

Agenda Item	6
Report No	HCW/10/20

## HIGHLAND COUNCIL

**Committee:** Health, Social Care and Wellbeing

**Date:** 26 August 2020

**Report Title:** Commissioned Health Service Assurance Report

**Report By:** Executive Chief Officer – Health and Social Care

### 1. Purpose/Executive Summary

- 1.1 The purpose of this report is to provide assurance to NHS Highland in relation to services commissioned and delivered through Highland Council. The report is provided twice a year as outlined within the partnership agreement between NHS Highland and Highland Council in 2012. The partnership agreement is currently under review and future reports will reflect any changes to governance arrangements agreed as part of this review. The content of this assurance report is informed through partnership working across both organisations.
- 1.2 In addition, the report sets out the measures that were put in place across the Covid-19 pandemic to support the commissioned child health service.

### 2. Recommendations

- 2.1 Members are asked to:
- i. Note the measures put in place across the Covid-19 pandemic to support the commissioned child health service in Section 6.
  - ii. Consider service delivery arrangements and comment on plans for service improvement and clinical and professional governance set out in Section 9.

### 3. Implications

- 3.1 Resource – The review of the partnership agreement will help determine future resource needs and priorities for improvement.
- 3.2 Legal – None
- 3.3 Community (Equality, Poverty, Rural and Island) – Improvement to service delivery outlined in this report will consider the themes of equality, poverty and rural issues.
- 3.4 Climate Change / Carbon Clever – None
- 3.5 Risk – Service risks are determined through the professional and clinical governance framework and reflected in the commissioned health service risk register.

3.6 Gaelic – None

#### **4. Introduction**

4.1 Working within the legal framework of the Public Health Bodies (Scotland) Act 2015, The Highland Council is commissioned to deliver a number of community child health services on behalf of NHS Highland. These services are delivered within the Lead Agency Model of integration, articulated within the Joint Partnership Agreement with outcomes outlined in the integrated children's service plan which is currently being updated in line with recently issued guidance from Scottish Government.

#### **5. Background and Context**

5.1 Within the Health and Social Care Service there are 250 health professionals and an additional 50 early years and nursing and support assistants providing health care interventions to infants, children and young people in Highland. Health professionals include health visitors, school nurses, learning disability and specialist nurses. Allied health professionals include speech and language therapists, occupational therapists, physiotherapists and dieticians.

5.2 Health staff work within a public and preventative health framework and practice within the Getting it Right approach of the Highland Practice Model.

#### **6. Covid-19 Summary**

##### 6.1 Service Delivery

6.1.1 Across the Covid-19 pandemic service delivery has been directed by the Scottish Government and the Chief Nursing Officer and has focussed on

1. Protecting children and young people most at risk.
2. Undertaking statutory duties and identifying children and families who may become vulnerable in response to the pandemic.
3. Ensuring staff safety and wellbeing.

6.1.2 Nursing and allied health professionals continue to undertake statutory and necessary visits through direct contact, virtual contact using Google Hangouts, Attend Anywhere, Microsoft Teams and telephone.

6.1.3 During the Covid-19 period staff have worked from home and, when necessary, have safely implemented a rota system to access clinical records and support within the office environment.

6.1.4 A small number of staff were briefly deployed to support NHS Highland at the height of the pandemic with HR Systems, processes and communication methods in place should there be a requirement to support any future need.

##### 6.2 Professional and Clinical Governance

6.2.1 Ensuring the continued delivery of safe and effective healthcare throughout the pandemic has been and remains a service priority. Service governance and decision making across Covid has been strengthened by the establishment of a health leadership Covid group with decision log and action plan which provides strategic direction for

service delivery and to support governance and accountability for decision making for the commissioned health service. This ensures the safe implementation of national and local guidance and links with relevant governance structures within The Highland Council and NHS Highland.

- 6.2.2 Within existing resource there has been a reconfiguration of staff to support Covid-19 through the appointment of three Associate Lead Nurse secondment posts. These posts work in partnership with social work and education managers in ensuring staff safety and wellbeing, as well as supporting alternate ways of working to ensure the service continues to meet the needs of children, young people and families.
- 6.2.3 Within existing resource there was, for the initial 12 week period of the pandemic, the addition of a Public Health Practitioner to provide specialist guidance and support and to enable the co-ordination and distribution of PPE. This is now embedded within an administrative process with advice, guidance and support provided within the remit of a Public Health Nurse within Health and Social Care.
- 6.2.4 The 'Just ask' enquiry line is a dedicated telephone helpline established 2 years ago. This helpline enables direct access to specialist advice, guidance and support for families. There are 10 health professional disciplines now accessible through this provision. Between May 2018 and May 2020, there were on average 33 calls per month. This has increased throughout the pandemic and in June 2020 there were 65 calls to the helpline.
- 6.3 Partnership Working
  - 6.3.1 Partnership working with NHS Highland has been strengthened throughout the period of the pandemic through joint participation in NHS Highland Covid command groups. This ensured service delivery was informed and in line with local and national public health information and guidance and provided opportunity to rapidly escalate clinical issues for guidance and decision making.

## **7. Nursing**

- 7.1 The role of nursing within the community is focussed on reducing health inequalities and child poverty through early intervention and preventative health approaches. Nurses deliver services to all infants, children and young people through the national child health programme including the health visitor pathway, child health immunisations, through targeted assessments, interventions and support to the most vulnerable. The majority of nursing staff are qualified to advanced nursing or specialist level and work within integrated teams across Highland. The impact to staffing caused by the pandemic was not significant with, on average 90% of the nursing workforce available for work across the 12 weeks.
- 7.2 Health Visiting
  - 7.2.1 The health visiting service is responsible for delivery of the national health visiting pathway. This pathway supports 11 mandatory developmental screening visits for each child from birth to 5 years. These developmental visits provide the opportunity for continual assessment of the needs of an infant or child. In the role of named person, health visitors are responsible for leading and co-ordinating the Child Plan for all infants from birth to 5 years.

7.2.2 Subsequent to the adaptations made by the Chief Nursing Officer to mandatory visits for Covid-19, the following data has been collated within health visiting teams to monitor performance across the 12-week period of the pandemic. There has been an average of 225 face to face contacts every week. This includes mandatory visits and additional support visits. The service has sustained the number of face to face visits despite fluctuating staffing levels due to annual leave/shielding or isolation. Remote contacts via Microsoft teams and Attend Anywhere has seen an average 800 contacts each week.

7.2.3 Although data was not previously captured in relation to domestic violence, Health Visiting teams are anecdotally reporting an increase in concerns and this will be a future priority for improvement in data measurement.

### 7.3 School Nursing

7.3.1 The role of school nursing, as part of the Scottish Government Transforming Nursing Roles Programme, has been refocussed since 2017, to provide specialist support to vulnerable families, those at risk and looked after children. School nurses have worked to the chief nursing officer guidance during the pandemic ensuring children, young people and families continue to be supported safely using alternative ways of working.

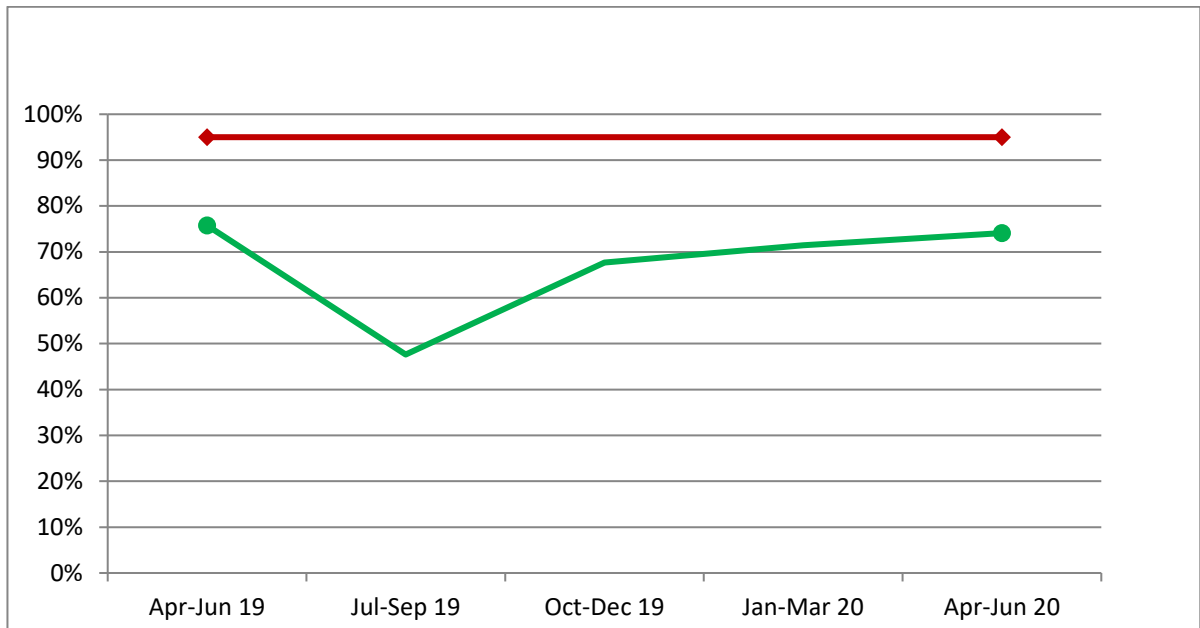
7.3.2 Highland has successfully established a post graduate advanced school nurse training programme. There are currently 12 school nurse trainees on the programme, with an additional 4 trainees to commence in September 2020 with recruitment to an additional 2 posts, funded by the Scottish Government, underway.

7.3.3 Scotland began a three year vaccination transformation programme in April 2018. This aims to modernise the delivery of vaccines by progressively moving away from a model of GP delivery to NHS Board delivery, via immunisation teams. School nursing staff have historically been responsible for school years immunisations, this will continue and has been enhanced with the development of a small immunisation support team.

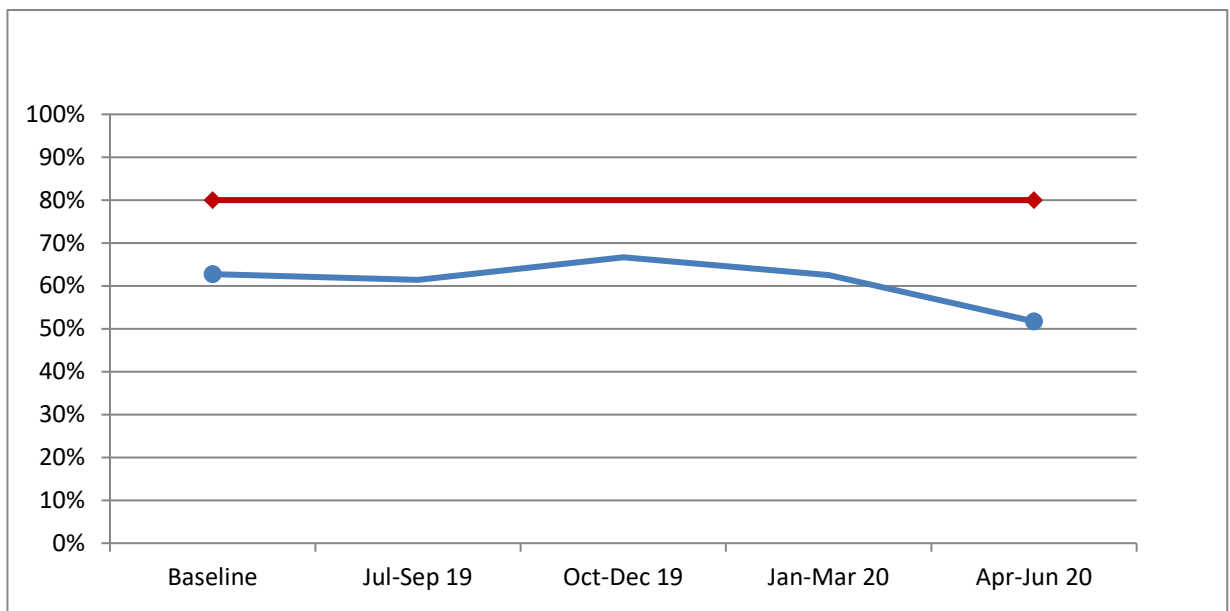
### 7.4 Specialist Nursing

7.4.1 There are nurses in Specialist Roles working with vulnerable, at risk children and children with additional support needs. These include Child Protection Advisors, Looked After Children and Youth Justice mental health nurses and disability nursing teams.

7.4.2 Statutory health assessments for Looked After Children remain a priority across the Covid pandemic. Assessments continue to be carried out through a process of extensive information gathering and non-direct or direct contact in accordance with Scottish Government guidance and risk assessment. Families and carers continue to be supported to meet the health needs of children who are Looked After through both universal and targeted health and medical services. Between January and June 2020, 55 infants' children and young people were eligible for a statutory health assessment. 40 health assessments were undertaken during this time. Placement moves, ceasing to be Looked After before the health assessment and refusal to participate are factors which contribute to the uptake rate of assessments. Nursing staff continue to endeavour to work with children, young people and families to undertake all health assessments which were not completed. The table below shows that the percentage of assessments was broadly sustained during the initial Covid period. The red line shows the target of 95%. The green line shows performance over time.



7.4.3 Young people in residential child care have some of the poorest health outcomes of the child population. Between January and June 2020 there were 57 Highland young people living in residential child care in Highland. 25 out of the 57 young people had incomplete childhood immunisation. This was a result of missed immunisations in infancy and lack of catch up in primary school and teenage immunisations. The percentage of immunisation uptake has declined across the Covid-19 period as a result of the restriction on direct contacts. The red line shows the target of 80%. The blue line shows performance over time.



## 7.5 Family Nurse Partnership

7.5.1 The Family Nurse Partnership programme is a highly intensive home visiting programme for first time mothers age 19 years and under. Family Nurses work alongside the family and Midwives from early pregnancy and provide support until the child is two years. This provides continuity of care with a strong relationship and empowerment focus.

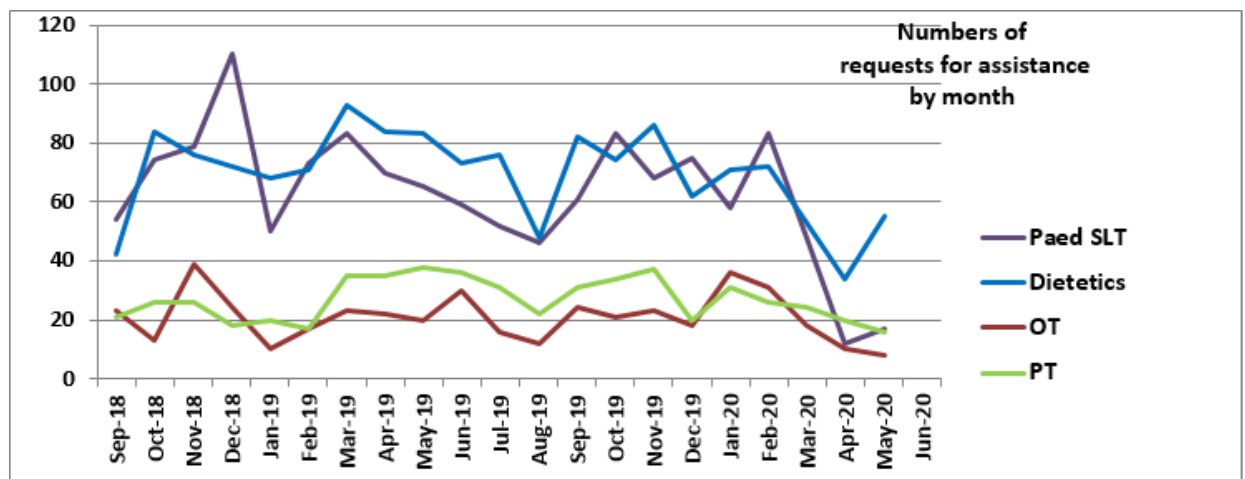
7.5.2 The FNP is in the process of being rolled out across Highland and currently supports 87 families accessing the service.

7.5.3 Highland FNP are currently participating in the Scottish Government digital inclusion pilot. Through better access and use of tablet devices (Chrome books) it is hoped that support to families will be enhanced. This six-month pilot is fully funded by the Scottish Government and upon completion, the chrome books remain with the clients. Client feedback will support any future roll out of the pilot across Scotland.

## 8. Allied Health Professionals

8.1 Allied health professionals comprise of a number of specialist disciplines working with children with complex health needs or disabilities either at home, in school or in the acute medical setting.

8.2 The number of requests for assistance has fallen for Paediatric Speech and language therapy, OT and Physiotherapy compared to data from 2019. School and ELC setting closure across the covid period are likely to have impacted on then number of requests for service. It is anticipated that there may be an increase in demand over the next few months as schools and centres reopen.



8.3 As a specialist discipline requiring 'hands on' clinical intervention, the main challenge across the Covid-19 period has been the ability to retain the quality of intervention without direct input. It is anticipated the return to work programme and an increase in availability of clinical space will support an increase in direct work with children and families with additional support needs.

## 9. Service Improvement

9.1 Working to NHS Scotland Healthcare Quality Strategy and the Children and Young People's Improvement Collaborative (CYPIC) and working in partnership with key stakeholders, an improvement plan for the commissioned health service is under development and will be presented to the next meeting of this committee.

9.2 The Improvement Plan is set within a context of the requirements as laid out in the Public Health Bodies (Scotland) Act, 2015 and is supported by the national and local outcomes agreements as articulated in the Highland Integrated Children's Service Plan and the Partnership Agreement with NHS. The plan will be set around the themes from the Clinical and Care Governance Framework 2015 and also capturing local, national and

professional priorities. This plan includes a reviewed performance management framework.

- 9.3 Working in partnership with NHSH there is continued development of the clinical and professional governance framework within the commissioned health service including a risk management framework.
- 9.4 In addition, there is currently the development of a Covid-19 service recovery plan within the commissioned health service for nursing and allied health professionals.
- 9.5 Covid-19 pandemic will continue to require radically different ways of working in order to keep children and families and staff groups safe. The remobilisation of the workforce will be in line with The Highland Council direction working in partnership with NHS Highland Public Health and national guidance.

Designation: Executive Chief Officer – Health and Social Care

Date: 17 August 2020

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