

Item No. 6.	Classification: Open	Date: 24 February 2015	Meeting Name: Corporate Parenting Committee
Report title:		Annual Report from Designated Doctor for Looked After Children	
Ward(s) or groups affected:		All	
From:		Designated Doctor for Looked After Children	

RECOMMENDATIONS

1. The committee notes this report and acknowledges the importance of good health and health care for looked after children.
2. The committee continues to ensure that the life chances of looked after children are maximised in terms of health, educational attainment, and access to training and employment, to aid the transition to a secure and productive adulthood¹.
3. The committee asks to receive an annual report on the health of looked after children.

BACKGROUND INFORMATION

Statutory and Legislative Background

4. The guidance and regulations governing the health, health care, and services to improve the health and well being of looked after children and young people are chiefly contained in:
 - The Children Act 1989
 - Statutory Guidance Promoting the Health and Wellbeing of Looked After Children ⁽¹⁾ (Nov 2009) Draft new statutory guidance was published at the end of 2014.
 - NICE / SCIE guidance on Health of Looked After Children(Nov 2010)
 - Please see appendix 1 for further details.
5. An annual report by the Designated Doctor and Nurse for Looked After Children (hereinafter referred to as LAC) is required by the Statutory Guidance, to be presented to the Chief Executive of the PCT (now CCG) and the Director of Children's Services. This report aims to inform key stakeholders of an overview of the health needs and services for this very vulnerable group of children and young people, and informs the Children and Young People's Plan (CYPP).
6. In Southwark local partners have agreed to continue with a CYPP, although it is no longer mandatory, to aid working together to achieve the three joint aims - two very relevant to LAC:

Corporate Parenting Committee details - Southwark Council

Link: <http://moderngov.southwark.gov.uk/mgCommitteeDetails.aspx?ID=129>

- **Best start** – Children, young people and families access the right support at the right time, from early years to adolescence
- **Safety and stability** – Our most vulnerable children, young people and families receive timely, purposeful support that brings safe, lasting and positive change. See also appendix 1: Legislative and Organisational change.

KEY ISSUES FOR CONSIDERATION

Health of Looked After Children

7. The health of looked after children has been recognised as poorer than other children nationally and locally. Children who come into care have usually (about 3/4) suffered from neglect or abuse, and have often missed out on health surveillance and health promotion.
8. Research has repeatedly shown that children and young people looked after have much worse physical and mental health than other children. Their long term outcomes in adulthood are similarly poor, with care leavers significantly over represented in disadvantaged groups: the homeless, those imprisoned, drug users and those with mental and physical ill health.
9. The health and wellbeing of children and young people looked after is extremely important to the individual children and is a significant public health issue.
10. A recent audit of LAC Health Assessments identified a wide variety of significant health problems resulting in recommendations for further referral, assessment and /or support. The recommendations were particularly for developmental and mental health issues and a wide variety of general health issues.

Mental health

11. LAC have greatly increased mental health needs – see previous report from CareLink to CPC in February 2014. Asking about and assessing mental health is an integral part of the health assessments for LAC. Joint assessments with CAMHS have become more frequent, and can be very helpful for children with complex presentations.

Developmental and learning difficulties

12. An increasing percentage of LAC in Southwark have Statements of Special Educational Needs. In 2012-2013 (last year data available) 34.6% in Southwark compared to 30.3 in London and 29% nationally and 2.8% nationally for all children. This implies an increasing level of mental and developmental health needs.
13. On average 25 LAC have such severe physical and learning needs that their SW support is from the Children with Disabilities SW and Transition (to adult services) Teams. These children are predominately placed in specialist care outside of Southwark. Most have severe learning difficulties, often complicated by neurological impairment, sensory difficulties or autism. Their health care is usually co-ordinated and managed by their local specialist or community paediatricians, GPs and carers.
14. Sadly two severely disabled children died in 2013-2014. One preschool child had severe learning disabilities, cerebral palsy and respiratory problems and died from pneumonia. The other child was a teenager with a severe, deteriorating neurological and metabolic condition who died in a hospice.

General Health

15. The general health issues range from the important, but relatively minor, treatment of eczema or catch up of immunisations, to the identification of life threatening diseases such as congenital Hepatitis C or inherited disorders of the heart. For children with long term medical issues, such as diabetes or sickle cell anaemia, the LAC team often has a co-ordinating role, making sure that a child has relevant specialist follow up, and that health information is appropriately shared and understood.
16. For all LAC, but most acutely for babies there are the potential consequences of drug and alcohol abuse in pregnancy, blood borne infections and prematurity. Developmental delays and disorders are frequent, often result from past abuse and neglect and difficulties with attachment, and present throughout childhood. LAC often have an increased genetic risk of developing learning difficulties and severe mental illness such as schizophrenia, because of their family histories.
17. Sexual health is an important issue for LAC, with increased awareness of the risks of sexual exploitation, early sexual activity, and early parenthood. Substance misuse rates are reportedly fairly low nationally (2.6%) and in Southwark (3.6%), 10 young people in 2013-2014. Having a history of having been looked after is strongly associated with problematic adult substance misuse, which usually starts in childhood: addressing this early is important.
18. A recent report to the Children and Families Trust noted childhood obesity levels in Southwark continue to be one of the highest, and often the highest in the country. Of particular concern is that Southwark Year 6 pupils have consistently had significant higher levels of childhood obesity compared to the regional and national average. Latest results show that 43.6% of 10-11 year olds in the borough are either overweight or obese, making Southwark the borough with the highest prevalence of unhealthy weight in the country.
19. The LAC health team, on an individual level, calculate BMI and address issues of either very low or very high weight for height. Advice is routinely given to foster carers in training and in relation to individual children about healthy diet and activity levels. There are schemes to enable access to sports centres for older children. All children are encouraged to take part in active pastimes and exercise at their health assessments. Given the high incidence of obesity in Southwark children, the health group for looked after children will consider how best to monitor and address obesity in children in care.
20. For young people leaving care having their own health history is important. Sometimes there are sensitive issues about their family history that need to be explored and discussed.
21. The health of care leavers tends to worsen in the first year after they leave care. We are not able to offer a service to these young people. We do however give care leavers information about accessing services. In 2013-2014, 2 Care leavers died, one from suicide and 1 of unknown cause
22. There are good summaries of the health issues of LAC in the Statutory Guidance, NICE Guidelines and associated documents.

LAC Community Health Team

23. The Designated Doctor and Nurse for Looked After Children (LAC) in Southwark lead the LAC Health team which is part of the Children's Community health services, based

at Sunshine House (SH), 27, Peckham Road. Children's community health services in Lambeth and Southwark became part of Guy's and St Thomas' NHS Foundation Trust (GSTT) in April 2011 and in April 2014 joined Evelina London Children's Healthcare to become an integrated children's directorate - acute and community services.

24. Being part of GSTT enables some improved access to information about complex children seen at Evelina acute services. A priority of development of integrated services is Looked After Children and the co-ordination of services for complex children which should benefit all out looked after children.
25. From April 2013 the commissioners of community child health services, including for the looked after children's team, have been Southwark CCG.
26. The Designated Doctor for LAC has two sessions per week for the strategic role and two for the clinical role. The Medical Advisor for Adoption post has been vacant since February 2014. A locum has been appointed to cover the Advisory role, from March 2015. There are on average 5 additional community paediatric clinics for LAC per week. Over 2012-2013, and into 2014-2015 there has been considerable sickness absence, which has reduced capacity.
27. The medical advisor for adoption retired in January 2014. A locum consultant has just been appointed, as Medical Advisor, starting in March 2015. The Medical Advisor role, but not attendance at Adoption Panel, has been covered by the LAC Health team with assistance from Lambeth and some locums.
28. There is a full time designated nurse for LAC, whose role is both strategic and clinical In 2013/14 Southwark CCG funded an additional LAC nurse to enable more health assessments to be done by nurses, this post was filled in December 2013. An additional full-time administrator also joined the team in October 2013, and there are now two full time administrators for LAC and a half time post to support Adoption and Fostering. A review of all administrative processes for LAC is nearly completed, led by the senior administrator for vulnerable children across Lambeth and Southwark (early 2015).

Health Management Group

29. Improving the health and wellbeing of LAC is the responsibility of the local authority in whose care they are (Southwark), and is very dependent on the stability of their placements, consistent relationships and good education: it is much more than health care. However the support and contribution of the NHS is crucial to ensuring that local authorities can fulfil their responsibilities as corporate parents and that looked after children achieve the same optimal outcomes as any parent would wish for their child.
30. In Southwark the multi-disciplinary and multi-agency Health Management Group (HMG) has been in place for more than 10 years. The HMG has reviewed the need and aimed to improve services together, using the health part of the annual business plan for LAC, the Local authority performance indicators for health, and health performance information, and particularly by multi-agency themed audits.
31. There has been a major re-organisation within Southwark Children's Social Care - "Social Work Matters". There have also been changes in Health Service organisation and commissioning, the management of young offenders², voluntary services and

² Legal Aid, Sentencing and Punishment of Offenders Act 2012
<http://www.legislation.gov.uk/ukpga/2012/10/section/104/enacted>

CAMHS. The HMG has tried to keep the network up to date with each other's changes.

Joint Administrative arrangements between health and Social care for LAC

32. A key task for members of the HMG has been working to maintain and improve timely information sharing, especially between health and children's social care. Key administrative staff, in children's social care and in health moved posts resulting in some administrative processes becoming less efficient.
33. Health LAC staffing levels have now improved and the SW practice groups are now established and communication has improved. An administrative subgroup of the HMG, with key health and SW input, is seeking to improve information sharing. Discussions are taking place on the possible co-location of members of the LA admin service part time with the health LAC admin service and/ or vice versa.

Health Activity

		2011-2012	2012-2013	2013-14
Key performance	Health Assessments up to date	93% (86%)	89% (87%)	90.8% (88.4%)
Indicators (England)	Immunisations up to date	72% (83%)	69% (83%)	69% (87%)
	Dental Assessments up to date	90.2% (82.7)	83% (82.1)	84.6% (84)
	Substance abuse problem	1% (1.9%)	5.2% (3.5%)	2.6% (3.5%)
	SDQ % completed	70% (70%)	28% (71%)	35% (68%)
	SDQ average score	13.9 (13.8)	11.4 (14)	7.7 (13-14)
Children Seen	Total seen by Health Team		682	706
	IHAs		199	nk
	Total by Drs at SH	390	453	601
	DNA rate		13%	13%
	RHAs at SH		275	nk
	Nurse RHAs	Approx. 74	86	87
	Nurse other appts	Approx. 50	43	Approx. 41
	RHAs from GP and other		150-200	125 June – March
Children's Adoption	Matching panel (Adoption)	20	20	33
Panel Reports	Other reports re adoption	38		
Adult health	Total Adult Forms	135	159	264
Forms reported	Adoption	32	44	79
	Fostering	62	98	160
	SGO	10	12	25
	Kinship care	9	3	0

34. There are issues with electronic recording systems that make it hard to collect accurate information about whether a health appointment for a looked after child is an initial or review health assessment, a health appointment for another reason e.g. medication

review for a child with ADHD or more detailed developmental assessment. Children's health services are seeking to address these issues in the most efficient and effective way.

35. Although there has not been a decrease in the number of looked after children, there has been a significant increase in health's direct clinical work in most areas of work with LAC, and in reporting to GSTT and to the CCG.
36. The number of children seen by the LAC Health team at Sunshine House (SH) has increased steadily over the last few years: this is in Initial and Review Health Assessments and the more intense and time consuming and time pressured work relating to adoption. In addition the work related to Adult Health Assessments, completed by GPs but requiring comments and advice from the designated Doctor and Medical Advisor for Adoption – has nearly doubled in 2 years.
37. The carer's SDQ is now required for all LAC aged 4-16, who have been looked after for more than a year. The return rate has been poor, about one third. In response we are revisiting the processes with Social Care, health staff and CareLink.
38. The current strategy for collating and analysing SDQ information for all LAC children is underway. We have identified key administrators to manage this process. The process requires received documentation to be uploaded, analysed and data sent to Carelink for their input in considering the health needs of children requiring specialist input. All foster carers and residential providers have received letters requested the SDQs be completed at returned. A third of completed returns have been submitted to date and teams are now in the second phase of chasing those carers and providers who have not completed the documentation with assistance from social workers, IROs and the commissioning service.

Health Provision for Looked After Children

Aim

39. Our aim is to improve the health of children and young people looked after.

Our Core activities are:

- Initial Health Assessments promptly when children and young people become looked after
- Review health assessments for under 5s every 6 months, and over 5 year olds every year
- Collation of health information about individual LAC
- Preparation and implementation of Health Summaries and Recommendations (Health Care Plans – HCPs) from the Health Assessments
- Expert assessments e.g. of babies for foetal alcohol syndrome, unaccompanied asylum seekers, screening for substance misuse and mental health issues
- Joint assessments, particularly with CAMHS
- Liaison with acute paediatricians and GPs and others
- Advocating and referring for health services for LAC in other areas
- Advice to carers and Social Workers, CAMHS, education and others on the health needs of LAC
- Providing reports to Adoption Panel

- Offering consultation to prospective adopters on the needs of an individual child
- Consultation about individual children or groups on health needs and how they may be met
- Flexible service including home visits by LAC Nurses
- Immunisation advice and giving immunisations
- Sexual health and lifestyle advice
- Telephone advice to young people and carers
- Advice and advocacy to health partners e.g. Acute hospital trusts in understanding particular situation of LAC and prioritising their needs
- Training and teaching within health and to other agencies, prospective adopters and foster carers
- Ensuring appropriate clinical follow up and hand-over of children who need it and leave care – through adoption, going home, becoming 18 etc
- Working together with social services, and others, to improve the health and wellbeing of children and young people looked after
- Taking part in wider work affecting LAC e.g. Multi-Agency Sexually Exploited group (MASE)
- Informing and being answerable to the wider health and multi-agency network – and Looked After Children themselves.

The Purpose of Health Assessments

40. Nationally, and locally perhaps, health assessments tend to be seen as just a “medical” check. The HA should, and sometimes does, identify acute health problems e.g. asthma, fits or depression, that need immediate treatment. More importantly, for most LAC, each health assessment is as an opportunity to assess the child or young person’s whole physical, mental and developmental health; summarise their health history and any problems; to make a good plan to meet any identified needs; and to form a good relationship between health providers and the child or young person and their carer, parents and Social Worker. From each health assessment a Health Summary and Health Care Plan (HCP) is written, see below.

Initial Health Assessments

41. We are very proud of the quality of our Initial Health Assessments which aim to be as comprehensive as possible. Initial Health Assessments (IHAs) are nearly all carried out by the Designated Doctor and community paediatricians at Sunshine House. We aim to gather as much health information as we can and to complete an assessment that forms a good foundation for the child or young person’s health care plan. We always invite the Social Worker to attend and ask them to ask the birth parents to attend if possible. Having the birth parents present can seem a little awkward to Doctors at first as the children have been removed from their care. However it is extremely useful for obtaining a good health and family history, and can illuminate some of a child’s behaviour and responses. It is much more respectful to parents and can help forge a co-operative relationship that often extends long after the child has returned home where many return to their parents.
42. 255 children started to be looked after in 2013-2014. Not all are seen for Initial Health Assessments. Some children and young people are looked after briefly (nationally approximately 20% return home within 6 weeks of becoming LAC) and are not seen before returning home. If there any health or developmental concerns they may be offered a general community paediatric appointment. Some newly looked after children have recently been seen in a community paediatric clinic and HCPs are written from

those assessments. Some are LAC because they have been remanded in custody: their health assessments are done in their secure accommodation. A very few are placed very far away and arrangements are made to see them locally.

43. Unfortunately, we are not able to state how many Initial Health Assessments were completed in 2013-2014; we will address this for 2014-2015.
44. We would like to complete the IHA and produce a HCP by the time of the first review, but are aware that we often do not. Waiting times for IHAs are difficult to collect. Some LAC do wait some time for their IHA, for a number of different reasons, e.g. occasionally because of lack of notification or consent from Social Services, or a young person's refusal to attend Sunshine House. It is important to monitor how promptly LAC are seen for IHA, so we will investigate with Social Services admin how we can do this.

Review Health Assessments

45. LAC under the age of 5 years old usually have their Review Health Assessments (RHAs) completed by paediatricians at Sunshine House. These children often have significant physical, emotional and developmental health problems or are at greatly increased risk because they are often premature, small, delayed and or withdrawing from drugs. This enables the early identification of many developmental difficulties and appropriate referral e.g. to speech and language therapy, CAMHS and / or education.
46. Once a child's health, growth and development are progressing steadily we may request follow up with the Health visitor or GP.
47. Review health assessments for older children who have significant health or developmental needs, or who are likely to be adopted, are also carried out by the community paediatric team. These are closely supervised and their Health Care Plans are signed off by the Designated Doctor or Medical Advisor.
48. Some children and young people with developmental or other health problems, such as ADHD, are seen for review outside of statutory RHA timescales and some appointments are for multi-agency / multidisciplinary meetings including carers and / or SWs. Unfortunately we are not able to separate these from those who were seen for RHA.
49. The expertise of the whole specialist child health service, paediatricians and therapists, and hospital colleagues, e.g. neurologists and geneticists, are essential to understand the health problems of our looked after population. There are a huge variety of problems and the team are constantly learning and updating one another, and creating new alliances to support looked after children and young people.
50. Children, especially those without apparent major problems, aged between 5 and 13, are currently referred to GPs for their review health assessments. GPs send the Health assessments to the Designated Doctor for completion of the health care plans. 115 GP Completed Review Health Assessments were received in 2013-2014, for which Health Care Plans and Summaries were made. The Designated Nurse completed 10 HCPs from RHAs completed by other nurses. We are increasingly trying to arrange for these children to be seen by health professionals with specific training in LAC, such as local Health Visitors and School Nurses, and other areas LAC Nurses. Audit and clinical supervision of health assessments are regular and important parts of the LAC health work.

Health Care Plans

51. Health Care Plans are an essential output from the Health Assessments. A key challenge, nationally and locally, is the failure of about half of health care plan recommendations to be implemented within a year. We have regularly audited this in Southwark, jointly with Social Care and CAMHS, and have made many changes to improve communication with Social Workers, Independent Reviewing Officers (IROs), other health agencies and carers. We now input many Health Care Plans directly onto the local authority individual child's record so recommendations are easily seen and available at reviews.
52. HCPs are distributed to the child's or young person's GP, Health Visitor or School Nurse, other relevant health professionals, their SW and carer, and the young person and their parents if appropriate.
53. An audit is currently underway (January 2015) to look at ways to improve communication and understanding of Health Care Summaries and Plans by Social Workers. This will include visiting some of the new SW practice groups to discuss how to improve communication about health of LAC. We anticipate that the designated nurse, doctor and medical advisor will be making regular visits to the practice groups in future.

Lead Health professional

54. Statutory Guidance (2009) acknowledges that implementing the health recommendations is the responsibility of the SW as representative of the LA and corporate parent. However they also acknowledged that this could not be done without the support of the NHS. The guidance and NICE SCIE guidelines propose appointing a lead health professional for each LAC, especially for those with the most complex health care needs or those who are more mobile as a way to overcome the difficulties in implementing health recommendations. The lead health professional can be a Health Visitor or paediatrician but the guidance implies that this role would often be taken by a LAC specialist nurse. The current resources limited taking this forward in 2013 -2014. Along with Lambeth we will identify a Lead Health professional within the Trust, for all LAC with significant disability. We will ask the local Health Visitors and School Nurses to be the lead health professional for LAC on their caseload and to make sure the child's health care plan is implemented, with our assistance as necessary.

Immunisations

55. Gathering information on immunisations and giving missed immunisations are included as part of the health care plans but are not always followed up and the reasons for this are as yet unclear.
56. Deciding what immunisations a child or young person has had is difficult. We have developed a detailed recording form for immunisations, that also indicate what immunisations are outstanding and when they need to be given which is now sent to the GP for to up to date information. A monthly immunisation catch up clinic has been introduced, but attendance is low. More effective particularly for the out of borough placements is to target the GPs to provide appointments where catch-up immunisations are required. More detailed accurate analysis of immunisation status has led to identification of more that needed to be done resulting in lower PI for immunisations. Improving immunisation uptake and recording is a focus for the coming year.

Sexual Health Promotion

57. Sexual health promotion is a key role of the nurses. The LAC nurses receive referrals from paediatricians and social workers for follow up of children regarding advice and support for sexual health promotion. The nurses are also available to offer support and advice to those planning to leave care and who have left care. This allows for continuity of support and information.
58. The nurses work with the named social workers, health and other professionals in assessing the risk to each young person, of early sexual health issues or early teenage pregnancy and will target those most at risk. Many young people with sexual health issues like to know that they are able to call the nurse for advice and support. They can also be referred to the nurse by their carers and other professionals.
59. The social workers, personal assistants, young women's worker, key workers and carers also support the young people in accessing sexual health advice and information and are supported by the LAC nurses. The nurses also work in partnership with Speakerbox, a project led by young care leavers for young people in care that offers support, advice, information and advocacy to young people on their needs, their rights and responsibilities. Young people also have taken part in facilitating training of foster carers.
60. One to one interventions are part of the strategy to prevent sexually transmitted infections (STI's) and under 18 conceptions (NICE 2007). The nurse is able to assess those at risk and offer support and referral when appropriate. One to one consultations with young people is a key part of the role of the nurse. This will include young women who are pregnant or who are already mothers.
61. Southwark has some young people orientated specialist sexual health services with excellent sexual health promotion which helps to support safer, sexual health and the young people are supported in accessing appropriate sexual health services. The nurses can refer young people directly to the Wise up to Sexual health (WUSH), Brook and local sexual health services.

Adoption and Permanency

Role of the Medical Advisor for Adoption

62. This is a clinical leadership role for adoption and involves statutory advice on children's health to Agency Decision Makers considering best interest decisions in permanency planning and to adoption panel in relation to matches.
63. Writing Adoption Medical Reports is a key part of the Medical Advisor role. Other responsibilities include responding to queries and liaison with professionals from other agencies, both in-borough and out-of-borough, who have been or will need to become involved with the children; and training and audit.

Health Assessments to support Adoption

64. High quality initial and review health assessments are carried out by the LAC Health Team at Sunshine House. These assessments, and the information gathering to inform them, seek to anticipate the needs of the Adoption Service.

65. Additional, pre-adoption medicals are arranged where necessary to provide the most comprehensive and up to date health information to inform the Adoption Medical Report. 79 reports were written from GP Health Assessments of prospective Adopters, in 2013 - 2014.

Adoption Medical Reports

66. The Adoption Medical Report is governed by regulations. To complete the report information has to be collated and interpreted, from many sources and at short notice, making good relationships and co-operation essential, especially between health and social services.
67. The Adoption Medical Report needs to give the Agency Decision Maker, prospective adopters and Adoption Panel, the health information they need to inform their decisions and recommendations about the child's future, including the support for their health and development that the child and prospective adopters may require. The Report also needs to be useful and informative to future health professionals involved in the child's care and may be read at some time by the child themself.
68. Prospective Adopters are offered the opportunity to meet with the Medical Advisor to discuss the health needs of the child, prior to matching with the adoptive children at the Adoption Panel.
69. Review Health Assessments, usually completed by the Medical Advisor, continue until the child is formally adopted, to provide continuity and answer further questions the prospective adopters may have. Once adopted the child's care is transferred to their local services.

Adoption Panel

70. The Medical Advisor attended the Adoption Panel, which takes place twice a month, until his retirement in January 2014. He was a full member of the Adoption Panel, participating in the decision-making and advisory role of the panel. Since the new regulations on membership and quoracy³ of the Adoption panel, and the retirement of the Medical Advisor, specialist community child health has not provided a paediatrician to attend the Adoption panel. However advice is available outside the Panel to SW, the Agency Decision Maker and the Chair of the Adoption Panel when needed.

Other related LAC work

71. The designated health professionals and paediatricians regularly meet and discuss health issues for individual children and young people, with Social Workers, CareLink and foster parents and schools.

Adult health Assessments

72. Adult health assessments are completed by their GP for all prospective adopters and foster carers. Foster carers also have review health assessments. The role of the Designated Doctor and Medical Advisor is to advise the adoption or fostering panel on the implications of any health issues (physical or mental) for that person's capacity to look after the challenging and vulnerable children who need fostering and adoption.

³ The Adoption Agencies (Panel and Consequential Amendments) Regulations 2012
<http://www.legislation.gov.uk/ukxi/2012/1410/contents/made>

Unfortunately the GP reports often need follow up with the prospective carer, hospital specialists and GPs which can delay approval. The number of Adult health Assessments has almost doubled in 3 years, partly due to a welcome increase in recruitment of foster carers and adopters, and more frequent reviews of foster carers. However the increase makes it more difficult to complete the reports promptly. It is not ideal that this role is taken by a paediatrician but there does not seem to be any viable alternative at present.

Training

73. The Designated Doctor, nurse and medical advisor regularly train GPs, paediatricians, health visitors and school nurses in the health needs of LAC and in order to assist them in carrying out LAC health assessments. There is regular training to support social workers, prospective foster carers and adopters.
74. Specialist training on sexual health, relationships and teenage pregnancy is offered to foster carers who are invited to attend a ten hour programme run over two days, facilitated by the LAC Nurse twice a year. Training is also offered to other health and social care professionals on the needs of children and young people by the LAC nurse and Doctor.

Accountability

75. The Health Management Group (HMG) is the main operational group for seeking to improve the health and health care of looked after children. In December 2014 it was decided to reconstitute the HMG with the chair and lead being Southwark CCG.
76. The HMG has senior members from health and local authority, and the voluntary sector. The HMG reports to the corporate parenting committee (CPC), usually by a mixture of the health part of the LA annual plans for looked after children and the annual health report for looked after children and attendance at the Committee.
77. In April 2014 Southwark CCG convened a Southwark Safeguarding Children's Board health subgroup which includes consideration of the health needs of looked after children and is attended by the designated nurse and doctor for looked after children.
78. The Southwark Safeguarding Children's Board (SSCB) case reviews have increasingly involved LAC. The SSCB instigated an Internal Management Review in 2012, which led to an audit of the vulnerability of young LAC women to sexual exploitation and contributed to the Child Sexual Exploitation Strategy. In 2013-14 one Serious Case Review and another Individual Management Review were started. – see Audit appendix.
79. GSTT clinical governance structure increasingly oversees looked after children's services within the Trust and the designated health professionals for LAC report to the GSTT safeguarding assurance board.
80. Supervision and support is offered and taken up widely by doctors and nurses within the LAC team and in the wider health service. This is supported by audit of quality and timeliness of health assessments and reports.

Service Developments

81. New services offered include:
 - A fortnightly drop in for social workers at their base
 - There has been increasing multi-disciplinary and multi-agency audit

- Information sharing and administrative procedures are being comprehensively reviewed between health and social services
- A new combined consent form to share health information and to consent to health assessments and other interventions has been agreed
- Immunisations are being recorded in more detail and more systematic follow up is taking place
- Care Leavers Health Care Summaries and Plans now include information about birth, family and health history, and as far as possible immunisation information.
- The CAMHS service for LAC (CareLink) copy reports on their involvement with children to the LAC health team at Sunshine House.
- CareLink has recently started a new large study of the assessment and intervention in mental health of young children, looked after, with parents with mental health problems or in the child protection process.

Conclusion

82. There is a clear need and evidence base to prioritise the needs of vulnerable children and it is an acknowledged national and local priority. We will continue to bring the needs of looked after children to the attention of commissioners and our partners in the local health economy. This report will be presented to the Corporate Parenting Committee, to the GSTT Safeguarding Quality Assurance Board and to the local health commissioners.

Community impact statement

83. The care population is diverse in terms of age, gender and ethnicity and we these protective characteristics are monitored closely to ensure we understand specific health needs and are able to deliver services that address these needs. Delivering services that improve health outcomes can help to build resilience for children and young people to successfully achieve wellbeing and make a positive contribution. Effective performance monitoring and joint working supports these objectives and enables us to identify areas where improvements may need to be made.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Legislative and Organisational Changes relevant to health of LAC
Appendix 2	Draft Action plan, 2014-2015
Appendix 3	Statistical overview of LAC Population in Southwark (England)

AUDIT TRAIL

Lead Officer	Rory Patterson, Director, Children's Social Care	
Report Author	Beatrice Cooper, Designated Doctor for Looked After Children	
Version	Final	
Dated	11 February 2015	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		11 February 2015

Abbreviations

LAC – Looked After Children
 IHA and RHA – Initial and Review health Assessments
 HCP Health Care Plan (and summary, derived from IHA or RHA)
 SH Sunshine House Child Development Centre
 NICE - National Institute for Clinical Excellence
 SCIE – Social care Institute for Excellence
 CCG Clinical Commissioning group
 GSTT Guy's and St Thomas' NHS Trust
 DH Department of Health
 CAMHS – Child and Adolescent Mental health Services
 SSCB Southwark Safeguarding Children's Board
 IMR Individual management Review
 SCR Serious Case Review
 ASD Autistic Spectrum Disorder
 ADHD Attention Deficit Hyperactivity Disorder
 SDQ Strengths and Difficulties Questionnaire
 SGO Special Guardianship Order
 RO Residence Order
 HMG Health Management Group
 LASPO Legal Aid, Sentencing and Punishment of Offenders

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APPENDIX 1

Legislative and Organisational Changes relevant to health of LAC

There have been many, and major, changes in the year April 2013 to March 2014. The underlying legislation, guidance and regulations governing the health care and services to improve the health and well being of looked after children and young people are chiefly contained in:

- The [Children Act 1989](#)
- [Statutory Guidance Promoting the Health and Wellbeing of Looked After Children](#) (Nov 2009). Draft new statutory guidance was published at the end of 2014: [Looked-after children: promoting their health and welfare](#)
- [NICE / SCIE guidance on Health of Looked After Children \(Nov 2010\)](#)

The Children Act is principally amended by the Children (Leaving Care) Act 2000, the Adoption and Children Act 2002 and the Children and Young Persons Act 2008 and the associated Regulations, including Care Planning, Placements and Case Review (England) Regulations 2010.

Legislative Changes

These have included changes in the legislative and inspection framework, for example, Adoption Regulations 2012, the Children and Families Act 2014, the Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012, and a new programme of inspections separately by CQC and Ofsted of Safeguarding and Looked After Children services. Additional guidance and attention has been paid to child sexual exploitation.

The Adoption Regulations 2012 changed the way Adoption Panels work, for example moving the decision whether a child is “suitable” for adoption from the Adoption Panel to an Agency (SS) Decision Maker and no longer requiring the Medical Advisor for Adoption to be a full member of the Adoption Panel.

The LASPO 2012 Act designated all young people remanded to secure accommodation “Looked After”: subsequently the Care Planning, Placement and Case Review (England) (Miscellaneous Amendments) Regulations 2013 (SI 2013/706) removed the obligation for a Health Assessment as a Looked After Child, for these young people from April 2013.

The Children and Families Act, 2014, took forward some changes from the family Justice review, for example limiting care proceedings to 6 months, restricting expert witnesses, facilitating early placement of babies with foster carers who may also adopt. These should promote earlier, and therefore more secure, placements for LAC but have increased the time pressure on health and social services. In addition Child Arrangement Orders replace Residence and Contact Orders, and Education, Health and Care Plans, extending to 25, will replace statements of special educational needs.

There has been an increasing drive to increase adoption locally and nationally, with the latest Government Action Plan in January 2013 as part of improving the adoption system and services for looked after children.

Organisational Change

There has been a major re-organisation, in response to the Munroe reports, within Southwark Children’s Social Care “Social Work Matters” which started to be implemented in Autumn 2013. The SWs have been placed in smaller teams - Systemic Practice Groups, with the aim

of improving SW practice, and increasing direct work, with children and families, and facilitating team working and peer supervision.

The Designated Dr and Nurse for Looked After Children (LAC) in Southwark lead the LAC Health team which is part of the Children's community children's health services, based at Sunshine House. The children's community child health services in Lambeth and Southwark became part of Guy's and St Thomas' NHS Foundation Trust (GSTT) in April 2011. In April 2014 the community child health services in Southwark and Lambeth became part of the Evelina London Children's Hospital (part of GSTT).

From April 2013 the commissioners of community child health services, including for the looked after children's team, have been Southwark CCG.

A new short-notice inspection regime for Health services for safeguarding and LAC, led by the CQC, was introduced, which will change again to more joint inspections from April 2015.

APPENDIX 2

DRAFT ACTION PLAN, 2014-2015

Key Priorities	How	Who responsible	When by	Comments
Continue to improve quality of in house health assessments	Peer review to be increased to at least every 2 months Supervision to be attended at least every 2 weeks by new staff and monthly by established staff Yearly audit of quality of Health Assessments and Plans	Designated LAC health professionals, Lead community paediatric team Southwark	January 15 January 15 October 15	
Improve the percentage by health assessments	Increase % of Health Assessments by specially trained LAC Health staff	LAC health and SS admin, designated health professionals	on-going	
Increase the number of children up to date with their health assessments	Improve liaison between health and social services	Senior Managers in Health and Social care	April 2015	Increase coverage to 95%
Update the care leavers' leaflet	Re-write leaflet and give out to all care leavers	CareLink, Designated Nurse	April 2015	
Recruit to the medical advisor for adoption role	Reconfigure post to attract applicants.	Medical Director	April 2015	Locum consultant from March 15
Track health care plans and recommendations -	Work with Independent Reviewing Officers (IROs) to track implementation of recommendations	SW team managers Designated Health Professionals LAC admin	October 15	Includes timeliness of reports
Improve co-ordination of health care of LAC with most complex health needs.	Identify key workers for children / young people with complex needs – as Lambeth	SW team managers, Transition and Children with disabilities teams, Clinical Directors, acute and	April 2015	

Key Priorities	How	Who responsible	When by	Comments
		community		
Improve timely information sharing and efficient joint Health / Children's social care admin services	Review and implement joint admin processes across health and Social Care and agree information sharing protocol	Senior admin managers in health and social care	April 2015 October 15	
Prompt Health Assessments for newly looked after children and young people	Monitor time from becoming LAC to Initial Health Assessment Record reasons for delay	Health data officers, Health admin,	April 2015	
Raise awareness of vulnerability to CSE in health	Incorporate CSE in training within health	Designated Health professionals	November 14	
Raise profile of health of looked After children within social care	Re-introduce training on health of LAC to social workers and IROs Attend SW Practice Group peer supervision	Designated Health professionals	April 15	
Raise profile of health of Looked After children within acute services for children	Agree how to implement induction training and for all paediatric staff at Evelina acute	Medical and Nursing Directors, Evelina	July 15	
Better recording of statistics in new health care system to be introduced next year	Link with Project 2015 deployment team	General Manager, Service Manager .	October 15	
Record detailed immunisation information for LAC individually and as a group.	Find administrative resource to support recording actual immunisation information on RiO	General Manager , Service Manager .	October 15	
Improve uptake and recording of SDQs and mental health issues	SDQs to be sent to carers prior to Review Health Assessments Information pathway to be developed	LAC health Service Manager LA lead Admin Manager Designated professionals CAMHS CareLink	February 15	

Key Priorities	How	Who responsible	When by	Comments
Improve Co-ordination, efficiency and information exchange between health and Social Services	Update admin processes, share information regularly Weekly reports	LAC health Service Manager LA lead Admin Manager	February 15	Needs regular review and monitoring

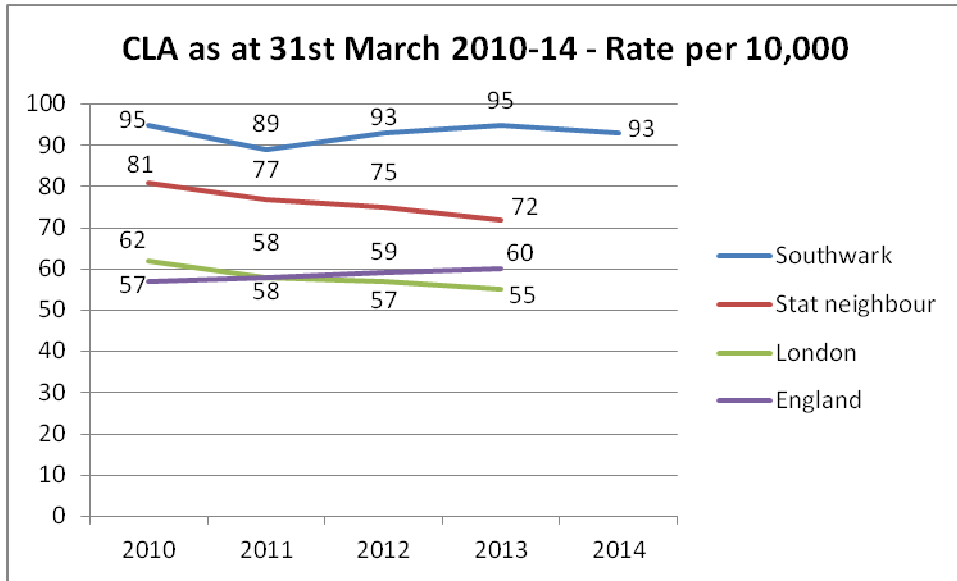
APPENDIX 3

Statistical overview of LAC Population in Southwark (England)

Performance Indicators - Southwark with England figures in brackets as at 31st March

	2009	2010	2011	2012	2013	2014
Number of Children Looked After	535 (60,900)	550 (64,410)	525 (65,520)	550 (67,050)	565 (68,110)	550 (68,840)
LAC more than 1 year	371 (43,200)	370 (44,400)	365 (46,090)	360 (46,590)	360 (47,200)	382 (47,670)
LAC starting to be looked after	220 (25,400)	280 (28,090)	300 (27,310)	280 (28,220)	310 (28,830)	255 (28,960)
Looked after children at any time during the year		805 (88,250)	845 (91,180)	795 (93,200)	855 (95,200)	811 (97,950)
Children Adopted	30 (3,300)	20 (3,200)	15 (3,050)	20 (3,450)	20 (3,980)	33 (5,050)
SGO		15	20	22	26	21
RO		5	15	10	15	18
Adopted + SGO + RO Total		40	50	52	61	71
Immunisations up to date	79% (84%)	76% (77%)	75% (79%)	72% (83%)	69.1% (83.3%)	69% (87.1%)
Health Assessments up to date	92% (85.9%)	97% (84%)	95% (84%)	93% (86%)	89% (87.1%)	90.8% (88.4%)
Substance Abuse problem	5% (5.1%)	2.4% (4.3%)	4.4% (4.3%)	1.0% (1.9%)	19 (3.5%)	2.6% (3.5%)
SDQ % done			71% (69%)	70% (70%)	28% (71%)	35% (68%)
SDQ Average score			14.3 (13.9)	13.9 (13.8)	11.4 (14)	n/a (13-14)

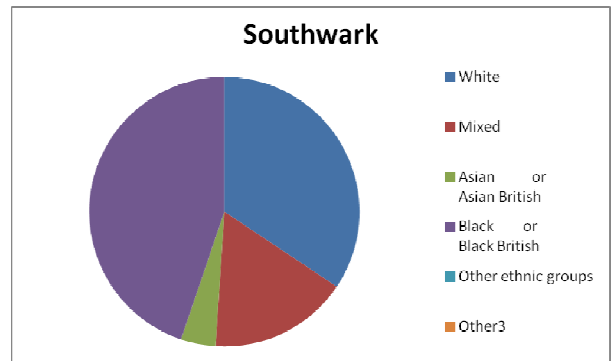
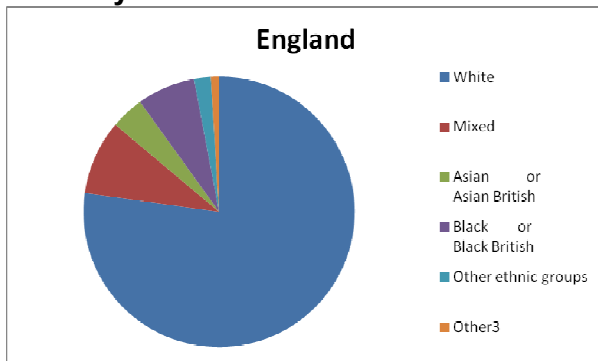
Nationally there were 68,840 Looked After Children as at 31st March 2014, an increase of more than 13% over previous 5 years. 550 children and young people were looked after by Southwark on 31.3.2014. This is 0.93% of the Southwark child population, higher than the average for England - 0.6%. This has been fairly stable since 2009, although it has declined from 620 in 2006. Far more children, 881 (>1%) in Southwark were looked after at some time during 2013-14.



Between 2009 and 2014 Looked After Children nationally have increased by 13% and in Southwark rates have been fairly stable. A recent report on Looked After Children in London – an analysis of changes in the numbers⁽⁸⁾ compared London to England and posited that this contrast was due to a number of factors, including higher thresholds and better resourced alternatives to care.

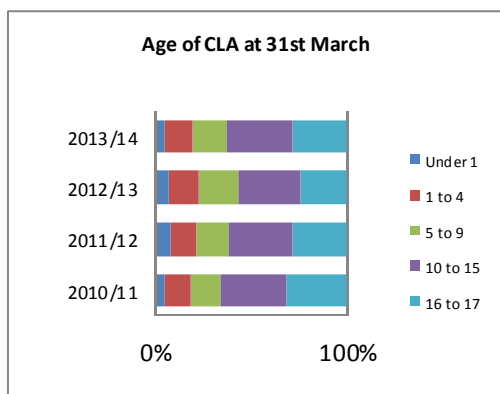
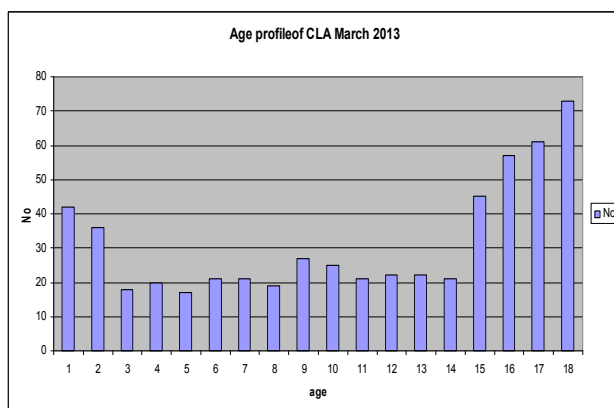
Children and young people from a Black or Black British background remain the largest ethnic group (42.3% at 31.3.13) which is a slightly lower % than the overall Southwark child population.

Ethnicity of LAC at 31.3.2014



The number of unaccompanied asylum seekers has more than halved locally (and nationally) in the last 5 years to 12 at 31.3.14. Slightly more looked after children are male: nationally 55% male; Southwark 56% are male (end March 2014).

The age spread in Southwark is similar to the national profile with more infants under 1 and teenagers.



Starting Care

255 children and young people started to be looked after in 2013-14. The reasons given for becoming looked after, and legal status, are very similar year on year. Just over 60% become LAC because of abuse and neglect (+another 20% from other categories closely related – e.g. family dysfunction).

It was estimated that there would be an increase (estimated) of 80 young people per year who will become looked after under the new regulations from the LAPSO Act⁽⁴⁾. In fact far fewer, about 5 at any one time. The newest regulations state that although deemed LAC, they do not require Health Assessments as a LAC.

Leaving care

Around one third of those who leave care return home to their parents, in Southwark and nationally. Adoption has increased significantly, nationally by a quarter, and locally by over a half, from 20 to 33, between 2013 and 2014. About 20 children per year, over the last several years have left care to live under Special Guardianship Orders: 21 in 2013-14.

Placements

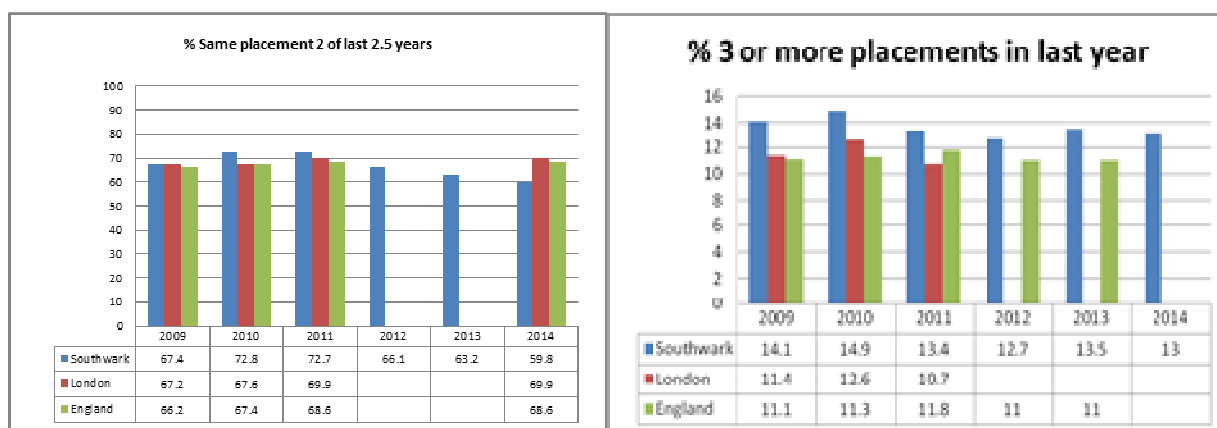
Most children and young people looked after (80%) were placed in family foster care. Over the last 5 years in Southwark, around 20% have been placed more than 20 miles away from their home address, compared to about 10% nationally. 70-75% of Southwark LAC have been placed out of Southwark.

In 2013-14 there was a multi-disciplinary audit of children placed furthest (sometimes hundreds of miles) away. Health assessments were generally up to date and adequate. However planning for these children needed to be improved which is lively to involve more interagency planning meetings – as in Team Around the Child.

Stability of placements is worse than statistical neighbours and has worsened gradually from between 2009-10 and 2013-14, though performance has improved recently and Southwark is narrowing the gap with statistical neighbours. This has been a focus of multidisciplinary audit in 2014. In this audit health issues did not feature as one might have expected.

Children going missing from care increased significantly from 2011-12 to 2012-13. There was further analysis of the characteristics of these young people in 2013-14. These children and the issues leading to them going missing have been the subject of discussions at the Child Sexual Exploitation Subgroup of the SSCB, and also of a project by a voluntary agency to interview young people on returning from being missing. This has not been completed yet

In 2011-12 there were 81 episodes involving 25 children and young people;
 In 2012-13 there were 165 episodes involving 34 children and young people
 In 2013-14 there were 119 episodes involving 38 children and young people



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(4) LASPO: Legal Aid, Sentencing and Punishment of Offenders Act 2012

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