Agenda Item	11.
Report No	PEO 08/18

HIGHLAND COUNCIL

Committee: People Committee

Date: 25 January 2018

Report Title: **NHS Highland Assurance Report**

Report By: Director of Care and Learning

1. Purpose/Executive Summary

1.1 The purpose of the report is to provide assurance to NHS Highland in relation to services commissioned and delivered through Highland Council. The content of each assurance report is informed by the Highland Health and Social Care Committee and discussion with the Child Health Commissioner.

2. Recommendations

2.1 Members are asked to scrutinise the data and issues raised in this report. Comments will be incorporated into a report to NHS Highland as part of the agreed governance arrangements.

3 Positive Progress and Transformation

3.1 School based immunisation pilot

The team of four nurses (2.4fte) and a full-time team leader commenced at the end of September, with 5 days intensive induction and team building. This year's schools based flu vaccination programme started immediately after the October break and ran for 9 weeks. The Team undertook the vaccinations in the majority of the 89 schools, sometimes working alongside the local school nurses but mostly as a single team.

3.2 Work is being undertaken to evaluate the schools based flu programme using vaccine uptake rates and feedback from the schools that were involved with the team and with the school nurses in the Mid and South Areas, to determine the acceptability and effectiveness of the new approach. It is expected that the full evaluation report will be available later in January. Initial results suggest a vaccine uptake of 66.7%, and feedback from the majority of schools is positive.

4 Areas for Development –

4.1 Allied Health Professionals (AHP) recruitment

4.1.1 Recruitment of AHPs is an issue across NHS Highland, and also across Scotland. A national and local focus on early intervention, prevention and self-management while welcome and predicted to have a long term effect of reducing requests, has put added pressures on teams in the interim. This is particularly true of Speech and Language Therapy.

4.1.2 NHS Highland and Highland Council employment services are working with Lead AHPs to raise the profile of AHP careers in schools; develop a microsite for recruitment; improve the candidate information pack; have a perpetual advert for AHPs; attend careers fairs; and possibly develop apprenticeships. The University of the Highlands and Islands is developing support practitioner training.

4.1.3 The recruitment process is often slow, particularly when it is necessary to make changes to hours or grading in order to fill posts, and can contribute to lengthy periods of vacancies. It has been suggested to the improvement team that this may be a suitable RPIW (rapid process improvement workshop) in order to streamline processes.

4.1.4 Mapping of current and future workforce needs is taking place, including succession planning, and looking at the use of administration and support practitioners. Recruitment is likely to be an ongoing issue in the future so consideration of the skill mix is essential. We have now had agreement for a generic AHP Support Practitioner job description. We should be able to recruit to this post, which will give greater flexibility in following demand, and will potentially allow one Support Practitioner to assist individual children and young people around all AHP recommendations and therapy, particularly in rural areas.

4.1.5 In relation to the retention of existing staff, initiatives include providing flexible working; improving staff wellbeing through wellness training and illness management;

mentorship, supervision and team working; and ensuring opportunities for staff development and innovation.

4.2 School Nursing Review

4.2.1 As reported previously, there is now a group taking forward the implementation of the School Nursing Review. There continues to be a shortage of qualified school nurses across the authority, and additional support has had to be provided in the Mid Area. This highlights the need to prioritise workforce planning for the school nursing service, which will be undertaken in partnership with the NHS Highland Nursing, Midwifery and Allied Health Professional Workforce Planning & Development Group.

5.0 Balanced Scorecard

5.1 The scorecard is attached at **Appendix 1.** This is in a revised format (including changed numbering of performance indicators) and provides more detailed information for some performance indicators.

5.2 NHS Highland has advised that the technical issues for the Child Health Surveillance data have not yet been resolved. This matter is out of NHS Highland's control as the next steps sit with NHS National Services Scotland. NHSH are seeking for the issues to be resolved. NHSH note that this risk is from the wider work that is in progress as the 'Child Public Health and Wellbeing Transformational Change system' is developed nationally. This system will replace the current system.

6. Implications

6.1 Resources

6.1.1 The latest finance monitoring report is attached at **Appendix 2.** There are no new resource implications.

6.2 **Legal/Community (Equality, Poverty and Rural)/Climate Change/Gaelic**

6.2.1 No issues have been identified.

6.3 **Risk**

6.3.1 Risks are routinely reported to the NHS Highland Risk Governance Group. A full copy of the current risk register is attached at **Appendix 3** for information. An additional risk has been added at the end of the table to reflect current difficulties with staffing in the Mid Area.

Designation Director of Care and Learning

Author Sandra Campbell, Head of Children's Services

Date 12 January 2018

Appendix 1

For Highlands Children 4 Performance management Framework

Key

Performance improving **Performance declining** **Performance is stable**

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

Indicator 16	Target	Baseline	Status	Imp Group	Current
Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	85%	75%	➔	Early Years	70.6%

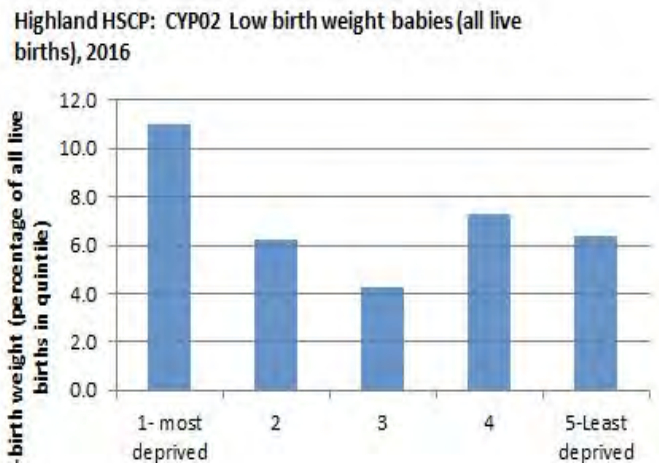
Analysis
This data is collected quarterly from NHSH. The latest data is from march 2017. The baseline was established in 2013 and quarterly variations have been within the 60 – 70% range during that time.

Indicator 17	Target	Baseline	Status	Imp Group	Current
Percentage of children will achieve their key developmental milestones by time they enter school will increase	85%	85%	↑	Additional support Needs	86%

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

Indicator 18	Target	Baseline	Status	Imp Group	Current
There will be a reduction in the percentage gap between the most and least deprived parts of Highland for low birth weight babies	Improve from baseline	2.7%	↓	Early Years	4.2%

Analysis
This data is collected annually from NHSH. The latest data is from 2016. The baseline was established in 2013. The 2016 data is shown in the table below. This performance relies on partnership working as the key staff are located in NHS Highland.



Indicator 19	Target	Baseline	Status	Imp Group	Current
Improve the uptake of 27-30 month surveillance contact	95%	52%	↑	Early Years	87.6%

Analysis
This data is collected quarterly from NHSH. The latest data is from march 2017. The baseline was established in 2011 and not withstanding quarterly variations the percentage of reviews has risen incrementally over that time.

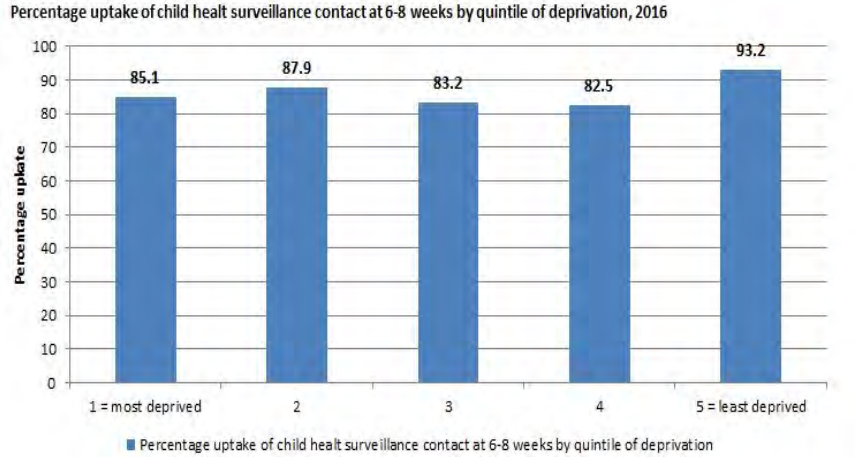
Indicator 20	Target	Baseline	Status	Imp Group	Current
95% uptake of 6-8 week Child Health Surveillance contact	95%	85.1%	↓	Early years	82%

Analysis
This data is collected quarterly from NHSH. The latest data is from March 2017. The baseline was established in 2012 and only small quarterly variations have been observed over time showing no real pattern of improvement. This indicator relates to the return of the 6-8 week medical data from GP Practices rather than the health visitor input. Any baby nor receiving a 6-8 week check from a health visitor is an exception which is required to be reported to NHS Highland.

Indicator 21	Target	Baseline	Status	Imp Group	Current
6-8 week Child Health Surveillance contact showing no difference in uptake between the general population and those in areas of deprivation	No variance	-8.4%		Early years	-5.7%

Analysis

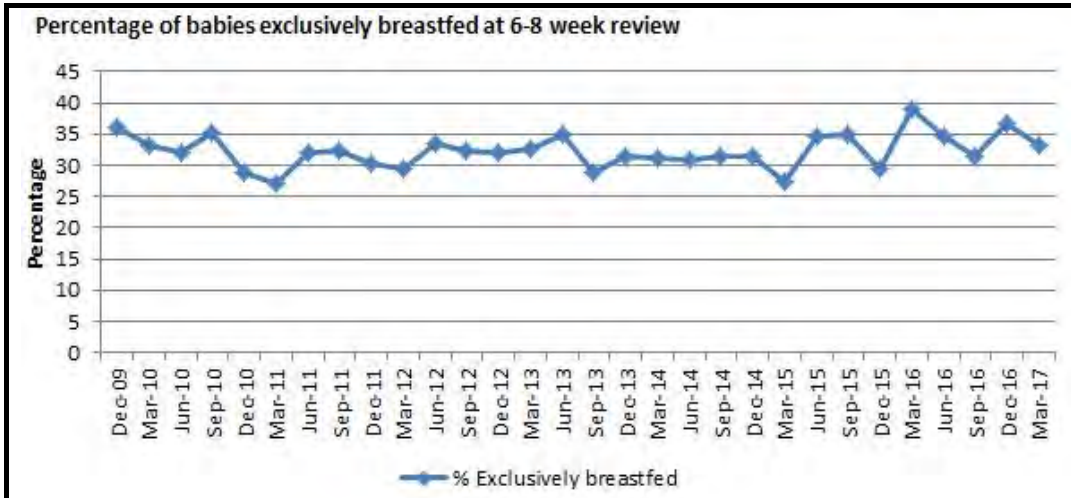
This data is collected annually from NHSH. The latest data is from 2016. The baseline was established in 2013. The 2016 data is showing the percentage uptake of child health surveillance contact by quintile of deprivation is shown in the table below.



Indicator 22	Target	Baseline	Status	Imp Group	Current
Achieve 36% of new born babies exclusively breastfed at 6-8 week review	36%	30.3%		Maternal infant nutrition	33.1%

Analysis

This data is collected quarterly from NHSH. The latest data is from march 2017. The baseline was established in 2009. The table below shows the percentage of babies exclusively breastfed over that time.



Indicator 23	Target	Baseline	Status	Imp Group	Current
Maintain 95% Allocation of Health Plan indicator at 6-8 week from birth (annual cumulative)	95%	97.3%	↑	Maternal infant nutrition	100%

Analysis
Children are allocated a Health Plan indicator showing whether their status is either ‘core’ or ‘additional’. This data is collected quarterly from NHSH. The last reporting period was from march 2017. The baseline was established in 2012.

Indicator 24	Target	Baseline	Status	Imp Group	Current
Maintain 95% uptake rate of MMR1 (% of 5 year olds)	95%	94.6%	↑	Early Years	96.3%

Analysis
This data is collected quarterly from NHSH. The latest data is from march 2017. The baseline was established in 2012.

Indicator 25	Target	Baseline	Status	Imp Group	Current
Sustain the completion rate of P1 Child health assessment to 95%	95%	93.1%	↑	Early Years	99.8%

Analysis
This data is collected quarterly from NHSH. The latest data is from March 2017. The baseline was established in 2012.

Indicator 26	Target	Baseline	Status	Imp Group	Current
The number of 2 year olds registered at 24 months with a dentist will increase year on year	Improve from baseline	73.9%		Public Health and Wellbeing	70%

Analysis
This data is collected quarterly from NHSH. The latest data is from March 2017. The baseline was established in 2013. Data over time shows very little variation in the quarterly data received.

Indicator 27	Target	Baseline	Status	Imp Group	Current
The number of 2 years olds who have seen a dentist in the preceding 12 months will increase.	Improve from baseline	45.6%		Public Health and Wellbeing	42.9%

Analysis
This data is collected quarterly from NHSH. The latest data is from March 2017. The baseline was established in 2013. Data over time shows very little variation in the quarterly data received.

Indicator 28	Target	Baseline	Status	Imp Group	Current
95% of children will have their P1 Body Mass index measured every year	95%	88.8%		Early Years	94.5%

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

Height and weight recording for Primary 1 School Children in Highland Local Authority
Estimated Data Completeness for school years 2005/06 - 2015/16

	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16
Population of 5 year olds (NRS Estimate)	2,371	2,431	2,495	2,497	2,537	2,636	2,631	2442
Total number of children reviewed	2,127	2,256	2,180	2,296	2,390	2,419	2,300	2336
Number of children with valid height & weight recor	***2,105***	***2,240***	***2,170***	***2,276***	***2,369***	***2,385***	***2,289***	2307
As a percentage of NRS population estimate	88.8	92.1	87.0	91.1	93.4	90.5	**87.0**	**94.5**

Source: ISD Scotland, CHSP School December 2016

Indicator 29	Target	Baseline	Status	Imp Group	Current
90% CAMHS referrals are seen within 18 weeks	90%	80%		Mental Health	100%

Analysis
This data is reported quarterly for the Primary mental health service. The baseline was established in 2013 and the latest data shows that all the children and young people referred to the service were seen within the 18 week target. The target is a national NHS HEAT target.

Indicator 30	Target	Baseline	Status	Imp Group	Current
Percentage of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	95%	70%		Looked after children	72.9%

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

LAC Health Assessments within 4 weeks of notification				
Quarter	Target (95%)	(PMF Outcome Measure)	Eligible New LAC	SHAs Undertaken
Jan-March 16	95%	54.3%	35	19
Apr-Jun 16	95%	84.8%	33	28
Jul-Sep 16	95%	62.5%	24	15
Oct-Dec 16	95%	67.7%	31	21
Jan-Mar 17	95%	85.0%	40	34
Apr-Jun 17	95%	77.8%	54	42
Jul-Sep 17	95%	72.9%	48	35

Indicator 31	Target	Baseline	Status	Imp Group	Current
95% of health assessments for LAC who are accommodated are available for the initial child's plan meeting at six weeks	Improve from baseline	66.7%		Looked after children	70%

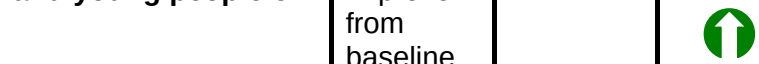
Analysis
This data is collected quarterly and the baseline was established in 2016. The table below shows the quarterly variation over this time.

LAAC Health Assessments available for CPM at 6 weeks				
Month	Target (95%)	(PMF Outcome Measure)	Eligible New LAC	SHAs Available
Jan-Mar 16	95%	60.0%	20	12
Apr-Jun 16	95%	82.4%	17	14
Jul-Sep 16	95%	73.7%	19	14
Oct-Dec 16	95%	66.7%	18	12
Jan-Mar 17	95%	62.5%	24	15
Apr-Jun 17	95%	80.0%	30	24
Jul-Sep 17	95%	70.0%	30	21

Indicator 32	Target	Baseline	Status	Imp Group	Current
Waiting times for AHP services to be within 18 weeks from referral to treatment	95%	85%		Additional support Needs	80%

Analysis
Analysis of this data is contained within the assurance report.

Outcome 5. Children and young people make well-informed choices about healthy and safe lifestyles

Indicator 33	Target	Baseline	Status	Imp Group	Current
The number of hits on pages relating to children and young people on the Substance Misuse Website increases	Improve from baseline	422		Public Health and Wellbeing	538

Analysis
The baseline was established in 2014 and is collected annually. The trend data shows incremental increase over this period.

Indicator 34 (P7)	Target	Baseline	Status	Imp Group	Current
Self-reported incidence of smoking will decrease	Improve from baseline	1%		Public Health and Wellbeing	1%

Analysis
This is new data taken from the 2017 lifestyle survey. The question in the survey was redesigned from previous surveys and as a consequence now determines a baseline for improvement. The survey is undertaken every two years across Highland schools.

Indicator 34 (S2)	Target	Baseline	Status	Imp Group	Current
Self-reported incidence of smoking will decrease	Improve from baseline	5.3%		Public Health and Wellbeing	5.3%

Analysis
This is new data taken from the 2017 lifestyle survey. The question in the survey was redesigned from previous surveys and as a consequence now determines a baseline for improvement. The survey is undertaken every two years across Highland schools.

Indicator 34 (S4)	Target	Baseline	Status	Imp Group	Current
Self-reported incidence of smoking will decrease	Improve from baseline	13.2%		Public Health and Wellbeing	13.2%

Analysis
This is new data taken from the 2017 lifestyle survey. The question in the survey was redesigned from previous surveys and as a consequence now determines a baseline for improvement. The survey is undertaken every two years across Highland schools.

Appendix 2

December 2017 Integrated Health Monitoring Statement

Activity	Budget	Actual to Date	Projection	Variance
Allied Health Professionals	3,144,187	2,153,140	2,940,928	-203,259
Service Support and Management	1,145,202	791,677	1,076,881	-68,321
Child Protection	447,948	280,335	421,931	-26,017
Health and Health Improvement	483,063	559,576	449,083	-33,980
Family Teams	16,633,066	11,940,743	16,024,845	-608,221
The Orchard	1,194,384	833,923	1,194,384	0
Youth Action Services	1,505,690	936,031	1,392,207	-113,483
Primary Mental Health Workers	542,467	372,458	495,045	-47,422
Payments to Voluntary Organisations	953,774	973,058	983,050	29,276
Total	**26,049,781**	**18,840,941**	**24,978,354**	**-1,071,427**

Commissioned Children's Services income from NHSH	**-9,562,153**	**-4,972,778**	**-9,562,153**	**0**

Appendix 3

Commissioned Child Health (Integrated Services)
Risk Register – January 2018

LIKELIHOOD	CONSEQUENCES / IMPACT				
	Insignificant	Minor	Moderate	Major	Extreme
Almost Certain	MEDIUM	HIGH	HIGH	VERY HIGH	VERY HIGH
Likely	MEDIUM	MEDIUM	HIGH	HIGH	VERY HIGH
Possible	LOW	MEDIUM	MEDIUM	HIGH	HIGH
Unlikely	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
Rare	LOW	LOW	LOW	MEDIUM	MEDIUM

The following matrix will be used for risk prioritisation, further information can be found in the Risk Management Policy.

Appendix 3

Date	Description Of Risk	Risk Owner(s)	RISK EXPOSURE-			RISK CONTROL		RISK EXPOSURE –		
			Likelihood (L)	Severity (S)	Risk rating	Existing Control Measures	Actions	Likelihood (L)	Severity (S)	Risk Rating
Revised Nov 17	Inability to deliver new Universal HV pathway. Health visitor establishment is increasing however staff turnover continues to create vacancies and many posts are filled with trainee posts or inexperienced HVs. Level of need is increasing as new pathway is introduced. Increasing stress levels for HVs.	Principal Officer Nursing & Children's Services manager	Almost certain	Moderate	High	Practice Leads (Early Years) to ensure robust supervision.	Develop reporting & action planning template to capture the measure taken to prioritise the need. Increase levels of recruitment of qualified HVs Robust preceptorship arrangements in place for newly qualified HVs. Continue to look for opportunities to recruit qualified HVs.	Almost certain	Moderate	High
Revised Nov17	Risk of inequity of provision and variation in quality of School Nursing service. Lack of vision/leadership for school nursing. School nursing review creating new expectations of the service which is challenging to workforce	Lead Nurse for Looked after Children & School Years/ Children's Services manager	Possible	Moderate	Medium	Practice Leads(Schools) have management and Principal Officer Nursing has professional accountability	Develop a Lead nurse for School Years post. Develop implementation plan for the implementation of the School Nursing review recommendations			Medium

Oct 2015	Risk of delay in accessing health information for school aged children & young people Changing team bases can result in some school nurse records being stored off site.	Principal Officer Nursing & Children's Services manager	Possible	Minor	Medium	Robust records transport system to be put in place.	District manager to ensure that a robust records management system is created including transport from off-site storage top base within 2 days. Expectations of other agencies to be managed.	Possible	Minor	Medium
Revised Nov 2017	Risk of insecure records storage Lack of archiving processes for inactive child health cases.	Principal Officer Nursing & Principal Officer Allied Health Professionals	Possible	Moderate	Medium	Escalated to Principal Officers	Work with HC information management team to identify robust solutions for each area to include tracking; secure storage; retrieval system. Liaising with NHSH Records manager to develop agreed Standard Operating Procedures for records management – out for consultation	Possible	Moderate	Medium
Ref 7 Added April 2016	Risk of lack of focus on health issues within Highland Council Senior Manager for Health vacancy leading to lack of focus on health issues	Head of Children's Services	Possible	Major	High	Agreed Job Description	Work with NHSH to ensure agreement of Job Description & authority to recruit Principal Officer roles providing some health focus however this is affecting their professional roles.	Possible	Major	Medium
Ref 8 Added June 2016 Revised Nov 17	Risk of health records and information being delayed or lost Lack of robust cross agency transport system	Principal Officer Nursing & Principal Officer AHPs	Possible	Major	High	Recommendation re using Royal Mail for records unless agreed between sender and recipient.	Work with NHSH to create formal guidelines re transportation of health records. Transportation of records within Inverness area achieved	Possible	Major	High

Updated Nov 2017	Risk of health staff not being able to access NHSH systems Lack of easy access to NHSH intranet for policies etc plus cost implications	Principal Officer Nursing & Principal Officer Allied Health Professionals & IT personnel	Likely	Moderate	High	Ordering VPN fobs as budget will allow	Nov 2017 :Solutions close to being in place for Datix reporting Agreement re Highland Council intranet page for Health information	Possible	Moderate	High
Added Oct 2016	Risk of school nurses not receiving clinical/professional supervision Lack of robust mechanism for the clinical/professional supervision of School Nurses to ensure supported and professional service	Principal Officer Nursing	Possible	Moderate	Medium	Discussions with Practice Leads (Early Years) to share supervision with Practice Lead (Schools)	Develop a Lead nurse for School Years post to develop clinical supervision arrangements.	Unlikely	Moderate	Low
Added Aug 2017	Risk of insufficient capacity to deliver required health services. Workforce planning and recruitment issues	Principal Officer Nursing & Principal Officer Allied Health Professionals	Likely	Moderate	High	Teams submit an action plan identifying additional measures to mitigate risks	Regular management review of action plans and resources targeted to areas of highest risk Establishment of supplementary staff qualified for Highland Council on NHSH Integrated Staff Bank	Possible	Moderate	Medium

Added Aug 2017	Risk of delay in obtaining/transferring important health information about school pupils. School nurse records regularly not available due to problems in identifying when children transfer in or out of schools	Principal Officer Nursing & IT	Likely	Minor	Medium	School nurses continue to work with schools to obtain timely notifications	Regular monthly reports from SEEMiS (education database) to identify transfers In and out of Highland schools	Possible	Minor	Medium
Added Jan 2018	Risk of being unable to deliver full range of school nursing services in the Mid Ross area	Mid Area Management/ Principal Officer Nursing	Almost certain	Medium	High	Use of bank staff to supplement the Staff Nurse (Schools). Input from qualified school nurse from outwith area. Prioritisation of current workload Immunisations undertaken by Immunisation Team	Recruitment to school nurse posts, although in reality this will be school nurse trainees. Regular monitoring and support to Practice Leads (Schools) from Lead Nurse for LAC and School Years Workforce planning exercise in progress	Likely	Medium	High