

Agenda Item	8
Report No	HCW-23-24

The Highland Council

Committee: Health, Social Care and Wellbeing

Date: 13 November 2024

Report Title: Health and Social Care Children's Services - Child Health Update

Report By: Assistant Chief Executive – People

1. Purpose/Executive Summary

- 1.1 This report provides an update to the child health functions which are delegated to The Highland Council through the Highland Health and Social Care Integration Scheme. The report provides a detailed update on service delivery, with a focus on Early Prevention as part of Whole Family Wellbeing and the Health and Social Strategy Families First.
- 1.2 The report provides an update on the development of a skilled and sustainable child health workforce for the future in line with national, professional drivers and the Highland Council Delivery Plan.

2. Recommendations

- 2.1 Members are asked to:
 - i. **Note and comment on** the delivery of the delegated functions for child health, service improvements and associated risks and mitigations
 - ii. **Note** the integrated approach, as part of Families First, to move to whole family, community based early preventative support
 - iii. **Agree** the workforce development and improvement initiatives in line with the Highland Council Delivery Plan.

3. Implications

- 3.1 Resource - There is a potential resource implication as a result of the reprofiling of staff nurses through the Agenda for Change Review as recorded in Section 9.4.3
- 3.2 Legal - No implications identified

- 3.3 Risk - There is currently a risk to service delivery as a result of availability of school nursing staff for the South Area as indicated in Section 7.1.3.
- 3.4 Health and Safety - No implications identified.
- 3.5 Gaelic - No implications identified.

4. Impacts

- 4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.
- 4.2 Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.
- 4.3 This is an update report therefore an impact assessment is not required.

5. Background and Context

- 5.1 Working within the legal framework of the Public Health Bodies (Scotland) Act 2015, The Highland Council is commissioned to deliver a number of community child health services on behalf of NHS Highland. The functions are delivered through the Lead Agency Model, working within the Getting it Right approach, to one set of single outcomes in the Integrated Children's Service Plan.
- 5.2 All staff work to the Health and Social Care Families First Vision where *"Every family that needs support gets the right family support, at the right time, to fulfil children's rights to be raised safely in their own families, for as long as it is needed"*.
- 5.3 Families First is set within a context of Integrated Children's Service Planning and builds on the Whole Family Wellbeing approach for Highland where early intervention not only improves immediate wellbeing through a holistic approach but sets the foundation for long term family resilience and success.
- 5.4 Families First is a transformational strategy for Health and Social Care which encompasses community based early support for all, through to targeted and specialist support for families in need or at risk. Core to Families First is the development of rights based, whole family local support which enables and empowers Highland's families through a relational trauma informed approach, providing accessible, visible whole family support.
- 5.5 Within this Integrated Families First framework, Child Health delivers early prevention support for all families (universal), support for those with health need (targeted) and for families with levels of need which require specialist intervention.
- 5.6 There are nine discrete child health functions in Child Health. This includes Specialist Public Community Health Nursing (SCPHN) through health visiting and school nursing, community children's learning disability nursing, midwifery, specialist nursing, occupational, speech and language and physiotherapy and dietetics. This accounts

for almost one third of the total Health and Social Care workforce of 299 staff amounting to 240 full time equivalent.

6. Early Prevention and Intervention

6.1 Key to the success of the Families First Strategy is early prevention and intervention for all, meeting and preventing escalation of need and enabling and empowering families to find solutions within their own family and local community.

6.2 Midwives, health visitors and early family support workers in health and social care contribute to this universal, prevention for all, whole family approach.

6.3 Pre, ante and post-natal support

6.3.1 Universal midwifery care is delivered across the partnership by NHS Highland. Midwifery officers in The Highland Council provide a key link between universal pre-natal, ante-natal and early years support for all. Officers lead policy and practice with the current update of the *Women, pregnancy, and additional support: a Trauma Informed pathway of care* (Highland Council 2024). This pathway supports the development of all staff in building trusting relationships based on choice and collaboration, empowering families with a sense of control and safety.

6.3.2 The pathway ensures early identification of factors which may place an infant at risk, during pregnancy and/or during the postnatal period. This is a crucial as part of a proactive prevention strategy for the protection of vulnerable children ensuring staff working with families in the earliest stages of life get the right help at the right time. It also ensures that the provision of safe, effective family centred care will ensure best outcomes for children and families.

6.4 Health Visiting

6.4.1 Health visitors work as part of Health and Social care Family Teams. Health visitors work to a public health whole population, early prevention and intervention model by:

6.4.2

- Delivery of the National Universal Health visiting Pathway. [Universal Health Visiting Pathway in Scotland: pre-birth to pre-school - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2023/06/Universal_Health_Visiting_Pathway_in_Scotland_pre-birth_to_pre-school.pdf) For Highland this involves the offer of 22,000 family visits each year. This pathway is delivered within the context of the need of the whole family and is the foundation of early prevention, identification and support for families.

6.4.3

- Leading complex multi-agency plans for around 800 pre-school children, in their role as named person. There has been a 100% increase in these complex plans since 2022. This increase is mirrored within school years.

6.4.4

- Undertaking the role of named partner to the Child's Plan for infants in need of protection or those experiencing care.

6.4.5 The Highland Council continues to invest in early prevention and intervention for all. Since 2020 over forty-five trainee health visitors have been supported through the SCPHN advanced training programme. The programme requires substantial commitment from the teams where trainees require additional support, supervision and mentoring through the programme. The approach has reduced vacancies in health visiting from 35% in 2020 to 5% in 2024. Attrition rates are low and retention is good.

6.4.6 Availability and experience of the workforce as a result of the training programme continues to present challenge to the delivery of universal visits in Highland. This challenge is replicated across Scotland. There is ongoing work at national level to address this.

6.5 Early Years Family Support

6.5.1 Supporting the early intervention approach within Families First, community early years support staff provide a broad range of supports to parents and carers with over 750 families in Highland receiving early family help at any given time.

6.5.2 All early prevention staff play a key role in supporting infant feeding as part of early prevention with Highland having consistently ensured that around 36% of infants are still being breastfed at eight weeks.

6.6 Early intervention, early education and learning

6.6.1 Developing early prevention through early communication across six school and early years settings is underway. This is a collaborative project with education and aims to support each setting with the development of specific communication support for all children and young people.

6.7 Words Up Baby

6.7.1 Further development Highland Words Up Approach [Highlands Words Up](#) to support early prevention, is currently being explored with the Care and Learning Alliance (CALA), speech and language therapy and health visiting to support new parents/staff in parent groups from perinatal stage forward to consider the four key messages for communication development in babies.

6.8 “Just Ask” early multi-disciplinary help

6.8.1 ‘Just ask’ advice line was set up in 2018. This is a dedicated helpline enabling direct access for families and professionals to specialist advice, guidance and support at an early stage. A range of professionals now contribute to this advice line with an average of 900 calls per year, 80% of calls come directly from families for early help and guidance.

7. **Targeted Health Support**

7.1 School Nursing

7.1.1 Working with families in their communities and with schools, school nurses support a broad range of children, young people and families affected by inequalities and poverty.

7.1.2 School Nurses, like health visitors, require to be advanced SCPHN qualified. Since 2019, 20 staff have been supported through this course. The workforce remains relatively small with 21 full time equivalent (FTE) qualified school nurses across 29 staff, supported by staff nurses and nursing assistants.

- 7.1.3 Vacancy across West/North/Mid Highland area is below 8% with relative stability. There is current risk to service delivery in the South area where, as a result of vacancy, maternity leave and staff sickness, there is a 16% availability of qualified school nurses. A mitigation plan is in place, including recruitment and service redesign. The new school nursing role is in relative infancy and it is acknowledged that it will take a number of years before the workforce is fully qualified, skilled and confident in their role.
- 7.1.4 Honouring The Promise and building on the requirements of the UNCRC a new digital platform for school nursing has been designed in collaboration with children and young people to support direct access to school nurse support. The platform is in its final draft stage and will be developed through wider consultation during the next three months. The voice of over 120 children and young people has informed the content and design of the platform which should enable them to be able to reach more easily into school nursing advice, guidance and support independently and with confidence.

7.2 The Family Nurse Partnership

- 7.2.1 The Family Nurse Partnership offers an intensive home visiting programme to first time families up to age 20 years and up to 25 years of age for those who have experienced care. Family Nurses work closely with midwifery and health visiting universal care to support the family from early pregnancy until the child is 2 years to develop confidence and resilience in parenting with a strong relationship and empowerment focus.

8. **Specialist Family Support**

- 8.1 Working as part of the whole system of support, providing specialist health care for families with specific need involves a mix of approaches including direct intervention, support and enablement for families, specialist guidance for staff in universal services across the partnership and support to the core group of staff supporting the families with training and consultation.

8.2 Allied Health Professionals (AHPs)

- 8.2.1 AHPs offer specialist interventions for children and young people with complex needs. They work with families in a variety of settings including home, school and hospital.
- 8.2.2 Whilst the vacancy rate across AHPs is under 8%, staff sickness and absence continues to create challenges for the very small specialist teams.
- 8.2.3 AHPs have responded through embedding an evidence-based approach of early intervention conversations with families. All families in need have an initial first conversation which provides a direct route to specialist support. Working in partnership with the families, individualised support is provided and, where indicated, regular targeted interventions as part of an episode of care. This approach enables the service to be responsive to the concerns and clinically prioritise the need.
- 8.2.4 Wrap around whole system support is provided by all AHPs through training, learning and consultation with an open-door ethos for families who may reach back into the support as needed.

8.2.5 There is an emerging risk in terms of the cost of specialist equipment for children and young people. Work is underway to look at procurement.

8.3 Physiotherapy

8.3.1 Paediatric physiotherapy is a very small Highland wide team. Despite challenges related to an increase in unexplained fatigue for children and young people, they have continued to work cohesively to provide the support needed for all families when required.

8.4 Paediatric Dietetics

8.4.1 Highland Council's paediatric dietetic service, in the main, provides support and care for children and young people with a range of highly complex medical needs within Raigmore Hospital complemented by specialist dietetics in the community. The team lead the Scottish Government Child Health Weight Programme and infant allergy dietetic support.

8.4.2 Whilst the dietetic focus is highly clinical, significant gains have been made to work as part of the whole system of support for families by supporting health visitors and their teams, particularly around infant feeding, weaning and fussy eating. This has led to a reduction in the waiting times from 244 waiting to be seen in Jan 2024, to 137 in September 2024.

8.5 Occupational Therapy

8.5.1 The 9.68 FTE Paediatric Occupational Therapists working across Highland provide specialist support and approaches to support activities of daily living for children and young people with additional need. The small team have adapted to staffing and recruitment challenges by offering additional training and support to professionals and families. Occupational therapists continue to contribute, as part of their core role, to the neurodevelopmental assessment process for children and young people.

8.6 Speech and Language Therapy

8.6.1 Speech and Language Therapy (SLT) team continue to provide whole family support where there are communication concerns. The demand for speech and language support continues to rise. This is consistent with the national picture.

8.6.2 SLTs have made significant progress in adapting and seeing families to meet the levels of need by increasing online training for parents and professionals for Stammering, Dysfluency and Developmental Language Disorder. Collaborative projects with Education include the development of a support pathway for children and young people with Hearing Loss and deafness and the Special Schools/Enhanced Provisions project to support staff to help children in their setting.

8.6.3 SLTs continue to contribute, as part of their core role, to the neurodevelopmental assessment process for children and young people.

8.7 Specialist Nursing

- 8.7.1 Child Protection Advisors provide expert support, advice and guidance for health staff across whole system. Their role is pivotal in ensuring health professionals are working within a child protection framework and they are skilled and confident in their approach to identifying risk and contributing effectively to the child protection system.
- 8.7.2 Working as part of an integrated team, the youth justice nurse supports young people where there are high levels of need, risk of offending and/or drug or substance need.

9. **Developing a Child Health Workforce**

9.1 Our Future Highland, Developing a Workforce for the Future

9.1.1 Within Health and Social Care there is a significant programme of work across social work, mental health officers and child health professionals to develop a workforce which is trauma informed, sustainable and offering community based whole family support which meets the need of the present and is fit for the future.

9.1.2 Developing a child health workforce for the future requires whole partnership, professional and system collaboration and sits within a wider framework of advanced learning and workforce planning, recruitment/retention and succession planning. There are a number of strategic, professional and operational improvement activities underway within Child Health to ensure our future workforce is skilled to deliver safe, quality and effective care for families across Highland.

9.2 Nursing Midwifery and Allied Health Professional (NMAHP) Assurance Framework (NHS Highland 2024)

9.2.1 Central to developing the nursing, midwifery and allied health professional workforce in Child Health is ensuring there is a workforce in place to delivery high standard, quality care for Highland's families.

9.2.2 The NMAHP assurance framework provides a mechanism to ensure this standard through robust governance there is mitigation in place against serious failures in standards of care. The NMAHP framework was developed following The Vale of Leven report (2014) which indicated that Health Boards need to ensure that there is a clear and effective line of professional accountability from frontline staff to chief executives.

9.2.3 The Highland NMAHP framework was ratified by NHS Highland in September 2024 and will be rolled out in the incoming months. The framework and the associated action statements set out key expectations and actions for the organisation, leaders, managers, and teams to demonstrate a high standard of professionalism, safe, effective and quality care.

9.3 The Health and Care Staffing (Scotland) Act 2019

9.3.1 The Health and Care Staffing (Scotland) Act 2019 legislation is designed to ensure adequate staffing levels are maintained in health and social care settings. The Act applies to a broad range of professionals including health, residential childcare and fostering staff in The Highland Council. The Act emphasises the importance of workforce planning, person centred care and staff wellbeing.

- 9.3.2 The Highland Council is working in partnership with NHS Highland to ensure implementation of the Act. There has been an initial focus on nursing staff and preparation has included partnership training and the application of workforce tools across nursing over the past twelve months. These tools take a keen look at activity of front-line practitioners and inform establishment setting.
- 9.3.3 Lack of e-connectivity between NHS Highland and The Highland Council prohibits the access to relevant workforce tools therefore the tools were run on a paper-based basis in 2023. Analysis of the output of this run remains outstanding. As part of the Person-Centred Portfolio e-Health workstream, a project has been established to drive forward, in partnership, necessary changes to improve connectivity.
- 9.4 National Agenda for Change Review
- 9.4.1 Nationally The Scottish Terms and Conditions committee continue to implement the Agenda For Change Review from 2023/24. As part of developing the wider health workforce for the future, the review concluded there should be:
- protected learning time for all staff [PCS\(AFC\)2024/1](#)
 - a reduction in the working week from 37.5 hours to 36 hours over a three-year period [PCS\(AFC\)2024/2](#)
 - a review of the Band 5 nursing roles [PCS\(AFC\)2024/3](#).
- 9.4.2 The Highland Council is on track to implement the required changes. Work is ongoing to consider any potential financial impact as a result.
- 9.4.3 A review of the agenda for change band 5 staff nurse profiles is underway across Scotland. NHS Highland is leading this work ensuring all eligible members of staff who request their role to be reprofiled are progressed through the process in a timely manner. Reprofiling may result in increase in grading.
- 9.5 Scottish Community Public Health Nursing (SCPHN) Programme (Highland)
- 9.5.1 The Highland Council continues to invest in supporting experienced nurses through a pathway of career development through the master's level course for health visitors and school nurses. Working with both Stirling and Robert Gordon Universities 65 staff have gone through training since 2019. Building the quality of this advanced training presents an opportunity for the workforce to be part of a whole system of support providing holistic trauma informed care for whole families in Highland.
- 9.5.2 The profile of the nursing teams has changed considerably since 2015 with a 50% turnover in staff because of retirement. Assertive support of the SCPHN training programme since 2020 has both reduced the vacancy rate significantly and has brought the opportunity to bring new staff to the service and build a workforce for the future.
- 9.6 Highland Information Trail
- 9.6.1 Highland Information Trail supports the ongoing development of the workforce through providing a resource to support the learning and development of professionals working with all families in the very early stages of life from pre-pregnancy through to school years. Midwifery officers are leading the refresh of the Highland Information trail. The 2022 resource remains in place ([highland-information-](#)

[trail-integrated-childrens-services.pdf \(scot.nhs.uk\)](#) with the final refresh due for completion by the end of 2024.

9.7 Developing the Workforce - Solihull in Highland

9.7.1 Solihull is a national emotional and mental wellbeing approach which offers resources and training for staff, families and professionals across the UK. NHS Education Scotland relaunched Solihull in 2022 through a formal training for trainers programme. Through the leadership of SLT, a team of 12 trainers have been trained and led the roll out of subsequent 2-day Foundation training for staff. There is high demand for the training with 100 staff due to complete in 2024 and a predicated additional 145 staff in 2025 particularly across early education/3rd sector/mental health teams. The training team are due to offer refresher sessions for those previously Solihull trained.

9.8 Developing the Workforce through Early Language and Communication

9.8.1 National Child Development Statistics currently show a downturn in CYP reaching their expected norms for language and communication development. The data in Highland is broadly similar. With leadership through the Speech and Language Therapy Team, the Integrated Children's Service Board will work in partnership with The Scottish Government and Education Scotland National Early Communication Team (NELC) to enable improvement, particularly in early years from the perinatal to Primary 1 stage.

Designation: Assistant Chief Executive - People

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