

CHILDREN AND LIFELONG LEARNING SCRUTINY

DATE	14th September 2018
REPORT OF	Director of Children's Services
SUBJECT	Childrens Health Provision Annual Report 2017-18
STATUS	Open

CONTRIBUTION TO OUR AIMS

The work undertaken by Childrens Health Provision contributes to the Council's Outcomes Learning and Growing; Vitality and Health; and Safe and Secure - for all people in North East Lincolnshire to fulfil their potential through skills and learning; enjoy good health and wellbeing; feel safe and are safe respectively.

EXECUTIVE SUMMARY

The purpose of this report is to provide an update on Childrens Health Provision (0-5 years Health Visiting and 5-19 years School Nursing).

MATTER(S) FOR CONSIDERATION

This report is in response to a request to present the Annual Report for Childrens Health Provision to members of the Children and Lifelong Learning Scrutiny Panel.

Members are asked to receive this report.

1. BACKGROUND AND ISSUES**1.1 Healthy Child Programme**

Local authorities are responsible for the commissioning of the 0-19 Healthy Child Programme (HCP). The HCP sets out a recommended framework for services for children and young people to promote health and wellbeing, prevent ill health and provide early intervention when required. The HCP delivers universal services to all children and families including routine screening and development checks. Through the programme, families in need of additional support and children who are at risk of poor outcomes can be identified and the appropriate support provided; a key aim of the HCP is to reduce inequalities.

Health visitors and school nurses work collaboratively with partners to help promote the welfare and safety of children. Staff work collaboratively to support children where there are identified health needs, or where they are in the child protection system, providing public health interventions for the child and family and referring for specialist medical support where appropriate. Health visitors and school nurses have a valuable contribution to make to

reducing the number of children who enter the safeguarding system through preventative and early help work as part of their Universal (on offer to all families) and Universal Plus role (targeted work to those in need).

1.2 Service Developments

Over the last 12 months Childrens Health Provision have strengthened the training of staff to ensure they remain skilled, competent practitioners who deliver an evidence based service to the population. This has included:

- The Institute of Health Visiting training on perinatal mental health.
- Training on Infant Attachment and Baby Brain Development through Braselton training.
- Cognitive Behavioural Therapy courses for School Nurses to deliver brief interventions (supported by Young Minds Matter).
- Youth Mental First Aid.

The 0-19 workforce has been co-located with Local Authority colleagues within Family Hubs to maximise resources to meet the needs of families and reduce duplication.

Consistent attendance at various multi-agency panels to ensure health information is shared, particularly any historical interventions and engagement with families.

- CSAM (Single Assessment – Early Help review/allocation meeting)
- MARAC (Multi agency risk assessment conference - domestic abuse)
- AIMS (Harmful Sexualised Behaviour panel)
- MACE (Child Exploitation panel)
- Access Pathway

Achievement of Level 3 accreditation against the UNICEF Baby Friendly Initiative, in collaboration with North Lincolnshire Council and the local hospital trust.

A member of the safeguarding team continues to be co-located in the Families First Access Point (FFAP) to support decision making alongside Social Care and Police.

CQC (Care Quality Commission) inspection in March 2017 identified several areas of good practice. It was recognised that there were some actions that required improvement, all of which had already been completed post inspection.

1.3 Performance

Agreed performance data is monitored through performance arrangements with our commissioner and service specifications. A quarterly assurance and performance report is compiled and sent to the Director of Childrens Services and Corporate Clinical Governance Committee. Both of these provide a framework on which to measure elements of our service delivery in respect of quality and safety. Performance management also includes patient

experience, complaints and compliments ensuring that the patient voice is heard.

The HCP (0-5 years) mandates that families can expect 5 key contacts from the Health Visiting Service. Comparative performance with latest data is shown below:

Contacts	Latest Performance Q1(18/19)	Comparative Performance Q1 (17/18)
Antenatal	136	194
New baby	99.4%	98.2%
6-8 weeks	85.5%	84.8%
9 – 12 months	90.3%	81.5%
2 – 2.5 years	29%	35.3%

The ante-natal and 2-2.5 year contact is currently targeted (first pregnancy, those identified as previously being complex/vulnerable or at health visitors discretion). In order to effectively balance available resource and deliver the HCP, it was acknowledged that health visitors needed to concentrate on the first 3 contacts and utilise other practitioners (skill mix) to deliver some of the other contacts. Therefore Families First Practitioners have been trained to deliver the 10-12 month and 2.2-5 year contact, thus releasing capacity for the health visitors to no longer target the antenatal contact as of October 2018.

With regards to performance monitoring for the HCP contacts, the service has recently undertaken a review of Systmone and changed the Health Visitor dashboard to make it easier to report contacts. From October 2018 the service will be able to run monthly exception reports to ensure contacts are taking place in a timely manner and give rationale when not.

The school nursing service has consistently achieved high levels of participation rates for the National Child Measurement Programme, Hearing and Vision Screening and Immunisations:

National Child Measurement Programme	2017	2018
Percentage of children measured in Reception	99%	96%
Percentage of children measured in Year 6	98%	96%

Hearing and Vision Screening	2017	2018
Percentage of children screened	95%	93%
No of children referred to orthoptist	60	87
No of children referred to audiology	21	19

Immunisation Programmes	2015-16	2016-17	2017-18
% of children given Influenza	67%	70%	74%
% of children given 1st HPV dose (year 8)	92%	93%	94%
% of children given 2nd HPV dose (year 9)	91%	90%	93%
% of children given DtP (year 9)	83%	92%	93%

% of children given MenACWY (year 9)	85%	94%	93%
% of children given MenACWY (year 11)	72%	92%	n/a

(Figures in red 2017-18 are estimates as the data is currently being validated)

The service is also in the process of reviewing case load weighting to ensure a standardised approach across the borough.

4. MONITORING COMMENTS

In the opinion of the author, this report does not contain recommended changes to policy or resources (people, finance or physical assets). As a result no monitoring comments have been sought from the Council's Monitoring Officer (Chief Legal Officer), Section 151 Officer (Director of Finance) or Strategic Workforce Lead.

5. WARD IMPLICATIONS

All wards are affected as Childrens Health Provision is accessible to all children, young people and their families that reside in the area.

6. BACKGROUND PAPERS

- Healthy Child Programme: Pregnancy and the First 5 Years of Life
<https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life>
- Healthy Child Programme: 5 to 19 years old
<https://www.gov.uk/government/publications/healthy-child-programme-5-to-19-years-old>
- Healthy Child Programme 0 to 19: health visitor and school nurse commissioning
<https://www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning>

7. CONTACT OFFICER(S)

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