1. Purpose of report

1. The purpose of the report is to present to the Cabinet Panel an overview of the work carried out to improve the quality of health services for Children Looked After (CLA) and Care Leavers.

1.1 To evidence the multi-agency, integrated work of Health and Children’s Services in promoting the health and well-being of Children Looked After and Care Leavers.

2. Summary

2.1 The Clinical Commissioning Groups (CCGs) and Children’s Services work together to deliver a number of integrated work streams to address the health needs of Children Looked After and Care Leavers. The quality of services has improved as evidenced within the report. Through multi-agency collaboration, partners have developed ways to meet some of the most complex needs of Children Looked After and Care Leavers. Partners recognise the need to continually work together to identify and manage emerging needs.

3. Recommendations

3.1 The Cabinet Panel are asked to note and comment upon the content of the report.

3.2 The Cabinet Panel are asked to note that any issues arising from the Joint Strategic Needs Analysis (JSNA) of the Health of Looked After
Children will be developed into action points, which will be brought back to Panel for comment and consideration.

4. Background

4.1 The report provides an update on commissioned Health Services and the collaborative joint work of Children's Services and Health for Children Looked After and Care Leavers. The statutory guidance Promoting the Health and Wellbeing of Looked After Children (Department for Education, Department of Health 2015) underpins the standard of services delivered.

4.2 Families First supporting early help services and Family Safeguarding are amongst a number of initiatives that have led to a reduction in the numbers of children coming into care. The number of Hertfordshire children in care at the end of March 2019 was 936, a decrease of 84 since 2016.

4.3 As a result of Sections 2 and 3 of The Children and Social Work Act 2017 all Care Leavers are enabled to access additional support, should it be required from the Local Authority, up to the age of 25 years. Prior to this cases were closed at 21 years unless the young person was in further or higher education. In addition all Local Authorities in England and Wales must publish a local offer for Care Leavers. Further information is available through the Care Leaver's Local Offer


4.4 The number of Unaccompanied Asylum Seeking Children (UASC) cared for by Hertfordshire County Council has increased from 59 in 2016 to 102 at the end of March 2019. This has resulted in increased and new demands with regard to both physical and mental health needs of these young people.

4.5 Both nationally and locally there has been an increased focus on the mental health needs of children and young people. Locally this is being driven through the Child and Adolescent Mental Health (CAMHS) transformation programme and work to improve access to mental health support from Early Help to Tier 4 specialist services. Reports on this have previously been presented to Panel on the work of this programme.

CAMHS Update Paper - February 2019
5. **Health Assessments.**

5.1 The CCG’s commission East and North Hertfordshire NHS Trust (ENHT) and Hertfordshire Community Trust (HCT) to undertake Initial Health Assessments (IHA’s) and Review Health Assessments (RHA’s) for CLA. An Initial Health Assessment is completed within 28 days of a child or young person coming into care by a medical professional, either a GP or Consultant Paediatrician and Review Health Assessments are completed by a Registered Nurse 6 monthly for 0 – 5 year olds and annually for children and young people over 5 years. The CCG’s, through contractual requirements, have a comprehensive process in place to monitor the quality of health assessments through audit, review of completed health plans, quarterly dashboard of Key Performance Indicators and Designated Nurse attendance at Operational Meetings.

5.2 ‘In county’ health assessments is the term used to refer to assessments completed for children who live in Hertfordshire, ‘out of county’ assessments are assessments completed for children who live outside Hertfordshire. 85% of ‘in county’ IHA’s and 90% of ‘in county’ RHA’s were completed within timescale meeting contractual targets.

5.3 Out of county Health Assessments are not always compliant with the specified timescales of 6 months and annual reviews. Therefore the CLA and Care Leaver Health Service monitors compliance by tracking individual young people and the assessments and escalates assessments that are not completed to the Designated Nurse Safeguarding Children. The role of the Designated Nurse for Safeguarding Children is required to be in place by central government guidance Working Together to Safeguarding Children (DfE 2018). Further escalation by the CCG Director of Nursing to regional peers where young people are residing is used as required.

5.4 A Personal Health Information Pack (“PHIP”) is provided to all young people on leaving care. This important document contains information about their health history. All young people are encouraged to have a copy of their PHIP, although some do not wish to receive the information at this point in their life. A copy of the PHIP is also provided to the young person’s GP where it is integrated into their record and is accessible thereafter at any time.

5.5 UASC can suffer from psychological trauma, physical health problems, gaps in immunisations and poor sleep routines due to having travelled long distances. Referrals are made to relevant services to meet their health needs, immunisations are followed up, and sleep packs are now provided to every young UASC. The CLA and Care Leaver Health Service, working with social workers and police, recently delivered a sexual health workshop to introduce these young people to services,
support and information and to raise awareness for living safely within communities.

5.6 Overall compliance with the timeliness of all health assessments has risen year on year. This year there has been a greater emphasis on improving the quality of health action plans to achieve good health outcomes for children and young people. At the end of March 2019, 89% of CLA had an up to date health plan and 85% had visited the dentist within the year. 91% of CLA were up to date with their immunisations.

6 Multi-agency Practice and Oversight/Quality Assurance.

6.1 A number of meetings and forums are used to provide assurance to the CCG’s and the Local Authority regarding their strategic responsibility for the health of CLA and Care Leavers. The Health of CLA Leadership meeting is a joint strategic forum of partner agencies who commission and deliver services for CLA and Care Leavers. The remit of the meeting is to share information, develop and improve existing services and identify any emerging needs of this group of children and young people. Key Performance Indicators for each agency are considered quarterly in relation to performance against targets, any trends and numbers accessing services.

6.2 The Designated Team comprises of

- Designated Nurse Safeguarding/LAC and Care Leavers
- Deputy Designated Nurse - Safeguarding Children
- Primary Care Nurse - Specialist Safeguarding Children
- Deputy Designated Nurse LAC & Care Leavers
- Safeguarding Children & LAC Administrator
- and 2 Designated Doctors

who attend and contribute to the following partnership meetings:

- Corporate Parenting Board
- Children in Care Council (“CHICC”) and Care Leavers’ meetings
- Children Looked After and Safeguarding Commissioning meeting
- Life Long Links Project Steering Group

The Deputy Designated Nurse for Safeguarding has worked with young people to produce the ‘Bee Healthy’ report for the Corporate Parenting Board. Health professionals have also contributed to the procurement of services, for example the procurement of the Children’s Home in Wynchlands Crescent where health standards were embedded within the service specification. Support is offered to CHICC and Care Leavers through health promotion stands at
CHICC/Care Leaver events particularly providing information around mental health and wellbeing services. Please see Corporate Parenting Report 2019 attached at Appendix 1

6.3 Regular audits are carried out to assess the quality of IHA’s and RHA’s. The Designated Doctor for Safeguarding reviews every IHA and provides feedback to practitioners as necessary to promote quality and ensure that action plans are SMART. The quality of Health Assessments and the timely implementation of health action plans have improved significantly as evidenced through a recent audit of assessments of CLA with Special Educational Needs and Disability (SEND). RHAs are sampled and audited on a regular basis by the CLA and Care Leavers Health team to maintain good standards and developmental feedback is given to practitioners as required.

6.4 It is well documented that children who enter care have unmet health needs. Children with additional needs either pertaining to health and/or learning disability can be more vulnerable, often having missed appointments for medical or therapeutic interventions, and their vulnerabilities have often been compounded by abuse. This makes the quality of their health assessments even more important. The CLA SEND audit reviewed:

- Timeliness of RHA’s.
- Immunisation Status
- Outstanding actions from previous health assessments.
- Documentation of diagnoses and health issues.
- Comparison of quality for In County and Out of County placements.

Findings showed an increase in compliance with timeliness for ‘out of county’ health assessments and recording of immunisations. Although a slight decrease in compliance was noted for ‘in county’ RHAs, this related to a small number of cases and the reasons for delay were explored. A plan is in place to identify rationale for delay through re-audit and scope with Brokerage Team to check if there are any barriers in the system.

The Designated Doctor plans to review medical needs with nurses prior to completion of RHAs to ensure all medical needs are acted on.

6.5 The emotional health and well-being of children entering care is assessed through a Strengths and Difficulty Questionnaire (SDQ) completed by the child, foster parent and teacher. It provides information to help professionals form a view about the emotional wellbeing of individual looked after children. Co-operation between health and social work teams has led to social workers sharing SDQ scores with CLA health professionals prior to the health assessment to enable a more informed ‘conversation’.
6.6 Training is delivered across all Health settings on the specific needs of CLA & Care Leavers based on the Intercollegiate Framework 2015. [https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge_skills_and_competence_of_healthcare_staff.pdf](https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge_skills_and_competence_of_healthcare_staff.pdf)

Hertfordshire Community Trust deliver additional training to promote the competency of practitioners who carry out health assessments (primarily school nurses), this has included contextual safeguarding.

6.7 Annual Section 11 (of the Children Act 2004 which relate to Safeguarding) self-assessment reports are completed by health providers, combined with an annual CCG visit to discuss the report findings. Whilst the self-assessment centres on wider safeguarding practice, CLA practices are also examined to promote information sharing and best practice. Where CLA are referred to specialist centres for health care their status as CLA is flagged in the referral letter.

6.8 Data is collected to provide an overview of the health needs of CLA and Care Leavers. This includes numbers accessing the smoking cessation service, numbers accessing chlamydia screening, those who are pregnant and those who have children. The number of CLA accessing STEP 2 emotional wellbeing service and PALMS (Positive Behaviour, Autism, Learning Disability and Mental Health Service) is monitored to enable informed commissioning decisions. PALMS works across the county providing a specialist multi-disciplinary approach to children and young people aged 0-19 who have a global learning disability and/or Autistic Spectrum Disorder and their families. PALMS clinicians comprise a ‘virtual team’ delivering a consistent service in a variety of community settings. STEP2, provided by HCT, is an Early Intervention Child and Adolescent Mental Health Service for children and young people in Hertfordshire aged 0-19.

7 Integrated Working

7.1 Children and young people are best served when agencies work together to meet their needs. As has been noted above, CLA and Care Leavers are vulnerable groups who might have a range of mental health needs compounded by different forms of abuse and exploitation. The transition to adult services can be produce challenges. Health organisations and Children’s Services have implemented a collaborative approach to address the needs of these children and young people.

7.2 The Complex Case Consultation Panel and the Transition to Adulthood Panel are examples of multi-agency meetings attended by Paediatricians, CAMHs professionals, Social Workers, Police and CLA Team Health professionals. They work to support risk management plans and to provide the right service at the right time for CLA and Care Leavers.
7.3 The Complex Case Consultation Panel is a multiagency forum which considers the complex needs of children and young people who are known to a number of agencies, where agencies have worked together and require additional expertise to achieve the right response for the young person. Clinicians and practitioners from different disciplines provide advice, guidance medical/psychological expertise to strengthen risk management and care planning. The panel collaborates to simplify and improve pathways for children and young people and their families with complex social, educational and health needs. The multi-agency approach is used to progress planning where there has been a lack of clarity about the best way forward or where barriers have been perceived.

7.4 The Transition to Adulthood Panel (TAP) receives referrals for young people with additional needs who are due to transition from children’s services to adult services. Transitioning to adult services is in itself a culture change as young people are moving from being consulted about decisions to being in a position to take adult responsibility for decisions about their lives, as long as they have the capacity to do so. Clinicians work together to manage risk and agree a pathway for when the young person requires support into adulthood however does not overtly meet thresholds for adult care services. A recent review has demonstrated that the TAP has been effective in supporting children and young people to transition to adult services.

7.5 The multi-agency SEARCH Panel (Hertfordshire Sexual Exploitation and Runaway Children’s Panel) reviews young people at risk of sexual or criminal exploitation, for example through going missing or being involved with gangs. Cases are presented and a multi-agency risk management plan is agreed and recorded with date for review identified. The sharing of information enables key practitioners to mitigate risks and engage the young person in a more meaningful way.

8 Joint Strategic Needs Assessment (“JSNA”)

8.1 Public Health colleagues carried out a review of the health of CLA and Care Leavers in 2018 to inform the Joint Strategic Needs Assessment (JSNA). The JSNA looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area. The findings of this review are to be published imminently and will be used to inform an update of the Children Looked After and Care Leaver Health Strategy.

9. Care Leavers

9.1 Health organisations provide safeguarding training that highlights the need of Care Leavers to increase practitioners’ knowledge of their
circumstances and specific health needs. GPs are also encouraged to place an icon on the record of a Care Leaver (with their consent if they are able to provide this) to alert all practitioners to their potential additional needs.

9.2 Annual training is delivered to GP’s across the County with the opportunity to cover topics related to CLA & Care Leavers. Each year a speaker presents on topic matter such as exploitation, modern slavery, trafficking and mental health to continually promote the needs of Care Leavers.

9.3 Partners have developed a process for conducting a multi-agency review when a Hertfordshire Care Leaver dies unexpectedly or is seriously harmed. The process has been implemented and formalises previous practice. The pathway sits within the framework of the Safeguarding Children Partnership, regardless of whether the Care Leaver is aged under or over 18 years. Learning from these and other case reviews is disseminated using a variety of methods including through the 7 Named Safeguarding Children GP’s (who meet face to face with individual GP’s and groups of GP’s), through the GP Safeguarding Bulletin and through the CCG intranet.

10 **NHS England (“NHSE”)**

10.1 The Designated team for Children Looked After are represented at a national and regional level by the Deputy Designated Nurse for Looked After Children. This places Hertfordshire in a good position to learn from other areas, share good practice, influence the agenda and promote the needs of CLA and Care Leavers at a senior level. The Deputy Designated Nurse chairs a regional sub group which was awarded national funding to promote education and training on subject matter related to CLA and Care Leavers.

11 **Financial Considerations**

11.1 The Children Looked After & Care Leavers Health Team is funded through current allocated resources. CLA and Care Leavers have access to the range of funded health services described in this report.

12 **Equalities Implications**

12.1 When considering proposals before Members it is important that they are fully aware of, and have themselves rigorously considered the Equality implications of the decision that they are making.

12.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council’s statutory obligations under the Public Sector Equality Duty. As a minimum this
requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EIA) produced by officers.

12.3 The Equality Act 2010 requires the County Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.

12.4 Children Looked After and Care leavers are vulnerable groups and the Children and Social Work Act requires that local authorities and partner agencies apply the Corporate Parenting Principles to their work with both these groups in order to address disadvantage and promote wellbeing.

12.5 There is no EqIA relating to this report.

13. Conclusion

13.1 The quality, timeliness and implementation of health assessments and action plans has improved year on year and continues to meet compliance targets set by East & North and Herts Valleys Clinical Commissioning Groups and Hertfordshire County Council.

13.2 A comprehensive quality assurance framework is in place. Through audit, Section 11 (of the Children Act 2004) visits and quality monitoring, assurance is provided in regard to services and support for Children Looked After and Care Leavers. Robust, multi-agency, partnerships are working effectively at both a strategic and operational level, including through the effective operation of a number of panels set up to identify and meet the needs of CLA and Care Leavers. The Ofsted Inspection of Local Authority Children’s Services (ILACS) Inspection Report 2018 stated that “multi-disciplinary work in Hertfordshire is flourishing”.

Background information

CAMHS Update Paper - February 2019

https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge_skills_and_competence_of_healthcare_staff.pdf