

Agenda Item	<b>7</b>
Report No	<b>HCW/23/21</b>

## HIGHLAND COUNCIL

**Committee:** Health, Social Care and Wellbeing

**Date:** 11 November 2021

**Report Title:** Commissioned Health Service Assurance Report

**Report By:** Executive Chief Officer Health and Social Care

### **1. Purpose/Executive Summary**

1.1 The purpose of this report is to provide assurance in respect of the delivery of child health services by The Highland Council. The content of the report is informed by data, partnership discussion and the context of integrated children's services planning.

### **2. Recommendations**

2.1 The committee is asked to:

- i. Consider the update on service delivery, including measures put in place across the Covid pandemic.
- ii. Note the context of Integrated Children's Service Planning
- iii. Consider the update on future plans for service improvement, clinical and professional governance and performance reporting.

### **3. Implications**

3.1 Resource – The review of the partnership agreement will help determine future resource needs and priorities for improvement.

3.2 Legal – None

3.3 Community (Equality, Poverty, Rural and Island) – Improvement to service delivery outlined in this report will consider the themes of equality, poverty and rural issues.

3.4 Climate Change/Carbon Clever – None

3.5 Risk – Service risks are determined through the professional and clinical governance framework and reflected in the commissioned health service risk register.

3.6 Gaelic – None

#### **4. Introduction**

4.1 Working within the legal framework of the Public Health Bodies (Scotland) Act 2015, The Highland Council are commissioned to deliver a number of community child health services on behalf of NHS Highland. These services are delivered within the Lead Agency Model, articulated within the integration scheme with outcomes and performance measures outlined in the integrated children's service plan.

#### **5. Background and Context**

5.1 Within the Health and Social Care Service there are around 250 health professionals and an additional 50 early years and nursing and support assistants providing health care for infants, children and young people in Highland. Health professionals include health visitors, school nurses, learning disability and specialist nurses, lead midwife, allied health professionals including speech and language therapists, occupational therapists, physiotherapists and dieticians.

5.2 Health staff work within a public and preventative health framework and practice within the Getting it Right approach of the Highland Practice Model.

5.3 Since integration in 2012, The Commissioned Health Service has operated within a fully integrated framework as defined below.

- i. Integrated working through the use of a common process known as the Highland Practice Model (Getting it Right). This enables a single assessment and planning approach to meeting the needs of children and families across Highland.
- ii. Since 2012, the commissioned service has functioned within a wider integrated management structure which initially included Health and Social Care. 2015 saw the expansion of integration which included Education and the creation of a Care and Learning Service. This approach has been reviewed and disaggregation of the former Care and Learning Service is now complete, with the development of an Education and Learning Service and a Health and Social Care Service.
- iii. Since 2012, there has been a fully integrated budget within Health and Social Care and then Care and Learning. Budgets have been integrated with a focus on improving outcomes for Highland's children, young people and families and working to agreed outcome measures within the partnership.
- iv. Single outcomes framework based on the national outcomes framework for children's services, agreed across the Highland Health and Social Care Partnership

#### **6. Covid-19 Summary**

6.1 Throughout the Covid-19 pandemic the commissioned health service delivery has been directed by the Scottish Government and the Chief Nursing Officer and has focussed on:

- i. protecting children and young people most at risk.
- ii. undertaking statutory and required duties and identifying children and families who may become vulnerable in response to the pandemic.

iii. Ensuring staff safety and wellbeing.

- 6.2 Nursing and allied health professionals continue to undertake all visits as directed by the Chief Nursing Officer.
- 6.3 A number of performance data streams have been established to support a clear understanding and analysis of the need, pressures and risks presented by the pandemic and to inform service delivery in a post pandemic Highland. At the height of the pandemic in 2020 health visitors undertook an average of 225 home visits per week with an additional 800 indirect/virtual contacts.
- 6.4 Specialist nurses continued to work with children and families at risk, undertaking statutory and required assessment as noted in the performance data and allied health professionals undertook around 1,000 clinical remote contacts per week. Dietetics continued to deliver a face-to-face clinical service within the Raigmore unit.
- 6.5 The service is now fully mobilised. A blended approach to assessment, support and interventions with families has been progressed through the use of a mixture of home visits and virtual/online contacts.
- 6.6 During the pandemic an average of 90% of staff have been available to work using a blended home/office model, with access to offices for medical records on a rotational basis to support safe working. Easing of restrictions has impacted on workforce availability and this is currently impacting across all service areas causing disruption to service planning, delivery and business continuity.
- 6.7 Supporting workforce wellbeing has been a priority within the service and led by the health leadership team. This framework of support includes daily 'check in's', weekly team meetings, staff support including ECHO sessions in collaboration with Highland Hospice and connecting with the leadership "Ask Anything" sessions. It is anticipated that the staff support framework will need to be strengthened in the coming months as the impact of the pandemic on the workforce and the wider community emerges.
- 6.8 The Highland Council's AHPs will support NHS Highland and the Scottish Ambulance Service, in the delivery of the expanded flu programme to the 13,000 secondary students in Highland schools, between September and December.

## **7. Professional and Clinical Governance**

- 7.1 Securing the delivery of safe and effective healthcare by the commissioned health service has been a priority for The Highland Council, across the pandemic. Creating clear lines of management and accountability through a health leadership structure with the interim head of service (health) appointment has enabled robust governance of community child health care across this period of time.
- 7.2 A robust Professional and clinical governance framework has been developed and implemented within the commissioned health service. The framework is based on the national Clinical and Care Governance Framework (The Scottish Govt) 2015) and is closely aligned to NHS Highland clinical governance and risk management framework.
- 7.2.1 Working in partnership with NHS Highland, The Highland Council Clinical Governance Group provides oversight and governance to; Service delivery, Risk management,

Quality and Improvement, Professional regulation and workforce development, Health, Safety and Wellbeing

- 7.2.2 The group is responsible for management of the Commissioned Health Service Risk Register with escalation routes to The Highland Council Health and Social Care Risk Register and NHS Highland Infants, Children and Young People Clinical Governance Committee.
- 7.2.3 Escalated risks to NHS Highland as of August 2021. The service has assessed these risks within the framework and there are clear mitigation plans in place. The risks are:-
- i. Information governance and management. Access to ICT to fulfil requirement of the Health and Care Staffing (Scotland) Act 2019 and to progress with Morse.
  - ii. Service delivery. Pressure to service delivery as a result of a refocus of clinical duties to support the Covid response and staffing challenges. The success of recruitment to the advanced nurse training programme for school nurses and health visitors creates service delivery pressure as a result of the one year protected practice time.

## **8. Nursing**

- 8.1 The role of nursing within the community is focussed on reducing health inequalities and child poverty through early intervention and preventative health approaches within universal service through health visiting and school nursing roles and the protection and support of children through specialist nursing roles such as Learning Disability, Looked After Children, Youth Justice and Child Protection Nursing

### **8.2 Health Visiting**

- 8.2.1 Health visiting has a current establishment across Highland of 63.2.FTE. Health visiting is an advanced practitioner discipline therefore recruitment to health visiting posts does, in the majority, come through training posts. There has been active recruitment to all health visiting vacancies. Current vacancy rate is 11% with particular pressures in the Inverness area.
- 8.2.2 This health visiting role is delivered in part through the Child Health Programme. This national programme outlines the need for 11 developmental reviews from birth to 5 years (with 8 visits in the first year) and accounts for the offer of 22,000 assessment across Highland per year, based on a birth rate of 2,000 infants per year.
- 8.2.3 Full delivery of this programme for Highland, with an average birth population of 2,000 infants per year, involves the offer of 22,000 developmental assessment visits. These assessments are delivered on a home visiting basis with data collection and reporting through NHS Highland Child Health Department. In addition to the child health programme, Health visitors, in the role of named person, are responsible for co-ordinating all child's plans for children under the age of 5 years. This includes, as of Aug 2021, 360 multi agency plans for children with complex need across Highland.
- 8.2.4 Early intervention and prevention will continue to be supported through the role of clinical support practitioners supporting parents in need of additional support, with mental health issues or vulnerabilities. This support has been successfully adapted across the pandemic to include online bookbug sessions, online baby massage and health walks.

### **8.3 School Nursing**

- 8.3.1 The Scottish Government Transforming Nursing Roles in the Community Programme (2017) requires the school nursing role to reduce health inequalities and child poverty through refocussing support to:
1. Looked After Children/Children at risk of Child Protection or on the CP register
  2. Vulnerable groups: including those in need of mental or emotional support, hard to reach groups and those involved with additional social support.
- 8.3.2 Highland have a current establishment of 25.3 FTE/37 staff across Highland. This includes advanced practitioners (school nursing), school nurse trainees, staff nurses and school nurse assistants. Current vacancy rate in school nursing is 5%.
- 8.3.3 In line with the Scottish Government commitment to increase the national school nursing workforce, North Highland NHS Board area have received additional funding for 11 FTE band 6 school nurse posts. The final 2 FTE will be allocated as part of the 21/22 allocation.
- 8.3.4 All health visitor and school nurse trainees undertake the one-year master level advanced nurse training. Staff are recruited to non-caseload holding trainee posts, with mentorship, practice placement and protected learning across the year with preceptorship and caseload allocation upon completion of the course. The service will present 10 trainee advanced nurses (school nursing/health visiting) in September 2021. The advanced nursing practice training programme progressed within Highland Council has proved successful in supporting registered general nurses progress through their careers into advanced nursing posts and in mitigating against recruitment challenges.

### **8.4 School Nursing and Immunisations**

- 8.4.1 In 2012, 7,000 vaccines were offered by the school nursing service as part of the delegated function. This accounted for 30% of the school nursing year workload.
- 8.4.2 There has been significant expansion of the school years immunisation programme since 2012 to include:
- i. P1 – P7 Influenza
  - ii. S1 – S2 HPV (boys and girls) – 2 doses
  - iii. S3 – DPT
  - iv. S3 – MenACWY
- 8.4.3 In 2021 25,000 vaccines are to be offered by school nursing. This function accounts for 75% of the school nursing year workload. The impact of the additional demand across the years has been the limitation of clinical aspects of school nursing support (sleep, nutrition support), health promotion and education activity, sexual health guidance and parenting support.
- 8.4.4 The current school nurse workforce is now, in the majority qualified to advanced practitioner level. The composition of the workforce is therefore no longer fit for purpose in terms of efficient and effective use of expertise and resource. The role of the school nurse in Highland therefore requires to be formally reviewed, including the contribution to the wider vaccine delivery programme, to enable a focus on supporting the physical,

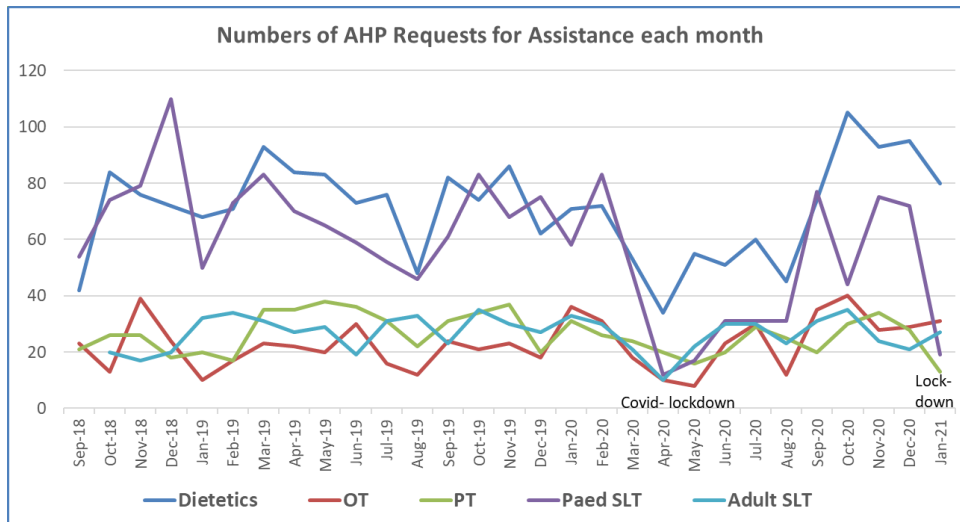
social and mental health of children and young people most in need in line with the national transforming nursing roles requirement.

## **8.5 Specialist Nursing**

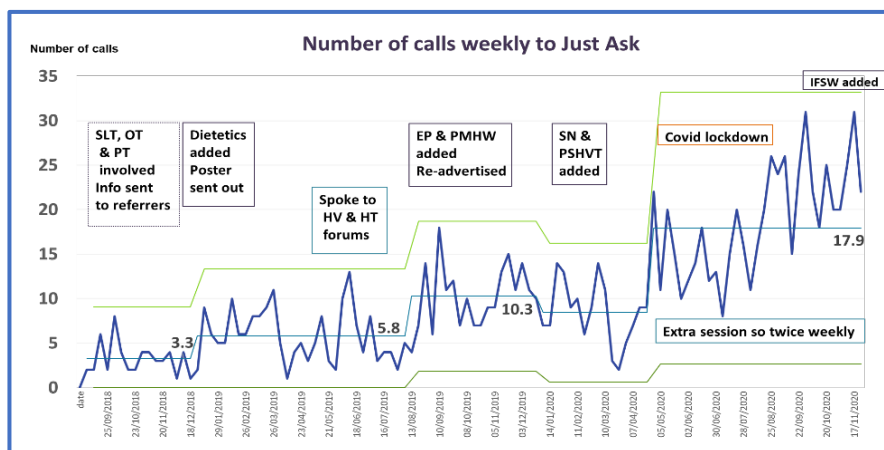
- 8.5.1 Specialist nurses working with vulnerable, at risk or care experienced young people include Child Protection Advisors, Looked After Children, Youth Justice, disability nurses and the Family Nurse Partnership
- 8.5.2 In progressing The Promise, Highland Council have focussed on meeting the health needs of care experienced children and young people through the appointment of 4 FTE School Nurses with a specific remit for care experienced children and young people.
- 8.5.3 Child protection advisors are specialist practitioners responsible for providing advice, guidance and expert support and supervision for NHS and The Highland Council staff working with children and families at risk. They are responsible for delivery of all Child Protection training across The Highland Council and north Highland NHS board area and for supporting the interagency referral process for child protection concerns.
- 8.5.4 Children's Community Learning Disability Nursing is hosted by The Highland Council in the South and Mid areas through 5 FTE children's learning disability nurses. NHS Highland deliver the service for children and families, through a "cradle to grave" approach in North and West. NHS Highland and The Highland Council lead officers are working in partnership to support the modernisation of the role of learning disability nursing in Highland and in line with "Sustaining the Commitment".
- 8.5.5 The Family Nurse Partnership programme is a highly intensive home visiting programme for first time mothers age 19 years and under. Family Nurses work alongside the family alongside Midwives from early pregnancy until the child is two years. This provides continuity of care with a strong relationship and empowerment focus.
- 8.5.6 Primary Mental Health Workers currently deliver Tier 2 support for children and families as part of a delegated function within the partnership agreement.

## **9. Allied Health Professionals**

- 9.1 Allied Health Professionals (Paediatric Dieticians, Occupational therapists, physiotherapists, speech and language therapists) offer clinical interventions and treatment for children with additional support needs. Staff work both within acute health (Raigmore Hospital) and the community.
- 9.2 The number of requests for assistance fell across Covid, as indicated below. Data continues to be collated however it is anticipated that there will be a significant increase in demand over the next few months.



- 9.3 Speech and Language and occupational therapy currently contribute to the Neurodevelopmental Assessment Service (NDAS) through 4 FTE for SLT and 1.5 FTE for OT.
- 9.4 The Principal Officer for Allied Health Professionals is currently leading a review of Neurodevelopmental assessment services. This is a joint service review progressed through the Partnership Programme workstream with a view to completion with a options appraisal and implementation plan by October 2021.
- 9.5 The “Just Ask” enquiry phone line is open for anyone with a question about the development or wellbeing of a child or young person to call. It has twice weekly sessions with 11 professions now available. This has had 1332 calls to it (since its start in Sept 17 until 11 Feb 21) and continues to be busier with an average over the last 6 months of 21.5 calls per week. A Just Ask YouTube channel has been set up to allow further signposting to directed and self-care information and support.



## 10. Resource and Budget

- 10.1 In 2012, there was full integration of the commissioned child health and social work budgets to create maximum flexibility in achieving agreed life outcomes for children, young people and families. The integration of budgets across Health and Social Care enabled flexibility, efficiency and effectiveness in targeting all support to achieve the agreed outcomes as articulated in Highland’s Integrated Children’s Service Plan.

10.2 In 2015 there was further expansion of integrated children's service within the Highland Council through the joining of education, social care and health services and the Establishment of the "Care and Learning Service ". This involved:

- Creation of integrated 'family teams'
- Creating an Integrated management structure across Education, Social Care and Health
- Further integration of budget through the creation of an integrated "Care and Learning" budget across Education, health and social care
- Revision of agreed outcomes and performance measures

10.3 Since Feb 2020 there has been the interim appointment of senior officers to ensure service safety and support redesign.

10.4 The Highland Council finance team are currently working towards disaggregation of the Care and Learning Budget, thereafter, in accord with the service redesign, clear budget lines will be applied within Health and Social Care. It is anticipated that this process will identify where the integration of budgets will provide greatest opportunity for the delivery of effective, efficient, and safe services.

## **11. Performance and Improvement**

11.1 Highland's Integrated Children's Service Plan was published in April 2021. This is the partnership plan which outlines key drivers, commitments and priorities for the improvement of children's services across Highland.

11.2 Key measures for improving the life and health outcomes for Highland's Children, young people and families will be reviewed in the coming months as part of the planning arrangements to deliver on the 6 priority areas identified which include:

- 11.3
- Child Poverty
  - Child Protection
  - Alcohol and Drugs
  - Corporate Parenting
  - Equalities and participation
  - Health and Wellbeing (including mental health)

11.4 Services delivered by the commissioned health service are integral to delivering on the priorities and meeting the agreed outcomes.

11.5 Each priority workstream will performance manage the agreed measures and the Integrated Children's Service Board will provide governance and overall accountability for achieving improvement in outcomes.

11.6 Highland Council and NHS Highland have agreed a performance framework for the commissioned health service. This is currently under review. As the performance framework is develop in partnership with NHS Highland the data reporting will include additional indicators reflecting further data for assurance, performance and improvement.

11.7 A summary of the data including analysis of each measure is included at Appendix 1.



## **12. Future Planning**


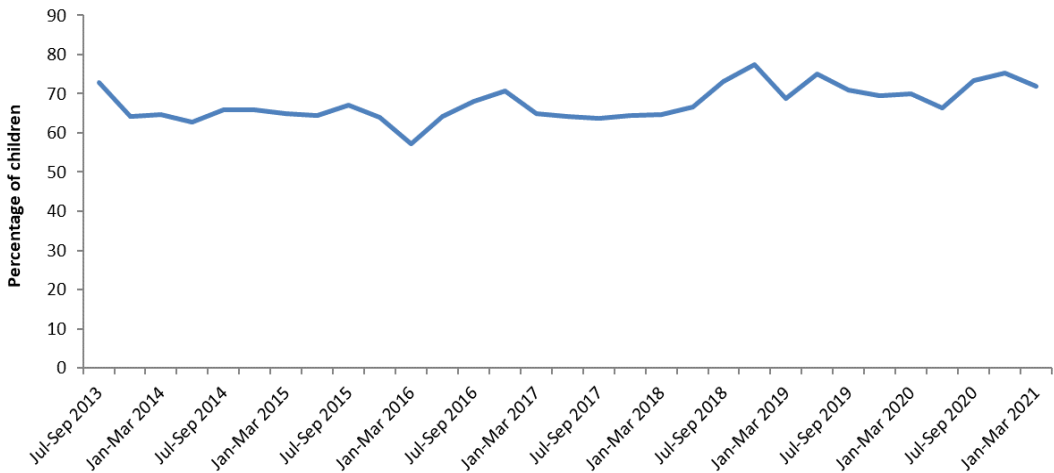


- 12.1 Core to the delivery of a safe and effective commissioned health service will be the implementation of the Scottish Governments 2030 Workforce Vision. Significant progress has been made in this regard across the past 3 years. The impact of the global pandemic however has changed the need therefore there requires to be a review of the nursing and allied health professional's workforce plans to ensure we continue to have a workforce which is fit for purpose for 2021 and into the future.
- 12.2 Working to the NHS Scotland Healthcare Quality Strategy and the Children's and Young People Improvement Collaborative (CYPIC) methodology, improvement planning will be central to service delivery change to meet future healthcare needs
- 12.3 In collaboration with NHS Highland, the Commissioned Health Service will continue to drive forward Highland's Perinatal and Infant Mental Health delivery plan. In partnership with Warwick University, the commitment is to train a minimum of 10 Health Visitors as champions and cascade trainers. Four health visitors have undertaken the training to date with initial training to 38 midwives, health visitors and clinical support practitioners. The roll out training programme will continue across 2022/23.
- 12.4 There are currently no electronic child health records in use in Highland. Highland Council manage around 50,000 paper child health records. These records are owned by NHS Highland and stored, across Highland, in accordance with NHS policy guidance. The Highland Council have worked with NHS Highland across 2021 to progress digital solution to support more efficient and effective ways of working and which better meet post pandemic need. NHS Highland have recently completed a full digital imperatives consultation for child health. This consultation will inform the transformation project for E Health for the commissioned health service, which now sits within the Partnership Programme Board Workstream.
- 12.5 Since 2012 registered professionals within the commissioned health service working in The Highland Council, have had very limited access to NHS Highland policies and protocols. Further to the Digital Imperatives consultation commissioned by NHS E Health in early 2021, there is a need to progress digital solutions to mitigate against the associated clinical and professional risks.
- 12.6 Progression of the NHS Highland digital solutions for Child Health to enable access to workforce planning tools as part of the requirements within the Health and Care (Staffing) (Scotland) Act 2019. Caseloads have not been reviewed formally since pre integration in 2012. There may be resource implications following the application of the workforce tools.
- 12.7 A review of school years vaccine delivery function requires to be undertaken as part of the wider VTP. This review should be considered within the context of the Integration scheme and the Scottish Government Transforming Nursing Roles Programme.
- 12.8 The disaggregation of Care and Learning and the development of an Education and Learning and Health and Social Care Service, with associated team redesign, is progressing. There will be a focus on early intervention and prevention within the Health and Social Care Service, taking a community based whole family approach

Designation: Executive Chief Officer Health and Social Care

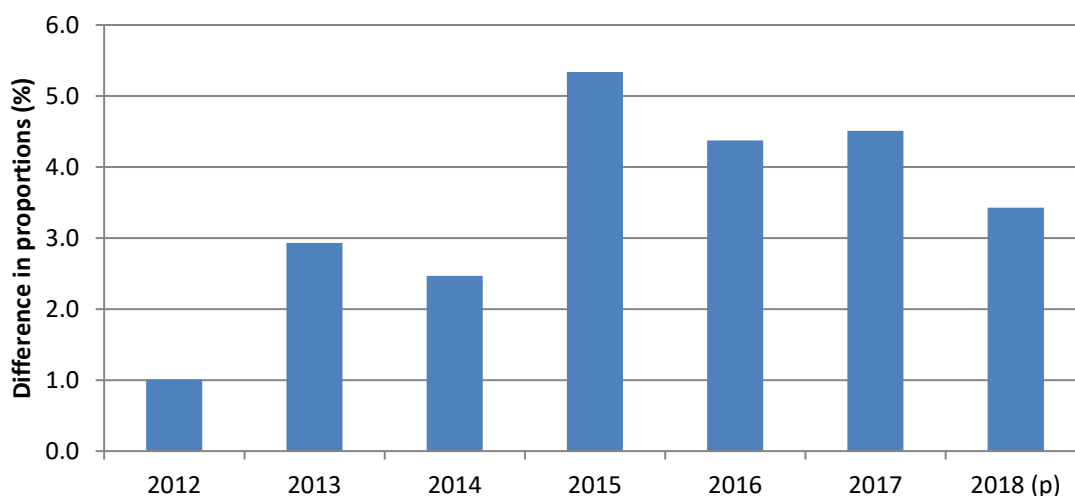
Date: 1 November 2021

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Ian Kyle, Head of Integrated Children's Services

## Appendix 1 - Commissioned Health Service Indicators

Indicator 1	Target	Baseline	Status	Current																																		
<b>Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase</b>	85%	75%		71.8%																																		
<p><b>Analysis</b>                      This data is collected quarterly from NHS. The latest data is from June 2019. The baseline was established in 2013 and there has been limited variation. Preliminary data for June 21 (incomplete) show an increase to 78.3%</p> <p>This contact was considered to be a core contact, by the CNO for Scotland, for delivery across all of the pandemic. The slight decline in the uptake is as a result of staffing pressures, successful recruitment to health visitor trainee posts and retirement. Mitigation plans are in place in the relevant teams where challenge persists. This is escalated to the commissioned health service risk register</p>																																						
<p><b>Highland HSCP - % of children reaching their developmental milestones at their 27-30 month health review</b></p>  <table border="1"> <caption>Estimated data for Highland HSCP - % of children reaching their developmental milestones at their 27-30 month health review</caption> <thead> <tr> <th>Period</th> <th>Percentage of children</th> </tr> </thead> <tbody> <tr><td>Jul-Sep 2013</td><td>72</td></tr> <tr><td>Jan-Mar 2014</td><td>64</td></tr> <tr><td>Jul-Sep 2014</td><td>63</td></tr> <tr><td>Jan-Mar 2015</td><td>66</td></tr> <tr><td>Jul-Sep 2015</td><td>65</td></tr> <tr><td>Jan-Mar 2016</td><td>67</td></tr> <tr><td>Jul-Sep 2016</td><td>58</td></tr> <tr><td>Jan-Mar 2017</td><td>65</td></tr> <tr><td>Jul-Sep 2017</td><td>64</td></tr> <tr><td>Jan-Mar 2018</td><td>65</td></tr> <tr><td>Jul-Sep 2018</td><td>66</td></tr> <tr><td>Jan-Mar 2019</td><td>78</td></tr> <tr><td>Jul-Sep 2019</td><td>75</td></tr> <tr><td>Jan-Mar 2020</td><td>70</td></tr> <tr><td>Jul-Sep 2020</td><td>70</td></tr> <tr><td>Jan-Mar 2021</td><td>78</td></tr> </tbody> </table>					Period	Percentage of children	Jul-Sep 2013	72	Jan-Mar 2014	64	Jul-Sep 2014	63	Jan-Mar 2015	66	Jul-Sep 2015	65	Jan-Mar 2016	67	Jul-Sep 2016	58	Jan-Mar 2017	65	Jul-Sep 2017	64	Jan-Mar 2018	65	Jul-Sep 2018	66	Jan-Mar 2019	78	Jul-Sep 2019	75	Jan-Mar 2020	70	Jul-Sep 2020	70	Jan-Mar 2021	78
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Indicator 2	Target	Baseline	Status	Current																																		
<b>Percentage of children will achieve their key developmental milestones by time they enter school will increase</b>	85%	85%		86%																																		
<p><b>Analysis</b>                      This data has been collected annually since 2015. The data shows little variance over that time.</p>																																						
Indicator 3	Target	Baseline	Status	Current																																		
<b>There will be a reduction in the percentage gap between the most and least deprived parts of Highland for low birth weight babies</b>	Improve from baseline	1%		3.4%																																		
<p><b>Analysis</b>                      This data is collected annually by NHS. The latest provisional data is from 2018. The baseline was established in 2012. There has been no new data since 2018.</p>																																						

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

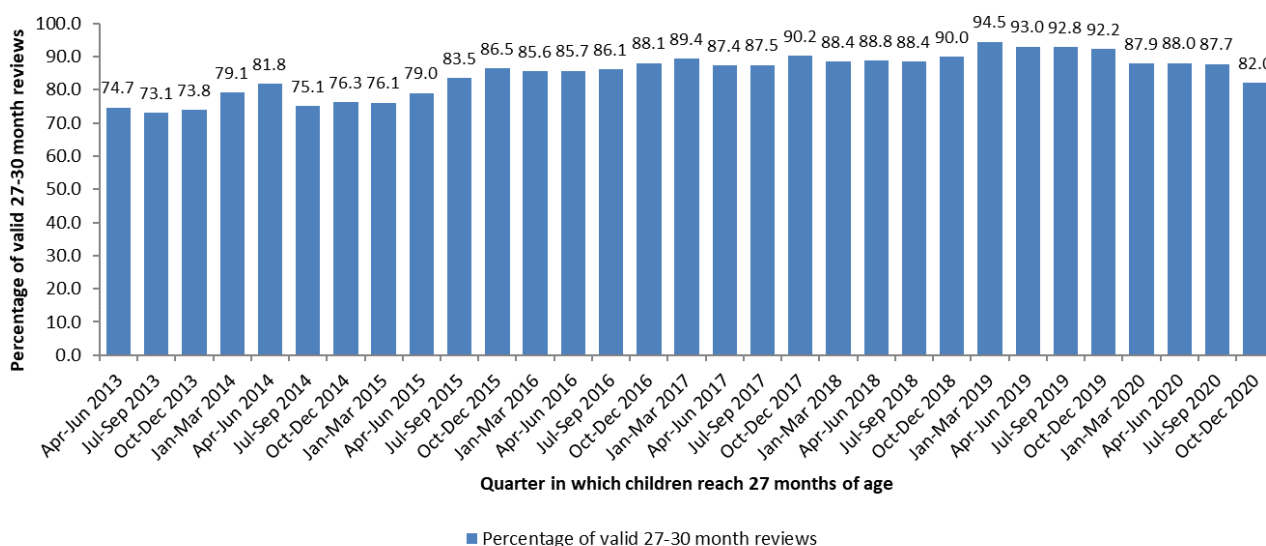


Indicator 4	Target	Baseline	Status	Current
<b>Improve the uptake of 27-30 month surveillance contact</b>	95%	52%		82.0

#### Analysis

This data is collected quarterly from NHS. The latest data is from Dec 2020. The baseline was established in 2013 and there has been limited variation. Preliminary data for Mar 2021 (incomplete) show a decrease to 75.1%. Service mobilisation and staffing pressures across Covid may be contributing to the lack of improvement. Mitigation plans are in place within the service.

Percentage of valid 27-30 month reviews




Indicator 5	Target	Baseline	Status	Current
<b>Improve the uptake of 13 -15 month surveillance contact</b>	95%	98.4%		83.8%

#### Analysis


This data is collected quarterly from NHSH. The latest complete data is from Dec 2020. The baseline was established in 2015. and there has been limited variation. This was not deemed to be a core contact by the Chief Nursing Officer across the majority of the pandemic. Preliminary data for Jun 2021 (incomplete) show a decrease to 72.1%. This is likely a result of Covid staffing pressures. Mitigation plans are in place.

		<b>Children recorded as receiving their 13-15 month review by 17 months of age (or younger if children have not reached 17 months of age by the date data was extracted for analysis)2</b>	
<b>Qtr ending</b>	<b>Total number of children</b>	<b>N</b>	<b>%</b>
Mar-20	469	439	93.6%
Jun-20	511	460	90.0%
Sep-20	529	473	89.4%
Dec-20	513	430	83.8%
Mar-21 (inc)	483	362	74.9%
Jun-21 (inc)	140	101	72.1%

<b>Indicator 6</b>	<b>Target</b>	<b>Baseline</b>	<b>Status</b>	<b>Current</b>
<b>95% uptake of 6-8 week Child Health Surveillance contact</b>	95%	85.1%		83.3%

#### **Analysis**




This data is collected quarterly from NHSH. The latest data is from Mar 2021. The baseline was established in 2017 and there has been limited variation. This contact was considered to be a core contact, by the CNO for Scotland, for delivery across all of the pandemic. There is slight a slight decline from Quarter 4 as a result of the Covid pandemic and staffing pressures. Mitigation plans are in place in the relevant teams where challenge persists. This is escalated to the commissioned health service risk register

<b>Indicator 7</b>	<b>Target</b>	<b>Baseline</b>	<b>Status</b>	<b>Current</b>
<b>Achieve 36% of new born babies exclusively breastfed at 6-8 week review</b>	36%	30.3%		35%

#### **Analysis**

The baseline was established in 2009. The latest data is from March 2021. There is limited variation in the data over time

<b>Indicator 8</b>	<b>Target</b>	<b>Baseline</b>	<b>Status</b>	<b>Current</b>
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<b>Maintain 95% Allocation of Health Plan indicator at 6-8 week from birth (annual cumulative)</b>	95%	97.3%	No new data	n/k
<b>Analysis</b> Unable to report 2017/18/19/20 due to national data problem. Annual data published by ISD				
<b>Indicator 9</b>	<b>Target</b>	<b>Baseline</b>	<b>Status</b>	<b>Current</b>
<b>Maintain 95% uptake rate of MMR1 (% of 5 year olds)</b>	95%	94.6%		95%
<b>Analysis</b> This data is collected quarterly from NHS. GP services are responsible for the delivery of this function. The latest data is from March 2020. The baseline was established in 2012.				
<b>Indicator 10</b>	<b>Target</b>	<b>Baseline</b>	<b>Status</b>	<b>Current</b>
<b>Sustain the completion rate of P1 Child health assessment to 95%</b>	95%	93.1%	No new data	82.4%
<b>Analysis</b> This data is collected quarterly from NHS. The latest data is from March 2018. The baseline was established in 2012.				
<b>Indicator 11</b>	<b>Target</b>	<b>Baseline</b>	<b>Status</b>	<b>Current</b>
<b>95% of children will have their P1 Body Mass index measured every year</b>	95%	88.8%	No new data	63.0%
<b>Analysis</b> This data is collected annually. The latest figures are from 2019/20. Coverage of the P1 review fell substantially in 19/20 across Scotland as at the height of the pandemic weight measurements could not take place due to the Covid 19 restrictions and school closures.				
<b>Indicator 12</b>	<b>Target</b>	<b>Baseline</b>	<b>Status</b>	<b>Current</b>
<b>Percentage of young people in RCC with an up to date Routine Childhood Immunisation Schedule (RCIS)</b>	95%	70%		74%
<b>Analysis</b> This data is collected quarterly. The latest data is March 2021. There has been improvement in the trajectory of completed immunisation for young people living in residential child care. These vaccines are delivered through a targeted initiative by the specialist nurses for Care Experienced Children and Young People.				
<b>Indicator 13</b>	<b>Target</b>	<b>Baseline</b>	<b>Status</b>	<b>Current</b>
<b>Waiting times for AHP services to be within 18 weeks from referral to treatment</b>	90%	85%		85.25%
<b>Analysis</b> Data as of Mar 2021 Physiotherapy: Q4 = 93% (Q3 – 100%) Occupational Therapy: 79%. (Q3 – 100%) Speech and Language Therapy: 85% (Q3 – 97%) Dietetics: Q4 = 84% (Q3 - 95%)				

Numbers of contacts during the Covid period overall fell as face to face work became more problematic. Staff were able to improve waiting times following lockdowns. Video and phone contacts have been used whenever suitable however this is not always appropriate due to the nature of the needs of children and young people.