The Highland Council

Education, Children and Adult Services Committee
20 May 2015

Agenda Item	8.
Report No	ECAS 38/15

Assurance Report – Children's Services

Report by Director of Care and Learning

Summary

The purpose of this report is to provide assurance to NHS Highland in relation to services commissioned and delivered through Highland Council.

1 Locally Agreed Targets and Outcomes

1.1 Within *For Highland's Children 4,* there are 14 high level outcome measures with a number of performance measures relating to each. The performance measures for the commissioned service sit within Outcome 4: 'Children and young people experience healthy growth and development'. **Appendix 1** is an extract from the performance framework.

2. National Targets and Standards

2.1 Child And Adolescent Mental Health - 18 week Referral to Treatment Time

2.1.1 Between January and December 2014, the Primary Mental Health Worker Service collectively provided 1908 consultations in respect of children and young people across Highland. Each of these consultations is an opportunity for preventative work and aims to reduce the number of less complex cases referred to the Tier 3 service. Many of these consultations were with school staff or local health staff, who were supporting children, young people and their families with a range of needs, providing specialist advice and support in these cases. This is an effective way to build capacity in other professionals and to support direct intervention for children and young people within universal services.

2.1.2 Research and experience has shown that consultation by the Primary Mental Health Worker (PMHW) to Tier 1 services is effective in containing and addressing the needs of children and young people with lower levels of need and at the point of negotiation, a consultation can be arranged almost immediately.

2.1.3 In the same period (Jan-Dec 2014), 285 new requests for service were received, largely from schools or General Practitioners. For many of these, there will have been an earlier consultation, with some knowledge already being held by the PMHW, but for most, these requests for service are made with no prior knowledge. The role of the PMHW in these cases is to undertake an assessment and either provide direct intervention themselves, or signpost other services that may be more appropriate, given the assessed needs.

2.1.4 PMHWs are based in 10 different bases across Highland, delivering a service within local communities. At present there are 10.1FTE workers, with an advert out for a further full time post. They have a commitment to building greater awareness of mental health in localities and deliver training on many topics e.g.

Children in Distress, Mindfulness Based Stress Reduction, Managing Exam Stress, Developing Resilience and Emotional Literacy, Self-Harm, Sleep Management, Attachment etc.

2.1.5 PMHWs are part of the Area Additional Support Needs teams, enabling local relationships to be established with schools, GP practices and Family Teams. Each PMHW will respond to requests for training and consultation within their own Area, but also will support the work of other members of the service where appropriate.

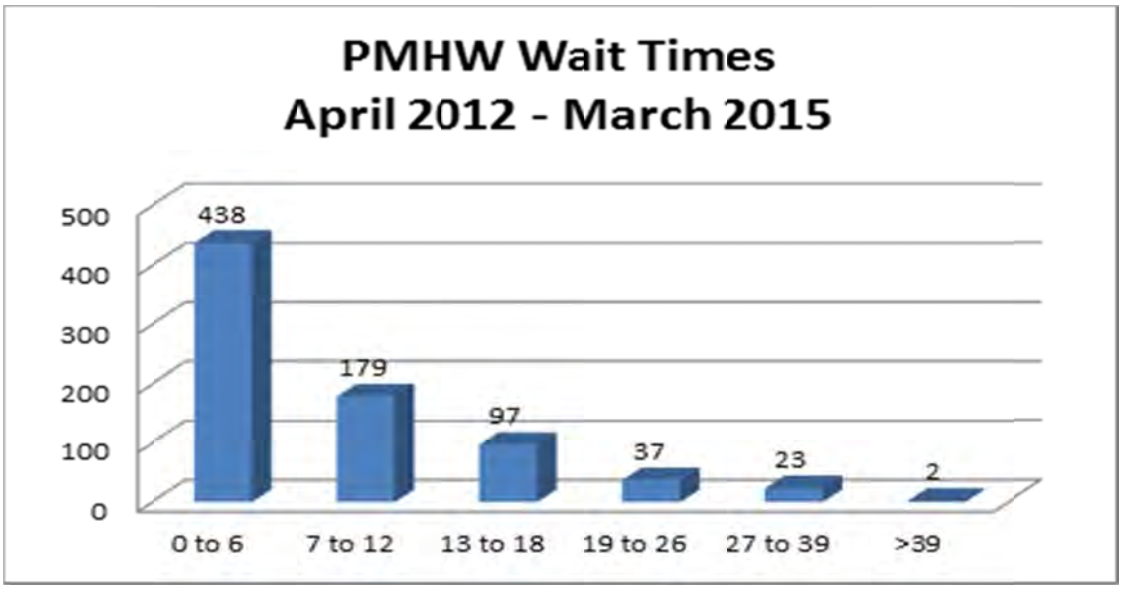
2.1.6 There can be challenges when PMHWs combine consultation, training and direct work, as there will always be pressure to engage in more and more direct work. However, without protecting time to build capacity in universal services, children and young people with very significant needs and requiring specialist services, will wait longer, as waiting lists will include young people with both low and high level needs. The PMHWs in Highland therefore work within the agreed NHS/Council practice guidance to ensure the appropriate balance between time given to direct work and that given to supporting other staff. [i] http://www.highland.gov.uk/info/886/schools_-_additional_support_needs/1/support_for_learners/2

2.2 Waiting Times for Children and Young People

2.2.1 Each request for service from a PMHW is monitored, with the wait experienced by each young person tracked through a monthly return. Requests for service to a PMHW may come from a school, directly from a parent, from another professional working with a child/young person, from a GP or other health practitioner, or from the central CAMHS team based at the Phoenix Centre in Inverness.

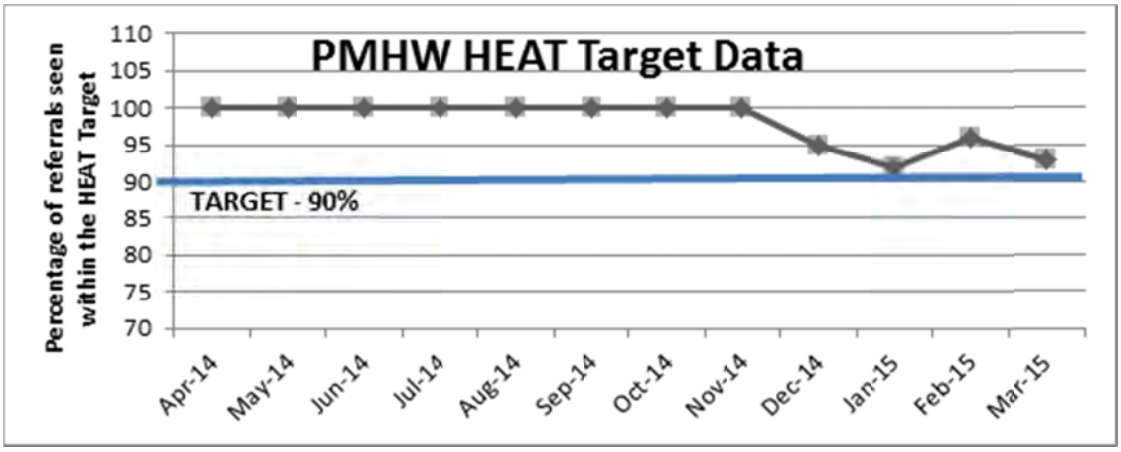
2.2.2 The team encourages requests for service to be negotiated as they can be clearer before accepting the referral that it is appropriate and provide a timescale for direct intervention or suggest a more appropriate strategy to support the child/young person.

2.2.3 The PMHW service is an early intervention service and for the most part, children and young people are seen very soon after a request for service has been made. A significant number of referrals (56%) are seen within 6 weeks of the request for service being made, with 21% seen in under 14 days.



2.2.4 Since the management of the PMHW Service transferred to the Council in April 2012, a total of 776 new requests for direct intervention have been made. Over this timeframe, work has been done to gradually reduce waiting times and to closely monitor trends. Waiting times have reduced overall. However more recently requests for service and waiting lists have increased as a result of a lack of capacity within the Tier 3 CAMHS provision. This is reducing the ease of transfer of higher level cases from PMHWs to the Tier 3 Service, and is also putting pressure on the PMHWs to work longer and with more complex cases than has previously been the case. The result is a reduced 'flow' of cases which may impact on waiting times in the future.

2.2.5 Over the past year, the PMHW Service has met the Scottish Government HEAT waiting times and exceeded the performance required by this measure. Even taking into account the longer waits of some cases in the early days of the Lead Agency model, of the total number of requests for service since April 2012, 92% have waited less than the current 18 Week NHS waiting time (HEAT) target.



2.3 Service Development

2.3.1 The PMHW service is part of the Additional Support Needs structure and has an Improvement Plan that links with the ASN/Disability Improvement Plan, reporting to the ASN Improvement Group. The Service currently has a number of development groups that are engaged in various activities, adding to the self-evaluation of the service with service users. The groups are also engaged in research on various aspects of the interventions they provide. This includes research on Mindfulness Based Stress Reduction, Managing Exam Stress, Sleep Workshops, Video Interaction Guidance and Mental Health Surveillance in Schools

2.3.2 A recent bid has been made to access Scottish Government funding to improve waiting times and support innovative practice in mental health services. This bid has been made jointly with the Tier 3 Service, focusing on supporting the wellbeing and mental health of Looked After and Accommodated Children and Young People. If successful, this work will identify LAAC with mental health issues, provide early consultation to residential staff and enable a quicker process for assessing need and providing direct support to this group of very vulnerable young people.

3 Allied Health Professionals – 18 week Referral to Treatment Time

3.1 There have been previous exception reports, detailing action and progress on waiting times for AHPs. Work is ongoing to implement the new naming conventions within the AHP activity and waiting time's system. It is anticipated that the new caseload names will be in the system by the end of April with caseload transfers happening during May. Service planning should then be able to run new reports with stratified waiting times from the end of May.

4 27-30 Month Child Health Review

4.1 The 27-30 month review aims to assess child wellbeing and to promote early child development (particularly social/emotional and language/cognitive development.

4.2 The Scottish Government, through the Early Years Collaborative have set a "stretch aim" that 85% of all children will have reached all of their expected developmental milestones at the time of the child's 27-30 month health review by the end of 2016. In order to achieve this it is important that parents engage in the review process. National IDS data suggests that the coverage of the 27-30 month review in the Highland Council area has risen from 34% to 82% over the last year (to Quarter 4: January-March 2014).

4.3 The locally revised tools for undertaking this review have now been agreed and tested in several teams. Plans have now been agreed for a roll-out process to all Family Teams for May 2015.

4.4 Improvement work is ongoing to further increase the uptake rates of the review. A new target of 95% uptake has been established for the end of the year. Audit work is being planned with NHS Highland, to assist towards reaching this target.

5. Implementation of "Guidance for Health Assessments for Looked After Children" (May 2014)

5.1 As reported in the previous assurance report, good progress continues to be made towards implementing the guidance. A new health assessment form has been developed to support improved clinical assessment and the capture of additional data fields (e.g. demographics, smoking, immunisation and mental health assessment). The information is used to inform the health element of the child's plan as well as being part of the child's health record.

5.2 School Nurses and Health Visitors have been trained and supported to use the new forms. The completed forms are returned to the LAC health team for quality assurance and formal feedback is given to the health staff to support continued improvement.

5.3 Data from the form is transcribed onto the LAC health database and once a reasonable quantity of data is available, it will be analysed to support and direct any required improvement work. An analysis is expected to be available in January 2016 and will be reported to the LAC Improvement Group.

6 Primary School Flu Vaccination Programme

6.1 The learning from the 2014 flu programme has been shared with the school nurses and planning for flu vaccination for 2015 has begun. It has been agreed that the 0.5wte Immunisation Lead Nurse secondment will be made a permanent post.

7 Action Plans for Unmet Targets

7.1 Exclusive Breast-feeding Rates at 6-8 weeks (target of 36%)

7.1.1 The Director of Public Health has expressed concern about the data pathway for gathering the breast feeding statistics and consequently the quality of the data. He wishes to take some time to review the processes with the intention of providing a more detailed report for the next assurance report and committees. There is therefore no new data available at this meeting of the Committee.

7.2 Health Assessment for Looked After Children to be completed within 4 weeks of them becoming Looked After and in the Childs Plan by 6 weeks.

7.2.1 The Looked After Children (Scotland) Regulations (2009) require a full assessment of the health of children who are looked after within 4 weeks of notification to the NHS Board. In North Highland, we have set a more challenging target of having the assessment done within 4 weeks for 95% of eligible children and for it to be available for the child planning meeting at 6 weeks. It is also worth noting that there are no national data comparisons available and other health boards do not report their performance on this requirement.

7.2.2 These targets have been missed for a variety of reasons, including late notification of children who have become looked after, capacity of health visitors and school nurses to carry out the assessment within the timescales and changes within the Care First (social work management information system).

7.2.3 The LAC improvement group have reviewed the approach in Highland and have developed a proposal, currently being considered, to expand the Health LAC team with dedicated health staff to undertake the health assessments.

7.2.4 The Care First system has been updated and it is anticipated that in the coming months, Child's Plans will be available for the LAC health team to check to ensure that the health assessments have been included.

8. Ongoing Reviews

8.1 Role of the Child Protection Advisor (Health)

8.1.1 A Child Protection Advisor Review Group has been established to review the role of Child Protection Advisors (CPAs) to reflect the development of the integrated Family Teams. The review will include their interagency role, the role of the Practice Leads in the Family Teams and the commissioning requirements of NHS Highland.

8.1.2 The specific remit of the Review Group is to review the current role of the CPAs, to bench mark this against National Guidance, to compare the roles in North Highland against Argyll & Bute and the rest of Scotland, to identify the strengths

and constraints within the current service, and to make recommendations about the future role of CPA's, including management and supervision arrangements

8.1.3 It is intended that a report will be presented to the Child Protection Committee in June.

9 Family Nurse Partnership

9.1 The Family Nurse Partnership has had a high uptake of the Programme, and recruited 86% (target 75%) of clients notified as eligible for the programme. Of those clients recruited, 60% were recruited by 16 + 6 weeks gestation which is higher than the national average (40-50%) demonstrating a robust Midwifery Pathway.

9.2 Out of 91 clients recruited, 6 have moved out of the area and 4 have left the programme. This is a low attrition rate (target < 40% of cumulative programme) and the majority of clients are remaining engaged with the FNP Programme.

9.3 There are positive outcomes of low number of premature babies (< 8%), high initiation of breastfeeding (58%), and high uptake of timeous immunisations. Data from the child development reviews are indicating good outcomes of children meeting milestones through the intense parenting support that the clients receive. This also reflects that the fidelity of the licensed programme is being replicated to the required standard.

9.4 The clients have received the content of the programme from the same family nurse as part of fidelity of the programme. This includes where there have been multiple house moves and geographical challenges in delivering the programme.

9.5 The annual review held in February 2015 was extremely positive, and Highland Council has been asked to submit proposals to the Scottish Government and National Education Scotland (NES) for an ongoing service in North Highland.

10 Preparation for Children & Young People's (Scotland Bill) 2014

10.1 The Children and Young People (Scotland) Act 2014 received its Royal Assent in March 2014. The Act covers a number of areas relating to the wellbeing of children and young people and includes a number of significant areas:

- Early Learning & childcare – increases the number of hours and flexibility from 475 hours a year to a minimum of 600 hours for 3 and 4 year olds and for 2 years olds who are looked after, or from workless households.
- Getting it Right for Every Child – improving the way services work collaboratively to support young people and families (as developed in Highland)
- Children's Rights and Children's Services Planning – new arrangements for plans that best safeguards, support and promotes the wellbeing of children, placing the overarching responsibility with local authorities and health boards.
- Provisions to support those in care and care-leavers – including a definition of corporate parenting, additional support for kinship carers, an entitlement to stay in a care placement up to the age of 21 and aftercare support from 21 years to 26 years.

10.2 Draft Statutory Guidance is being developed and consultation is currently underway. Services in Highland are generally well placed to deliver the new requirements, albeit there may be funding challenges associated with some of the proposals.

11 Finance Report

11.1 At the time of writing this report the final year end position is not available.

11.2 Work is ongoing between NHS and Council finance colleagues to design and agree a revised reporting template.

February 2015 Integrated Health Monitoring Statement				
Activity	**Budget**	**Actual to Date**	**Projection**	**Variance**
Allied Health Professionals	2,833,773	2,431,878	2,699,353	-134,419
Service Support and Management	795,968	704,206	796,775	807
Child Protection	487,363	322,689	438,955	-48,408
Health Development	272,578	194,106	269,705	-2,873
Family Teams	15,944,145	13,316,703	15,007,752	-936,393
The Orchard	1,259,336	1,136,450	1,259,336	0
Youth Action Services	1,615,023	1,090,471	1,441,636	-173,387
Primary Mental Health Workers	515,224	459,196	472,975	-42,249
Payments to Voluntary Organisations	120,761	58,794	120,761	0
Total	**23,844,171**	**19,714,493**	**22,507,249**	**-1,336,922**
Commissioned Children's Services income from NHSH	**-8,658,846**	**-6,500,947**	**-8,658,846**	**0**

12 Implications

12.1 There are no resource, legal, equalities, climate change/carbon clever, risk, Gaelic or rural implications from this report.

13. Recommendation

13.1 Members are asked to note and comment on the issues raised in this report. Members are asked to note that the format of this report remains under review.

Designation: Director of Care and Learning

Date: 11 May 2015

Author: Sheena MacLeod, Head of Health

FHC4	2010/11	2011/12	2012/13	2013/14	2014/15									target
					April	May	June	July	Aug	Sept	Oct	Nov	Dec	
Healthy														
4. Children and young people experience healthy growth and development														
% of children reaching their developmental milestones at their 27 – 30 month review will increase														EYC Stretch aim – 85% of all children reach all of their developmental milestones at time of review by December 2016 (National aim)
Improve the uptake of 27-30 month surveillance contact from the baseline of 52% to 95% by March 2016				65.4%			73.4%			76.9 %				ISD data – North Highland audit about missing records in the process of being agreed with DoPH 95%
95% uptake of 6-8 week Child Health Surveillance contact							84.7%			82.4%				Note that the Health Surveillance contact has two elements (Health Visitor & GP) – measure used is the number of forms returned by GP. Manual audit suggests HV contact is close to 100%. 95%
Uptake of 6-8 week Child Health Surveillance contact shows no variation due to affluence							1: 0.994							Expressed as a ratio 95%
Uptake of 6-8 week Child Health Surveillance contact shows no variation due to LAC status														95%
Achieve 36% of new born babies exclusively breastfed at 6-8 week review March-17 (annual cumulative)	30.8%	30.9%	32.4%	31.2%										Data pathway and data quality being reviewed by Director of Public Health 36%
Reduce % gap between most & least affluent areas for children exclusively breastfed at 6-8 weeks														36%
Maintain 95% Allocation of Health Plan indicator at 6-8 week from birth (annual cumulative)			97.3%											95%
Maintain the 95% uptake of primary immunisations by 12 months				95.6%										Multiple vaccines included in this target - Annual analysis - 95%
Maintain 95% uptake rate of MMR1 (% of 5 year olds)		97.3%	94.6%	96.9%			96.9%			96%				ISD data - 95%

FHC4	2010/11	2011/12	2012/13	2013/14	2014/15									target
					April	May	June	July	Aug	Sept	Oct	Nov	Dec	
Sustain the completion rate of P1 Child health assessment to 95%	92.7%	91.1%	93.1%											95%
90% CAMHS referrals are seen within 18 weeks by December 2014			80.0%								83.0%	91.0%	90.0%	90%
90% CAMHS LAC referrals are seen within 18 weeks by December 2014														90%
% of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%		23.3%	70.0%	66.7%	75.0%	91.7%	75.0%	100.0%	69.2%	64.3%				95%
% of initial LAC health assessments included in Childs Plans within 6 weeks will increase to 95%		73.3%	60.0%	66.7%	41.7%	91.7%	75.0%	55.6%	61.5%	57.1%				95%
Waiting times for AHP services to be within 18 weeks from referral to treatment by December 2014														95%
95% of children will have their P1 Body Mass index measured every year		91.1%	93.1%											95%
Increase the number of S2 young women who receive HPV immunisation to 90% by March 2017			86.4%											90%
% of S2 young woman receiving HPV immunisation shows no variation due to affluence														90%
% of S2 young woman receiving HPV immunisation shows no variation due to LAC status														90%

[i] MacDonald, W., Bradley, S., Bower, P., Kramer, T.,Sibbald, B., Garralder, E. and Harrington, R. (2004). 'Primary mental health workers in child and adolescent mental health services' *Journal of Advanced Nursing*, 46, 1, 78–87.