TRAFFORD COUNCIL

Report to: **Children and Young People's Scrutiny Committee**
Date: **December 2019**
Report for: **Information**
Report of: **Interim Specialist Children's Clinical Commissioner**

Report Title

Community Paediatrics update

Summary

This paper provides an overview of the community paediatrician offer, its performance and associated risks/issues and actions taken to date to address these.

Recommendation(s)

The committee is asked to note the content of this paper and advise of any further action or information required.

Contact person for access to background papers and further information:

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1.0 Background

The Community Paediatrics service is commissioned for children and young people aged 0 -16 years (19 years for young people with a learning disability) that require the expertise of a community paediatrician. As of the 1st October the service transferred as part of the community contract transfer to Manchester University Foundation Trust and is delivered through Trafford Local Care Organisation.

The service is part of the Complex Needs service and works closely with the children in care service, the Children's First Response service and the education service.

2.0 Introduction

Over the past year the Community Paediatrics service has experienced significant capacity issues in relation to recruitment and sickness absence. This combined with increasing demand around statutory assessments for looked after children and medical assessments for Education Health and Care Plans (EHCP) and the provision of key statutory roles has impacted upon waiting times and clinic availability for routine appointments.

Commissioners have worked with the service in order to identify solutions to address some of the issues experienced. This paper provides an update on the current position of the service and work to date.

3.0 Service overview

Community Paediatricians are specialist children's doctors with training in developmental paediatrics and disability, social paediatrics (including child protection), educational paediatrics and public health for children. The children seen by the service will often have long term issues and conditions which require prolonged follow up. The service does not see acutely unwell children; they would be managed by the acute hospital.

The community paediatric service provides community clinics and clinics in special schools across Trafford. In addition a number of statutory functions covering safeguarding and education are also provided. The statutory assessments provided by the service are as follows:

3.1 Statutory assessments

- Section 47 medicals (medical assessment for children where physical abuse is suspected)
- Medical Advice (MA1) as part of the overall assessment for special educational needs under the Education Health Care Plan (EHCP) assessment process.
- Individual Health Care Assessments (IHA) for children who are looked after (LAC) or who are unaccompanied asylum seekers (UASC)

- Adoption and fostering medicals

3.2 Designated roles

The statutory designated roles provided by the service are:

- Designated doctor / lead paediatrician for child protection;
- Lead paediatrician for education;
- Designated doctor / lead paediatrician for LAC;
- Lead paediatrician for Fostering & Adoption; and
- Lead paediatrician for Sudden Unexplained Death in Childhood (as part of the Greater Manchester rota)

3.3 Designated roles risks and issues

A single paediatrician had been covering 3 of the statutory functions; Designated Safeguarding Dr, Named Safeguarding Dr and Designated LAC Dr in addition to the GM rota for Sudden Unexpected Death in Childhood (SUDC) role. This is not recommended practice and became unsustainable for the Dr involved.

In April, the CCG asked Pennine Care to provide confirmation of its plan to cover the statutory designated roles. A plan was presented to the CCG that would allow the roles to be covered across the service with increased Programmed Activity (PA) sessions provided to the Safeguarding and LAC roles. This proposal was agreed to and the job plans of the Drs have been updated to reflect these roles. In order to fulfil the requirements of the designated functions, the service capacity was reduced by approximately 6 PAs. (1 PA is the equivalent of 4 hours). Sickness absence in the service has reduced the capacity available to provide these functions on a consistent basis.

4.0 Service Demands

The number of children looked after and complex child protection cases has increased significantly, increasing pressures on the medical and nursing teams that support children who are looked after or entering the care system.

4.1 Looked after Children Initial Health Assessments

All Children in Care are required to have an Initial Health Assessment (IHA) within 28 days. The service provides 3 dedicated 1 hour clinics per week to carry out IHAs, though demand can vary month to month for these clinics. In quarter 2 of 2019/20 there were 26 new Children in Care, of these 22 (85%) did not meet the statutory time scale for the IHA. The reasons given for this are as follows:

- 7 due to reduced staffing in the community paediatric department.
- 6 children were placed out of borough and IHA was completed late.
- 6 did not attend their first appointment.

- 2 left care before the IHA had been completed.
- 1 due to late notification from social care.

These numbers do not include IHA requirements for Unaccompanied Asylum Seeking Children (UASC) which the service also provides. Clinics for these children are 2 hours long due to the need for an interpreter and complexity of issues presented.

4.2 Unaccompanied Asylum Seeking Children (UASC)

Between January and June the service report that there were 15 UASC requiring an IHA. This takes up additional capacity as UASC clinics are 2 hours long due to the requirement for an interpreter and the complexity of the children and young people presenting in clinic.

4.3 Education Health and Care Plan (EHCP) assessments

The service is also responsible for providing the medical assessment for all new applications for an EHCP. These assessments have statutory timeframes for completion. From the Trafford Advice Panel (TAP) issuing the request for medical advice, the service has 6 weeks to complete the necessary assessment. These assessments have been introduced since the last service specification was developed and have placed increased demand upon the service. Since their implementation in 2014, the number of requests for EHCPs has risen steadily, increasing by 33% over the past 5 years.

4.4 Service performance for routine appointments

In October 2019, the service experienced a loss in capacity due to sickness absence and one of the registrars leaving the service as they had qualified as a consultant. During this time, a waiting list was set up in order to deal with routine appointments. The safeguarding functions of the service such as section 47 medicals and IHAs were prioritised.

The latest performance data available at the time of writing this report (September 2019) showed there were 20 18 week wait breaches for routine clinic appointments. The service has consistently had a high rate of patients not attending (DNA) rate. In October, the DNA rate was 17.4%. The service does not currently have an automated appointment reminder system, though this will be reviewed following transfer to MFT.

5.0 Actions to date

5.1 Additional capacity

The strategic lead for the service and children's commissioner have worked together to identify a series of options to improve service capacity and efficiency. The service

has a 0.6 Whole Time Equivalent (WTE) locum Dr to support capacity. One of the options recently approved by the community transition board is for this post to become a permanent role with an increase in hours to 0.8 WTE. This was an important step in stabilising the service and the additional capacity will support the coverage of the designated roles without any further reduction in capacity.

5.2 Inappropriate referrals

The service reported that a lot of administrative time was being taken up in dealing with inappropriate referrals. In order to streamline the existing referral process and to ensure that referrals being made to the service are appropriate, work took place with a number of colleagues, including primary care to streamline the GP referral form. The initial referral form was 4 pages long and required a lot of information to be manually in-put. In order to support GP's and the community paediatrics team collectively, we have made a number of changes to the form, which has now reduced by over 50% in size with more information now able to be automatically pulled from the EMIS record.

Previously parents who wanted an autism assessment for their child would visit their GP for referral to the community paediatric service. The new pathway means that SENCOs now make the referral for this pathway. An advisory letter for GPs to give to parents explaining this has been developed. It is hoped that this will help parents understand the process and divert referrals away from the service.

6.0 Next steps

The advert for the permanent 0.8 WTE role will go out in the New Year with the expectation of recruitment to this post before the end of the financial year. A locum has been appointed and will start on the 6th January to provide sickness cover.

A prioritisation exercise has taken place across all community services. Community paediatrics has been identified as a very high priority area. A business case is being prepared for consideration by the CCG Senior Leadership Team.