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| Report to: | HEALTH SCRUTINY COMMITTEE |
| Relevant Officer: | Hazel Gregory, Head of Safeguarding Kelly Gorrie, Named Nurse Looked After Children Blackpool Teaching Hospitals NHS Foundation Trust |
| Date of Meeting: | 22 March 2017 |

YOUNG PEOPLE'S HEALTH NEEDS IN CARE

1.0 Purpose of the report:

- 1.1 To provide an update to members on the areas of the Lancashire Care Quality Commission (CQC) action plan for Looked After Children (local authority care) that are relevant locally, and provide assurance on the current provision for the health needs of Looked After Children in Blackpool.

2.0 Recommendations:

- 2.1 To consider and discuss the report, identifying any further issues for scrutiny or assurance.

3.0 Reasons for recommendations:

- 3.1 Due to the high number of Looked After Children within Blackpool, to ensure effective scrutiny of the provision for the health needs of these children in line with the recommendations from the Care Quality Commission [‘Not Seen Not Heard’](#) report (July 2016).

- 3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

- 3.2b Is the recommendation in accordance with the Council's approved budget? N/A

- 3.3 Other alternative options to be considered:

None

4.0 Council Priority:

- 4.1 The relevant Council Priority is "Communities: Creating stronger communities and increasing resilience".

5.0 Background Information

- 5.1 Blackpool has the highest number of Looked After Children per 10,000 population, the highest in the country. Following the in-depth inspections of Children Looked After and Safeguarding (CLAS) by the Care Quality Commission, the '[Not Seen Not Heard](#)' report in July 2016 highlighted how health services may improve the health and wellbeing of looked after children and identify and protect those at risk of harm.
- 5.2 The actions from the Lancashire wide Care Quality Commission inspection that are relevant locally for Looked After Children:

| Recommendations | Current provision in Blackpool for recommendation | Outcome |
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| <p>Ensure all initial health assessments undertaken are within the required timescales and provide clear and comprehensive analysis of children's needs to support SMART individual health care. This will enable effective tracking of the child's development and of improved outcomes.</p> <p>SMART = Specific, realistic, achievable, realistic and timely</p> | <ul style="list-style-type: none"> • Dedicated Initial health assessment clinics established; seven a month including flexibility to increase when additional need (i.e. due to increased number/ large sibling group) • Health plans are shared with all relevant agencies with named actions • Training provided to clinicians • Quality assurance on all health assessments completed | <ul style="list-style-type: none"> • Improved standards and timeliness of initial health assessments. • Consistency in the recording of children's health needs to ensure the identity and wishes of the child are at the centre of the process. • Initial health assessment action plans provide comprehensive details of the child's need, to reduce delays in accessing care • Improvements in the levels of expertise and quality in initial health assessments and development of SMART health action plans |
| <p>Promote shared awareness of risks to the emotional health and wellbeing of children and young people who are looked after and ensure appropriate and timely support to meet their needs with effective tracking of outcomes.</p> | <ul style="list-style-type: none"> • Looked after children psychologist in post – established pathways • Good networks with children social care team with awareness of children looked after nursing service | <ul style="list-style-type: none"> • Pathways with the local authority to ensure children's initial and review health assessments are informed by the strengths and difficulties questionnaire (SDQ's) to help inform their therapeutic intervention. |

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| <p>Ensure all relevant health professionals are aware of, and have the opportunity to identify and contribute to the health assessments and care plans for children who are looked after.</p> | <ul style="list-style-type: none"> • All professionals who undertake health assessments undertake multi-disciplinary training to increase awareness and information sharing between services. • Bespoke training provided to multi-disciplines to increase awareness of their contribution to health assessments – including processes for raising concerns • Shared information recording system with Looked After Children alerts in place in community, including with GPs • Robust notification processes in place | <ul style="list-style-type: none"> • Looked after children care pathways are strengthened to ensure the effective engagement of all relevant health professionals. |
| <p>Strengthen quality assurance by frontline health professionals involved in undertaking Looked After Children health assessments and care plans to ensure the health care needs of children and young people are appropriately identified and met.</p> | <ul style="list-style-type: none"> • All practitioners complete self assurance tool that is reviewed by specialist Looked After Children team and all assessments not meeting quality standards are returned and support given to improve standard | <ul style="list-style-type: none"> • Strengthened quality assurance processes: <ul style="list-style-type: none"> - identifying gaps in the quality to inform training - Scope for management oversight and reflection on the risk to children and on outcomes achieved. |

The 'Not Seen Not Heard' report summarised four key recommendations:

- 1. Children and young people should have a voice**
- 2. The focus must be on outcomes**
- 3. More must be done to identify children at risk of harm**
- 4. Children and young people must have access to emotional and mental health support**

- 5.3 The health services offering provision to Looked After Children in Blackpool are already undertaking the following quality initiatives to meet these recommendations:
- 5.4 **1** – The children are empowered to take ownership of their health through a consistent delivery of service and offered choices and outreach appointments to encourage engagement with health. The Just Us (children in care) Council is accessed for input into health service provision, for example the consultation on the content of health passports.
- 2** – The Care Quality Commission inspection of looked after services highlighted:
- 5.5 Health action plans developed within the review health assessment process were generally comprehensive and SMART. Case records demonstrated positive therapeutic relationships which resulted in improved health outcomes for young people who were dealing with significant changes or challenges in their daily lives.
- 5.6 Robust assurance processes to ensure SMART health plans were also recognised in the recent inspection. Training on the health and well-being of Looked After Children is provided to a variety of disciplines within health and to support the local authority's training of foster carers.
- 5.7 **3** – Those children who are not under universal (including educational diversity school nursing) services often have the greatest need and are at the greatest risk. These children also have an allocated caseload holder and outreach services are offered and pursued for these harder to reach children. Close working relationships, including drop-ins and regular liaison have been built with the local residential and semi-independent placements to monitor these children, as well as those living out of area. Good networks and robust processes ensure that the looked after team receive notification in a timely way of children moving into the residential placements and share this information with relevant services. Services offered include 1:1 visits with children, advice to carers and group sessions to young people to support Personal, Social, Health and Economic Education (PSHE) / Sex and Relationships Education (SRE) and health promotion topics.

This close working was also noted in the recent inspection:

- 5.8 Blackpool Teaching Hospitals specialist Looked After Children team has forged strong relationships with [the residential homes] within the Lancashire footprint it serves. The team are promptly informed about any young people newly placed which promoted timely introduction and follow up of any health risks.
- 5.9 One of the cases we reviewed was a young pregnant woman where there were increasing concerns about her emotional wellbeing. The Looked After Children team worked to establish a trusting relationship with her and ensured she had access to maternity services and other sources of advice and support at the earliest possible opportunity.
- 5.10 A comprehensive monitoring tool is used to identify and action actual and potential risks and determine the level of intervention required. This was also noted as innovative practice by the Care Quality Commission. There is health input to panels monitoring the risks for local children, such as the missing from home panel.
- 5.11 Health input is also offered to the Looked After Children / Care Leavers Drop in (The Core) to ensure that those starting out independently have access to signposting in health in an outreach form.
- 5.12 **4** – Those children within universal services are able to access the Head Start programmes to encourage emotional well-being and resilience, as well as Child and Adolescent Mental Health Services (CAMHS) and the targeted psychologist for Looked After Children. The specialist Looked After Children nurses offer input to those children outside of universal services to ensure a commensurate offer of service and work closely with the Child and Adolescent Mental Health Services and psychology teams to facilitate the expedition of referrals.
- 5.13 The Blackpool Teaching Hospitals Looked After Children team were finalists at the Nursing Times Award 2016 in the Children and Adolescent category for the outreach work, improved outcomes and risk monitoring.

Does the information submitted include any exempt information?

No

List of Appendices:

- 6.0 **Legal considerations:**
- 6.1 N/A

7.0 Human Resources considerations:

7.1 N/A

8.0 Equalities considerations:

8.1 All services are provided in line with the Equality Act 2010

9.0 Financial considerations:

9.1 N/A

10.0 Risk management considerations:

10.1 N/A

11.0 Ethical considerations:

11.1 N/A

12.0 Internal/ External Consultation undertaken:

12.1 N/A

13.0 Background papers:

13. Care Quality Commission (CQC) (July 2016) ['Not Seen Not Heard'](#) report.