

Initial Health Assessments for our Looked After Children

Working better together for children



What we have to do

It is a statutory requirement for all children who become Looked After to have a holistic health assessment on entering care.

- Health assessment should be undertaken by a registered medical practitioner
- Should result in a health plan / written report that informs the child's care plan
- The care plan must be completed by the time of the first review of the child's care plan, no more than 20 working days after the child becomes Looked After

Why this matters for children

Historically, evidence shows that children who have been in care have poorer life expectancy and poorer health outcomes than children that do not enter care.

A child's care plan is developed on a specific understanding of the child's health, education and social care needs. As corporate parents we must understand all aspects in order to develop a meaningful and supportive care plan.

The Initial Health Assessment should be conducted without drift or delay to ensure supporting services understand any existing health needs of the child that need to be supported and included within the care plan and also to discover any unidentified health needs that need to be addressed.



The children we work with

As of end January 2018, there are **951** Looked After Children in the care of SCC



505 of these children are placed within Surrey

212 of these children are placed outside of Surrey but within 20 miles of the county border

234 of these children are placed outside of Surrey AND more than 20 miles from the county border



Our current arrangements

From April 2017 **Children and Family Health Surrey (C&FHS)** became the single Community Provider of children's services:

- Surrey & Borders Partnership (SABP) NHS Foundation Trust is one of the 3 providers that form the C&FHS provider – SABP employs the paediatricians conducting IHAs
- Epsom & St Helier NHS Trust has continued to deliver IHAs for children placed in North East Surrey
- For children placed in Surrey or within a 20 mile radius the IHAs are usually offered by C&FHS. For children placed beyond the 20 miles these are requested to be undertaken by professionals local to where the child lives
- C&FHS has responsibility for all IHAs irrespective of placement location (apart from those in NE Surrey)

For the whole of Surrey, the Guildford & Waverley Clinical Commissioning Group (CCG) manages the contract to undertake assessments with the one provider, **Children and Family Health Surrey**.

Currently, the provider exclusively uses Paediatricians to undertake the assessments. Other Local Authorities also use GPs who have undertaken specialist training giving more options and flexibility for the location and timing of appointments offered.



Shifting our approach so we are working better together for children – in summary

How it has worked:

- Surrey County Council Children's Services reporting monthly using the CS Performance Compendium
- Health Commissioners (Guildford & Waverley CCG) reporting fortnightly through a letter to the Leader and Improvement Board

How it will work:

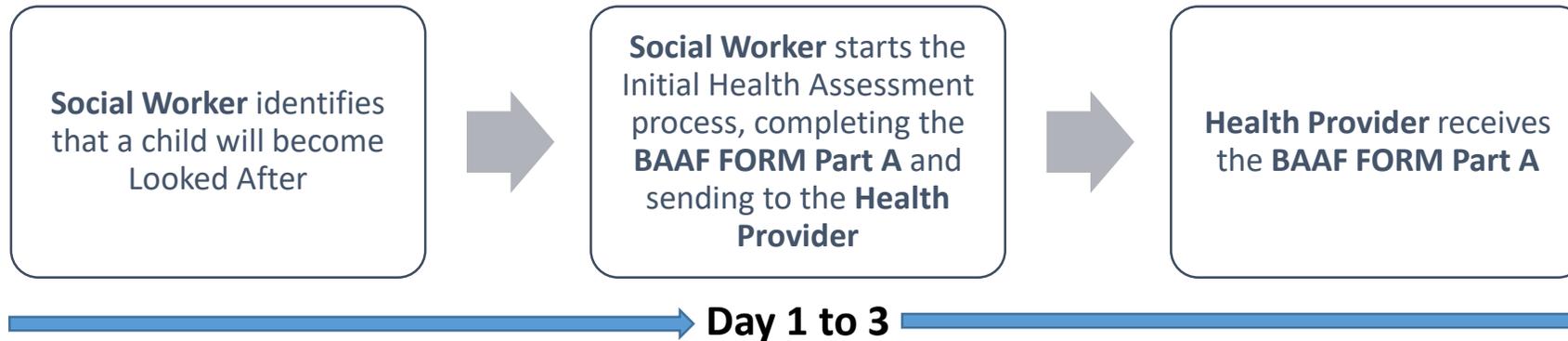
- Surrey County Council and Health Commissioners producing a jointly-owned report each month
- Performance reporting produced with input from the Health Provider(s), however SCC and the CCG will remain accountable
- Included as part of the CS Performance Compendium and submitted to the Improvement Board and Select Committee Performance Sub-Group
- Continue improvement work to align processes across organisations and support close working arrangement between SCC and the Health Provider



Outcomes for children firmly at the centre of this approach



Pathway – Part 1, Into the Pathway



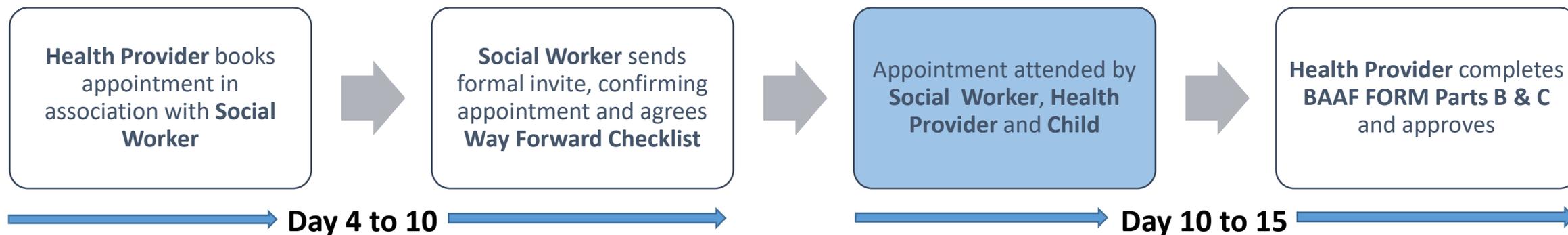
Social Worker obtains consent from the child as soon as possible

Issues and Challenges

- Delays in SCC reporting to the Health Provider that a child is becoming Looked After – where this happens it is particularly challenging to meet the statutory timescales at the subsequent stages in the pathway
- Delays in consent being obtained – i.e. not gaining consent within 10 working days (obtaining consent is often more challenging for Unaccompanied Asylum Seeking Children)



Pathway – Part 2, Within the Pathway

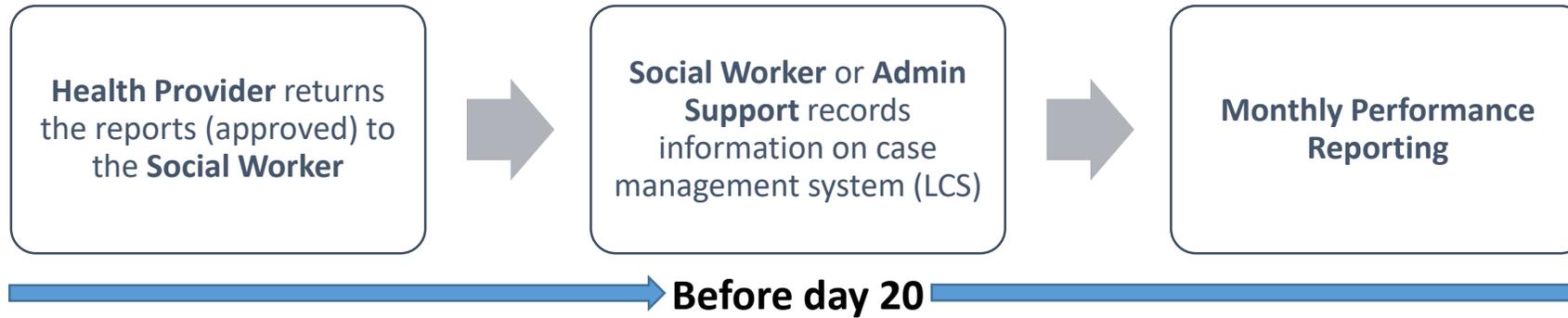


Issues and Challenges

- Limited suitable times available for appointments
- Non-attendance of the child (not brought to appointments) or Social Worker
- Failure to arrange transport or an interpreter for the appointment when required
- Different tools and methods used for 'tracking' children through the Initial Health Assessment pathway
- Children's electronic records held by Surrey County Council – Health provider unable to access them
- Lack of suitable assessment approach for children and young people of all ages
- Additional demand on the Health Provider by increasing the boundary to include children placed within 20 miles of the county border
- IHAs For Unaccompanied Asylum Seeking Children (UASC), often have delays accessing health records leading to more complex IHAs and related paperwork. Often harder to engage with these children and to ensure availability of suitable venues and interpreters



Pathway – Part 3, End of the Pathway



Issues and Challenges

- Delays in approving and returning health assessment reports to the Social Worker
- Difficulties for the Health Provider getting completed reports returned from out-of-county GPs (leading to delays within the pathway and recording updated information)
- Delays in the Social Worker recording information on the child's electronic record within the case management system (LCS)
- SCC and the CCG Reporting conflicting information and performance data
 - CCG reports are based on information from the health provider
 - SCC holds the patient-identifiable information however the CCG relies on information from the health provider
 - Impacted by delays recording & reporting information between agencies



Unaccompanied Asylum Seeking Children

We have particular challenges meeting statutory timescales with IHAs for Unaccompanied Asylum Seeking Children (UASC) → Without addressing this commissioning gap, IHAs for this group of vulnerable children are expected to consistently be delivered late.

A particular focus will be placed on addressing the challenges highlighted on slides 6-8 through discussions and workshops with key agencies to inform a detailed action plan in response to this issue.

An example to highlight the complex needs is included here, the following action plan has been agreed between key agencies in order to complete IHAs for a group of 10 UASC that have recently become looked after:

- Paediatrician to meet the 10 children, with their support worker, to provide updated healthcare summaries and health recommendations (copied to GP surgery and Social Worker)
- Obtain and record consent to share health information and to make onward referrals
- Provide the children with relevant health information
- Refer the children to a Consultant in Respiratory Medicine for latent TB screening
- Provide blood-forms for blood borne infection screening
- Provide immunisations as per the [Public Health England algorithm](#)

The action plan above is for a specific group of UASC children however it highlights the complexities and additional considerations required to complete IHAs for UASC.



Improvements we are making

- Taking a different approach to conducting Initial Health Assessments for children and young people of different ages ensuring we maintain a relentless focus on health outcomes for children in care
 - E.g. A different approach for teenagers – potentially not requiring an assessment by a Paediatrician
- Establishing a different pathway for children and young people that are unwilling to undertake a health assessment such as those shortly leaving care (e.g. providing supporting health information)
- Providing access to Surrey County Council’s children’s data for the Health Provider (subject to information sharing agreement)
 - E.g. Access to Tableau reporting information and children’s electronic records (see slide 12 for the latest Tableau report extracted from the CS Performance Compendium)
- Workshop with Health Provider (8th March) to carry out a detailed analysis of their business processes to identify constraints and challenges in order to help align the practice and processes across organisations
- Reporting of performance information jointly to the Corporate Parenting Board, Improvement Board and Select Committee Performance sub-group



How this will be better for children

- Achieving a shared understanding for SCC, Guildford & Waverley CCG, the Health provider and partner agencies of:
 - The overall process for Initial Health Assessments
 - Where children in our care currently are on the health assessment pathway
- Better support from SCC and partner agencies in order to drive performance and continuously improve practice together
- Earlier identification of challenges and blockages in the health assessment pathway
- More effective management of challenges and a joint approach to resolving them as they are identified

All to achieve a clearer and smoother process for children and to ultimately improve the health outcomes for children in our care.

Note: Although no specific actions have been agreed in relation to joint working and reporting on Review Health Assessments (RHAs) and Dental Assessments, the learning from our improvements to the IHA process is expected to be applied to these pathways as well.



Our latest performance

7.5 Initial Health Assessments for Looked After Children

Looked After Children Started in the last 12 months (1 February 2017 to 31 January 2018) who remain in care as at the date compendium produced.

	Target	Last Month	Latest	Direction	RAG
LAC with an IHA	80%	49%	57%	↑	R
TBC					

Current Looked After Children - Initial Health Assessments

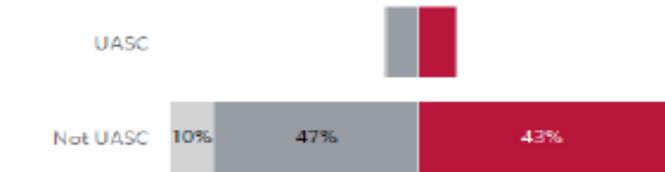
Details of new entrants into care and whether they have had an initial health assessment completed within 28 days of becoming looked after.



57% of children that became looked after in the last 12 months (and remain in care as at 31/01/2018) have a completed IHA. (Up from 49% previous month)

UASC?

What % of Asylum Seeking Children have had an Initial Health Assessment?



In County?

What % of Children placed out of county have had an Initial Health Assessment?



9.3% of these children received a completed IHA within 28 days of becoming looked after. (Up from 6.37% previous month)

Assessment Timeliness



Source [LCS/Tableau as recorded by Children's Services](#)

Target Proposed target 80% to be checked against CCG and CQC.

Owner Sheila Jones (Head of Countywide Services)

Notes NA



Next Steps

- Review IHA storyboard at Corporate Parenting Board on 12 March 2018
 - Incorporate any further feedback and recommendations from the board or from the actions taking place in the interim
- Produce detailed action plan for delivering the identified improvements following approval of the recommendations at Corporate Parenting Board
 - Workshops to be held with key agencies in March 2018 (1st workshop scheduled for 8 March 2018), facilitated by SCC
- IHAs update and progress report for discussion at the Improvement Board on 29 March 2018
- Further analysis of the performance data for the last 12 months to ensure we use trend information (e.g. no. of children entering care each month) to inform our capacity planning and to validate the agreed improvement actions and expected outcomes
- Update performance report (see slide 12) to reflect performance timeliness across shorter intervals (e.g. by month, by quarter)

