



HEALTH & WELLBEING BOARD

Subject Heading:

Health of Looked after Children

Board Lead:

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The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

This report describes how initial health assessment and health assessment reviews of looked after children are carried out in the borough and highlights current issues and risks.

It is the responsibility of the local authority to ensure that health assessments are carried out for every looked after child. The Clinical Commissioning Group (CCG) has a duty to comply with requests by local authorities for help in the exercise of their functions to make sure that this happens in accordance with statutory duty on local authorities¹.

Whilst the guidance sets out clear roles and responsibilities of local authorities and the clinical Commissioning Group, many of these responsibilities can only be

carried out by the different agencies by co-operating with each other and this has been further strengthened in more recent regulationsⁱⁱ

The responsible authority is required to make arrangements for a registered medical practitioner to carry out an assessment of the child's state of health and provide a written report of the assessment. The aim of the assessment is to provide a comprehensive health profile of the child, to identify any acute or chronic health needs that may have been overlooked in the past or require treatment to improve his/her physical and mental health and wellbeing, and to provide a basis for monitoring his/her development while she is being looked after.

Key Deliverables

Health assessments and health assessment reviews need to be carried out in a timely manner so that they can be an effective resource in the holistic care planning process as children and young people are received into care and while they remain in care. The timeliness of the process is clearly set out in the statutory guidance for us to follow.

Initial Health Assessment (by a registered medical practitioner) and the subsequent written report have to be carried out, either before the child is placed, or if not reasonably practicable, before the first review of the child's case. Locally we require the assessment to be carried out within fifteen days of a young person coming into care.

The Health Assessment review requirement (by a registered nurse/midwife) is defined by the age of the child, and are required twice a year for children under five and annually for children over five.

Performance in this area does not currently meet either local or national targets or expectations – as such this represents a significant risk to both the Local Authority, the CCG and NELFT and as such requires urgent remedial action.

A number of issues have been identified that are impacting on our performance and these are: access to health data, capacity of clinical staff, consistency of the quality of initial health assessment reports, local authority internal monitoring processes and some GP's declining the request to carry out an initial health assessment .

The following is our current position:

224 LAC as at 28/10/15

Initial health assessments: 26 are due within 4 weeks from today
Of the 26, 21 are overdue (9%)

- 3 are overdue by less than 15 days
- 10 are overdue by 20-70 days

Health and Wellbeing Board, November 2015

- 8 are overdue by 84 to 565 days

Review Health Assessments

35 are due within 4 weeks from today.

Of the 35, 30 are overdue (13%)

- only 1 is still with SW; 29 have been forwarded to NELFT
- 6 are less than 20 days overdue
- 18 are overdue by 22 to 84 days
- 6 are overdue by 100 to 431 days
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These pose a serious risk to the local authority and the CCG in terms of failing to meet the needs of looked after children.

RECOMMENDATIONS

A recovery plan over the next 3 months to be agreed between all parties and this will include:

- Clarity of what the additional health review capacity agreed by the Clinical Commissioning Group consists of. Formal notification of when can this be implemented and the revised projection for completing the back-dated review health assessments.
- Formal governance processes to monitor and oversee progress need to be urgently put into place. Involving LA, CCG and NELFT.
- NELFT to prioritise the overdue review health assessments – and formulate an action plan to complete all outstanding review assessments in the next twelve weeks.
- The Local Authority is given access to RIO urgently so that the health status of looked after children can be monitored in an open and transparent manner. This will include health assessments and reviews, immunisations, dental checks, vision screening, dental etc.
- Clinical Commissioning Group/NELFT to prioritise the overdue initial health assessments and concentrating on the under-fives, those with complex needs and unaccompanied asylum seekers in the first instance. We understand that proposals have been put forward for locum community paediatric cover so that this can be undertaken. A clear plan as to when this additional capacity can be put in place and a projection as to when the back-

log of initial health assessments can be completed needs to be drawn up by the CCG and NELFT and overseen by the governance group.

- The Clinical Commissioning Group to put into place a quality assurance framework to review the quality of the health assessments and ensure that appropriate capacity is put in place for this to happen
- Permanent funded arrangements are put in place in the event that a GP declines the request to carry out initial health assessments (additional on-going clinical capacity for Initial Health assessments?)

REPORT DETAIL

1.0 Roles and Responsibilities

“Evidence indicates that accurate and up to date personal health information has significant implications for the immediate and future wellbeing of children and young people during their time in care and afterwards. Understanding their own health history is an essential part of growing up securely. Inconsistent record keeping can lead to wrong decisions by professional and adversely affect the child or young person”ⁱⁱⁱ

It is the responsibility of the local authority to make sure that health assessments are carried out for every looked after child and the Clinical Commissioning Group have a duty to comply with requests by local authorities for help in the exercise to make sure that this happens in accordance with statutory requirement on local authorities. The following principles should be taken into account when planning or conducting health assessments:

- Each child or young person should have a holistic assessment on entering care
- This first assessment should be carried out by a registered medical practitioner in accordance with the Children Act (miscellaneous Amendments) (England) regulations 2002. Review assessments may be carried out by an appropriately qualified registered nurse/midwife
- The first health assessment should result in a health plan by the time of the first review of the child care plan, four weeks after becoming looked after
- The health assessment is not an isolated event, but part of a continuous process, with emphasis being put on ensuring actions in the health plan are being taken forward.

2.0 Historical arrangements

During the time of the Primary Care Trust (PCT) supporting the local authority to carry out its duty for health assessments and health assessments review was relatively straightforward. The PCT instructed general practitioners to carry out the initial health assessments and school nurses and health visitors to carry out the health assessment reviews. Where a general practitioner declined the instruction the patients of that particular GP were signposted to the community paediatrician.

This arrangement was in place for a number of years and some of the issues that have arisen in recent times have been as a consequence of the changes to health care commissioning.

3.0 Current Arrangements

The CCG are responsible for commissioning the initial health assessment and reports and in the main these is carried out by the GP. Thereafter the reports are being quality assured.

Commissioning of review health assessments are split across the local authority and the CCG and this has arisen due to the changes in commissioning responsibility and some commissioning areas not being clearly defined.

The under five year olds review health assessments are included within the national health visitor specification that transferred to the local authority on 1st October and has therefore become a local authority responsibility. The same degree of clarity did not apply to school nursing and this became clear during the joint local authority/Clinical Commissioning Group tender for school nursing and special school nursing.

During the tender process the gap in review health assessment capacity was identified and acknowledged as a CCG commissioning responsibility and as a consequence the CCG agreed to temporarily fund two band 6 school nurses. This was put in place as a temporary arrangement and significant improvements have been made. This arrangement now needs to be formalised.

The local authority notifies the statutory agencies once a child becomes looked after and this prompts a number of actions including the letter to the GP, the social worker to compile their information and an assessment appointment to be made. Children's social care has looked at their internal processes so that any delay about making the notification and sharing information between the social worker and the health professional is minimised. This is regularly monitored and action is taken where necessary.

However there remains difficulties in gaining access to RIO so that the local authority can be assured of the health status of our looked after children. An example of this is not being able to confidently say what the immunisation status is for each child. Our last annual submission reported that 86% of looked after children had an up to date immunisation status. An appropriate post has been put

in place, agreed with NELFT but the formality of gaining access to RIO needs to be overcome.

IMPLICATIONS AND RISKS

The lateness of initial assessments and review health assessments carries significant risk both to the local authority and the Clinic Commissioning Group and to the health and wellbeing of looked after children. Holistic care plans cannot be put in place until the health status of our looked after children are known and appropriate actions are identified and monitored. Until we get this right we will be failing in our statutory duty.

BACKGROUND PAPERS

None

ⁱ Statutory Guidance on Promoting the Health and Well-being of Looked after Childrens DCSF, DOH 2009

ⁱⁱ The Children's Act 1989 guidance and regulations Volume 2:care planning. Placement and case review

ⁱⁱⁱ NICE Looked after children and young people Oct. 2010