

# LONDON BOROUGH OF CROYDON

<b>REPORT:</b>	<b>CORPORATE PARENTING PANEL</b>
<b>DATE OF MEETING</b>	<b>Wednesday 15th March 2023 at 5pm</b>
<b>REPORT TITLE:</b>	<b>Children Looked After Health</b>
<b>CORPORATE DIRECTOR / DIRECTOR:</b>	<b>Debbie Jones, Interim Corporate Director for Children, Young People and Education</b> <b>Roisin Madden, Director for Children's Social Care</b>
<b>LEAD OFFICER:</b>	<b>David Garland, Lead Commissioner for Children's Social Care</b>
<b>LEAD MEMBER:</b>	<b>Cllr Maria Gatland, Lead Member for Children, Young People and Education</b>

## 1 SUMMARY OF REPORT

- 1.1 This report is a summary of the current position of Children Looked After Health provision for Croydon children and young people, and for children living in the borough of Croydon who may be the responsibility of other councils.
- 1.2 It notes the activity over the last year and, outlines issues and barriers to good practice and progress, and sets out a plan for improving CLA health provision

## 2 RECOMMENDATIONS

For the reasons set out in the report, Corporate Parenting Panel is recommended:

- 2.1 Note the contents of the report

## 3 REASONS FOR RECOMMENDATIONS

- 3.1 This is primarily an informative report for Corporate Parenting Panel, not seeking a specific decision.

## 4 REPORT

- 4.1** It is a statutory responsibility for all Children Looked After (CLA) to have a health check with a doctor by the time of their first Children Looked After Review, and by a nurse once a year or every six months for CLA under five.
- 4.2** It is also the responsibility of the local authority to ensure the consistent physical and mental wellbeing of young people in their care, and who have previously experienced care for a period of over 10 weeks over their 16<sup>th</sup> birthday (Care Experienced Adults, CEA).
- 4.3** To this end, we have two service streams to discuss:
- The statutory CLA Health team, run by Croydon Health Services and North Croydon Medical Centre – under the funding of the Integrated Care Board (ICB)
  - Emotional Wellbeing services across several services held jointly between the Council, and the ICB
- 4.4** This year has been a challenging one for CLA health, which has been marked by a lot of significant change.

### **Change from Clinical Commissioning Groups to Integrated Care Systems**

- 4.5** The most significant change for all health services nationally, was the transition on 1/7/22 from Clinical Commissioning Groups to Integrated Care Systems (ICS). The entire change is complex, but to summarise – rather than health services being commissioned by a group who tenders for and buys services competitively (when, for the most part, services only went to the same hospital trusts they had always gone to) the ICS is now encouraged to collaborate with providers to deliver services in a way that better benefits patients and ensures longer term improvement.
- 4.6** There is also a more regional approach being taken by ICSs, looking to manage health across multiple grouped areas in a more effective way. For Croydon we are part of 6 South West London ICS ‘Places’(SWL). While on the ground this has meant very little change day to day, there are some plans to look at how certain elements of CLA health that have been difficult for all ‘place’ level ICSs to deliver locally may be delivered on a more regional basis to better pool staff and resource.
- 4.7** One element of work here which has been successful already for our CEA population is funding which has been secured from SWL for free prescriptions for CEA, as a pilot. While most of our CEA are already in receipt of free prescriptions due to claiming Universal Credit, having Asylum status or being on low income, this will mean that those who have risen above the income threshold will still be able to have free prescriptions, which will ease the burden on the cost of living and prevent them from having to forego vital medication to save money.

### **Operational Improvement Focus**

- 4.8** *Monthly Operational Meetings:* To try and better grip the timeliness of Initial CLA Health Assessments (IHAs) being delivered within 28 days of a child coming into care, the

council and the ICS have been holding joint monthly operational meetings to boost performance and try and work through issues a number of system issues which have in the past caused delay and confusion. This led to a series of workshops with operational social work teams to boost the profile of CLA health to try and improve timeliness of referrals.

- 4.9** *Health Roadshows:* Senior leaders in Children's Social Care coordinated with colleagues in Health to start a semi-regular set of workshops at Service Meetings to raise the profile of CLA Health, explain the way that the Croydon system around Health Assessments operate, and to ensure that social workers know who to contact, and what systems to follow if a child is admitted into the care of the local authority.
- 4.10** *Health Champions:* To also better promote timely referrals, but also thematically notify the service about any issues that are coming up among the different populations of children and young people across the different services – a 'Health Champion' has been appointed for each service at Team Manager level or above. This is a relatively new arrangement, and change has not yet been fully embedded; however there have already been some useful elements on feedback around embedding specific elements of training for new staff members.
- 4.11** *Dental Focus:* Dental attendance and appointments are a national crisis currently, with significant amounts of NHS dentists going private, and 'Dental Deserts' – areas where there are very few or no NHS dentists – being found by NHS England. NHS England have undertaken their 'Healthy Smiles' programme, to specifically target CLA with dentists who will prioritise them. There has also been a taskforce across the local authority and health services to better get a grip of any cohort struggling to access dental care so that appropriate referrals can be made. It has to be acknowledged however that this continues to be an issue that councils nationally and all over the SWL area are struggling with.
- 4.12** *Immunisation Focus:* Children with full sets of Immunisations have improved over the year, this has partly been a recording task, and ensuring social workers are keeping this information up to date on the system, however vaccine reticence has affected some young people particularly which has impacted on numbers. There has been a similar taskforce to the Dental Taskforce created to ensure that some of these issues are being considered more carefully, and individual plans to work with specific young people via nurses and social workers are being progressed.

***Abdi (Pseudonym) is an Unaccompanied asylum-seeking young person. On arrival into the UK, he had no immunisation history. The Dr who saw him for his Initial health assessment recommended fast track immunisations. However, these were not completed a year later at the time for his RHA.***

***The nurse who saw Abdi for his RHA discussed this with Abdi, who articulated that his main concern were his teeth, which he reported made him feel self-conscious and his mood low. The nurse listed and noted Abdi's concerns and made him a referral to the healthy smiles programme to be reviewed by a dentist.***

***The nurse phoned Abdi 3 months following his RHA and he fed back that he had now received all his immunisations and was very happy as he had been seen by the dentist and was waiting on his orthodontist appointment. By listening to Abdi's needs, the nurse was able to get him to engage in his other medical needs (immunisations), as well as improve his general emotional wellbeing.***

## **Concerns**

- 4.13** *'Out of Local Area' CLA and Impact on local services:* Croydon is unique amongst South London councils due to its size, and its low cost property in the North of the borough when compared to inner South London councils. It also continues to be the portal by which Unaccompanied and Separated Children (UASC) are initially placed when presented to Lunar House, even if the responsibility for these children is then dispersed to other councils via the National Transfer Scheme (NTS). Both factors mean that foster carers, fostering agencies and semi-independent provisions are often keen to operate in Croydon. For that reason, a significant number of children and young people who are the responsibility of other councils are placed in our area. While these children are the responsibility of other council services, they are still the responsibility of Croydon Place ICS, who often end up completing at least the initial health assessments. This has created a significant amount of local pressure on health services, and while we can and do cross charge for some of these assessments, there is a concern that this resource is not sufficient.
- 4.14** *Clinical Recruitment Issues:* As with many public sector areas at the moment there is a significant issue with recruiting clinical staff, particularly for areas such as Croydon Place who are paying Outer London wages against a backdrop of a high cost of living. In addition, ensuring ongoing locum and bank clinical capacity when staff are absent has been a consistent issue across this service and a number of other services. However, following significant commitment to investment and effort from the Designated Doctor, we have managed to successfully recruit a Named Doctor for CLA.
- 4.15** In addition to the above, to address this concern, we are making these pressures known to the wider SWL system. Especially in terms of the work noted above (where there is a consideration about regionalising some elements of CLA health across the

wider SWL area) we are also seeing what can be done to look at resource and recruitment in a wider sense.

## **Continued Improvement Plans**

- 4.16** *Simplification of Pathway for Initial Health Assessments:* Health Assessments are currently delivered by two separate providers, Croydon Medical Services (CMS, who run Croydon University Hospital) and North Croydon Medical Centre, a GP surgery who employ paediatricians willing to do this work. By employing a Named Doctor for CLA and moving the whole delivery over to CMS, this will ensure that there is less administrative duplication, there is clearer clinical governance and oversight, and that there is more consistent capacity for Health Assessments
- 4.17** *Continued drive to improve IHA timeliness:* This data is frequently volatile, with small numbers having a very large impact on percentage completion rates; for instance, if two children out of five coming into care does not attend an assessment on time, the completion rate is 60%. If two children out of ten do not attend an assessment on time, the completion rate is 80%. We do however want to continue to work towards improving the timeliness of referrals, which will lead to an improvement in timeliness of assessments. This will be achieved via the embedding of change via the operations group and health champions.
- 4.18** *SDQ Improvement Process:* It is a statutory requirement for all children who have been looked after for over a year to have a Strengths and Difficulties Questionnaire (SDQ) completed. This questionnaire is a nationally recognised screening tool for Emotional Wellbeing issues; it is a brief behavioural screening questionnaire for children aged 3 to 16. The questionnaire is used to assess children's mental health and can be completed by children and young people themselves, by their parents or carers or by their teachers. This screening tool focuses on emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and pro-social behaviour. The measure can give an indication if there is a child who is struggling for a number of possible reasons.
- 4.19** The Systemic Clinical Service continues to implement an improvement plan to both ensure that the screening tool is completed, and that there is a clinical consultation for any children or young people who may score highly for distress or for those children and young people that have had three or more placements in a year, and that dedicated direct support to the child, young person and network around the child is offered. This is allowing the service to ensure that the right level of service gets to the right child or young person at the right time making use of resources as efficiently as possible.

## *Emotional Wellbeing and Mental Health Services*

- 4.20** *Systemic Clinical Team:* The in-house clinical service is a dedicated tier 2 service that consists of qualified Health and Care practitioners. These are:
- Systemic Family Therapists

- Integrative Child Psychotherapist
- Psychodynamic Counsellor
- Emotional Wellbeing Practitioners
- A Specialist Children's Social Worker For Adult Mental Health & Substance Misuse
- Systemic Practitioners

- 4.21** Most clinicians in the service are systemic psychotherapists. In addition, some staff have additional specialisms including: solution-focused therapy, Dyadic Developmental Psychotherapy, non-violent resistance training, cognitive behavioural therapy training, Theraplay and AIM training. All practitioners have a practical knowledge of trauma-informed practices and the effects of trauma on children and young people's mental health.
- 4.22** There is a small team of clinicians embedded within the service that is dedicated to focusing on the emotional wellbeing and mental health of children who are looked after, and care experienced young people. This has involved an offer of one-to-one therapeutic work, therapeutic work with children, young people and their foster carer, family work to include the birth family, support with placement stability and consultation and support to the Social Worker and professional network where referred.
- 4.23** In addition, over the past year, a trauma-informed training has been rolled out for foster carers and Social Workers by the service to support the emotional wellbeing and mental health needs of children and young people who are care experienced.
- 4.24** As part of service development this year the service will be further developing a training offer around adolescent mental health, and a reflective practice space for foster carers to support children and young people in their care.
- 4.25** *CAMHS*: The child and adolescent mental health service offers a dedicated tier 3 mental health service to those children who are looked after and young care experienced people who have serious or severe mental health difficulties including: severe depression, psychosis, severe attachment disorders and Severe emotional difficulties/ functional impairment arising from child abuse and/or neglect.
- 4.26** *Voluntary Sector Support Services* Off the Record and Croydon Drop-In continue to provide an open-access counselling and other services to young people in need of support with their mental health and emotional wellbeing, including CLA and CEA. The services are jointly funded by the Council and the SWL ICS Croydon Place. There has been a significant increase in demand, 77% over the last two years. Ongoing work is taking place in the wider emotional wellbeing space to consider resource and capacity across these services and CAMHS.
- 4.27** *Children and Young People in Crisis Work*: Work has also been taking place across the SWL ICS Croydon Place and the Council to try and reduce the number of young people presenting in extreme emotional distress to A&E who then go on to experience

long periods in A&E due to there being no appropriate placement to accept them, or there being a nervousness from their parents/carers about taking them home. The work here contains multiple strands, but a selection of the work themes are below:

- Working with Croydon Drop In to deliver a 'Safe Space' using their Community 'Talkbus', which is stationed around the Borough at different times as a drop-in centre for any young person feeling overwhelmed or distressed to access. This provision signposts young people to appropriate services as well as offering on-site counselling.
- Working between CAMHS Community Crisis Team, Children's Social Care and Croydon University Hospital to better manage relationships in crisis situations and ensure that there are clear protocols to follow in these cases.
- Work to train foster carers on suicidal ideation and self-harm specifically so that carers are less nervous about dealing with young people who present with these behaviours.
- Work with the Council and South London and Maudsley to develop crisis provisions which can accommodate young people who may be in acute crisis but are not able to be admitted to hospital.

## Young Person's Story

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***Jodie (pseudonym) presented to Croydon University Hospital Emergency Department with suicidal ideation. She was reviewed by the CAMHS team and discharged back to the community. Following discharge, Jodie did not attend a 7 day follow up appointment with CAMHS and was therefore discharged from their care. Jodie continued to present with low mood, suicidal ideation, and thoughts of harming herself. She was awaiting follow up assessment from Bromley CAMHS and social worker advised no date for assessment was given.***

***As part of ED follow-up, the specialist CLA nurse reviewed all the assessments completed by different ED CAMHS professionals (Jodie was a frequent attender). Between different CAMHS it was not communicated that there was a recent effective suicide in Jodie's close family (cousin). Once this was highlighted to the Bromley CAMHS Team, level of risk was increased, and Jodie was allocated to a CAMHS worker with immediate effect.***

***CLA Nurses are uniquely placed and can gather and analyse information from variety of sources and from a number of professionals involved in a young person's care and life. This allows nurses to formulate a comprehensive care plan and execute effective liaison while working with other professionals, ensuring effective communication / information sharing. Mental health link role within CLA gives a unique opportunity to support wellbeing and enhance support of our young people.***

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## 5. CONTRIBUTION TO COUNCIL PRIORITIES

- 5.1** *Children and young people in Croydon have the chance to thrive, learn and fulfil their potential:* CLA and CEA health services are there as a statutory function, but also to ensure that children who have often suffered trauma, and very difficult life circumstances are supported and have their needs met.
- 5.2** *Priority: Ensure children and young people have opportunities to learn, develop and fulfil their potential:* As per the discussion above, and the examples – CLA Health and wellbeing services can often be key points in ensuring children and young people get the help they need to better access education and wider opportunities.
- 5.3** *Priority: Work closely with health services, Police and the VCFS to keep vulnerable children and young people safe from harm and Priority: Make Croydon safer for young people:* This area is an area of statutory provision that not only encourages but mandates working with health services. Particularly in areas pertaining to mental health and wellbeing, we can see examples above where this work is successfully keeping young people safer by ensuring the access relevant support.

## **6. IMPLICATIONS**

### **6.1 FINANCIAL IMPLICATIONS**

- 6.1.1** There are no specific council financial implications from this report, save the already agreed costs of council funded services

### **6.2 LEGAL IMPLICATIONS**

- 6.2.1** There are no specific council legal implications from this report, save the already agreed statutory services

### **6.3 EQUALITIES IMPLICATIONS**

- 6.3.1** Health and Emotional Wellbeing services aimed at CLA and CEA are aimed at reducing inequalities for young people who may have experienced significant abuse and trauma.