

TITLE OF REPORT	Summary of Audit of Health Passports/Histories in Walsall
EXECUTIVE SUMMARY:	The report to the Corporate Parenting Panel will provide a summary narrative of the offer of Health Passports to young people leaving care.
IMPLICATIONS	
RECOMMENDATION TO THE COMMITTEE:	
CONFLICT OF INTEREST MANAGEMENT	
COMMITTEE ACTION REQUIRED:	
REPORT WRITTEN BY:	Alison Jones Designated Nurse, Children Looked After. Assistance from – Zoe Morgan, Jivan Sembi, Michelle Cummings, Donna Smith.
REPORT PRESENTED BY:	Alison Jones Designated Nurse, Children Looked After
REPORT SIGNED	Sophie Read-Willetts

OFF BY:	Designated Nurse for Safeguarding Children
PREVIOUS COMMITTEES, DISCUSSION OR CIRCULATION	

Report to Corporate Parenting Board Summary of Audit of Health Passports/Histories in Walsall

The report to the Corporate Parenting Panel will provide a summary narrative of the offer of Health Passports to young people leaving care and identify views of young people following a small-scale audit of Health Passports

The Purpose of the Report

- To provide the findings following an audit of the views of Young people receiving Health Passports Identify areas of the Health History Offer requiring improvement and make recommendations from the audit findings in relation to the planned refresh of Health passports by the health care provider in February 2021.
- To provide assurance to the Corporate Parenting Board that action is being taken to deliver ongoing improvements for care leavers to ensure they are equipped to manage their own health needs wherever possible.

What are Health Histories?



Statutory guidance, “Promoting the Health and Wellbeing of Looked After Children” (DFE 2015), states that young people leaving care should be able to continue to obtain health services and know how to do this. There should be a smooth transition to adulthood and access to health advice and services. Care leavers should be equipped to manage their own health needs wherever possible. It is also recommended for Care Leavers to have access to their health history, in a specific

recommendation from the “NICE SCIE PH 28 guidance for Looked After Children and Young People, Recommendation 48 states:-

- Ensure that when young people are offered their final statutory health assessment all available details of their medical history can be discussed.
 - Ensure young people are supported to understand their health and medical information.
 - Ensure young people are supported and encouraged to attend their final statutory health assessment.
 - Ensure that if a young person declines to attend their final statutory health assessment they are offered the choice of having a written copy of their basic medical history (such as immunisations and childhood illnesses).
 - A health professional, in partnership with the young person's social worker, ensures that the young person knows how to obtain their social care and detailed health history.
- Ensure that leaving-care services that support young people when they move on to independent living have a process to contact health professionals when necessary to help the young person understand the information in their health history.

These actions are jointly the responsibility of Social Workers, Social Work Managers, Leaving care teams and designated health professionals.

In Walsall, all care leavers have a completed leaving care summary and are given information about how they can access their health records. The health history is also offered at the final health assessment as a personal booklet. It is recognised that care leavers, are vulnerable to not having sufficient information about their own health. As well as having limited information about their family and any significant medical history, they sometimes have experienced unstable placements or had been placed out of borough. The Health Passport provides a concise account of a young person's health and any significant health issues. The Health Passport is a quick reference guide to confidential details about a young person's personal health. It is a unique document, which holds individual confidential information and can only be viewed with the permission of the young person who owns it.

Current Process

Walsall CCG commission Walsall Healthcare Trust to provide a service to all Looked after Children (LAC). The LAC health team introduce the Health History/Passport to young people at aged 16. There is a clear pathway which informs the young person when to expect their health history and incorporates a conversation about preparing their health history

Age 16 years:

- If the child is living in borough or within 20 miles, health assessment to be completed by Nurse Advisor Transition & Leaving Care
- Health History document is discussed in annual health assessment
- Documented on Summary what has been discussed in regards to Health History document
- Added to Personal Health Plan as an action for Social Worker to discuss further with young person



Age 17 years:

- If the child is living in borough or within 20 miles, health assessment to be completed by Nurse Advisor Transition & Leaving Care
- Health History document is discussed in annual health assessment
- Basic template of "Health History" document shown to young person to discuss what is included and the benefits
- Documented on Summary what has been discussed in regards to Health History document
- Added to Personal Health Plan as an action for Social Worker to discuss further with young person



Aged 18 years:

- Letter is sent to young person from LAC Health admin on address given on discharge notification from Local Authority with vaccination summary, birth details and information in regards to Health History document and contact details for health
- Health History document completed with information ready to print and distribute to young person either directly or via Personal Advisor

Walsall Healthcare Trust updated the Health Passport for care leavers just over two years ago, due to a requirement to become an electronic document. This provided provision to save the details so that the young person could request another copy in the future if required. (The previous booklet handed to young people was hand written).

The current design and contents of the passport was produced in consultation with young people. The LAC health team will review the passport on a two yearly basis. As part of the review, an audit of the current process to identify gaps and enable a refresh of the Health Passport to be meaningful to the participants was completed jointly with children's services. The sample looked at 18 young people's Health Passports randomly selected from a cohort of care leavers in Q2 2019/20. Initially some questions were answered about the documents and more importantly, the audit incorporated the views of young people who had experienced living in care and who were young care leavers. The qualitative data provided will determine the final refresh of the document.

Methodology

There were seven lines of enquiry identified by the Designated Nurse for LAC and Head of Service for Looked After Children from children's services. From the responses provided, the following statements were concluded:

All the young people are informed from age 16 at their health assessments, of the offer of a health history. This is documented on the health record.

- Generally, all of the care leavers agreed to receive a Health Passport. One young person did not agree to receive a Health Passport. The passport was offered in a different language to one young person.
- 79% of the cohort had received their passports at the time of the audit and a letter was sent to children's services confirming this. One young person had refused and another was waiting as there had been a delay in receiving information from archived records in another health authority, due to the young person living out of borough for some of their care experience.
- There was evidence on three children's records where their passport had been recorded on children's social care records (Mosaic).
- The pathway plan details the services and support needed by young people aged 16-21. There was limited evidence of health input in some of the pathway plans (seven children's pathway plans had evidence of health input, 11 children had no evidence.)
- In the cohort audited, seven children out of the 18 children were placed out of borough. This did not impact on them receiving a leaving care health history.

Consultation with Children and Young People

An initial consultation was arranged with the Children's champion and the Designated Nurse LAC with a further discussion at a later date. These discussions were by either telephone or virtual meetings.

Feedback from discussion with Children's Champion

There were 20 young people contacted as part of this review by the Children's Champion. Their views were sought virtually either via WhatsApp or phone calls. The young people were aged between 17 to 23 years. 13 young people responded:

Five young people are aged 17 years, one young person was aged 18 years, three young people are aged 19 years, and four young people are aged 20 years and older.

In addition, there was a discussion held at the Children in Care Council in relation to how the Health Passports could be improved. The discussion was an agenda item for meetings in November and December 2020.

The young people were asked about their understanding of the Health Passport. Responses provided were mixed, in terms of knowledge about the passport. Prior to the consultation discussion, it was explained to the young people the purpose of the Health Passports, who would have distributed their passport and the information held in them.

Further exploration with the young people was in respect of:

- Did the young people know about their entitlement to a Health Passport?
- Did they know who would complete their Health Passport?
- Did they find the information helpful?

What some young people said:

- *'Is a health passport about your health?'*
- *'Health passport, I don't think I received it'*
- *'No I don't know'*
- *'I can't remember, no'*
- *'Think I have got one, only looked at it because the nurse showed me mine'*
- *'I think I have one does it tell me my history?'*
- *'I have a health passport, I have put it somewhere'*
- *'I have never had one'*
- *'I have had one but never look at it'*
- *'I saw the looked after nurse but don't recall having one but it has been some time'*

Some young people who reviewed the passport did not find the design 'young people friendly' and said:

'if there was more relevant visual representations around the subject matter young people would make more use of the resource as they would be able to relate to it more'.

Further responses in respect of the information section included:

'If the possible risks involved in not being up to date with immunisations and unprotected sex were displayed in the passport. This may encourage young people to access services in the future, which will support good health'.

When asked about the relevance of the Health Passport, responses included that their weight as a baby and any family health history was important. They questioned why the other information could not be accessed online, or on an interactive app, as young people tend not to read leaflets.

They also said 'if we can now access our doctor's records online why are you giving us booklets that we would just put in a drawer?'

Verbal responses from some of the young people identified said they saw some relevance to the Health Passport, making reference to their birth weight and any family health history. It was also identified that young people see that digital technology could be utilised to provide their Health Information through an app where it could be more interactive visually which would meet the needs of some young people who may struggle to read the information provided. It was suggested that this would make the digital Health Passport more inclusive to more young people.

Nb. Young people now over the age of 21 would not have received a health passport as the LAC health team only starting producing this document three years ago; up to four of the young people questioned may not have received one.

Feedback from discussion with Children's Champion and Designated Nurse LAC

The young people were given the opportunity to express their views as part of a virtual group meeting by the Children's Champion and Designated Nurse for Looked After Children. The young people were all under the age of 18, so had not received a Health Passport.

The questions the young people were asked to focus on were:

How they felt the health assessments were conducted that they attended? Was it what they expected?

Were they told about having a health history? Were the questions they were asked relevant?

What some young people said:

- 'Yes I know I am going to get one'
- 'I like my health assessments to be quick and done'

- **'They ask me about my school life'**
- **'My health assessment questions are what I expect to be asked'**
- **"The assessment is tailored to people in care"**
- **"I know the nurses are trustworthy"**
- **"They said I will get one when I leave care"**

The Designated Nurse encouraged the group to consider all the factors that might influence their health and there was some discussions but little debate. It was decided with the group to develop a health champions meeting to encourage a good relationship with health professionals and health commissioners to ensure young people's views are heard. It was recognised that young people need to be asked what was the most important and significant health information that they would want to see in a Health Passport. It will also be useful for examples of Health Passports to be looked at to see what works well and what does not. The Designated Nurse also spoke with a number of young people about the Review Health Assessments and some young people expressed no or little interest in the Health Passport.

Joint Findings

There was limited evidence of either the Social Worker or the Personal Advisor being involved with the LAC Nurse in the co-production of the Health Passport with the young person.

Digital technology is now preferred by young people and extremely easy to access, although some young people did not feel it was necessary to tell them about some health issues as they could access themselves e.g. sexual health, how to find your local GP.

The Health Passports that were examined, there was considerable variation in the content of the Health Passports; some appeared to have very limited information. This may be due to having limited involvement with health, this needs further exploration.

It is not always possible to have access to family history. The young person is currently given information, so that at a later date they can get access to their own medical records. The health team can support the young person with this.

The young people who were consulted all agreed that the format needs updating and needs to be redesigned in collaboration with young people.

A copy of the Health Passport is not shared with children services. This needs to be considered if it aids working with the young person to address health issues or concerns with the young person by the Personal Advisor.

Recommendations for Consideration

There needs to be a greater level of involvement of the Personal Advisor or Social Worker in the co-production of completing the Health Passport. This is a joint responsibility in helping young people to understand the significance of their health history.

There is a need for Personal Advisor's to review the last health summary. This would inform them of any current health issues.

The current design of the Health Passport is not popular and needs to be redesigned with input from young people.

LAC Nurses should have an input on pathway plans of all children.

Consideration of commencing Health History on entering care or before age 16 to include more information.

Conclusion

The audit and consultations have given some findings and recommendations to assist when the Health Histories/Passport are refreshed in February 2021. Other priorities identified were:

- Consider the use of technology – apps.
- Consultation around implementation and introduction earlier than age 16 for some children and young people.
- Consideration will be given to the use of a continuum document maintained with the support from Foster Carers.

The Health Passport provides a young person with knowledge about their own health history. However, it is apparent that not all young people identify the current Health Passport as a meaningful record. Further consultation will be carried out to identify a revised passport that provides the detail and design required by young people.