

Partnership Board for Health and Wellbeing Report

Date: 15th June 2011

Report Title: Children's Service Commissioning Performance

Agenda Item: 16

List of attachments to this report: None

Summary

Purpose

- 1 The purpose of this report is to report on the current performance of Children's Service commissioning of children's health services.

Recommendation

- 2 The Partnership Board for Health and Wellbeing is asked to note the performance as described in this report.

Rationale

- 3 The Partnership Board has a role in monitoring the performance of Children's Services commissioning of children's health services. This report gives an overview of performance.

Other Options Considered

- 4 Not applicable to this report

Financial Implications

- 5 None directly relating to this report

Risk Management

- 6 Any areas of risk are highlighted in the report

Equality issues

- 7 Any equality issues are addressed in the report.

Legal Issues

- 8 None identified

Engagement & Involvement

- 9 Performance reporting is made public through this report which is available to the public and stakeholders. This report has been viewed by the Council monitoring officer and section 151 officer.

Partnership Board for Health and Wellbeing Report

Date: 15th June 2011

Report Title: Children's Service Commissioning Performance

Agenda Item: 16

The Report

1. Purpose

- 1.1 The purpose of this report is to provide information on current performance on children's service commissioning relating to health services.

2. Introduction

- 2.1 This report covers the key areas of commissioning activity for children's health services including :
 - Disabled children's services
 - Emotional health & wellbeing
 - Sexual Health /Teenage pregnancy
 - Substance misuse
 - Safeguarding compliance in provider services
 - Immunisations
 - Contract monitoring
- 2.2 Updates on the national performance indicators which are reported to the Children's Trust Board about health are included with this report but the public health indicators that are reported separately are not commented on except for immunisations. This report updates information given in the report to the Health & Wellbeing Board in February 2011.

3. Disabled Children

- 3.1 The Care Quality Commission reviewed all health provision for disabled children and young people through an on line questionnaire in January and the results are expected after June.
- 3.2 Statutory regulation about the provision of short breaks for parent /carers of disabled children come into force on 1 April 2011. This regulation ensures assessment of carers for short breaks, a range of provision of short breaks and an annual public statement by the local authority about services. The budget for disabled children's short breaks was reduced by 25% in the Early Intervention Grant. We have maximised the opportunities for joint commissioning with other services such as play and have been able to re-commission across the range of services.

- 3.3 The re-commissioning of wheelchair service has been put on hold pending the results of two pilot projects arranged by a National Advisory Group which has been set up to look at how wheelchair services should be provided in the future. One of the pilot projects is in the South West and is being run by the Strategic Health Authority. Efforts to address specific complaints and general issues with the current wheelchair service provider are ongoing. Regular meetings between adult and children's commissioners and the provider are taking place to try to improve waiting times and customer service whilst we are waiting for the SHA/National Group to complete their work.
- 3.4 Work on the provision of a more integrated service for disabled children has slowed whilst the implications of commissioning and provider split are considered in children's social care. External advice has been commissioned to ensure we capture the best practice in our plans.
- 3.5 Work has been completed on the Continuing Health Care pathway for children and young people. The Children's Continuing Health Care Assessor Nurse started in March and she will be testing out the pathway and helping train the multi-agency panel
- 3.6 Transitions remain a difficult issue for families with disabled children. Children's Services has identified the need for a cultural shift so that staff working with disabled young people are aware of the personalisation agenda and can work with young people to increase their independence into adulthood where there are not the same level of support services. Parental expectations remain high for their children so they remain critical of public services.
- 3.7 In March 2011 the PCT adopted the Every Disabled Child Matters Charter and this will be subject of a single member decision report asking the Council to do the same now the elections are over.

4. Emotional Health & Wellbeing

Our tier 3 specialist CAMHS and tier 4 inpatient provider have changed their name to Oxford Health Foundation Trust (OHFT). The new model services they are providing continue to embed well. Performance targets for waiting times are being met.

The procurement process for our tier 2 targeted primary child and adolescent mental health service for children and young people continues. It is hoped to award the contract from August 2011.

5. Sexual Health / Teenage Pregnancy

- 5.1 The 2009 conception rate is 22.8; a reduction from the 2008 rate of 26.1.
- 5.2 The PCT's Sexual Health Strategy led by Public Health now includes the promotion of strategies to prevent teenage pregnancy. A reduction in funding allocated to teenage pregnancy work has mirrored the reduction in national emphasis. Remaining funding is

focussing on creating a sustainable training programme.

5.3 The 2009 conception rate is not due to be released until February. Unconfirmed figures indicate our rate will be reduced from the 2008 rate of 26.1. This downward trend is due to our local sexual health brand, SAFE, and continued partnership working and training is successful in ensuring young people are accessing preventative sexual health services and professionals working with young people are confidentially signposting to relevant services.

6. Drugs and Alcohol Services

6.1 The Young Person's Substance Misuse Needs Assessment and Treatment Plan have both now been submitted to the National Treatment Agency and feedback has been positive. There is evidence that Project 28 achieves good outcomes (in 2009-10, 50 out of 57 young people left treatment either drug free or as an occasional user).

6.2 Project 28's contract has been extended for a further year but on a slightly reduced budget (-£5k). The reduction is a result of cuts to the Safer Stronger Communities Fund. Frontline services have not been affected this year but further cuts to this budget are anticipated in 2012/13 (40% /£36k). This cannot be absorbed without loss of staff / provision.

6.3 Department of Health funding for the Alcohol and Sexual Health Project ended 31st March 2011. A funding application has been made to Comic Relief with a view to continuing / extending the scope of this project, the main focus being the development of the Drink/Think tool (an alcohol brief intervention tool for young people).

7. Children in Care

7.1 The emotional health of children in care remains consistent (NI58 Table 2.1). We have asked the CHSCS to provide an annual report on the health of children in care as part of their contracted performance reporting.

8. Safeguarding Compliance

8.1 All providers had to give the SHA an assurance about their compliance with safeguarding standards. Our three main local providers RUH, RNHRD and CHSCS were all able to report compliance.

8.2 Jenny Theed is covering the role of Designated Nurse since Mary Lewis's departure. Jill Chart our named Nurse has also agreed to provide safeguarding training for primary care in conjunction with adult safeguarding training.

9. Immunisations

9.1 HPV immunisations within the current academic are unlikely to reach the target of 90% for the year. The School Nurses are attempting to vaccinate 1260 girls in Cohort 8 (in both maintained and private schools). By the end of March 77% had received their 3rd dose, 86% had received their second and 88% their first dose.

9.2 There will be a bit of 'catch-up' by the school nurses in April and May and then GPs will provide a safety net for outstanding immunisations.

9.3 This year's percentage is already higher than last year's final figure but will not reach the very high 90% target. **Note** the 10/11 vital sign for HPV is already known - 76.3% (this is for academic year 2009/10).

9.4 Other childhood immunisations: There is remarkably little change from last year's annual results. We have not hit any of the (high) VSB targets that we set for 10/11. Nevertheless only those for MMR - first and second dose are more than 5% off target. MMR first dose shows an improvement from 87.6% (09/10) to 89.3% (10/11) but still not as high as 08/09 (91.8%). Further awareness-raising measures are planned.

9.5 Main issues continue to be

- data discrepancies between Child Health systems and GP practices,
- payments to GPs are complicated and do not reflect each vaccination which has been given at the optimum time.
- some GP practices administering vaccines more effectively than others (for whatever reason).
- some parents remaining 'hard to reach',

10. Contract Monitoring Issues - Community Health & Social Care Services

10.1 The key indicators scorecard for children's health services is attached and completed as far as possible.

10.2 CHSCS has become an Early Implementer of the new Health Visitor Programme. This is seen as advantageous in terms of support from the national programme.

11. Contract Monitoring Issues – Royal United Hospital

11.1 The occupational health and physiotherapy review has still not started pending the appointment of an Independent Chair and changes of staffing at the RUH. We are working with RUH to clarify how this will be progressed.

11.2 Work has started on a pathway into acute paediatric services with RUH paediatricians and community paediatricians based on benchmarking information from other areas where many referrals could be managed within the community. We are currently looking at local figures.

Table 2: Be Healthy National Indicators – financial year

Indicator	DD	England	Region	Target 09/10	Result 09/10	Target 10/11	Result / forecast 10/11		
NI 51 Effectiveness of child and adolescent mental health services (CAMHS) (Self-evaluation score out of 16, higher scores are better) (<i>LAA designated target, 2008/9-10/11</i>)	MB	15 (09/10)	15 (09/10)	15	15	G	16	-	
NI 52 Take-up of school lunches a – primary	MB	41.4 (09/10)	30.5 (09/10)	34.4%	36.6%	G	38%	Not yet available	
NI 52 Take-up of school lunches b – secondary	MB	35.8 (09/10)	27.5 (09/10)	31.2%	29.9%	R	32%	Not yet available	
NI 53 Prevalence of breastfeeding at 6-8 weeks from birth a – 6-8 weeks	PA			45%	56.95% (Q4)	G	49.1%	61%	G
b – Recording	PA			90%	94.8% (Q4)	G	95.1%	100%	G
NI 55 Obesity among primary school age children in Reception Year	PA	9.8% (09/10)	9.2% (09/10)	7.9% (08/09)	8.0% (08/09)	R	7.5% (09/10)	8.4% (09/10)	R
<p>Dec 2010 comment: 07/08 data was unreliable so the increase that year may be indicative of data quality. Rate has increased from 06/07 data by 0.08%.</p> <p>Strategy going through Overview and Scrutiny and Health & Wellbeing Partnership in Jan/Feb. Healthy Weight Pathway nearing completion. Frontline staff receiving training and key service specs now include indicators of identifying and managing weight with families and referrals to relevant services.</p> <p>Prevention and weight management services continue to be commissioned and reviewed for children and families.</p> <p>Services continue to be commissioned and reviewed to increase breastfeeding rates and within Early Years and Schools.</p>									
NI 56 Obesity among primary school age children in Year 6	PA	18.7% (09/10)	16.1% (09/10)	13.0% (08/09)	13.4% (08/09)	R	12.5% (09/10)	16.7% (09/10)	R
See comment for NI 55 above.									
NI 58 Emotional and behavioural health of children in care (mean SDQ score – lower scores are better)	MB	14.2 (09/10)	15.1 (09/10)	15	14.9	G	-	Not available until July	

National Indicators cancelled and no longer monitored

- **NI 50** - % of children whose emotional health is good (based on responses to TellUs Survey)
- **NI 54** - Parental satisfaction with services for disabled children (based on DCSF survey results (%))
- **NI 57** Children and young people's participation in high-quality PE and sport (DCSF funded School Sport Survey)

Contact person/Author	Liz Price, Head of Commissioning. Children's Service
Responsible Director	Ashley Ayre, Director of Children's Service
Background papers	None

If you would like this document in a different format, please contact Liz Price 01225 477930