Inverclyde council

NHS Greater Glasgow and Clyde

**AGENDA ITEM NO: 2**

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| **Report To:** | **Community Health & Care Partnership Sub Committee** | **Date: 29th August 2013** |
| **Report By:** | **Brian Moore<br>Corporate Director<br>Inverclyde Community Health & Care Partnership** | **Report No:<br>CHCP/42/2013/SMcA** |
| **Contact Officer:** | **Sharon McAlees<br>Head of Children's Services & Criminal Justice** | **Contact No:<br>01475 - 715379** |
| **Subject:** | **HEALTHY CHILD PROGRAMME (RE-DESIGN)** | |

## 1.0 PURPOSE

1.1 To inform the CHCP Sub Committee of the development of the Healthy Child Programme.

1.2 To highlight the work of the Healthy Child Programme Board and the re-design activity taking place within health visiting and school nursing.

## 2.0 SUMMARY:

2.1 Following the Health Visitor review in 2008, Children & Family (C&F) Teams were established across NHSGGC to support children from the age of 0 – 19; they provide both a universal service for all children and a targeted service for vulnerable children and their families. Teams were established to respond to the strong evidence base that interventions in the early years represent the most cost-effective solution for tackling the intergenerational effects of poverty within vulnerable families.

2.2 Teams use a Health Plan Indicator from birth which determines whether children have 'core or universal' needs that result in the provision of universal supports or "additional / intensive' needs resulting in the provision of more targeted interventions. Care Plans are developed in response to these assessments either on a single agency basis or jointly as part of an Integrated Assessment Framework with Partner agencies.

2.3 The publication by the Government of CEL 15 (2010) – Refresh of Health for All Children and A New Look at Hall 4 and the more recent Early Years Framework, outlined a range of changes that needed to be made to improve how our early years' services operate and the approaches they should use to assess and care plan for children. This has resulted in the publication of the Healthy Children Programme which includes the introduction of a 30 Month Assessment for all children. It is estimated that this will involve 1,582 assessments in Inverclyde.

2.4 To progress this work in NHSGG&C, the Healthy Child Programme Board (HCPB) was established. The Board has strategic oversight of the development of the HCP. Membership includes Board Directors; Heads of Children's Services, senior staff partnership and input from a range of support services including Finance, Organisational Development and Human Resources. Work is developed through a range of subgroups and associated workstreams and the leads for each of these are also members of the HCPB. Inverclyde CHCP has been represented at all levels within the structure and key staff have participated in the subgroups.

2.5 Having undertaken a comprehensive review of health visiting and school nursing provision, the HCPB concluded that the Refresh of Hall 4 and Early Years Framework could only be achieved through re-designing the universal services provided by Children and Families Teams.

2.6 This report outlines the proposed arrangements for changes to the current configuration and responsibilities of Children & Family Teams in Inverclyde, including an outline of the considerable additional investment in our teams required to facilitate this re-design process.

## 3.0 RECOMMENDATIONS

3.1 The CHCP Sub Committee is asked to :

Note the three main elements outlined within the programme:

- Implementation of a 30 month assessment
- Development and implementation of an Assessment & Care Planning Tool & Process
- Workforce Re-design & Investment in Health Visiting and School Nursing

3.2 Note the present position and work in progress to finalise the Healthy Child re-design programme.

**Brian Moore**
**Corporate Director**
**Inverclyde Community Health & Care Partnership**

## 4.0 BACKGROUND

4.1 The recent publication of SIMD data, whilst detailing improvements in a number of areas, continues to demonstrate that children and families in Inverclyde live in some of the most deprived communities in Scotland. The evidence is now clear that early intervention in the lives of vulnerable children is not only the most effective form of intervention but the most cost effective solution for tackling the intergenerational effects of poverty, deprivation and disadvantage for vulnerable children and their families. Recent analysis has demonstrated that failure to intervene at an early stage in the lives of vulnerable children has a profound impact on outcomes for children and on the costs to services.

4.2 The Healthy Child Programme has been developed in response to these challenges with the main aims of the programme being :

- Embed GIRFEC in the working of Children & Family Teams
- Establish the Health Visitor as the Named Person for all pre-school age children.
- Re-design the Health Plan Indicator to have 2 categories (Core and Additional) rather than the current 3 (Core, Additional and Intensive) and allocate a Health Plan Indicator by 6 months for all children in our area.
- Ensure that a child with needs categorized as “core” is offered the full range of our universal services for 0-19 year olds.
- Ensure that a child with needs categorized as “additional” receives additional health visiting support and / or support from other disciplines / agencies.
- Design the format and content of the 27-30 month assessment and ensure that all children are offered this universal health assessment at the appropriate time.
- Ensure that there are clear pathways from the assessment to evidence based interventions, identifying which children should receive these interventions.
- Ensure that key health improvement messages and programmes are promoted by Public Health nurses.

4.3 To determine the capacity of Children & Family teams to respond to the challenges of the Healthy Child Programme and meet the needs of both ‘core’ and ‘additional’ children, a survey of the functioning of Children & Family teams was undertaken across NHSGG&C in 2011.

4.4 The HCPB recommended a change in the ways of working of Children & Family teams to ensure practice met the National Framework requirements Key re-design objectives are to:

- Increase the amount of direct client activity by clinical staff within Children & Family Teams to a minimum of 80%.
- Focus the clinical capacity which is released by the re-design on improved assessment, care planning and the delivery of evidence based interventions for vulnerable children and families.
- Ensure a more robust programme of clinical and managerial supervision is available within Children & Family teams through strengthened Team Leader and professional support arrangements.
- Introduce the Named Person and Lead Professional responsibilities as part of implementing ‘Getting in Right for Every Child’.
- Introduce a prescribed set of evidence based interventions for both ‘universal’ and ‘targeted’ children outlined within the National Framework.
- Establish a consistent skill mix of nursing and administration support staff within each Children & Family Team.
- Improve the interface between Children & Family Teams, the Paediatric Nursing Services within specialist Children Services, the Community Nursing Services provided by Women & Children’s Directorate and with all other partner agencies.

## 5.0 PROPOSALS

5.1 The Healthy Child Programme Board has made a series of recommendations that Children & Family Teams should undertake in order to progress the Healthy Child Programme. These are outlined as follows.

5.2 **Introduction of a revised Assessment and Care Planning Framework :**

- A revised assessment and care-planning framework has been developed for Children & Family teams. The framework is based on Getting It Right for Every Child (GIRFEC) and utilises the wellbeing indicators to determine need.
- The framework is age appropriate and will use EMISWeb as the common IMT tool to record and share information about the child. The EMISWeb system will provide a direct alternative to current paper based recording systems allowing staff to input data through a handheld electronic device. The system will hold the records for all children across the Board area and will improve information sharing on all levels, including for management information and performance monitoring functions.
- The assessment tool is currently being piloted across NHSGG&C and will be introduced in Inverclyde later in 2013 / early 2014 as part of the planned introduction of EMISWeb.

5.3 The screening tool will be repeated for all children identified as having additional needs both at 12 and 30 months.

5.4 **Introduction of a 30 Month Assessment for All Children :**

An additional clinic or home based assessment has been introduced (1st July 2013) universally for all children at 30 months to determine family functioning (parenting capacity), identify early behavioural and mental health problems and language difficulties. Evidence based interventions will be provided by all teams following this assessment and these will include the Positive Parenting Programme (Triple P) and communication programmes, for those children who are identified as having additional support needs.

5.5 The new 30-month assessment is framed around ensuring children are Ready to Learn. The Health Visitor is the primary person to deliver the 30 month assessment and develop, deliver and delegate activities within the care plan that flows from it. It is estimated that this will result in some 1,582 assessments in Inverclyde over the first year.

5.6 All Health Visitors will undertake the Named Person role as identified within the GIRFEC responsibilities. Where appropriate, a Specialist Children's Services clinician would assume the lead professional role (e.g. for a child with complex needs).

5.7 All children will receive a set of age specific interventions as prescribed on the Universal Child Health Pathway – the services available to all children and families. The Pathway details both the assessments required and how both qualified and unregistered staff can deliver services.

5.8 Interventions, prescribed on the Universal Child Health Pathway, have an evidence base and will predominantly be delivered by Band 3 clinical support workers and Band 4 Nursery Nurses, Band 5 Staff Nurses but overseen by the Health Visitor.

5.9 Additional programmes of immunisation, such as Influenza, Men C, Rotavirus and Herpes Zoster vaccinations, are to be introduced. These will potentially increase workload for Children & Families teams and so further work is required to ensure that the current success in delivering immunisation is maintained.

5.10 As a consequence of introducing the revised Assessment and Care Planning Framework, Children & Family Teams will more accurately identify those Children and Families who have additional support needs. A robust learning and development programme for Children & Family Teams will be provided from late 2013 to enable members of the team to deliver a suite of Evidence Based Interventions.

5.11 A number of children will require a range of intensive interventions that require capacity not available within our Children & Family Teams :

- As part of the Integrated Assessment Framework, Health Visitors within Children & Family Teams will identify the interventions required from across the CHCP and other agencies (e.g. Family Support, Pre Five Placement etc.) These will be detailed in the Child's Plan.

- Pathways have been established to both the Child and Adolescent Mental Health Team to access psychological therapies and to the Community Paediatric Teams, to support vulnerable children, Looked After and Accommodated Children and children with disabilities or with complex needs. Both CAMHs and Community Paediatric Teams will offer a consultation service to Children & Family Teams to help formulate the most appropriate interventions for Children & Family Teams.

5.12 **Children & Family Workforce model :**

The HCPB undertook a detailed review of the existing service framework for Children and Family Teams and a revised workforce model has been developed. Size and band mix for each Children & Family Team has been calculated by determining the average time required to undertake specific activities for each child.

5.13 For Inverclyde this has resulted in an estimated overall increase in investment of £196,600. Tables outlining the overall staff resource are noted below. When implemented this will constitute a significant investment in our Children & Family teams. A Demand and Capacity framework will be developed for Children & Family teams to establish that these estimates are reflected in actual practice.

| Change to Health Visiting | +/- |
|---|---|
| Band 2 increase from 1.1 to 1.6 | +0.5 |
| Band 3 increase from 2 to 3.5 | +1.5 |
| Band 4 increase from 0 to 2.9 | +2.9 |
| **Total Untrained** | +4.9 |
| Band 5 increase from 4.7 to 6.6 | +1.9 |
| Band 6 decrease from 18.6 to 15.7 | -2.9 |
| Band 7 increase from 0.5 to 1.6 | +1.1 |
| **Total Trained** | 0 |

| Change to School Nursing | +/- |
|---|---|
| Band 2 reduction from 1.1 to 0.3 | -0.8 |
| Band 3 increase from 1.4 to 1.6 | +0.2 |
| Band 4 level at 0 | 0 |
| **Total Untrained** | -0.6 |
| Band 5 reduction from 3.5 to 1.8 | -1.7 |
| Band 6 increase from 1 to 3.2 | +2.2 |
| Band 7 increase from 0 to 0.3 | +0.3 |
| **Total Trained** | 0.8 |
| | |

5.14 Each family, with a child under 5, will receive in total 26 hours of Children & Family Team input over the course of the Universal Child Health Pathway (0-5 years).

5.15 The workforce model estimates that the input of Health Visitor time for the most vulnerable families is likely to be on average 4 times that of the universal family.

In total the most vulnerable pre-school families will receive approximately 74 hours input over 5 years from the Children & Family Team. The consumption of these hours will be weighted towards the pre-nursery years, although the model allows for flexibility to reassess and intervene at any point throughout the vulnerable pathway.

5.16 Given the significant change agenda proposed for Children & Family Teams, an improved ratio for Team Leader to band 6 staff is proposed. An allocation of 1 Band 7 Team Leader per 10 Band 6 Health visiting staff is proposed. Team Leaders should not carry caseloads and should be responsible for both the management of the Team and Clinical Supervision of the Band 6 staff.

5.17 The Healthy Child Programme Board undertook a review of School Nursing services and used the same principles of service redesign to develop a workforce model for school aged children. A list of tasks / responsibilities for the school health services, an estimated time for each individual activity and an estimated amount of time per task are being developed. The School Nurse review has concluded that the implementation of the revised assessment and care planning framework and the delivery of interventions to vulnerable children will require a substantial investment in band 6 nursing staff.

5.18 The proposed configuration of Children & Family Teams based on the workforce modelling described above will result in teams identifying unmet need more systematically, a more consistent delivery of the universal pathway to all children and an increased capacity for providing interventions for up to 20% more vulnerable families.

5.19 **Delivering the change programme for Children & Family teams in Inverclyde :**

The HCP has been developed at board level by the HCPB with involvement from the CHCP. Implementation is now being delivered by an Inverclyde Local Implementation group with ongoing support of the HCPB.

5.20 The Inverclyde Local Implementation Group is a multi-agency group that as well as reporting to the HCPB reports via the Children's Services planning structure to SOA 6 Best Start in Life.

5.21 The Inverclyde Local Implementation Group are working to integrate the outputs of the HCP with the developments of the early years collaborative and the work already underway in respect of Getting it Right for Every Child Citizen and Community.

## 6.0 IMPLICATIONS

6.1 Legal: It is the intention of the Scottish Government that the role of named person will become a statutory duty and this is currently contained in the Children and Young Persons Bill.

6.2 Finance: The proposals outlined above constitute planned additional investment in staffing within Children & Family teams, within the NHS funding of the Partnership. The level of funding for Inverclyde based on the whole system redesign is currently estimated at £196,600 for 2013/14, albeit still subject to final confirmation.

| Cost Centre | Budget Heading | Budget Year | Proposed Spend this Report | Virement From | Other Comments |
|---|---|---|---|---|---|
| Children & Families Community Teams | Employee & Other Costs | 2013/14 | £196,600 | N/A | Expected NHS recurring funding – subject to confirmation |

6.3 Personnel:

A Workforce Plan has been developed. Recruitment is being managed at Board level. CHCP senior staff are fully involved in the recruitment process.

6.4 Equalities:

Equalities Impact Assessments have been completed as part of this re-design.

6.5 Repopulation:

The re-design supports the work of SOA 6 Best Start in Life and Nurturing Inverclyde.

## 7.0 CONSULTATION

7.1 Staff Partnership has been fully involved in the process.

7.2 Finance, HR and Organisational Development have been fully engaged in the process.