

Bath & North East Somerset Council

MEETING:	Health and Wellbeing Board (Shadow)
MEETING DATE:	13 th June 2012
TITLE:	Children's Health Services Commissioning Performance
AN OPEN PUBLIC ITEM LIKELY TO BE TAKEN IN EXEMPT SESSION	
List of attachments to this report: none	

1 PURPOSE

1.1 The purpose of this report is to provide information on the performance of People & Community Departments commissioning of children's health services.

2 INTRODUCTION

2.1 This report covers key areas of commissioning activity for children's health services. Appendix 1 contains the following performance data:

- Table 1: National PIs reported to Children's Trust Board about children's health
- Tables 2 and 3: Tier 3 CAMHS contract performance data
- Table 4: Children's health services key PIs 2011/12 (Quarter 1 performance by Community Health & Social Care, from Q3 Sirona Care & Health).

2.2 The commentary in this report covers the following areas of children's health commissioning :

- Disabled children's services
- Emotional health & wellbeing
- Substance misuse
- Contract monitoring including safeguarding compliance.

2.3 The public health indicators are not commented on as these are reported separately.

3 DISABLED CHILDREN

- 3.1 Work on the provision of a more streamlined/integrated service for disabled children continues in discussion with other agencies. Social Care's "lean review" of their services extended to their disabled children's team but concluded this team should remain with the mainstream social work process. The work by the Transitions Board to promote pathways on transitions has resulted in improvements in the information available for adult services about the young people who may use their services. This work has been led by the transitions champion. The difference in levels of service available for children and adults remains problematic at times but the personalisation agenda extended to younger people should help with parental/carer expectations.
- 3.2 There are reviews on health services completed or in progress for wheelchair services, occupational therapy and physiotherapy, and speech and language therapy.
- 3.3 The local wheelchair service review has been taken over by national events. A consultation meeting took place at Threeways School in March 2012, for parents, carers and professionals who were invited to comment on the DoH specifications for wheelchair services in relation to local requirements. The Any Qualified Provider process (AQP) process in B&NES will commence in July 2012 with 2 specifications a) Provision of Equipment & Support and b) Assessment & Provision of Equipment. Both these AQP processes will go live in December 2012.
- 3.4 The review of children's occupational and physiotherapy services provided by the RUH for both acute and community needs has resulted in a streamlined management structure. Negotiations are underway with special schools to identify additional capacity and funding to meet the children & young people's needs for these services in schools.
- 3.5 A review of speech and language therapy services identified the need for additional capacity in schools and commissioners are currently negotiating with schools about funding.
- 3.6 Short break services contracts have been extended by a year to allow time for further review and evaluation of some services before they are re-commissioned again for April 2013. The parents/ carers group continues to play an active part in the review and commissioning process.

4 EMOTIONAL HEALTH & WELLBEING

- 4.1 Our Tier 3 specialist Camhs and Tier 4 inpatient provider is Oxford Health Foundation Trust (OHFT). The new model services they are providing continue to perform well. Performance targets for waiting times are being met as shown in Table 2 below. From 1st June 2012 Tier 4 in-patient services are being commissioned nationally by the specialised commissioning group.
- 4.2 Our new primary Camhs service started in September 2011 and has embedded well. Packs of information have been sent to all GP practices and schools about the new service. A training programme for staff on emotional and mental health issues has started. A strategy for working with young people who self-harm drawn up with local agencies and services users was launched in February.
- 4.3 The emotional health of children in care as measured by NI58 has apparently deteriorated (Table 1). This indicator is the average annual Strengths and Difficulty Questionnaire score for children in care. This questionnaire is completed by foster carers and is then used for reference at the child/young person's annual health

assessment. A low score is good. We have been working to achieve greater completion of SDQs but have a way to go. This will be improved by the changes to the Looked after Children Health Service underway but even with improved take up there are difficulties with this measure as different children are measured each year as they come in (and out) of care. Some additional analysis has been done on the scores of those children who have had an SDQ score for two years or more. The average for these scores has gone down showing an improvement over time.

5 SUBSTANCE MISUSE

5.1 Following the liquidation of the company providing our young people's substance misuse service, Project 28, in November 2011, the service was provided on an emergency basis for a month until the liquidator confirmed the contract end. We then set up the majority of Project 28 services from the same premises managed in house until a new temporary service could be re-commissioned. DHI who also provide adult substance misuse services successfully bid for this temporary contract and the new Project 28 started in February 2012. Both adults and young people's substance misuse services are to be re-commissioned for April 2013. Project 28 has kept the majority of the same staff throughout this period and so the impact of the changes on the young people using the service has been minimal. There continues to be evidence that Project 28 achieves good outcomes.

6 SAFEGUARDING COMPLIANCE

6.1 Following the inadequate judgement by CQC on the health services contribution to the safeguarding inspection in January 2012, an action plan has been agreed with the CQC and SHA. Karen Littlewood our Designated Nurse has taken a lead with providers in considering the child protection concerns. Commissioners have been working with Sirona to address shortfalls identified in the health service for looked after children. A specification for a new model of service has been agreed that includes additional capacity for a Designated Nurse and Designated Doctor for Looked after Children. Funding has been agreed and Sirona are currently recruiting to these posts. Communication systems have also been improved between children's social care and the looked after children's, health service about children coming into care, leavers and placement changes.

6.2 The SHA have booked two days in July to review the CQC action plan.

7 CONTRACT MONITORING ISSUES – SIRONA CARE & HEALTH

7.1 The key indicators scorecard for children's health services (Table 4) shows good performance for the last year.

7.2 Sirona is an early implementer site for the Health Visiting Implementation Plan-A Call to Action. This is a 4 year programme to increase the number of Health Visitors in B&NES by 19. Sirona's implementation plan is going well. The plan includes developing the Family Nurse Partnership model to support young first time parents.

8 CONTRACTING MONITORING ISSUES – ROYAL UNITED HOSPITAL

- 8.1 Work has started on a pathway into acute paediatric services with RUH Paediatricians and community paediatricians based on information from other areas where advice & guidance has been provided rather than outpatient appointments. Discussions have also taken place with RUH paediatricians and Sirona about reducing hospital admissions/ length of stay by providing more community nursing.
- 8.2 We currently commission our service for children with diabetes from the RUH and diabetes nurses and dieticians from Wiltshire Community Health Services (now part of Great Western Foundation Trust). Best Practice Tariff, which provides a "year of care" tariff for children with diabetes, will be introduced in B&NES from September this year. The nationally prescribed tariff will provide greater investment in children's diabetes with the objective of gaining earlier control of diabetes to prevent early onset of diabetes related complications. Inpatient care is currently excluded from the tariff. From April 2013 there will be no other currency for paediatric diabetes and the RUH will be expected to be meeting all of the requirements of the tariff by this time.

Contact person	<i>Liz Price, Acting Divisional Director Children's Health, Commissioning & Strategic Planning</i>
Background papers	<i>None</i>
Please contact the report author if you need to access this report in an alternative format	

Table 1: Be Healthy former National Indicators – financial year

Indicator	England	Region	Previous target	Previous annual result		Target for current reporting year	Latest figure / forecast	
NI 53 Prevalence of breastfeeding at 6-8 weeks from birth a – 6-8 weeks			49% (10/11)	61% (10/11)	G	60% (11/12)	58% (Q4 11/12)	A
b – Recording			95% (10/11)	100% (10/11)	G	95% (11/12)	99% (Q4 11/12)	G
NI 55 Obesity among primary school age children in Reception Year	9.8% (09/10)	9.2% (09/10)	7.5% (09/10)	8.4% (09/10)	R	7% (10/11)	8.4% (10/11)	R
NI 56 Obesity among primary school age children in Year 6	18.7% (09/10)	16.1% (09/10)	12.5% (09/10)	16.7% (09/10)	R	12% (10/11)	16.9% (10/11)	R
NI 58 Emotional and behavioural health of children in care (mean Strengths & Difficulties Questionnaire score – lower scores are better)	13.9 (10/11)	14.8 (10/11, statistical neighbours)	14.5 (10/11)	15.6 (10/11)	R	14.5 (11/12)	16.1 (11/12 estimate)	R

Tables 2 & 3: B&NES CAMHS monthly performance report

Table 2: B&NES CAMHS community teams

Description	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	Activity YTD	Target YTD	Variance	Annual Target
Caseload	337	324	316	271	279	292	268	275	275	275	293	293	293	N/A	N/A	N/A
Inappropriate referrals	24	36	20	28	12	24	32	12	6	4	5	8	211	N/A	N/A	N/A
Direct patient contacts completed	309	351	334	296	252	306	308	360	234	355	291	267	3663	N/A	N/A	N/A
Indirect patient contacts completed	12	41	17	25	14	44	50	108	103	120	76	115	725	N/A	N/A	N/A
Number of discharges	33	48	45	65	41	38	44	52	28	33	33	26	486	N/A	N/A	N/A
% Appointments patient DNA	10%	9%	10%	11%	12%	10%	11%	10%	8%	9%	8%	7%	10%	12%	2%	12%
% Appointments cancelled by patient	8%	6%	7%	8%	8%	9%	7%	7%	9%	14%	13%	13%	9%	N/A	N/A	N/A
% Appointments cancelled by Trust	1%	1%	2%	2%	1%	1%	1%	1%	6%	8%	8%	9%	3%	1%	2%	1%
First to f/up ratio	10	9	8	8	8	7	6	8	9	6	11	7	8	10-12		10-12

Table 3: B&NES CAMHS Outreach Service for Children and Adolescents (OSCA) Team

Description	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	Activity YTD	Target YTD	Variance	Annual Target
Caseload	39	43	76	71	116	121	128	132	149	199	178	167	167	N/A	N/A	N/A
Completed Episodes of care	7	22	7	31	14	16	21	18	35	18	26	27	242	N/A	N/A	N/A
Direct patient contacts completed	111	198	216	195	151	165	182	183	130	196	271	218	2216	N/A	N/A	N/A
% Appointments patient DNA	7%	9%	11%	12%	11%	8%	9%	3%	4%	5%	4%	4%	7%	12%	4%	12%
% Appointments cancelled by patient	0%	2%	3%	2%	8%	7%	7%	8%	3%	7%	8%	4%	5%	N/A	N/A	N/A
% Appointments	0%	0%	0%	0%	3%	2%	1%	1%	4%	2%	5%	4%	2%	1%	1%	1%

Table 4: Sirona Care & Health (Community Health & Social Care) Key Performance Indicators 2011/12

Service	Measure	Q1	Q2	Q3	Q4
Health visitors	% of parents accepted reviews for 2 - 2.5 years old	91%	90%	90%	80%
School nurses	Total Contacts	1399	1203	1921	2163
Children's Learning Disability Nurses	Total Contacts	188	129	150	176
Community Paediatrician	RTT 18 week % seen	99.7%	99.6%	99.6%	100%
Community Paediatric Audiology	RTT 18 week % seen	100%	100%	99.4%	100%
Lifetime - core service	Number of hospital admissions saved	61	36	74	51
Speech and Language Therapy	Children are able to eat and swallow safely and gain adequate nutrition and hydration from food and drink or reach their full potential in speech, language and communication skills. Episodes recorded as recorded as "fully", "mostly" or "partially"	98.7%	98.9%	99.3%	99.0%