The Highland Council

Agenda Item	25.
Report No	ECAS 71/15

Education, Children and Adult Services Committee
27 August 2015

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. The content of each assurance report is agreed in advance with the Child Health Commissioner.

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 Priorities, Targets and Standards

2.1 Allied Health Professionals – 18 week Referral to Treatment Time

2.1.1 Work continues with NHS Highland to enable regular reports from the systems used to record the work of Allied Health Professionals. Plans are in place for physiotherapy and occupational therapy to "test" the validity of the data from system reports and identify any further actions prior to setting up regular reporting. However, it is unlikely that we will be able to report the percentage compliance figure in the short term. Services continue to self report the longest indicative waiting times (end June 2015):

- Occupational Therapy: 35 weeks
- Physiotherapy: 14 weeks
- Speech and Language Therapy: 38 weeks (children) and 5 weeks (adults)
- Dietetics: 14 weeks

2.2 27-30 Month Child Health Review

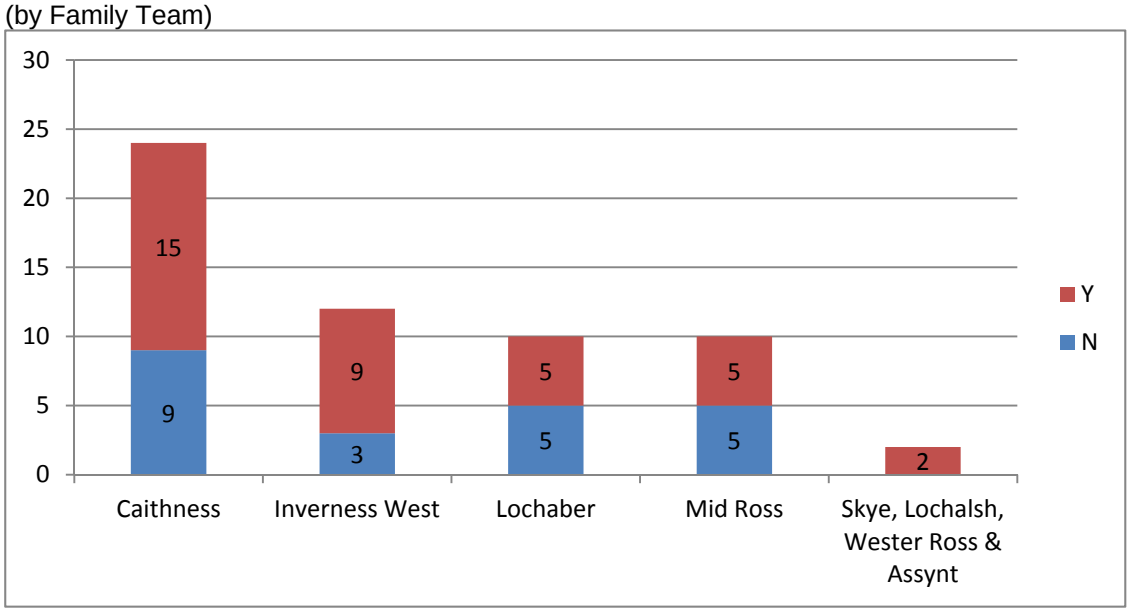
2.2.1 Currently there is a performance management target for 95% of Highland children to have a 27-30 month review by March 2016. This review is part of the preschool national Child Surveillance Screening Programme (CHSP). The target has not yet been achieved and in order to better understand why this is, an audit of health visitor records is being undertaken for the cohort of 411 children born in August and September 2012

2.2.2 The audit is currently underway, and is expected to be completed by the end of August. Records have been reviewed in 5 of the 9 Family Teams, which represents 251 children from the 411 audit cohort.

2.2.3 It was initially reported that 65 children in this sub-set had not received their 27-30

month review. Having audited the 65 records, it is now confirmed that 40 of them have had a review, which would make the uptake rate 90%. It should be noted that 22 of the 40 who have had their review, received it after the 32 month cut off period for the review being counted in statistics.

Table: Audit of 65 children identified as not having had a 27-30 month review by 32 months (by Family Team)



2.2.4 Reasons for the review not being undertaken were also examined. The most common reason for children not receiving the review, was that families did not attend despite being offered a minimum of 2 appointments (n=11). Other reasons included: families having left the area or living temporarily abroad (n=4); and families declining the review (n=4). Only 1 family did not receive an invitation.

2.2.5 Although the audit is still to be completed, these findings confirm that the actual uptake rate is higher than the reported rate. There is further work required to better understand:

a) Why some parents don't engage with this review
b) Why so many reviews are not being captured on the CHSP system
c) Why so many reviews are being undertaken after 32 months

2.3 Primary School Flu Vaccination Programme

2.3.1 Planning is underway for the schools based flu vaccination programme in the next session. Again this year, the vaccine will be offered to 17,000 pupils with the programme being run over a 9 week period from the end of October. This continues to place a strain on the school nursing service together with all the other secondary school based vaccines.

2.3.2 Particular challenges with this programme relate to the administration functions required to be undertaken in relation to collating all the consent forms, together with follow-up conversations with parents to clarify issues. Last year the initial collation was agreed to be undertaken by the Child Health Department. However, this did not happen and had to be picked up by the school nursing teams. This will continue to create an administrative pressure on the family teams Other issues relate to the transporting of vaccine in cold chain compliant containers the size of which can be difficult to fit into a small car.

2.3.3 The largest challenge is the capacity of school nurses to undertake other universal and additional work with school children during this period, so it will be vital that all partners (education, GPs and other health colleagues) are aware of constraints on the service due to these competing demands.

2.4 **Public Health Nursing Services – Future Focus CEL (2013) 13 Health Visiting review implementation**

2.4.1 The Scottish Government intention to increase health visitor numbers across Scotland continues, and additional funding has been agreed over the next three years. (21.25wte health visitor posts across NHS Highland).

2.4.2 A Highland Implementation Steering Group has been convened, chaired by the Deputy Board Nurse Director. It is envisaged that Highland Council will have 7 Health Visitor students complete their training by the end of this year, with another 10 students starting the course in January 2016. Workforce planning activity continues to determine the recommended wte Health Visitors required in each team and the workforce turnover rate, and it is expected that the additional funding will enable all teams to begin to roll out the new universal pathway during 2016.

2.5 **School nursing review**

2.5.1 The recommendations from the national review are that the role of the specialist School Nurse (band 6) is focussed on working with specific groups of children and young people with agreed pathways for care. This is currently being piloted in 3 Health Board areas and not expected to report until the end of this year.

2.5.2 The revised role is so radically different from the current School Nurse role, that all school nursing courses have been stopped until the review is evaluated. This makes recruitment and cover of caseloads difficult throughout Scotland. There is also a recommendation that there will be a separate wider workforce of band 5 staff nurses, and other staff to undertake the universal work with school aged children and young people, including the increasing vaccination programme. This will require an increase in our current school health workforce and additional resources will be required if these recommendations are agreed.

3 Action Plans for Unmet Targets - Updates

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

3.1.1 See separate paper and presentation from NHS Highland.

3.2 **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.**

3.2.1 The Highland model for health assessments and interventions for all LAC (living at home or away) is implemented within universal services and supported by a designated lead for LAC. This approach is unique within Scotland and responds to the poorer health outcomes within the LAC at home population and the recommendations within CEL16 (2009).

3.2.2 The performance target is unlikely to be achieved for a number of reasons, a) late notification of LAC by social work colleagues, health visitor and school nursing

staff shortages and an increasing workload across Highland, particularly in the inner Moray Firth area.

3.2.3 The LAC improvement group are looking at options to improve the service, whilst recognising that there are real challenges with Health Visitor and School Nursing capacity. Currently they are scoping out the requirements to develop a specialist LAC service focusing on the over 5's. Once this is scoped and agreed consideration will be given to reallocating resource and assessing if this makes any improvement to achieving the target, but more importantly improving the health of LAC.

4 Ongoing Reviews

4.1 Role of the Child Protection Advisor (Health) -

4.1.1 The work of the review team is nearing completion and the final report is expected in September 2015.

5. Forward Look

5.1 Preparation for Children and Young People's (Scotland) Bill 2014

5.1.1 Draft Statutory Guidance continues to be developed and is now expected to be available in late 2014. Services in Highland are generally well placed to deliver the new requirements, albeit there may be funding challenges associated with some of the proposals.

5.2 Secondary Schools Vaccination Programme

5.2.1 As set out above (Flu vaccine & school nursing) there are considerable pressures on the school nursing work force. In addition, there is an expectation in 2016 that the meningitis C vaccine is replaced with the meningitis ACWY vaccine to increase immunity to the 'W' strain of meningitis, whose incidence is increasing in some parts of England. As with all new or replacement vaccines, there is to be a catch-up phase where young people in school who have missed this new vaccine when they were in S3 will be offered it - i.e. all S4,S5 & S6's in this coming session. This will add to the numbers of vaccines offered by school nurses.

5.2.2 The total number of vaccines offered to Highland Council school children in 2012/13 was 6150. In this coming session 2015/16, the number will have risen to 31,250. This will have an impact on the school nursing workload, on schools and will affect how they prioritise this type of work. There will also be a financial pressure on the Family Teams, with additional staff being required to support the vaccination programme. This will be discussed at the Resources and Commissioning Group, chaired by the Director of Public Health

5.2.3 There are discussions taking place nationally about the feasibility of the current model of delivering the vaccination programme, and Health Boards across Scotland are starting to look at alternative delivery mechanisms. It is expected that NHS Highland and Highland Council will also require to consider alternatives if this level of vaccination is to continue.

6. Finance Report

6.1 Since children's services have been fully integrated within the Highland Council, budgets have been similarly integrated, and it is very difficult to attribute spend on integrated children's services against funding from either core council funds or funding received from NHS Highland. An analysis is taking place to endeavour to set out the position, and to identify spend on "child health" items which the council would not likely to have incurred prior to integration.

6.2 The 2014-15 child health budget included £8.659m of funding received from NHS Highland, along with £0.911m of Council funding which comes predominantly form preventative spend monies. For 2014-15, the identified expenditure on child health services of £8.701m exceeds the contribution from NHS Highland, against an overall budget of £9.570m.

June 2015 Integrated Health Monitoring Statement

Activity	Budget	Actual to Date	Projection	Variance
Allied Health Professionals	2,879,135	664,196	2,711,785	-167,350
Service Support and Management	923,808	222,527	923,808	0
Child Protection	478,969	69,248	457,134	-21,835
Health Development	369,562	15,358	369,562	0
Family Teams	16,681,101	3,689,432	16,170,877	-510,224
The Orchard	1,287,546	267,279	1,287,546	0
Youth Action Services	1,466,432	388,732	1,466,432	0
Primary Mental Health Workers	518,023	114,109	461,984	-56,039
Payments to Voluntary Organisations	181,536	89,696	181,536	0
Total	**24,786,112**	**5,520,576**	**24,030,664**	**-755,448**
Commissioned Children's Services income from NHSH	**-8,814,705**	**-59,733**	**-8,814,705**	**0**

7. Implications

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

8 Recommendation

8.1 Members are asked to consider 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: 17 August 2015

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Appendix 1

Healthy		2011/12	2012/13	2013/14	2014/15					
4. Children and young people experience healthy growth and development						April	May	June	Target/Comment	Imp Group
26	% 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). No comparable data available	Early Years
29	Improve the uptake of 27-30 month surveillance contact from the baseline of 52% to 95% by March 2016			82,5%Q4	73.0% Q1 66.1% Q2 71.4% Q3				See Assurance report. Initial North Highland audit indicates that uptake rates are higher than the reported rate	Early Years
30	95% uptake of 6-8 week Child Health Surveillance contact			85.7% Q4	81.5% Q3				Health Surveillance contact has two elements (HV & GP) – measure used is number of forms returned by GP. Manual audit suggests HV contact is close to 100%.	Early years
31	Uptake of 6-8 week Child Health Surveillance contact shows no variation due to affluence								Data Available by Sept 2015 95%	Early years
32	Uptake of 6-8 week Child Health Surveillance contact shows no variation due to LAC status								Data Available by Sept 2015 95%	Early years
33	Achieve 36% of new born babies exclusively breastfed at 6-8 week review March-17 (annual cumulative)	30.9%	32.4%	31.2%	Data will be released				See report to this meeting of the Committee	Maternal infant nutrition

					in October 2015					
34	Reduce % gap between most & least affluent areas for children exclusively breastfed at 6-8 weeks								Data Available by Sept 2015	Maternal infant nutrition
35	Maintain 95% Allocation of Health Plan indicator at 6-8 week from birth (annual cumulative)		97.3%	99.5%Q4	99.5% Q1 100% Q2 99.0% Q3				95%	Maternal infant nutrition
36	Maintain the 95% uptake of primary immunisations by 12 months			>95%	>95%				95% - Multiple vaccines included in this target - all exceed 95%	Public Health and wellbeing
37	Maintain 95% uptake rate of MMR1 (% of 5 year olds)	97.3%	94.6%	96.7%Q4	96.6% Q1 96.0% Q2 95.8% Q3 97.1% Q4				95%	Early Years
38	Sustain the completion rate of P1 Child health assessment to 95%	91.1%	93.1%	99.5% Q4	99.0% Q3				95%	Early Years
45	90% CAMHS referrals are seen within 18 weeks by December 2014		80.0%		95.3%	83%	96%	100%	90% - Target relates to PMHW service, not wider CAHMs service	Mental Health
46	% of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	23.3%	70.0%	66.7%	66.7%	66.8%			95% - No comparable data available from anywhere else in Scotland	Looked after Children
47	% of initial LAC health assessments included in Childs Plans within 6 weeks will increase to 95%	73.3%	60.0%	66.7%	33.3%	33.1%			95% - No comparable data from elsewhere in Scotland	Looked after Children

48	Waiting times for AHP services to be within 18 weeks from referral to treatment by December 2014								95% - NHS service planning currently unable to measure this. Work in progress	Additional support Needs
49	95% of children will have their P1 Body Mass index measured every year	91.1%	93.1%	90.2%	99.6%				90%	Public Health and Wellbeing
50	Increase the number of S2 young women who receive HPV immunisation to 90% by March 2017		86.4%						90%	Public Health and Wellbeing
51	% of S2 young woman receiving HPV immunisation shows no variation due to affluence								Data Available by Sept 2015	Public Health and Wellbeing
52	% of S2 young woman receiving HPV immunisation shows no variation due to LAC status								Data Available by Sept 2015	Public Health and Wellbeing