

SCHEDULE 2 – THE SERVICES

A. Service Specifications (

Service Specification No.	01_MRFH_0007
Service	SERVICES FOR CHILDREN & FAMILIES LOOKED AFTER CHILDREN & YOUNG PEOPLE/CHILDREN IN CARE
Commissioner Lead	CCP for Maternal, Reproductive and Family Health
Provider Lead	DORSET HEALTHCARE UNIVERSITY FOUNDATION TRUST – Fiona Haughey
Period	1 ST April 2013 to 31 ST March 2014
Date of Review	1 ST April 2014

1. Population Needs

1.1 National/local context and evidence base

The definition of a looked after child or young person is that they have either been taken into care by a court order or by voluntary agreement with their birth parents. These children and young people have a unique place in society as they have a special relationship with the State due to being in care. Central government, local authorities, health, other allied partners, individual professionals and carers all share responsibility for ensuring the best for children and young people in care- as they would for their own children. Children in care should be cared about, not just cared for. (Care Matters 2007).

Services are to be integrated around the child or young person's identified needs and delivered through a multi-agency approach.

Whether or not those delivering services to looked after children work within integrated Looked After Children teams, it is the responsibility of all staff working with looked after children to ensure they liaise effectively with their professional colleagues to ensure each looked after child's care planning reflects and meets their health needs. Lines of accountability and responsibility should be clear and all staff should receive effective supervision and support. All staff working with looked after children need to understand the referral pathways in relation to specialist services, including substance misuse services and Child and Adolescent Mental Health services.

(Statutory Guidance on Promoting the health and well-being of Looked after Children 2009)

This approach is central to improving outcomes for children in care and relates specifically to this service specification and the delivery of services for looked after children (LAC).

The terminology used in this specification includes the term Looked After Children (used by Bournemouth and Poole LA's) and Children in Care (used by Dorset LA).

Local Needs Analysis.

Number of looked after children across Bournemouth, Poole and Dorset at 31st March each year.

All areas continue to see an increase in overall numbers of looked after children.

Number of looked after children April 2011- Mar 2012 by month.

	2007	2008	2009	2010	2011	2012
Bournemouth	170	141	198	204	217	268
Poole	108	104	116	119	133	164
Dorset	247	279	270	274	280	303
Totals	525	524	584	597	630	735

Area	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
B'mouth	231	235	249	249	256	268	266	272	273	275	275	268
Poole	140	149	149	140	145	145	148	147	146	150	152	164
Dorset	273	283	284	297	294	293	293	295	289	301	300	303

Number of looked after children in Bournemouth, Poole and Dorset by age and gender.

	0-5 Years			6-12 Years			13-18 Years		
	B'mouth	Poole	Dorset	B'mouth	Poole	Dorset	B'mouth	Poole	Dorset
Male	41	19	37	36	28	40	48	51	97
Female	45	16	24	36	23	42	62	27	63
Total	86	35	61	72	51	82	110	78	160

Looked after children placement location breakdown.

	Placement in:	Percentage
Bournemouth	Bournemouth and Poole	71%
	Dorset	11%
	Other	18%
Poole	Bournemouth and Poole	70%
	Dorset	20%
	Other	10%
Dorset	Dorset	83% (2011 figure)
	Other	17% (2011 figure)

Review Health Assessment's (RHA) for LAC Placed Out of Area.

Historically children placed out of area, if not seen by their designated LACHT, would have had their health assessments completed by the LAC Nurse of that area under a reciprocal agreement. Since the publication of Establishing the Responsible Commissioner 2007 this reciprocal agreement has been replaced with Service Level Agreements (SLAs) for Health Providers. This does have implications for LAC placed out of area as they are likely to have access to different services with differing criteria from those provided within their area. . This is particularly pertinent in relation to emotional health and accessing CAMHS. There can also be delays in terms of arranging SLAs, a lack of continuity of health professional and the quality of the service provided for LAC placed out of area.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	*
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	*
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	*

2.2 Local defined outcomes

- Provide the number of LAC within each Local Authority, including by age and gender.
- Provide a Pan Dorset LAC Annual Report, with specific details for each Local Authority area.
- Provide the number and type of training sessions delivered for each Local Authority area.

Performance Indicators	Aim	Outcome
1. Achieve National Performance Indicators for RHA	Audit time scales and compare to National Performance Indicators Process and action RHA identifying appropriate health needs/action via Health Plan	Report Quarterly %RHA Completed -Target 90% 6mthly for children in care under 5 yrs Annually for children in care 5yrs to 18yrs
2. To ensure that Looked after children are up to date with childhood immunisations	Audit Immunisation uptake	Report Quarterly % Immunisation Complete Target 85% primary immunisations, Target 85%boosters
3. To ensure Looked after Children receive a yearly dental check.	Audit of Dental checks	Report Quarterly % Dental Annual checks for LAC Target 80%

4. Alcohol/Substance misuse including Smoking	<p>Assess the level of health need and provide appropriate intervention through the Health Plan.</p> <p>Audit up take of referrals identified during assessments.</p> <p>Liaison with Young People in care to gain their views as to advice and support needed in conjunction with Specialist Services.</p>	<p>Report Annually Describe through the Annual Report the interventions that have been most successful in reducing substance misuse.</p> <p>Include: Number and % referred to other service or provided with support by the LACHT User feedback results.</p>	
5. Reduce sexually transmitted diseases and teenage pregnancy.	<p>Assess the level of sexual health risk and provide appropriate intervention through referral or by the Health Plan.</p> <p>Positively engage with young people in promoting Safe Sex, raise awareness of local services and how to access them.</p> <p>Empowering young people in care to have aspirations & choices, e.g. further education or employment other than parenthood.</p> <p>Multidisciplinary approach to training of Foster Carers</p>	<p>Describe through the Annual Report the interventions that have been most successful in promoting sexual health. Include: Number and percentage of LAC who have become parents in each area.</p> <p>Evaluate carer's feedback of training package and report results.</p>	
6 Decreasing levels of obesity among young people in care.	<p>Assess the level of obesity risk and provide appropriate intervention through referral or by the Health Plan.</p> <p>Audit weights of children coming into care and at annual health reviews.</p> <p>Provide carer's training. Raise awareness among carers of the importance of healthy eating, exercise, and additional psychological needs of LAC, by acting as positive role model.</p>	<p>Describe through the Annual Report the interventions that have been most successful in promoting a healthy weight.</p> <p>Evaluate carer's feedback of training package and report results</p>	
7. Supporting children and young people in care with disabilities	<p>LAC with disabilities identified.</p> <p>Liaison with carers/parents/community paediatricians re review health assessments/health plans.</p> <p>Audit effectiveness of collaborate working through feedback from child/young person/carer/parent.</p>	<p>Describe through the Annual Report the services provide for those with a disability. Include: Number and % of LAC with disabilities by age in each LA area.</p> <p>User feedback results</p>	

<p>8. Improving outcomes for the emotion health and well-being for children in care</p>	<p>Identify children and young people in care requiring additional tier 3 support.</p> <p>Work with social care and CAMHS to fully implement the use of SDQ to assess and improve emotional Health and Well being.</p> <p>Audit referrals made and evaluate outcomes in partnership with the specialist services</p> <p>Provide training sessions based around behaviour and the emotional health needs of LAC, pulling in specialists as appropriate.</p>	<p>Describe through the Annual Report the interventions that have been most successful in promoting positive emotional health and well being.</p>
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Areas for Development:

- Develop the Health passport for the pan Dorset area in order to provide a comprehensive health record for the young person when they leave care.
- Develop the use of the SDQ to help measure outcomes before and after interventions as appropriate. Use this to demonstrate “distance travelled” for the child or young person in improving health.
- Develop with CAMHS integrated pathways that can demonstrate the outcomes for Looked after Children.
- To establish a robust auditing and evaluation tool to gain the views of looked after children and their carers.
- Scope if there are implications of the SEN Bill with the extension of services up to 25years for children with disabilities and the implication of this extended remit.
- Examine the feasibility of collecting data sets that relate to Public Health Outcomes for looked after children to include;
 - Substance Misuse
 - Smoking
 - Sexual health
 - Obesity
 - Mental Health
- Identify two or three key Public health Outcome priority areas.

3. Scope

3.1 Aims and objectives of service

The Aims of the Looked after Children and Young People Health Service are:

- To co-ordinate and develop Health Services for children who are ‘looked after’ or ‘in care’ across Bournemouth, Poole and Dorset.
- All looked after children and young people across Bournemouth, Poole and Dorset are provided with a service that improves their health outcomes.
- All looked after children have a timely and effective RHA and health plan developed that informs their overall care plan.

- To ensure that all structures are in place to manage and monitor the delivery of health care required by the health plan for children and young people in care.
- To work in partnership with statutory and voluntary services in co-ordinating additional health services to address identified complex health needs for children in care, whilst supporting access to universal health services where appropriate.

The Objectives for this Service are:

- To ensure that looked after children and young people are able to access with ease health services for advice, prevention and treatment in Bournemouth, Poole and Dorset.
- To ensure that structures are in place to effectively assess, plan, manage and monitor the delivery of health care for children and young people in care.
- To ensure effective coordination of the statutory Health Assessments for a looked after child, including IHA and RHA.
- To provide all looked after children with timely annual Review Health Assessments (RHA) and develop an effective health plan.
- To ensure effective management of the service: to provide appropriate arrangements for clinical supervision, clinical governance and audit procedures.
- To ensure parents, foster carers and residential workers have the skills and confidence to meet the general health and sexual health needs of children and young people;
- To ensure Health Visitors understand the health needs of looked after children, enabling them to undertake review health assessments for pre-school children competently, and be aware of national and local policies and procedures.
- To ensure that when a child is placed out of authority there are systems in place to provide continuity of the health assessment and planning process;
- To ensure that all children in care are registered with a GP and Dentist near to where they are living, even if it is a temporary placement.
- To ensure that systems are in place to fast track the transfer of GP, dental and other medical records as required.
- To ensure that systems are in place so that children in care are not disadvantaged when they move from one PCT area to another, e.g. access to CAMHS;
- To ensure an effective system is in place to audit the quality and implementation of individual health plans;
- To ensure that a data set is collected and reviewed annually in line with the statutory and service specification requirements;
- To ensure that arrangements are in place for transition from child to adult health services;
- To act as a specialist advisory service to all health professionals and other allied workers regarding any aspects relating to the physical and emotional health and wellbeing of looked after children.
- Provide health promotion for carers to encourage a safe and healthy environment for LAC and in conjunction with CAMHS train carers in regard to the complex additional needs of LAC e.g. Attachment Disorder, with the aim to equip carers with an up to date knowledge base to aid support and stability of the placement for the LAC.
- To provide a teaching/updating role for professionals and carers.
- Where identified health needs are not being met, it is the role of the LAC Nurse to co-ordinate, refer, sign post and follow up in order to address the outcomes of looked after

children.

- To provide written health reports as required.
- To contribute to improved health outcomes for LAC.
- To liaise with other health professional already involved with LAC, to oversee that their health needs are being met and avoid duplication of face to face health assessments.

3.2 Service description/care pathway

The service co-ordinates and provides direct health services for children and young people that are easily accessible and improve the health needs of looked after children. It provides training for local authorities, PCT and independent agencies professionals, foster carers, parents/relatives and prospective adopters, covering growth and development and the health needs of children in care especially in relation to how the health needs for these children differ from their peers not in the care system.

The service must ensure that policies and procedures relating to safeguarding are adhered to, that staff have undertaken training appropriate for their professional role and should be represented on the local safeguarding children's board. All staff working with children and young people will have undertaken an enhanced Criminal Records Bureau check.

3.3 Any acceptance and exclusion criteria and thresholds

All children who reside in Poole, Bournemouth and Dorset who are looked after have equal access to the service. For children and young people in Bournemouth and Dorset, the targeted age range is 0-18 but in Poole it is 0-21 as the contract in Poole includes providing Health care and advice to young people leaving care.

The service is flexible to cover the needs of the children and young people and LAC remain in the care system as they move forward for adoption to ensure continuity of health provision.

It will also provide a service to children in care in these areas placed by other local authorities with the appropriate agreements and/or recompense.

3.5 Interdependence with other services/providers

The Service is co-located into the wider multidisciplinary LAC teams in each area, together consisting of Social Care, Fostering, Education and Health. The service will ensure effective liaison with all members of the team.

The service will work closely and effectively in partnership with Primary care - namely universal services, Speech and language, Child and Adolescent Mental Health Service, Social care especially the fostering and adoption teams, Education, Voluntary sector, Youth Offending Team, Police and allied health professionals including Dentists

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

National guidance is used as an evidence base in shaping local directives to ensure effective local service delivery. These include:-

- Care Matters (2007) - identifies and sets out the steps for working together with local delivery partners, with the aim to improve the outcomes for children and young people in care.
- Health and Social Care Act (2008) - identifies significant measures to modernise and integrate health and social care, with the advent of Care Quality Commission April 2009 who will take over the functions of Healthcare commission, the CSCI and the Mental Health act Commission.
- Children's health, our future, review of progress against NSF 2004 (2007) - this states that the Health Service must adapt the way it works to provide safe, effective services for vulnerable children throughout their childhood and into adulthood.
- Who pays? Establishing the Responsible Commissioner (2007) - identifies that the safety

and well-being of patients is paramount, no treatment should be refused or delayed due to uncertainty as to which PCT is responsible for funding. Gives guidance to the responsible commissioner for LAC placed outside their authority.

- Children Act (2004) - acts a legal framework in which to deliver services for children acting in their best interest.
- Transition: moving on well; (2008) - emphasises adolescence can be a difficult time for any young person but even more so for vulnerable children. We need to prepare them for the change to ensure adult services have been involved in transition plans ready to take over support.
- Teenage Parents: who cares? - identifies how improving maternity services for pregnant teenagers and young fathers can help PCT's and Local authorities, to meet a range of targets. It places renewed emphasis on multi-agency working in commissioning and delivery of services.
- The National Institute of Health and Clinical Excellence- Looked after children and Young People PH 28 (Oct 2010).
- National Service Framework for Children, Young People and Maternity Services (2004-14)
- Statutory Guidance on Promoting the health and well-being of Looked After Children(2009)Revised guidance on Promoting the health and wellbeing of looked after children published jointly by the Department of Health and the Department for Children, Schools and Families. It replaces the guidance, Promoting the health of looked after children, published by the Department of Health in 2002, which was statutory on local authorities. The revised guidance is statutory on local authorities and also on primary care trusts and strategic health authorities.

This is intended as a non-exhaustive list. Clause [16] takes precedence

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

4.3 Applicable local standards

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises are located at:

Dorset HealthCare University NHS Foundation Trust HQ
11 Shelley Road
Boscombe
Bournemouth
BH1 4JQ

7. Individual Service User Placement