Derby City Council

CORPORATE PARENTING
23 April 2013

ITEM 05

Report of the Strategic Director of Children and Young People

Percentage of looked after children who had their statutory health needs met

SUMMARY

1.1 Following a performance update report presented to Corporate Parenting Sub-Board in September 2012, further information on performance in relation to *SS PM02 - Percentage of looked after children who had their statutory health needs met*, was requested.

1.2 The performance measure SS PM02 relates to a number of different aspects of looked after children's health…

- Dental checks.
- Annual health assessments.
- Development assessments for those aged 5 years and under.

1.3 At the end of September 2012 performance was below the target of 75% with a result of 72.9%. Since September performance has fluctuated considerably reaching 78.1% in October 2012 and then deteriorating down to the provisional result 64.3% at the end of March 2013 (although this result may improve slightly upon validation).

1.4 Set out in **Appendix 2** is a turning the curve report on SS PM02, which highlights factors leading to current performance and actions proposed to support a 'turn of the curve' and an improvement in current performance levels.

RECOMMENDATIONS

2.1 To note current performance, in relation to SSPM02, and the factors which have been highlighted as contributing towards results during 2012/13.

2.2 To note and challenge as appropriate the actions planned to improve performance (Appendix 2, page 9).

REASONS FOR RECOMMENDATIONS

3.1 As corporate parents for looked after children in Derby it is essential that Derby City Council and partners make sure that their health needs are met and that the health outcomes for all children in care are good.

SUPPORTING INFORMATION

4.1 In September 2012 the Corporate Parenting Sub-Board received a performance update report on looked after children in Derby. Within this report it was highlighted that performance in relation to key health measures was below that of peers…

- In 2011/12, 74.5% of looked after children had their statutory health needs met (SS PM02). Linked to this, 74.8% of children had their teeth checked by a dentist within the year (82% nationally).

4.2 In addition to performing below the national position for the percentage of children that have had their teeth checked by a dentist, Derby was also below the national averages for the two other health measures…

- Percentage of children who have had their annual health assessment (2011/12 result of 73.9% compared to 86.3% nationally).
- Percentage of children in care (5 years and under) whose development assessments were up to date (2011/12 result of 38.5% compared to 80.2% nationally).

4.3 Most recent performance results for SS PM02, which pulls together the above three measures (dental checks, development assessments and annual health checks) shows a further drop in performance to 64.3% (provisional), which is below the target of 75% and represents a decline from the 2011/12 where a final position of 74.5% was recorded. The final result for 2012/13 may improve slightly following year-end validation procedures.

4.4 To support an improvement in the performance of SS PM02 and the underpinning three measures a turning the curve report has been drafted, which pulls together a summary of the factors that have impacted on performance during 2012/13 and highlights issues that may determine performance going forward into 2013/14. This report has been drafted alongside partners from the NHS and with support from the Children in Care Commissioning Group.

4.5 The turning the curve report is set out in **Appendix 2**, page 9 provides a summary of the actions that are going to be taken to support an improvement in performance going forward into 2013/14.

4.6 It should be noted that health outcomes for looked after children has been highlighted as a priority commissioning intention for the Integrated Commissioning Team and the Health and Well-Being Board in 2013/14. Furthermore, the Looked After and Adopted Children Strategy 2012-2015 has a priority of 'improved health and well-being' of looked after children and it is consequently a theme which runs from the 2013/14 Children and Young People's Priorities Summary through all four department business plans (where appropriate actions from these strategic documents have been incorporated into the turning the curve report to illustrate the aligned planning, which has been undertaken to make the best use of resources and deliver appropriate improvements).

OTHER OPTIONS CONSIDERED

5.1 None.

This report has been approved by the following officers:

Legal officer	
Financial officer	
Human Resources officer	
Estates/Property officer	
Service Director(s)	Mark Barratt – Service Director for Specialist Services Frank McGhee – Service Director for Commissioning
Other(s)	Andrew Bunyan – Strategic Director Children and Young People Heather Greenan – Head of Performance and Improvement Hazel Lymbery – Head of Children in Care

For more information contact:	Sarah Walker – Improvement Officer Children and Young People 01332 643466 sarah.walker1@derby.gov.uk
Background papers:	None
List of appendices:	**Appendix 1** – Implications **Appendix 2** – Turning the Curve Report for SS PM02 - Percentage of looked after children who had their statutory health needs met

Appendix 1

IMPLICATIONS

Financial and Value for Money

1.1 Financial implications relating to the health of looked after children are managed by the Specialist Services and Commissioning departments within Children and Young People's directorate.

Legal

2.1 None.

Personnel

3.1 None.

Equalities Impact

4.1 The equalities of looked after children and health outcomes has been an area highlighted for further review and has been detailed as an action on page 9 of the turning the curve report.

Health and Safety

5.1 None.

Environmental Sustainability

6.1 None.

Property and Asset Management

7.1 None.

Risk Management

8.1 None.

Corporate objectives and priorities for change

9.1 One of the Council's outcomes relates to the health of looked after children…

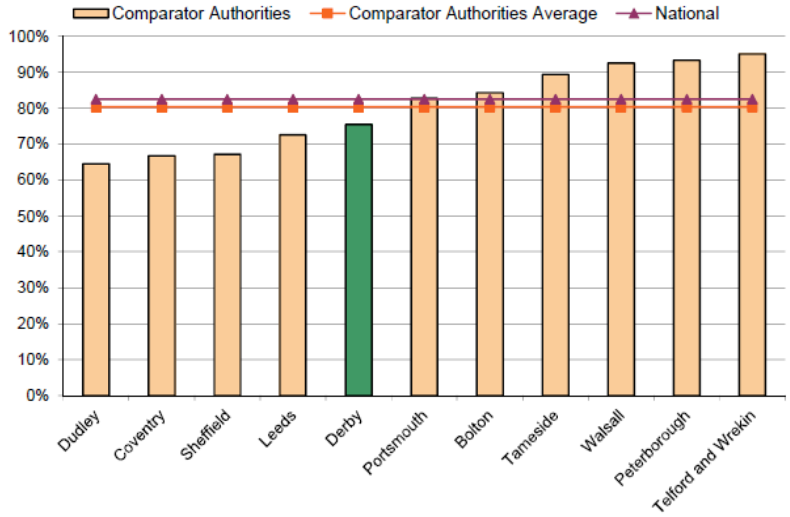
- Good health and well-being.

In addition to this the Health and Well-Being Board have three priority commissioning intentions for 2013/14 and looked after children is one of these.

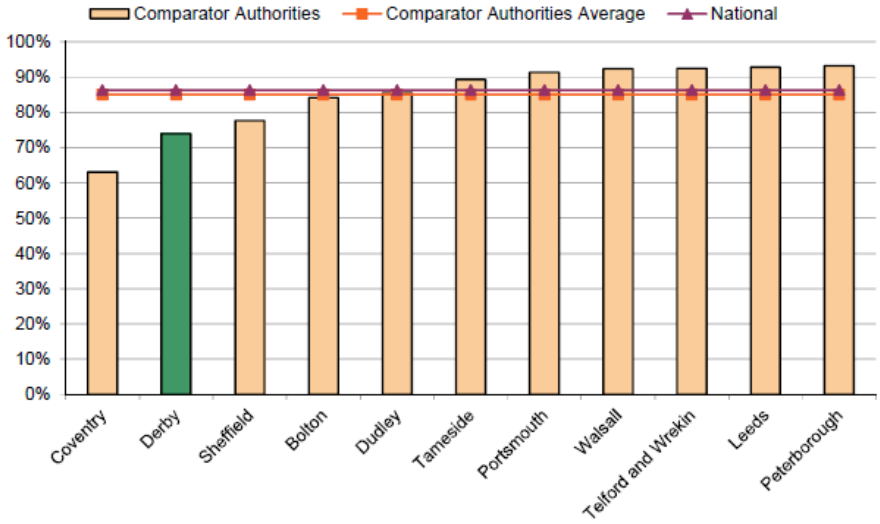
Appendix 2

SS PM02 Percentage of looked after children who had their statutory health needs met		
Population *(area, client group, customers)*	Children in Derby that have been looked after continuously for a period of 12-months or more	
Outcomes *(Derby Plan / Council Plan links)*	Better health and well-being	
Indicator / Performance Measure Description	This performance measure pulls together information in relation to the health of looked after children. For children to be included within the calculation they must have been looked after continuously for a period of 12-months or more. Children in respite care are excluded. Health needs are measured against a number of different criteria… • Dental checks up to date. • Annual health assessment completed. • Development assessments up to date (for those children aged 5-years and under) – having at least two per year. The measure is calculated as an average of the above 3 sub-measures. In addition to the above performance in relation to immunisations for looked after children are also monitored and reported nationally, however this is not currently included within this calculation.	
Governance Arrangements	***Directorate / Lead Agency***	Children and Young People
	Cabinet Portfolio	Children and Young People
	Scrutiny Commission	Children and Young People
	Service Director	Mark Barratt
	Accountable Officer	Hazel Lymbery
Baseline Information *Please consider each of the 'key questions' and if possible provide 'graphical' representation of performance*	***Graphs*** **Graph 1 - The percentage of looked after children that had their statutory health needs met March 2012 to February 2013** **Graph 2 - Percentage of children in care who have had their teeth checked by a dentist** (2011/12)	

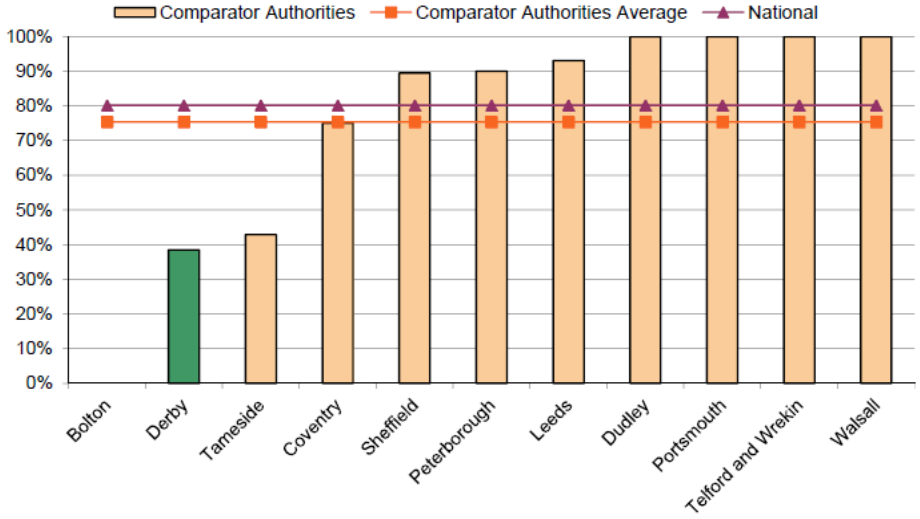
SS PM02 Percentage of looked after children who had their statutory health needs met



Graph 3 - Percentage of children in care who have had their annual health assessment (2011/12)



Graph 4 - Percentage of children in care (5 years and under) whose development assessments were up to date (2011/12)



Key questions to consider…

How does current performance	Performance in relation to this measure has been below target for the majority of 2012/13, this is despite the target being adjusted from

SS PM02 Percentage of looked after children who had their statutory health needs met		
	compare to targets?	85% in 2011/12 to 75% in 2012/13. The highest position recorded since March 2011 was 79.4%, which was at the end of April 2012.
	What evidence supports forecasts?	Forecasts are based upon the total number of eligible children and the dates upon which their statutory health checks are due and whether these have already been exceeded.
	How do we compare to peers?	Overall based on performance in 2011/12 on the sub-measures Derby is performing below both the national averages and our comparator authority averages… **Dental checks** At the end of March 2012 Derby's result of 75.4% compared to 82.4% nationally and a comparator authority average of 80.2%. **Annual health assessment** At the end of March 2012 Derby's result of 73.9% compared to 86.3% nationally and a comparator authority average of 85.1%. **Up to date development assessments** At the end of March 2012 Derby's result of 38.5% compared to 80.2% nationally and a comparator authority average of 75.4%.
	What is the general direction of travel for this measure? (year on year comparisons)	Overall it is forecasted that performance in relation to looked after children having their statutory health needs met will deteriorate compared to the position recorded at the end of March 2012 (Provisional end of year result of 64.3% in March 2013 compared to a result of 74.5% in March 2012). It should however be noted that performance has fluctuated considerably over the last 24-months, with results varying from 57.7% in December 2011 to 79.4% in April 2012 and despite performance falling below target in 2012/13, on average, the monthly results have been more consistently over 70%.
	Does this measure impact / correlate with another measure?	SSPM2 is based on the three supporting sub-measures set out on pages 1 and 2. The measure is also directly correlated to the total number of children in care.
	Can the measure be broken down into different client groups / geographical areas? If so, what does this show?	Yes – the measure can be broken down and analysed in various different ways… • Gender • Age • Placement type • Location of placements (within Derby or outside of the LA boundary) • Length of time in care (minimum of over 12-months) • Date of last medical / dental check • Refused checks • Social worker Although this measure is not routinely analysed by the above criteria

SS PM02 Percentage of looked after children who had their statutory health needs met		
		it should be noted that further analysis of the data has been incorporated as an action going forward (Action TtC1).
Story Behind the Baseline… *Please consider each of the 'key questions'…*	**Key questions to consider…**	
	What factors generally affect the measure?	This measure can be impacted by a number of different factors… • Age of the child (as children get older they can refuse to have health checks completed however it should be noted that the LAC Team have had a positive impact on this particularly in relation to residential placements) • Medical forms for health checks / development assessments being completed and returned for inputting onto CCM • Capacity of Social Care teams to enter health forms into the CCM system for calculation of this measure • Data quality – incorrect data entry • Reliance on carers for organising dental checks and providing updates at the next review meetings • Capacity to follow-up outstanding medical checks / development assessments • Reliance on carers for updates (particularly in relation to dental checks as this information is coordinated through reviews) • Placement type – those outside of Derby are generally more problematic (reliance on GPs to complete forms and return them)
	*What issues / factors are leading to the **current** performance? What is the context for current performance?* *(i.e. comments from DORIS)*	There have been a number of factors reported throughout 2012/13 which have impacted on the current performance… • Capacity of teams to enter updates on health checks onto CCM. • Older children refusing an annual health check. • Completion of health assessments for children placed outside of Derby, where there is a reliance on partner agencies (GPs) to complete and return the assessment forms. In addition to the above, throughout 2012/13 there has been a disparity between the completion of assessments and the return of the appropriate paperwork to confirm this, which is then used to update CCM and calculate performance – this may explain some of the variances in the figures held by social care and health professionals.
	Are there any equalities, geographic or client group considerations affecting the overall performance?	Analysis to be completed as part of the action plan (Action TtC1, page 6)
	What actions have already been taken to improve performance? *(i.e. comments from DORIS)*	There have been a number of actions taken to improve performance… • All out of date medicals have been followed up. • The processes for completing assessments and updating CCM have been reviewed – the LAC Health Team are now coordinating all medicals / assessments updates. • Regular review of pending assessments and appropriate follow-

SS PM02 Percentage of looked after children who had their statutory health needs met		
		up. • Children in care agreed as a priority commissioning intention through the Health and Well-Being Board and Children, Families and Learner's Board. • LAC Health and Well-Being Group established which will report into the Children in Care Commissioning Group.
	Are there any cost implications of current performance?	N/A
	Are there any other implications to a change in performance that need to be considered? *(i.e. will improving performance here have a negative impact on another area / particular group of people)*	Performance in relation to this measure supports improved health outcomes for looked after children, which has been highlighted as a priority for Children and Young People's Services for 2013/14 and is included within the Looked After Children and Adoption Strategy 2012-2015. It should however be noted that a review of internal foster carers has resulted in the introduction of a recruitment pathway and any increase in the total number of internal foster placements (particularly within Derby) should have a positive impact on this measure due to the problems which out of area placements can create (Foster carer recruitment was reviewed by Children and Young People's Overview and Scrutiny Board in February 2013).
	What factors could impact on performance in the future? *(i.e. funding / budget decisions / changes in legislation / customer groups etc.)*	Future performance may be impacted by a number of factors… • Total number of children in care. • Number of internal foster care placements available and the percentage of children placed within Derby City. • Older children continuing to opt out of health checks. • Capacity of teams and administration support available to social workers – i.e. LAC Health Team.
Data Development Agenda(s) *What do we need to know? would be nice to know?*	Analysis of data by key variables - please see action TtC1 (page 6) There is also a variance between social care and health records which requires reconciliation (Action TtC2)	
Key Partners *Who's involved? How? Who's missing?*	*Who's involved in this measure?*	• Social workers (Localities and Children in Care Team) • Business Support • Independent Reviewing Officers • Looked after children • LAC Health Nurses • Designated Doctor for looked after children • GPs and paediatricians • Carers • LAC Health Team – administration clerks • RO team clerks (dental checks only) • DCC Commissioning Team • Public Health • Clinical Commissioning Group (CCG) • Children in Care Commissioning Group • LAC Health and Well-Being Group
	What role / influence do current partners	Lead role being taken by the Children in Care Commissioning Group (Membership includes the Clinical Commissioning Group, Public Health and designated doctor for children in care) who will take

SS PM02 Percentage of looked after children who had their statutory health needs met			
		have?	responsibility for monitoring improvements in performance in relation to this measure.
		Is anyone missing that could impact on performance in this area?	N/A

Action Planning …
What works best?

We do…

2012/13 Actions

Ref*	What?	By when?	Owner	Source**	Costs
SS3	**Objective** Achieve positive outcomes for children in care	March 2014	HL	2012/13 SS Business Plan	Within existing budgets

Please also refer to the actions taken throughout the year to improve performance, which are set out on page 4.

We could…

2013/14 Actions

Ref	What?	By when?	Owner	Costs
Business Plan Actions				
1d	Support an improvement in the outcomes for Looked after Children – including preparing for an inspection of LAC and care leavers	April 2014	HL / MD	Low cost
1e	Lead on the delivery of the LAC Strategy	March 2015	MB / JP	Low cost
LAC Strategy Actions				
LAC 1	To strengthen the leadership and joint strategic commissioning of services to meet the health needs of Looked After Children, including disabled Looked After Children… • Overarching leadership • To convene a LAAC Health and Wellbeing Group responsible and accountable for driving forwards action to strategically commission and deliver services to meet the health needs of looked after children	In progress – April 2013	Commissioning Manager CYPS/ NHS Derby Public Health Lead for Vulnerable Children and Young People	Contained within the Strategy
LAC 2	To ensure timely and efficient Review Health Assessments (RHA's) are undertaken by the School Nursing and Health Visiting Services that meet quality standards and are DCC and NHS Derby legally compliant, and support by access to GP Patient Held Records… • To implement a process for the delivery of quality Looked After Children Review Health Assessments by (RHA's) School Nursing and Health Visiting Services • To establish a process to meet minimum standards and clinical governance of all partners	March 2015	NHS Derby Safeguarding Lead Designated Doctor / Designated Nurse NHS Derby Public Health Lead for Vulnerable Children and Young People	Contained within the Strategy
LAC 3	To align Health, Education and Care Plans within statutory review timescales and implement effective monitoring processes and embed this within the formal care review	March 2015	HOS Quality Assurance Service	Contained within the Strategy

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			process… • Implement and embed a process whereby Looked After Children Health Plans are more effectively reviewed through the statutory review process • To develop infrastructure support for Independent Reviewing Officers			
		LAC 4	To raise and embed high expectations and practice by all partners in relation to their role and functions in securing secondary health care for those placed out of city… • To increase expectations and standards of out of city providers of their role in securing secondary health care • All Looked After Children placed out of Derby registered with a GP in the area they are placed and the GP is recorded on CCM • To develop shared responsibilities between DCC and CCG Derby for the 'Responsible Commissioner Role' • To implement process whereby IRO's will assess the need for a review at the point of a child being placed out of city	March 2015	CYPS Commissioning Lead CYPS Commissioning Lead Head of Quality Assurance and Safeguarding	Contained within the Strategy
		Additional actions to be taken to support an improvement in performance				
		TtC 1	Analysis of data on health checks looking at age; gender, out of area placements, refusals etc.	July 2013	CN / AB	Low cost
		TtC 2	Reconciliation of health information and social care data	May 2013	LS / CN / NM	Low cost
		TtC 3	All placing social workers to book initial health assessments as soon as placements is planned to ensure timely assessments	On-going	Localities	Low cost
		TtC 4	Ensure business support staff / LAC health team have the knowledge and capacity to input reliably on CCM and chase up reports not received	On-going	JP / MB	Low cost