

**Corporate Parenting Board**

**22 November 2018**

## **Children in Care Strategic Partnership Strategic Plan: Health Section Update**

1. **Purpose of the Report:** To update the City of York Corporate Parenting Board regarding the progress against the 'Health' section of the Children in Care Multiagency Strategic Plan.
  
2. **Background:** Statutory Guidance Promoting the Health and Wellbeing of Looked After Children (DfE & DoH, 2015)<sup>1</sup> describes how most children become looked after as a result of abuse and neglect and although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences (p:8). The guidance goes on to clearly articulate the key responsibilities of the Local Authorities (LA) and the NHS to work together to identify and meet the health needs of children in care.
  
3. **Health section of Children in Care Strategic Plan:**
  - 3.1 Introduction of Health Passports to all children and young people in Care:
    - Children who come into the care of the LA may not return to their birth families but will become permanently part of new foster or adoptive families, or may move into independence without retaining links with birth families. Therefore the transfer of information about a child's health status and history becomes very important (DfE and DoH, 2015, p: 22). The aim of introducing health passports is to support children, young people and their carers understanding of

their current and future health needs. The format of the Health Passports to be used across City of York was agreed in consultation with the 'Show me that I Matter' group. Following some early challenges in introducing the use of the passports a relaunch and staged introduction was agreed in the early part of 2018. This has been supported by use of agreed pathways for distribution as well as information leaflets for children in care, foster carers and social workers. Further work to promote the use of health passports with foster carers across the City took place in October when the Designated Nurse and Named Nurse for HDFT attended the Foster Carers meeting.

### 3.2 Ensuring all children in care are offered a timely and high quality health assessment:

- Local authorities are responsible for making sure a health assessment of physical, emotional and mental health needs is carried out for every child they look after, regardless of where that child lives. CCGs, NHS England and NHS service providers have a duty to comply with requests from local authorities in support of their statutory requirements (DfE & DoH, 2015 p: 15 &16).
- Timeliness: Statutory guidance requires the LA and Health to work together to ensure all children and young people receive an Initial Health Assessments( IHA) within 20 working days of coming into the care. IHAs must be undertaken by a registered medical practitioner and should result in a health plan, which is then available in time for the first statutory review by the Independent Reviewing Officer (IRO) of the child's care plan. During the period of time a child is in care Review Health Assessments (RHAs) should be offered to children and young people every 6 months if they are less than 5 years of age and annually from 5 to 18 years.

Achieving these timescales has proved very challenging for the partnership. Multiple factors have impacted on timeliness including a change of record management system for Children's Social Care, movement of the Healthy Child Service into the Local Authority and availability of paediatric appointments for IHAs. The partnership is working together to agree how to address these challenges and several steps have been taken to try to improve the timeliness:

- Training provided to Social Workers by Looked After Children's Nurses on the processes to follow to request a health assessment.
- Introduction of an escalation process which supports partners to identify and respond to timeliness issues.
- Development of a more streamlined administrative process for allocating Paediatric appointments for IHAs.
- The Designated Nurse, Group Manager for Achieving Permanence and the Manager of Independent Reviewing Officer are meeting and in November to explore how issues relating to timeliness can be identified and addressed at the Looked After Reviews.

Current data relating to timeliness of IHAs and RHAs can be found at Appendix 1

- Quality: A programme of quality assurance of IHA audits is in place. Analysis of the findings and subsequent action plans are presented to the Strategic Partnership for Children in Care. The audits have identified a steady improvement in the quality of assessments and subsequent care planning. All Paediatricians who see CoY children for health assessments are up to date with training on how to undertake a quality assessment.

The Harrogate and District Foundation Trust Looked After Team have worked with the City of York Healthy Child

Service (HCS) to improve the quality of RHAs and care plans. This has included a programme of training to HCS practitioners and ongoing quality assurance audits of assessments and care plans.

### 3.3 Improving the uptake of Health Assessments for Children and Young People within the context of normality:

- Vale of York CCG, Health Providers and the Local Authority have worked together to develop a number of resources to support children and young people's understanding of the benefits of accessing a health assessments. These resources include information leaflets for children and young people and Social Workers and carers as well as a lego style 'You Tube' clip describing a IHA. The Show Me That I Matter group have been consulted throughout the developments of the resources.
- When young people decline assessments there is a pathway to try to engage them. This includes sending information advising the young and the carer on how to access an assessment should they wish to do so in the future. The Looked After Children's Team also receive a request to try to engage the young people.

### 3.4 Ensuring children and young people do not have more assessments than is necessary and to ensure best use of all available information to improve the quality of assessments:

- Where a child in care has an Education and Health Care Plan (EHCP) these are accessed by Paediatricians undertaking IHAs. EHCPs are also routinely forwarded to HCS practitioners to ensure relevant information is available when undertaking RHAs.

### 3.5 Improving the number of children in care registered with a dentist:

- Establishing that a child is registered with a dentist is a fundamental aspect of IHAs and RHAs and subsequent health care planning. The IHA and RHA quality assurance audit processes identify where registration and attendance at a dentist has not been established/ recorded and practitioners are requested to follow up.
- Harrogate District Foundation Trust (HDFT) has developed a new pathway whereby children in care across North Yorkshire and York can access the HDFT Community Dental Service. This service offer is not intended to replace existing dentist registrations, it is aimed at ensuring children in care have access to dental services when there may be difficulties in accessing NHS dentists.
- The Designated Nurse has attended foster carer events to raise awareness and promote the use of this pathway.

3.6 Children in care should be immunised appropriately in order to maximise their health and wellbeing:

- As with Dentist registration, establishing a child's immunisation status is a fundamental aspect of IHAs and RHAs and subsequent health care planning. The IHA and RHA quality assurance audit processes identify issues with immunisation status and liaise with practitioners where this is not addressed as part of the health care plan.

3.7 Children in care should be permanently registered with a GP Practice:

- Improving access to on-going health care is a critical to maximising health outcomes for children in care. The Nurse Consultant for Primary Care (VoY CCG) has consulted with children in care to understand what they see as the key factors influencing their engagement with primary care. The

outcomes of this consultation have been included in training for primary care colleagues across the City. Of particular relevance is ensuring children in care are able to register with a GP practice. This process of registration of children in care will be the subject of audit during 2018-19.

1. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/413368/Promoting\\_the\\_health\\_and\\_well-being\\_of\\_looked-after\\_children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf)

**Author:**

Karen Hedgley

Designated Nurse for Safeguarding and Children in Care

Contact: karenhedgley@nhs.net

**Abbreviations:**

Dfe – Department for Education

EHCP – Education and Health Care Plan

HCS – Health Child Services

HDFT – Harrogate District Foundation Trust

IHA – Initial Health Assessment

IRO – Independent Reviewing Officer

LA – Local Authority

NHS – National Health Service

RHA – Review Health Assessment

VoY CCG – Vale of York Clinical Commissioning Group

**Annexes:**

Appendix 1 - Data on Timeliness of Health Assessments Quarter 2

July – Sept 2018