

Report title	Health Assessments
Cabinet member with lead responsibility	Councillor Beverley Momenabadi Children and Young People
Wards affected	All wards
Accountable director	Emma Bennett, Executive Director of Families
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 to be/has been considered by	Children's Social Care Leadership Team Corporate Parenting Board

Recommendations for action:

The Corporate Parenting Board is recommended to:

1. Receive the update on health assessment performance.

Recommendations for noting:

The Corporate Parenting Board is recommended to note:

1. The improvements in the performance reporting and 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 (CPB) on the challenges and actions identified in March 2021 and the improvements in the performance reporting and the completion and timeliness of initial and review health assessments for all children and young people in care.

2.0 Background

- 2.1 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.
- 2.2 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 (KPI) 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.
- 2.3 The performance data for IHAs and RHAs were previously an area of strength; with RHAs consistently at 90-93% completed in timescales. It was noted that in March 2021 there had been a continued month on month reduction since July 2020. Furthermore, since the local authority's children's electronic recording system moved to a new system Eclipse in September 2020, there were concerns about the accuracy of the Power Bi performance reports (which are presented to the CPB) and how the lack of reliable data was contributing to poor performance in this area.
- 2.4 The report presented in March 2021 outlined the data quality activity being undertaken to provide assurance about the number of children with in-date RHAs as well as assurance about how the Local Authority will further monitor and improve performance in this area.

This report updates on the challenges and actions identified in March 2021 and the improvements in the performance reporting and the completion and timeliness of initial and review health assessment for all children and young people in care.

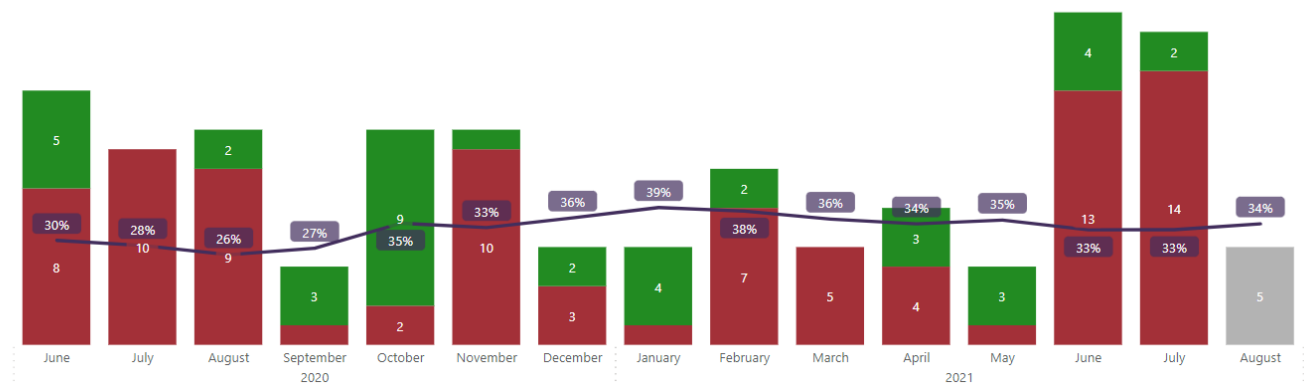
3.0 Progress

- 3.1 The proportion of new CYPiC with IHAs remains low at 34% for the rolling year (see Table 1). However, this is an improvement on 28% the rolling year as reported to the CPB on 25 March 2021. The rolling year average for March 2021 has since improved to 38% due to retrospective recording.
- 3.2 Only four out of 17 IHAs were recorded as being completed within timescales in June 2021, and of the new CYPiC coming in to care during July 2021, two of the fourteen 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.

Table 1: IHA Performance as of September 2021

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)

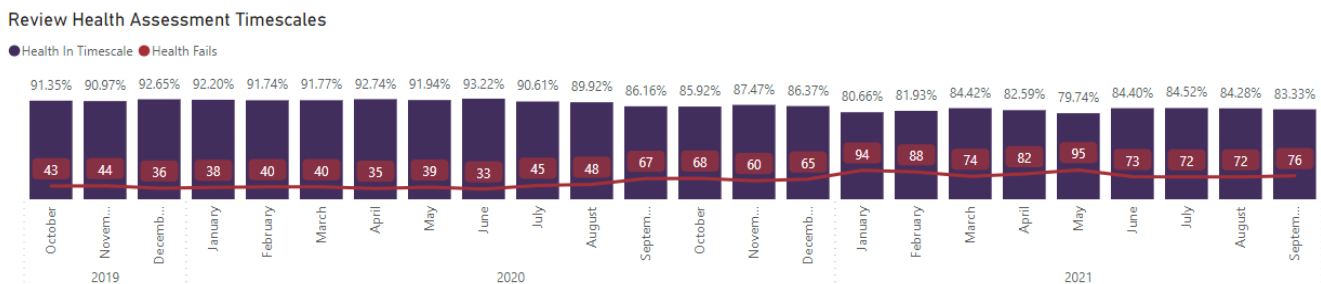


- 3.3 A monthly meeting between the Strengthening Families Service (responsible for CYPiC who have recently come into our care) and Health colleagues has been taking place. This has been a separate meeting to the one outlined below chaired by the CYPiC Service. In October, Dr Latha Tirupatikumara, Consultant Community Paediatrician Named Doctor for CYPiC and Adoption Medical Advisor highlighted that while the data remains at 34% due to timeliness the work of the group has improved the quality of the paperwork provided by Children's Social Care when the IHA is requested resulting in improved health care plans for children. Further work is required to improve the timeliness of IHAs. In order to achieve this the two meetings will be joined as one working group to further improve both IHAs and RHAs.
- 3.4 Since the last update in March 2021, the Service are now confident in Power Bi performance reports. The work undertaken since the last report has also significantly improved performance through retrospective recording. In March 2021 it was reported

performance was 56% of RHAs completed within timescales; this has increased to 84%. Table 2 shows the improvements made with an average 10 percentage point increase (compared to the performance reported in the March 2021 report) month on month between September 2020 and March 2021 as a result of retrospective recording. Although the local authority now has confidence in the performance reporting there will inevitably be some retrospective recording but not on the scale previously seen.

- 3.5 At the time of writing this report there are 533 children within the CYPiC cohort as at the end of September 2021, 77 of those cases have been open for less than 12 months, therefore 456 of these young people should have an RHA. Power Bi reports 379 (83%) children have had an RHA in the last 12 months.

Table 2: RHA Performance as of September 2021



- 3.6 A monthly joint CYPiC and Health operational group in place with operational and business support colleagues and has been taking place since March 2021. The focus of the monthly meeting is to set agreed actions and monitor the completion of statutory health tasks. This has improved the internal processes for RHAs within the local authority. Due to previous performance report being inaccurate it is not possible to outline how the work of this group has impacted upon timeliness. However, we do now have a baseline to measure future performance.
- 3.7 To improve performance there is a clear process in place between business support colleagues to ensure referral paperwork is completed and appointments made which is much more effective. We have included an additional quality assurance stage in the process to ensure all paperwork sent to the Gem Centre is full and correct which has reduced the number of requests returned to the local authority which previously caused delay and subsequent effect on timeliness.
- 3.8 Since the last update in March 2021, all RHAs are booked within five days of being received and appointments are being booked now for December 2021. The evidence of internal processes being more effective is in the improved timeliness of paperwork completion and assessments taking place. Our focus now is the quality of requests and assessments to ensure the RHAs are as meaningful as possible.
- 3.9 Health assessments, and other performance data, are discussed at fortnightly team manager meetings chaired by the CYPiC Service Manager and monthly Performance

Meetings chaired by the Head of CYPiC. This is to ensure the above actions are resulting in continued improvements in performance.

- 3.10 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. 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.

4.0 Recommendations

- 4.1 It is recommended that Corporate Parenting Board note the improvements in 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/26102021/I]

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 7 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/03112021/B]

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

- 8.1 There are no other implications associated with this report.