
Merton Looked After Children

Health Needs Assessment

London Borough of Merton

Report | September 2015



MERTON LOOKED AFTER CHILDREN

HEALTH NEEDS ASSESSMENT

LONDON BOROUGH OF MERTON

Summary of Key Finding and Recommendations

September 2015

Author:

Sangeeta Rana, Specialty Registrar in Public Health

Editor:

Julia Groom, Consultant in Public Health

Comments incorporated from:

Sarah Daly, Service Manager, LAC, Permanency & Placements

Mari Longhurst, Senior Commissioning Manager Children and Maternity Services

Jo Norman, Designated Nurse Safeguarding and Children Looked After

Hilina Asrress, Senior Public Health Principal

Dr Kay Eilbert, Director of Public Health

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Merton LAC HNA Task and Finish Group:

Sangeeta Rana, Specialty Registrar in Public Health

Julia Groom, Consultant in Public Health

Sarah Daly, Service Manager, LAC, Permanency & Placements

Mari Longhurst, Senior Commissioning Manager, Children and Maternity Services

Jo Norman and Maria Ellery, Designated Nurses, Safeguarding and Children Looked After

1 HEALTH NEEDS ASSESSMENT FINDINGS AND RECOMMENDATIONS

- 1.2 The section below presents the key findings and recommendations from the needs assessment, to inform the development of strategies and services employed in health and social care to promote the health of looked after children in Merton.
- 1.3 Needs assessment findings and recommendations will be addressed by the London Borough of Merton (LBM) and Merton Clinical Commissioning Group (CCG) through the development of a detailed plan outlining actions, responsibilities and timelines.

Key Findings

Strengths in Merton

- Strategy & planning focus on LACYP priorities and best practice
- Focus and consensus on areas of concern for LACYP in health
- Health outcomes for LACYP are better than England averages
- Specific services are perceived as working very well (e.g. virtual school, substance misuse services)

Areas for improvement in Merton

- Joint working in health, wellbeing and social care services: clear roles, communication, information sharing, service pathways, and training
- Access and continuity of care for LACYP in health services, especially CAMHS
- Broader engagement with LACYP and carers
- Disparities in LAC health outcomes persist in comparison to peers

1.4 Health Needs Assessment Priority Areas

1.4.1 Transitions

- 1.4.1.1 Transitions into and out of care were identified by stakeholders as a particular area of concern in promoting the health of looked after children into Merton. This has also been a focus of recent policy and practice guidance. Recent guidance highlights the need for early planning, and ensuring access to services across transition points. Research evidence as well as local stakeholders' interviews and service reviews identified continuity of services for care leavers, children with disabilities, and children moving between boroughs, in particular with CAMHS, as particular barriers. Although guidance firmly states that continuity of care must be ensured across all of these transition points, it

was identified that in practice adequate access and continuity of services in transition periods was not achieved for children in care.

1.4.2 Out of Borough Placements

1.4.2.1 Merton has a high proportion of children under its care residing in other boroughs; there is also a high proportion of children from other boroughs placed in Merton. This creates challenges for providers and commissioners in ensuring access and continuity of care, as well as a broader set of challenges to children experiencing these placements. This is an issue faced across London, and as such, London-wide recommendations have been made regarding commissioning, information sharing, and monitoring. Cross-borough collaboration is continuing across London, however these recommendations have not been fully implemented. In Merton, planning and action will be required, in collaboration with other boroughs, to understand the health needs and outcomes of children coming into or out of the borough, and ensure their health needs are addressed.

1.4.3 CAMHS

1.4.3.1 As discussed throughout this assessment, looked after children experience a high level of need for mental health services, particularly early, preventive interventions. Best practice guidance again highlights this, and the importance of accessible CAMHS services for children, carers and providers. In Merton, the local data, service reviews, and stakeholder interviews also strongly emphasised this need, and identified a gap in access to required CAMHS services for looked after children, their carers, and providers.

1.4.4 The recommendations reflect the priority areas of the needs assessment throughout: transitions into and out of care, out of borough placements, and CAMHS.

1.5 Strategy and Commissioning

1.5.1 Best practice guidance from NICE states that looked after children, as a vulnerable group, should be prioritised, particularly in mental health services. There is a strong focus in local and national policy and strategy on promoting and prioritising the health needs of looked after children and young people. However, although this intention was highlighted in local strategies, it was not clear from the stakeholder interviews conducted that this prioritisation was happening in practice. It was noted in particular that looked after children and their carers and providers did not have access to designated, prioritised services in CAMHS.

- 1.5.2 Unique groups in care in Merton were identified by stakeholders; particularly unaccompanied asylum seekers, children with disabilities, and older children and care leavers. National policy and best practice guidelines highlight the need for services that address, and are flexible to, the unique needs of individual children, as well as the need for training for providers to understand the diverse needs of children in care. The recent health service review and needs assessment stakeholder interviews and consultation highlighted a perceived gap in this area in Merton (as described earlier in this document).
- 1.5.3 Engagement with looked after children and young people to improve services is seen as a key priority in Merton. This is done through the Children in Care Council as well as regular consultations. However, a gap was identified in stakeholder interviews and consultation in reaching a broader group, particularly those looked after children that are seen as harder to reach, such as older children and young people and unaccompanied asylum seekers.

Strategy and Commissioning: Recommendations

1. Ensure local strategies and service specifications state how looked after children and young people will be prioritised for services.
2. Ensure looked after children have access to integrated CAMHS services and are prioritised for services, including consultation and crisis support for carers and providers, and continuity of services with placement transitions & leaving care.
3. Ensure local strategies and service specifications reflect flexibility to meet the needs of diverse groups in care.
4. Continue to build and improve engagement with looked after children and young people in Merton, beyond the children-in-care council.

1.6 Workforce Development

- 1.6.1 Training for health and social care professionals to understand the diverse health needs of children in care, and ensure appropriate safeguarding and provision of services, is a key focus in best practice guidance and national policy. The recent Merton health service review highlighted the need for a training needs assessment and training plan. This need was expressed again in stakeholder interviews and consultation, particularly for training focused on the unique needs of children in Merton. For example, there is a high level of need expressed for training to support providers and carers to more effectively address the behavioural and mental health issues experienced by looked after children.

Workforce Development: Recommendations

1. Ensure the training needs of professionals and carers are met.
2. Implement the service review recommendations to conduct a training needs assessment, and develop and implement a training plan.
3. Ensure training includes information on health issues specific to the diverse groups in care in Merton.

1.7 Prevention and Early Identification

- 1.7.1 As highlighted throughout the needs assessment above, there is an important role for early intervention to decrease the risk of children going into care, as well as improve outcomes for children in care. This was apparent from the research evidence presented above, best practice guidance, as well as stakeholder interviews and consultation. Many such interventions are currently being implemented in Merton, for example the Family Nurse Partnership. However, a need for an additional focus on this area was identified by stakeholders.
- 1.7.2 A key mechanism identified to improve early identification and intervention was the use of screening tools to identify needs, for example in mental health and substance misuse, and ensuring that identified needs were acted upon for all children assessed, whether they ultimately come into care or not.

Prevention and Early Identification: Recommendations

1. Emotional health and wellbeing strategies and services should reflect an increased emphasis on prevention and early intervention initiatives.
2. Screening tools should be agreed and acted upon in a standardized way, for assessment and early intervention in emotional health and wellbeing and substance misuse. This should be monitored in outcomes.

1.8 Systems

- 1.8.1 The health needs and health services required to promote the health and wellbeing of looked after children cross health, social care and local authority boundaries. This is emphasised in national policy and best practice guidance that highlight the need for effective collaboration and links across agencies. Recent service reviews, along with stakeholder interviews, identified issues and gaps in terms of professional collaboration, clarity of roles and responsibilities, and

sharing of information across health and social care to promote the health of looked after children.

- 1.8.2 These issues were felt to contribute to delays in health assessments, delays in accessing care, and lack of monitoring of broader health outcomes. There was a gap expressed in reviews as well as stakeholder interviews and consultation in understanding of local health pathways and professional roles. The need for clear roles and service specifications, pathways, and a directory of services was repeatedly expressed.
- 1.8.3 In terms of communication, although health assessment and notification delays identified in prior service reviews have improved, a gap was expressed in stakeholder interviews in the timely and effective sharing of information between providers. Particular issues identified were unclear processes for sharing information, and difficulties experienced with incompatible electronic systems.
- 1.8.4 Finally, data collected and reported regarding the health needs of looked after children in Merton is limited. There are particular gaps in information on broader health outcomes for looked after children beyond Department for Education returns. This includes information on the health outcomes of the large proportion of children in Merton from other boroughs, information on the health needs and outcomes of care leavers in Merton, and information on the health needs and outcomes of unaccompanied asylum seekers in Merton.

1.9 Systems: Recommendations

1. Conduct a multi-agency assessment against best practice in health and social care to promote the health of looked after children, with a focus on joint working.
2. Focus on strengthening links and relationships between health and social care services and professionals.

Roles:

3. Clarify and document the roles of LAC designated professionals in supervision, training, and participation in health and social care strategic planning and care planning meetings and forums.

Health assessments:

4. Adopt a whole systems approach to health assessments, to ensure timely completion of assessments, auditing of quality of health assessments, and clearly understood processes for conducting assessments at a distance from Merton.

Services:

5. Map pathways and referral processes for targeted and universal services for looked

after children and young people.

6. Develop a directory of services and robust local offer across health and social care and share with stakeholders.
7. Develop a plan for increased integration of health and social care service teams, and one-site services.
8. Monitor and improve continuity of access to services across transitions and movements into other boroughs, particularly for CAMHS, care leavers, and children with disabilities.

Communication:

9. Ensure and monitor sharing of a child or young person's identified needs and health information between health and social care professionals, through in-person forums and clear information sharing processes, either written or electronic. This should also be ensured for children assessed who do not go into care, and those placed out of borough.
10. Ensure clear processes for communication between partners within and across LA boundaries are in place, quality assured and monitored; clarify and document processes and pathways for payment and information sharing. Ensure service providers are aware of and applying these processes.

Data/information:

11. Collect information on health outcomes and service utilization beyond the Department for Education Children looked after return. Include broader health outcomes and service utilization of looked after children and young people, and information regarding the needs of particular populations, including unaccompanied asylum seekers.
12. Ensure data and information collected regarding looked after children coming into and out of Merton is reported and utilised to inform planning and strategy health services.
13. Engage with London counterparts to improve responsibility and information-sharing arrangements.