

Barnet's Health Report

Children in Care

April 2015 - October 2015

Service Lead: Christine Newman (CLCH Barnet/Barnet CCG)

Highlights

The Barnet Children in Care's Health team (CIC) has maintained its strong performance in regards to the delivery of initial and review health assessments.

During the period of August 2014- August 2015 all children in care who were eligible for a review health assessment had a health assessment carried out with the exception of a sibling group of three who are long term refusers. One child who had been missing for over two years was seen on his return and two young people who had DNA'd several appointments were both seen.

We have continued to seek to improve the way in which our team works. Children in care have engaged with our client group through Patient Related Experience Measures (PREMS) following completion of their Review. Children and young people are at the centre of our work and shape our service. The completion of a patient survey will have an impact on the work we deliver.

Interventions support and enhance optimal physical, cognitive and social development and are provided as early as possible with minimum waiting times to promote optimal health and life chances.

The CIC Health team supports children in care to access mainstream health services, whilst providing a specialist targeted service.

The impact on children and young people's health of having a thorough and timely health assessment should not be underestimated.

Many children and young people need referring onto specialist services or require further direct work with the nursing team to be carried out.

A number of referrals have been made both in and out of Borough to Paediatricians, Young Peoples Drug Alcohol Service (YPDAS), the GP, Health Visitor/School Nurse, Family Nurse Partnership and CAMHS following their health assessment.

All review health assessments are completed by the Barnet LAC to ensure a high quality to children and young people. There are exceptions to this for example if a child is placed within a special needs school and has a good relationship with a particular nurse from that borough.

Several young people have spoken about the importance of seeing the same nurse and not being forgotten about because they no longer live in Barnet and value the continuity of their health assessment.

In order to achieve a high quality service the Nursing Team travel extensively to see the children and young people thus taking on the role of the lead health professional for CIC (as detailed in the Statutory guidance). Travelling out of borough to see Children in Care provides an equitable service and will ensure that all follow ups are completed by the health team with the relevant social worker.

The LAC health team in Barnet have recently developed a Service Level Agreement with their inner London colleagues which are used when other boroughs wish to request a health review. All health reviews are chargeable in line with national tariff.

A child on becoming looked after is offered an appointment within three weeks of receiving the notification they have come into care. With the aim that a comprehensive health care plan and summary is provided within 28 days of the child being taken into care. This meets the requirement that the initial health assessment and resulting health plan is available for the first review of the child's care plan, four weeks after becoming looked after.

The table below highlights how many children coming into care are seen within 28 days for their initial health assessment. Barnet have a high number of children coming into care and to meet this increasing demand the CCG are currently speaking with another Barnet GP practice that has shown a strong interest in completing the health assessments. The Designated Nurse and the Designated Doctor are working closely with the CCG in the recruitment process.

The current contracted GP's complete the majority of the initial health assessment to a good standard however I continue to recommend that for the under twos and those with identified complex medical needs it would be beneficial for a trained paediatrician to complete the health assessment. This professional would be able to make a more robust health assessment, identifying their specific problems and needs and thereby make a more comprehensive health plan for the said children.

Review Health Assessments (RHA) may be carried out by a registered nurse or midwife. In Barnet, the RHA are carried out mostly by the CIC nurses for all children aged 0 to 18 years old including children with complex health needs.

When Barnet CIC are placed outside the borough, it remains the joint responsibility of Central London Community Health Care NHS Trust (CLCH) and the Local Authority to ensure that the child's health needs are identified and addressed. Our aim is to ensure quality of service to our very unique and vulnerable population living out of the borough. Therefore for the CIC whose health assessments are carried out by another professional outside of CLCH

choice is to try to ensure that the local
CIC health service carries out their RHA.

In light of the significant health inequalities experienced by most looked after children and given that in practice looked after children move to a new

GP who will not have ready access to important health information and may lack the expertise and the time to carry out a comprehensive statutory initial health assessment our service has moved away from the practice of GP'S carrying out health assessment

We have a designated doctor and trained GP's, who offer a skills based approach which allows the most appropriate professional to engage the individual children and young people with a range of needs with the added benefit of quality assurance provided by our small team with expertise in the health issues of looked after children working closely together

GP's are only now used in special circumstances. An example of when a GP would be used is if they have a good relationship with the child/young person and they have requested the medical is completed by them. The GP may also be used if the child is well known to them and has complex needs. If a child is placed out of borough we may have to use their GP if this is what the local practice is.

Children are routinely offered a 60 to 90 minutes appointment with an interpreter if they require where they have the opportunity to discuss their health needs in depth with specialist health staff trained at level 4- 5 of the intercollegiate framework . As a result all the vulnerable children have a health care plan which are kept up to date and is shared with social services. The health care plan reflects the holistic health needs of the children including their emotional and educational needs and addressing their risks taking behaviours .

The table blow shows the number of initial medicals that were completed within timescale.

Table 1: data

Initial health assessments

Month	No of new CIC	Initial completed within time frame	Number not completed within time frame and reason for delay
April 2015	8	3	2 cancelled 1 late being notified as a LAC child 2 delayed as no slots available
May 2015	10	3	6 delayed as no slots 1 delayed as OOB
June 2015	16	1	10 delayed as no slots 2 ceased to be LAC 1 Feltham seen by LAC nurse 2 cancelled and then re- booked
July 2015	19	5	11 delayed as no slots 4 ceased to be LAC
August 2015	10	2	No suitable appointments available
September 2015	17	7	1 ceased to be LAC 7 no slots available 2 DNA's
October 2015	10	1	3 cancelled their appointment 1 ceased to be LAC 5 no slots available

This table highlights that there is a high number of looked after children that are not being seen for their initial health assessment within twenty eight days of coming into care. This has been escalated to the CCG and the Designated Doctor and another GP has been recruited starting from December. All Children in care in Barnet whose initial health assessment was delayed were seen at a later date and all have an up to date health care plan in place.

Those placed on remand at either Feltham or Oakhill are seen for their initial health assessment by the Designated Nurse which is then quality assured and reviewed by the Designated Doctor.

In special cases where a young person (16 and over) has refused to attend their initial health assessment as they do not want to see the doctor they have agreed to meet with the Designated Nurse which has been a positive outcome.

The Designated Doctor quality assures all initial health assessments and each case is discussed with the Designated Nurse who will follow up any recommendations directly or with the social worker.

Completion within due date according to Health

On entry into care each child is allocated a due date by which the initial health assessment should be completed. The dates of all subsequent health assessments are linked to the due date. The due date for the under 5's is six months after the completion of the IHA and for the over 5's one year after the completion of the IHA. If a child is not seen within the allocated due date, the health assessment is deemed to be out of timescales according to health.

Delays in the review health assessment being completed can occur because of child sudden illness, child absconding, missing or refusing the assessment, exams, complex contact arrangements with the birth family, staff sickness. The Children in Care health team work with the social worker, foster carer and or the young person to ensure the health assessment is completed at a time suitable for them even if this does involve delaying the assessment to the following month.

Review Health assessments for children looked after for a year or more
Table 2

Month	Number of review health assessments completed for children looked after for a year or more		Percentage
	Under 5	Over 5	
	April 2015	193/198	
May 2015	188/194	97%	
June 2015	198/202	98%	
July 2015	200/203	98%	
August 2015	199/201	99%	
September 2015	200/203	98%	
October 2015	201/203	99%	

Impact of the Health Team

The statutory Review Health Assessment of all Children in Care allows for any concerns to be discussed and for either advice to be given, or a referral made if required. However, the real impact has come from not only making these referrals, but following them up and doing our utmost to support the young people to attend the appointments. This includes ringing and texting them with reminders and offering to attend with them and in some cases, offering to collect them and take them there. All children and young people are given the opportunity to complete a patient satisfaction survey after the health assessment and below are three of the comments the health team recently received

The health team are currently working with the voice of the child co-ordinator to help collect children and young people’s feedback on their experience of being in care. The children in care nurses are in a good position to assist with

this as we can incorporate the questionnaire into the health assessment. So far all young people asked and have been happy to take part.

The Barnet Children in Care's Health team (CIC) has maintained its strong performance in regards to the delivery of review health assessments to all Children in care. The health team continue to contribute to the foster carer's newsletter which is sent out to all carers monthly. The health team have a designated slot to promote health care and inform foster carers of any health updates. Despite having high numbers of children in care the Barnet health team have continued to provide outreach work where possible. The specialist nurse is currently working with a young person who does not meet the referral criteria for dietetics and so she visits him monthly and has supported him in losing nearly a stone in weight. This particular young person was difficult to engage and initially refused to have his review health assessment. He is now actively working with the nurse and arranges his own appointments with her.

The Designated Nurse has continued to work with the Designated Doctor to fast track children and young people who need to be seen by a paediatrician and all social workers are aware that they should inform the health team if they have a particular concern around a child's development so that immediate action can be taken.

Data protection is key to our work and processes and the health team ensures all young people have signed consent when they come into care. Rigorous checks are in place when sending out any health information and all staff within the health team has a secure email address which they can use to share information.

GP

Registration

Central London Community Healthcare NHS Trust is required by law to implement systems to ensure children and young people who are looked after are registered with GPs and have access to dentists near to where they are living, even during temporary placements, and that primary care teams are supported where appropriate in fulfilling their responsibilities to looked after children.

Mechanisms are in place to ensure that all Barnet CIC are registered with a GP. Some young people over 16 years of age can refuse to be registered

and this wish must be respected. All GP details are noted at the assessment and registration is confirmed by the administrator before sending out a copy of the health assessment.

Childhood Immunisations

The Local Authority (L.A) should act as a 'good parent' in relation to the health of looked after children. Within that role it has the right to approve the immunisation of children within its care against vaccine preventable diseases as per the national immunisation schedule.

The national immunisation schedule recommends that children should have received the following vaccinations:

- **By four months of age:** Three doses of Diphtheria, tetanus, pertussis (whooping cough), polio and Hib (DTaP/IPV/Hib). Two doses of Pneumococcal (PCV) and Meningitis C (MenC).
- **By 14 months of age:** A booster dose of Hib/MenC and PCV and the first dose of measles, mumps and rubella (MMR).
- **By school entry:** Fourth dose of Diphtheria, tetanus, pertussis (whooping cough), polio (DTaP/IPV or dTaP/IPV) and the second dose of MMR.
- **Before leaving school:** Fifth dose of tetanus, diphtheria and polio (Td/IPV). Three doses of human papillomavirus for girls only.

All babies in the UK will soon be having the meningitis B vaccine once they reach the age of two months, followed by a two more booster shots. An article was written for the foster carers newsletter alerting foster carers to this.

The CIC team continue to work to ensure that young people receive their school leaver booster (diphtheria tetanus and polio) and to ensure that eligible girls are receiving the Human papilloma vaccination. Close joint work with social workers, foster carers and the named nurse for children in care is required. All staff within the health team has access to both social care and health records which has enabled us to update records accordingly. The health team continue to work with social care to improve the uptake and recording of immunisations.

The health team check the immunisation status of children and young people on entering care and again when they have been in care for six months. This will give the health and social work team time to work with the carers and young people to inform them what vaccines they require. The health team will

write to GP's informing them if any vaccinations are missing and request that carers support the child/young person in attending.

Table 3
Percentage of Children in Care who are recorded as being up to date with all immunisations

Month	Number of CIC	Percentage with up to date imms
April 2015	178/198	89%
May 2015	177/194	91%
June 2015	183/202	91%
July 2015	186/203	92%
August 2015	184/201	92%
September 2015	183/203	90%
October 2015	184/203	91%

Dental Health

Dental health is an integral part of the Health Assessment. The Local Authority and Central London Community Health Care NHS Trust are required to ensure that CIC receives regular check-ups with a dentist. In Barnet there is a specialist dental provision based at Oak lane which will see any children/young people who are unable to attend a mainstream dental practice.

Table 4: The number of Children in Care looked after for a year or more with an up to date dental

Month	Number of CIC	Percentage with up to date dental
April 2015	180/198	91%
May 2015	179/194	92%
June 2015	180/202	89%
July 2015	188/203	92%
August 2015	188/201	94%
September 2015	181/201	90%
October 2015	183/203	90%

Mental Health

Due to the nature of their experiences prior to being placed in care many CIC will have poor mental health. This may be in the form of significant emotional, behavioural and/or mental health problems or attachment disorders or attention deficit disorder (ADHD)

Mental health services for children and young people are provided by local CAMHS (children and adolescent mental health services) teams. The Designated Nurse and the specialist nurse receive clinical supervision from a CAMHS worker who is a direct link to the corporate parenting team and

regularly attends team meetings. This strong link enables the Designated Nurse to discuss any cases of concern and follow up any referrals that have been made.

Strengths and difficulties questionnaires are completed by the foster carer at the time of the assessment and by the young person when appropriate. Designated teachers are also sent a questionnaire to complete by the virtual school administrator. Scores are recorded on ICS and if the young person or child receives a high score then the case is discussed with the social worker.

Drug and Alcohol Misuse

YPDAS (young person drug and alcohol services) is commissioned by Barnet to work with children and young people in the borough known to be using substances. Referrals are received from the social workers and the CIC nurses. The team assist with foster carers training which is always well received.

Substance misuse is incorporated into the health assessment where appropriate and advice is provided if the young person does not consent to a referral being made.

Sexual Health

Young people in Barnet are disproportionately affected by poor sexual health. It is important that sexual health education and services are not specifically targeted to young women. Sexual health is incorporated into the health assessment and referrals are made to local provisions when required.

Young people in care identified that 'very few people chose to go to professionals when considering sexual health'. Those leaving care also highlighted sexual health and STIs as one of their main health concerns

(Statutory Guidance on Promoting the Health and Well-being of Looked After Children, 2009).

Training for foster carers and other people involved in the care of young people in care around sexual health is important. Knowledge of where young people can access sexual health services will help to direct young people to appropriate care and support.

Sexual health is discussed within the health assessment and a referral to local provisions is made when required.

The Designated nurse will be working with the sexual outreach nurse from Barnet hospital to deliver training around blood borne infections later in the year to both staff and foster carers. This was organised following a concern raised by a foster carer.

Conclusions and strategies for 2014/2015

The Co-location of the CIC team

Social care underwent a major restructure at the beginning of 2015 and the corporate parenting team no longer exists within that. The health team are now located within the virtual school and sit as one team in the office. The virtual school now come under education however it was thought the health team should continue working closely with them due to the amount of work that crosses over. The Designated Nurse and the Deputy head teacher worked together to ensure the two teams remained together after the restructure took place.

The team are always available for consultation and are often approached for advice regarding children and young people. Being located within social care is integral to the work that we do and has been vital in overcoming barriers. An example of when this occurred was when the specialist nurse identified issues in school with a young person and referred it to the Senior Education Welfare officer who sits within the team who dealt with it immediately.

Sexual health drop in to commence at Wood house Road
The sexual health nurse at Barnet hospital will be working with the Designated Nurse to run a sexual health clinic from Wood house from for all looked after Children aged 13 and above. Young people will be able to access basic sexual health advice and if necessary will be referred to the main clinic at Barnet hospital.

