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**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

### **Author(s)**

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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.