3 March 2016	ITEM: 5
Corporate Parenting Committee	
Health of Looked After Children	
Wards and communities affected: All	**Key Decision:** Non-Key
Report of: Patricia Perolls, Designated Nurse for Looked after Children	
Accountable Head of Service: Andrew Carter, Head of Care and Targeted Outcomes	
Accountable Director: David Archibald, Director of Children's Services	
This report is Public	

Executive Summary

As the Committee are aware meeting the healthcare needs of Looked After children is a significant priority for Children's Social Care and Local Health Services. Looked after Children continue to enter care following a period of parental neglect or abuse, and may not have had their health needs addressed appropriately.

1. Recommendation(s)

1.1 The members of the Corporate Parenting Committee are asked to scrutinise this report.

2. Introduction and Background

2.1 Looked after Children and in particular care leavers, have historically tended to have poorer health outcomes than other young people their age. This has led to a heightened profile around the performance of local authorities and health services meeting their obligations to ensure all checks are carried out in a timely fashion.

2.2 This report will focus specifically on the most recent data available and the most recent Care Quality Commission inspection of Safeguarding and Looked after Children's Health Services within Thurrock. It will identify the key recommendations made by the Care Quality Commission in relation to Looked after Children's Health that need to be addressed and progress to date.

3. **Reported Performance**

3.1 In December 2015 the Government published the latest figures for all local authorities, which are generated from the annual returns submitted by each local authority. In relation to health checks figures are reported annually on two specific cohorts of children, those who have been looked after for at least twelve months at 31st March and the subset of these children who are under 5 at that date, who should be receiving developmental checks.

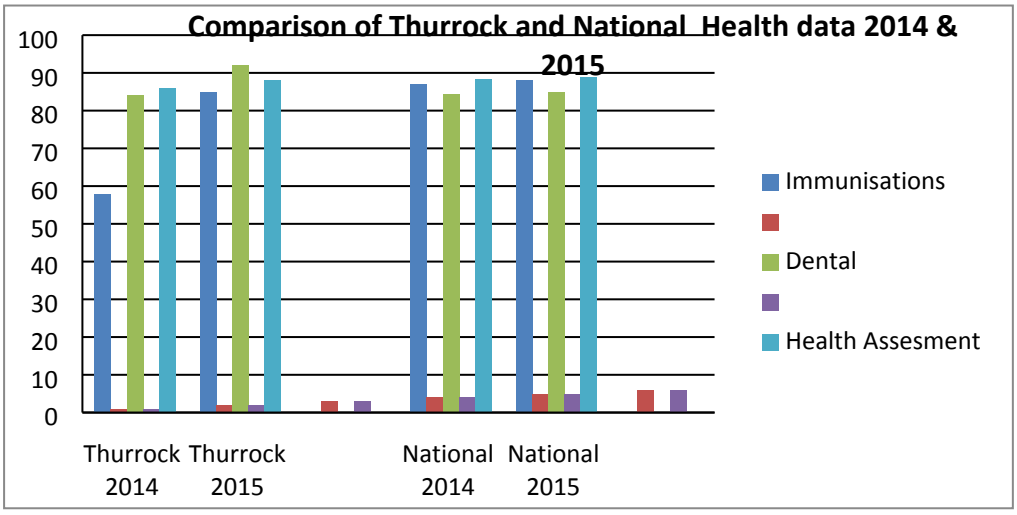
3.2 The expectation is that all children should have an Initial Health Assessment (IHA) on entering care and a Review Health Assessment (RHA) each year thereafter. Children under the age of 5 are expected to have a Review Health Assessment twice a year.

3.3 Thurrock's reported performance for completion of yearly Review Health Assessments has again showed improvement on the previous year. There were 210 children who formed the cohort. Of these 185 (88%had their check recorded (compared 86.8% to the previous year and 81.8% the year before that).

3.4 The same statistical release also publishes the figures for children who have a recorded dental check in the previous period and those whose immunisation records are up to date.

3.5 For dental checks the reported figure (taken from the same cohort) is 92% up from 84.2% (For the previous year the figure recorded was 78.7 %.)

3.6 Last year the published statistic for Immunisations was a cause for concern, as the published figure stated that 57.8% of the cohort were up to date with immunisations. This year the published figure is 85%, which is a significant improvement and more accurately reflects the immunisation status of the cohort. However we are not complacent and ensure that each young person's health assessment contains details of their immunisation status which can be recorded within the child's social care record.

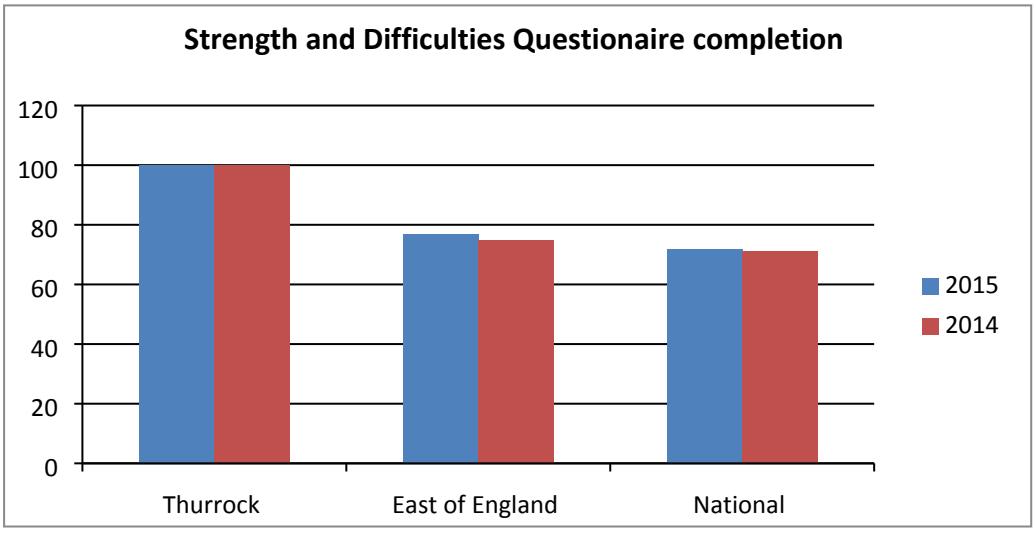


3.7 Although pleased that the data recording has improved we are not complacent and hope that this can be improved further in the coming year. It is hoped that having the Looked after Children's Nurse for Thurrock based within Social care one day a week will support the Local Authority and progress improvements in data collection.

3.8 Thurrock previously appeared to be under-performing against the requirement for children under 5 to have developmental checks. It is encouraging to note that this year 83.3% of checks had been carried out with this age group although we know that this should be higher and would expect to see further improvement in the next year.

3.9 Another outcome which is reported on nationally is our completion of the "Strengths and Difficulties Questionnaire", which is a widely used tool, recognised for its value is evaluating the emotional well-being of children. Local authorities are expected to ensure that these are completed on young people aged 5-16, and in care for over a year.

3.10 For 2014-2015 Thurrock had 165 young people who formed part of the reported cohort for a Strengths and Difficulties Questionnaire score. We achieved 100% completion on making sure these were done, against a National average of 72% and an Eastern Region one of 77%.Last year we also achieved 100% completion, against National averages of 71% both years and Regional averages of 75% respectively.



3.11 We continue to review children and young people with high Strength and difficulties questionnaire scores (those over the midway point) at the Multi-Agency Looked after Children group meeting to identify whether concerns have been raised about a young person not already receiving appropriate support. These meetings are multiagency and a representative from the Emotional Health and Well Being Service attends.

3.12 The commentary for the nationally released data for health checks repeated the previous finding that performance for all authorities was poorest for young

people aged 16+, and therefore targeting improved performance for this age group will continue to be placed as a high priority for 2015-2016. Considerable success has already been achieved in 2014-15 through the flexible & personal approach used by the Specialist Advisor Looked after Children's Nurse to engage some initially reluctant young people.

3.13 Amongst the 16+ age group there is an increasing number of Unaccompanied Asylum Seeking young people. These young people will often have had particularly traumatic experiences and may face specific emotional, mental health and physical health needs. Over the previous year we have worked to improve health outcomes for this group of young people and The Care Quality Commission noted that

'The Looked after Children Nurse demonstrates a high level of understanding of the issues faced by unaccompanied asylum seeking children (UASC) and the potential impact on their health and wellbeing.'

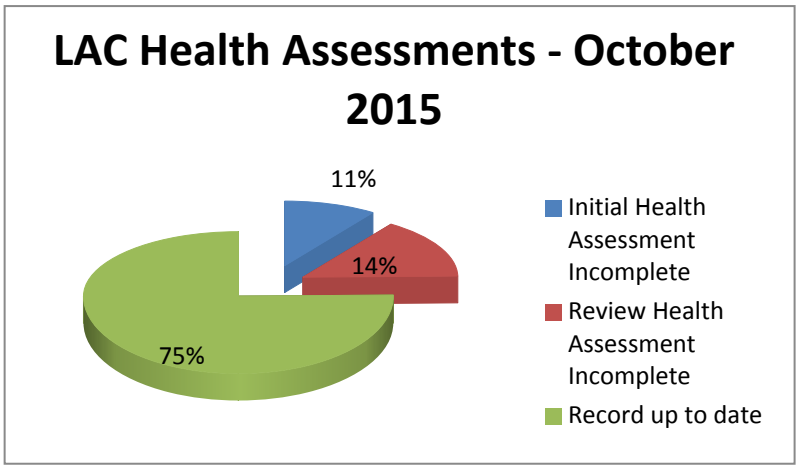
We will continue to work with this group of young people to improve health and immunisation up take.

4. Reasons and Recommendations

4.1 Care Quality Commission Recommendations for Looked after Children's Health Services.

4.1.1 In October 2015 the Care Quality Commission reviewed the health component of safeguarding and looked after children services in Thurrock. It focused on the experiences and outcomes for children within the geographical boundaries of the local authority area and reported on the performance of health providers serving the area.

4.1.2 From its review of health services in Thurrock it found that there was a delay in Children entering care receiving Initial Health assessments. It recommended that Provider Health Services work with Thurrock Council to ensure that the performance monitoring of the timeliness of initial and review health assessments is effective based on accurate, agreed shared data. Since the inspections action plans have been put in place and weekly meetings are held with health and social care to ensure that timescale are met. Progress has also been made by sending information electronically rather than in paper form as was done previously. There is still work to be done and Care Quality Commission action plans are monitored robustly by the Clinical Commissioning Group.



4.1.3 A recommendation was made to ensure that CAMHS routinely contribute to the initial and review health assessments of looked-after children with whom they are working. This is now in place as from 1 November the new Emotional Health and Wellbeing service provide CAMHS services and this service uses the same electronic record keeping service and so notes are readily available to those completing health assessments.

4.1.4 It was recommended that health work with Thurrock Council to ensure parental health history and the reason for the child becoming looked after is routinely secured in documentation at the outset of the child entering the care system. Doctor Band, the Designated Doctor for Looked after Children for the seven Clinical commissioning groups in Greater Essex is currently reviewing the information requested to inform health assessments and a new format will be trialled early in 2016.

4.1.5 The Care Quality Commission highlighted that effective arrangements are put in place to quality assurance initial and review health assessments for looked after children, including those who are placed outside of Thurrock – The standard of health assessments completed within Thurrock is of a high standard and training is given to all staff as to how to complete them. Auditing of health assessments is included within the current key performance Indicators for the provider service. As up to two thirds of Looked after children could have health assessments outside the area, these assessments are a priority for quality assurance. Any assessments that do not meet with recommended standard are escalated to the Designated Nurse within the Clinical Commissioning Group to raise with her counterpart in the area where the assessment was completed.

4.1.6 The Care Quality Commission wanted to ensure that a clear coding and naming convention for looked-after child documentation is in place on the case record information system and that looked-after children are flagged as a having higher level of vulnerability . This has been put in place by North East London Foundation Trust.

4.1.7 The Care Quality Commission advised that the Clinical Commissioning Group work with primary care to ensure that General Practitioners have a good understanding of the role and responsibilities they play in the provision of good health care for looked-after children and unaccompanied asylum seeking young

people and that they contribute routinely to initial and review health assessments To this end we have invited Dr Amin Band – Designated Doctor for Looked after Children to attend local General Practitioner forums and Time to Learn sessions to discuss the health needs of Looked after Children.

4.1.8 Within the report the Care Quality Commission did record positive feedback from foster carers and Looked after Children which were encouraging.

"Sometimes if they have called to offer an appointment they are flexible if I am unable to make that time and are happy to give me another slot."

"I see a paediatrician every six months; even though sometimes getting an appointment can be delayed the service is otherwise very good."

"I am looking after a child with complex needs and the Looked After Children nurses have been very patient and creative in ensuring they get the child's wishes and feelings even when the child is difficult to engage. They are very good at that. For example, they changed my child's medication at her request so she could see what it would be like and then reinstated it later when she decided she would like to continue to take it."

"The children had their health review today. Two ladies came. They were lovely and put the children at ease. It was so good that they did the health review here in our home. When it was done in school last year, he was only seven so some of his answers weren't correct or were misunderstood."

"We have had good support from the looked-after children's nurse as well as the social worker."

4.2 Current Action Plan

4.2.1 Following any Care Quality Commission Inspection the Clinical Commissioning Group and Provider Health Organisations are required to produce a detailed action plan for submission within 28 days of the publication of the report. This has been completed and is attached as an addendum to this report. The actions are monitored by the clinical commissioning group and they will feed back regularly to the Care Quality Commission. Regular meetings are held between the Provider health services and the Clinical Commissioning group to ensure actions are progressed.

4.2.2 To ensure members are adequately informed of the challenges and successes in delivering appropriate health care to looked after children.

5. Consultation (including Overview and Scrutiny, if applicable)

None.

6. Impact on corporate policies, priorities, performance and community impact

6.1 The content of this report is compatible with Health and Well Being Strategy Priority 12: *Provide outstanding services for children in care and leaving care*

7. Implications

7.1 Financial

Implications verified by: **Nicola Wright**
Finance Officer

There are no immediate Financial Implications arising from this report.

7.2 Legal

Implications verified by: **Lindsey Marks**
Principal Solicitor Children's Safeguarding

There are no immediate legal implications arising from this report.

7.3 Diversity and Equality

Implications verified by: **Natalie Warren**
Community Development and Equalities Manager

The significant Equality and Diversity implications arising from this report stem from the need for carers to have awareness of medical conditions which disproportionately affect different sectors of the community, such as Sickle Cell Trait, as well as professionals generally recognising both the physical and emotional needs of Unaccompanied Asylum Seeking young people.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

N/A

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

None.

9. Appendices to the report

Appendix 1 - Care Quality Commission Review of Thurrock Clinical Commissioning Group's Providers and Partner Agencies Recommendations and Action, January 2015

Report Author:

Tricia Perolls

Designated Nurse for Looked after Children

Thurrock Clinical Commissioning Group