

Summary Sheet

Council Report

Title: Health of Looked After Children and Young People Annual Report

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

Ian Thomas

Report Author(s)

Catherine Hall, Head of Safeguarding, CCG

Ward(s) Affected

All

Summary

Under the Children Act 2004, health professionals have a legal responsibility to promote the health and wellbeing of children and young people. Evidence shows that looked after children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They often enter the care system with a worse level of health than their peers, in part, due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect. It is the responsibility of all staff working with looked after children and young people to ensure that they communicate effectively with professional colleagues to ensure that the child's and young person's needs are met (Statutory Guidance on Promoting the Health and Well-Being of Looked After Children 2015). In March 2015, the 'Promoting the Health and Well-Being of Looked After Children' and the 'Looked After Children: Knowledge, skills and competencies of health care staff – Intercollegiate Role Framework' were updated, providing statutory guidance and framework to ensure the health needs of looked after children and young people are met.

The purpose of this report is to consider the health needs of looked after children and young people for the period April 2015 to March 2016

Recommendations

See attached Report

Background Papers

No

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No

Council Approval Required

No

Exempt from the Press and Public

No

HEALTH OF LOOKED AFTER CHILDREN and YOUNG PEOPLE ANNUAL REPORT 2015/2016

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1. INTRODUCTION

Under the Children Act 2004, health professionals have a legal responsibility to promote the health and wellbeing of children and young people. Evidence shows that looked after children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They often enter the care system with a worse level of health than their peers, in part, due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect. It is the responsibility of all staff working with looked after children and young people to ensure that they communicate effectively with professional colleagues to ensure that the child's and young person's needs are met (Statutory Guidance on Promoting the Health and Well-Being of Looked After Children 2015). In March 2015, the 'Promoting the Health and Well-Being of Looked After Children' and the 'Looked After Children: Knowledge, skills and competencies of health care staff – Intercollegiate Role Framework' were updated, providing statutory guidance and framework to ensure the health needs of looked after children and young people are met.

The purpose of this report is to consider the health needs of looked after children and young people for the period April 2015 to March 2016.

2. THE LOOKED AFTER CHILDREN'S HEALTH TEAM

The Looked After Children's health team has a responsibility to work in partnership with Rotherham Metropolitan Borough Council (RMBC) to ensure that the health needs of looked after children and young people in Rotherham are addressed. The health team works across TRFT to advise and support health practitioners in achieving health outcomes for looked after children and young people. It also works collaboratively at a regional and national level to support children and young people who are placed out of area. In addition, the Designated Doctor, Designated Nurse and Named Nurse provide strategic and clinical advice and leadership to NHS Commissioning Services and RMBC in all areas pertaining to looked after children and young people.

3. POPULATION

Rotherham has a population of approximately 62,400 children and young people aged 0-19 years of age, this represents 24% of the borough's total population. As of the 31st March 2016, 409 of these children/young people were subject to looked after children's status by RMBC. There are currently more males (58.5%) looked after than females (41.5%) with 79.5% being 5-18 years of age. 34% of the looked after

children/young people are residing in placements outside of the Rotherham borough area for reasons such as appropriate adoptive placements being secured, long term placements secured for older children/young people or secure/specialist units identified as the most appropriate placement for that child/young person.

4. ACTIVITY DATA

4.1 NOTIFICATION OF PLACEMENT

It is the joint responsibility of RMBC and TRFT to ensure that the health needs of looked after children and young people are met, regardless of where the child is placed. In order for this to be achieved, it is the responsibility of the RMBC to inform relevant agencies, including TRFT of a child becoming looked after. This is to ensure that the child and their carer's have access to all support services available to them (Arrangements for Placement of Children (General) Regulations 1991). It is the pathway in Rotherham that RMBC informs the looked after children's health team, of a child's initial placement, and any subsequent changes of placement within 48 hours of the child being placed. For the period April 2015 to March 2016, the looked after children's health team was notified of 213 children /young people becoming looked after, of which 85% were received within the 48 hour timescale. This is an increase from the previous year and shows how communication between RMBC and TRFT has improved. The placement details are shared with the community health practitioner i.e. Health Visitor/School Nurse within Rotherham or for children placed out of Rotherham, with the looked after children's health team in that area. GP practices are informed by post from social care of children becoming looked after or changing placement within 48 hours of the placement. However, GP practices which have access to SystmOne will also be alerted that a child is looked after by the looked after children's icon which is visible on SystmOne.

4.2 INITIAL HEALTH ASSESSMENTS

Statutory Guidance states that initial health assessments are to be completed within 20 working days of a child or young person becoming looked after. The initial health assessment is completed by a registered medical practitioner and provides an opportunity for information to be gathered about the child/young person's health and is part of a continuous process of monitoring and promoting the child/young person's health. In Rotherham, the initial health assessment and pre-adoption medicals are undertaken by the Paediatricians at the hospital following arrangement of an appointment from the child's Social Worker through the looked after children's team.

During the 12 month period of the report, 213 children/young people became looked after which is a significant increase from the previous year,(see Table 1 below)

however 32 children/young people did not require an initial health assessment due to them ceasing to be looked after or being on remand therefore not requiring an assessment. 36% of the children and young people had their initial health assessments completed within the 20 working day timescale. This is an improvement on the previous years' figures, although it remains unacceptable that Rotherham's most vulnerable children and young people are not having their health needs assessed in a timely manner. Following an internal review of initial health assessments, consistent clinic availability was secured alongside strengthened communication links between the looked after children's team and RMBC which has contributed to the increase. The process for the allocation of Initial Health Assessments appointments has also been changed from the 1st January 2016, so that the Social Worker for the child or young person will receive an allocated appointment as soon as the relevant paperwork is received to inform the department that the child or young person is looked after. This should ensure that appointments are received within timescales.

However, further in-depth analysis needs to be undertaken to identify where the remaining gaps in service are and how RMBC and TFT are to address these gaps to further improve health provision. Therefore an audit is planned to be undertaken in 2016 to determine the reasons why the Initial Health Assessments are not completed in timescales. The results of this audit will be shared with RMBC, to try to improve the number of assessments completed within timescales.

Clinical Commissioning Group

	Trajectories	2015/2016	2014/ 2015	2013/ 2014
Children/young people became looked after	↑	213	168	116
Not requiring Initial Health Assessment due to ceasing to be looked after or on remand	↑	32	27	20
Initial Health Assessment's required	↑	181	141	96
Initial Health Assessment's completed within 20 working days	↑	36%	34%	12%
Appointment times available	↔	283	240	242
Initial Health Assessment appointments	↑	34.6%	40.4%	26.8%
Pre-Adoption Medical appointments	↓		5%	15.7%
Update Pre-Adoption Medical appointments	↓	15.9%	16.25%	24.3%
Initial Health Assessments/Pre-Adoption Medical appointment	↑	30.0%	22%	4.9%
Appointments booked for other areas	↓	1.1%	0.8%	4.1%
Appointments booked for non-LAC	↑	1.8%	5.4%	2%
Transferred to community/Not used		2.8%	10%	21.9%
Late cancellation/DNA		N/A	13.8%	
Requests for appointments received from social workers within 7 days of the child/young person becoming looked after			30.7%	37%
Requests for appointments received from social workers within 14 days of the child/young person becoming looked after			25.9%	11.2%
Requests for appointments received from social workers within 1 month of the child/young person becoming looked after			15.4%	17.2%
Requests for appointments received from social workers over 1 month of the child/young person becoming looked after			28%	13.8%

Table 1
4.3 STATUTORY REVIEWS

The child's care plan, which incorporates the health plan, is reviewed on a regular basis through statutory review meetings. The initial meeting is held within 28 days of the child becoming looked after, then within three months of the first review and then at six monthly intervals. The looked after children's health team is responsible for the process of contacting Health Practitioners to inform them about a child/young person's forthcoming statutory review. This involves identifying and notifying the lead health professional about the details of the review meeting. There have been 771 reviews held during the 12 month period of the report which is an 18% increase on last year that could be attributed to the increase in the numbers of children/young people becoming looked after. Statutory review reports are produced by the Independent Reviewing Officer (IRO) following the statutory review, and contain the

overall care plan for the looked after child and young person. This report is forwarded by secure email from RMBC to the looked after children's team and attached electronically to SystmOne in the child/young person's clinical record, health visitors/school nurses are notified of this by task from the looked after children's administrative team for them to review and address any actions that may be relevant for them.

4.4 REVIEW HEALTH ASSESSMENTS

Each child or young person is entitled to a comprehensive health assessment on admission to care and to review health assessments, which occur 6 monthly for those under 5 years and annually for those over 5 years. The purpose of the health assessment is to provide a holistic overview of the child's health, and to outline a summary of the health needs of that child/young person incorporating actions and recommendations that will be undertaken prior to the child/young person's next health assessment, so that children achieve their optimum health (Statutory Guidance on Promoting the Health and Well-Being of Looked After Children 2015).

The looked after children's health team co-ordinates all review health assessments, regardless of whether the child is placed in or out of Rotherham, 443 health assessments were undertaken during the report period of which 149 were requested for children and young people placed out of area, and 294 were requested for children who were placed in Rotherham. 99.2% of the review health assessments were completed within the statutory timescales which is an increase from last year, a breakdown of the statistics is shown in Table 2.

Table 2

1	Number of Rotherham children requiring a Review Health Assessment	447
2	Number of children from other Local Authorities requiring a review Health assessment by TRFT	294
3	Number of Review Health Assessments undertaken	443
4	Total number of Review health assessments Undertaken 2015/2016 by TRFT	385
5	Number of Review Health Assessments Quality Assured for Rotherham Children living outside the area	86

An audit was undertaken in 2015 to evaluate the timeliness and quality of review health assessments following the implementation of the Standard Operating Procedure for Undertaking Health Assessments. The audit identified areas of improvement in relation to the quality of review health assessments which coincided with the looked after children's team quality assuring all review health assessments prior to them being forwarded to RMBC. However, it is acknowledged that further improvements are required particularly in relation to the voice of the child throughout the assessment. Feedback from the CQC inspection identified that the health recommendations were not concise or time specific enough. In March 2016 the Looked After Team developed concise guidance and training for the Health Visitors and School Nursing teams on how to ensure that their reports complied with this recommendation.

4.5 GP REGISTRATION

All of the looked after children/young people are registered with a GP in the area where they are residing. Support has been offered to GP practices in relation to their roles and responsibilities with looked after children and a guidance document has been formulated in consultation with GP practices to enhance their knowledge. A teaching session has been delivered to GP's by the Designated Doctor in relation to the needs of looked after children and their appropriate management. GP practices are informed of a child/young person's looked after status by RMBC and they are provided with copies of the child/young person's health assessments for inclusion into their GP records. It is an expectation that GP practices will transfer a looked after child/young person's records in a timely manner to the new GP practice to ensure that there is a streamlined approach to meeting the healthcare needs of looked after children/young people.

4.6 CHILDHOOD IMMUNISATIONS

Currently 83.6% of looked after children and young people are up to date with their childhood immunisation schedule although some are on a delayed programme due to previously missed immunisations. The children/young people who are outstanding immunisations from their programme have been identified and are being provided with support to access GP services to ensure that these are completed.

4.7 DENTAL HEALTH

83.2% of the looked after child/young people population in Rotherham are registered with a dentist, and 72.4% have been seen in the last year. A small minority are not

registered with a dentist (2%) due to their age being under 6 months but carers are aware of the need to register them in when their teeth become visible.

5. CARE LEAVERS

The responsibilities of local authorities does not cease when a young person leaves care. Care leavers are at particular risk, as they do not have the same family support as their peers, which means they may be more vulnerable to falling through gaps' between children's and adult services. Young people leaving care should be able to continue to access advice and services in relation to their health needs between children's and adult services.

The school nursing service is commissioned to meet the health needs of young people leaving care up to the age of 19. Following consultation with young people's services e.g. Integrated Sexual Health Services, a need was identified to alert services to the vulnerabilities of this cohort of young people. Subsequently, a local SystemOne icon has been developed to inform services of a young person's care leaver status. .

The Leaving Care Health Summary is completed by the health practitioner, discussed with the child/young person/carer at the point of them leaving care and quality assured by the looked after health team. A process will be established to ensure that the leaving care health summary is incorporated in the care pathway.

Following the CQC inspection in February 2015, it was agreed that TRFT would introduce a Health Passport was made and funding was made available via the CCG in recognition of how important it is for Looked after Children to readily have access to their health data. The dissemination of these health passports commenced in December 2015.

The looked after children's health team continues to offer support, advise and facilitate links with specialist services for care leavers working in partnership with appropriate services/agencies including the Youth Offending Nurse, Child Sexual Exploitation Nurse, Family Nurse Partnership and Leaving Care Team.

6. FOSTERING AND ADOPTION

6.1 FOSTER PANEL

Foster Panel oversees the conduct of assessments of prospective Foster Carers and the Annual Reviews of approved Foster Carers, making recommendations to the Agency Decision Maker (usually Director of Local Authority Children's Services) about quality issues and performance standards. In particular relating to the

suitability of applicants to act as Foster Carers and terms of their approval, i.e. limitations of the number of children placed. The Panel also receives and considers any other special matters relevant to the Foster Carer such as allegations against the Foster Carer or the termination of their Foster Carer status.

Foster Panel comprises of representation from various agencies including Social Care, Health and Education as well as Independent Panel Members such as Foster Carers. The looked after children's health team represents health for TRFT and attends Panel fortnightly to provide advice relating to any health issues the Foster Carers may have that could have an impact on their ability to appropriately care for a looked after child or young person.

6.2 ADOPTION PANEL

Adoption Panel has a similar function to Foster Panel, in that its role is to consider all applicants who wish to adopt a child or young person. In most instances the Panel will reach a recommendation to decline or approve applicants and recommend the type and age of the child/children which they feel would be appropriate for the prospective adopters. The ultimate responsibility for the final decision, once again, lies with the Agency Decision Maker. The Panel comprises of professionals from different agencies including Social Care, Health and Education as well as approved Foster Carers and /or Adopters.

Adoption Panel within Rotherham is held on a fortnightly basis, (sometimes 3 times per month) and is attended by the Designated Doctor who represents TRFT providing advice pertaining to any health issues which may impact on the prospective adopters.

7. AUDIT

The TRFT looked after children's health team has undertaken two audits during the report period.

An audit of the health recommendations which contribute to the looked after child/young persons care plan have been audited to ensure that they are child focused and SMART. The report on this audit is awaited at the time of writing this report.

A further point prevalence audit of the care leavers passports being updated at every contact had been delayed due to the late dissemination of the passports, however the results of this audit are imminent.

8. TRAINING

Looked after children's training is delivered as part of the safeguarding children training programme for all TRFT staff to attend. Bespoke training is offered and has been undertaken to departments within the hospital where a more focused piece of training is delivered relevant to their area. 'A Child's Journey' training is available for community practitioners to enhance their knowledge of the processes and procedures for looked after children/young people as well as informing them of their roles and responsibilities at each stage.

9. CONCLUSION

Within the last twelve months, the service has developed and progressed, driving new initiatives, raising standards and quality to improve the health and wellbeing of looked after children, young people and care leavers. Following continuous reviews of the service, bespoke training has been delivered to enhance practice amongst community staff and communication links have been strengthened within health services and RMBC.

Whilst positive changes have been made, there is a need for further exploration and development of services to improve the completion of initial health assessments within timescales and to improve the quality of health assessments. CQC feedback identified areas for improvement and an action plan was developed around these areas. With the exception of the audits previously mentioned all of the actions have now been completed.

10. RECOMMENDATIONS

- 1) To undertake a further review of Initial Health Assessments to identify areas for improvement and ensure compliance within timescales.
- 2) To undertake audit to determine how Initial Health assessments can be completed within Statutory timescales
- 3) To discuss outcomes of the review of Initial Health Assessments with RMBC and ensure partnership working to improve compliance.
- 4) To continue to quality assure all health assessments and identify areas for improvement.
- 5) To ensure that the voice of the child/young person is considered within the health plan and in the development of service provision.
- 6) To collate trends and themes to inform service provision.

- 7) To continue improving communication pathways between the looked after children's team and complex care to ensure the health needs and transition into adulthood for this cohort of looked after children/young people is met.
- 8) To receive information from GP practices to be included within the initial and review health assessments.
- 9) To liaise with the Substance Misuse team to discuss the appropriateness of using screening tools during review health assessments.
- 10) To inform all SystmOne users of the implementation of the 'Care Leavers' and 'Children No Longer Looked After' Icons.
- 11) To discuss with RMBC if young people receive a copy of their health plans.
- 12) To discuss with RMBC the possible participation in multi-agency training for foster carers.

11. ACTION PLAN

Looked After Children and Care Leavers Work Plan 2016-2017

Action	Deadline Date	Lead	Updates	RAG Rating
Initial Health Assessments <ul style="list-style-type: none"> To review process for initial health assessments and identify areas of concern Action plan completed and implemented to address any issues identified Number and Frequency of clinics for initial health assessments to be reviewed and plan to provide flexi service to cope with fluctuating demand Social Care managers to be informed of non-booking/late-booking of appointments from social workers Capacity issues identified and 	June 2016	Karen Holgate/Lynsey fenwick		
	July 2016	Lynsey fenwick		
	July 2016	Lynsey fenwick/Daksha Patel		
	Ongoing	Karen Holgate		

<p>escalated through contracting route to CCG</p> <ul style="list-style-type: none"> • Thresholds agreed for capacity with CCG • All LAC activity within block contract to be reviewed, identified and isolated to ensure appropriate resource allocated 	<p>Completed</p> <p>June 2016</p> <p>Completed by Dec 2016</p>	<p>Lynn Cocksedge</p> <p>Lynn Cocksedge/Lynsey Fenwick</p>		
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<p>Workforce review</p> <ul style="list-style-type: none"> • Review structure, governance and management of LAC provision • Involve LAC team in operational meetings with 0-19 practitioners • Ensure a robust business continuity plan designed and implemented 	<p>June 2016</p> <p>April 2016</p> <p>June 2016</p>	<p>Tracey Armstrong</p> <p>Juliette Penney</p> <p>Lynsey Fenwick</p> <p>Tracey Armstrong/Lynsey</p>		
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<ul style="list-style-type: none"> • Provide action plan and implement to resolve issues 	June 2016	Fenwick		
To develop and agree local protocols to clarify interface between Designated LAC Professionals and Children's Continuing Care to ensure the health needs of Looked After Children with complex needs are met <ul style="list-style-type: none"> • Review pathways between LAC Team and Complex Care Team to ensure children and young people's health needs are met • Action plan completed and implemented for any identified issues 	June 2016	Karen Holgate Karen Holgate		
To strengthen communication pathways between hospital staff and the looked after children's health team in relation to the specific needs of looked after children and young people				

<ul style="list-style-type: none"> Pathways and process review for LAC and other services across TRFT 	Sept 2016	Karen Holgate		
<ul style="list-style-type: none"> Benchmark pathways against other local areas 	Oct 2016	Karen Holgate		
<ul style="list-style-type: none"> Identify any concerns, blockages 	Oct 2016	Karen Holgate		
<ul style="list-style-type: none"> Action plan completed and implemented where appropriate 	Nov 2016			

To develop and implement new process for children and young people placed out of area <ul style="list-style-type: none"> To develop a process map to include notification of placement and transfer out of health information and records To develop notification letter informing receiving LAC health team To monitor and review 	Completed			
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implementation of new process				
To formulise and implement a robust process for notifying GP's of a looked after child/young person's legal status and whereabouts	Completed			
To complete Annual Report for Looked After Children and Care Leavers	April 2017	Karen Holgate/Tracey Armstrong		

To ensure that the views and experiences of looked after children and young people are included in service provision <ul style="list-style-type: none"> Feedback questionnaires devised and to be made available on 	July 2016	Karen Holgate		
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<p>SystemOne</p> <ul style="list-style-type: none"> Feedback questionnaires to be completed with the young person at their Review Health Assessments Collation and evaluation of feedback to be undertaken 6 monthly to inform and develop services for looked after children/young people 	September 2016	Healthcare staff		
	March 2017	Karen Holgate		
<p>To complete Audit Programme</p> <ul style="list-style-type: none"> Audit of the Quality of Initial Health Assessments Paperwork review/audit to include legal advice on quality of IHA records produced A Looked After Child/Young Person's Journey 	March 2017	Dr Hashmi,		
	October 2017	Tracey Armstrong		
	March 2017	Karen Holgate,		

<p>To liaise with Contraception and Sexual Health (CASH) services to ensure a process of identification for looked after children/young people and care leavers is established.</p> <ul style="list-style-type: none"> Standard Operating Procedure (SOP) for 'Care Leavers' and 'Children No Longer Looked After' Icons completed and ratified. Icons developed and available on SystmOne Launch of Icons to all SystmOne users via Communications email 	Completed	Karen Holgate,		
	Completed			
	July 2016			
<p>To utilise a Substance Misuse Screening Tool within Review Health Assessments</p> <ul style="list-style-type: none"> To contact Know The Score to discuss screening tools and embed into practice if appropriate 	September 2016	Karen Holgate,		
<p>To discuss with RMBC the appropriateness of participation in</p>		Karen Holgate,		

multi-agency training for foster carer	October 2016			
To contact GP practices for information to include in initial and review health assessments <ul style="list-style-type: none"> To devise a short questionnaire to be forwarded to GP practices requesting information pertinent to a looked after child/young person's health which may be included into the initial and review health assessments 	October 2016	Karen Holgate,		
To provide young people who are Gillick Competent with a copy of their health plan <ul style="list-style-type: none"> To liaise with Social Care to identify current practice and process Review and provide robust process for assessing competence and providing appropriate children and young people with access to their health plan 	July 2016 Sept 2016	Karen Holgate,		

<ul style="list-style-type: none"> Implement process and ensure this is advertised to young people 	Dec 2016			
To liase with Social Care regarding the timeliness of receipt of notification when a child/young person becomes looked after <ul style="list-style-type: none"> Identify current performance and issues Meet with social care and provide agreed action plan for improvements Agree escalation policy for issues to CCG 	July 2016 Sept 2016 Sept 2016	Karen Holgate/Tracey Armstrong Lynn Cocksedge		

<p>To create reporting mechanisms within SystmOne to provide and collate information to enable accurate recording and reporting against KPIs and relating to local trends and themes of health inequalities of looked after children/young people in Rotherham</p> <ul style="list-style-type: none"> Health data questionnaire devised and available on SystmOne Questionnaire to be completed by health practitioner during review health assessments Collation of trends and themes to be undertaken 6 monthly to inform and develop services for looked after children/young people Ensure robust templates within S1 that captures all of the required data for LAC Identify and implement action plan 				
	Completed	Karen Holgate		
	July 2016	Karen Holgate		
	November 2016	Data team		
	Aug 2016	Di Burkinshaw		

to provide dashboard for KPIs via S1	Sept 2016	Lynsey fenwick		
<ul style="list-style-type: none"> Implement dashboard after agreement with CCG 	Oct 2016	Lynsey Fenwick		
<ul style="list-style-type: none"> Monitor and evaluate performance through 0-19 operational meetings and escalation policy 	Ongoing	Tracey Armstrong/Lynsey fenwick		
<ul style="list-style-type: none"> Data cleanse 	Oct 2016	Di Burkinshaw		

12. REFERENCES

DfE/DOH (2015) *Promoting the Health and Well-being of Looked After Children*

RCN (2015) *Looked after children: Knowledge, skills and competencies of health care staff – Intercollegiate Role Framework*

DOH (1991) *Arrangements for Placement of Children (General) Regulations 1991*
HMSO: London

Recommendation 4.8

Ensure that children looked after receive timely, comprehensive and child centered initial health assessments and review health assessments that reflect the voice of the child and the child's health journey whilst they have been looked after. Assessments should include information from other health professionals working with the child and every attempt should be made to include parental health histories.

(See section in published report 4.1 4.2 4.6 4.7 4.8 4.10)

Outcome: All looked after children and young people will have a comprehensive health assessment.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team	4.8 A.1 The initial health assessment will be undertaken by a qualified medical practitioner	Looked After Children's (LAC) Health Team and social care Designated Doctor LAC Looked After Children's Health Team and social care	31 December 2015 TRFT BLUE TRFT December Rating AMBER TRFT January	TRFT December Update Challenges remain for the completion of initial health assessments within the 20 working day timescale due to the increasing numbers of children becoming looked after and our current clinic capacity. During October and November, we were able to provide 100% of clinic appointments within the 20 working day timescale for children/young people becoming looked after however this was not reflected in the appointments due to social workers not contacting us for an appointment. From the 1st of January we will be allocating appointments for all children/young people who become looked after upon receipt of their notification and will be emailing this appointment with the relevant documentation to bring to the appointment to the RMBC admin for forwarding to the social worker and their manager. Any changes to the appointment will need to be made by the social worker with the approval of their manager. There remain challenges with clinic capacity at present and we are planning additional clinics in January. Update from Challenge Meeting 21.1.16 To monitor via Family Health Governance Meeting and

			<p>Rating GREEN</p> <p>TRFT Update Feb 2016 BLUE</p>	<p>Safeguarding Operational and Strategic Meeting.</p> <p>TRFT January Update: 8.2.2016 AM</p> <p>Data reporting errors found in that rolling data had not been reported (month end data included children who may have become looked after hours earlier). This has now been addressed and significantly improved compliance. From 1st January 2016, all children coming into care are appointed at that point and escalation for additional clinics as required.</p> <p>TRFT Update February 2016: Updated From TA -</p> <p>New system is ensuring that children are allocated the first available appointment and during February and March extra clinics have been undertaken to ensure that timescales are adhered to.</p> <p>From Dr H - We have changed our strategy and started applying the Wakefield model so that rather than waiting for the social worker to book the IHA appointment, we have started sending the appointment for the Initial Health Assessment of Looked after children when they come to care (Wakefield model) and send the required documents as well to social worker from 1st of January this year. So the things have started improving as a result in January 16, 60% of the Looked after children had initial health assessment completed within 20 working days and this figure went up to 70% in February, while this figure was only 39% in December last year. There is definite trend of improvement in this area and we expect further</p>
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				improvement in future as we are trying to resolve the capacity issue and better cooperation from our social care colleagues.
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Recommendation 4.8 <i>Ensure that children looked after receive timely, comprehensive and child centered initial health assessments and review health assessments that reflect the voice of the child and the child's health journey whilst they have been looked after. Assessments should include information from other health professionals working with the child and every attempt should be made to include parental health histories.</i> (See section in published report 4.1 4.2 4.6 4.7 4.8 4.10)				
Outcome: All looked after children and young people will have a comprehensive health assessment.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team	4.8 A.2 An improvement trajectory will be agreed in August 2015 between health and social care.	Looked After Children's (LAC) Health Team and social care Designated Doctor LAC	31 August 2015 GREEN Updated September BLUE	Update from TRFT for Challenge Meeting – 10.9.15 Report completed for Safeguarding Operational Group and Strategic Groups and for Corporate Parenting. Report provided for the Evidence Log. Trajectory received and awaiting approval. Sept Update – further evidence provided for repository.

Recommendation 4.8

Ensure that children looked after receive timely, comprehensive and child centred initial health assessments and review health assessments that reflect the voice of the child and the child's health journey whilst they have been looked after. Assessments should include information from other health professionals working with the child and every attempt should be made to include parental health histories.

(See section in published report: 4.1 4.2 4.6 4.7 4.8 4.10)

Outcome: All looked after children and young people will have a comprehensive health assessment.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
TRFT Looked After Children's Team	4.8 B The review health assessment will be undertaken by a registered nurse within the statutory timescales (6monthly for under 5yr olds/12monthly for over 5yr olds).	Looked After Children's Team School Nursing Service	31 December 2015 TRFT Rating BLUE	Update from Public Health – Alison Iliff KPI in (draft) revised school nursing specification covering offer of health assessment within timescale. Specification to be agreed by end September 2015. (AI 4.9.15) TRFT December Update The review health assessments for children/young people residing in Rotherham is currently 97% completed within timescales.

Recommendation 4.8

Ensure that children looked after receive timely, comprehensive and child centred initial health assessments and review health assessments that reflect the voice of the child and the child's health journey whilst they have been looked after. Assessments should include information from other health professionals working with the child and every attempt should be made to include parental health histories.

(See section in published report: 4.1 4.2 4.6 4.7 4.8 4.10)

Outcome: All looked after children and young people will have a comprehensive health assessment.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team	4.8 C In-depth audit tool will be developed to ensure the voice of the child is taken on board, to be audited in October.	Looked After Children's Team/Designated Doctor LAC	31 October 2015 TRFT BLUE	TRFT October Update Audit data collection tool devised. Data collection to commence. The audit will be completed by the end of December. The audit tool is completed, the records to be audited have been identified so will commence this with Designated Doctor LAC in the next few weeks. Copy of Audit tool provided for the repository. 19.11.2015 – Update from discussion at the challenge Meeting – The audit is the next action below the action in 4.8C is to develop the audit tool so in this respect the action is complete and the audit – Action below 4.8D will be completed by the end of December as plan.

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Recommendation 4.8

Ensure that children looked after receive timely, comprehensive and child centred initial health assessments and review health assessments that reflect the voice of the child and the child's health journey whilst they have been looked after. Assessments should include information from other health professionals working with the child and every attempt should be made to include parental health histories.

(See section in published report: 4.1 4.2 4.6 4.7 4.8 4.10)

Outcome: All looked after children and young people will have a comprehensive health assessment.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team	4.8 D An audit to ensure that the 'voice of the child' will be included within all health assessments by the practitioner undertaking the assessment. (e.g. Not written in the 3 rd person but reflective of the individuality of the child).	Looked After Children's Team Health Visitor and SN service Designated Doctor LAC	31 December 2015 TRFT BLUE	TRFT December Update The Audit has commenced and is ongoing

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Recommendation 4.8 <i>Ensure that children looked after receive timely, comprehensive and child centred initial health assessments and review health assessments that reflect the voice of the child and the child's health journey whilst they have been looked after. Assessments should include information from other health professionals working with the child and every attempt should be made to include parental health histories.</i> (See section in published report: 4.1 4.2 4.6 4.7 4.8 4.10)				
Outcome: All looked after children and young people will have a comprehensive health assessment.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team	4.8 F Parental health histories will be provided by the social worker for every initial health assessment.	RMBC CYPS Social Care to Looked After Children's Team	31 August 2015 BLUE	Update from TRFT for Challenge Meeting – 10.9.15 Confirmation letters emailed to social workers requesting parental health history to be provided at initial health assessment. Designated Doctor LAC to provide an update on numbers brought to the assessment. From Designated Doctor LAC – TRFT has seen an improvement in social worker bringing the parental health histories for every initial health assessment. We do see more maternal health histories than paternal health histories and this is mainly because of their non-engagement with social care or their whereabouts or paternity unknown. Last audit of documentation during Oct.14 till March15 has shown that we received 68% completed maternal form PH and only 35% of completed paternal form PH and 30% were not completed and 35% were either not engaging with social care or their whereabouts or paternity unknown. We are currently doing snapshot of the cases to find the recent trend and plan to complete this by 21 September

				<p>2015". Parental health history form – letter provided for evidence</p> <p>TRFT October Update Information from Designated Doctor LAC:</p> <p>Repeat audit of parental health histories brought by the social workers for the Initial Health Assessment of Looked After Children. TRFT undertook a short audit to elicit compliance.</p> <p>24 histories and documentation of Looked After Children assessed between 3rd September and 22nd October 2015; results 19/25 social workers brought completed maternal information equates to 76%. 7/25 had completed paternal information which equates to 28%.</p> <p>Conclusion: Individual social workers need to increase their effort to trace and contact the parent's especially biological fathers. Birth parents need to appreciate the importance of their health histories and the impact this has on their biological child.</p>
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Recommendation 4.8

Ensure that children looked after receive timely, comprehensive and child centred initial health assessments and review health assessments that reflect the voice of the child and the child's health journey whilst they have been looked after. Assessments should include information from other health professionals working with the child and every attempt should be made to include parental health histories.

(See section in published report: 4.1 4.2 4.6 4.7 4.8 4.10)

Outcome: All looked after children and young people will have a comprehensive health assessment.

Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team	4.8 G An audit will be undertaken by the LAC Team to ensure compliance with the above actions and a report presented to TRFT Joint Safeguarding Meeting and Corporate Parenting.	Looked After Children's Team and social care Designated Doctor LAC	31 January 2016 January Update AMBER February 2016 GREEN	Update from Challenge Meeting 21.1.16 To monitor via Family Health Governance Meeting. Safeguarding Groups and Corporate Parenting and LSCB. TRFT January Update 8.2.2016 - Deputy Head of Nursing Children Services Unable to update this at present as practitioner absent from work. Will report for next submission. TRFT Update February 2016 Update from Deputy Head of Nursing Children Services - Audit has been completed.

				Report outstanding. Will be completed for 1 st April 2016 and to be submitted to the next Safeguarding Strategic Meeting in April.
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Recommendation 4.9 Ensure that Health plans developed from initial health assessments and health reviews are SMART*. (See section in published report: 4.4)				
Outcome: All looked after children and young people will have their health needs met.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/ Children and Young People's Services and RCCG	4.9 A Health Plans will be formulated by a qualified health practitioner for initial health assessments ensuring that they are SMART with measurable health objectives and with timescales and effective follow-up to ensure actions had been taken – meeting the individual needs of the child.	Looked After Children's Team, Designated Dr LAC	30 September 2015 TRFT BLUE	Health plans will be audited using the national audit tool. TRFT September Update The National Checklist Tool is being used to quality assure all initial health assessments. This document is recorded within the child/young person's record. Copy of Checklist in the Repository as evidence.

Recommendation 4.9 Ensure that Health plans developed from initial health assessments and health reviews are SMART*. (See section in published report: 4.4)				
Outcome: All looked after children and young people will have their health needs met.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/ Children and Young People's Services and RCCG	4.9 B Health plans will be audited using the national audit tool. In-depth audit of looked after children's services to include the voice of the child commences October 2015.	Looked After Children's Team Designated Doctor LAC	30 November 2015 TRFT Rating BLUE	TRFT November Update Audit pro forma developed and National Checklist Tool. Audit has commenced.

Recommendation 4.9 Ensure that Health plans developed from initial health assessments and health reviews are SMART*. (See section in published report: 4.4)				
Outcome: All looked after children and young people will have their health needs met.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/ Children and Young People's Services and RCCG	4.9 C RCCG and TRFT LAC Team will provide an database to ensure that the outcome of LAC health needs are tracked in real time.	Looking After Children's Team and RCCG	30 October 2015 TRFT Indicative Rating AMBER From Challenge Meeting due to rationale over. GREEN	TRFT October Update Looked after children health questionnaire completed by all health practitioners at the health assessment to identify health needs. Recall process set up on child's record to follow up action plans and ensure all health needs are met. Database/screening tool being explored to identify the most effective and efficient method of recording health outcomes. Copy of Health Questionnaire provided for the repository – sent 3.11.15. Process Map of Quality Assure and Recall Process submitted to Repository – 5.11.15. 19.11.15 – Update from Challenge Meeting Since the inspection and action identified at the time a lot of work has been undertaken and a full review of processes to ensure health needs are tracked – as we now have in place a recall process and

			TRFT February Update BLUE	also a quality assurance process – the Challenge Group agreed that a separate database is not required as we are assured that what has been out into place will provide the information that was missing at assessment. TRFT Update February 2016 See above separate database is not required.
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Recommendation 4.9 <i>Ensure that Health plans developed from initial health assessments and health reviews are SMART*.</i> (See section in published report: 4.4)				
Outcome: All looked after children and young people will have their health needs met.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/ Children and Young People's Services and RCCG	4.9 D Health recommendations which contribute to the looked after child/young person's care plan will be audited by the LAC Health Team to ensure that they are child focused and SMART.	Looked After Children's Team Designated Doctor LAC	31 Jan 2016 TRFT January Update GREEN TRFT February Update	Update from Challenge Meeting 21.1.16 To monitor via Family Health Governance Meeting. Safeguarding Groups and Corporate Parenting and LSCB. TRFT January Update 8.2.2016 - Deputy Head of Nursing Children Services Unable to update this at present as practitioner absent from work. Will report for next submission. Meanwhile, all health assessments are subject to quality assurance to ensure they capture and meet the child's needs TRFT Update February 2016

			AMBER	Audit to be undertaken by April to ensure compliance. Results will be shared with TRFT Safeguarding Operational and Strategic Group, NHS RCCG Designated Nurse and if appropriate Raising Aspirations Health and Wellbeing Grip and Corporate Parenting.
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Recommendation 4.10 Improve opportunities for young people who are looked after to participate in their health reviews. (See section in published report: 4.9 4.13)				
Outcome: All Looked After Children and Young people will have the opportunity to have their voice heard.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/Children and Young People's Services	4.10 A Health staff undertaking LAC health reviews will be reminded of the need to seek consent and record the response of all young people (age appropriate) for their health review to be undertaken.	Looked After Children's Team, School Nursing Services and Clinical Service Managers	31 August 2015 BLUE	E Mail to all Health Visitors and School Nurses Update from TRFT for Challenge Meeting – 10.9.15 E Mail to all Health Visitors and School Nurses 13 August 2015. Dip sampling used to check compliance.

Recommendation 4.10 Improve opportunities for young people who are looked after to participate in their health reviews. (See section in published report: 4.9 4.13)				
Outcome: All Looked After Children and Young people will have the opportunity to have their voice heard.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/Children and Young People's Services	4.10 B Outcome scores from Strengths and Difficulties Questionnaires (SDQ's) will be routinely commented on as part of the individuals health review, allowing the young person the opportunity to track their own emotional growth and journey through their time in care and engaging the young person in their own health and wellbeing. This is to be audited in 3 months' time.	Looked After Children's Team, School Nursing Service and Clinical Service Managers	31 August 2015 BLUE	Routine use of SDQ's in health assessments Update from TRFT for Challenge Meeting – 10.9.15 Routine use of SDQ's in health assessments. E Mail sent to all health visitors and school nurses – 13 August 2015 – evidence sent for log.
Looked After Children's Team/Children and Young People's Services		Looked After Children's Team, School Nursing Service and Clinical Service Managers	30 November 2015 TRFT Rating BLUE	Audit tool re use of SDQ's in health assessments TRFT November Update Audit pro forma developed and National Checklist Tool. Audit has commenced. E Mail sent to all practitioners in August re Audit plans and to raise awareness of the process – evidence as per 4.9B also evidence for this action.

Recommendation 4.10 <i>Improve opportunities for young people who are looked after to participate in their health reviews.</i> (See section in published report: 4.9 4.13)				
Outcome: All Looked After Children and Young people will have the opportunity to have their voice heard.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/Children and Young People's Services	4.10 C Health recommendations from the assessment will be shared with the young person (age appropriate) by their health professional. LAC Council to be kept informed of decisions and present any breaches to RMBC and/or LAC Health Team.	Looked After Children's Team, School Nursing Service and Service Managers	30 September 2015 TRFT BLUE	TRFT September Update Email to all School Nurses 13 August 2015. Audit to be commenced in October. Evidence as per Repository for 4.10B information. April 2016 Update – Designated Nurse LAC Rotherham health economy recognises that there is always more work to do to improve the participation of children in their own healthcare. This area will be forwarded on to the Raising Aspirations Health and Wellbeing Work Stream as an evolving piece of work

Recommendation 4.11 <i>Improve the arrangements to support young people with their healthcare as they prepare to leave care and ensure that they are provided with comprehensive health care summaries.</i> (See section in published report: 4.17)				
Outcome: All looked after children and young people will receive written information relating to their health care.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/Children and Young People's Service	4.11 A RCGG provided the initial funding for 2015-2016 to purchase Health Passports.	Looked After Children's Team	31 August 2015 GREEN Sept Update BLUE	Purchase Order completed – delivery awaited. Update from TRFT for Challenge Meeting – 10.9.15 Purchase Order completed – delivery received – passport provided as evidence.
	These will be provided for all Looked After Children and Young People by their health professional on their entry into care.			Plan in place now to meet with Social Care to progress the implementation and embed into practice.

Recommendation 4.11 <i>Improve the arrangements to support young people with their healthcare as they prepare to leave care and ensure that they are provided with comprehensive health care summaries.</i> (See section in published report: 4.17)				
Outcome: All looked after children and young people will receive written information relating to their health care.				
Agency/Service	SMART* Action	Lead Officer and Key Personnel	Date of Action	Progress, Evidence, Date, BRAG**
Looked After Children's Team/Children and Young People's Service	<p>4.11 B Health Passports will be updated by the health professional at each health assessment.</p> <p>A point prevalence audit will be undertaken over the course of one week in January 2016 by the LAC Health Team or the named social worker.</p>	Looked After Children's Team School Nursing Team	<p>To be completed 31 December 2015</p> <p>TRFT BLUE</p> <p>TRFT Update April 2016</p> <p>AMBER</p>	<p>A report to the TRFT Safeguarding Operational Meeting.</p> <p>TRFT December Update</p> <p>Health Passports have begun to be disseminated by the Nurse Practitioner for Looked After Children and have received a mixed response. We are therefore reviewing the content of the information provided in the passport and we will monitor the responses received before cascading to the school nursing service for dissemination.</p> <p>TRFT Update February 2016</p> <p>Audit delayed due to issue with the passports not being distributed previously. Audit to be undertaken in April 2016</p>

Key to **BRAG Rate:

Blue	= the task is complete
Green	= the task is on target
Amber	= the task is off target with remedial action agreed
Red	= the work has yet to be progressed