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# CORPORATE PARENT COMMITTEE

Date: **Thursday 8<sup>th</sup> December 2016**  
Time: **7:00pm**  
Venue: **Horizons Centre, 15 Cherington Road,  
Hanwell, W7 3HL**

**MEMBERSHIP:** Councillors Bell (Chair), Aslam, Dhami, Gulaid, Midha, Millican,  
Rai, Sharma

## SUPPLEMENTARY AGENDA

13. **LAC Health Report 2015/16**  
(Director, Children and Families)
16. **Date of Next Meeting**  
The next meeting will be on Thursday 27<sup>th</sup> April 2017. This has been rescheduled from Thursday 6<sup>th</sup> April 2017.

**PAUL NAJSAREK**  
Chief Executive  
2<sup>nd</sup> December 2016

**Please note** in the event of an emergency your attention is drawn to the evacuation instructions displayed on the wall by the entrance to the Committee Room.

<b>Report for:</b> <b>ACTION/INFORMATION</b>
<b>Item Number:</b>  13

<b>Contains Confidential or Exempt Information</b>	<b>YES/NO</b> <b>YES (Part)</b> No
<b>Title</b>	LAC Health Report 15/16
<b>Responsible Officer(s)</b>	Chris Hogan, Director, Children and Families Services
<b>Author(s)</b>	Carol Yates, Operations Manager, LAC and Leaving Care
<b>Portfolio(s)</b>	Cllr Binda Rai, Children and Young People.
<b>For Consideration By</b>	Corporate Parent Committee
<b>Date to be Considered</b>	6 December 2016
<b>Implementation Date if Not Called In</b>	
<b>Affected Wards</b>	None
<b>Keywords/Index</b>	

**Purpose of Report:**

This report serves to brief the committee on the performance of looked after children's health outcomes in 15/16

### 1. Recommendations

Members are invited to note this report and identify any additional information they would like to receive.

### 2. Reason for Decision and Options Considered

This report updates members on the health and health services for looked after children.

### 3. Key Implications

#### 3.1 LAC Health Team, Ealing

##### 3.1.1 Ealing Services for Children with Additional Needs (ESCAN)

The LAC Health team is provided by the Community Paediatric Services of the London North West Healthcare Trust in Ealing. It is also part of the Ealing Services for Children with Additional Needs (ESCAN) based at Carmelita House. This visionary

service integrates and co-locates professionals from Education, the Children with Disabilities Team in Social Care and community paediatric and nursing services. Co-location allows for more effective communication and coordination of services to children and optimises conditions for multi-agency working.

### **3.1.2 Medical staff**

There are 2 lead consultants (0.7 WTE) and 2 paediatric trainee doctors (registrars). The consultants also share the role of Medical Advisor to the Adoption and Permanency Panel. There are weekly LAC clinics and also single LAC clinic slots on a daily basis. There is regular turnaround of paediatric trainee doctors which requires careful supervision and training.

### **3.1.3 Nursing staff**

There are 2 full time nurses in post, 1 Lead Specialist Nurse (Band 8a) and 1 Specialist Nurse (Band 7). The Designated LAC Nurse role has now been separated mirroring the structure of the Safeguarding Children's team.

### **3.1.4 Designated professionals**

A designated doctor (0.1 WTE) and designated nurse (0.4 WTE) have now been recruited and will be based with the Ealing CCG. The nurse is due to commence duties in August 2015 and doctor in September 2015 (both outside the reporting period).

### **3.1.5 Administrative support**

There is one full time administrator for the LAC Health team. This team member is familiar with the LAC spread sheet shared with the LA, provides an interface between LAC health professionals and LA teams as well as other health providers, and ensures timely communication of health assessment documents to respective health providers as well as to the LA teams.

## **3.2 Local Partnerships to support LAC Health**

To ensure health and emotional wellbeing of LAC, it is vital that professionals involved can work in close partnership with local services emphasising on open communication and optimising information sharing. The following sections highlight the partners in the Borough of Ealing and our working relationships.

### **3.2.1 LAC administration team**

The LAC Health Team works in close partnership with the LA LAC administration team. Two support officers record and update all LAC on a shared database, organise and schedule health assessments (ensuring all paperwork in place including consent for health assessments), collate and record health outcomes on the LA information system, Framework I and ensure timely completion of health plans for all LAC. The

health team and LA team including the Operations Manager for LAC and the Management Information Officer hold monthly meetings to look at reported health outcomes including immunisations, dental visits and health assessments as well as other issues that require action.

### **3.2.2 Social Work teams**

The LAC Health Team works closely with all social work teams involved with LAC. In Ealing, some LAC remain under locality teams including Acton, Southall, Hanwell, Ealing, Northolt and Greenford. In addition, there are also the LAC social work teams, Children with Disabilities team and Court teams. We aim to jointly train health and social workers to enable better understanding of health action plans and health outcomes of LAC. We have organised training dates during quarterly team meetings and become more available to social workers with queries in relation to LAC health.

### **3.2.3 Independent Reviewing Officers (IRO)**

IROs' understanding of health actions formulated following health assessments is of paramount importance as part of the Child and Young Person Plan and LAC reviews. To ensure this process occurs seamlessly, there has been implementation of a checklist during LAC reviews to explore health issues including development, weight and diet, immunisations, hearing checks, sleeping issues, emotional wellbeing/ mental health, registration with local GP, underlying health conditions, last dental check, last eye test and actions required before next LAC review. The LAC health team also encourage direct contact with IROs particularly in relation to clarification of health needs and actions of LAC in Ealing.

### **3.2.4 LAC Teachers**

Health assessments include review of developmental and educational outcomes as part of the holistic health overview provided by the LAC health team. The involvement of LAC teachers and provision of educational and developmental support including information from PEP (Pupil Education Plan) is also supplied in health assessments. Our team aims to work more closely and understand involvement of LAC teachers in optimising outcomes.

### **3.2.5 Children in Care Council**

The Children in Care Councils are three groups of looked after children representing Children In Care in Ealing. There is a 7-11years of age council, the Junior Council, a 12-14 years of age council the Junior HSC (Horizon's Shout Out Council) and the HSC representing children and young people who are looked after and care leavers aged 15-24 years.

Over 14/15 and 15/16 the main work jointly undertaken with the CIC and Health team has been the health Passports. Young people had strong views about the usefulness of a health passport. They designed the booklet and every young person in leaving care receives a copy of the passport. However the young people raised two concerns during the process. Firstly they felt that a Social Worker is not the correct professional to put together a health record. They considered it more appropriate and clinically safer for a health professional to undertake this task.

Secondly, they were concerned about the potential for losing the booklet and the potential for losing their personal data.

In response to this, the health passports contained details of how to access health records and options for how much information any individual wished to place in the passport. A further response by the health team was to devise a final lac health review, at which, a summary health report is provided to the young person at their final lac health review by a medical professional.

### **3.2.6 Brighter Futures**

The LA is currently transforming services provided to looked after children and those on the edge of care. It aims to provide optimal support to young people and families where there is a risk of family breakdown. The objective is to prevent young people coming into care. The programme also endeavours to place Ealing LAC with foster carers locally and ensure placements are stable and well supported. The LAC Health team aims to be able to contribute positively to this programme especially in encouraging local placement of LAC as this better enables holistic health provision compared to children placed out of borough. We aim to closely work with the CONNECT and MAST teams which are part of this programme. Tier two CAMHs psychologists will be situated within the 4 CONNECT pods.

### **3.2.7 Universal Health Providers**

Primary care health professionals remain in the forefront of delivery and support of health care for LAC. In terms of health information, primary care providers especially GPs generally have more complete health information in relation to children and young people as well as their respective birth families. In the past in Ealing, there have been challenges in clarifying the role of the LAC Health Team as specialist health providers rather than universal providers. The LAC Nurses have since visited Health Visiting and School Nursing teams in Acton Health Centre, Jubilee Gardens Health Centre and Mattock Lane Health Centre to share understanding of the roles of various health professionals. They will ensure that this contact and support with the respective teams is maintained and also plan to visit the teams in Grand Union Health Centre. We will also request the Designated Doctor, once in post, to provide similar guidance to GPs within the borough. There is now available guidance in terms of the roles and responsibilities of GPs in relation to LAC (1).

## **3.3 Specialist Health Providers**

### **3.3.1 LAC psychologists (Tier 2 CAMHS)**

The LAC health team are currently in the process of establishing a closer partnership with the LAC Clinical Psychology team. In most instances, support from the team is accessed via the social workers but there is recognition that direct referrals can also be made by the LAC Health Team. The team provide direct CAMHs Tier 2 work with children alongside consultations and work with social workers, carers, residential

keyworkers and parents. The average waiting list is for 6 children and average time on the waiting list is 6-7 weeks.

A review of existing resource has enabled us to include a psychologist specifically for 16 and 17 year old LAC children and Care leavers up to the age of 25 years.

### **3.3.4 Tier 3 CAMHS**

All referrals to Tier 3 CAMHS are processed through a Single Point of Access process. There are agreed criteria for the identification of the most appropriate service across the CAMHS system. Tier 3 CAMHS receives and accepts referrals of LAC including those children living in temporary placements. Tier 3 CAMHS will liaise with LAC Psychology Service and identify the best response to cases referred to CAMHS. Joint work is possible, and takes place, where complex cases might require specialist mental health CAMHS in addition to the LAC psychology service. Engagement with young people is a priority for all the children with a mental health need in the locality and has been the focus of considerable work for the service in the last year. This includes the development of service user forum and a CAMHS website for young people, which offers information to young people about mental health issues and how to access services.

The average waiting time for both in and out of borough CAMHS is 6- 8 weeks dependant on the service required.

### **3.3.5 Tier 4 CAMHS**

Tier 4 CAMHS essentially consists of inpatient beds for children and young people with a psychiatric disorder (which may include serious self-harming behaviours). The requirement to admit to a Tier 4 bed is infrequent when set in the context of the totality of children and young people's mental health. Tier 4 CAMHS beds units are not used for primary challenging behaviours unless these are part of a psychiatric diagnosis. Hence, challenging behaviours as part of learning disabilities or autism should not be admitted to Tier 4 CAMHS (care packages preferably community based are the preferred option). Challenging behaviours arising from a child or young person not being safeguarded equally are not eligible for Tier 4 CAMHS, when a safeguarding response which may include a child becoming Looked After, are more appropriate. Tier 4 CAMHS are commissioned by NHS England Specialist Commissioning. There is a recognised national shortage of Tier 4 CAMHS provision, which is in the process of review. In London, most of the beds are commissioned from the private sector. NHS provision is available outside London, especially secure hospitals. Distance and access is therefore problematic for both supporting families and professionals alike. There is a process of escalation which involves provider Trusts, Ealing CCG and NHS England, in cases where there is delay in bed availability.

With a high rate of mental health disorders compared with the average population, LAC are also admitted to Tier 4 CAMHS, but this is still an infrequent event. Requirement for admission is always after consultation and agreement with the local Tier 3 CAMHS, although the local CAMHS service is not responsible for locating beds or clinical care whilst a child or young person is under Tier 4. The local service will also advise on management of a case whilst a Tier 4 bed is being located (e.g.

initiating pharmaceutical treatment, advising on level of risk on current location, and facilitating the making of Mental Health Act sectioning.

### **3.3.6 Family Nurse Partnership**

The Family Nurse Partnership (FNP) is a voluntary home visiting programme for first time young mothers, aged 19 or under. A specially trained family nurse visits the young mum regularly, from early in pregnancy until the child is two years of age. It is an internationally recognised evidence-based early intervention programme which shows improvement in health, social and educational outcomes in the short, medium and long term, while also providing cost benefits. FNP can transform the life chances of some of the most disadvantaged children and families in our communities, helping to improve social mobility and break the cycle of intergenerational disadvantage.

### **3.3.7 Sexual Health and Contraceptive Clinics**

LAC health assessments for young people aged 10 years and above include discussion of sexual activity, safety and sexual health. One of the outcomes of the assessment may indicate the need for the young person to seek a consultation with sexual health clinics or family planning / contraceptive clinics. There are a number of young people contraceptive clinics are run by London North West Healthcare Trust within the Ealing area including at Mattock Lane Health Centre (Mondays and Wednesdays), and Grand Union Village Health Centre (Wednesdays). Chlamydia screening is also offered in these settings. Specialist sexual health assessments and consultations are also provided by the genitourinary medical (GUM) clinics, which are held in the Pasteur Suite, Level 8 at Ealing Hospital. Information regarding GUM clinics, basic safety advice regarding sexual activity and contraceptive advice is also provided at the LAC health assessments by the LAC nurses. A Sexual Health referral pathway has recently been disseminated to all health professionals and LA personnel working with young people.

### **3.3.8 Smoking Cessation Team – Smoke free Ealing**

The status of tobacco use is queried for all LAC aged 10 years and above during health assessments. Health professionals then enquire regarding the young person's willingness to give up. Where there is indication of motivation to do so, the health actions include a referral to a smoking cessation programme. In most instances, young people are advised to access this service via their GP Practices or local Pharmacies. However, the Smoke free Ealing programme is a Public Health Service based in West Ealing and the LAC Health team recognise that resources can be accessed directly via this programme. Currently there is a vacancy for a facilitator for young people but there is availability of professionals who conduct sessions at youth centres as well as health centres such as Mattock Lane Health Centre. The LAC Nurses aim to facilitate this healthy promotion initiative by participating in training as well as conducting a campaign through Horizons Education and Achievement Centre.

### **3.3.9 Children's Lifestyle Programmes**

The MEND and Boost programs are available for children in Ealing to address healthy lifestyle and achieve weight control. At every health assessment, the growth

measurements including a Body Mass Index (BMI) of LAC are completed to assess whether health lifestyle interventions will be beneficial. The MEND programme is a 10-week programme with weekly 45-minute sessions. The Boost programme is a 12-week programme led by a dietician and physical activity specialist. The LAC health service aims to make direct referrals to this service when consent to do so is achieved at a health assessment. Alternatively, social workers, health professionals and young people are signposted to the service, which can be accessed when consent/motivation for healthy living is achieved.

### **3.3.10 Drug and alcohol team**

In LAC health assessments, young people are asked about current drug and alcohol use. This is usually highlighted and discussed with respective social workers in terms of an action plan and evaluation of risks associated with substance use. The local specialist support service available is the CRI EASY Project, made up of a team of experienced drug and alcohol workers who specialize in working with young people. They provide a specialist support and treatment service to young people using drugs and/or alcohol. The EASY Project offers a wide range of services including:

- confidential advice and information for young people (up to the age of 18), assessment of an individual's specific needs,
- information to help with taking decisions about drug and alcohol use,
- support to help cut down or stop using drugs or alcohol,
- advice and information for parents and carers,
- one-to-one sessions,
- group work.

Appointments are at a convenient location, with drop-in sessions at local centres in Ealing. A gateway to other services is provided and staffing is by male and female workers. They work in multiagency partnership with other services such as sexual health, housing, life skills, education and employment to help with other aspects of a young person's life. Referrals can be received from health professionals and social workers. The LAC health team aims to also work closely with this agency and provide an overview of health needs and interventions.

### **3.3.11 Involvement of other health specialists**

Looked After Children may have medical conditions that require involvement and follow-up by various specialists. Some may have had direct involvement with specialists in Community Paediatric services, Ealing Hospital or other NHS Trusts. Correspondence to and from community providers can often be accessed via the community NHS IT system known as RiO. However, there remain on-going challenges



in communication to the team from other providers. Our team aims to collate and present this health information. As per recent guidelines, we are developing a process whereby health information in the form of a patient summary record is requested for all children requiring a health assessment from their GPs. Correspondence from various health professionals are frequently sent to GPs and this is therefore, the best source of information. Our team aims to collate, integrate and coordinate this health information and care for all LAC in the borough.

### **3.4 Statutory Assessments**

#### **3.4.1 Statutory requirements and operational protocol**

Ealing Local Authority and Ealing Community Services have a shared protocol and in accordance with the statutory guidance, 'Promoting the Health of Looked after Children' (1). This specifies the completion of a holistic health assessment for children entering care with regular review health assessments thereafter.

The statutory requirements include

1. That all LAC should receive an initial health assessment (IHA) within 20 working days of child becoming looked after (this includes booking and completing assessment as well as completion of Health Action Plan)
2. Children under 5 years receive a review health assessment (RHA) every 6 months
3. Children and young people over 5 years will receive review health assessments (RHA) every 12 months.

The operational protocol includes:

- The Local Authority will refer new LAC to the LAC Health Team or other health professional (e.g. out of borough placements) within 5 working days of LAC start date. This should include obtaining parental consent (when necessary).
- Parents should be encouraged to attend the health assessment (when appropriate).
- Health information should accompany the child e.g. immunisation's history, birth/medical history, family and social history (including information on substance misuse, mental or physical health issues) school/nursery, dentist and GP summary record.

The following sections look into how the health team have met both national and local requirements and outcomes for looked after children. We also describe the challenges and some of the proposed solutions.

### **3.4.2 Number of health assessments completed by Ealing LAC health team**

#### **Initial Health Assessments (IHA's):**

The proportion of IHAs completed within the statutory time scale of 20 working days is now 100%. The two main issues that needed rectifying were the parental consent required for the medical to take place and the late notification of health that a child had become LAC.

The solution has been to set up a new monitoring system of the LAC register to provide an early alert to health combined with changing the forms for parental consent so that it is separate from the Section 20 agreement to accommodation form, which some parents found emotionally difficult to sign.

In 2014/15 67% of IHA's took place within the 20 working days of a child becoming LAC.

In 2015/16 there was an increase to an average of IHA's at 90%

In the first 3 months of 16/17 this had increased to 92%.

As at September 2016 this stands at 100%.

#### **Review Health Assessments (RHAs):**

The total percentage of review health assessments that took place in 15/16 was 97.6%. This is a 1% increase in 14/15's performance. Those that did not undertake a health assessment remain our hard to reach cohort mainly aged 17 who are engaged in some social work services but who do not wish to undertake a review health assessment.

## **4.4 Challenges and solutions**

### **5.4.1.1 IHAs**

- **Delayed consent/ completed documentation:** As the data reflects, when late notifications to the health team are excluded, the LAC health team have mostly achieved the Ealing CCG target of completing IHAs within 20 working days. The issues around obtaining consent both from parents or young people have been consistent throughout the year for LA social work teams especially locality teams. We have identified that need for training and support of social work teams and have scheduled joint training dates.

- **Late assessments/ return of documents for OOB placements:** There are also on-going challenges obtaining completed assessments from GPs and other health professionals for OOB placements. Both LAC health team and local authority LAC administrators have devised a more coordinated and rigorous process of checking due dates and contacting out of borough health professionals to return documents on time. This includes the health team signposting cases highlighted on the shared spreadsheet and corroborating actions that the LA LAC administration team which are often already initiated.
- **Availability of health information:** The collation of health information prior to the health assessment including obtaining GP patient summary records and Mother and Baby forms (M&B forms) has been difficult to establish. For M&B forms, the hospital where the child has been born first needs to be identified and this information is not always be available. With the move of the labour and postnatal ward from Ealing Hospital, there now has been clarification of a designated midwife in Ealing Hospital who will need to respond to requests from Social Workers. This will need on going monitoring and support by the LAC health team. For GP summary records, we will request guidance and establishment of a pathway whereby health information can be seamlessly communicated with the LAC health team. The newly appointed Designated Doctor for LAC will lead this in the next year.
- **Exceptions:** There have been cases where young people have refused health assessments and have not attended health appointments on more 2 or more occasions. These are recorded as exceptions and considered to be young people who are difficult to engage. The LAC Health Team aim to enable health information and assessment for these children by being more accessible at convenient locations (e.g. home/ placement visits). We will also inform the GP or other health professionals about such cases so that opportunistic health assessments can be completed. Where health information is available, we have consistently tried compiling a Health Action Plan (HAP) for information of the professional network.
- **Notifications of out of borough LAC placed within borough:** The Ealing LAC health team have identified that there is a lack of a consistent process by which notifications are received for children under the care of other local authorities and who are placed within Ealing and therefore, under the care of local health professionals including GPs, health visitors and school nurses. Ealing Local Authority receives some notifications but this is not consistently reported or recorded. This is another issue that will be addressed by the Designated professionals in the coming year.

- **Data collection and sharing information:** The Ealing Community Services aim to introduce a new community IT system, SystemOne in October 2015. The Ealing LAC health team will need to ensure that there is seamless transfer of data from the current NHS RiO system to the new system. The RiO records allowed for the collection of ICD 10 codes, which enabled recording medical conditions that some LAC maybe affected by. However, it has been identified that such codes may not transfer to the new IT system. There is therefore, current understanding that there will be a reliance on the Local Authority Framework I IT system to record some of the medical conditions. Currently, the LA records and reports percentage completion of dental visits, immunisations, SDQ and substance misuse. As in this report, we have integrated information from both NHS and LA IT systems to give a more complete picture of pertinent health issues in LAC.

#### 5.4.1.2 RHAs

- **Acknowledging outstanding health actions:** Although health assessments have been completed in a timely manner, the LAC health team still have difficulties in obtaining a health history with many actions frequently outstanding from previous health action plans. This particular issue has been addressed both with social work teams and IROs. There is now a checklist for health in LAC review meetings with specifies requirement of health actions to be addressed and actioned. The LAC health team have also recently established weekly meeting to look at health action plans and ensure action points allocated to health professionals are being acknowledged. We will also highlight actions that other professionals may need to be involved with. Electronic, telephone and paper correspondence is sent to identified lead professionals for outstanding actions and recorded in the patient's electronic notes.

## 6. Health profile and outcomes

In 1999 the Government established a set of objectives for Children's Social Services. One of these is 'To ensure that children looked after gain maximum life chance benefits from educational opportunities, health care and social care'. The various outcome indicators provided by the OC2 annual collection help the Department to monitor the extent to which this objective is being achieved by English local authorities.

### . 6.1 Review Health Assessments completed and in timescales

14/15 = 96.7%

15/16 = 97.6%

## **6.2 Dental checks completed and in timescales**

14/15= 95.4%

15/16 = 92.5%

## **6.3 Immunisations completed and in timescales**

14/15 = 88%

15/16 = 93.3%

## **6.4 SDQs figure (strengths and difficulties questionnaire)**

14/15 = 12.8

15/16 = 12.5

## **6.5 Completion of SDQs**

The analysis of the SDQ figure fairs favourably when looking at the national figure for LAC. The available National figure for 13/14 was 13.9. The higher the figure the more impacted / symptomatic children are in relation to their emotional health. The % of SDQ's completed within the year is 95% for both 14/15 and 15/16. The challenge for 2016/17 is to have the SDQ available prior to the review health assessment.

The SDQ's are also considered at the SEW Panel which is a multidisciplinary panel held 3 monthly and reviews the emotional needs, interventions and effectiveness of interventions for all LAC.

## **6.6 Prevalence of emotional and mental health issues**

Behavioural and emotional issues are widely prevalent in the LAC population. For the children seen since October 2014, the code Z64 was only given when psychological and counselling support was in place or recommended. The code Z615 was given to children and young people at risk of child sexual exploitation (CSE).

## **6.7 Prevalence of obesity**

Fifteen (26%) of children were coded as being obese with excessive BMI in the cohort of 57 children where ICD10 codes were recorded. This is slightly higher than the Ealing population rate for obesity in 10-11 year old children (22.8%) but much worse than the national average (19.1%).

## 6.6 Prevalence of tobacco, alcohol and substance use

In the OC2 submission, the incidence of substance misuse was reported in 10% of children and young people. Of the 25 children identified, 16 received intervention and 9 refused. The following table identifies the use of drugs and tobacco. Alcohol use was not recorded and will need to be included in future assessments.

<b>Problem</b>	<b>Number</b>
Cannabis use	5
Other drugs	1
Tobacco user/ smoker	12

## 6.7 Health profile of care leavers

Within the NHS, transition of children and young people to adult services has been challenging for most organisations. This is partly due to lack of corresponding adult services that meet the same needs that was managed by community paediatric services. Some children and young people therefore, do not meet the threshold of care of some adult specialist services. For LAC, this can be challenging although it can be argued that is this cohort of children and young people where transition planning has to be robust. In Ealing, there are the Leaving Care teams who coordinate many of the care leavers' transition issues.

### 6.7.1 Health passports

The Horizons Shout Out Council worked for 6 months with the LAC Nurse in 2014 on health passports. They compared other local authorities' passports and devised an Ealing Health passport with the LAC Nurse. One of the main issues raised was that were concerned about having a booklet with so much personal information in it. The overriding view was that it could easily be lost and most young people leaving care at 18 years of age were not in their independent/permanent home. There was hence, a high risk of losing the passport. They also did not want health information from a social worker. They thought there were risks that key health information would not be included and that they would not be comfortable with this. Health passports are hence, not always completed with pertinent health information and there has been increasing recognition that another process that summarises the care leavers' health information is needed.

### **6.7.2 Personal Advisors**

Current guidance has recommended pathway planning especially for children with complex needs and disabilities. Personal advisors have been described to coordinate this process, and there are plans for Connexions Personal Advisors as part of the services at Horizon to fulfil this function.

In the coming year, we aim to establish a more comprehensive system of completing health assessments and documents for care leavers. We hope to be able to summarise pertinent health issues both past and present, provide complete immunisation records and signpost services that young person may need to access. We also hope to engage personal advisors and young people in the design and implementation of care leaver health summaries and passports.

## 7: Service Development and Governance

### 7.1 Guidance to complete health assessments (Rainbow guidance)

To address some of the quality issues identified in completing the BAAF forms for initial health and review health assessments, the LAC health team designed a guidance document which has recently been updated to include health records e.g. GP patient summary. Since the start of the calendar year, there has been recognition that the quality of out of borough assessments has significantly improved mainly because there has been better engagement of out of borough Looked After Children health professionals and also because of the specific information requested in the guidance form.

### 7.2 Training

The LAC nurses have been involved in training foster carers informing them of health issues pertinent to LAC. Similarly, the LAC consultants are regularly involved in training prospective adopters. LAC health issues and national requirements/guidelines are also part of Level 3 safeguarding training for all Ealing health professionals in direct contact with children. Training to health visitors and school nurses regarding roles of universal providers for LAC has been provided.

### 7.3 Audit and monitoring

#### 7.3.1 Update on external audit

In 2014, ESCAN commissioned Tina Welford to complete an external audit on the quality of health assessments completed by the LAC health team. Some of the main outcomes were reported in the last annual report. Progress has been made in the following areas:

**Consistency in timeliness of assessments:** This has been recorded in earlier accounts in this report and has reflected the efforts for both LA and NHS LAC teams to ensure assessments and health action plans are delivered within timescales. Significant improvements have been made in addressing OOB health assessment delays as well.

**Quality of health assessments:** The Rainbow Guidance form has been devised by the LAC health team to ensure that health information is more accurately recorded in the health assessment forms especially by professionals who may be unfamiliar to health issues and needs of LAC e.g. GPs. There is more robust training for paediatric doctors who undertake health assessments and all of their work is supervised and countersigned by the LAC consultants. There has also been consistent presence of LAC nurses with the substantive positions now in place which provides greater stability and in turn, positively affects the quality of assessments undertaken.

**Recording and capturing the child's voice:** This has been implemented mainly through training for a large number of LAC seen by our team. In children

10 years and over who are able to read and write, we encourage them to complete the first set of questions which is directly addressed to the child/young person. This records their thoughts and reflections as well as their expectations from the health assessment. For younger children, we encourage carers and social workers to share their thoughts about the child's feelings and issues which are recorded in the Part B of the health assessment form.

**Sharing health action plans with child:** For young people and care leavers, we have encouraged the social workers to acknowledge receipt and actions highlighted in the health plan. The evidence is recorded in LAC reviews chaired by the IROs regarding specific actions that required actioning. HAP tracking meeting conducted by the health team aims to ensure that health actions are being addressed.

### **7.3.2 Audit on LAC medical records**

There are annual LAC medical records audit led by the Senior Specialist LAC Nurse. The last audit was completed in January 2016 and identified good practice but also highlighted the need consistent recording of demographic data on BAAF health assessment forms, entries into RiO progress notes by both health assessors and administrative personnel regarding outcomes and process of health assessments and appropriate completion of alerts on the RiO system.

## **8. Ofsted Inspection Outcomes**

8.1 The Ofsted Inspection of June 2016 rated services for looked after children, including health, as Good. They stated:

“The needs of children looked after are well met for those children living in or outside of the borough. Health needs are addressed well. The psychology service for children looked after has a real impact on improving children's emotional well-being. Most children live in stable, well-supported placements. However, two thirds of children looked after live outside of the borough, due to a shortage of foster carers. The Horizons education and achievement centre is outstanding in assisting children to transform their lives and increase their knowledge and skills, aspirations and self esteem. The centre offers an accessible, inclusive safe haven for children looked after and care leavers for as long as it is needed. Some work of the virtual school team with designated teachers in schools is exceptional in improving outcomes.

Care leavers' health needs are thoughtfully and frequently reviewed. A minority have highly complex needs and high-level resourcing has been provided by the borough to ensure that these individuals receive the most appropriate care, and that transitions into adult services are clear and efficient. Planning for transition to adult services is very well managed and has been further enhanced with quarterly professionals meetings to review each case forensically, to ensure that the best outcomes can be achieved. A



growing number of care leavers have mental health needs. In response, the service has worked diligently to ensure that young people have very good access to a range of health and well-being services, including targeted psychology, therapeutic and counselling services.

Health needs are considered consistently in reviews and assessment meetings, and services are very well signposted and used. For example, care leavers are aware of and access local genito-urinary medicine clinics, drug and alcohol services and family planning clinics when necessary. Care leavers have been actively involved in the review of a health passport. A care leaver summary has been added to the health records of all care leavers, and this provides young people and future health providers with a clear and concise overview of young people's health needs throughout their journey in care."

## **8. Actions for 2016/17**

There are 4 key areas of improvement for 2016/17

- The use of HAP plans in review meetings to be a key document to review alongside the care plan to ensure all actions are undertaken within identified timescales.
- Guidance for key workers and carers to be introduced to support the understanding of Health Action Plans.
- The consent forms for medicals and health assessments at the point of a child becoming lac being separated from Sec 20 accommodation consent forms.
- Preparation for the role of social workers and psychologists within each of the CONNECT teams to be undertaken including PACE and DDP training.
- Ensuring the health needs of Unaccompanied Minors is targeted re emotional wellbeing and post-traumatic stress

## **References**

1. Department of Education and Department of Health. Promoting the health and well-being of looked-after children. Statutory guidance for local authorities, clinical commissioning groups and NHS England. March 2015.
2. NICE public health guidance 28. Looked-after children and young people. Date of issue: October 2010. Modified: April 2013.
3. Ofsted Report - Inspection of services for children in need of help and protection, children looked after and care leavers in Ealing : August 2016

**APPENDIX A: Prevalence of health conditions in a cohort of Ealing LAC  
October 2014-March 2015**

<b>Clinical condition</b>	<b>Number (n=57 children)*</b>
<b><i>Allergic conditions</i></b>	
Asthma	4 (7)
Eczema	3 (5)
<b><i>Feeding and nutritional issues</i></b>	
Feeding difficulties, malnutrition or weight loss	5 (9)
Vitamin D deficiency	1 (2)
Gastro oesophageal reflux	5 (9)
<b><i>Neurological and developmental issues</i></b>	
Cerebral palsy	2 (4)
Autism	3 (5)
ADHD	1 (2)
Epilepsy	3 (5)
Prematurity and neonatal issues	4 (7)
Learning difficulties	10 (severe 4) (18)
<b><i>Infections and Infestations</i></b>	
Skin/ hair/ genital infection/infestation	2 (4)
Urinary tract infection	2 (4)
<b><i>Metabolic, endocrine and genetic conditions</i></b>	
Chromosomal disorder	1 (2)
Anaemia due to G6PD deficiency	1 (2)
Insulin dependent diabetes	1 (2)
Precocious puberty	1 (2)
Endometriosis	1 (2)
<b><i>Sensory problems</i></b>	
Visual problems	2 (4)
Hearing loss	1 (2)
<b><i>Cardiovascular conditions</i></b>	
Hypertension (obesity related)	1 (2)
Cardiac defect	1 (2)
<b><i>Other medical issues</i></b>	
Constipation	3 (5)
Sleep apnoea	1 (2)
Neck swelling	1 (2)
Burn on chest	1 (2)
Back injury	1 (2)

\*Out of the 569 children who were Looked After in Ealing, disease codes were available in 57 children with codes recorded for diseases consistently since October 2014.

#### **4. Financial**

##### **a) Financial impact on the budget (mandatory)**

No financial implications.

##### **b) Financial background (optional)**

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#### **5. Legal**

N/A

#### **6. Value For Money**

Financial aspects are monitored within existing budgets and existing value for money assessments and reviews.

#### **7. Sustainability Impact Appraisal**

None

#### **8. Risk Management**

None

#### **9. Community Safety**

None

#### **10. Links to the 5 Priorities for the Borough**

The work of the LAC Health team and council officers links to the Corporate Strategy. Targets to improve outcomes for health and education are set within the wider objective of creating a great place for every child and young person to grow up.

#### **11. Equalities, Human Rights and Community Cohesion**

Equality Impact is consistently reviewed and evaluated in terms of service delivery.

#### **12. Staffing/Workforce and Accommodation implications:**

To be determined

#### **13. Property and Assets**

No property implications

#### **14. Any other implications:**

To be determined

#### **15. Consultation**

N/A

**16. Timetable for Implementation**

**17. Appendices**

N/A

**18. Background Information**

**Consultation (Mandatory)**

Name of consultee	Post held	Date sent to consultee	Date response received	Comments appear in paragraph:
<b>Internal</b>				
Judith Finlay	Director			
Marcella Phelan				
<b>External</b>				

**Report History**

<b>Decision type:</b>	<b>Urgency item?</b>
For information	No
Report no.:	Report author and contact for queries:  Carol Yates Operations Manager lac and leaving care x 6157 DR Nitu Sengupta – LAC Medical Advisor Health Team
	First and surname, job title