NHS Rotherham Clinical Commissioning Group (NHSR CCG)

Looked After Children – Physical and Emotional Health Care

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Lead Officer:	**Catherine Hall, Designated Nurse LAC, Head of Safeguarding** **Dr Shakil Hashmi, Designated Doctor LAC**
Lead GP:	**Dr Jason Page, GP Commissioning Lead Children** **Dr Russell Brynes, GP Commissioning Lead Mental Health**

Purpose:

This paper is to highlight to the Corporate Parenting Panel (CPP) the on-going commitment of NHS Rotherham Clinical Commissioning Group (NHSR CCG) to Looked After Children (LAC) and Care Leavers (CL) in and from the borough.

Background:

Under the Children Act 2004, health professionals have a legal responsibility to promote the health and wellbeing of all children who they are responsible for. This responsibility is particularly pertinent with regard to vulnerable cohorts such as LAC and CLs. 'Promoting the Health and Wellbeing of Looked After Children' (Department for Children, Schools and Families 2015) sets out a framework for the delivery of care from healthcare providers and social services to ensure their effectiveness in supporting and delivering that care.

NHSR CCG, as the responsible health commissioner for Rotherham LAC, commissions physical health care from The Rotherham NHS Foundation Trust (TRFT) and mental health care from Rotherham, Doncaster and South Humber NHS Trust (RDaSH).

Analysis of key issues and of risks

The health economy, including universal healthcare provision, planned, emergency acute and mental health services across Rotherham, accepts that most children, young people and families in the borough thrive. Rotherham 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 Service (CAMHS). However, the health economy also agrees that some children and families need access to additional bespoke healthcare at times; this includes the additional and personalised needs of a cohort of children who for a variety of reasons find themselves within the care system.

Across the UK research informs us that LAC fall short of the health outcomes we strive for across the Every Child Matters spectrum. Therefore NHSR CCG and TRFT have a robust service specification that strives to reduce some of the physical health inequalities endured by children in the care system.

The service specification covers all LAC and CL that NHSR CCG retains the Responsible Commissioner (2009) duty for. The definition utilised by the health economy for a Looked After Child is where a child or young person has been looked after by the Local Authority for a continuous period of more than 24hours (The Children's Act 1989) and a Care Leaver is where a young person has been in the care of the Local Authority for a period of 13 weeks or more spanning their 16th birthday (Children, Leaving Care, Act 2000). Looked After Children placed outside of the borough by the local authority either acting alone or in-conjunction with the CCG the "originating CCG" remains the responsible CCG for the services that CCGs have responsibility for commissioning. That is the case even where the child changes his or her GP practice.

The originating CCG is responsible for commissioning the child's statutory health assessment(s) (DH 2015). In addition the Department of Health (DH 2015) clearly state that CCGs and NHSE should ensure that a child is never refused a service, including for mental health, on the grounds of their placement being short-term or unplanned. This can raise logistical challenges for health services but these should not be insurmountable if all agencies work diligently in the child's best interest.

The governments mandate to NHS England (November 2012) stated that they "expect to see the NHS working together with schools and children's social services, supporting and safeguarding vulnerable LAC through a more joined-up approach to addressing their needs". With this in mind RMBC and NHSR CCG have a joint Commissioner for Children's Services; whilst this is a relatively new post it is starting to see improvements in commissioning services jointly. As of 2017 health, education and the Local Authority commissioners and providers are working together to ensure that the physical and emotional health needs of LAC are given the recognition necessary. Counsellor J Elliot is a member of this group and ensures that agencies work in the best interest of the child. Counsellor Elliot regularly reports into the Corporate Parenting Panel ensuring that progress is monitored and barriers to development are reduced. See Recommendation 1.

National research into the long term health consequences of being in the care system is often negative therefore NHSR CCG and TRFT will continue to drive up their commitment to improving the health and wellbeing needs of LAC. We recognise our need to ensure that children in care have their emotional wellbeing taken into account and fully accept the DRAFT LAC Health Needs Assessment (RMBC Public Health 2018) that highlights children in care desire to be safe and happy. On-going commitment to utilise the Strengths and Difficulties questionnaires will feature in our on-going work.

Delivery Expectations:

The overarching principles to be taken into account when considering the health needs of LAC are that all parents want their children to have the best start in life, to be healthy and happy and to reach their full potential. Therefore we, as corporate parents and partners, must have the same high aspirations and ensure that the children and young people entrusted into our care receive the healthcare and support they need in order to thrive.

Local Authorities (LAs) have a duty under the Children Act 1989 to safeguard and promote the welfare of the children they look after, wherever they are placed. Directors of Children's Services, Directors of Public Health and Lead Members for Children's Services have a responsibility to ensure there are systems in place so that this duty is properly discharged.

This duty must be discharged in accordance with the relevant Regulations (The Care Planning, Placement and Case Review (England) Regulations 2010). These Regulations include the need for statutory health reviews and a health plan. The NHS therefore has a major role in ensuring the timely and effective delivery of health services to Looked After Children. In fulfilling those responsibilities the NHS contributes to meeting their corporate parent responsibilities by:

- commissioning effective services,
- delivering through provider organisations and
- through individual practitioners providing coordinated care for each child.

NHSR CCG commissions Designated LAC Professionals and Named Professionals from TRFT to identify and deliver care needs. The role and responsibilities of these Designated and Named professionals is highlighted in national guidance, namely Safeguarding Children and Young People: roles and competences for health care staff; Intercollegiate Document, Third edition, March 2014. In addition these roles are externally inspected by the Care Quality Commission (CQC) and NHS England.

Capacity Comparison with the Looked After Children and Care Leaver Health Team
(Intercollegiate 2014)

	Best Practice	Actual	RAG
Designated Nurse LAC	A minimum of 1 **dedicated** WTE* Designated Nurse Looked After Children for a child population of 70,000. Rotherham population = 62,100 in 2013 (Public Health England 2015)	1WTE covering LAC, Child Protection and managing Adult Safeguarding Team**	**AMBER**
Secretarial support (Designated Function)	A minimum of 0.5WTE dedicated administrative support to support the Designated Nurse Looked After Children	1 WTE secretary covering Safeguarding, LAC and Protected Learning Time.	**AMBER**
Designated Doctor LAC	A minimum of 8 hours per week or 2 PAs per 400 Looked after Children population (excluding any operational activity such as health assessments).	2 Programmed Activities (1PA = 4 hours)	**GREEN**
Named Nurse	A minimum of 1 dedicated WTE Named Nurse for Looked After Children for each Looked After Children provider services	1WTE	**GREEN**
Specialist Advisor Care Leavers	A minimum of 1 WTE* specialist nurse per 100 Looked After Children	1 WTE	**GREEN**

* *WTE = Whole Time Equivalent*
** *Designated Nurse works as part of a team approach including from April 2016 a Deputy Designated Nurse Safeguarding based in the Multi Agency Safeguarding Hub*

Health Care Delivery:

Statutory guidance (DH 2015) states that 'IHAs are to be completed within 20 working days of a child becoming looked after'. IHAs being undertaken within this timescale were at an unacceptably low level in Rotherham. Over 2017 there was a concerted effort across all agencies involved, RMBC, TRFT and CCG to improve compliance. A team of colleagues across South Yorkshire and Bassetlaw have worked together to improve compliance and are working toward comparing data in the same robust manner as unwarranted variations in data collection were a significant challenge.

What is crucial to note is that every child brought into care is offered an IHA – it is the timeframe that proves a challenge for agencies. Of note and highlighted at Corporate Parenting on a number of occasions is that around 5% of young people in care continue to decline a formal routine health assessment; work with these young people continues to encourage engagement whilst accepting they have the right to decline the offer.

In recent months the significant challenge for providers of IHA has been compounded by the increase in children being brought into care and the impact of changes to adoption law. Whilst these changes strive to efficiently twin track children for adoption in order to reduce any time delays for the child, during this critical period they impact upon the IHA as there are additional assessments and paperwork required. TRFT LAC Team is making significant strides to ensure that the timeliness of health assessments is prioritised. See Recommendation 2.

Chart 1 shows the percent of Initial Health Assessments completed within timescales.

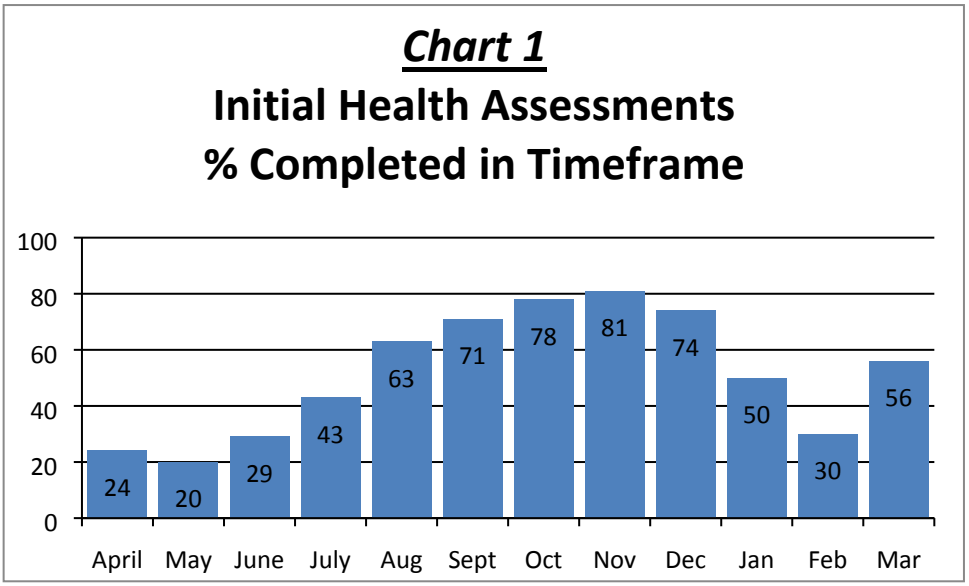
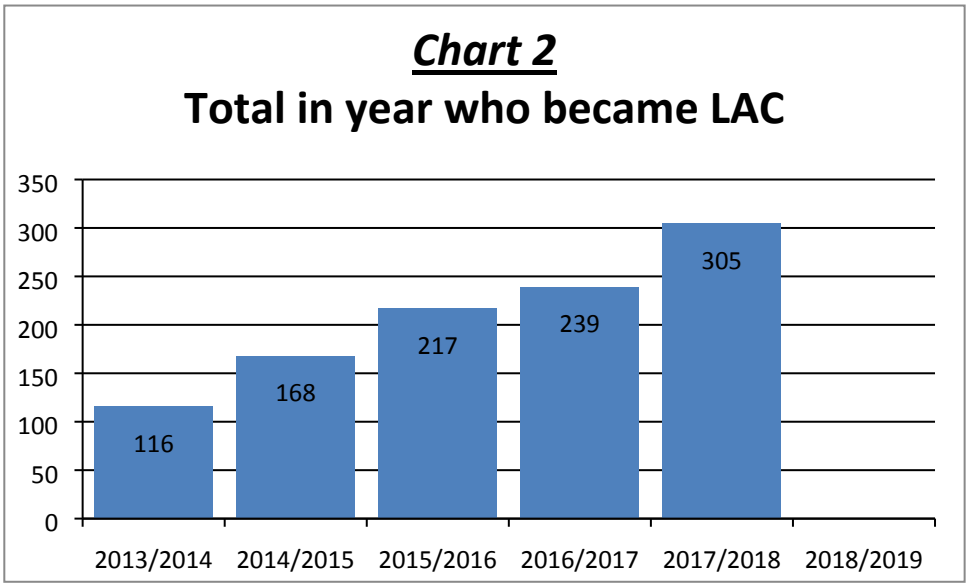
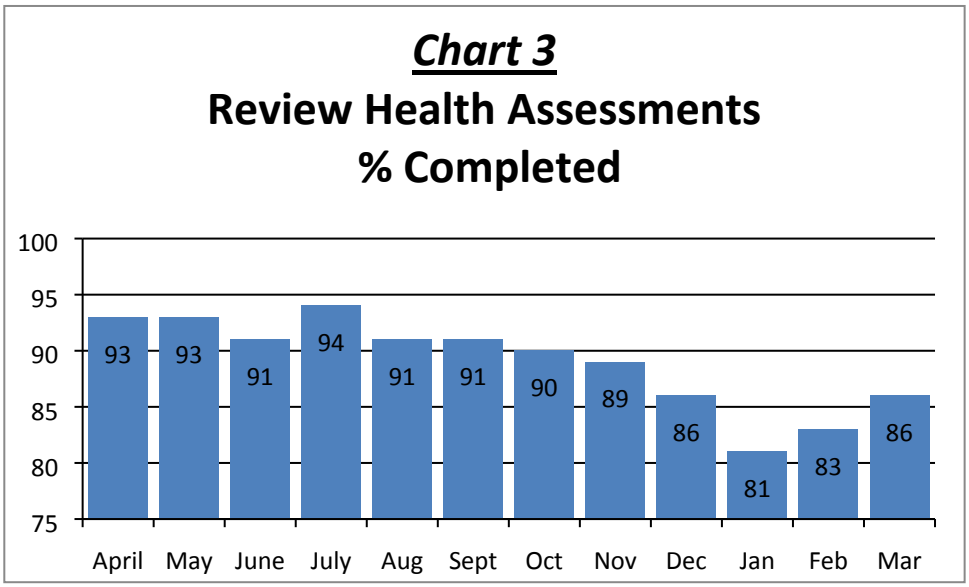


Chart 2 below demonstrates the challenges faced in Rotherham in recent years with regard to the increased numbers of children being brought into care. This year on year increase in numbers of children is impacting significantly upon the capacity with the Rotherham NHS Foundation Trust (TRFT) to undertake IHAs in a timely fashion. Following a decrease in compliance (Jan/Feb 2018) the CCG has commissioned an additional 16 IHA Clinics equating to 64 extra places has supported the percentage increase in March 2018. This workload for TRFT is phenomenal but demonstrates their on-going commitment to LAC.



Review Health Assessments (RHAs) in Rotherham are undertaken in line with statutory requirements; all children under the age of 5 years have access to a health assessment every 6 months. All children over the age of 5 years have access to a health assessment every 12 months. In addition all LAC and CLs are encouraged to attend routine dental checks and assistance given to register if not with a dentist. All Rotherham LAC and CLs placed within the borough are assigned a key health worker and for those placed out of the borough the quality of their health assessment is reviewed by the TRFT LAC Named Nurse utilising the national health assessment check list.

Chart 3 demonstrates the on-going compliance by TRFT 0 – 19 service (previously known as Health Visitors and School Nurses) with regard to undertaking statutory LAC health assessments.



Within TRFT the health LAC team take full responsibility for the administration and quality assurance of all RHAs. In addition to this responsibility, they will hold small caseloads of hard to reach LAC and they support the Personal Advisors for the Care Leavers. The TRFT health LAC team maintains a health data set that includes all health assessments, the date the next assessment is required, Personal Healthcare Plans etc. and they assist in co-ordinating service delivery. This team effectively track the health care delivery and needs of children in care.

Conversely the quality of RHAs has become more varied with some colleagues seeing the RHA as a one off health check rather than the delivery of a robust and bespoke health care plan. Within TRFT the 0 – 19 service (previously known as Health Visitors and School Nurses) undertake all RHAs. Constraints on the 0 – 19 service, increasing numbers of children in care and children, subject to a plan has had an impact on the quality of care delivery to LAC. The LAC team and Designated Professionals for LAC are in the process of considering alternative models of healthcare delivery from Doncaster and Nottinghamshire. The intention is to compare and contrast healthcare delivery options with RMBC and CCG Commissioners and providers developing a service based on some key principles and outcomes, namely:

- Delivery of services tailored to individual need;
- Placing the voices of children and young people at the heart of LAC service redesign and delivery;
- Address individual and group health inequalities;
- Emphasis on prevention and wellness;
- Accurate assessment and health achievements monitored and planned effectively;
- Benchmarking across LAC of health needs and outcome driven;
- Delivery of world class standards of physical healthcare;
- Make sure all health professionals working with LAC have a clear understanding of their roles and responsibilities.

The recommendation for Rotherham is to utilise fully integrated working and joint commissioning based around effective partnerships at both strategic and individual case level to improve service delivery, information sharing, confidentiality and consent. In turn this will have an impact on healthcare delivery for LAC in the borough. See Recommendation 3.

Every year it is estimated nationally that around 10,000 16 to 18 year-olds leave foster or residential care in England. Listening to the explicit needs of young people in the care system it became apparent that they faced their future with limited information on their past health issues, challenges or successes. For example some young people were unaware of their immunisation status and of where this could be elicited from. Some young people were not aware of whether

they had had childhood ailments such as chicken pox, or measles; childhood ailments and immunisation status can become a significant issue when young people decide to have their own children. Therefore NHS RCCG and TRFT looked for a solution to this challenge. The solution has been in the development and provision of a 'Health Passport' which will act as a personal health record. This document has the potential to act as a vital personal document to support them on their onward journey through life. This is especially pertinent when reflecting upon the evidence that these children experience unstable placements or if they have experienced being placed out of borough. Roll out of the Health Passports continues to be slow, therefore Recommendation 4 is that Corporate Parenting takes an active interest in the roll out ensuring that any delays are minimised.

Nationally there have been concerns in tracking missing children, research indicating that LAC and CLs go missing more than other children; NHSR CCG continues to reiterate the need for children in care to be prioritised within the health and social care systems. TRFT are active participants in the Child Protection Information System (CP-IS); this system goes some way to supporting the tracking of children subject to a plan and children in the care of the Local Authority. Rotherham Metropolitan Borough Council (RMBC) for a variety of reasons have been slow to drive CP-IS forward. Therefore, Corporate Parenting Panel has asked for an update from RMBC. CP-IS is reported to go live 26 April 2018, see Recommendation 5.

In conclusion the NHS has a major role in ensuring the timely and effective delivery of health services to LAC. The mandate from central government to NHSE, Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies and The NHS Constitution for England make clear the responsibilities of CCGs and NHSE to LAC (and, by extension, to care leavers).

Next steps for Rotherham are to ensure that we deliver the best healthcare service across all agencies with regard to our LAC. As advocates for these children we need to ensure that the Local Authorities and the CCG use the information in developing their Joint Health and Wellbeing Strategies.

As Corporate parents we need our attention drawn to a small number of children/young people who are placed outside of the NHS England boundary in order to meet their challenging needs and/or who are placed for adoption. Challenges arise, in particular, when children are placed in Wales and Scotland. These areas fall out of the health guidelines set by NHS England and therefore receive a different standard of healthcare to the children/young people residing within England.

- Wales currently charge a set standard fee for the deliverance of healthcare for children/young people placed in their area regardless of need or use. This includes access to basic healthcare such as GP and dentist.
- Scotland do not complete 6 monthly statutory Review Health Assessments for children under the age of 5 years; therefore for children who are mainly placed for adoption at this age in Scotland, they do not receive up to date LAC assessments. They do however receive the equivalent of the National Child Health Programme therefore receive developmental assessments and support from the health visiting service.

Financial Implications:

There is a potential that commissioners namely RMBC and NHSR CCG will need to review the way they commission healthcare delivery for LAC.

Recommendations:

CPP are asked to support the paper in its entirety and consider recommendations:

1. Continue to take regular independent reports at the Corporate Parenting Panel from Counsellor J Elliott.

2. Champion the health needs of LAC including the drive to improve IHAs timeliness and quality.
3. Strive to develop best practice for Review Health Assessments using an evidence base developed in other areas.
4. Maintain an active interest in the roll out of Health Passports ensuring that any delays are minimised.
5. Champion the use of CP-IS as a tool to support us in our duty to care for LAC.