



CYP(3) PCC 07

## Children and Young People Committee

### Inquiry into: Arrangements for the Placement of Children into care in Wales

#### Response from Pembrokeshire Local Health Board

The three LHBs of Carmarthenshire, Ceredigion and Pembrokeshire, who are working together in preparation for moving formally to become the Hywel Dda Local Health Board in October 2009, have prepared a submission in response to the call for evidence letter received in May 2009.

The Local Health Boards are responsible for providing a range of primary, community and secondary care health services to the residents of the three counties through their current commissioning responsibilities. In addition, and in line with statutory legislation, the LHBs work closely with the three Local Authority areas to develop strategic plans and operational services to meet the needs of the local population. From the perspective of children and young people, the Children's and Young People's Plan 2008-2011 is the key strategic document which is developed by local partners and sets out the vision and direction for the future.

The evidence provided by the LHBs focuses in particular on question 1, 4 and 9.

#### **Consultation Question 1 – Gathering information about a child**

*In determining whether and where to place a child into care, a social worker will need an accurate picture of a child's needs and circumstances, which may require them to have information from a range of local services – health services, social services etc. who may also have to consider their responsibilities towards confidentiality. To what extent is information about a child's needs effectively shared with decision makers, and do you have any examples of good practice in such inter-agency communications? Is there a clear understanding of who is ultimately accountable for decisions about a child's care?*

#### **LHB Response:**

In line with the Placement of Children (Wales) Regulations and the guidance issued by the Welsh Assembly Government in June 2007 "Towards a Stable Life and Brighter Future", each LHB within the Hywel Dda health community has established information sharing protocols and procedures with the Local Authority to support the effective implementation of the regulations.

Complex Needs/Placement Panels meet on a monthly basis to discuss the needs of children who have been referred by core services because their needs are unable to be fully met by local services. The information discussed covers safeguarding, health and education issues and informs a discussion about the options available for addressing a child's needs. The LA uses the CSSR database to provide information on what care options may be available.

**Table 1: Number of Looked After Children by County snapshot information August 2009**

LHB	Number of LAC (own LA)	Number of LAC (placed)	Number of LAC (placed by)	Total Number of LAC
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		<b>by other Welsh LA)</b>	<b>other English or Scottish LA)</b>	
Carmarthenshire	233 (57.3%)	160 (39.3%)	14 (3.4%)	407 (100%)
Ceredigion	75 (60.5%)	35 (28.2%)	14 (11.3%)	124 (100%)
Pembrokeshire	135 (60.5%)	74 (33.2%)	14 (6.3%)	223 (100%)

The Hywel Dda health community is a net receiver of Looked After Children (LAC) placed by other local authorities from Wales, England and Scotland. A recent snapshot audit was undertaken at the end of August 2009 and Table 1 shows the number of LAC reported by the Local Authorities in each of the three-counties. Table 1 provides a snapshot summary of:

- The number of Looked After Children (LAC) by LHB/LA area who are *residing within their own county* (this figure includes children who have been placed for adoption)
- The number of Looked After Children *placed within* the LHB/LA area who are placed by other Welsh Local Authorities
- The number of Looked After Children *placed within* the LHB/LA area who are placed by other English Local Authorities

The table above demonstrates that all counties within the Hywel Dda health community are net importers of LAC. However, the majority of children placed in the three West Wales LHB areas are from other Local Authorities in Wales. In comparison to the experiences of LHBs in some of the border counties there are relatively small numbers of English children being placed in the Hywel Dda community.

In contrast, the number of children being placed outside the three-counties (including those who have been placed for adoption) by the Local Authorities is low in comparison to those being placed in by other authorities:

- Carmarthenshire – 13
- Ceredigion – 9
- Pembrokeshire – 19

Whilst the LHBs have robust local information sharing procedures in place, gathering information about children who other local authorities plan to place, or have placed within county is proving more challenging. In September 2007 the all-Wales LHB Nurse Director's Group established an all-Wales Task and Finish Group to develop an LHB procedures document for the placement of vulnerable children away from home, to further enhance the WAG guidance which had been published. This work was led by Powys LHB and Carmarthenshire LHB proactively supported this work in view of their net importer status. As a result of the all-Wales work a LHB Health Care Needs form was developed to enhance information sharing about a child's health needs.

In Ceredigion and Pembrokeshire LHBs robust arrangements are now in place for regular exchange of information/updates using password protected systems with the Local Authorities and LAC health Trust teams. This has led to LAC data being more accurate for all agencies. An audit of LAC health assessments for children/young people placed in county by English and other Welsh Authorities is currently being undertaken. The audit will seek to clarify the status of children currently on the database and note their LAC health assessment status. Where gaps are evident in receiving notification and/or health assessments within the statutory timescales a follow up letter/telephone contact to LAC teams in placing authorities will be made. It would appear so far that in Ceredigion and Pembrokeshire LHB areas LAC Health Assessments are undertaken by either the placing Authority or the local Hywel Dda Community Medical Officers.

#### **Consultation Question 4: Using Information**

*To what extent are placements planned out? Is there clarity over whether placements will be for a short period of time, whether it may eventually lead to adoption etc? Can you provide any examples of good practice in the planning of foster placements?*

#### ***LHB Response:***

Towards a Stable Life and Brighter Future guidance sets out the notification arrangements for placements which state that:

- Where a placement is considered out of area the local authority must (within 25 days) convene a panel of multi-agency representatives.
- Notification arrangements for placements must be made **prior** to a placement and not later than 10 working days after the placement date.

As a net importer of LAC, Carmarthenshire LHB has reviewed the information which has been received on placements made since 1<sup>st</sup> July 2007 and where information was available, gathered information to demonstrate:

- the length of time between receipt of notification that a child from out of area has been placed within the county, and the date of placement being made.
- which agency first notified Carmarthenshire LHB as the host area that the placement had been made.

It should also be noted that it is the primary responsibility of the Local Authority (in their corporate parenting capacity) to notify the relevant agencies.

**Table 2: Audit of Local Authority Areas making placements by agency who first notified Carmarthenshire LHB: 1<sup>st</sup> July 2007 – 31<sup>st</sup> August 2009**

LA Area	Placements Since 01/07/07	Host LA	Placing LA	Placing LHB	Local Trust LAC Team
Aberdeen	2	2			
Blaenau Gwent	2	2			
Bridgend	5	3	1	1	
Bristol	0				
Caerphilly	10	5	1	4	
Cardiff	1		1		
Ceredigion	5	5			
Devon	1		1		
Dundee	1		1		
Hampshire	2		2		
Hertfordshire	2	2			
Kent	0				
Leicester	1				1
Lewisham	0				
Merthyr Tydfil	7	1		6	
Milton Keynes	1		1		
Neath Port Talbot	16	9	3	4	
Newport	1		1		
Pembrokeshire	2	1			1
Powys	5	2		3	
Rhondda Cynon Taf	4	4			
Sandwell	1	1			
Sheffield	1	1			
Surrey	0				
Swansea	94	14	1	79	
Telford & Wrekin	1	1			
Torfaen	2	2			
Vale of Glamorgan	1	1			

Wirral	0				
Wolverhampton	1	1			
<b>Total</b>	<b>169</b>	<b>57</b>	<b>13</b>	<b>97</b>	<b>2</b>
%	100	33.73%	7.69%	57.40%	1.18%

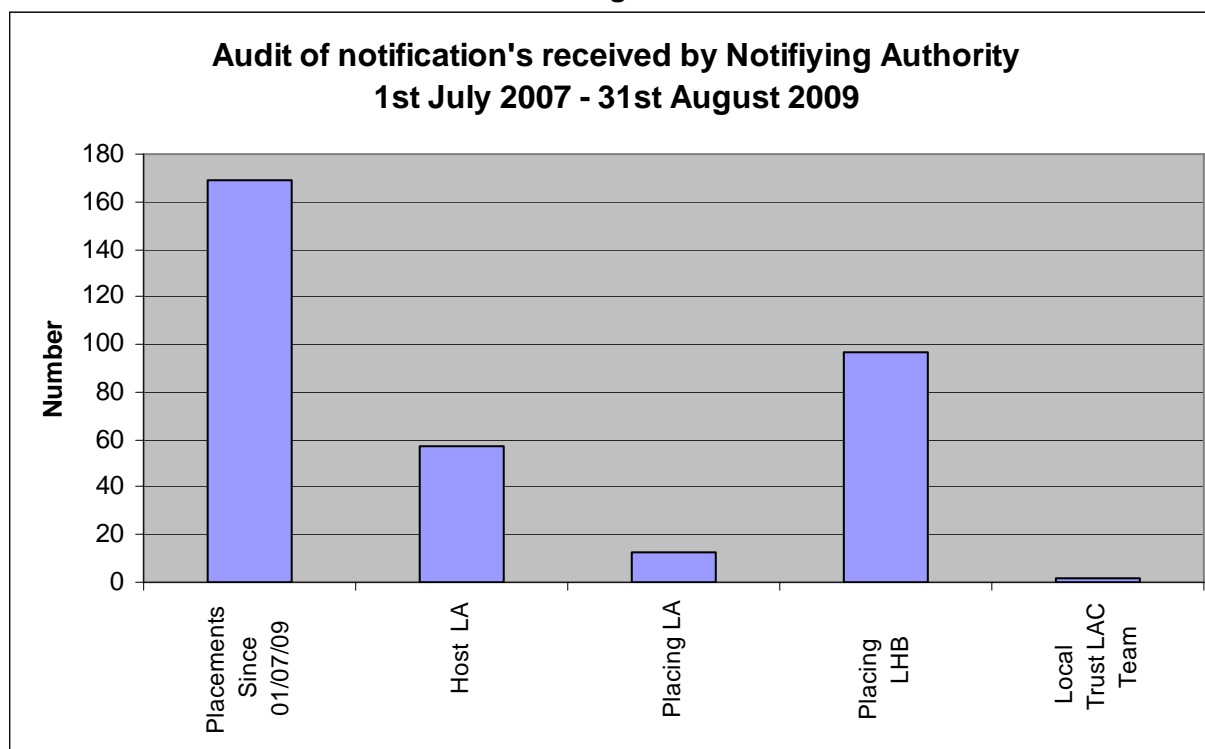
The audit information presented in Table 2 shows that children and young people from 30 other local authority areas had been placed within Carmarthenshire during the period. Of these, two Scottish authorities and 13 were English authorities.

However, as illustrated in Table 3 and Figure 1, of the 169 placements for which audit information was readily available, it can be seen that only 8% of notifications were received directly from placing local authorities. In the majority of cases, the placing LHB has been the main source of information to confirm that a placement has been made, with Carmarthenshire County Council also being responsible for notifying the LHB, demonstrating the impact of the local information sharing protocols which have been developed.

**Table 3:**  
**Audit of agency notifying Carmarthenshire LHB of a placement:**  
**1<sup>st</sup> July 2007 – 31<sup>st</sup> August 2009**

	Placements Since 01/07/07	Host LA	Placing LA	Placing LHB	Local Trust LAC Team
<b>Total</b>	<b>169</b>	<b>57</b>	<b>13</b>	<b>97</b>	<b>2</b>
%	100	34%	8%	57%	1%

**Figure 1:**



The local authorities within the new Abertawe Bro Morgannwg health community (Swansea, Neath Port Talbot and Bridgend) and the main placing authorities and at 31<sup>st</sup> August 2009 accounted for 54% of the LAC children placed in Carmarthenshire by other local authorities.

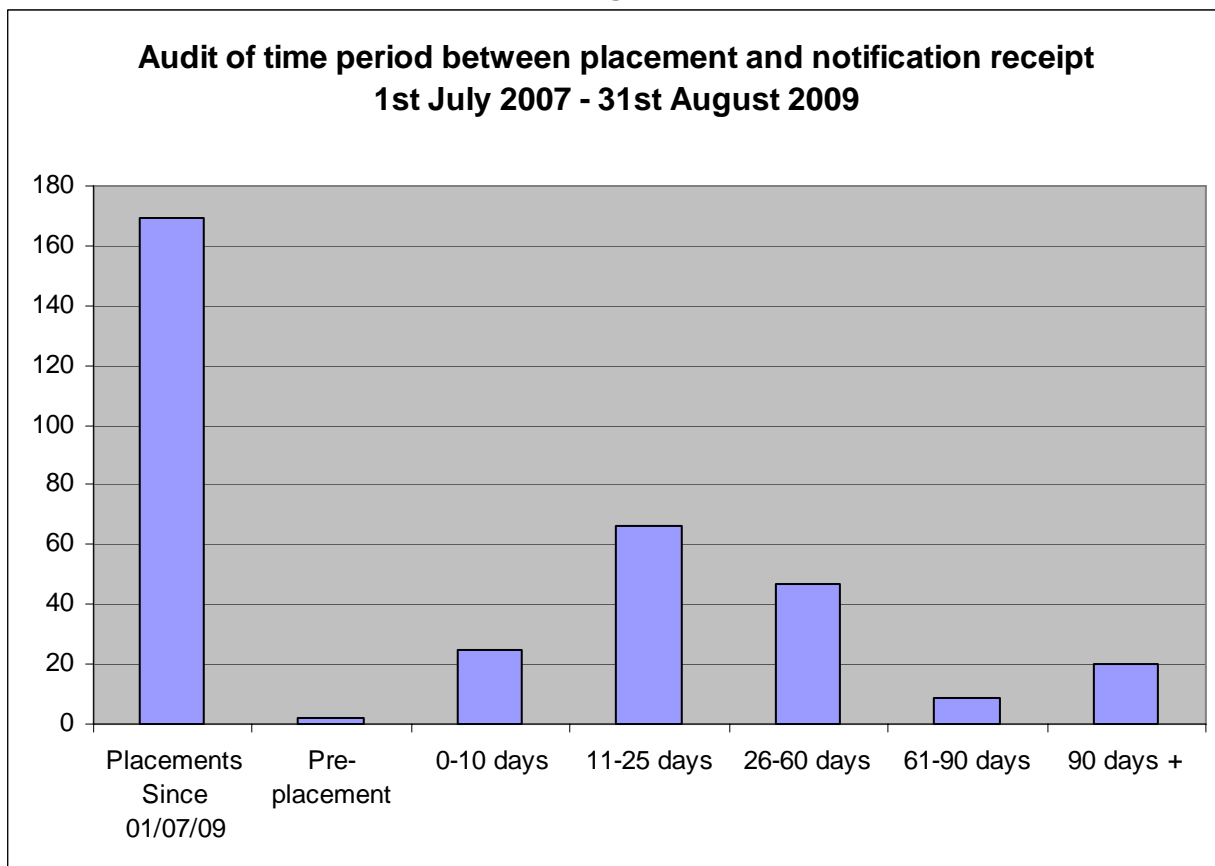
A further audit of placements made by a significant placing local authority since 1<sup>st</sup> January 2009 show in Table 4, illustrates that information in the main is provided from the placing LHB, and not by the Local Authority who has the statutory duty to notify agencies. Whilst this may reflect the local information sharing protocols between the local authority and LHB, it does build in time delays in respect of notification periods, as is further demonstrated later in the evidence.

**Table 4:**  
**Audit of placements made by a Placing Local Authority: 1<sup>st</sup> July 2009 – 31<sup>st</sup> August 2009**

Number Placed Since 1st Jan 09	Number Notified by Placing LA	Number Notified by Placing LHB	Number Notified by Host LA
38	1	35	2
100%	2.63%	92.11%	5.26%

As outlined in the Towards a Stable Life and Brighter Future guidance, prompt notification is crucial to ensure good health planning. Information was therefore gathered on the length of time between notification being received by the host LHB and the placement commencement date. The results of the Carmarthenshire audit shown in Table 5 and Figure 2 show that in only 1 case was the placement pre-planned and advance notification received of the planned placement date, prior to the placement commencing.

**Figure 2:**



Regulation 6 (2) introduces a deadline of no later than 10 working days from the date of placement by which notification must be made, regardless of whether this was a planned or emergency placement. Only 14.79% of the notifications were received within this timeframe and of concern is the evidence that 44.97% of placement notifications were received after 26 days.

**Table 5:  
Audit of length of time between placement being made and notification being received**

LA Area	Placements Since 01/07/07	Pre-placement	0-10 days	11-25 days	26-60 days	61-90 days	90 days +
Aberdeen	2				2		
Blaenau Gwent	2			1			1
Bridgend	5		2	2			1
Bristol	0						
Caerphilly	10	1	1	5	1		2
Cardiff	1		1				
Ceredigion	5		1		4		
Devon	1		1				
Dundee	1		1				
Hampshire	2				2		
Hertfordshire	2		1			1	
Kent	0						
Leicester	1						1
Lewisham	0						
Merthyr Tydfil	7		3	2			2
Milton Keynes	1			1			
Neath Port Talbot	16	1	4	5	3	1	2
Newport	1			1			
Pembrokeshire	2			1			1
Powys	5				2		3
Rhondda Cynon Taf	4		2	2			
Sandwell	1						1
Sheffield	1		1				
Surrey	0						
Swansea	94		7	43	32	6	6
Telford & Wrekin	1			1			
Torfaen	2			2			
Vale of Glamorgan	1				1		
Wirral	0						
Wolverhampton	1					1	
<b>Total</b>	<b>169</b>	<b>2</b>	<b>25</b>	<b>66</b>	<b>47</b>	<b>9</b>	<b>20</b>
<b>%</b>	100	1.18%	14.79%	39.05%	27.81%	5.33%	11.83%

A further audit of the placements made by a significant placing authority (Table 6) shows that whilst the notification times are improving, the statutory notification period was only met in 5.26% of placements made between 1<sup>st</sup> January 2009 and 31<sup>st</sup> August 2009.

**Table 6:  
Audit of length of notification period of placements made by a Placing Local Authority**

Number Placed Since 1st Jan 09	Pre-placement notification	0-10 days	11-25 days	26 - 60 days	< 60 days
38	0	2	24	12	0
100%	0.00%	5.26%	63.16%	31.58%	0.00%

### **Consultation Question 9**

*Are there any other comments you'd like to make about the placement of children into care? Are there any specific recommendations you would suggest the Committee makes to the Welsh Assembly Government.*

#### ***LHB Response:***

In order to improve the information available to support the planning and commissioning of services for vulnerable and looked after children placed away from home, the LHBs within the Hywel Dda health community commissioned the NHS Business Services Centre to develop a new database to enable the secure recording of information received in relation to Looked After Children. The database is an information system to support LHB planning and commissioning responsibilities and *is not used to record clinical information.*

The proposed new database will provide a consistent approach to the recording and management of information within the three LHBs and provide data in a consistent format for the purposes of high level reporting of information to support service development and needs assessment.

#### *Who has been involved in the development?*

Whilst Carmarthenshire LHB has led this development, LHB colleagues from all three areas have been involved in discussions about the database at different stages. In addition a stakeholder meeting was held on 1<sup>st</sup> May 2009 and representatives from the each LA, Trust and LHBs attended. During the meeting participants viewed a demonstration of an early version of the database and the meeting was used as an opportunity to consult and gather views regarding the content of the database and its usefulness. Feedback received from the CAMHS Lead for LAC and the LAC Nurses indicated that they would find such a database of benefit as it would ensure that there is a single system to record the details of children and would reduce administration time and the number of separate records of vulnerable children as currently each LAC Team holds their own Excel/Access spreadsheets with minimal levels of security.

During the stakeholder meeting issues of consent and confidentiality were raised and as a result Information Governance Managers from both BSC and Hywel Dda NHS Trust have been consulted. The WAG regulatory guidance requires provides copies of exemplar protocols for information sharing and notification forms for use by statutory agencies to share relevant information about LAC to ensure their safety and wellbeing. In order to ensure that agencies are aware that information is being held on a database it is proposed that the when LHBs write back to placing areas the acknowledgement letter will make reference to the fact that the information has been transferred into an electronic record for the purpose of monitoring the placement. Information Governance Managers have advised that the database would be covered under current Data Protection Act registration as an administrative/management system.

#### *What information will be recorded?*

The information which will be recorded in the database provides an electronic record of information already received by LHBs in paper format. Information is currently received by LHB via a number of sources including:

- On notification forms sent by Local Authorities using the recommended all-Wales format provided in Towards a Stable Life and Brighter Future guidance.
- On locally developed notification forms sent by Local Authorities or Foster Care Organisations.

- On Health Care Needs Forms developed by the all-Wales LAC Task and Finish Group as a standard format for sharing information between LHBs and Trusts in relation to the health needs of LAC children
- By telephone or email directly from LAC nurses in placing area.

*What is the benefit of establishing a single LHB LAC database?*

The LHBs are currently using different programmes to record LAC data and the nature of the programmes used mean that there are minimal levels of data security. Pembrokeshire and Ceredigion are using an Excel Programme which is stored in a file which has restricted access and is also password protected. Carmarthenshire are using an Access Database which is stored in a file which has restricted access and is password protected.

Establishing a single electronic recording system would ensure consistency of data recording using a single system. It would also enable management information to be provided instantaneously as a range of generic reports have been designed into the system including:

- A summary of LAC currently placed in each of the three counties
- A summary of LAC in each area by placing authority
- Number of notifications received within statutory timescales
- Number of LAC with a current health assessment
- Number of LAC on CAMHS caseload
- Number of LAC by placement type
- Invoice amounts by placing authority for defined quarterly periods

Only staff with Level 4 & 5 Access (as described in Table 5) will be able to generate reports using the report functions facility. However, the reporting function will provide valuable needs assessment, strategic and operational planning information. Whilst the regulatory guidance places a responsibility on the Lead Member for Children and Young People to provide a six-monthly report to the Children and Young People's Partnership the Children Act 2004 places a duty on statutory agencies to co-operate and share information for planning purposes. The information captured in the health database will therefore provide valuable additional information to that which the LA routinely collects, thus enhancing our shared understanding of the needs of LAC.

*What measures have been put in place to ensure data protection and confidentiality?*

As a result of the involvement of the Information Governance Officers from both the BSC and Trust, the database is now considered to be one of the most secure that the BSC has developed for the LHBs to date.

The security functions built into the database include:

- data stored in separate linked tables on a secure server in BSC which is backed up on a daily basis
- using a system of validation between client NT and database user name
- in addition to client NT and database user name a secure password must be entered to access the system
- lockout if client NT/user name don't match and notification to system administrator
- lockout following 3 incorrect passwords and notification to system administrator
- automatic lockout of hardware after 10 minutes non activity
- automatic lockout of database after 20 minutes of non activity
- any attempts to access previously viewed screens following lock out will return user to main log in screen
- other than Level 5 access there is no way of freely viewing the full database as strict search criteria must be entered

- audit report to show who has logged into the system
- audit report to show who has made changes to what records (with details of what the original entry was)
- five differential levels of database access

There are five levels of database access which restricts both the viewing and use of the data. These are described in Table 7.

**Table 7: Levels and Scope of Access**

<b>Access Level</b>	<b>Scope of Access</b>	<b>Proposed Staff Members</b>
5	Access to all aspects of the database including data entry, search facility and generation of reports. This level would also have responsibility for systems management including password control and unlock facilities as well as access to database development requests.	Three-Counties LHB LAC Lead
4	Access to data input, search and edit facilities. Can generate high level reports.	LHB Senior Managers
3	Access to data input, search and edit facilities.	LHB nominated LAC Administrator (s)
2	Access to data input and edit for LAC Health Information tab and search facility only.	Unallocated until system security for existing Trust staff is resolved.
1	Access to data input for CAMHS Information tab and search facility only.	Unallocated until system security for existing Trust staff is resolved.

As demonstrated above, the Hywel Dda health community has been working proactively to develop and enhance its own information systems which will ultimately benefit the vulnerable children and young people who are being placed within the health community. The development of a database will enable the new Local Health Board to identify where regulatory timeframes are not being met and in conjunction with local authority partners, work to address these issues.

Whilst the regulations enable host authorities to make a re-charge to placing areas for the costs of secondary health care services there has in the main been resistance to this approach by many of the current Local Health Boards, with the exception of Swansea, Neath Port Talbot and Bridgend. The three LHBs who are part of the shadow ABM health community have been working with the Hywel Dda LHBs for a number of months and have now commissioned their own LAC Nursing Service to in-reach into the Hywel Dda community to follow-up children placed by their local authorities and ensure that all statutory health assessments are undertaken. Whilst the issues of commissioning other secondary care services, in particular hospital out-patient and community services have not been finally resolved, discussions have been on-going to find a way forward.

However, the remaining LHBs in Wales have been less forthcoming in their willingness to agree commissioning arrangements, other than confirming that their own LAC nurses will undertake health assessments. This is a concern for the Hywel Dda health community as evidence suggests that looked after children are at greater risk of poor health, and in particular emotional health and will need to access these services in the area of placement. Because LAC have addresses within the county it is difficult for the NHS Trust information systems (of which there are currently a number) to easily identify which community or secondary health services are being utilised by LAC.

In acknowledgement of the administrative difficulties of providing cost per case information, and in order address commissioning responsibilities the Hywel Dda LHBs have introduced a flat quarterly fee for all placing PCTs (in England and Scotland). Whilst some areas are disputing this process

and are insisting on cost per case invoices, others have co-operated. Whilst the number of English/Scottish LAC is relatively low in comparison to other areas the physical, emotional and developmental health needs of these children can be significant.

### **LHB Conclusions**

It is now over two years since the introduction of the Placement of Children (Wales) Regulations, but the information provided in the LHBs evidence suggests that in many cases local authorities have been slow to implement the notification and information sharing requirements. For counties who are net receivers, this places already vulnerable children at greater risk of health needs not being proactively met in a timely manner.

The commissioning responsibilities of LHBs whilst understood have not been adequately addressed to date and for areas who are net receivers, as is the case in the Hywel Dda health community, the needs of looked after children are being met through the counties existing core services without the funding being made available as a result of the re-charging process to further develop capacity to meet these additional needs.

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