

## CORPORATE PARENTING BOARD

20 January 2020

### Looked After Health Team, City Hospitals Sunderland

#### 1. Purpose of the report

The purpose of this report is to provide an update on the activity of the Looked After Health Team (South Tyneside and Sunderland NHS Foundation Trust).

In Quarter 3 there were of 579 children looked after, a decreased from the previous quarter. Current rate 107 per 10,000 (Children's Services Analysis Tool, ChAT. April 2019).

#### 2. Compliance data for health assessments - Quarter 3

##### 2.1 Initial Health Assessments (IHA)

Local Authorities are responsible for a health assessment of physical, emotional and mental health needs is carried out for every child they look after within 20 working days of the child becoming looked after.

**Table 1 – Initial Health Assessments**

	Quarter 1	Quarter 2	Quarter 3
<b>Number</b>	58	58	48
<b>Compliance</b> (target 100%)	93%	92%	98%*

\* 2% differentiation is related to one child that did not attend their appointment on two occasions but was seen the following month.

##### 2.2 Review Health Assessments (RHA)

The RHA must happen at least every six months before a child's 5th birthday and at least once every 12 months after the child's 5<sup>th</sup> birthday, within the month they became looked after.

**Table 2 – Review Health Assessments**

	Quarter 1	Quarter 2	Quarter 3
<b>Number</b>	122	166	141
<b>Compliance</b> (target 100%)	100%	98%	99%*

\*42 children were not brought/did not attend the booked appointment; 3 young people declined their health assessment.

## 2.3 Out of Area Health Assessments

Table 3 – Health assessments performed on behalf of Sunderland children and young people placed outside of area

	Quarter 1	Quarter 2	Quarter 3
<b>Total number</b>	9	3	5
<b>Total Compliance</b> (target 100%)	100%	50%	<b>50%*</b>
<b>Number IHA</b>	1	0	<b>1</b>
<b>Compliance IHA</b> (target 100%)	100%	-	<b>0%</b>
<b>Number RHA</b>	8	3	<b>4</b>
<b>Compliance RHA</b> (target 100%)	100%	100%	<b>50%</b>

**\*IHA** One child moved out of area urgently before 20 days. **RHA:** One not completed in timely manner the second was delayed due to an urgent placement.

Sunderland CCG are quality assuring all IHA and RHAs for external placements and monitoring compliance.

## 3. Health Passports

Table 3 – Health Passports Issued

	Quarter 1	Quarter 2	Quarter 3
<b>Number</b>	8	5	10
<b>Compliance</b>	100%	100%	100%

3.1 The Health passport will be revised in line with improved joint working between the Next Steps, Looked After Health teams and South Tyneside and Sunderland NHS Trust.

## 4. Looked After Health Team

4.1 Work is ongoing to support and improve looked after health services across South Tyneside and Sunderland within the provider sites. The voice of the child is being sought in relation to any changes.

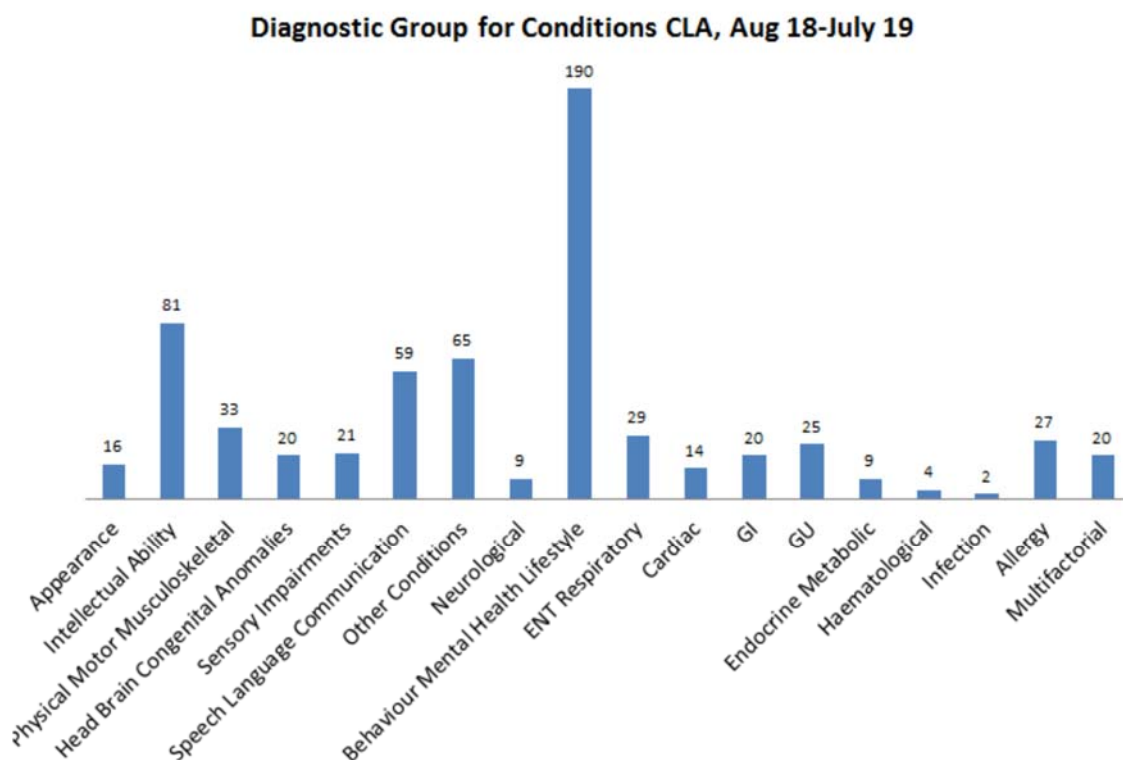
4.2 The Named Doctor for South Tyneside is now co-located with the Looked After Health team in the offices at the Children's Centre, Durham Road.

4.3 A part time Band 6 Nurse has been recruited in a fixed term contract to support Review Health Assessments (RHA) being carried out across the provider sites.

4.4 The Designated Doctor role has been filled under a temporary contract; Interviews for the permanent position will take place in February 2020.

## 5. Health Profile Data

5.1 The Health Profile Data (Sunderland Looked After Health team, Data Launchpad) below, plots the diagnoses Children Looked After presented with during health assessments carried out between August 2018 and July 2019:



5.2 In depth projects looking at Asthma, Weight and Epilepsy have commenced.

5.3 Behaviour, mental health and lifestyle is the largest group where issues are recorded (190) Emotional wellbeing and mental health is a great concern to our children and young people and ourselves, as Corporate parents. Further work is being explored to look at how to support and reduce this between commissioners, CNTW and South Tyneside and Sunderland NHS Trust.

5.4 The rates of special education need (SEN), Learning Disability (LD) and Education and health care plans (EHCP) can now be reported:

Table 4 – SEN, LD and EHCP rates, CLA Sunderland by quarter:

N=217	Quarter 3
SEN	35 (16%)
Learning Disability	11 (5%)
EHCP	24 (11%)

## **6. Developments**

6.1 A service review identifying the pathways of information sharing for Looked after Children and Young people with Special educational needs, Learning Disability and Education and Health care plans (EHCPs) has been completed. The report is shared as part of this report.

6.2 Sunderland CCG provided £3,000 of funding towards the Annual Celebration event for Children looked after.

## **7. Recommendations**

The Corporate Parenting Board is asked to note the content of the report.

**Signed**



**Dr Sarah Mills**  
**Locum Paediatric Consultant**  
**Designated Doctor for Looked After Children**

## **Children and Young People with Special Educational Needs and /or Disabilities (SEN/D). A review of Sunderland looked after health practice 2019**

### **Aim of review**

Sunderland CCG Designated Children Looked After (CLA) professionals aim to establish if the needs of children looked after who have a SEN/D are met according to the SEN/D code of practice and Promoting the Health and Wellbeing of Looked after Children (2015)<sup>1</sup>.

### **Background**

The Children and Families Act (2014) reformed the provision for children and young people (YP) with special educational needs and/or disabilities (SEN/D), publishing the SEN/D Code of Practice: 0 to 25 years (DfE and the DoH, 2014)<sup>2</sup>. The code recommended the non-statutory roles of Designated Medical Officer (DMO) or Designated Clinical Officer (DCO) to support the CCG in meeting its statutory responsibilities for children and young people with SEN/D, these roles must have appropriate expertise in this field and links with other professionals. Sunderland have the service of a DMO.

Ofsted and the CQC are reviewing local authority (LA) areas to gain an understanding on how agencies connect to meet the needs and improve the life chances of children with SEN/D in accordance with the legislation. Whilst the DMO/DCO roles are non-statutory, the inspections have shown there are implications for an area that cannot evidence how it has oversight and assurance that the health system is fully engaged in SEN/D.

As of June 2019 there have been 93 inspections with 85 reports published. Half the Local Authority areas inspected received written statements of action where Ofsted and CQC judged that there were aspects of significant concern, many of these are in the North. The inspection programme aims to finish in March 2021; Sunderland remains in the uninspected cohort.

### **SEN/D and Children Looked After Children**

Nationally CLA are four times more likely to have a SEN/D and are nine times more likely to have an education, health and care plan (EHCP); a plan which ensures that

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<sup>1</sup> <https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>

<sup>2</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/398815/SEND\\_Code\\_of\\_Practice\\_January\\_2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf)

their identified needs are met within education. In 2018, 55.5% of CLA had a SEN/D with the most common reason for CLA to require an EHCP is social, emotional and mental health needs (CLA.STATS DfE / National Statistics 2019).

The number of CLA in Sunderland in 2018/19 consistently exceeds 600 and is a national outlier for the rate of looked after children. This is in contrast to the number of CLA identified with SEN/D 140 (September 2019), with only 81 requiring support in education with an EHCP. This is below the national average.

Promoting the Health and Well-Being of Looked after Children states that LAs and health professionals should:

- Follow the requirements within the *SEN/D code of practice*.
- Ensure that the EHCP 'works in harmony' with their looked after care plan to tell a coherent and comprehensive story about how the child's health needs in relation to accessing education are being met.
- Health and education professionals should consider how to co-ordinate assessments and reviews of the child's care plan and EHCP to ensure that together, they meet the child's needs without duplicating information unnecessarily.

### **Method of review**

1. To benchmark local practice against regional practice by a review of the SEN/D inspection findings of neighbouring areas.
2. Discussion with the Sunderland Looked After Health (LAH) team to identify current practice/ process and their understanding of SEN/D agenda.
3. To conduct a dip audit of the LAH team records of children with an EHCP to identify the presence of the plan within their records.

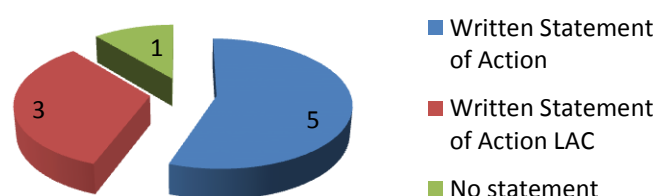
### **Review Findings**

#### **1. The Benchmarking of inspections**

A desktop search was completed on neighbouring localities who have received a SEN/D inspection; Durham, Newcastle and Hartlepool have since 2015 been inspected twice. Their findings were;

- Gateshead (2017) received no written statement of action.
- Durham (2017), Hartlepool (2017) Northumbria (2018), Stockton (2019) and South Tyneside (2019) all received statements in relation to multiagency practice however no actions directly related to CLA health care.

Figure 1 Areas inspected and statements issued



In relation to CLA Middlesbrough (2017), Newcastle (2018) and Redcar and Cleveland (2018) all received written statements which identified areas of improvement around CLA practice;

- a. The Newcastle inspection found that the healthcare service for CLA 'does not effectively identify children and YP who have SEN/D. Awareness of children and YP with continuing care needs who become CLA is from across agencies is weak. This reduces the visibility of these children and YP'.
- b. Within Newcastle and Middlesbrough the CLA initial and review health assessments are not completed in a timely way. 'This hinders the early identification and review of this group of children's healthcare needs.'
- c. In Newcastle the results of strengths and difficulties questionnaires undertaken by social care are not always shared or completed in a timely manner so that they can inform health assessments for CLA. This limits their accuracy and, as a result, the emotional and mental health needs of children and young people may not be fully known. Some practitioners do not use any tools other than their own professional judgement to assess the mental health of children looked after. Consequently, children and young people do not have the opportunity to participate fully in these important assessments.
- d. In Redcar and Cleveland there has been a long standing vacancy in South Tees CCG for the designated doctor for CLA. The Designated Medical Officer (DMO) does not have oversight of the effectiveness of arrangements for CLA who have SEN/D.

## **2. SEN/D practice discussion with the LAH team**

Designated Professional conversations regarding SEN/D practice in Named supervision and LAH team meetings confirmed that the team had awareness of the SEN/D agenda and that staff recognised that CLA with SEN/D's vulnerabilities yet;

- The Sunderland health assessment document prompted the recording of children with SEN/D, a Learning Disability and /or EHCP.
- The team had begun to request information from the virtual school to provide information around EHCP and SEN/D to inform the child's health assessment.
- Numerical Data is being collected from the health assessment on the number of children with SEN/D however the team could not recall individual children from this data.
- The LAH team did not have a formalised operational process for SEN/D and CLA.
- The team do not connect the health assessment and EHCP processes. Equally the LA EHCP team do not request or receive a copy of the CLA health assessment to incorporate within the EHC plan.
- There are links with the DMO however these are informal and have not influenced SEN/D practice within the LAH team.

### 3. **Audit**

In view of the LAH team being unable to identify SEN/D patient level data, the sample of 47 children was identified from the DMO's neurodisability database. These records were reviewed and confirmed that all (100%) contained a contemporary copy of their EHCP in their records.

The number identified on this database seemed unrepresentative of the CLA population and a request for data from Sunderland's virtual school confirmed that 81 CLA have an EHCP with 140 requiring additional educational support. This indicated that only 58% of the Sunderland CLA SEN/D population was known to the LAH team.

#### **Summary of Findings**

The aim was for CCG Designated CLA professionals to establish if the LAH team were able to identify and meet the needs of the CLA with SEN/D as specified within national SEN/D / CLA guidance. It also aimed to benchmark local practice against the inspection findings of neighbouring areas.

The findings evidenced both good practice and gaps in relation to CLA and SEN/D practice and are as follows:

#### **Good practice**

- Sunderland LAH team do effectively identify children with disabilities and those requiring/ or with an EHCP through the initial and review health assessments. Children have their health needs met through the health assessment action plan and this is shared with their care team and health colleagues.
- The compliance of the Sunderland LAH team in completing health assessments within the statutory timescale averages above the national level of 89.5% as indicated in the table below.

Sunderland Health assessments 2018/19	Q1	Q2	Q3	Q4
Initial	91%	76%	93%	100%
Review	95%	95%	95%	98%

- The LAH team collate the prevalence of CLA/ SEN/D from the health assessments. Once sufficient data is accumulated this will be included within the Sunderland health profile for CLA. The LAH team, designate professionals and the Corporate Parenting Board could consider the use of this information to assist in service design and delivery in the city.



## Gaps / area for improvement

- The numbers of CLA with SEN/D and or EHCP are disproportionately low in Sunderland in relation to the National average; further understanding is required of this.
- The LAH team do need to formalise the SEN/D operational process to ensure consistency in operational practice.
- The LAH team require the ability to 'run' reports at patient data level. This would allow the tracking of health needs following health assessment and to be used within the quality assurance process, ensuring that their health needs are fully addressed.
- A greater challenge is the co-production of the EHCP with the statutory health assessment to avoid duplication, both are a statutory requirement and the coordination to ensure that they fit yearly timescales at corresponding times is aspirational.

Discussions have begun between CLA health and the EHCP team to establish a direct request for information and to agree that the health assessment is shared with the EHCP team for collation into the EHC plan. A copy of this will be placed into the LAH records to inform the health assessment.

- The assessment of mental health and SDQ scoring which is a national reporting indicator is contentious as the triangulation of child, care and school assessments is rarely applied correctly. Children's mental health is recognised as a concern in Sunderland and the assessment of such as indicated in the Newcastle inspection requires further exploration and direction by the designated professionals to influence practice.
- The Designated Professionals CLA in Sunderland are fully engaged in the SEN/D agenda the doctor has a working relationship with the DMO, both being employed by the same organisation. However the DMO's level of oversight and obtaining assurance in respect CLA/ SEN/D is unclear and requires further understanding.
- Children looked after and SEN/D will continue to receive consideration within CCG contracts and service design.
- The designated professionals will continue to highlight the CLA / SEN/D across the CCG/LA agendas.

The above findings and recommendation were shared with the LAH team who have implemented a number of service improvements and developed an operational action plan. The CCG actions are tabled below in appendix 1.

## Appendix 1 – Designated Action Plan – SEN/D

Recommendation	Action to be taken	Lead	Timescale	Progress	RAG
The SEN/D prevalence will feature within health profile. This will be shared to the local authority and corporate parenting / MALAP	The numbers of SEN/D CLA will be collated and placed on the dashboard	Designate professionals	To be published on Q4 dashboard	Complete, see below	Green
	Explore the reason for the lower prevalence of EHCP in Sunderland compared to national statistics	Designate professionals, SEN team and Virtual School	March 2020	Meeting planned, Virtual school arranging date and venue	Amber
Looked after Children will have their emotional and mental health needs assessed	The implementation of an effective evidenced assessment tool	Designate professionals	September 2020	<i>SDQs were completed in 95% for Q3. Training planned and further work into mental health role</i>	Amber
The designated CLA professionals will ensure that CLA and SEN/D are connected at a strategic level and evidence engagement with the DMO	Designated professionals to develop formal arrangements to ensure that CLA /SEN/D have a profile within the SEN/D agenda across the LA and CCG	CCG Designated CLA professionals	March 2020	<i>Looked after health team and virtual school have met, SEN team and DMO to be invited to further meeting</i>	Amber

September 2019

Vicky Smith - Designated Nurse CLA South Tyneside and Sunderland CCG

Sarah Mills – Designated Doctor CLA Sunderland CCG