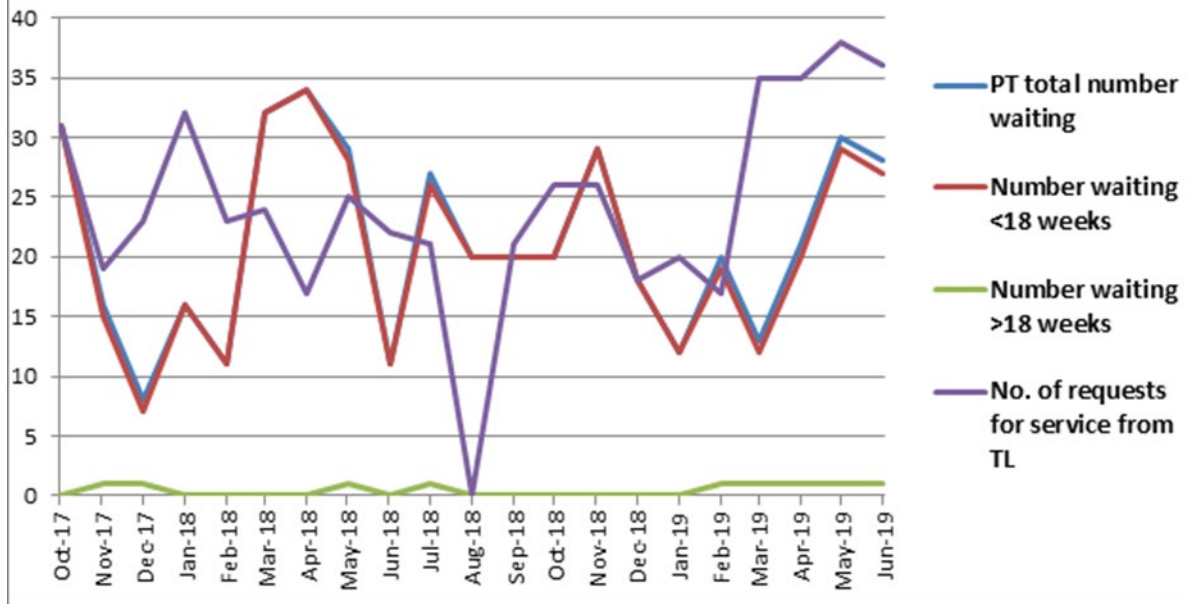
Appendix 1

June 2019 Integrated Health Monitoring Statement				
Activity	Budget	Actual to Date	Projection	Variance
Allied Health Professionals	3,276,092	758,476	3,023,124	-252,968
Service Support and Management	684,443	163,435	684,443	0
Child Protection	506,604	80,797	506,604	0
Health and Health Improvement	570,597	171,937	570,597	0
Family Teams	17,571,554	3,861,035	16,806,000	-765,554
The Orchard	1,353,335	293,289	1,353,335	0
Youth Action Services	1,570,020	238,770	1,483,301	-86,719
Primary Mental Health Workers	566,070	98,027	566,070	0
Payments to Voluntary Organisations	915,027	422,828	915,027	0
Total	27,013,742	6,088,594	25,908,501	-1,105,241
Commissioned Children's Services income from NHS	-9,780,751	-50,000	-9,780,751	0

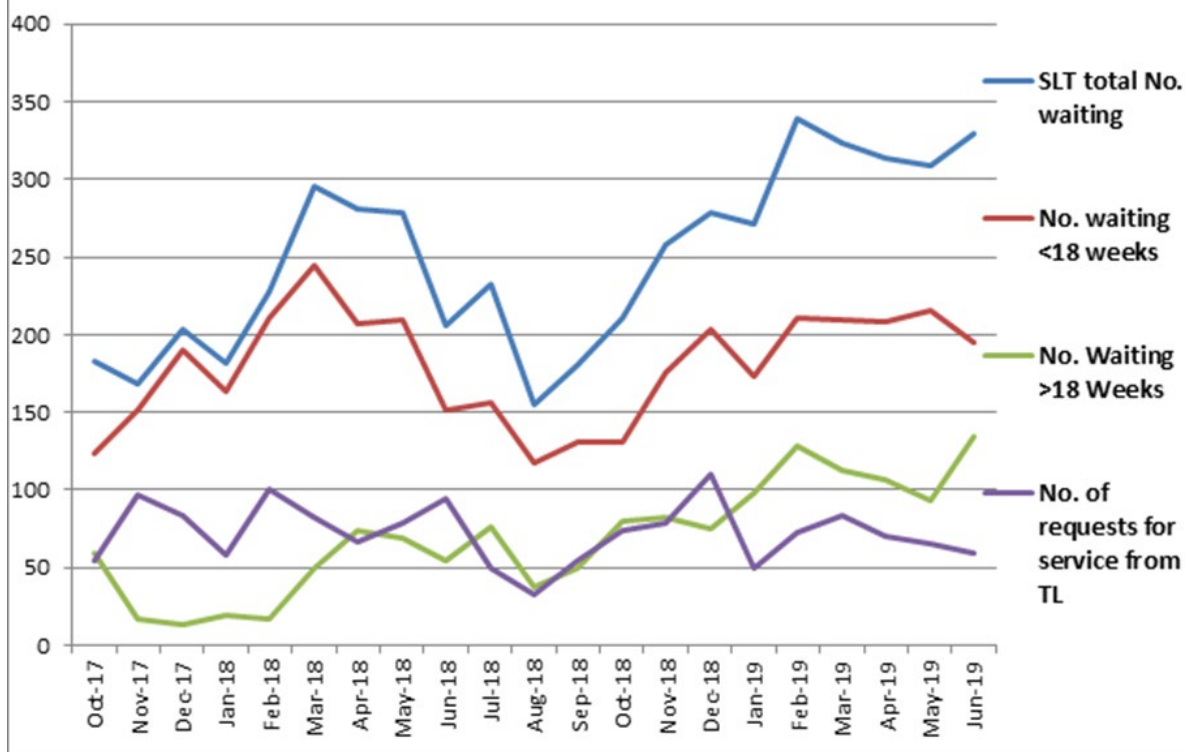
Appendix 2






Physiotherapy Requests and waits: 2017-19



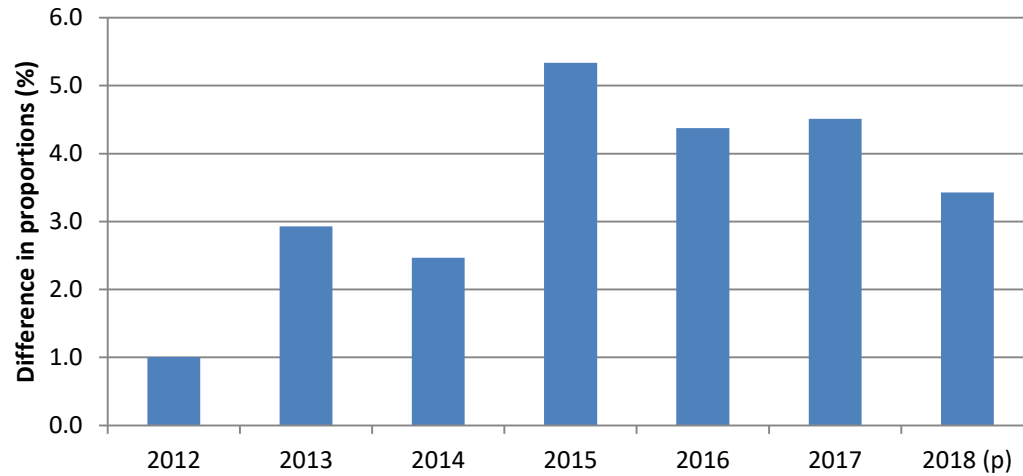
Speech & Language Therapy Waits and Request 2017-19




Appendix 3
Balanced Scorecard

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	71.6%
Analysis This data is collected quarterly from NHS. The latest data is from June 2019. 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	1%		Early Years	3.4%
Analysis This data is collected annually from NHS. The latest data is from 2018. The baseline was established in 2012. The data is shown in the table.					

Difference in proportions (%) between most and least deprived quintiles

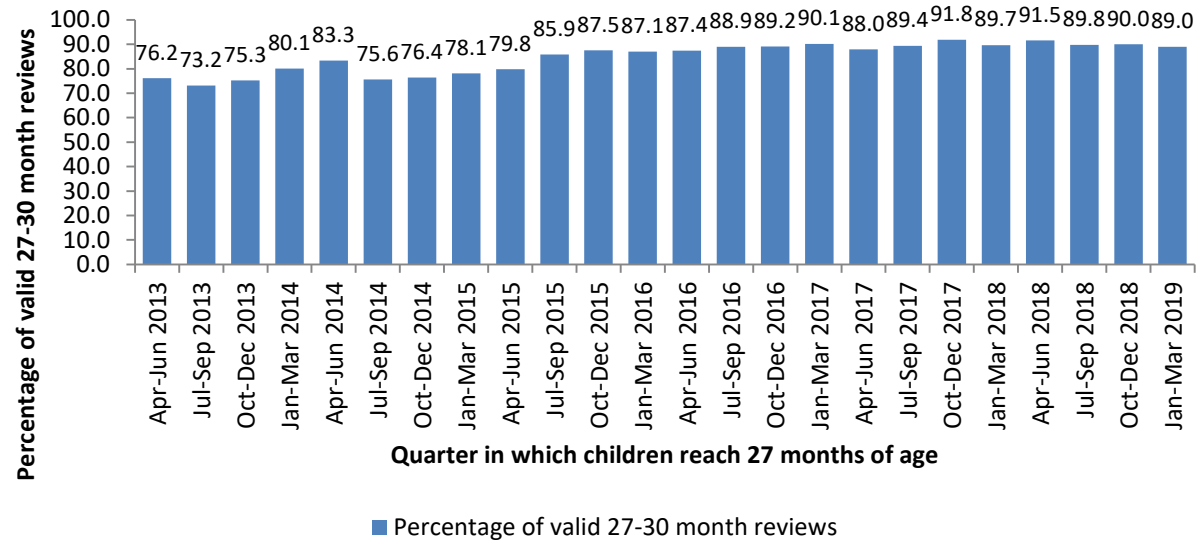


Indicator 18	Target	Baseline	Status	Imp Group	Current
Improve the uptake of 27-30 month surveillance contact	95%	52%		Early Years	89.0%

Analysis

This data is collected quarterly from NHSH. The latest data is from March 2019. The baseline was established in 2011 and not withstanding quarterly variations the percentage of reviews has risen incrementally over that time.

Percentage of valid 27-30 month reviews



Indicator 18b	Target	Baseline	Status	Imp Group	Current
Improve the uptake of 13 -15 month surveillance contact	95%	98.4%		Early Years	99.3%


Analysis

This data is collected quarterly from NHSH. The latest data is from June 2019. The baseline was established in 2016.

Child health surveillance contact at 13-15 months

Birth cohort			Period for review		

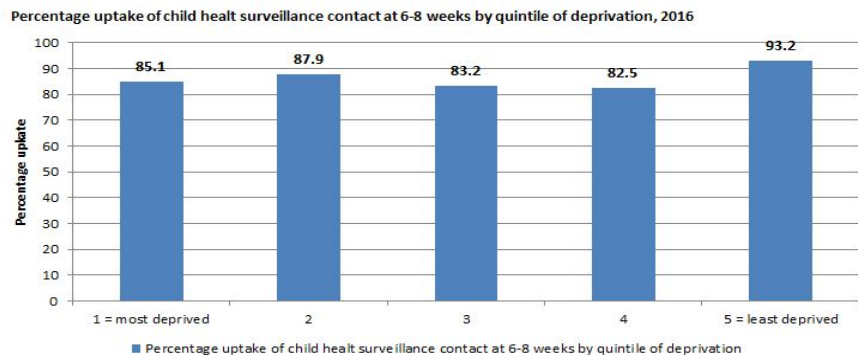
Quarter	Year	Number of children in birth cohort	Quarter	Year	Number of valid 13-15 month reviews	Percentage of valid 13-15 month reviews
May-Jun	2016	308	Jul-Sep	2017	303	98.4
Jul-Sep	2016	472	Oct-Dec	2017	461	97.7
Oct-Dec	2016	503	Jan-Mar	2018	491	97.6
Jan-Mar	2017	487	Apr-Jun	2018	482	99.0
Apr-Jun	2017	479	Jul-Sep	2018	477	99.6
Jul-Sep	2017	567	Oct-Dec	2018	561	98.9
Oct-Dec	2017	439	Jan-Mar	2019	431	98.2
Jan-Mar	2018	448	Apr-Jun	2019	445	99.3

Indicator 19b	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.

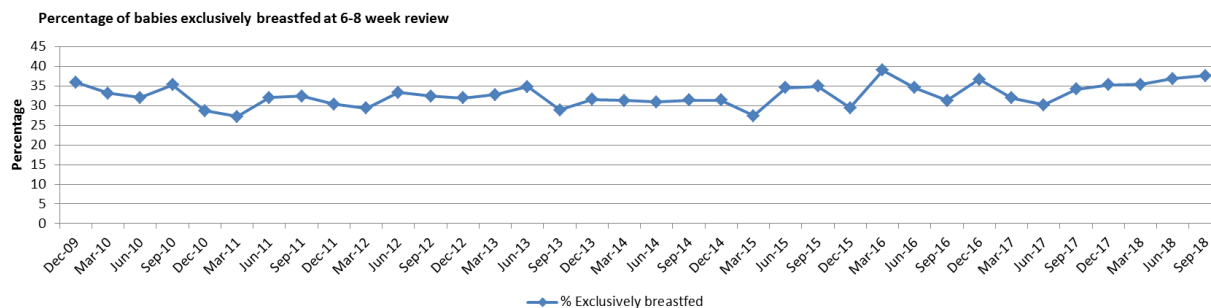
Indicator 20	Target	Baseline	Status	Imp Group	Current
6-8 week Child Health Surveillance contact showing no difference in uptake between the general population and those in areas of deprivation	No variance	-8.4%	No new data	Early years	0.2%

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	37.7%

Analysis
 The baseline was established in 2009. The table below shows the percentage of babies exclusively breastfed over that time. The latest data is from September 2018



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%	No new data	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	96.2%
Analysis This data is collected quarterly from NHSH. The latest data is from March 2019. 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%	No new data	Early Years	82.4%
Analysis This data is collected quarterly from NHSH. The latest data is from March 2018. 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	53%
Analysis This data is collected quarterly from NHSH. The latest data is from June 2018. The baseline was established in 2013.					
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	90.3%
Analysis This data is collected quarterly from NHSH. The latest data is from June 2018. The baseline was established in 2013. This indicator is the percentage based upon the children registered with a Dentist at their 27-30 month review as above					
Indicator 27	Target	Baseline	Status	Imp Group	Current
95% of children will have their P1 Body Mass index measured every year	95%	88.8%	No new	Early Years	95.6%

			data		
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Analysis

This data is collected annually from NHH. The latest data is from 2017/18. 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	17/18
Population of 5 year olds (NRS Estimate)	2,371	2,435	2,497	2,497	2,537	2,636	2,631	2,442	2,538	2,479
Total number of children reviewed	2,133	2,258	2,180	2,297	2,390	2,419	2,300	2,352	2,122	2,394
Number of children with valid height & weight recorded	2,111	2,240	2,171	2,276	2,369	2,385	2,289	2,323	2,097	2,371
As a percentage of NRS population estimate	89.0	92.2	87.0	91.1	93.4	90.5	87.0	95.1	82.6	95.6

Indicator 28	Target	Baseline	Status	Imp Group	Current
90% CAMHS referrals are seen within 18 weeks	90%	80%		Mental Health	100%





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. The current data is from June 2019.

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	78.6%

Analysis


This data is collected quarterly and the baseline was established in 2016. The latest data is from March 2019

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	80.0%
Analysis This data is collected quarterly and the baseline was established in 2016. The latest data is from March 2019					
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	75%
Analysis The baseline was established in 2014. The latest quarterly data is from June 2019.					
Outcome 5. Children and young people make well-informed choices about healthy and safe lifestyles					
Indicator 32	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 33 (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 data is taken from the 2017 lifestyle survey. The survey will be undertaken again later this year. 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 33(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%
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Analysis

This data is taken from the 2017 lifestyle survey. The survey will be undertaken again later this year. 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 33 (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%

Analysis

This data is taken from the 2017 lifestyle survey. The survey will be undertaken again later this year. 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.