

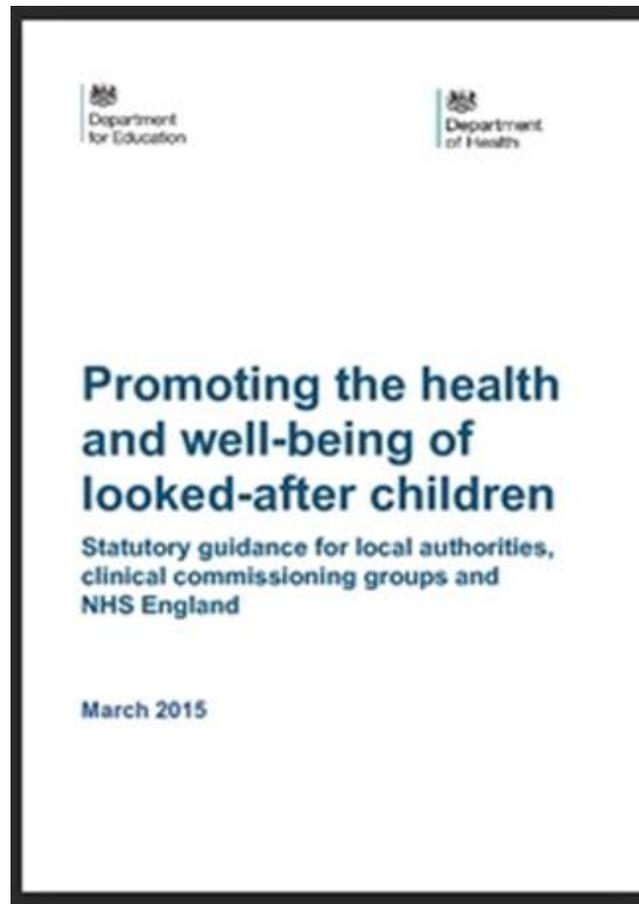
Looked After Children Health Assessments- Update

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Promoting the Health and Wellbeing of Looked After Children



What is a looked after children's health assessment?

The statutory health assessment should address the areas specified in section 1 of Schedule 1 of the care planning regulations. These areas are:

- the child's state of health, including physical, emotional and mental health
- the child's health history including, as far as practicable, his or her family's health history
- the effect of the child's health history on his or her development
- existing arrangements for the child's health and dental care appropriate to their needs, which must include
 - routine checks of the child's general state of health, including dental health
 - treatment and monitoring for identified health (including physical, emotional and mental health) or dental care needs
 - preventive measures such as vaccination and immunisation
 - screening for defects of vision or hearing
 - advice and guidance on promoting health and effective personal care
 - any planned changes to the arrangements
 - the role of the appropriate person, such as a foster carer, residential social worker, school nurse or teacher, and of any other person who cares for the child in promoting his or her health.

The principles of a good health assessment and planning

Health assessments should:

- not be an isolated event but, rather, be part of the dynamic and continuous cycle of care planning (assessment, planning, intervention and review) and build on information already known from health professionals, parents and previous carers, and the child himself or herself.
- That includes routine health checks received through the universal healthy child programme 0-5 years and 5-19 focus on emotional and mental well-being as well as physical health.
- inform other aspects of care planning, such as the impact of a child's physical, emotional and mental health on his or her education.
- be undertaken with the child's informed consent, if he or she is 'competent' to give it.
- be child-centred and age-appropriate and carried out with sensitivity to the child's wishes and feelings and fears, so that the child feels comfortable.
- Health assessments, including reviews, should also be carried out as far as possible at a time and venue convenient to the child, their carers and parents.
- They should take account of any particular needs, including attention to issues of disability, race, culture and gender and if they are unaccompanied asylum seekers.
- give the child clear expectations about any further consultations, support or treatment needed. Explanations should include the reasons for this and the choices available, and the appropriateness of plans kept under review as necessary.
- pay particular attention to health conditions that may be more prevalent in looked-after children (such as foetal alcohol syndrome or attachment difficulties) and which may otherwise have been misdiagnosed.



Context

- A rapid improvement event took place in **October 2020** between Health/the Integrated Care Board (ICB, formerly the CCG) and Hampshire Local Authority (LA). This took place during the height of the Covid-19 pandemic and therefore progress had been impacted by the demands on the NHS.
 - The ICB has established an improvement plan to demonstrate awareness of areas that require development and identify appropriate mitigations.
 - Bi-weekly meetings are taking place with the LA Peripatetic Lead for looked after children and are now “business as usual”. This is an excellent opportunity to address issues when they are live in a collaborative way. Examples of this include working together to make changes to referral paperwork and the development of a monthly tracker, maintained by health administrators and shared with local authority colleagues to identify outstanding paperwork.
 - Historic risks and issues are logged on ICB system/Hampshire place-based health risk registers.
 - The rapid improvement event identified a backlog of review health assessments. Work was undertaken by the LA to ascertain further details as to the scale of the backlog and this identified an additional unknown cohort of children requiring initial health assessments. That initial data was shared with health in **January 2022** and further updated in **June 2022**.
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Backlog Data

- Initial Health Assessments (IHAs) - 386- this includes refusals
- Of these, 206 are placed out of area and the current process is that Hampshire local authority will request the IHA directly with the out of area health team
- Review Health Assessments (currently overdue only) - 323
- Of these, 163 are placed out of area. The current process is that Hampshire local authority will submit the RHA request to the Hampshire RHA provider, who will forward the requests onto the out of area health team.
- This equates to 41% of looked after children for whom a health assessment is outstanding (from a total of 1727 Hampshire looked after children- as of data available on 24th June 2022).



Health Assessment Backlog- Action Plan

IHAs

- All IHA requests for children placed within Hampshire should be submitted to the usual team in the usual way (either the GP hub or Hampshire Hospitals NHS Foundation Trust- HHFT).
- Capacity has increased within the IHA GP Hub model - 5 additional GP recruits have been trained by our Designated Doctor for Looked After Children Dr Melissa Phillips ready to start in Autumn 2022.
- External agency support has been procured for use as required.



Health Assessment Backlog- Action Plan

RHAs

- Hampshire Hospitals NHS Foundation Trust (HHFT) are hosting an Nurse Specialist post for 1 year in order to focus on the RHA backlog (Hampshire-wide).
- This service will be for over 5's only as guidance stipulates that under 5's should be assessed by a Paediatrician. Under 5's will therefore need to be referred in the usual way.
- HHFT have developed a referral pathway for the over 5's backlog cohort and a data monitoring process (monthly data to be shared with the Hampshire Designate Nurses for sharing with the LA).
- The referral pathway has been shared with LA colleagues to ensure that the backlog cohort are referred to the correct service. This includes a single point of contact in both agencies and a dedicated email inbox within health.
- If assessed as clinically appropriate to receive a virtual assessment, this service will offer RHA's to Hampshire children who are placed out of area.

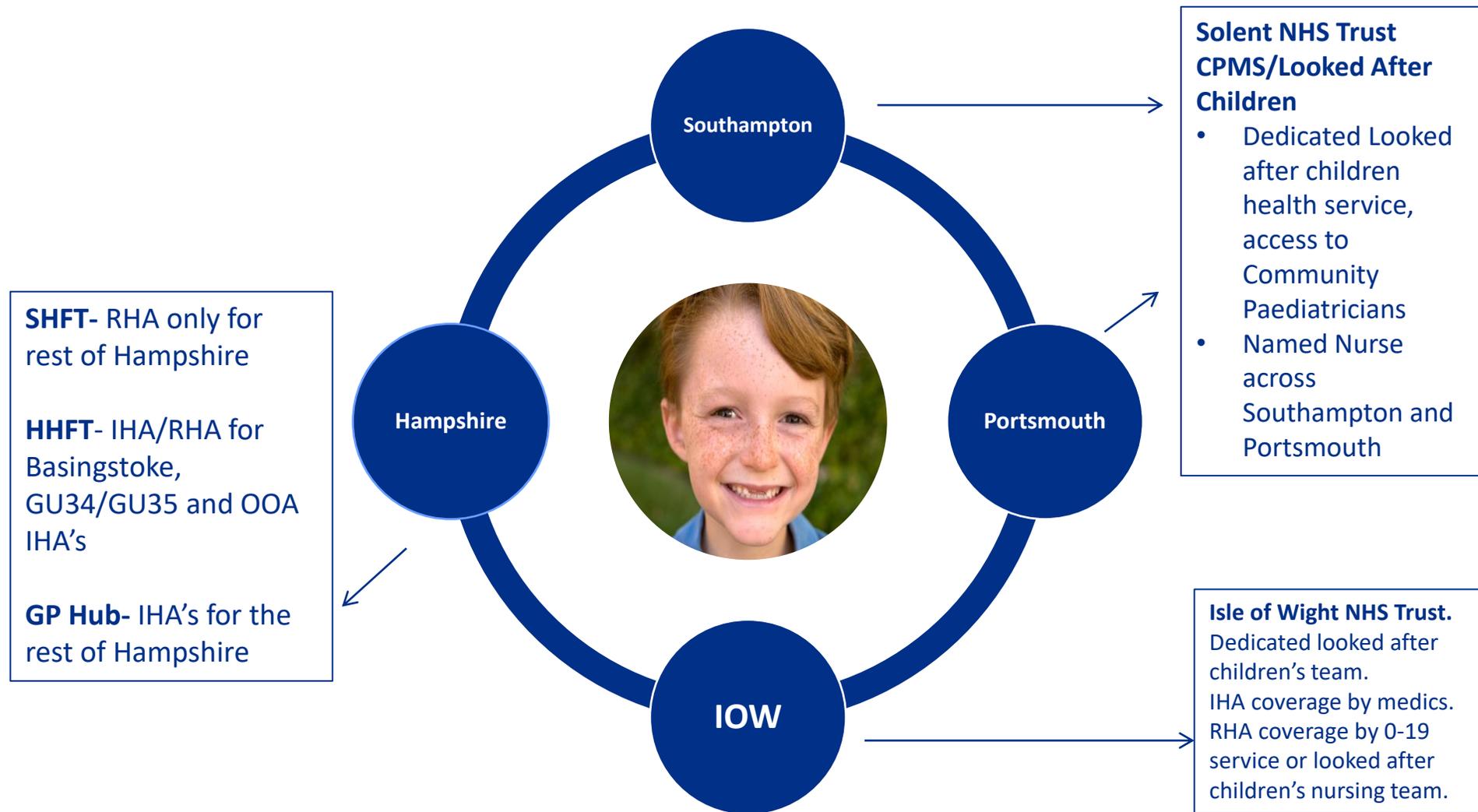


Review of Looked After Children's Health Services - Hampshire and IOW

- A joint review of the Hampshire and Isle Of Wight Looked After Children service offers was undertaken due to the ongoing challenges regarding capacity and in order to understand historic arrangements and explore the statutory responsibilities and legislative requirements of an ICB.
- The need to enable a adequate and equitable service for vulnerable children and young people is a priority for the ICB. The risk of harm to children who are not receiving even the minimum health offer is unknown, with the potential for lifelong impacts.
- We know that:
 - children who have experienced four or more adverse childhood experiences (ACE's) are twice as likely to develop depression and three times more likely to develop anxiety disorders
 - children who have experienced 4 or more ACEs are six times more likely to have an unplanned teenage pregnancy, three times more likely to be a smoker, eleven times more likely to use illicit drugs and eleven times more likely to be imprisoned
 - risks of developing cancer, heart disease, chronic obstructive pulmonary disorder (COPD) and stroke increase



Looked After Children- The Health Offer Across the Integrated Care System (ICS)



Review Headline Findings:

- Unwarranted variation exists in looked after child health offer across ICB, including workforce model; funding; missing the voice of children and young people
- Named Nurse and Named Doctor roles for looked after children are statutory roles for providers of looked after children services and are currently not in place in Hampshire providers – HHFT are to fund an interim Named Nurse role for 1 year from September 2022
- No consistent model for working with looked after children aged 0-5 across the ICB
- No coordinated or dedicated work with care leavers even though this is a statutory requirement ([Promoting the Health and Wellbeing of Looked After Children 2015](#) and Children and Social Work Act 2017) and detailed in the NHS long term plan
- Children with disabilities are not all receiving support from looked after children's teams. There is no consistent offer for this cohort of children across Hampshire and the Isle of the Wight - in Hampshire a temporary mitigation has been put in place, but this is not a viable option to continue with long term
- Portsmouth have access to the trauma informed model of care (TIMOC) which could be accessed to “level up” knowledge and approaches across the ICB



Review Headline Findings: Commissioning and Quality

- The Hampshire looked after children Designates have been supported, ad-hoc, by the Hampshire children's commissioning leads for Special Educational Needs, Mental Health and Continuing Health Care. However due to the existing structure, there is no focused commissioning support aligned to the looked after children's health offer in Hampshire and the Isle of Wight
- Southampton and Portsmouth have dedicated support from integrated health and social care children's commissioning teams
- Looked after children contracts within Hampshire have historically sat within wider block contracts with no formal review of the looked after children health offers in Hampshire – financially complex
- There has been a lack of data and performance reporting in line with a service specification and also with the safeguarding and looked after children standard NHS reporting schedule within Hampshire

Next Steps and Future Model

Recommendations and Next Steps

- Support collaboration and investment across health and social care to transform and strengthen Hampshire and Isle Of Wight looked after children services offer
- Remodelling of the service to ensure that the health offer meets the complex needs of children and that it meets minimum statutory responsibilities and national guidance
- Increase clinical leadership and reflect national minimum guidance across the ICB – Designate and Named professionals
- Explore service opportunities to support unaccompanied asylum seeking children and a new care leavers health offer, up to the age of 25
- Build expertise about trauma and support for children with more complex needs across the children's strategy for the ICB and ICS
- Seek additional, dedicated commissioning support for the looked after children and safeguarding transformation workstreams
- Consider possible alignment opportunities with CAMHS and other partners.



Training Available and Contact Details

E learning for Health- free training (hyperlinks)

In these sessions, you will explore the evidence for the statement that looked after children 'have a higher level of health, mental health and health promotion needs than others of the same age' and look at how the Healthy Child Programme can meet these needs.

[Looked After Children Part 1 Challenges and Principles](#)

[Looked After Children Part 2: Influencing Factors and Outcomes of Care Journeys](#)

Designated Professionals Training Offer



Contact Us



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