The Highland Council

Agenda Item	11.
Report No	ECAS 19/17

Education, Children and Adult Services Committee
1 March 2017

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 An audit of nursing staff employed by Highland Council was undertaken to determine whether the staff felt that the current supervision model was providing adequate support and guidance, particularly around child protection issues. This was supported by NHS Highland and took the form of a 12 question survey monkey.

1.1.2 The survey went out to 119 staff and had 77 responses giving a return rate of 64.7%. The responses came from nurses in a variety of different roles, the majority being health visitors (36.4%) and school nurses (18.5%).

1.1.3 It was reassuring that 73.2% of respondents accessed supervision at least 4-6 weekly. And no respondent reported never accessing supervision. 70.2% of respondents reported that the supervision they received from their line manager was definitely or probably sufficient in relation to child protection issues. Further work is ongoing to identify is there is any correlation to this satisfaction level to the respondents role. (See table below)

Q9 Do you feel that the line management supervision you receive provides you with sufficient supervision of child concern/child protection cases?

	No. of responses	Percent
Definitely yes	32	41.6%
Probably yes	22	28.6%
Uncertain	6	7.8%
Probably no	8	10.4%
Definitely no	9	11.7%
Total	77	100.0%

1.1.4 86.3% reported that in addition to the supervision from their line manager they sought additional advice from specialists or peers e.g. Child Protection Adviser

(72.6%), LAC Lead Nurse (17.8%) etc. 80% of respondents had received mentoring or advice from a Child Protection Adviser in the past 6 months.

1.1.5 These initial results from the audit would suggest that the current supervision model is meeting the needs of a majority of the workforce but further work will continue to address any concerns.

1.2 **Increasing Health Visitor Capacity**

1.2.1 As part of the Scottish Government programme to fund an additional 500 health visitors across Scotland Highland Council has been steadily increasing the number of FTE Health Visitors since 2015. Our proportion of the increase is 13.75 FTE posts, to take the final FTE number to 62.75. NHS Highland has confirmed that it will fully fund this uplift.

1.2.2 In addition the Scottish Government has been funding the training of Health Visitors to overcome recruitment difficulties.

1.2.3 Currently we have 58.75 posts established, although several of these are filled with trainee Health Visitors studying at Stirling University. This January, 7 trainees completed the programme and are now employed as registered HVs. This brings our number of Health Visitors who have qualified with Stirling University to 11. Another 6 trainees have just commenced the programme. With an additional 4 FTE Health Visitor posts to establish in 2017/18 we are on target to have our full complement of qualified Health Visitors by the end of 2018. We will then need to implement an ongoing training programme to maintain our numbers of qualified staff.

1.3 **Recruitment to Key Posts**

1.3.1 The Midwifery Development Officer post is being re-advertised shortly and the Senior Manager for Health post is currently being assessed to assign the appropriate grade through Agenda for Change, prior to advertisement.

1.4 **Allied Health Professionals**

1.4.1 A recent Rapid Performance Improvement Workshop focused on neurodevelopmental pathways, and it is anticipated that the work flowing from this will have a positive impact on waiting times.

1.4.2 The waiting times for Dietetics, Physiotherapy and Occupational Therapy are within the 90% target, as can be seen from the table in **Appendix 1**.

2. Areas for Development

2.1 **Child Health Surveillance Programme – Data Completeness**

2.1.1 The Child Health Surveillance Programme (CHSP) is the national system which records health review data on all children. Health Visitors are responsible for ensuring that this data is collected for all preschool children. The information is collected by NHS Highland's Child Health Department and informs the national Information and Statistics Division.

2.1.2 In 2016, it became apparent that not all data fields were being completed correctly and a recent audit of Highland returns has highlighted that fields related to the Looked after Status of a child and the identification of assessment tools used at reviews were the two fields most often not completed. On investigation, this appears to have been a training issue where Health Visitors had assumed that if a child was not looked after or if no specific assessment tool was used, then the field could be left empty. This is now being rectified as an awareness raising issue about the correct completion requirements of the CHSP forms are being rolled out.

2.1.3 The Child Health Department is reporting a drop in missing data and a full audit is now planned for the first 2 weeks in June 2017. Awareness-raising with Health Visitors continues and specific training sessions will target newly qualified staff.

2.2 **Health of Looked After Children**

An exception report will be available for the next committee meeting. Although a second LAC Health nurse post was established in November as a key improvement action, it is too soon to report on the impact of this measure.

3. Risks

3.1 No new risks have been identified. Risks are routinely reported to the NHS Highland Risk Governance Group.

4. Balanced Scorecard

4.1 A Delivery Improvement plan for Speech and Language services is included as **Appendix 2.**

4.2 The balanced scorecard is appended at **Appendix 3.**

4.3 Uptake of 6-8 week surveillance contact is currently reported at 81.3 (a small fall from previous quarter of 84.8). Return of the form from GPs remains problematic and improvement work with Primary Care Managers through the Child Health Commissioner continues

4.4 Dental visits for 2 year olds in preceding 12 months is reported at 42.9%, which is an improvement from previous quarter (36.2%). However dental registration is identified as an area for improvement.

4.5 Uptake of 27-30 month child health surveillance contact is reported as 85.6% (previous quarter 90.3% so this is just within 5% margin of error trajectory but still requires focused attention).

4.6 Performance measure 31 seeks to achieve a 95% uptake of 6-8 week Child Health Surveillance contact The latest data shows this to be at 81.3% in September. This demonstrates a reduction from the previous quarter of a 84.8% return rate. The return of the contact form from GPs remains problematic although improvement work with Primary Care Managers through the Child Health Commissioner continues.

4.7 Performance measure 34 sets out to achieve 36% of new born babies being exclusively breastfed at their 6-8 week review by March 2017. The latest data from NHS Highland shows that this target has been maintained with 34.9% of new born babies being exclusively breastfed at their 6-8 week review.

5. Revenue Finance

5.1 The Integrated Health Monitoring report for January is attached as **Appendix 4.**

5.2 NHS Highland indicates that there will be an uplift of 0.4% in the commissioned child health budget in 2017/18.

5.3 The Child Commissioner has asked for information about health improvement spending on Early Years to be included in this report.

5.4 The Early Years Development post has not existed for some years and was superseded by the post of Health Development Officer – Parent Support. This post was deleted in March 2016 following discussion with the Child Health Commissioner. The function of health promotion and supporting parenting is now undertaken by five Family Resource Co-ordinators in the Areas, as part of the revised Early Years structure. Highland Council remains fully committed to these activities and has in fact enhanced resources for this work. There is also an ongoing strategic post of Health Development Officer.

5.5 The Midwifery Development post continues as previously mentioned.

5.6 Parenting Programmes continue to be provided, with evidence available of regular training in the Solihull programme, baby massage and Incredible Years. A Supporting Parents Framework was produced, overseen by the Supporting Parents Improvement Group. A decision was taken not to use Mellow Parenting but to use PEEP, which is being developed further. The funding is also used for resources to support parents and promote positive relationships, address health inequalities, promote health and support breast-feeding. This includes spend on hypnobirthing packs, the GIRFEC pregnancy wheels, Magazine bags, teen pregnancy books, all of which are also supplied to Argyle and Bute midwives too. Additionally, funding is used for baby weighing scales and breast pump for use by the infant feeding support workers and to fund the infant feeding advisors' pink diary covers.

5.7 A full debrief meeting was convened with the Child Health Commissioner to learn lessons from the Psychology of Parenting roll-out, which included the availability of the Early Years Practitioners to lead this work, when they are significantly tied to supporting Health Visitors, thus have to balance competing demands.

6. Implications

6.1 **Resource** issues are included 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 scrutinise 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: 17th February 2017

Author: Sandra Campbell, Head of Children's Services

Appendix 1

Childrens Balanced Scorecard AHP Ongoing Waits Reporting-January 2017

CYP_24_(A)_AHP_Waits (ECAC COMMITTEE) AWT

Profession	Total Number on List	Number <18 wks	% <18 wks
Dietetics	100	93	93%
Occupational Therapy	54	52	96%
Physiotherapy	27	25	93%
Podiatry	N/A	N/A	N/A
Speech and Language Therapy	329	257	78%
Total	**510**	**427**	**84%**

Appendix 2

NHS Highland Children and Young People Balanced Score Card: Health and Wellbeing and Access to Quality services
Delivery Improvement Plan

Measure requiring Delivery Improvement Plan
Speech and Language Therapy 18 week RTT

Lead officer for Delivery Improvement Plan
Kayrin Murray, Principal Officer Allied Health Professionals

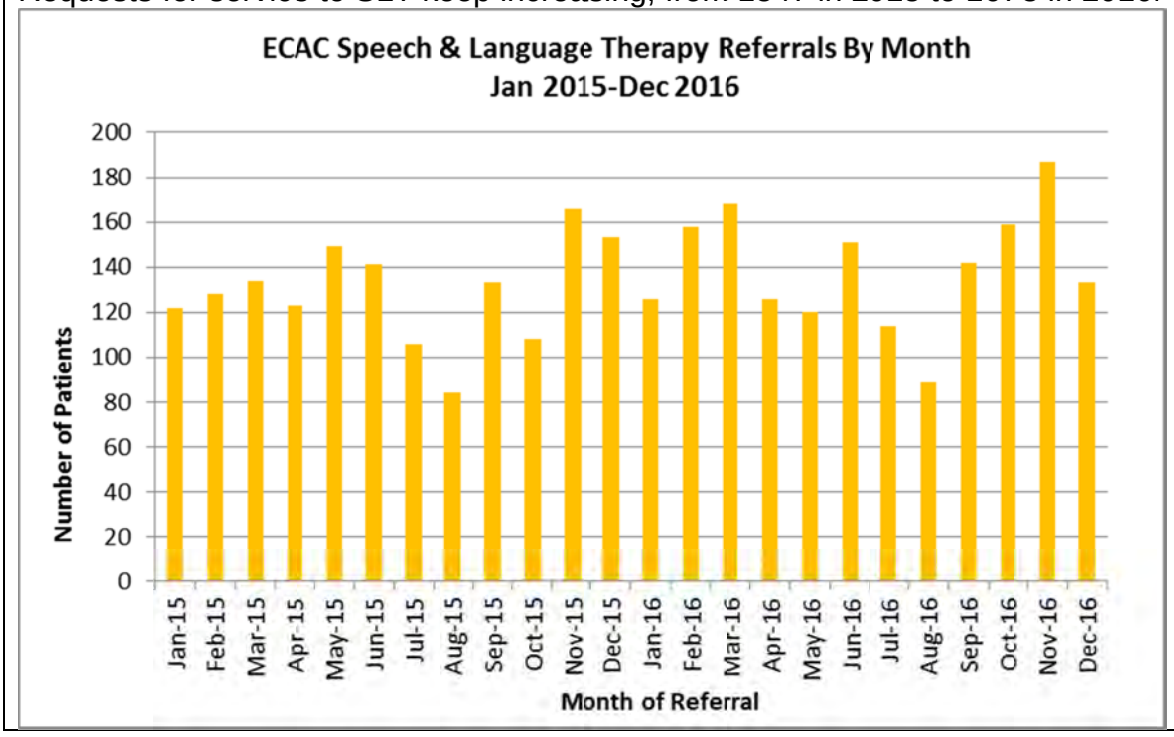
Current situation

For all of Speech and Language therapy we are currently reaching our 18 week RTT for 78% of the children and young people (CYP). 72 of 329 are waiting beyond the 18 weeks. This compares to 69% (120 of 383) in June 2016. The aim for Dec 2016 was 80% so we have nearly achieved this.

The team normally has 35 Speech and Language Therapists and 12 support workers (29.54 + 6.6 WTE). We have or are about to recruit to 2 new temporary 1 year SLT posts, and 3 part time support worker posts, along with 3 support worker posts funded by SAC.
There is joint leadership for all of Highland council SLTs. One manages South and Mid, the other manages North & West (which include adults).

The majority of CYP waiting are those who have complex neurodevelopmental needs, particularly ASD. Roughly one third of waits are for locality assessment. These are not all due to SLT, but may be for a Community paediatrician or Psychology assessment, or for dates to meet with parents/ carers to complete the process.

Overall demand for the service outweighs capacity from the team.
Requests for service to SLT keep increasing; from 1547 in 2015 to 1673 in 2016.



Risks as identified at the current time

Finance

None

Data

There are some problems with reporting data in a timely manner as several staff who are on the Highland council IT system don't have direct access to inputting onto the statistics system AWT which is on an NHS Highland intranet system. Changes are made when staff members gain access to NHS systems or are reported to the SLT secretary, but when she is on leave the system is not always updated immediately. It may be an option to get more remote access dongles so that staff can input into AWT directly.

However once inputted, we can be reasonably certain that the data is accurate and the figures reflect the reality of the state of the service. Any anomalies are investigated by the SLT team leads and errors in the system sorted out. This makes future service planning much more feasible and realistic.

There is still a considerable amount of team activity not captured within AWT. Consultation and training is a big part of what the team provides to the wider system and this is not recorded. The plan to move to the use of PMS may not help as it is unclear if PMS can fully capture these types of activities and we might need to find other ways of gathering this information. This will need further attention so further improvements can be made and an even more accurate picture of team activity can be given.

Workforce

At the moment our workforce is under pressure in all areas. 2.5 of the 3 vacant posts in Inverness area will be filled in the next 2-3 months, with the other 0.5 WTE filled after maternity leave early in 2018. There is a SLT on maternity leave in Inverness who will return in Nov. Some staff are doing extra hours to cover a small part of this post, but we have been unable to recruit to the rest of the post. A further maternity leave is to start in June.

Both posts in Skye and Lochalsh are vacant. One was advertised but the only applicant then withdrew. The post will be re-advertised. The other SLT who is on maternity leave is to return in February part time. Cover will be provided from elsewhere in the Highlands but this will add pressure to these teams. A support worker will be recruited to complete the Skye and Lochalsh team.

The team is vulnerable to any changes in staffing (e.g. due to sickness and maternity leave). Cover for leave (where possible) and/or permanent recruitment of extra members of staff to cover the constant pressures of this would make the service overall more sustainable. However it can be difficult to recruit to some posts, particularly part time posts from external candidates.

Improvement

Telephone consultation for new requests for service is being used. Its effectiveness in delivering good outcomes for children, young people, their families and the professionals working with them is being monitored. Informal feedback suggests that this way of working is valued by most, but may not reduce waiting times for CYP with additional support needs (e.g. ASD).

The Neurodevelopmental RPIW outcomes are likely to have an effect on SLT wait times- possibly raising these in the short term as this new system settles. However we expect the wait times to decrease over time.

Further improvement in data quality is ongoing and will hopefully lead to a more accurate picture of activity and productivity.

Further improvement in integrative working between therapists, the child or young person and others around them such as families and school staff will lead to improved outcomes around agreed goals. This should also lead to smoother and clearer pathways for services provided to Highland's children and young people.

Views of SLTs regarding reducing wait times acted on when appropriate.

Actions to be taken within the Delivery Improvement Plan (to include a trajectory)

- Waiting times for locality (ASD) assessment to sit separately from the SLT waiting list, and new ways of working following RPIW. (Feb 2017)
- Meetings with all SLT local teams arranged to get views on ways of decreasing the wait times (March- April 2017)
- Agreement of priorities and work to be done by the SLT teams and others around the CYP (April- July 2017)
- Revisions of the use of the caseload management tool to help with reallocation of resources where most needed and ensuring discharges are timely. (March- June 2017)
- Recruitment to known vacant posts, reallocation of resources to where needed, and development of use of bank staff (ongoing)

Anticipated date for achievement of measure
Once vacancies are filled, and assuming no further staffing difficulties, reaching a 90% of 18 week RTT by December 2017 seems a reasonable aim.

Kayrin Murray
Principal Officer Allied Health Professionals
HCHQ
15 Feb 2017

Appendix 3

FHC4		12/13	13/14	14/15	15/16	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	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%		84.8 %			81.3 %					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%				34.5%		Revised performance measure and trajectory agreed	Maternal infant nutrition
35	Reduce % gap between most & least affluent areas for children exclusively breastfed at 6-8 weeks		14.4% compared to 41.9%	17.4% compared to 37.7%	15.8% compared to 38.8%										Reduction – reported annually by NHSH in October	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%		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%			70%		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%		39.9%			36.2%%			42.9%		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%	93%				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%			67.7%		Target - 95%	Looked after Children
47	95% of health assessments for LAC who are accommodated are available for the				68.8%		82.4%			73.7%			80%		Looking for improvement	Looked after Children

	initial child's plan meeting at six weeks														from the 66.7% baseline.	
48	Waiting times for AHP services to be within 18 weeks from referral to treatment				85%	78 %	81 %	80 %							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
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	538										Improve from 422 baseline	Health and Wellbeing
58	Self reported incidence of smoking will decrease (P7)		0.5%		1%										Target - 0% Data from 2015 Lifestyle Survey	Public Health and Wellbeing
59	Self reported incidence of smoking will decrease (S2)		5.50%		3%										Target - 5% Data from 2015 Lifestyle Survey	Public Health and Wellbeing
60	Self reported incidence of smoking will decrease (S4)		12.0%		10%										Target - 11% Data from 2015 Lifestyle Survey	Public Health and Wellbeing

Appendix 4

January 2017 Integrated Health Monitoring Statement

Activity	Budget	Actual to Date	Projection	Variance
Allied Health Professionals	3,074,104	2,258,168	2,765,048	-309,056
Service Support and Management	1,123,454	838,074	905,813	-217,641
Child Protection	446,536	228,987	348,235	-98,301
Health Development	227,011	124,559	212,337	-14,674
Family Teams	16,755,809	13,535,421	15,885,139	-870,670
The Orchard	1,186,056	971,922	1,186,056	0
Youth Action Services	1,457,295	995,153	1,269,687	-187,608
Primary Mental Health Workers	536,185	406,644	493,948	-42,237
Payments to Voluntary Organisations	953,774	979,906	983,774	30,000
Total	**25,760,224**	**20,338,834**	**24,050,037**	**-1,710,187**
Commissioned Children's Services income from NHSH	**9,274,487**	**-4,616,457**	**9,274,487**	**0**