

## **NORTH YORKSHIRE CHILDREN'S TRUST**

### Agenda Item Cover Sheet

TITLE OF PAPER:        Looked After Children Strategic Health Plan

DATE OF MEETING:    17.05.2010

ORGANISATION/SUB GROUP: NHS North Yorkshire and York

RELATED CYPP IMPROVEMENT PRIORITY:

Health and Wellbeing of Looked after Children

RELATED HEALTH PERFORMANCE INDICATOR(S):

Percentage of Initial Health Assessments carried out within 28 days

MAIN RECOMMENDATIONS OF PAPER:

- To endorse the improvements outlined in the paper
- To approve the action plan
- To endorse MALAP overseeing the implementation of the action plan

IMPACT ON RESOURCES:

None at present

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## **North Yorkshire Multi- Agency Looked After Children Strategic Health Plan**

### **1. Introduction**

Children in the care of local authorities are one of the most vulnerable groups in society.

The term children in care includes: all children being looked after by a LA; those subject to a care order under section 31 of the Children Act 1989; and those looked after on a voluntary basis through an agreement with their parents under section 20 of that Act.

Improving the lives and health of children in care must involve all local partners and professionals including local authorities, Primary Care Trusts, foster carers, residential care workers, social workers, GPs and other health care practitioners and teachers.

### **2. Aim**

To ensure that Looked After Children and Young People are physically, mentally, emotionally, and sexually healthy, enjoying healthy lifestyles, and are enabled to fulfil their potential

### **3. National Policy**

***Every Child Matters***<sup>6</sup> aims to ensure that every child has the chance to fulfil their potential by reducing levels of education failure, ill health, substance misuse, teenage pregnancy, abuse and neglect, crime and anti-social behaviour among children and young people.

***National Service Framework for Children, young People and Maternity Services***<sup>7</sup> sets national standards for the first time for children's health and social, which promote high quality, women and children-centred services and personalised care that meets the need of parents, children and their families.

***Choosing Health, Making healthy choices easier***<sup>8</sup> sets out the Governments policy for improving health. Its approach respects the freedom of individual choice in a diverse, open and more questioning society. It recognises that whilst progress has been made it still remains that too many people and groups have been left behind or ignored in the past widening inequalities in health outcomes.

***Our health, our care, our say: a new direction for community services***<sup>9</sup> sets out a vision which supports meeting the people's aspirations for independence and greater control over their lives, making services flexible and responsive to individual needs. It builds on previous work which puts people more in control and a shift in emphasis on prevention.

***Healthy lives, brighter futures, brighter futures: The Strategy for children and young people's health***

All the above guidance has led to the development of the Healthy Child Programmes for both 0-4 and 5- 19 year olds that identifies what all children should be eligible to receive to aid their development

#### **4. Legislative and Regulatory Frameworks**

The 'Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children released in November 2009 highlights the following key acts.

- Children's Act 1989
- Children's Act 2004
- Children and Young Persons Act 2008
- Care Standards Act 2000
- Mental Health Act 2007
- Mental Capacity Act 2005

These give the framework for the approach and direction for Looked After Children in North Yorkshire.

#### **5. National Context and health needs**

Children come into care for different reasons. One third is in care by voluntary agreement with parents and two thirds are in care by court order. A small number of children are in care under short term emergency arrangement, including being remanded into care. Two thirds are in care following abuse or neglect, 4% because of disability, 8% because of absent parenting, and a quarter because of family difficulties ( DCFS statistics).

National data on Looked after Children confirms they have very poor outcomes compared to their peers. In areas of health, evidence shows LAC have poorer access to advice, enter care with relatively worse levels of health and there are inconsistencies in the quality of health services provided for LAC "Promoting the health of looked after children" 2002 is statutory guidance on local authorities, has been revised as November 2009 to make it statutory on health bodies. Its aim is to improve the health care experience and out comes of looked after children. Children and young people who are looked after are amongst the most socially excluded groups in England and Wales. They have profoundly increased health needs in comparison with children and young people from comparable socio-economic backgrounds who have not needed to be taken into care. These greater needs however, often remain unmet. As a result, many children and young people

who are looked after experience significant health inequalities and on leaving care experience very poor health, educational and social outcomes.

- 45% of LAC require services from CAMHS compared to 8% of children who are not LAC
- Twice as many LAC abuse alcohol and drugs compared to their peers who are not looked after.
- Only 8% of LAC achieve 5 or more grades A\* to C at GCSE compared to 50% children who are not LAC
- 25% of young people in care are disabled
- 30% of young homeless people have been in care
- 23% of adult prisoners have been in care
- 38% of young prisoners have been in care
- There are greater numbers of deaths in children 16 -18 who are leaving care than in other age groups.

## 6. Local Context

Overall priorities for Children and Young People are agreed through the North Yorkshire Children and Young Peoples Plan and the NHS North Yorkshire and York 5 year Strategic Plan 'Healthier Lives'

It is expected that outcomes and improvements for Looked after Children will be carried out in line with these.

The OFSTED and CQC inspection in September 2009 rated the services as adequate. The national focus on safeguarding and looked after children will be a key area for inspections for the next few years

As of 30th September 2009 there were 437 children looked after in North Yorkshire.

### Age at 30th September 2009

	Boys	Girls
Under 1	9	8
1-4	36	27
5-9	50	26
10-15	110	80
16-17	51	40
18 and over	0	0
<b>Totals</b>	<b>256</b>	<b>181</b>

### Category of Need

Abuse or Neglect	253
Disability	24
Parental illness or disability	24
Family in acute stress	69
Family dysfunction	45
Sociably unacceptable behaviour	9
Low income	0
Absent parenting	13

## Legal Status

Interim care order	73
Care order	209
Freed for adoption	4
Placement order	5
Accommodation section 20	145
Police protection	0
Emergency placement order	0
Child assessment order	0
On remand	1
Detained in LA accommodation, under PACE	0
Supervision order	0

The statistics above tell us that there is a higher proportion of boys looked after at present than girls.

The predominant reasons for being looked after identified are abuse or neglect.

The legal status of a large portion of the children is a care order or accommodation, section 20.

Although the numbers and age profile vary from quarter year to quarter year, the gender balance and pattern of causation of care status is fairly constant.

## 7. Latest Performance Information: Looked After Children and Care Leavers

The performance information here represents the most recent available data from Local Authority systems. In most cases the data relates to the end of quarter 3 (31 December) of the current performance year. This in-year data is not validated, but does present a more timely portrayal of the current position than does the 2008/09 outturn data. Work is taking place between the agencies to improve the robustness of LAC information. As part of this the Local Authority and NHS North Yorkshire and York have agreed a data validation process for 2010/11 to ensure that any information relating to the health provision for LAC is as accurate as possible.

### Number of Looked After Children

- At 31 December 2009 the number of looked after children had increased to 468 from 405 at the end of 2008/09. This represents an increase of 15.6% at that point.
- At 31 December 2009 the number of looked after children per 10,000 population under age 18 increased to 38.2 from 33.1 at the end of 2008/09. The 2008/09 average for all authorities was 55.0.
- At 31 December 2009, 84.6% of looked after children aged 10-16 were in foster placements or placed for adoption. The North Yorkshire outturn figure for 2008/09 was 85.4%.

- At 31 December 2009, 7.7% of looked after children had been adopted during the year. The 2008/09 outturn figure for North Yorkshire was 6.6%.
- At 31 December 2009, 92 looked after children were placed out of county. The figure at the end of 2008/09 was 74.

#### Stability of Placements

- At 31 December 2009, 8.1% (38 out of 468) of looked after children had experienced three or more placements during the previous twelve months. The 2008/09 outturn figures were North Yorkshire 6.1%, statistical neighbours 11.2%, and all authorities 10.7%.
- At 31 December 2009, 67.5% (108 out of 160) of looked after children had experienced current placements lasting at least two years. The 2008/09 outturn figures were North Yorkshire 71.1%, statistical neighbours 66.8%, and all authorities 67.0%.

#### Timeliness of Placements

- At 31 December 2009, 76.9% of looked after children who had been adopted were adopted within twelve months of the decision to adopt. The 2008/09 outturn figures were North Yorkshire 87%, statistical neighbours 80.9%, and all authorities 75.8%.

#### Reviews of Looked After Children

- At 31 December 2009, 94.5% (430 out of 455) of looked after children reviews had been carried out within the required timescale. The 2008/09 outturn figures were North Yorkshire 96.0%, statistical neighbours 95.7%, and all authorities 90.9%.
- At 31 December 2009, 98.6% (353 out of 358) of reviews had included participation of looked after children. The North Yorkshire outturn figure for 2008/09 was 93.9%.

#### Educational Attainment

- In 2009, 50% (10 out of 20) of eligible looked after children achieved Level 4 in KS2 English. The 2008 figures were North Yorkshire 23.5%, statistical neighbours 39.3%, and all authorities 46.0%.
- In 2009, 40% (8 out of 20) of eligible looked after children achieved Level 4 in KS2 Maths. The 2008 figures were North Yorkshire 23.5%, statistical neighbours 44.0%, and all authorities 41.7%.
- In 2009, 7.4% (2 out of 27) of eligible looked after children achieved 5 or more GCSE grades A\*-C. The 2008 figure for North Yorkshire was 15.4%.
- In 2009, 5.4% (2 out of 37) of eligible looked after children achieved 5 or more GCSE grades A\*-C including English and Maths. The 2008 figure for North Yorkshire was 12.5%.

### School Attendance

- At 31 December 2009, 9.7% (23 out of 236) looked after children had been absent from schooling for 25 days or more. The 2008 outturn figure for North Yorkshire was 12.9%.

### Health

- At 31 December 2009, 61.7% of looked after children had received an annual health assessment and dental check-up during the previous twelve months. The 2008/09 outturn figure for North Yorkshire was 66.0%. This figure is based on an average of Initial Health Assessments and Dental checks. Separating these figures will form part of the data improvement exercise identified in the action plan.

### Care Leavers

- At 31 December 2009, 92.7% (38 out of 41) care leavers were housed in suitable accommodation. The 2008/09 outturn figures were North Yorkshire 89.7%, statistical neighbours 91.5%, and all authorities 89.6%.
- At 31 December 2009, 51.2% (21 out of 41) care leavers were in education, training or employment. The 2008/09 outturn figures were North Yorkshire 67.9%, statistical neighbours 62.8%, and all authorities 63.0%.

## **8. Current Commissioned Services**

### **Universal services**

All children including Looked After Children have the right and are encouraged to access universal mainstream health services for children. These mainstream services include

- Health Visitor Service
- School Nursing Service
- GP and Practice Nurse Services
- Community Dental Services
- General Dental Practices
- Children's Therapy Services
- Acute Hospital Services
- Sexual health services
- Supply of Equipment Services

To assist NHS North Yorkshire and York in fulfilling their responsibilities as commissioners of services to improve the health of looked after children, the National Guidance on Promoting the Health of Looked after Children specifies the roles of Designated Doctor and Designated Nurse.

They advise the PCT on, and contribute to planning, strategy and audit of quality standards for health services for looked after children. As well as providing expert advice, the Designated Doctor and Nurse will take a strategic overview of the service and help monitor quality.

They will maintain regular contact with local health staff undertaking health assessments and liaise with social services departments and other PCT over health assessments and health plans for out-of-authority placements. The PCT has Designated Doctor arrangements in place and the PCT are in the process of recruiting to the Designated Nurse post.

### **Medical Advisers for Adoption and Fostering**

Consultant Paediatricians, as well as carrying out initial health assessments for LAC, provide holistic assessment of the health and development of all children referred to Adoption Panels, the majority of which are from the Looked after Child population.

They sit on all the Adoptions panels and Foster Panels.

They meet with prospective adopters to advise on children's ongoing health needs. The Medical Advisers for Adoptions and Fostering provide health advice to the Local Authority with regard to Foster Carers and Prospective Adopters.

### **Specialist commissioned services for LAC;**

- Specialist LAC Health team.

The specialist LAC health team is managed by the Safeguarding Team Manager and is a commissioned service from the NHS North Yorkshire and York Community and Mental health Services and comprises of;

- 2 part time Specialist Nurses
- 2 part time Health Advisors
- Named Doctors for LAC, provided by the Community and Mental Health Services for North Yorkshire
- 2 part time Admin officers

The role of this team is to:

- Co-ordinates initial health assessments and reviews of all looked after children 0-16yrs
- Collating immunisation and dental registration data. Provides specialist health input into residential children's homes to include
  1. Promoting attendance at health checks
  2. Providing advice, support and learning opportunities, individually or in groups on health issues i.e. sexual health, dieting, dental health
- Work with difficult to reach children to engage them in health reviews and give health promotion advices.
- Tracking, collating and record of out of area placed children's health reviews
- First point of contact with other PCT re LAC children placed out of area( ours or theirs)
- Training , advice and support to front line health professionals with regard to LAC

It is recognised that age range this service covers needs reviewing and part of the action planning will be to explore this. Appendix 1 shows a flow chart of the Health Assessment process

- CAMHS services

There is provision of comprehensive specialist CAMHS services across North Yorkshire. The service specifications for tier 2, 3, and 4 specialist provision make LAC a priority needs group. Within the general specialist provision there is some dedicated psychology provision specifically for LAC.

As part of the future tendering process for CMHS, services will be mapped allowing a full understanding of this service provision and to give assurance to all partners on the services provided. Information on service mapping is also collected as part of the annual National Child Health mapping exercise undertaken. This will be reported to MALAP

- Community Dental Service

The community dental service continues to see Children up to the age of 18. The LAC team works with Social workers to ensure they are aware of the need to request registration with an NHS Dentist in plenty of time. Community dentists work with the teams to ensure that a child is not left without a dentist.

- Transitions Services

As all children move from children's health services with a requirement to continue into adult services processes need to be in place to work with the child and family to ensure a smooth transition between the ages of 16-18 depending on the maturity of the child.

A sub group of MALAP has been set up to fully understand the services available and to ensure transition plans relating to health are included for all LAC.

## **9. Key actions for the improvement of services**

A plan (Appendix 2) is attached to this document giving detail of actions and tasks to be undertaken to ensure LAC are receiving appropriate health input. Below are some of the key actions within that document.

- Mapping and service review of CAMHS services which will give a clear picture of local provision and specialist commissioned services
- Use the results of the North Yorkshire Contraception mapping and review to ensure services are available appropriately
- Ensure there are links in the LAC specialist health team with the sexual health services to ensure promotion at all health assessments.
- All LAC health staff to be trained on sexual health and relationships (Provided by NYCC)
- Establish a sub group of MALAP to work at developing a consistent approach of transition of LAC into adult services and fully understand the services and contacts with this age group.

- A service specification to be developed for the commissioned LAC specialist nursing team to include service standards and quality measures as part on service audit to give assurance.
- Agree a data validation process between health and the local authority to ensure there is agreement on the health statistics being used for LAC.
- Separate out Health Assessment information and Dental Registrations to ensure an accurate picture of assessment rates is in place.
- Collation of an integrated dataset for the MALAP with the implementation of quarterly monitoring to inform planning. Health data used needs to be standardised as part of this.
- Work with the children's and young peoples council to establish a process for collation of children and their families views on health services for LAC

## **10. Approach to Implementation and performance management**

It is expected that MALAP will oversee, on behalf of the Children's Trust Board, progress to improve the health outcomes for Looked after Children and review the quarterly data and it's implications on achieving the desired outcomes, making necessary recommendations when action is required.

It is expected that progress against the action plan should be updated on a quarterly basis and presented to MALAP which will contribute to the ongoing Ofsted action plan reporting and MALAP updates that are produced for the Childrens Trust Board Progress on the action plan implementation will also be shared with NHS North Yorkshire and York Children and Young People, Maternity, and Sexual Health Commissioning Group meeting.

## **11. Recommendations**

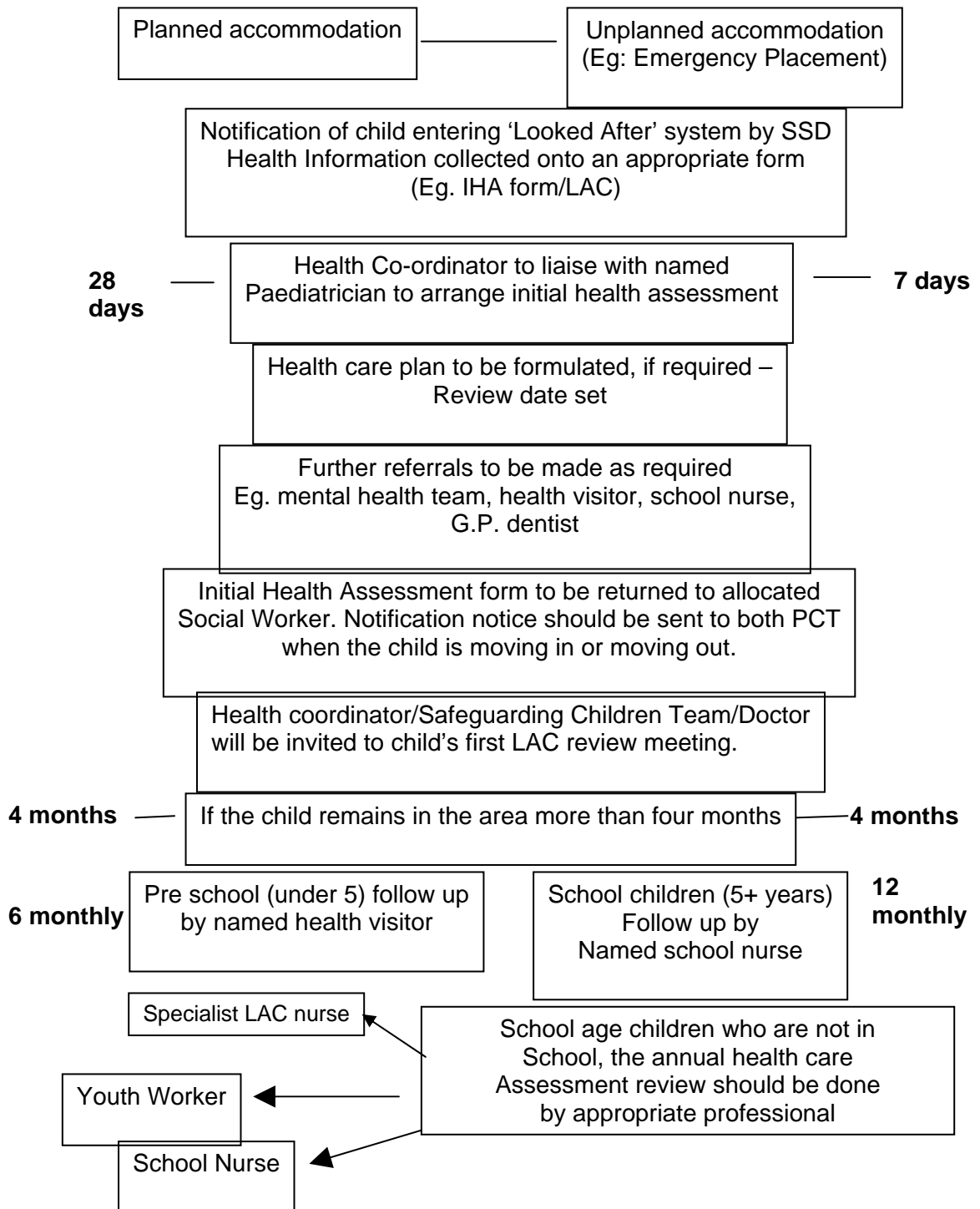
The North Yorkshire Childrens Trust Board members are asked to endorse this paper and the accompanying action plan and support the approach of MALAP overseeing the action plans implementation.

Appendix 1

**LOOKED AFTER CHILDREN FLOW CHART**



**North Yorkshire and York**



Appendix 2

North Yorkshire Childrens Trust Looked After Children Health Action Plan 2010/2011

Priority Area	Actions to be carried out	Timescale	Lead Responsibility	Where Reporting to	Expected Outcomes
<b>CAMHS</b>	<ul style="list-style-type: none"> <li>• Present a report on the results of the Child Health Mapping CAMHS information to MALAP</li> <li>• As part of the future tendering of CMHS a mapping of services will be carried out which will give a clear picture of local provision and specialist commissioned services</li> <li>• Use this mapping to identify potential priorities for improvement</li> <li>• Establish key areas of need for children in placement, and pre and post adoption placements</li> <li>• Check service specifications for tier 2,3, and 4 to ensure they continue to have LAC as a priority</li> </ul>	<p>Jun 2010</p> <p>Oct 2010</p> <p>Nov 2010</p> <p>Nov 2010</p> <p>Jun 2010</p>	<p>George Lee</p> <p>George Lee</p> <p>George Lee</p> <p>George Lee</p> <p>George Lee</p>	<p>MALAP</p>	<p>Childrens Trust partners have a full understanding of service delivery and issues for CAMHS to inform future commissioning decisions</p>

<p><b>Sexual Health</b></p>	<ul style="list-style-type: none"> <li>• Use the results of the North Yorkshire Contraception mapping and review to identify service availability</li> <li>• Ensure there are links in the LAC specialist health team with the sexual health services to ensure promotion at all health assessments.</li> <li>• Ensure clinical staff are aware of guidance in the policy for sexual health and relationships for Looked After Children and Young People (Document Oct 2007) and adhere to the policy</li> <li>• All LAC health staff to be trained on sexual health and relationships (Provided by NYCC)</li> <li>• Children's homes to identify a lead member of staff for sexual health work and to liaise with the LAC health teams to ensure the sexual health needs of young people are addressed</li> <li>• Explore the potential of specialist LAC health staff being able to offer condom distribution, chlamydia screening and other</li> </ul>	<p>Sep 2010</p> <p>Sep 2010</p> <p>Sep 2010</p> <p>Dec 2010</p> <p>Jul 2010</p> <p>Sep 2010</p>	<p>Carly Walker</p> <p>Specialist Health LAC team</p> <p>Specialist Health LAC team</p> <p>Carly Walker</p> <p>Carly Walker/ Specialist Health LAC team</p> <p>Carly Walker/ Specialist Health LAC team</p>	<p>North Yorkshire Sexual Health Network and MALAP</p>	<p>Improved understanding of service availability and current delivery to LAC. Increasing awareness of sexual health and improved service delivery</p>
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	<p>contraception</p> <ul style="list-style-type: none"> <li>Develop service specification requirements to include annual review to ensure that the sexual health needs of looked after young people are identified and addressed through health assessments</li> </ul>	Sep 2010	Jayne Richardson/Lina Dutt		
<b>Transition</b>	<ul style="list-style-type: none"> <li>Establish a sub group of MALAP to work at developing a consistent approach of transition of LAC into adult services and fully understand the services and contacts with this age group.</li> <li>The MALAP sub group to explore models of health assessments for this age group in consultation with the children's council</li> <li>Statement to be included in future NHS Contract documentation stating that all children's services when a child is approaching transition to adult services a system and process is in place to facilitate this transition. This process to be agreed with commissioners and mechanism to be set up to allow review by users</li> <li>As part of the 0-19 universal services review recognise the needs of children in</li> </ul>	Apr 2010	Jayne Richardson/ Lina Dutt	MALAP	<p>More consistent approach to the transition requirements of LAC.</p> <p>Identification of explicit service requirements needed to ensure smoother transition</p>
		Oct 2010	Jayne Richardson/Lina Dutt		
		Jun 2010	Gareth Whiles		
		Oct 2010	Tara Cox		

	transition and identify potential commissioning changes needed in the future to meet these needs		NHS North Yorkshire and York		
<b>LAC Specialist Nursing team</b>	<ul style="list-style-type: none"> <li>• Ensure systems and process are in place in the Specialist LAC health team to enable transition to NHS dentist from the community dental service at the age of 16 for all LAC</li> <li>• A service specification to be developed for the commissioned LAC specialist nursing team to include service standards and quality measures as part on service audit to give assurance.</li> </ul>	<p>May 2010</p> <p>Sep 2010</p>	<p>Specialist Health LAC team</p> <p>Jayne Richardson</p>	MALAP	Improved clarity of service expectations and standards
<b>Healthcare Assessment</b>	<ul style="list-style-type: none"> <li>• Outcomes of S&amp;D questionnaires completed by the Social worker/child to be shared with Health for inclusion in the health assessment</li> <li>• Introduce S&amp;D questionnaire into all health assessments for LAC prior to CAMHS referral and to be undertaken if not already been completed by social care.</li> <li>• Audit the results of this to ensure that assessment rates (both initial and review) are completed in an acceptable timescale and understand variations</li> </ul>	<p>Oct 2010</p> <p>Nov 2010</p> <p>Mar 2011</p>	<p>Jayne Richardson/Lina Dutt</p> <p>Jayne Richardson/Lina Dutt</p> <p>Specialist LAC team</p>	MALAP	Improved facilitation of referral to CAMHS in line with statutory guidance

<b>Access to Universal services</b>	<ul style="list-style-type: none"> <li>• Ensure LAC are part of the progressive universalism identified in the Healthy Child Programmes that NHS North Yorkshire are reviewing of 0-19 universal services delivered by Health Visiting and School Nursing against.</li> <li>• Identify baseline of current NHS provision for children and young people, including mapping variations across the PCT area</li> <li>• Investigate the potential to track the use of universal services by LAC and ensure effective systems are in place to monitor non attendance.</li> </ul>	<p>October 2010</p> <p>July 2010</p> <p>Oct 2010</p>	<p>Tara Cox</p> <p>Tara Cox</p> <p>Tara Cox</p>	<p>PCT Children, Maternity and Sexual Health Group</p>	<p>Improve the ability of LAC to have equitable access to universal services</p>
<b>Improvement in information and communication</b>	<ul style="list-style-type: none"> <li>• Formalise the LAC Data group arrangements to be a working group of MALAP for 12 months to take this work forward</li> <li>• Agree a data validation process between health and the local authority to ensure there is agreement on the health statistics being used for LAC.</li> <li>• Separate out Health Assessment information and Dental Registrations to</li> </ul>	<p>Jun 2010</p> <p>Sep 2010</p> <p>Oct 2010</p>	<p>Lynette Dodds/Richard Reed</p> <p>Lynette Dodds/Richard Reed/Simon Mawhinney</p> <p>Richard Reed</p>	<p>MALAP</p>	<p>Improved understanding, collation, collection, accuracy, robustness, and reporting of LAC data to support decision making</p>

	<p>ensure an accurate picture of assessment rates is in place.</p> <ul style="list-style-type: none"> <li>• Establish comparator position in the region and with statistical neighbours (as far as NHS data permits)</li> <li>• Collation of an integrated dataset for the MALAP with the implementation of quarterly monitoring to inform planning. Health data used needs to be standardised as part of this.</li> <li>• Work with the children's and young peoples council to establish a process for collation of children and their families views on health services for LAC</li> <li>• ICS access for LAC nurses/ Designated Doctor to be explored</li> </ul>	<p>Oct 2010</p> <p>Oct 2010</p> <p>Oct 2010</p> <p>Mar 2011</p>	<p>Richard Reed</p> <p>Lynette Dodds/Richard Reed</p> <p>Jayne Richardson/Lina Dutt</p> <p>Lynette Dodds/Richard Reed</p>		
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