Item 2

The Health of Looked After Children in Portsmouth

A report from the Looked After Children's Health Group

October 2012

Dawn Saunders, Public Health Consultant
Dr Jenny Gonde, Designated Doctor Looked After Children
Meg Whittaker, Community Therapist, CAMHS Looked After Children's Team
And the Health of Looked After Children group

V1.1 updated 31/10/2012

Index

Executive summary

Background

1.1. This is the first report to the Corporate Parenting Board from the newly formed Health of Looked After Children (LAC) group.

1.2. This report will serve as a baseline, upon which the Joint Strategic Needs Assessment (JSNA) can build in the future as recommended in the Report of the Children and Young People's Health Outcomes Forum

1.3. Looked after children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They often enter care with a worse level of emotional and physical health than their peers in part due to the impact of poverty, abuse and neglect[1.] It is not just their health that is affected – it is their social and economic potential[2..]

1.4. There were over 89,000 looked after children in the UK in 2011 and approximately 300 looked after children in Portsmouth.

1.5. Portsmouth City has historically been higher than comparator groups for the rates of looked after children. This appears to be coming into line, as by the last full report, Portsmouth had dropped to 77.4 per 10,000 children and the statistical neighbour group had risen to 77.2 per 10,000 as of the previous year.

1.6. The Health of Looked After Children in Portsmouth is generally better than the health of children in the general population in Portsmouth.

1.7. Children, young people and their carers report that health services in Portsmouth provide a good service for our Looked After Children.

Recommendations

1.8. The Director of Public Health, through the health and wellbeing board, should ensure that they include comprehensive data for looked after children and young people within the Joint Strategic Needs Assessment.

1.9. To ensure the continued commissioning of high quality health services for looked after children it is recommended that the ambition for integrated children's commissioning is realised.

1.10. Further work is to be undertaken with young people, carers and social workers to demonstrate the benefits to them of ensuring that childhood immunisations are up to date and that routine dental appointments are made and kept.

1.11. It is recommended that a health needs assessment is carried out to look in detail at the physical and mental health needs of our Looked After Children

1.12. It is recommended that the 14-19 group of the children's trust board collect data on the number of pregnancies to care leavers up to the age of 25.

[1] Statutory Guidance on Promoting the Health and Well-being of Looked After Children DSCF publications 2009

2 Report Of The Children And Young People's Health Outcomes Forum. July 2012

1.13. The Health LAC group track the needs of LAC placed outside the City in order to understand the health needs of this group of children.

1.14. Health commissioners review the funding and activity of the health LAC team.

1.15. The Corporate Parenting Board to focus on healthy eating in residential homes, across foster carers and transition.

1.16. The health group should bring a further report to the Corporate Parenting Board in a years time.

1.17. Children's social care are to ensure that a health consent form is completed at the same time as the blue card for 100% of looked after children upon their admission to care

1. Introduction

1.1. This is the first report to the Corporate Parenting Board from the newly formed Health of Looked After Children (LAC) group.

1.2. The newly formed group held its first meeting in June 2011 followed by a workshop in September 2011. The group is chaired by a Consultant in Public Health and members of the group are service providers, service users and representatives from children's social care.

1.3. This report aims to give a background to the health issues that LAC face, and the services that are commissioned for them.

1.4. The report will serve as a baseline, upon which the Joint Strategic Needs Assessment (JSNA) can build in the future as recommended in the Report of the Children and Young People's Health Outcomes Forum.[3]

Recommendation

The Director of Public Health, through the health and wellbeing board, should ensure that they include comprehensive data for looked after children and young people within the Joint Strategic Needs Assessment.

2. Background

2.1. Looked after children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They often enter care with a worse level of emotional and physical health than their peers in part due to the impact of poverty, abuse and neglect[4.] It is not just their health that is affected – it is their social and economic potential[5.]

2.2. Routine health data is published at a national level for Portsmouth children. Data relating specifically to Looked After Children is collected by the LAC health team on a local database. This local data needs to be interpreted with caution due to the small numbers.

2.3. The Health of Looked After Children in Portsmouth is generally better than the health of children in the general population in Portsmouth.

2.4. The infant mortality rate for Portsmouth is similar to the England average and the child mortality rate is similar to the England average.

2.5. The health and well-being of children in Portsmouth is generally worse than the England average.

- Children in Portsmouth have average levels of obesity. 10% of children in Reception and 19% of children in Year 6 are classified as obese. 54% of children participate in at least three hours of sport a week which is worse than the England average.

- The measles mumps and rubella (MMR) immunisation rate is similar to the England average. Immunisation rates for diphtheria, tetanus, polio,

[3] Report of the Children and Young People's Health Outcomes Forum.July 2012

[4] Statutory Guidance on Promoting the Health and Well-being of Looked After Children DSCF publications 2009

5 Report Of The Children And Young People's Health Outcomes Forum. July 2012

pertussis and Haemophilus influenzae type B vaccine (Hib) in children aged two are higher than the England average.

3. Demography

3.1. There were over 89,000 looked after children in the UK in 2011 and approximately 300 looked after children in Portsmouth.

3.2. The breakdown of the number of looked after children by age group as of the 31st July 2012 is shown in table 1 below.

Table 1. A snapshot of the age groups of looked after children as of the 31/07/12

Age Group	LAC	% of total LAC
0-5	96	31.27
6-13	118	38.44
14+	93	30.29
Total	**307**	

3.3. The ethnicity of looked after children as of the 31st July 2012 is shown in table 2 below.

Table 2. A snapshot of the Ethnicity of looked after children as of the 31/07/12

Ethnic Origin		%
Any Other Ethnic Group	15	4.89
Asian/Asian British Bangladesh	4	1.30
Asian/Asian British Other	1	0.33
Black/Black British African	6	1.95
Mixed Other	9	2.93
Mixed White + Asian	1	0.33
Mixed White + Black African	7	2.28
Mixed White + Black Caribbean	2	0.65
Not Recorded	3	0.98
Refused Information	1	0.33
White British	242	78.83
White Irish	5	1.63
White Other	11	3.58
Total:	**307**	

3.4. Between October 2007 and 31st August 2012 twenty three asylum seeker children have been looked after in Portsmouth. Their ages ranged from 14 – 18 years.

3.5. Portsmouth City has historically been higher than comparator groups for the rates of looked after children. This appears to be coming into line, as by the last full report, Portsmouth had dropped to 77.4 per 10,000 children and the statistical neighbour group had risen to 77.2 per 10,000 as of the previous year. (Table 3).

Table 3. LAC Per 10,000 population

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Portsmouth	60.0	64.0	68.0	76.0	74.0	68.0	68.0	74.0	76.0	82.0	77.4
Statistical Neighbours	72.3	73.3	73.8	76.0	72.1	72.6	71.1	71.8	74.7	77.2	N/A
England	54.0	55.0	55.0	55.0	55.0	55.0	54.0	55.0	58.0	59.0	N/A

4. Health services for Looked After Children in Portsmouth City.

4.1. All children in the City have access to universal health services:

- Maternity services provided by Portsmouth Hospitals NHS Trust
- Health visitor services provided by Solent NHS Trust
- School nursing services provided by Solent NHS Trust
- Dental services
- General Practitioner services
- Pharmacy services
- Ophthalmology services
- Acute hospital services at Portsmouth Hospitals NHS Trust

4.2. In addition to these services, specialist services are commissioned by both the NHS and Portsmouth City Council for looked after children.

- The Looked After Children's team from Solent NHS Trust which includes
  - Designated Doctor
  - Speciality Doctor
  - LAC Nurses
- Children and Adolescent Mental Health (CAMHS) which includes:
  - A post to work specifically with children and young people in L.A. Care.
  - A post to prioritise foster placement stability
  - A post to work with children with sexually problematic behaviour

4.3. Solent NHS Trust

The teams include paediatricians, specialist nurses and CAMHS professionals. The aim of the LAC health team within Solent NHS Trust is to improve the health of Looked After Children in the care of Portsmouth Local Authority. This is achieved by a comprehensive system of health assessments which identify the physical and mental health issues for children and young people and work towards promoting good long term health outcomes.

4.4. The current service which provides the statutory health assessments for Looked After Children in Portsmouth City was developed in 2003 and the principles established then remain the same. The main focus of the service is to engage the children and young people so that they develop an understanding of their own health needs and with support they can then gradually start to take some responsibility for aspects of their own health.

4.5. The service require consent to gather and share information signed by legal guardians / parents in all cases, in order for health data and health care plans to be shared with colleagues and appropriate referrals made. Currently, consent is not collected in all cases and this leads to delay in referrals and the implementation of health care plans which has a negative impact on the child and future chances

Recommendation
Children's social care are to ensure that a health consent form is completed at the same time as the blue card for 100% of looked after children upon their admission to care

4.6. By working to involve the children and young people in the process of health assessments the percentage cover increased rapidly to 90% in 2005. A high quality assessment service has always been a priority for the team and in view of this the clinical work is done by specialist nurses and paediatricians with extensive experience in neurodevelopment.

4.7. The team is able to offer some continuity to the children and young people who highlighted from the outset that they would prefer their health assessments to be completed by the same person each year. Strong bonds have been established between some of the young people and the members of the health team to the extent that young people will text or phone the specialist nurses to ask for advice on specific health issues.

4.8. The team has worked hard to develop skills in specialist areas such as assessment of the health needs in children and young people from other countries who are seeking asylum. The team work in close collaboration with colleagues in the CAMHS team for Looked After Children.

4.9. The CAMHS team for Looked After Children promote the mental health and psychological well being of all Portsmouth's Looked After Children and Young People and provide a range of high quality and accessible services that are responsive to needs as they arise. The team also promote and support placement stability.

4.10. The LAC health nurses and paediatricians have direct contact with the children and young people and work in partnership with statutory and voluntary agencies in order to promote positive mental, physical and emotional .

4.11. There are statutory requirements to provide a designated nurse and doctor for Looked After Children. These requirements are reflected in commissioned services.

4.12. The LAC health team and CAMHS are commissioned to provide the following:

- One session (four hours) of medical time weekly for children 'new into care' undertaken by the Consultant Community Paediatrician
- One session (four hours) of medical time weekly for review appointments currently met predominantly by 2 Speciality Doctors (one of whom retires September 2012) with few by the Designated Doctor LAC
- One session (four hours) of medical time weekly for the entire adoption service
- One session (four hours) of medical time weekly for the Designated Doctor role
- 48¾ hours nursing time (although there has been a shortfall due to maternity leave and one nurse is currently providing 37.5 hours on a temporary basis)
- 12 hours of Designated Nurse time

4.13. The breakdown of CAMHS LAC staffing is as follows:

- Community Nurse - 6 sessions per week
- Community Therapist - 8 sessions per week
- Community Therapist (SW by training) 4 sessions per week.

5. Effectiveness of Interventions

5.1. The PAF C19 is the national indicator that measures the percentage of children in care who have received their statutory health assessments, dental assessments and immunisation. The indicator applies to the cohort of children who have been in care continuously for one year.

Table 4 Health Assessments carried out for Looked After Children 2010 – 2012

	2010	**2011** n=213	**2012** n=213
Health assessment	92%	89.7%	95.7%
Dental Assessment	-	89.7%	87.4%
Immunisation	-	91.5%	87.4%

5.2. Table 4 shows the percent of looked after children who have had their health assessment, dental assessment and immunisations.

5.3. Looked After Children have a higher rate of immunisation for MMR 2 than the rest of the children's population, however this is below the 95% uptake rate required to ensure appropriate coverage for the population.

5.4. The number of health assessments have risen in the past year, however the percentage of dental assessments and immunisations have fallen.

R**ecommendation**
Further work is undertaken with young people, carers and social workers to demonstrate the benefits to them of ensuring their immunisations are up to date and that they attend routine dental appointments

5.5. Table 5 shows the health issues for looked after children in Portsmouth compared to the general child population.

Table 5 Health issues for Looked After Children in Portsmouth City 2011 – 2012

	Children Looked After by Portsmouth City	All children in the UK LAC and non CLA
Speech and Language difficulties (From audit and end of year data)	10.7%	8% - 9%

Mental Health Issues (From Audit)	35.7%	Up to 20% in any one year
Immunisation (From end of year return)	87.4%	85% Portsmouth children under 5 years (LAC and non LAC)

5.6. The data demonstrates that Looked After Children in the City have a slightly higher proportion of speech and language difficulties than all children in the UK and a higher proportion of mental health issues.

5.7. It is important to note that the data for speech and language and mental health is from an audit of 10% of Looked After children, and the small numbers mean that differences in the data may be due to small number variation.

5.8. The audit demonstrated that the LAC health team in Portsmouth is effective in identifying the health issues for the children and young people. They are so thorough in this respect that no completely new health issues were identified in any of the 28 children in the survey. This implies that health issues are being picked up early and addressed appropriately when possible.

5.9. The numbers of teenage parents in the LAC community has been decreasing. The Family Nurse Partnership works with pregnant teenage girls on a one to one basis during pregnancy and up to the child's second birthday. No data is available for pregnancies in care leavers.

Recommendations
It is recommended that the 14-19 group of the children's trust board collect data on the number of pregnancies to care leavers up to the age of 25.

6. The views of Looked After Children

6.1. The health group have worked with Looked After Children team to ensure health related questions were part of the looked after children's survey in 2012. The results were encouraging with 68 children responding. Children appeared happy with the services they receive, however there was a theme around healthy eating and physical exercise within the responses.

6.2. From 4th January 2012 to 7th August 2012 the children and young people who attended for health assessments were invited to give feedback according to their age (feedback continues). 28 feedback forms were completed. The distribution was as follows:

Table 6 Feedback forms by age group Jan – Aug 2012

Under 9 years	**9 to 12 years**	**13 years +**	**Total number**
3 feedback forms	8 feedback forms	17 feedback forms	28 feedback forms

6.3. Under 9 years

The 3 children under the age of 9 years felt that they were listened to and that their worries were understood. Both children felt that the staff were easy to talk to and they enjoyed the toys and activities. One felt the Dr hadn't helped them. When asked for comments the same one responded to what was good about the assessment "laying on the bed" and to what they didn't like "too long; be shorter"

6.4. 9 to 12 years

In the group of young people aged 9 to 12 years, all of the children felt that they were listened to and that they were able to talk to the staff about their concerns with the health assessment overall seen as helpful. Most of them felt that the environment was comfortable with appropriate toys and facilities (one responded that it was just "ok"). When asked what was really good about their health assessment, 2 of the children said that they enjoyed drawing and the toys available. 4 children said that the staff were helpful and friendly. One child said that she had learned more about periods and that her growth was satisfactory. 4 children made no comment. When asked whether there was anything that they did not like or that could be done better, 4 children made no comment. One said that they did not know and the other child said that the assessment was perfect; and the other 2 "no" about wanting anything different. One said that it was hard to get to the place where the appointment was (all others said it was easy to get to). One said the time of appointment was Ok rather than convenient or inconvenient

6.5. 13 years +

In the group who are 13 years and above, the responses were very positive, although some of the young people wondered whether the appointment time may be interfering with their attendance at school, college or work. When asked what was really good about the health assessment, one young person stated "everything"; the themes were about welcoming information about their health and weight and advice on how to improve their health as well as being listened to. 11 young people stated that everything was clearly explained. One young person stated that they were updated about their health. When asked whether there was anything that they did not like or that could be done better, none of the young people felt there was or gave any suggestions.

6.6. Children and young people have given feedback that they find the service useful and most have indicated that they do not feel that there is anything that needs to be changed (some have hinted that other appointment times may be preferable)

Recommendations

The Corporate Parenting Board to focus on healthy eating in residential homes, across foster carers and transition.

7. **Gaps in service provision/unmet needs**

7.1. Providers are unable to track the needs of LAC placed outside of the City. This is a requirement if the unmet needs of these children are to be addressed.

7.2. The LAC health team were originally funded in 2005 based on an average of 8 new children coming in to the service each month. Current service demand sees an average of 12 new children a month. The lack of adequate funding reduces the ability of the team to report adequately to the health board because the priority for the team has to be clinical time spent seeing children.

7.3. Residential resource for children with learning disabilities:
The placement of children/young people with a learning disability within the current residential provision is unsatisfactory. They have specialist needs, which require and deserve a specialist resource.

7.4. Resource for treatment of children presenting with sexually problematic behaviour: In relation to serious sexually problematic behaviour, specialist therapeutic intervention also needs to be available. Local resources exist for assessing but not for treating. An additional resource with links to joint working within the CAMHS LAC team would meet this need.

7.5. Mental health support to friends and family carers
It has been highlighted by professionals within the service that training and consultation regarding the emotional health needs of children residing with friends and family are under resourced and is an unmet need.

7.6. CAMHS input for Portsmouth LAC placed out of area.
Portsmouth CAMHS can only offer a service to this group if the adults are able to travel and if this does not cause too much disruption or distress for the child. A referral to the local CAMHS service is suggested if there is a mental health difficulty that needs to be addressed. However, CAMHS services across the country differ greatly and Social Workers are often told a referral for a Portsmouth young person will not be accepted as the child does not meet referral criteria. This is particularly likely when there are a lot of behaviours that need careful management with an understanding of attachment.

8. External inspection

8.1. In 2011, Ofsted and the Care Quality Commission (CQC) undertook an announced visit over a two week period. One aspect of this visit was to look at service provision for Looked After Children.

8.2. All health actions recommended by the inspectorate (appendix 4) have now been turned green and an updated report was sent to the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) safeguarding board earlier this year.

9. Conclusion

9.1. Health services are commissioned and delivered for Looked After Children in Portsmouth. These services are able to demonstrate they are meeting statutory requirements.

9.2. It is recommended that a health needs assessment is carried out to look in detail at the physical and mental health needs of our Looked After Children.

9.3. It is recommended that a further report is brought back to the Corporate Parenting Board in a years time.

Meeting the Statutory Guidance on Promoting the Health and Wellbeing of Looked after Children

The National Institute for health and Clinical Excellence (NICE) and the Social Care Institute for Excellence produced guidance on improving the physical and emotional health of looked after children and young people from birth to 25. It covers all children who are looked after by the State where the Children Act 1989 applies.[6]

The focus is upon ensuring that organisations, professionals and carers work together to deliver high quality care, stable placements and nurturing relationships.

This guidance does not provide detailed information on health promotion or cover treatments for specific illnesses and conditions

The recommendations describe how organisations can improve the quality of life of looked-after children and young people. The guidance aims to promote and strengthen multi agency working and collaboration 'The heart of all decision making'

Statutory guidance on promoting the health and well-being of looked after children is also followed by all providers of health care and these standards are reported on at service reviews through commissioning reviews.

The areas for action are detailed below. The areas have been RAG rated,

RED highlights an area where the recommendations is not met at all
AMBER highlights an area where the recommendation is partially met
GREEN highlights an area where the recommendation is totally met

Recommendation	***Who should take action***	***What action should they take?***	**Evidence**	***RAG rating***
1. Prioritise the needs of looked-after children and young people	• Directors of children's services.	• Create strong leadership and strategic partnerships to develop a vision and a corporate parenting strategy that: − focuses on effective partnership and	Priority F of the Children's Trust Board is focused on Looked After Children. This group is linked to the Corporate Parenting Board.	

[6] NICE public health guidance 28

	• Directors of public health • Senior staff with responsibility for commissioning and providing health services.	multi-agency working • Address health and educational inequalities for looked-after children and young people. • Ensure that local strategic plans adhere to national guidance, primarily 'Statutory guidance on promoting the health and well-being of looked after children'7 • Ensure the joint strategic needs assessment process is a central component in assessing the needs of looked-after children and young people.	The Health of LAC group also reports to the Corporate Parenting Board	
2. Commission services for looked-after children and young people	Commissioners of health services and local authority children's services.	• Commission services that enhance the quality of life of the child or young person by promoting and supporting their relationships with others. • Ensure that service commissioning for looked-after children and young people is informed by: − the views of children and young people	• Health services are commissioned by NHS Portsmouth and Portsmouth City Council through aligned commissioning arrangements. • Integrated commissioning arrangements are currently being agreed following the passage of the Health and Social Care bill. • There is a risk that the commissioning of services will be fragmented in the future if the ambition for integrated children's	

[7] Department for Children, Schools and Families and DH (2009) Statutory guidance on promoting the health and well-being of looked after children. London: Department for Children, Schools and Families.

			commissioning is not realised	
8. Commission mental health services	Directors of children's services. Commissioners of mental health services.	• Jointly commission services dedicated to promoting the mental health and emotional wellbeing of children and young people who are looked after or are moving to independent living. These services should be structured as integrated teams (virtually or, ideally, co-located), and have a mix of professionals who will vary according to local circumstances • As a minimum, ensure these services have local authority children's specialists, dedicated health and mental health (including CAMHS) professionals, and education specialists working with looked-after children and young people • Ensure that the team includes experienced practitioners who are trained and supported to work with multi-agency networks on complex casework. • Ensure that looked-after children and young people have access to these services in situations where their	• Joint commissioning of mental health services currently takes place. A review of CAMHS across the LA and health is currently in progress to understand the gaps in service delivery • The skill mix includes: Two Nurse practitioners. One Social worker. One Art therapist. All are experienced practitioners who link in with the other specialist teams who prioritise LAC e.g. Corporate parenting, Paediatric, Youth offending team. • Evidenced through network minutes and qualifications of practitioners. • Prioritise Portsmouth LAC regarding risk of severe mental health and stability of	

		emotional wellbeing is at risk. • Ensure that child and adolescent mental health services (CAMHS) are sensitive to the needs of the groups of children and young people identified in recommendations 26–34. Ensure that the commissioned team has the capacity and expertise to work sensitively with looked-after children and young people on the impact of discrimination, racism, bullying and isolation on self-esteem and personal identity • Ensure that equal priority is given to identifying the needs of those children or young people who may not attract attention because they express emotional distress through passive, withdrawn or compliant behaviour. • Ensure that the services include: – training, support and access to specialist advisers for frontline practitioners, carers and other professionals in the multidisciplinary 'team around the child' • specific training to prevent placement breakdown, covering early identification of those at risk of mental health problems	placement. • Practitioners attend mandatory training regarding equality and diversity. Clinical notes. • Team adopted a network approach to new referrals to aid Team around the Child process (TAC) • Priority for young children in residential care. Ongoing therapy is provided for children when in transition and when placement unstable. • Priority for team to provide ongoing support post 18 as and when required.	
9. Ensure access to	Commissioners and providers	• Ensure that child and adolescent mental	• Practitioners attend	

mental health services for black and minority ethnic children and young people	of mental health services.	health services (CAMHS) are sensitive to the needs of black and minority ethnic children and young people (including those with multiple heritage) and can provide appropriate interventions for emotional and mental health problems associated with racism and cultural identify. • Ensure service providers are alert to the possibility that children and young people may not overtly express the impact of their experience of racism on their self-esteem and cultural identity, and practitioners should ensure there are opportunities for these concerns to be discussed.	mandatory training and service BME group to highlight issues.	
10. Ensure access to mental health services for unaccompanied asylum-seeking children who are looked after	Commissioners and providers of mental health services.	• Ensure that unaccompanied asylum-seeking children and young people have access to specialist psychological services (including CAMHS) with the necessary capacity, skills and expertise to address their particular and exceptional health and wellbeing needs,	• CAMHS/LAC provide specialist psychological services for unaccompanied asylum seeking children. Links to professionals in the service that can provide supervision. Adhere to guidance provided by BAAF	
11. Ensure access to specialist assessment services for young people entering secure accommodation or	Commissioners and providers of health services. Social work managers.	• Ensure that looked-after children and young people entering secure accommodation or custody have their physical, developmental and mental health needs assessed by a paediatrician, or suitably qualified	• Transition plan of input if child or young person is engaged in CAMHS/LAC • Forensic Team provide	

custody		professional with input from the dedicated multi-agency mental health service. Ensure that any recommendations from these assessments are included in the care plan or pathway plan.	psychiatric review on admission if no previous CAMHS/LAC	
16. Ensure there are specialist services for babies and young children	Directors of children's services. Senior staff with responsibility for commissioning and providing health services (including CAMHS).	• Ensure that all frontline practitioners have access to specialist services (including dedicated CAMHS teams) to help them meet the emotional and physical wellbeing needs of looked-after babies and young children. These services should have practitioners who: − have a good understanding of the emotional, physical and developmental needs of babies and young children, including those with complex emotional needs • have a high level of understanding of attachment theory, and the impact of trauma and loss on child development and the forming of attachments • are skilled in observing and understanding the behaviour of babies and young children, and parent–child interactions. • Ensure that specialist services can provide support such as consultation and training to carers and frontline practitioners, and can work directly with the child and carer on interventions that	• Infant Mental Health team available if access required. • CAMHS/LAC prioritise younger group in residential care. • Individual care plans include a health plan. All effort is made to maintain this through transitions.	

		focus on supporting secure attachments.		
18. Ensure carers and frontline practitioners working with babies and young children receive specialist training	Directors of children's services. Senior staff with responsibility for commissioning and providing health services (including CAMHS). Senior staff in fostering services and residential care.	• Ensure that all carers and practitioners who care for and work with babies and young children (including foster carers and prospective adopters) receive training from specialist training providers (including CAMHS). This should be additional to core training and should include information on the: ○ development of attachment in infancy and early childhood ○ impact of broken attachments ○ early identification of attachment difficulties ○ particular needs of babies and young children who have experienced prenatal substance exposure or who have inherited or acquired learning or developmental problems.	• Training was delivered by the Child and Adolescent Mental Health Team for Looked After Children (CAMHS/LAC) between September 2011 and August 2012. • The CAMHS/LAC delivered two groups to social care staff (October 2011 and April 2012) and three groups to foster carers, one of which was delivered during the weekend to incorporate training for male foster carers (November 2011, March 2012 & June 2012). • Feedback from the satisfaction questionnaires highlighted that both social care staff and foster carers were highly satisfied with the training. • Social care staff and foster carers highlighted ways in which they would develop their practice as a result of the training. • A training programme entitled Caring for	

			Traumatised Children is currently being developed for residential staff and foster carers in Portsmouth. It is a 9 week course which will be evaluated in March 2013. The programme will run between October to December 2012 and January to March 2013 and will be offered to a total of 60 foster carers and 30 residential staff. The training will be underpinned by Attachment Theory and Social Learning Theory	
20. Assess the health needs of looked-after children and young people	Commissioners and providers of health services. Social work managers.	• Ensure that all looked-after children and young people have their physical, emotional and mental health needs assessed by appropriately trained professionals according to 'Statutory guidance on promoting the health and well-being of looked after children • Local authorities should make notifications about looked-after children and young people who are placed out of the authority's area or across NHS commissioning boundaries in good time and in accordance with the statutory guidance	• This has always been offered by an experienced paediatrician within Portsmouth (generally Consultant). Since 14th June 2012 the LAC Health Team have changed their processes leaving clinic spaces clear to ensure children / young people are offered an appointment within maximum of 3 weeks (usually 2) of coming into care and reports / health care plan prepared within the 28 days.	

			• Limiting factors to completion / distribution of Health Care Plan within 28 days have been lack of Consent to share being obtained by Case worker, and lack of clerical support to ensure reports typed / sent. • Recent meetings / liaison with social care have led to agreement that consent should be requested from birth parents by social worker at time of entry to care.	

21. Share health information and ensure consent is obtained	Social work managers. All service providers including independent and voluntary sector providers. All primary and secondary healthcare providers (including CAMHS and adult mental health services).	• Consider introducing a protocol into information-sharing processes that addresses legal and confidentiality issues, to assist information flows between health and social care. • Ensure that healthcare professionals share health information with social workers and other professionals. • Ensure that there is a process for social workers to obtain consent for statutory health assessments, routine screenings and immunisations. • Ensure social workers obtain permission to access the child or young person's neonatal and early health information. • Ensure social workers obtain permission to access information on parental health, including obstetric health.	• This is established practice in Portsmouth; • According to a proforma, information sought from Children's services, CAMHS, RIO computer system / child health computer system, Audiology etc. • Parental / Family health information is requested from Social worker as well as outline of background leading the child's entry to care, and details of family health / developmental issues. • The carer is asked to bring information re GP and last visit and any medications, and date of last dental review to health assessment (as well as completed SDQ where possible) • Further work is required to rationalise how consent is obtained from parents / legal guardians for the sharing of information.	

22. Update the personal health record (red book) and ensure this follows the child or young person	Social work managers. Commissioners and providers of health services.	• Ask social workers to ensure that the personal health record (red book) follows the child or young person up to the age of 18. • Ensure that if the original personal health record is lost or unavailable a new one is provided, and when it is reissued it should include as much information as possible; the issuer will need to look back and incorporate historic information. • Share all information obtained from parents and other sources to help complete the reissued record, and if birth parents are unwilling to give up the original personal health record, ensure social workers work with them to relinquish it temporarily to enable information to be copied. • Ensure that early health information is obtained, including obstetric and neonatal health information, on all children or young people entering care. • Ensure there is a clear process to reissue the personal health record to all new carers for children or young people	• Health information is entered on to the personal health record where this is available. • Carers are asked to bring this record to all health appointments, without this book it is impossible to keep an updated record of the child's health	

		in their care. • Ensure that a contact person is identified to manage the administration of the personal health record.		
37. Support foster carers and their families	Social workers and social work managers. CAMHS professionals. Private and independent fostering agencies.	• Ensure foster carers and their families (including carers who are family or friends) receive high quality ongoing support packages that are based on the approach set out in the core training recommendation	• Of the 29 sets of notes which were reviewed, of those that were applicable there was evidence that CAMHS support was available to foster carers and residential staff. This was evidenced through care plans and network meetings.	
48. Conduct a comprehensive health consultation when young people move on to independent living	Social workers and social work managers. Leaving care teams. Designated health professionals.	• Ensure that when young people are offered their final statutory health assessment all available details of their medical history can be discussed. • Ensure young people are supported to understand their health and medical information. • Ensure young people are supported and encouraged to attend their final statutory health assessment.	•	

Survey of LAC health assessments

The data collection for this survey took place in October 2011. Twenty eight sets of records from the population of Children Looked After at that time were selected using random numbers. This was a 10% sample of the total number in care for more than one year. Two nurses and one paediatrician from the Children Looked After Team reviewed the records together using pro-formas to collect the data which was recorded anonymously. The results were as follows:

Number of children in survey	28 (10% random sample)
Mean age of children	12 yrs 8½ mths
Number of children found to have a completely new health issue	0
Number of children with no health issues at all	3 / 28
Number of children with an improvement in health	8 / 28
Number of children needing immunisation	7
Number who were given immunisation	5 / 7
Number who had not been given immunisation	2 / 7
Number of children over 10 yrs making healthy lifestyle choices	15 / 21
Number smoking	3 / 21
Number refusing dental treatment	1 / 21
Number making poor lifestyle choices	1 / 21
Number displaying significant risk taking behaviour	1 / 21
Number in whom there is no information available	1 / 21
Number with completed Strengths and Difficulties Questionnaire	24 / 26
Number with ongoing Mental Health Issues	10 / 28
Number receiving ongoing CAMHS support	4 / 28
Number refusing to engage with CAMHS	3 / 28
Number in whom mental health issues resolved without CAMHS	2 / 28
Number in whom mental health issues resolved with CAMHS	1 / 28
Number previously underweight but now better	2 / 2
Number previously overweight but now better	1 / 6
Number previously overweight but worse	3 / 6
Number previously overweight but no change	2 / 6

Condition	No of children	Comment
Asthma	1	Appropriately referred and improved
Vision problems	16	
Overweight	6	
Underweight	2	
Speech and language problems	3	Having appropriate reviews
Epilepsy	1	Appropriately treated
Dental problems	3	Two referred, one refused treatment
Eczema	4	
Audiology	2	Appropriately referred and assessed
ENT	3	Appropriately referred and assessed
Blood Born Virus	1	
Total		42 conditions in 28 children

Collection of data up to end of year April 2011 – March 2012

Number of children seen for Health Assessments:	360
Total number of appointments made:	475
Number of cancelled appointments:	65
Number of appointments which were not attended	47
Number of appointments with paediatrician:	188
Number of appointments for adoption medicals:	50
Number of appointments with nurse:	206
Number of GP appointments:	22
Number of Out of Area nurse assessments (Isle of Wight LAC, Southampton LAC, Swanwick Lodge Nurse)	7
Number of reports written by Paediatrician from records	2

Percentage immunisation in CLA accommodated more than 1 year	87.4%
Percentage immunisation for all Portsmouth children age 5 (CLA & nonCLA)	85 %
Number of children seen with immunisation up to date:	306
Number of children seen who were not fully immunised /several missing:	9
Number requiring Diphtheria, Tetanus, Polio immunisation	26
Number requiring Measles, Mumps, Rubella immunisation	12
Number requiring Meningitis C immunisation:	5
Number with incomplete Human Papilloma Virus immunisation	3

Number of children we have a dental review date for (date last seen):	239
Number of children identified through OC2 return audit as not having been to the dentist in the last year / had their mouth checked:	29
Number of referras made to dentist:	17
Number of children under Orthodontist:	6

Total number of children and young people Newly Looked After:	123
Number of children aged 5 years and less:	60
Total number of children in care at end of March 2012:	295
Total number of children in care at end of March 2011:	329
Number of children who left care before initial health assessment held:	29
Number of initial health assessments cancelled or delayed due to DNA:	14

CAMHS

Number of children already under CAMHS:	44
Number of children referred over the year:	19
Number of individuals who refused referral:	3

Number of Looked After Children by Portsmouth City

Seen by Health Services, Education Services and other Services

During the year ending April 2012

Mental health Services		**Primary Care Teams**	
CAMHS:	44	School Nurse:	4
Psychologist:	1	Health Visitor:	18
		GP:	3
		GP, for eczema:	5
		Asthma Nurse/GP	8
Surgical Specialties		**Medical Specialties**	
Urology:	1	Cardiology:	5
Orthodontist:	6	Dermatology:	2
Orthopaedics:	3	Genetics:	5
ENT:	3	Liver specialist:	2
Cleft Centre:	1	Neurology:	2
Maxillofacial:	2	Haematology:	1
General Surgeon:	2	Epilepsy Clinic:	1
		Neonatal:	2
		Neurophysiologist:	1
Vision related clinics		**Therapy Services**	
Orthoptics:	11	Speech and Language:	23
Ophthalmology:	13	Physiotherapy:	7
Optician:	11	Occupational Therapy:	2
		Dietitian:	3
Other Clinics		**Other Services**	
Enuresis Clinics:	1	Barnardo's:	3
Audiology:	23	Treetops:	1
Podiatry:	7	HIDS:	3
		Switch (drugs and alcohol):	2
		Motiv 8:	1
Medical and / or Developmental clinics		**Education related services**	
Consultants/Paediatricians:	16	EYP:	2
		Portage:	4
		Educational Psychologist:	6

Number of referrals made by the Health Team for

Looked After Children by Portsmouth City

During the year ending April 2012

Primary Care Teams	**Education related services**
School Nurse: 11 Health Visitor: 6 GP for immunisation 7	EYP: 4 Portage: 4 Educational Psychologist: 5 Special Ed Needs Co: 1
Vision related clinics	**Therapy Services**
Orthoptist: 12 Optician: 5 Visual Impairment Teacher: 1	Speech and Language: 16 Physiotherapy: 2 Occupational Therapy: 1 Dietitian: 4
Hearing and ENT	**Other Clinics**
Audiology: 12 ENT: 2	Enuresis Clinics: 3 Podiatry: 7 Dentist: 14
Medical Specialties	**Other Services**
Referred for blood tests: 12 Cardiology: 1 Dermatology: 1 Genetics: 2 Chest Clinic: 5 Rheumatology: 1 Paediatrician: 1	Smoking cessation: 6 Child Development Team: 3 Adult Learning Disability Team: 1 You Count: 1 Sexual Health Service: 1

CAMHS LAC Annual Figures **Date: Sept 2011- August 2012**

Total Referrals	**Referrers**	**Age**	**Carer info**	**Location**
PAC Team 10	Under 8 18	e.g IFA/residential		
45	CLA SW Team 14	9-11 7		
	CLA Health 14	12-13 6	IFA Carers 10	P/mouth
Male 21	YPST 3	14-15 9	PCC Carers 23	32
Female 24	CAMHS 2	16+ 5	PCC Res 6	Hants
	GP 1		Kinship 4	13
	CIN Team 1		Other 2	

Consultations To	**Number of consultations – Total 130**
PAC Team 8 CLA SW Team 14 YPST 4 Foster Carer 24 Family Placement 25 CLA Health Team 16 CDC 1 Residential Units 6	PCC Legal Team 1 CAMHS 8 Other Health Prof 5 Corporate Parenting 13 School 1 Family Intervention Team 1 Young Person Request 1 Sexually Problematic Behaviour Team 1 YOT 1

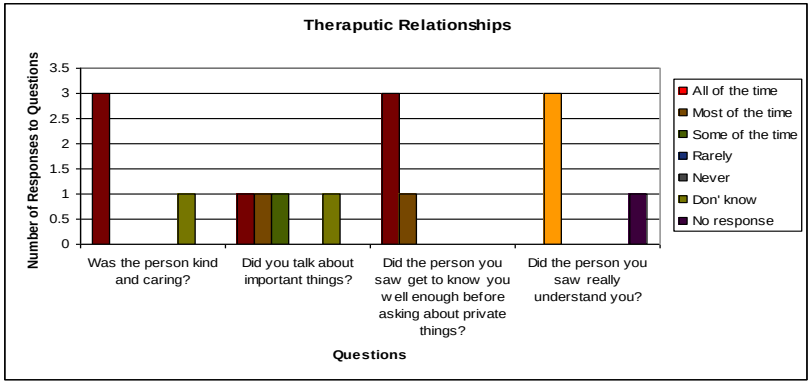
Transfers to AMH 0

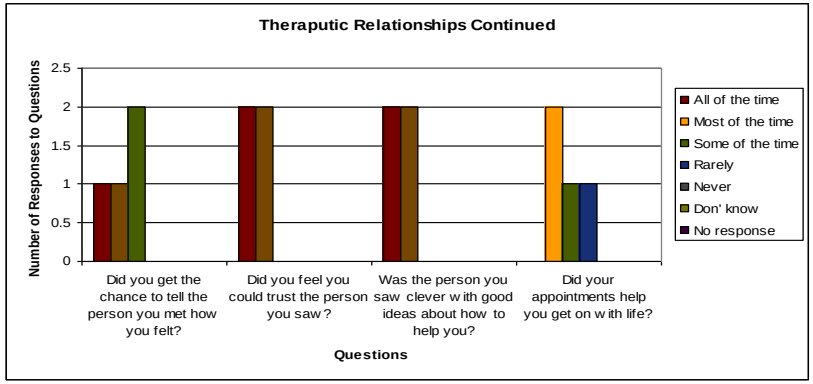
Total Discharged Cases 40

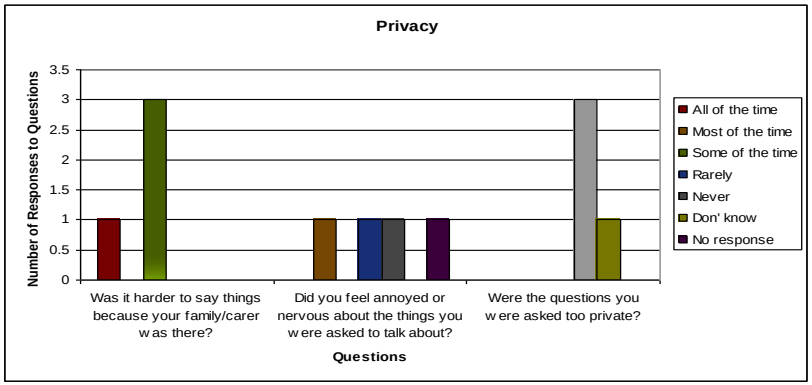
Longest Waiting Time 15 Weeks

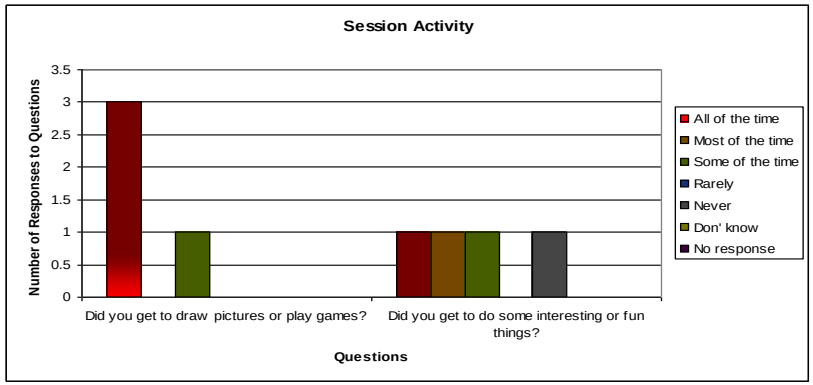
The waiting time is within NHS targets of 18 weeks.
The waiting time to be seen increased following the reduction of staffing, when the funding for a Social Worker within the CAMHS LAC Team was withdrawn.

LAC Young Persons Experience of CAMHS Service Survey: 2011









"Understanding"

"Comfortable room"

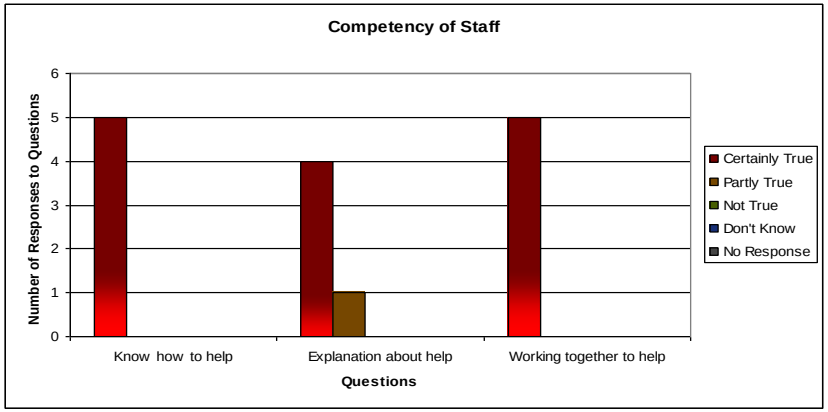
"Relieve stress"

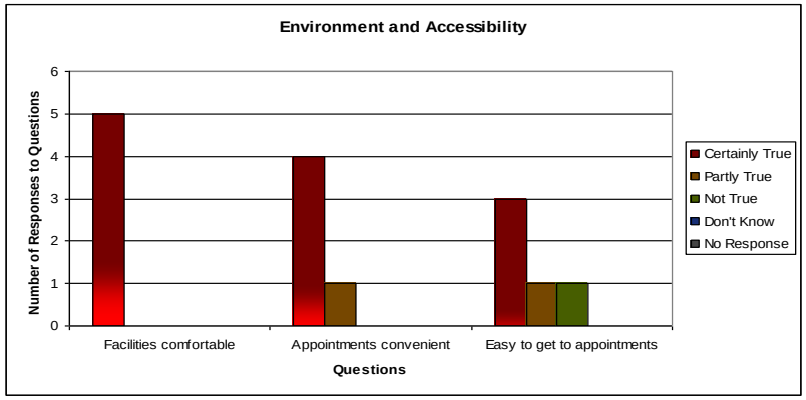
"Looking for a treat in the room"

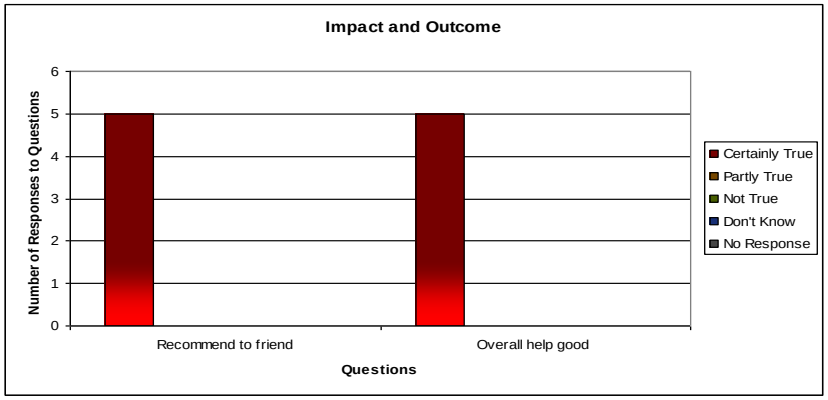
"She didn't make me say what I didn't feel comfortable about"

"Every piece of information was helpful to me"

LAC Parent/Carer Experience of CAMHS Service Survey: 2011







"I felt my Son's problem was taken seriously"

"Gave useful and good information"

"People listened"

"Gave me and understanding of the issues surrounding the young person"

"We both felt comfortable"

"Focused and relevant" 33

"Service good felt comfortable no pressure"

CQC Announced Inspection Multiagency Action Plan Final Version July/August 2011 Submitted to CQC 5th August 2011

Updated 23rd April 2012

Red – Not commenced Amber – Commenced Green - Completed

There were no recommendations for immediate action,

Looked After Children

1. Area for Development – Within 3 months *NHS Portsmouth (The SHIP Cluster) and Solent NHS Trust with Portsmouth City Council should ensure that the health aspects of the wellbeing of looked after children are addressed at individual children's annual review. (Ofsted May 2011)*				
Expected outcome: Consideration of the health aspects of the wellbeing of looked after children is embedded in normal practice		Success Criteria: 100% of annual review records demonstrate discussion of health aspects of wellbeing of looked after children		
ACTION	BY WHEN	BY WHOM	STATUS	
Work through Children in Care Council and Corporate Parenting Board to ensure that health is addressed at all Looked After Children Annual social care reviews	31st October 2011	Dawn Saunders and Looked After Children Health Group	LAC health team have started to request a copy of each review held by social care to ensure the correct information has been included and that it is correct and feedback regarding any omissions or errors. LAC team prioritise attendance at reviews where there is significant health need and ensure that health assessment reports are available for the review on every child and young person who has been seen	
Corporate Parenting Board to ensure that the LAC	31st October 2011	Dawn Saunders	The LAC health team have already	

review preparation booklets for young people are updated to include references to health outcomes			requested a copy of the review preparation booklets to consider how improvements could be made. New booklets will be printed in April 2012 and a health page will be included.	

2. Area for Development – Within 3 months				
Expected outcome: Strategy for substance misuse and children's homes reflects health audit findings and includes the needs of foster parents		Success Criteria: Training and support readily available for foster parents		
ACTION	BY WHEN	BY WHOM	STATUS	
Work with responsible managers to develop the current ongoing training programme for foster carers to include a module on substance misuse awareness, services available, referral and signposting and developing motivation.	31st October 2011	Barry Dickinson (Senior Programme Manager, Integrated Commissioning) Sue Knifton (Lead Officer, Young Persons Substance Misuse)	The substance misuse team have been working with carers and the carers represented on the LAC health group confirm that training has been undertaken. The programme is being rolled out again and the training programme is being amended to take in to account feed back and evidence.	
Review of the strategy for substance misuse and children's homes to include the findings from a recent LAC health audit	31st October 2011	Barry Dickinson Sue Knifton	A LAC health audit has been carried out and reported to the Corporate Parenting Board through the LAC health group. Local knowledge of the health needs of Looked After Children has been shared with the Commissioners for the Strategy for Substance Misuse.	

3. Area for Development – Within 3 months *NHS Portsmouth (The SHIP Cluster), Solent NHS Trust should develop the engagement and participation of looked after young people in the recruitment of designated and named professionals, quality assurance and audit processes and on-going service development. (Ofsted May 2011)*				
Expected outcome: Looked after children included in recruitment, quality assurance, audit processes and on going service development		Success Criteria: Evidenced through minutes of meetings and embedded objectives		
ACTION	BY WHEN	BY WHOM	STATUS	
NHS Portsmouth and Solent NHS Trust recruitment policies to reflect the need for participation of looked after young people in the recruitment of designated and named LAC professionals	November 2011	Dawn Saunders Judy Hillier	LAC health team have already given assurance that they will ensure this issue is addressed in future recruitment; and was achieved in the latest round of recruitment.	
Children in Care Council objectives will include the expectation that a young persons representative is involved in recruitment of relevant posts	November 2011	Dawn Saunders	A way forward for this has been agreed and the CICC objectives will be amended to reflect this.	
Newly formed LAC health group (sub group of corporate parenting board) will promote quality assurance, audit and ongoing service development and inclusion of young people through the Children in Care Council	November 2011	Dawn Saunders	This work has started after the first meeting of this group. The LAC health team (providers) are introducing a questionnaire to be completed by children and young people after each health assessment to highlight any area for improvement and to inform service development.	

The role of Designated health professionals

The Designated doctor and Designated nurse will work together to fulfil the following functions:

1. Advisory role

●● provide advice to the PCT, and thus to the Children's Trust, on questions of planning, strategy and the audit of quality standards in relation to health services for looked after children;

●● work with PCTs to monitor performance of local health services for looked after children and young people;

●● ensure expert health advice on looked after children is available to children's social care, the PCT, residential children's homes, foster carers, school nurses, clinicians undertaking health assessments and other health staff;

●● advise colleagues in health and children's social care on issues of medical confidentiality, consent and information sharing.

2. Policy and procedures

●● take a strategic overview of the service;

●● ensure robust clinical governance of local NHS services for looked after children;

●● contribute to local children and young people's plans;

●● ensure there is a system to check the implementation of individual health plans.

3. Liaison

●● maintain regular contact with the local health team undertaking health assessments on looked after children;

●● liaise with children's social care and other PCTs over health assessments and personal health plans for out of area placements.

4. Monitoring and information management

●● ensure the quality of health care assessments carried out;

●● ensure full registration of each looked after child – and all care leavers – with a GP and dentist;

●● ensure that sensitive health promotion is offered to all;

●● provide an analysis of the range of health neglect and need for health care for local looked after children – i.e. casemix analysis;

●● ensure implementation of health plans for individual children;

4. Monitoring and information management

●● contribute to the production of health data on looked after children;

●● ensure an effective system of audit is in place;

●● review the patterns of health care referrals and their outcomes;

●● evaluate the extent to which looked after children and young people's views are informing the design and delivery of the local health services for them.

5. Annual report

●● the delivery of health services for children and young people looked after should be evaluated annually by the designated doctor and nurse. It should consider the above and the effectiveness of health care planning for individual children and young people looked after, and describe progress towards relevant performance indicators and targets;

●● it should also include the results of any independent local studies of the accessibility of health assessments to the children and young people themselves, to foster carers, parents, social workers and to health professionals;

●● the report will be presented to the Chief Executive of the PCT Board who commissioned it and the Director of Children's Services.

6. Clinical governance and audit

●● The performance of health professionals undertaking health assessments should be monitored regularly as part of local arrangements for clinical governance and audit. Aspects to be monitored include the stages of the health assessment process, the quality of information retrieval and transfer, of clinical record keeping and the timeliness of referrals. It is the responsibility of the PCT commissioning the service to ensure that these arrangements are in place.

Training

●● responsibility for planning local training for GPs, paediatricians and nurses undertaking health assessments for looked after children;

●● participating (as appropriate) in local undergraduate and postgraduate paediatric training to ensure health including mental health of looked after children is addressed;

●● playing an active part in the planning of multi-disciplinary training ensuring they themselves are up to date with developments in the field by attending appropriate meetings and reading relevant publications

September 2012
CL

Responsibilities of the Medical Adviser to the Agency Adoption Panel

The Medical Adviser to the Adoption Panel will be responsible for the following:

a. Advice to the adoption agency on the medical suitability of any prospective applicant for adoption. Arranging for any additional information from Consultants and other health professionals, as considered necessary by the Medical Adviser, to inform the decision making process. Presenting the information to the Adoption Panel. The Medical Adviser will offer a professional opinion, but the decision on recommending acceptance of an applicant will be the responsibility of the whole Panel.

b. Making arrangements for a child with a proposed adoption plan to have a comprehensive medical and developmental assessment with a view to consideration for Adoption.

c. Advising the Agency Decision Maker on the outcome of any medical examination of a child when appropriate.

d. Advising the Adoption Panel on the health and development implications, including the need for further medical intervention or support, for any child for whom a match is proposed.

e. The Medical Adviser will sit as a full member of the Adoption Panel.

f. Where appropriate, the Medical Adviser will see prospective adopters to share with them information considered relevant by the Adviser on the circumstances, needs and life chances of any child whom it is proposed to place with the adopters. (This service to prospective adopters is currently not funded in Portsmouth).

September 2012

Christine Laidlaw