Agenda Item	5
Report No	JMC/12/23

**Committee:** Joint Monitoring Committee

Date: 21 June 2023

Report Title: Integrated Children's Services Assurance Report

Report By: Head of Integrated Children's Services

## 1. Purpose/Executive Summary

- 1.1 The purpose of this report is to provide assurance on the progress being made by the Integrated Children's Services Planning Board (ICSPB) with regard to the development of the 2023 2026 integrated children's services plan.
- 1.2 The report also provides an update on the performance measures from the performance management framework developed for the current (2021 -2-23) plan.
- 1.3 It also provides an update on additional areas of integrated partnership working between The Highland Council and NHS Highland. Partnership activity of particular interest to this committee is highlighted at sections 7 of the report. These developments underscore the partnership work being undertaken between the child health service at The Highland Council and the Woman and Children's directorate at NHS Highland. Regular assurance reporting and performance monitoring for this activity is provided to the Highland Health and Social Care Committee.

#### 2. Recommendations

### 2.1 Members are asked to:

- Note and comment on the work undertaken by the children's services planning partnership in delivering the Highland Integrated Children's Services Plan 2023 - 2026.
- ii. Note and comment on the work undertaken in other partnership areas.

## 3 **Implications**

- 3.1 Resource The children's services planning partnership will help determine future resource needs and priorities for improvement.
- 3.2 Legal None
- 3.3 Community (Equality, Poverty, Rural and Island) Improvement to outcomes for infants, children, young people and their families outlined in this report consider the themes of equality, poverty and rural issues.
- 3.4 Climate Change/Carbon Clever None
- 3.5 Risk –Risks are determined through the Community Planning Partnership risk register.
- 3.6 Gaelic None

#### 4. Integrated Children's Service planning

- 4.1 The Children and Young People (Scotland) Act 2014 (Part 3), outlines the need to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing
- 4.2 The next iteration of the integrated children's service plan is currently being developed by the Integrated Children's Services Planning Board (ICSPB) on behalf of Highland Community Planning Partnership. A final draft of this plan will be taken to the Community Planning Partnership Board in June 2023 for final sign off before being submitted to Scottish Government and final publication.
- 4.3 In developing this plan, the ICSPB is undertaking a joint strategic needs assessment and the data gathering from this activity will support an evaluation of the performance management framework which underpins the current plan. The strategic needs assessment takes a life course approach which will be reflected in the structure of the 2023 2026 plan.
- 4.4 As the current plan is a two year plan to reflect the impact of the pandemic the ICSPB intends to re-establish its priorities around the themes of the current plan adding a whole system approach to supporting families as a new priority.
- 4.5 The next iteration of this plan is nearing completion and identifies the community planning partnerships priorities and change ideas for improving outcomes for Highland's Children.

- 4.6 Within the plan, partnership priorities for improvement are set around the following themes:
  - Health and wellbeing including mental health
  - Child poverty
  - Children's rights and participation
  - Child protection
  - Corporate parenting (The Promise)
  - Alcohol and drugs
  - Whole family wellbeing
- 4.7 The partnership have identified the following priorities and change ideas for the next three years under each of the themes

4.8 Health and wellbeing

Getting Started (pre-birth to 5 years)	Growing up (Primary school years)	Moving on (Secondary School to adulthood)
Priority: Enable and empower families to good health	Priority: Support development of a 'whole family' approach to health and wellbeing	Priority: Enable, empower and promote healthy choices for young adults
Change Ideas	Change Ideas	Change ideas
Embed financial inclusion pathways for Highland	Refocus roles to provide targeted support for health and wellbeing	Develop an early intervention health and wellbeing project
2. Develop staff to use alternative methods of listening to the voice of infants	2. Refresh Highlands parenting strategy	2. Develop the workforce through establishing core health and wellbeing learning
3. Develop PH pathways for early identification of need at key transition points	3. Develop Highlands play strategy	3. Develop health and wellbeing outreach for YP out of mainstream school and /or interrupted learners

4.9 Child poverty

Getting Started (pre-birth to 5 years)	Growing up (Primary school years)	Moving on (Secondary School to adulthood)
Priority: Mitigating the impacts of the cost-of-living crisis.	Priority: Mitigating the impacts of the cost-of-living crisis.	Priority: Mitigating the impacts of the cost-of-living crisis.
Change Ideas	Change Ideas	Change ideas
Flexible models     of childcare in rural     areas	Uptake of sanitary products in schools	Roll out of cost of the school day tool kit
	2. Weekend food support – national lobbying	2. Developing a cash first approach
Developing     financial inclusion     referral pathways	<ol><li>Developing financial inclusion referral pathways</li></ol>	<ol><li>Developing financial inclusion referral pathways</li></ol>

4.10 Children's rights and participation

Getting Started (pre-birth to 5 years)	Growing up (Primary school years)	Moving on (Secondary School to adulthood)
Priority: Ensure children's rights are evident in practice	<b>Priority:</b> Ensure children's rights are evident in practice	<b>Priority:</b> Ensure children's rights are evident in practice
Change Ideas	Change Ideas	Change ideas
1. Implement the Voice of the Infant Best Practice Guidelines and Infant Pledge	1. Embedding children's right in the curriculum – diversity through picture books, gender bias, decolonisation, differentiation etc	Track the improvement in views being listened to through the Highland Lifestyle survey
2. Support children's right to play through a play strategy and early years play pedagogy	2. Support practice to ensure children's views are included in all Child's Plans	2. Support young people to co-design and/or create guidance to further children's rights

3. Track the recovery from Covid through the developmental overviews	3. Ensure all children and YP have the opportunity to be involved and have their say in policy decisions	Improve access to free period products in schools
--	--	---

4.11 Child protection

Getting Started (pre-birth to 5 years)	Growing up (Primary school years)	Moving on (Secondary School to adulthood)
Priority: We will ensure that child protection practice in relation to early years meets the needs of families and protects children	Priority: We will support the development of prevention and early intervention opportunities to protect children and young people	Priority: We will ensure the needs of Older Young People are considered and met, particularly those at risk from community harm(s)
Change Ideas	Change Ideas	Change ideas
Review assessment and planning processes to ensure children and families receive the right help and support at the right time	Scope, develop and deliver abuse prevention work across Highland	Develop new approaches for older young people at risk of community harm and those involved in youth justice processes
Support the appropriate involvement of wider families in assessment and planning processes	Co-production of child protection awareness materials with children and young people	Ensure practitioners are competent and confident in responding to the needs of older young people through assessment and planning processes
Ensure the voices of younger children are collected and heard	Support the roll out, development and evaluation of early intervention projects to support children, young people and families	Ensure clear links between adult and child protection processes and strengthen links between children and adult services

4.12 Corporate parenting (The Promise)

Getting Started (pre-birth to 5 years)	Growing up (Primary school years)	Moving on (Secondary School to adulthood)
Priority: We will ensure that child protection practice in relation to early years meets the needs of families and protects children	Priority: We will support the development of prevention and early intervention opportunities to protect children and young people	Priority: We will ensure the needs of Older Young People are considered and met, particularly those at risk from community harm(s)
Change Ideas	Change Ideas	Change ideas
Review assessment and planning processes to ensure children and families receive the right help and support at the right time	Scope, develop and deliver abuse prevention work across Highland	Develop new approaches for older young people at risk of community harm and those involved in youth justice processes
Support the appropriate involvement of wider families in assessment and planning processes	Co-production of child protection awareness materials with children and young people	Ensure practitioners are competent and confident in responding to the needs of older young people through assessment and planning processes
Ensure the voices of younger children are collected and heard	Support the roll out, development and evaluation of early intervention projects to support children, young people and families	Ensure clear links between adult and child protection processes and strengthen links between children and adult services

# 4.13 Alcohol and drugs

Getting Started (pre-birth to 5 years)	Growing up (Primary school years)	Moving on (Secondary School to adulthood)
Priority: We will develop a whole family approach to drugs and alcohol which effectively	Priority: We will revise and improve the programme of substance use education and	Priority: We will support early intervention amongst young people who are at higher risk of developing

recognises and support parents, unborn infants and babies affected by drugs and alcohol	prevention in schools and wider settings to ensure it is good quality, impactful and in line with best practice	problem alcohol and drug use due
Change Ideas	Change Ideas	Change ideas
1. Develop policy for Highland and deliver social media campaigns to extend the reach of local and national awareness raising initiatives for FASD	1. Develop the Highland Prevention and Intervention Model and pilot elements of the Icelandic Prevention Mode	Strengthen treatment and support services for young people affected by their own or another's alcohol or drug problem
2. Enhance pre birth support through D&A Midwifery ensuring link with PNIMH	2. Increase access via the H-SAT to quality and evidence based online resources for young people, parents and professionals	2. Develop opportunities to support culture change within schools and communities through active sport, nutrition and lifestyle healthy choice
	3. Develop the role of Highland's Advanced Nurse (Schools) to support Drugs and Alcohol	3. Develop assertive outreach approach for schools and communities in need

# 4.14 Mental Health

Getting Started (pre-birth to 5 years)	Growing up (Primary school years)	Moving on (Secondary School to adulthood)
Priority: Develop approaches to codesign support and interventions with parents and families	Priority: Support staff working with C&YP to be trained in MH&W	<b>Priority</b> : Support young people to self manage their mental health and wellbeing
Change Ideas	Change Ideas	Change ideas

Mandatory early brain development training for midwives and health visitors	1. One stop shop mental health toolkit with quality evidence based info, self help and signposting	1. Developmental approach to understanding the teenage brain and links to emotional literacy, language and distress
2. Programme of support for parents of young children including skills in dealing with mental coping strategies	2. Mental health knowledge and skills framework for staff working with YP	2.More robust mechanisms to have ongoing 'conversations' with YP about mental health – codesign initiatives and interventions
3. Develop procedures, guidance and pathways for support and onward referral for private nurseries, playgroups and early years settings	3. Refresh and implement the 'positive relationships' guidance in all schools	3. Create a 'champion' model to support young people to develop skills on how to best use their voice and understand how it can be heard

#### 5.0 Governance

- 5.1 The children's services planning partnerships Board provides oversight to the on-going work and future development of the plan on behalf of the Highland Community Planning Partnership. This group has broad membership, including lead officers from The Highland Council, NHS Highland, Police Scotland, Scottish Fire and Rescue Service and a number of Third Sector organisations. The Board reports to the Community Planning Partnership Board with additional reporting to Highland Council, The Child Protection Committee, and the Joint Monitoring Committee.
- The NHSH Health and Social Care Committee, the NHS Highland Board, The Highland Council Health, Social Care and Wellbeing Committee and The public protection chief officer group undertake their statutory responsibility ensuring that appropriate assurance on the development and progress of the plan is received.

### 6 Performance management

- 6.1 The partnership has a comprehensive performance management framework. Discrete service and improvement groups own an assigned range of targets and performance measures from the performance management framework.
- 6.2 This framework is included within the Performance Management Assurance and Audit Report to this committee

7 Additional areas of integrated partnership working between The Highland Council and NHS Highland.

#### 7.1 Child and adolescent mental health service

- 7.1.1 A clear service model has been agreed, maintaining our unscheduled care model, a plan to establish a separate function for intensive home treatment, and realign our core capacity into a locality-based model, which has become centralised in response to staff shortages and covid response. Locality alignment allows for greater integration with early intervention locality-based provision across NHSH and THC, improving service user experience and allowing for greater flexibility and maximisation of workforce capacity across the entire system.
- 7.1.2 Additional modelling around service extension for liaison services, out of hours provision, increase in age range and eating disorder services have been agreed. Rate of implementation is dependent upon confirmation of central government funding for 2023/24 and ability to recruit additional staff in the face of national workforce shortages and competitive recruitment market. Scottish Government have confirmed a significant reduction in the central funding to support implementation of the national service specifications for 2022/23. In light of the ongoing expected budget reduction from Scottish Government a change to the timeline for the full implementation of the national specification has been agreed. The date of implementation has been changed from 31<sup>st</sup> March 2023 to the end of this current parliamentary term, March 2026. Locally the significant progress against waiting times has been acknowledged by Scottish Government and the aim of reducing the longest waits to above 2 years by April 2023 has been set.
- 7.1.3 Closer working across NHSH and THC with a greater strategic approach to Primary Mental Health Services (Education led) and School Nursing could deliver additional efficiencies and maximising of capacity, alongside engagement with third sector providers and the introduction of Distress Brief Intervention (CAMHS and education) pathways in Inverness City with potential for Highland wide roll out. This requires greater strategic and operational cooperation across NHSH and THC as well as an agreed framework for assessment and intervention models across the tiers of service provision

## 7.2 Transforming the Role of School Nursing

7.2.1 As part of Highland's integrated Children's Services Whole Family Approach to Mental Health and Wellbeing, the partnership have made significant progress to transforming the role of School Nursing. Highland's Advanced Nurse Training Programme has raised the qualification, skill, competence, and confidence of the school nursing workforce to address the impacts of inequalities and address family poverty, with a particular focus on mental health for all of school nursing.

- 7.2.2 School nurses in highland will provide a whole system approach to mental health and wellbeing, assessing health need within a mental health framework ensuring children, young people and families get the right level of support at the right time in the right way. Working as part of the whole system and alongside Primary Mental Health Workers, Highlands school nurses will be closely aligned to NHS Highland CAMHS service, early years, education, and the 3<sup>rd</sup> sector and supporting a step up/step down approach to mental health care in Highland.
- 7.2.3 Additional development for school nursing will be provided during 2023/24 to develop a portfolio approach to vulnerable groups, as outlined in the national transforming roles programme. This will enable the development of expertise for a number of staff across key areas including youth justice, homelessness, domestic abuse, gypsy travelling families and care experienced children and young people. The approach will be complemented by skill mix who will develop early prevention and promotion approaches for health-related behaviours, including sexual health and supporting families where there is complex physical or clinical need.
- 7.2.4 School Nurse support will be driven by the needs of children and young people and will be delivered within the framework of Getting it Right for Every Child. (GIRFEC). The rights, voices and choices of children and young people will be embedded in practice and is a key theme for the development of staff within the School Nursing teams giving them the opportunity to expand their skills in gaining the views of children and young people and using them to influence outcomes.

#### 7.3 Perinatal Infant Mental Health

- 7.3.1 The Perinatal and Infant Mental Health Team is a tri-pathway service covering Perinatal Mental Health, Maternity and Neonatal Psychological Intervention, and Infant Mental Health. Since November 2023 the team has received 85 referrals.
- 7.3.2 The team previously reported to the Joint Monitoring Committee challenges in the Infant Mental Health pathway due the long term absence the recruited parent-infant therapist. This absence is ongoing. However, recognising the gap in the pathway, the majority of clinicians supporting the PNIMHT pathway are now trained in interventions to nurture and promote good parental mental health and good parent-infant relationships. The team continue to take referrals of women both antenatally and postnatally, and to assess and treat mental health problems in the perinatal period and postnatal period. Where there is a concern about infant mental health or the parent-infant relationship.
- 7.3.3 The PNIMHT has a particular focus on psychosocial support for the Maternity and the Neonatal Unit, CAMHSs sessions, Perinatal Advice Meetings / Professional Reflection (PAMPR) sessions which offer support to staff across the partnership including Midwifery and Health Visiting. Feedback continues to be very positive. Next Steps include further work with third sector organisations, including (for example) DadPad, and Fathers Network Scotland.

### 7.4 Highland Solihull Implementation

- 7.4.1 The Solihull Approach focuses on developing nurturing and supportive relationships between children and their carer by promoting reflective, sensitive and effective parenting. The Scottish Government have refreshed the Solihull approach as part of the whole system approach to mental health. The partnership have progressed with implementing the national approach over the past 6 months. The partnership are on track to have a cohort of Solihull trainers by Summer 2023. This will enable local implementation of the approach across the partnership and 3<sup>rd</sup> sector. The roll out of Solihull is led by a lead allied health professional, supported by NHS Education Scotland in collaboration with organisations and partners across Highland. The training team include support staff, school and nursery staff who will support the local training on a rotational basis.
- 7.4.2 Following the national implementation guidance <u>solihull-approach-online-implementation-guide.pdf (scot.nhs.uk)</u> the Highland model will roll out with both online and in person training as a 2-day foundation course as well as a refresher course for staff who have already completed this training in the past.
- 7.4.3 During 2023/24 an additional number of trainers will be recruited to support the training. System and processes will be embedded to ensure good coordination of quality training which supports the learning needs of staff and ensures the partnership are developing a workforce which supports the development of positive relationships and good emotional and mental health across the whole family.

## 7.5 Child Healthy Weight

- 7.5.1 Working closely with NHS Highland and the third sector The Highland Council dietetic service is helping deliver the tiered programme for child healthy weight which aims to meet the Scottish Government standards for Child Healthy Weight (Tier 2&3) as well as focusing on improving health outcomes for the whole family. In order to increase uptake, the programmes have been advertised throughout the Highland Council area along with the development of a dedicated webpage on the NHS Highland internet detailing the programmes.
- 7.5.2 The Tier 3, programme, is delivered by dietetics remotely utilising the NHS staff bank system. This programme is focused on individual need rather than set sessions and is currently being evaluated and improvements to the programme will be made based on these evaluations. Risks to the delivery of the programme are that staff may cease working the bank hours and the programme will not be delivered however due to temporary funding for Child Healthy Weight permanent staff cannot be recruited.

### 7.6 Maternity pathway for financial inclusion

7.6.1 The partnership continues to support the financial wellbeing of families at the pre birth stage through the following pathway

- Initial antenatal conversation and information about money worries at first booking visit with, where required, signposted to the appropriate service as per need, including the offer of Best start foods and grant information.
- In depth discussion on financial health takes place at 16 weeks as part of a full SHANARI wellbeing assessment, including housing, employment
- Support to apply for the national baby box at 22 weeks, with the further opportunity to explore financial need
- Health visitors discussion and information again at the Antinatal 32-34 week visit if undertaken to revisit financial circumstances.
- Free vitamins and drops.

Designation: Head of Integrated Children's Services

Date: June 2023