

<b>22<sup>nd</sup> March 2018</b>	<b>Corporate Parenting Panel</b>
<b>Report</b>	<b>Quarter 3 Health Initial Health Assessment Data Overview</b>
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## Introduction

Promoting the health and well-being of looked after children Statutory Guidance for local authorities, clinical commissioning groups and NHS England (DoH and DfE, 2015) clearly sets out the governments expectation of the three agencies in the delivery of health provision for looked after children.

Local authorities are responsible for making sure a health assessment is carried out for every child they look after, regardless of where the child lives. Regulation 7 of the Care Planning, Placement and Case Review (England) Regulations, 2010 requires that the local authority arranges for a registered medical practitioner to carry out an initial health assessment and provide a written report and health plan. These documents should be available in time for the first statutory review by the Independent Reviewing Officer (IRO) of the child’s care plan 20 working days from the start of the care episode.

The successful completion of the initial health assessment is a jointly owned pathway, with the request being generated by Specialist Children’s Services (SCS) and the clinical appointment and report being the responsibility of health.

SCS have a requirement to request the IHA within the first five working days of the care episode; the request has to include the correct paperwork giving the current address/contact details and appropriate consent for health to see the child/young person. Health have 15 working days in which to see the

child/young person, complete the report, health plan and return it to the child's social worker for inclusion in the care plan.

### Quarter 3 Health Data

Quarter data is provided to the Clinical Commissioning Group (CCG) LAC team 6 weeks after the end of the quarter, this ensures that the last request in the quarter for an IHA has been completed and returned or breached the statutory timeframe before the data is collated and submitted.

The health administration hub dealt with 240 referrals for initial health assessments during quarter 3, of these 170 (71%) were made on time (within the 5 working days). The data includes referrals for UASC and adoption.

The table below details the requests that went forward on the health assessment pathway:

Quarter 3 Health Data	Number	Percentage
Number of IHA Requests on the Pathway	163	
Number received within 5 working days	117	72%
Number of Referrals Withdrawn	29	18%
Number Requiring IHA	134	82%
Number Completed within the Statutory Timeframe	107	80%
Number of Requests that Breach Statutory Timeframe	27	20%

The table below details the reasons for the requests that breach the statutory timeframe:

Reasons for Breach of Assessment Quarter 3	Number
Delayed Consent	1
Late Request	12
LAC Moved Placement	3
Appointment Declined by Child/Young Person	2
Did Not Attend	2

Internal Administration Delay (Health)	1
Lack of Clinical Capacity/Appointment (Health)	6

The numbers of late requests from SCS has improved over the reporting year but remains an area that needs further work. The late request for an IHA reduces the time in which health can undertake their part of the pathway, putting pressure on the foster carers to accept an appointment with reduced choice and the clinicians to complete the appointment and paperwork. Every effort is made by health to complete a late request within the statutory timeframe but this is not always possible.

The lack of clinic capacity mainly relates to Unaccompanied Asylum Seeking young people placed at Millbank and who are part of the National Transfer Scheme (NTS). With the slowing down of the NTS SCS are requesting IHA for young people who have been in the County for 10 days or more irrespective of whether they are subject to the NTS. The slowing down of the NTS is putting pressure on health services for LAC and stretching capacity. All UASC newly arrived have a Fitness to Transfer health screening which ensures that there are no immediate health issues, the young person is given their first set of routine vaccinations, registered with a GP and given an NHS number.

Appendix 1 provides examples of IHAs that have breached the statutory timeframe.

### **Clinical Commissioning Group (CCG) Key Performance Indicators:**

CCGs will set their own key performance indicators (KPI) for the services they commission to meet the statutory requirements contained in the statutory guidance. This is done in discussion with the Provider. There is no national KPI for the completion of IHAs; other CCGs do not publish their data in an easily accessible format, the information should be contained in the annual report on LAC which is a statutory requirement by all CCGs.

The Seven CCGs in Kent have a KPI of 85% for the completion of IHAs within the statutory timescale.

## **Joint Working:**

There has been a significant amount of work undertaken between health and SCS to address some of the issues and concerns with the joint IHA pathway.

A recent trawl of Liberi identified that between 01.02.17 and 31.01.18 there were 122 LAC whose IHAs had not been completed or completed out of timescale. On further investigation of the 122 cases; 85 (70%) had been completed and returned to KCC but found not to have been uploaded to Liberi. Health has provided comment on the 36 cases and this has been returned to SCS and MIU.

MIU produce a weekly overdue IHA list (information taken from Liberi) which is sent to health for comment. The list dated 08.03.18 contains 5 cases. Three of these are young people aged between 16 -18 who had refused to have a health assessment, one appointment booked but not yet taken place and one report returned to SCS but not recorded on Liberi. The weekly reconciliation has been in place for a short time but is showing positive results, as well as improving communication between organisations it is ensuring that we are monitoring and supporting the health of our children and young people.

A further piece of work that is ongoing is a joint escalation process to support clearer joint working and improved communication.

The data recorded by health and MIU, for the purposes of the IHA pathway have been found to be different. Health record all requests for IHA, irrespective of whether the young person is subject to the NTS or on the adoption pathway. In addition if a child has not attended the appointment or if the referral has been incomplete, and has been returned to SCS health will record the second referral as a new episode thus increasing the numbers recorded by health and the percentage of referrals made within timescale as recorded on Liberi. Without identical data sets being reported against it is proving difficult to understand the performance reports.

End of Report: 12/03/18

## Appendix 1

Examples of IHAs that have not been completed within the statutory timeframe:

Month of breach	December 2017				
Compliance date from date into care	08/12/2017		Compliance date from date referral received		09/01/2018
<b>Details of Cancer waiting Times Milestones</b>	<b>Date</b>	<b>Total Days on Pathway</b>	<b>Working Days on Pathway</b>	<b>Days over agreed timescale</b>	<b>Additional Comments</b>
Date Into Care	10/11/2017	0	0		Delay in referral in because child was in hospital.
<b>Contributory factors</b>	Child in hospital.				

Month of breach	November 2017				
Compliance date from date into care	15/12/2017		Compliance date from date referral received		08/12/2017
<b>Details of Cancer waiting Times Milestones</b>	<b>Date</b>	<b>Total Days on Pathway</b>	<b>Working Days on Pathway</b>	<b>Days over agreed timescale</b>	<b>Additional Comments</b>
Typing Authorisation (by working day 17)	22/12/2017	35	25	8	Delay in doctor authorising

Month of breach	December 2017				
Compliance date from date into care	10/01/2018		Compliance date from date referral received	17/01/2018	
<b>Details of Cancer waiting Times Milestones</b>	<b>Date</b>	<b>Total Days on Pathway</b>	<b>Working Days on Pathway</b>	<b>Days over agreed timescale</b>	<b>Additional Comments</b>
Date Into Care	08/12/2017	0	0		Child was returned home during December so IHA was cancelled (original appointment was 21/12/17). He came back into care and was re-booked for 04/01/18
Date referral received by working day 5	22/12/2017	14	10	5	Unable to book within 5 days of receipt due to Christmas holidays and staff annual leave.
<b>Contributory factors</b>	Child taken into care and then returned home. Episode discharged from system as child returned home.				

Month of breach	October 2017				
Compliance date from date into care	21/09/2017		Compliance date from date referral received	23/10/2017	
<b>Details of Cancer waiting Times Milestones</b>	<b>Date</b>	<b>Total Days on Pathway</b>	<b>Working Days on Pathway</b>	<b>Days over agreed timescale</b>	<b>Additional Comments</b>
Date Into Care	23/08/2017	0	0		
Date referral received working day 5	02/10/2017	40	28	23	Delay in referral being received. Further delay in gaining consent / carer details - received 05/10/2017. Appt offered for 06/10/17 - declined by carers. Appt on 09/10/17 accepted.
<b>Contributory factors</b>	Child's name not on headers and BAAF unsigned so had to be returned. Appointments declined by carers. BAAF amended to show school as carer.				