The Highland Council

ADULT AND CHILDREN'S SERVICES COMMITTEE

19 February 2014

Agenda Item	7ii.
Report No	ACS/22/14

Assurance Report – Lead Agency Delivery of Children's Services

Report by Director of Health and Social Care

Summary

The purpose of this paper is to provide assurance to NHS Highland in relation to services commissioned and delivered through Highland Council. It will be presented to the appropriate strategic committee of NHS Highland.

1. The Commission

1.1 The lead agency delivers a range of children's services on behalf of NHS Highland. For each service there is a broad service descriptor which is reviewed annually with revisions agreed between the Child Health Commissioner and the Head of Health. This has taken place for 2013/14.

Improvement plans for elements of service were developed at transition to the Lead Agency Model and these have been acted upon. Improvement priorities for 2014 onwards will be incorporated into the work of the Improvement Groups and will be reported on as part of the For Highland Children's Service Plan. (FHC4)

1.2 **Health Visiting Service**

Health Visitors provide a universal and early intervention service to children and families from birth to school entry. Universal input is based on the current Hall 4 requirements for health improvement information and health and developmental screening. Early interventions are planned and agreed with families based on the Highland Practice Model. The Health Visitor has the support of other team members and early years workers to assist in providing the agreed early interventions.

Each Health Visitor has a defined caseload, normally based on a geographical area closely linked to Associated School Groups (ASGs) and has the role and responsibilities of Named Person for this caseload. Currently, caseloads in Highland vary from 150 to 320 children per full-time equivalent Health Visitor. Work is ongoing to realign caseload sizes to between 200 and 250 per whole time equivalent, depending on local deprivation and/or rurality factors.

1.3 **School Nursing**

School nurses in Highland currently require to have a Public Health Nurse qualification to act as a caseload holder. They are normally allocated to an ASG. Caseloads for school nurses vary between 600 and 2000. However, where caseloads are high, staff nurses are employed to assist with the workload. Caseload sizes have not been addressed at the moment, while we await national work into the role. This has been prompted by the introduction of the school based influenza vaccination programme, which has highlighted significant differences in services provided by school nurses across Scotland.

1.4 **Allied Health Professionals**

Community allied health professions delivered within Highland council consist of the following services:

1.4.1 **Speech and language therapy** – Teams based in localities deliver a universal, targeted and specialist service for children and young people experiencing a speech, language and communication need, or eating, drinking or swallowing difficulties.

1.4.2 **Occupational therapy** – The integrated occupational therapy service works across Highland to enable children and young people experiencing difficulties due to: sensory-motor integration, sensory processing, sensory modulation, neurological or musculoskeletal problems; to participate in daily life to their personal potential. This is achieved through direct therapy intervention and/or the provision of equipment and adaptations.

1.4.3 **Physiotherapy** – Provides community intervention to children and young people across Highland with a primary focus on neurodevelopmental conditions or other conditions where there is a long term impact on educational and recreational activities such as complex orthopaedic cases, chronic fatigue syndrome and cardiac conditions.

1.4.4 **Nutrition and dietetics** - Dietitians provide services across acute, primary, community, education and social care, focusing on maximising the nutritional health of individuals as well as the population as a whole. The strategic approach for nutrition and dietetics services advocates three main areas of practice: health improvement, clinical nutrition and institutional nutrition.

1.4.5 There are proportions of AHP posts funded through the North of Scotland Planning Group that are scrutinised and reported on to the Scottish Government as part of the National Delivery Plan for specialist children's services on a bi annual basis

1.5 **Primary Mental Health Worker Service**

The overall purpose of this service is to provide the link between specialist Child and Adolescent Mental Health Service and primary care. PMHW's work within universal and targeted services to support and improve the mental health and wellbeing of children and young people. Where appropriate, they provide direct clinical time with children and young people, and provide an

interface with the Tier 3 CAMH's service.

1.6 **Child Protection Advisory Service**

The Child Protection Service provides a specialist health resource to support child protection policy, multi-agency public protection arrangements (MAPPA) and multi-agency risk assessment conference (MARAC). The key function of the service is to build capacity within the workforce and to enhance practice across NHS Highland and Highland Council.

1.7 **Looked After Children Health Service**

The LAC health service is a specialist support service aimed at improving health outcomes for a group of young people whose experiences tend to result in poorer health than their peers. The main function of the service is to co-ordinate the health information and assessment for LAC, to provide advice and support to ensure the assessments are of an adequate quality and are available for Child's Plan meetings.

1.8 **Learning Disability Nursing Service**

The learning disability nursing services are based in a number of locations across Highland, including Drummond School in Inverness. They work as part of the learning disability team to support the health and wellbeing of children and young people with complex physical and mental health needs who are cared for in residential settings.

1.9 **Health Improvement / Health Promotion**

This service is a specialist function working to support universal services and targeted / additional needs services. It supports the overall service with specialist knowledge and skills in specific health improvement programmes and aims to provide specialist advice and training across the lead agency, primarily around midwifery, nutrition and support for parents.

1.10 **Monetary Value of the Commission**

The budget transferred at the beginning of the commission was £7.257m, which included a savings target of £0.399. As further services have transferred across to the Council, the budget has been increased to reflect this. There have also been some in-year adjustments to reflect changing circumstances. Currently the budget transferred from the NHS to support the commissioned service stands at £7.938m.

2 Service Delivery - Performance Framework for Commissioned Service

2.1 The full performance framework is set out in the previous report at this meeting of the Committee. It includes the following performance targets.

Performance Target	Status	Comment
Effective Handover of planning and support arrangements for young people with continuing needs	Amber	Chief Executives are leading on this work
No young people to wait long than 26 weeks for access to primary Mental health Worker	Green	
95% uptake rate of MMR1 (% of 5 year olds)	Green	
36% of new born babies exclusively breastfed at 6-8 week review	Amber	Exception report attached (February 2014)
95% return rate for the 6-8 week review	Red	Ongoing work with GP practices to improve returns to Child Health Surveillance Team
Allocation of Health Plan indicator at 6-8 week from birth	Green	
Achieve 641 interventions for child healthy weight programme for 2 - 15 year olds over 3 year period by March 2014	Green	Target exceeded
Completion of P1 Child health assessment	Amber	ISD not expected to publish 2012/13 data until Feb 2014
P1 Body Mass index every year	Amber	ISD not expected to publish 2012/13 data until Feb 2014
P7 Body Mass Index every 4 years	Amber	ISD not expected to publish 2012/13 data until Feb 2014
95% of statutory health assessments to be done within 4 weeks of becoming looked after	Red/ Amber	Exception Report Attached (January 2014)
95% of initial Lac health assessments to be included in Child's Plans	Red	Exception Report Attached (January 2014)

3 Commissioned Improvement Priorities

3.1 CEL (2009) 16: Implementation of Action 15 of the Looked After Children and Young People Report - We can and must do better

A number of requirements were outlined and there is good progress in the implementation of them.

1) NHS Highland has a nominated NHS Board Director for looked after children through the Director of Public Health.
2) The LAC notification process is in place and ensures that nominated Directors, LAC Services and relevant health practitioners are notified when a Highland LAC moves to another NHS Board area. The role of the Lead Nurse for looked after children has been developed to include an overseeing role for all Highland children placed out with the region.
3) Each looked after child should have a health assessment within 4 weeks of becoming looked after. Work has been undertaken to improve processes, staff responsiveness and the quality of the health assessment and there is evidence of continuous improvement. The role of the Lead Nurse has been developed to provide leadership, support and supervision to staff, along with performance monitoring.
4) Joint e-systems and processes have been in place for a number of years which allow early identification of all Highland's looked after children. This has been central to reducing the impact to health as children are tracked across placement and health information is co-ordinated appropriately.
5) The CEL recommends that each looked after child has a mental health assessment at point of entry to care and that this should be in place by 2015, in line with the Mental Health Framework. It is proposed that the Mental Health Improvement Group reviews a number of screening tools with a view to health staff using one alongside the My World Assessment to review general mental and emotional wellbeing within the initial health assessment. This improvement to the initial assessment for looked after children will be phased in prior to 2015 in line with the Mental Health Framework and whilst awaiting direction from the national LAC Health Working Group.

3.2 **CEL (2012) 4 Insulin Pump Therapy for People with Type 1 Diabetes**

The CEL outlined the Scottish Government commitment to substantially increasing the availability of insulin pump therapy across Scotland. Targets to be achieved are a quarter of young Scots with Type 1 diabetes to have access to insulin pumps by March 2013, and by March 2015 the number of insulin pumps available to people of all ages with Type 1 diabetes in Scotland will almost triple to more than 2000. Performance data against this target is held within the NHS. The decision to introduce an insulin pump is taken by the children's diabetes team with the children's dieticians' providing one to one support to enable a child/young person and those caring for them to manage the system; and working closely with community dietician colleagues to monitor the child locally through the transition.

3.3 **CEL (2013) 13: Public Health Nursing Services – Future Focus**

The recommendation is that Public Health Nursing redefines itsself into 2 separate but complementary functions of Health Visiting & School Nursing.

This work is being led nationally by the Children, Young People & Families

Working Group which reports to the Chief Nurse. It has commissioned 4 short life working groups to
1) define the universal pathway for preschool children
2) develop a HV caseload weighting tool
3) define the role of the school nurse
4) review post-registration educational requirements for HVs and School Nurses.

Highland has a representative contributing to the work of each of the subgroups with the ability to give a Highland perspective. This work is to be welcomed in Highland; it links well to our Highland Practice Model and fits neatly into our planned Family Teams where early years and schools based work are identified functions within the integrated teams

3.4 **CMO (2013) 07: Short Catch Up Campaign for measles immunisations in Scotland 2013**

The MMR is being offered to all S3 pupils when they attend for the DTP booster at school based sessions. Uptake however has been low and there have been issues around pupils having already received their booster from GPs but this not being notified to Child Health prior to the school based session. Child Health have undertaken a data update programme with GP Practices. In the Thurso area GPs have traditionally undertaken the DTP booster, rather than having a school based programme. This year however the school nurses are undertaking this, as well as offering the MMR catch-up with the hope of increasing uptake.

3.5 **CMO (2013): Reducing the Risk, Important Changes to the Scottish Immunisation Programme in 2013/14 extension of seasonal influenza vaccination programme (children aged 2-17 years)**

It has already been reported through NHS Highland that the extension to the school based immunisation programme will be a challenge from within existing resources. Nationally, information is being collected about the opportunity costs resulting from this extension. In Highland the additional workload poses a risk to other performance measures reliant on the school nursing service e.g. LAC health assessments, P1 child health assessments etc.

4. Governance and Risk Management Arrangements

4.1 The Health and Social Care Service has a Governance and Risk Management Group with representation from both the Council and NHS Highland. One of the functions of the group is to maintain and review a risk register and to escalate significant risks. The risk register is tabled at the Children & Young People Commissioning Group.

The role of the Governance and Risk Management Group is to provide assurance to NHS Highland and the Highland Council that there are systems and processes in place to effectively govern and manage the commissioned children's service.

4.2 The specific responsibilities of the Group are:

- To develop a reporting template which meets the needs of both NHS Highland and the Highland Council.
- To oversee the implementation and monitoring of best practice guidelines, policies and protocols.
- To review the outcomes of relevant audits and ensure recommendations are implemented.
- To review trends from complaints to ensure appropriate actions are taken, within agreed timescales and lessons learned are disseminated.
- To review trends from incidents (DATIX), ensuring that actions are appropriate and lessons learned are shared across the organisation.
- To ensure that risk management systems are developed (risk register) and appropriate actions taken to reduce risk.
- To develop systems to ensure that health staff are appropriately registered.
- To ensure that systems are in place so that staff have access to appropriate continued professional development opportunities and that these are monitored.
- To ensure that staff have adequate health and safety support and advice.
- To ensure that the budget for the commissioned service is appropriately managed

4.3 Membership involves the following, and will be supplemented by co-opted attendees to provide additional knowledge or expertise:

- Head of Health (Chair)
- Principal Officer for Nursing
- Principal Officer for Allied Health Professionals
- Area Managers
- Lead for Child Protection
- Link member of NHS Highland Governance Support Team
- Child Health Commissioner

4.4 Meetings will take place every two months. A reporting framework will be agreed and made available to the NHS Highland Clinical Governance Committee. An annual report will be provided for the NHS Highland Clinical Governance Committee and the Highland Council Education, Children and Adults Committee.

5. Exception Reports

Exception reports are attached in relation to the following performance targets:

- Looked After Children assessments
- Breastfeeding

6. Implications

6.1 Risk Implications
It is intended that this new reporting framework will better manage risk in the Partnership Agreement

6.2 Equalities Implications
Many of the services detailed in this report, make a significant impact on health and social inequalities

6.3 There are no resource, legal or carbon clever implications from this report.

Recommendation

Members are asked to consider and comment on the issues raised in this report.

Bill Alexander
Designation: Director of Health and Social Care

Date: 9 February 2014
Author: Sheena MacLeod, Head of Health

Looked After Children
Statutory Health Assessments

95% to be completed within 4 weeks of a child becoming Looked After
95% of health assessments to be in the child's plan within 6 weeks of a child becoming Looked After

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 the 6 weeks after the child becomes LAC.

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

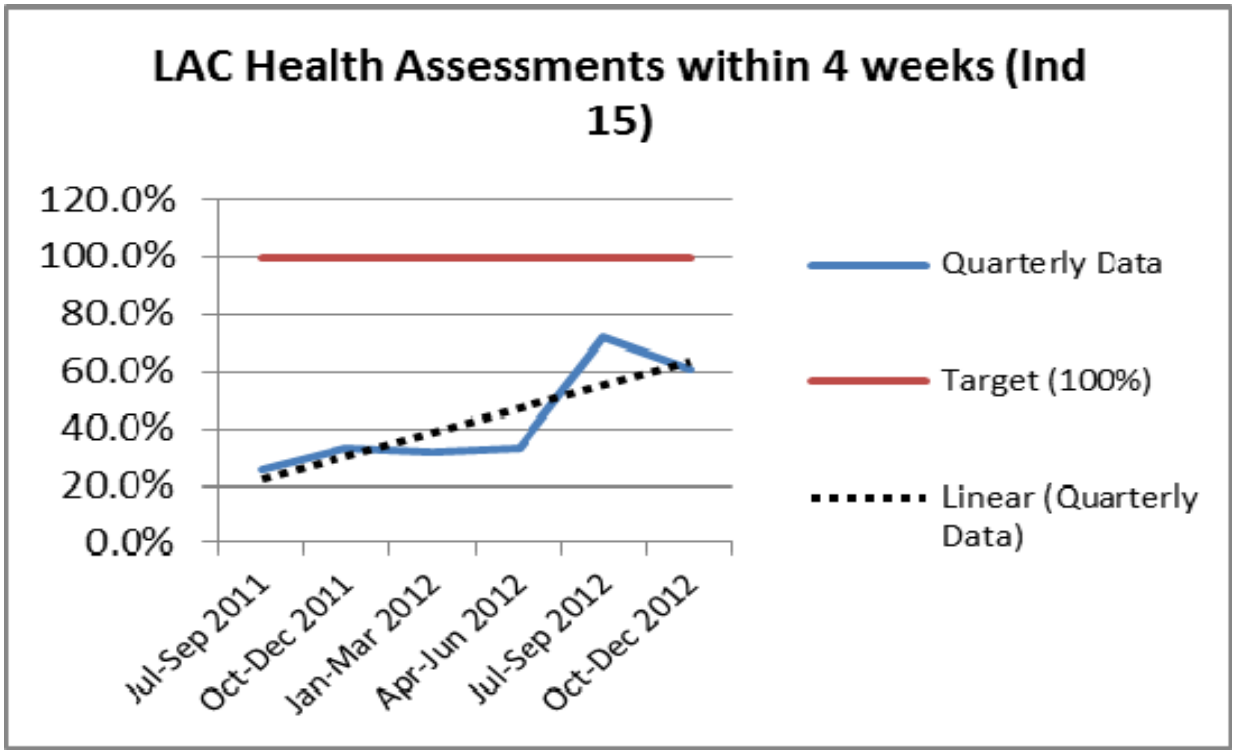


TABLE 1 – Performance July 2011 – Dec 2012)

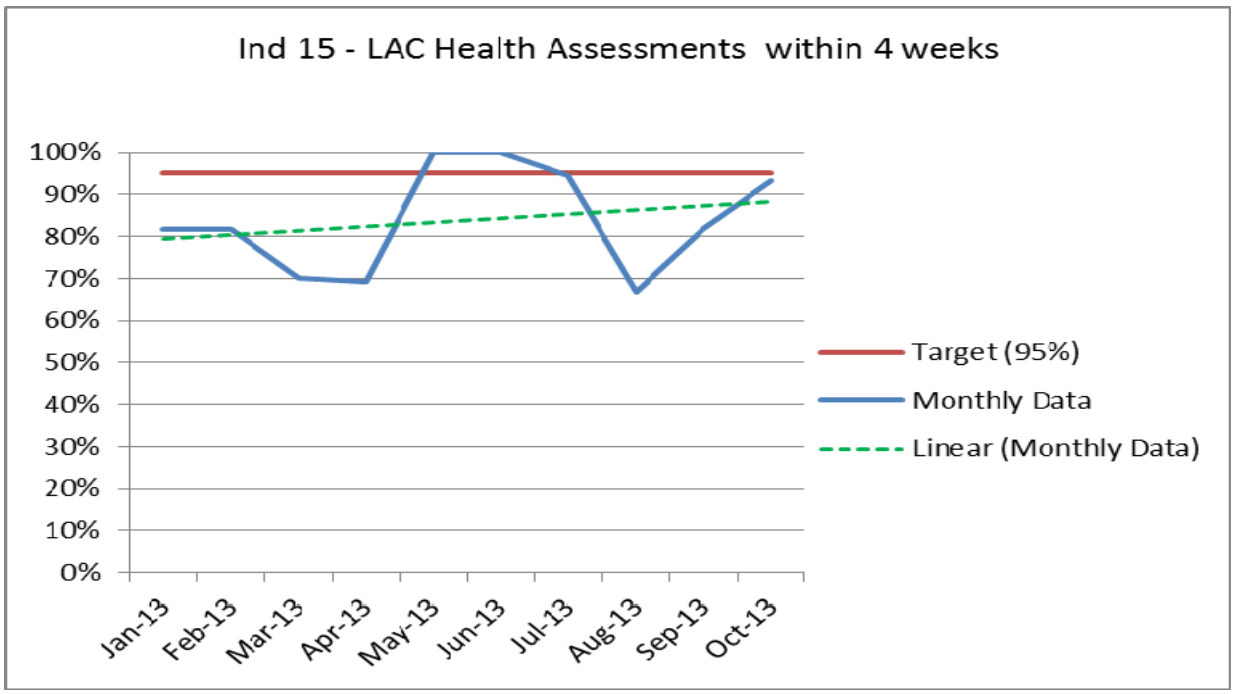
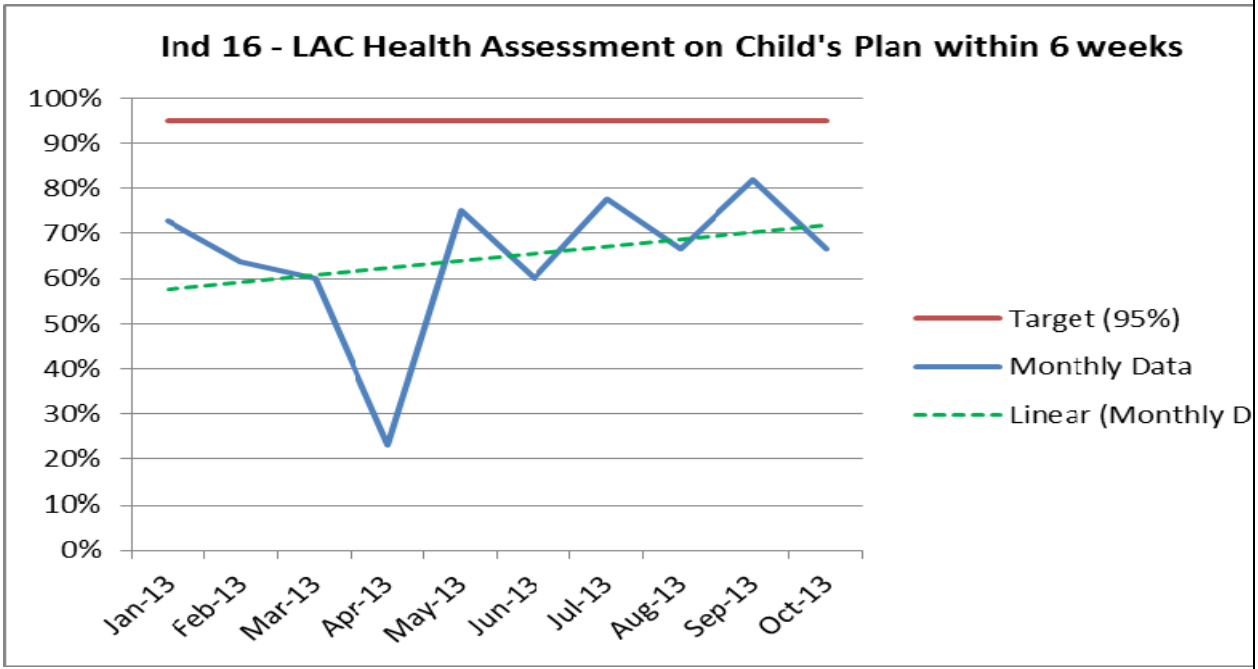


TABLE 2 – Performance Indicator 15 (Jan 2013 – Oct 2013)

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 (Jan 2013 – Oct 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

3. 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 can be achieved

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

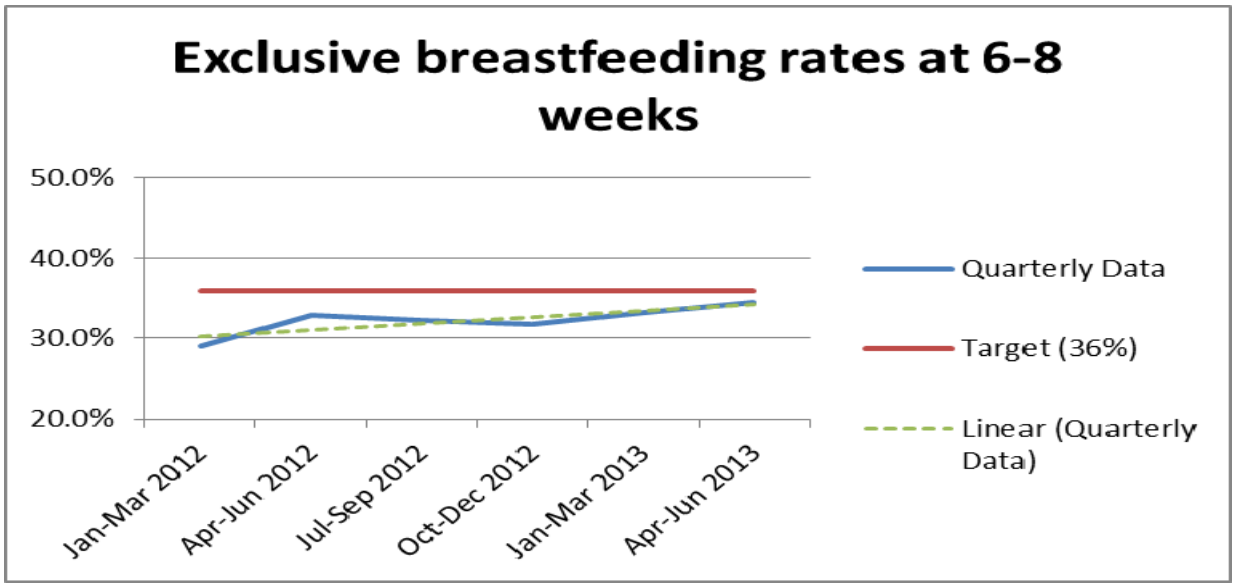
The Highland Council
Comhairle na Gàidhealtachd

Breastfeeding Report
Target: 36% of babies to be exclusively breastfed at 6-8 weeks

1 CURRENT POSITION

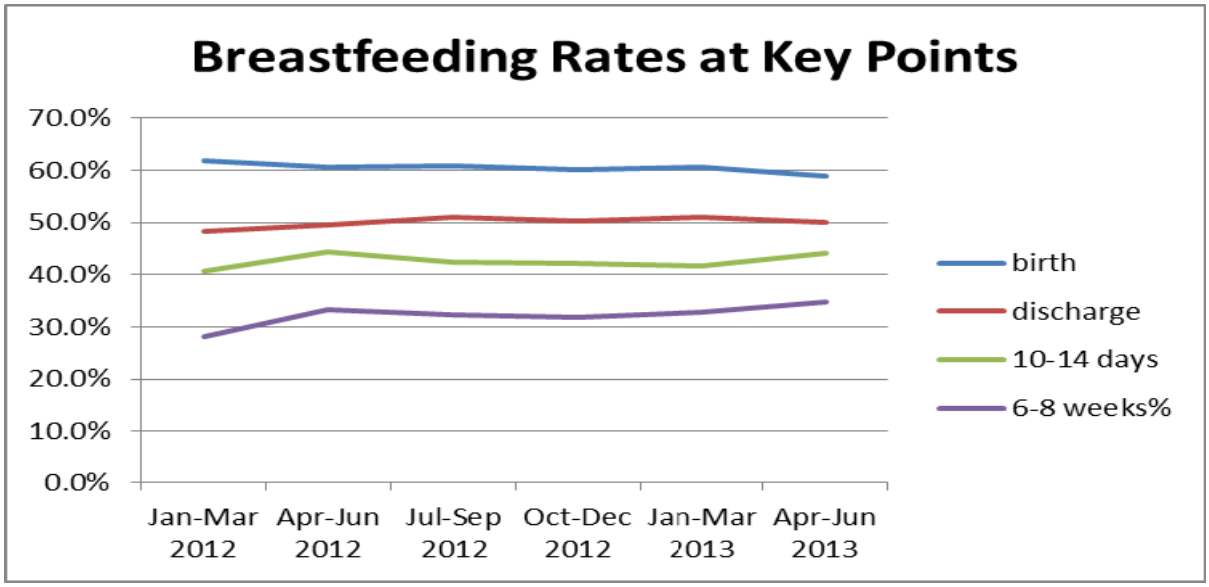
Nationally the target for the proportion of babies to be exclusively breastfed has been set at 33.3%. In Highland the target was set at 36% and this still remains the standard. NHS Highland is above the national average at every stage of breastfeeding.

TABLE 1 – Exclusive Breastfeeding Rates at 6-8 Weeks



It is important also to look at breastfeeding rates at birth, discharge and 10-14 days. Breastfeeding rates at birth and discharge from hospital have been static for the past 2 years. For breastfeeding rates to increase at 6-8 weeks there needs to be an increase in initiation rates and support for breasting is fundamental to ensure this, especially when 10% of mums stop breastfeeding while in hospital.

TABLE 2 – Breast Feeding Rates at Birth, discharge and 10-14 days



2. ACTION PLANS TO ADDRESS

In order to continue to improve performance the following actions are being taken

- Continued recruitment of volunteer breastfeeding peers to support mothers. There are 47 peers in North Highland and their main role is to provide telephone contact for mothers, but will undertake home visits in some circumstances.
- In house training programme to train breastfeeding peers based on the UNICEF Baby Friendly Initiative programme.
- All health visitors and nursery nurses undergo regular breastfeeding updates, paying particular attention to the induction of new staff.
- Regular facebook consultation with women to gauge what they want and feedback on services including breastfeeding peers.
- Improvement work is focused through the Maternal Infant Nutrition and Early Years Improvement Groups.
- Improvement work is ongoing with practices to improve the return rate of the 6-8 week review. Return rates are improving, and this is monitored through the Early Years Improvement Group. These improvements are not yet reflected in the national data set due to time lags. It is recognised that improving the rate of return for the review forms doesn't in itself increase breastfeeding rates, but does improve the accuracy of the data

3. EXPECTED IMPACT OF ACTIONS

- Increase in breastfeeding rates at 6-8 weeks, particularly through breastfeeding peers.
- Increased % of Child Health Surveillance forms returned, resulting in more accurate statistics

Karen Mackay, Infant Nutrition Advisor Sheena Macleod, Head of Health