NHS
Thurrock
Clinical Commissioning Group

Looked after Children Health Report

2017/2018

Corporate Parenting Committee

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Author: Paula Gregory

Designated Nurse Looked after Children

Thurrock Clinical Commissioning Group

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Executive Summary

This report will describe and analyse the outcomes, achievements and challenges regarding health outcomes for Thurrock Looked after Children for 2017/2018. The report will provide both a local and national picture for comparison.

1. Introduction and Background

Most children become looked after because of abuse and neglect. It is acknowledged that Looked after Children (LAC) tend to have greater health needs compared to their peers who have not been in care. Evidence suggests that almost half of children in care have a diagnosable mental health disorder and two thirds have special educational needs (DOH, DfE 2015). As corporate parents, it is vital we maintain high aspirations to ensure children in care receive high quality health care and support in order to meet any needs identified and support a successful transition into adulthood.
Promoting the health and well-being of Looked after Children (DfE, DoH 2015) provides statutory guidance for local authorities, clinical commissioning groups and NHS England. Under section 10 of the Children Act (2004) agencies are required to cooperate to promote the welfare of looked after children.

2. Local Context

Children Looked after data was released on the 15th November 2018 by the Department for Education (DfE). Data identified that on the 31st March 2018 there were 75,420 Looked after Children in England. This is an increase of 4% from March 2017 figures. Data for March 2018 for Thurrock shows there has been a decrease in the number of Looked after children from 334 to 308 this highlights a decrease of 7%. This can largely be attributed to the reduction in the numbers of Unaccompanied Asylum Seeking Children (UASC) due to the implementation of the National Transfer Scheme.

2.1 Demographics 31st March 2018
Number of LAC
308 (46 are UASC)

Gender
Male: 195 (63%)
Female: 117 (38%)

Age
0-4 yrs.: 13%
5-11yrs: 22%
12-16yrs: 48%
17yrs: 17%

2.2 Placement Location
Placed in Thurrock: 40%
Placed outside of Thurrock: 60% (75% are placed within 20 miles of Thurrock)

A higher proportion of children continue to be placed outside of Thurrock, however the proportion of children placed within 20 miles of Thurrock has increased. A significant number 47% are placed within the Southend and Essex boundaries. Due to the partnerships arrangements and close working between both CCG's and Provider organisations across Southend Essex Thurrock (SET) there is assurance that health assessments are both timely and of good quality. There remain issues at times around accessing health assessments for children placed outside of the Essex boundaries. Specific areas are highlighted to the local authority to advise them in relation to future placing of children. There is also a mechanism to escalate to NHSE should any area refuse to undertake an assessment or the timelines are unacceptable.

2.3 Children with Disabilities Team
6%

Whilst 6% may seem very low, this figure identifies the number of children with the most complex of needs who meet the threshold for care under the children with disabilities team. It is important to note that 31%, a significantly higher percentage of Thurrock Looked after children have an Educational Health Care Plan or require special educational needs support within their educational setting.

3. Looked after Children Health Data 2017/2018

In November 2018, the DfE published the latest figures from all local authorities. Figures are generated from the annual returns submitted by local authorities and are based on data at the 31st March 2018. Health reporting is focused on immunisations, dental checks, statutory review health assessments and data around strength and difficulty questionnaires (SDQ) data. Figures relate to the cohort of children who have been in care for 12months and over. Data for each area is analysed below.

3.1 Dental
Thurrock data submitted for March 2018 identified that only 43% of children were up to date with their dental check compared to 97% in the March 2016 data return. National data shows that 84% of all Looked after children are up to date with their dental check showing a significant gap in comparison with national data. It is important to note that health providers show much higher compliance of dental checks currently around 70 %. It is also important to clarify this is for the whole cohort of Looked after children not only those who have been in care for over 12 months. Dental checks are a key performance indicator with a target of 90%. Thurrock Public Health commission the Looked after children service and assurance can be given that this data is monitored closely. There is a requirement for health to provide narrative for the current figures to give context. Reasons given for not reaching the current performance target of 90% is the high number of UASC and data entry difficulties. This is therefore an area of care that is under continual review and monitoring. Significant differences in data

performance between social care and health suggest that data entry may be an issue and this is an area that requires further investigation. This will be raised at the monthly LAC Health steering group, which is held on the first Wednesday of every month.

3.2 Review Health Assessments

Thurrock data submitted for March 2018 identified that 90% of children were up to date with their review health assessment. March 2016 returns showed that 94% of children were up to date with their health assessment showing a current slight decrease. National data for March 2018 show that 88% of all Looked after Children had their health assessment. Thurrock is therefore above national performance. Key performance indicators for health providers for statutory health assessments is 100%. Thurrock Public Health monitor review health assessments for children placed both in area and out of area. Current data identifies there is 100% compliance for meeting health assessment timelines each month for review assessments due for children placed in area. It is identified that compliance of timelines for review assessments for children placed out of area, particularly outside of Essex borders does not mirror this data. In Quarter 1, only 67% of LAC placed out of area received their review health assessment within timeframes. Narrative given for delays from health is, change of placement, refusal to prioritise or undertake in the area placed. Should an area refuse to undertake an assessment there are clear escalation pathways in place to escalate the concern and assure completion. On occasions, it has been necessary to bring children back to area or for the LAC Nurses to travel to where the child is placed to undertake the assessment.

3.3 Immunisations

Thurrock data submitted for March 2018 identified that only 65% of children were up to date with their immunisations compared to 89% in the March 2016 data return. National data shows that 85% of all Looked after children are up to date with their immunisations showing a significant gap in comparison with national data. It is important to note that health providers show a much higher compliance for immunisations currently around 83%. It is important to note this if for the whole cohort of Looked after children not only those who have been in care for over 12 months. Immunisations are a key performance indicator with a target of 95% for health. Thurrock Public Health commission the Looked after children service and assurance can be given that data is monitored closely. There is a requirement for health to provide a narrative for the current figures to give context. Reasons given for not reaching the current performance target of 95% is the high number of UASC. The majority of UASC enter the country with no record of immunisations and therefore will have to commence a catch up programme and cannot be deemed up to date until this is complete. This is an area of care that is under continual review and monitoring. Significant differences in data performance between social care and health suggest that data entry may be an issue and this is an area that requires further investigation. The Health Passport introduced in July 2018 has a section identifying outstanding immunisations and it is hoped this document will support the understanding and recognition of immunisations required.

3.4 Strength and Difficulty Questionnaire (SDQ)
The SDQ screening tool is a behavioural screening questionnaire that is a mandatory tool to be used for looked after children aged between 4-16 years old who have been in care for 12 months or over. The tool is used to identify if there is concern in relation to emotional issues, conduct, hyperactivity, peer relationships and pro social behaviours. A total score is aggregated and if this is over 17 this should trigger further discussion around the support and care the child is receiving. Scores are separated into three outcomes, normal is under 14, borderline is 14-16 and cause for concern is over 17. Thurrock data submitted for March 2018 identified that 100% of children who met the SDQ criteria had had their SDQ assessment completed compared to 99% in March 2016. National data shows that 78% of all eligible children have had their SDQ score completed. This identifies that Thurrock are significantly above the national trend for SDQ assessment. Thurrock scores identified that 46% of the children had a normal score, 18% had a borderline score and 36% had a score that is a cause for concern. National data for the three specific categories show that Thurrock is in line with national data, which showed that 49% of LAC nationally had a normal score, 12% had a borderline score and 39% had a score highlighting cause for concern.

Thurrock have implemented an SDQ monthly meeting where children with high SDQ scores are discussed to ensure their support package is meeting their needs or if new referrals are required. This is a multi-agency meeting attended by Childrens social care, Looked after Children Nurses, Education representative, mental health staff from the Emotional wellbeing mental health service (EWMHS). Therefore the 36% of children identified with an SDQ score that is a cause for concern (>17) will be discussed in this meeting to ensure the appropriate services and support are in place.

It is important to recognise that Looked-after children and young people have particular physical, emotional and behavioural needs related to their earlier experiences. The rates of emotional, behavioural and mental health difficulties are much higher amongst looked-after children and young people than the wider population. The Childrens Commissioner in 2015 suggested that whilst less than 0.1% of the child population are in care, 4% of children referred to children's mental health services are in care (SCIE 2017). This highlights the disparity and over representation of Looked after children requiring mental health assessment and support. Work is ongoing and developing in relation to creating a robust pathway to ensure all looked after children and not only those who have been in care for over a year benefit from the SDQ process currently in place. There is a strong commitment amongst agencies within Thurrock to ensure the SDQ process is meaningful and responsive to improve outcomes.

4. Initial Health Assessments (IHA)

It is a statutory requirement for all Looked after Children to have an Initial Health Assessment on entering care. This should be completed and be available for the first Statutory Looked after Children review held within 20 working days. Following this, under 5's should be seen for a review health assessment 6 monthly and over 5's are seen annually. North East London Foundation Trust (NELFT) are commissioned by Thurrock CCG to provide the Initial Health Assessments for Thurrock children placed within area. Consultant Paediatricians undertake initial health assessments.

A delayed IHA contributes to delayed assessment, diagnosis and treatment, which places the child at risk. This is particularly a cause for concern for children entering care as many enter care due to abuse and neglect and it is recognised that looked after children have poorer health outcomes compared to their peers who have not been in care.

Initial Health assessments continue to be an area of concern. Statutory timelines are not being met, often by a significant period. Current figures show that during August 2018-October 2018 only 23.5% of children were seen for their initial health assessment within statutory timeframes of 20 working days from becoming looked after. This rose to 35% seen within 25 days and 41% were seen within 30 days. It is recognised that this is a significant improvement from a year ago, however, it is also recognised that these figures need to improve. It is clear that ongoing work is required between Health and Childrens Social Care to improve the receipt of IHA paperwork, which does impact on meeting statutory timelines. This area of care is being continually addressed and monitored and is a tabled agenda item at the LAC Health steering group for discussion and resolution.

Due to the ongoing concerns around IHA timelines, it is requested by the Designated Nurse Looked after Children that the monitoring of Initial Health assessments (IHA) is a standing agenda item for the Corporate Parenting Committee going forward.

5. Education, Health and Care Plans (EHCP)

Education, Health Care Plans identify educational, health and social needs that require extra support in order to meet the need identified and improve outcomes. A multi-agency approach should be taken and health should play a significant part in the assessment process and planning of care. Current figures are shown below.

In October 2018, Thurrock had 270 Looked after Children within an educational setting between Nursery 2 and Year 13. Of these children 14.8% have an Educational Health Care Plan and 21.4% receive special educational needs support. Highlighting that 31% of the total Looked after Children population have a recognised need requiring additional support and assessment. This is a significant number within the cohort

There does need to be a more joined up approach around assessment pathways ensuring the EHCP informs or is combined with statutory assessments. There needs to be clear pathways to ensure the plans are shared with health and are placed in the child's main health record as standard practice. This is currently work in progress.

Thurrock CCG have recently appointed a Designated Clinical Officer for Special Educational Needs and Disability (SEND). EHCP's form part of this agenda and it is hoped this area of care can be progressed and improved.

6. Unaccompanied Asylum seeking children (UASC)

The were 63 UASC in March 2017 compared to 46 in October 2018. The reduction in numbers is due to the introduction of the National Transfer Scheme. The Transfer Scheme is based on the principle that no local authority should be asked to look after more UASC than 0.07% of its total child population. In Thurrock, this equates to no more than 28 UASC. Thurrock are above this figure resulting in new UASC being transferred out of Thurrock to other Local authorities within the eastern region.

Thurrock are the only local authority within Southend Essex and Thurrock (SET) who are using the transfer scheme as other areas are not up to their 0.07%. It is important that we have safe transfer out arrangements that ensure the young person is fit to travel. The Designated Nurse is working with the Local Authority and the provider LAC nurse services to improve the current processes.

Transfer time under the guidance advises that transfer should take no longer than two days. In reality, the transfer to another local authority can take as many as ten to fifteen days. It is for this reason that there are now processes in place to raise the IHA paperwork at the point of accommodation, as there was evidence the assessment process was being delayed. It is important to ensure assessment takes place at the earliest opportunity to ensure health needs are met not only for the young person but also from a public health viewpoint in relation to communicable diseases.

6.1 Consent form

A new initial health assessment consent document has been developed between children's social care and health that is relevant to the specific needs of UASC and easy to complete. This document is currently awaiting approval from the legal team within Thurrock. Once implemented it is expected to make a real difference to the timelines of assessment for this vulnerable cohort of children.

6.2 UASC Conference

A UASC conference was held on the 1st November 2018, this was a multi-agency event. Thurrock social workers and health professionals attended. The aim of the conference was to increase awareness and understanding of the health needs of UASC and give a picture of local need and services currently in place. It was funded by NHSE following a bid by the Designated Looked after Children Nurses across SET. The event was very successful with positive feedback. Another conference is planned for the New Year to cover the north of the county.

7. Looked after Children Nurse Health Team

The Looked after Children Health Team are commissioned by Thurrock Public Health. The team consist of a Specialist Nurse for Looked after Children, Looked after children Nurse and an administrator. The model within Thurrock is for the Health Visitors and School Nurses to undertake the health assessments for the children within their caseload. The LAC Nurses undertake the more complex

health assessments and also work with the children who are out of education or in College. The LAC Nurses are aiming to develop a more specialist service for UASC and Care leavers. One of the LAC Nurses now has lead responsibility for UASC and meets weekly with the UASC Manager.

The LAC Provider nurses receive quarterly clinical supervision from the Designated Nurse for Looked after Children. Frequent contact is maintained between the Designated and provider nurses for support and advice as required.

The Designated Nurse Looked after Children also sits on the Accommodation and placement panel and joint funding panel. This allows a health perspective to be given on children discussed at panel who are either entering care or are presented at panel around changes of placement or joint funding issues for children with complex needs.

8. Looked after Children Level 3 Training

8.1 Thurrock CCG

There are 29 GP practices in Thurrock. GP's have a duty to ensure that all staff working in their practice have the right level of competence depending on their role, to effectively safeguard, protect and promote the welfare and wellbeing of looked after children and care leavers (RCGP 2015). Thurrock CCG provide Level 3 safeguarding training to GP's this training incorporates Looked after Children. It is particularly important for GP's to be aware of the complexities of Looked after Children. GP's are often the first point of contact for Foster Carers and it is important that GP's are aware of consent issues and delegated authority when working with Looked after Children to ensure needs are met appropriately and timely.

8.2 Provider Service. North East London Foundation Trust (NELFT)

Level 3 Looked after Children training is delivered within the provider service NELFT. They deliver to all staff who have face-to-face contact with Looked after Children. Extra training is provided to those staff who undertake statutory health assessments. There is currently 100% compliance for all health staff requiring Looked after children training.

9. Looked after Children Health Strategy. Southend, Essex, Thurrock wide (SET)

The Designated LAC Nurses across Southend, Essex and Thurrock have developed a health strategy and work plan. The strategy focuses on Quality and Performance, Emotional Health and Well-being, voice of the child and engagement and commissioning of services**.** This document is being shared for your information and noting. (Appendix 1)

10. Innovation and Development

10.1 Health Passport

In October 2017, the Children in Care Council were invited to present to Thurrock CCG Board. This was facilitated by the Designated Looked after Children Nurse in order to promote children's participation at a strategic level and to educate board members on the views and opinions of Looked after Children. This session was a significant success, the Children in Care Council advised the board that they would like a health passport and from this meeting funding was secured to develop and print a Health Passport for Looked after children.

Meetings were held with the children in care council members, health professionals and the communications team from the CCG to design and develop the passport. The young people's views led the way in relation to content and design. This culminated in the Health Passport being published and commenced use in July 2018. All Looked after children aged 13 and above will receive a Health Passport at their health assessment. This is being reviewed in July 2019 with a plan to survey looked after children and carers directly for their views and feedback.

Praise must be given to the children in care council for voicing their aims and wishes to the board with in depth knowledge, skill and tenacity. They have influenced service delivery in a very positive way. It is recognised that there is a significant need to improve engagement with children and young people to develop and plan health services going forward.

10.2 Joint Strategic Needs assessment for Looked after Children

The Designated Nurse Looked after Children attended the Health and Well-being Board in June 2018 to observe. At this meeting, the new Joint Strategic Needs assessment (JSNA) for Children and Young Peoples mental health was presented. It was recognised that whilst Looked after children have higher incidences of mental issues compared to their peers who have not been in care, the needs assessment focused primarily on the universal cohort of children with limited focus on Looked after Children. Following this meeting, Thurrock Public Health advised that they plan to have a JSNA for Looked after children. The first task and finish group has taken place to commence scoping the specific needs and areas of importance that need to be reflected within the JSNA. Further updates on the progress of the JSNA will be given to the committee going forward.

10.3 Semi-independent Placement for 16+ and Quality Visits (SIA)

16+ accommodation for Looked after children is not regulated and therefore not inspected by Ofsted. This can lead to variations in quality and provision. It is identified that improved joint working with health in relation to setting and monitoring standards of 16+ accommodation would be beneficial. Children placed in semi-independent placements are often some of the most vulnerable children in society and it is important to recognise that this level of vulnerability should not be minimised due to their age.

The Local Authority commissioning team set their own quality standards and have a service specification for all providers of 16+ accommodation, which was shared with the Designated Nurse LAC for comments. The Designated Nurse LAC requested to be part of the quality inspection process and has visited a 16+ placement with the commissioner of placements to review and assess the provision. This proved to be a very valuable experience with plans to continue joint quality visits in the future.

There is also a system in place to ensure GP's are aware of the type of accommodation a child is placed in. Therefore, the information shared with the GP specifically highlights that the child is placed in an SIA. This ensures that the GP is aware of this specific type of placement in their area and highlights the increased potential vulnerability of their registered patient.

10.4 Sleep Packs for UASC

To ensure safety throughout their journey UASC often travel at night and sleep in the day, this can create sleep difficulties that can impact greatly on health. To improve the health and wellbeing of UASC the LAC Nurse team have ordered sleep packs from the Separated Child Foundation, the packs are free. The sleep packs have been created as practical aids that can positively impact on a good night's sleep. We are currently waiting for them to be available for collection.

Sleep Packs are for people in their teen years. They are NOT differentiated by size or gender. The packs themselves are pouches or bags, resembling a wash/toiletries bag, and measure about 25 x 15 cm. All the items are new. Each contains:

- a nightshirt (to fit all sizes)
- a plug-in night light
- a padded eye-mask, with adjustable strap
- a pair of ear plugs
- a pouch of dried lavender
- a packet of tissues
- a stress ball or similar
- a 'Sleep Well' card

Additionally clothing packs have also been ordered to ensure clean and dry clothing is available to the young person at the point of being accommodated.

11. Recommendations

It is requested that whilst there are ongoing concerns around the compliance of meeting statutory targets for Initial Health Assessment this issue should remain as a standing agenda item for the Corporate Parenting Committee.

It is requested that due to the significant reduction in the reported number of children having an up to date dental check and being fully immunised, this area of care is kept as a standing agenda item to be monitored by the committee.

12. Appendices

Southend Essex Thurrock CCG Looked after Children Health Strategy (2018)

13. References

DoH, DfE 2015 Statutory Guidance, Promoting the Health and wellbeing of Looked after Children

Royal College of General Practitioners (RCGP,RCN,RCPCH) 2015 Intercollegiate Role Framework, Looked after Children, Knowledge skills and competencies of health care staff.

Social Care Institute for Excellence (SCIE) 2017. Improving mental health support for our children and young people.