

**Cabinet Committee on Performance Improvement
Meeting to be held on 8 June 2015**

Electoral Division affected: All

Children Looked After Health Assessments Recovery Plan

Contact for further information:

Diane Booth, (01282) 470129 Directorate for Children and Young People

Diane.booth@lancashire.gov.uk

Executive Summary

This report provides an update on the Recovery Plan around Health Assessments completed for Children Looked After (CLA).

Recommendation

The Cabinet Committee on Performance Improvement is asked to note the report and comment as appropriate

Background and Advice

The following report outlines an update on Lancashire performance against the Department for Education indicator for children looked after (CLA) with an up to date health assessment. This is one of the key performance indicators that the local authority is measured against.

The statutory requirement is that all children should have an Initial Health Assessment (IHA) within four weeks of being placed. Thereafter children under the age of five are seen every six months and over fives are seen yearly for a Review Health Assessment (RHA).

Q1 of 2014/2015 demonstrated a continual decline in performance to an in-year low of 52.5% (June 2014), however rates improved in Q2 and this recovery continued within Q3 and Q4 with performance recovering to rates reported 12 months ago. With a similar rate of CLA March 2014, data as at March 2015 demonstrates an improvement of 2% on year end performance.

As at 31 March 2015, of the 1617 children in care, 1343 children (83.1%) had a health assessment completed in the year, with 259 children overdue a health assessment. The remaining 15 children (0.9%) had refused a health assessment.

Current in year health assessment performance for all looked after children is 83.1% (achieved on 7 April 2015).

For children who have been looked after for 12 months or more, performance is 85.2% (achieved on 7 April 2015). 85.2% is the figure reported to DfE that Ofsted will be interested in.

An average of 90%, strong performance is demonstrated in east Lancashire, in particularly Pendle where 94% health assessments took place within timescales. Contrastingly central Lancashire presents the lowest performance for timeliness of health assessments with only 75% of assessments taking place in time. West Lancashire (70%), coupled with Preston (72%) were the lowest performing districts.

Our health colleagues centrally report that whilst the co-ordination of the statutory health assessments is maintained by the central children looked after (CLA) nurses, there are a number of contributory factors affecting their timely completion. Challenges arise with particular relation to IHAs, which are completed by paediatricians for children looked after originating from central Lancashire who are placed out of area (OOA).

The children placed OOA, present exceptions regarding the timely completion as they are often not regarded as a priority by the receiving authority lying outside of Lancashire's boundaries. The CLA nurse has little influence over this decision, however, the issue is repeatedly highlighted with the designated nurse within the clinical commissioning groups for health and escalated accordingly. Robust chase - up systems are in place in an attempt to ensure that health assessments are undertaken within an acceptable period of time.

The issue of OOA health assessments exemptions is not unique to central Lancashire and is the focus of a multi-agency task and finish strategic group that has recently been established following the publication of new statutory guidance regarding the health of children looked after. This group will develop integrated service specifications for children looked after placed outside of the area with a clear and robust outcomes framework that targets timeliness and quality and will be built around payment by results.

There are currently 291 children and young people from Lancashire placed out of area.

Despite the persisting challenges, performance for timeliness of health assessments for children looked after as a whole for 12 months or more demonstrates a significant improvement on March 2014, with performance improving 13% from 72.2%. Data as at 31 March 2015 draws similar comparisons to the strong performance rates witnessed as at March 2013 (85.1%).

As reported at the October and December Committee, a full recovery plan has been implemented to address this area of performance. The establishment of multi-agency locality operational tracking groups and a strategic performance monitoring group has reduced duplication, improved data recording and reporting and resolved most barriers to improvement.

Performance is expected to continue to improve further over the coming months. However, if there were to be an increase in children looked after, requiring a greater

number of health assessments within the same resource envelope, then this could have a detrimental impact.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

Health assessments are a key performance indicator that Ofsted will use in its assessment of the local authority. Failure to address the decline in the reported number of health assessments on the LCS system is an Ofsted inspection risk.

List of Background Papers

Paper	Date	Contact/Directorate/Tel
Recovery Plan to CCPI – part of Quarter 1 Corporate Performance Report	1 October 2014	Michael Walder,
Health Assessments Recovery Plan – Children Looked After	11 December 2014	Michael Walder

Reason for inclusion in Part II, if appropriate

N/A