The Highland Council

Education, Children and Adult Services Committee
20 January 2016

Agenda Item	10.
Report No	ECAS 06/16

Children's Services Assurance Report

Report by Director of Care and Learning

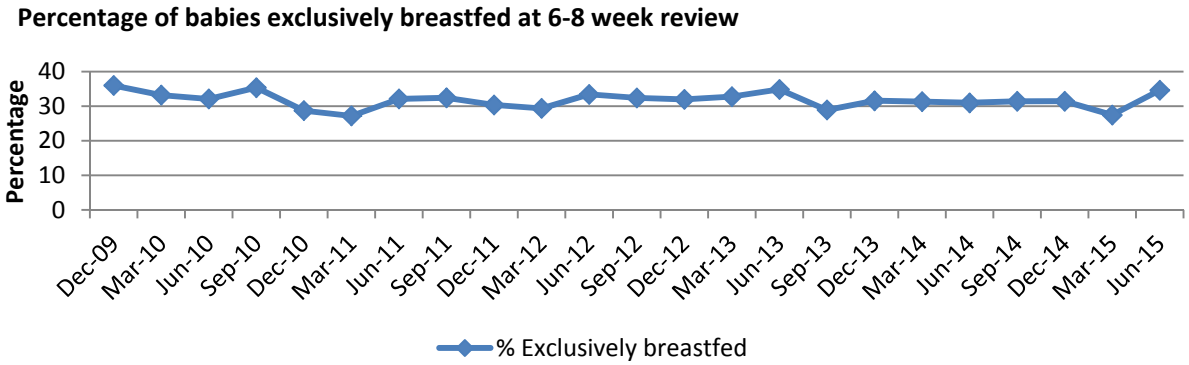
Summary

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 informed by discussion at the Highland Health and Social Care Partnership and 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. Many of these indicators are only updated on an annual basis. The trajectories for the 27/30 month review are being reviewed by the Data and Performance Management group which meets on 2nd February, and the revised agreement will be included in the next Assurance report. Similarly trajectories for uptake of breast-feeding are under review by the Director of Public Health. Improvement actions will be developed through the Early Years Improvement Group.

1.2 The latest data for babies exclusively breastfed at 6-8 weeks show an upturn in performance as shown in the following table.



2. National Priorities, Targets and Standards

2.1 Implementation of the refreshed Universal Pathway for Health Visiting

2.1.1 The NHS Highland Health Visiting Implementation Steering Group has the corporate oversight of this work, and is chaired by Pat Tyrrell, Deputy Director of Nursing and Midwifery.

2.1.2 A Highland Council HV Operational Implementation Group has been convened and is currently meeting on a monthly basis to ensure effective implementation of the Universal Pathway. It has a wide membership including third sector and patient

representation. Terms of Reference have been agreed, a work plan is being developed and an issues log has been created.

2.1.3 It has been agreed nationally that the new pathway will be introduced incrementally for babies born to women who had their antenatal booking appointment since October 2015. This will mean that the reintroduced antenatal Health Visitor contact will be commencing from the end of February and that the first babies to benefit from the pathway will be due at the end of April/beginning of May 2016.

2.1.4 The group has agreed that the work requires to focus on 3 main areas – workforce planning, processes and pathways of care, education and training.

2.1.5 Workforce planning has been agreed in line with the national caseload weighting tool and the additional Scottish government training being made available over this and the next 2 financial years - to provide an additional 13.75FTE Health Visitors and take the capacity to 62.6 posts. An additional 5.8 posts have been created in 2015/16 financial year, taking the current number of Health Visitor posts to 54.4FTE

2.1.6 Processes and pathways work is being undertaken by sub-groups and the group looking at the antenatal contact is due to report back in January.

2.1.7 The Health Visitor training programme is being delivered by the University of Stirling and the first trainees have just completed their portfolios and are awaiting accreditation and formal registration with the Nursing & Midwifery Council. A further 7 trainees are due to commence this month.

2.1.8 Nationally funded CPD is being arranged for every qualified Health Visitor in Scotland. In Highland Council, this will be run by University of Stirling over 3 days. There will be 3 cohorts of CPD running between April and May.

2.2 Health Visitor vacancies

2.2.1 Recruitment to vacancies has been ongoing over the past year. Three Health Visitor trainees who qualified in September 2015 are now in substantive posts. A further three are due to qualify in January 2016. In addition we have been successful in attracting one qualified Health Visitor from out of the area.

2.2.2 Recruitment to Health Visitor trainee posts for the 2016 & 2017 cohorts has also been successful. This has meant that actual vacancies (on 2015/16 staffing levels) are 3FTE posts. Further recruitment will take place to meet the planned increase in posts to meet the caseload weighting tool requirement.

TEAM	Required FTE using caseload tool (by 2018)	2015/16 expected FTE HV posts	Actual qualified HVs in post	HV posts covered by trainees	HV Vacancies on 2015/16 figures	HV Vacancies on 2018 figures
Caithness	8	5.8	3.8	2	0	2.2
Sutherland	2.7	2.7	1.7	1	0	0
East Ross	7.6	6	5.8	0	0.2	1.8
Mid Ross	5.4	5.4	4.6	0	0.8	0.8
Skye, Assynt, Lochalsh, WR	4.6	4.2	4.2	0	0	0.4
Lochaber	5.5	5	5	0	0	0.5
Inverness West	9.5	8.4	5.4	2	1	2.1

Inverness Central, B & S	10.8	10.4	6.4	3	1	1.4
Inverness East & Nairn	8.5	8.5	5.5	3	0	0
Totals	**62.6**	**56.4**	**42.4**	**11**	**3**	**9.2**

2.3 **School Nursing Review**

2.3.1 The school nursing review is still at the testing phase in 2 Scottish sites. The lack of a current school nursing course is creating governance issues for many Health Boards. This currently sits as a risk in the Governance and Risk Management Register for the integrated children's service, and is being mitigated by providing supervision and support to nurses who are working in schools but who have not got the additional qualification. An SBAR report is being written to inform this risk.

3. **Ongoing Reviews**

3.1 **Role of the Child Protection Advisor (Health)**

3.1.1 The Child Protection Advisor (CPA) role is a nationally recognised specialist nursing/midwifery role for the NHS in Scotland. In North Highland this is a commissioned service delivered on behalf of NHS Highland within the Care and Learning Service.

3.1.2 A review group was established with a broad remit of reviewing the role of the CPA's to take account of the development of the family teams, the commissioning viewpoint of NHS Highland, their interagency role and the role of the newly established Practice Leads. The review group included the Child Health Commissioner.

3.1.3 The work of the review group is now completed and the report has been agreed by the Service Directorate. The Job Descriptions for the Principal CPA and for the CPAs are being refreshed by the Principal Officer (Nursing) and the Head of Health to ensure consistency with the outcome of the review group.

4 Governance / Risk Management Issues

4.1 As previously reported, there is a governance / risk management group within the Highland Council, specifically reviewing risks around the integrated health elements of the service. Membership of the group includes NHS representation, staff side representation, Children's Services Managers and health professional leads.

4.2 An updated process of exception reporting is envisaged as part of the new governance arrangements from April 2016, including the format of this report.

5 Forward Look

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

5.1.1 The final draft Statutory Guidance for the Act has been published. The current governance review between NHS Highland and Highland Council will need to reflect the formal arrangements around the provision of the Named Person service for children under the age of 5 years.

6 Revenue

6.1 The funding for Child Health from NHS Highland is £8.8m. As previously indicated, Highland Council has committed additional funding to child health services. The November monitoring statement is attached as **Appendix 2.**

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 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: Bill Alexander, Director of Care and Learning

Date: 8 January 2016

Author: Sandra Campbell, Head of Children's Services

Appendix 1

FHC4		2011/12	2012/13	2013/14	2014/15	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Target / comment	Imp Group
Healthy																
4. Children and young people experience healthy growth and development																
26	% of children reaching their developmental milestones at their 27 – 30 month health review will increase				75.1%			78%			78.7%				EYC Stretch aim – 85% by December 2016	Early Years
27	% of children will achieve their key developmental milestones by time they enter school will increase			85%	87%										Target - 85% Reported annually	Additional support Needs
30	Improve the uptake of 27-30 month surveillance contact from the baseline of 52% to 95% by March 2016			82.5%	78.9%			110.9 %			83.1%				ISD data for 2014/15 is 81.9%	Early Years
31	95% uptake of 6-8 week Child Health Surveillance contact			85.1%	81.7%			79%							Target - 95%	Early years
32	6-8 week Child Health Surveillance contact showing no difference in uptake between the general population and those in areas of deprivation			2.9% variation	5.4% variation										No variance Reported annually	Early years
34	Achieve 36% of new born babies exclusively breastfed at 6-8 week review March-17	30.9%	32.4%	31.2%	30.3%			34.6%							Revised performance measure & trajectory to be agreed	Maternal infant nutrition

Appendix 1

35	Reduce % gap between most & least affluent areas for children exclusively breastfed at 6-8 weeks			14.8% compared to 40.5%	15.8% compared to 36.2%										Reduction – reported annually by NHSH	Maternal infant nutrition
36	Maintain 95% Allocation of Health Plan indicator at 6-8 week from birth (annual cumulative)		97.3%	99.5%	99.7%	99.5%		99.8%							Target - 95%	Maternal infant nutrition
37	Maintain 95% uptake rate of MMR1 (% of 5 year olds)	97.3%	94.6%	96.7% Q4	96.2%	97.1%		96.1%							Target - 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										Target - 95% Reported annually	Early Years
39	95 % of children with significant ASN will have their learning planned for through a child's plan	44.0%	65.0%	70.0%	94%						97%				Target - 95%	Additional support Needs
40	The number of 2 year olds registered at 24 months with a dentist will increase year on year			76.8%	73.9%	72%		67.4%			76%				Increase from 76.8% baseline	Public Health and Wellbeing
41	The number of 2 years olds who have seen a dentist in the preceding 12 months will increase			67.3%	64.4%	63.9%									Increase from 67% baseline	Public Health and Wellbeing
42	The percentage of 5 year olds will have no obvious dental decay will increase to 80%			70.1%	70.1%										Target - 80%	Public Health and Wellbeing
45	90% CAMHS referrals are seen within 18 weeks (Primary Mental Health Workers)		80.0%		95.3%	92.9%	90%	100%	98%	82%	82%	100%	92%		Target - 90%	Mental Health

Appendix 1

46	% of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	23.3%	70.0%	66.7%	66.7%			66.7%			67.6%				Target - 95% Amber status represents improvement post integration.	Looked after Children
47	95% of health assessments for LAC who are accommodated are available for the initial child's plan meeting at six weeks							68.2 %			82.4%				Looking for improvement from the 68.2% baseline.	Looked after Children
48	Waiting times for AHP services to be within 18 weeks from referral to treatment										78%			85%	Target - 95%	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%										Target - 90% Reported annually	Public Health and Wellbeing
53	Number of staff trained to deliver approved input on sexual health, relationships and parenting increases			16	45										Target - 25 Reported annually	Public Health and Wellbeing
5. Children and young people make well-informed choices about healthy and safe lifestyles																
54	The number of hits on pages relating to children and young people on the Substance Misuse Website increases				422										Improve from 422 baseline	Health and Wellbeing
58	Self reported incidence of smoking will decrease (P7)	1.0%		0.5%			1.0%								Target - 0% Data from 2015 Lifestyle Survey	Public Health and Wellbeing

Appendix 1

59	Self reported incidence of smoking will decrease (S2)	8.00%		5.50%			3.0%								Target - 5% Data from 2015 Lifestyle Survey	Public Health and Wellbeing
60	Self reported incidence of smoking will decrease (S4)	20.0%		12.0%			10.0%								Target - 11% Data from 2015 Lifestyle Survey	Public Health and Wellbeing

Appendix 2

November 2015 Integrated Health Monitoring Statement

Activity	Budget	Actual to Date	Projection	Variance
Allied Health Professionals	2,925,530	1,823,731	2,704,556	-220,974
Service Support and Management	992,826	629,379	969,373	-23,453
Child Protection	479,534	232,420	430,943	-48,591
Health Development	342,810	173,360	332,890	-9,920
Family Teams	16,419,713	9,979,718	15,596,866	-822,847
The Orchard	1,292,211	760,742	1,292,211	0
Youth Action Services	1,471,386	893,922	1,318,487	-152,899
Primary Mental Health Workers	521,427	313,228	466,436	-54,991
Payments to Voluntary Organisations	1,239,013	1,067,387	1,239,013	0
Total	**25,684,450**	**15,873,887**	**24,350,775**	**-1,333,675**
Commissioned Children's Services income from NHSH	**-8,814,705**	**-4,407,352**	**-8,814,705**	**0**