



Mid and South Essex
Integrated Care
System



Mid and South Essex

Promoting the Health & Wellbeing of Thurrock Looked after Children 2021-2022

Mid and South Essex Integrated Care Board MSE ICB (Thurrock) Report

Promoting the Health & Wellbeing of Thurrock Looked After Children (LAC) 2021-2022





Executive Summary

This annual report describes the challenges and achievements in identifying and improving the health and wellbeing of our looked after children (LAC) during the reporting period 2021/2022. The terms Children in Care (CIC) and LAC are used interchangeably throughout the report. Please refer to the last slide (Appendix 1) for a list of abbreviations that are used throughout the report.

Thurrock partners should come together more to deliver the joint Department of Health and Department for Education (DFE) statutory guidance: [Promoting the health and wellbeing of looked-after children \(2015\)](#)

This statutory guidance is issued under section 10 & 11 of the Children Act 2004 and sets out how local authorities, CCGs (Now Integrated Care Board/ICB) and NHS England and Improvement (NHSEI) are required to work together to promote the health and wellbeing of LAC

The Health Pledge commits us to helping our children and young people be physically and emotionally healthy. This can only be fully achieved when we are working in partnership and hear the voices of children and young people.



Executive Summary continued

The past year has continued to be challenging for our children and young people, their carers and professionals. We have not been able to achieve all of our ambitions for our children, some of this is a result of the pandemic. There have been challenges in meeting the statutory timeframes for Health Assessments this is an ongoing resource issue that as a strategic team we are addressing. There is a separate report that is being presented to the committee on the 4th Jan 2023 by Dan Jones (Strategic Lead - CLA I Children's Services) and Helen Farmer (Interim Director for Children and Young people and LD Mid and South Essex ICB) This item will not be covered in detail in this report.

This report identifies and analyses the profile of our LAC population, governance arrangements that are in place and the risks to children and young people if we are unable to meet our statutory requirements.

Next steps, considers what we can and should do in the coming months/years to realise our ambitions for our children and young people and how we can involve them in shaping their health offer.

The Function and responsibility of Mid and South Essex ICB as Corporate parents and equal Partners

Under the Children Act (1989, 2004) ICB's have a duty to comply and cooperate with requests from the Local Authority to assist them in providing support and services for LAC.

In order to discharge this duty effectively NHS Commissioners must ensure that the services they commission can meet the particular needs of these children so that they are able to access a range of universal and specialist services without undue delay.

Introduction

‘If we were to truly replicate what a family is for the child who’s being Looked After by the state, if the state was truly to provide that, it would give them the best of everything.’

Lemn Sissay - Poet and Care Leaver

The report will describe how the health needs of Thurrock’s Looked after children have been met during the reporting period April 2021 March 2022, the report also considers challenges risks and next steps.

Introduction continued

This is the first health annual report since 2019 due to the COVID 19 Pandemic.

During the reporting period there have been many successes with the development of positive working relationships across the partnership.

Extra funding was provided to address the backlog of Initial health assessments

Progress has been made in developing the care leavers offer

Dental training for health teams to support early identification of dental needs and the provision of the most current advice on maintenance of good oral hygiene.

Training for GP's/social workers and the wider network on the needs of Looked after Children.

Introduction continued

It is noted that there have been challenges in meeting the Statutory timelines for health assessments – the reasons are multifaceted and are proactively being addressed, It should be noted that the quality of the health assessments remain high.

Strategic support and advice is provided to the partnership by the Designated Nurse and the Designated Doctor for Looked After Children (LAC)

The MSE ICB (Mid and South Essex Integrated Care Board) commissions Initial Health Assessments for Children in Care from NELFT (North East London Foundation Trust). Review health assessments are commissioned by Public Health Thurrock – a recent Health Needs assessment was undertaken by Thurrock Public health which outlined much of the positive achievements and suggestions on the way forward.

Introduction continued

The NELFT team has two staff nurses who undertake the review health assessments for children placed in area and oversee children who are placed out of area. NELFT Community Paediatricians undertake the IHA's (Initial Health Assessments) The health team has been a relatively static workforce providing consistency to children and young people for their RHA's in Thurrock.

Recommendations from previous annual report 2019

- 1. 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.***
- 2. 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***

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.

The Committee has been provided a recent report on IHA's please see below narrative from this report that reflects actions taken to address this issue.

‘When a child become looked after by Thurrock Council, it is a statutory requirement that they receive an assessment of their health within 20 working days; this is known as an Initial Health Assessment (IHA). The IHA must be completed by a medical practitioner and is coordinated jointly between Thurrock Council and the NHS.

Whilst all children requiring an IHA are offered an appointment there continues to be a challenge to deliver within the 20 working days statutory requirement.

Despite a range of improvement measures, compliance remains inconsistent.

There are a range of factors that delay the IHA appointment however a key challenge is the lack of capacity available to provide IHAs to all children placed in the local area. ’

As has been reported previously, other factors impact on timeliness including delayed referral to the health team, limited availability and reliability of interpreters, Children not brought to appointments or declining assessments.

To improve the delivery of IHAs the following actions are being taken:

- The ICB is commissioning additional capacity via an alternative provider
- The tracking system is being updated to an electronic and cross agency Digital solution
- Weekly monitoring meetings will continue with an agreed escalation process

2. 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 –

Please refer to slide 36 towards on dental health. There is no longer dental registration as such, children and adults are required to book an appointment with the dentist of their choice.

It has not been possible to accurately reflect the numbers of children who are fully immunised as the data does not allow us to draw an accurate conclusion. This is an area for future improvement.

The SET (Southend Essex and Thurrock) Designate Nurses have developed a health pledge to ensure we are continuing to address unwarranted variation and to improve the health outcomes for Children in care and care leavers. The following slides describe some of the achievements made during this reporting period.

QUALITY AND PERFORMANCE :

- Review of ICB contracts where IHA performance is below requirement.
- Options appraisal for different models of IHA provision shared with Executive Nurses
- IHA Digital solution progressing
- LAC nurses invited to complex placement planning meetings
- RHA Audit undertaken in Thurrock

Emotional health and wellbeing/mental health

- Numerous services procured across SET for emotional health and wellbeing
- Involved in procurement of SET CAMHS – CYP Digital platform
- Looked at quality performance indicators for within SET CAMHS contract for LAC
- Training provided that encompassed Trauma Informed Care

Voice of children/young people and engagement

- IHA audit reflected views and feelings of the children within the IHA process
- Provision of a blended approach on an individual basis to maintain contact with a young person, based on their choice, to support with engagement with health services deemed hard to reach
- Engagement with care leavers regarding their views on accessibility of health and the language we use

Commissioning of services

- Escalation pathway for risk of placement breakdown endorsed by SCN and is being shared with Providers
- Escalation pathway developed for provider services to ensure health needs of LAC living out of area are met
- Health is well reflected in the new Essex Co-parenting strategy

Children with Special Educational Needs and Disability

- Clear process within universal services for identifying LAC with SEND and oversight of EHCP (Education and Healthcare Plans)
- Specific MCA (Mental Capacity Act) training for specialist practitioners within 0-19 service to embed as 'practice as normal'
- Awareness raising of LPS (Liberty Protection safeguards) and implications for 16–17-year-olds
- Working group exploring pathways for sharing MCA between health and children social care

Governance Arrangements

6 weekly meetings are held with the Provider (NELFT) and the ICB to review challenges and implement solutions with the involvement of commissioners as appropriate.

A weekly tracking meeting is held between the LA and the Provider to ensure good oversight on the progress of initial and review health assessments

Designate Nurse meets Bi monthly with the Safeguarding Clinical Network for Looked after Children to progress our commitment to reducing unwarranted variation for all looked after children.

The ICB provides training and advice to GP forums and Local operational Groups to ensure the health needs of LAC and care leavers are met.

Monitoring Activity and Progress

Activity is monitored with regards to:

- Initial and review health assessments- timeliness and quality
- Immunisation uptake
- Dental checks
- Optician checks
- Registration with GP
- Health care plans outcome

Numbers and ethnicity of Children in care in Thurrock

	As at 31 March 2021		As at 31 March 2022
Number of Children Looked After	301		295
Category of need (reason for entering care)	Abuse & neglect	221	214
	Child's disability	8	10
	Family in acute stress	16	14
	Family dysfunction	27	21
	Socially unacceptable behaviour	2	1
	Absent parenting	27	36
Age	0-4 years	49	43
	5-11 years	81	78
	12-15 years	97	91
	16-17 years	74	83
Gender	Male	186	178
	Female	115	117
Ethnicity	White	218	216
	Black or Black British	38	36
	Mixed / Dual background	25	25
	Asian or Asian British	6	9
	Any other ethnic background	9	7
	Information not yet obtained	5	2



In the UK children are more likely to be in care if they are: a) Male, Black or of mixed ethnicity. Children are less likely to be in care if they are Female (44% of the looked after population in England are Female...population of under 18 female is 49%). [<https://learning.nspcc.org.uk/media/1622/statistics-briefing-looked-after-children.pdf>] last accessed Dec 2022

In Thurrock in 2022 there was a slight decrease in the Male population of looked after children but males still represent 60% of the overall cohort and females represent 39.6% of the overall cohort which is less than the National figure of 49%. The Female population increased slightly, reasons for this are not fully understood at a local or national level.

Thurrock's LAC population is 73% 'White', 12.2% are Black British. This is reflective of the national picture.

Whilst the above is the data available to us for children looked after by Thurrock it does not give us an understanding of the whole LAC population who live in Thurrock as many Separated migrant children from other local authorities are placed here.

Further detail on ethnicity and gender can be found in the next slide.

Ethnicity and gender of Looked after children

The gender imbalance has been increasing in some nations. For example, in England there was an increase of 14% for looked after boys between 2015 and 2019, compared to an increase of 10% for girls. This difference is likely to have largely been driven by an increase in unaccompanied asylum-seeking children over this period, the majority of whom are male (DfE, 2019).

Proportion of looked after child population that is from an Asian background 4.6%

Proportion of under-18 population that is from an Asian background 10.0%.

Little is known about why certain minority ethnic groups are overrepresented whilst others are underrepresented within the care system. Research has identified a number of potential causes, including: lack of access to appropriate support services, greater unwillingness in some cultures to report concerns about a child's safety, or greater uncertainty among child welfare professionals about how to respond appropriately to the needs of families from certain ethnicities.

[<https://learning.nspcc.org.uk/media/1622/statistics-briefing-looked-after-children.pdf>] last accessed Dec 2022

Children placed at a distance

	31 March 2021	31 March 2022
20 miles or less from home	213	196
More than 20 miles from home	88	99

33% of children are placed more than 20 miles from home this is an increase of almost 4% in the reporting period. This can cause delays in Initial health assessments being undertaken as there are additional administrative process' involved in referring to the receiving health team. This is closely monitored in the joint weekly tracking meeting.

Health assessment outcomes

Health assessments aim to identify and address health needs and include the formulation of a Health Action Plan. The Health Action Plan (HAP) is shared with the GP/ IRO/Social worker/Foster carer and young person dependent upon their age, it is essential the HAP is consulted regularly to ensure health needs are met in partnership. Outcomes will also be captured through joint planned audit programmes.

Improved data collection systems are continually being developed to capture outcomes from health assessments and to facilitate a clearer understanding of the health needs of Thurrock Children in Care. Please refer to the slide 26 on most common health needs and Profile of health needs.

The health team continue to offer a range of other clinical services to support and improve the health of children in care. These include health promotion, provision of sexual health advice, facilitating access to smoking cessation programmes, referrals to and supporting young people at risk of Child Sexual Exploitation and those struggling with alcohol and substance misuse.

An overview of the Health Needs of Thurrock LAC

	Male	Female	Total numbers	% of LAC population Thurrock	National Prevalence
Epilepsy	10	3	13	4.4%	1 in 103
Pregnancy	N/A	5	5	1.7%	
ASD	35	9	44	15%	1 in 100
Diabetes	1	1	2		1 in 700-1000
ADHD	42	10	52	17.6%	8-10% of population
Asthma	32	30	62	21%	1 in 11

Asthma

As a partnership we know that when young people enter the care system they are more likely than their peers to have unmet health needs due to adverse childhood experiences and more specifically neglect.

Due to the significant delay in the timeliness of initial health assessments as a system we are at risk of compounding the issue of missing and/or failing to address unmet needs in a timely manner.

Let's consider the implications of a delayed response/identification of health needs for a child with one of the top health needs in our LAC population i.e. Asthma.

According to the data there are a total of 62 children with a diagnosis of asthma this is 21% of the current looked after child population of Thurrock . Of these 30 are female and 32 are Male. If asthma is not reviewed and managed appropriately it can have a significant impact on children and young people.

The next slide explains in more detail why this may be important.

Asthma continued

In Thurrock in 2021 301 children were looked after, a rate of 66 for every 10,000 children. This is higher than East of England region (49 per 10,000) and is similar to England (67 per 10,000). **Originally published on PHE Fingertips: September 2020 Accessed: December 2022**

Whilst it is not the case for all children in care, many are likely to have had experiences which make them more vulnerable and leaving them at risk of poorer outcomes than children who are not looked after.

Children in care have been found to have lower educational attainment across all age groups as well as poorer mental and physical health. In the case of asthma it is more prevalent within more deprived communities, and those living in more deprived areas of England are more likely to go to hospital for their asthma. Those from disadvantaged socio-economic groups are more likely to be exposed to the causes and triggers of asthma, such as smoking and air pollution. Asthma requires self-management, which is harder to embed in groups with lower health literacy.

[Health inequality and asthma | Asthma UK](#) [last accessed December 2022]

Asthma continued

Whilst we cannot assume being looked after means you will have poorly controlled asthma there are multiple factors that could increase the likelihood of inconsistent care and treatment, for example the highest reason children come into care in Thurrock is neglect.

Asthma is used here as an example of a long term condition that requires a consistent approach to its management which can only be achieved if children are assessed regularly and supported in the management of their health needs.

What is ADHD ?

ADHD is a mental health condition that is defined through analysis of behaviour. People with ADHD show a persistent pattern of inattention and/or hyperactivity–impulsivity that interferes with day-to-day functioning and/or development

Childhood ADHD: In the UK, a research survey of 10,438 children between the ages of 5 and 15 years found that 3.62% of boys and 0.85% of girls had ADHD [\[Journal of Attention Disorders\]](#). Global prevalence is considered to be between 2 and 7% with an average of 5%. [\[The Lancet\]](#) [\[About ADHD | ADHD UK\]](#)

Last accessed Dec 2022

According to the data provided for children aged 5-18 years 14% of Thurrock male looked after children have ADHD and 3.3% of females, according to NICE (National Institute clinical excellence) Looked after children are more likely than the general population to have ADHD. However this alone would not account for the significant difference more needs to be done to understand the figures.

[\[https://www.nice.org.uk/guidance/ng87\]](https://www.nice.org.uk/guidance/ng87) last accessed December 2022

Emotional health and wellbeing

Understanding the emotional and behavioural needs of looked-after children is important. Local authorities are required to use the Strengths and Difficulties Questionnaire (SDQ) to assess the emotional well-being of individual looked-after children.

The SDQ is an internationally validated brief behavioural screening questionnaire about 4-16 year olds. It exists in three parts: one for the carer, another for the child's teacher and a third part for the child.

[Promoting the health and well-being of looked-after children - update note added to start in August 2022 \(publishing.service.gov.uk\)](#) [last accessed November 2022]

SDQ's are routinely completed for CYP in Thurrock. No further analysis of mental health and emotional wellbeing will be included within this annual report as it will be reported separately by the experts in this field.

Separated Migrant Children

Separated migrant Children are young people aged under 18, who have applied for asylum in their own right and are separated from both parents and/or any other responsible adult.

Thurrock has **28** separated children (aged 18 or under) a small increase on 2021 when there were **24**

The majority of these young people are male which is in line with national findings. Exact numbers of gender percentages was not available at the time of writing this report.

The journeys made by these young people to the UK may have involved human trafficking and been fraught with danger and uncertainty, often against a background of abuse, trauma and loss in their home country.

Thurrock Separated Migrant Children

	As at 31 March 2021		As at 31 March 2022	
Number of Separated Migrant Children	24		28	
Country of Origin	No Report Available			
Ethnicity	White	1	1	
	Black or Black British	11	12	
	Mixed/Dual background	4	6	
	Asian or Asian British	4	5	
	Any other ethnic background	3	3	
	Information not yet obtained	1	1	
Age	12 to 15 years	5	2	
	16 to 17 years	19	26	

Separated Migrant Children continued

Use of interpreters is the norm for initial health assessments in this cohort of children, the availability and reliability of interpreters has at times meant assessments needed to be rescheduled.

Health needs that require specific consideration for separated migrant children are routine childhood immunisation, screening for blood borne viruses, likelihood of long-term malnutrition and risks of refeeding syndrome, exposure to sexual exploitation and sexual health needs.

The Initial health assessment often identifies anxiety, poor sleep, poor hydration, headaches and skin conditions as well as, incomplete or unverified immunisation status.

Separated Migrant Children continued

A better understanding is needed of the health needs of SMC to ensure that services are in place that are able to respond appropriately to their often complex needs.

The Pandemic has led to a delayed regional response to the unwarranted variation for this very vulnerable group. SET have included the needs of this group in their strategy for reducing unwarranted variation over the next two years.

A revised Blood born virus/infection screening pathway for Children and Young people who live across Essex is being addressed by SET Safeguarding clinical network for LAC designated health professionals.

Care Leavers

	As at 31 March 2021		As at 31 March 2022
Number of Care Leavers	286		297
Gender	Male	203	207
	Female	81	88
	Other	2	2
Ethnicity	White	132	141
	Black or Black British	63	63
	Mixed/Dual background	20	24
	Asian or Asian British	31	31
	Any other ethnic background	39	36
	Information not yet obtained	1	2

Care Leavers offer

The numbers of care leavers has increased in the reporting period most noticeably in the 22-25 years age bracket.

All care leavers receive a letter from the health team that details how they can access their health information and register with a GP/Dentist etcetera when they reach 18 years. There is currently a cross agency working group (CLA steering group with ICB representation looking at how we can develop the offer to our care leavers making it more robust.

In the next reporting period it is hoped that we will be able to offer eligible care leavers free prescriptions.

SET designated professionals have included care leavers as a specific group whose needs should be considered more closely in their pledge to improve outcomes for all care leavers in our geographical footprint.

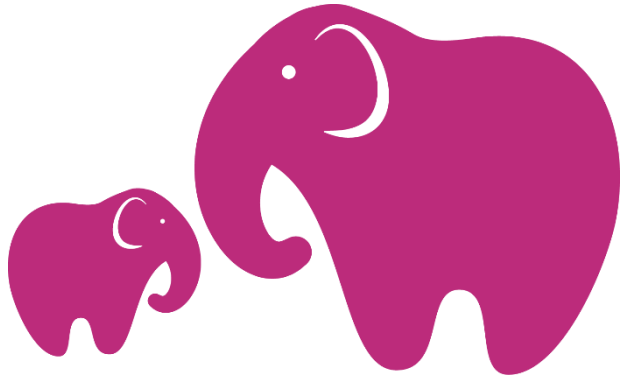
Dental health

There have been many challenges with dental registration throughout the pandemic and into this reporting period for the population as a whole.

Social workers and carers have been supported by health colleagues to enable children to access dental care. NHSE/I completed a pilot study with dentists to ensure LAC were given priority.

There was a list of dental surgeries in the region who were taking part in the project shared with colleagues across the system. <https://protect-eu.mimecast.com/s/bhDHCvgR6TLIWQqtowQxc?domain=google.com>

A program to raise awareness of dental health known as 'Lift the Lip' was implemented and training offered to all LAC teams across Southend Essex and Thurrock



Voice of the child – What young people have said about their assessment and interaction with their nurses

“It has helped me to feel better about myself and increase my confidence”

I am more aware of healthy eating, getting good sleep and exercise”;

They feel it keeps track of their health and offers them support and advice

The assessments focus on YP’s mental and physical wellbeing

They like the LAC nurses who complete the assessments and feel comfortable to ask questions or ask for advice/ support

Young people feel listened to and involved in the process

“The nurse kept me focused on not smoking”; **“I’ve cut down on games and have a better routine”**

Conclusion and recommendations

There has been much progress and many achievements to be proud of as has been described within this report. However, we need to be more ambitious for our children and young people and push forward with addressing the ongoing issues with data and workstreams to ensure Thurrock looked after children are supported in being the best they can be with the right support at the right time.

The following recommendations are consistent with the findings of the author when analysing the data and reviewing the recommendations from SET Looked after Children clinical network.

Recommendations

- Continued monitoring and action to address IHA (Initial Health Assessments) delays.
- Maintain close working relationships with commissioners and contracts teams to ensure we continue to meet the needs of children and young people.
- Continue to work on gaining a clearer understanding of the health needs of separated children and care leavers through audit of their health record and work with the performance teams to build on data collection to accurately profile these groups of young people.
- Embedding Care leaver health summary process'.

Recommendations continued

- SDQ (Strength and Difficulties Questionnaire) pathway to be agreed and embedded in practice so there is a clear understanding of and actions taken to address emotional wellbeing.
- Ensure Thurrock LAC benefit from the expertise and strategic work being undertaken by the SET Clinical network
- Listening, responding to and capturing the voice of our children and young people. Involving them wherever possible in shaping and influencing their health offer
- Improved data collection to accurately reflect the position on dental checks and immunisations

Appendix 1 Abbreviations

EWB/MH = Emotional Wellbeing/Mental Health

PH = Physical health

YP = Young Person

CYP= Children and Young People

IHA = Initial Health assessment

RHA = Review health assessment

IRO = Independent reviewing Officer

SDQ= Strength and Difficulties Questionnaire

OOCC = Out of County

SW = Social Worker

LAC = Looked after Children (Legal definition)

CIC = Children in Care

SMC = Separated Migrant Children

ADHD = attention deficit hyperactivity disorder

ICB = Integrated care board

CCG = clinical commissioning group

ASD = Autistic Spectrum disorder

SET = Southend Essex and Thurrock