Agenda Item	9.
Report No	ECAS 34/16

The Highland Council

Education, Children and Adult Services Committee
18 May 2016

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 informed by the Highland Health and Social Care Committee and discussion with the Child Health Commissioner.

1 Strategic Plan

1.1 NHS Highland and Highland Council have agreed a Joint Strategic Plan for integrated functions and budgets. A new reporting framework is being recommended by the Joint Monitoring Committee, following the review of governance arrangements, and this assurance report reflects the proposed new format.

1.2 In relation to Children's Services, the Joint Strategic Plan is informed by the Children and Young People in NHS Highland Health Needs Assessment, the Highland Integrated Children and Young People's Service Plan (*For Highland's Children 4*) and the Care and Learning Services Commissioning Strategy.

1.3 *For Highland's Children 4 (FHC4)* identifies outcomes for children and their families and improvement priorities for the next five years (2014 – 2017).

1.4 The Child Health Commissioner for NHS Highland has produced a draft document setting out revised Improvement and Performance Assurance actions for 2016/17-2017/18. Further discussions will now take place to agree and incorporate actions and revised performance measures into FHC4, to reflect the assurance requirements.

1.5 The Highland Council is considering a small adjustment to the timing of the Education, Children and Adult Services Committee, in order to support and align assurance reporting. However, there is not a comprehensive suite of updated data available from NHS Highland for this report.

2. Positive progress and transformation

2.1 The establishment of the post of Senior Manager for Health and Health Improvement has been approved, to sit within Highland Council, but with robust links to NHS Highland. This post will support and lead partnership working around the improvement agenda and the interface between Highland Council and NHS

Highland. The revised Job Description is being finalised, and will be submitted for grading through the Agenda for Change process.

2.2 There was recruitment to the newly established post of Senior Manager Early Years, with the successful applicant taking up post on 1 May. This complements the new structure around Early Years, which provides a holistic view of Early Years, supports area-based planning and promotes earlier intervention.

2.3 Reflecting the importance of improvement work in the Early Years, Elaine Mead (Chief Executive of NHS Highland) recently visited Crown and Hilton Primary Schools and commented very positively on the quality of the early literacy work which she observed. Over the past three years, Early Years Practitioners and Partner Centre colleagues have been working with Allied Health Professionals to build on the staged approach to assessing and identifying needs in early years. This has resulted in the creation of the developmental overview for 3 and 4 years olds in nurseries and partner centres. During her visit to the schools, Ms Mead learned how both schools have used the Developmental Continua, taking a developmental approach to emerging literacy (more details at https://highlandliteracy.com/)

2.4 Partnership planning around transition for young people remains a key issue and this has led to a proposal to scope a service dedicated to young people between the ages of 14 and 25 years, with a Project Manager has been put in place to lead this activity.

2.5 The implementation of the Children and Young People (Scotland) Act 2014 presents both challenges and opportunities for partnership working. Highland continues to contribute our experience through a number of strategic working groups, and we can now report that clarification has been provided on the role of trainee Health Visitors, as it has been determined that there is local discretion about when they can be considered competed to act as Named Persons. This issue has been remitted to the Health Visitor Pathway Implementation Group, and there is a separate report regarding that pathway at this meeting of the Committee.

2.6 The Professional Assurance Framework was submitted to the Executive Board Nurse Director in January 2015. A review will be undertaken once the newly appointed Principal Officer (AHPs) is in post.

2.7 The Clinical Governance Framework was approved at the NHS Highland Clinical Governance Committee on 19 April 2016. The Framework, together with the reconvened Highland Clinical Governance Group, provides assurance to NHS Highland of Highland Council's governance systems for ensuring the safety and quality of health care provision.

3. Areas for Development

3.1 In relation to the Named Person Service, the Health Board is legally responsible for this for children aged under 5 years, and as Highland Council provides this on behalf of NHS Highland through the Lead Agency model, there will need to be an amendment to the Integration Scheme to formally take account of this. Similarly, as

a new complaint process will be introduced to deal with complaints about Parts 4 and 5 of the Act (dealing with the Named Person service and Child's Plans), there will need to be agreement about how any complaints are managed. Preliminary discussions have been initiated in this respect.

3.2 NHS Highland is seeking a report on the use of health improvement monies from the point of integration. This is in progress and should be available for the next Assurance report. With the deletion of the post of Health Improvement Policy Manager, ongoing responsibilities for health improvement have been reviewed and confirmed. The new post of Senior Manager for Health and Health Improvement will line manage the Health Development Officer and will chair the Health, Wellbeing and Public Health Improvement Group.

4. Risks

4.1 The risk register for commissioned child health services is overseen by the Highland Council Clinical Governance Group which reports to the NHS Highland Clinical Governance Committee.

4.2 Following the review of the role of the Child Protection Advisers, the Job Description for the Lead CPA was reviewed and revised, and subsequently submitted for grading. There is a risk due to the time that this has taken, in that the post remains vacant, although there are interim arrangements in place. This issue has been escalated to senior managers in NHS Highland.

4.3 NHS Highland is seeking assurance that health staff within Highland Council are being adequately supervised. It is proposed that an audit be undertaken regarding the current supervision process. The full scope and methodology of the audit is still to be agreed with the Child Health Commissioner.

4.4 A Highland Council School Nursing Review group has been established and is scoping current provision, but there are risks triggered by the delay in publication of the national review of school nursing, which has meant that recruitment is adversely affected as there is no national training provision. In order to manage the workload, Band 5 nurses have been appointed. An additional pressure is the expanded requirements of the national immunisation programme, for which there is no additional staffing.

4.5 Archiving of child health records continues to be a risk, as there is limited access to archiving facilities and as yet no clarity about a resolution.

5. Balanced Scorecard

5.1 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 balanced scorecard content has been agreed with the Child Health Commissioner and only reflects those measures which are directly related to the

commissioned health service.

5.2 As mentioned, there is only limited updated NHS Highland data for this report. The balanced scorecard has been updated where Highland Council data has been accessible. Some data is only available annually.

5.3 Seven indicators for 2015/16 are rated as green, including the number of 2 year-olds who have seen a dentist in the preceding 12 months where there has been improved performance.

5.4 Performance measure 30 reports on improvement in the uptake of 27-30 month surveillance contact from the baseline of 52% to a target of 95% by March 2016. Although progress has been made to improve the uptake from the baseline to the current position of 78.8%, the target of 95% has not been met. A delivery plan is currently under development and **an exception report is attached**.

5.5 Performance measure 31 concerns the uptake of 6-8 week Child Health Surveillance contact. This measure involves joint accountabilities with GP's and Health visitors. Improvement activity is being undertaken and progress will be reviewed in September 2016.

5.6 Performance measure 34 concerns the achievement of 36% of new born babies being exclusively breastfed at their 6-8 week review. A revised performance measure and trajectory has been considered by NHSH Highland, but has yet to be agreed at the Joint Monitoring Committee. Annual averaging dilutes the significant recent improvement over the last two quarters, which show the current position to be 34.9%. With the proposed revised trajectory in place this measure would be on target.

5.7 Performance measure 38 seeks to sustain the completion rate of P1 Child health assessment to 95%. The steady improvement over recent years is demonstrated with the achievement of a 99.8% completion rate in the last year.

5.8 Measure 46 relates to increasing the percentage of statutory health assessments completed within 4 weeks of a child or young person becoming Looked After to 95%. A delivery plan to improve this percentage from the current position of 62.5% is under development and will include a revised trajectory. **An exception report is attached.**

5.9 NHS Highland is also looking for assurance that the statutory health assessments required to be undertaken for all children who become looked after are completed within the 4 weeks target, and are of a standard to meet the current guidance. An audit proposal has been submitted, and with some clarification of the scope, should be completed by end June 2016.

5.10 **An updated exception report is also attached** in relation to measure 48, regarding referral to treatment time for AHPs.

6. Revenue Finance

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.

6.2 The February monitoring statement is attached as **Appendix 2.**

6.3 A new format will be available for future reports showing child health spend only. **Appendix 3,** which sets out Commissioned Children's Services to September 2015, indicates what this may include.

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, the comments to be incorporated into a report to NHS Highland as part of the revised governance arrangements.

Designation: Director of Care and Learning

Date: 05 May 2016

Author: Sandra Campbell, Head of Children's Services

Exception Report – Performance Measure 30	
Indicator : 27-30 month review uptake and data completeness	
1.	**Current Position**
1.1	No new uptake data available. Health Visitor capacity has increased.
1.2	The system to monitor the reviews not undertaken, discussed in the previous assurance report, was introduced however there have been issues with the process. From the data that was collated 3 main issues have arisen; 1) Reviews that were carried out but where the report was not returned /inputted by Child Health 2) Children who had moved into the area and received their review elsewhere and 3) By far the largest number was where families had received 2 or more appointments to attend for review but had failed to do so.
1.3	Data completeness of the 27-30 month review forms that are being returned is also now being monitored.
2.	**Action Plans to Address**
2.1	Uptake data will be available quarterly from NHS Highland. It is expected that the next cohort will reflect the increase in HV capacity at the end of 2015 when the first cohort of HV trainees completed and became caseload holders.
2.2	A revised standard operating procedure is being written to ensure timely and accurate data return. Once available each Team will be aware of the main issues that are affecting the review uptake and will be asked to produce action plans based on local need.
2.3	Awareness-raising within the Family Teams regarding the importance of completing all of the required fields on the CHSP form is currently being undertaken on the back of a national revision of these datasets. Completeness data will be available on a Family team level and this will allow individual targeting.
3.	**Expected Impact of Actions on Performance**
3.1	The increased HV capacity is expected to increase the uptake.
3.2	The revised procedures and involvement of centralised Shared Business support should allow timely and complete data regarding the reviews not undertaken. The reasons for not undertaking the review will also be available at Family Team level and will allow targeted improvement work.

3.3	Once staff are aware of the importance of completed data sets the majority of CHSP forms should be returned fully completed allowing for exceptions to be investigated.
4.	**Forecast of Return to Planned Performance (i.e. Trajectory)**
4.1	It is expected that the next quarter will show an ongoing increase in the review uptake with Team action plans targeting local need. The 95% uptake will not be achieved until a successful mechanism for engaging with parents to attend with their children for a review is developed.
4.2	It is expected that data completeness will improve over the next 2 quarters as staff training and awareness is rolled out and individuals who continue to have difficulties are identified and supported.

Exception Report – Performance Measure 46	
Indicator: The % of statutory health assessments completed within 4 weeks of a child becoming looked after will increase to 95%	
1.	**Current Position**
1.1	Initial health assessments for Looked After Children continue to be undertaken by the health partner to the Childs Plan. e.g.: school nurse, health visitor, learning disability and FNP nurses. There continues to be a number of significant challenges to achieving the performance target such as recruitment to vacant posts, competing workload priorities (i.e.: revised immunisation schedule) as well as children moving across placements and in/out of Highland.
1.2	Health assessments are undertaken using evidence based support tools and quality assured through the agreed process. This process has demonstrated a significant improvement in the quality of health assessments over the last 12 months.
1.3	Health staff continue to work in a flexible way with this group of young people who often suffer high levels of anxiety and can find it difficult to engage with services and for whom a trusted relationship is required before a meaningful assessment can take place. A number of assessments therefore are completed across a number of weeks and visits or indeed do not take place due to refusal. These fall out with the performance deadline.
1.4	The Guidance for Health Assessments of Looked After Children (2014) provides a data set to be captured to support onward improvement. An audit of the 2014-2015 data will be completed by June 2016.
2.	**Action Plans to Address**
2.1	In order to address the issues noted and improve performance the following actions will be taken • Continuing to support the high quality of assessments through ongoing training, support and supervision of staff via the role of the Lead Nurse for LAC. • There will be a continuation of the intensive learning and development support for staff nurses within family teams • There will be recruitment to vacant school nursing and health visiting posts • Learning and development for public health trainees • A review of the LAC Health service in 2015 identified the need for additional support within the LAC health assessment to support the health assessment process.
3.	**Expected Impact of Actions on Performance**

3.1	Continued improvement in the quality of health assessment for Looked After Children.
3.2	Increased confidence and competence of newly qualified health staff.
3.3	An increase in the available support for staff across Family Teams in respect of health and Looked After Children
3.4	Enriched data which is more attuned to legal requirements, guidance and providing a benchmark for Improvement
3.5	An ability to improve performance through an additional resource within the LAC Service - to engage with children and young people and undertake initial health assessments.
4.	**Forecast of Return to Planned Performance (i.e. Trajectory)**
4.1	It is anticipated that the additional resource will have the greatest impact on the trajectory. A 5% quarter increase with target date Sep 2017.

Exception Report – Performance Measure 48

Indicator : 90% AHP referral to treatment to be within 18 weeks

1. Current Position

1.1 The target of 90% of children referred to services seen within 18 weeks was introduced in the strategic document: AHPs as Agents of Change in Health and Social Care, the National Delivery Plan for Allied Health professions (AHP) in Scotland, 2012-2015 (The Scottish Government 2012). This document is updated by Ready to Act: A transformational plan for children and young people, their parents, carers and families who require support from allied health professionals, which was launched in January 2016. There will be a continued focus on access to services.

Compliance at 30/03/16:

Profession	Total Number on List	Number <18 wks	% <18 wks
Dietetics	89	87	98%
Occupational Therapy	88	67	76%
Physiotherapy	17	16	94%
Podiatry	N/A	N/A	N/A
Speech and Language Therapy	390	310	79%
Total	**584**	**480**	**82%**

1.2 Physiotherapy and Dietetics meet the target. It should be noted, however, that over the last three weeks physiotherapy has had 3fte resignations due to promotional opportunities elsewhere in Highland and they are likely to experience some temporary challenges meeting the target whilst recruitment is taken forward.

1.3 Occupational Therapy (OT) compliance reduced slightly over the last month following 2wte members of staff commencing statutory leave. Occupational Therapy figures include equipment and adaptations referrals. These are not included in the national target, only health interventions.

1.4 Analysis of the Speech and Language Therapy (SLT) data evidences that those children breaching the 18 weeks target are awaiting therapy from the Additional Support Needs SLT service and that mainstream SLT services meet the target.

2. Action Plans to Address

2.1 Telephone Consultation

2.1.1 The exception report submitted to the previous committee detailed plans to formally acknowledge that the telephone consultation approach met the ISD data definitions of a waiting times clock stop.

2.1.2	In line with National practice, the Standard Operating Procedure has been written and circulated early April across services to ensure: • The rules are consistently applied • Only those children receiving clear intervention by telephone are taken off the waiting list
2.1.3	Telephone consultation continues to be rolled out across all OT and SLT practitioners, with team leads providing support and training to ensure quality is maintained.
2.2	**Service Specific Actions:**
2.2.1	**Occupational Therapy**: Backfill for 1fte post has been recruited with the member of staff commencing in post at the beginning of April. Furthermore an increase in hours for another member of staff is being explored.
2.2.2	**Speech and Language Therapy:** there has been increasing demand placed on the service through increasing numbers of requests for assistance for children with a diagnosis of autistic spectrum disorder. Additionally, whilst the waiting times reported are for those children identified as requiring SLT intervention, a number of children receive SLT assessment working with CAMHs psychologists and paediatricians as part of the locality assessment process in order to identify if a child has ASD. This places added demands on to the SLT staff resource, and the introduction of telephone consultation will have a lesser impact on these key areas of work. In order to support consistent achievement of the target a number of actions have been identified: • Temporary additional hours • Proposed transfer of resource through restructure of an upcoming vacancy within the mainstream team to provide additional permanent increased establishment within ASN late summer 2016 • Identify opportunities for more blended skill sharing across the Mainstream/ASN team and using the model for improvement to identify potential for introducing new ways of working.
3.	**Expected Impact of Actions on Performance**
3.1	It is expected that applying the actions above will support delivery of the identified trajectory below in order to achieve compliance. One of the main challenges will be sustaining compliance through the impact of vacancies; across relatively small teams covering a wide geography. Additional actions will need to be developed around innovative approaches to recruitment and retention over the next few months.
4.	**Forecast of Return to Planned Performance (i.e. Trajectory)**
4.1	Occupational Therapy: • April target 78% • May target 83%, • June target 87%

	• Expected compliance July 2016
4.2	Speech and Language Therapy: • April target 82%, • May target 84%, • June target 85% • July target 85% • August target 85% • September target 87% • Expected compliance October 2016

Appendix 1

FHC4		12/13	13/14	14/15	15/16	Target / comment	Improvement 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%	78.8%	EYC Stretch aim – 85% by December 2016	Early Years
30	Improve the uptake of 27-30 month surveillance contact from the baseline of 52% to 95% by March 2016		82.5%	78.9%	78.8%	95% ISD data. Delivery plan being developed	Early Years
31	95% uptake of 6-8 week Child Health Surveillance contact		85.1%	81.7%	78.3%	Target - 95% Reported annually	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%	5.4%	2.1%	No variance Reported annually	Early years
34	Achieve 36% of new born babies exclusively breastfed at 6-8 week review March-17	32.4%	31.2%	30.3%	32.1%	Revised performance measure and trajectory to be agreed. Annual averaging dilutes the improvement made. Currently sitting at 34.9%. With revised trajectory in place this measure would be green	Maternal infant nutrition
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%	18.8% compared to 31.7%	Reduction – reported annually	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%	99.7%	Target - 95%	Maternal infant nutrition
37	Maintain 95% uptake rate of MMR1 (% of 5 year olds)	94.6%	96.7%	96.2%	96.3%	Target - 95%	Early Years
38	Sustain the completion rate of P1 Child health assessment to 95%	93.1%	99.5% Q4	99.0% Q3	99.8%	Target - 95% Reported annually	Early Years
40	The number of 2 year olds registered at 24 months with a dentist will increase year on year		76.8%	73.9%	72.7	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%	78.8%	Increase from 67% baseline	Public Health and Wellbeing
45	90% CAMHS referrals are seen within 18 weeks	80.0%		95.3%	91%	Target - 90%	Mental Health
46	% of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	70.0%	66.7%	66.7%	62.5%	Target - 95% Delivery plan being developed	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				68.8%	Improvement from the 66.7% baseline.	Looked after Children
48	Waiting times for AHP services to be within 18 weeks from referral to treatment				85%	Target - 95%	Additional support Needs
49	95% of children will have their P1 Body Mass index measured every year	93.1%	90.2%	99.6%	Data available in October 2016	Target - 90% Reported annually	Public Health and Wellbeing

Appendix 2

February 2016 Integrated Child Health Monitoring Statement				
Activity	**Budget**	**Actual to Date**	**Projection**	**Variance**
Allied Health Professionals	2,925,927	2,545,124	2,775,422	-150,505
Service Support and Management	890,536	788,240	871,297	-19,239
Child Protection	479,534	339,853	404,906	-74,628
Health Development	342,810	273,249	327,390	-15,420
Family Teams	16,807,053	13,902,386	15,703,528	-1,103,525
The Orchard	1,292,211	1,079,416	1,292,211	0
Youth Action Services	1,471,117	1,124,590	1,185,110	-286,007
Primary Mental Health Workers	521,388	431,058	472,718	-48,670
Payments to Voluntary Organisations	1,240,678	1,219,192	1,240,678	0
Total	**25,971,254**	**21,703,107**	**24,273,260**	**-1,697,994**
Commissioned Children's Services income from NHSH	**-8,944,593**	**-6,716,441**	**-8,944,593**	**0**

Appendix 3 - Commissioned Children's Services 15/16 - to September 2015

Staff Group	Staff-budgeted FTE	Annual Budget Total £000's	Actual YTD Total £000's	Projected Spend Total £000's	Outturn Total £000's
Nursing Management	2.00	133,819	66,278	133,164	-655
Family Teams staffing					
Practice Lead - Early Years	10.80	550,694			
Practice Lead - Disability	1.00	48,938			
CPT	1.30	72,611			
Health Visiting	52.59	2,331,491			
Disability Nurses	3.62	153,205			
Staff Nurse	7.03	263,622			
Nursery Nurse	2.11	63,929			
School Nursing	19.31	847,566			
Savings		-274,846			
Total- Family Teams costs		4,057,210	1,869,597	3,683,374	-373,836
YAT nurses	2.00	94,126	2,824	49,824	-44,302
Continence Products - contract		43,200	25,059	43,200	0
Cradle to Grave	2.00	85,757	23,633	56,496	-29,261
LAC Respite - The Orchard	9.35	433,808	433,808	433,808	0
Health Improvement - Early Years	2.00	146,714	57,125	146,714	0
Health Improvement Schools - immunisation	0.50	58,011	18,905	58,011	0
Health Improvement	2.00	104,837	37,414	104,837	0
Child Protection Advisors	6.80	362,290	150,964	313,699	-48,591
Allied Health Professionals					
Speech and Language Therapists	36.69	1,721,420	717,413	1,444,579	-276,841
Occupational Therapists	12.29	506,287	248,024	498,253	-8,034
Physiotherapists	7.78	321,918	164,051	319,857	-2,061
Dietetics	5.13	233,092	109,248	218,556	-14,536
Savings		-92,138	0	0	92,138
AHP management team	1.00	127,830	52,186	123,160	-4,670
Nutricia		50,000	0	83,159	33,159
Before Words		32,768	4,092	4,092	-28,676
Total- AHPs		2,901,177	1,295,013	2,691,656	-209,521
Primary Mental Health workers	11.20	521,575	232,690	478,125	-43,450
Early Years Collaborative		2,000	0	2,000	0
Family Nurse Partnership		297,916	105,625	297,916	0
Sub Total		**9,242,440**	**4,318,935**	**8,492,824**	**-749,616**
Business Support and IT costs		587,739	258,475	553,213	-34,526
Payments to Voluntary Organisations		122,103	61,052	122,103	0
Property (including The Pines)		113,875	118,476	130,631	16,756
Training		10,000	325	7,000	-3,000
Sub Total		**833,717**	**438,327**	**812,947**	**-20,770**
Total		**10,076,157**	**4,757,262**	**9,305,771**	**-770,386**

Funded by:	
NHS Highland	8,814,705
Highland Council	1,094,036
Scottish Government (Family Nurse Partnership funding)	167,416
	10,076,157