

Health Report for the Children in Care Strategic Partnership and City of York Corporate Parenting Board: November 2019

1. **Purpose of the Report:** To update the Strategic Partnership for Children in Care and the City of York Corporate Parenting Board on the arrangements in place across the City to meet the health needs of Children in Care.
2. **Authors:** Karen Hedgley, Designated Nurse for Safeguarding and Children in Care and Dr Sarah Snowden , Designated Doctor Safeguarding Children and Children in Care
3. **Background:** Statutory Guidance *Promoting the Health and Wellbeing of Looked After Children* (DfE & DoH, 2015)¹ describes how most children become Looked After as a result of abuse and neglect. 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.
4. **Health section of Children in Care Strategic Plan:**
 - 4.1 **Introduction of Health Passports to all children and young people in Care:**
 - Many of the children who come into the care of the LA may not return to their birth families. They become permanently part of new foster or adoptive families, or may leave care as young people who move into independence without retaining

links with their 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 across the City was to support children, young people and their carers' understanding of their current and future health needs. The format of the Health Passports used across City of York was agreed in consultation with the '*Show me that I Matter*' group in 2016.

- There were initial challenges in introducing the use of the passports; however a relaunch and staged introduction took place during 2018. As the passports have now been in place for over a year, an audit is planned to take place during the early part of 2020 to establish how well they are used and how this impacts on the health care experienced by children and young people in Care.

4.2 Ensuring all Children in Care are offered a timely and high quality health assessment:

- Local Authorities are responsible for ensuring that a health assessment of physical, emotional and mental health needs is carried out for every child they bring into the care of the LA, 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 that all children and young people receive an Initial Health Assessments(IHA) within 20 working days of coming into 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 that 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 those aged between 5 and 18 years old.
- Achieving these timescales for IHAs remains very challenging for the city of York partnership. The table at Appendix 1 demonstrates that there has been very little progress in improving timeliness since the last report to this Committee in November 2018. The reasons for the delays are complex and multifactorial, these include:
 - No administrative single point of contact within the LA Children's Social Care (CSC)
 - Significant turnover in CSC staff with the resultant lack of understanding of the local systems for requesting health assessments
 - Ongoing issues with the MOSAIC computer records system, which often hampers efficiency in the process
 - Short notice cancellations and failure to attend IHA appointments offered by health, resulting in wasted appointment slots and poor utilisation of already limited health resources
 - Increasing numbers of children coming into the care of the LA with resultant pressure on capacity relating to the number of paediatric appointments available to meet this need. There has been no increase in funding resources available to health to meet this increased demand.
- Although the timeliness of RHAs is still not what the partnership strive to achieve, as you will see from the table in Appendix 2 there have been some improvements since the last report to this Board.

- In response to these ongoing challenges, colleagues from health and the LA (Children's Social Care) meet bi-monthly to examine the data, look at the reasons for the delays and agree actions to address specific issues.
- Of positive significance is the recent decision made by the Assistant Director of Children's Specialist Services to identify an administrative Single Point of Contact within the LA for managing health assessment requirements and requests, and liaison with those involved. This person will support Social Workers to request assessments in a timely manner and also be accessible to health colleagues when escalation of issues related to timeliness is required.
- Vale of York CCG have worked with York Teaching Hospitals Foundation Trust to introduce key performance indicators (KPIs) which will allow greater scrutiny of the access to paediatric appointments and the return of health recommendations/health care plans (IHA reports following completed Initial Health Assessments) to CSC.
- Quality: A programme of quality assurance audits of IHA reports produced by health remains in place. Analysis of the findings and subsequent action plans are presented to the Strategic Partnership for Children in Care. The audits have identified continued improvements over the past 3 years in the quality of health assessments and clarity of health recommendations. All Paediatricians who complete IHAs at York Teaching Hospitals NHS Trust receive annual training on how to undertake a quality Initial Health Assessment.
- The Harrogate and District Foundation Trust Looked After Children's Nursing and Administrative Team have continued to work with the City of York Healthy Child Service (HCS) to improve the quality of RHAs and resulting Health Care Plans. This has included a programme of training to HCS

practitioners. Quality assurance has identified very positive improvements in the quality of the RHA reports and related health recommendations generated.

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

- Resources developed in consultation with the '*Show me that I Matter*' group are used as part of children and young people's Placement Packs. These support the children and young people's understanding of what a health assessment is, with the intention of aiming to dispel any fears and, importantly, support young people to make informed decisions when deciding if they would like to accept or decline an invitation to have health assessments.
- When young people decline Initial or Review Health Assessments, there is a pathway followed by health practitioners in order to try to engage them. This includes sending information advising the young person and carer about how to access a health assessment should they wish to do so in the future. This also includes a request that the Looked After Children's Nursing Team contact the carer and try to engage the young person with the process.

4.4 Improving the number of Children in Care who are 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 process identifies where registration and attendance at a dentist has not been established/ recorded and Carers and professionals involved with the child/young person are requested to facilitate this.

- The partnership monitors the numbers of Children in Care who have had an up to date dental check. In 2016/17 only 29.08% of children were recorded as having had an up to date dental check. During the subsequent years this percentage has steadily improved with the current data suggesting that 73.65 % of Children in Care have had an up to date dental check within the previous year. The partnership will continue to work together to try to further improve this percentage. This will be achieved by continuing to ensure that the child's dental health needs are considered and recorded in every IHA or RHA report and that the recording of this information is as clear as possible.
- In 2018 Harrogate District Foundation Trust (HDFT) developed a specific Looked After Children's Dental Pathway. This ensures that Children in Care across York and North Yorkshire can access the HDFT Community Dental Service via direct referral from professionals involved in their care. This service offer is not intended to replace existing successful dental registrations with high street dentists; it is aimed at ensuring that Children in Care can have timely access to dental services when Carers report that there have been difficulties in accessing an appointment with a high street NHS dentist.

4.5 Children in Care should be permanently registered with a GP Practice:

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

Primary Care. The outcomes from this consultation continue to form an integral part of training for Primary Care staff.

- The Nurse Consultant has continued to raise awareness about the specific health needs of Children in Care via the Primary Care Safeguarding Leads' meetings across County and City. During the earlier part of 2019, the Safeguarding Leads in each practice were provided with a briefing paper outlining what should be in place within each practice for Children in Care.

5. The North Yorkshire and York Children in Care Health Professionals Network:

- The Designated Professionals Team lead a multidisciplinary network of health professionals from across North Yorkshire and York who work with Children in Care. This group is chaired by one of the Designated Doctors for Children in Care and it meets bi-monthly. The key function of this network is to continually strive to improve the health outcomes for all Children in Care in our area.
- Examples of the work led by the network include improving the links between Sexual Health Services and the Specialist Nursing Team for Looked after Children and developing expertise and effective health care responses for Unaccompanied Asylum Seeking Children and Young People.

6. Introduction of the Child Protection Information Sharing System (CP-IS):

- During 2018-19 the Local Authority, Vale of York CCG and local NHS provider organisations worked together to launch the CP-IS system. Essentially this ensures that when a child is known to Children's Social Care and is a Looked After

Child or on a Child Protection Plan, basic information about the child's plan is shared securely within the NHS.

- In practice this means that, when a child or young person attends an NHS unscheduled care setting (such as an Emergency Department or a Minor Injuries Unit), that health team is alerted that the child/young person is either subject to a Child Protection Plan or that they are a Looked After Child and has access to the contact details for the child/young person's Social Care team. The Social Care team is then automatically notified that the child has attended the health setting. Both parties are then also able to see details of the child's previous 25 visits to unscheduled care settings in England
- Critically, this means that health and Social Care staff has a more complete picture of a child's interactions with services. This, in theory, then enables them to provide better care and earlier interventions for children who are considered vulnerable and at risk.

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

Appendix 1 - Analysis of Initial Health Assessment Timeliness Data and Analysis of Review Health Assessment Timeliness Data