

**15<sup>th</sup> March 2021****Agenda Item: 5****REPORT OF THE SERVICE DIRECTOR, YOUTH, FAMILIES AND SOCIAL  
WORK****PROMOTING AND IMPROVING THE HEALTH OF CHILDREN AND YOUNG  
PEOPLE WHO ARE LOOKED AFTER****Purpose of the Report**

1. This report updates the Committee on key achievements and priorities for the year ahead to improve and promote the health and wellbeing of children and young people who are looked after. It should be reviewed in the context of the Local Authority's duty as corporate parents to children and young people who are looked after or children in care.

**Information****The health needs of children and young people who are looked after**

2. Most children and young people become looked after because of abuse and neglect. Although they have many of the same health needs as their peers, they may also have additional health care needs and the extent of these is often greater because of the impact of their past adverse experiences. Effective close work between partner agencies is required to ensure their health needs are met.
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, Clinical Commissioning Groups (CCGs) and health providers are committed to working in partnership to promote and improve the health of children and young people who are looked after.

**Health services**

4. The NHS has an important key role in ensuring effective delivery of health services for children and young people who are looked after. Nottingham and Nottinghamshire CCG, Bassetlaw CCG, Nottinghamshire Public Health and NHS England commission services for children and young people who are looked after. An overview of statutory and key services, to ensure their health needs are met are detailed below:

- **The Medical Service** for children and young people who are looked after is responsible for completing a comprehensive initial health assessment to provide an overview of the child or young person's health needs, they will also refer to appropriate services. The providers who deliver this service in Nottinghamshire are; Sherwood Forest Hospitals NHS Foundation (SFHFT) Trust, Nottingham University Hospital NHS Trust (NUHT) and Doncaster and Bassetlaw Teaching Hospital NHS Trust (DBHT).
- **The Nursing Service** for children who are looked after coordinates the pathway once a child or young person enters care and completes the 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 children and young people who are looked after 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 (HFT)** deliver 0-19 services in line with the Healthy Child Programme (HCP), provided by NHFT.
- **Designated Nurses** for children and young people who are looked after are situated in the CCGs (one in each). They lead and support all activities necessary to ensure that organisations across the health system meet their responsibilities for children who are looked after, advising and supporting all specialist professionals across the health community.
- **Named Nurse roles** span Mid County, South County and City and Bassetlaw. The named nurse for looked after children are leaders in their provider organisation to ensure that looked after children's issues are reflected in policies, and service delivery across the provider organisation. They also have a responsibility to support the provider for managing and quality assurance of health assessments for children placed out of area. They work closely with the Designated Nurses.
- **The Designated Doctor** for children and young people who are looked after and a Named Doctor are two different roles in each acute provider. They give strategic advice, training and support in line with Intercollegiate recommendations (similar to the safeguarding children roles).

5. Children and young people who are looked after can also access the full range of NHS (CCG and NHS England funded) and Public Health commissioned services, which include primary healthcare services (GPs), secondary care, specialist and acute health services, emotional health and wellbeing services, dentistry and services to support weight management, smoking cessation and substance use, amongst others.

## **Initial Health Assessments and Review Health Assessments**

6. The statutory guidance, 'Promoting the health and wellbeing of looked after children' (2015, Department of Health), sets out timescales for the completion of initial health assessments (IHAs). Guidance states an IHA should be completed within 20 working days of entering care. Data relating to timely initial health assessments is not collated nationally therefore

performance cannot be compared robustly with statistical neighbours. IHAs conducted within 20 working days is widely recognised as an ambitious target, which requires both the local authority and health professionals to ensure robust and clear processes are in place. The aim of the initial health assessment is to provide a holistic review of health and development and to gather information about emotional and physical health, engaging the child or young person in their own healthcare, and to provide information and advice to the child, their social worker and carers regarding their specific health needs. It is completed by a paediatrician, in line with statutory guidance, to include review of any history prior to care entry which may have implications on the child or young person's future health outcomes and offer a physical examination to inform the medical advice (with consent).

7. In order to reliably report performance an NHS England funded Data Project Board developed revised key performance indicators (KPIs) which align to statutory guidance, to ensure accuracy and comparable data across Nottinghamshire. These revised datasets have been collected since 2019 from SFHT and NUHT (DBHT will shortly adopt these measures in order to align). Due to Covid-19 formal contract service reviews have been suspended, however commissioners, designated professionals for children who are looked after and providers have remained focussed on improvement.
8. Recent reporting (quarter 3 and quarter 4 2019/20) has found the providers (NUHT and SFHT) are consistently unable to meet the challenging 20-day timeframe. In response to this commissioners and the Designated Nurse for children and young people who are looked after agreed actions with NUHT and SFHT and forecast improved performance in quarter 4 in 2020/21. SFHT and NUHT are recruiting to vacant posts and have with immediate effect undertaken some internal process changes which will ensure IHAs are prioritised at every stage.
9. It should be noted that there are many contributing factors which are outside of the providers' control when working to complete an IHA within 20 days, examples include;
  - challenges in seeking parental consent and the recording of correct consent
  - a child who is looked after 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.
10. In order to drive further improvement a working group has formed consisting of designated leads, social care and providers to ensure expectations are agreed at each stage of the pathway, to strengthen collective accountability. This work is expected to be completed by quarter 1 2021/22. The Service Improvement Forum (SIF) will review performance against the cross organisational metrics and it is vital that joint agencies support this work, in order to improve.

## Health outcomes

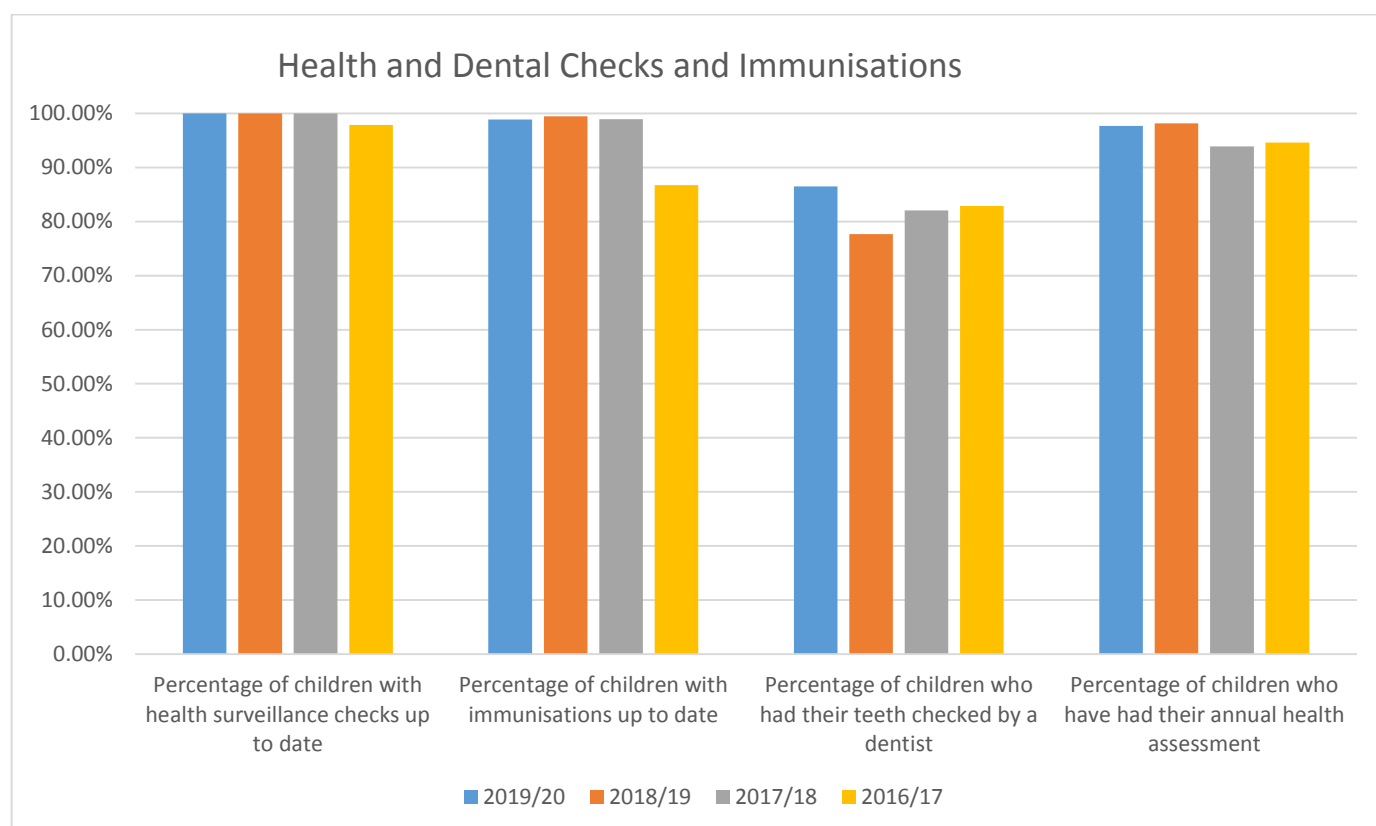
### Review Health Assessments

11. The aim of the review health assessment (RHA) is to provide a holistic review of health, development and to gather information about emotional and physical health, engaging the child or young person in their own healthcare, and to 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.
12. An RHA should be undertaken every six months before the child's fifth birthday and every 12 months after the child's fifth birthday. In 2020/21 as of Quarter 3 (cumulative Quarter 1 – Quarter 3) 84% of children and young people placed in area had their six monthly review conducted within timescale and 86% of those placed out of county. Annual reviews for children and young people placed within county were conducted within timescale 90% of the time, this decreases to 71% when placed out of area. Commissioners will continue to work with the service and neighbouring areas to resolve challenges to conducting reviews within timescale.
13. A recent audit has been undertaken by relevant SIF partners, reviewing how health is discussed at statutory local authority looked after review meetings. This audit includes reviewing whether the latest health assessment is available, whether health needs are discussed, and relevant health professionals invited or liaised with. This review identified some areas of good practice and areas for development, key recommendations have been identified and work to implement these is being taken forward across the partnership.

### Immunisations

14. Social workers ensure young people receive the healthcare services they require as set out in their health plan; this includes routine health, dental checks and immunisations. **Graph 1** and **Table 1** show there has been an increase in the number of children whose immunisations are recorded as up to date (in 2019-20) of 99.5% which is the highest rate, when compared with statistical neighbours (please note this data is reported for children and young people who have been in care for one year). Immunisation provides an important role in preventative healthcare, controlling and eliminating life threatening infectious diseases for a vulnerable population of children. It should be noted that there is a 95% performance target for vaccinations in childhood which Nottinghamshire's looked after population exceeds (NHS Digital, 2020).
15. In 2019-20 the number of children who are looked after, who have had their health surveillance checks as part of the National Healthy Child Programme, immunisations and statutory annual health assessment, continues to be high. Dental checks were identified as an area for improvement in the previous report to Committee and performance has improved. The SIF is working with NHS England (Commissioners of dental services) to agree escalation routes if registering with a dentist becomes a challenge.

**Graph 1: Proportion of children and young people with Health, Dental Checks and Immunisations (2016-2020)**



**Source:** Department of Education, Children Looked After Data (SSDA903)

**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
2019/20	67/67 (100%)	644/651 (98.9%)	563/651 (86.5%)	636/651 (97.7%)
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)

### Health Assessments and Quality

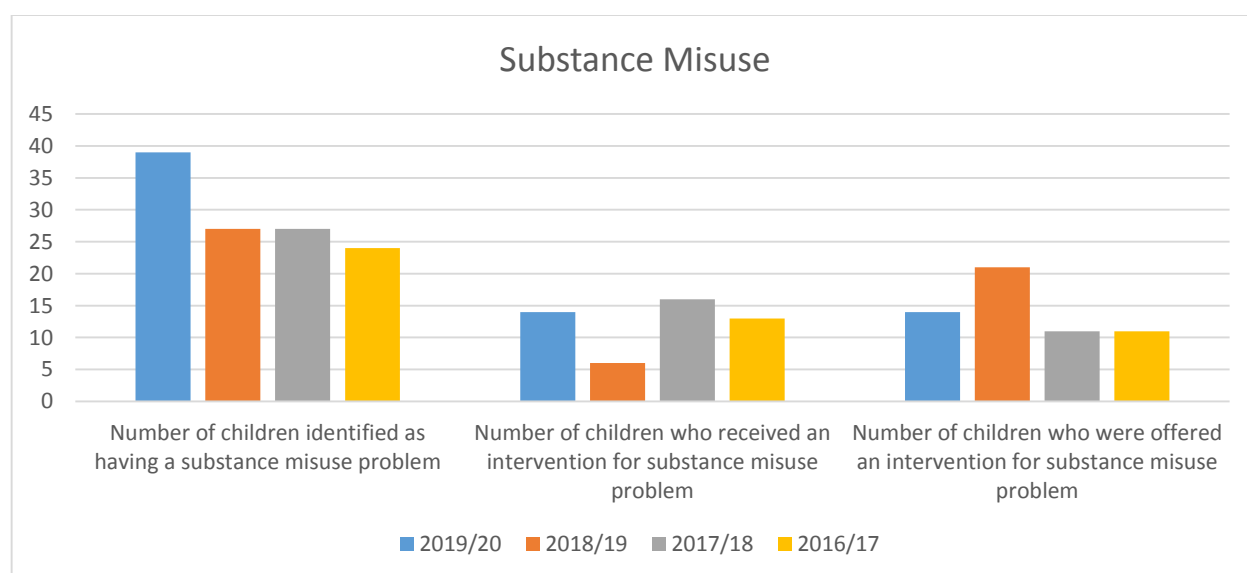
16. Quality Assurance is measured in different ways, including data collection, audit and dip testing by the Designated Nurses for children and young people who are looked after.
  - for those children who are placed out of area each health assessment (IHA/RHA) completed by an external provider is reviewed against a locally agreed quality

assurance tool by senior professionals. An escalation process to the Designated Nurse is in place should quality be sub-standard.

- for children in area (within Bassetlaw) there is an annual audit of all IHAs and for RHAs and 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 quality audits of IHAs.

17. A decliner pathway has been developed by the Designated Professionals (for children and young people who are looked after), 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.
18. It has been identified that there is an increase in the number of children and young people who experience substance misuse problems (**Graph 2**). Public Health commissioned service Change Grow Live (CGL) provide the all age substance misuse services for both adults and young people. The service is working to ensure that additional support is provided to young people who are looked after. The service has a lead link worker role that works with looked after children and young people to support liaison with individual social workers, nurses and youth justice service nurses. They also support attendance at looked after children's meetings and provide additional support to young people who are transitioning. In addition to this, regular contact with residential care homes (both social care and private provision) is developing to ensure support is provided. Provision of identification and brief advice training to social care teams and private residential homes has also taken place.

**Graph 2: Substance Misuse for children and young people that are looked after**



**Source:** Department of Education, Children Looked After Data (SSDA903)

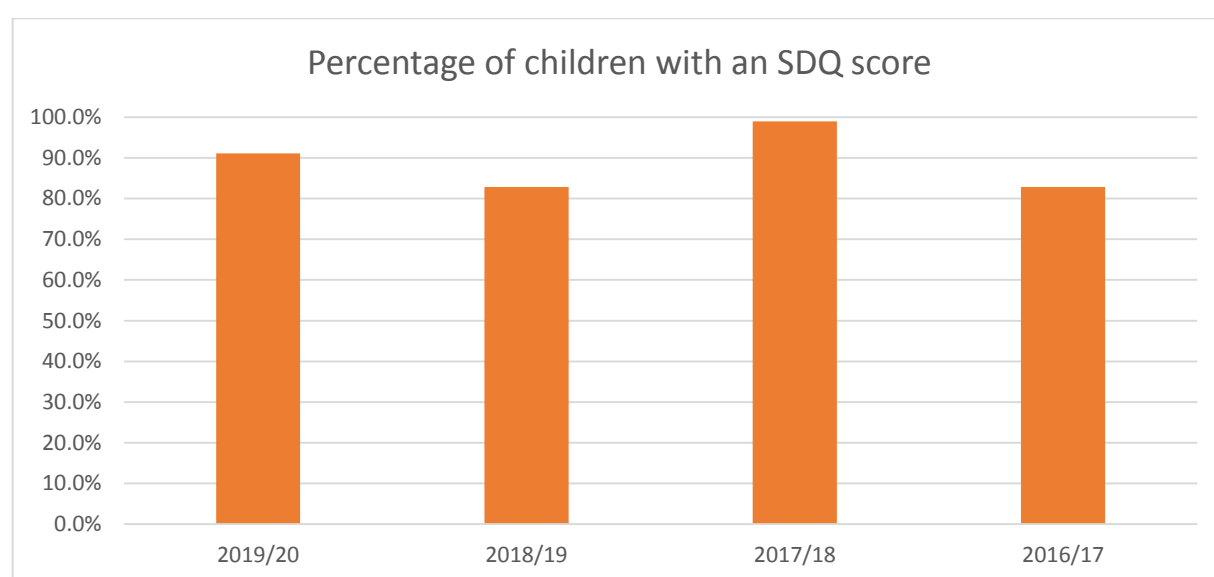
## Emotional Mental Health and Wellbeing

19. Strengths and Difficulties Questionnaires (SDQs) is a clinically validated brief behavioural screening questionnaire for use with 4 to 16 year olds and are used by social workers and

health providers to assess the emotional wellbeing of children and young people who are looked after. Statutory guidance requires SDQs to be completed every 12 months, 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. Focussed work in the last year has increased the number of SDQs being received.

20. There has been an increase in the percentage of children where an SDQ score has been completed. In 2019/20, 91.1% of children and young people who are looked after aged 4-16 years who require an SDQ score have one recorded, this is higher than 2018/19 which was 82.9%.

**Graph 3: Emotional Mental Health and Wellbeing: Percentage of children and young people with the Strengths and Difficulties Questionnaire (SDQ) scores (2016-2020)**



**Source:** Department of Education, Children Looked After Data (SSDA903)

21. A dedicated Child and Adolescent Mental Health Service (CAMHS) supports the mental health needs of children and young people who are looked after. A detailed update on emotional health was presented in October 2019 to the 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.
22. 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.

23. The team has filled vacant posts and now has a fully commissioned team as of January 2021. The true impact on this can be seen via a reduction in waiting times, these are now 5-6 weeks from referral to receiving support. On allocation a care co-ordinator is assigned when the referral is actioned.
24. In order to further strengthen the team a training plan has been developed for 2021. All team members will receive additional training in Dyadic Developmental Psychotherapy (DDP), Theraplay and Non Violent Resistance. This training will further strengthen the expertise within the team. In addition to training for the team, the Team Manager has established an East Midlands CAMHS looked after child and young person and adoption forum to help form relationships for supervisions within a modality and sharing information, training and ideas to further develop practice.
25. The team continues to receive positive feedback from partners and young people who have received support from the service. The team has also begun work on pathways to ensure that there is a clear offer which can be viewed from all stakeholders, most importantly, young people.
26. A further area for improvement within the service and which 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 to facilitate transition. This role and broader working around new models of care for children and young people aged between 0-25 are being developed in order to strengthen support. In addition to this opportunity for expansion, occupational therapy (OT) is being considered as an element of the service which may further strengthen the modality within the team.

### **Unaccompanied Asylum-seeking Children (UASC)**

27. The numbers of Nottinghamshire LAC (UASC) have been gradually falling over the past four years from 38 in 2015/16 to 20 in 2019/20. UASC have many specific health needs, and in addition these young people will be transitioning into adulthood and adult services. As the number of asylum seekers will be influenced heavily by worldwide events, it is difficult to accurately predict whether numbers will change. The designated professionals for looked after children and young people continue to be in contact with the East Midlands Strategic Migration Partnership who ensure partners are up to date with issues within the region.
28. In response to revised practice guidance, 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 children and young people who are looked after 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
  - links with the East Midlands Strategic Migration Partnership are being strengthened.



## **Leaving Care**

29. Care leavers and transition from care continues to be an area of focus locally and nationally and it is acknowledged that it requires further improvement. Statutory guidance requires a summary of health including available information about family and history are given to young people on leaving care. In 2020 the documentation was amended and improved with the support of young people themselves. In addition to this information young people are signposted to local and national support services.
30. In Bassetlaw all children leaving care are discussed at a multi-disciplinary health transitions meeting to ensure any on-going health needs are captured and a pathway is in place to progress into adulthood. It is accepted this would be difficult to implement county wide, however awareness raising of care leavers at all training events and information is disseminated via newsletters, bulletins and on GP IT systems to support this.

## **A national perspective**

31. As demonstrated in this report, unwarranted national variation has a disruptive influence on many aspects of children and young people who are looked after and their healthcare needs, for example the impact on IHAs and RHAs, as well as the impact on out of area provision, particularly accessing services for our children and young people placed out of area. The CCG's Safeguarding and Assurance Group (SAG) convened in January 2021, and it was agreed further escalation was required. A Government Care Review was announced in December 2020 to take place during 2021/22 and local input will shape the outcome. In addition to this a national NHSE/I clinical reference group has formed to identify and inform improvements.
32. The SIF partners continue to work across organisational boundaries to prioritise the health of children and young people and continues to improve and will be driven and monitored via the multi-agency SIF.

## **Other Options Considered**

33. No other options have been considered.

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

34. To improve the health and wellbeing (physical, emotional and mental) of children and young people who are looked after wherever they are placed, and positively influence their life chances.

## **Statutory and Policy Implications**

35. 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**

36. 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 children and young people who are looked after.

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**Service Director, Youth, Families and Social Work**

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## **Constitutional Comments (EP 16/02/21)**

37. The Children and Young People's Committee is the appropriate body to consider this report, if Committee resolves that there are any actions required it should ensure that sure actions are within its terms of reference.

## **Financial Comments (SAS 22/02/21)**

38. 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.

[Promoting and improving the health of Looked After Children – report to Children and Young People’s Committee on 13th January 2020](#)

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

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

All.

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