

CORPORATE PARENTING BOARD – SEPT 2012

Title of paper:	Improving Health Outcomes For Children and Young People in the Care of the Local Authority – Nottingham City	
Director(s)/ Corporate Director(s):	Dr Emma Fillmore – Designated Doctor Children in Care, NHS	Wards affected: All
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Other officers who have provided input:	None	
Relevant Council Plan Strategic Priority:		
World Class Nottingham		
Work in Nottingham		✓
Safer Nottingham		✓
Neighbourhood Nottingham		
Family Nottingham		✓
Healthy Nottingham		✓
Serving Nottingham Better		✓
Summary of issues (including benefits to customers/service users):		
<ul style="list-style-type: none"> • To further develop the working relationships and information sharing pathways between health and social care • To further develop our service to involve users of the service in taking services forward • To ensure users and partner agencies clearly understand the roles, remit and responsibilities of health working with children in care and on an adoption plan • To build on the positive experience of Co-location work • To ensure that all children and young people know who their nurse or doctor is and to work towards ensuring that relationship follows the child / young person through their journey whilst they are in the care of the local authority • To take forward services for young people leaving care and in transition to adult services • To ensure the health needs of children in care are clearly understood and maintain a high profile in the new emerging organisations within health • To support and maintain the emotional health of children in the care of the local authority using the skills within the dedicated multi-disciplinary child and adolescent mental health team • To undertake mental health assessments as and when necessary. • To maintain and improve the working relationships between social care, healthcare trust and the primary care trust • To offer and contribute to training programmes offered to professionals within the social care and health arena 		

- To use a consultation model of service delivery that includes the network of professionals surrounding the child to develop plans to support the emotional needs of the child/young person
- To consider the need for individual therapeutic work for the child/young person and provide this using the most appropriate model and/or approach
- To monitor the therapeutic and emotional needs of those children in the care of the local authority who are placed outside of the Nottingham City boundary.

Recommendation:

It is recommended that the Corporate Parenting Board note and comment on the performance for Social Care on the Children in Care and Adoption Health Team and Child and Adolescence Mental Health Children Looked After Team for 1st April 2011- 31st March 2012.

1 BACKGROUND

1.1

There is clear evidence indicating that children and young people who enter the care system often have worse levels of health than their peers, which can in turn have long term impacts on their future health outcomes.

The *Statutory Guidance on Promoting the Health and Well-Being of Looked After Children* (DH/DCSF, 2009) **AIMS** to ensure that all looked after children and young people are physically, mentally, emotionally and sexually healthy, that they will not take illegal drugs and that they will enjoy healthy lifestyles.

1.2

In recognition of the identified health inequalities and in response to the guidance laid out in the '*Statutory Guidance on Promoting the Health and Well-Being of Looked After Children*' DH 2009, Nottinghamshire Healthcare NHS Trust has been commissioned to deliver two key services specifically designed to meet the health needs of children and young people in the care of the local authority and to begin to address those inequalities across Nottingham City and Nottinghamshire:

- Children in Care and Adoption Health Team
- Child and Adolescent Mental Health Looked After Children Team.

1.3

Nottinghamshire Healthcare NHS Trust has commissioned County Health Partnerships (CHP) to provide The Children in Care and Adoption Health Team Service. This distinct and specialist team of doctors and nurses works with children in the care of the local authority across Nottingham City and Nottinghamshire County (including Bassetlaw). The team includes Clinical Nurse Specialists, Community Paediatricians and Designated / Lead Doctors and Nurse whose responsibility it is to ensure that as a team we:

- Meet our statutory obligations
- Provide comprehensive health assessments for children when they enter care and through their journey in care
- Work with children, young people and our Social Care colleagues to ensure that identified health needs are met
- As Designated Professionals ensure that the health needs of children in care are raised and recognised in all appropriate forums across the health and

social care communities.

The paediatricians within the team are employed by Sherwood Forest Hospitals NHS Trust and Nottingham University Hospitals NHS Trust, the nurses are employed by the Nottinghamshire Healthcare NHS Trust.

The team has close local working links with medical and nursing teams across the health community.

Through the Designated Professionals the team is able to offer expert advice, support and guidance at a strategic level across Nottingham and Nottinghamshire to public health and to commissioners, and has national links to the British Association of Adoption and Fostering (BAAF), Royal College of Paediatricians and Child Health Specialty Groups and Department of Health Children in Care working groups. Through this work the Health Team are able to influence national and local strategy and policy with contributions to the documents "Promoting the Health and Wellbeing of Children in Care" and "BAAF Health Notes and Policy for Clinical Practice."

The Health Team also contribute to foster carer and adopter's information and guidance for children's health and development.

- 1.4 The service has a clear Service Specification and identified Key Performance Indicators which are reported on quarterly to the commissioners Nottingham City and County and annually through the annual report.
The service is underpinned by Practice Guidance.
- 1.5 The service works closely with our safeguarding colleagues in health and social care to safeguard children and young people in care and to work with and take forward recommendations from Serious Case Reviews.

1.6

CAMHS Children Looked After Team

In 2000 the CAMHS Children Looked After team was introduced as a team distinct from mainstream CAMH services. The team was jointly commissioned and funded by the Healthcare Trust and the Local Authority in recognition of the fact that children in care were 5 times more likely to have emotional and mental health needs than their counterparts. The most recent NICE guidance 2010 on improving the quality of life of children in care highlighted the need for dedicated mental health services given the trauma and abuse many may have experienced prior to entering the care system

The multi-disciplinary team incorporates professionals employed by both the Healthcare trust and the Local Authority and works across both these agencies to meet the needs of children and young people in care. The team is based within an NHS building and conforms to all the relevant operational procedures and policies in addition to the manager participating in managerial duties, responsibilities and supervision. We also adhere to Local Authority procedures and guidance and contribute to data collection measures within both agencies.

The team consists of 6 professionals employed by the Local Authority and 5 healthcare professionals with disciplines ranging from psychiatry, psychology, art therapists, nurses and social workers and offer a consultation model of service delivery to maintain the emotional and mental health of children in care. Research has demonstrated that working with the professional network around the child is considerably more effective than offering direct therapeutic services to the child in isolation from the wider network. Over the past 12 years, data collection and outcome measures have been introduced to meet the requirements of the healthcare trust and DOH indicators in order to demonstrate the effectiveness and efficacy of the service in addition to meeting

organisational objectives.

2 **SCOPE OF THE SERVICE**

2.1

Looked after children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They often enter care with a worse level of health than their peers in part due to the impact of poverty, abuse and neglect. (DH, 2009).

These may include:

- Developmental delay
- Growth problems
- Sexual health problems
- Speech and language difficulties
- Bedwetting
- Co-ordination difficulties
- Dental decay
- Vision / hearing difficulties
- Lack of childhood immunisations
- Problems associated with drug and alcohol abuse / misuse (parental)
- Health problems associated with previous experiences of abuse and neglect

2.2 It is the responsibility of the local authority to make sure that every child it looks after has a health assessment which forms a part of the health plan and it is the responsibility of the Primary Care Trusts (PCT's) to ensure that they are able to co-operate in the delivery of this function.

2.3 **The Health Assessment**

Each child or young person must have a health assessment on entering the care of the local authority. This is not an isolated event but a part of a continuous process that ensures the provision of high quality care and requires close working between ourselves, the children, young people and their carers and our health and social care colleagues.

The first assessment is undertaken by the paediatrician and subsequent assessments by the Clinical Nurse Specialists or the paediatrician as appropriate to the child / young person's health needs.

The initial health assessment should take place within 28 days of the child / young person entering the care system (from the time of the 72 hour review).

Following review health assessments take place twice yearly for children under the age of 5 years and annually for children over the age of 5 years and up until their 18th birthday.

The health care plan is then developed from the health assessment and will include information also gathered from the child's health record, primary/ secondary and tertiary health settings, the strengths and difficulties questionnaire, information from our Child and Adolescent Mental Health colleagues (Children in Care and tier 3), parental health records and the mother and baby health report. The aim is to provide a comprehensive assessment of current identified health needs, including any previous health history which may have implications on that child / young person's future health outcomes.

The completed health assessment then forms a part of the Care Plan and Looked After Review process and is shared with the social worker, the GP, carers, child / young person and health partners as appropriate.

The health assessment is then built on and follows through the individual child / young

- persons journey through care.
- 2.4 Whilst the health assessment and report form the core element of the service this by no means reflects the full range of activities the team is able to provide for children and young people in the care of the local authority.
The team are involved in a range of key activities which promote the health of children and young people in care.

Teaching and training

The team provide teaching and training to a range of health and social care colleagues to include social workers, medical students and student nurses, health visitors, school nurses voluntary sector workers, residential home workers as well as to Foster carers and Adoptive parents (pre and post adoption).

The team also deliver specific training sessions on the health of children in care and ensure that the health needs of children in care are linked into the safeguarding training across the trust.

Health support in residential care homes

We are currently able to provide a named nurse link to all the local authority residential care homes across the city. The nurses visit the homes on a regular basis to meet with the children / young people, residential care workers on a 1:1 basis, to offer health education sessions to the care workers and to the young people and to offer training to care workers and have. We also have links to and provide identified services to other residential homes used by the City to place children and young people.

Panel work

The team are involved in the various adoption and fostering panels that sit across the city and provide medical reports and expert advice to the panels. The Medical adviser analyses the medical information of the adults applying to be adopters, foster carers, child specific carers and short stay carers. The implications of the health issues of prospective adult carers are carefully summarised with the needs of the children to be placed central to the advice given to panel.

Named Nurse/ Doctor

We aim to ensure that all children / young people will know who their nurse/doctor is through their journey in care and that, that nurse/doctor will wherever possible remain with that child / young person, ensuring continuity of care.

Co – Location

Kathryn Beresford, one of the Clinical Nurse Specialists, has this year been piloting Co Location with the 15+ team at Isabella St. Kathryn is currently working one day a month based with the team at Isabella St where she is available to the team to discuss individual cases, provide information about health signposting and offer health advice to social care staff to raise understanding around specific health related issues.

Kathryn has access to health systems through her laptop and is able to give updates to staff from our health databases. This pilot has been well received by all involved and looks set to grow and evolve.

The Co Location has coincided with the development of the new Children in Care team also based at Isabella St and as a team we are currently taking forward our working links with the team.

Information sharing

Over the last few months we have been sharing information between health and social care through secure email accounts. As a health team we are now receiving weekly placement notifications. This allows us to ensure our records are current and that we are able to transfer health care as required when a child / young person moves placement. This is of particular relevance when a child moves out of Nottingham.

Health is now sharing our reporting data to the local authority analysts. This is enabling the data to be uploaded and matched on to social care databases and will ensure that data reported is accurate and timely and that social workers have up to date health information about their children.

Changing face of health

As we are all aware there are a range of transformation processes ongoing within health and with particular the development of the Clinical Commissioning Groups (CCG'S) and the transfer of responsibilities for section 11 of the Children's Act 1989 to the CCG's by April 2013. As Designated Professionals we have been working with our Designated colleagues in Safeguarding to raise awareness, deliver training and provide expert advice to the CCG's to ensure that children in the care of the local authority remain safeguarded and that there is an understanding with regard to their particular health needs.

CAMHS Children in Care

We are working in close partnership with our CAMHS Looked After Children team at an individual child / young person level and at a team level, working together to look at key areas for development and taking forward a service that is coordinated for the child / young person.

Social care

We believe that health is now fully represented at all the appropriate forums within Nottingham local authority and contributes to a number of key groups such as the Senior Profiling Group and the Multi-agency audits.

We believe that the ongoing working relationship between the team, management and commissioners is productive and proactive in improving services for children in care.

Earlier this year the Nottingham City Council Fostering Service Ofsted inspection report indicated the health provision to be 'good'.

The Children in Care and Care Leavers 'Have Your Say' survey 2011 reported that 97% generally felt healthy (all the time or often).

2.5 CAMHS Children Looked After Team Scope of Service

The Children Looked After Team continues to provide a service to address, support and maintain the emotional and mental health needs of those children looked after by Nottingham City Council. The multi-disciplinary team offers support and intervention based on a consultation model that empowers the professional network around the child and their carers. Individual therapeutic work is offered to those children, young people and carers identified within the consultation process, as able to benefit from this

type of provision. Consultations are offered in a variety of settings in order to meet the needs of children and young people irrespective of the type of provision they are accommodated within.

Residential Consultations

Members of the team provide consultations to the City residential small group homes and assessment units on a regular basis. Negotiations with each home identify how best to meet the needs of the young people within them. This provision is reviewed every 6 months with the Service Manager to maintain its efficacy.

We also liaise and offer support to staff within private residential homes where City children and young people are placed at the request of the social worker, staff within the unit or the young people themselves.

Fostering Consultations

These consultations are offered to the professional network around the child three times a week on a regular basis. At present there is a 6-8 week waiting list for an initial consultation, although there is flexibility for those cases that are urgent or require psychiatric intervention.

Adoption Consultations

These consultations are incorporated into the fostering consultation slots and primarily focus on offering support to children young people and their parents. We are also involved in offering specific therapeutic support to complex cases during the pre-adoption process to support the adoption of children with highly complex needs.

15+ Team & Leaving Care Team

Regular consultations are offered to staff within these teams and individual therapeutic sessions are offered to these young people at their request.

Inter-Agency Partnerships

We have strong working relationships with social care teams, health teams and the PCT. We regularly participate and contribute to key multi-disciplinary groups such as Edge of Care Panel, Placement Panel and Risk Management meetings and liaise with our counterparts in the Health team.

We have a close partnership with individuals within the Primary Care Trust that enable us to negotiate and secure therapeutic services for children and young people placed outside of the local area.

We also develop and maintain links with external providers of services for children in care and offer support, consultation and guidance for Nottingham City children placed with them.

Training

Historically the team has contributed to training events organised by individuals in social care and health. More recently we are committed to offer training days on a range of issues to foster carers in order to increase their knowledge and understanding

of the needs of children in care and enhance the stability of their placements. We offered support to foster carer training on SDQ's in July 2011 and this was extremely successful

We are also engaged in providing training to residential care workers focusing on self harm, suicide awareness and strategies to support the care and welfare of young people who are actively self harming and those threatening suicide.

We received positive comments in this year's Ofsted Inspection of Fostering Services in Nottingham City.

3 CHALLENGES

3.1 We would like to focus on two key areas :

Asylum Seekers

Key performance indicators – reporting immunisations

3.2 Key performance indicators (KPI's)

As indicated earlier in this paper the Children In Care Health Team reports quarterly to its commissioners on a number of KPI's outlined in the Service Specification. These include:

GP registration

Registration with a Dentist for the over 2 year olds

Completion of the Initial Health Assessments within timeframes

Completion of Review Health Assessments

Immunisations

Immunisations

The immunisation status of a child / young person is a good positive health indicator. It demonstrates the protection of individual children and the community against a range of diseases. There is a national childhood immunisation programme which all children are expected to complete.

It is therefore important that children who enter the care of the local authority and have not received their immunisations, often due to previous neglect, receive their immunisations.

The data currently reports on our performance against national targets (cover data) and actual uptake of immunisations.

What we have aim to develop is a tool which captures the immunisations rates of children and how those rates are built on and completed during their time in care, bringing their rates in line with the population and thus reducing inequalities.

Actions to improve uptake of immunisation rates:

- Always identify immunisation status and outstanding immunisations in the health plan
- Sharing of immunisation status with health visitors, school nurses and GP's in the community who can encourage and instigate uptake
- Sharing of the information with the social worker and with carers and increase understanding as to why uptake is so important from an individual and a public health perspective
- Use of and understanding of the referral pathways to the CityCare Immunisation team
- To look at the prospect of the Children in Care team delivering immunisations

3.3 Asylum seekers

Unaccompanied Asylum Seeking Children (UASC) are those children presenting to the Immigration and Borders Agency who are under 18 years old , travelling to Britain alone seeking refugee status. They now come under the Children Act Section 20 and as such must be given statutory services of accommodation, education, health and social care.

The Health Team provide an enhanced service for UASC recognising the complex and additional physical and mental health needs of this group of Children in Care. Work in partnership with local community volunteers, interpreters, specialist CAMHS workers, tertiary health services (e.g. GUM, Chest Clinic, Orthopaedic and trauma teams, Obstetrics and Gynaecology) is essential to start to meet the health needs resulting from war, malnutrition, torture, sexual and physical assault, family loss, lack of basic health care, lack of immunisations, infections and infestations.

Medical information contributes to the healthcare, safeguarding and appropriate placement and leave to remain for many vulnerable asylum seeking children.

3.4 **CAMHS Challenges**

As a team we face many challenges but will focus on two for the purposes of this report:-

SDQ's Strategic Monitoring of External Placements

SDQ's

The DfSE require each Local Authority to report on a series of indicators that provide information on a range on issues relating to children in care. The National Indicator 58 refers to the emotional health of children in care and this is measured by the completion of a Strength & Difficulty Questionnaire - SDQ.

The CAMHS Children Looked After team have incorporated this questionnaire into their referral process and have been liaising with analysts in social care to determine routine collection of the SDQ data which enables joint monitoring processes to regularly "score" the emotional health of each child in care. This data highlights those children and young people who would benefit from CAMHS involvement and allows inter-agency checks to identify existing service provision or indeed, gaps in service.

Actions

- To continue to liaise with social care administrators and analysts to ensure that data collection is as accurate and reliable as possible.
- To maintain our own data collection methods and statistics so that we can cross reference our information with that held in social care to increase the reliability of the data.
- To respond to "high" SDQ scores and request consultation referrals from social care professionals if the child is unknown to the team

Strategic Monitoring of External Placements

The team are contributing to discussions around developing protocols within social care and health to engage in ongoing monitoring of the therapeutic provision within some of these placements to determine and maintain value for money and define our

expectations of the therapeutic provision offered. It is hoped that as this evolves the CAMHS Children Looked After Team will be active participants in assessing and commissioning and monitoring appropriate therapeutic services for individual children.

Actions

- To participate in discussions with social care and health to determine the most effective approach to monitoring external placement therapeutic provision.
- Future strategic agreements will seek to define pathways for this which will enable a formal process to be embedded.
- Ongoing reviews across both organisations will identify and address any limitations and devise plans to manage these.

4 FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY)

By continuing to work together we can better identify and meet the health needs of children in care and therefore help achieve better health outcomes by identifying and responding to any concerning issues at an early stage.

7 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

The Statutory Guidance on Promoting the Health and Well-being of Looked After Children published November 2009, (Department for Children, Schools and Families and Department of Health).

Annual Report 2010/11 Children in Care and Adoption Health team

Practice Guidance

Service Specification v8

NICE Guidance 'Promoting the quality of life of looked-after children and young people' 2010