

From:	Nancy Sayer Designated Consultant Nurse for Looked After Children Kent Clinical Commissioning Groups
To:	Corporate Parenting Panel – 27th March 2019
Subject:	Statutory Health Assessment Data Overview Work to Improve Outcomes

1. 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.

A Review Health Assessment is required every year for children and young people over the age of 5 years who are Looked After and every six months for children under the age of 5 years.

Review health assessments provide an opportunity to reassess a looked after child’s health, address any health needs identified and check that the previous action plan has been completed. It also provides an opportunity for the child/young person and/or carer to discuss health concerns; physical, sexual or emotional.

The successful completion of the statutory health assessment is a jointly owned pathway, with the request being generated by the Children’s Social Work Services and the clinical appointment and report being the responsibility of health.

2. Health Assessment Data

The Kent Clinical Commissioning Groups (CCGs) commission two health providers to complete the statutory health assessments for our children. The tables below show the data combined to give an overall understanding of the completion of health assessments within the statutory timescales.

The Key Performance Indicator (KPI) set by the Kent CCGs for the completion of initial health assessments is 85% and for review health assessments is 90% within statutory timeframes.

Assessments not completed within the timescale are multifaceted, for example late requests from social care, child not being brought to the appointment, lack of clinical capacity or administration delay. Work is on-going to reduce these issues.

2.1 Initial Health Assessments

	Number of referrals requiring IHA	Number of IHAs completed within timescales	KPI compliance	Breaches due to social care (KCC)	Breaches due to health
Quarter 4	102	75	74%	25	2
Quarter 1	104	96	92%	8	0
Quarter 2	95	67	71%	20	8
Quarter 3	100	73	73%	12	15
Total	401	311	78%	65	25

Initial Health Assessment Performance over 4 quarters for comparison

2.2 Review Health Assessment Data

	Total requests due in quarter	Number (%) of RHAs completed within timescales	KPI compliance	Breaches due to social care (KCC)	Breaches due to health
Quarter 4					
RHA 0-5	56	48	86%	7	1
RHA 5-18	238	220	92%	10	3
Quarter 1					
RHA 0-5	69	64	93%	3	1
RHA 5-18	248	240	97%	3	1
Quarter 2					
RHA 0-5	53	50	94%	1	0
RHA 5-18	317	306	97%	6	0
Quarter 3					
RHA 0-5	41	41	100%	0	0
RHA 5-18	249	237	95%	7	5
Total					
RHA 0-5	219	203	93%	11	2
RHA 5-18	1052	1003	95%	26	9

Review Health Assessment Performance over 4 quarters for comparison

3. Work to Improve Outcomes

In 2018 the seven Kent Clinical Commissioning Groups provided additional investment to the specialist looked after children's nursing team. The investment enabled the provider to employ a further three full time nurses and an additional administrator. With the expanded capacity the nursing team have been able to provide increased support our children/young people, foster carers and social workers.

The following are examples of the additional work now undertaken by the nursing team:

- Support VSK in providing health sessions as part of the Raising Self Esteem (boys and girls groups 5 week programme)
- 1:1 health promotion work with children and young people
- Attendance (where appropriate) at CIC reviews
- Support to foster carers via groups or 1:1
- Attendance at strategy meetings, VSK locality meetings and Adolescent Risk Management panels