Agenda Item	9
Report No	HCW/**22**/23

HIGHLAND COUNCIL

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

Date: **25 November 2023**

Report Title: **Child Health Service Performance Update**

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

1. Purpose/Executive Summary

1.1 This report provides members with a background to the balanced score card data set which describes the performance management matrices used in ensuring that the delegated functions of the Child Health Service delivered by Highland Council are measured.

1.2 The report appendix provides the latest data for each of the measures contained within the balanced scorecard with some analysis of this data to support understanding.

2. Recommendations

2.1 Members are invited to **NOTE** and comment on the range and function of services within the devolved child health service;

2.2 **NOTE** and comment on the purpose and background to the development of the balanced scorecard and range of data contained at **appendix 1**.

3. Implications

3.1 **Resource** – There will be ongoing resource implications as the partnership responds to meet the broader implications of these datasets as we continuously seek to improve on the targets outlined within the scorecard.

3.2 **Legal** – There are no implications arising directly from this report.

3.3 **Community (Equality, Poverty, Rural and Island)** – The improvement plans plan developed in response to this data centres on improving outcomes for all children, young people and families within the Highland community.

3.4 **Climate Change / Carbon Clever** – There are no implications arising directly from this report.

3.5 **Risk** – The risks are met within both the service and NHSH risk registers.

3.6 **Health and Safety (risks arising from changes to plant, equipment, process, or people)** – There are no implications arising directly from this report.

3.7 **Gaelic** – There are no implications arising directly from this report.

4. Background

4.1 The Children, Young People and Families Outcomes Framework (CYPF OF) (September 2023) provides an overarching understanding of children and young people's wellbeing in Scotland. This complements the National Performance Framework, with its holistic approach grounded in Getting It Right For Every Child (GIRFEC). The framework has children's rights at its core and is consistent with international definitions of child wellbeing. It has been developed following a recommendation from the Scottish Government's review of Integrated Children's Services Plans (2017-2020).

4.2 There are multiple systems across Highland services, linked to the national outcomes framework through the Integrated Children's Service Plan, reflecting data with respect to children, young people and families. These systems include NHS Highland Child Health Dashboard, NHS Highland Performance Management system (PMS), The Highland Council Performance Recording Management System (PRMS) reflecting Key Performance Measures and Service Performance Measures. The Integrated Children's Service Performance Management Framework seeks to draw together performance measures from across the system which will demonstrate improvement in outcomes for families within the integrated framework. These measures have been agreed across the partnership with oversight through the Integrated Children's Service Board.

4.3 It is important to note that the child health indicators essentially cover the effectiveness and coverage of services that are aimed at improving the health and wellbeing of children and young people. They do not measure health directly.

4.4 Within the Health and Social Care Service there are around 240 registered health professionals and an additional 55 early years and clinical support assistants working providing early, targeted, and intensive support for Highland's children, young people and their families.

4.5 Pre-Birth and Early Years prevention and support is delivered by the 60 full time equivalent health visitors supported by 32 full time equivalent community early years practitioners. Pre-birth support is facilitated by the midwifery development officers.

4.6 Targeted support for children, young people and their families is provided through community based integrated school nursing teams, community children's learning disability nursing working in integrated health and disability teams and also through the support from allied health professionals (AHP's). These teams are made up of speech and language therapists, occupational therapists, physio therapists and dietitians. There are around 60 Full Time Equivalent (FTE) qualified AHP's in Child Health.

4.7 Intensive support is provided through the provision of specialist nursing staff for Care Experienced Children and Young People and Youth Justice, Child protection advisors and the Family Nurse Partnership.

5. Pre-Birth and Early Years support

5.1 Midwives and universal healthcare practitioners work alongside Health Visitors, early support staff and the Midwifery Development Officers in Highland Council to support the delivery of pre-birth and early years care for all infants, young children, and their families. These universal services work as part of the whole system of support for families and therefore work particularly closely with the Perinatal and Infant Mental Health Team, specialist breast feeding support teams, Health Development Officers, public health dietetics and a Drug and Alcohol Midwifery Teams.

5.2 Ensuring there is join from pre-birth to early days between community midwifery and health visiting services, the midwifery development officers within Health and Social Care focus on supporting the policy and practice join across the partnership. Particularly supporting the vulnerable pregnancy pathway ensuring pathway planning and smooth transition from conception through to the post-natal period. NHS Highland hold a paperless electronic recording system (Badgernet) adopted Highland for maternal health. The system supported rich data collection which informed the Joint Strategic Needs Assessment for Highland (2023)

5.3 The National Child Health Programme is a universal public health provision for all families. This programme is delivered through the role of health visitors and requires the offer of eleven developmental assessments including eight in the first year of life, for all children between birth and five years. Full delivery of this programme for Highland, with an average birth population of slightly less than two thousand infants per year, involves the offer of just under twenty-two thousand developmental assessment visits. These assessments are delivered on a home visiting basis. Delivery of the child health programme is currently supported by three national universal child health information systems which form the Child Health Systems Programme (CHSP). Data from collected from health visitors with respect to the Child Health Programme is reported to NHS Highland, recorded on the NHSH dashboard and reported nationally. This can be seen on the Public Health Scotland website.

5.4 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 five years. This includes, as of October 2023, around five hundred multi agency plans for children with complex need across Highland.

6. Targeted Support and Intervention

6.1 School Nursing in Highland has undergone significant change during the last four years as part of the national Transforming Nursing Roles Programme.

6.2 The thirty-six advanced qualified school nursing staff, supported by staff nurses and clinical support staff, work as part of integrated community-based skill mix teams.

6.3 School Nursing teams provide targeted assessment, intervention and support to families affected by inequalities, at risk or in need of additional health support. They work as part

of the whole system with their support dovetailing with services across NHS Highland, Social Work, Education, Child and Adolescent Mental Health Services (CAMHS), Primary mental health workers and the 3rd sector.

6.4 A national dataset is currently under consideration by the Scottish Government. Within Highland we are progressing this with the development of an outcome focussed electronic database for school nursing to ensure continued improvement and delivery of outcomes within this newly refocussed role. This database will enable benchmarking for future performance measurement.

6.5 As part of Integrated Children's Services and dovetailing with targeted support in education and acute medical service, sixty allied professionals within Child Health provide assessment, support and intervention for families with additional need and affected by disability. Performance around the eighteen-week waiting time target is measured locally and reported to the NHS Highland and Integrated Performance Framework.

7. Intensive/Specialist Support

7.1 Specialist nursing support in Child Health is provided through a number of roles including specialist nursing staff who work in integrated youth justice teams and care experienced nursing within Highlands Child Protection and Care Experienced Team. Performance measures for Care Experienced Nursing (statutory health assessments for Care Experienced children and young people) are collected locally, form part of service reporting within The Highland Council and are reflected on the Child Health Dashboard and Integrated Performance management Framework.

7.2 Specialist support is also offered through the Child Protection Advisors (CPA) in Highland who provide expert health support, advice and guidance to staff across H&SC, and into the partnership, including into Raigmore Hospital Unit, GP's and the community. The CPA role is integral to supporting Highland's staff who support children and young people at risk or in need of protection and to supporting Highland's Child Protection Processes which include the tripartite (including social work and Police Scotland) Interagency Process. Performance measures are collected locally, form part of service reporting within The Highland Council and are reflected on the Child Health Dashboard and Integrated Performance management Framework.

7.3 Highland's Family Nurse Partnership provides intensive family support to new and first-time parents under the age of 20, and for those who have experience care until the age of 25. The programme is voluntary and reliant on referrals from midwives. This is a national programme, with rigorous fidelity regulations, scrutiny, and reporting. To support the continued improvement of the programme in Highland there is monthly reporting to the Scottish Government with additional reporting on the Integrated Performance Management Framework.

7.4 Working across the whole system of family support Child and Adolescent Mental Health Services (CAMHS) and the Neurodevelopment Assessment Service dovetails with support, including Primary Mental Health workers, Speech and Language Therapy and Occupational Therapy, within The Highland Council with performance reporting both on the Integrated Framework and within PMS in NHS Highland.

8. Voice and Experience of Families

8.1 Ensuring we are able to demonstrate improvement in performance through honouring The Promise will continue to be a key focus across the incoming months. Family voice is captured in a number of ways across the system to evidence performance and improvement including Child's Plans, Near Me (NHS Highland online platform) feedback for paediatric dietetic services, allied health professional family feedback surveys and the more recent (QR Code based) test of change feedback for families around early help in the Lochaber area. These are currently reported as Health and Social Care service performance measures however further considering is being given as part of Integrated Children's Service Planning, to the join across the partnership ensuring family voice informs service support into the future.

9. Whole Family Support

9.1 Recognising that to best meet needs and improve outcomes for the infant, child or young person means not only working with, but meeting the needs of parents and carers and families as a whole, early prevention support is progressing through dovetailing with the partnership Whole Family Approach Programme. Benchmarking is underway and is being informed by the Joint Strategic Needs Assessment (2023) with performance and outcomes measures to be agreed.

10. The Balanced Scorecard

10.1 The balanced scorecard at **appendix 1** provides the range of performance management matrices used to ensure the effective delivery of the delegated child health service within The Highland Council.

Designation: Executive Chief Officer – Health and Social Care

Date: 03 November 2023

Author: Ian Kyle, Strategic Lead Performance and Improvement
Jane Park, Strategic Lead Child Health

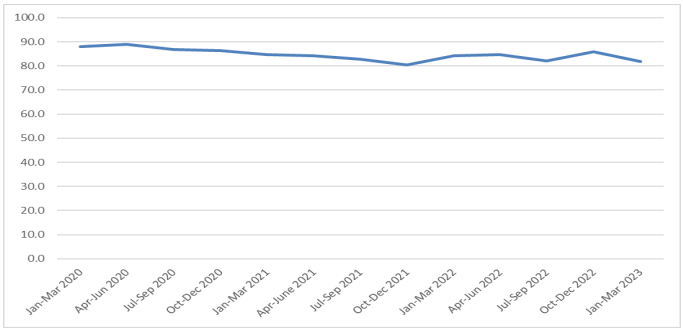
Child Health Data balanced scorecard
October 2023

Indicator 1	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	**85%**	**75%**	**82.3%**	**Child Health**

ANALYSIS

Data from NHS, last updated Jan - Mar 23. Note in the data file that this is incomplete.

Data shows a slightly deceasing number of children achieving their developmental milestones at the 27-30 month Child Health Surveillance review. This is correlated to the number of assessments being undertaken and the targeted approach which is part of the mitigation plan to improve outcomes.



Indicator 2	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children in P1 with their body mass index measured	**95%**	**85%**	**94%**	**Child Health**

ANALYSIS

Annual return last update in 21/22 from NHS.

Indicator 3	TARGET	BASELINE	CURRENT	DATA SOURCE
Improve the uptake of 27-30 month surveillance contact	**95%**	**52%**	**77%**	**Child Health**

ANALYSIS

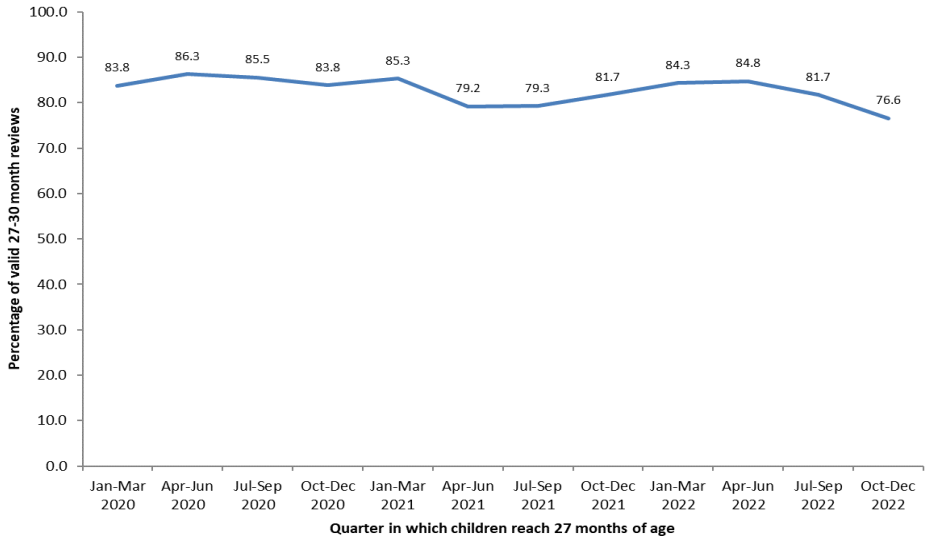
Update from Oct - Dec 22.

There has been a slight decrease in the uptake of this core contact. A contributory factor has been the availability of suitability qualified Health Visitors.

Highland's Advanced Nurse Training programme has been highly successful across the past 2 years in supporting the recruitment and training to advanced level health visitors. Highland currently have a low vacancy rate (around 8%) in Health Visiting however 20% of the HV workforce are undertaking the one year post graduate masters level health visitor training programme. Training requirements mean that trainee health visitors are not available or qualified to undertake this review. This has impacted on the ability to undertake the developmental assessment within the allotted timescale.

Mitigating actions are in place which include prioritisation for families in need, at risk, where there are concerns, care experienced, suffering the impacts of inequalities or trauma. Bank Staff are also used where necessary to support the review.

There is likely to be a improvement in performance with the 22/23 and 23/24 cohort of health visitors achieve their advanced qualification and are supported through the preceptorship course.



Indicator 4	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage uptake of 6-8 week Child Health Surveillance contact	**95%**	**80.7%**	**74.2%**	**Child Health**

ANALYSIS

Data updated by NHSH in Mar 2023.

Data from Quarter 3 (incomplete) reports only 82% of children have had a 6-8 week child health surveillance contact. This contact is part of the universal Health Visiting pathway. This contact remained a priority through the pandemic as determined by the Chief Nursing Officer.

Health visitors complete the infant assessment, and the paperwork is forwarded to the GP who submits the completed documentation only after the GP 6-week infant check is complete. This GP check historically included the 6–8 week infant immunisation. A number of GPs have reported a reduction in presentation to the 6 week check since infant immunisations are no longer delivered at this time. Mitigating action to include

1. Ongoing scrutiny of the data is required to measure risk.
2. The Highland Council Health visitors to promote attendance at GP practice for completion of review.
3. NHSH Child Health Dept reminder to all GPs re submission of completed data forms.

Indicator 5	TARGET	BASELINE	CURRENT	DATA SOURCE
Achieve 36% of newborn babies exclusively breastfed at 6-8 week review	**36%**	**30%**	**35.9%**	**Child Health**

ANALYSIS

Data updated by NHS H - last update Mar 23.

Breast feeding rates continue to be good and are an important indicator for future growth and health. However, it is important the measures are retained. A number of key professionals, including midwives, health visitors, Community Early Years Practitioners (CEYP) and specialist breast feeding support workers support women to exclusively breastfeed their baby in Highland. Breastfeeding rates have been consistently good in Highland. The performance has increased in the past quarter The improvement approach includes better use of core support worker roles (CEYP) through enhanced additional infant feeding support. It is hoped this approach will provide a more effective and equitable service for families across Highland. This will be evaluated to support the scale and spread of a more universal approach to infant feeding support across other rural locations in Highland.

Indicator 6	TARGET	BASELINE	CURRENT	DATA SOURCE
Maintain 95% Allocation of Health Plan indicator at 6-8 week from birth (annual cumulative)	**95%**	**97%**	**n/k**	**Child Health**

ANALYSIS

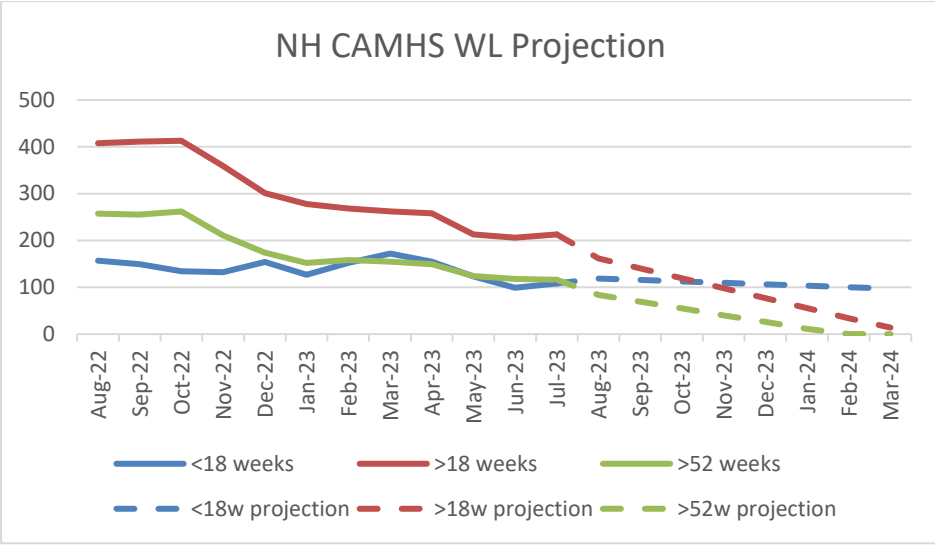
Currently unable to report (national systems)

Indicator 7	TARGET	BASELINE	CURRENT	DATA SOURCE
90% CAMHS referrals are seen within 18 weeks	**90%**	**80%**	**As below**	**NHS Highland**

ANALYSIS

The clinical capacity of the service remains below both national averages for work force levels and significantly below the recommended workforce requirements to implement the national service specification.

Considerable progress has been made in clinical modelling, performance and governance. The service has halved the number of patients waiting since the peak of May 2022 and reduced longest waits from over 4 years just over 2 years projected clearing of cases over 2 years by April 2023. This progress has been achieved with a workforce funded establishment at the second lowest of mainland boards with a current vacancy rate of 38.2% - this is a reduction from 48% in March 2023. Ongoing national workforce shortages and additional recruitment challenges of remote and rural services continue to make recruitment challenging.. We are diversifying our staff profile and adopting a grow our own strategy which is showing promise but will be a medium term approach to increasing capacity.



Indicator 8	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	**95%**	**70%**	**72%**	**Health and Social Care**

ANALYSIS

Statutory health assessments in Highland for Care Experience infants, children and young people are carried out by health visitors and school nurses in accordance with the Scottish Government Guidance for Health Assessments 2015.

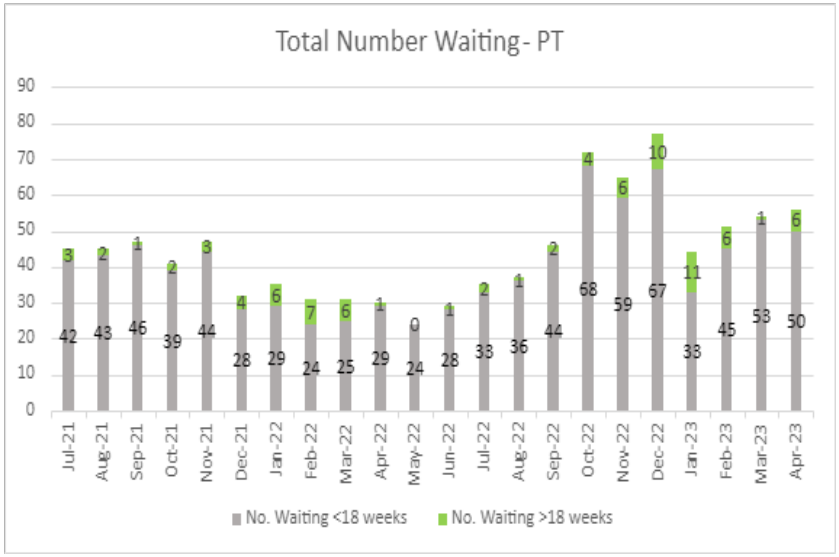
A number of NHS Boards have recently adopted an “early conversation” approach to assessing health need for care experienced children and young people. This approach recognises that care experienced children and young people have sometimes experienced extreme trauma and a trusting relationship needs to be established in order for a robust health assessment to be available for the child, family, carer and future planning. The approach enables an assessment which has the views, voice and choice of children and young people at the heart and supports a more meaningful and considered holistic assessments and analysis of need. It is proposed that across 23/24 Highland move to this model of assessment of health need for CE CYP.

In order to drive forward this approach additional training is being rolled and existing documentation has been reviewed. It is projected that the change will have a positive impact on the performance data, quality of the assessment and skill of the workforce.

The advanced qualified school nursing workforce has been increased in Highland through the advanced training programme, from 6 FTE in 2018, to 22 FTE in 2023. The vacancy rate in School Nursing is currently 5%. Pressures in teams centre on supporting the advanced nurse training programme. It is anticipated performance will improve as the advanced nurses currently in training qualify and are supported through the preceptorship year

Indicator 9	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service PHYSIOTHERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	**90%**	**85%**	**%89%**	**Health and Social Care**

ANALYSIS



Measure updated from NHS H relating to Apr 23.

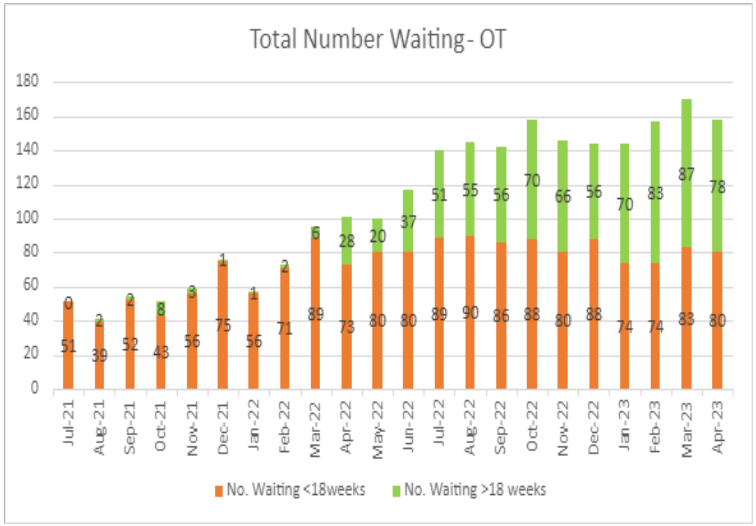
There are a number of contributory factors to the slight increase in the waiting times for paediatric physiotherapy, these centre on staffing availability thought acting up arrangement/retiral/staff sickness and the loss of the ASN support within schools as “therapy partners” which place pressure on the resilience of such a small Highland wide team and affect performance. The number of requests for assistance have continued to rise.

A mitigation plan was put in place which included temporary pause of some assessments (now restarted), prioritisation of urgent cases and hospital discharges, and introduced clinics where feasible to reduce travel and create capacity to cover outlying geographical areas. Staff have worked flexibly across geographical boundaries. Virtual appointments have continued where this is possible. Building capacity through reduction to Just Ask enquiry line, use of staff bank where possible and data cleansing exercise. The workforce continues to be under pressure however not withstanding this, there are early signs the mitigations are helping.

There is continued risk to staff morale, sickness levels and service user complaint particularly as an increasing number of families are electing to use private therapists. The small service requires to be futureproofed as a result of potential retiral of staff in the incoming years.

Indicator 10	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service OCCUPATIONAL THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	**90%**	**85%**	**51%**	**Health and Social Care**

ANALYSIS



ALL OT WORKSHOPS MASTER 22.09.23 (2).

FINAL Sensory Processing Poster 29(

Measure updated from NHS H relating to Apr 23.

The Highland paediatric team consists of 8FTE paediatric occupational therapists supported by 2.49 AHP support. There are a number of contributory factors to the increase in waiting times for OT over the last year, including an increase an increase in complexity and need in the population and a decrease in the resilience of the small team. There has been an increase in the urgent area of work, hospital discharges from out of authority and acute complex cases in more rural areas and increased surgeries for CYP post covid. The most significant factor has been the increase in the complexity of need leading to extended episodes of care and intervention. A particular pressure has arisen post pandemic. The loss of therapy partners in school following a reduction in the ASN support has also impacted on the ability to provide for children in schools. A mitigation plan is in place which includes:

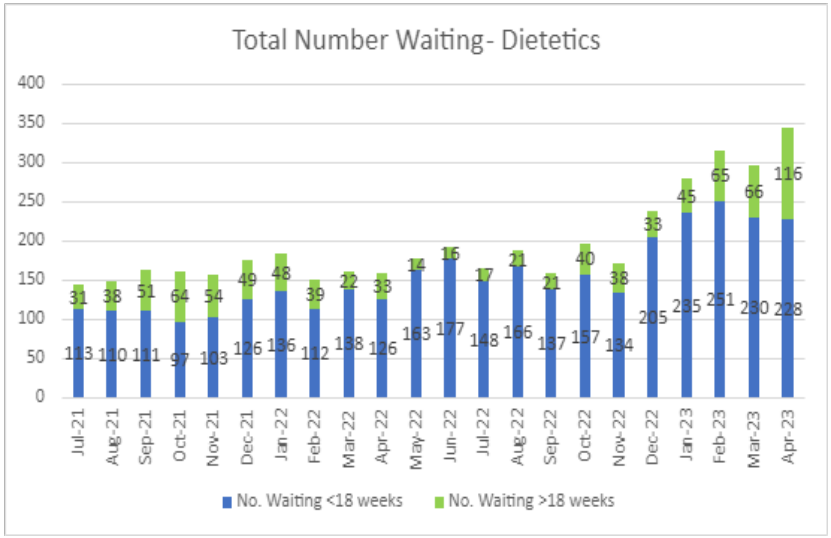
There is a full improvement plan in place to ensure alternate and smart ways of practice enable the need to met in a more timely way, including flexibility in deploying the team across Highland, alternative ways of interventions (telephone, telehealth, face to face) and building capacity through reduction of time on Just Ask helpline. Clinic-based services have been tried with limited success as many CYP need school / home visits as well.

OT have recently redesigned some aspects of their service to ensure upfront intervention and support, aiming to reduce the need for Requests in some areas. A steady staffing flow over the coming months is required to begin to improve the 18 week RTT target.

Risks continue to be analysed, particularly those around service user satisfaction as waiting times increase and staff morale as a result of ongoing pressure.

Indicator 11	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service DIETETICS, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	**90%**	**88%**	**66%**	**Health and Social Care**

ANALYSIS

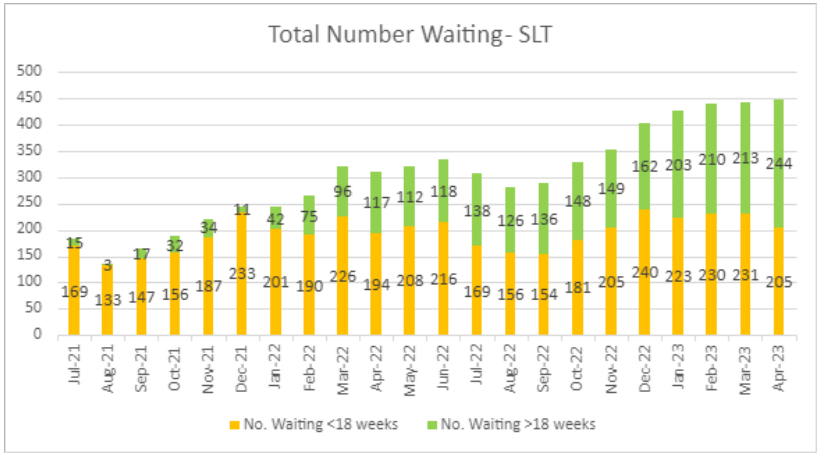


Measure updated from NHS H relating to Apr 23.
Paediatric dietetics consists of 6 FTE qualified paediatric dieticians working in the Raigmore Hospital Unit, 1FTE Public Health dietician and 1FT Health Development Officer both working in the community. The increase in waiting times has been a direct result of an increase in need/referrals (from 71 requests in 2022 to 86 per month in 2023) to the service and a decrease in staffing availability, with an average of 28% reduction across dieticians and support staff as a result of long-term sickness, carers leave etc. A review of the service was undertaken in 2022 with mitigating action plan which included further prioritisation. This includes a greater focus on early prevention and intervention and working with schools and families, addressing emerging issues at an earlier stage working and through the implementation of new focussed pathways around areas of increased need. (e.g.: selective eating). The plan also is driving forward change to the approach addressing infant allergy which aims to provide early support for parents of infants with feeding difficulties and a reduction in the misdiagnosis of cow's milk protein allergy as well as contributing to service development for the increased number of CYP who have diabetes including supporting access to technology for more vulnerable CYPs, to support self-management.

A period of full staffing may be possible in coming months, and this should improve waiting times to within target by the autumn if demand does not continue to significantly increase. The mitigation plan will be adapted according to presenting need with risks escalated as necessary.

Indicator 12	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Service SPEECH & LANGUAGE THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	**90%**		**52%**	**Health and Social Care**

ANALYSIS



Measure updated from NHS H relating to Apr 23.

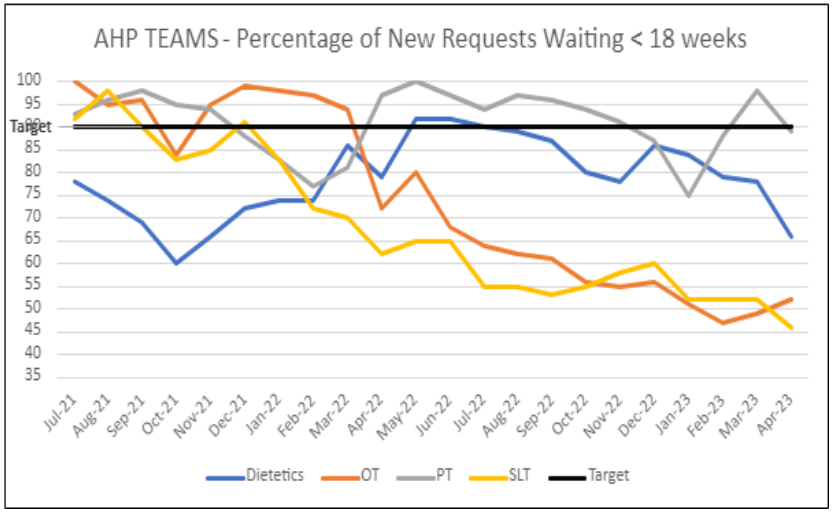
There are several contributory factors to the increase in waiting times for SLT over the last year. There is a particular pressure post pandemic with respect to social communication need and developmental delay in young infants. The requirement for additional support to the team round the child supporting infants and children where there are concerns is considerable. Ongoing staffing pressures and consistently a difficulty in recruitment to paediatric SLT as a result of a national shortage also contribute the current position. It is clear from caseload evaluation that there is increasing complexity of requests for SLT post pandemic creating a widening gap between new requests and discharges. It is also clear that the SLT capacity is significantly impacted by the increased need to support early assessment into neurodiversity. The central SLT team has supported the building of capacity of a core NDAS team for Highland through the diversion of resource for this specific activity. A mitigation plan is in place which include pre-request conversations, whole setting approaches, NDAS Early Conclusion assessment work, online and face to face parent groups for the early intervention around complex cases. An extensive team action plan has been put in place with a number of potential routes to address waiting times

Risks centre on supporting developmental outcomes, particularly for infants and non-verbal children and on the health and wellbeing of the workforce.

With the mitigations it is hoped that by end of 2023, overall service waits will be reduced to 75% being seen within 18 weeks.

Indicator 13	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of children and young people referred to AHP Services (ALL above), waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	**90%**	**80%**	**56%**	**Health and Social Care**

ANALYSIS



Measure updated from NHS H relating to Apr 23.
The AHP teams collectively have had an increase in the numbers of requests for assistance being made in the post covid period. This is beginning to settle for Occupational Therapy (OT) but continued to increase over the past year for Speech and Language Therapy (SLT) , Dietetics and Physiotherapy. Numbers of children and young people waiting has increased for all services over the past year with only Physiotherapy being within the 18 weeks target in the last few months. This is mainly due to difficulties with staffing. Vacant posts can be difficult to fill quickly and there is often no cover for staff who are on long term leave. Staffing has fluctuated for all teams; however, staff availability (as a result of absence/maternity leave) is a broad theme across all teams creating a reduction in resilience.

Families affected by disability were disproportionately impacted by the Covid pandemic. Since this time, there has been increasing complexity of need leading to longer episodes of care, increase waiting times and a lessening of ability to achieve early solutions with the family.

In 2019/20 there was a reduction in the ASN support in schools This has had a significant impact to the delivery of AHP services who generally work alongside school “therapy partners” to support the CYP and family. capacity with all AHP teams.

Indicator 14	TARGET	BASELINE	CURRENT	DATA SOURCE
The health needs of children are considered within risk identification and safety planning, through specialist child health protection advisors	**100%**	**100%**	**100%**	**Health and Social Care**

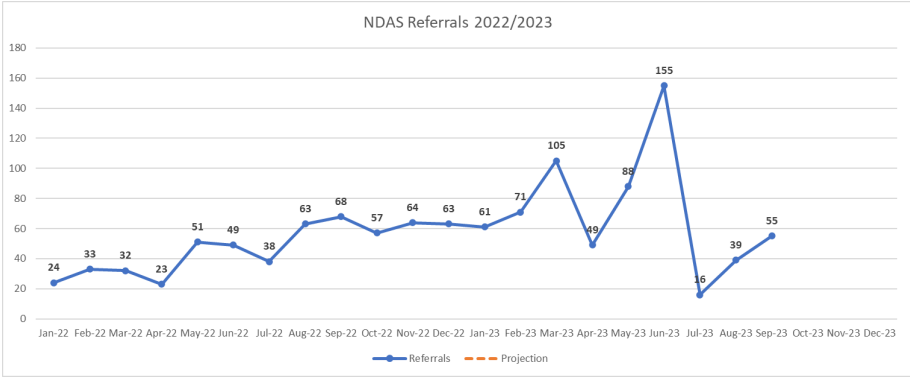
ANALYSIS

IRDs are the interagency tripartite (health, social work and police Scotland) discussions which form part of the risk assessment and planning for children at risk of harm. Child Protection Advisors, are accountable for co-ordinating, representing and analysing all information from across the health systems as part of the IRD process. There has been a 48% increase in the Interagency Referral Discussions (IRDs) between 20/21 and 22/23. This created significant pressure to the service including risks to the delivery of stat/man Child Protection training across the partnership and for providing supervision to staff to universal and targeted health services. An action plan was implemented to ensure the tripartite process was secured. These actions included upskilling from the general workforce to be trained in being the agency decision maker at IRD. Notwithstanding this, the service, and ability to retain the national tripartite approach to child protection risk management, continues to be at risk. The risk is likely to increase in the incoming months as a result of implementation of the new Child Protection Guidance and an increase in the number of IRDs therefore whilst the current measure is stable at 100%, this requires to be under careful review.

Indicator 15	TARGET	BASELINE	CURRENT	DATA SOURCE
Numbers of children and young people waiting less than 18 weeks from date of request received by NDAS (Neuro Developmental Assessment Service) to census date(monthly)	**90%**	**tbc**	**tbc**	**NHS Highland**

ANALYSIS

The 2017 National Neurodevelopmental guidance determined the need for a MDT approach to assessment and differential diagnosis of potential neurodevelopmental disorders. This was a significant change from the previous approach which enabled single or dual clinical diagnosis dealt within by members of the CAMHS, paediatric and/or SLT teams. This guidance was consolidated in 2021 with the release of The National ND Specification. Requests for NDAS have risen by 100% post pandemic, from 30/month in 2019 to 55 in Sep 2023. There was a peak of referrals across the summer of 2023, with 155 referrals in June 2023.



An improvement plan is in place to address the current service pressures, with scrutiny via the CAMHS Oversight Board, NHS Performance Oversight Board and the Integrated CS Planning Board. Within the partnership improvement planning there will be further interrogation of the data to support baseline and target setting and service change. A Service Manager has recently been appointed to support the improvement plan. Early conclusion pathway has been developed for children under the age of 6 years with positive results. NDAS is recorded as a risk on both NSH Highland and H&SC Risk Register.

Indicator 16	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of referrals that lead to recruitment to the Family Nurse Partnership programme	**85%**	**65%**	**85%**	**Health & Social Care**
ANALYSIS				
The Family Nurse Partnership provides intensive family support to new and first time parents under the age of 20. (under the age of 15 if care experienced) The programme is voluntary and reliant on referrals from midwives. This is a national programme, with rigorous fidelity regulations, scrutiny and reporting. Highland are working with the Scottish Government Programme Team to consider the provision in remote and rural areas. This has historically proved problematic as a result of recruitment difficulties.				

Indicator 17	TARGET	BASELINE	CURRENT	DATA SOURCE
Increase the uptake of specialist child protection advice and guidance to health staff supporting children and families at risk	**Improve from Baseline**	**59%**	**100%**	**NHS Highland**
ANALYSIS				
Child Protection Advisors (Health) in Highland provide expert support, advice and guidance as part of a professional and practice governance and support framework to health and medical staff (including health visitors, school nurses, AHPs, acute medical and health staff – Raigmore unit and community setting, GPs) across Highland. The role is integral to the strength of Highland's Child Protection wider system supports. The data is reported monthly, and the baseline established in 2016.				

ADDITIONAL DATA FROM NHSH HIGHLAND DASHBOARD

Childhood immunisation data can be found at

Childhood immunisation statistics Scotland - Quarter ending 30 June 2023 - Childhood immunisation statistics Scotland - Publications - Public Health Scotland

It is important to note that Vaccination rates are variable and there are many more vaccinations than within the set of indicators. Overall vaccination rates have been slowly declining, in line with national rates and there is a need for a reversal of this trend.

CY10 (NHSH)	TARGET	BASELINE	CURRENT	DATA SOURCE
Percentage of dental registrations for 0-2 year olds	**Improve from Baseline**	**67%**	**45.9%**	**NHS Highland**
ANALYSIS				
Baseline from 2013. Complete data as of Mar 2023 This data is collected as part of 27-30 month review All children turning 27 months from that date onwards in all NHS Board areas have been eligible for a review. Please note that this indicator is based upon the number of children registered with a Dentist at their 27-30 month review				

CY11 (NHSH)	TARGET	BASELINE	CURRENT	DATA SOURCE
The number of 2 year olds who have seen a dentist in the preceding 12 months	**Improve from Baseline**	**67%**	**76.5%**	**NHS Highland**
ANALYSIS				
Baseline from 2013. Complete data as of March 2023 Please note that this indicator is based upon the number of children registered with a dentist at their 27-30 month review who attended				

CY17 (NHSH)	TARGET	BASELINE	CURRENT	DATA SOURCE
% healthy weight BMI Distribution in Primary 1 School Children	**Improve from Baseline**	**67%**	**73.5%**	**NHS Highland**
ANALYSIS				
Annual Return. Baseline in 2007. Last data from 21/22 Please note that this indicator is based upon the number of children registered with a dentist at their 27-30 month review who attended Comparative with 74.7% for Scotland				

CY20 (NHSH)	TARGET	BASELINE	CURRENT	DATA SOURCE
Uptake of Child health surveillance contact at 13-15 months	**95%**	**75%**	**71.4%**	**NHS Highland**
ANALYSIS				
Annual Return. Last data from 21/22 Please note that this indicator is based upon the number of children registered with a dentist at their 27-30 month review who attended				