

REPORT TO:	Corporate Parenting Panel 15 January 2019
SUBJECT:	Health Commissioning – Performance actions
LEAD OFFICER:	Amanda Tuke (Head of children and maternity integrated commissioning, on behalf of Croydon CCG and Croydon Council Julia Simpson (Designated Doctor Children Looked After)
CABINET MEMBER:	Cllr Alisa Flemming, Cabinet Member for Children, Young People & Learning
WARDS:	All

CORPORATE PRIORITY/POLICY CONTEXT/AMBITIOUS FOR CROYDON:

The commissioning and provision of effective, safe and efficient services for children and young people who are looked after supports the corporate objective “Our children and young people thrive and reach their full potential”

These services are commissioned by the Children and Maternity Integrated Commissioning Team on behalf of Croydon Clinical Commissioning Group (CCG) and Local Authority, to meet statutory requirements. Through working on behalf of both the CCG and Council, the team aims to develop high quality services where health and social care services are appropriately integrated to improve outcomes for children and young people.

Designated CLA professionals are employed by the CCG to support commissioning functions by providing expert clinical advice. This is to ensure that services delivered offer value for money and the CCG is assured that the children and young people in the care of the borough are being safeguarded, and their health needs identified and met.

[NHS Safeguarding Accountability and Assurance Framework- 2015](#)

[Corporate Plan for Croydon 2018-2022](#)

FINANCIAL IMPACT

While the recommendations in this report do not have direct financial impact on Croydon Council, Croydon Clinical Commissioning Group recently agreed additional resources for commissioning health assessments in 2020/21 with the objective of improving the quality of assessments.

1. RECOMMENDATIONS

- 1.1 Corporate Parenting Panel are asked to agree the targets, actions and deadlines as appropriate to improve the timeliness of initial health assessments, coverage of review health assessments and access to emotional wellbeing and mental health services.

1.2 We recognise that improving timeliness of health assessments does not in itself improve health outcomes for children looked after but the information collected in health assessments is important for providing information on health outcomes and identifying where there are unmet needs to inform commissioning. A CLA health needs assessment has been commissioned by the Health and Wellbeing of Children Looked After Strategic Board; chaired by Vanessa Strang (Head of Corporate Parenting) and Fiona Simmons (Designated Nurse Children Looked After). Commissioners recommend that the outcome of this needs assessment is reported to Corporate Parenting Panel as part of an annual CLA health report and request that this is added to the forward plan.

2. EXECUTIVE SUMMARY

At the November 2019 Corporate Parenting Panel, health commissioners were asked to provide additional clarity for the January 2020 meeting on the actions being undertaken to improve the performance of:

- Timeliness of CLA initial health assessments (IHA's) including clarifying the role and performance of health services in the pathway
- Coverage of CLA review health assessments (RHA's)
- Emotional wellbeing and mental health services for CLA

This relates specifically to the following indicators on the CSC Monthly Dashboard reported to Corporate Parenting Panel:

LAC 16	% of children in care for at least 12 months for whom health assessments are up to date.
LAC 17	% initial health assessments requested for health service within 3 working days of date child become looked after.
LAC 18	% initial health assessments delivered within 20 working days of date child became looked after.

Commissioners were also asked by Panel members to cover in the report:

- a. Numbers of children in care who haven't had their initial health assessments; and
- b. The reasons why they have not had their initial health assessments and what might impede timeliness;
- c. The overview of the process.

This report also provides an overview of the provision of services to improve emotional wellbeing and mental health of children looked after and actions relating to these services.

3. DETAIL

Introduction

- 3.1 The actions detailed in this report are identified and tracked by the Health and Wellbeing of Children Looked After Strategic Board which is jointly chaired by Vanessa Strang (Head of Corporate Parenting, Children's Social Care) and Fiona Simmons (Designated Nurse Children Looked After, Croydon CCG). This Board replaced the LAC health sub group of the Children and Families Partnership. The new Board developed and oversees the delivery of the *Children looked after (CLA) Health and Wellbeing multi professional improvement plan*. This is a 'live' plan where actions are added and amended as required to meet the health and wellbeing needs of CLA. The senior responsible officers of the action plan are Elaine Clancy, Director of Quality and Governance CCG, and Nick Pendry, Director of Early Help and Children's Social Care
- 3.2 The action plan is both strategic and operational; bringing together service delivery improvement plans, action plans to address issues raised by CQC and reporting from any required task and finish group.
- 3.3 Progress against this plan will be reported:
- By SROs to the Croydon Safeguarding Children Board six monthly
 - By SROs to Corporate Parenting Panel on a six monthly basis
 - By action owners to the CLA Health Strategic group on a bi-monthly basis.
 - To the Children's Improvement Board via the Director of Children's Services report on the Children's Improvement Programme
 - By the Designated CLA nurse and Doctor to the Safeguarding Children and Adults Governance Group Meeting (SCACG). (The SCAGG is a CCG group and receives updates related to the CQC action plan).
- 3.4 This report sets out the specific actions in the *Children looked after (CLA) Health and Wellbeing multi professional improvement plan* which relate to timeliness of IHAs, coverage of RHAs and services to support CLA emotional wellbeing and mental health.

Current performance on timeliness of Initial (doctor-led) health assessments (IHAs)

- 3.5 Statutory guidance requires that IHAs are delivered within 20 working days of the child becoming looked after (see indicators LAC 17 and 18 in the Corporate Parenting Dashboard). Locally the agreed delivery pathway is that the notification to the CLA nursing team by Social Care should be received within 3 working days of the children becoming looked after and provision for delivering IHAs is commissioned on the basis of delivery within 16 working days of the nursing team receiving the notification from Social Care to achieve delivery within 20 working days overall.
- 3.6 The table overleaf shows performance for the IHA delivery pathway. The data shows that there has been an improvement in performance on timeliness of initial health assessments compared with previous years. In particular the % of

IHAs delivered within 20 working days is approaching the 19/20 target of 95%. Social care and Health professionals continue to work in partnership to make sure the performance gains are consolidated.

	17/18 ann.	18/19 ann.	19/20 target	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19
LAC 17: % IHAs notified to CLA nursing service within 3 working days of child becoming looked after	18%	19%	N/A	52%	50%	60%	52%	34%	38%	62%
LAC 18: % IHAs delivered within 20 working days of the child becoming looked after – statutory requirement	15%	28%	95%	69%	67%	84%	68%	52%	46%	90%
% IHAs delivered by health services within 16 working days of referral received from Social Care reported by CLA nursing (1)	N/A	N/A	95%	76%	62%	84%	56%	80%	100%	Data not yet available

1: This is a new measure and reports of IHAs delivered, the percentage which were delivered within 16 working days of health receiving the referral. Data for October 2019 is currently being quality assured.

3.7 To manage risk, analysis is carried out of the number of children who have an outstanding IHA:

- 23 CLA who had become looked after before July 2019 and had not received their IHA.
- Of the 23, 10 had refused to attend, a further 4 had been placed out of borough and for the remaining 9 the reason was not given.
- To improve the timeliness of IHAs for Croydon children placed outside of Croydon:
 - Croydon health commissioners have commissioned health assessments for children placed up to 20 miles from Croydon's boundary to be delivered by Croydon health providers;
 - Where children are placed beyond this distance, Croydon CLA nurses negotiate delivery of IHAs by providers local to the child's placement (and there is a statutory requirement for the local provider to support the placing authority in ensuring health assessments are delivered) and follow up as necessary to ensure these are delivered to meet timescales
 - Croydon health commissioners make sure that we pay invoices from out of area providers of health assessments in a timely way to incentivise future delivery.
- This analysis of children whose IHAs are outstanding is currently being refreshed for quarter 3.

3.8 Providers of health assessments are asked to report to health commissioners the number of children who are not brought by their carers to their appointments without notice given. Health commissioners recognise that this may be out of the control of the carer on the occasions where the young person refuses to attend the appointment without notice. In either case, the clinic appointment cannot usually be re-used. 'Was not brought' rates for months in 2019 have in some months been higher than the threshold of 20% (for example the rate was 32% in Aug 2019) and this continues to be one of the obstacles to maximising capacity and achieving IHA delivery within 20

working days of the child becoming looked after.

- 3.9 IHA reports are an important source of information about CLA health needs to inform health commissioning. An analysis of these needs is being carried out by Public Health to inform a CLA health report to Corporate Parenting Panel.

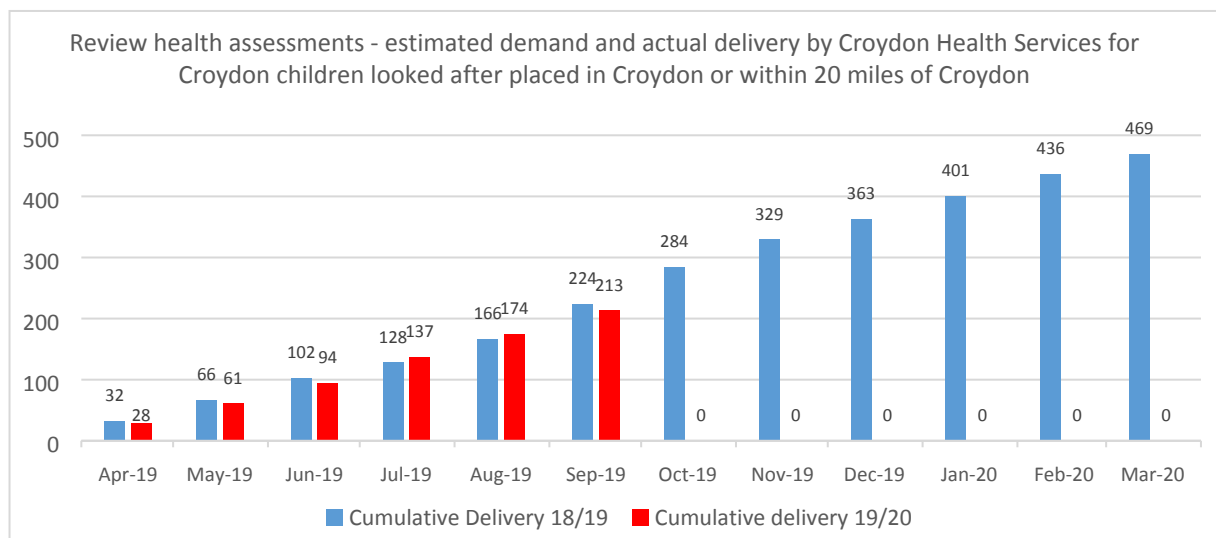
Current performance on coverage of review (nurse-led) health assessments

- 3.10 The table below shows performance at year end on the % of children in care for at least 12 months who had up to date health assessments. Up to date in this context means that children aged 5 plus received an review health assessment (RHA) in the previous 12 months and children aged under 5 received an RHA in the previous 6 months. This shows a significant improvement year on year.

	16/17 annual	17/18 annual	18/19 annual
LAC 16: % of children in care for at least 12 months for whom health assessments are up to date	66.5%	79.4%	91.4%

- 3.11 For 19/20 year to date the percentage of children who have up to date health assessments (review within the last 12 months if 5 years + or within 6 months if under 5 years) is currently 85% which is a similar level to this time last year. The delivery of RHA’s has remained in line with the delivery of 2018/2019 (figure 1). Analysis suggests there is commissioned capacity to achieve the 95% target. Partnership work continues to achieve this target including the earlier identification of children needing their health assessments.
- 3.12 Recent analysis has identified that 70% of children who are placed more than 20 miles away from Croydon have up to date health assessments. A review of the pathway is under way to understand how the Partnership can improve on this (see action 2.1, table 1). Croydon CLA nurses continue to follow-up with out of area providers to make sure the remaining 30% of children have health assessments.
- 3.13 Children placed with a relative or friend not long term or FFA are another priority for Croydon CLA nurses as currently only 55% have an up to date RHA.

Figure 1: Delivery of review health assessments for children placed in Croydon against delivery for the same month in the previous year.



Actions being taken to improve timeliness of IHAs and coverage of RHAs.

3.14 Table 1 lists the actions being tracked by the multi-professional plan and supplementing actions or programs of work to achieve improved timeliness of delivery of IHAs and the coverage of RHAs.

Table 1 Service improvements to improve initial and review health assessments.

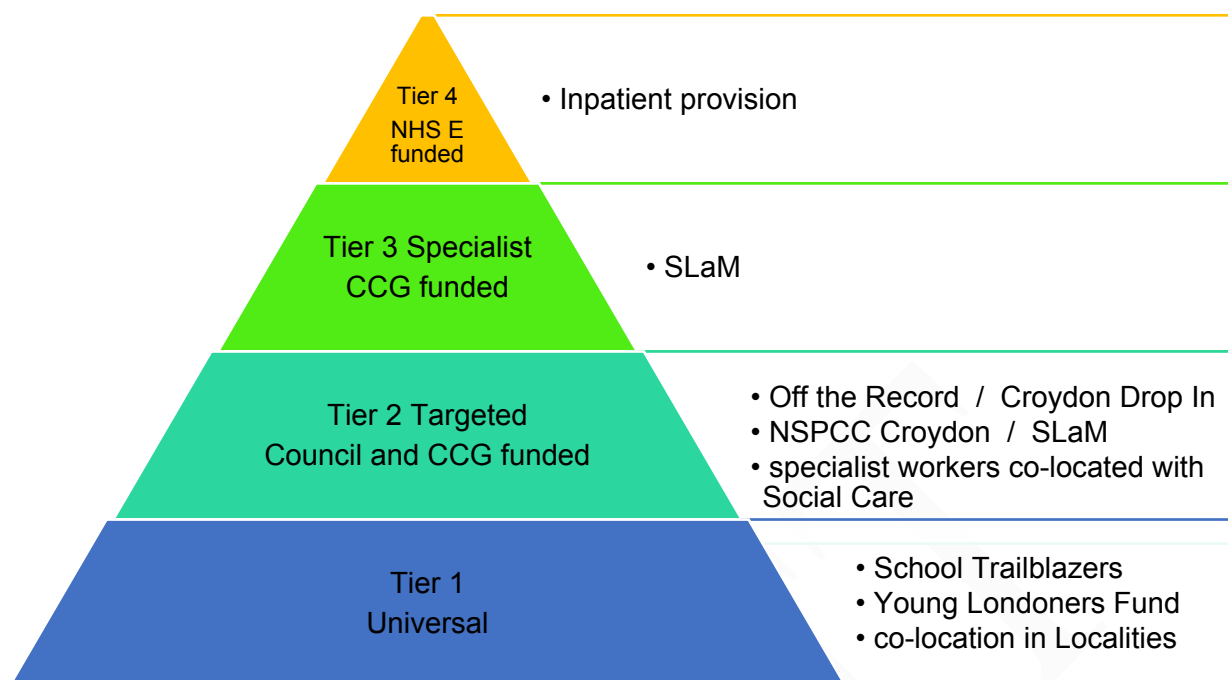
Plan ref	Action	Lead(s)	Timescales
1.1	Health Champions in Social Care promoting reviews	Social Care	Completed
1.10	Foster Career contract amended to include attendance at reviews	Social care	Completed
1.9	Review of children who have not attended appointments to reduce Was not Brought rates and inform service developments	Social Care CLA nursing team	Began November 2019
2.6	Specification review for CLA Nursing team Including capacity review and quality assurance processes	Integrated Commissioning Team & Designated health leads	To go live from April 2020
3.8	Introduction of a pathways for those children who are overdue a health assessment (either initial or review) - "was not brought" pathway - Pathway for those who decline	Designate leads Social care	Pilots began November 2019
3.10	Specification review for North Croydon Medical Centre (IHAs for over 5 years) including improved Quality Assurance requirements	Integrated Commissioning Team	To go live from April 2020
3.10	Back log plan for the outstanding 55 RHAs and 38 IHA's (accurate on 3/11/2019)	Integrated Commissioning Team and CLA nursing team	Work underway to complete January 2020
2.1	Review the health pathway for unaccompanied asylum seeking children (UASC) and out of borough children to ensure these groups are receiving timely health interventions	Designated nurse Social care	To be confirmed

Improving the emotional wellbeing and mental health (EWBMH) of children looked after

- 3.15 Emotional Wellbeing and Mental Health services which CLA can access include a wide offer from advice and advocacy, counselling, specialist community services, to regional and hospital-based services. While no longer the preferred descriptions, many people are familiar with the Tier 1-4 descriptors:
- Tier 1: general advice and treatment, provided by staff who are not mental healthcare specialists
 - Tier 2: advice, advocacy, counselling, usually provided by a psychologist or counsellor
 - Tier 3: multi-disciplinary team of specialists in a community mental health or hospital outpatient clinic
 - Tier 4: multi-disciplinary, most often in a hospital setting
- 3.16 Figure 2 provides a summary of the Croydon offer to children and young people.

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Figure 1: Social and Emotional Mental Health Offer split into tiers with funding responsibility



- 3.17 In Croydon, the main provider is South London & Maudsley NHS Foundation Trust (SLaM), responsible for the majority of specialist community, regional and hospital-based services. This is supported by local voluntary sector providers, Off The Record, Croydon Drop In, and NSPCC Croydon, delivering advice, advocacy, counselling, and targeted services for refugees, BAME (especially young black men), and victims of sexual trauma.
- 3.18 Approximately 100 children looked after (CLA) are referred to SLaM each year. CLA do not receive input from a single dedicated team. Rather, they are placed with the team that is most appropriate to meet their specific mental health needs. CLA receive prioritisation for their initial appointment – they are offered the next available session rather than placed at the end of the waiting list.
- 3.19 Off The Record provides support to approximately 150 children looked after, almost 100 of these will be unaccompanied asylum seeking minors who receive support through the Refugee service. The remaining 50 will access face-to-face, digital counselling and BAME outreach services. Over 50% of all children and young people wait less than 4 weeks for their initial appointment.
- 3.20 Croydon Drop In provides support to around 35 children looked after who access counselling services in face-to-face counselling in community and school settings each year; around 10% of all service users.
- 3.21 In addition to continuous service improvement of emotional wellbeing and mental health services, the actions identified in Table 3 have recently begun or are soon to begin.

Table 2: Social, Emotional Health and Wellbeing Service developments

Plan ref	Action	Lead(s)	Timescales
3.11	Mental Health Support Teams in schools (trailblazer)	NHS England funded Integrated Commissioning team	October 2019 – September 2021
3.11	Expanding access to digital	Off the Record & Croydon Drop	Q4 2019/2020

	counselling services	In (providers) Integrated Commissioning team	
3.11	Specialist emotional wellbeing & mental health team within the council Children Looked After service	SLaM (provider) Integrated Commissioning team Children's Social Care	Q1 2020/2021

4. CONSULTATION

4.1 This report has been produced in collaboration between health commissioners, the designated CLA professionals, health provider leads and Council Improvement leads.

5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

No financial implications of this report.

6. LEGAL CONSIDERATIONS

No legal implications of this report.

7. HUMAN RESOURCES IMPACT

There are no human resources impacts of this report

8. EQUALITIES IMPACT

There are no equalities impacts of this report

9. ENVIRONMENTAL IMPACT

There are no environmental impacts of this report

10. CRIME AND DISORDER REDUCTION IMPACT

There are no crime and disorder reduction impacts of this report

11. DATA PROTECTION IMPLICATIONS

There are no data protection implications of this report.

11.1 WILL THE SUBJECT OF THE REPORT INVOLVE THE PROCESSING OF 'PERSONAL DATA'?

Not applicable

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APPENDICES: None

BACKGROUND DOCUMENTS: None

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