

Agenda Item	7.
Report No	PEO 18/18

HIGHLAND COUNCIL

Committee: People Committee

Date: 15 March 2018

Report Title: **NHS Highland Assurance Report**

Report By: Director of Care and Learning

1. **Purpose/Executive Summary**

- 1.1 The purpose of the 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.

2. **Recommendations**

- 2.1 Members are asked to:-

Scrutinise the data and issues raised in this report. Comments will be incorporated into a report to NHS Highland as part of the agreed governance arrangements.

3. Schools based immunisation service

- 3.1 To alleviate school nursing capacity issues and to undertake some testing in light of the Scottish Vaccine Transformation Programme, Highland Council agreed to test the use of an immunisation team in the delivery of school based vaccinations. This test was limited to the Mid and South Areas, which include 83 primary schools, 14 secondary schools and 3 special schools. The immunisation team is made up of 4 part-time nurses and a full-time team leader and the initial plan was to run the test until 31 May 2018.
- 3.2 There is an ongoing evaluation of the schools-based flu programme delivery. Because of delays to recruitment, the team was only able to participate in the vaccine sessions in 54 of the 83 schools prior to the December deadline. It is calculated that, next winter, if the Team could start the flu programme in mid-September they would have capacity to cover all 83 primary schools. Initial findings suggest that the schools experienced no additional disruption to the school day, compared to when sessions were provided by school nurses. The use of the one team, with one programme of school visits, allowed greater flexibility in allowing pupils, who could not attend in their own schools, to be signposted to a vaccination session in another school. Information is still being collated from the school nurses about how their workload was affected by the use of a team, and we are also waiting for this year's vaccine uptake rates to compare if this was changed from previous years. The immunisation team have now begun the secondary school based vaccine programme, and this will continue until May.
- 3.3 During the period of planning for this immunisation team test, the Scottish Government announced the Vaccine Transformation Programme in response to the new GP contract. GPs will no longer be expected to provide any vaccines to their patients, and Health Boards across Scotland are establishing immunisation teams to undertake all immunisation programmes from early childhood to those provided to older adults. Discussions within Highland are proposing that an immunisation service is set up to cover all of those vaccines. This will involve a larger team that can cover all of the authority. It is also proposed that this service, for both adults and children, is hosted in NHS Highland and that the current schools-based team will transfer over to NHS Highland management. While the proposals for this new service are developed, Highland Council has been asked to extend the period of the current schools-based team test to June 2019. This will allow NHS Highland to fully develop their plans for the new service and allow the transition of the Highland Council team into a larger, Highland wide NHS service.
- 3.4 The implications for the school nurse service in Highland are unclear at this stage, and will be covered in future reports.

4. Allied Health Professionals

- 4.1 The Allied Health Professionals service has made significant progress with reducing length of waiting times for more children and young people. At present we are within target for Physiotherapy, Occupational Therapy and Speech & Language Therapy, and Dietetics has also made progress.
- 4.2 Various initiatives, including caseload management, are beginning to take effect, and we hope to see further progress. However, staffing remains an issue and there may be some increase in waiting times for Speech & Language Therapy and Occupational Therapy in the next few months due to resignations and maternity leave. The January 2018 waiting time figures are as follows (with Oct 2017 figures bracketed):

Profession	Total number waiting	No, waiting <18 wks	% <18 wks
Dietetics	132 (134)	93 (72)	70% (54%)
Occupational Therapy	71 (50)	65 (31)	92% (62%)
Physiotherapy	16 (31)	16 (31)	100% (100%)
Speech and Language Therapy	182 (183)	163 (124)	90% (68%)
Total	401 (398)	337 (258)	84% (65%)

5. Balanced scorecard

- 5.1 The Balanced scorecard is attached at **Appendix 1**.
- 5.2 Indicator 30, which measures performance on health assessments for LAC who are accommodated, shows an improvement. NHS Highland has made available additional paediatrician support for the health assessments of children aged below 5 years. This is a trial arrangement which will be reviewed and is aimed at securing better information to assist with the Child's Plans.
- 5.3 Indicator 28, which measures the number of children who have their Body Mass index measured every year, shows a decrease. This is reflected across Scotland and the Scottish Government has now written to all Health Boards re-iterating the need to maintain this measurement given the concern about childhood obesity and the government commitment to tackling the issue. The measurement is carried out by school nurses and the performance will be impacted by the continuing difficulties in recruitment of school nurses but will be addressed in the roll-out of changes required as a result of the Scottish Government's review of the role of school nurses.

6. Implications

- 6.1 **Resource**
The latest finance monitoring report is attached at **Appendix 2**. There are no new resource implications.
- 6.2 **Legal**
No issues have been identified.
- 6.3 **Community (Equality, Poverty and Rural)**
No issues have been identified.
- 6.4 **Climate Change / Carbon Clever**
No issues have been identified.
- 6.5 **Risk**
Risks are routinely reported to the NHS Highland Risk Governance Group. A full copy of the current risk register is attached at **Appendix 3** for information.
- 6.6 **Gaelic**
No issues have been identified.

Designation: Director of Care and Learning
Date: 2 March 2018
Author: Sandra Campbell, Head of Children's Services

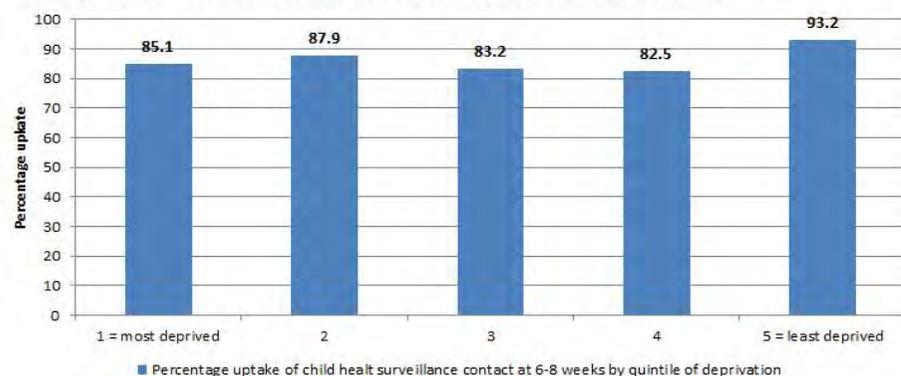
HEALTHY					
Outcome 4. Children and young people experience healthy growth and development					
Indicator 16	Target	Baseline	Status	Imp Group	Current
Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	85%	75%		Early Years	70.6%
Analysis This data is collected quarterly from NHS. The latest data is from march 2017. The baseline was established in 2013 and quarterly variations have been within the 55 – 70% range during that time.					
Indicator 17	Target	Baseline	Status	Imp Group	Current
Percentage of children will achieve their key developmental milestones by time they enter school will increase	85%	85%		Additional support Needs	86%
Analysis This data has been collected annually since 2015. The data shows little variance over that time.					
Indicator 18	Target	Baseline	Status	Imp Group	Current
There will be a reduction in the percentage gap between the most and least deprived parts of Highland for low birth weight babies	Improve from baseline	2.7%		Early Years	4.6%
Analysis This data is collected annually from NHS. The latest data is from 2017 (provisional). The baseline was established in 2013. The 2016 data is shown in the table below.					

Highland HSCP: CYP02 Low birth weight babies (all live births), 2017 (provisional)																	
<p>Low-birth weight (percentage of all live births in quintile)</p> <p>SIMD 2012 Highland (HSCP) 2012 quintile</p> <table border="1"> <thead> <tr> <th>Quintile</th> <th>Low-birth weight (%)</th> </tr> </thead> <tbody> <tr> <td>1- most deprived</td> <td>~11.0</td> </tr> <tr> <td>2</td> <td>~6.5</td> </tr> <tr> <td>3</td> <td>~4.5</td> </tr> <tr> <td>4</td> <td>~7.5</td> </tr> <tr> <td>5-Least deprived</td> <td>~6.5</td> </tr> </tbody> </table>						Quintile	Low-birth weight (%)	1- most deprived	~11.0	2	~6.5	3	~4.5	4	~7.5	5-Least deprived	~6.5
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5-Least deprived	~6.5																
Indicator 19	Target	Baseline	Status	Imp Group	Current												
Improve the uptake of 27-30 month surveillance contact	95%	52%		Early Years	87.6%												
Analysis This data is collected quarterly from NHS. The latest data is from December 2016. The baseline was established in 2011 and not withstanding quarterly variations the percentage of reviews has risen incrementally over that time.																	
Indicator 20	Target	Baseline	Status	Imp Group	Current												
95% uptake of 6-8 week Child Health Surveillance contact	95%	85.1%		Early years	82%												
Analysis This data is collected quarterly from NHS. The latest data is from December 2016. The baseline was established in 2012 and only small quarterly variations have been observed over time showing no real pattern of improvement.																	
Indicator 21	Target	Baseline	Status	Imp Group	Current												
6-8 week Child Health Surveillance contact showing no difference in uptake between the general population and those in areas of deprivation	No variance	-8.4%		Early years	0.2%												

Analysis

This data is collected annually from NHS. The latest data is from 2016 (provisional). The baseline was established in 2013. The 2016 data is showing the percentage uptake of child health surveillance contact by quintile of deprivation is shown in the table below.

Percentage uptake of child health surveillance contact at 6-8 weeks by quintile of deprivation, 2016

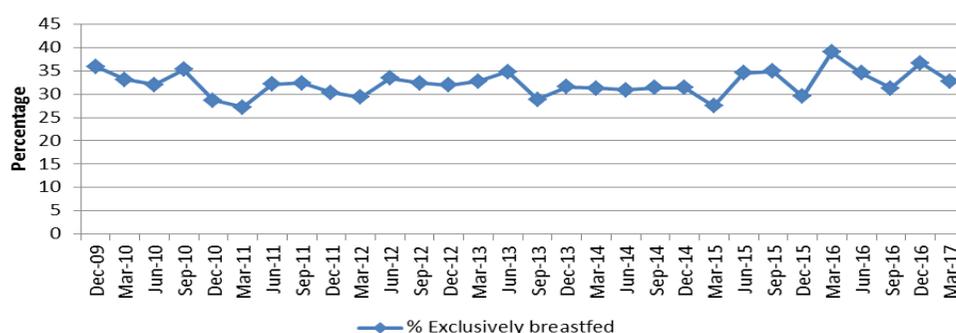


Indicator 22	Target	Baseline	Status	Imp Group	Current
Achieve 36% of new born babies exclusively breastfed at 6-8 week review	36%	30.3%		Maternal infant nutrition	32.8%

Analysis

This data is collected quarterly from NHS. The latest data is from march 2017. The baseline was established in 2009. The table below shows the percentage of babies exclusively breastfed over that time.

Percentage of babies exclusively breastfed at 6-8 week review



Indicator 23	Target	Baseline	Status	Imp Group	Current
Maintain 95% Allocation of Health Plan indicator at 6-8 week from birth (annual cumulative)	95%	97.3%		Maternal infant nutrition	100%
Analysis Children are allocated a Health Plan indicator showing whether their status is either 'core' or 'additional'. This data is collected quarterly from NHSH. The last reporting period was from December 2016. The baseline was established in 2012.					
Indicator 24	Target	Baseline	Status	Imp Group	Current
Maintain 95% uptake rate of MMR1 (% of 5 year olds)	95%	94.6%		Early Years	95.5%
Analysis This data is collected quarterly from NHSH. The latest data is from September 2017. The baseline was established in 2012.					
Indicator 25	Target	Baseline	Status	Imp Group	Current
Sustain the completion rate of P1 Child health assessment to 95%	95%	93.1%		Early Years	82.4%
Analysis This data is collected quarterly from NHSH. The latest data is from March 2017. The baseline was established in 2012.					
Indicator 26	Target	Baseline	Status	Imp Group	Current
The number of 2 year olds registered at 24 months with a dentist will increase year on year	Improve from baseline	73.9%		Public Health and Wellbeing	70%
Analysis This data is collected quarterly from NHSH. The latest data is from December 2016. The baseline was established in 2013. Data over time shows very little variation in the quarterly data received.					
Indicator 27	Target	Baseline	Status	Imp Group	Current
The number of 2 years olds who have seen a dentist in the preceding 12 months will increase.	Improve from baseline	45.6%		Public Health and Wellbeing	42.9%
Analysis The latest data from NHSH is from December 2016. The baseline was established in 2013. Data over time shows very little variation.					

Indicator 28	Target	Baseline	Status	Imp Group	Current																																																		
95% of children will have their P1 Body Mass index measured every year	95%	88.8%		Early Years	82.4%																																																		
<p>Analysis This data is collected annually from NHS. The latest data is from 2016 /17. The baseline was established in 2009. The table below shows the improvement over time.</p> <p>Height and weight recording for Primary 1 School Children in Highland Local Authority</p> <p>Estimated Data Completeness for school years 2005/06 - 2016/17</p> <table border="1"> <thead> <tr> <th></th> <th>08/09</th> <th>09/10</th> <th>10/11</th> <th>11/12</th> <th>12/13</th> <th>13/14</th> <th>14/15</th> <th>15/16</th> <th>16/17</th> </tr> </thead> <tbody> <tr> <td>Population of 5 year olds (NRS Estimate)</td> <td>2,371</td> <td>2,431</td> <td>2,495</td> <td>2,497</td> <td>2,537</td> <td>2,636</td> <td>2,631</td> <td>2,442</td> <td>2,538</td> </tr> <tr> <td>Total number of children reviewed</td> <td>2,127</td> <td>2,256</td> <td>2,180</td> <td>2,296</td> <td>2,390</td> <td>2,419</td> <td>2,300</td> <td>2,336</td> <td>2,091</td> </tr> <tr> <td>Number of children with valid height & weight records</td> <td>2,105</td> <td>2,240</td> <td>2,170</td> <td>2,276</td> <td>2,369</td> <td>2,385</td> <td>2,289</td> <td>2,307</td> <td>2,091</td> </tr> <tr> <td>As a percentage of NRS population estimate</td> <td>88.8</td> <td>92.1</td> <td>87.0</td> <td>91.1</td> <td>93.4</td> <td>90.5</td> <td>87.0</td> <td>94.5</td> <td>82.4</td> </tr> </tbody> </table> <p>Source: ISD Scotland, CHSP School December 2017</p>							08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	Population of 5 year olds (NRS Estimate)	2,371	2,431	2,495	2,497	2,537	2,636	2,631	2,442	2,538	Total number of children reviewed	2,127	2,256	2,180	2,296	2,390	2,419	2,300	2,336	2,091	Number of children with valid height & weight records	2,105	2,240	2,170	2,276	2,369	2,385	2,289	2,307	2,091	As a percentage of NRS population estimate	88.8	92.1	87.0	91.1	93.4	90.5	87.0	94.5	82.4
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Indicator 29	Target	Baseline	Status	Imp Group	Current																																																		
90% CAMHS referrals are seen within 18 weeks	90%	80%		Mental Health	83%																																																		
<p>Analysis This data is reported quarterly for the Primary mental health service. The baseline was established in 2013 and the latest data shows that all the children and young people referred to the service were seen within the 18 week target. The target is a national NHS HEAT target.</p>																																																							
Indicator 30	Target	Baseline	Status	Imp Group	Current																																																		
Percentage of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	95%	70%		Looked after children	85.4																																																		
<p>Analysis This data is collected quarterly and the baseline was established in 2016. The table below shows the quarterly variation over this time.</p>																																																							

LAC Health Assessments within 4 weeks of notification				
Quarter	Target (95%)	(PMF Outcome Measure 46)	Eligible New LAC	SHAs Undertaken
Jan-March 16	95%	54.3%	35	19
Apr-Jun 16	95%	84.8%	33	28
Jul-Sep 16	95%	62.5%	24	15
Oct-Dec 16	95%	67.7%	31	21
Jan-Mar 17	95%	85.0%	40	34
Apr-Jun 17	95%	77.8%	54	42
Jul-Sep 17	95%	72.9%	48	35
Oct-Dec 17	95%	85.4%	48	41

Indicator 31	Target	Baseline	Status	Imp Group	Current
95% of health assessments for LAC who are accommodated are available for the initial child's plan meeting at six weeks	Improve from baseline	66.7%		Looked after children	88.2

Analysis
 This data is collected quarterly and the baseline was established in 2016. The table below shows the quarterly variation over this time.

LAAC Health Assessments available for CPM at 6 weeks				
Month	Target (95%)	(PMF Outcome Measure 47)	Eligible New LAC	SHAs Available
Jan-Mar 16	95%	60.0%	20	12
Apr-Jun 16	95%	82.4%	17	14
Jul-Sep 16	95%	73.7%	19	14
Oct-Dec 16	95%	66.7%	18	12
Jan-Mar 17	95%	62.5%	24	15
Apr-Jun 17	95%	80.0%	30	24
Jul-Sep 17	95%	70.0%	30	21
Oct-Dec 17	95%	88.2%	17	15

Indicator 32	Target	Baseline	Status	Imp Group	Current
Waiting times for AHP services to be within 18 weeks from referral to treatment	95%	85%		Additional support Needs	84%
Analysis Detailed analysis of this data is contained within the assurance report.					
Outcome 5. Children and young people make well-informed choices about healthy and safe lifestyles					
Indicator 33	Target	Baseline	Status	Imp Group	Current
The number of hits on pages relating to children and young people on the Substance Misuse Website increases	Improve from baseline	422		Public Health and Wellbeing	538
Analysis The baseline was established in 2014 and is collected annually. The trend data shows incremental increase over this period.					
Indicator 34 (P7)	Target	Baseline	Status	Imp Group	Current
Self-reported incidence of smoking will decrease	Improve from baseline	1%		Public Health and Wellbeing	1%
Analysis This is new data taken from the 2017 lifestyle survey. The question in the survey was redesigned from previous surveys and as a consequence now determines a baseline for improvement. The survey is undertaken every two years across Highland schools.					
Indicator 34 (S2)	Target	Baseline	Status	Imp Group	Current
Self-reported incidence of smoking will decrease	Improve from baseline	5.3%		Public Health and Wellbeing	5.3%
Analysis This is new data taken from the 2017 lifestyle survey. The question in the survey was redesigned from previous surveys and as a consequence now determines a baseline for improvement. The survey is undertaken every two years across Highland schools.					

Indicator 34 (S4)	Target	Baseline	Status	Imp Group	Current
Self-reported incidence of smoking will decrease	Improve from baseline	13.2%		Public Health and Wellbeing	13.2%
<p>Analysis This is new data taken from the 2017 lifestyle survey. The question in the survey was redesigned from previous surveys and as a consequence now determines a baseline for improvement. The survey is undertaken every two years across Highland schools.</p>					

December 2017 Integrated Health Monitoring Statement

Activity	Budget	Actual to Date	Projection	Variance
Allied Health Professionals	3,144,187	2,153,140	2,940,928	-203,259
Service Support and Management	1,145,202	791,677	1,076,881	-68,321
Child Protection	447,948	280,335	421,931	-26,017
Health and Health Improvement	483,063	559,576	449,083	-33,980
Family Teams	16,633,066	11,940,743	16,024,845	-608,221
The Orchard	1,194,384	833,923	1,194,384	0
Youth Action Services	1,505,690	936,031	1,392,207	-113,483
Primary Mental Health Workers	542,467	372,458	495,045	-47,422
Payments to Voluntary Organisations	953,774	973,058	983,050	29,276
Total	26,049,781	18,840,941	24,978,354	-1,071,427
Commissioned Children's Services income from NESH	-9,562,153	-4,972,778	-9,562,153	0

Commissioned Child Health (Integrated Services)

Risk Register – November 2017

The following matrix will be used for risk prioritisation, further information can be found in the Risk Management Policy.

LIKELIHOOD	CONSEQUENCES / IMPACT				
	Insignificant	Minor	Moderate	Major	Extreme
Almost Certain	MEDIUM	HIGH	HIGH	VERY HIGH	VERY HIGH
Likely	MEDIUM	MEDIUM	HIGH	HIGH	VERY HIGH
Possible	LOW	MEDIUM	MEDIUM	HIGH	HIGH
Unlikely	LOW	MEDIUM	MEDIUM	MEDIUM	HIGH
Rare	LOW	LOW	LOW	MEDIUM	MEDIUM

Date	Description Of Risk	Risk Owner(s)	RISK EXPOSURE-			RISK CONTROL		RISK EXPOSURE –		
			Likelihood (L)	Severity (S)	Risk rating	Existing Control Measures	Actions	Likelihood (L)	Severity (S)	Risk Rating
Revised Nov 17	<u>Inability to deliver new Universal HV pathway.</u> Health visitor establishment is increasing however staff turnover continues to create vacancies and many posts are filled with trainee posts or inexperienced HVs. Level of need is increasing as new pathway is introduced. Increasing stress levels for HVs.	Principal Officer Nursing & Children's Services manager	Almost certain	Moderate	High	Practice Leads (Early Years) to ensure robust supervision.	Develop reporting & action planning template to capture the measure taken to prioritise the need. Increase levels of recruitment of qualified HVs Robust preceptorship arrangements in place for newly qualified HVs. Continue to look for opportunities to recruit qualified HVs.	Almost certain	Moderate	High
Revised Nov17	<u>Risk of inequity of provision and variation in quality of School Nursing service.</u> Lack of central vision and leadership for school nursing. School nursing review creating new expectations of the service which is challenging to current workforce	Lead Nurse for Looked after Children & School Years/ Children's Services manager	Possible	Moderate	Medium	Practice Leads(Schools) have management and Principal Officer Nursing has professional accountability	Develop a Lead nurse for School Years post. Develop implementation plan for the implementation of the School Nursing review recommendations			Medium
October 2015	<u>Risk of delay in accessing health information for</u>	Principal Officer Nursing	Possible	Minor	Medium	Robust records transport	District manager to ensure that a robust records management system is created including transport from	Possible	Minor	Medium

	<u>school aged children & young people</u> Changing team bases can result in some school nurse records being stored off site.	& Children's Services manager				system to be put in place.	off-site storage top base within 2 days. Expectations of other agencies to be managed.			
Revised Nov 2017	<u>Risk of insecure records storage</u> Lack of archiving processes for inactive child health cases.	Principal Officer Nursing & Principal Officer Allied Health Professionals	Possible	Moderate	Medium	Escalated to Principal Officers	Work with HC information management team to identify robust solutions for each area to include tracking; secure storage; retrieval system. Liaising with NHSH Records manager to develop agreed Standard Operating Procedures for records management – out for consultation	Possible	Moderate	Medium
Ref 7 Added April 2016	<u>Risk of lack of focus on health issues within Highland Council</u> Senior Manager for Health vacancy leading to lack of focus on health issues	Head of Children's Services	Possible	Major	High	Agreed Job Description	Work with NHSH to ensure agreement of Job Description & authority to recruit Principal Officer roles providing some health focus however this is affecting their professional roles.	Possible	Major	Medium
Ref 8 Added June 2016 Revised Nov 2017	<u>Risk of health records and information being delayed or lost</u> Lack of robust cross agency transport system	Principal Officer Nursing & Principal Officer Allied Health Professionals	Possible	Major	High	Recommendation re using Royal Mail for health records unless previously agreed between sender and recipient.	Work with NHSH to create formal guidelines re transportation of health records. Transportation of records within Inverness area achieved	Possible	Major	High

Updated Nov 2017	<u>Risk of health staff not being able to access NHS systems</u> Lack of easy access to NHS intranet for policies etc plus cost implications	Principal Officer Nursing & Principal Officer Allied Health Professionals & IT personnel	Likely	Moderate	High	Ordering VPN fobs as budget will allow	Nov 2017 :Solutions close to being in place for Datix reporting Agreement re Highland Council intranet page for Health information	Possible	Moderate	High
Added Oct 2016	<u>Risk of school nurses not receiving clinical/professional supervision</u> Lack of robust mechanism for the clinical/professional supervision of School Nurses to ensure supported and professional service	Principal Officer Nursing	Possible	Moderate	Medium	Discussions with Practice Leads (Early Years) to share supervision with Practice Lead (Schools)	Develop a Lead nurse for School Years post to develop clinical supervision arrangements.	Unlikely	Moderate	Low
Added Aug 2017	<u>Risk of insufficient capacity to deliver required health services.</u> Workforce planning and recruitment issues	Principal Officer Nursing & Principal Officer Allied Health Professionals	Likely	Moderate	High	Teams submit an action plan identifying additional measures to mitigate risks	Regular management review of action plans and resources targeted to areas of highest risk Establishment of supplementary staff qualified for Highland Council on NHS Integrated Staff Bank	Possible	Moderate	Medium
Added Aug 2017	<u>Risk of delay in obtaining/transferring important health information about school pupils.</u>	Principal Officer Nursing & IT	Likely	Minor	Medium	School nurses continue to work with schools to obtain timely	Regular monthly reports from SEEMIS (education database) to identify transfers In and out of Highland schools	Possible	Minor	Medium

	School nurse records regularly not available due to problems in identifying when children transfer in or out of schools					notifications				
Added Jan 2018	<u>Risk of being unable to deliver full range of school nursing services in the Mid Ross area</u>	Mid Area Management/ Principal Officer Nursing	Almost certain	Medium	High	Use of bank staff to supplement the Staff Nurse (Schools). Input from qualified school nurse from outwith area. Prioritisation of current workload Immunisations undertaken by Immunisation Team	Recruitment to school nurse posts, although in reality this will be school nurse trainees. Regular monitoring and support to Practice Leads (Schools) from Lead Nurse for LAC and School Years Workforce planning exercise in progress	Likely	Medium	High