

Bath & North East Somerset Council

MEETING: Health and Wellbeing Board (Shadow)

MEETING DATE: 7th November 2012

TITLE: Children's Health Services Commissioning Performance

AN OPEN PUBLIC ITEM

List of attachments to this report:

1. The Children's Performance Scorecard as reported to the Children's Trust Board relating to healthy outcomes.
2. Sirona's Key Performance Indicator scorecard for children's services

1 THE ISSUE

1.1 The purpose of this report is to provide information on the performance of People & Community Departments commissioning of children's health services. This report provides information about the top 5 areas that are going well and 2 areas in which there are currently challenges. Also provided for information in Appendix 1 is the the Children's Performance Scorecard as reported to the Children's Trust Board relating to healthy outcomes. The scorecard on key performance indicators for Sirona who provide our community health services for children is provided in Appendix 2.

2 RECOMMENDATION

The Board is asked to agree that:

2.1 This report and the issues raised are noted.

3 FINANCIAL IMPLICATIONS

3.1 All services funded within current budgets.

4 THE REPORT

4.1 key areas that are going well

Ref	Issue	Comments	What support is requested from HWB?
1	Young People's Substance Misuse	<p>The temporary contract for our substance misuse service, Project 28, was won by the DHI in February 2012 following liquidation of the previous provider company. The impact of these difficult changes for the young people using the service appears to have been minimal. The number of young people accessing treatment has increased from 67 in quarter 1 (2012/13) to 104 in Quarter 2 (2012/13). During Quarter 2, 54 young people have reduced their substance misuse and 12 left treatment drug and alcohol free. Both adults and young people's substance misuse services are being re-commissioned for April 2013.</p>	To note
2	Emotional health of children in care	<p>This is measured by the average score in Strength & Difficulties Questionnaires for children aged 4 to 16 who have been in care a year or more. Lower scores are better.</p> <p>The provisional 2011/12 result of 15.4 did not meet the target of 14.5 and was also higher than the average score for statistically similar authorities for 2010/11 which was 14.8. (The 2011/12 results for other authorities are not yet available.)</p> <p>Placement stability is a key factor and performance on this tends to be very good.</p> <p>To explore performance in more depth the service has begun looking at changes in individual's scores over time, rather than just comparing the average scores of different cohorts at different points in time. There are 73 individuals where the two most recent annual SDQ scores can be compared and these show an average improvement of -1.7 in scores. Similar results looking at average changes over 2, 3 and 4 years also all show an average improvement in scores.</p> <p>There are always a number of questionnaires not completed for various reasons. In 2011/12, eight were not completed and were recorded as "carer refused". In one case the child themselves refused. Four others were also not completed for "other" reasons. The service has looked at its processes for these</p>	To note

Ref	Issue	Comments	What support is requested from HWB?
		questionnaires and aims to ensure as good coverage as possible for this recording in 2012/13.	
3	Early Implementation of new Health Visiting Programme	<p>This service contributes to the DoH plan to significantly increase the number of health visitors by 2015 and to deliver an improved Healthy Child Programme. Sirona has received a substantial increase in funding from the PCT to employ more qualified health visitors. Since April 2011 the service has recruited 11 additional full time health visitors and by March 2015 should have another 8 qualified members of staff.</p> <p>Families will receive the full Healthy Child 'core offer' from January 2013. The new service includes invitations to first time mothers to meet their health visitor in the antenatal period and offers of a comprehensive developmental review for all infants around their second birthday. Smaller caseloads should ensure health visitors have more time to advise and support each family e.g. with breast feeding, post natal depression, weaning, parenting and immunisations. In addition to universal services, health visitors support families requiring specific short term support and those who with longer term multi-agency requirements, e.g. safeguarding.</p> <p>Our local service has been an 'Early Implementer Site' for the new service vision and has received additional support and scrutiny from DoH. Although performance monitoring is still undertaken locally, the NHS Commissioning Board is due to oversee this expansion programme, at least for the next couple of years.</p>	To note
4	Introduction of diabetes best practice tariff for children	<p>From 1st October 2012 outpatient and community nursing services for children and young people with diabetes will be provided by the RUH as an integrated service, offering a "year of care" to families. This means that families can have expectations of the number of contacts they will have with a multidisciplinary team of doctors, specialist nurses and dieticians, with the ultimate aim of greater control over their diabetes and thus better outcomes for the child, including avoidance of admission to hospital. The year of care is paid for by a nationally set "Best Practice Tariff" which excludes admissions to hospital. The children's commissioning team has worked closely with the existing and new providers to develop an agreed service specification and roll out plan.</p>	To note

Ref	Issue	Comments	What support is requested from HWB?
5	Child & Adolescent Mental Health Services	Oxford Health NHS Foundation Trust (OHFT) are contracted to provide primary and specialist Children and Adolescent Mental Health Services until March 2015. Although the services were commissioned separately, having the same provider for both services does facilitate a smooth progression along the pathway to and from more specialist support. The new model of services introduced by OHFT have reduced waiting times (and complaints!) about Camhs services. At the end of the second quarter 95% of referrals to specialist Camhs and 99 % of referrals to primary Camhs were assessed within 4 weeks.	To note

4.2 Top 5 challenges

Ref	Issue	Comments	What support is requested from HWB?
1	Safeguarding children & young people through contract monitoring	Following the Ofsted/ Care Quality Commission (CQC) inspection of safeguarding last January in which the health aspects were judged to be inadequate a lot of work has been put in to address the short falls identified in the report and complete the CQC action plan. Commissioners have been working with Karen Littlewood, the Designated Nurse for Safeguarding in the Wiltshire Banes PCT cluster, to add more detailed requirements about safeguarding to the contracts. Karen and her new deputy Sophia Swatton have been working with the Named Nurses and Doctors in each of the providers to improve quality assurance processes. The PCT cluster has also introduced a quality assurance committee to re-enforce standards. The Strategic Health Authority has reviewed the CQC action plan with us and is satisfied with progress.	To note
2	Children's therapy services provided by RUH	Following concerns about children's community occupational therapy services provided by the RUH last year an independent review was undertaken of the occupational therapy and physiotherapy services.	To note

Ref	Issue	Comments	What support is requested from HWB?
		Recommendations from the review are being addressed and both services now have a joint clinical manager who is implementing staffing and service changes. The new joint service has been launched and quarterly performance meetings will be starting soon to ensure that the expected service improvements are realised. There may be future benefits from basing this service in the community rather than in the acute hospital.	

5 RISK MANAGEMENT

5.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

6 EQUALITIES

a) An EqIA is not appropriate in relation to this performance reporting..

7 CONSULTATION

7.1 This is a report on performance in children's health services so the overall report has not been consulted upon with anyone except the staff managing the contracts. Any issues raised within the report will be part of contract monitoring discussions with providers.

8 ISSUES TO CONSIDER IN REACHING THE DECISION

8.1 This performance report reflects the quality of services we deliver to children and young people.

9 ADVICE SOUGHT

9.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

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	

Appendix 1 The Children's Performance Scorecard

Table 1: Be Healthy former National Indicators – by financial years

Indicator	England	Region	Previous target	Previous annual result		Target	Latest figure	
NI 53 Prevalence of breastfeeding at 6-8 weeks from birth a – 6-8 weeks			49% (10/11)	61% (10/11)	G	62% (11/12)	60.3% (Q2 12/13)	
b – Recording			95% (10/11)	100% (10/11)	G	95% (11/12)	99.4% (Q2 12/13)	
NI 55 Obesity among primary school age children in Reception Year	9.4% (10/11)	8.8% (10/11)	7.0% (10/11)	8.4% (10/11)	R	Not yet available	Future of indicator unclear	
<p><i>Our reception obesity rate seems to be static, yet both the regional and national rates have gone down. It is also worth noting our incredibly high coverage rate – which is thought to give a higher (more accurate) obesity rate. Areas which have lower obesity rates may also have lower coverage rates e.g. Cornwall has an obesity rate of 15.7% but we know they have a much lower coverage rate, so their rate may be less reliable. We currently do not know what indicator /outcome we are working towards in relation to childhood obesity. We are awaiting clarification from DH.</i></p> <p><i>The national report with figures for local areas can be found here: www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/ncmp%202010-11/NCMP_2010_11_Report.pdf</i></p>								
NI 56 Obesity among primary school age children in Year 6	19.0% (10/11)	16.1% (10/11)	12.0% (10/11)	16.9% (10/11)	R	Not yet available	Future of indicator unclear	
<p><i>Our year 6 rate has increased which is in line with national and regional rates. In B&NES our rate is still slightly higher than Wiltshire and South Gloucester, but is now lower than Swindon and Gloucester (last year their rates were equal to B&NES). We currently do not know what indicator /outcome we are working towards in relation to childhood obesity. We are awaiting clarification from DH.</i></p>								
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)	15.4 (11/12 estimate)	R	15.0 (12/13)	13.2 (Q2 estimate)	G

Table 2: Individual child in care scores

Coverage of SDQ recording at end quarter 2

Green	31.7% up to date for 2012/13 return
Amber	33.3% where SDQ entry is less than 1 year old
Red	34.9% where SDQ entry is not present or is more than one year old

Changes in SDQ scores over time as at 30/9/2012

Changes over period of	Changes counted	Average latest score	Average previous score	Difference in average scores
1 year	73	14.4	16.1	-1.7
2 years	40	14.1	14.4	-0.3
3 years	25	15.8	16.6	-0.8
4 years	10	15.4	19.0	-3.6

Appendix 2 Sirona Care & Health (Community Health & Social Care) Key Performance Indicators 2011/12

Service	Measure	2011/12				2012/13
		Q1	Q2	Q3	Q4	Q1
Health visitors	% of parents accepted reviews for 2 - 2.5 years old	91%	90%	90%	80%	86%
School nurses	Total Contacts	1399	1203	1921	2163	2014
Children's Learning Disability Nurses	Total Contacts	188	129	150	176	166
Community Paediatrician	RTT 18 week % seen	99.7%	99.6%	99.6%	100%	98.8%
Community Paediatric Audiology	RTT 18 week % seen	100%	100%	99.4%	100%	99.7%
Lifetime - core service	Number of hospital admissions saved	61	36	74	51	58
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%	98.8%

