ANNEX B

Healthy Child Programme age 0-19

Performance Report 2017/18

The Healthy Child Programme is commissioned by the Children's Health Joint Commissioning unit. The CHJCU commissions public health, local authority children's services, and NHS programmes which support children and young people's health and wellbeing, ensuring that services funded by different commissioners are joined up around the needs of children and families. The CHJCU monitors outcomes from the public health, NHS and social care outcomes frameworks. Performance data is only given here for the public health programmes for which Health Committee is responsible – health visiting, school nursing and family nurse partnership.

Context - April 2018

This performance report is presented on a quarterly basis to the Joint Commissioning Unit which has membership from Cambridgeshire County Council, Cambridgeshire and Peterbrough Clinical Commissioning Group and Peterborough City Council.

It is a dynamic document which is amended to reflect changes in service provision. Over the next 2-years the services provided to children and young people will be subject to system wide transformation where the 2-main providers of our services are coming together. We will be working together with providers to undertake the transformation and are focussing on outcomes and commissioning of a consistent equitable service based on the principles set out below.

We recognise that some elements of performance are affected by provider staffing issues which is a reflection of the national position, workforce is therefore a key area where we are seeking innovation. We are prioritising areas of concern in the programme phasing.

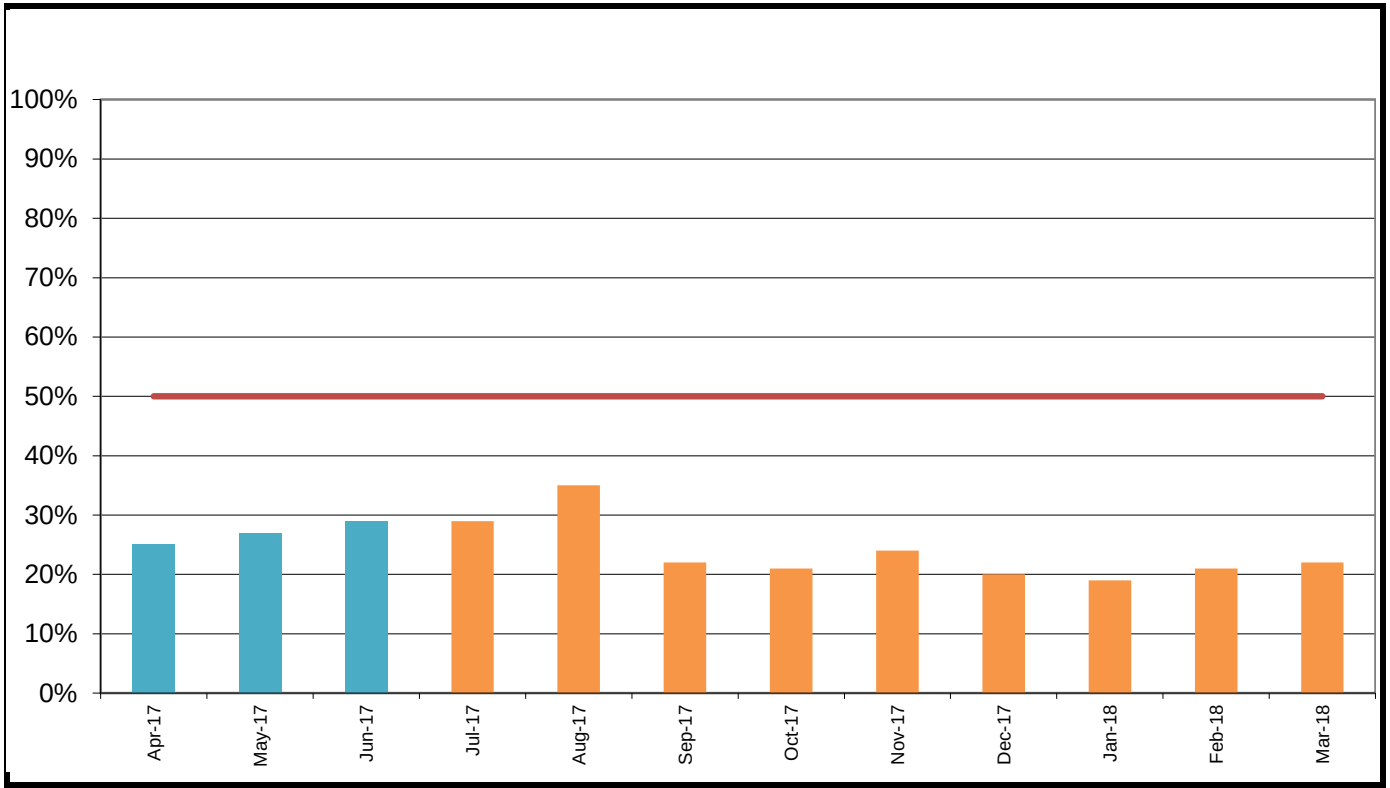
In the meantime, areas of concern are managed through existing contract mechanisms

Principles	Description
Consistency	• Single specification for each service across the county to deliver equitable services • Consistent thresholds that prevent people falling through the system • Consistent policies, ie safeguarding, operating policies, HR, terms and conditions, recruitment
Evidence based	• Service delivery must have a robust evidence base of best practice, with continuous service review and improvement
Outcome focussed	• Mix of quantitative and qualitative outcomes • Meets all statutory requirements and outcome measures including Key Performance Indicators • Review of goals and achievements/Outcomes star
Needs led differentiated in response to local demand	• Responds to local needs • Service user feedback is embedded as part of service review/development
Flexible workforce to respond to demand across all service provision	• Work force is able to work in different settings and across different services with core training. • Policies and procedures are harmonised • Staff are exposed to different services and able to signpost and reassure CYP and families with a level of confidence • Provider culture is developed to build openness, trust and embed integrated working as the norm
Building on a community resilient, self-help model	• Enabling children and families to thrive, be resilient and cope at home, at school and in their neighbourhoods. This includes easy access to sound information and advice. • Where required, children and families get focussed help from evidenced based interventions as early as possible, in locally based services where possible • For those that require more specialist interventions, some community based services will be delivered across in more centralised settings • Shared decision-making supports children and young people's preferences and outcomes are closely monitored • Where a minority of children and young people are not benefitting from interventions and remain at risk to themselves or others, they and their families' schools and communities are supported to keep children safe in their daily lives and build their capacity to self-manage.
Integrated	• Less fragmented, fewer handoffs, process is clear and aligned to wider partners. • No barriers between LA and Health organisations. Single record • Seamless transition between internal and external service
Innovative	• Work with system partners as part of the STP and across CIP/QIPP plans, identifying opportunities that benefit wider systems • Solution focussed • Consider opportunities with community voluntary sector • Work with local areas to develop own solutions • Business acumen that benefits the whole system to address year on year efficiency requirements • Financial transparency

Monthly Performance Report - Children's Health and Wellbeing 2017-2018

1. Healthy Child Programme

Proportion of Antenatal Contacts Recorded



Direction of travel	Target
↓	50%
Eastern Region	RAG
	R

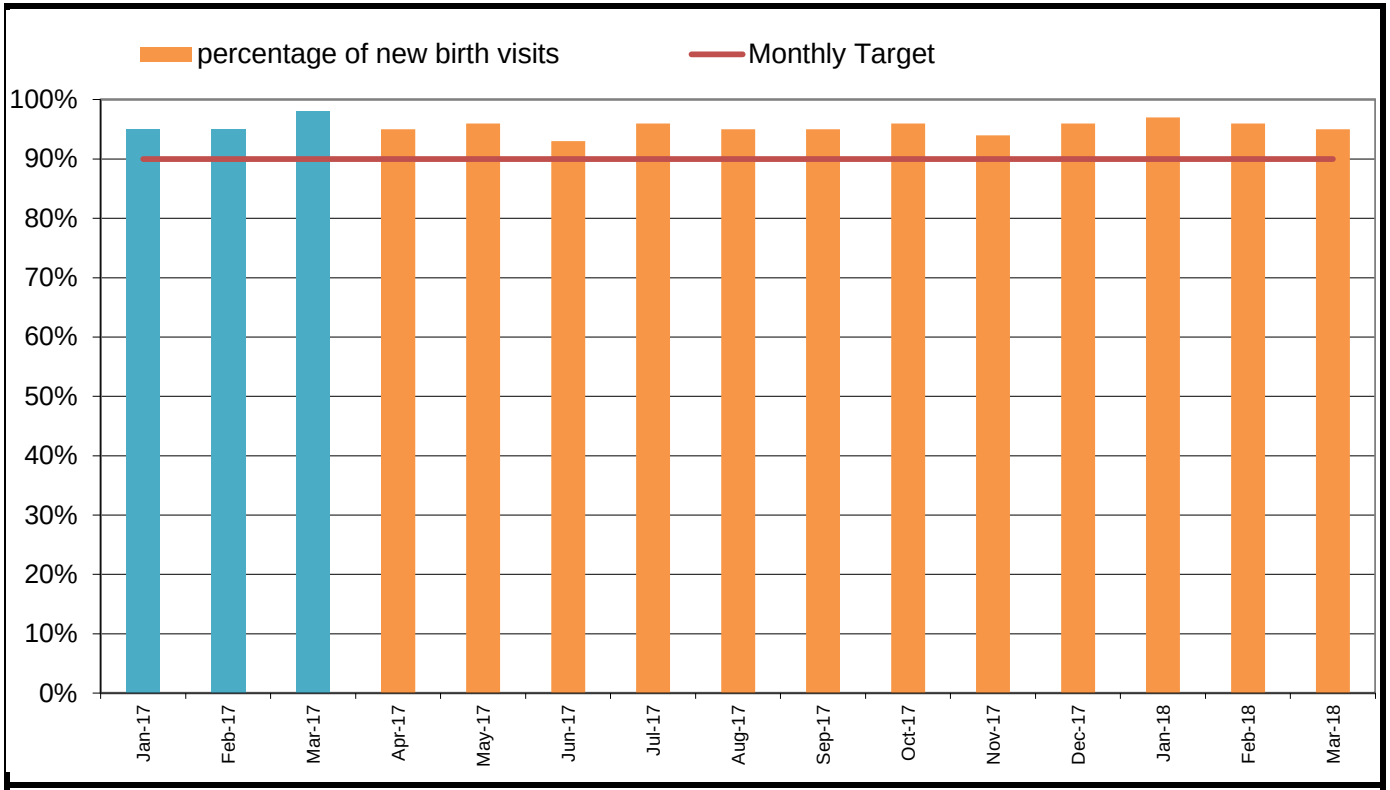
Although there is no national target for this mandated visit, in Cambridgeshire a local target has been set for 50%, however this is not being met. This is primarily due to capacity issues within the workforce, therefore the provider is currently targeting first time mothers and those who are vulnerable, rather than universally offered. Performance has also been affected by the notification process between midwifery and the healthy child programme which has not been sufficiently robust and also poses a challenge in achieving the target. The clinical lead and service lead for the healthy child programme are working with the acute midwifery units to introduce electronic notification systems which will ensure the team are made aware off all expectant women. To understand the scope of the issue Health Visitors are completing Datix incident forms when a visit is carried out but the pregnancy was not known to the HCP team. Locality workshops were held in April 2018 to investigate how the team can work differently to build capacity to deliver this contact. A clear strategy is underway to achieving the 50% target with the long term goal of achieving a stretch target of 90% in 2 years.

The antenatal contact is a promotional, listening contact, offering support as directed by the parents. It enables health visitors to offer early support, introduce the services and support parents in terms of preparing for parenthood. This contact is particularly targeted towards vulnerable women and precedence is placed on ensuring vulnerable groups are identified and offered an antenatal visit by their Health Visitor. Performance data for the antenatal contacts is not available nationally because of difficulties with getting the relevant denominator (monthly birth rate are used as a denominator in this instance). Although checks are mandated, there are no national targets and these are agreed locally with the Provider.

Cambridgeshire County Council

1. Healthy Child Programme

10-14 Day New Birth Visits Uptake within 14 days



Direction of travel	Target
↔	90%
Eastern Region	RAG
	G

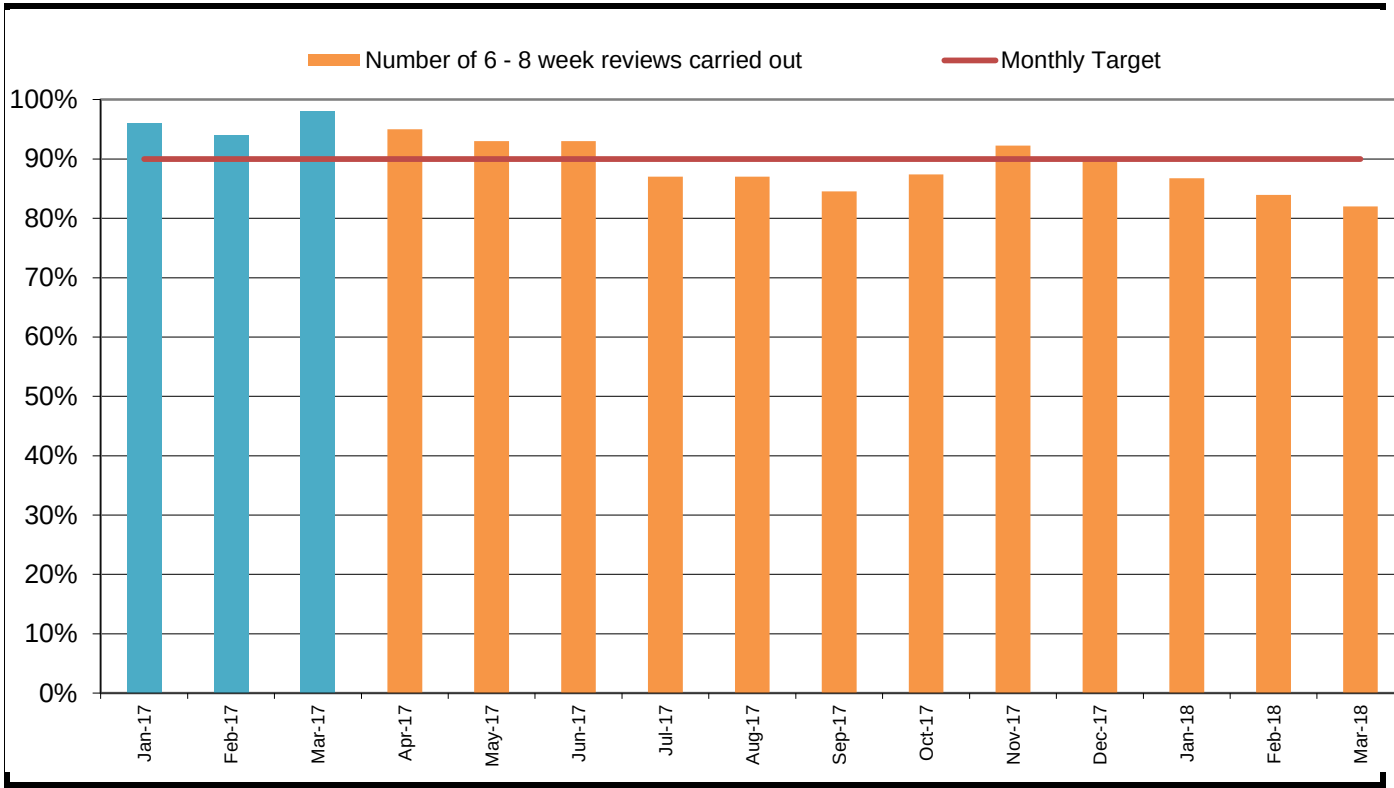
The 10 - 14 new birth visit remains consistent each month and numbers are well above the 90% target.

The new birth visit is a face to face review and will include the provision of information on a range of subject areas including infant feeding, SIDS prevention and safe sleep, the immunisation schedule and outcomes of all screening and NIPE examination results; they will check the new born blood spot status if this was not conducted by the Midwifery team. The Health Visitor will also assess maternal mental health and the baby's growth and development.

Cambridgeshire County Council

1. Healthy Child Programme

6 - 8 week reviews



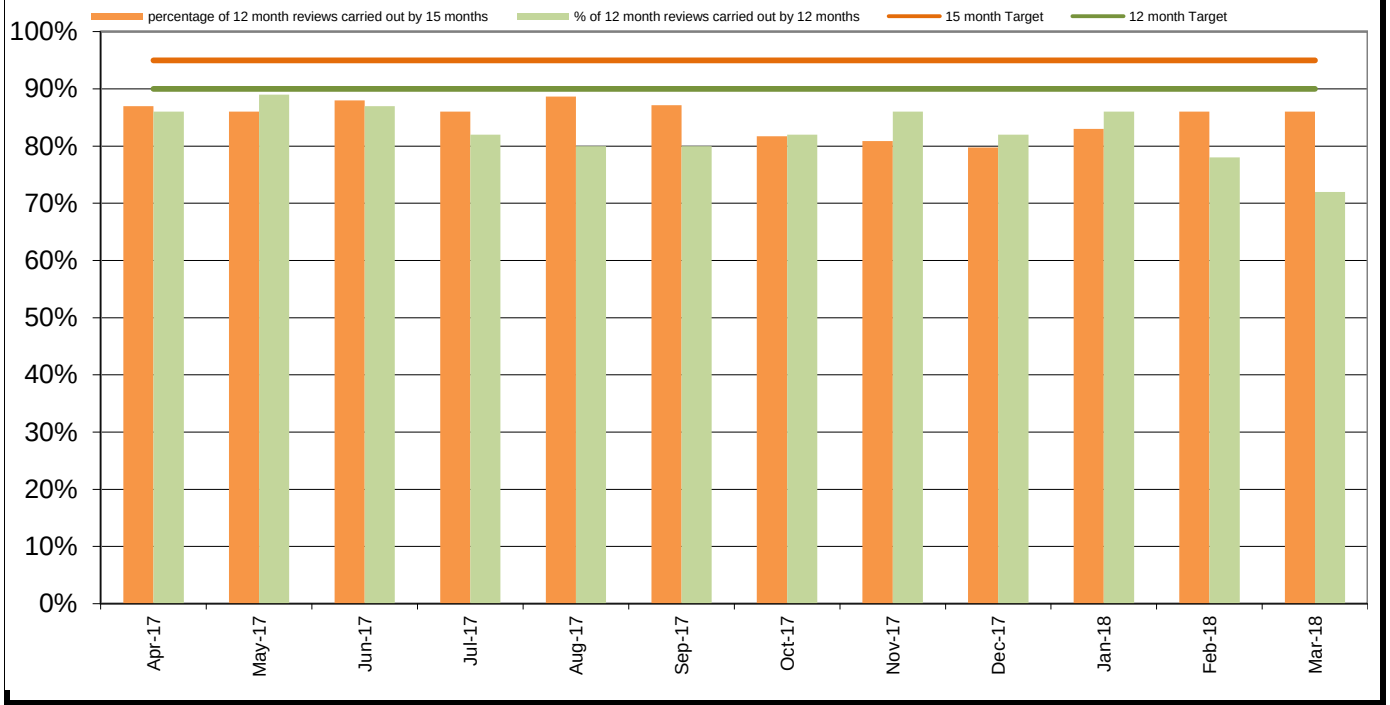
Direction of travel	Target
↓	90%
Eastern Region	RAG
	A

The performance for the 6 - 8 week review visit has fluctuated this year, averaging across the year at 88%, 2 percentile points below target. Due to the large geographical area, staffing and capacity issues in certain localities has impact on the overall performance. For example, in Q4, workforce capacity in East Cambridgeshire & Fenland and Cambridge City affected the overall percentage this quarter as this target was met in other areas. Where there are staffing issues, parents on a universal pathway are being offered the 6 - 8 week review via clinic based appointment rather than in the home, which impacts take up but this is being monitored. A recruitment strategy has been implemented with interviews being held in May and agency workers are in place in Fenland to support the team during the interim period. Despite these issues, Cambridgeshire continues to exceed the national average for this visit, which in 2016/17 was 82.5%.

This visit is crucial for assessing the baby's growth and well-being alongside providing core health messages, including breastfeeding, immunisations, sensitive parenting and for supporting on specific issues such as sleep. The Health Visitor will review their general health and provide contact details for the local health clinics and children's centres, where the mother can access a range of support. The visit, in addition to the 6 - 8 week medical review, which is often completed by the GP, forms part of the Child Surveillance Programme.

1. Healthy Child Programme

12 month review



By 12 months	
Direction of travel	Target
↓	90%
RAG	
A	

By 15 months	
Direction of travel	Target
↓	95%
RAG	
A	

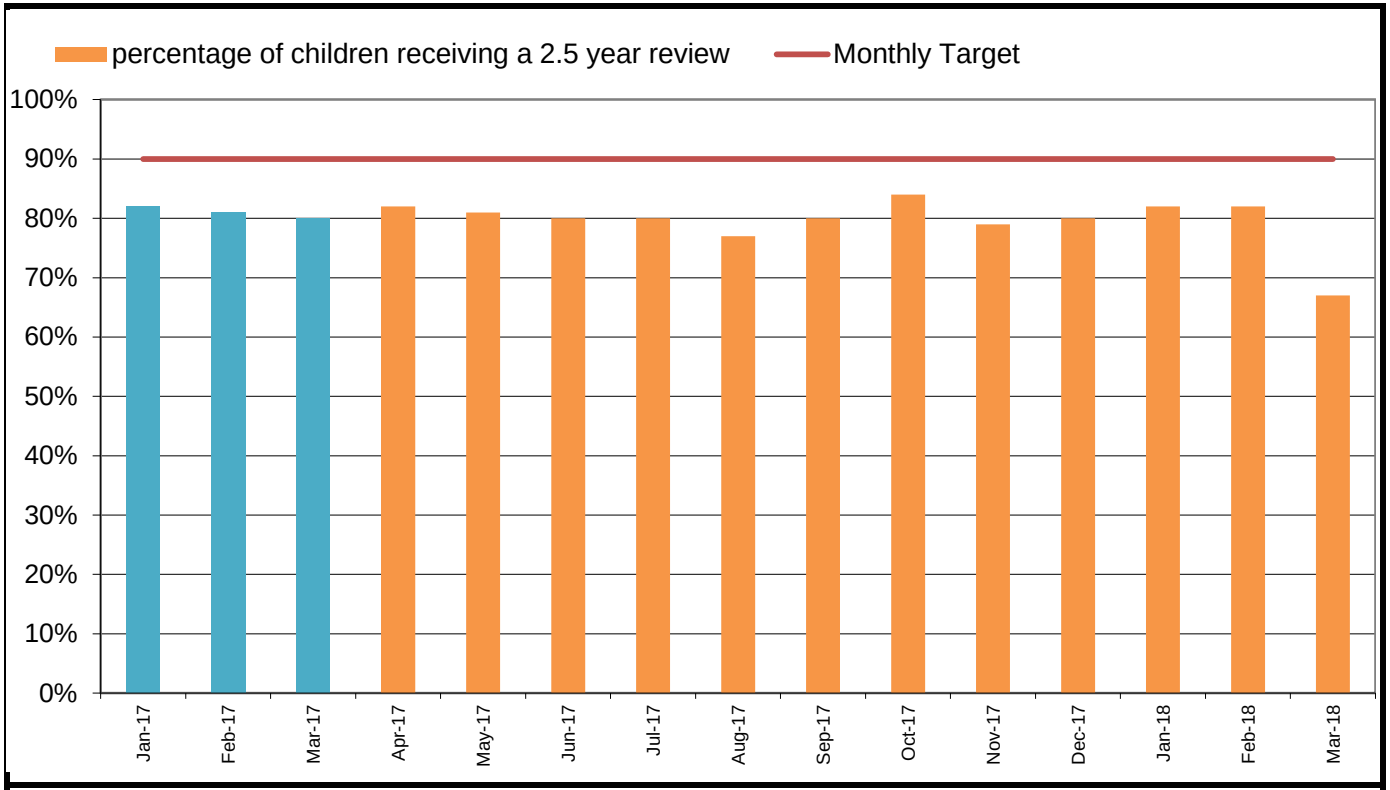
The proportion of 12 month visits being completed has remained relatively stable over the course of the year. Performance has fallen short of the target, although remains within a 10% tolerance, with the exception of 12 months by 12 months in February and March 2018. If exception reporting is accounted for, which comprises of contacts that were not wanted/attended or not recorded, the yearly average for visits completed by the time the child is 12 months old increases to 92%, thus exceeding the target; visits completed by 15 months rises to 94%, one percentile below the target. This indicates that although a majority of families are offered this visit, it is not always taken up. If a family 'Did Not Attend' (DNA) their first appointment, they are contacted by telephone or letter offering a second appointment and if this is still declined it is recorded on the Child Health Record and escalated through the multi agency forums for children identified as vulnerable. The service lead is working with staff to ensure that the planning of this development assessment is completed early enough to meet the 12 month target.

The 12 month review includes an assessment of the baby's physical, emotional and social development, as well as offering support to parents and providing information on a range of topics such as attachment, development, parenting and overall health promotion (oral hygiene, healthy eating, injury and accident prevention, safety).

Cambridgeshire County Council

1. Healthy Child Programme

2.5 year check - (Health Visitors) - Percentage of children given 2-2.5 year review



Direction of travel	Target
↓	90%
Eastern Region	RAG
	R

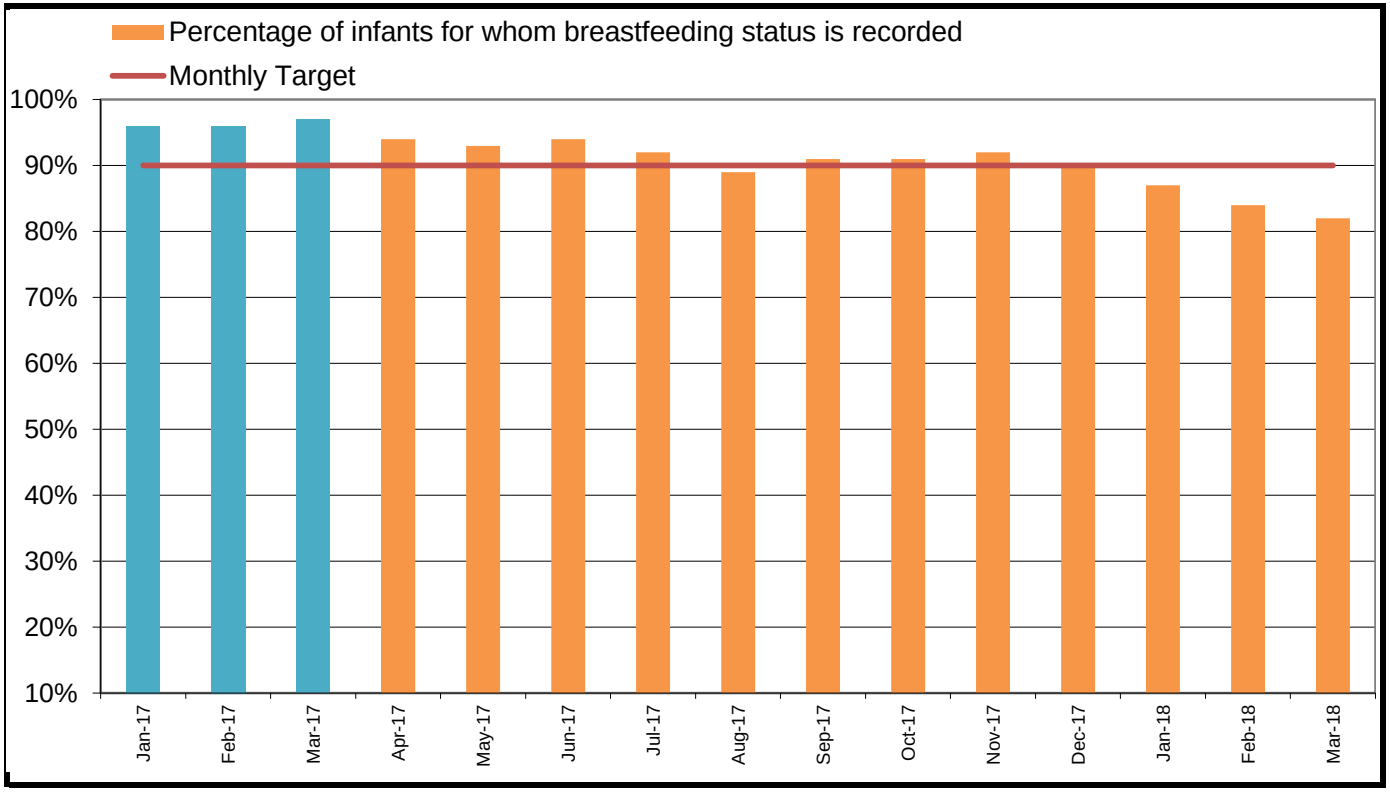
The number of two year old checks undertaken, whilst remaining steady, is not meeting target of 90%, averaging 80% across the year. There was a particularly low completion rate in March (67%) due to three of the nursery nurses, who complete this development check, undertaking nurse training in March. This is part of the "Grow your own" initiative, to support staff in their training, which should improve staff retention and capacity in the long term. If data is looked at in terms exception reporting, which includes parents who did not want/attend the 2 year check then the completion rates increases to a yearly average of 93%, which would meet the target. To support the gap in workforce due to training, other staff members are being offered additional hours and the provider continues to use bank staff.

The 2 year check includes the review with parents of the child's, emotional, social, behavioural and language development using the ASQ3. The visit will respond to any concerns, offer guidance on behaviour management, promote language development, encourage the take up of early education and the two year old funded offer, as well as general health promotion (dental health, healthy eating, injury and accident prevention, toilet training).

Cambridgeshire County Council

1. Healthy Child Programme

Percentage of infants for whom breastfeeding status is recorded at 6-8 weeks from birth (%)



Direction of travel	Target
↓	95%
Eastern Region	RAG
	A

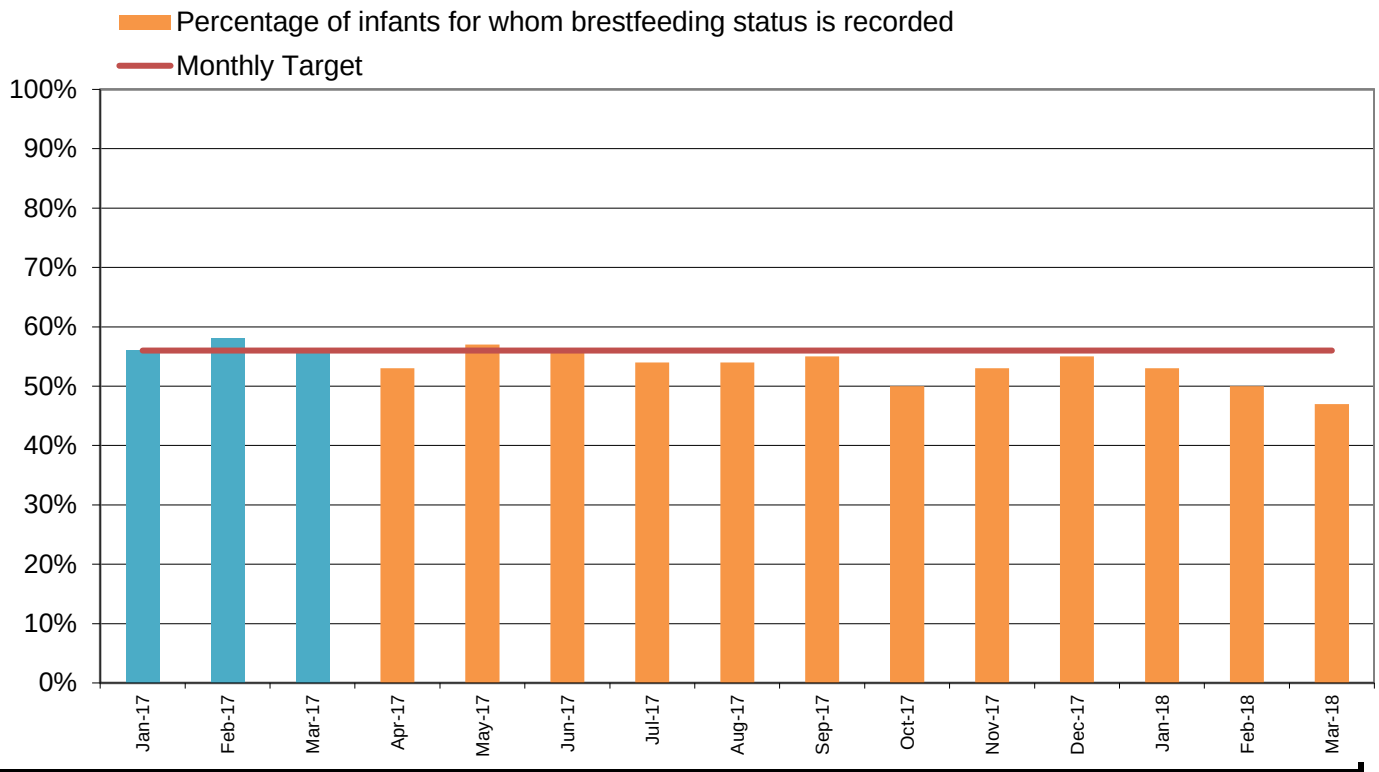
Research has highlighted that feeding your child breastmilk has numerous health benefits for babies as well as supporting the bonding process between mother and child. To allow us to monitor breastfeeding trends and ensure accuracy in breastfeeding prevalence data, it is important that breastfeeding status is recorded by midwives and health visitors at key milestone points.

This measure records the number of women who the breastfeeding status at the 6-8 week mandated check by Health Visitors has been recorded. It is important to ensure a high proportion of recording to ensure that the breastfeeding data is accurate. The fall in recording in quarter 4 2017/18 is reflective of the decrease in the proportion of 6 - 8 week visits completed during that period.

Cambridgeshire County Council

1. Healthy Child Programme

Prevalence of breastfeeding (totally plus partially) at 6-8 weeks from birth (%)



Direction of travel	Target
↓	56%
Eastern Region	RAG
	A

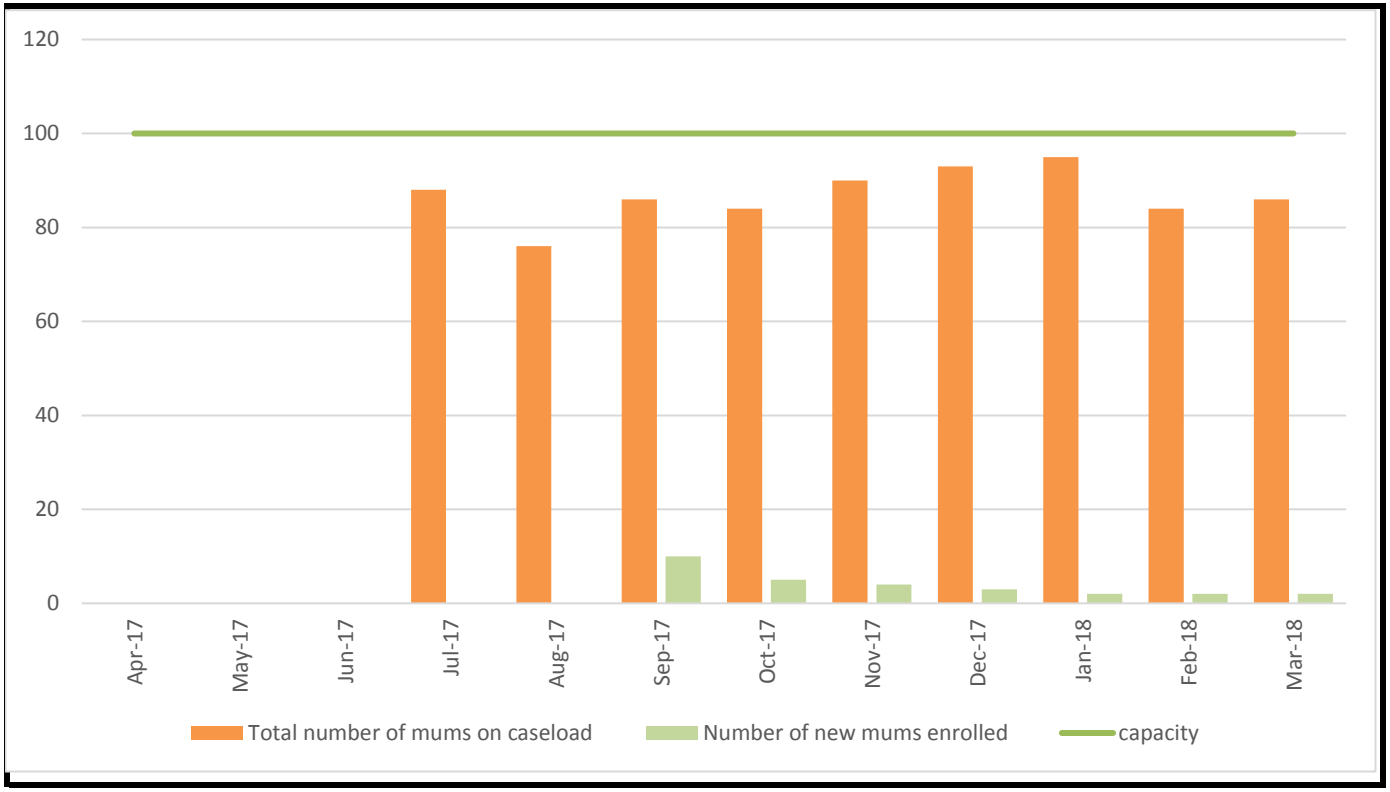
The breastfeeding prevalence target has been set locally at 56%, although performance against this has fluctuated across the year, falling below the 10% tolerance limit in March at 47% - the average for the year stands at 50%. Again this decline in Q4 is attributed to the reduction in 6-8 week mandated visits completed as this information is obtained at the check. The breastfeeding rates in Cambridgeshire are higher than the national breastfeeding rates (national average 44%). The Infant Feeding Lead is developing action plans to address localised issues where breastfeeding rates are below target - investigation is underway to find out which areas have the lowest prevalence rates.

There has been substantial research published demonstrating the positives outcomes breastfeeding can have on mother and infant outcomes. It is recommend that mothers exclusively breastfeed. Breastmilk is associated with a number of benefits such as a reduction in the risk of infections, obesity and diabetes in the infant coupled with a reduced risk of ovarian/breast cancer in the mother. Breastfeeding is also known to have a positive impact on mother and infant attachment and enhance the quality of relationships between parents and their babies and will positively influence a child's future life chances.

Cambridgeshire County Council

1. Healthy Child Programme

Number of mothers being supported through Family Nurse Partnership



Direction of travel	Target
↑	N/A
Eastern Region	RAG

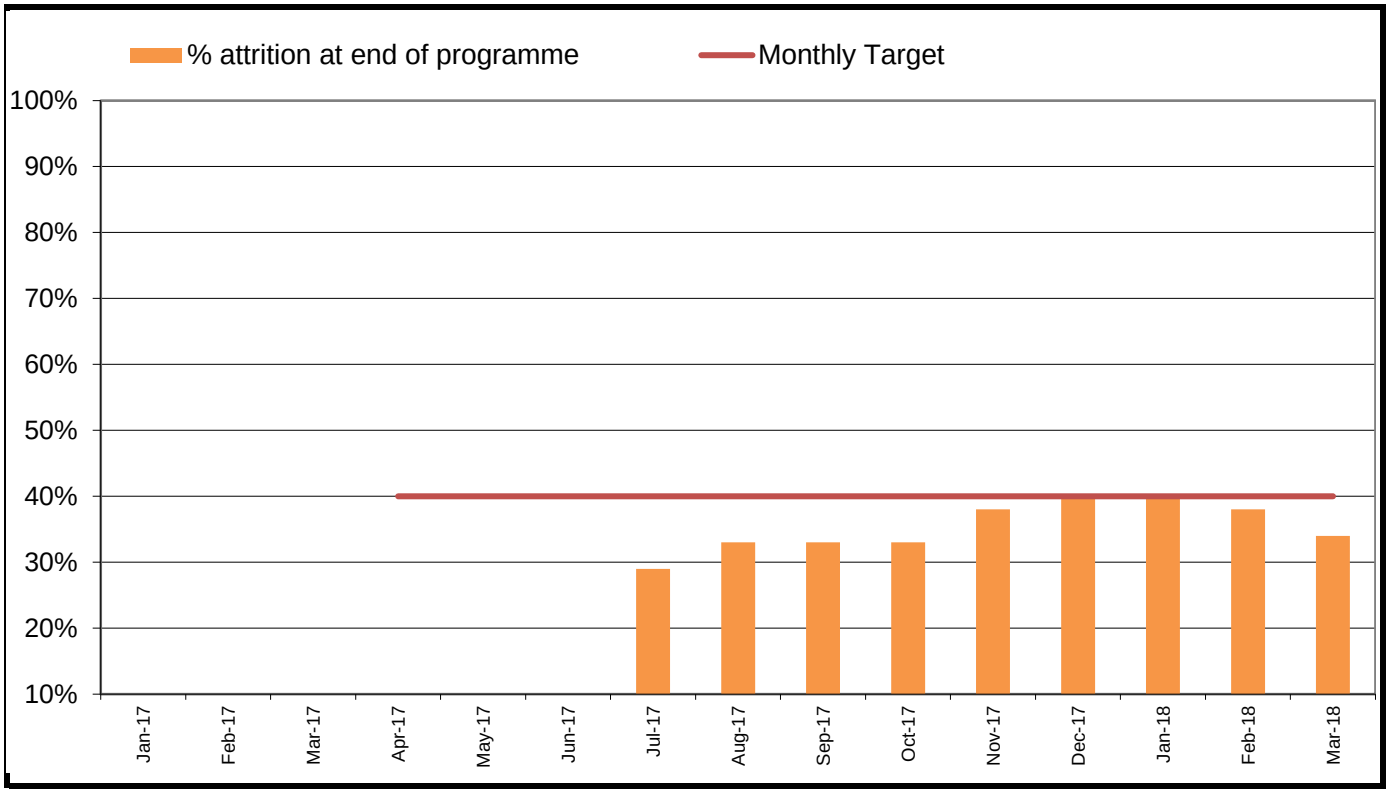
A review of the FNP programme was undertaken in 2016, which concluded in the introduction of new criteria to ensure that the most vulnerable teenage mums access the service. The data shows that whilst the overall number on their caseload is steadily increasing they are yet to reach full capacity. It is however recognised that the provider needs to ensure there is flexibility to take on new clients. The service tries to retains a number of spaces to ensure they are able to take on the most serious of cases that are referred. Over the next months we are working on reporting different statistics, which will provide improved information about the FNP outcomes.

The Family Nurse Partnership provides a dedicated home visiting service for vulnerable first time teenage mums and families. The programme is designed to support young mums to have a healthy pregnancy, promote their child's health and development through building positive relationships with their baby,, plan their futures and reach their aspirations. Statisitcs highlight that young parents are at an increased risk of poor maternal & mental health, having an unstable family background and fewer support networks, social isolation, lower occupational attainment and higher likelihood of relationship breakdown with the father.

Cambridgeshire County Council

1. Healthy Child Programme

FNP cumulative programme attrition through to child's 2nd birthday



Direction of travel	Target
↓	<40%
Eastern Region	RAG
	G

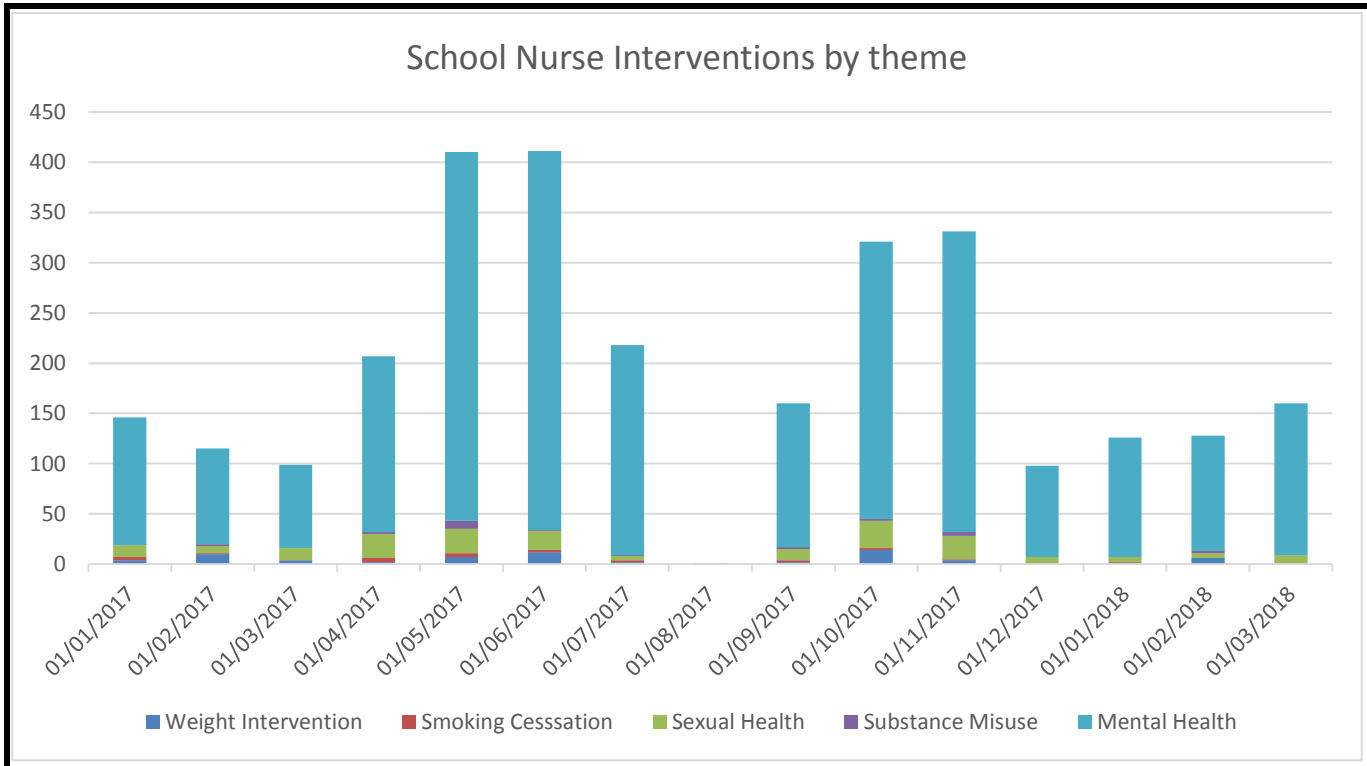
Service users who complete the full two year programme will be more likely to have increased life chances, including self efficacy, resilancy, and broken the cycle of disadvantage. Their child wil be more likely to have met their developmental milestones and be more 'school ready'.

This service has only started to be reported on in this report from quarter 3 2017/18. Trends indicate that the proportion of young families completing the programme in full remains at around a quarter of the cohort. It has been recognised that this figure accounts for any client who has left the programme between enrolment by the time their child is 2.5 years old, meaning there are lots of reasons this figure is low, including the client moving out of area, declining the programme, having the child removed from maternal care. Discussions are also underway to explore to possibility of introducing an 'early graduation' element to the programme, which would further impact on this indicator. Ove the next months we are working on reporting different statistics, which will provide improved information about the FNP outcomes.

Cambridgeshire County Council

1. Healthy Child Programme

School Nurse Interventions - key themes



The school nursing service records the type of intervention that has been completed with presenting young people. The chart above illustrates this breakdown. By far the largest number of referrals is for mental health, which is mirroring a national trend. Activity reported is reflective of the academic calendar and a reduction in activity is attributed to school holidays where pupils are not available to be seen in clinics. In March the provider introduced the Chat Health service, which offers text based support to young people. Feedback is very positive and there is a noticable increase in usage of the service following initial promotion. A communications strategy is underway to promote this further, including not only schools but youth clubs, GPs and community centres. Longer term strategic development of the service is to introduce goal based outcome measures for all interventions undertaken by the team, which will allow for more meaningful reporting. Once this service transformation is embedded a review will be conducted on what additional reporting can be included in this report.

Direction of travel	Target
	n/a
Eastern Region	RAG
	n/a

It is important to record the themes that children and young people approach the School Nursing service with as this allows us to monitor any trends devleoping with the issues CYP are presenting.

Cambridgeshire County Council