

REPORT ON HEALTH ASSESSMENTS FOR LOOKED AFTER CHILDREN

To: **Corporate Parenting Sub-Committee**

Meeting Date: **21st February 2018**

From: **Deborah Spencer
Designated Nurse Looked After Children –
Cambridgeshire and Peterborough Clinical
Commissioning Group**

Electoral division(s): **All**

Purpose: **For the Corporate Parenting Panel to receive a regular
update on the progress of Health Assessments in regards
to quality, timeliness and breach of timescales.**

Recommendation: **Members of the Sub-Committee are invited to:**

a) Note and comment on the content of the report.

<i>Officer contact:</i>		<i>Member contact:</i>	
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Summary:

- Background to health assessments for Looked After Children
- Report on Initial Health Assessments – number, timescales, how they are conducted and current issues
- Report on Review Health Assessments – number, timescales, how they are conducted and current issues
- Report from the quality audit of health assessments for Looked After Children conducted in November 2017

1. BACKGROUND

- 1.1 The Statutory Guidance: “Promoting the Health and Well-being of Looked After Children” (DH, DfE, 2015) states that local authorities are responsible for making sure a health assessment of physical, emotional and mental health needs is carried out for every child they look after regardless of where that child lives. This encompasses children placed within Cambridgeshire and those placed out of county.
- 1.2 An Initial Health Assessment should be conducted by a Medical Practitioner within 20 working days of a child / young person becoming Looked After and a Health Action Plan should be available for the first statutory review meeting.
- 1.3 A review of the child’s health plan should be conducted by a Registered Medical Practitioner, Registered Nurse or Midwife every six months before a child’s fifth birthday and every 12 months after their fifth birthday.
- 1.4 Health assessments for Looked After Children (LAC) are commissioned by Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) and conducted by the Children in Care Health Team within Cambridgeshire Community Services (CCS).
- 1.5 The Designated Professionals have developed a quality audit checklist tool derived from the Annex H “Payment by Results Guidance” (DH, 2013-14). Initial and Review Health Assessments have been audited in Autumn 2016 and Autumn 2017

2. MAIN ISSUES

The table below gives an overview of health assessments for children placed in and out of county

CAMBRIDGESHIRE COMMUNITY SERVICES		April 2017	May 2017	June 2017	July 2017	August 2017	September 2017	October 2017	November 2017	December 2017
No. Children Entered Care	No. Placed out of area	0	4	5	12	12	5	7	6	9
	No. Placed in area	19	18	16	23	27	21	18	14	11
IHA Completed within 20 days	No. In area completed within 20 days	8	6	11	8	8	9	6	9	6
	No. OOA completed within 20 days	N/A	0	0	0	0	0	0	4	5
	% IHA completed in 20 days	42%	27%	52%	23%	21%	35%	24%	65%	55%
Annual Health Review Assessments	No. In area Annual Review Assessments required	14	57	32	26	22	48	44	48	25
	No. OOA Annual Review Assessments required	7	9	7	8	5	20	17	7	3
	No. In area completed within 15 days	7	33	23	14	12	9	4	7	6
	No. OOA area completed within 15 working days	0	0	0	0	0	3	3	0	0
	% AHR completed within 15 working days	33%	50%	58%	41%	44%	21%	11.50%	14.50%	21%

* OOA – Out of Area

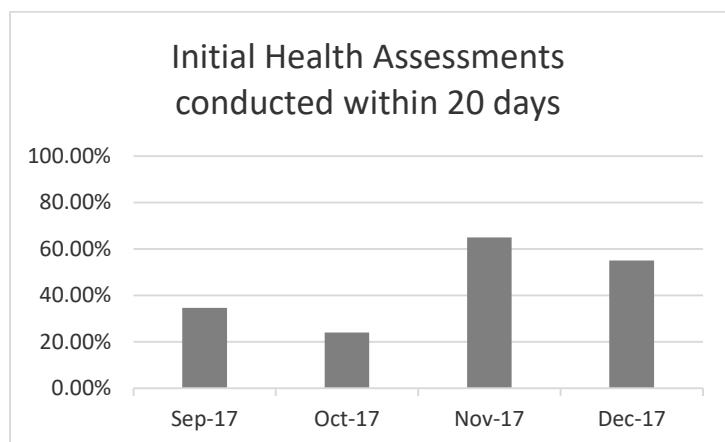
IHA – Initial Health Assessments

2.1 Initial Health Assessments (IHAs)

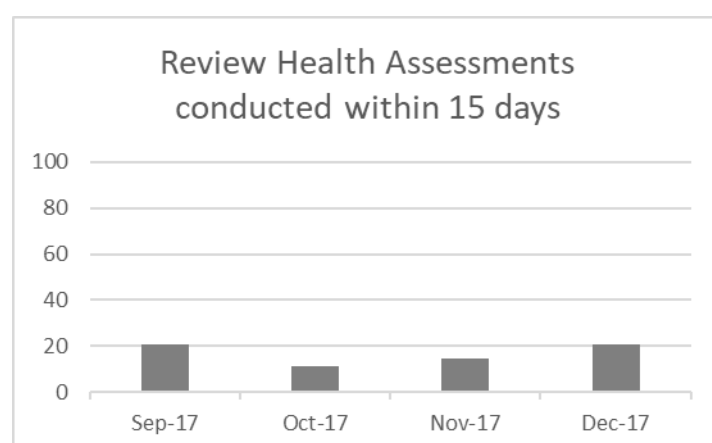
The Looked After Children Health team strive to meet the 20 day target for initial health assessments. The major challenges in meeting this result from several factors including:

- Cambridgeshire children being placed in other counties – The responsibility for organising health assessments remains with Cambridgeshire. A request for a health assessment is sent to the health provider local to where the child / young person lives. Therefore, we have little control over timelines. During the last year national guidance has been issued that Service Level Agreements (SLA) between counties for health assessments are no longer required. This has had a positive impact on speeding up health assessments for children placed in other counties.
- Lack of timely referral and receipt of consent – statutory guidance states that Social Care have five days after a child becomes Looked After to send a notification and consent to the health team in order that a health assessment can be undertaken. During 2017 the percentage of consents received within timescales fell, which impacted on the ability to conduct a health assessment within 20 days. Social Care and Health have worked closely together to improve this and a single point of access has been re-instated within Social Care. Weekly reporting and escalation of issues is in place between Social Care and the LAC health team. There has been a significant improvement in timely receipt of notifications and consent from 6% in July 2017 to 75% in December 2017.
- Carers and young people declining the first appointment offered to them. On occasions carers will decline the first appointment offered to them due to competing appointments / responsibilities. Young people will sometimes not wish to receive a health assessment or do not attend appointments made. Where they decline one of the Specialist Nurses will contact them to endeavour to engage them and also liaise with the Social Worker. Should they continue to refuse a health questionnaire may be sent instead.
- There are occasional issues with capacity when a large number of children come into care in a particular month. For initial assessments all children are seen by a paediatrician within a clinic setting in Cambridge, Huntingdon or Doddington

The graphs below show the percentage of children seen within 20 days for Initial Health Assessments (IHA) from September to December 2017 and the average time to IHA from May to December 2017. The target is 90% within 20days.



Became Looked After	Average time to initial assessment (days)
May-17	33
Jun-17	18
Jul-17	44
Aug-17	35
Sep-17	24
Oct-17	32
Nov-17	15
Dec-17	17

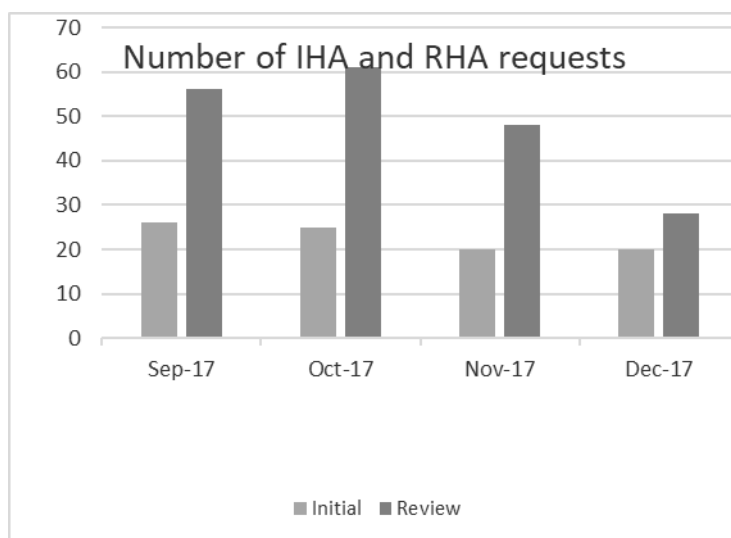


2.2 Review Health Assessments

The majority of review health assessments are conducted by Specialist Nurses. The assessments are conducted in the child / young person's home unless the carer or young person requests otherwise. The percentage of review assessments conducted within 15 days of the previous year's date has fallen over the last six months. This is largely due to capacity within the nursing team. The LAC nursing team comprises of a Lead Nurse 0.4 Whole Time Equivalent, one full time Specialist Nurse, and two part-time Specialist Nurses equivalent to one full time post. The team were without a Lead Nurse for several months although this post has now been filled. In addition, one of the other nurses has recently left the team and recruitment is underway to fill this post. In the meantime, the team have had some temporary staffing to undertake health assessments. The team are currently undertaking assessments that were due in January 2018 and earlier months where the assessment has not been attended or has required rescheduling. Dates are currently being allocated for assessments due in February 2018. Where a child has significant ongoing medical needs or they require an adoption medical they are reviewed by a paediatrician in

clinic.

The graph below shows the total number of requests for Initial and Review health assessments from September – December 2017.



2.3 Quality of Health Assessments

Health assessments are establishing holistically the physical and emotional wellbeing needs of Looked After children. A Quality standard tool has been developed by the CCG Designated Professionals for Looked After Children benchmarked against the National Checklist requirements for health assessments. An audit was conducted in November 2017 by the Designated professionals of eight assessments conducted by Paediatricians and eleven conducted by nurses.

The overall aim of the audit was to assure high quality health assessments for children/young people in care and to provide reassurance to the Corporate Parenting Panel, Local Safeguarding Children's Board and the Clinical Commissioning Group. The audit was to establish quality of health assessments for Looked After Children undertaken by the Cambridgeshire LAC Health Team (Cambridgeshire Community Services) and to provide support and guidance for further development.

This audit demonstrated that consistently high quality health assessments are being conducted by both Paediatricians and Nurses within Cambridgeshire Community Services. The audit results were compared to those from 2016 which showed high standards that have been maintained and in some areas improved.

Notable Improvements

1. Assessments conducted by both the nurses and the doctors are now producing Specific, Measurable, Achievable, Realistic, and Timely (SMART) action plans as they have a timeframe included. Percentage improvement from 0% to 100%.
2. All assessments audited had a height, weight and Body Mass Indicator recorded. Percentage improvement from 58% to 100%.

3. The availability of a Strengths and Difficulties Questionnaire (a brief emotional and behavioural screening tool) score at the assessment has improved from 0% to 66% for initial assessments and up to 86% for review assessments.
4. The question regarding lifestyle in those over 10 years old now encompasses specific questions regarding Child Sexual Exploitation and the risk this poses to the child / young person.
5. Paediatricians have improved recording of family history from 33% to 100% and vision screening dates from 60% to 100%.
6. Nurses have improved documentation of other health professionals involved from 75% to 100% and recording of dental dates from 45% to 100%.

The standard of the health assessments was extremely high and the Designated professionals have made some recommendations to work with the health team to improve them even further. Detailed feedback will be given to the team face to face later this month

3. SIGNIFICANT IMPLICATIONS

- 3.1 Resource Implications**
n/a
- 3.2 Procurement/Contractual/Council Contract Procedure Rules Implications**
n/a
- 3.3 Statutory, Legal and Risk Implications**
n/a
- 3.4 Equality and Diversity Implications**
n/a
- 3.5 Engagement and Communications Implications**
n/a
- 3.6 Localism and Local Member Involvement**
n/a
- 3.7 Public Health Implications**
n/a

SOURCE DOCUMENTS

Source Documents	Location
Promoting the Health and Wellbeing of Looked After Children, Departments for Education and Health, March 2017	https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2
Payments by Results Guidance, Department of Health, 2013-14	https://www.gov.uk/government/collections/payment-by-results-2013-14
Report of health assessment quality audit November 2017	Quality and Nursing Cambridgeshire and Peterborough Clinical Commissioning Group Lockton House Clarendon Road Cambridge CB2 8FH