

Open Report on behalf of Sally Savage, Assistant Director Commissioning

Report to:	Children and Young People Scrutiny Committee
Date:	19 July 2019
Subject:	Children's Health Service 0 – 19

Summary:

Children's Health; Health Visiting and Children and Young People's Nursing is managed within Children's Services and overseen by the Children's Directorate Leadership Team (DLT). The clinical governance of the service is monitored by the Clinical Quality Group which has representation from Public Health and reports to the LCC Clinical Governance Board.

Actions required:

The Children and Young People Scrutiny Committee is invited to

Consider the attached report and note the progress and improvement in performance since the service was in-sourced in October 2017.

1. Background

The Children's Health Service 0-19 (the Service), alongside others, supports the delivery of the Healthy Child Programme (HCP) across Lincolnshire for children, young people and their families (aged 0 – 19 years) and up to the age of 25 years for young people with Special Educational Needs and/or Disabilities (SEND).

The overarching aim of the service is to ensure that all Lincolnshire children are given the best start in life in their early years, are ready to learn at age two, ready for school by age five and can achieve the best possible outcomes in preparation for adult life.

The Healthy Child Programme provides an invaluable opportunity from early in a child's life to identify families that are in need of additional support and children who are at risk of poor outcomes. The programme operates across a continuum of provision for children and families, which is described in four tiers. These tiers are Community, Universal, Universal Plus and Universal Partnership Plus.

The Children's Health Service 0-19 is integrated with Locality Teams to ensure that children, young people and families have swift access to a range of professionals in their local community that can help them at the earliest sign of any concerns.

Health Visiting

The service delivers five mandated universal reviews; antenatal 28+ weeks, new baby 10-14 days, 6-8 weeks, 9-12 months and 2-2½ years. These contacts provide support to every family (Universal) and allow identification of and intervention with vulnerable babies and children where additional ongoing support is required to promote their safety, health and development (Universal Plus). Where it is identified that a child/family requires ongoing support and intervention from the Service and/or escalation for support from other local services e.g. where there are safeguarding concerns, health visitor's work as part of a multi-agency team to ensure the child's needs are met (Universal Partnership Plus).

Children and Young People's Nursing (CYPN)

The CYPN Service is one of a number of services that contribute to improving outcomes for children, young people and families. School aged children with more complex health needs can access direct support from a Children and Young People's Nurse. Children and Young People's Nurses will also attend Team Around the Child (TAC), Child in Need (CIN) and Child Protection (CP) meetings as needed for children and young people with whom they are already involved or where their specific nursing skills will be of direct benefit.

Key Performance Indicators: Mandated Contacts

Key performance indicators:	2018/19 – May data		England
	Target	Actual	@ Dec 2018
Number of mothers who received a first face to face antenatal contact with a Health Visitor	-	718	-
Percentage of births that receive a face to face NBV within 14 days by a Health Visitor*	95%	88.9%	88.8%
Percentage of children who received a 6-8 week review by the time they were 8 weeks	95%	96.0%	85.5%
Percentage of children who received an 8- 12 month review by 12 Months	95%	87.4%	75.5%
Percentage of children who received a 2-2½ year review	95%	75.5%	77.9%

*% including contact after 14 days = 98.6%

Overall performance has improved and benchmarks well nationally. Notably the 2-2½ year review through utilising the non-registered workforce and improved clinic utilisation has shown significant improvement from 39.5% at December 2018 to 75.5% at the end of May 2019. Increasing this percentage continues to be a key

objective for the service to ensure that we identify children who need additional help as they begin to access learning.

Antenatal contacts are increasing but need to improve to ensure we identify families who may need additional support once their babies are born and provide the best possible preparation for parenthood for all families. Measures in place to address this include:

- All teams have improvement plans in place.
- The service receives Notifications of Prospective Parent (NPPs) from local maternity services. Currently the service receives notification for approximately 80% of expectant parents and these are being analysed and cross referenced with patient records to identify any recording or reporting issues that are impacting on performance results. The service is focussed on improving engagement with United Lincolnshire Hospital Trust (where approximately 50% of Lincolnshire babies are delivered) and out of county midwifery providers to increase the number of pregnant women who are referred (at booking) into the service.
- Improve and increase access and uptake to the Antenatal Education Programme (joint Health Visiting/Midwifery/Early Years). The service is currently working with 'Better Births' and the Children Centre lead to review the current offer.

Customer feedback

An independent telephone survey of parents was carried out in February 2019 with over 100 parents contacted and 71 taking part in the survey. Below is a summary of the results which are overwhelmingly positive. 31 parents made additional comments, the vast majority complimentary, and all are being used to inform service delivery.

Question	Average Score (on a 5 point scale)
Ease of making the appointment	4.5
Appointment was kept to time	4.7
Suitability of the venue for the nature of your appointment	4.6
The length of the appointment time	4.6
Staff were respectful and caring	4.8
You feel you were listened to by the member of staff	4.7
The level of input was right for you	4.6
Have the services you have received met your needs	4.5
Were these met in a timely manner	4.6
Have the services your child received met their needs	4.6
Were these met in a timely Manner	4.6
Based on previous experience would you feel happy in the future to contact a health care professional for support	4.6

Complaints

The number of complaints has been consistently low. The upheld complaints related to slow response times from the health visiting and CYPN service. All complaints are investigated and three cases were not upheld as in all cases the practitioners concerned were following Lincolnshire Safeguarding Children Board (LSCB) policy or professional guidelines.

Performance indicators	October 2017-May 2019	
	Target	Actual
Number of formal complaints received and upheld	-	3
Number of formal complaints received and partially upheld	-	1
Number of formal complaints received and rejected	-	3

Single Point of Access (SPA)

Parents and professionals access the service via a single contact point and phone number. Responsiveness through the SPA is extremely high and consistently maintained. The service is supported by Duty Health Visitors and CYPNs who can respond to urgent clinical queries and concerns.

Performance indicators	October 2017-May 2019	
	Target	Actual
% of 0-19 Health telephone calls abandoned	5%	1.0%
% of 0-19 Health calls answered within 25 seconds	95%	100%

Clinical Governance

The Corporate Clinical Governance framework has been ratified and new terms of reference established for the Clinical Governance Board.

Children's Health Service Clinical Quality Group has been established to provide assurance to the Lincolnshire County Council Clinical Governance Board that appropriate and effective governance mechanisms, systems and processes are in place across the service for all aspects of quality and risk including safety of clinical services, patient experience, health outcomes and compliance with national, regional and local requirements.

Clinical Governance Activity

- The 'Datix' clinical incident reporting system has been implemented and developed by the performance team and now provides activity dashboards.

This acts as an early alert system and is also used to inform quality improvements around the management of clinical incidents.

- Clinical mandatory training 100% compliance achieved in 2018-19.
- Mechanisms are in place to monitor clinical quality at a service level and improvements in reporting have been made. Service level action plans have been implemented based on Quality Self-Assessment review and actions delivered. These are currently being updated following the recent CQC quality inspection report (covered later in the report).
- Measures to address the need for robust processes that demonstrates recommendations from investigations and incidents are embedded in practice. A 'lessons learned' pathway is in place and this has been strengthened by introduction of a 'back to the floor' pathway and reporting process for senior leaders. This was recognised as good practice by the CQC.
- The service maintains a clinical risk register, monitored by the Children's Health Quality Group with reporting and escalation by exception to the Children's Services DLT and Quality Assurance Board. Current risks relate to findings from the CQC inspection.
- A clinical audit framework has been implemented with key priorities for infection prevention and control, record keeping, report writing and safeguarding supervision agreed for 2019.

Workforce

- Overall staffing across the service remains good. All current health visitor vacancies have been appointed to and a rolling recruitment programme is in place. The service has been in a position to offer posts to the current cohort of health visitor students when they qualify in September 2019. Health Education East Midlands has also recently confirmed that the Council was successful in its bid for a further nine health visiting student placements for 2019/20.
- The 'Benson Winter' resource allocation tool has been procured. Once established the tool will support more effective and equitable deployment of the workforce across the teams. A steering group led by the performance team has been set up to oversee the implementation.
- Sickness absence is slightly higher than the LCC corporate target but good staffing numbers and support from HR means that operational impact is mitigated.
- Annual mandatory and clinical training programme is in place; compliance rates are high and monitored locally.

Care Quality Commission (CQC) Inspection Report

The CQC undertook an inspection of the Children's Health (Health Visiting and Children and Young People's Nurse) service from 25 February 2019 to 1 March 2019. The inspection focuses on five key questions and asks; are services safe, effective, caring responsive and well-led.

The service was rated as 'Good' overall which is a very positive result based on the limited length of time the service has been delivered by the Council. A number of areas of good practice were highlighted including:-

- Staff cared for children and families with compassion, providing emotional support when necessary and they involved parents in decisions about the children.
- In the majority of areas visited, the CQC reported suitable premises and equipment and that staff looked after them well.
- The service had a vision for future of service provision involving staff and parents.
- Managers had the skills and abilities to run the service providing high quality sustainable care.
- The staff are committed to improving the service and using innovation.
- The service collected, analysed, managed and used information to support all its activities ensuring high standards of care.

Outcome: 'Safe'

The CQC identified a number of areas of good practice: that the service managed patient safety incidents well; provided mandatory training in key skills and demonstrated a high level of compliance. In addition, managers investigated incidents and shared lessons learned; standards of record keeping are high and staff completed and updated comprehensive risk assessments for each child. Staff also demonstrated they understood how to protect children and adults from abuse and the service worked well with other agencies.

The CQC did however identify a number of areas that 'require improvement' under the 'safe' domain.

Infection, prevention and control was reported as insufficient to protect children from harm due to inconsistency of toy cleaning and a lack of hand hygiene observed from some individuals and in some of the Children's Centres visited by the inspectors. This resulted in a formal notification that the Council is in breach of Regulation 12 'Safe Care and Treatment' requiring the service to submit a formal 'Report of Actions'. This was submitted by the deadline of 5 June 2019.

Some other areas were identified as 'could' be improved and we have developed an action plan to address these. These related to inconsistent lone working practices; a suggestion that there should be a staff survey specifically for 'health'

staff; ensuring the risks highlighted were captured on the service risk register; ensuring children's centres had sufficient space to protect privacy and confidentiality and that although the rolling programme of recruitment was acknowledged, that the Council ensured they had sufficient numbers of health visiting staff to keep children safe and provide the right care.

The formal Report of Actions with regard to Infection, Prevention and Control is at Appendix A and the wider improvement action plan is at Appendix B. Progress on these will be reported through Children's Services and the Clinical Governance Board monitoring and assurance processes.

2. Conclusion

This report sets out the progress and improvement in performance since the Children's Health Service 0-19 was in-sourced in October 2017 and the outcomes of the recent CQC inspection of the service.

3. Consultation

a) Have risks and impact analysis been carried out?

N/A

b) Risk and impact analysis

N/A

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Regulation 12 Breach Action Plan
Appendix B	Children's Health CQC improvement Plan

5. Background Papers

Document title	Where the document can be viewed
CQC Report	https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ3971.pdf

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