The Highland Council

Education, Children and Adult Services Committee
26 January 2017

Agenda Item	8.
Report No	ECAS 04/17

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

1 Positive progress and transformation

1.1 Audit of Child Protection supervision

1.1.1 The survey covered all health staff employed in Highland Council and had a return rate of 65%. The results will be considered by the NHS Child Protection Governance Group who will agree recommendations. An update will be provided in the next Assurance Report.

1..2 Allied Health Professionals

1.2.1 The Service has recruited to a number of posts in Speech and Language Therapy recently and some other therapy and support worker posts are likely to be filled in the next few weeks. One physiotherapist has taken up a vacant position and we may recruit to support worker posts. Two part time AHP administration posts have been filled, in Lochaber and Inverness, which will allow qualified staff to spend more time on therapy and work on prevention and early intervention.

1.2.2 The Children and Young People AHP plan, which links to national and local NHS Highland and Highland Council strategies, is now complete and allows staff to be clear on priority work and adhere to agreed timescales for this. Use of the Caseload management tool has aided clearer thinking around need, benefit and has increased numbers of discharges. Parents' and children and young people's views and wishes are beginning to be given most weight and importance in therapy plans. A survey of parents' and children and young people's views by email, changes to paperwork, discussion with teams, and planned supervision is supporting this.

1.2.3 The preventative and early intervention work, in partnership with early years and education staff in particular, appears to be beginning to show a decrease in need for direct therapy for some groups of children and young people, particularly those seen for speech and language difficulties. This will be quantified once administrative support is in place.

1.2.4 Dietetics has transformed the way they work with some children and young people in order to provide support in groups, which has been well received by parents. It is hoped that the RPIW (improvement workshop) in February, which is looking at neurodevelopmental difficulties, will allow development of clear pathways and

processes, and alleviate some of the pressure on Speech and Language services in particular.

2. Areas for development

2.1 Guardianship assessments and capacity

2.1.1 As previously reported, there is currently no pathway or process to identify and assess children and young people with a learning disability across services in the health and social care partnership. This is leading to pressures at the point of transition to adulthood where legal measures over guardianship and capacity may be required. The Child Health Commissioner is leading a working group to address this with the objectives clarifying roles and responsibilities across agencies and professions, process-mapping and development of a pathway. There is no specific timescale for completion given that this is a complex piece of work.

2.2 Health of Looked After Children

2.2.1 Completion of LAC health assessments within the 4 week timescale continued to be a challenge in the July – September quarter. This was as a result of young people being placed directly out of region, a number of young people refusing health assessments and lack of capacity within the school nursing service during to the summer holiday period. Since then, in November 2016, there has been the appointment to the Nurse Specialist for LAC post with a specific responsibility for undertaking all initial health assessments for school age children. It is anticipated that it will have a positive impact on performance over the incoming months and thereafter. The LAC Health Group have identified out of region health assessments as a priority for improvement and have in place a review of the process to ensure the health assessment process is not delayed when children are placed out with Highland region and that health needs do not go unidentified or unmet. The group continue to drive forward a number of improvement priorities for the health of Looked After Children including mental health, health promotion, prevention and protection as well as wider system and process reviews.

3. Risks

3.1 No new risks have been identified.

3.1.1 Recruitment and staffing issues are an ongoing risk in all Allied Health Professional services. The recruitment process can be lengthy and there are often delays before posts can be filled. It can also be difficult to attract suitable candidates to apply.

3.1.2 There will be significant pressures on Speech and Language Therapy in particular over the coming year with known maternity leave, a recent resignation and one of the lead Speech and Language Therapists retiring this summer. The leadership structure may need to be redesigned as there has been difficulty in recruiting to Speech and Language Therapy lead posts.

3.1.3 The children and young people who are returning to Highland from outwith the area and the numbers of children and young people with significant health needs are increasing workload for all AHP teams. Increasing numbers of requests for service continues to add pressure. This is particularly evident around the children and young people who may need an assessment for Autistic Spectrum Disorder. We are also likely to have to provide a new service for regular assessment of upper limb

difficulties in children and young people who have Cerebral Palsy.

4. Balanced Scorecard

4.1. The balanced scorecard is attached at **Appendix 1** and is an extract from the performance framework, containing only those measures which are related to the commissioned health service.

4.2 **Appendix 2** is an exception report on Performance measure 30, the 27-30 month surveillance, where performance has dipped slightly but remains amber. It should be noted that performance can be impacted by staffing levels and there are currently two Health Visitor vacancies, with four posts to be added to the establishment in the next financial year, to raise establishment levels to the recommended level.

4.3 National data is available on HPV immunisation uptake and reports on uptake to the end of S3 in 2015-16. There should be some comfort that this cohort of girls have a final uptake over 80% in S3 (this group were offered vaccination in S1 and the S3 in Highland). Nationally uptake for this cohort was 86.5%.

4.4 Additional information on Allied Health Professional services is contained in the table below. The figures shown are for December, with the October figures in brackets.

Profession	**Total No. on List**	**Number <18 wks**	**% <18 wks**
Dietetics	105 (93)	97 (82)	92% (88%)
Occupational Therapy	46 (38)	39 (33)	85% (87%)
Physiotherapy	22 (28)	17 (25)	77% (89%)
Speech and Language Therapy	302 (206)	229 (132)	76% (64%)
Total	(365)	(272)	80% (75%)

4.5 Dietetics has resolved the issues with inputting waiting times and is within target. Staffing is presently stable.

4.6 Occupational therapy still has two staff on maternity/adoption leave. We have been unable to recruit in Lochaber. Cover for this is provided from Inverness with one OT doing extra hours at present.

4.7 Physiotherapy has recruited to the vacancy in Lochaber, but did not have suitable applicants for the Inverness vacancy.

4.8 Speech and Language Therapy has had applicants for all vacant posts in Inverness area and these will hopefully be filled in the next 2-3 months. Both posts in Skye and Lochalsh are vacant. One is to be advertised now and the other Speech and Language Therapist is a maternity leave vacancy. A support worker will be recruited to complete this team.

4.9 At the last meeting of the committee an area breakdown of breastfeeding data was requested. This is included at **Appendix 3.**

5. Revenue Finance

5.1 The December 2016 monitoring statement is attached at **Appendix 4.**

5.2 At the request of the Child Health Commissioner, information is provided here about health promotion funding expenditure for school age children since integration.

5.3 Two 0.5 posts of Health Promoting Schools Officer were deleted when the posts were vacated and replaced with a higher graded post of Health Development Officer, with the balance being funded by Highland Council.

5.4 The post of Health Improvement Policy Lead was fully funded by Highland Council and was deleted as part of the budget-setting process for 2016/17. The policy lead will sit within the remit of a new post of Senior Manager for Health and Health Improvement, also fully funded by Highland Council. The Job Description was developed jointly with NHS Highland.

5.5 Support for Breakfast Clubs funds the catering staff who serve breakfasts, with a contribution towards the food cost also coming from the children who attend. It is anticipated that the take-up will continue to increase as the number of breakfast clubs increase in line with increased flexibility in childcare provision. The budget of £75k is made up of £30k from NHS Highland and £45k from Highland Council.

5.6 Nutrition (fruit and vegetables in schools project) funding is allocated to nurseries and is topped up by Highland Council funding.

5.7 Health Improvement Nutrition funding is used provide a Band 6 Dietician post to support school based nutrition work and 1:1 work with children and young people with additional support needs.

6. Implications

6.1 Resources – the implications are set out in this report.

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

7. Recommendation

7.1 Members are asked to consider and comment on the issues raised in this report. Comments will be incorporated into a report to NHS Highland as part of the revised governance arrangements.

Designation: Director of Care and Learning

Date: 16 January 2017

Author: Sandra Campbell, Head of Children's Services

Appendix 1

FHC4		12/13	13/14	14/15	15/16	May	June	July	Aug	Sept	Oct	Nov	Dec	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%									85%	Early Years
27	% of children will achieve their key developmental milestones by time they enter school will increase		85%	87%	87%									Target - 85%	Additional support Needs
29	There will be a reduction in the percentage gap between the most and least deprived parts of Highland for low birth weight babies	2.9%	2.7%	5.7%	4.2%									Improve from baseline	Early Years
30	Improve the uptake of 27-30 month surveillance contact from the baseline of 52% to 95%		82.5%	78.9%	78.8%	89.4%		88.5%		81.4%				ISD data	Early Years
31	95% uptake of 6-8 week Child Health Surveillance contact		85.1%	81.7%	78.3%	85.4%		83%						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		-3.2%	8.4%	-5.7%									No variance reported annually by NHSH in October	Early years
34	Achieve 36% of new born babies exclusively breastfed at 6-8 week review by March-17	32.4%	31.2%	30.3%	32.1%		29.5 %		39%					Revised performance measure and trajectory agreed	Maternal infant nutrition
35	Reduce % gap between most & least affluent areas for children		14.4% compa	17.4% compa	15.8% compa									Reduction – reported	Maternal infant

	exclusively breastfed at 6-8 weeks		red to 41.9%	red to 37.7%	red to 38.8%									annually by NHSH in October	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%		99.6%			100%				Target - 95%	Maternal infant nutrition
37	Maintain 95% uptake rate of MMR1 (% of 5 year olds)	94.6%	96.7%	96.2%	96.3%		95.9 %			91.6%				Target - 95%	Early Years
38	Sustain the completion rate of P1 Child health assessment to 95%	93.1%	99.5%	99.0%	99.8%									Target - 95% Reported annually	Early Years
39	95 % of children with significant ASN will have their learning planned for through a child's plan	65.0%	70.0%	94%	96%									Target - 95% reported annually	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%	72.7%		71.4%			73.4%				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%		85.1%			83.1%				Increase from 67% baseline	Public Health and Wellbeing
45	90% CAMHS referrals are seen within 18 weeks	80.0%		95.3%	91%	100%	100%	100%	100%	100%				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%		84.8%			62.5%				Target - 95%	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%		82.4%			73.7%				Looking for 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%	78%	81%							Target - 95%	Additional support Needs
49	95% of children will have their P1 Body Mass index measured every year	91.1%	93.5%	90.4%	86.7%									Target - 90% Reported annually	Public Health and Wellbeing

Appendix 2

27-30 Month Review

95% of Children to receive a 27-30 month review by March 2016

1. Current Position

1.1 The 27-30 month review was reintroduced in April 2013. It is part of the national preschool screening programme. For Highland's Children 4 has a target of 95% of children receiving this review by March 2016. This target was set with a baseline uptake of 52% in 2012.

1.2 The March 2016 target was not achieved. The uptake reported to Committee in May 2016 was 78.8%.

1.3 Improved uptake is influenced both by engagement with families and an increase in health visitor (HV) capacity. The current increase in HV capacity occurs in January each year as a cohort of HV trainees graduate. Increased uptake is therefore likely to be seen on an annual basis with some variation quarter to quarter rather than on a steady trajectory.

1.4 The latest local audit data regarding the percentage of reviews undertaken is based on the cohort of children born between August 2013 and February 2014 and due their 27-30 month check from December 2015 and August 2016. The data shows an average Highland wide uptake of 90.7%. This increase correlates with the first group of health visitor trainees qualifying earlier this year.

2. Action Plans to Address

2.1 It is proposed by the Principal Officer (Nursing) and the Children's Commissioner that the target timescale for achieving 95% uptake is extended to March 2018 when HV capacity should be at 92%

2.2 Together with the increase in uptake of the 27-30 month review, HVs are also currently introducing the new Universal HV Pathway, increasing the total number of core contacts from 5 to 11 by the time the child transitions to primary school. It is expected that the improved relationships developing between parents and their HVs as part of this increased contact will facilitate improved uptake by parents of the 27-30 month review.

2.3 In line with the incremental introduction of the Universal HV Pathway and the revised national Child Health Surveillance Programme (CHSP), it is proposed that a national developmental screening tool is introduced. The Ages and Stages screening tool enlists parental involvement is assessing a child's developmental milestones, enabling parents to feel part of the process and encouraging them to offer their children experiences that support healthy development. This screening tool will be used with children from 8 months old. Training for HVs on the use of this tool has recently been undertaken across all teams.

2.4 A 6 monthly local audit of uptake percentages on a team by team basis is planned to identify and support teams where uptake is not improving at the expected rate.

3. Expected Impact on Performance

3.1 The Highland screening suite of tools, including the Ages and Stages questionnaires, will provide a consistent mechanism for determining need at the 27-30 month review and provide a clear baseline from which to work.

3.2 As HV capacity increases and the relationships between HVs and the families on their caseloads improve there should be a corresponding increase in uptake of the 27-30 month review.

3.3	By increasing the amount of family contact at an earlier age and as parents become familiar with the Ages and Stages method of assessing development, any needs should be identified and support provided prior to the 27-30 month review enabling more children to achieve their milestones at that age.
4.	**Forecast of Return to Planned Performance (i.e.Trajectory)**
4.1	In agreement with the Children's Commissioner it is requested that the target timescale to achieve 95% uptake is extended to March 2018.

Susan Russel
Principal Officer Nursing
December 2016

Appendix 3

Breastfeeding Rates – Areas of Deprivation

The data presented below explores the proportion of women exclusively breastfeeding at 6-8 week review after birth.

Key point

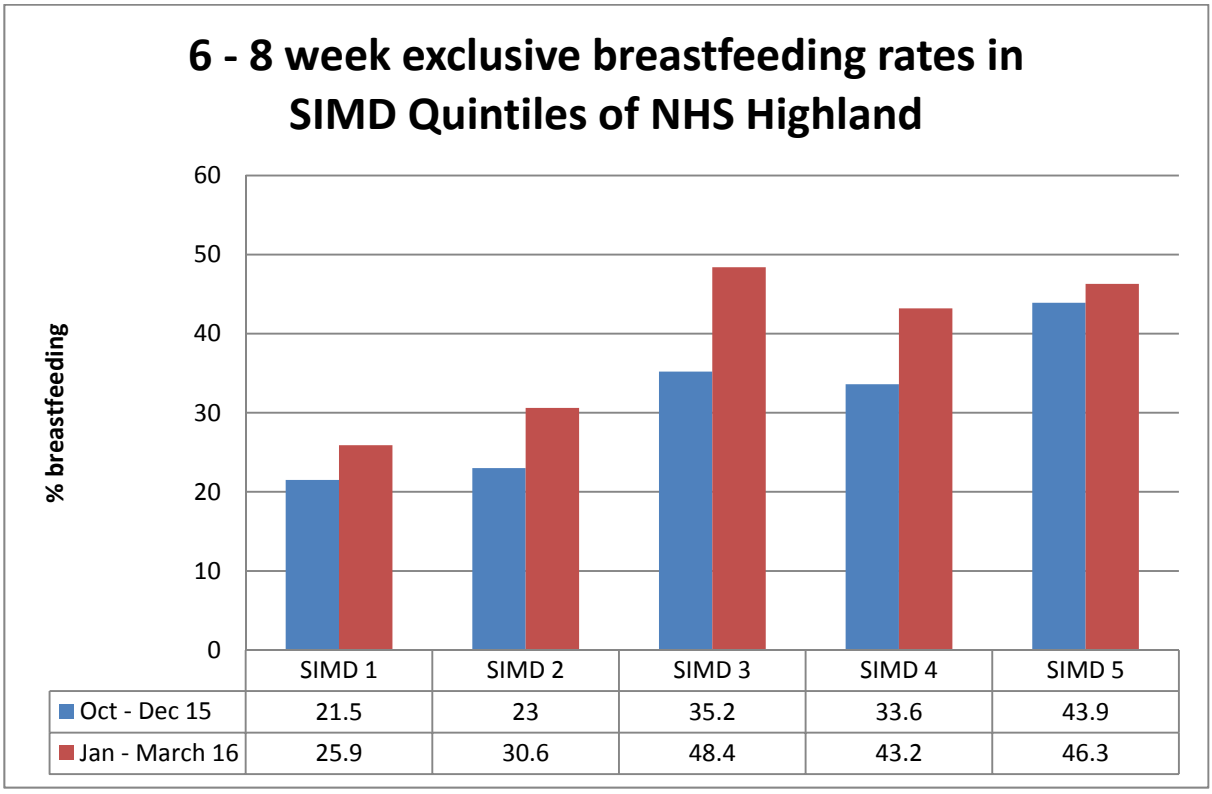
Area based measures of deprivation are associated with reduced chances of the continuation of breastfeeding to 6-8 weeks.

Annual data is provided from NHS Highland to enable monitoring of children's targets, namely looking at the percentage gap between the most and least deprived parts of Highland in the number of children exclusively breastfed at the 6 – 8 week review – Indicator CYP07. For this monitoring the agreed indicator is stratified using SIMD (2012) national population-weighted quintiles.

For the cohort of children born in 2015 the difference in infant feeding rates between those living in the most and least deprived areas of Highland was 23%. Only 16% of those living in areas of Highland in the most nationally deprived quintile were breastfed at 6-8 weeks.

Since December 2015, ISD Scotland have produced quarterly infant feeding reports using Health Board population-weighted quintiles derived from SIMD(2012). The output is shown in the graphic below. The social gradient in infant rates is apparent in both quarters.

Considerable variation in Highland quarterly rates would be expected in all quintiles given the number of children in a quarterly cohort. Area rates will be influenced by other socio-demographic factors such as the age of mothers in a cohort.



	SIMD 1	SIMD 2	SIMD 3	SIMD 4	SIMD 5
Oct - Dec 15	21.5	23	35.2	33.6	43.9
Jan - March 16	25.9	30.6	48.4	43.2	46.3

Appendix 4

December 2016 Integrated Health Monitoring Statement

Activity	Budget	Actual to Date	Projection	Variance
Allied Health Professionals	3,074,104	2,035,786	2,814,878	-259,226
Service Support and Management	1,123,454	760,495	851,970	-271,484
Child Protection	446,536	195,418	374,492	-72,044
Health Development	227,011	115,795	212,337	-14,674
Family Teams	16,943,620	12,228,680	15,994,085	-949,535
The Orchard	1,186,056	879,754	1,186,056	0
Youth Action Services	1,457,295	915,213	1,281,827	-175,468
Primary Mental Health Workers	536,185	362,997	490,657	-45,528
Payments to Voluntary Organisations	953,774	979,906	983,774	30,000
Total	**25,948,035**	**18,474,044**	**24,190,076**	**-1,757,959**

Commissioned Children's Services income from NHSH	**9,556,298**	**-4,616,457**	**9,556,298**	**0**