



Item: 8.2

Report to:	Primary Care Commissioning Committee		
Date of Meeting:	17 <sup>th</sup> of December 2021		
Title of Report:	Adult Fostering and Adoption Health and Medical Assessment Service.		
Presented by:	Colin Webb, Programme Delivery Lead		
Author:	Lorna Morris, Designated Nurse Children Looked After, NHS Hull CCG		
STATUS OF THE REPORT:			
To approv	ve x To endorse		
To ratify	To discuss		
To consid	der x For information		
To note			
PURPOSE OF REPORT:  The purpose of this report is for the Primary Care Commissioning Committee to consider the information provided and to approve the proposed next steps in relation to the Adult Fostering and Adoption Medical Assessment Service which has been in place as part of the Extended Primary Care Medical Services for 8 months since 01.04.21.  RECOMMENDATIONS:  It is recommended that the Primary Care Commissioning Committee:  (a) Consider the contents of the report  (b) Approve the proposed next steps			
(υ) Αρρίο	ve the proposed heat steps		
REPORT EXEMPT  If yes, detail grounds f	FROM PUBLIC DISCLOSURE  No X Yes  or exemption		

# **CCG STRATEGIC OBJECTIVE** (See guidance notes on page 4)

- 3) Delivery of Statutory Duties
- 4) Quality and Safety

IMPLICATIONS: (summary of key implications, including risks, associated with the paper),		
Finance	None	
HR	None	
Quality	The revised service provision was designed to ensure compliance with statutory requirements and improve the quality of matching, placement and care for children who are looked after.	
Safety	The revised service provision was designed to meet the statutory requirements for adult foster carer health and medical assessments.	

**ENGAGEMENT:** (Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)

Engagement has taken place with

- Hull City Council Senior managers with responsibility for fostering and adoption services
- Primary Care Networks
- General Practitioners and associated staff
- Foster carers
- LMC

**LEGAL ISSUES:** (Summarise key legal issues / legislation relevant to the report)

NHS Hull CCG has a legal duty to comply with requests from the local authority to help them provide services and support to children in need including those that are looked after. This includes a duty to help the local authority in providing services and support to those undertaking joint parental responsibility either as prospective adoptive parents and/or foster carers.

Under the Children Act 1989, a child is legally defined as <u>'looked after'</u> by a local authority if he or she: is provided with accommodation from the local authority for a continuous period of more than 24 hours and/or is subject to a care order (to put the child into the care of the local authority). The Adoption and Children Act (2002) aligns adoption law with the relevant provisions of the Children Act 1989

**EQUALITY AND DIVERSITY ISSUES:** (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	X (2019)
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

### **THE NHS CONSTITUTION:** (How the report supports the NHS Constitution)

The report supports the delivery of the NHS Constitution as the commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

# ADULT FOSTERING AND ADOPTION HEALTH AND MEDICAL ASSESSMENT SERVICE.

### 1. INTRODUCTION

The Primary Care Commissioning Committee approved on the 9<sup>th</sup> of December 2020 for the transfer of responsibility for health / medical assessments and reviews for foster carers to their individual GPs as part of the Extended Primary Care Medical Services to be contracted at Primary Care Network level.

This process was already in place for prospective adoptive parents and has not changed. The service commenced on 1<sup>st</sup> of April 2021.

## 2. BACKGROUND

The CCG has a legal duty to comply with requests from the local authority to help them provide services and support to children in need including those that are looked after. This includes a duty to help the local authority in providing services and support to those undertaking joint parental responsibility either as prospective adoptive parents and/or foster carers.

The national model and requirements are the same for both foster carers and prospective adoptive parents in that, their own GP is required to undertake the assessment and complete the BAAF Coram Health Report (AH/AH2) prior to submission to the Medical Advisor for summarising and signature.

In December 2019, the local authority notified NHS Hull CCG that the current practice of self-reporting for health and medical reports for foster carers did not meet the regulatory requirements and guidance. This was raised as a result of feedback from Essex Local Authority, 'Partners in Practice' (as part of the improvement plan following the Ofsted Inspection of Local Authority Children's Services (ILAC's)) and reiterated during the Ofsted ILACS monitoring visit focused on services for Looked After Children in January 2020.

The CCG commissioned Adult Fostering and Adoption Medical Service provided by CHCP (Kingston Medical Centre) confirmed that foster carer's medical records were not reviewed as part of the assessment which was reliant on self-reporting. It was established that this service was not in a position to undertake this role within the current commissioned arrangements. Therefore, the process of de-commissioning and re-commissioning was undertaken.

## 3. INFORMATION

The service has been reviewed through a series of meetings between the CCG and local authority fostering and adoption team representatives. It is positive that for many applicants a comprehensive medical has been undertaken which has enabled

the CCG Medical Advisor to complete the required report to the foster panel. However, the following issues in need of being rectified have been identified:

- Feedback from the local authority via foster carers indicates that not all GPs or appropriate practice staff are fully aware of the service requirements. This has led to carers being unable to access medical appointments and some complaints have been received by the CCG PALS officer.
- II. Feedback also indicates that not all GPs or appropriate practice staff are fully aware of the process to be followed which has led to delays in the timely processing of the medical information. For example, foster carers have been asked for payment in advance of completion of a medical assessment.

  Medicals have been returned directly to the carer rather than to the CCG Medical Advisor and local authority via the secure email inboxes provided.
- III. Foster carers are experiencing delays in obtaining a medical appointment (of up to 8 + weeks), the agreed timescale being 14 days from the request by the foster carer. This has led to delays in presentation to foster panel and in court delays. There are currently 16 cases deferred from the courts or foster panel resulting in delayed plans for children. There are a further 27 cases of foster carer statutory reviews being delayed owing to the absence of a medical report.
- IV. Quality assurance issues include:
  - Information being supplied in an unanalysed or illegible format
  - Inappropriate supply of information/ supporting documentation or relevant information missing
  - > Absent GP or practice details resulting in difficulty in follow up
  - Several medicals returned in a single email with lack of clarity as to the individual cases.

# 3.1 Steps previously undertaken

- I. Communication has been undertaken with PCNs and individual practices in relation to the service including via the Clinical Directors meetings.
- II. A process flowchart has been disseminated to PCNs which outlines the timescales, method of remuneration and the email addresses for the medical reports.
- III. At the point the need for a medical is identified the local authority sends a letter to the practice which explains the requirement for a medical and to expect the person named in the letter will be contacting the practice to book this.
- IV. The local authority has been offered a direct contact route within the CCG via the Programme Delivery Lead in order to expedite issues as they arise.
- V. The CCG and local authority leads have instigated a series of meetings in order to review and monitor progress and issues. Actions taken have included revising the Coram BAAF forms in order for greater clarity to be provided by GPs in relation to smoking and alcohol.
- VI. The CCG has a secure medical advisor email inbox which is reviewed and actioned by an administrator on a daily basis. This enables information issues to be

addressed and for speedy communication between the Medical Advisor, Primary Care, Local Authority and CCG colleagues.

# 3.2 Next steps

# PCNs

- I. Actively support the undertaking of medical assessments within the required timescales to reduce the impact of Child Safeguarding issues.
- II. Ensure Coram BAAF forms are fully completed prior to submission.
- III. Seek assistance from the LA Service/CCG where uncertainty exists prior to submission.
- IV. Approve the generic NHS Mail addresses for each practice to be issued to the local authority for the sole use of expediting issues with medical reports.

# CCG

- I. Undertake a full process review in partnership with the local authority in order to identify areas for improvement, including the use of GP Practice secure email for the local authority to inform practices of a pending medical rather than a letter and reliance on the foster carer to book.
- Consider additional comms strategy to PCNs, including the Practice Manager Forum.
- II. Consider securing a regular alternative provision in the event that a PCN is unable to commit to the service.
- III. Through the Medical Advisor, support PCNs with the quality of information by producing draft guidance and the delivery of webinars.
- IV. Continue to review and monitor progress via regular meeting with local authority fostering and adoption teams.

## 4 RECOMMENDATIONS:

It is recommended that the Primary Care Commissioning Committee:

- a) Consider the contents of the report
- b) Approve the proposed next steps