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Children in Care in Middlesbrough

The role of the CCG and the Designated LAC (Children in Care) Team in supporting initial and review health assessments for children in care

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Overview

Designated professional for Children in Care (LAC)

In England, the term designated doctor or nurse denotes professionals with specific roles and responsibilities for looked after children, including the provision of strategic advice and guidance to service planners and commissioning organisations. In England, designated professionals (doctors and nurses) are statutory roles. This means that all CCGs must have these positions in their organisational structure. (Further details can be found in *'Safeguarding Accountability and Assurance Framework NHSEI 2019, and NHS Standard Contract 2021/22).*

The Designated professionals must also meet a set of competencies and training to ensure that they meet the criteria set out in the Intercollegiate Document 2020, *(Looked after Children roles and competencies of healthcare staff December 2020).* The competency framework sets out the requirements and skills required to effectively support, promote, and protect the welfare of looked after children.

RCPCH LAC Dec 2020.pdf

The designated doctor and nurse work together to fulfil the following functions: (please note this is not an exhaustive list and further detail is contained in the referenced Intercollegiate Document above).

Inter-agency responsibilities

• Be a member of the Corporate Parenting Board, Health and Wellbeing/Children's Trust Board and Local Safeguarding Partnership Board or equivalents in NI, Scotland, and Wales

• Provide health advice on policy and individual cases to statutory and voluntary agencies, including the Police and children's social care.

Leadership and advisory role

• Provide advice to the service planning and commissioning organisation and to the local authority, on questions of planning, strategy, commissioning, and the audit of quality standards including ensuring appropriate performance indicators are in place in relation to health services for looked after children.

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The role of the Designated Nurse NHS Tees Valley in quality assurance and data collection.

Middlesbrough Local Authority CIC team is supported by Harrogate and District 0-19 Team who have been commissioned to undertake the review health assessments (ALL initial health assessments must be undertaken by a medical practitioner, in Tees Valley these are undertaken by the paediatricians at James Cook hospital). The CIC health team based at James Cook are commissioned to support the data collection required contractually, as well as reviewing quality and timeliness, and coordination of the assessments, particularly those out of area.

Contractually the CIC health teams have key performance indicators (KPIs) to work to and these are aligned to those laid out in the *'Promoting the health and Wellbeing of Looked after Children Guidance – 2015'*. (Have included the guidance document for further reading and information).

Promoting_the_health_and_well-being_

Providers should work with local authorities and provider agencies to ensure that initial health assessments (IHA) and health care plans are available for the first looked after review. Therefore, the child must be seen within 20 working days following the child becoming looked after. This allows the paediatrician to have at least a summary of health needs report completed, that can be shared at the first CIC review.

In practice the following should happen:

- LA inform health team that child has become a CIC and the team then have 20 days to see the child and have a report ready by day 28 where possible, for initial meeting with child
    - Contractually this is set at 100% compliance and exceptions are reported to the Designated Team and CCG colleagues via the contracts reporting team. Any issues are then discussed with agreed solutions and resolutions as much as possible
    - Exceptions are usually due to cancellations by the carer, or a DNA/child not brought, and for the older children refusal to attend.
    - These non-attendances or cancellations are followed up to ensure that the IHA does take place
- If the child is under 5 years of age, they have a further review assessment 6 months after the first one, and every 6 months until their 5th birthday and then from 5 years these reviews are annual.
- For review health assessments (RHAs) the carer and team undertaking the review should be notified at least 3 months before the annual review date in order for an appointment to be made, within the year. For the under 5s the next date should be offered by the paediatric admin team unless indicated that the CIC nurses can complete it.
- As with the IHAs exception are reported quarterly. The main exceptions for RHAs being:
    - Delayed notification of review date to service provider thus review is outside the annual date

- o Lack of capacity in CIC teams to complete these (particularly for children placed out of area (OOA). These are escalated to the CCG who support resolution.
- o Refusal by the older children in particular. For these children the CCG would expect that alternative methods of engagement and completion are explored, for example asking the child to complete the RHA themselves if willing and able.
- o Did not attend (DNA) or now known as child not brought in (CNB). The reasons are noted, and another appointment offered (the same as for IHAs)

Key performance indicator requirements as per commissioner contracts

Below is a table outlining the contractual requirements for the health teams who undertake these on behalf of the Middlesbrough LA and the CCG.

These are the minimum national standard indicators and behind these, within the contract, there is more detail. For example, every CIC should be registered with a GP and Dentist as minimum. Across Middlesbrough the access to these services has been good, with just occasional reporting of a child not being able to register with a dentist. Another example, in the revised contract for the providers of the RHAs there is an expectation that the RHA and any referrals will now be reviewed at 3 months to ensure that any outstanding issues have been addressed in readiness for the next review. This will apply to the annual reviews, to ensure that the child's needs are met and not delayed until the next review.

When this becomes know the designated nurse works with colleagues to resolve the issue, and through local and regional CIC networks this, and other access issues are escalated. Tees is well supported by NHSE Dental lead when issues occur. It is worth noting that access to a dentist is a national problem and CCGs are looking at innovative ways to improve this, for example enhancing an NHS dentist's contract to ensure that they have the capacity to accept CIC.

Initial Heath Assessments (IHAs)

The target threshold will always be 100% as these reviews are statutory. Exceptions to this are reported by the CIC health team to the commissioners and Designated nurse to both understand the rationale for the dip in performance as well as support resolution. Data shows that IHAs rarely drop below the threshold. Main reasons for this are:

- Lack of capacity within the medical team to accommodate within the 20 days but every effort is made to ensure the child is seen as soon as possible, and it is rare that the child is not seen within, say, a further 5 days
- Child placed out of area and the capacity within that medical team may also be limited
- Health team not always informed in a timely manner that the child has come into care and therefore 20-day target is not met
- Cancellation of appointment by carer or if the child is older, refusal to attend

Review Health Assessments (RHAs)

The above reasons for non-attendance tend to also apply to RHAs, with cancellations and an increased number of refusals being more prevalent, particularly in the 13 year+ age range. It is an expectation of the CIC health provider team to follow up these cases and offer further appointments and alternative methods to engage them in getting the review completed.

Table showing key performance contractual descriptors expected of the CIC Health providers

REFERENCE	DESCRIPTOR	TARGET / THRESHOLD	REPORTING FREQUENCY
	LOOKED AFTER CHILDREN (LAC)		
LQR.LAC.01	PROVIDERS SHOULD WORK WITH LOCAL AUTHORITIES AND PROVIDER AGENCIES TO ENSURE THAT INITIAL HEALTH ASSESSMENTS (IHA) AND HEALTH CARE PLANS ARE AVAILABLE FOR THE FIRST LOOKED AFTER REVIEW (20 WORKING DAYS FOLLOWING THE CHILD BECOMING LOOKED AFTER IN LINE WITH THE STATUTORY GUIDANCE PROMOTING THE HEALTH AND WELL-BEING OF LOOKED AFTER CHILDREN).	100%	QUARTERLY
LQR.LAC.02	PROVIDERS SHOULD WORK WITH LOCAL AUTHORITIES AND PROVIDER AGENCIES TO REQUEST THAT REVIEW HEALTH ASSESSMENTS (RHA) FOR LOOKED AFTER CHILDREN ARE UNDERTAKEN 6 MONTHLY FOR CHILDREN UNDER 5 YEARS.	100%	QUARTERLY
LQR.LAC.03	PROVIDERS SHOULD WORK WITH LOCAL AUTHORITIES AND PROVIDER AGENCIES TO REQUEST THAT REVIEW HEALTH ASSESSMENTS (RHA) FOR LOOKED AFTER CHILDREN ARE UNDERTAKEN ANNUALLY FOR CHILDREN OVER 5 YEARS.	100%	QUARTERLY
LQR.LAC.04	PERCENTAGE OF CHILDREN 16 YEARS OR ABOVE WHO ARE OFFERED A HEALTH PASSPORT.	100%	QUARTERLY
LQR.LAC.05	TO QUALITY ASSURE ALL REVIEW HEALTH ASSESSMENTS (RHA) WHERE CHILDREN HAVE BEEN PLACED OUT OF AREA.	20%	QUARTERLY

In summary

Due to the differences in reporting and contractual requirements of the CIC provider and the LA, what could be discrepancies in data, will always be present. The CIC health teams do most if not all the health-related work, reporting and quality assurance whereas the LA report on actual numbers of children who have had their relevant review(s) at the time of their reporting.

The CCG receive the data via contractual forums in order to review and follow up as necessary. The providers quality assures these through their own organisational structures also, and there is a positive approach to sharing significant concerns and exceptions to the CCG outside of the contractual requirements when necessary. An example of this being significant delays in responding to and returning RHAs from OOA.

There is a good collaborative working relationship between Middlesbrough, the health providers, and the CCG, to try and ensure that the child's health needs are met and understood.