



Derby City Council

CORPORATE PARENTING COMMITTEE
26 April 2016

Report of the Strategic Director of People
Services

ITEM 5

Looked After Children - Health Update

SUMMARY

- 1.1 This paper provides information regarding the Council's achievements and work in progress, to support the best possible outcomes for the health and wellbeing of children and young people in care.
- 1.2 The key areas which Corporate Parenting Committee requested an update on are:
 - Future in Mind and self-harm
 - Health Assessments and Strengths and Difficulties Questionnaires (SDQ)
 - Emotional health and wellbeing service development
- 1.3 Future in Mind is a new Clinical Commissioning Group (CCG) funding allocation aimed at improving the emotional health and well-being of children and young people. CCGs were required to produce a local transformation plan to release their full funding allocation, which for Southern Derbyshire CCG is £1m with some of this ring-fenced for eating disorder service provision. The shared vision is that by 2020 'children and young people are able to achieve positive emotional health by having access to high quality, local provision, appropriate to their need, as well as a range of support enabling self-help, recovery and wellbeing.' The plan responds to the need for enhanced community provision which includes support for self-harm. This year the plan contains a priority which allows expansion and innovation of an integrated emotional health and wellbeing service for LAC in Derby.
- 1.4 Statutory annual health assessments and SDQ completion is monitored quarterly by the Children in Care Commissioning Group, where service improvement work is identified. The aim is to achieve data recording and accuracy, and also to make the SDQ and assessment a positive and pro-active tool in identifying physical and mental health needs, and in responding to individual needs by securing appropriate service provision.

RECOMMENDATION

- 2.1 To note the contents of this report and feedback any comments or suggestions to the Children and Young People's Commissioning Team.

REASONS FOR RECOMMENDATION

- 3.1 Improving and managing the physical and mental health of our Looked After Children is a key priority for People Services, and it is important that service delivery is scrutinised by the Corporate Parenting Committee.
- 3.2 Development work in this area involves key professionals and also feedback from the Children in Care Council. Any additional steer from the Corporate Parenting Committee would be valued.

SUPPORTING INFORMATION

4.1 Health performance data

The percentage of Derby's children in care who had their teeth checked by a dentist in March 2015 was 92.5%, which is an increase on the previous year's average (85.3%) and remains higher than our comparator authority averages (87.4%) and nationally (85.8%). During 2015-16 however the percentage has slipped to 62.3% at December 2015 which may be explained by recording delays.

Derby performed well in the percentage of children in care whose immunisations were up to date with a figure of 97.8% in March 2015, which was higher than the comparator authority average (91.5%) and national (87.8%). The most recent data at December 2015 shows 89.3%.

In Derby 77.4% of children in care who were aged five or under in March 2015 had up to date development assessments. This was an increase on the 2013-14 average of 58% which is the current reported performance at December 2015. The comparator authority average is 91.3% and the national average is 91.3%.

4.2 Future in Mind (FIM)

Derby City Council have worked jointly with Derbyshire County Council and the Clinical Commissioning Groups in Derbyshire to develop a plan for how we are going to improve children and young people's mental health and wellbeing, and to demonstrate how the government funding for the FIM programme will be utilised¹. The joint visioning document explains that 'some young people, such as children in care and those leaving care, are exposed to situations and experiences that can make them particularly vulnerable. Experiencing mental health concerns is not unusual. At least one in four of the population experience problems at some point in their lives. Over half of mental health problems in adult life (excluding dementia) start by the age of 14 and seventy-five per cent by age 18'.

¹ <http://www.southernderbyshireccg.nhs.uk/your-health-services/future-in-mind/>

An update on the key priority areas for delivery can be found below:

PRIORITY Update	Status Update 18 Feb 2016	Next steps
Eating Disorders Service	Instruction to DHCFT to appoint team given. First Steps appointed for community support	Set up steering group to oversee development of community based model
CAMHS Urgent Help / intensive home treatment	Scoping commenced priority is CYP on edge of hospital admission	Drill down to identify need and target group, develop model and interface with Single Point of Access (SPOA), CAMHS RISE
Vulnerable children including Looked After Children and CSE/sexual abuse	Set up integrated Emotional Health and Wellbeing service for City LAC	On track for 1 April 2016 pilot
Additional Support for Universal Services including General Practice and Schools in Localities	Amber Valley primary care pilot	Further work to scope and develop eg CAMHS link worker
Targeted Help - Increasing Early Help/Intervention Capacity for Multi-Agency Teams	SPOA further develop, build on Improving Access to Psychological Therapies training	Further work to scope and develop
Parenting programmes - ADHD	To be scoped and commissioned	Priority
Additional Commissioning Support for Future in Mind	Plans published, governance structure established.	Commissioning support in progress

4.3 Self-Harm

The FIM programme aims to improve the service offered by CAMHS and to provide early intervention measures to support young people affected by self-harm. One of the key success measures for this element of the FIM plan is that fewer children and young people are admitted to hospital due to self-harm.

In 2015/16 as part of the CCG's children's transformation programme, Southern Derbyshire and Erewash CCGs recurrently invested £600k per year to extend the CAMHS liaison service to 7 days per week 8am to 11pm. Extended provision also includes follow up interventions to strengthen emotional resilience and minimise further hospital attendance. The new CAMHS RISE service has been fully operational since January 2016. Early indications are positive and show a reduction of admissions to hospital beds of 31% in February 2016. Outcomes are being monitored closely.

4.4 Annual Health Assessments

Derbyshire Healthcare NHS Foundation Trust provides the statutory health assessments for Derby's Looked After Children, and has reported that the February 2016 percentage of children who have had their annual health review is 86%, whereas the report from children's social care case record systems shows 80.9% at the end of December 2015. This is an improvement given that Derby's average performance was 81% in 2014-15, which can be compared with the comparator authorities 2014-15 average of 90.9%.

The variance between LAC Nurse and Local Authority data reflects issues with data input rather than performance, as the health provider does not have access to the children's social care case management system, which is an area of work being developed to improve data collection and integrity. In the meantime manual cross checking and verification of data between social care and health is required to reflect of accuracy of practice.

An additional challenge relates to children placed out of the Derby City area. 54% of Derby's children in care are placed outside the Derby City Council local authority boundary which is quite high; the most recent national benchmarking data from 2012/13 is 37%.² Nottingham/shire Councils do not have the capacity of undertake assessments for children placed in their area and approximately 15% of the out of area placements are in Nottingham/shire. Furthermore, the LAC Nurses spend up to 14 hours per week chasing up assessments from out of area placements, so ensuring young people in out of area placements receive their statutory assessment, and recording these, can be resource intensive. Additional LAC Nurse capacity has been agreed to resource this particular issue and improve outcomes for young people.

² <http://www.ofsted.gov.uk/resources/official-statistics-children-looked-after-placements-31-march-2013>

4.5 SDQ's

From April 2008 all local authorities in England were required to provide information on the emotional and behavioural health of children and young people in their care. This data is collected by local authorities through a Strengths and Difficulties Questionnaire (SDQ) and a summary figure for each child (the total difficulties score) is submitted to the Department for Education. An SDQ score is required for those children aged 4 to 16 who had been looked after continuously for at least twelve months at the end of the financial year.

The new contracts with external fostering and children's home providers expect that carers will support the completion of SDQ's and the attendance at any other health assessment required.

Derby's completion rate dropped from last year's figure (66%) in 2013-14 to 61% in 2014-15. This is still below the national (68%) and comparator (67.8%) averages, but is now much closer than it has been in previous years. Eight authorities achieved a 100% completion rate, and a further 42 authorities achieved 90% or higher.

A review has taken place of the process and pathway relating to SDQ completion, led by the Service Manager and Designated Nurse for LAC, and the Deputy Head of Service for Children in Care from the Local Authority, with support from the Corporate Parenting Lead. The details of this are contained in Appendix 2, and the outcome of this work will be improved recording, data integrity and assurance that the response to the individual SDQ will be responded to by appropriate service provision for the young person, and linked to the health assessment.

4.6 Emotional Health and Wellbeing for Looked After Children, Therapeutic Support for Adopted Children and Families, and for Young People who have been Sexually Abused

The therapeutic needs for Looked After Children (LAC) are a key priority for both the Local Authority and Southern Derbyshire Clinical Commissioning Group (SDCCG) and it is recognised that the availability of the right therapeutic intervention and support has a significant impact on placement stability, permanence and outcomes for children in care (CIC) including those placed for adoption.

The NHS has a statutory responsibility to provide a range of health services to meet the physical, emotional, and psychological needs of CIC in a timely and effective manner, and CCGs are required to work closely with local authorities to commission health services for all children and young people.

Work is currently underway to join up and enhance the current services in this area, by integrating services provided from Leopold Street (within the Local Authority), and Clinical Psychology (commissioned by the CCG), and utilising new funding from the Future In Mind programme. The aim of this service development is to achieve improved outcomes for Looked After Children, and improve the provision of therapeutic resources available, including to adoptive families by integrating existing provision and implementing commissioning arrangements to drive performance.

This report has been approved by the following officers:

Legal officer Financial officer Service Director(s) Other(s)	Emily Feenan Alison Parkin Frank McGhee Lesley Smales, Service Line Manager and Designated Nurse for Looked after Children Derbyshire Healthcare NHS Foundation Trust Sheila McFarlane and Alice Sanghera, Commissioning Managers, Derby City Council Judith Russ, Head of Service (Early Help and Children's Safeguarding) Michelina Racioppi, Designated Nurse Children's Safeguarding NHS Southern Derbyshire Clinical Commissioning Group
For more information contact: Background papers: List of appendices:	Lisa Melrose 01332 642569 lisa.melrose@derby.gov.uk None Appendix 1 – Implications Appendix 2 – SDQ Review and Pathway

Appendix 1

IMPLICATIONS

Financial and Value for Money

- 1.1 No financial implications identified arising from this report; however future costs may arise to improve IT systems.

Legal

- 2.1 None identified.

Personnel

- 3.1 None identified.

IT

- 4.1 Improved data recording could be achieved through reviewing access permissions.

Equalities Impact

- 5.1 Health provision for LAC is delivered to the whole cohort of young people and takes into account diversity issues.

Health and Safety

- 6.1 None identified.

Environmental Sustainability

- 7.1 None identified.

Property and Asset Management

- 8.1 None identified.

Risk Management

- 9.1 None identified.

Corporate objectives and priorities for change

- 10.1 Safeguarding vulnerable children and young people.

SDQ Draft Revised Pathway

Purpose

The local process for undertaking the Strengths and Difficulties questionnaire (SDQ) has been carried out by the Local Authority Social Work team as part of the annual data collection to the Department For Education as part of the SSDA903 data collection since 2008. The purpose of this change of the process is to carry out the SDQ at the time of the statutory health assessment in accordance with recommendations from statutory guidance (DH/DfE 2015)). The benefits of this change of process will be to assess, identify and improve the emotional and mental health outcomes for looked after children in a timely manner.

What is the SDQ Strengths and Difficulties Questionnaire?

The SDQ is designed for general behavioural health screening of children 4 to 16 years of age, consisting of a one-page form of 25 items. The forms are completed by carers for all children 4 – 16 years of age and by children and young people aged 11 – 16 years.

Responses to 20 of the 25 items generate a "total difficulties" score, based on subscale scores in "emotional symptoms," "conduct problems," "hyperactivity," and "peer problems," which are derived first. In addition, this tool provides a "pro-social behaviour" (strengths) subscale score.

Overview of Scoring

The SDQ takes the parent/guardian or young person approximately five minutes to complete. Each item is reported as "not true," "somewhat true," and "certainly true." Multiple scoring methods provided fall into two categories: hand-scoring or computer-based. Providers should expect some time will be needed to learn how to score this tool, but it should be fairly easy to score once it is familiar.

The SDQ is copyrighted but available for free at www.sdqinfo.com. It is translated into over 60 languages.

General Information

Local authorities are required to ensure the short behavioural screening questionnaire (SDQ) is completed for each of their looked after children between the ages of 4 and 16 inclusive by the child/young person's carer. The questionnaire should be completed by the main carer, preferably at the time of the child's statutory annual health assessment. The Local Authority is responsible for the collection of

completed questionnaires; marking the SDQ; storing the data; and returning the data to the DfE as part of the SSDA903 data collection.

The completion of the SDQ emotional screening tool will be offered to and undertaken by:

- The child's foster carer/residential home carer/parent or guardian for all Children aged 4 to 16 (Form P 4-16)

Exclusions

Completion of the SDQ is straightforward and there should only be rare exceptions where it cannot be completed. Having learning difficulties should not be a barrier to a child from having a questionnaire completed that relates to them. However where a looked after child has disabilities which mean that it would not be possible or appropriate to complete a questionnaire then that should be noted by the Paediatrician or Nurse undertaking the health assessment in the record.

Derby City Children placed out of the local area

For Derby City children who are placed out of the Local Area a request to the looked after children team in the accommodating authority will be asked to undertake the SDQ on behalf of Derby City and returned with the statutory annual health assessment for processing. This will ensure that the emotional and mental health needs of Derby City Looked after Children living out of area are identified and met.

Monitoring Compliance and Effectiveness

The Local Authority is responsible for the Collection of completed questionnaires; marking the SDQ; storing the data; and returning the data to the Department for Education as part of the SSDA903 data collection. The Local Authority is required to return the data for all children who have been looked after for at least 12 months on the 31st March each year for children between four and 16 years of age inclusive. Children who are looked after under an agreed series of short term placements excluded from the SSDA903 data collection.

Monitoring compliance and effectiveness of the SDQ will be carried out as part of the statutory Initial and Review Health Assessment audit by Derbyshire Healthcare Foundation Trust and results will be discussed with Commissioners of the service to be used to aid strategic developments and service planning.

References

- Department of Health (2007) Who pays? Establishing the Responsible Commissioners. Crown Copyright.
- Department of Health Department of Education (2015). Statutory Guidance on Promoting the health and well-being of Looked After Children. DfE DH Publications. Crown Copyright.

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- Department for Education (2013) Children Looked After by Local Authorities In England Guide to the SSDA903 collection 1 April 2013 to 31 March 2014.
- Department for Education (2010) The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review.
- National Institute for Health and Clinical Excellence Social Care institute for Excellence (2010) Looked-after children and young people. NICE public health Guidance 28.
- RCN, RCPCH (2015) Looked after Children: knowledge, skills and competence of health care Staff. Intercollegiate Role Framework.

Draft Flowchart for the SDQ

9 weeks before the rha is due LAC Health admin to send list of children's names, DOB and placement to dataquality@derby.gov.uk



8 weeks before rha is due. Quality Data team to send SDQ to carer and inform Childs SW, Supervising SW or Head of Service as appropriate to ensure prompt completion and return of SDQ. Completed SDQ to be returned to LA within 2 weeks of receipt.



SDQ to be scored by the LA and copy of questionnaire, score and measures sent to LAC Health admin team at least 3 weeks before rha is due.



SDQ and score to be uploaded on to the child health record by LAC administration team and nurse tasked to inform the information is available for the rha at least one week before rha is due



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Outcome of the SDQ to be reflected in the health care plan and any recommendation recorded with persons responsible and timescales

