

Corporate Parenting Board - 15 March 2021

Promoting and Improving the health of children and young people who are looked after.

Purpose of the Report

1. This report is to update the Looked After Children Corporate Parenting Board on key achievements in the last year 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 Authorities duty as corporate parents to children and young people who are looked after or children in care.

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. In recent years the number of children and young people who are looked after has continued to rise and as of 31 March 2020 there were 80,080 nationally a 2.4% increase from 2019 and 5.9% increase since 2018. In Nottingham City the total number of children who are looked after as of 31st March 2020 was 656, an increase of 4.1% from 2019's 629.
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, Nottingham City 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 (and, by extension, to care leavers). Nottingham and Nottinghamshire CCG, 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 provider who delivers this service in Nottingham is the University Hospital NHS Trust (NUHT).
 - **The Nursing Service** for children who are looked after coordinate 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 Child Programme (HCP)** for 0-19 year olds also includes the **Family Nurse Partnership (FNP)** which aims to protect and support the most disadvantaged and vulnerable infants and their families. It is a universal service that looked after children can access. This is provided by Nottingham CityCare Partnership.
 - **The Designated Nurse** for children and young people looked after is a statutory role that hosted by CCG. The role leads and supports all activities necessary to ensure that organisations across the health systems meet their responsibilities for looked after children, advising and supporting all specialist professionals across the health community.
 - **Named Nurse roles** work across Mid County, South County and City. The named nurses 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 Nurse.
 - **The Designated Doctor** for children and young people who are looked after is a statutory role. A Designated Doctor and a Named Doctor are two different roles in each acute provider. Both give strategic advice, training and support in line with Intercollegiate recommendations (like 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 and reported within 20 working days of entering care. Data relating to timely initial health assessment 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. 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 provider (NUHT) 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 forecast improved performance in quarter 4 in 2020/21. 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. In order to drive further improvement a working group has formed consisting of Designated leads for looked after children, 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 joint Nottingham City and Nottinghamshire County 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.

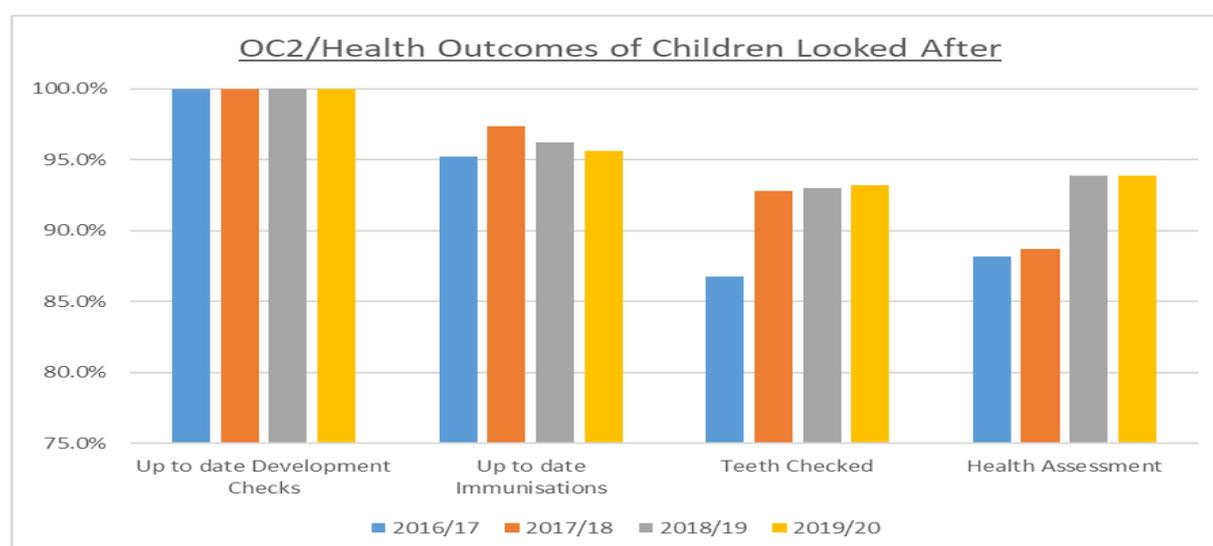
Review Health Assessments

10. 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.
11. An RHA should be undertaken every 6 months before the child's fifth birthday and every 12 months after the child's fifth birthday. In 2020/21 Q3 cumulative performance (Q1-Q3) 83% of children and young people placed in area had their 6 monthly review conducted within timescale and Q3 cumulative performance 82% for those placed out of City. Annual reviews for children and young people placed within county were conducted within timescale 86% of the time, this decreases to 79% when placed out of area. Commissioners will continue to work with the service and neighbouring areas to resolve challenges to conducting reviews within timescale.
11. 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 and dental care

12. 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 a slight decrease in the number of children whose immunisations are recorded 95.6% (in 2019-20), however this remains above target. 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 Nottingham city looked after population exceeds (NHS Digital, 2020).
13. 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.

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)

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. In 2018/19 performance was 93%. In 2019/20 performance rose to 93.2%.
15. Dental health care for children and young people who are looked after has been of concern at a local, regional and national level. This has been exacerbated by the impact of Covid19 restrictions in 2020 and a back log of care is anticipated. Recent discussions with NHS England Dental Care commissioners and NHS Public Health East Midlands means this is now being addressed at a national level to produce a pathway and escalation route.

Eyesight

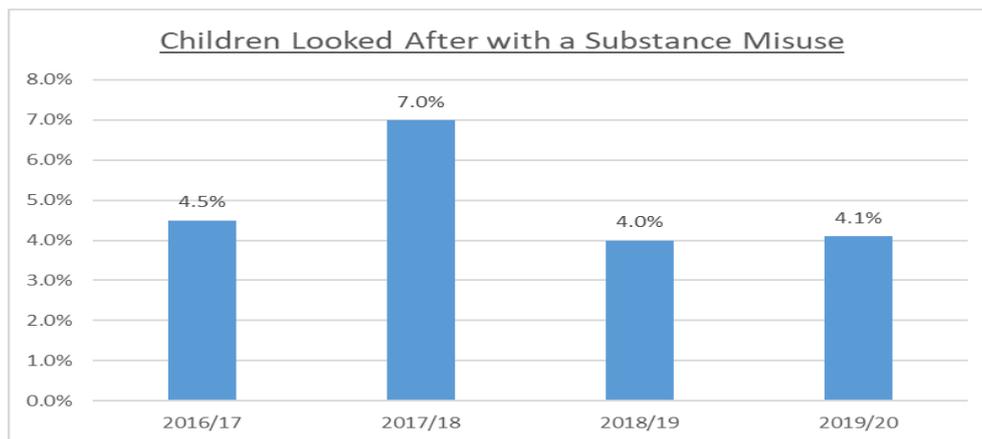
16. Sight status is reviewed at each statutory health assessment and recommendations made to the social worker to ensure that appropriate interventions are actioned by the carers. Work is required to capture eyesight status from 4 years of age and track action in relation to this, in line with recommendations from Public Health England there is no

statutory return which requires the local authority to provide data regarding opticians checks for children in care, although this is discussed in looked after reviews and placement panel.

Substance Misuse

17. It has been identified that there is an increase in the number of children and young people who experience substance misuse problems in 2017/18 7% of children and young people were identified as needing support, however this has reduced in recent years, to 4 - 4.1% during 2018 to 2020. Nottingham City Council work alongside CGL Jigsaw (Change Grow Live) providing a specialist service for young people under 18. They work directly with young people alongside their carers and families to enable an appropriate response to a young person's substance misuse. Currently CGL are working with 5 young people in care, alongside their carers. This is low and may have been impacted by the pandemic. CGL have also engaged with our Residential homes offering training to staff and attending staff meetings. They are planning to attend the children in care team meetings over the next few months.

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

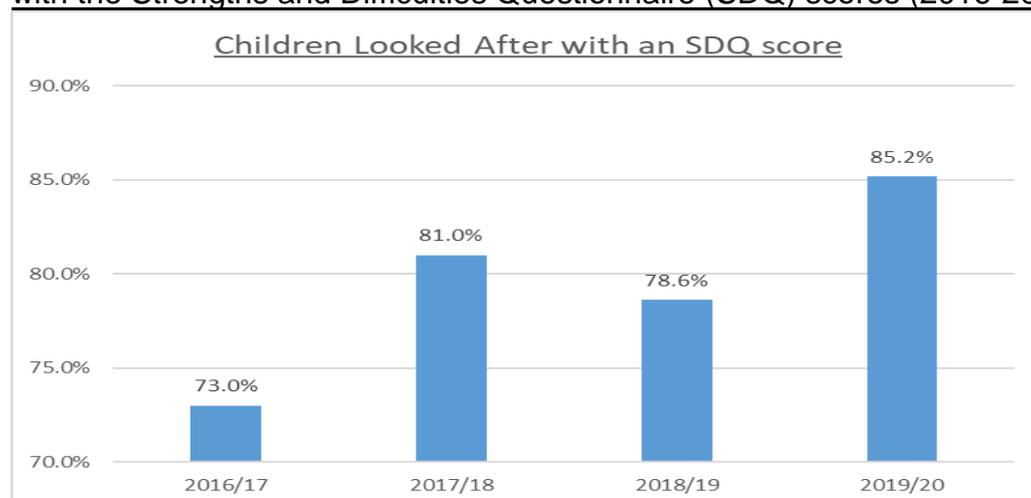


Source: Department of Education, Children Looked After Data (SSDA903)

Emotional Mental Health and Wellbeing

18. 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.
19. Children and young people with an SDQ increased to 84% in 2020, up from 79% in 2019. There was also a slight reduction in the average SDQ score down from 15.5 to 14.4. The underlying data indicated a 5% reduction in those categorised as 'a cause of concern' while those categorised as 'normal' improved from 40% to 43%. The numbers of SDQ's is above that of benchmarking comparators at 81%.

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)

20. 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 corporate parenting Board. 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. The team has filled a vacant nursing post, although there is a social work vacancy currently. The team is currently subject to a review being undertaken jointly by the CCG, Trust and City Council. This is due to be completed by April 2021.
21. 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.
22. In order to further strengthen the team a training plan has been developed for 2021. All team members have received additional training in DBT, Dyadic Developmental Psychotherapy (DDP) and there are plans to continue with further training such as additional Theraplay training 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 been asked to participate in 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.
23. The team continue to receive positive feedback, from partners and young people who have received support from the service.
24. A further area for improvement within the service and commissioners are considering is how to support young people in care with mental health needs as they transition to adulthood. 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.

Health Assessments and Quality

25. A quality assurance framework has been developed for Mid Nottinghamshire and Greater Nottingham CCGs by the Designated Professionals for CIC, including a quality assurance tool (in line with guidance from NHS England) to assess the quality of healthcare delivered to children and young people who are looked after. 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
26. 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.

Unaccompanied Asylum-seeking Children (UASC)

27. The numbers of Nottingham UASC reached a peak in 2019 at 43, having increased from 33 in 2018. In 2020 this figure dropped to 39, equating to 5.9% of the CIC cohort at year end. UASC have many specific health needs, and in addition, these young people will be transitioning into adulthood and adult services, health services work to ensure these needs are met. 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. 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

30. 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 clinical reference group has formed to identify and inform improvements, and the direction will also be informed by NICE guidance.
31. The SIF partners continue to work across organisational boundaries to prioritise and improve the health of children and young people and will be driven and monitored via the multi-agency SIF.

Reason for Recommendation

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

Statutory and Policy Implications

33. 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

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

RECOMMENDATION

35. That Committee notes the report and 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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