

13th January 2020**Agenda Item: 4****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 prevent, promote and improve the health and wellbeing of Looked After Children, summarising key achievements and highlighting priorities for the year ahead.

Information

2. Most children become looked after because 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.
3. 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 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).
4. The NHS plays a key role in ensuring effective delivery of health services to LAC. Nottinghamshire CCGs and Nottinghamshire Public Health commission services for LAC. The NHS provider organisations are shown below.
 - **The LAC medical service** is responsible for completing a comprehensive initial health assessment to identify health needs and make referrals to specialist services, as well as undertaking the Medical Advisor to Adoption role. The providers in Nottinghamshire are: Sherwood Forest University Hospitals NHS Foundation (SFHFT) Trust, Nottingham University Hospital NHS Trust (NUHT) and Doncaster and Bassetlaw Teaching Hospital NHS Trust (DBHT)

- **The LAC nursing service** co-ordinates the pathway once a child or young person enters care and completes most of review health assessments following on from the initial health assessment. This service is provided by Nottinghamshire Healthcare NHS Foundation Trust (NHFT)
 - **A Child and Adolescent Mental Health Service for Looked After Children (CAMHS LAC)** is provided by NHFT and provides consultation and direct 1:1 work for children and young people with emotional health and wellbeing needs.
 - **Healthy Family Teams** deliver public health nursing in line with the Healthy Child Programme, provided by NHFT.
 - **The Acute Trusts** provide Designated Doctor LAC and Named Doctor to give strategic advice, training and support in line with Intercollegiate recommendations. This applies in NUH and SFHT.
 - **The (Community)** NHFT has Named Nurse roles – one in Bassetlaw and three as a job share for Mid and South County and City.
5. LAC can also access the full range of NHS and Public Health commissioned services, which include primary healthcare services (GPs), secondary care, specialist and acute health services, emotional health and wellbeing services, and services to support weight management, smoking cessation and substance use, amongst others.
 6. Two Designated Nurses for LAC are situated in Nottinghamshire CCGs, one on behalf of both Mid Nottinghamshire CCGs and Greater Nottingham CCGs, and one on behalf of Bassetlaw CCG. Designated Doctors for LAC are based in SFHFT, NUHT and DBHT. Alongside their other roles the designated professionals (Mid and Greater Nottingham CCG) produce annual CCG reports outlining the progress and key achievements each year.
 7. Following a multi-agency whole system review of pathways and service provision for LAC statutory health services in 2016-17, a multi-agency strategy group formed a Service Improvement Forum (SIF) for the health of LAC in Nottinghamshire and Nottingham. The objective of the SIF is to ensure system partners (CCGs, health providers and local authorities) work together to deliver an outcomes framework which improve how care is delivered to LAC and Children in Care. A working action plan is overseen by health commissioners and the designated professionals. Where there are areas which require additional focus working groups have been established to ensure delivery of actions in Nottinghamshire and address cross border and out of area issues. The SIF reports to Nottinghamshire's LAC & Care Leavers Partnership Board.

Health Assessments

8. The statutory guidance, 'Promoting the health and well-being of looked-after children (2015, Department of Health), sets out timescales for the completion of health assessments, with an accompanying health report and recommendations as follows: initial health assessment (IHAs): 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.

9. Guidance states an IHA should be completed within 20 working days of entering care. In 2018-19, data collated locally within children's social care shows that approximately 35% of IHA requests are sent within 5 days and 8% of IHA are completed within 20 working days (Source: Nottinghamshire County Council IHA Timescales Statistics). It should be noted that data relating to timely initial health assessment is not collated nationally therefore performance cannot be compared with statistical neighbours. Initial health assessments conducted 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 endeavours to attend the health assessment with the LAC and responds in a timely manner to any recommendations that may emerge.
10. There are many 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.
 - successive changes in circumstances caused by healthcare treatment and a breakdown in placements among others.
11. Provider organisations monitor and review systems to look for root causes and issues which can be amended to support timely health assessments. They link with other agencies including social care to improve systems outside of health remit. This information is shared via the Service Improvement Forum.
12. To undertake an initial health assessment, correctly consented paperwork must be obtained by the child's social worker. In 2018-19, locally collated data shows that 35% of Nottinghamshire children had correctly consented paperwork sent to the local hospital trust to request health assessment within five working days of entering care, compared with 30.6% in the calendar year 2017-18. (Source: Nottinghamshire County Council IHA Timescales Statistics). A process is now in place 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. In 2018 the East Midlands notification guidance was updated, and a local pathway has been implemented in 2019 to strengthen and formalise these arrangements, aiming to better and more consistently support the health needs of children placed out of area. This includes notification by the local authority to the appropriate organisations, processes to track completion of statutory health assessments, a mechanism to assure the quality of these assessments and establish clear payment mechanisms, as well as escalation processes. The new pathway was adhered to by Nottinghamshire health providers, CCGs, Nottinghamshire County Council and Nottingham City Council across 2018-19. Work is now underway to replicate

this work for children/young people requiring CAMHS/emotional health support when placed out of area.

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 to report sent; however, performance has previously been measured differently at each hospital trust and therefore could not be compared. A revised data set has now been agreed by all health providers that will ensure robust and comparable data in 2020.
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 reported 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 report performance, plan services and improve health outcomes for LAC. The development for Nursing data collection is completed and development of Medical data collection is progressing well. This is expected to be complete by March 2020.
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

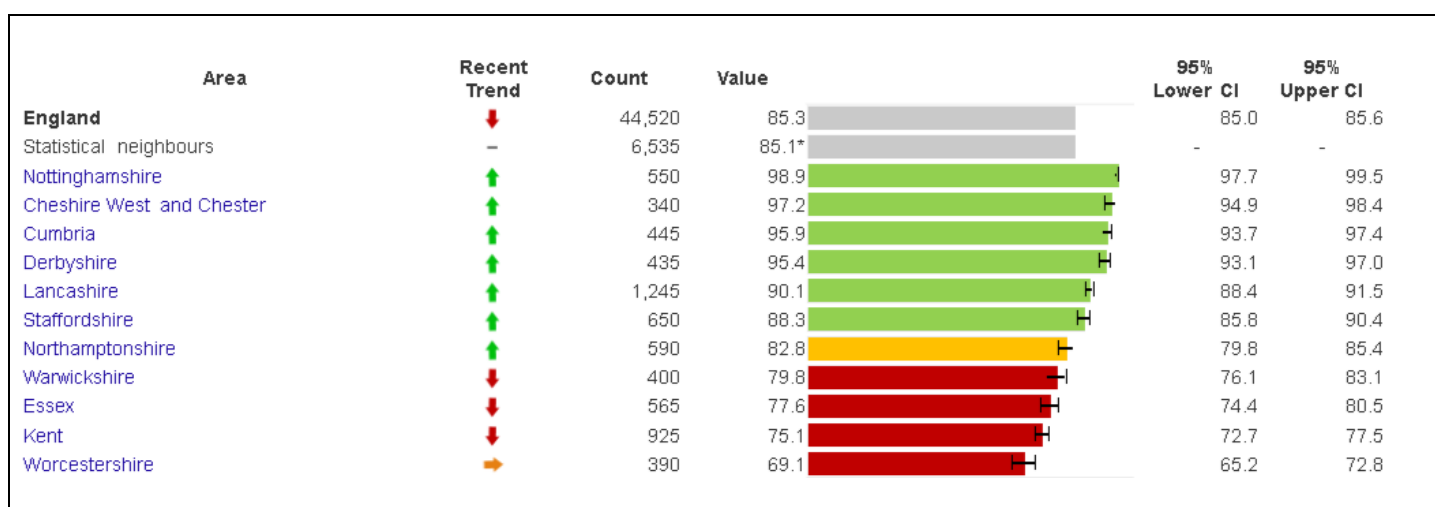
17. The aim of the review health assessment is to provide a holistic review of health, development and to gather information about emotional and physical health, engage the child or young person in their own healthcare, and provide information and advice to the child, their social worker and carers regarding 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. Social workers ensure LAC receive the healthcare services they require as set out in their health plan; this includes routine health, dental checks and immunisations. **Graphs 1 and 2** and **Table 1** shows there has been a large increase in the number of children whose immunisations are recorded as being up to date in 2018-19. This is an exceptional rate of 99.5% in Nottinghamshire Looked After Children and this has a major role in preventative healthcare, controlling and eliminating life-threatening infectious diseases for a vulnerable population of children. This achievement is primarily due to the data quality work to ensure these are recorded correctly, rather than change in practice. It should be noted that there is a 95% performance target for vaccinations in childhood which Nottinghamshire's LAC population exceeds (NHS Digital, 2019).
19. In 2018-19 the number of LAC who have their health surveillance checks as part of the National Healthy Child Programme, immunisations and statutory annual health

assessments, continued to be high. Those who had their teeth checked by a dentist has decreased compared with last year and the percentage completed is lower than the other health checks. The Service Improvement Forum is going to investigate the rationale for this and take appropriate action to improve.

Immunisations

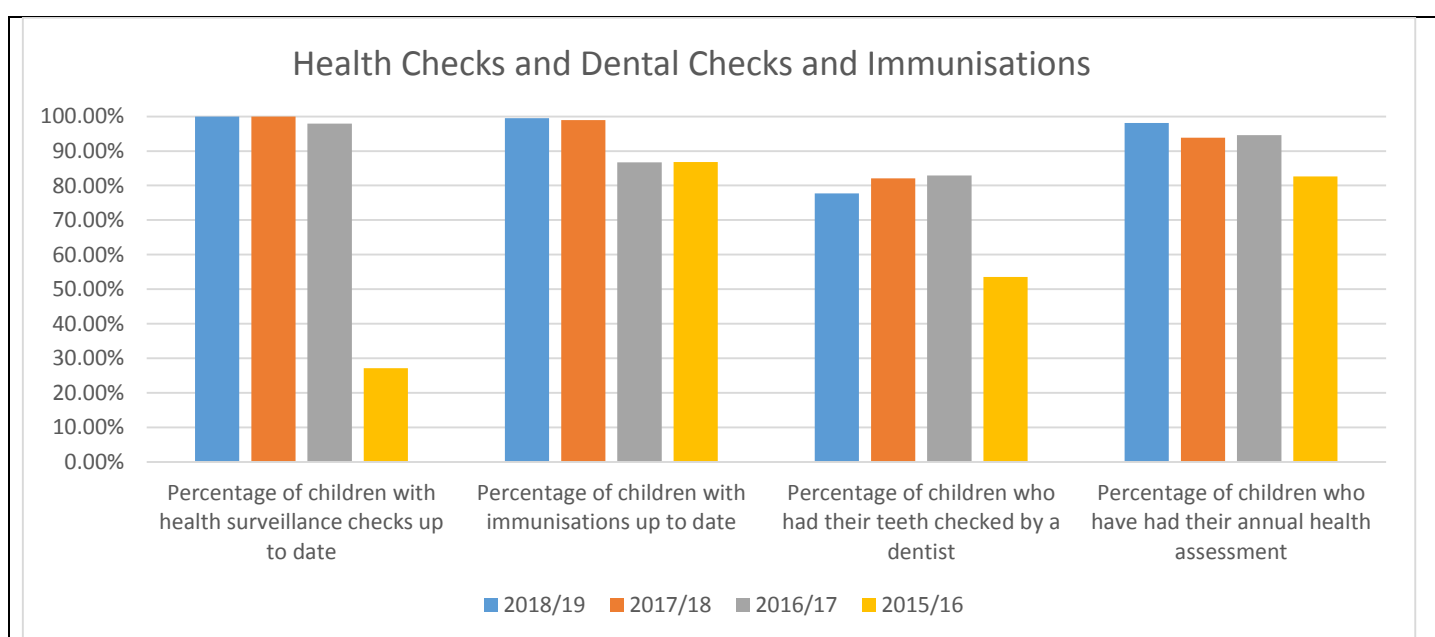
20. The health of LAC is clearly of importance to any local authority acting as a corporate parent. Graph 1 shows that LAC in Nottinghamshire are up to date with their immunisations with a 98.9% uptake and is leading compared to statistical neighbours.

Graph 1: Numbers of Children in Care Immunisations compared with Statistical Neighbours (2018)



Source: Public Health England Public Health Profiles Fingertips accessed 13.11.19

Graph 2: Proportion of children and young people with Health, Dental Checks and Immunisations (2015-2019)



Source: Department of Education, Children Looked After Data (SSDA903) 1.4.18-31.3.19

Table 1: Health and Dental Checks and Immunisations

Year	Number of children with health surveillance checks up to date	Number of children immunisations up to date	Number of children their teeth checked by a dentist	Number of children who have had their annual health assessment
2018/19	47/47 (100%)	589/592 (99.5%)	460/592 (77.7%)	581/592 (98.1%)
2017/18	33/33 (100%)	551/557 (98.9%)	457/557 (82%)	523/557 (93.9%)
2016/17	47/48 (97.9%)	497/573 (86.7%)	475/573 (82.9%)	542/573 (94.6%)
2015/16	13/48 (27.1%)	502/587 (86.9%)	314/587 (53.5%)	485/587 (82.6%)

Source: Department of Education, Children Looked After Data (SSDA903) 1.4.18-31.3.19

Health assessments: quality

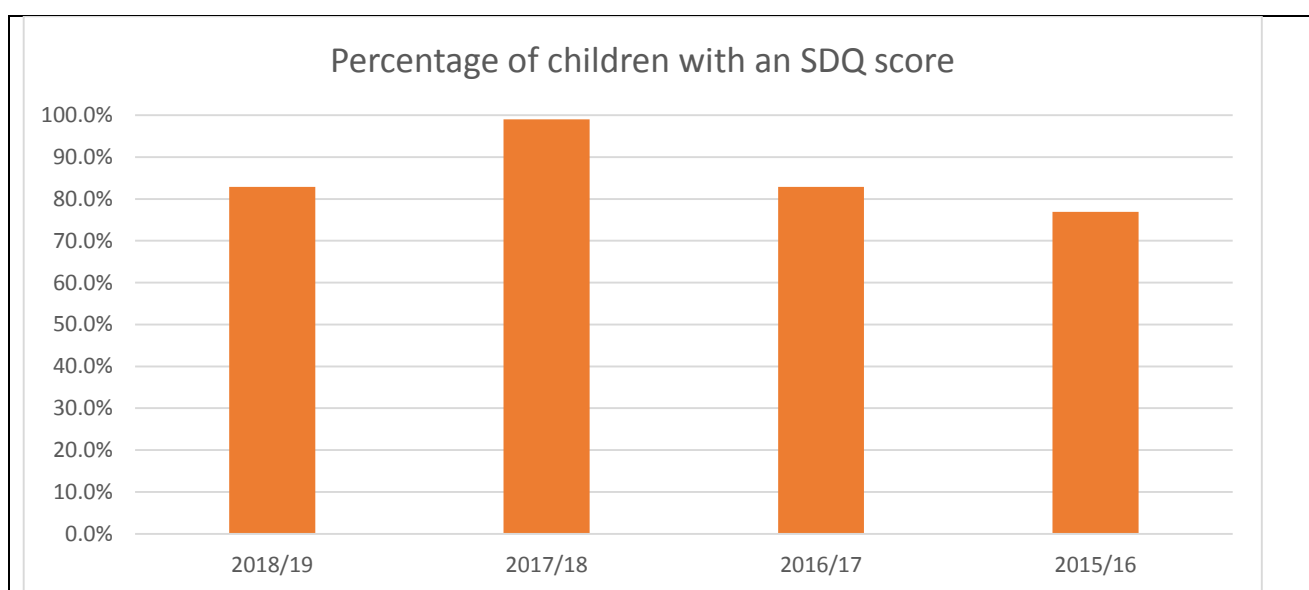
21. A quality assurance framework has been developed for Mansfield and Ashfield, Newark and Sherwood, Nottingham North and East, Nottingham West, Rushcliffe and Nottingham City CCG by the Designated Professionals for LAC to assess the quality of healthcare delivered to LAC, this includes data collection, audit and 'dip-testing' of health assessments. The framework covers the quality of the health assessment, ensures the voice of the child or young person is always central, and includes the quality of information given on leaving care.
22. Quality Assurance is measured in different ways, including data collection, audit and dip testing by the Designated Nurse for LAC. The CCGs audit the quality of health assessments, information given on leaving care and ensuring the voice of the child or young person is always captured. For all LAC there is a comprehensive Quality Assurance process for all IHAs and RHAs:
 - for those children who are placed out of area each health assessment is reviewed against a locally agreed quality assurance tool and further information is requested from the local provider as required; there is a specific pathway to follow which includes escalation of any concerns.
 - for children in area (Bassetlaw) there is an annual audit of all IHAs and for RHAs there is a quality and annual caseload profile
 - for children in area (Mid and South County) there are six monthly provider and CCG audits of all RHAs and plans to commence audits of IHAs.
23. A decliner pathway has been developed by the Designated Professionals for LAC, health providers and the local authority. This means that any child or young person who declines a health assessment at any time is appropriately supported to engage with the assessment and that health needs, where known, are met.

Emotional Mental Health and Wellbeing

Strengths and Difficulties Questionnaires

24. Strengths and Difficulties Questionnaires (SDQs) are used to assess the emotional wellbeing of individual looked after children. The SDQ is a clinically validated brief behavioural screening questionnaire for use with 4 to 16 year olds and supports social workers and health providers to form a view about the emotional wellbeing of individual LAC.
25. As **Graph 3** below indicates, there had been a continuing increase in the numbers of children where an SDQ score has been completed. However, **Table 2** shows there has been a decrease in the percentage from 99% in 2017/18 to 82.9% in 2018/19 returning to a similar level, 82.8% as in 2016/17, though it should be noted recent performance has increased to 90% following the implementation of an electronic solution to improve response rates. 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. Statutory guidance requires SDQs to be completed every 12 months and the Health Assessment requires a current SDQ which is no more than three months old as their therapeutic value is only considered valid for a three-month period. Many of the SDQs are therefore too old and not included in the assessment.

Graph 3: Emotional Mental Health and Wellbeing: Percentage of Children and young people with the Strengths and Difficulties Questionnaire (SDQ) scores (2015-2019)



Source: Department of Education, Children Looked After Data (SSDA903) 1.4.18-31.3.19

Table 2: Emotional Mental Health and Wellbeing: The Strengths and Difficulties Questionnaire (SDQ) scores

Year	Number of children with an SDQ score	Percentage of children with an SDQ score
2018/19	402/485	82.9%
2017/18	389/393	99.0%
2016/17	396/478	82.8%
2015/16	346/450	76.9%

Source: Department of Education, Children Looked After Data (SSDA903) 1.4.18-31.3.19

Child and Adolescent Mental Health LAC Service

26. A dedicated Child and Adolescent Mental Health Service (CAMHS) supports the mental health needs of LAC. A detailed update on the emotional health of LAC was presented in October 2019 to Children and Young People's Committee. The team 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. Whilst capacity in the team has increased since the report to Committee in December 2018, the team is not yet at full capacity, these vacancies are on track to be filled by March 2020.
29. An independent review of the service was commissioned by the clinical commissioning groups and the findings reported to Children and Young People's Committee in December 2018. This highlighted several areas working well and a number requiring improvement:
 - to improve parity of access for looked after children placed in and out of the County, children with similar life experiences but different legal statuses (e.g. special guardianship or kinship) and looked after children 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 children in care with mental health needs, including the role of different professionals and the balance between consultation and direct therapeutic intervention within the service model.
30. Progress in responding to the areas for improvement are as follows;
 - a piece of project work has been initiated as part of the Department's Remodelling Practice Programme, outlining the differing range of emotional health support that can be accessed by children with similar life experiences but different legal statuses or placement types. This project is expected to make recommendations for improving the equity of access to support for emotional health in January 2020.
 - on transfer of responsible commissioner, a focus has been on improving data quality and collection. The service now has contracted reporting measures and contracted information requirements such as caseload information, waiting times and outcomes

achieved which are being captured by the service. A service review is scheduled in early 2020.

- to involve young people in service design, the Team Manager for the CAMH Service for Children in Care and Adopted Children is working with the Project Team for *You Know Your Mind* (integrated personal commissioning project), to ensure that the learning from the project informs the way the CAMH service is provided. This includes considering how personal health budgets may facilitate long-term mental health improvements following CAMHS involvement.
- in response to the review findings, the team is developing its service model, maintaining a core focus on attachment and trauma, whilst also offering a more flexible approach to support children and young people and their carers, with more of an outreach approach to older young people, for example those living in semi-supported accommodation.
- a further area for improvement the service and commissioners are considering is how to support young people in care with mental health needs as they transition to adulthood. The team now has a named transition lead whose role is to facilitate transfer to adult services. In addition to this commissioners and Nottinghamshire Healthcare NHS Foundation Trust are currently exploring flexible approaches to transitions across mental health services, to ensure transition is young person centred. The CAMHS LAC team has been identified as a service which would be best placed to trial this approach, an example of this approach could be by a model where young people have a choice of whether they want to retain a worker from CAMHS into adulthood, this approach would also ensure close working with adult mental health teams and the Council's Leaving Care Service.

Integrated personal commissioning pilot

31. The 'You Know Your Mind' Project has been active in Nottingham and Nottinghamshire since April 2018, adopting a person-centred approach to supporting LAC and care leavers (aged 0-25 years) with mental health needs. Via a model known as 'integrated personal commissioning', the You Know Your Mind Project seeks to improve mental health outcomes by allowing the child or young person to identify what support arrangements will work for them. Using 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. The project is currently funded by health partners until 31st March 2020.
32. Since the project launched in April 2018, 272 LAC and care leavers across Nottinghamshire County have been allocated a personal health budget and supported to self-identify their support arrangement. Support plans have ranged from physical activities (such as gym memberships, boxing clubs, dance classes) to creative pursuits (photography, guitar lessons, floristry) and community engagement (fishing, brownies, cadets).
33. Presenting needs of young people in the project include:
 - 57% present with anxiety, depression, stress or other mood disorders

- 27% are reported as self-harming
- 40% are reported as being socially isolated.

34. To date, 65 (24%) of Nottinghamshire's LAC and care leavers have been involved in evaluation to ascertain the impact of this approach on mental health outcomes. This has included face-to-face discussions with the young person, their carer and their keyworker to understand how the personalised support plan has impacted on various areas of the young person's life. The evaluations have shown that:

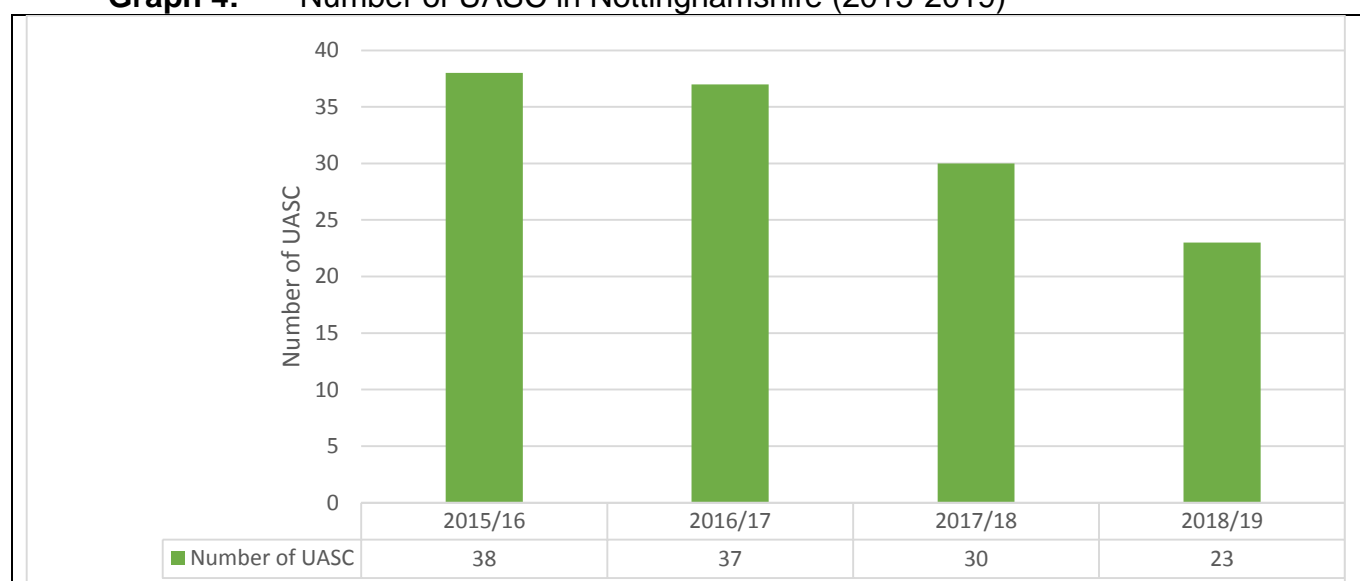
- 90% of young people feel better or a lot better about their quality of life
- 81% of young people felt that their health & wellbeing has improved
- 71% of young people reported feeling more confident
- 77% of young people felt that it gave them something to look forward to or focus on.

Unaccompanied Asylum-seeking Children (UASC)

35. UASC remain the responsibility of the local authority in which they entered care, therefore it is important to monitor the local number and any trends. **Graph 4** shows the current data available on the numbers of UASC which have been steadily falling in Nottinghamshire over the past four years, now making up just 2.6% of all Looked After Children. As the number of asylum seekers will be influenced heavily by worldwide events, it is difficult to accurately predict a trend, though if the current pattern is to continue, numbers are expected to decrease.

36. However, social workers at the most recent SIF meeting have reported that there has been an increase in presentation in both the City and County in the first quarter of 2019/20 and so it is being investigated. Providers of all services will report numbers of UASC in Nottinghamshire and Nottingham City.

Graph 4: Number of UASC in Nottinghamshire (2015-2019)



Source: Performance, Intelligence and Policy team, NCC

UASC Health Needs

37. Since the implementation of the National Transfer Scheme in July 2016, alongside revised practice guidance, documentation and pathways, the following work has been completed;
- as part of the revised data set, improvements to data collection and reporting on health assessments for UASC will be made to plan service delivery
 - information is being shared by designated professionals for LAC with health providers regarding training events and national guidance. UASC information is incorporated into GP platforms and all training events
 - the Service Improvement Forum has identified UASC as a group of young people that require further review to ensure their health needs are being met.

Leaving Care

38. In 2016, the pathway review highlighted that care leavers were not always given sufficient information regarding 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 several ways over the past 12 months. Important health information is now distributed to all care leavers with a revised distribution pathway agreed by health providers and the local authority that was implemented in October 2018. This pathway is currently being audited.
39. A new process for the distribution of health summaries to care leavers was implemented in 2018 and this pathway is currently being audited to ensure it is effective. Recommendations will be made as required. There has been a wealth of training and awareness raising regarding the specific needs of care leavers carried out including training events to all CCG GP practice learning events and information disseminated via newsletters and bulletins and on GP IT systems. Throughout Nottinghamshire health providers have worked to ensure the Care Leavers pathway is supported. In Bassetlaw all children about to leave care are discussed at the multi-disciplinary health transitions meeting to ensure any ongoing health needs are captured and a pathway is in place to progress into adulthood.
40. In partnership with the Nottinghamshire Safeguarding Children Partnership (NSCP) three full days of dedicated training on 'Meeting the needs of LAC: a multi-agency approach' were delivered in 2019. This training was available for all practitioners who work directly with children and young people and was delivered by trainers from health, children's social care, legal and education services. Designated professionals and health providers also supported the development of the local authority care leaver local offer, to include a focus on the health and wellbeing of care leavers.

Priorities

41. Priorities across partners for the year ahead include:
- out of area pathway (OOA) to be embedded and reviewed.
 - CAMHS element to the OOA pathway to be agreed and implemented.
 - agreement and implementation of the "decliner pathway" for those young people refusing a health assessment.

- further work to be undertaken to bring together physical and emotional health within all pathways.
 - continue to improve the timeliness of referrals for health assessments, completion of the health assessment and availability of the health report.
 - continue to improve the availability of SDQ score to inform annual review health assessments.
 - review how the health needs of UASC living in Nottinghamshire are being met.
 - embed quality assurance processes in practice.
 - strengthen support for care leavers including for those young people entering care post 17 years of age.
 - develop revised data sets to be reported on by providers.
 - scope and implement improvements into transitions into adult services.
42. 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

43. No other options have been considered.

Reason/s for Recommendation/s

44. 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

45. 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

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

RECOMMENDATION/S

- 1) That Committee considers whether there are any further actions it requires in relation to progress in promoting and improving the health of Looked After Children.

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Constitutional Comments (EP 12/12/19)

47. The Children and Young People's Committee is the appropriate body to consider the content of the report. If the Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference.

Financial Comments (SAS 17/12/19)

48. 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.

[Improving the Emotional Health of Looked After Children – report to Children & Young People's Committee on 14th October 2019](#)

[Promoting and Improving the Health of Looked After Children – report to Children & Young People's Committee on 17th December 2018](#)

Electoral Division(s) and Member(s) Affected

All.

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