

CORPORATE PARENTING BOARD – July 2013

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):	Candida Brudenell, Acting Corporate Director	Wards affected: All
Contact Officer(s) and contact details:	Sharon Thompson – Designated Nurse Children in Care sharon.thompson@nottshc-chp.nhs.uk Dr Emma Fillmore Designated Doctor Children in Care emma.fillmore@nhs.net	
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"> • Joint working and information sharing pathways are now well established • Nottingham City Health Commissioners have agreed to fund 1 additional whole time equivalent Clinical Nurse Specialist for Nottingham City Children in Care • Taking forward Health Outcomes and Quality Assurance at all points of the placement plan • Supporting the new legislative changes in the adoption process • Utilising the Continuing Care process and pathway to identify the health needs of children with the most complex health needs and ensure placements meet their needs and monitoring is in place • Developing a health care package for care leavers • Building on and developing our links with the Youth Offending Nurse Nottingham City Health • Evaluation of the co location work of the Clinical Nurse Specialist at the 15+ team • Health membership on the Senior Profiling Group 		
Recommendation:		
It is recommended that the Corporate Parenting Board note and comment on the performance for the Children in Care and Adoption Health Team for 1 st April 20012- 31 st March 2013.		

1 Review of key aims 2012/13

1.1

- 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

1.2 To further develop the working relationships and information sharing pathways between health and social care.

We have recently established, through the administration teams in health and social care, the Electronic transfer of the paperwork for Initial Health Assessments and Review Health Assessments via secure email accounts for health and the local authority. This has enabled the key paperwork which triggers health to be enabled to complete health assessments on our children in care to be received and returned within tighter time frames ensuring that we work together to see children and young people for their health assessments in a timely fashion.

All Quarterly Reported health data is routinely shared with our Social Care Information Analyst teams for them to upload on their systems. An information sharing agreement has been agreed and this ensures that health data about:

Health assessments completed
Immunisations
GP registration
Registration with Dentist (over 2's)

is shared and data can be updated and cross referenced.

All Placement changes are emailed, again through secure email, to our administration teams to enable the team to know about changes of address, movements in and out of the city and discharges. This means that we are able to ensure appointments are sent to correct addresses and health care can be transferred as required to follow the child.

Health has recently become a regular member of the placement panel. This is proving to be a very helpful partnership for both services and hopefully for the children and young people. Key health issues identified by the health assessments can be raised and the performance of the placement can be reviewed against those identified health needs.

1.3 To further develop our service to involve users of the service in taking services forward.

As a service we are currently working through an assurance framework 'You're Welcome'.

This framework guides a service through a number of parameters which work towards ensuring that the service is thinking about how it welcomes and provides its service, that they are 'young person' appropriate and friendly and that we engage with children and young people through the Children in Care Council. We aim to build on the inclusion of the 'Voice of the child' in service development over the coming years and developing our links with the Children in Care Council.

- 1.4 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 particularly within the new emerging organisations within health (CCGs).

On the 1st of April 2013 the NHS underwent a reorganisation that has seen the shift of commissioning responsibilities from the Primary Care Trusts to the Clinical Commissioning Groups (CCGs). The Children in Care Health Team are fully embedded in the Nottingham City Safeguarding Forum and Safeguarding Board. The designated health professionals, for children in care, plan, produce and deliver the training opportunities within the CCGs to ensure they understand the health needs of Children in Care and their responsibilities as GP's and as Commissioning organisations.

- 1.5 To build on the positive experience of Co-location work.

Kate Daykin Clinical Nurse Specialist Children in Care has regularly established Co Location with the 15+ team on a monthly basis.

The key benefits of the Co Location include;

- Establishing key relationships with the team
- Sharing key information
- Joint visits
- Sharing expertise
- Multiagency meetings

This will be evaluated and reported on in the Annual report 2012/13

- 1.6 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.

Caseloads are now established for the service. What this means for the children and young people and for our social worker colleagues is that each child will have a named Nurse or Doctor within the team and they will, as far as possible, remain with the child / young person through their journey in care.

- 1.7 To take forward services for young people leaving care and in transition to adult services.

This piece of work has just started. The team plans to have two Clinical Nurse Specialists, one for the City and one for the County, who take responsibility for developing and taking forward a more comprehensive health pack for young people when they leave care. The aim would be to ensure that young people are clear about any ongoing health issues they may have on leaving care, ensure that there is a smooth transition to adult services, and that they know how to access mainstream health services when needed and show appropriate health seeking behaviour.

- 1.8 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.

The completion of the Strength and Difficulties Questionnaire (SDQ's) is required for all children in care over the age of 4 years up to the age of 16 years on an annual basis. A clear pathway is now established ensuring that we receive a completed and scored SDQ to accompany the health assessment. This ensures that the information is received before the child or young person is seen and informs the health assessment. Should there be concerns about the score of the SDQ and / or the assessment we will make a direct referral to our Child and Adolescent Child Mental Health Looked After Team (CAMHS – LAC) as well as recommending consultation with CAMHS children in care team for the social worker and/or child's carer

Challenges 2013/4

2 Health Outcomes and Quality Assurance:

- 2.1 Over the last few months both Children in Care Services, Health (including CAMHS – LAC) and Social Care, have been actively engaged in a piece of work being led by the Commissioners in Nottingham City (health) to embed Health Outcomes and Quality Assurance in to all aspects of the pathway of children in care.
- 2.2 A number of meetings have identified key areas in the journey of a child / young person in care where health needs and health outcomes can be embedded into the placement and review process. The aim of the piece of work is to ensure that that identified health needs are being met by placements and that appropriate health representation is involved in assessment and decisions through that process.
- 2.3 The key areas identified include;
- Edge of care panel
 - Request for Accommodation (EO1)
 - Placements panel
 - Review Process at 72 hours / 20 days / 6 weekly statutory visits
 - Embedding the continuing care assessment process – assessment of complex health needs to inform placement choices and assessment of placement outcomes
 - Senior Profiling Group
- 2.4 The Commissioners (health and social care) are also taking forward work to explore the development of placements locally for some of our children and young people with the most complex health needs, to mitigate against children having to move out of area for their ongoing health needs to be met (this includes emotional health and well being needs).

3 Extra funding for the team:

Over the last 4 years there has been a continuing rise in the numbers of children in care across Nottingham City and County. (40% increase)

We are pleased to report to the Board that this has been recognised by the City and County Health Commissioners and extra funding has been secured by the health team. For Nottingham City we have received funding for 1 extra member of staff to join the team based at the Children's Centre at the City Hospital. This post will be a City facing post and will greatly enhance the service we are able to provide to children in care in Nottingham City.

Nottingham City Commissioners have outlined a number of key areas they expect to see taken forward as a result of the increased investment in the service.

3.1 Increased partnership working with the Child and Adolescence Mental Health Children Looked After Team (CAMHS – LAC):

- A clear pathway for SDQ's is now established
- Joint meetings between health and CAMHS - LAC are established
- Referral pathway to CAMHS – LAC – referrals can be made directly from the Children in Care team
- Copies of the consultation letters are now received by the team and information shared with health partners as appropriate

3.2 Youth Offending:

- Develop links with the Youth Offending Nurse based at Isabella St.
- Cross reference all children in care known to the Youth Offending Service and identify young people known to both services to promote joint working and information sharing
- Establish working relationship between the Clinical Nurse Specialist with the team Co locating with the 15+ team and the Youth Offending Nurse

3.3 Continuing Care:

- A clear pathway for referrals to the continuing care service is being developed to enable the team to identify and make direct referrals of children / young people who met the continuing care process criteria.
- Engagement in the continuing care assessment process as required
- Reporting on children in care who are known to the continuing care team

3.4 Monitoring Health Outcomes of placements

We are currently engaged in a number of processes which aim to manage and monitor outcomes (including health) for children in care. They include:

- Senior Profiling Group
- Placement Panel
- Engagement in the Health Outcomes and Quality Assurance process (led by Nottingham City Commissioners)

4. Adoption process

Health has worked hard with social care to respond to the changes to provide more children and young people with the opportunity for a permanency decision:

- Provide comprehensive health reports to ensure children and young people are being placed with the right adoptive parents in a timely fashion.
- To ensure that the prospective adoptive parents have access to comprehensive medical reports and information with regard to the health of the children they are adopting
- To ensure reports are ready and available for the agency decision maker when making adoption plans for children
- Ensuring that guidance for the management of records is available for NHS staff when a child is adopted and a new NHS number is issued

5. Reporting

End of year (2012/3) reporting indicates that Nottingham City Children in Care:

Registration with a GP - 98.7%

Registration with a Dentist (over 2 year olds) – risen over the year from 66.7% to 83.2 %

Immunisations:

Children Reaching 1 years of Age during Q3	Number in Cohort	Number Vacc (Cover)	Number Vacc (Actual)	% Uptake (Cover)	% Uptake (Actual)	Target %
DTaP/IPV/Hib	15	15	15	100.0	100.0	95
MenC (2 Doses)	15	15	15	100.0	100.0	95
PCV Booster (2nd Dose)	15	14	14	93.3	93.3	95
Children Reaching 2 years of Age during Q3	Number in Cohort	Number Vacc (Cover)	Number Vacc (Actual)	% Uptake (Cover)	% Uptake (Actual)	Target %
DTaP/IPV/Hib	13	13	13	100.0	100.0	95
MenC (2 Doses)	13	13	13	100.0	100.0	95
PCV Booster (3rd Dose)	13	13	13	100.0	100.0	95
MMR 1	13	12	12	92.3	92.3	95
Hib/Men C Booster	13	12	12	92.3	92.3	95
Children Reaching 5 years of Age during Q3	Number in Cohort	Number Vacc (Cover)	Number Vacc (Actual)	% Uptake (Cover)	% Uptake (Actual)	Target %
DTaP/IPV/Hib	5	5	5	100.0	100.0	91
MMR 1	5	4	5	80.0	100.0	95
MenC (2 Doses)	5	2	2	40.0	40.0	95
PCV	5	5	5	100.0	100.0	95
PCV Booster	5	2	2	40.0	40.0	95
Hib/Men C Booster	5	5	5	100.0	100.0	95
Dtap/IV Booster	5	5	5	100.0	100.0	95
MMR2	5	5	5	100.0	100.0	90

5 Financial implications (including value for money):

By continuing to develop collaborative working we can hope to develop more effective and efficient ways to strive to achieve better health outcomes for children in care.

7 Published Documents referred to in 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 2011/12 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

DFE 2011 'An action plan for adoption: tackling delay'

DFE 2012 'Further adoption: Finding more loving homes'

DFE 2012/11 'Looked after children' select Committee report on Looked After Children