

REPORT TO:	Corporate Parenting Panel 8 Nov 2017
SUBJECT:	Update on progress on improving delivery of health assessments for looked after children within timescales
LEAD OFFICER:	Barbara Peacock , Executive Director of People Department
CABINET MEMBER:	Alisa Flemming, Cabinet Member for Children, Young People & Learning
WARDS:	ALL
CORPORATE PRIORITY/POLICY CONTEXT:	
A caring city: Provide safer, high quality, integrated healthcare and social care services close to home with a focus on maternity, children and young people, and mental health services. Corporate Parenting.	
FINANCIAL IMPACT	
No financial considerations.	
FORWARD PLAN KEY DECISION REFERENCE NO: N/A	

1. RECOMMENDATION

- 1.1 Corporate Parenting Panel to note the report which is the requested update on the timeliness of LAC health assessments.

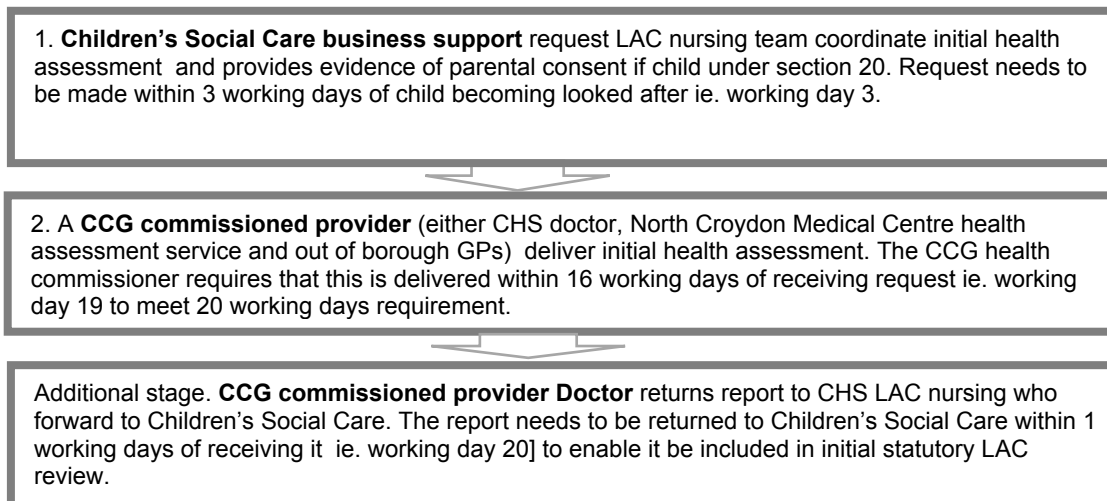
2. EXECUTIVE SUMMARY

- 2.1 The corporate parenting responsibilities of local authorities include having a duty under section 22(3)(a) of the Children Act 1989 to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption, regardless of whether they are placed in or out of authority or the type of placement. This includes the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues.
- 2.2 This report is in response to the Panel's request for an update on the progress in improving timeliness of health assessments for looked after children.

3. DETAIL OF REPORT

Initial health assessments – context

3.1 Statutory guidance requires that initial health assessments for looked after children are delivered within 20 working days of the child becoming looked after and must be carried out by doctors. The flow diagram below shows the Croydon process and timescales for each initial health assessment which are required to deliver required performance of delivery within 20 working days.



3.2 On 19 Jul 2017, Children's Social Care and the CCG health commissioner reported to the Panel members that performance in relation to initial health assessments timeliness was poor.

Issues, actions and progress in relation to timeliness of initial health assessments

Requesting initial health assessments within 3 working days

3.3 Currently, the responsibility for requesting an initial health assessment from the LAC nursing team (within 3 working days of the child becoming looked after) lies with the business support officers who support each of the Children's Social Care teams which hold LAC cases.

3.4 As shown in table 1 and 2, Children's social care performance team report that for only 6 of 217 children (2.8%) becoming looked after since 1 Apr 2017, the request was made to the nursing team for an initial health assessment within 3 working days. For 74.7% of children who became looked after since 1 Apr 2017, the request had not been made as of 27 Sep 2017.

Table 1. Number of working days from child becoming looked after to initial health assessment being requested for all children becoming looked after since 1.4.17

Working days	Number of children	percentage
3 days or less (Target)	6	2.8%
4 to 7 days	8	3.7%
more than 7 days	41	18.9%
Request has not been made as of 27.9.17	162	74.7%
Total	217	100%

Table 2. Of children in table 2, proportion whose initial health assessments were delivered within required 20 working days of becoming looked after.

Initial health assessment delivered within 20 working days	Number of children	percentage
yes	10	5%
no	207	95%
Grand Total	217	

3.5 The report from Children’s social care performance team is consistent with data reported to the lead commissioner by the LAC nursing team which would suggest that requests for initial health assessments are rarely made within 3 working days of the child becoming looked after (stage 1 in the process).

Demand and capacity of CCG commissioned provision for initial health assessments

3.6 At the start of 17-18 the CCG health commissioner estimated the monthly demand for initial health assessments as 40 from the average number of children becoming looked in 2016-17. Services have been commissioned to deliver up to this number.

3.7 Table 3 shows for April to July 2017:

- estimated demand compared with actual demand;
- number of LAC becoming looked after in previous month in comparison with numbers of requests for IHAs received by LAC nursing;
- number of IHAs delivered in comparison with clinic slots wasted through DNA.

Table 3. Capacity and demand for initial health assessments 2017-18

	Apr 17	May 17	Jun 17	Jul 17
Estimated no. of IHAs needed each month	40	40	40	40
Capacity of CCG commissioned services - monthly average CHS 6, NCMC 32, OOB 2. ¹	40	40	40	40
No of LAC becoming looked after in preceding month [<i>Social Care data</i>]	40 in Mar	30 in Apr	37 in May	39 in Jun
No of IHAs requested by Children’s Social Care [<i>NHS data</i>] NB. This is the number of all requests received, not necessarily those from LAC brought into care in the preceding month	36	16	24	15
Total no. IHAs delivered [<i>NHS data</i>]	24	17	12	16
Number of children who did not attend clinic appointment without notice	6	12	7	10

Notes: (1) This is the total number of clinic spaces available so if the child and carer do not attend their appointment without notice, the slot will be unused but still charged to the CCG.

3.8 Table 3 shows that:

- The CCG had commissioned sufficient clinic capacity to deliver the total number of initial health assessments which are needed combining health assessments delivered by both the CHS community paediatricians and the additional service commissioned from North Croydon Medical Centre which has been in place since April 2017 (stage 2 in the process)
- There was a high “did not attend” rate which resulted in wasted clinic appointments which impacted on capacity and CCG funding (stage 2 in the process).

Performance in relation to the commissioned health services delivering initial health assessments within 16 working days of receiving the request from Children’s social care.

3.9 The CCG health commissioner requires monthly performance reports from the LAC nursing team on the % of initial health assessments delivered within 16 working days of the request being received. This performance data is broken down by provider so that performance can be monitored as shown in table 4.

Table 4: Timescales for initial health assessments (numerator /denominator shown in brackets) 2017-18

	Apr 17	May 17	Jun 17	Jul 17
% all IHAs delivered in reporting month within 16 working days of request	54% (13/24)	59% (10/17)	25% (3/12)	38% (6/16)
% IHAs delivered by CHS community paediatricians within 16 working days of request (mth)	0% (0/6)	0% (0/5)	0% (0/7)	17% (1/6)
% IHAs delivered by North Croydon Medical Centre within 16 working days of request	76% (13/17)	100% (10/10)	60% (3/5)	56% (5/9)
% IHAs delivered by other boroughs within 16 working days of request	0% (0/1)	0% (0/2)	N/A	0% 0/1

3.10 Table 4 shows between April and July 2017 that there was poor performance against delivery within 16 working days of request from the CHS doctors and moderate performance from the North Croydon Medical Centre. At the set up of the NCMC contract it was agreed that CHS community paediatricians would deliver health assessments for all children under 10. In this time period there was a higher than usual proportion of younger children (aged under 10) so the restrictions in place led to a number of children under 10 waiting longer than required for their health assessment.

3.11 Table 4 also shows poor performance from Out of Borough doctors. For children placed beyond 20 miles of the borough, health assessments are requested from their GPs. These health assessments are rarely delivered in a timely way and while considerable efforts are made by the LAC nursing team to encourage timely delivery, the lead commissioner has limited leverage to improve this.

Summary of issues in relation to timeliness of initial health assessments:

3.12 Children’s social care rarely request initial health assessments from the LAC nursing team (who coordinates the assessment appointments) within the necessary 3 working days of the child becoming looked after.

3.13 Clinician resources are wasted if children and carers do not attend with no notice or if requests for health assessments are artificially clumped into batches of requests.

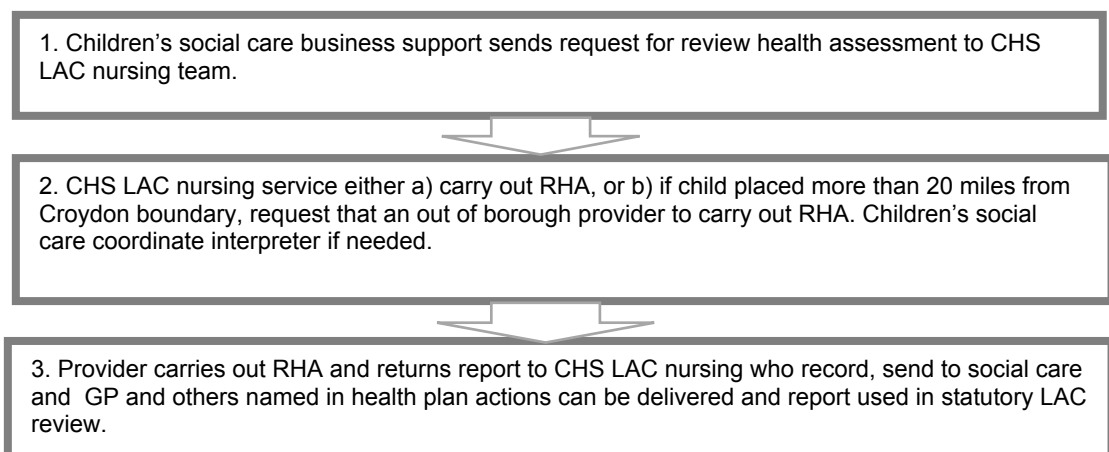
3.14 Limiting the delivery of initial health assessments for LAC aged under 10 to CHS was reducing the flexibility in resources to meet the 16 working days requirement.

Actions to resolve issues with timeliness of initial health assessments

- 3.15 **Children's Social Care managers** have submitted a business case for additional resources from Corporate Business Support (as part of Children's Social Care business support review and Social Care Improvement plan) to create a permanent LAC health coordinator role which would include taking responsibility for making all requests for initial health assessments to the LAC nursing team on behalf of all Children's Social Care teams. This business case was agreed on 27.9.17 for 6 months and actions are now underway to recruit to this role. Further action will be needed to achieve agreement for this to be a permanent role as performance will quickly return to poor once the temporary post ends at the end of 6 months.
- 3.16 **The CCG Designated LAC nurse**, as described in the report to Corporate Parenting Panel members on 19 July 17, has initiated a "Did not attend/hard to reach" group with Children's Social Care with the objective of ensuring through partnership working that vulnerable LAC receive their health assessments and clinic slots are not wasted.
- 3.17 **The CCG Designated Doctor** has delivered training to North Croydon Medical Centre GPs from the Designated LAC doctor deliver to enable them to confidently deliver initial health assessments for children of all ages to make better use of resources.

Review health assessments - context

- 3.18 Statutory guidance requires that all looked after children receive an annual (or 6 monthly if under 5) health assessment which can be carried out by a nurse or doctor. Performance is measured as the proportion of children at year end who had their annual or 6 monthly health assessment in the previous 12 months.
- 3.19 The flow diagram below shows the Croydon process for review health assessments.



- 3.20 On 19 Jul 2017, Children's Social Care and the CCG health commissioner reported to the Panel members that performance in relation to delivering all the required review health assessments within the year was poor.

Issues, actions and progress in relation to delivery of review health assessments

Demand and capacity of CCG commissioned services for providing review health assessments.

- 3.21 At the start of 2017-18 the CCG health commissioner identified that there was not

sufficient nursing capacity to deliver the estimated number of review health assessments needed in the year. The CCG agreed a business case from the health commissioner and designated LAC nurse for additional funding to increase capacity, currently until Mar 2018. Two additional nursing posts are out to recruitment with the expectation that the nurses will be in post and up to speed before the end of Dec 17.

3.22 The table below shows:

- How the estimated gap between CCG commissioned services and number of review health assessments needed will be reduced throughout the year as a result of additional capacity funded in the LAC nursing team.
- The lower than anticipated number of review health assessments which have been requested by Children's Social Care business support in quarter 2.

Table 5. Demand and capacity for review health assessments 2017-18

	Q1 (3 mths data)	Q2 (6 mths partial estimate)	Q3 (9 mths estimate)	Q4 (12 mths estimate)
A. Estimated cumulative number of review health assessments needed (of estimated 720 in total for 17-18)	180	360	540	720
B. Capacity of CCG commissioned services (each quarter)	99	99	99	234 ¹
C. Capacity of CCG commissioned services (cumulative)	99	198	297	531
D. No. review health assessments requested by Children's Social Care (cumulative)	219 ²	276	-	-
E. Total no. of RHAs delivered (cumulative)	88	190 ³	-	-
F. Cumulative capacity gap [C minus A]	-81	-162	-243	-189
G. Cumulative delivery gap [E minus C]	-11	-8	-	-
H. Number of missed appointments when child/carer did not attend without notice	34	39 ³	-	-
Estimated performance at Mar 2018 on % of LAC in care for at least 12 months with up to date health assessments with additional capacity in place from Jan 2018.				74% ⁴

Notes: (1) CCG has commissioned an increase of LAC nursing team with two additional nurse posts currently out to recruitment. Given the recruitment challenges, a cautious view has been taken (2) A large number of requests were made from RHAs outstanding from 2016-17 following social care manager intervention (3) Extrapolated from Jul data. (4) The estimated denominator of 720 review health needed per year is deliberately at the top end of the estimate, includes all LAC rather than just those in care under 12 months and does not take into account a) children placed out of borough, and b) children under 18 who will return home in the year before their RHA is due.

Summary of issues in relation to the review health assessments needed in 2017-18

3.23 The data in table 5 shows that requests for review health assessments by Children's Social Care are not being managed to make best use of available health capacity.

3.24 Because of the time taken to achieve agreement on additional funding and recruitment challenges, additional nurse capacity would improve performance from the 60% for 2016-17 but is unlikely to be in place quickly enough to enable all review health assessments to be delivered before the end of Mar 2018.

3.25 The funding for additional nurse capacity has only been agreed until Mar 18 which

may have been a factor in the recruitment challenges.

Actions to resolve issues with capacity to deliver review health assessments

- 3.26 **Children's Social Care manager's** business case for an additional LAC health coordinator role (as described in initial health assessment section of this report) includes responsibility for managing requests to the LAC nursing service for review health assessments across the year to ensure the best use of nursing resources.
- 3.27 **The lead health commissioner and LAC designated nurse** will be working with the provider service to monitor successful recruitment for the additional nurse posts and to ensure maximum impact of the additional resources in delivering the health assessments needed. A verbal update on recruitment progress will be given at the meeting.
- 3.28 Once the additional nurses have been recruited, **the lead health commissioner** will be raising the issue of additional capacity in the longer term.

4 CONSULTATION

- 4.1 This report has been produced in collaboration between the lead health, the Designated LAC nurse and the Council social care managers.

5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 5.1 There are no financial considerations arising from this report.

6 COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER

- 6.1 There are no legal implications of this report.

7. HUMAN RESOURCES IMPACT

- 7.1 There are no human resources implications of this report.

8. EQUALITIES IMPACT

- 8.1 This report is not proposing a change in policy or service.

9. ENVIRONMENTAL IMPACT

- 9.1 There are no environmental implications of this report.

10. CRIME AND DISORDER REDUCTION IMPACT

- 10.1 There are no crime and disorder implications of this report.
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CONTACT OFFICER:

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On behalf of Croydon Clinical Commissioning Group and Croydon Council**

BACKGROUND DOCUMENTS

Not applicable