

Corporate Parenting Panel

29 June 2018



Health of Looked After Children

Report of:

Marie Baister, Designated Nurse Looked After Children and Safeguarding, County Durham.

Dr Kirsty Yates, Designated Doctor Looked After Children, County Durham & Darlington.

Purpose of 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.

Background

- 2 '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](#)

- 3 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. 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.
- 4 The full demographic profile for looked after children in Durham is available in the 'Looked after children factsheet' *Ref HSCW 006/001*. Of importance for the context of this report is that the number of children looked after is increasing both locally and nationally. Data from the SFR50 2017 shows there were 815 children looked after in Durham as of March 2017 with rates of 81/10,000 children <18 years which is higher than the national rate (62/10,000) but lower than the regional rate (92/10,000).

[Looked-After-Children fact sheet](#)

Key lines of enquiry (KLOE)

What are the characteristics of our cohort of children in care and care leavers?

- 5 A health needs assessment of looked after children is currently being conducted by public health colleagues with a focus on mental health, teenage pregnancy, substance misuse and the wider determinants of health. This is due to be concluded in June/July with recommendations reported into the health group and strategic partnership thereafter.
- 6 Since Q3 2017, data on the health of looked after children coming into care across Durham and Darlington has been collected from the statutory Initial Health Assessment (IHA). A physical health need was present in 48% of the cohort with the commonest reasons being vision, hearing and skin complaints. A third of the cohort were reported to have developmental delays including learning difficulties, global delay, speech and language difficulties or delays in continence. 10% were reported to have a mental health or emotional difficulty. This is lower than would be suggested by the average SDQ scores for looked after children in Durham, however the difference is likely to be accounted for due to children <4 years representing 56% of the data cohort. Whilst it is recognised that this cohort does not represent the whole Looked After Children population in Durham, it is an indicator of the level of health needs across the CCG commissioned footprint and emphasises the importance of looked after children having a timely health assessment to identify and address health needs when they are taken into care.
- 7 Over the last 18 months the Designated Doctor Looked After Children in collaboration with health providers have developed a clinical template for the Review Health Assessment (RHA) 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 our looked after children population to be interrogated with the aim that it will inform the Joint Health and Wellbeing Strategy and influence commissioning of services for looked after children. The clinical template is currently being rolled out in the Derwentside Health Visitors and School Nurse units with the plan to extend to Durham units and the Looked After Children specialist nursing team in County Durham and Darlington Foundation Trust. This will also allow a profile of the health needs of children placed out of county (but within a 20 mile radius of County Durham or Darlington) to be ascertained because of the current arrangements as to who completes the review health assessment.

Next steps:

- 8 The Review Health Assessment clinical template to be implemented across all health visiting and school nursing teams and the Looked After Children nursing team county wide by the autumn 2018.

- 9 Data extracted on a quarterly basis will be used to populate a health dashboard. The key indicators/outcomes for the dashboard will be agreed in the next meeting (June) and reported into the Looked After Children Strategic Partnership.
- 10 Share the learning and templates/tools developed with neighbouring authorities and regionally.

Do our partner agencies understand their role in supporting us as corporate parents?

- 11 In the absence of a strategic partnership, between November 2016 and August 2017 joint meetings between health providers (CDDFT, HDFT), commissioners (Clinical Commissioning Group and Public Health) and the Local Authority were held with the aim of improving operational processes and the quality of services for looked after children. Subsequent to the Looked After Children Strategic Partnership re-establishing in December 2017, this group has re-formed as the Health Needs Sub Group and agreed its terms of reference and priorities. The group is one of the sub groups of the Looked After Children Strategic Partnership to which it is accountable. The aim is to support the improvement of health outcomes for Looked After Children across County Durham & Darlington.

Looked After Children Health Needs Group Terms of Reference 2018 are attached as Appendix 2.

Next steps:

- 12 Health Needs Sub group and Looked After Children Strategic Partnership to work collaboratively with the aim of reducing the gap between health needs and outcomes for looked after children.
- 13 Establishing an improvement plan for health care delivery for Looked After Children.
- 14 Identify priorities for service development and improvement with a focus on improving health outcomes.
- 15 Clear actions, timescales and data measures for performance management to be developed and used to ensure that improvement occurs in a coordinated and planned way in line with national requirements and local drivers
- 16 Health Report into Corporate Parenting Panel Annually and by exception.

How are we giving children and young people the chance to express their views and feelings

- 17 Between Jan-April 2017 views were sought from looked after children and young people about their experience of their statutory Initial Health Assessment (IHA).
- 18 Care leavers were members of the working group involved in the development of the care leaver's health passport and pathway. Views and input were also sought from the Durham Children in Care Council and contributed to the development of the documentation, information leaflet and multiagency flow chart.
- 19 The voice of the child is a key area audited in the quality assurance processes of the statutory health assessments. As a result of the latest quality audit of Initial Health Assessments completed by the Designated Doctor LAC, further training has been given to paediatric staff (CDDFT) about ensuring our young people are given opportunities to express their views and feelings in confidence within their consultation and that health recommendations are outcome focused and aligned with the child's views.
- 20 The Looked After Children Team (County Durham and Darlington Foundation Trust) audit the views of looked after children and young people about their experience of their statutory Review Health Assessment (RHA). A report is to be developed to identify areas for action.

[CQC - Review of health services for Children Looked After and Safeguarding in Durham](#)

Next steps:

- 21 A priority of the health needs subgroup is to ensure we include the voice of our children and young people. The group have identified that ongoing feedback from looked after children and young people is essential to informing health services and improving the quality of care and support offered. We will be seeking views from Durham's Children in Care Council to identify the most appropriate way in which to do this so that it also includes obtaining the voice of children with additional needs and disabilities.
- 22 Local authority colleagues have been asked to help us seek expressions of interest from care leavers to become representatives or members of the health needs subgroup so the voice of our young people is integral to the decisions and actions of the health group.
- 23 Findings following the audit of young people about their experience of Review Health Assessments are to be considered to build on and improve satisfaction with the process.

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

24 Quality assurance processes are in place to monitor that the health needs of children in care are being identified appropriately and in a timely way. This includes audit of the quality of initial and review health assessments and quarterly reporting of compliance of these assessments against statutory timescales.

25 DURHAM Initial Health Assessment TIMESCALE Report Quarter 4 (January 2018 - March 2018)

Statutory Indicator seen by paediatrician within 20 working days

Q1 83%	Q2 70%	Q3 82%	Q4 66%
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Paperwork received by CDDFT within 7 working days

Q1 59%	Q2 61%	Q3 53%	Q4 55%
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IHA appointment offered by CDDFT within 15 days of receiving paperwork

Q1 100%	Q2 100%	Q3 100%	Q4 100%
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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 0-7 working days

Q1 100%	Q2 100%	Q3 100%	Q4 97%
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Data from the SFR 50/2017 Identifies

Immunisations 84%

Dental checks 83%

Normal SDQ score 49%

County Durham Looked After Children Strategic Partnership: Performance Management Framework is attached at Appendix 3

26 Care leavers are identified as a group of young people more likely to be at risk of teenage pregnancy than similar aged peers. The rate of female care leavers aged 17-21 in Durham who were either a mother of pregnant has increased from 31.1% in 2016/2017 to 38.9%. This represents 42 young people. Targeted work in this area is being undertaken between the Teenage Pregnancy Partnership and CYPS with a view to reducing the numbers becoming pregnant. Sexual health and teenage pregnancy are also an area considered within the LAC health needs assessment.

27 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](#)

- 28 In conjunction with the government's introduction of the National Dispersal Scheme and the Immigration Act (2016) multiagency guidance on the health assessments of unaccompanied asylum seeking children and young people was developed, led on by the designated doctor LAC. Due to the complexity of health conditions and vulnerabilities in this group, specific local multidisciplinary pathways were developed to ensure health services were accessed appropriately. Durham LA currently accommodates 10 unaccompanied young people, further details on guidance for unaccompanied asylum seekers available on request from Marie Baister..

- 29 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 5 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 recent 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 16 (from data embedded above) which is higher than regional and national average scores. (See page 5 in the looked after children factsheet embedded above section 4) 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 this is provided by TEWV. Whilst this is part of a universal offer, a recent 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 support 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.

- 30 The SDQ scores collected by Children Services have been shared with Looked After Children team for more than a year. These SDQ scores 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 has previously been shared with Corporate parenting Panel.

Next steps:

- 31 Task and finish groups to be set up around the priorities and identified gaps. Informed in part by outcome and recommendations from health needs assessment. Next meeting June.
- 32 Establish mental health representation into the health needs sub group or LAC specialism within the mental health group so that Looked After Children is a priority.
- 33 Complete gap analysis of NHSE guidance 'Standard Approach to Meeting the Health Needs of Looked After Children' 2017. This will include SEND agenda and consider how Initial and Review Health Assessment could be linked to the Educational Health and Care Plan process to reduce duplication of assessment and ensure processes align so outcomes/information are shared.

A Guide to Meeting the Statutory Health Needs of Looked After Children through a Standard Approach to Commissioning and Service Delivery is attached as Appendix 4.

- 34 The Named Doctor for Looked After Children is in the process of reviewing sexual health screening at Initial Health Assessment appointments. A Pack of leaflets have been developed to signpost young people to local services around mental health/sexual health/bereavement/counselling/GUM

How are we preparing care leavers to live independently

- 35 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)'. A working group was established 18 months ago to develop and introduce a health passport, in line with the pathway plan and 'developmentally appropriate healthcare'. Young people were consulted and one young person attended the working group deciding when and how they wanted this information to be shared. Those young people not opting in continue to be reviewed within Review Health Assessment process with quality assurance of 100% care leavers Review Health Assessments to ensure appropriately signposted for their health needs. The working group was aware of gaps in the development of health passports for those young people who were placed Out of Area. This has been made a priority within Looked After Children Strategic Partnership Group and Health sub-group.
- 36 Mental health and care leavers this remains a significant gap. 'Care leavers are statistically more likely to need mental health support than other young people in the general population'. County Durham has the services of Full circle who will work with young people until 25 years however there remains a gap for those that need transition into adult health services.

Next steps:

- 37 To work with GP practices to inform GPs about their responsibilities to care leavers. Aim to work through Looked After Children Strategic Partnership and Named GPs colleagues to improve GP understanding of Care Leavers registered to their practices. Ensure Care Leavers Sub-Group has representation from Named GPs.
- 38 Regionally colleagues are developing a tool for use within health assessments around Young People identifying their priorities and agreeing outcomes around staying healthy and transition skills for example accessing health care in emergencies and out of hours. This is being considered as a phased regional approach and seeking support from NHS England. There will be some challenges due to the commissioning arrangements for Review Health Assessments however initial step is to develop a tool and see how this can be incorporated into the health assessment.

Recommendations

- 39 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.
- 40 Members of the Corporate Parenting Panel are recommended to:
 - a) Note the contents of this report and raise any questions for discussion.

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Appendix 1: Implications

Finance – None

Staffing – Some recommendations will have implications to provider services capacity to deliver

Risk – Non –adherence to statutory duty

Equality and diversity/Public Sector Equality Duty - The needs of all young people are considered on an individual basis

Accommodation – None

Crime and disorder – None

Human rights – All children have the right to the best possible health

Consultation – No

Procurement – No

Disability Issues – No

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.

‘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.

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

Aim

To support the improvement of health outcomes for Looked After Children 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). 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
Marie Baister	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
Lorraine Fox	Head of Safeguarding Children.	Harrogate District Foundation Trust
Gillian Worland	Named Nurse Safeguarding	CDDFT
Karen Watson	Senior nurse Safeguarding, Durham	HDFT
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
Mental health representative	Therapeutic team representation & TEWV	TEWV Durham and Darlington therapeutic team.
Donna Sweet or representative	CAMHS	TEWV
Joyce Powell or representative	Consultant clinical psychologist	Durham Full circle
Kevin Richards	Service Manager	Darlington LA
Joanne Stoddart		Darlington LA
Carole Gill	Service Manager	Durham LA
Christine Stonehouse	Virtual school	Durham
Calvin Kipling	Virtual School	Darlington
Michelle Baldwin	Public Health	Durham
KenRoss	Public Health	Darlington

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