

Partnership Board for Health and Wellbeing Report

Date: 16th November 2011

Report Title: Children's Health Services Commissioning Performance Report

List of attachments to this report: None

Summary

Purpose

- 1 The purpose of this report is to provide information on the performance of People & Community Departments 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.

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Agenda Item:

The Report

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

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
- Table 2: Tier 3 Camhs contract performance data
- Table 3: Children's health services key PIs Quarter 1 performance by Community Health & Social Care, (From Q3 Sirona Care & Health)

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.

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

3. Disabled Children

3.1 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. This statement can be found at:

<http://wwwi/communityandliving/childcare/Pages/aiminghighfordisabledchildren.aspx>

3.2 The re-commissioning of wheelchair service has been put on hold pending the results of pilot projects. However B&NES is likely to select wheelchair services for both children and adults for Any Qualified Provider (AQP) as much work has already been carried out in this area. An information pack will be produced on how to implement the AQP and it is likely to be put into practice by September

2012. Meetings with the existing provider are continuing to take place and on-going issues are being addressed, some progress has been made around communication, waiting times etc.

3.3 Work on the provision of a more integrated service for disabled children continues in discussion with social care services. Social Care have been conducting a "lean review" of their services and have extended this to their disabled children's team. They have identified the need for more time to work on transition cases.

3.4 In July 2011 the Council adopted the Every Disabled Child Matters Charter.

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 embed well. Performance targets for waiting times are being met as shown in Table 2 below.

4.2 The national performance indicator for the effectiveness of CAMHS (NI51 Table 1) is a self -assessment score out of 16. We will reach the target of 16 this year now we have awarded the tier 2 primary Camhs contract to OHFT. Contract negotiations are well advanced and we expect the service to be starting in November with a formal launch of the new pathway in the New Year.

4.3 The emotional health of children in care as measured by NI58 has apparently deteriorated but we don't think this is significant (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. This is only the third year we have collated these scores so we have little experience of annual variability. We have also had lower coverage last year in terms of foster carers completing the forms and social care teams are following this up to improve uptake. Other indicators that might also reflect on children and young people's emotional health such as placement stability remain very good. The new CAMHS service from OHFT is working very well with children in care and their outreach service in particular has been welcomed as it provides a response out of hours.

5. Substance Misuse Services

a. We are just starting to plan the Young Person's Substance Misuse Needs Assessment for 2011 which will influence the treatment plan for next year. There continues to be 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).

b. Project 28's contract has been extended for a further year for 2011/12 but on a slightly reduced budget (-£5k). Uncertainties around the budget have resulted in the postponement of tendering this service and we have agreed to extend the contract for another year in 2012/13. We are now proposing to re-commission the young people's substance misuse service at the same time as the adult services are re-commissioned for April 2013. This will enable us to ensure a more integrated transitions pathway.

6. Safeguarding Compliance

- a. All providers are reporting they are up to date with safeguarding standards.
- b. Mary Monnington the new Director of Nursing in our NHS Cluster has been covering the role of Designated Nurse since September. A new appointment to the role of Designated Nurse, Karen Littlewood, starts work on 1st November.

7. Contract Monitoring Issues – Sirona Care & Health

- 7.1 The key indicators scorecard for children's health services (Table 3) shows good performance for Q1. We are due to receive Q2 data on 7th November.
- 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. Further work is needed by commissioners and provider on the risks to the programme e.g. and accommodation and IT services.

8. Contract Monitoring Issues – Royal United Hospital

- 8.1 The occupational health and physiotherapy review prompted by complaints from schools has just been completed and we are awaiting the independent chairperson's report.
- 8.2 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.
- 8.3 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). It is likely that a Best Practice Tariff will be introduced from 2012-13 (mandatory from 2013-14) for paediatric diabetes services based on high outcomes for children and using multiagency teams. We are waiting on the final DoH guidance to understand the exact implications for our service.

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Responsible Director	Ashley Ayre, Director of Children's Service
Background papers	None

Table 1: Be Healthy National Indicators – financial year

Indicator	England	Region	Previous target	Most recent annual result		Target for current reporting year	Latest mid-year figure / forecast	
NI 51 Effectiveness of child and adolescent mental health services (CAMHS) (Self-evaluation score out of 16, higher scores are better)	15 (09/10)	15 (09/10)	16 (10/11)	15 (10/11)	A	16 (11/12)		
NI 52 Take-up of school lunches a – primary & special schools 2010/11: response was voluntary from LAs	44.1% (10/11)	33.2% (10/11)	38% (10/11)	39% (10/11)	G	40% (11/12)	Not available mid-yr	
NI 52 Take-up of school lunches b – secondary schools, academies & technical colleges 2010/11: response was voluntary from LAs	37.6% (10/11)	30.3% (10/11)	32% (10/11)	32.8% (10/11)	G	34% (11/12)	Not available mid-yr	
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)	62% (11/12 Q1)	G
b – Recording			95% (10/11)	100% (10/11)	G	95% (11/12)	100% (11/12 Q1)	G
<p>Consistent 99% coverage rates reflect the new procedures and systems in place to record data. Qtr 4 achieved an increase in coverage rates, the overall outturn prevalence was 60%, with a strategy in place and UNICEF stage 2 award achieved we can hope to see a continued increase in rates locally, particularly in areas of inequality.</p>								
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)	Available in Jan	
<p>SHA requirement is to now monitor prevalence of healthy weight 4-5 year olds rather than levels of obesity. The healthy weight rate for reception in 09/10 was 75.48%. This seems to be fairly stable but still equates to 1 in 4 children in reception are not a healthy weight. NCMP will continue as previously so data re obesity rates will still be readily available for local comparison. The Public Health outcomes framework will confirm what outcome will be monitored in future Local Healthy weight pathways for children are due to be published and disseminated.</p>								

Indicator	England	Region	Previous target	Most recent annual result		Target for current reporting year	Latest mid-year figure / forecast
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)	Available in Jan
<p>SHA requirement is to now monitor prevalence of healthy weight for 10-11 year olds. The healthy weight rate in 09/10 for year 6 was 69.33%, which has worsened over the last few years, and our ranking has gone down.</p> <p>NCMP will continue as previously so data re obesity rates will still be readily available for local comparison.</p> <p>The Public Health outcomes framework will confirm what outcome will be monitored in future</p>							
NI 58 Emotional and behavioural health of children in care (mean SDQ score – lower scores are better)	14.2 (09/10)	15.1 (09/10)	15 (09/10)	14.9 (09/10)	G	14.5 (10/11)	15.9 (10/11 provisional) R

Table 2

B&NES CAMHS simplified monthly performance report

B&NES CAMHS community teams

Description	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Activity YTD	Target YTD	Variance	Annual Target
Caseload	337	324	316	271	279	292	292			
Direct patient contacts completed	309	339	294	273	226	243	1684			
Number of discharges	33	48	45	64	38	35	263			
% Appointments patient DNA *	10%	9%	10%	11%	12%	10%	10%	12%	2%	12%
% Appointments cancelled by patient	8%	6%	7%	8%	8%	9%	8%			
% Appointments cancelled by Trust	1%	1%	2%	2%	1%	1%	1%	1%	0%	1%
First to f/up ratio	10	9	8	9	8	8	9	10-12		10-12

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

Description	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Activity YTD	Target YTD	Variance	Annual Target
Caseload	39	43	76	71	116	121	121			
Completed Episodes of care	7	16	6	28	13	11	81			
Direct patient contacts completed	111	198	216	195	139	111	970			
% Appointments patient DNA *	7%	9%	11%	11%	13%	10%	10%	12%	2%	12%
% Appointments cancelled by patient	0%	2%	3%	2%	8%	7%	4%			
% Appointments cancelled by Trust	0%	0%	0%	0%	3%	2%	1%	1%		1%
% CAMHS new referrals assessed within 4 weeks of referral	100%	100%	100%	100%	100%	100%	100%	90%		90%
% CAMHS new referrals assessed within 8 weeks of referral	100%	100%	100%	100%	100%	100%	100%	90%		90%

DNA = did not attend

Sirona Care & Health (Community Health & Social Care)
Key Performance Indicators

Service	Measure	Target	2010/11 Q1	2010/11 Q2	2010/11 Q3	2010/11 Q4	Q1
Health visitors -	% of parents accepted reviews for 2 - 2.5 years old	75% offered and accepted by end March 2011	100% =O 85% =A (pilot 3 bases)	100% =O 63% = A	100% = O 81% =A	100% = O 85% = A	100% = O 91% = A
School nurses	Total Contacts	no target	not reported	2337	1218	1702	2695
Children's Learning Disability Nurses	Total Contacts	no target	147	110	142	163	188
Community Paediatrician	RTT 18 week % seen	95%	98.33%	99.33%	97.00%	100.00%	99.67%
Community Paediatric Audiology	RTT 18 week % seen	95%	99.67%	99.67%	100.00%	100.00%	100.00%
Lifetime - core service	Number of hospital admissions saved	Maintain or increase on 2010/11 baseline	not reported	not reported	11		5
Lifetime - homecare service			not reported	not reported	2		1
Speech and Language Therapy	S< - % of children reaching their full potential in speech, language and communication	95%	not reported	99.60%	99.10%	98.77%	98.70%