

# HAMPSHIRE COUNTY COUNCIL

## Report

<b>Committee/Panel:</b>	Corporate Parenting Board
<b>Date:</b>	12 June 2019
<b>Title:</b>	Updates on Children in Care – Health Assessments
<b>Report From:</b>	Director of Children's Services

**Contact name:** Laura Mallinson, District Manager

**Tel:** 023 92 364781

**Email:** [Laura.mallinson@hants.gov.uk](mailto:Laura.mallinson@hants.gov.uk)

### 1. Recommendation(s)

- 1.1. That the Corporate Parenting Board note the report and the update on the current focus of working practices for Officers working with Children in Care.

### 2. Summary

- 2.1. The report provides a brief overview of the current progression of work with Children in Care, specifically Health Assessments.
- 2.2. The report is attached to this cover report as Appendix 1.

### 3. Future direction

- 3.1. Children's Social Care will continue to work to improve outcomes for Children in Care.

**CORPORATE OR LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	Yes
<b>People in Hampshire live safe, healthy and independent lives:</b>	Yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	Yes
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	Yes
<b>OR</b>	
<b>This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because:</b>	

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<b>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</b>	
<u>Document</u>	<u>Location</u>
None	

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard to:**

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

### **1.2. Equalities Impact Assessment:**

N/a

### **2. Impact on Crime and Disorder:**

N/a

### **3. Climate Change:**

- a) How does what is being proposed impact on our carbon footprint / energy consumption?

N/a

- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

N/a

## Position Statement for the Health of Children in Care

This position statement provides an overview of the status of health and dental assessments for Children Looked After by Hampshire. Detail of the work currently being completed and the plans for 2019/2020.

At the end of March 2019 Hampshire had 1195 children who has been in care for more than 12 months.

### Health Assessments

The Health of Children in Care has been an area where there has been significant focus on improving the quality and timeliness of health assessments for CIC. It must be noted that all children have had their day to day health needs met through the universal provision of GP when needed.

60.6% of CIC have had a health assessment completed within the last 12 months.

Whilst this accounts for 724 children, the department believe that this could improve through close working with health colleagues.

a : the number of CLA for 12+ months as at the specified month end date.

b : of the above, the number that have had a **Health** check during the year to the specified date.

% : (b / a) the percentage of CLA for 12+ months that have had a **Health** check during the year to the specified date.

### Jan 19 - March 19

		Jan-19			Feb-19			Mar-19		
KT Area	Key Team	b	a	%	b	a	%	b	a	%
East Total		362	572	63.3%	353	571	61.8%	354	558	63.4%
West Total		362	570	63.5%	335	577	58.1%	320	574	55.7%
Adoption Total		46	62	74.2%	55	69	79.7%	50	62	80.6%
Non-specific Total					0	0		0	1	0.0%
Grand Total		770	1204	64.0%	743	1217	61.1%	724	1195	60.6%

The data provided is a collective against initial assessment and review assessment and collective for those children placed within Hampshire and those placed outside of Hampshire

## **Initial Health Assessments**

Following feedback from a CQC inspection in 2011 where there was a recommendation that the quality and timeliness of Initial Health Assessment for Children in Care needed to improve. A review of the process took place and in 2017 there was the implementation of a new locally commissioned service of specialist GP's to under take Initial Health Assessments for Hampshire CIC placed within Hampshire, this except for those children who were placed in the Basingstoke area.

There is an expectation that upon entry to care a child or young person would receive their IHA within 20 working days. To co-ordinate and improve quality with the introduction of the specialist GP's, there was also the creation of a Hub.

This is a health-based team who receive the IHA paperwork and ensure the required consents are provided, they forward this to the specialist GP who has 15 working days to complete the assessment and return a completed report with clear and thorough health care plan. The Hub will then quality assure this care plan.

To date the quality by the specialist GP's has been 100% (this also comes with a payment on performance). The timescales are difficult to achieve, the social work team has three days to submit paperwork, this at the busiest time for the social work team having to accommodate children, possibly preparing Court statements or care plans. It is a timescale that we continue to aim towards. Positively, once The Hub receive the paperwork, 71% of the children have had their IHA within the 15 working day requirement and these are assessments that are of a good quality with clear health care plans identified from the assessment.

There has been a requirement that in addition to the CORAM BAAF health assessment form a social worker report is provided to enable the specialist GP to have a better understanding, in advance of the children / young person's circumstances, this enables a greater dialog of conversation and quality assessment.

Basingstoke has a slightly different approach, they hold their assessments in the hospital as they have a LAC team. Funding for Basingstoke assessments comes from Hampshire Hospital Foundation Trust opposed to Southern Health. They are also of high quality, but timeframes are also difficult to be achieved.

## **Review Health Assessments**

Hampshire currently have two providers for Health Assessments, Basingstoke HHFT and Southern Health Foundation Trust SHFT. Due to changes in commissioning in June 2018 there was a back log of 170 children requiring a RHA by SHFT, this backlog saw the implementation of a Task and Finish Group in October 2018 to understand the issues, create a plan going forward to ensure that all CIC received a quality health assessment in good time. SHFT managed to get on top of the waiting list so that in February 2019 there were 11 waiting appointments

To achieve this progress, there was an action that all under 5year olds were prioritised on the waiting list as there was a potential that they could miss x2 assessments (as every x6 months). CCG looked for another provider to support with

the waiting list, but this wasn't required as an outcome of the Task and Finish group was resolution to the waiting list issue and this resulted in:

- Children under the age of 10 years can be removed from school for their annual health assessment
- Any child not in full time education and those that are in part time education are invited to attend a NEW clinic service across Hampshire
- Appointments were moved from a home visit to clinic attendance

This increased capacity having the clinic model as x3 young people can turn up in a day opposed to the previous model of home visits where x1 RHA would be completed per day. (complex children would still be entitled to a home visit – this is exception and TM agreement is required with the health provider)

The plan included a text message reminder service to the carers to avoid missed appointments and all appointments for the clinics are booked at least x3 weeks in advance.

Clinics are offered across Hampshire with venues being offered by Children's Centre's and Health Centres.

This implementation was supported by Matthew Richardson, Deputy Director for West CCG and oversees the safeguarding for CLA on behalf of the 5CCG's in Hampshire. He has been supportive of the revision and implementation of service for children in care. (Line manager for Designated Nurse) This support has been replicated by Senior Managers in Social Care with the Head of Strategy and Operations being part of the Task and Finish Group.

### **Out of County Placements**

Out of Area RHA continue to pose a problem. Work is being completed to understand at a greater depth the proportion of CIC who are placed within Hampshire and those placed Out of County. Ideally we would like to have the opportunity to place children, if out of county, in authorities where health assessments can be accessed without delay. We know that Kent has a x6 month wait.

### **UASC**

Hampshire have several UASC placed out of Hampshire with a proportion of those placed in the Croydon area. Having reviewed this there is currently work underway for those UASC placed in Croydon to have an IHA and RHA by one of our designated Dr's, holding the assessments in Croydon. (when data collated there were 21 young people placed in Croydon)

Looking at this as a model to replicate the same model of IHA being referred to The Hub. There is a high cost of up to £400 per assessment, but it will mean that the young people will be offered a good quality IHA at entry to care. This is the plan for 2019/2020. RHA will be considered in the next phase of planning and will follow current process at this time – request locally and then we pay.

In addition to this work, the UASC designated Dr is completing an audit of the UASC being screened for infectious diseases such as TB / Heb B / HIV she will formulate a document to go alongside the request for the IHA to ensure that the IHA follows up the screening that occurs on entry to the county.

## Immunisations

Data is collected on a rolling year and children need to have received all their immunisations in timescales over their life, data is broken down through internal tracking to exclude the flu immunisation as there are several children who have not received this. Issues are discrepancies in the data produced this is around flu vaccine and non flu vaccine – miss one in your childhood, then would never catch up – without flu county for March was 81.3% opposed to 59%

### Excluding flu

	Mar-19			Feb - 2019			Mar - 2019		
Team Responsible District	Up to date	CLA Cohort	%	Up to date	CLA Cohort	%	Up to date	CLA Cohort	%
East Total	460	544	84.6%	459	544	84.4%	451	534	84.5%
West Total	427	531	80.4%	429	538	79.7%	428	534	80.1%
Adoption	37	62	59.7%	44	69	63.8%	39	62	62.9%
Non specific			0.0%			0.0%	1	1	100.0%
Hampshire	924	1137	81.3%	932	1151	81.0%	919	1131	81.3%

### Including flu

	Jan-19			Feb -19			Mar -19		
KT Area	up to date	CLA	%	up to date	CLA	%	up to date	CLA	%
East Total	361	572	63.1%	360	571	63.0%	349	558	62.5%
West Total	346	570	60.7%	347	577	60.1%	343	574	59.8%
Adoption Total	14	62	22.6%	18	69	26.1%	12	62	19.4%

<b>Non-specific Total</b>							<b>1</b>	<b>1</b>	<b>100.0 %</b>
<b>Grand Total</b>	<b>721</b>	<b>1204</b>	<b>59.9 %</b>	<b>725</b>	<b>1217</b>	<b>59.6 %</b>	<b>705</b>	<b>1195</b>	<b>59.0%</b>

The data is currently for the county, recording does appear to be impairing the stats issue opposed to children not having been immunised.

The process is as follows

- child enters care through the tracking of the newly accommodated children, Social Care send the names of the children to the NHS provider who then interrogates the health systems (Rio / GP's systems) lists the immunisations received and against the national programme identify if the child has a complete schedule or not, identifying what is needed.
- Report is completed within 15 working days, re sent to the originating social worker for inclusion into the child's ICS record. This is added to Immunisation tab on ICS and the email is added to ESCR.
- Immunisations are recorded within the IHA and RHA documents so this is a second place where the information can be located and ensure that children are up to date, if not this is part of the health care plan
- Immunisations are part of the discussion with the CLA reviews to ensure children are adequately immunised.

Some children will never have all their immunisations up to date and those children entering care under 8 weeks old would not have had any immunisations due to being too young. UASC would enter the system not having participated in the UK programme from start (national programme commences at 8 weeks old) so again, would never have an up to date immunisation programme.

DCT – due to medical reason there may be a reason why some children shouldn't have the full immunisation programme – this is the exception not the norm. Issues are discrepancies in the data produced this is around flu vaccine and non flu vaccine – miss one in your childhood, then would never catch up – without flu county for Feb was 84.4%, 59.6%

### ***Moving forward with improving the immunisation data***

There is a need for a refresh to all carers – in house, external, residential NCP, IFA with support from HFN about what immunisations are due and when specifically including the flu vaccination.

The possibility to explore working with education and the virtual school about an alternative communication method to inform carers of the flu vaccination as these take place in school and carers may not be aware of this.

Designation of authority – emphasis on the medical carer and delegation of authority System – review of the process and data entry and the pull through to the performance reports (eg742045 should as incomplete by swift is 100% complete)



## Dental

Hampshire children should be able to access an NHS dentist in Hampshire within a 25 mile radius of their home address. Children outside of Hampshire we can not guarantee this to be the case, but we have asked the data team to split the children living in Hampshire and out of Hampshire to identify if this is a problem for children placed out of county.

There is an updated guidance on accessing NHS dentist in Hampshire and the programme of dental care from 0-18 years which can be found on the Toolkit.

a : the number of CLA for 12+ months as at the specified month end date.

b : of the above, the number that have had a **Dental** check during the year to the specified date.

% : (b / a) the percentage of CLA for 12+ months that have had a **Dental** check during the year to the specified date.

		Jan-19			Feb-19			Mar-19		
KT Area	Key Team	b	a	%	b	a	%	b	a	%
East Total		455	572	79.5%	426	571	74.6%	406	558	72.8%
West Total		442	570	77.5%	445	577	77.1%	404	574	70.4%
Adoption Total		39	62	62.9%	45	69	65.2%	45	62	72.6%
Non-specific Total					0	0		0	1	0.0%
<b>Grand Total</b>		<b>936</b>	<b>1204</b>	<b>77.7%</b>	<b>916</b>	<b>1217</b>	<b>75.3%</b>	<b>855</b>	<b>1195</b>	<b>71.5%</b>

Similarly to the immunisations, dental checks are taking place, children are accessing the dentist, the issue is around the recording of this onto the system. It is recorded on the IHA if the child is registered with a dentist and when last attended, if not registered it will be an action on the care plan to register. RHA it will have date of attendance and if not an action to attend, it is the expectation that children attend each year if they are over 5 years old and every x6 months under 5yrs

Admin contact foster carers direct to obtain the date for the last dental check it is also part of the CLA review discussion to ensure the overall needs of CIC are being met.

DCT children particularly those in residential education / school provision follow usual process, but due to need there is the option of being referred to the community dentist.

***Moving forward with improving the recording of dental checks***

CLA stat visiting form to be amended to reflect when dental taken place and then due

David Cook looking at HCC children vs NCP

### **Addition work being completed to promote the health of Children in Care**

Our Designated Dr has identified a London charity who issue sleep packs for UASC (evidence from Kent that these work very well) they contains a T-shirt big enough for night shirt, night light, eye mask and ear plugs, tissues, stress ball and bag of lavender. They are currently given out by any of the Specialist GP's at IHA's and will continue to be issued at RHA's for those that are having sleep issues.

In addition, the same charity provide individual clothing packs for UASC – tracksuit bottoms, T shirt, rain coat, jumper, hat, gloves, hat, scarf, note pad, socks, pants and personal toiletries, towel, work is being explored about Hampshire issuing this clothing pack as an initial started kit and these could be provided at the first meeting with social care prior to placement.

### **The Voice of the Child**

On the back of a serious case review of systemic child sexual abuse within care, it was identified that the voice of a child was not heard. All assessments undertaken enable the child to have the opportunity to talk to the health professional without carer present. This is then recorded on the health assessment.

### **GP responsibility to inform Social Care of issues raised about foster carers**

Each foster carer is required to have an initial medical and then review health assessments, until recently the role of the GP was limited to completing such assessments, work has been completed that following the approval of any foster carer, a notification letter is sent back to the GP stating that they have been approved as carers and she the carers attend the GP for themselves with any presenting issues of concern around caring for other children, then the GP needs to alter Children's Services.

### **Improving the standards of Health Care in Secure Accommodation**

The Designated Nurse for CLA has been involved in the refresh of the DoH Health Care Standards for Children and Young People in Secure Accommodation due to be published spring 2019 and has offered to become a critical friend on the board of Swanwick Lodge Secure Children's Home.

### **SDQ's**

SDQ's process is in place to triangulate to identify any interventions that may support the young person, carer or school around five areas of development.

Over the next year,2019/2020 Helen Dove from CAMHS Sussex Partnership is doing a year long focus on improving the emotional health and wellbeing of LAC supported through their service. This will be evaluated to identify areas for development going forward.

## **Participation – You Said, We Did**

### **Care Leavers**

Following feedback from some young people about not wishing to repeat their story time and time again, a letter has been sent to all Hampshire GP's to have the option for an added "read code" on the Care Leavers records. This flags them on the GP system as being a Care Leaver to avoid the need for them to repeat their story. A consultation went out to care leavers who were very much 50:50 about their wish to have this "read code" so the outcome is that the GP is to have the conversation with the Care Leaver about if they would like a "read code" on their record or not. This empowers the Care Leaver to make an informed choice about what information is discussed / known and pattern / vulnerable areas.

### **Access to Adult Mental Health Services** (raised at the Participation Conference 2017)

It was raised that Care Leavers who were not working with CAMHS at the point they turned 18 years struggled to access support from Adult Mental Health. There is work being completed with GP's about the Care Leaver having priority to referral into adult mental health services.

### **Increased understanding of professionals around CIC and Care Leavers** (raised at the Participation Conference 2018)

Young People have requested an improved understanding specifically of reception staff in primary health care around CIC and Care Leavers. Training is being completed with all receptionists in GP practices to raise awareness and understanding through Hampshire. This being taken forward in 2019/2020.