

Hertfordshire Community



NHS Trust

The Looked After Children and Care Leavers Health Service

Annual Report 2014/15

1. Executive Summary

This report is to assure the Board that Hertfordshire Community NHS Trust (HCT) complies with the Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children (DOH 2015).

The report demonstrates the work undertaken by the Looked After Children (LAC) and Care Leavers Health Service during the period April 2014 to March 2015. The team work in partnership with Hertfordshire County Council (HCC) Children's Services and Targeted Youth Support teams to identify the health needs of LAC and Care Leavers.

2. Introduction

The LAC and Care Leavers Health Service is commissioned to work towards identifying the health needs of children and young people in care. The team work in partnership with other health professionals and Hertfordshire County Council staff. Contract arrangements and Key Performance Indicators have been developed in partnership with the commissioners to support robust reporting of the health needs of LAC. Hertfordshire County Council funds the administration posts of the service and the two nursing posts are funded by the CCG.

The main focus of the LAC Service is to co-ordinate the administration of health assessments on behalf of HCC for LAC and young people placed both in and out of the county. This includes reviewing the quality of assessments completed and ensuring that actions are being taken to meet the health needs of LAC. The work of the team is reliant on a number of other service providers completing health assessments including: GPs, East & North Herts Acute NHS Trust Paediatricians in the County and GPs/Paediatricians and other LAC health teams working in other counties.

3. Key achievements

A joint CCG external review was undertaken in October 2013; following this the CCGs extended the review in 2014 to include scoping an alternative model of service delivery for LAC across Hertfordshire. This new model of service has resulted in;

- Improved process of referral from HCC for Initial Health Assessment requests, which are now initiated from HCC Brokerage and Accommodation Team. As soon as they are notified of a child coming into care, notification is made to the LAC health team; helping to work towards meeting the Statutory requirement to complete health assessments within 28 days.
- Additional funding for 1 WTE administrator (expected to be in post in July 2015) which will increase administrative capacity to work towards meeting demand.
- Additional funding for 1 WTE LAC nurse to increase capacity in the clinical team and enable pro-active working with LAC & Care Leavers to identify health needs.
- Agreement to recruit five GPs to undertake IHAs for LAC placed in Hertfordshire aged 10 years and over. These GPs will be specifically trained by

the Designated Doctor to become the Specialist LAC GPs and work within the LAC & Care Leaver health team. The GPs will be in post and delivering the service by June 2015.

- The team were co-located with HCC in a single building to improve communication and partnership working
- HCT staff improved uptake of Initial Health assessments for LAC achieving target during 5 months of the year and ended the year on 100%.
- HCT staff achieved a steady improvement over the year towards our target of 85% Of all LAC receiving a health review by HCT staff within timescale.
- CCG investment in the service to support additional administration staff, nursing and recruit specialist LAC GPs.

4. Local Context

The current number of Looked After Children in the care of Hertfordshire County Council is 1,004:

Year	Under 1	1-4	5-9	10 -15	16+	Total LAC
2012	55	175	180	370	275	1055
2013	60	169	184	359	265	1037
2014	50	159	183	352	297	1041
2015	56	139	200	303	306	1004

The numbers of children in care and Care Leavers under the care of Hertfordshire County Council have been relatively consistent over the last two years. The largest intake being in the 16 years plus followed by those aged 10 – 16 yrs.

HCC currently report that 760 young people age 16 years to 21 years receive support from them.

NB: the LAC nurses work with the 16+ group of young people undertaking their Review Health Assessments up to age 18 years, liaising with the Targeted Youth Support workers. Some of these young people live semi-independently or independently up to the age of 21 years or 24years and have no contact with the LAC nurses.

LAC Gender profile in Hertfordshire;

Gender	CLA
Male	553
Female	451
Total	1004

LAC Ethnicity profile in Hertfordshire;

Ethnic Banding	CLA
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Asian	46
Black	55
Mixed	113
Other	20
White	770
Grand Total	1004

The ethnicity of LAC mirrors the Hertfordshire wide picture for the universal children and young people population. The figures are also comparable with the national picture which demonstrates 78% of LAC is White British (British Adoption & Fostering Agency 2014).

The numbers of Asylum seekers	36
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Across the age ranges the number of Children recorded as having a disability	83
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The health and wellbeing of LAC and young people is influenced by nearly all aspects of their lives and the care they receive. Experience in early life may have long-term consequences for health and social development. Some LAC and young people have positive experiences in the care system. However, LAC are more likely to have experienced deprivation and poverty as a result of low family income or parental unemployment.

The health needs of this group of children and young people are often linked to their life experiences, including the circumstances through which they became looked after and their experience of care as identified in Appendix 1.

LAC placed out of County

Poor transfer of information can lead to children missing out on immunisations and other vital interventions. In Hertfordshire there are currently **357** LAC placed out of County

The LAC & CL health team liaise with other health teams to support the transfer of known health information and co-ordinate the administration of health assessments in these areas. Completed Health assessments returned to the LAC team are reviewed by the LAC nurses to ensure health actions identified are noted.

Both within Hertfordshire and when placed outside of the county LAC are the most vulnerable & targeted group at risk of Child Sexual Exploitation. The LAC nurses have an important role in being part of Hertfordshire's Sexual Exploitation & Runaway Children's Panel (SEARCH) as they are best placed to inform the panel of any known health issues/risks for the child follow up any health concerns and liaise with other LAC health team's country wide.

The Department of Health requires that organisations adhere to the Statutory Guidance on *Promoting the Health and Wellbeing of Looked After Children (DOH 2015)*. The service works with commissioners to meet the national guidance.

The National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence produced guidance in 2011 on improving the physical and emotional health of LAC and young people from birth to 25 years. The guidance aims to promote and strengthen multi-agency working and collaboration. This includes ensuring that organisations, professionals and carers work together to deliver high quality care, maintain stable placements and encourage nurturing relationships for LAC.

6. Operational functions

The Looked After Children and Care Leavers Health Service:

- Provides a specialist public health nursing service to children and young people that have been placed in county under the care of Hertfordshire County Council, in line with the relevant national and local policies
- Coordinates the administration of statutory health assessments for all Hertfordshire County Council children and young people in care, placed both in and out of the county
- Undertakes health assessments for young people not engaging with main stream services, living independently, not attending school and or in other training/education settings
- Provides children and young people with accurate information to enable them to make informed choices and decisions about health issues including emotional and sexual health
- Carries out routine monitoring of health needs of LAC and young people placed out of county to ensure they receive an equitable service (via the health assessment process)
- Acts as a resource regarding health support for other professionals and agencies including health, children's services, parents, foster carers and other carers that support this group of young people
- Provides training, support and specialist advice to health professionals to enable them to; complete health assessments to a high quality, identify any health and emotional wellbeing issues and ensure they complete effective health care planning with other partners
- Provides a leaving care health information pack for those young people who are reaching their 18th birthday

7. Individual support for LAC

The needs of and support required by the older LAC population is different and often more challenging than that of younger Looked After Children. The dedicated team of 2 LAC Nurses endeavours to offer individual and tailored support to the vulnerable group of teenage young people (not attending school) including the ability to meet with young people in a variety of settings, often outside of normal office hours. This

approach offers flexibility to fit around the young person's college/work or lifestyle and improves the chances of engagement with the LAC team.

Examples of LAC nursing practice have been captured and are available in Appendix 2.

8. Governance and Assurance

HCT has clear governance and reporting arrangements in place for the LAC Service. The team provides performance updates at the bi monthly Safeguarding Children Forum. The Safeguarding Children Forum provides reports to the Patient Safety & Experience Group, which reports to Healthcare Governance Committee a subcommittee of the Trust Board. Membership of the Safeguarding Children Group includes the Named Nurse and Named Doctor (Safeguarding Children), LAC Team Lead, representation from Operational Services, Human Resources, Learning and Development and the CCG Designated Nurse for Hertfordshire.

Monthly performance is monitored and reported on a LAC dashboard via the LAC contracts meeting. This is led by ENHCCG on behalf of both CCGs, with HCC commissioners in attendance.

The dashboard demonstrates improved performance over the year such as;

- Percentage of Looked After Children referred for an initial health assessment who have assessment paperwork sent to a relevant professional identified within 4 working days of receipt of completed referral from HCC improved from 51% to 100%
- Percentage of Looked After Children whose completed assessment documentation is fully recorded on SystemOne and ICS system by HCT LAC Team within 28 days of coming into Care improved from 10% to 30%. This figure is dependent on HCC notifying the LAC health team within 1 week of the child coming into care. In April 2014 this was recorded as 2 referrals received by the LAC team compared to 15 being received in March 2015
- Percentage of LAC who have a Review Health Assessment completed by HCT staff and whose documentation is returned to the LAC health team within 28 days has improved from 66% to 84%. Reflecting improved understanding of the LAC agenda and processes by both CUS and HCT Paediatricians.
- The dashboard ensures that reporting outcomes of all LAC and compliance against health assessments is monitored to ensure that no LAC 'slip through the net'. With planned increase in both administration and clinical capacity this important work of monitoring the 'journey' of the health assessment process will be improved over the next financial year

9. Performance and Outcomes

In 2014 /15 the LAC and Care Leaver Health Team received;

- 337 Initial Health Assessment (IHA) requests from HCC
- 86 out of county
- **Total = 423 LAC Initial Health Assessments completed**

Review Health Assessment (RHA) requests form HCC

- 583 in County
- 202 out of county
- **Total = 785 LAC Review Health Assessments completed**

A total of **1,208** health assessments were co-ordinated and processed by the LAC Administration team during 2014/15.

The LAC administrative team also co-ordinated **73** health assessments for LAC placed in Hertfordshire by other authorities.

The administration team processed 93% of the 1,208 assessments within the 2014/15 time frame. Failure to complete 100% of health assessment requests received in the year from HCC is due to a variety of factors including;

- Lack of administrative and clinical support to monitor week on week non returns
- Difficulty in 'keeping track' of health assessments once sent out of the county
- Young people leaving care and therefore not undertaking health assessments (change of placement details sent to team via HCC Brokerage team but capacity does not allow dedicated time to monitor the process fully)
- Young people not attending appointments for health assessments and the LAC team not informed

Statutory & Local timescales for Health Assessment completion

- Statutory timescale: Initial Health Assessments (IHA) should be completed within 28 days of a child or young person coming into care. Once the LAC administrator receives the request from HCC, the relevant doctor is given 10 working days to return completed health assessments to the LAC health team to meet the statutory requirements.
- Local timescale: Review Health Assessments should be completed and returned to HCC within 8 weeks of receipt from HCC

Adherence to these timescales is monitored monthly and reported to HCT Safeguarding Children Forum, HCT Board and commissioners. Improvement has been growing through the year, due to tighter monitoring within HCT and growing awareness via training and liaison of the LAC agenda. Within HCC there has also been a change of process regarding referrals of IHA to the LAC team. All these elements have led to improvement in meeting the statutory timescales from 10% compliance at the start of the year to 43% compliance at the end of March 2015.

The majority of Review Health Assessment are completed by HCT School Nursing service and despite the workforce difficulties they have made steady improvement over the year. Starting the year at 66% completed within locally agreed timescales, to achieving 84% in March 2015.

The proposed new LAC model with specific LAC GPs to undertake IHAs for those over 10yrs of age will improve both adherences to timescales as well as quality.

DFES returns

The LAC Service supplies health information to HCC to support their return of KPIs known as 903DfE returns, which are submitted annually to the Department for Schools and Families. HCC submits the reports at the end of the financial year for the cohort of children who have been in care for a year or more on the 31st March.

2015 returns are;

Indicator	Herts 12/13	Herts 13/14	Herts 14/15
Looked After Children			
% CLA who had annual Health and dental check	85.9	80.8	80.7%
% CLA who had annual Health check	87.5	79.1	81.5%
	84.2	82.4	80.0%
% Immunisations up to date	91.7	90.5	88.8%

NB The figure reported by HCC will always differ from the end of year figure processed by the LAC team, as the service reports on all health assessments completed in the year including those that fall outside of HCC reporting criteria.

The Deputy Director Of Quality & Governance/Deputy Chief Nurse is a member of the Herts-wide LAC Leadership group where the health of LAC and health data is discussed. Meeting the health needs of LAC requires a whole system approach and work is underway to improve health uptake across all the key indicators reported to the DFES.

To improve the monitoring and reporting of HCT LAC health outcomes and health assessment process, work has been undertaken with HCT ICT Business Services. A database manager is working to develop a bespoke database to enable robust data recording, monitoring and reporting of LAC information. This will meet CQC, CCG and HCC commissioning arrangements. The database has been developed and will be piloted when the full quota of administrative staff are in place and competent to manage the systems.

10. Education and Training

The LAC and Care Leavers Service provides robust training programme to support the aims and objectives of the service and comply with LAC knowledge, skills and competences of health care staff (Intercollegiate Role Framework, 2015).

This includes:

- Training for Children's Universal Services (Health Visiting and School Nursing Services) to facilitate the completion of high quality health assessments that are relevant and valuable to the child or young person. A programme of training will be delivered to clinical staff, across Hertfordshire as part of the safeguarding package; this training is now mandatory once every three years.
- Training for Social Workers in HCC Academy Team on health assessment process and the health needs of LAC is undertaken bi-annually.
- Attendance at Foster Carer Support Group to highlight the health needs of LAC and the health assessment process.
- Targeted health promotion sessions for residential children's home staff e.g. healthy eating session using appropriate resources for children with disability in residential settings.
- Medication safety talks to HCC residential homes staff on an annual basis.

11. Participation with young people

LAC nurses attend Herts Children-In-Care and Care Leaver Group meetings at various times over the year, either to consult with young people about a specific item or informally at their open social events. Specific examples of engagement with young people are detailed below:

- LAC nurses worked with Herts Children in Care Council and Care Leaver Group to specifically capture the young people's views around health. The LAC nurse has been involved in working with them and the Participation Lead from HCC to formulate a questionnaire which will be sent out to all LAC and Care Leavers. The results from this questionnaire will be reviewed by the group and the LAC nurse to inform any future work with young people about their health and wellbeing.
- LAC nurses worked with the Targeted Youth Support team, Support Workers to deliver training around a new Care Pathway Planning Process. Three Care Leavers were included in the training presentation sessions, with the LAC nurse discussing the health & well being part of the training, supported by the young people giving their perspective on health and health processes.

12. Partnership working

LAC Nurses are members of a multi-agency panel that meets monthly to review the needs of vulnerable young people who are at risk of sexual exploitation and runaway (Herts Sexual Exploitation and Runaway Children's Panel). The LAC Nurses are often the only health professional that has regular one-to-one contact with the young people and are therefore best placed to meet with them to offer general and sexual health advice. The role of the LAC Nurse on the panel is to provide specialist health advice and make sure any health concerns are referred to relevant health professionals when appropriate.

The LAC Nurses call and attend Professionals Meetings, when appropriate, for the older LAC. For example when there are unmet health needs around the transition of LAC aged 17/18years and support is required to ensure continued provision of care in adult health services.

LAC nurses are key to maintaining support to LAC & their Social Workers around any unmet health needs or continuous services support required for those young people placed out of county. This can only take place when the LAC team are made aware of LAC placed out of county.

The LAC Nurses liaise closely with Foster Carers informally when required and through various Support Group meetings, giving advice and support around health issues to carers for all ages of LAC.

The team work closely with Health Visitors and School Nurses, Community Paediatricians and other LAC health teams around the country to support them in their work with LAC.

13. Service/Team achievements

- Achieved all recommendations identified in the 2013 CQC inspection of safeguarding children service in Hertfordshire
- Co-located with HCC in a single building to improve communication and partnership working
- Improved uptake of Initial Health assessments for LAC achieving target during 5 months of the year and ended the year on 100%.
- Achieved a steady improvement over the year towards our target of 85% Of all LAC receiving a health review by HCT staff within timescale
- CCG investment in the service to support additional administration staff, nursing and recruit specialist LAC GP's
- 100% attendance at the SEARCH panel(Sexual Exploitation and Runaway Children's Panel)
- LAC nurses have provided training to Social Care Academy Social Workers (newly qualified social workers)
- Developed Health passport for LAC Care leavers

14. Future developments

- To recruit further administrative staff with additional CCG funding
- Re-commence facilitating workshops for HCT administration staff around the health assessment process to improve the LAC process across the system
- Recruit additional WTE Band 6 LAC nurse following CCG funding
- Implement bespoke LAC service database to record robust and timely information on the health of LAC.
- Audit Care Leaver Packs and review with young people from the Care Leaver participation group
- Link with the Services for Young People, Vulnerable Young People team and Targeted Youth Support (TYS) teams to ensure engagement in their work with Care Leavers Project

- Further develop LAC training model to potentially include Care Leaver representation either in person or by video clip discussing their own health journey in care
- Roll out new model of Specialist LAC GP to undertake initial Health Assessments for children and young people coming into care aged 10 years and over

References:

Promoting the health and well-being of looked-after children Statutory guidance for local authorities, clinical commissioning groups and NHS England March 2015

Promoting the quality of life for Looked After Children and Young People (NICE 2010)

Public Health Guidance: Looked-after children and young people (NICE 2010)

Looked After Children: Knowledge, skills and competences of health care staff. Intercollegiate Role Framework (RCN and RCP and child Health May 2012)

National Institute for Clinical Excellence (2010) Public Health Guidance: Looked-after children and young people

Tricia Wren

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Lynda Alleyne

Specialist Nurse for Looked After Children & Care Leavers

June 2015

Appendix 1

National research (NICE 2010) indicates that LAC;

- 60% (England) reported to have emotional and mental health problems
- More likely than their peers to have experienced the death of a parent or sibling
- Nearly a quarter aged 11-17 report having experienced some kind of sexual abuse
- Around 5% are unaccompanied asylum seekers
- Around 10 times more likely than their peers to have significant learning difficulties;
- Around 3 times more likely to drink & smoke than their peers.
- Around 4 times more likely to simultaneously be a smoker, regular drinker and drug user and present with risky behaviour, such as unprotected sex. Children and young people who are placed outside of their local authority area can face particular difficulties accessing health services.

Hertfordshire LAC Health Outcome Data taken from SystemOne (as March 2015)

DIAGNOSTIC CATEGORY	NUMBER	%
Allergic Disorder	49	2.2
ADHD	46	2.0
Autistic Spectrum Disorder	65	2.9
Bipolar disorder	2	0.1
Cerebral Palsy	20	0.9
Childhood Asthma	27	1.2
Congenital Heart Disease	8	0.4
Cystic Fibrosis	3	0.1
Depressed Mood	11	0.5
Disorder of Hearing	42	1.9
Epilepsy	32	1.4
Metabolic disorders	4	0.2
Ophthalmological disorder	119	5.3
Self-injurious behaviour	4	0.2
Sickle Cell Anaemia	1	0.0
Type I Diabetes	6	0.3
Type II Diabetes	2	0.1
BMI > 98 th Centile under 16 yrs.	29	1.3
BMI > 98 th Centile all ages	184	8.1
Smoker under 16 yrs.	13	0.6
Smoking cessation under 16 yrs.	2	0.1
Smoker > 16 yrs.	256	11.3
Smoking cessation	29	1.3
C Card issued	52	2.3
Chlamydia Screen < 16 yrs.	3	0.1
Chlamydia Screen >16 yrs.	54	2.4
Pregnant < 18 yrs.	10	0.4
Pregnant > 18 yrs.	53	2.3

NB: Data is not complete as not all health professionals undertaking health assessments have access to SystemOne.

Appendix 2

Looked After Children & Care Leavers Health Service

Examples of how young people's health needs are met following Review Health Assessments (RHA) undertaken by LAC nurses

- Out of 100 RHAs undertaken 50% were identified as having in complete Immunisations status. All advised to attend GP and Social Worker alerted.
- C-Cards (condoms) issued
- Discussions with young people to empower them in having an understanding of their contraception options
- Young people supported in accessing Sexual Health screening via clinic
- Supporting young girl (previously non-compliant) to return to the care of an Orthodontist
- Liaison with a variety of Health Professionals both in acute & community settings to ensure continuity of treatment/care following either former non-compliance of young person or frequent placement moves
- Liaison with GPs

Examples of positive outcomes for Young People

- Young people able to access clinics with knowledge on "what to expect"
- Young person referred to GP where a diagnosis of Scoliosis was confirmed and subsequently referred onto Orthopaedic Specialist
- Orthodontic referral has given the young person the opportunity to have a brace refitted now she feels the need to comply with treatment
- Opportunity for Immunisation schedules to be brought up-to-date as Young Person/Foster Carer/ Social Worker alerted to issue
- Young People given an opportunity to have 1:1 chat with LAC nurse to discuss physical/emotional &sexual health

Examples of One to One Sessions

Sex and Relationships - many LACS may have missed these sessions at school due to placement moves/nonattendance/ unaccompanied minors to the UK

Contraception

Risk taking behaviour (e.g. sexually exploitation awareness)

Examples of feedback from Young People following their Health assessment.

“It was good. I could open up & talk about my problems & get feedback on what to do”

“Keeps me on track”

“Very kind and helpful”

“Would trust”

Examples of referrals/liaison made to services by LAC nurses

Specialist Dental service

Orthodontist

Herts Stop Smoking Service

ADASH

GP

Family nurse Partnership

**Cystic Fibrosis Specialist
Nurse**

Sickle Cell Specialist Nurse

22Q Deletion Specialist nurse

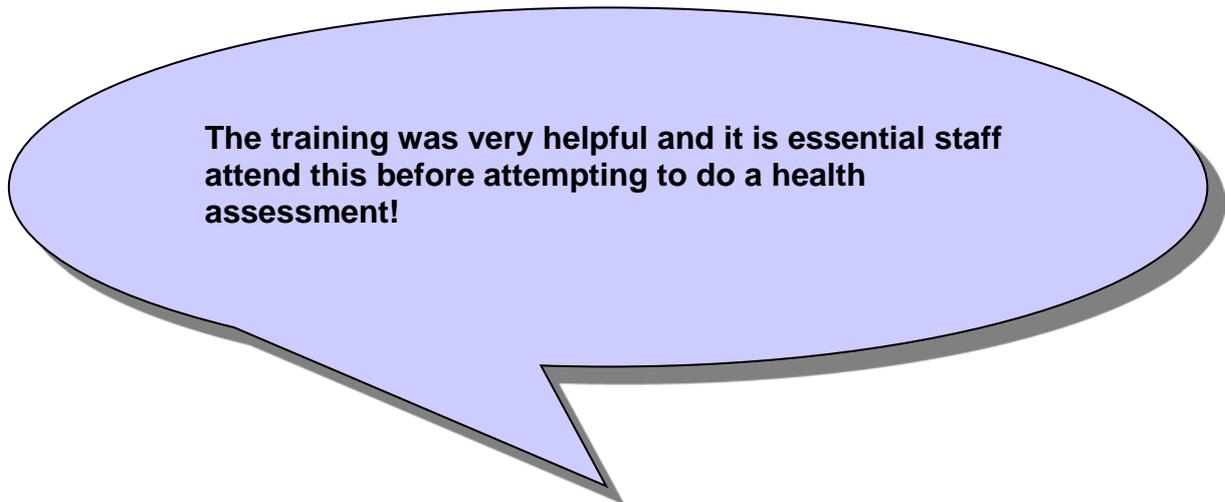
Diabetes Specialist Nurse

**Community Children's nursing
School nurses
Health visitors**

**Email received from designated nurse for Safeguarding /LAC in another
Authority**

I just wanted to thank you for completing the RHA on this young boy. I have to quality assure the RHA's as they come in and just wanted to feedback to you how well it was completed. I was able to get a very good picture of what is going on in this child's life and whether his needs are being met. It really was of a very good quality so many thanks for doing such a thorough assessment

A typical comment following School nurse training



Some examples of training given

