The Highland Council

ADULT & CHILDREN'S SERVICES COMMITTEE

Agenda 7.
Item
Report ACS/06/14
No

15 January 2014

Performance Report – Children's Services

Report by Director of Health and Social Care

Summary

This report provides an update on the performance framework for Children's Services.

1. Background

- 1.1 Highland Council and NHS Highland have agreed a performance framework for children's services, as part of the lead agency arrangements. This performance report is presented to the Adult & Children's Services Committee, as well as to NHS Highland.
- 1.2 All of the performance measures in the framework have been allocated to *For Highlands Children 4* Improvement Groups. All meetings of the Committee are provided with new data, which is attached as **Appendix One.**
- 1.3 Commentary is provided on the following measures, where performance is not broadly on target or better, or is otherwise of note. An assurance report is also included at **Appendix Two**, providing specific information relating to child health services.

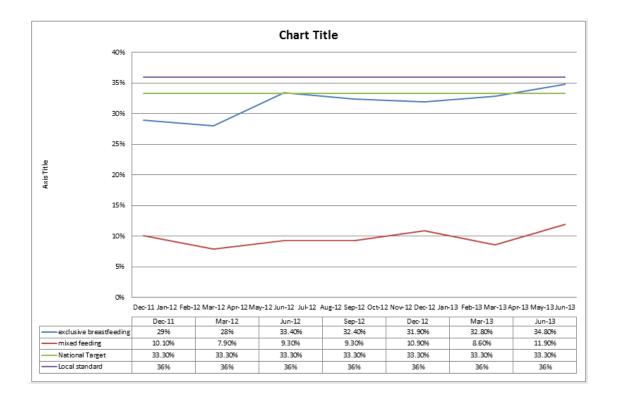
2 Performance Measures

2.1 <u>3: By March 2013 no young people will wait longer than 26 weeks for access to Primary Mental Health Worker</u>

In September and October 2013, all children were seen within the 26 week standard, and indeed all but one were seen within the forthcoming 18 week standard.

7: New-born babies exclusively breastfed at 6-8 weeks review to increase to 36%

Albeit performance remains below the 36% target, there has been a notable increase over the last quarter, to 34.8%. This is a consequence of the improvement work previously reported to Committee, as well as a higher return rate from some practices.



15: 95% of statutory health assessments to be done within 4 weeks of becoming Looked After

16: 95% of Initial LAC health assessments to be included in Childs Plans

There has been improvement in September and October, in the percentage of statutory health assessments of looked after children being completed within 4 weeks, but this is not fully being translated into Child's Plans.

An exception report is included at Appendix Two.

19: Reduction in the exclusion rate for Looked After Children

There has been a small increase in exclusion rates for looked after children over the last year, albeit this remains well below the 2010/11 level.

33: Develop activities and Interventions for young people who are at risk of becoming serious and/or repeat offenders

34: No increase in the number of offences by young people

Albeit the number of persistent young offenders, with 5 or more offences in a six month period, remains lower than it was two years ago, in October and November 2013 it was higher than it has been for some time. This follows a period when data has not been available from the Scottish Children's Reporters Administration (SCRA), making it difficult to confirm am underlying trend.

The number of offences by young people being reported, continues to be

lower than it was 12 months ago, but the rate of decrease has slowed considerably. It may be that this figure is beginning to level out.

3 Implications arising from Report

- 3.1 There are a range of resource implications with regard to these performance indicators, but in most cases, performance can be addressed within current resources.
- 3.2 There are no legal, equality or climate change implications.

Recommendation

Members are asked to consider and comment on this performance information.

Bill Alexander

Designation: Director of Health & Social Care

Date: 7 January 2014

Author: Bill Alexander, Director of Health and Social Care

George Maldonado, Performance Analyst

Child	ren's Services performance f	ramework 2	013/14																		
	Measure & Detail	Target	Target	2012/13							2013/14										
Safa	 - Ensure that individual Child	Drotoction	date	SEP ffoctive in	OCT	NOV	DEC DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC		
Sale .	- Ensure that marvidual Child	Protection	rialis are e																		
	Dad as the same as			3.45%	3.15%	3.15%	3.05%	4.25%	2.71%	2.80%	3.67%	3.69%	4.93%	4.44%	4.35%	4.88%	4.47%	4.49%	5.10%		
	Reduce the number of children on the child	reduce		9 of	8 of	8 of	8 of	11 of	7 of	7 of	9 of	9 of	11 of	11 of	11 of	12 of	11 of	11 of	13 of		
1	protection register who	from	Mar-13	261	254	254	262	259	258	250	245	244	223	248	253	246	246	245	255		
_	have been registered	baseline		1	1	1	1	4	4	4	4	4	4	4	4	4	4	3	3		
	previously	level		4	4	4	4	4	0	1	1	1	4	4	4	5	5	6	6		
				3	3 0	3 0	3 0	3	3	0	2	2	1 2	2	2	2	0 2	2	0 4		
				11.9%	13.5%	2.9%	2.4%	0.0%	2.4%	5.0%	13.6%	6.1%	13.5%	0.0%	3.4%	0.0%	0.0%		4		
			Mar-13	5 of	5 of	1 of	1 of	0 of	1 of	2 of	3 of	2 of	5 of	0 of	1 of	0 of	0 of				
	By March 2013 no young	continual		42	37	34	42	45	41	40	22	33	37	39	29	22	32				
	people will wait longer	reduction																			
3	than 26 weeks for access to			14.3%	16.2%	2.9%	4.8%	2.2%	12.2%	20.0%	22.7%	24.2%	18.9%	2.6%	10.3%	4.5%	0.0%				
	Primary Mental Health	baseline to	Dec-14	2	10.2/0	,			22.270				10.570				0.070				
	Worker	zero		_			_	_			_		_	_	_	_					
				6 of 42	6 of 37	1 of 34	2 of 42	1 of 45	5 of 41	8 of 40	5 of 22	8 of 33	7 of 37	1 of 39	3 of 29	1 of 22	0 of 32				
Healt	hy - Improve the life chances	s of children	by suppor													22	32				
				ung punun				- PP - OP - G					,	,,							
	New-born babies		Mar-12	32.4%	0	0	31.9%	0	0	32.8%	0	0	34.8%	0	0		0	0			
7	exclusively breastfed at 6-8 weeks review to increase to 36% (HEAT)	36%																			
																					
Hoolt	hy - Improve the life chances	of children	and vound	noonlo by	, promotin	a solf osto	om and rad	dusing the	loval of hi	ah rick acti	vitu aman		onlo								
пеан		s or children	and young	people by	promotin	g sen este	em and red	aucing the	level of hi	gn risk acti	vity amon	g young pe	opie								
	95% of statutory health			72.0%			60.9%	81.8%	81.8%	70.0%	69.2%	100.0%	100.0%	94.4%	66.7%	81.8%	93.3%				
15	assessments to be done within 4 weeks of	95%	Mar-13																		
	becoming Looked After			18 of			14 of	9 of	9 of	7 of	9 of	4 of	10 of	17 of	6 of	9 of	14 of				
	20008 200			25			23	11	11	10	13	4	10	18	9	11	15				
	95% of Initial LAC health			80.0%			78.3%	72.7%	63.6%	60.0%	23.1%	75.0%	60.0%	77.8%	66.7%	81.8%	66.7%				
16	assessments to be	95%	Mar-13	20 -f			10 -f		75	C -f	2 - f	2 - f	C -f	14 -f	C -f	0 - 6	10 -f				
	included in Childs Plans			20 of 25			18 of 23	8 of 11	7 of 11	6 of 10	3 of 13	3 of 4	6 of 10	14 of 18	6 of 9	9 of 11	10 of 15				
	Evidence of allocated	0501		92%	0.7	0.75	95%	97.7%	99.0%	98.0%	98.0%	99.0%	98.0%	98.0%	99.0%	99.0%	99.0%				
17	Additional Health Plan	95%	Mar-13					463 of													
	Indicator for LAC							474													

Achie	Achieving - Maintain and improve the high levels of individual achievement for all children and young people																		
19	Reduction in the exclusion rate for Looked After Children	reduction from baseline		84 per 1,000 30 of 359												98 per 1,000 34 of 345			
22	Increase the percentage of young people reporting their learning environment as positive	increase from baseline level	Jun-13												78.4% (Ed Scot) 87.5% (HLS)				
Nurt	ured - Improve the outcomes	for children	who cann	ot live witl	n their owr	n parents t	l hrough del	ivery of th	e Action Pl	lan for Loo	L ked after (L Children an	d the Corp	orate Pare	nting Strat	tegv			
25a	Proportion of children who			26.8%	26.4%	26.1%	27.0%	25.9%	26.3%	27.3%	26.9%	26.8%	27.3%	26.9%	26.9%	26.4%	27.2%	29.1%	29.1%
234	are Looked After at home			136 of 507	131 of 497	130 of 498	130 of 482	125 of 482	129 of 490	132 of 483	130 of 484	127 of 473	127 of 466	127 of 472	126 of 468	120 of 455	125 of 459	134 of 461	140 of 481
	Increase in the number of children who need to live	live from baseline	from	17.4%	19.1%	18.7%	19.3%	19.9%	20.8%	19.3%	18.8%	19.2%	18.5%	18.2%	18.2%	19.8%	19.0%	18.4%	19.1%
26a	away from the family home, but can be supported in kinship care		Mar-13	88 of 507	95 of 497	93 of 498	93 of 482	96 of 482	102 of 490	93 of 483	91 of 484	91 of 473	86 of 466	86 of 472	85 of 468	90 of 455	87 of 459	85 of 461	92 of 481
26b	Increase in the number of children where permanence achieved via a Residence order			59	61	60	61	62	62	67	67	66	66	66	68	73	72	71	70
27	Sustain the number of respite nights provided	maintain 2010/11 level of Mar-13	Mar-13	1521	1882	2126	2496	2781	3228	3612	368	676	974	1312	1651	1922	2212	2525	
	Table 11 and 12 and 13	provision		target 1551	target 1809	target 2067	target 2326	target 2584	target 2843	target 3101	target 258	target 517	target 775	target 1034	target 1292	target 1551	target 1809	target 2067	target 2326
28	Sustain the number of respite day hours provided	maintain 2010/11 level of	Mar-13	13549	16205	18743	20912	23432	26224	28953	2701	5236	7993	11556	14075	15943	18457	19564	
	respite day flodis provided	provision		target 13885	target 16199	target 18513	target 20827	target 23141	target 25455	target 27769	target 2314	target 4628	target 6942	target 9256	target 11570	target 13885	target 16199	target 18513	target 20827

Respected and Responsible - Reduce fear of crime through positive community interaction with young people and by maintaining low levels of youth offending																			
33	Develop activities and Interventions for young people who are at risk of becoming serious and/or repeat offenders	no increase	Mar-13	7	5	6	5	7									10	11	
	No increase in the number	no increase		273	307	359	405	465		528	46	86	133	193	224	264	299	330	
	No increase in the number of offences by young people		o Mar-13	target	target	target	target	target	target	target	target	target	target	target	target	target	target	target	target
34			IVIdI-13	439	512	585	659	732	805	878	73	146	220	293	366	439	512	585	659
				or less	orless	or less	or less	orless	or less	or less	orless	or less	or less	or less	or less	orless	or less	or less	orless



Exception Report: Looked After Children - Health Assessments

15: 95% of statutory health assessments to be done within 4 weeks of becoming Looked After

16: 95% of Initial LAC health assessments to be included in Childs Plans

1 Current Position

The Looked After Children (Scotland) Regulations 2009 set out a requirement for children to have an health assessment when they become Looked After. CEL 16 (2009) recommend that this assessment be carried out within 4 weeks of the child becoming Looked After. The health information should be available at the Childs Plan meeting which is required by regulation at 6 weeks after the child becomes looked after.

In Highland, we now have a performance monitoring pathway to support the achievement of these two targets This pathway:

- a) Drives up quality through ensuring the health assessment meets an agreed standard before it is accepted.
- b) Ensures staff development and support through formal feedback for each assessment and through supervision for all health visitors and school nurses with LAC on their case load.
- c) Supports achievement of deadlines for both targets through an escalation process

TABLE 1 – Performance Indicator 15: July 2011 – December 2012

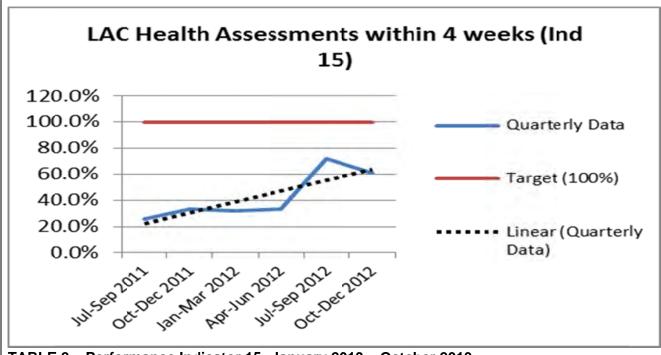
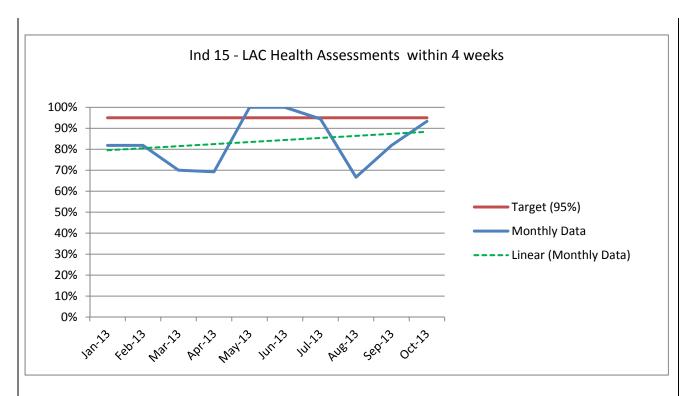


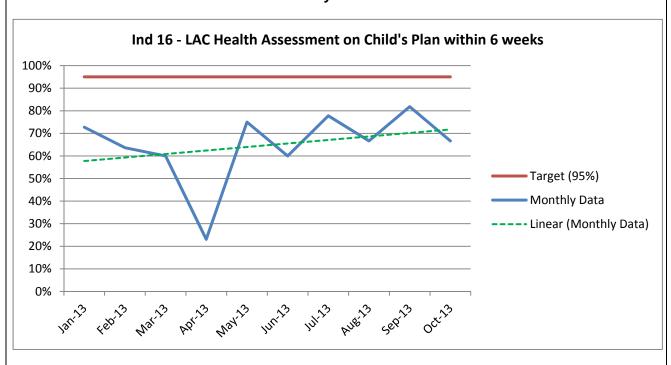
TABLE 2 – Performance Indicator 15: January 2013 – October 2013



It should be noted that

- a) In August, the number of children becoming Looked After was unusually small, therefore zero breaches were required in order to achieve the 95% target.
- b) Health assessments are undertaken by School Nurses and Health Visitors, who are the health partner to the Childs Plan. Staffing difficulties across Highland has meant that achieving deadlines within performance indicator 15 has been challenging.
- c) The additional support provided to the Public Health Nursing teams by the Lead Nurse for LAC across September and October has resulted in improvement in the performance.

TABLE 3 – Performance Indicator 16: January 2013 – October 2013



It should be noted that

- a) The notification and follow through process continues to be implemented
- b) The new format of the Childs Plan is not accessible on Care First this makes quality assurance of Indicator 16 challenging

2. ACTION PLANS TO ADDRESS

In order to continue to improve performance the following actions will be taken:

- Continue with monthly reporting and escalation through to Area Managers and Head of Health.
- Recruitment to vacant school nursing and health visiting posts within the East Area teams is underway.
- Additional training, support and supervision being provided by the Lead Nurse for LAC, to newly appointed Health Visitors and School Nurses to carry out assessments.
- Access to the Childs Plan on Team E drives, in order that quality assurance of Performance Indicator 16.

3 EXPECTED IMPACT OF ACTIONS

- Increased confidence and competence of newly qualified health staff to undertake health assessments.
- Continued improvement towards the 95% target.
- Improvement in the quality of decision making for the child as the Childs Plan contains contribution from the initial health assessment of need.

Jane Park Lead Nurse LAC January 2014