

Report title

Health Assessments

Cabinet member with lead responsibility

Councillor John Reynolds
Children and Young People

Wards affected

All wards

Accountable director

Emma Bennett, Director of Children's and Adult Services

Originating service

Children and Young People in Care

Accountable employee

Jazmine Walker Head of Children and Young People in Care
Tel: 07971 843891
Email: Jazmine.walker@wolverhampton.gov.uk

Report has been considered by

Children's Social Care Leadership Team 11 March 2021

Report to be considered by

Corporate Parenting Board 25 March 2021

Recommendations for action:

The Corporate Parenting Board is recommended to:

1. Approve a further update on health assessment performance be presented to the Corporate Parenting Board in six months' time for review.

Recommendations for noting:

The Corporate Parenting Board is recommended to note:

1. The challenges and actions identified to improve the completion and timeliness of initial and review health assessment for all children and young people in care.

1.0 Purpose

- 1.1 The purpose of this report is to update the Corporate Parenting Board on the challenges and actions identified to improve the completion and timeliness of initial and review health assessment for all children and young people in care.

2.0 Background

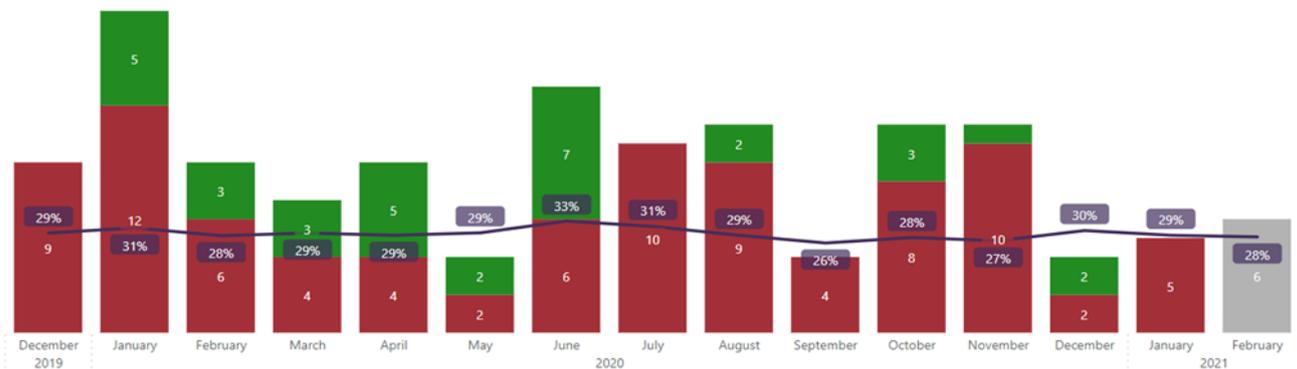
- 2.1 The performance data for initial and review health assessments which were previously an area of strength have seen a continued month on month reduction since July 2020. This report outlines the findings of a manual trawl and data quality activity undertaken with health and Local Authority colleagues in order to understand the reasons for this poor performance. The data quality activity provides assurance about the number of children with an in-date review health assessment as well as assurance about how the Local Authority will further monitor and improve performance in this area.

3.0 Progress

- 3.1 Promoting the Health and Well-being of Looked After Children (March 2015), is the statutory guidance that outlines that local authorities' responsibilities in making sure health assessments for our Children and Young People in Care (CYPiC) take place as below:
- Initial Health Assessments (IHA) - The initial health assessment should take place in time to inform the child's first CYPiC review within 20 working days of entering care.
 - Review Health Assessments (RHA) - The review of the child's health plan must take place once every six months before a child's fifth birthday and once every 12 months after the child's fifth birthday.
- 3.2 NHS service providers have a duty to comply with requests from local authorities in support of their statutory requirements, and a local partnership agreement was made in 2017 to assist compliance as follows:
- IHAs – The local authority to send the request to the Royal Wolverhampton Trust (RWT) within five days of a child entering care, and health colleagues to complete and return within 13 days. The RWT Key Performance Indicators (KIP) measures the 13-day turnaround. This enables RWT to monitor a swift assessment timescale. However, if the local authority sends the request to health later than five working days of the child entering care the statutory timescales will not be met.
 - RHAs - Requests should be sent to RWT three months in advance and local authority should ensure that, as a minimum, the child's main carer completes the Strengths and Difficulties Questionnaire (SDQ) for the child in time to inform their assessment.

New CYPiC Initial Health Assessments (Within 20 Working days of CYPiC Start)

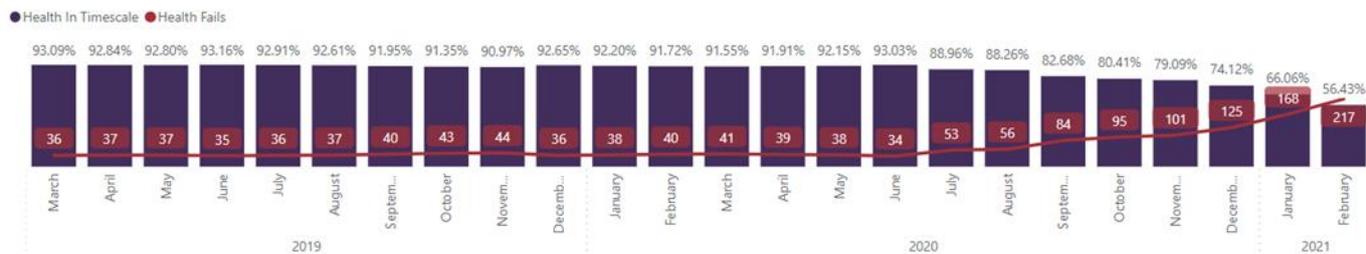
● Fail ● Pass ● Still within 20 working days ● Initial Health Assessments Pass (Rolling 12 Months)



- 3.3 The proportion of new CYPiC with IHA's remains low at 28% for the rolling year (see above table). Only two out of four IHA's were recorded as being completed within timescales in December, and of the new CYPiC coming in during January, none had been completed at the time of running the report. Although this would not affect the other health percentages this remains an area of concern and continues to be flagged as an area of concern in internal performance management meetings. Furthermore, as performance over the last 12 months has remained consistently poor it does not appear to be associated with the new electronic recording system.
- 3.4 Between the months of September 2020 and January 2021, 30 new requests were received by the RWT, of which 21 (70%) were returned within 13 days. Of the nine that were not, three were due to health clinician capacity, one child had complex needs who awaited same clinician for continuity of care (exceptional circumstance), there were three carer cancellations, and two were due to incorrect paperwork from the local authority. Therefore, only 44% of those not completed were within RWT's control. The local authority has reported back to administrators the need to quality assure requests to ensure the correct information is provided and social workers will ensure the importance of attending IHAs is expressed to carers during placement planning meetings which are held within five working days of a child entering care.
- 3.5 In the UK, from March 2020 in person consultations were limited to reduce COVID-19 transmission, including IHAs for CYPiC. A dual clinic model of virtual consultations followed by short face to face appointments (focusing on growth, physical and developmental examination) was developed to minimise contact whilst ensuring quality of consultations.
- 3.6 An audit of virtual IHA clinics between April and July 2020 was undertaken by the Named Doctor for CYPiC at RWT, the aim being to review documentation for compliance with regulations, and to seek service users' feedback in order to make the required service improvement. Response rate to the feedback forms was 70%, with more than 80% of service users saying they were satisfied, or very satisfied, with the service provided both through the virtual and face to face follow up clinics.

3.7 Despite limitations in delivering services during the pandemic, this dual model of clinic delivery ensured a continued high quality service. Feedback was positive as was user engagement with this model which emphasised child-centric care. Learning from this has been applied to RHAs which now run predominantly as virtual clinics after appropriate clinical risk rating. Holistic assessments through efficient use of virtual technology, in combination with outcome focused face to face reviews may indeed become more common place in the future.

Review Health Assessment Timescales



3.8 Review health assessment timescales, which were previously an area of strength, have seen a continued month on month reduction since July 2020 with a steep decline from September 2020. The current percentage of RHA's completed is 56.4%. This suggested system issues as a result of the migration to the new social care system which has impacted on recording of health assessments. There have been added challenges across the system including data accuracy (both RWT and Local Authority), and timeliness of requests by the local authority. RWT have provided assurance that a review of processes, data collection and reporting is currently being undertaken.

3.9 As presented within the Health Annual Report in November 2020, there has been a decrease in compliance around timescales over the last 12 months, with January 2021 figure standing at 66%. Of the percentage not completed in timescales, 62.5% were due to RWT admin capacity, and 37.5% to late requests from the local authority. Exception reports show that non-compliance (within health control) is due to staffing levels within the CYPiC health team at RWT, further impacted by COVID-19 revised models of working.

3.10 In November 2020, the management of the CYPiC service transferred from the Royal Wolverhampton Trust (RWT) Community Paediatric Division to the Safeguarding Service in the Health Corporate Directorate. This has enabled a more coordinated, streamlined oversight of the service. RWT have now recruited additional staff to work within the CYPiC team, in accordance with the Intercollegiate Document, to include two additional Band 6 nurses, who commenced in post February 2021, and an additional Band 3 administration post (0.5fte). Since September 2020, the team have also had two new Named Nurses for CYPiC commence in post following 1 Named Nurse leaving the Trust in February 2021 and another being successful in securing a secondment within the Safeguarding Team (which further impacted capacity).

- 3.11 The Head of Children and Young People in Care met with operational, health, and administrator colleagues in February 2020 to discuss how we can work together to understand the declining performance. A manual trawl of Power Bi (the local authority reporting system reporting data from the new electronic case management system), health reports, and local authority administrator data has enabled us to identify a more accurate performance picture and identified a number of issues with the Power Bi performance reports (which are presented to the Corporate Parenting Board) as well as solutions to improve the overall performance and reporting.
- 3.12 There are 573 children within the CYPiC cohort, of those 75 have been open for less than 12 months, therefore 498 of these young people should have a RHA. Power Bi current reports 281 (56%) children have had a RHA in the last 12 months. At the time of writing this report (25 February 2021), a manual trawl of local authority administrator's data and health data confirmed there are 388 (67%) children with an in date RHA.
- 3.13 The reason Power Bi has not picked up this information is because the form used within Eclipse is also used for recording dental and Personal Education Plan dates and the system does not know which date related to which activity. An urgent request to the Eclipse User Group Forum was made and changes to the recording system were agreed. It is anticipated this will immediately begin to improve the performance reporting and reflect a more accurate picture of performance. The difficulties with the Power Bi performance reports has also affected managers ability to have oversight of when RHAs are due and therefore impacted upon timely referrals for a RHA. Therefore, managers oversight and timely referrals to the Health Provider will also improve with the proposed changes to Eclipse.
- 3.14 Health assessments, and other performance data, are discussed at weekly team manager meetings chaired by the CYPiC Service Manager and monthly Performance Meetings chaired by the Head of Children and Young people in Care. This is to ensure the above actions are resulting in the anticipated improvements in performance.
- 3.15 The CCG monitor Provider performance and quality issues through quarterly and monthly contractual reporting and key performance indicators. Exceptions are presented at the CCG Combined Clinical Quality Review Meeting.
- 3.16 Whilst there is a decline in compliance in RHAs, assurance is offered through reporting arrangements that 100% of children and young people are offered an appointment and seen following receipt of request (unless they refuse to attend). A robust quality assurance process remains in place both within the Provider and the CCG, where issues, including timeliness are addressed. Regular meetings are held with CCG Designated professionals and Provider leads and weekly Provider team meetings include monitoring of statutory activity.
- 3.17 There is also a monthly joint Children and Young People in Care and Health operational group in place between operational and administrator colleagues. This meeting will be attended by the Head of Children and Young People in Care and Designated Nurse for

Children and Young People in Care until the actions in this report are evidencing an improvement in health assessment timeliness.

4.0 Recommendations

- 4.1 It is recommended that a further update on health assessment performance is presented to the Corporate Parenting Board in six months' time for review.
- 4.2 It is also recommended that Corporate Parenting Board note the challenges and actions identified to improve the completion and timeliness of initial and review health assessment for all children and young people in care.

5.0 Financial implications

- 5.1 There are no financial implications associated with this report.

[JG/09032021/Q]

6.0 Legal implications

- 6.1 Promoting the Health and Well-being of Looked After Children (March 2015), is the statutory guidance that outlines that local authorities' responsibilities in making sure health assessments for our CYPiC take place. This guidance is issued to local authorities, CCGs and NHS England under sections 10 and 11 of the Children Act 2004 and they must have regard to it when exercising their functions. It is also issued under section seven of the Local Authority Social Services Act 1970. Local authorities must comply with this guidance unless there are exceptional reasons that justify a departure.

[SB/07032021/Z]

7.0 Equalities implications

- 7.1 There are no equalities implications associated with this report. The guidance ensures all CYPiC receive an assessment of their health needs and a health plan that will ensure the local authority and its partners meets children and young people's individual health needs as a good parent would.

8.0 All other Implications

COVID-19 Implications

- 8.1 The COVID-19 pandemic has contributed to some delays in health assessments being undertaken within timescales.