

CHILDREN IN CARE HEALTH ASSESSMENTS

To: Corporate Parenting Sub-Committee

Meeting Date: 15th January 2020

From: John Peberdy – Service Director, Cambridgeshire
Community Services NHS Trust
Deborah Spencer – Designated Nurse Looked After
Children, Cambridgeshire and Peterborough Clinical
Commissioning Group

Electoral division(s): All

Purpose: To update the Corporate Parenting Sub-Committee on
Health Assessments for Children in Care’

Recommendation: The Sub-Committee is recommended to:

- a) Note the content of the report
- b) Raise any queries with the lead officers

Officer contact:		Member contact:	
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Summary:

- Background to the report
- Statutory guidance for health assessments for Children in Care
- Current issues preventing timely health assessments
- Improved joint working between health and social care
- Consent
- Latest data regarding health assessments

1.0 BACKGROUND

- 1.1 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.
- 1.2 Clinical Commissioning Groups and NHS England have a duty to cooperate with requests from Local Authorities to undertake health assessments and help them ensure support and services to looked-after children are provided without undue delay.
- 1.3 The 20-working day target for Initial Health Assessments (IHA's) has consistently proved difficult to achieve for children in care; either for children placed in Cambridgeshire or out-of-county. The two main barriers are the timeliness of consent and children placed out-of-county.
- 1.4 If the child is moved in an emergency, notifications should happen within five working days. Prompt notifications are essential if Initial Health Assessments are to be completed in good time
- 1.5 It is worthy of note that this issue is also seen nationally, and work is on-going to resolve it.

2.0 MAIN ISSUES

- 2.1 Health and social care continue to work closely together to ensure health assessments and health needs are met in a timely way. There is weekly tracking in place and escalation to the Heads of Service and Assistant Director. There is also good communication through the 'single point of access'.

- 2.2 A joint away morning was held in December 2019 facilitated by the Designated Nurse for Children in Care (CIC) and the Lead Corporate Parenting Manager. Task and finish groups are currently working on the joint protocol and standard operating procedures between health and social care. This includes new proformas for Liquid Logic. There is excellent communication in place between health and social care. Provision of referrals and consent from social care has improved from 45% of in county and 50% of out of county having consent within 20 days in June 2019 to 83% in county and 75% out of county in October 2019. It is important to note that some children remain in Safeguarding teams until a plan for permanency is made, so ongoing education of all social care teams in providing correct documentation is essential. Following the away morning the Specialist Nurses will be linking with social care teams for ongoing education regarding health needs
- 2.3 All Initial Health Assessments (IHA) are conducted by paediatricians as specified in the statutory guidance. Unfortunately, there were significant issues with capacity in August 2019 due to staff sickness which also led to a backlog in September. This is no longer an issue and the team are back to full capacity. Other factors affecting compliance with the target include: children and young people not attending their assessment on the day, as high as 25% in June 2019 and carers declining the first appointment offered to them, as high as 46% in September. Liaison with social workers and fostering is in place to address these issues
- 2.4 Review Health Assessments are conducted by the Specialist Nurses and during June 2019 there was an issue with capacity due to one of the nurses leaving (this is a small team of three Specialist Nurses). The team are now back to establishment and an average of 80% of in county assessments have been completed within timescale over the last three months. The percentage of children / young people not attending review assessments is much lower than previously, with the highest being 7% in June 2019. Carers declining the first appointment for review assessment has been as high as 10% in August 2019.
- 2.5 There continues to be an issue with timely out of county health assessments, although health and social care are being proactive in providing consent and requesting the health assessment two months in advance. This is a national issue which has been highlighted to the National 'Looked After Children's Working Group'. Where a child is placed in a neighbouring county consideration is given to bringing that child back to Cambridgeshire for a health assessment. The Specialist Nurses are also travelling 20 miles outside the Cambridgeshire border to conduct review health assessments
- 2.6 Consent - Guidance recently produced by the National Clinical Reference Group, with review by the legal team, is that enduring consent can be used for health assessments. This will mean that the health team can use the initial consent provided and will not be waiting for a yearly updated consent before requesting an assessment from another county. Other counties have had varying requirements for consent, in the past, and this guidance has been

provided to prevent variation. This guidance does not apply to consent to medical treatment. The Designated Nurse will be providing a standard letter to other counties that the health team can send with the assessment request

- 2.7 The Business Intelligence team within Cambridgeshire Community Services NHS Trust are now providing robust data to the Clinical Commissioning Group on a monthly basis

Compliance with statutory targets for health assessments

CAMBRIDGESHIRE COMMUNITY SERVICES		April 2019	May 2019	June 2019	July 2019	August 2019	September 2019	October 2019
No. Children Entered Care	No. Placed in area	19	15	9	15	8	11	10
	No. Placed out of area	15	10	8	11	4	2	4
IHA Completed within 20 days	No. in area completed within 20 days	1	6	5	6	0	4	6
	% in area completed within 20 days	6%	43%	56%	40%	0%	36%	60%
	No. OOA completed within 20 days	0	1	2	0	2	0	0
	% OOA completed within 20 days	0%	10%	25%	0%	50%	0%	0%
	% All IHA completed within 20 days	3%	29%	41%	23%	17%	31%	43%
Annual Health Review Assessments	No. In area Annual Review Assessments required	41	50	23	30	29	27	42
	No. OOA Annual Review Assessments required	20	19	19	32	12	20	25
	No. In area completed within 15 days	38	41	9	26	26	18	33
	% in area completed within 15 days	93%	82%	39%	87%	90%	67%	79%
	No. OOA completed within 15 days	1	6	3	15	2	12	6
	% OOA completed within 15 days	5%	32%	16%	47%	17%	60%	24%
	% All AHR completed within 15 days	64%	68%	29%	66%	68%	64%	58.00%

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

The promotion of the child's physical, emotional and mental health and acting on any early signs of health issues is relevant to this priority

3.2 Thriving places for people to live

There are no significant implications for this priority.

3.3 The best start for Cambridgeshire's children

The promotion of the child's physical, emotional and mental health and acting on any early signs of health issues is relevant to this priority

4. SIGNIFICANT IMPLICATIONS

- 4.1 None.

Source Documents	Location
<p>Promoting the Health and Well-Being of Looked-After Children - Statutory guidance for local authorities, clinical commissioning groups and NHS England.</p> <p>DFE March 2015</p>	<p>https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2</p>