

17 December 2018

Agenda Item: 9

## **REPORT OF THE SERVICE DIRECTOR, YOUTH, FAMILIES AND SOCIAL WORK**

### **PROMOTING AND IMPROVING THE HEALTH OF LOOKED AFTER CHILDREN**

#### **Purpose of the Report**

1. To update the Committee on efforts to promote and improve the health and wellbeing of Looked After Children, summarising key achievements and highlighting priorities for the year ahead.
2. The report also seeks approval to bring an update to the Committee on the progress in responding to the recommendation of the Child and Adolescent Mental Health Looked After Children Service review, incorporating a staffing update, in six months' time, and a six monthly update thereafter regarding efforts to promote and improve the health needs of Looked After Children.

#### **Information**

3. Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences.
4. Parents want their children to have the best start in life, to be healthy and happy and to reach their full potential. As corporate parents, Nottinghamshire County Council has the same high aspirations and works to ensure children receive the care and support they need in order to thrive. The Council, Nottinghamshire Clinical Commissioning Groups (CCGs) and health providers are committed to working in partnership to promote and improve the health of Looked After Children (LAC).
5. The NHS plays a key role in ensuring effective delivery of health services to LAC. Nottinghamshire CCGs commission services for LAC from the following NHS provider organisations:
  - Sherwood Forest University Hospitals NHS Foundation (SFHFT) Trust, Nottingham University Hospital NHS Trust (NUHT) and Doncaster and Bassetlaw Teaching Hospital NHS Trust (DBHT), all provide a LAC medical service, completing a

comprehensive initial health assessment to identify health needs and make referrals to specialist services, as well as a Medical Advisor to Adoption role.

- Nottinghamshire Healthcare NHS Foundation Trust (NHFT) provides a LAC and adoption nursing service, co-ordinating the pathway once a child or young person enters care and completing the majority of review health assessments following on from the initial health assessment; a Child and Adolescent Mental Health Service for Looked After Children (CAMHS LAC); and the Healthy Family Teams who deliver public health nursing in line with the Healthy Child Programme.
6. LAC also access the full range of NHS and public health commissioned services, which include primary healthcare services (GP's), secondary care, specialist and acute health services, emotional health and wellbeing services, and services to support weight management, smoking cessation, substance use, amongst others.
  7. Two Designated Nurses for LAC are situated in Nottinghamshire CCGs, one on behalf of both Mid Nottinghamshire CCGs and Greater Nottingham CCG, and one on behalf of Bassetlaw CCG. Designated Doctors for LAC are based in SFHFT, NUHT and DBHT. The designated professionals have produced annual reports for 2017-18 outlining the progress and key achievements, which can be found in **Appendix 1**.
  8. A multi-agency whole system review of pathways and service provision for LAC statutory health services was completed in 2016-17, and a multi-agency Service Improvement Forum for the health of LAC in Nottinghamshire and Nottingham drives implementation of these recommendations, working in close partnership to promote and improve the health and wellbeing of LAC.

## Health assessments

9. Statutory guidance<sup>1</sup> sets out timescales for the completion of health assessment, with accompanying health report and recommendations as follows: initial health assessment: 20 working days from when the child started to be looked after, and review health assessment: every 6 months before the child's fifth birthday and every 12 months after the child's fifth birthday.
10. In 2017-18, data collated locally within children's social care highlights that 23.4% of Nottinghamshire children received a health assessment within 20 working days of entering care, compared with 15% in the calendar year 2015. Data relating to timely initial health assessment is not collated nationally therefore performance cannot be compared with statistical neighbours. Health assessment within 20 working days is widely recognised as an ambitious target, however achieving a timely health assessment is strived for. Where health assessment falls outside of this timeframe, every effort is made to complete the assessment as quickly as possible. A child or young person has a network of support around them including their carer, their social worker and universal health services, who work together to meet any health needs that may arise before a health assessment is completed. A social worker usually attends the health assessment, and can respond swiftly to any recommendations that may emerge.

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<sup>1</sup> *Promoting the health and well-being of looked-after children, statutory guidance for local authorities, clinical commissioning groups and NHS England, DE and DH, 2015*

11. There are a number of reasons why an initial health assessment may not be completed within statutory timescales, including but not limited to:
  - challenges in seeking parental consent
  - a LAC being placed out of area, requiring assessment by a health provider local to that placement
  - non-attendance, cancellations, young people declining to be seen, or carers declining first available appointments.
12. In order to undertake an initial health assessment, correctly consented paperwork must be obtained by the child's social worker. In 2017-18, locally collated data shows that 30.6% of Nottinghamshire children had correctly consented paperwork sent to the local hospital trust to request health assessment within 5 working days of entering care, compared with 27% in the calendar year 2015. Since the pathway review concluded in 2016-17, a process to robustly monitor timeliness of seeking consent and referral for initial health assessment has been established across children's social care.
13. Where a child is placed out of the Nottinghamshire area, the health provider local to that placement will usually carry out the health assessment. A local pathway has been drafted to strengthen and formalise these arrangements, aiming to better and more consistently support the health needs of children placed out of area. This includes processes to track completion of health assessments, assure the quality of these assessments, and establish clear payment mechanisms, as well as escalation processes and is being agreed and implemented by Nottinghamshire health providers, CCGs, Nottinghamshire County Council and Nottingham City Council across 2018-19.

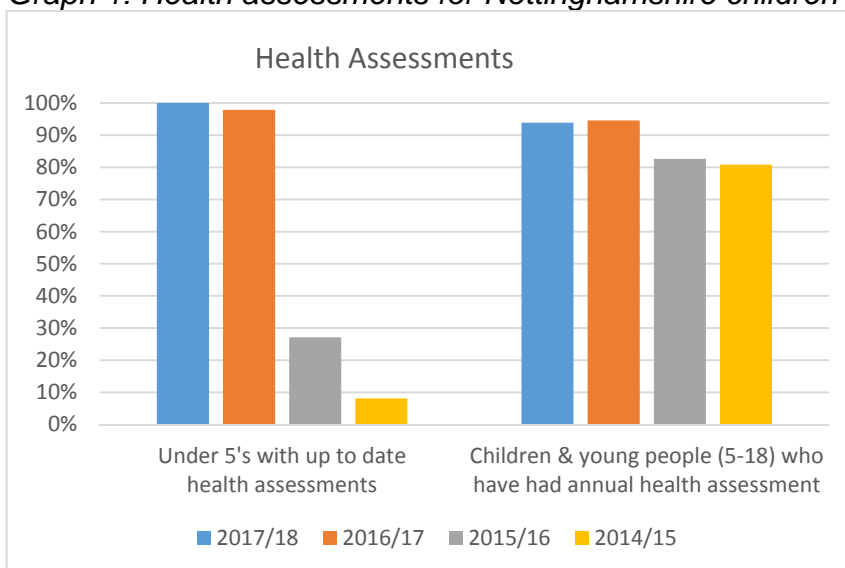
*Initial health assessments: delivered by local hospitals*

14. Contracts with local hospital trusts measure initial health assessment performance in relation to the receipt of correctly consented paperwork, however performance is currently measured differently at each hospital trust, and therefore cannot be compared.
15. Accurate and comparable data in relation to the health needs of LAC has been historically difficult to obtain due to the complexity of data requiring collection, and the number of health providers supporting Nottinghamshire's LAC. Non-recurrent funding from NHS England has supported the development of new IT systems, key performance indicators and information requirements which will vastly improve the information that can be reported and compared from 2019-20 onwards. Designated professionals and commissioners have worked together to ensure more meaningful and consistent data will be available, enabling organisations to work in partnership to drive up performance, plan services and improve health outcomes for LAC.
16. It is important to recognise that Nottinghamshire CCGs and health providers, when requested by the placing authority, are also responsible for meeting the health needs of other local authority children placed in the Nottinghamshire area, all of whom receive the same standard of care. The number of children from other local authorities requiring health assessment in Nottinghamshire is increasing significantly.

## Review health assessments

17. The aim of the review health assessment is to provide a holistic review of health development, gather information about emotional and physical health, engage the child or young person in their own healthcare, and provide information and advice to the child, their social worker and carers regarding their specific health needs. This is provided via a written report including health recommendations and an action plan, which is then discussed at each child's statutory looked after review.
18. In 2017-18, 94% of children and young people aged 5 to 18, who had been looked after continuously for more than 12 months have had an annual review assessment, and 100% of under 5's are up-to-date with their health assessment, as summarised in Graph 1.

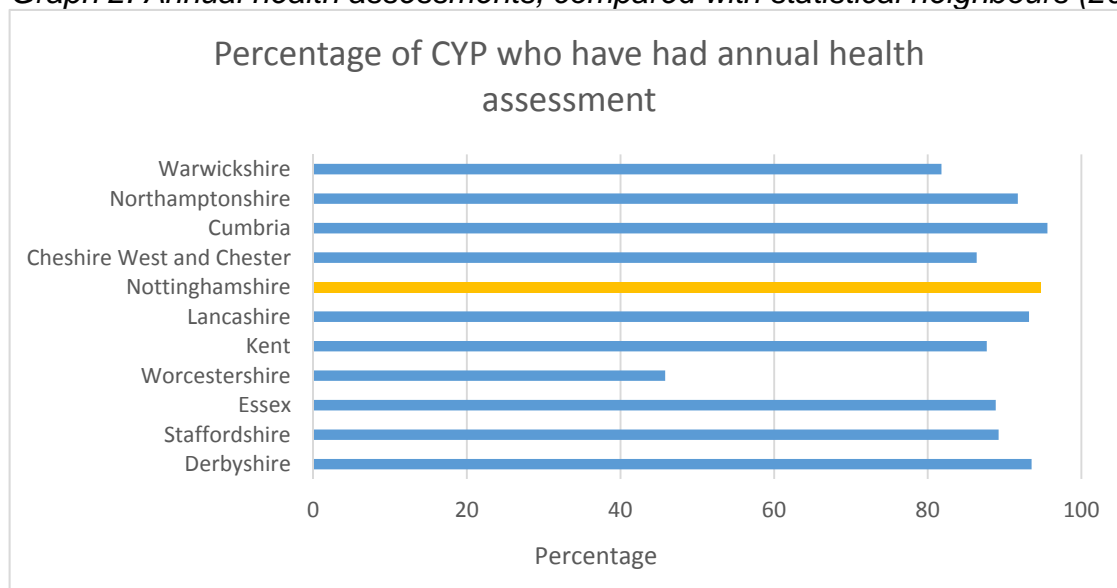
*Graph 1: Health assessments for Nottinghamshire children Looked After for <12 months*



*Source: Children Looked After Return for Department of Education (draft, 2018)*

19. The slight reduction in annual health assessments from 94.6% of children and young people in 2016-17 to 93.9% in 2017-18 (Graph 1) is attributed to capacity challenges in the children in care nursing service. This service has been affected by sickness and vacancies which has had an adverse impact on performance; these issues have recently been resolved and the situation is being monitored by commissioners.
20. These indicators are measured annually by the Department for Education, with performance benchmarked across authorities, as shown in Graph 2 (below), which highlights that Nottinghamshire compares well with statistical neighbours in 2016-17.

*Graph 2: Annual health assessments, compared with statistical neighbours (2016-17)*



*Source: Local Authority Interactive Tool, Department for Education*

### **Health assessments: quality**

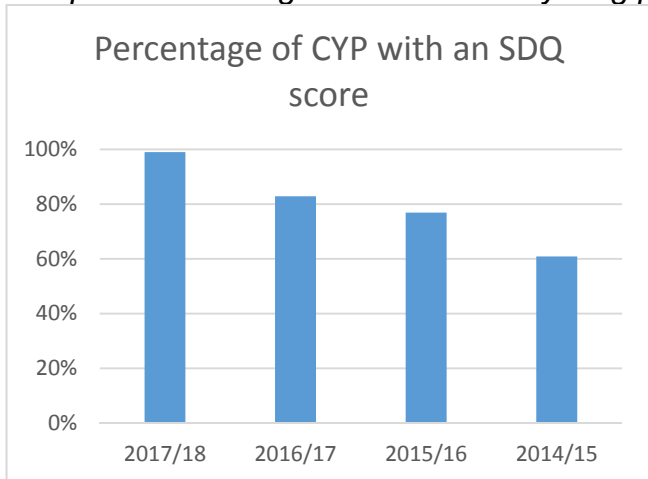
21. A quality assurance framework has been developed for Mid Nottinghamshire and Greater Nottingham CCGs by the Designated Professionals for LAC to assess the quality of healthcare delivered to LAC, this includes data collection, audit and dip-testing. The framework covers the quality of the health assessment, ensures the voice of the child or young person is always central, and includes information given on leaving care. This is further supported by an annual quality assurance visit, which in 2017-18 focused on the children in care nursing services and the Bassetlaw LAC medical service finding examples of excellent practice and making recommendations for improvement.
22. Where a child or young person declines a health assessment at any stage a robust pathway has been developed to ensure each child is appropriately supported to engage with the assessment and that health needs, where known, are met.

### **Emotional and mental health**

#### **Strengths and Difficulties Questionnaires**

23. Strengths and Difficulties Questionnaires (SDQs) are used to assess the emotional well-being of individual looked after children. The SDQ is a clinically validated brief behavioural screening questionnaire for use with 4-16 year olds, and supports social workers and health providers to form a view about the emotional wellbeing of individual LAC.
24. As Graph 3 below indicates, there has been a year-on-year increase in the number of children where an SDQ score has been completed, due to ongoing efforts to obtain and record this information. There remain challenges in SDQs being available to inform the annual review health assessment, which has been identified as a priority for improvement across partners.

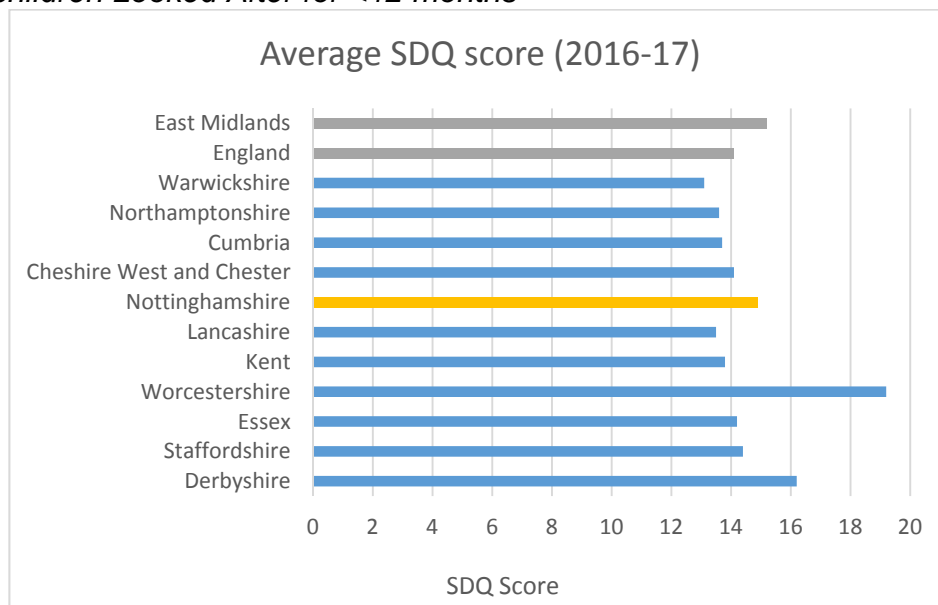
*Graph 3: Percentage of children and young people with an SDQ score, Nottinghamshire*



*Source: Children Looked After Return for Department of Education (draft, 2018)*

25. A score of 0-13 on the SDQ tool is considered normal, 14-17 borderline, and 17 plus a cause for concern; in 2016-17 the average score for Nottinghamshire was 14.9. As illustrated in Graph 4 below, this mean score was greater than most statistical neighbours and the England average, indicating comparably high emotional and mental health needs for Nottinghamshire LAC.

*Graph 4: Average SDQ score, compared with statistical neighbours (2016-17) Nottinghamshire children Looked After for <12 months*



*Source: Local Authority Interactive Tool, Department for Education*

### **Child and Adolescent Mental Health LAC Service**

26. A dedicated Child and Adolescent Mental Health Service (CAMHS) supports the mental health needs of LAC. It is a multi-disciplinary, multi-agency team comprised of social workers and health professionals whose purpose is to assess mental health needs and promote the psychological wellbeing and placement stability of children and young people who are Looked After or adopted.

27. The model of intervention is tailored to meet the individual needs of the child or young person and their network, based on the evidence base, the views and skills of the client and their family/foster carers. Care may be delivered via a consultation model or through a range of integrative interventions: fostering attachments group; therapeutic parenting or attachment focused family based interventions such as Theraplay; Dyadic Developmental Psychotherapy, Systemic Psychotherapy or Distress Tolerance Groups. The team can also provide specific diagnostic assessment, as well as the prescribing and reviewing of medication.
28. Over the last year, commissioning responsibility for the health professionals within the service has transferred from the Council to CCGs in line with statutory responsibilities. There have been significant capacity challenges over the period of this change, linked to staff turnover, leading to a temporary reduction in specialist mental health support available for children and young people. During this time children and young people with a diagnosable mental health need are prioritised and are being appropriately assessed and treated.
29. The team is now recruiting to additional social work, nursing and psychology posts in order to increase staffing capacity and commissioners are working with the provider, NHFT, to ensure the team is fully recruited to and working optimally.
30. An independent review of the service completed at the end of 2017 highlighted strengths and areas for improvement. Strengths include:
- the clear theoretical framework based on attachment and trauma informing the service's approach
  - the multi-agency/multi-disciplinary make-up of the service
  - the consultation provided by the service to partners including social workers, foster carers, residential children's homes
  - the strong links with other CAMHS teams such as Head 2 Head, Crisis and Eating Disorders, meaning that young people's needs are met in a joined up way.
31. Areas for improvement include:
- to improve parity of access for LAC placed in and out of the County, children with similar life experiences but different legal statuses (e.g. special guardianship or kinship) and LAC in different placement types (e.g. internal or external fostering or residential care)
  - to improve data collection regarding the service's work and impact on children and young people
  - to further involve young people in service developments moving forwards
  - to further clarify the framework to effectively support LAC with mental health needs, including the role of different professionals and the balance between consultation and direct therapeutic intervention within the service model.
32. Recruitment and increasing capacity is the current priority for the service; however progress has been made in relation to these recommendations, including the agreement of a new set of data reporting requirements and discussions with the Children in Care Council regarding their involvement in future service developments. In addition, initial scoping conversations have taken place regarding ensuring parity of access and clarifying the framework for supporting these children and young people. It is anticipated that this work will be completed by March 2019. The developments described are in line with the ambitions of

the local transformation plan for children's mental health, and progress is reported to the Children's Mental Health Executive.

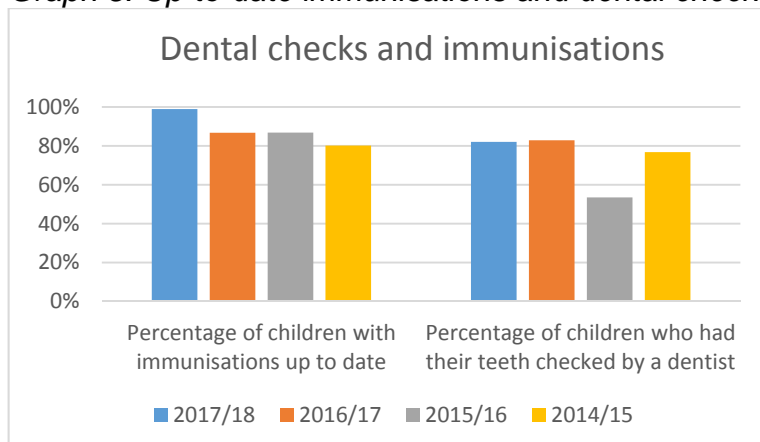
### ***Integrated personal commissioning pilot***

33. In Nottingham and Nottinghamshire a new way of working is being piloted to support the mental health needs of LAC and care leavers aged 0-25, via a model known as 'integrated personal commissioning'. The pilot programme, which is funded by NHS England up to 31<sup>st</sup> March 2019, seeks to test how mental health outcomes can be improved by allowing the child or young person to identify the support arrangements that will work for them. Through the use of a small personal health budget and support from social workers, personal advisors, youth workers and supported accommodation providers, personalised support arrangements can then be put in place.
34. Since the pilot was launched operationally in April 2018, 167 LAC and care leavers across Nottinghamshire have been accepted onto the pilot and have been allocated a small personal health budget. Support arrangements, as identified by the child or young person themselves, have included gym memberships, boxing clubs, and drama clubs.
35. General data / presenting needs of young people in the pilot include:
  - 51% present with anxiety, depression, stress or other mood disorders
  - 27% are reported as self-harming
  - 37% are reported as being socially isolated.

### **Dental checks and immunisations**

36. Social workers ensure LAC receive the healthcare services they require as set out in their health plan; this includes routine dental checks and immunisations. As Graph 5 below highlights, there has been a large increase in the number of children whose immunisations are recorded as being up-to-date in 2017-18 as a result of data quality work to ensure these were recorded correctly. Graph 6 below highlights that Nottinghamshire benchmarks well.

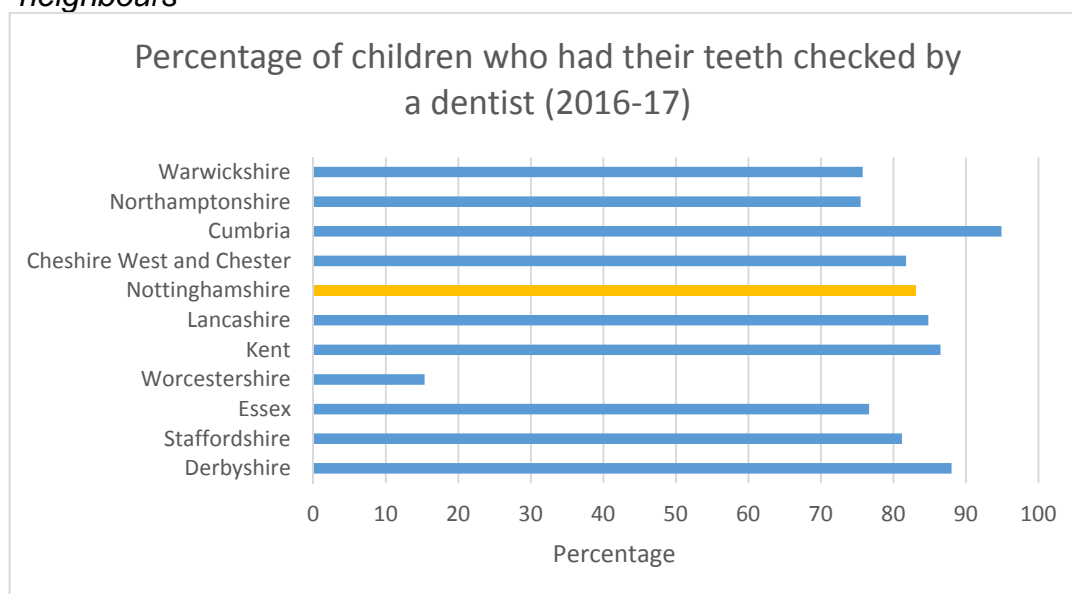
*Graph 5: Up-to-date immunisations and dental checks, for Nottinghamshire LAC <12 months*



Source: *Children Looked After Return for Department of Education (draft, 2018)*



*Graph 6: Percentage of LAC who have had teeth checked, compared with statistical neighbours*



*Source: Local Authority Interactive Tool, Department for Education*

## Leaving care

37. The pathway review highlighted that care leavers were not always given sufficient information in regard to their own health and have limited information about their family history. Support for care leavers is a priority under the Children and Social Work Act 2017, and identified by NHS England, and health support has been strengthened in a number of ways: important health information is now distributed to all care leavers, and a wealth of training and awareness raising regarding the specific needs of care leavers has been carried out including training events to all CCG GP practice learning events and information disseminated via newsletters and bulletins, on GP IT systems and a GP focused safeguarding website.
38. In partnership with the NSCB dedicated training, 'Meeting the needs of LAC: a multi-agency approach', is scheduled for early 2019. This training is available for all practitioners who work directly with children and young people and is delivered by trainers from health, children's social care, legal and education services. Designated professionals and health providers are also supporting the development of a care leaver local offer, to include a focus on the health and wellbeing of care leavers.

## Priorities

39. Priorities across partners for the year ahead include:
  - increasing capacity of the Child and Adolescent Mental Health LAC Service, including responding to the recommendations of the review
  - ongoing efforts to improve the timeliness of health assessment, including availability of the health report
  - improving the availability of SDQ score to inform annual health assessments
  - agreeing and implementing a pathway to manage health assessments for children placed out of area

- embedding the quality assurance framework
- strengthening support for care leavers
- implementing new data and monitoring arrangements for health providers.

40. These will be achieved by continuing to work in partnership across organisational boundaries to prioritise the health of LAC, and will be driven and monitored via the multi-agency Service Improvement Forum.

### **Other Options Considered**

41. No other options have been considered.

### **Reason/s for Recommendation/s**

42. To improve the health and wellbeing (physical, emotional and mental) of LAC wherever they are placed, and positively influence their life chances.

### **Statutory and Policy Implications**

43. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

44. There are no financial implications arising from this report.

## **RECOMMENDATION/S**

That Committee:

- 1) considers whether there are any further actions it requires in relation to efforts to promote and improve the health of Looked After Children.
- 2) receives an update on the progress in responding to the recommendation of the Child and Adolescent Mental Health Looked After Children Service review, incorporating a staffing update, in six months' time, and a six monthly update thereafter regarding efforts to promote and improve the health needs of Looked After Children.

**Steve Edwards**

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**Constitutional Comments (LM 16/11/18)**

45. The Children and Young People's Committee is the appropriate body to consider the contents of the report. Members may wish to consider any actions they require in respect of the issues contained in the report.

**Financial Comments (SAS 19/11/18)**

46. There are no financial implications arising directly from this report.

**Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- [Additional Staffing to Support Children's Mental Health Pilot](#), report to Children and Young People's Committee on 16 July 2018
- [Improving the health outcomes for children and young people in the care of the local authority](#), report to Corporate Parenting Sub-Committee on 12 September 2016
- [County CAMHS Looked After and Adoption Team – service provision and developments 2016-17](#), report to Corporate Parenting Sub-Committee on 12 September 2016

**Electoral Division(s) and Member(s) Affected**

All.

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