

Update on Health of City of London Looked after Children (LAC) during Covid-19 pandemic

Introduction

This update is produced to outline the measures taken by the Health Looked after Children (LAC) City & Hackney Clinical Commissioning Group (C&H CCG) and Homerton University Health Trust (HUHT) services during the Covid-19 pandemic to ensure that the City of London LAC statutory health needs are being addressed together with providing assurance to the committee. The ongoing COVID-19 pandemic spread to the United Kingdom in late January 2020. In March, the UK government imposed a lockdown, banning all "non-essential" travel and contact with people outside one's home (including family and partners), and shutting almost all schools, business, venues, facilities, amenities and places of worship. Those with symptoms, and their household, were told to self-isolate, while the most vulnerable (the over 70s and those with certain illnesses) were told to shield themselves. People were made to keep apart in public. Police were empowered to enforce the lockdown, and the Coronavirus Act 2020 gave the government emergency powers. Guidance from the (RCPCH, RCN, DH) advised that telephone or video conferencing facilities should be used wherever possible in place of face-to-face meetings, whether they be strategic or for individual case management purposes

Risks

The risks were examined for LAC and these included:

- Foster Carer and LAC Covid symptoms and self-isolation
- Undertaking of Statutory Initial and Review health Assessments
- Out of Borough placements
- LAC placements notifications
- UASC
- Prospective foster carers/adopters
- Communication

Changes Implemented

- Foster Carer and LAC Covid symptoms and self-isolation

The designated nurses across North East London (NEL) developed a flow chart for foster carers to illicit if they had signs and symptoms and how to self-isolate. This was shared with the Children's Social Care and Early Help service to be distributed to foster carers.

- Undertaking of Statutory Initial and Review health Assessments

The risk identified was that LAC will not receive face to face health assessments as set out in statutory guidance. Additionally a potential reduction in the LAC health workforce due to redeployment. Different virtual platforms have been implemented to undertake IHAs/RHAs/SDQs including video conferencing and telephone consultations. NEL Designated nurses developed IHA/RHA risk stratification guidance for CCG and providers. C&H CCG followed Covid 19 Community practice guidance regarding what health

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assessments should continue and how. Regular commissioner /provider meetings are taking place where LAC are discussed. The C&H CCG LAC Designated Nurse is completing IHAs under supervision of Designated Dr for LAC to support capacity. Quality assurance processes are in place. Post COVID-19, all IHA's will be followed-up and offered a physical examination by a medical practitioner. Virtual Health Assessments are recorded on the Rio health system and copies sent to SW, GP and other involved professionals.

- Out of Borough placements

There is inconsistent practice nationally for LAC placed Out of Borough (OOB). Due to redeployment of staff some areas are not able to undertake OOB Health Assessments. HUHT are now undertaking virtual telephone contacts with OOB placed LAC. Providers advised to escalate and share information with CCG designated nurse to enable challenge with OOB health teams.

- LAC placements notifications

Designated nurse continues to send placement electronic information to other CCGs and LAC Teams to avoid LAC and children with special needs being lost in the system.

- UASC

Risks identified included the lack of face to face health assessments for UASC may result in reduced identification of health issues including mental health, immunisation requirements, blood borne diseases and communication challenges around interpreting service. UASC are normally referred to infectious disease clinic at UCLH but this was closed during the initial stages of the pandemic. Liaison with out of borough LAC health teams and CCG Designated Professionals continues. The Designated Doctor and Nurse have weekly meetings to look at risk and follow up with UASC. City of London have been contacted if issues arise. Local interpreter service information received from Providers. Escalated to National Named & Designated Health Professionals forum and CYP team meeting. Letter for GPs has now been developed and implemented regarding immunisation catch up and blood borne diseases. Vitamin D advice included in GP letter. The Infectious Diseases clinic at UCLH has now reopened and they are able to offer appointments within 48hours for rapid COVID screening.

- Prospective foster carers/adopters

Potential foster carers and adopters during Covid 19 are completing self-declaration Coram BaaF forms, risks are that they are not specifying particular health issues. GPs and LAC Doctor to review all applications to look at risks and screen applicant to ensure that all health issues are addressed. New Coram BAAF Guidance issued 01.06.2020. All potential adopters must see their GP for a virtual consultation and health report. If unable to see GP, a copy of their health record needs to be obtain/accessible to the Medical Advisor. Named GP has notified all GP Practices of new guidance.

- Communication

Virtual meetings have been implemented including a 2 weekly City and Hackney LAC service review zoom call, a weekly NEL designated safeguarding and LAC meeting, CCG

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internal meetings and regular liaison calls with HUHT providers. Email contacts including a specific CAMHs issue has taken place with an escalation to another CCG for resolution.

Reset, Restoration, Recovery

Consultation with young people locally about their experiences of COVID-19, lockdown and of accessing health care (including virtual health assessments). Feedback can then be used to inform recovery planning and new ways of working.

There is likely to be an increase in safeguarding referrals/assessments and outstanding LAC physical examinations and then also an increase in the number of children in care with Initial Health Assessments (IHA) and Review Health Assessments (RHA) (in six to 12 months' time) required. Current decisions are being made about balancing service requirements and capacity against individual needs. Extra clinics are being planned to catch up IHAs undertaken virtually.

Looked after children personnel are being re-deployed back to their substantive post in the first wave with clinical professionals for LAC also returning to their role.

Innovation and development of the 'new normal' are important, e.g. incorporating new technologies and other service developments into business as usual working and allowing the flexibility to engage with young people who may have previously refused assessments.

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