Overview

The statutory guidance is issued to local authorities under section 7 of the Local Authority Social Services Act 1970 and under section 10 and 11 of the Children Act 2004 to local authorities, Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs). It supersedes the guidance issued in 2002 and applies to England only. It is of immediate importance to strategic managers in these agencies, policy makers and commissioners. It is particularly relevant to the partners in Children’s Trusts when exercising their responsibilities to achieve for looked after children and young people the core outcomes under the Every Child Matters agenda. The guidance builds on the commitments made by government in the White Paper and the Children and Young Persons Act 2008 to improve and safeguard the health, well being and welfare of children looked after by the local authority. This guidance will be supplemented by guidance from NICE/SCIE due to be published in 2010.

Briefing in full

Context and purpose

Children and young people looked after often have health issues and risks similar to but often of greater severity than their peers because of the impact of poverty, abuse and neglect. There is evidence that their longer term health outcomes remain worse than their peers, because of the deficits prior to becoming looked after. Through the Children’s Trust, the key bodies - the local authority and PCT - are responsible for commissioning a range of health services, including Child and Adolescent Mental Health Services (CAMHS) primarily through the Joint Strategic Needs Assessment and the Children and Young People’s Plan. The local authority, in its role of corporate parent, is required to ensure that every child and young person looked after has a health plan as part of their care plan, which is reviewed by the Independent Reviewing Officer (IRO) at prescribed intervals.

The guidance and the practice notes annexed set out the responsibilities of the local authority and the NHS, through the PCT and the SHA, to ensure that the NHS complies with requests from the local authority to provide the health services these children and young people need, whether they are placed in or outside the local authority area. Chief Executives of PCTs are required to be satisfied that arrangements are made to achieve timely and sensitive access by carers and residential staff on behalf of children to general practitioner services and any additional or specialist services. It is expected that one person is identified to take the lead in the NHS as a central point of contact, although this lead professional may differ for different children and young people.

The core principles place emphasis on prevention and a holistic health approach. Commissioning processes must take into account the views of children, young people and their families to influence the development and delivery of services.
Chapter 5 of the guidance provides an overview of the profile of looked after children and young people and their health needs. Data from 2008 indicates that about 30% of children are placed outside their local authority area which has implications for suitable services for this group, as the PCT which is the responsible commissioner may not be the PCT actually providing the service. For 4% of children looked after, disability was the primary reason for being looked after. The main reason for children of all ages being looked after was parental abuse and neglect. Boys were in a slight majority (56%). Young people generally do not see health in a narrow medical sense but rather talk about what impacts on how they are managing their life. Some welcome health support through the health professionals working in the voluntary sector rather than statutory agencies, which needs to be considered in commissioning strategies.

In 2007, 76% of PCTs reported that there was a designated doctor in post for looked after children, almost all of whom were paediatricians and 93% of PCTs had designated nurses.

Whilst physical and dental health is often poor, of particular concern is their mental health and emotional well-being, and timely access to these services is often limited. The health of young people often worsens in the year after leaving care. There is variation about the upper age limit for CAMHS services, which impacts on continuity of support and therapeutic services. Whilst health screening has improved, many assessments appeared to focus on disease screening rather than health promotion. There are concerns about how well the health needs of often very vulnerable young people in secure accommodation are being met.

**Joint working responsibilities of local authorities, PCTs and SHAs.**

**The key requirements of the statutory guidance**

The guidance addresses six areas: the key points are summarised below;

**Strategic working**

This section covers the key partnership between the local authority and the PCT to lead on commissioning health services and oversee their delivery through the Children’s Trust. The Apprenticeships, Skills and Learning Act 2009 (not yet implemented) will place Children’s Trusts on a statutory basis and the Children and Young Person’s Plan (CYPP) will be the responsibility of the Board, not just the local authority as at present. The CYPP should be informed by the Joint Strategic Needs Assessment which identifies both current and future health needs of the local population. The commissioning process must comply with the joint DCSF/DH commissioning guidelines.

Of particular importance is accountability for meeting the health needs of children looked after who are placed outside of their authority either in foster or residential care. There should be protocols to ensure compliance with the 2007 guidelines which apply to health arrangements made after 1 April 2007 and which require the PCT of the area where the child is ordinarily resident (usually the area of the placing local authority) to take responsibility for secondary health services, although the services may be provided by the local PCT. Arrangements for primary health care services are determined by GP registration.

The guidance sets out the principles for health assessments and health plans with expanded details in the Practice Guidance [Annex A]. PCTs and Mental Health Trusts are required to co-operate with local authorities to meet the emotional and behavioural health of looked after children and care leavers, based on the Strengths and Difficulties Questionnaire and to ensure continuity of services in the transition to adult services. PCTs
and SHAs must plan for the high level of mental health needs of these children and young people and provide targeted and dedicated services to this group, where there is an identified local need. The needs of adopted children must also be considered to provide in a timely way the medical and health assessment to inform planning a child’s adoption.

The principles for commissioning services are set out in the joint DCSF/DH Healthy Lives, Brighter Futures guidance issued in 2009.

**Strategic and operational responsibilities of the local authority**

The duties of the local authority owed to individual children and young people looked after are set out as well as its duty as a ‘corporate parent’ to promote across all its functions their well being at both strategic and operational levels. Local authorities must consult with children and young people, as well as their families, in planning, commissioning and evaluating services.

Individual health plans must be recorded within the child’s care plan and aggregated information extracted from health plans should inform service development and commissioning. Social workers, foster carers and residential care workers are responsible for ensuring arrangements are made to meet the child’s health needs and the IRO is responsible for reviewing the health plan and bringing deficits in delivery to senior management attention for action.

**Role of the NHS**

The guidance considers the three aspects of the NHS contribution to the health of children looked after through commissioning, delivery of services and the role of individual health professionals to provide co-ordinated care for each child and young person and their carers. Chief Executives of PCTs are accountable for systems and protocols for commissioning, together with ensuring appropriate professional expertise to provide strategic and clinical leadership and advice to PCT commissioners and local authorities. In addition, there must be arrangements at every level for supporting continuity and transition for this vulnerable group of young people to adult services. The responsibilities of designated doctors and nurses to provide clinical and strategic expertise are set down and those of the lead health professional to ensure that the health plan is implemented and reviewed. The practice guidance considers in greater depth the duties of the designated lead health professional, as well as the role of the designated doctor and nurse.

The guidance details the expectations on providers of health services and the contribution required of the Primary Care Team to ensure child centred health care decisions and services. The principles of confidentiality are set out at annex B.

**Performance management and inspection**

The new regime involves a full inspection by OfSTED of the services for children looked after at least once every three years and the inspection team will include assessors from the Care Quality Commission to specifically consider the standard and effectiveness of health provision. We wait to see what expertise, skills and methods the inspection team members bring to this role.

**Care Quality Commission**

The current standards against which NHS and independent sector health organisation services to children looked after are measured will be replaced in 2010 by Regulations setting out the requirements with which CQC registered providers must comply.
Strategic Health Authority

Its role is to ensure that the PCT has in place systems to manage their statutory responsibilities and to assist and support the PCT to deliver services compliant with the requirements of the guidance.

Practice Guidance and Annexes

This is not statutory guidance: it offers detailed information on factors to consider when commissioning and providing services to meet the requirements of the statutory guidance and stresses the importance of early intervention and preventative health services, which cover all aspects of a child’s health, to promote both physical and emotional well-being. There are practical examples of good practice across England, which may be useful for policy makers to consider.


Comment

Issuing statutory guidance on co-operation between the health agencies and local authorities has been pressed for on behalf of children and young people who are looked after by many concerned with addressing the poor outcomes across all aspects of their development. The gap between the needs and outcomes for these children and those growing up in their own family has been described recently by Andy Sawford, the Chief Executive of the LGIU, as “a national disgrace”. Whilst much attention has rightly been given to poor education outcomes, the health needs of this group, which like education have such a significant long term and lasting impact, have not always received the same attention within the health sector. Identifying and placing responsibilities on the partners in the Children’s Trust is a step forward.

The statutory guidance underpinned by the practice guidance should lay the foundation for a review by every Children’s Trust at local level of its current and future strategy for meeting the health needs of all children and young people, with a focus on the needs of the most vulnerable group – those who are unable to grow up cared for by their parents and who are likely to have had significant deficits in health, before becoming the responsibility of the local authority. There should be a review of current targets, structures and responsibilities at all levels both within the area and externally to create partnerships which deliver the services required. Key questions to address at strategic and operational level listed in the guidance may be useful as audit tools in quality assuring services. The core principles underpinning the guidance refer to addressing inequalities and ‘diverse needs’ of this group. This is not developed extensively within the guidance. Children’s Trust will have a key role in the commissioning process to ensure that the needs of all children and young people including those from Black and minority ethnic communities are provided for by having the necessary clinical expertise and appropriate additional support services in place.

The guidance does not provide information about future funding plans for the NHS and its key agencies and the financial consequences of these service requirements. However, commissioners and providers are likely to be inspected against the standards and expectations set out in the guidance. It is, thus, of immediate importance for those responsible for providing strategic and clinical leadership, advisers to policy makers and commissioners to review, incorporate and disseminate the implications of the statutory
Statutory Guidance on promoting the Health and Well-being of Looked after Children...

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