



## Corporate Parenting Panel

**Date** Friday 29 November 2019  
**Time** 9.30 am  
**Venue** Committee Room 2, County Hall, Durham

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### Business

#### Part A

**Items during which the Press and Public are welcome to attend.  
Members of the Public can ask questions with the Chairman's  
agreement**

1. Apologies for Absence
2. Substitute Members
3. Minutes of the meeting held on 25 October 2019 (Pages 3 - 8)
4. Declarations of Interest
5. Number of Looked After Children - Update from Head of Children's Social Care
6. Ofsted Updates
7. Update from Investing in Children
8. Report on the Progress of Durham County Council In-House Residential Provision - Report of Strategic Manager for Children and Looked After Resources (Pages 9 - 14)
  - a) Changing Lives Film
9. Annual Health Report 2018 - 2019 - Report of Designated Nurse for Safeguarding and Looked After Children, and, Designated Doctor for Looked After Children, Durham and Darlington (Pages 15 - 30)
10. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration
11. Any resolution relating to the exclusion of the public during the discussion of items containing exempt information

## Part B

### Items during which it is considered the meeting will not be open to the public (consideration of exempt or confidential information)

12. Regulation 44 Visits: Summary Report - Joint Report of Head of Children's Social Care and Head of Early Help, Inclusion and Vulnerable Children (Pages 31 - 68)
13. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

### Helen Lynch

Head of Legal and Democratic Services

County Hall  
Durham  
21 November 2019

To: **The Members of the Corporate Parenting Panel**

Councillor P Brookes (Chair)  
Councillor H Smith (Vice-Chair)

Councillors B Bainbridge, H Bennett, J Carr, J Charlton,  
J Considine, P Crathorne, J Grant, I Jewell, P Jopling,  
M McKeon, L Maddison, J Makepeace, O Milburn, C Potts,  
A Reed, G Richardson, E Scott, M Simmons, C Wilson

#### **Co-opted Members**

C Baines  
N Harrison  
K Myers  
W Taylor  
K Watson  
Young person representative of the Children in Care Council  
(CiCC)

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**Contact: Jill Hogg**

**Tel: 03000 269 711**

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## **DURHAM COUNTY COUNCIL**

At a meeting of the **Corporate Parenting Panel** held in **Committee Room 2, County Hall, Durham** on **Friday 25 October 2019** at **9.30 am**

**Present:**

**Councillor P Brookes in the Chair**

**Panel Members:**

Councillors B Bainbridge, J Carr, J Charlton, J Considine, J Grant, I Jewell, O Milburn. C Potts, E Scott, M Simmons, H Smith and C Wilson

**Co-Opted Members:**

W Taylor and a young person representative of the Children in Care Council

**Also in attendance:**

Kelsey Clayton (Legal Services Manager)

Helen Fergusson (Head of Children's Social Care)

Andrea Houlahan (Strategic Manager, Children and Families)

Robert Johnson (Project Manager, Investing in Children)

Clare Kitson (Social Work Assistant)

Claire Morris (Strategic Manager, Looked After Children Resources)

The Chair also welcomed to the meeting an adoptive parent, and, young people of the Children in Care Council.

### **1. Adoption Services Update**

Andrea Houlahan, Strategic Manager for Children and Families, presented the Adoption Services Update report and delivered a presentation on the service which included information on achievements during 2018-19 and outlined key priority areas for the future (for copy of report and presentation see file of minutes).

Members remarked on the decline in the number of adoption orders and the Strategic Manager advised that this reflects the national picture. The Legal Services Manager commented that following recent judgements, more children are being placed with extended family members as an alternative to adoption.

Further to a request for clarification on the Adoption Support Fund, the Strategic Manager clarified that the fund is a central government fund for therapeutic support for post-adopted children and their families. In Durham, this support is delivered by the Full Circle therapeutic team.

The Panel welcomed an adoptive parent to the meeting and thanked her for attending to give her views on her experience of the adoption service. She commented very positively about the service saying she could not fault the adoption process, adding that she feels that her family is perfectly matched.

The adoptive parent referred to how rewarding adoption is, which, like all parenting, comes with challenges and she added that the keys to successful marketing are openness and honesty. She emphasised the excellent support received from her social workers and the Full Circle team.

In response to a question as to whether she would change anything about the process she replied that, initially, she found the advice provided by the Full Circle quite complex, however, with time and her increased experience, she now finds their advice and support invaluable.

Clare Kitson, Social Work Assistant, provided information to the Panel about life story work which is a social work intervention which helps to provide children who have been separated from their birth families with a sense of identity. The work includes the production of life story books which contain information to remind children of people, events and feelings. The Social Work Assistant provided examples of life story work for the Panel to view and explained that the information includes that gathered from a range of people including birth parents, foster carers and teachers. In response to a question from the Chair, the Social Work Assistant responded that great care goes into the wording in the books which are age-appropriate and tailored to the individual child's level of understanding.

The adoptive parent present commented that her children keep their books in their rooms and they are able to access the books at any time. She finds her children will read them in times of change or uncertainty and the books are a useful and relevant tool to help adoptive parents to alleviate anxiety and provide reassurance.

In response to a question about the difficulty of gathering information when birth parents have disengaged, the Social Work Assistant responded that efforts are made to obtain information as early as possible and she stressed the important role that the Families First teams and foster carers play in this.

### **Resolved:**

That the report be noted.

## **2. Apologies**

Apologies for absence were received from Councillors Crathorne, Jopling, Reed and Richardson, from co-opted Members C Baines, N Harrison and R Watson and from officers F Callaghan, M Stenton and J Watson.

## **3. Substitute Members**

No substitute members were in attendance.

#### **4. Minutes**

The minutes of the meeting held on Friday 27 September 2019 were agreed as a correct record. The following matters arising were reported by the Chair:

- Fiona Callaghan is now in post as the Acting Head of the Virtual School;
- Referring to item 3 of the minutes, the Chair referred to the vacancy on the fostering panel and asked if another member would be willing to fill this vacancy due to logistical difficulties for Cllr Jopling. Members requested clarification on which panel it is and where the meetings are held;
- Referring to item 10, more detailed information on children and young people missing from care, and, in out-of-county placements will be included in future quality performance updates;
- A regular update on fostering will be included on the work programme;
- An initiative to use dog-walking bandanas to market the fostering service is being progressed;
- The Children in Care Council is undertaking a sponsored 400,000 step challenge from 1 October to 14 November. To show support, Jayne Watson, Senior Partnership Officer, is participating in the challenge.
- Members were reminded to consider the Care Leavers Challenge which will be held next year, from 10-16 February. Councillor Smith has agreed to take up the challenge.
- Councillor Milburn tendered apologies for the September meeting.

#### **5. Declarations of interest**

There were no declarations of interest.

#### **6. Number of Looked After Children**

The Head of Children's Social Care informed the Panel that the number of looked after children had increased to 890, a figure which was below the regional average but above the national average.

In response to a request from the Chair for information on the age range of looked after children, the Head of Children's Social Care explained that recent changes in recording may account for an increase in the number of older looked after children who are now included in the figures when previously they were not classed as looked after.

The number of looked after children under the age of 1 had reduced.

Councillor Charlton asked whether more children were entering the looked after system from the more deprived areas of the county. The Head of Children's Social Care responded that a detailed analysis of trends in relation to the characteristics and demographics of looked after children will be brought to the Panel within the quarter 2 performance report.

The young person representative of the Children in Care Council asked whether there was adequate Social Work provision in place to cope with the increase in looked after children. The Head of Children's Social Care responded that the number of Social Workers had increased, that caseloads are closely monitored and the size of individual caseloads remains stable.

Councillor Grant referred to a newspaper article which reported that costs of providing foster care and residential care are often higher than private boarding school fees and referred to the case of a looked after child, who was placed at a private boarding school, assisted by the Buttle trust, and then progressed to study at Oxford University.

The Head of Children's Social Care commented that all types of placement should be considered, however, there is no 'one-size-fits-all' and the best interests of the child must be paramount.

## **7. Ofsted Updates including ASC and ILACS feedback**

The Head of Children's Social Care provided an overview of the recently published Ofsted inspection report of the Children's Social Care Services. The report on Aycliffe Secure Centre was to be published later that afternoon and details on this would be shared at the next meeting. It was agreed that links to the reports would be circulated to the Panel.

## **8. Update from Investing in Children**

The following update was provided by the Children in Care Council:

- Safety Plans have been updated to include a comment box for young people;
- Health Visitors have attended the Children in Care Council meetings;
- Work has been done on PEP reviews;
- Consideration is being given to gaining accreditation for older young people to be involved in Regulation 44 visits.

## **9. Any other business**

Members were asked to consider filling a vacancy on the School Sub-Group at Aycliffe Secure Centre. Councillor Jewell commented that he would be interested, however, he would need to ensure the meetings did not clash with those in his already busy diary.

## **10. Exclusion of the public**

### **Resolved:**

That under Section 100(a)(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely discussion of exempt information as defined in paragraph 1 of Part 1 of Schedule 12A of the Act.

## **11. Regulation 44 Visits: Summary Report**

The Panel considered the monthly update on Regulation 44 visits and outstanding responsive repairs (for copy see file of minutes). Members commented on the high cost of some repairs.

### **Resolved:**

That the report be received.

At the conclusion of the formal business, the Children in Care Council delivered a Care Leavers' training session.

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**Corporate Parenting Panel**

**29 November 2019**

**Report on the Progress of Durham  
County Council In-House Residential  
Provision**



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**Report of Claire Morris Strategic Manager for Children Looked After  
Resources, Durham County Council**

**Electoral division(s) affected:**

County wide service provision for Children Looked After by the Authority.

**Purpose of the Report**

- 1 The report provides a high-level overview of Durham County Council's in-house children's residential care provision and plans for future development of residential resources.

**Executive Summary**

- 2 Durham County Council currently has nine children's homes, one of which is a disability short break care service for children and young people, with a tenth home planned to open in 2020.
- 3 Work is currently underway to:
  - (a) Review the remit of one of its current homes;
  - (b) Relocate one home to a new property in a similar location;
  - (c) Open a new tenth home;
  - (d) Review occupancy rates within the short break provision for disabled children;
  - (e) Review revenue costs in line with the proposal for further home;
  - (f) Continue to invest in and develop the service to ensure it remains fit for purpose; meets regulatory standards and delivers on our ambition to provide outstanding care to our children and young people.

**Recommendation**

- 4 Members of the Corporate Parenting Panel are recommended to:
  - (a) Note the content of the report.

## **Background**

- 5 Currently, Durham County Council has nine local authority children's homes, with the tenth home due to open in 2020 and one disability short break care service for children and young people.
- 6 Between three and five young people live in any one home which means we can support up to thirty-two young people across Durham County Councils in-house residential children's homes. Young people moving in and moving on are monitored through the weekly placement and resource panel (PRP). Where the plan is for young people to continue to live in the children's home this is reviewed as part of the child's looked after reviews.

## **Proposed developments of in-house provision**

- 7 The work is planned to be completed in stages. A number of elements are to be reviewed as part of phase one, these being Tow Law, 9 Cedar and the new home.
- 8 Further work is required to ensure the remit for the children's homes are meeting the needs of the current young people in their care and the needs of young people entering the care system. This work has commenced and has started with a review of the remit of one home. It is anticipated that this review will have concluded by September 2020.
- 9 It is proposed that one home will develop a new service offer and will move from a five bedded children's home to a short break and out reach provision. This service will look to work directly with young people aged 8 to 17 who are currently looked after or in the process of becoming looked after or returning home. Residential staff will work alongside their colleagues from the Supporting Solutions Service and Fostering as well as key partners. Its focus will be on supporting placements from breaking down and support young people to remain at home where the offer is not one of crisis intervention but that of longer-term involvement and support. The offer from this new service needs to complement existing services offering planned care and support over a short (6weeks plus), medium- or long-term basis.
- 10 It is proposed to relocate one home from its current site into a newer property in a similar locality. As part of this planned move the home will maintain its purpose and function of a children's home offering support for young people aged 11 and 17 on a medium to long term basis who require support to better manage behaviours which challenge. As part of this move the home will move from a four-bed home to three bed-home, which is in line with Durham's policy and best practice. It is anticipated that the move is concluded by May 2020.

- 11 Development of the tenth home has commenced. A potential new property has been identified. In line with the increased need for residential support for younger people this home will be registered as a three bedded home to support young people aged 8-14 where support is needed to manage behaviours which challenge. It is anticipated that this home will be ready from July 2020.
- 12 The short break care service for disabled children and young people can support up to six young people at any one time with additional capacity to support one young person in an emergency. Further work is required to fully understand the current capacity levels to ensure we are supporting the right young people with the right level of care and to ensure maximum occupancy in line with the safe and appropriate matching of young people.
- 13 The service is currently exploring the option of developing and opening an eleventh home and a full options appraisal will be concluded by December 2019.
- 14 Work with commissioning colleagues to review the offer from the external market will also take place during phase one and as we move into phase two.
- 15 In addition to the above activity, over the next twelve months we are:
  - (a) Continuing to develop the ICT skills of the residential team in preparation for the introduction of a bespoke residential recording module within liquid logic.
  - (b) Scoping out the potential benefits of moving all children's home polices across to Tri-X model of care.
  - (c) Developing the training and support offer across residential care.
  - (d) Continuing to support staff wellbeing and ensure they have access to appropriate training and professional development.
  - (e) Implementing a new quality assurance framework.
  - (f) Working alongside the inspire team to improve the use of and availability of ICT solutions and undertake work to streamline current processes.
  - (g) Ensure good understanding of expectations of the Children Homes regulations, quality standards and grade descriptors.
- 16 As part of progressing next steps, all activity outlined in this report will continue as planned. This will include identifying which homes are to be reviewed as part of phase two. Phase two will commence Autumn 2020.

**Background papers**

- None

**Other useful documents**

- None

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## **Appendix 1: Implications**

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### **Legal Implications**

The Children Act places responsibility on Local Authorities to ensure they have regulated provisions for Children Looked After. The Children Home Regulations 2015 provides the legal framework for the type of provision and its standard.

### **Finance**

Purchase of the homes will come from the sale of 9 Cedar. All revenue costs will be met from existing budgets.

Failure to achieve the changes outlined in this report will result in out of area children homes being procured for Durham's young people, this will result in an increased budget pressure as these provisions tend to be more expensive in comparison to in house provisions.

### **Consultation**

With respect to the re-location of 9 Cedar and the purchase of the Sacriston property full consultation with members and residents will be undertaken.

With respect to the Tow Law provision consultation with members, stakeholders and children and their families will be undertaken.

### **Equality and Diversity / Public Sector Equality Duty**

There are no equality or diversity issues arising from this proposal.

### **Climate Change**

There is no impact upon climate change resulting from this proposal.

### **Human Rights**

There are no human rights issues arising from this proposal.

### **Crime and Disorder**

There is no additional impact upon crime and disorder resulting from this proposal which is not already factored in when considering the impact of a children's home within a local area. Ongoing work with police will continue as part of the ongoing meetings with the locality police teams and strategic police teams.

## **Staffing**

There will be minimal impacts upon staff as a result of this proposal. Vacant posts will be used to move people from one home to another to ensure their skills are aligned to the right home.

## **Accommodation**

There is an element of risk posed by the re-location of 9 Cedar and the opening of the Sacristan Property. This risk is in respect to the resident's objection of a children's home within their local area. Equally there is a risk of Durham's young people not being able to live in their home town due to objections to new homes.

## **Risk**

All risks are outlined in this report. Failure to achieve the actions outlined in this report will result in increased financial pressures and potentially a risk for Durham in relations to its statutory obligation to provided care for Children Looked After.

## **Procurement**

There are no risks relating to the procurement regulations.

**Corporate Parenting Panel****29 November 2019****Annual Health Report 2018 - 2019**

**Report of Designated Nurse Looked After Children and Safeguarding, County Durham & Darlington, and Designated Doctor Looked After Children, County Durham & Darlington, with contributions from Designated Nurse Looked After Children and Safeguarding, County Durham**

**Electoral division(s) affected:**

None

**Purpose of the Report**

- 1 The purpose of this report is to provide health information to the Corporate Parenting Panel with a focus on the key lines of enquiry set out in the Local Government Association's corporate parenting resource packs for looked after children and care leavers.

**Executive summary**

- 1 'Promoting the health and wellbeing of looked after children' (March 2015) outlines the statutory responsibilities for health providers, commissioners, NHS England and local authorities in making sure looked after children receive the support they need to be healthy. [Promoting the health and well-being of looked-after children.pdf](#)
- 2 Health Needs Sub group and Looked After Children Strategic Partnership to continue collaborative work with the aim of reducing the gap between health needs and outcomes for looked after children.
- 3 Identify priorities for service development and improvement with a focus on improving health outcomes.
- 4 Clear actions, timescales and data measures for performance management to be further developed and used to ensure that improvement occurs in a coordinated and planned way in line with national requirements and local driver
- 5 The health needs assessment and health profile template which has been developed will help inform this reporting going forward providing a more detailed local health profile of children and young people who are looked after.

## **Recommendation(s)**

- 6 Members of the Corporate Parenting Panel are recommended to:
  - (a) Note the contents of this report and raise any questions for discussion.
  - (b) Receive a Health Report into Corporate Parenting Panel annually and by exception.

## Background

- 7 Looked after children have the same health needs as other children and young people who are not looked after, but they can be exacerbated by experiences of poverty, abuse, neglect and geographical mobility. There are significant inequalities in health and social outcomes compared with the general childhood population and these contribute to poor health and social exclusion of care experienced later in life. Most children enter care following a range of Adverse Childhood Experiences (ACEs), often as the result of abuse or neglect. Whilst they have many of the same health issues as their peers, the extent of these is often greater as a result of their past experiences. The available evidence suggests Children Looked After and Care Leavers experience poorer health outcomes which can persist into adulthood.<sup>1</sup>
- 8 The commonest reason for a child or young person becoming looked after in Durham is neglect which can significantly impact on health and developmental outcomes.
- 9 The full demographic profile for looked after children in Durham is available in the 'Local Authority Scorecard' (see hyperlink below). Of importance for the context of this report is that the number of children looked after is increasing both locally and nationally. At the end of March 2019 there were 800 children looked after in County Durham at a rate of 80 per 10,000 population. This is higher than the rate for England (64/10,000) but lower than both our regional (95/10,000) and statistical neighbours (90/10,000). This increase (since 2009) has been greater in County Durham (86%) than the North East (56%), Statistical Neighbours (45%) and England (19%). There is variation in the rate of children looked after regionally, from a high of 139/10,000 in Hartlepool to a low of 66/10,000 in Northumberland (figure 2). The rate in County Durham is lower than most North Eastern Local Authorities.  
[factsheet](#)
- 10 The Health Needs Subgroup was established in March 2018. The aim of the group is to support the improvement of health outcomes for looked after children across County Durham and Darlington. The group which has a multiagency membership identified a number of priorities which align with Durham's Corporate Parenting Strategy, the work plan of the LAC strategic partnership and key lines of enquiry set out in the Local Government Association's corporate parenting resource packs for looked after children and care leavers.

### **Priority: Understanding the characteristics of our cohort of children in care to inform strategic priorities and future developments**

- 11 A health needs assessment of looked after children was completed in June 2018 June conducted by public health colleagues with a focus on mental health, teenage pregnancy, substance misuse and the wider determinants of health with the recommendations reported into the health group and strategic partnership.
- 12 In conjunction with colleagues in the community paediatric team in CDDFT the designated doctor established a means to determine population health needs of children and young people as they enter care (IHA profile). Preliminary findings informed the LAC Health Needs Assessment. Annual findings from the IHA profile were presented back to the community paediatric team in 2018 and more recently to members of the health needs subgroup and key themes reported into Looked After Children Strategic Partnership. Areas of development included an audit of speech, language and communication needs in looked after children and a pilot to improve the identification and management of sexual health needs.
- 13 The designated doctor has been working with health providers to develop a clinical template for Review Health Assessments which combines the operational aspects of the clinical assessment and health report with a data template. This will allow data on the health characteristics of looked after children remaining in care to be ascertained and will inform the Joint Health and Wellbeing Strategy and influence commissioning of services for looked after children. The Review Health Assessment clinical template was piloted in Derwentside health visiting and school nursing teams from May 2018. There were technical issues preventing dissemination across Durham, but these have been addressed. The template went live for the LAC specialist nursing team in November 2018 and Durham school nursing and health visiting teams from March 2019. The initial 6 months of data is currently being analysed for key themes. Some erroneous patterns have been identified for example higher numbers of EHCPs than expected, but the data has been affected by how staff complete the template. Training continues to be delivered by the LAC health team to rectify this issue and the template development group continue to review and make improvement to the system so that data can be used in combination with intelligence from the LA systems
- 14 A health dashboard has been developed to complement the strategic partnership dashboard on LAC performance. CCG commissioning support has been agreed to manage the reporting of the health dashboard. This means only providers commissioned by the CCGs can be asked to report into it, this does not include HDFT who are commissioned by Public Health.

## **NEXT STEPS:**

- 15 A planned roll out the Review Health Assessment clinical template to the remaining Durham 0-19 service locality areas in February 2019. A plan is in place to provide training to Systemone champions in December with dissemination of training to staff over Dec/January 2019.
- 16 Data from the Review Health Assessment template to be extracted on a quarterly basis to inform the health dashboard. Key areas of focus are mental health, speech and language and sexual health which were priority areas identified within the Looked After Children Health Needs Assessment.
- 17 Whilst key areas were the 4 mentioned in the HNA and we can contribute to intelligence on themes, these are not solely the remit of health providers. Public health have taken on sexual health. Following the Speech and Language Communication audit it was identified the Clear Cut communication tool would be helpful to embed as a universal assessment in social work practice. This action is currently sitting at Looked After Children Strategic Partnership level with LA.
- 18 Non identifiable data extracted from the template will need to be shared under the Durham Safeguarding Children Partnership multi-agency collaborative information sharing protocol and will require the collaboration of health providers. The request has been made to include reference to looked after children within the protocol. Support of the LAC strategic partnership members is requested to facilitate data sharing and maximise reporting into the dashboard.
- 19 Findings from the Initial Health Assessment health profile data set plan to be shared with the health needs sub group in January's meeting and if requested can be an agenda item at the strategic partnership.
- 20 Piloting of a sexual health 'test and go' for children/young people attending their initial health assessments at Chester Le Street community hospital, led on by the named doctor for LAC from January 2020. This is currently on hold due to reduced capacity within the team
- 21 Further work is required to establish an outcome focused mental health data set in collaboration with mental health providers with the intention of producing a dashboard for performance.

### **Priority: Health passports for care leavers**

- 22 All children aged 16-17 years should receive a summary of their health records in line with, 'Promoting the health and wellbeing of looked after children: Statutory Guidance for Local Authorities, Clinical Commissioning Groups and NHS England (2015)'.

- 23 Historically a working group was established to develop and introduce a health passport. Young people were consulted and informed the decisions about how this would be implemented. The passport is now offered to all children in care aged fifteen and a half.
- 24 Health passports have been a recurrent agenda item for the health group. Gaps identified included health passports for young people placed Out of Area and young people who left care before 18. Young people who do not choose to have a passport continue to have their health needs reviewed within Review Health Assessment processes. Health providers have agreed to quality assurance RHA's with governance from the Looked After Children Strategic Partnership.
- 25 Documentation including a referral form, multiagency flowchart and a standard operating procedure, which includes provision for children placed out of area, is in place.
- 26 Monitoring of performance is the joint responsibility of the LAC specialist nursing team in CDDFT and the local authority. It has been agreed that performance data will be collated by the local authority and used to inform the health dashboard and Looked After Children Strategic Partnership scorecard.

**NEXT STEPS:**

- 27 Future development of the current documentation and process has been agreed; the health passport should be reviewed annually to ensure process and format of the document remains up to date and appropriate for purpose.
- 28 Health Passports to remain a standing agenda item on the Health Needs Sub Group meeting with attendance from care leavers supported by the YPA.
- 29 Inclusion of GPs into health passport pathway for care leavers who have not accepted a health passport pre-18 years of age. This fits into the wider agenda on those who have experienced care and for which there is a separate task and finish group.

**Priority: Views of children and young people are integral to the continuing development of health services.**

- 30 The Health group identified that ongoing feedback and involvement from looked after children and young people is essential to informing health services and improving the quality of care and support offered.

- 31 A task and finish group was established to look at how we ensure children and young people are able to participate and influence services and development.
- 32 In collaboration with local authority partners a survey on care leaver experience was developed. A care leaver has also been involved in the interview panel for the Named Nurse for Safeguarding and Looked After Children post within the CCG.

**NEXT STEPS:**

- 33 The Health group plans to seek expressions of interest from care leavers to become representative or members of health needs subgroup (with support of local authority colleagues) so the voice of young people is integral to the decisions and actions of the group.
- 34 Future development of the current documentation and process has been agreed; the health passport should be reviewed annually to ensure process and format of the document remains up to date and appropriate for purpose. The task and finish group will be developing an animated information resource with young people regarding health assessments when in care.

**Priority: What are we doing to identify and look after the health and wellbeing of children in our care?**

- 35 Quality assurance processes are in place to monitor that the health needs of children in care are being identified and in a timely way. High quality health assessments are the joint responsibility of clinicians within the provider trust and other professionals in partner agencies. The Health group have established task and finish groups to review the quality assessment of initial and review health assessments.
- 36 Since September 2018 the named and designated doctors for LAC have introduced a more meaningful and robust self-assessment and peer review quality assurance process within the community paediatric service (who undertake Initial Health Assessments.) The feedback from peers in relation to continuing professional development has been positive. An objective qualitative audit is planned.
- 37 DURHAM Initial Health Assessment TIMESCALE Report Quarter 4 (January 2019 - March 2019)

Statutory Indicator seen by paediatrician within 20 working days  
 Q1 63%                      Q2 63%                      Q3 60%                      Q4 65%

Paperwork received by CDDFT within 7 working days  
Q1 59%                      Q2 44%                      Q3 53%                      Q4 62%

IHA appointment offered by CDDFT within 15days of receiving paperwork  
Q1 89%                      Q2 98%                      Q3 97%                      Q4 84%

Paperwork received after 7 working days does not allow enough time for CDDFT to process the appointment and enable the child/young person to be seen within 20 working days of coming into care.

Number of children offered IHA appointment within 20 working days of LAC Start date when paperwork received 0-7working days  
Q1 96%                      Q2 100%                      Q3 98%                      Q4 98%

Data from the SFR 50/2018 Identifies

Immunisations 99%

Dental checks 95%

Normal SDQ score 37%

These key areas are included in the scorecard for the Looked After Children Strategic Partnership

- 38 Representatives from both health providers for the CDDFT LAC nursing team and HDFT 0-19 service (who provide review health assessments) are working collaboratively to review the Review Health Assessment quality assurance process including co-production of a quarterly report.
- 39 The Health group plans to establish a task and finish group to reduce administrative burden and improve compliance in GPs providing information towards the statutory health assessments through the development of a template on the systemone record.
- 40 Multiagency guidance on the health assessments of unaccompanied asylum seeking children and young people is already in place and includes multidisciplinary and multiagency pathways to ensure appropriate access to services so health needs are identified and addressed.
- 41 Sexual health and teenage pregnancy are also an area considered within the LAC health needs assessment. Following the CLA Health Needs Assessment, the Integrated Sexual Health Service and Education Durham, supported by Public Health are implementing a bespoke training calendar to ensure that practitioners supporting children who are looked after or those who have experienced care have the knowledge and skills to prevent any unplanned pregnancies.
- 42 The Strengths Difficulties Questionnaire (SDQ) is used as a measure of emotional and mental wellbeing in looked after children and annual

scores for children age 4 to 16 who are in care for 12 months or more (based on a carer completed questionnaire). These are mandated to be collected by the local authority and reported to the government. It should be noted that the Strengths Difficulties Questionnaire is not a diagnostic tool and this is support by a working party on 'Improving mental health support for outcomes for children and young people', November 2017 Social Care Institute for Excellence. The average Strengths Difficulties Questionnaire for looked after children in Durham is 15.4 which is a slight decrease from last year but which is higher than regional and national average scores. (See page 10 in the looked after children factsheet – this is now the scorecard) Those individuals with high scores are notified to Full Circle, Durham's therapeutic service. Where children and young people have specific mental health needs requiring tier 3 mental health support (CA.MHS) this is provided by TEWV. Whilst this is part of a universal offer, a pathway has been established between full circle and tier 3 services so children and young people do not have to retell their story unnecessarily and can continue to be supported by professionals in full circle if needed. It is however recognised that there is more work to do around ensuring looked after children access appropriate support for their mental health needs, including during transition. This will be informed by the health needs assessment and a Mental Health Workshop facilitated by Public Health.

- 43 The SDQ scores collected by Children Services are shared with Looked After Children team and form part of the Review Health Assessments and a retrospective score is considered to review any changes to allow appropriate discussions and referrals for the children and young people. This is the agreement with the local authority. The embedding of this practice will have oversight from the Looked After Children Strategic Partnership.
- 44 The Health group has established a task and finish group to produce information for practitioner's regarding the appropriate referral to the different services which offer emotional support and mental health services for looked after children. This will be reported on in the 2019-2020 report.
- 45 Training around the statutory responsibilities of health professionals toward looked after children including knowledge, skills and attitudes has been delivered to named GPs, GP practice safeguarding leads and members of the CDDFT paediatric department. CDDFT and HDFT also have a rolling programme of specific training for Health Visitors and School nurses. This is in accordance with the Intercollegiate Guidance from Royal College of Paediatrics and Child health, Royal College of Nursing and Royal College of General Practitioners. It has included responsibilities around flagging the primary health record, registration with a GP and fast tracking of records in primary care.

## LAC Knowledge, skills and competence of healthcare staff

### **NEXT STEPS:**

- 46 An annual audit of IHA quality to commence in 2019. Findings will be reported into the strategic partnership.
- 47 Compliance with GP information contributing towards the statutory health assessments will be an indicator on the health dashboard.

### **Priority: Care Leavers**

- 48 The Health group are aware of the Children and Social Work Act 2017 which requires Local authorities to offer support for care leavers up to the age of 25 and to publish their local offer. The group have recently fed into this process by completing individual service specific templates.
- 49 There is currently no specific health service for Care Leavers. The main health practitioner is the young person's general practitioner.

### **NEXT STEPS:**

- 50 To work in collaboration with GP practices through named GPs colleagues to improve GP understanding of their responsibilities to Care Leavers.
- 51 To request Care Leavers Sub-Group has representation from Named GPs.
- 52 To scope the Care Leavers health commissioning responsibilities and undertake gap analysis.

### **Conclusion**

- 53 The report will provide members of the Corporate Parenting Panel with a more detailed health profile of children and young people who are looked after.

### **Background papers**

- None

### **Other useful documents**

- None

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## **Appendix 1: Implications**

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### **Legal Implications**

Local authorities and healthcare planners and commissioners have statutory duties to safeguard and promote the welfare of children that are in their care, including ensuring their health needs are fully assessed, that they have a health plan in place which is regularly reviewed and that they have access to a range of health services to meet their needs.

### **Finance**

None.

### **Consultation**

None.

### **Equality and Diversity / Public Sector Equality Duty**

The needs of all young people are considered on an individual basis.

### **Climate Change**

None.

### **Human Rights**

All children have the right to the best possible health.

### **Crime and Disorder**

None.

### **Staffing**

Some recommendations will have implications to provider services capacity to deliver.

### **Accommodation**

None.

### **Risk**

Non-adherence to statutory duty

### **Procurement**

None.

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## **Appendix 2: Looked After Children Health Needs Group: Terms of Reference 2018**

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### **Aim**

To support the improvement of health outcomes for Looked After Children and Care Leavers across County Durham and Darlington.

### **Purpose**

To establish an improvement plan for health care delivery for Looked After Children. The strategic plan will identify priorities for service development and improvement with a focus on improving health outcomes. Clear actions, timescales and data measures for performance management will be used to ensure that improvement occurs in a coordinated and planned way in line with national requirements and local drivers.

The work of the Looked After Children Health Needs Group will be guided by the Corporate Parenting Principles which include

- Acting to promote the physical and mental health and well-being of our children and young people in their best interests.
- Taking into account the views, wishes and feelings of children and young people in County Durham and Darlington.
- Preparing our children and young people for adulthood and independent living.

### **Scope**

The scope of the group includes:-

1) Steering service development and delivery of health services for LAC including those children and young people placed out of area.

- Ensuring the operational processes in the Providers & out of area/borough arrangements and the Local Authority and the wider health economy enable delivery of statutory requirements.

- Review and refine the implementation of the operational processes

2) Identifying gaps in health provision and setting clear targets to enable improvement.

- Monitor the performance management framework, including development of a health dashboard performance dataset e.g. % of Initial Health Assessment (IHA), Review Health Assessment (RHA), Leaving Care Health Summaries, Dental attendance, Strengths & Difficulties Questionnaire

(SDQ), Immunisation and take remedial action as required to ensure delivery of key performance indicator targets (KPI).

- 3) Ensure on-going delivery of a robust joint quality assurance programme.
- 4) Ensure that the voice of the child is incorporated in to decision making.
- 5) To establish sub-groups &/or Task and Finish Groups to complete tasks, as required.
- 6) Monitor, assess, manage and mitigate risks, and report them to the Strategic Group.
- 7) Share best practice.

### **Governance**

The Looked After Children's Health Needs Group will report on a quarterly basis into the Durham Looked After Children's Strategic Partnership (LAC SP). The LAC SP reports to the Integrated Steering Group and Corporate Parenting Panel. Reporting arrangements for Darlington will be to the Multi Agency Partnership for Looked After Children (MALAC.)

Task and Finish Groups/Sub Groups will provide updates to the Operational Group on a quarterly basis.

Representatives will be accountable to their respective organisations governing bodies and for consulting with them as appropriate.

### **Disputes:**

This is not a forum for blame. Professional roles & expertise should be respected. Any disputes should be discussed outside of the meeting in the first instance & efforts made to resolve issues. The group members will conduct business on a consensus basis i.e. members will attempt to achieve full agreement wherever possible. Where agreement cannot be reached at a meeting, then disputes will be raised with the Strategic Group chair.

### **Meeting arrangements**

The Children Looked After Health Needs Group will meet every 3 months. Meetings will be scheduled for 2 hours.

The chairperson & vice chairperson will be nominated by the group for a period of 12 months. The group will be deemed quorate with the attendance of 4 partner agencies. Where the nominated professional for an agency cannot attend, they will be responsible for identifying a deputy to represent their service. The agenda will be set and circulated in advance with an action plan

developed. Minutes will be circulated within 6 weeks of the meeting. Terms of reference to be reviewed annually

### Membership

Kirsty Yates (Chair)	Designated Doctor for Looked After Children Durham & Darlington	CCG & CDDFT
	Designated Nurse for Safeguarding and Looked After Children	Durham & DDES CCG
Heather McFarlane	Designated Nurse for Safeguarding and Looked After Children	Durham , DDES CCG & Darlington CCG
Chandra Anand	Named GP for Safeguarding Children ND CCG and the DMO for SEND.	North Durham CCG
Naomi Hopper	Named GP Safeguarding Children,	DDES & Darlington CCG
Katherine Rooke	Named GP Safeguarding Children	DDES CCG
Jason Cram	Associate Director of Nursing Patient Experience, Safeguarding & Legal Services	CDDFT
Carly Parker	Locality Manager,HDFT	Harrogate District Foundation Trust
Karen Watson	Named Nurse Safeguarding and Looked After Children, Durham	NDCCG/DDESCCG
Zoe Lister	Senior Nurse LAC, Durham	CDDFT
Jane Lowther	Senior Nurse LAC, East Durham	CDDFT
Claire Roebuck	Senior Nurse LAC, Durham & Darlington	CDDFT
Dr Christine Powell	Named Doctor for Looked After Children, Durham & Darlington	CDDFT
YP representative	Durham and Darlington	Durham & Darlington Care Leavers
Tracy Storey	CAMHS	TEWV

Lindsay Craig and Diane Eagleton	Manager and Nurse Specialist	Durham Full circle
Laura Bissell	YPS, Darlington	Darlington LA
Joanne Stoddart	Service Manager, LAC	Darlington LA
Carole Gill	Service Manager	Durham LA
Christine Stonehouse	Virtual school	Durham
Kimberley Grundy and Tom Lindsey	YPS, Durham	Durham LA
Helen Riddell	Public Health	Durham

Additional group members will be invited to attend as required e.g. Sexual Health/IRO/leaving care team.

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