Report to:	**Corporate Parenting Panel**
Date:	**24th April 2015**
By:	**Director of Children's Services**
Title of report:	**Update report on Health Services for Looked after Children**
Purpose of report:	**To outline and note the progress made in the Health Services for Looked After children**

RECOMMENDATION: **The Corporate Parenting Panel is recommended to note the contents of the report**

1. Background

1.1 The Annual Progress report of the Health Service is attached as Appendix 1

1.2 There are no increased costs arising from this report.

2. Recommendation

2.1 The Corporate Parenting Panel is recommended to note the contents of the report.

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Local Members: All

BACKGROUND DOCUMENTS: none

1. Introduction

1.1 There are a number of roles and responsibilities that have to be undertaken effectively to ensure coherent planning for children in our care. For example, the role of the Designated Doctor is contained within statutory guidance and is described as having the strategic oversight of the local health arrangements for Looked After Children. As the responsible Local Authority, ESCC also has a number of key performance indicators that are reported nationally, such as completion of an Initial Health Assessment (IHA) within 28 days of the child entering care.

1.2 There have been longstanding difficulties over many years in terms of capacity and cover for various health roles but during 2013-2014 the health services provided to Looked After Children (LAC) in East Sussex were subject to particular and considerable disruption to the service delivery provided by East Sussex Healthcare Trust (ESHT) and GPs. During this period all Initial Health Assessments (IHA's) for LAC were being delivered through a specialist GP and the health care plans (HCP's) were being developed by the LAC nursing team. LAC adoption medicals were being completed by yet another paediatrician with a special interest and expertise in adoption, who acted as Adoption Medical Advisor to the two Adoption and Permanence panels in ESCC All adult health assessments for adopters and foster carers were being completed by local GP's with specialist advice made available to the Adoption and Permanence panels by the Adoption Medical Advisor, but no routine specialist advice was being made available prospective adopters at the point of a match with a child or to the fostering service to give advice on prospective applicants.

1.2 In summary the service was extremely fragmented and during this period of particular disruption, there were a number of discussions between the commissioner and providers to explore how a statutory minimum service could be maintained. However due to the failure to make suitable cover and contingency arrangements to cover sickness, vacancies and absence, ESHT were unable to cover many of these critical statutory roles. This was made more difficult as each of the health roles and services were working in isolation from each other.

1.2 The impact of this systemic disruption resulted in ESCC being unable to meet its statutory duties in regard to: timely Initial health assessments for LAC, timely adoption medical assessments, and medical advice to the adoption and fostering panels. This was compounded by the absence of the Designated Doctor who was responsible for the strategic oversight of health services for LAC. Clearly this caused a significant dip in performance for ESCC, but it also left children and carers potentially vulnerable in relation to meeting any immediate and future health needs. This poor performance was reported to the commissioners by ESCC staff but any resolution was dependent upon the three Clinical Commissioning Groups (CCG's) managing the contract with ESHT effectively ; and as the local contracted provider, on ESHT prioritising this work and managing their staff, services and provision appropriately.

2. Interim arrangements

2.1 In July 2014 the service reached a critical point as there was a considerable backlog of IHAs for children coming into care, performance having fallen to below 30% and a long term illness of the Adoption Medical Advisor led to a gap in advice to the Adoption and Permanence panels. Moreover ESHT were clear that they could not provide the services they were contracted to deliver. Hence it was agreed between ESHT and the CCG's that an approach would be made to Kent Community Healthcare Trust (KCHT) to provide some

interim cover arrangements to clear the backlog and deliver some urgent paediatric advice to the adoption panels. This arrangement ensured that LAC were guaranteed at least the minimum statutory health interventions.

3. Integrated Pathway

3.1 The disruption to services and the interim nature of a solution led the CCG's to identify a number of shortfalls in the system both in terms of inconsistent quality of IHA's and cover arrangements and to look for a more systemic and sustainable solution. These factors made it timely to move from a 'fire fighting' approach and to consider instead an integrated pathway approach for medical input from the Designated Doctor strategic role right through to IHA's and adoption and permanence activity. The aim was to develop a holistic service which was more robust and comprehensive for carers, adopters and most importantly for children and young people in East Sussex. In addition the CCG's were keen to ensure that such a service was commissioned in the most cost effective way possible.

4. Organisation of new LAC health services

4.1 As from 1st November 2014 KCHT were commissioned to deliver a truly integrated approach encompassing IHA's, the Designated Doctor role, adoption medicals and medical advice to both the Adoption and Permanence and the Fostering panels. The Health Care Plans continued to be delivered by ESHT via the LAC nursing team. This solution was built on the successful interim arrangements that had been put in place earlier in 2014, and which were now formally led by a very experienced paediatrician, Dr Siggers, and her team. The referral process remained the same and ESHT and KCHT remained committed to developing a close working partnership and good communication. Given that this was a new arrangement, the CCG's have been monitoring the contract closely to ensure that all of the statutory elements of LAC health services are now being addressed and delivered to a high quality and within timescales; that the pathways for communication are effective and that there is the opportunity for the system to address any operational issues in a timely way.

5. Progress to date

5.1 Feedback has been received from the locality social work teams who have reported that the new arrangements have led to a vastly improved service for ESCC LAC. The Operations Manager (Locality) is confident that the performance around initial assessments and HCP's is now back on track and functioning well. In addition, the Professional Advisors to both the Fostering and Adoption and Permanence Panels have reported that foster carers and social workers have commented very positively about the joined up nature of the service, and particularly on the timeliness and the detailed attention they have received from the new Medical Advisor. There have also been some very pleasing developments in regard to the new service being able to offer adopters the opportunity to meet and discuss a detailed medical appraisal of the health issues and prognosis for any child who has complex medical issues personally or in their background. A number of adopters have reported how helpful this has been in terms of preparing them adequately for a match, and enabling them to be part of making a direct referral for a consultation with a health specialist where necessary.