

Health Briefing Paper for Dorset Council Corporate Parenting Board

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Title: Escalation of Performance of Initial Health Assessments Quarter 4 Briefing Update to Dorset Council Corporate Parenting Board

Risk: DC are failing to meet their statutory responsibility for children accommodated; to receive an Initial Health Assessment within the Statutory 20 Working Day time frame, in accordance with The Care Planning, Placement and Case Review (England) Regulations 2010.

1. Introduction: Escalation of Performance of Initial Health Assessments

1.1 The CCG Directors have asked for this area of continued poor practice to be raised as a concern formally at the CPB via a briefing IHA performance update each quarter.

1.2 Concerns raised regarding the on-going poor performance of IHA's.

The following points are asked to be noted by the CPB members;

- Children being accommodated by DC are not having their health needs assessed, identified and met, this is a risk to their EH&WB and disadvantaging carers in having a full picture of their health needs to be able to support the child within the placement.
- Delays in Social Workers providing health with timely notification and consent has been identified as the main reason for delay, with the second reason for delay by social workers and or foster carers declining initial health appointment offered or not attending on the day preventing IHA's being completed within the 20-day statutory time frame.
- Delays by DC are preventing the CCG commissioned health provider in meeting their contractual arrangements.
- This area of risk has been entered onto the CCG Risk register.
- The child/YP Health Plan is not being added to or reviewed as part of their statutory LAC Care Plan.
- Request to have the risk added to the CPB action plan to be monitored until improvement had been achieved and sustained for a 12-month period.

2. Performance of Health Outcomes for Children in care for Dorset

2.2 Performance for Q4 2018/19 saw a slight increase for DC of IHAs completed within statutory timeframe from 44.7% to 52.9% which remains considerably below the agreed indicator of 95%. Overall performance for 2018/19 52.6% fell against 2017/18 which was 56.5%. Performance remains variable significant improvement is still required if performance in meeting children health need accommodated by DCC is to be sustained. The current trends are still showing that statutory responsibility by DCC is not being met, thus preventing health from meeting theirs.

2.3 IHAs DC completed within Quarter One 2018/19

Per Quarter Three 2017/18	Q1	Q2	Q3	Q4
Children new into care	43	36	39	34
Number who require an IHA (Excluding those who left before 20 working days)	35	30	38	34
Initial Health Assessment Completed in 20 working days	23 (65.7%)	14 (47%)	17 (44.7%)	18 (52.6%)
Number of IHA's completed within 21-30 working days.	4 (11.4%)	6 (20%)	7 (18.4%)	10 (29.4%)
Number completed after 30 days	7 (20%)	8 (27%)	3 (7.9%)	2 (5.9%)
Number still outstanding after 30 days, see exception reporting.	1 (0.9%)	2 (6%)	11 (34.5%)	4 (11.8%)

2.4 Q4 IHA's DC Performance by month plus April 2018/19

Quarter Four by Month	Jan	Feb	March	April
Children new into care	7	14	13	16
Number who require an IHA (Excluding those who left before 20 working days)	7	14	13	16
Initial Health Assessment Completed in 20 working days	5 (71.4%)	7 (50%)	6 (46.2%)	9 (56.3%)

Number of IHA's completed within 21-30 working days.	1 (14.3%)	4 (28.6%)	5 (38.5%)	2 (12.5%)
Number of IHA's completed on or after 31 working days	1 (14.3%)	0	1 (7.7%)	0
Number still outstanding see exception reporting.	0	3 (21.4%)	1 (7.7%)	5 (31.3%)

2.5 The Designated Doctor and Named Nurse for LAC DHC have reviewed the IHA process within health and in consultation with DC Senior Leads have agreed a Pan Dorset IHA Pathway with notes for social workers, which should improve communications between Children's Social Care and health and give clear guidance as to statutory responsibility. Senior managers are also keen to support the new revised IHA pathway and are working with operational leads to implement. This was implemented on the 1st June and performance against this will be monitored over the next quarter.

2.6 There has been increasing challenges on Paediatrician availability firstly due to a vacancy not being filled. There is a national shortage of community paediatricians. Our provider is looking at alternative models of delivery to attempt to fill this gap. Secondly there has been an increase where social workers appear not to appreciate the statutory time frame and constraints on the medical service to provide timely appointments, often declining the first IHA appointment offered. This then creates a back build and further limits availability of IHA appointment for children accommodated later in the month. This area of delay was highlighted in March when IHA appointments offered in February were declined and rebooked causing delays of availability in March.

2.7 Fostering Managers are keen to support the IHA process and are meeting with the Designated Doctor this month to resolve delays by foster carers.

2.8 Reasons for delays for January, February and March Q4, November and December 2018/19:

January: (71.4% completed with 20 working days)

1 delay in notification
No other delays reported for this period

February (50% completed in 20 working days)

2 delay in consent
1 declined by Foster Care

1 DNA of IHA appointment on the day
3 place out of area (OOA)

March (46.2% completed within 20 working days)

6 1st available IHA Appointment
1 out of area.

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