

## ROTHERHAM LOCAL SAFEGUARDING CHILDREN BOARD

1.	<b>Meeting:</b>	<b>Rotherham Local Safeguarding Children Board (RLSCB)</b>
2.	<b>Date:</b>	<b>1 December 2016</b>
3.	<b>Title:</b>	<b>'The Care We Receive As Children Colours Our Whole Life' (Care Quality Commission 2016)</b>
4.	<b>Agency</b>	<b>NHS Rotherham Clinical Commissioning Group (NHSR CCG)</b>
5.	<b>Author</b>	<b>Catherine Hall Designated Nurse Looked After and Safeguarding Children</b>

### 5. Purpose:

Every child or young person brought into the care of the Local Authority (LA) is entitled to a comprehensive health assessment within 20 working days of admission. In addition if the child remains in the care system then children under 5 years are entitled to a review health assessment every 6 months; children/young people over 5 years are entitled to an annual health review (DfE/DH March 2015).

This paper describes the arrangements made by the LA and the support that the 'health economy' in Rotherham provides to ensure that Looked After Children (LAC) receive their healthcare entitlement.

### 6. Recommendations, Rotherham LSCB are asked to:

- Acknowledge receipt of the report.
- Ensure that the Joint Strategic Needs Assessments (JSNA) identifies gaps in provision to meet the physical and mental health needs of LAC and informs strategic commissioning priorities to meet those identified health needs.
- Support the updating and commissioning of Right Care, First time for Young People leaflets for LAC
- Agree the governance arrangements of a bespoke work stream to consider the health and wellbeing needs of LAC and CL.
- Remain cognisant of the developing 0 – 19 healthcare agenda.
- Note the significant challenge of ensuring that children, who for a variety of reasons, have not received their IHA in a timely manner and support the improvement plan being suggested.
- Acknowledge the potential future impact of Unaccompanied Asylum Seeking Children.

### 7. Background:

LAC often enter the care system with a worse level of health than their peers. LAC are reported to be more likely to have mental health issues, emotional disorders, hyperactivity conditions and autistic spectrum disorders. Research tells us that nationally 45% of LAC have a mental health disorder, this statics increases to 72% for those in residential care – compared to 10% of the general population aged 5-15.

In addition adolescents leaving the care system are reported to have an even higher propensity for risk taking behaviours; they are reported to be at an increased risk of substance misuse, mental health problems, homelessness and offending behaviours. Echoing the point that the care we receive as children colours our whole life.

Nationally it is acknowledged that across the United Kingdom the health outcomes we strive for

across the Every Child Matters spectrum fall woefully short when it comes to children in care. In Rotherham all residents have access to, and benefit from, preventative as well as reactive health services delivered by Dentists, GPs, midwives, health visitors, school nurses and services within Child and Adolescent Mental Health. However, the health economy is mindful that some children and families need access to additional and bespoke healthcare. This includes the cohort of children, who for a variety of reasons find themselves within the care system. Therefore NHSR CCG and The Rotherham NHS Foundation trust (TRFT) have developed a robust service specification that is transparent in its drive to reduce some of the health inequalities endured by children in the care system.

NHSR CCG, as one of the commissioners of health services for LAC, adheres to the guidance from the Department for Education and the Department of Health. This guidance clearly identifies expectations of LAs, CCGs and NHS England (March 2015). With this expectation NHSR CCG delivers clear direction to health care providers on the expectations of them with regard to LAC and Care Leaver (CL) services in a robust LAC and CL Service Specification. The roles and responsibilities of health partners are clearly identified, monitored and published.

Clinically statutory healthcare delivery to children in the care system is provided by the Rotherham NHS Foundation Trust (TRFT). The aim of TRFT LAC and CLs service is to enable children in care to receive their health care within a holistic package, tailored to their individual and diverse needs. This includes consideration of physical, emotional and mental health and wellbeing and health promotion. The LAC health team do this by working closely with the health visiting and school nursing service.

Key Performance Indicators are monitored and exceptions are identified via governance arrangements. NHSR CCG Children's Commissioner, Designated Nurse LAC and TRFT LAC Team and managers meet regularly to progress our LAC health offer. This will need to be further developed as the complexities of commissioning and providing healthcare continues to advance nationally.

**TRFT LAC and CL Health Team are accountable for:**

- Co-ordinating and monitoring the partnership response to the statutory guidance, delivering the following elements:
- Reporting on timely access for LAC to universal health services as well as targeted and specialist services where available.
- Monitoring that the health needs of Rotherham children placed out-of-authority are being met to a sufficient standard.  
Monitoring the health assessments of clinicians working with LAC to ensure that identified health needs are met.
- Working with the LA to ensure that health assessments effectively use Strengths and Difficulties Scores (in line with statutory guidance DH 2015).
- Ensuring that health assessments for LAC meet relevant national and local quality standards (CQC CLAS Inspection Feb 2015).
- Ensuring that the health plan (which forms part of the overall care plan) of every child looked after by the LA is effective.

Children Act 1989 requires health services to take responsibility as a 'relevant partner', and therefore co-operate with the LA in making arrangements to improve children's well-being in their area. 'Relevant partners' are required to make arrangements to continually improve children's well-being in their area. In addition the statutory guidance on Joint Strategic Needs Assessments (JSNA) clearly recognises the need for this cohort of vulnerable children to be given additional

consideration. Information gathered as part of the JSNA process should be used to identify gaps in provision to meet the physical and mental health needs of LAC and should in turn inform the strategic commissioning priorities by identifying gaps in provision to meet those identified needs.

### **CCGs are accountable for:**

CCGs, nationally, are tasked by the Care Quality Commission (CQC) with holding the health economy in an area to account for improving the health outcomes of children in care and for safeguarding children's welfare. February 2015 NHSR CCG had their Children Looked After and Safeguarding (CLAS) review. The CQC CLAS review lines of enquiry centred on:

1. The experiences and views of children and their families.
2. The quality and effectiveness of safeguarding arrangements within health economies:
  - Assessing need and providing early help,
  - Identifying and supporting children in need,
  - The quality and impact of child protection arrangements.
3. The quality of health services and outcomes for children who are looked after and care leavers.
4. Health leadership and assurance of local safeguarding and looked after children arrangements
  - Leadership and management,
  - Governance and
  - Training and supervision.

Following the Rotherham CLAS review a 'health economy' SMART action plan was published from the 24 Recommendations. These recommendations have received multi-agency consideration and review and been shared widely with partner organisations in Rotherham.

From the CQC recommendations 'Health Passports' were commissioned and are in the process of being rolled out to all LAC. Roll out has been slow due in part to ensuring that the information in the Health Passport is fit for purpose. 14 September 2016 the Designated and Named Nurse LAC attended the LAC Council to ask whether we as a 'health economy' are meeting their expectation and if not what do we need to do differently; part of that conversation was with regard to the value young people saw in having a Health Passport. In addition the LAC Council have supported 'health' with publishing a Right Care, First time for Young People. This document highlights who and how to contact the most appropriate health professional; this can be a particular challenge for CLs. This was so well received that all young people in the borough have had access to a copy.

### **NHS England is accountable for:**

Whilst CCGs were set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England, NHS England was set up to oversee that work.

In 2015 NHS England Yorkshire and Humber team wrote to the CCG's in their area to seek and formalise the process required for assurance that services for LAC and CL were in place. A self-assessment template was provided. In addition the Designated Professionals for LAC were invited to attend a peer challenge session with other CCGs. Following that session individual revised self-assessment with a Rag Rate was published. Finally a call to action conference was held in May 2016 with the next steps for children in care being published. As part of NHSR CCG commitment to transparency their self-assessment and RAG rating has been shared widely with LSCB and Corporate Parenting (September 2016) as it is felt important that we work together to improve service delivery.

### **Care Quality Commission (the inspectorate for the health economy):**

July 2016 saw the CQC publish a report Not Seen Not Heard into the first 2 years of CLAS Reviews, this report included Rotherham. In the 50 CLAS reviews the CQC focused upon LAC and CL. They considered whether healthcare organisations work in accordance with their

responsibilities under Section 11 of the Children Act 2004; this includes the need for CCGs to deliver a strong leadership and governance role. In addition there is an expectation that providers and commissioners of healthcare will work to improve the arrangements between NHS trusts, GPs, and child and adult services.

The CQC distilled their national recommendations and conclusions into seven headlines, namely:

1. Child's voice the silence is deafening.
2. The 'so what' factor: Improving outcomes for children.
3. Quality of information sharing in multi-agency working.
4. 5 'P's that support multi-agency working.
5. Finding the hidden child.
6. Transitions and access.
7. Leadership.

CQC concluded there was an 'unwarranted variation across England in the quality of the arrangements in health services for child safeguarding and for looked after children. This is unacceptable as these are some of society's most vulnerable children'. NHSR CCG as a commissioner of acute and mental health care in the borough undertook a 'true for us' review of their findings. The commissioner and provider responses have been shared with partners. See Appendix 1 as a brief overview of the health economies findings.

#### **Rotherham 'health economy':**

Rotherham 'health economy' is mindful that together we need to raise our ambitions for our LAC and CL health and wellbeing. In May 2016 a group of healthcare commissioners and providers was set up. The objective of this work stream is to change the culture across 'the health economy' and partner organisations, ensuring that we all aspire for better health and wellbeing outcomes for our children and young people in care. This work stream will ensure that the health and wellbeing needs of children in care are viewed by all partners as a continuous process, with an emphasis on ensuring that actions in the child's health plan are taken forward. The group will ensure that children and young people in care are healthier by:

- Fulfilling the statutory requirements for health assessments for children in care.
- Identifying individual unmet health needs and developing a plan of intervention/referral to address these needs.
- Promoting the health and wellbeing of children in care.

Unfortunately the group has stalled due to recent changes but will restart in November 2016 with a renewed commitment and drive. We will also strengthen the governance arrangements. These arrangements include feeding directly into Corporate Parenting and with agreement into the LSCB Performance and Quality Sub Group.

## **8. Key Issues:**

The corporate parenting responsibilities of LAs include having a duty under section 22(3)(a) of the Children Act 1989 to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption, regardless of whether they are placed in or out of authority or the type of placement. This includes the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues. The Rotherham 'health economy' commissioners and providers are therefore proactively supporting a work stream to consider the holistic health needs of children in care. As part of that commitment the LA and LSCB have agreed to attend the group set up by the 'health economy' to look specifically at the health and wellbeing needs of LAC. This offer includes the attendance of RMBC Public Health Consultant to focus on outcomes and the Acting Head of LAC has agreed to chair this meeting. **Note: this is a positive step forward as health needs do not exist in a vacuum they impact on all aspects of a child's welfare.**

CCGs and NHS England have a duty to cooperate with requests from LAs to undertake health

assessments and help them ensure support and healthcare services to LAC without undue delay. Review Health Assessments (RHA) in Rotherham is co-ordinated, managed and undertaken by TRFT health visiting and/or school nursing service depending upon the child's age. As at the end of September 2016 RHAs were:

- 0-5 years Rotherham – 100% compliance
- 0-5 years Out of Area Placement – 88.8% compliance
- 5-18 years Rotherham – 99.5% compliance
- 5-18 years Out Of Area Placement – 95.1% compliance
- Overall RHA's – 97.5% compliance

Commissioning of health visiting and school nursing is under a major review and is transforming into a 0 – 19 service. **Note: Corporate Parenting and the LSCB need to remain cognisant of any changes and developments that have the potential to impact positively/negatively on the health outcomes for LAC.**

LAC should never be refused a service, including for mental health, on the grounds of their placement being short-term or unplanned. There is no evidence that this happens in Rotherham as the LA have a therapeutic team (previously known as Looked After and Adopted Children's Therapeutic Team) who work closely with the Child, Adolescent and Mental Health Service (CAMHS). The nationally agreed screening tool for LAC is the Strengths and Difficulties Questionnaire (SDQ). SDQ scores are utilised to assess the emotional wellbeing of LAC and by aggregating scores they help quantify the emotional needs of the LAC cohort enabling commissioners of services to assign funding effectively. Unfortunately SDQ scores are not routinely utilised across all agencies in Rotherham and therefore we require some additional partnership work. Within the LAC and CL Service Specification 2015/2016 there is an expectation that healthcare providers will work with the LA to ensure that health assessments effectively use SDQ scores, in line with statutory guidance (DfE/DH 2015). **Note: SDQ Questionnaires are to be considered fully in the aforementioned health and wellbeing work stream. This work will be led by RMBC Therapeutic Team who are already utilising the scores efficiently with children and young people.**

The LA must arrange for children in care to have a health assessment as required by *The Care Planning, Placement and Case Review (England) Regulations 2010*. This means that children coming into care must have an Initial Health Assessment (IHAs) within 20 working days. This has and remains a real challenge for all agencies involved to achieve. In Rotherham IHAs have been under significant scrutiny by Corporate Parenting and by the LSCB. An independent report has been authored and shared, and work around improving the partnership work involved in ensuring that IHAs are achieved in the 20 working days remains a high priority.

Nationally there has been a steady increase in how many children are coming into care. Locally this increase is dramatic. See table below for numbers.

	Trajectories	2015/2016	2014/2015	2013/2014
Children/young people became looked after	↑	213	168	116
Initial Health Assessment's completed within 20 working days	↑	36%	34%	12%
Appointment times available at TRFT	↑	283	240	242

Uptake in a timely manner of IHAs in Rotherham has been consistently poor. The LSCB have analysed the reason why there is such a poor uptake. Whilst there are a number of reasons for this the current most significant issue is number of appointments being cancelled or non-attendance. This equated to a

loss of clinic capacity of:

- 36% in September 2016 and
- 34% in October 2016

This is wholly unacceptable and a number of measures have been taken by RMBC to rectify. **Note: the LA have agreed that the LAC Health Team will have access to Liquid logic and that LACs health needs will receive the priority status they require.**

TRFT have agreed to provide a real time exception reporting system to ensure that the current practice of cancelled/non-attended appointments is reported into RMBC senior management. The senior management in TRFT, CCG and RMBC are working closely to reduce this issue with the Independent Reviewing Officer (IRO) providing professional challenge in the system.

Due to cancellations being either on the day or with less than 24 hours' notice the IHA clinics have not been able to book in another child. The rebooking of cancelled/non-attended appointments not only means that this child's IHA is out of timeframe it blocks a place in future clinics causing a bottleneck. A number of tactics have been used to improve this situation but the bottleneck requires some pump prime funding to reduce; otherwise the backlog will continue into 2017. TRFT during 2016 are to be commended for increasing IHA clinic capacity from 54 to 75 sessions; in normal circumstances this would more than adequately cover the numbers of children coming into care sadly due to the increased pressure from non-attendance TRFT and NHSR CCG have needed to refocus some additional funding to provide an additional 10 clinics. **Note: the challenge of the backlog of children, who for a variety of reasons, have not received their IHA in a timely manner and the fully support the improvement plan being instigated.**

Unaccompanied asylum seeking children from Calais are now arriving in the UK under an on-going Home Office programme. These children are to be cared for as Looked After Children. Clinicians are available (in Kent) to see the children on arrival to address any immediate needs. The children are then being placed into the care of their extended families or local authorities across the UK. Each CCG has access to the local Designated Nurse and Doctor for Looked after Children. Who can, if required, offer expert advice on the health needs of these children and their entitlement to NHS services. Information is currently limited and each area will be allocated based on a formula provided from the Home Office. Further information is available: <https://www.gov.uk/guidance/nhs-entitlementsmigrant-health-guide>

In conclusion 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. Delays in identifying and meeting their physical, emotional wellbeing and mental health needs can impact further on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults. As stated the care we receive as children colours our whole life, we need to make sure that our children receive the best health care we can all offer and provide.

## 9. Resources:

There are significant on-going challenges in the system, in particular with the partnership work required to ensure that Initial health Assessments are undertaken within the timescale of 20 working days. NHSR CCG and TRFT have funded 10 additional clinics. RMBC need to ensure that the children are brought to their appointments ready to commence their health journey. The resource required is in senior manager oversight.

## 10. Sources of reference

- Department for Education/Department of Health (March 2015) Promoting the Health and Well-being of Looked After Children. Statutory Guidance for Local Authorities, Clinical Commissioning Groups and

NHS England.

- The SDQ is an internationally validated brief behavioural screening questionnaire about 4-16 year olds. It exists in three parts: one for the carer, another for the child's teacher and a third part for the child. While the Department for Education requires local authorities to provide SDQ data to be completed for looked-after children by their foster carer or residential care worker, local authorities should not see this as purely a data collection exercise by central government with which they must comply.
- The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review
- Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies
- Who Pays? Determining responsibility for payments to providers
- CQC Not Seen Not Heard (2016)

**11. Contact Name:**

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