

Brent Looked After Children (LAC) Annual Report 2017-2018

Jointly undertaken by NHS Brent CCG and Brent LAC
Health Team - London Northwest University NHS Trust
(LNWUHT)

Looked After Children

- Looked After Children are those children in the care of the Local Authority, resident with foster carer's, in residential homes or with family members
- Care Leavers are those children who have been Looked After and are now being supported to live independently, with an age range of 18 to 25 years

Executive summary

- This report combines NHS Brent CCG and the Provider Health reports for Looked After Children (LAC). The health provider is London North West University Healthcare NHS Trust (LNWUHT) – Brent
- The report outlines the delivery of health services to LAC by the London Borough of Brent, in line with National Statutory Guidance
- It reviews performance indicators, clinical work undertaken by the LAC health team, service improvements and plans for further development
- This report covers the commissioning aspect of the service as well as the provider aspect of delivery, for ease of reading and to demonstrate the joint working partnership across health
- For the purposes of this report - the timescale is from 01 April 2017- 31 March 2018
- The national year is for the previous financial year due to time taken for reporting

Brent LAC population

LAC by Age Group	Under 1	1 to 4	5 to 9	10 to 15	16 and over	Total
England 2016-17	3820	9170	14100	28540	17040	72670
Brent 2017-18	16	25	31	119	127	318
Brent 2016-17	12	21	40	108	138	319
Brent 2015-16	13	16	54	132	121	335

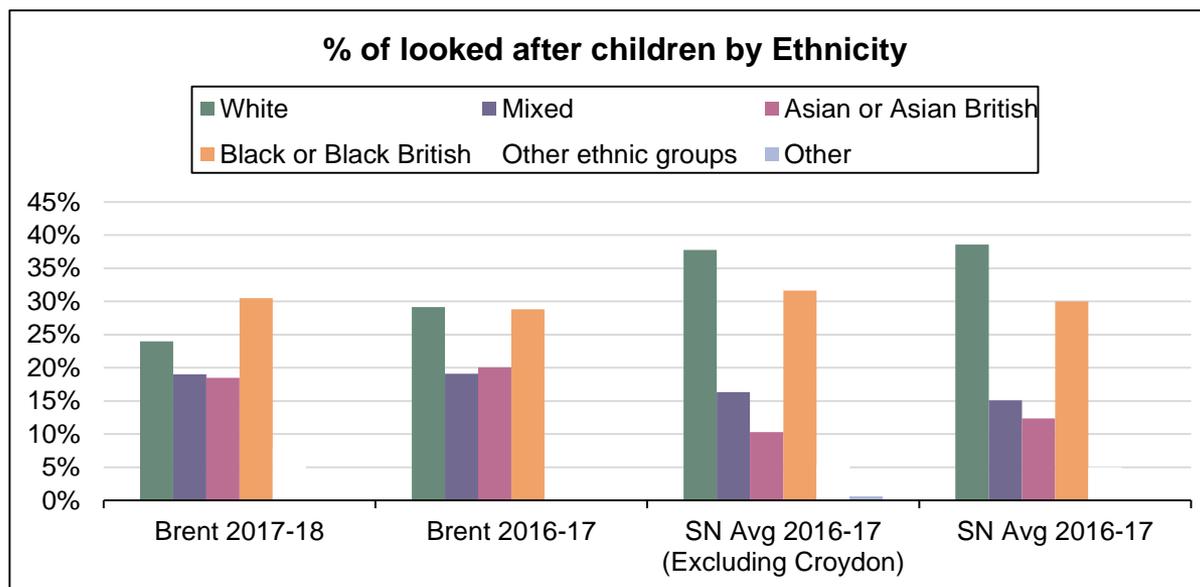
Gender	Male	Female
Brent 2017-18	199	119
Brent 2016-17	206	113
Brent 2015-16	206	130

63% Male and 37% Female

Brent LAC population 2017/18

- Between April 2017 and March 2018 a total of **318** children were accommodated by Brent LA. There were **319** children looked after at 31st March 2017, which is in effect a 0.32% decrease. This represents **42** LAC per 10,000 head of child population against the rate for England of **62** per 10,000 head of child population.
- Children aged 16 years and over make up the highest proportion of Brent LAC (**39.9%**) compared to **43.3%** at the end of March 2017. Over 77% of the care population in Brent are aged 10 and over, compared with 56% in 2012.
- Of the **318** children looked after at 31st March 2018, there was an increase in children looked after aged 0-4 years and aged 10-15 years compared to 31st March 2017.

Ethnicity of LAC in Brent as at 31st March 2018



Brent is ethnically diverse: **66.4%** of the population is Black, Asian or other minority ethnicity (BAME). An increase from 2011, when BAME groups made up **63.7%** of the population

Placement of Brent's LAC as at 31st March 2018

LAC by Placement Type	England 2016-17	Brent 2017-18	Brent 2016-17	Brent 2015-16
Foster placements	53420	212	204	236
Placed for adoption	2520	4	8	x
Placement with parents	4370	8	x	x
Other placement in the community	3090		x	0
Secure units, children's homes and semi-independent living accommodation	7890	81	94	85
Other residential settings	1080	9	x	x
Residential schools	130	4	6	x
Other placement	160	0	0	0

Distribution of Brent LAC – comparison across the years

Number of LAC in Brent Placement	2015-16	2016-17	2017-18
Placed in Brent	188	174	134 (42%)
Placed in London	118	127	124 (39%)
Placed out of London	76	85	60 (19%)
Total Brent LAC	382	386	318
Nos. of LAC who left care (ceased) not included in the total above	118	96	175
Total LAC notified during this period including nos. ceased	500	482	493

Monitoring timeliness of Health Assessment, Key Performance Indicators (KPI) and Targets for LAC in 2017/18

The statutory requirements include

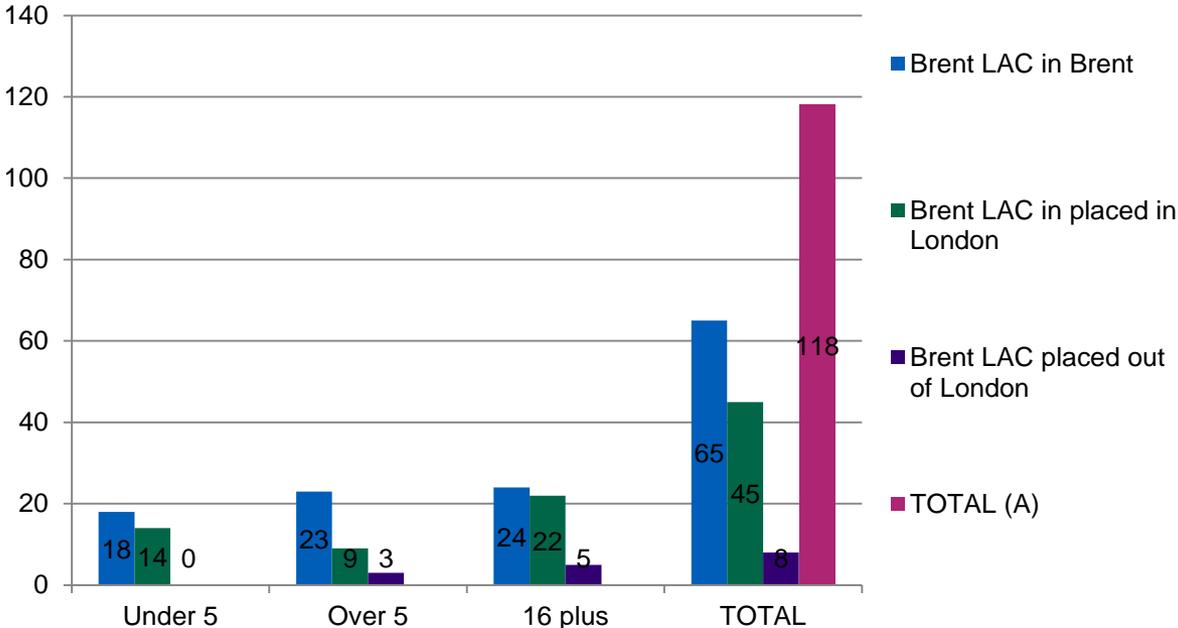
- All LAC should receive an initial health assessment (IHA) within 20 working days of child becoming looked after this includes booking and completing assessment as well as completion of the Health Action Plan (HAP)
- Children under 5 years receive a review health assessment (RHA) every 6 months
- Children and young people over 5 – 18 years will receive review health assessments (RHA) every 12 months

Timeliness of Notifications and Statutory Health Assessments (HA)

- The majority of health assessments for LAC are completed by the LAC Health Team within statutory timeframes. Meeting these timeframes relies heavily on the LAC Health Team receiving prompt notification from the LA about children requiring HA. A number of these notifications are delayed resulting in increased pressure on the LAC Health Team. This is closely monitored during the bi monthly Joint Quality and Monitoring Meetings
- The purpose of the HA is to identify health needs promptly so that the appropriate care and treatment can be arranged
- Health and social care have joint responsibility and to work together to ensure the timeliness and quality of HA's for LAC. A joint protocol has been developed to clarify processes, arrangements and accountability
- When Children and Young People (CYP) are placed in secure accommodation they undergo a comprehensive health assessment tool (CHAT) undertaken by an independent nurse professional commissioned by NHSE. Often there is no communication in respect of health needs with the placing provider service and there is a delay in sending the health information back to Brent. There is no national standard pathway to ensure that all CYP placed in secure accommodation undergo a health assessment in a timely manner

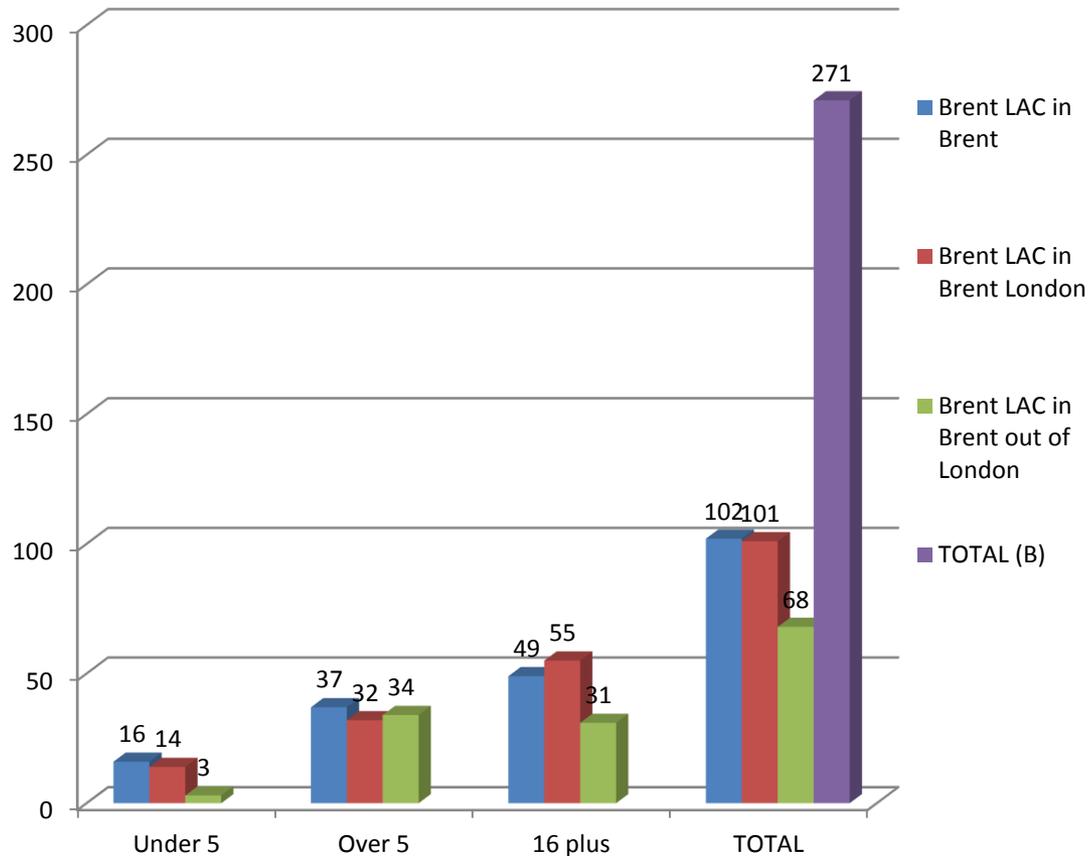
Initial Health Assessments (IHA)

LAC IHA carried out for the period of April 2017 to March 2018



Review Health Assessments (RHA)

LAC RHA carried out for the period of April 2017 to March 2018



Quality Assurance of Health Assessments & Health Plans

- An audit of health assessments was conducted which looked at quality. It was completed in partnership with the health provider
- Key areas of the audit were thoroughness of assessments, identification of health needs, consents, voice of the child, quality assurance and record keeping, developmental and education needs, risk factors and substance abuse and identified health needs
- Brent's audit tool has been borrowed across the north west sector and will be used across the 8 NWL CCGs

Areas for improvement

- Considering and recording of who is present in the room with the child needs to be recorded with specific consideration that teenagers need to be offered the opportunity to be seen alone
- Improved tracking of immunisations, dental, vision and completion and analysis of SDQ's are required across the partnership
- Transition – which looked at how we can support those that leave care at 18

Special Educational Needs and Disability (SEND)

- September 2014 the SEND reforms came into effect as part of the Children and Families Act 2014
- Brent had a joint Ofsted and CQC inspection of SEND from 15th - 19th May 2017
- The inspection highlighted the interface between LAC with disabilities and their additional needs and help required including education. Following this inspection work has progressed between the LA and LAC health service to link the educational health care plan (EHCP) processes. The LAC health assessments make specific consideration to the additional needs that a child or young person may have under pertaining to a disability. They will refer to the EHC Plans and also may be asked to provide input into the health aspects of the EHCP. Work is on-going to try and have a better overview of vulnerable youths in prisons and to highlight whether their disabilities and specifically learning needs are being addressed and met

Unaccompanied Asylum Seeking Children (UASC) in Brent

- An unaccompanied asylum-seeking child (UASC) is an individual, who is under 18, who has applied for asylum in his/her own right, is separated from both parents and is not being cared for by an adult who by law or custom has responsibility to do so

Year	2014	2015	2016	2017	2018
Total	30	48	64	74	56

- 17.6% (56) of Brent LAC population (March 2018)

A review of the health needs of Brent UASC was done in December 2017 by Dr O. Boleti, Dr M. El-Hassan, Dr S. Wijesinghe, Dr A. Boroda

- The review provided an overview of the demographics of Brent's UASC - who we are seeing and what are their health needs?
- This was done to assist in planning the commissioning and provision of services to meet the complex holistic needs of UASC

Method

- The Looked After Children health assessment records of all the UASC seen in Brent between March 2016 to October 2017 were reviewed
- Data was recorded in an excel spread sheet and analysed by clinicians within the team. All information was held confidentially
- Statistics were gathered from the home office publications and from the Refugee Council

Findings

- The majority of UASC were males (94%), aged 16-17 years (43%), from Afghanistan (42%) – national trend
- UASC in Brent were mainly placed at foster care placements (54%), semi-independent placement mainly offered to 16-17 years age group (81%)
- Psychological symptoms were reported in 60%, leading to a referral to mental health or counselling services – in line with national findings
- High BMI and neurological complaints were not evident – the rest is in keeping with national data recorded
- In spite of the frequently reported physical symptoms, the majority were readily treatable non-acute conditions – a national common finding
- An interpreter was booked for all appointments, regardless of whether the child spoke English or not, as per statutory requirements
- Most of the children were interested in education and had ambition to pursue a career (90%)

Conclusions

- There is a need for a holistic approach. All UASC in Brent need to be registered at the GP and have their immunisations, hearing, vision and dental health needs assessed prior to their health assessment
- There is a need for a clear pathways for screening of TB, blood borne viruses and sexually transmitted diseases
- More effort, time and training is needed by health professionals to facilitate UASC discussing their worries and past experiences of abuse
- Engaging the wider health economy in understanding their roles in meeting the complex health needs of this vulnerable group of children

Participation and voice of the child

- Prior to a health assessment taking place an informed consent is sought from all children and young people who are able to provide it
- The views and wishes of LAC are captured throughout the health assessment and help to inform the resulting health action plan
- Children and young people are routinely asked to complete a feedback questionnaire after every health assessment. These are audited annually by LNWUHT
- Consultation events with the Children in Care Council & Time to Ask sessions
- Care Leavers are routinely asked to take part in the recruitment and interviews of new health staff
- A Care Leaver is invited to the bi monthly Local Partnership meetings, stays for the duration of the meeting to participate and share views

Monitoring health outcomes for LAC 2017/18

- **Annual Health Assessments – 93.18 % of LAC had received their statutory health assessment.** Nationally **89%** had their annual health check, compared to **90%** in 2016 and 2015
- **Substance Misuse – 16.82%** of Brent's LAC population for more than one year were identified as having a substance misuse problem. This shows an increase of **6.32%** compared to 2016/17
- **Annual Dental Checks – 88.18% of LAC in Brent had an up to date dental check compared to 87.5% in 2016/17.** This is higher than the national average of **86%**

Monitoring health outcomes for LAC 2017/18

- **Immunisations – 71.7% of LAC for more than one year were reported to have up to date immunisations** remains stable compared to **71.36%** in 2016/17. This is lower than the national average of **84.6%**
- **Up to date Development Assessment (under 5's) – 100% of children had received their developmental assessment.** This is higher than the national average of **89%**
- **Under 18 Conception's – There were 71 (13.3%) conceptions reported in Brent** compared to **18.8%** England average. There is no specific conception rate data for Brent children in care
- Eligible LAC in Brent showed that **47%** had a completed SDQ. Nationally of the 38,010 children aged 5 to 16 years, who were looked after at 31 March 2017 for at least 12 months, 28,810 (**76%**) had a SDQ score reported. Work is currently in progress to improve this

Priorities for 2018-2019

- LNWUHT and Designated Nurse for LAC Brent CCG to contribute to the induction and update training for new and existing Social Workers
- Designated Professionals for LAC to contribute actively to the bi monthly Local Partnership Panel
- Brent CCG to work with key partners to review existing substance misuse services for children and young people in Brent
- Designated Professionals LAC to repeat quality of HAP's annually (rising Care Leavers)
- Brent LAC Health Team to continue to monitor data on all LAC who have a completed SDQ's
- During their statutory HA's all Care Leavers should be encouraged to register onto the online system in order to access their own GP records
- LNWUHT to continue to encourage Care Leavers to access up to date health information via the 'NHS go' App
- LNWUHT and Brent CCG to continue to monitor the number of unaccompanied asylum seeking children and implement a health check list for this service group
- Implement and monitor the NHS National Tariff Payment System (2018-19) in Brent to reduce the unwarranted variation in the health delivery and commissioning arrangements for LAC

Documents

- <C:\Users\Brigid2\Desktop\2017-18 LAC Annual Report\Item 6.3 Annual Report for Looked After Children and Care Leavers in Brent 2017-2018.pdf>

View in NHS Brent CCG website embedded within 05/12/2018 'Governing Body Meeting Papers'

- <https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2015>
- [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664995/SFR50_2017-Children looked after in England.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664995/SFR50_2017-Children_looked_after_in_England.pdf)