

Looked after children in Nottingham City – Corporate Parenting Board health update – June 3rd 2019

Data collected

As part of funding received from NHS England in 2016 a working group has been in place and a revised data set has been agreed for our two health providers. This data set includes statutory key performance indicators and additional data that will hopefully improve outcomes for our looked after population. This data will include not only data around health assessments but also information about the numbers of unaccompanied asylum seeking children, care leavers, those with a disability and those in secure units. The first reporting of this new data set by health providers will be Q1 this year therefore we will not see the full benefits of this until 2020. This report contains data from previous KPIs (data sets) collected.

To note: the paper is not reflective of data and performance by the LAC CAMHS service. Work is underway as part of the Nottinghamshire CIC Service Improvement Forum to align the oversight of both the physical and emotional health needs of LAC.

Provider services are subject to regular service contract meeting where performance data is reviewed and mitigating factors recognised. In addition, areas requiring improvement are discussed and plans put in place and good areas of practice of celebrated. We recognise that these are challenging times for our provider services and that every effort is made by all to work collaboratively on areas that require improvement.

Initial Health Assessments

It has to be acknowledged that locally we currently report on the Initial Health assessments (IHA) being completed within 20 working days from correct consent rather than to sharing the report, as per statutory guidance. This was a commissioner led decision. It has to be acknowledged that the statutory timescales may not be achievable as an internal audit completed suggests that there is an average of 55 working days from a child entering care to the health provider receiving correct consent to instigate an IHA. This also impacts on the timeliness of the report being shared. We continue to work to work with the local authority to remedy this.

The data below demonstrates once the correct consent is received the number of IHAs completed within 20 working days continues to be excellent.

Table 1: Total and % CYP who receive an Initial Health Assessments within 20 working days of correct consent from Nottingham City LA (living in area)

Total number and % of IHAs for CYP placed in area seen within 20 days of receiving correct consent				
	2017/18		2018/19	
Q1	42/45	93%	33/34	97%
Q2	34/36	94%	40/41	98%
Q3	39/41	95%	39/42	93%
Q4	41/43	95%	Not available	Not available

Table 2: Total and % CYP who receive an Initial Health Assessments within 20 working days of correct consent from Nottingham City LA (living out of area)

Total number and % of IHAs for CYP placed out of area seen within 20 days of receiving correct consent (It has to be acknowledged that our health provider has limited control over the performance of an external organisation who can be requested to undertaken this IHA on our behalf)				
	2017/18		2018/19	
Q1	0	-	0/3	0%
Q2	2/3	67%	3/3	100%
Q3	1/2	50.0%	1/5	20%
Q4	3/6	50.0%	Not available	Not available

Exceptions - IHAs

The reason for non-compliance with the 20 day standard within statutory guidance, are numerous, and often not within the control of the provider. Not receiving the correct paperwork/consent from the local authority within timescales, placement changes occurring, discharges from care, carers or local authority cancelling appointments and young people refusing appointments are all reasons for non-compliance. In addition, IHAs are not the only clinical work undertaken for the local authority and urgency / demands for other work can affect capacity for IHAs. It should also be noted that the service provides an equivalent service for Nottinghamshire local authority for CYP originating from south Nottinghamshire CCGs. This data is not reported here but numbers have increased.

Review Health Assessments (RHA)

The data collected below is not entirely reflective of the overall specialist CIC service due to the following mitigating factors:

- Unlike for Initial health assessments the current data still does not separate the timescales for children and young people placed OOA which are often out of timescales due to the reliance on other areas to complete the assessments;
- For children with an adoption plan RHAs will be seen as a priority in time or early to accommodate the local authority/court deadlines. These children tend to be under 5 years of age;
- Not receiving the correct paperwork/consent from the local authority within timescales;
- Placement changes occurring;
- Discharges from care;
- Carers or local authority cancelling appointments;
- Young people refusing appointments.

Table 3: Review Health Assessments completed on time or up to a month early (under 5 years old)

	2017/18		2018/19	
Q1	17/39	44%	22/35	63%
Q2	12/25	29%	24/34	71%
Q3	28/31	90%	22/26	82%
Q4	28/35	80%	31/32	97%

Exceptions to 2018/19 data;

Q1 – Of the 13 RHAs breaching timescales 4 were placed OOA, 2 were due to the late receipt of paperwork from the local authority, 1 was cancelled and had to be rearranged and 5 were seen early to facilitate the children’s needs (if too early not captured as within timescales).

Q2 – Of the 10 RHAs breaching timescales 2 were due to the late receipt of paperwork from the local authority, 3 were cancelled and rearranged by the carer and 2 moved placement address delaying the assessment, leaving only 3 within the control of the team.

Q3 – Those breaching timescales were out of the control of the team due to being OOA or cancelled by the SW or carer.

Q4 – The one breach was due to the late receipt of paperwork from the local authority.

Table 4: Review Health Assessments completed on time or up to a month early (over 5 years old)

		2017/18		2018/19
Q1	36/72	39%	35/103	44%
Q2	63/126	64%	46/95	48%
Q3	83/120	69%	52/84	62%
Q4	25/57	44%	54/63	85.7%

Exceptions;

Q1 – Of the 68 RHAs that breached timescales, 6 were due to the late receipt of paperwork from the local authority, 14 were placed OOA, 2 were late to accommodate siblings, 3 were late to facilitate the needs of the child, 7 were cancelled and rearranged, 9 were refused by the young person and 3 seen too early therefore not captured).

Q2 – Of the 95 RHAs due 14 were out of timescales due to staff capacity. Exceptions were 3 refusals by young people, 18 placed out of area, some delayed to accommodate sibling’s appointments, several rearranged by carers and some delayed due to a change of placement address.

Q3 – All breached timescales were due to prioritising children with more need or rearranging an appointment for the carer.

Q4 – Of the 9 RHAs that breached timescales, 2 were due to the late receipt of paperwork from the local authority, 3 were seen early in order to support the children’s needs, 3 moved placement address delaying the assessment and 1 was due to no access at the first appointment.

During 2017/18 there were significant sickness and vacancies within the CIC nursing team which had impact on service delivery. This is reflected in the data above. The team were also managing a significant “back log” of RHAs needing completion; therefore despite working at full stretch many timescales were being breached. However the vacancies have now been recruited to and the team is working to capacity. Quarter 4 data evidences a significant improvement in the percentage of RHAs



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being completed within timescales. In addition, the CIC nursing team have eliminated the “back log” and have completed a total of 51 additional RHAs over the past 3 months (8 for under 5 year olds and 43 for over 5 year olds).

We are anticipating a drop in statutory compliance for Q4 due to the CIC nursing team receiving a substantial amount of late referrals from the LA. These may not meet statutory timescales and will be reported as exceptions within Q1 data.

From Q1 this year the data set collected will separate out all issues identified above giving a much clearer picture of performance.

The designated professionals for looked after children, working on behalf of the city CCG, have an on-going active role in assuring the CCGs around performance and quality. Any risks are acknowledged and escalated appropriately to ensure the service is safe.

Decliner pathway

A pathway is currently being written that will be agreed by both the local authority and health providers. This pathway will support around how best to meet the health needs of LAC when they refuse their statutory health assessment. The pathway will include liaison with other health professionals and ensuring adequate discussion is had around health within the looked after review process.

Service Improvement 2-stage audit

The Nottinghamshire CIC Service Improvement forum has acknowledged that to give assurance that the health needs of LAC are being met we must ensure that the statutory health assessments and recommendations made within these are reviewed and outstanding health needs actioned as part of the local authority Looked after review process.

A 2-stage audit is being undertaken over the summer. The audit will review whether LAC health needs are discussed at looked after reviews, including recent statutory health assessments and recommendations.

This is ensuring that the statutory health assessments completed do not sit in isolation from the wider care pathway and support the children and young people receive.

Vaccination and Immunisations

As part of the NHSE data project, work is currently underway around capturing vaccination status on entering care and after being in care a year to reflect catch up programmes. This will be available after Q1 this year.

Immunisation status is reviewed at each statutory health assessment and recommendations made to the social worker to ensure these are actioned by the carers. For children under 5 years old the IHA or RHA will recommend booking with the GP. To support with older children we have a School age immunisation service that will be referred into.

Dental

As part of the NHSE data project work is currently underway around capturing dental status from birth in line with recommendations from Public Health England. This will be available after Q1 this year.



As above dental status is reviewed at each statutory health assessment and recommendations made to the social worker to ensure this is actioned by the carers.

Eyesight

As part of the NHSE data project work is currently underway around capturing sight status from 4 years of age, in line with recommendations from Public Health England. This data will be available after Q1 this year.