

Wiltshire Council

Health and Wellbeing Board

19 September 2019

Subject: Children's Community Healthcare Services Update

Executive Summary

I. This report provides a summary of performance across Children's Community Healthcare Services, provided by Virgin Care

Proposal(s)

It is recommended that the Board:

- i) Notes the summary provided;

Reason for Proposal

Health & Wellbeing Board has requested a progress report on Children's Community Healthcare Services following it being commissioned with a new service being delivered from April 2016.

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**Acting Commissioning Director Maternity, Children and Mental Health
Wiltshire CCG, Director of Public Health Wiltshire Council & Director of
Commissioning Wiltshire Council**

Subject: Children's Community Healthcare Services Update

Purpose of Report

This report has been compiled to provide an overview of the Wiltshire Children's Community Healthcare Service (WCCHS), provided by Virgin Care Services (VCS). The report brings together quality and performance data across the whole service, as well as providing an overview of each individual service within the contract and any performance issues currently being managed.

Background

Prior to this joint re-commissioning exercise, children's community services had been provided across six separate organisations, many of them sitting outside of Wiltshire county borders, which parent carers of children with Special Educational Needs and/or Disabilities (SEND) told us contributed to a confusing and disjointed healthcare provision. Services provided by VCS include:

- Health Visiting (lead commissioner Local Authority)
- Family Nurse Partnership (lead commissioner Local Authority)
- School Nursing and Child Measurement (lead commissioner Local Authority)
- Community Paediatrics (lead commissioner WCCG)
- Speech & Language Therapy (lead commissioner WCCG)
- Integrated Therapies (Physiotherapy & Occupational Therapy) (lead commissioner WCCG)
- Children's Community Nursing Services (lead commissioner WCCG)
- Children's Continuing Care (lead commissioner WCCG)
- Learning Disability Nursing Services (lead commissioner WCCG)
- Looked After Children's service (lead commissioner WCCG)
- Children's Safeguarding Services (named nurses & specialist safeguarding nurses) (lead commissioner CCG)
- Paediatric Audiology (West Wiltshire only) (lead commissioner WCCG)
- Children's Continence Service (lead commissioner WCCG)

Public Health Nursing is a mandated service directly funded by the Public Health Grant, which the local authority receives from the Department of Health in order to deliver against the public health priority to provide a universal service for all children, with an emphasis on prevention and support. The service forms part of the Director of Public Health's responsibilities for 'any of the Secretary of State's public health protection or health improvement functions that s/he delegates to local authorities, either by arrangement or under regulations – these include

services mandated by regulations made under section 6C of the NHS 2006 Act, inserted by section 18 of the 2012 Act'

The total contract value with VCS is currently £12.8m. The funding envelope for 19/20 is not yet confirmed due to some in-year changes in estate costs, however at the time of writing this paper the total block value splits between commissioners as follows:

Commissioner	Value	Proportion
Wiltshire CCG	£6,448,794	50.4%
Wiltshire Council (public health)	£6,012,108	47%
Wiltshire Council (children's commissioning) ¹	£336,274	2.6%

As successful bidders for the contract, VCS were tasked with delivering on an ambitious transformation programme which has seen them:

- Relocate all staff into multidisciplinary (MDT) 'hubs' to encourage more joint working between specialties
- Move all staff onto a shared electronic records system as well as scanning all historic notes onto the system for continuity of care
- Establish 'mobile working' systems for all staff in order to promote community working and staff efficiency
- Develop a 'single point of access' for the triage of referrals in order to avoid children 'bouncing' between services.

VCS were not able to commence their transformation as quickly as hoped initially, due to them inheriting considerably longer waiting lists and larger cohorts of patients than had been communicated from outgoing providers prior to transfer. This meant that significant resource was directed initially to reducing these waiting lists and bringing them within the nationally mandated 18 week referral to treatment target. Work is now complete on the main transformation project and the service is able to capitalise on the roll out of joint IT systems and MDT hubs to maximise the potential of the contract via MDT integrated pathways of care that will streamline children's initial assessments, diagnosis and follow up.

1. Review of performance

In this section of the paper we have sought to triangulate information regarding the provision of children's community services under the VCS contract to date.

1.1. Care Quality Commission Inspection findings

The CQC inspected Virgin Care on the 4th, 5th and 6th April 2017 and published its final report on the 25/08/2017.

The CQC inspected Virgin Care services as part of their comprehensive community health services inspection programme.

¹ A contribution towards provision of OT & SALT, as well as Fostering & Adoption Medicals and CDOP medical attendance.

The CQC always ask the following five questions of each service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before inspecting, the CQC review a range of information held about the core service and asked other organisations to share their intelligence. The below table outlines the CQC's inspection outcomes for VCS for each domain;

Overall rating for the service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Outstanding
Are services responsive?	Good
Are services well led?	Good

1.2. Patient experience

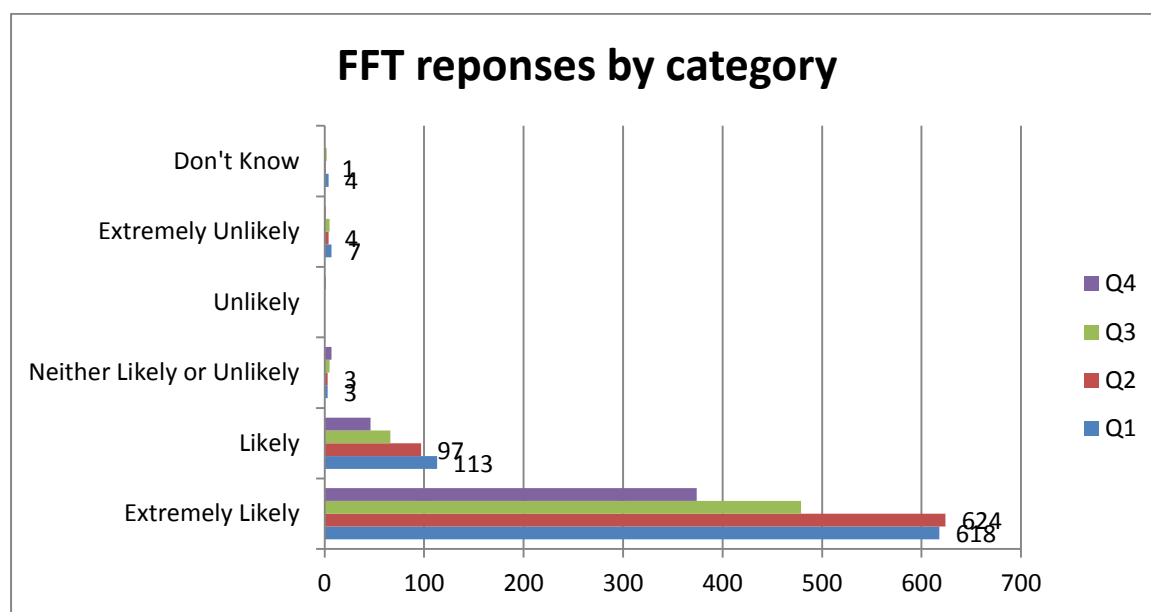
The table below summarises the complaints that VCS have received since April 2018:

Month	Total Contacts	Complaints	Concerns
Apr 2018	1972	2 (0.1%)	4 (0.2%)
May 2018	2433	3 (0.1%)	2 (0.1%)
Jun 2018	2518	2 (0.1%)	14 (0.6%)
Jul 2018	1933	4 (0.2%)	10 (0.5%)
Aug 2018	1256	3 (0.2%)	9 (0.7%)
Sept 2018	2181	1 (0.0%)	22(1.0%)
Oct 2018	2555	5 (0.2%)	22 (0.9%)
Nov 2018	2622	2 (0.1%)	9 (0.3%)
Dec 2018	1861	1 (0.1%)	12 (0.6%)
Jan 2019	2776	4 (0.1%)	14 (0.5%)
Feb 2019	2064	5 (0.2%)	14 (0.7%)
Mar 2019	2518	4 (0.2%)	21 (0.8%)
Apr 2019	2295	5 (0.2%)	16(0.7%)
May 2019	2701	4 (0.1%)	9 (0.3%)
Jun 2019	2672	5 (0.2%)	14 (0.5%)

Reporting on the themes of complaints, which in the main have been received from parent carers, shows that these predominantly focus around communication, access to services (in particular paediatrics and Integrated Therapies) and waiting times. In addition to this the CCG received 7 complaints about services provided by VCS throughout 2018/19, and 16 concerns or enquiries. These follow similar trends/themes to those reported by VCS, namely:

- Access to services (paediatrics and integrated therapies in particular)
- Waiting times
- Communication

The graph below shows responses recorded against the 'friends and family' test for 2018/19, which gauges how likely service users or their families would be to recommend the services:



1.3 Wiltshire Parent Carer Council and Parent Carer feedback

Wiltshire Parent Carer Council (WPCC) has not run a formal feedback exercise with members in order to inform this paper, but were able to provide some valuable opinion on their experiences of Virgin Care Services as a provider, the ways in which they have engaged with parent carers, and the nature of the concerns and complaints handled by the Wiltshire Information Service relating to Virgin Care.

The following statement has been provided by Stuart Hall, Director of Wiltshire Parent Carer Council:

On the whole, WPCC have found Virgin Care to be very open to working with parent carers in the co-production of pathways and development of the service, and have always been very supportive of WPCC events. They report that Virgin Care are always keen to embrace opportunities to engage with parent carers to foster positive relationships and understand where and how practice could be improved. When WPCC has had reason to contact Virgin Care, they have found them to be responsive and proactive. Prior to the implementation of the SPA, when WPCC reported difficulties parents were experiencing getting through to Virgin Care on the telephone, Virgin Care installed additional phone lines. There are still some glitches with the SPA as reported by parent carers: the single telephone number is helpful but parents say it is a lottery as to which hub receives the call.

Parents have said that if they had spoken to someone in the Trowbridge team for instance, if they then phone again to follow up, they may end up speaking to someone from the Salisbury team who is unable to pick up their case; it is hit and miss as to whether the call handler will divert the call to the correct team or not (it seems to depend on who you speak to). WPCC has welcomed Virgin Care's invitation to sit on the MDT triage. WPCC is included within interview panels, helping to underline the importance of parent carers and working in coproduction from the very outset of any new recruit's employment in the organisation. WPCC used to be integral to the programme of induction for new staff, but this hasn't happened for some time, despite them flagging this up with Virgin Care managers.

The centralisation of services from six providers into one, although there are some glitches and the development of a single point of access for parent carers has been an improvement for families who had complained previously about care being provided in 'silos' and different teams not talking to one another or coordinating their approach or appointments. Virgin Care have responded to parent carer feedback by establishing community-based hubs around the county to improve the access to some practitioner appointments. There are some services (physiotherapy being the primary one) where there are new themes of complaints being seen (predominantly capacity, frequency of appointments and waiting times), and others (paediatric continence) where WPCC used to see a high number of complaints that have now ceased. The WPCC has shared feedback about Occupational Therapy with Virgin Care; this would predominantly be regarding waiting times and information given to parent carers not always being easy for them to understand and digest. There is a feeling that sometimes, written information is given to parents, rather than sessions with an Occupational Therapist. Parent carers have also raised concerns about communication ("We need to know we haven't been forgotten about") and the difficulty they have in understanding 'who does what'; this confusion seems to be wider than just services delivered by Virgin Care. Parent carers would also like to see better recording of health needs on EHC plans where appropriate. There was some very positive feedback from parent carers attending a transition information event about the new ASD diagnosis pathway that has been developed. Some parent carers have reported positive feedback about the PAMS meeting that has been introduced as part of the new ASD diagnosis pathway.

The WPCC has shared issues regarding handover to adult services with Virgin Care and the CCG. The WPCC is also aware of at least one family who has reported that they received a letter from Virgin Care but when they contacted them about the letter, Virgin Care could find no record of it.

The WPCC has recently (September 2019) been invited to present at Health Visitor Team meetings. This was a very positive experience, with Health Visitors warmly embracing WPCC; WPCC noted however that most Health Visitors were previously unaware of the WPCC.

Although the WPCC hears complaints naming Virgin Care, on unpicking issues, it is often found that the underlying problem is often more to do with staffing shortages, service capacity (e.g. waiting times), or relating to historical operational issues which the service has not had an opportunity or capacity to address as yet, rather than an issue with attitude from Virgin Care as an organisation. WPCC

SENDIS staff report that Virgin Care Customer Services 'seem to have really upped their game' and they find them to be 'thorough and helpful'. Overall it feels as though the service has come a long way, having inherited some concerning operational issues from outgoing providers, and it is felt that there is an upward trajectory that should inform future decision making.

Other feedback from Parent Carers in Wiltshire:

Parent carers provided the following feedback to Ofsted/CQC in January 2018 as part of the Wiltshire Local Area Inspection²:

“Specialist services such as education psychology and lead workers for SEN provided by education, health and social care professionals are effective and well regarded by those whom they serve. However, some parents and carers remain frustrated that they cannot access the services they require in a timely way. They reported that the delays they experience in gaining the correct support for their child or young person increase their levels of anxiety...They say that communication between specialist services and themselves is not effective in addressing the concerns that they may have”.

In addition, Wiltshire Council continue to share responses from school's annual SEN Self-evaluation. These evaluations suggest high degrees of confidence in the care and support shared with schools, but again concerns about waiting times and staff changes, the latter which are often poorly communicated. The schools also noted that there was an overall push towards training school staff to deliver interventions rather than Virgin Care carrying out interventions themselves. Schools recognised that training and school-based activity was positive, but identified that they were having to request new funds from the Dedicated School High Needs block³ to fund staff to deliver this care, thus transferring costs away from Virgin Care to the Council.

1.4 Staff engagement

Staff satisfaction results have been included in the table below:

Question	Score 2017	Score 2018
Response rate	65%	75%
Line Managers give positive feedback	74%	82%
Someone cares about my physical and mental health	77%	77%
I see the organisation making decisions that are purpose-driven and aligned to our values	46%	27%
I have the tools and equipment I need to do my job well	42%	32%
Recommend this as a place to work	NA	27%

² <https://files.api.ofsted.gov.uk/v1/file/2763765>

³ Funded by the Wiltshire grant from the Department of Education.

The results above are of concern to commissioners and to the provider, who have developed an action plan to work to improve staff satisfaction levels (see high level summary below). Virgin Care have fed back that action was taken to mitigate against a decline in satisfaction, for example the promotion of staff wellbeing through initiatives, such as mindfulness coaching and regular opportunities to meet and discuss concerns, to mitigate against the rapid pace of substantial change. Virgin care are however confident that things will have improved for the 2019 survey. Updated results should be available in October 2019. These above results are of particular concern taking into account the vacancy factor that some departments are struggling with, and a difficulty recruiting to certain teams within what is a relatively small local staffing pool.

HYS question or feedback theme	Score before	Score now	Actions to improve
I see the organisation making decisions that are purpose-driven and aligned to our values	46%	27%	Transparency on decisions where there is a choice and consultation required. Ensure clear communication to all colleagues on commissioned service specifications and priorities. Clear cascading of the vision and values. Upskilling team leaders to Leading the Virgin Care Way and demonstrating the values. Improve communication on key achievements e.g. service user feedback, quality assurance e.g. via Roadshows, newsletters, team meetings. Continue management roadshows with a focus on integrated strategy and improving partnership working. Challenge any colleague not demonstrating the Virgin Care values and behaviours. Run engagement and change programme events
I have the tools and equipment I need to do my job well	42%	32%	Continued roll out of the mobile devices. Survey monkey to colleagues to request information on tools required and collate feedback during the appraisal. Engage I.T support where necessary.
Would you recommend this as a place to work		27%	Pulse check survey to gain suggestions for improvements, Team Leaders ask at appraisals, HRBP/SMT attend team leader meetings to raise concerns/gain feedback, making appraisals meaningful, recognising rising stars, teambuilding

1.5 Staffing levels

Below is a snapshot of the most recent vacancy reporting (whole time equivalent) from Virgin Care:

Service	WTE Vacancies at the end of Q1 19/20	Funded Establishment WTE as at 01.04.19	Comments
Autistic Spectrum Conditions – Wiltshire Autism Assessment Service (WAAS)	0.1	5.22	
Children in Care Nursing	1	3.27	Recruitment underway.
Paediatric audiology	0	7.57	
Psychology	0	0.72	
Children's Management	1	14	
Integrated Therapies	2	13.96	Vacancies are for physiotherapy skills
Business Support	6.87	38.87	
Learning Disability Wilts	0.8	7	
Health Visiting	10.5 3.94 wte - band 4 6.56 – band 6	79.89 wte (total workforce) 17.08 wte – band 4 62.81 wte – band 6	Recruitment underway including internal recruitment of SCPHN students
Community Paediatricians	2.6	8.82	2 medical staff onboarding.
School Nursing	5.41	26.74	Recruitment underway for new skill mix model.
Community Nursing	0.8	8.37	
Speech and language therapy	2.6	25.51	
Safeguarding	0	3.4	
Total	37.68	243.34	

The vacancy rate reported against school nursing relates to the implementation of a new staffing structure developed in response to a sustained period of difficulty recruiting to Specialist School Nurse roles. This was a recruitment challenge reflected nationally and commissioners are supportive of the restructure.

There has been considerable variability in reporting on the health visitor workforce over the course of the contract. A recent deep dive into this identified variation in definition and confirmed that Virgin Care has sustained the qualified health visitor workforce following 'Call to Action', the national drive to boost health visitor numbers.

Virgin Care have had particular difficulties in reaching establishment within the Integrated Therapies team and Community Paediatrics, and this has had an impact on their waiting time performance and follow up cohort. Commissioners have continued to monitor measures being taken such as risk stratification of the waiting list to ensure that children who most urgently need review are able to access services whilst vacancy rates have been high. Virgin Care are reporting that due to recently successful recruitment campaigns they expect to be at establishment in all their specialist services from October 2019.

2 Individual service performance

2.1 Public Health Nursing

Public Health Nursing, made up of health visiting and school nursing, is subject to a national specification and charged with leading the delivery of the Healthy Child Programme 0-19. A large part of the delivery includes 5 health reviews, beginning in pregnancy, and the delivery of the National Child Measurement Programme (NCMP) all of which are mandated by law. This mandate has been extended for the 'foreseeable future'.

Locally, Wiltshire also commissions Family Nurse Partnership (FNP), a licenced programme of intensive support for expectant young parents who conceive at the age of 19 or under. Support is provided from pregnancy until their child's second birthday. FNP sits within the health visiting service.

2.1.1 Health Visiting

The health visiting service performed poorly against KPIs during the early part of the contract. This was attributed to poor data capturing systems and the service struggled to provide alternative evidence that outcomes were being met. Since the implementation of a new IT system towards the end of last year there has been a steady improvement in performance reflected in the table below.

Health Visiting Metrics	2017-18			Q4 18-19		
	Wiltshire	South West	England	Wiltshire	South West	England
New birth visit within 14 days	83%	81.9%	87.7%	90.1%	80%	87.5%
New birth visit after 14 days (<i>lower is better</i>)	10.5%	14.6%	10.1%	9.0%	17.4%	10.7%

New birth visit undertaken	93.5%	96.5%	97.8%	99.0%	97.3%	98.1%
6 to 8 week review by 8 weeks	79%	84.6%	84.3%	89.1%	85.3%	85.9%
6-8 weeks breastfeeding	49%	-	43.1%	55.3%	-	47.3%
12 month review by 12 months	74.2%	77.5%	75.6%	85.0%	80.2%	77.5%
12 month review by 15 months	77.9%	84.4%	82.6%	84.7%	85.8%	84.4%
2.5 year review by 2.5 years	64.8%	75.0%	75.7%	70.9%	80.8%	78.0%
2.5 year review using ASQ3	98.5%	90.70%	90.20%	99.7%	93.3%	92.5%

*Data source: PHE Health visitor service delivery metrics - <https://www.gov.uk/government/publications/health-visitor-service-delivery-metrics-2017-to-2018>

It is important for the health visiting service to maintain a suitably qualified public health workforce to ensure effective delivery of the Healthy Child Programme (birth to 5 years) to all children and families. The service offers both universal support and more targeted support, depending on the needs of the family. All families should receive the universal offer of five mandated checks from pregnancy through to the child reaching 2.5 years. Periods of high vacancies seen at times during the contract resulted in a reduced offer for the first mandated check in pregnancy when the service only saw targeted families. The universal offer of a check in pregnancy recommenced in January this year as staffing levels improved. The area covered by the Tidworth team is the only area currently not offering antenatal contacts to all families due to staffing and an influx of transfer-in appointments from army rebasing. All families with complex needs and/or known to social care will continue to receive this offer and universal antenatal contacts are due to recommence in this area in October.

Coverage of the mandated checks has improved in 2018/19 as shown above, although is still not reaching the target of 78% set locally for the final 2.5 year contact. The service has implemented a new appointment system to improve access to the service and is working with service users to inform a review of child health clinics. The most recent data, yet to be published nationally, shows further improvement. There is limited evidence of the impact of the service on child outcomes with the exception of breastfeeding which has seen a notable improvement. The development of more outcome measures is a priority for the service during 2019/20.

The Families and Children's Systems and Assurance Group, reporting to the Safeguarding Vulnerable People's Partnership, identified concerns about the

capacity of the service to support the early identification of children and families requiring a holistic early help assessment and support. It is suggested that further partnership work is required to further understand the concerns and develop the approach.

2.1.2 School Nursing

Progress against School Nursing Service KPIs has been variable with some areas seeing little progress, for example, condoms and pregnancy testing provision in schools, health promotion campaigns and school drop-ins achieving Young People Friendly accreditation. This has been significantly impacted by challenges recruiting to Specialist School Nurse posts, as highlighted above. The new service model is welcomed to increase capacity within the service and commissioners would be keen to see the service explore more innovative methods for supporting schools for example through access to online information sources and resources, which could be linked to the Healthy Schools site run by the Council.

In 2018 the service was praised for the school health assessments and drop in sessions for parents, however this has not been kept up to date and lacks integration with the Healthy Schools programme; work is underway to address this.

2.1.3 Family Nurse Partnership (expectant parents ≤19 years)

The Family Nurse Partnership Programme is now operating at 98% capacity, supporting 90 young people, after issues with staffing and insufficient notifications coming into the service were addressed. The programme generates a comprehensive dataset and outcomes are encouraging although caution must be exercised when interpreting the data due to small numbers.

2.2 Community Paediatrics

The community paediatric service has struggled throughout the life of this contract with vacancy rates, and has been reliant on expensive long term locum doctors to maintain the service. They have remained consistently within the 18 week referral to treatment target over the last year, bar a period in Q3 which they have now recovered from. Ongoing management of a very large follow up cohort remains of concern, and work is being done to review this group of patients and ensure that they need to be on a medical pathway. The service has had success through opening up applications to associate specialist and specialty doctor posts, and have now filled their medical vacancies.

The consultation on special schools also noted that parents would like to see paediatricians based in schools, enabling greater integration with school support and reduced travel for parents which is often difficult to manage for them and their children⁴.

2.3 Speech & Language Therapy

⁴ Please see the cabinet report of May 22 2019 for the full consultation feedback from the Special School consultation.

This service has consistently met its waiting time targets over the last year, and there are no particular areas of concern. The service was acknowledged within the SEND area inspection for the early intervention work that it does alongside early year and school settings, reducing the need for ongoing referrals to specialist services.

The January 2018 SEND Local Area Inspection particularly praised the work of speech and language therapists:

“Speech and language therapists offer pre-school children early intervention in the community, which helps to reduce the need for speech and language therapy referrals. The pre-school communication tracker is an effective tool used by professionals to monitor the progress children make and to check that they are reaching their developmental milestones. The tracker gives guidance to early years professionals, including educational settings and health visitors, about specific activities to use with families as well as support for referrals. As a result, children receive timely interventions, often without the need for a future referral”

2.4 Integrated therapies (Occupational Therapy & Physiotherapy)

The service has for some time experienced considerable pressures in its workforce within the integrated therapies team, which has had an impact on waiting times (table 1) into the service as well as the services ability to manage its existing cohort. This has resulted in some formal complaints coming into the service and the CCG relating to access to the service.

Q2		Q3				Q4			Q1		
Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
90.3%	88.69%	65.23%	73%	69.15%	62.11%	67.26%	66.39%	69.94%	77.05%	83.77%	79.68%

Table 1: Integrated therapies waiting times

Virgin Care have subcontracted some of their caseload to a private Paediatric Physiotherapy organisation in order to manage their capacity shortfall, and more recently they have been successful in recruiting to their therapist vacancies. Successful candidates are due to commence in post by the end of September. The CCG requested an audit into the physiotherapy caseload which provided some assurance that appropriate risk stratification processes are in place to ensure that the resource available is being used in the most effective way, and commissioners continue to work with Virgin Care to understand the impact on children and families of these vacancies. The service was commended in the area SEND inspection letter for its work with children with cerebral palsy and their development of child-focussed outcomes.

OFSTED/CQC also praised the approach to integrated care (January 2018):

“Health practitioners support children, young people and their families to ‘tell it once’ through strong joint working between health services. Health practitioners reported a significant improvement in integrated working practices as a result of

the new hub working model. This has been made possible by the recommissioning of children's community health services, and the district specialist centres. Referrals have reduced as a result of the colocation of staff, which enables advice and information-sharing. Such integration between health services provides a unified community health service for children and young people. In addition, it ensures that all professionals involved in the assessment and intervention for children and young people can meet needs and improve outcomes more effectively".

"Health professionals offer children with cerebral palsy therapy intervention, with their parents, in the motor group. This group is jointly facilitated by occupational therapists and physiotherapists. Outcomes are set by children, young people and their parents rather than the therapists. They develop child-focused outcomes that fully capture the child's voice, for example, 'I want to be able to write my name' and 'I want to tie my own shoelaces.' Records confirm that this work successfully supports children and young people to meet their individual targets, increasing mobility and independence. The integrated team is now working to adapt the model of the motor group to support children and young people with ASD and motor coordination difficulties".

2.5 Children's Community nursing & continuing care

Following an external review of its own continuing care processes and pathways for children, the CCG will be implementing a number of changes in order to ensure full compliance with the National Framework and this will necessitate changes to the way in which the Virgin Care Children's Continuing Care service operates as a result. The service have committed to working with the CCG on the development of Children's Continuing Care pathways in the future. The CCG is assured that VCS have a robust training and care planning process in place for children accessing packages of continuing care, and the children's community nursing workforce has remained stable and consistent throughout the life of the contract. The CCG has no concerns about this service.

2.6 Learning disability nursing service

More engagement is needed between the provider and commissioners to define the offer of this service, to develop stronger links with the disability service within the council and to develop some clear reporting mechanisms that will enable us to better understand the impact of interventions from this service. Currently there is limited ongoing provision offered to children/young people with ASD, as historically Virgin Care have been commissioned to provide a diagnostic pathway. Commissioners recognise that more work needs to be done to consider what provision should be in place for children and young people with ASD and/ or a Learning Disability following diagnosis, and this will be taken forwards through the Wiltshire Autism Multi-Agency Forum.

2.7 Paediatric Audiology (West Wilts only)

This service has consistently met its waiting time targets and has received very positive feedback from families. The strong relationship with the BANEs service has proved to be useful.

2.8 Paediatric continence service

The children's continence service was transferred from Wiltshire Health and Care in 2017, where it stood as a single-professional paediatric service. On transfer the service inherited significantly longer waits and higher patient numbers than had previously been communicated and Virgin Care worked hard to get these under control, going from 26% to 95% RTT compliance within 12 months. This service was commended within the SEND inspection (2018) for its approach on working with schools and families to help children to achieve some level of continence wherever possible.

“Children with complex needs and learning disabilities with continence difficulties, benefit from a specific children's continence service. This is as a direct result of commissioner-led action following parental request and consultation. All children, with the exception of those receiving palliative care, who are offered continence products when required, are offered an assessment. This assessment determines whether they can be supported to achieve some level of continence. Training for parents and educational staff is successfully supporting schools and families to manage children's needs more effectively and develop their independence at home and in school”.

2.9 Safeguarding

Virgin is compliant with its safeguarding training attendance for staff. 1:1 staff supervision for safeguarding is at a satisfactory level, however provision of group supervision (for non-clinical staff) is too low (26% for Q1 2019/20). This has been acknowledged as unacceptable by the safeguarding team who have developed a Standard Operating Procedure which will be cascaded in September. It is anticipated that this will refocus colleagues, including line managers, on their responsibilities in terms of accessing appropriate Safeguarding Supervision. The Safeguarding Team's priority is to ensure that compliance figures for group supervision are at 80% by the end of 2019.

Further work is required to review processes alongside acute trusts, Wiltshire Health & Care and commissioners to ensure that notifications around children's attendance at ED or MIUs are consolidated within Virgin Care to optimise opportunities for learning and recognising safeguarding concern.

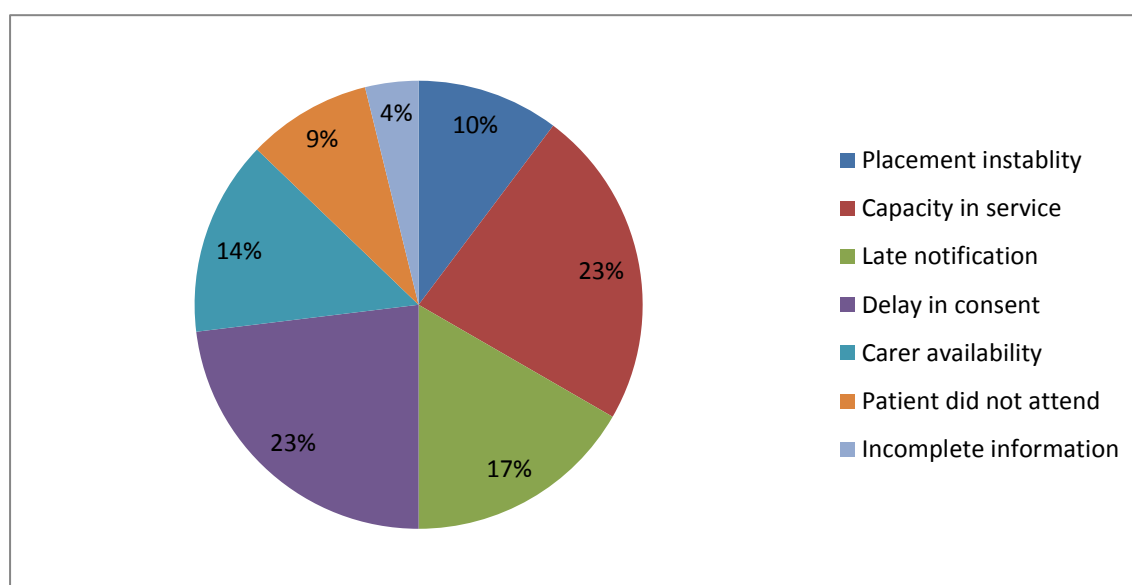
2.10 Looked After Children's Health Service

The Looked after Children's Health Service provides specialist health assessments, personal health planning and intervention, advice and support to children and young people who are Looked After (LAC) and their parent/carers. The Service also provides specialist advice to partner agencies on the health needs of LAC and actively participates in care planning and review meetings for LAC. These services are delivered in conjunction with Universal services.

Children who become looked after should have an Initial Health Assessment (IHA) within 28 days of coming into care, and those that remain looked after must receive annual Review Health Assessments (RHAs), or six monthly if they are under five years. Virgin Care services are responsible for carrying out assessments on children and young people placed within Wiltshire, and for making the arrangements for services local to the child to carry out assessments where they have been placed out of county. Children have not been receiving their assessments in a timely way for some time now (see below summary of IHA performance):

Indicator	Q2 18-19	Q3 18-19	Q4 18-19	Q1 19-20
Total IHA requests	44	67	39	33
Completed within 28 days (20 working days)	49%	57%	38%	48%

It is difficult to benchmark this performance against other areas, as on investigation commissioners have found that different areas report performance in different ways (for example only starting the clock once consent has been received, rather than when the child becomes looked after). There are a number of reasons for this delay in assessment, as the chart below demonstrates, and a designated review board has been established with membership from Virgin Care, commissioning representation from both the CCG and Wiltshire Council as well as social care colleagues to work together and find solutions to these issues. The board has received feedback that the most recent reporting for July 2019 is starting to show significant improvement for children placed within Wiltshire- the final performance figure is still being validated but initial reporting was encouraging indicating delivery of 70%. Issues remain with accessing IHAs for children placed out of county, and previous attempts to escalate other providers failing to adhere to waiting times through commissioners has not proved successful in resolving this. Additional resource was allocated to enable all RHAs to be completed for 2018/19, and reporting for Q1 2019/20 showed that the service was on trajectory to complete all RHAs within target timescales at this point in the year.



The illustration provides a representative summary of delays reported in 2018/19.

Actions taken so far include:

- The funding (CCG) of an additional full time nursing post to manage growth in unaccompanied asylum seeking children. This team is now fully recruited.
- Sourcing additional capacity from GPs to help with out of area RHAs not being carried out by other providers
- Capacity and demand modelling undertaken
- Establishment of more robust escalation routes into social care where information is not shared in a timely way
- Assistance from social care in ensuring that children or young people are able to attend their appointments
- Developed an escalation process into the CCG for children placed out of county where local services are refusing to carry out assessments, to enable a commissioner to commissioner discussion
- Carried out a 'deep dive' into children and young people not accessing IHAs within 28 days in order to better understand the reasons and possible consequences of delay.
- Training delivered to social care leaders in the IHA process and the benefits of children & young people receiving a timely IHA

The concerns around IHA and RHAs were reported by OfSTED in the Wiltshire Children's Services inspection in June 2019. Ofsted identified two areas for improvement which involved Virgin Care with two specific points of note (24 and 42).

What needs to improve

- *The impact of services on children's health and education when they are in care.*
- *The clarity and accuracy of children's records when they are in care.*

"24. Since the last inspection, meeting children's health needs has improved. However, challenges remain in ensuring that all children benefit from a timely initial and review health assessment, particularly those children placed at a distance from their families.

42. Relationships with health colleagues are less effective, as evidenced by ... delays in assessing the health needs of children in care. This has been exacerbated by poor joint scrutiny of commissioned health services⁵"

Commissioners will ensure that future scrutiny of the Virgin care contract has a stronger focus on tackling areas of low performance, improving data transfer and improving focus on outcomes.

2.11 Integrated working

⁵ <https://files.api.ofsted.gov.uk/v1/file/50094565>

Integrated working was praised in the SEND Inspection in 2018, as noted below

“Main findings

- *Senior leaders in the local area from education, health and social care are working together constructively to deliver and improve services for children and young people who have special educational needs (SEN) and/or disabilities. They demonstrate ambition to deliver high-quality outcomes for children and young people, despite the increasing demands on budgets and financial constraints. As a result, they have detailed and appropriate plans in place to tackle their key priorities for improvement.*
- *The local area’s joint commissioning arrangements are effective. Senior officers across education, health and care work together effectively, adopting a well-integrated and multi-agency approach to plan and deliver services to meet the needs of children and young people who have SEN and/or disabilities”*

However there was concern raised about the quality of contributions to EHCPs.

“Children and young people receiving health services, including children looked after, do not consistently have their specific health needs and vulnerabilities considered during the EHC plans process”.

This should be understood within the context of multi-agency plans, but none the less further work needs to be directed by VCS to ensure internal quality is raised to support good outcomes for children.

It must be noted, however, that the 2019 inspection did raise concern about the effectiveness of these relationships.

3 Main priorities

Further to the summary of performance outlined within this paper there are a number of priorities for Virgin Care and commissioners in 2019/20, which are summarised below.

- LAC Health services. Further work is required between the Council, CCG and Virgin Care to improve timely access to initial and review health assessments, and to streamline processes between social care and LAC Health services in order to ensure that the health of children who are looked after is appropriately understood and optimised
- Integrated Therapies. Commissioners and Virgin Care must work collaboratively with parent carers and schools to review the current service specification for Integrated Therapies and ensure that children and young people receive appropriate assessment, intervention and oversight which is based on need
- Education Health & Care Plans. Work is required across all health services, with Virgin Care being a significant provider, to improve the quality and efficacy of health service input into the EHCP process
- Single Point of Access (SPA). Following the development of the SPA within Virgin Care, further work is needed in collaboration with the Council to

ensure that the SPA can contribute towards and inform wider holistic assessments of children and family's needs.

- **Context.** Following the significant internal transformation that has taken place in the early stages of this contract, a focus is now needed on developing Virgin Care's role within the wider context of children's services across Wiltshire. This needs to include developing more effective relationships with other services or organisations working with children across Wiltshire for example CAMHS and Wiltshire Council
- **Information and Website.** A review of the quality and scope of their website is appropriate at this stage to reflect changes to pathways and to deliver enhanced support to parent carers and schools, consideration of how to optimise service resource within the context of a rural county.
- **Staff engagement.** Following the release of the latest staff satisfaction data in October 2019, further work will be required to consolidate any improvements in performance or to address outstanding areas of concern
- **Development of service specifications.** It will be appropriate, now that Virgin Care have successfully come through a period of transformation, to develop service specifications. Original specifications were written with the expectation that they would bring the commissioners and Virgin Care through transformation and then would be reviewed and developed to support the forward service.
- An additional priority for commissioners will be to further improve the scrutiny of children's health services.

4 Next steps

The Children's Community Healthcare Service contract will formally end in March 2021, with an option to extend for a further two years to 2023. A process will be agreed across the commissioning collaboration over the next 2-3 months to decide whether and or how any extension should be applied.

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