

---

**Meeting:** Central Bedfordshire Shadow Health and Wellbeing Board  
**Date:** 29 May 2012  
**Subject:** Looked After Children's Health  
**Report of:** Children's Trust  
**Summary:** The report sets out the findings of Central Bedfordshire's recent Safeguarding and Looked After Children inspection in relation to the quality of health services for looked after children.

---

**Advising Officer:** Anne Murray, Director of Nursing and Quality  
Edwina Grant, Deputy Chief Executive/Director of Children's Services

**Contact Officer:** Sylvia Gibson, Health and Special Projects Coordinator  
Emma de Zoete, Assistant Director Public Health

**Public/Exempt:** Public

**Wards Affected:** All

**Function of:** Council and NHS Bedfordshire

## **CORPORATE IMPLICATIONS**

### **Council Priorities:**

The report relates to the following Council priorities:

- Educating, protecting and providing opportunities for children and young people
- Promoting healthier lifestyles

The report also supports the following priority of the Children and Young People's Plan:

- Targeting the most deprived areas and vulnerable groups to improve children's emotional and physical health.

### **Financial:**

1. NHS Bedfordshire Looked After Children's health services are currently funded from the NHS Bedfordshire commissioning budget. Any additional resource implications will be identified as part of the development of the post inspection action plan.

### **Legal:**

2. The Ofsted Inspection of Safeguarding and Looked After Children is carried out under the Children Act 2004.

**Risk Management:**

3. Failure to deliver effective health services that support looked after children will negatively impact on their health and wellbeing.

**Staffing (including Trades Unions):**

4. Any required adjustments to staffing will be addressed as part of the development of the post inspection action plan. Any immediate adjustments involve increasing the number of staff working on the health of looked after children.

**Equalities/Human Rights:**

5. It is important that the health needs of Looked After Children, who are a vulnerable group, are met.

**Public Health**

6. This is a key Public Health priority, as previously agreed through the shadow Health and Wellbeing Board.

**Community Safety:**

7. Not Applicable.

**Sustainability:**

8. Not Applicable.

**Procurement:**

9. Not applicable.

**RECOMMENDATIONS:****The Committee is asked to:**

- **comment on the information within the report.**
- **note the action to be taken to address the issues raised in the inspection report.**
- **agree to receive reports on progress at future meetings of the Health and Wellbeing Board.**

**Background**

10. The Children Act 2004 requires Ofsted to provide an evaluation of the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. This report looks at the specific contribution of Health Services to the health and wellbeing of looked after children.

11. The Council has a lead role in providing services for children, and works with its partners, other agencies and the private and voluntary sectors to improve outcomes for children and young people. The inspection was carried out between 20 February and 2 March 2012. The report was published on 10 April 2012.

### **Health Outcomes for Looked After Children**

12. Ofsted judged that Health outcomes for looked after children are poor and that outcomes to enable looked after children to be healthy are inadequate.
13. Ofsted found that health outcomes for looked after children in Central Bedfordshire had declined over the 12 months preceding December 2011 compared to the East of England and England averages. Health assessment rates were low at 73%. Immunisation rates were low at 52% and lower than the general population rates for non looked after children in the area, which are between 77% and 89%. In 2010/11 87.3% looked after children received dental checks.
14. Alongside the decline in health outcomes the report highlighted a number of specific weaknesses including:
  - Health agency awareness of their responsibilities towards looked after children.
  - Access to health information by looked after children.
  - No specific health service for care leavers or health after care service.
  - The content and quality of health files.
  - No permanent designated doctor or nurse for looked after children in place.
15. Other areas of weakness included:
  - Health action plans poorly monitored due to the lack of specific or measurable objectives being set.
  - No quality control or quality assurance of health assessments.
  - Insufficient choice of venue or appointment times for health reviews to increase take up by looked after young people.
  
  - Health practitioners not routinely enabled to discuss the needs of looked after children in supervision meetings.
  - Case planning is not of a consistently high standard and so that case records support good quality practice across the partnership.
  - Delays in getting signed consent for health assessments from social work teams.
  - A need to improve information sharing when children move placement so that health teams have up to date information.

**Improvement Planning**

- 16. Ofsted concluded that health services face significant challenges in ensuring that the health needs of looked after children are addressed. Ofsted highlighted some issues which should be addressed in the three to six months following the inspection and others which will take longer term planning and service redesign. For the longer term aspects, the Council and NHS Bedfordshire and Luton will be working with the Eastern Region on a peer support and challenge programme to ensure that action leads to sustainable improvement (see paragraph below).
- 17. The following sets out the actions planned and taken to address:
  - a) the issues which Ofsted requires to be addressed in the 3-6 months following inspection (stage 1),
  - b) the longer term planning (stage 2).

**Stage 1 action: in the 3-6 months following the inspection**

<b>Ofsted areas for improvement</b>	<b>Action taken</b>
<p>Ensure all LAC have prompt access to appropriate health services which promote good outcomes for them.</p> <p>NHS Bedfordshire and Luton should ensure that all care leavers are enabled to access health services and receive a copy of their health histories to ensure they are able to make future life choices</p>	<p>Funding for a Designated LAC Nurse, a Designated LAC Doctor, two additional LAC nurses and 0.5fte administrative support has been agreed for this year. This includes nurse capacity for a leaving care health service.</p> <p>An interim Designated Doctor has been identified and we anticipate will be in place in the next few weeks.</p> <p>An interim designated nurse is now in place and the permanent position will be advertised week commencing 30<sup>th</sup> April. An interim Leaving Care Nurse has been appointed to improve the Leaving Care Service and a consultation is underway with CiCC (Children in Care Council) and the Social Care Leaving Team to shape the Leaving Care Services.</p>

<b>Ofsted areas for improvement</b>	<b>Action taken</b>
<p>NHS Bedfordshire and Luton should ensure that all looked after children and young people have access to age appropriate health education and promotion information.</p>	<p>An age appropriate health promotion information pack for LAC has been developed, printed and is being distributed at all initial and review health assessments</p> <p>Core training for foster carers is now in place for the rest of the year and includes Public Health input on health promotion.</p>
<p>NHS Bedfordshire and Luton and Central Bedfordshire Council should ensure that the strength and difficulties questionnaire outcomes are reviewed as part of the emotional health and well-being assessment during review assessments.</p>	<p>British Association of Adoption and Fostering (BAAF) Carers paperwork has been introduced to assess the emotional health and wellbeing of looked after children and young people.</p>
<p>NHS Bedfordshire and Luton must ensure that all GPs and independent health contractors are aware of their statutory responsibility to looked after children.</p>	<p>We are working with Clinical Commissioning Group to put together a plan to address this issue with GPs and Dentists. This will be a key area of work for the Designated Doctor when in post.</p>
<p>Delays in getting signed consent for health assessments from social work teams.</p>	<p>Guidance will be circulated to social work teams about who is responsible for giving consent for a health assessment.</p>

18. We will know if the service has improved by looking at::

- Existing performance management information including national measures on health assessments completed in the last 12 months, and the proportion of LAC with up to date immunisations and dental checks. Other local measures are also used specifically to assess if initial and review health assessments are undertaken within the statutory timeframe.
- An audit of initial and review assessment files by the Designated Doctor and Nurse, including monitoring quality of assessments, health action plans and if health plans are implemented.

19. Early performance management information already indicates an improvement since 2011 in immunisation rates, with health assessment and dental check rates just below the 2010/11 levels. The percentage of Looked After Children with up to date immunisations has risen from 51% in 2010/11 to an approximate figure of 83% for 2011/12.

## **Stage 2: Longer term service redesign**

20. The Council and NHS Bedfordshire and Luton will be working with the Eastern Region on a peer support and challenge programme to ensure that action leads to sustainable improvement. Funding has been secured for initial work to identify common development areas for Health identified through the recent inspections of Central Bedfordshire, Bedford Borough and Luton Borough Councils, and to agree areas for peer support from the region. A peer challenge will take place in February 2013 supported by the Children's Improvement Board focused on areas self assessed as requiring further acceleration to secure "good".

There are a number of themes which have emerged in the inspection, and post inspection discussions, which will need to be addressed in the service redesign. These include

- Ensuring that the LAC health team is optimally located to work in partnership.
- Ensuring that IT is used to maximise communication.
- Ensuring that there is a choice of venue and appointment times for older looked after children and that the review assessment addresses relevant issues for this group.
- Having clear commissioning arrangements for health assessments for all children placed out of Central Bedfordshire.
- A clear strategy for developing the designated doctors of the future, and additional expertise amongst GPs.
- Ensuring that the views of Looked After Children influence the redesign of the service.
- Regular checks to ensure that health assessments, health plans and the monitoring of health plans are of high quality and improving outcomes.
- Ensuring that Child and Adolescent Mental Health Services (CAMHS) work supports placement stability.
- Ensuring that health reviews, such as disability, LAC and adoption are combined or held at the same time.
- 

### **Conclusion and next steps**

21. A full action plan is being put together to address all the issues raised in the inspection. The plan will go to the Council's Overview and Scrutiny Committee, to the Council's Executive and to the Children's Trust Board.

An update on actions and progress will be provided for the Health and Wellbeing Board at its meeting on 6 September 2012 and at its meeting on 21 March 2013.

Appendices:

Appendix A – Ofsted Record of Main Findings

## Record of main findings:

<b>Safeguarding services</b>	
Overall effectiveness	Good
Capacity for improvement	Good
<b>Safeguarding outcomes for children and young people</b>	
Children and young people are safe and feel safe	Good
Quality of provision	Good
The contribution of health agencies to keeping children and young people safe	Adequate
<b>Services for looked after children</b>	
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Good
Partnership working	Good
Equality and diversity	Adequate
<b>How good are outcomes for looked after children and care leavers?</b>	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
Being healthy	Inadequate
Staying safe	Adequate
Enjoying and achieving	Adequate
Making a positive contribution, including user engagement	Good
Economic well-being	Adequate
Quality of provision	Adequate
<b>Services for looked after children</b>	
Ambition and prioritisation	Adequate
Leadership and management	Adequate
Performance management and quality assurance	Good
Equality and diversity	Adequate