

Title	Children's Services Update
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Purpose of this report:

1. To provide the Health and Wellbeing Board with an update on current priorities within Children's Services.

Recommendation for the Health and Wellbeing Board:

1. To note the report and the specific issues identified in relation to children's health and wellbeing.

Health Assessments for Looked After Children

1. There is a statutory requirement that all children who become Looked After receive an Initial Health Assessment, which should be completed by a registered medical practitioner, within 20 working days of the date they become looked after. Review Health Assessments are statutorily due twice a year for children under 5 years and annually for children and young people 5 years and over. Within Buckinghamshire there has been some inconsistency in performance against the national standard of 20 days for Initial Health Assessments.
2. The key headline over the past 5 months is that we have continued to sit within the mid 70% to early 80% range for Initial Health Assessments, but with improved performance for September of 86%. Our ambition is that the 20 working day standard is reached 95% of the time. However, this is a challenging ambition and we recognise that since the number of Looked After Children who require Health Assessments each month are small, there will be some instances when a single breach of timescales will impact on our ability to reach this target.
3. The reasons for breaches are complex; many factors impact on achieving the statutory target and include:
 - Parental queries/delays in signing consent/paperwork in a timely manner;
 - Late notifications about the date the child came into care;
 - Moves to out of area placements – each Initial Health Assessment has to be negotiated with local health providers whose capacity/responsiveness can vary considerably, with some areas having closed their books entirely to other authorities making a placement in their area;
 - Assessments booked within the time standard not attended (for a variety of reasons).
4. In terms of benchmarking our performance with other authorities, a report by NHS England identifies that there is significant unwarranted variation across the system in relation to this timescale. A dip sample audit conducted by the NHS England LAC Forum in December 2016 highlighted that 65% of LAC Initial Health Assessments in

this sample did not achieve this timescale for a variety of reasons including delayed notifications from the Local Authority, delays in the scheduling of Initial Health Assessment appointments and delays in returning the completed Summary Report and Health Care Plan to the LA.

5. The same report emphasises that SMART Planning, Provision and Co-Commissioning is the key to addressing the unwarranted variation across the health economy. Locally commissioners and the provider are working closely together to drive continued improvement, with a focus on the qualitative outcomes for children. There are robust arrangements in place, both in terms of actions to improve our overall performance for Health Assessments, and in terms of oversight of this work, which includes regular scrutiny of performance through the Corporate Parenting Panel.

Health Passports for Care Leavers

6. The requirement for Care Leavers to have information about their health history comes from a specific recommendation within the guidance for Looked After Children and Young People and is a national initiative. It was recognised that Care Leavers were not having sufficient information about their own health as well as having limited information about their family and any significant medical history. The Health Passport was identified as a means to provide a concise account of their health and any significant issues.
7. As part of their final monitoring visit in Summer 2017, Ofsted noted the following: *“Inspectors found no evidence that young people are given a summary of their health history when they reach the age of 18. Although this is included in the local authority’s improvement plan, progress has been too slow. As a result, young people may be unaware of important details about their health, or the health of family members, when seeking or requiring medical treatment”*.
8. Since this monitoring visit, a draft Health Passport has been created, building on existing practice in other areas. Two consultations have taken place with Looked After Children (during the week commencing 23rd October), and feedback has been used to refine and influence the Health Passport. The provider is now rolling out the health summary information with care leavers. From January 2018 we will consider the option of rolling the passport out to all Looked After Children and review options for an online version to give children and young people choice and flexibility about how they access their health history.
9. There are some wider pieces of work currently starting / underway within the authority, which are looking at other forms of passport (e.g. learning disability passport and health passports for all children). Discussions have started to ensure that all work around the use of passports are well coordinated.

Designated Clinical Officer for SEND

10. The Designated Clinical Officer (DCO) for SEND (Special Educational Needs / Disabilities) has a key strategic role to support joined up working between health services and local authorities and to implement the Children and Families Act reforms. The DCO should help facilitate the Education Health and Care Plan (EHCP) process and link with the local health systems.
11. The purpose of the DCO role is to have oversight across all health professionals delivering healthcare to disabled children, young people and those with special educational needs. They are also responsible for coordination – ensuring that all health services are reflected in the Local Offer and that health providers are cooperating with the local authority in the review of the Local Offer and ensuring

there is a clear process for mediation arrangements regarding the health element of EHC plans. The DCO is also responsible for strategic contribution to the development of a joint commissioning strategy that works towards the integration of services to improve outcomes and ensures there is a participation and engagement strategy with children and young people with SEN and disability and their families.

12. The DCO in Buckinghamshire, Sarah Tilston, started in post in July 2017 and reviewed the CCG Self Evaluation Framework relating to SEND. She has written an action plan to improve those areas that need development and is working with local health and Local Authority partners to improve outcomes for children with SEND.

13. The key achievements to the DCO to date are:

- Providing health representation on SENAP (SEN Advisory Panel where decisions are made on if an assessment should take place for an EHCP as well as the High Needs Block funding applications)
- Launch of electronic referrals to Community Paediatricians for EHCP appendix requests to increase efficiency
- Pilot agreed and commenced for CAMHS (Child and Adolescent Mental Health Services) to provide appendix C requests
- CCG Self-Evaluation Framework completed prior to SEND Inspection
- Voice of the Child inclusion for EHCP annual reviews
- Updates to the Local Offer: Medical Conditions section- Government guidelines and Diabetes link

SEND Improvement

14. The SEND Improvement Plan has been refreshed (Nov 2017) to reflect the range of work being undertaken. Achievements to date include:

- Conversions of Statements of Educational Need to Education Health Care Plans (EHCPs) have picked up pace and we are on track to meet our 31 March deadline;
- Performance against meeting the 20 week statutory timescale for issuing new EHCPs is improving (from 16.4% in June to 20.5% in October);
- Integrated leadership is effective, and the Integrated Services Board consisting of representatives at a strategic level across Health, Education and Social Care are driving through improvements, supported by operational groups leading on aspects of the work.