

Health Services for Looked after Children:

Update for City of York Council Corporate Parenting Group on promoting the health and well-being of looked after children

Report : Barbara Stewart, Designated Doctor for Safeguarding Children

Sue Roughton, Designated Nurse for Safeguarding Children

1. Background

1.1. This report does not include emotional health issues as these will be reported separately by lead professional from Child and Adolescent Mental Health Services.

1.2. The Designated Nurses have been operational since January 2012 in their posts with designated responsibilities for Looked After Children within the broader portfolio of children's safeguarding.

1.3. Dr Natalie Lyth and Dr Barbara Stewart were appointed a locum Designated Doctors for Looked After Children and took up post from 1st December 2012. These have now been appointed to substantive posts as Designated Doctors for Safeguarding Children, including the Designated responsibilities for Looked After Children within the broader portfolio of children's safeguarding. Dr Barbara Stewart took on Vale of York responsibilities from 12th August 2013 and the Designated Doctor work for the other Clinical Commissioning Groups will begin from October 2013.

1.4 There has been regular and active involvement of health services with the City of York Strategic Partnership for Looked after Children. There is a commitment to continued multi-agency working within the new Multi-agency Strategic Partnership Arrangements for Looked after Children including the Executive Group, work streams and projects with focus on improving outcomes for Looked after Children.

1.5 We continue to work collaboratively with social care to improve access and timeliness of Initial Health Assessments for children and young people. The expected standard is for all children and young people to be seen within 20 working days of becoming Looked After.

An audit of new care entrants (City of York) for May to July 2013, showed that the interval from **referral** to Initial Health Assessment for the six children and young people seen ranged from 4 to 17 days (4, 4, 4, 5, 13 and 17 days). However, the intervals from being Looked After to Initial Health Assessment are outside the 20 days and the total time ranged from 22 to 97 days (22, 27, 29, 30, 31 and 97 days).

One additional child had a child protection medical and an Initial Health Assessment will be completed without an additional face to face meeting with the child and family. The consents and additional information had not been sent. This has now been requested from the Social Worker.

3 children/ young people were only briefly looked after (overnight to 9 days), and IHAs were not requested. 4 children/ young people continue to be Looked After and have not yet had Initial Health Assessments.

In conclusion, there is evidence of timely completion of IHAs once a referral for the assessment has been made by the Social Worker, but there are significant delays in referral and poor coverage 7/11 (63.6%).

A meeting is planned with Service Managers to discuss the audit and find solutions, discuss escalation if referral not received and alternative pathways for young people who refuse Health Assessments.

1.6. A visit by Sue Roughton and Barbara Stewart to the Show Me that I Matter Panel demonstrated that Looked After young people had good understanding of the need for and purpose of Initial Health Assessments, and in general valued this opportunity to assess & review their health needs. It is of note that the young people were unhappy that Review Health Assessments are only available to

children & young people in mainstream (LA provided) education. This is an issue that the CCG has raised with the School Nursing service provider (City of York Council) within the review of the service specification.

1.7. Work continues on the development of a protocol/ pathway for children with complex needs who are Looked After. This is joint work with North Yorkshire. There is agreement that we will use the same pathway/ protocol across both York & North Yorkshire as a large number of children move between the two localities. There is also agreement that wherever possible we will utilise the expertise of a child's own Paediatrician to complete Initial Health Assessments and contribute to planning and transitions.

1.8. The Specialist Nursing Team for Looked After Children (Harrogate District Foundation Trust) are managing the delivery of Health Assessments & meeting of health needs for out of area placements, and now quality assure any Health Assessments completed in a different authority area. A new national 'Payment by Results' tariff has been developed and we are looking at innovative ways to ensure that any increase in funding is transferred to service delivery.

1.9. Central guidance has clarified that young people who are on remand and are thus Looked After because of this, require input from social care but this group of young people do not require Initial Health Assessments.

1.10. A national health passport for Care Leavers has not yet been completed, but we are assured that this is in development by BAAF. Once developed we will look to using this for all Care Leavers within City of York.

1.11. Review Health Assessments (RHAs) continue to be completed by Health Visitors and School Nurses (employed by York Hospital). The school nursing services are now commissioned by City of York Council, who will also commission Health Visiting services from April 2015. As mentioned above, City of York Council are aware of the gap in provision of RHAs for those children of school age who are not in LA educational placements.

1.12 Dental audit: Carried out on York children who were either Looked After or subjects of a Child Protection Plan to determine whether this group of children had accessed dental care within the previous 6 months, & to establish the prevalence of toothache amongst this group. Results showed that the majority of LAC (86%) had seen a dentist within the previous 6 months, and only one young person had experienced toothache within that period.

2. Consultation

2.1 Further discussions have been completed requesting that the LAC Specialist Nursing Team have limited access to the Children's Social Care Integrated Children's System. It has been achieved in North Yorkshire with positive benefits including available of immunisation date and swift and effective communication.

2.2. There are continuing gaps in provision for care leavers and for some 16-18 year olds who need review health assessments but do not have access to school nursing service. There are on going discussions with commissioners and providers. The gap has been recorded on the commissioners risk register.

3. Analysis

There are areas of strengths and weaknesses. There is a commitment to meeting the challenging timescales for Initial Health Assessments but this will require further re-design and collaborative work across social care and health. There are continuing gaps in services.

4. Risk Management

The areas that we are not meeting national standards are on the Clinical Commissioning Group risk registers.

5. Recommendations

It is noted that

There have been developments in the past 9 months;
the development of partial access to ICS by the Specialist Nursing
Team for LAC would benefit the interface between health colleagues
and Children's Social Care;

Social Care Social Workers can contribute to improving the timeliness
of referrals for Initial Health Assessments (with consent & other
essential paperwork completed.)

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