Corporate Parenting Board – 16 March 2015

Title of paper:	**The Health of Children in 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 colleagues who have provided input:	None	
Date of consultation with Portfolio Holder(s) (if relevant)	Not relevant	

Relevant Council Plan Strategic Priority: (you must mark X in the relevant boxes below)	
Cutting unemployment by a quarter	☐
Cut crime and anti-social behaviour	☐
Ensure more school leavers get a job, training or further education than any other City	☐
Your neighbourhood as clean as the City Centre	☐
Help keep your energy bills down	☐
Good access to public transport	☐
Nottingham has a good mix of housing	☐
Nottingham is a good place to do business, invest and create jobs	☐
Nottingham offers a wide range of leisure activities, parks and sporting events	☐
Support early intervention activities	☒
Deliver effective, value for money services to our citizens	☒

Summary of issues (including benefits to citizens/service users):

- To ensure the health needs of children in care are clearly understood and are managed to improve their physical and emotional health outcomes, with an aim of achieving their full potential
- This includes individual practitioner responsibility for caseload management, adherence to statutory timescales for initial and review health assessments, monitoring health recommendations and action plans through caseloads and looked after reviews
- 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 (CAMHS)
- To further develop our service with involvement from our children/young people and carers, in taking services forward, and implementing the *'You're Welcome'* initiative
- To further progress the work already completed around children leaving care and making the transition into adult services
- To maintain and improve the working relationships between social care, healthcare trust and the clinical commissioning groups
- Development of the service to respond to new guidance and timeframes in adoption and fostering
- Working with the Commissioners to match capacity within the team with increasing service demands, with demonstrated improvement in performance

• Management of the pathway to improve timeliness in returns of correctly consented paperwork ensuring health assessments are completed within timescale.	
Recommendation(s):	
1	It is recommended that the Corporate Parenting Board note and comment on the performance on the Children in Care and Adoption Health Team
2	To note improvement in performance with additional City funding
3	Corporate parenting Board to support the development of a Leaving Care/Transition nurse post within the health team to align with Social care for this group of young people

1. REASONS FOR RECOMMENDATIONS

1.1 The Corporate Parenting Board is given assurance that the Children in Care Health team has made progress in meeting the statutory responsibility on behalf of children's social care.

1.2 To provide the national and local recommended targets and timeframes.

1.3 To demonstrate the evidence of increase funding on performance and outcomes for children in care.

1.4 There is a current gap in the service for those young people leaving care/transition.

2 BACKGROUND

2.1 Designated Doctor and Designated Nurse

It is a recommendation that the Designated Doctor and Nurse provide a report for consideration by the Corporate Parenting Board annually.

2.2 Health Assessments

The physical and emotional health and well being of children and young people in care has been shown to be significantly worse than that of their peers living with birth families. Contributory factors include the impacts of poverty, poor parenting, physical/ sexual abuse and neglect the child in care may have suffered at the time of entry to the care system.

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

2.4 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 is 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 address those inequalities across Nottingham City and Nottinghamshire:

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

2.5 Health Partnerships (HP), Nottinghamshire Healthcare NHS Trust are the providers of the Children in Care and Adoption Health Team Service. This specialist team includes doctors and nurses who work with children in the care of the local authority across Nottingham City and Nottinghamshire County (including Bassetlaw).

The team of Community Paediatricians, Clinical Nurse Specialists and Designated / Lead Doctors and Nurse are responsible in ensuring we collectively:

- meet our statutory duties;
- provide thorough 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 all identified health needs are addressed;
- as designated professionals ensure that the health needs of children in care are raised and recognised in all appropriate forums across the health and three social care communities.

The paediatricians and administration staff are employed by Nottingham University Hospitals NHS Trust and Sherwood Forest Hospitals NHS Trust. The nurses are employed by Health Partnerships, Nottinghamshire Healthcare NHS Trust. The team works closely with medical and nursing colleagues across the health community, including universal services, health visitors and school nurses.

Through the designated professional and specialist roles the team is able to offer expert advice, support and guidance at a strategic level across Nottingham and Nottinghamshire to public health and commissioners. We have representation at national groups including 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 contributes to foster carer and adopter's information and guidance for children's health and development.

The service has a clear service specification and identified key performance indicators, (KPI's) which are reported on quarterly to the commissioners for Nottingham City and County; and annually through the annual report. The service is underpinned by practice guidance.

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.

Local authorities have a statutory obligation to maintain a focus on children in care's health and ensure it is regularly assessed. It is a statutory responsibility for health teams to assist the local authority in addressing the needs of children in care through effective commissioning, delivery and co-ordination of health services and through individual practitioners providing co-ordinated care for each child, young person and carers.

Each child or young person must have a health assessment on entering the care of the local authority.

The initial health assessment (IHA) is completed by the paediatrician and should take place within 28 days of the child/young person entering care (from the time of the 72 hour review).

The review health assessments (RHA) are completed by the clinical nurse specialists for children in care or the paediatrician as appropriate, twice a year for children under the age of 5 years and annually for children over the age of 5 years and up until their 18th birthday.

A health care plan is formulated from the health assessment and from information gathered from the child's health record, primary/ secondary and tertiary health settings, the strengths and difficulties questionnaire (SDQ), 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 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 person's journey through care.

2.6 Key Performance Indicators

There has been a requirement to scrutinise the capacity, performance and pathway for children in care coming through for their health assessments, with an obligation to respond to the timescales whilst maintaining the quality of the assessments.

2.7 The children in care health team report to the commissioners every quarter on:

- 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

We have made progress in the percentage of Initial Health Assessments (IHA) for looked after children that are undertaken within statutory timescales (i.e. within 28 days of the child or young coming into care) and can evidence improvement in key performance indicators in relation to registration with GP and dentists.

Table 1:

City children seen for their initial health assessment (IHA) within the statutory timescale of 28 days after entering care, Q1 – Q3 2014/15:

Quarter 1	**Quarter 2**	**Quarter 3**
31%	50%	93.4%

Table 2:

Key performance indicators (KPI's):

KPI	Quarter 1	Quarter 2	Quarter 3
% of children registered with a GP	98.8%	98.6%	98.8%
% of children over 2 years of age, registered with a dentist	71.2%	70.3%	81.1%

We report quarterly on our performance against national targets (cover data) and actual uptake of 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.

We aim to report on immunisation status on entering care 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.

We record immunisation status at health assessments, identifying any outstanding immunisations in their health care plan. This information is shared with social care and carers to ensure uptake of overdue immunisations and opportunity to discuss the importance of completing the immunisation course on the individual but also the greater community. We liaise with universal services i.e. health visitors, school nurses and GP's who can also encourage uptake.

2.8 Whilst the health assessment and report shape the core element of the service, it 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 where ever they are placed.

2.9 Children Leaving Care – Health passports

It is recognised that care leavers, particularly if they have experienced unstable placements or have been placed out of area, 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. The Health Passport is a means to provide a concise account of their health and any significant issues.

The clinical nurse specialists are piloting a 'health passport' for care leavers. This passport will provide all care leavers with information about their individual and family health history. The Children in Care Council were active participants in the design and development of the health passport locally.

The last health assessment between the young person leaving care and the nurse includes completing the health passport information, determined by what the young person wishes to be included. It routinely includes their NHS number, birth

information, details of medical history, childhood illnesses, regular medication, contact details of GP, dentist and other health professionals, immunisation record and any information leaflets and web link addresses. This gives them access to health information as they make the move into independent living.

2.10 'You're Welcome' Criteria

All young people are entitled to receive appropriate health care wherever they access it. The Department of Health, '*You're Welcome'* quality criteria lay out principles that will help health services – both in the community and in hospitals – to 'get it right' and become young people friendly.

There is also growing recognition that meeting the particular needs of young people needs to be a key component of national public health agendas.

There is a self assessment tool to the support implementation of the '*You're Welcome'* quality criteria, a companion toolkit for quality assurance and commissioning leads. We are in the early stages of completing this assessment.

2.10 Co-location work

Co-location working of our clinical nurse specialists within social care teams continues to work and has increased due to the demand. This enables face to face 'consultation' opportunities with social workers about individual cases. This has had a positive impact on the request for paperwork prior to health assessments within required timescales and contributed in the improvement in our performance.

2.11 Children Living Out of Area

There can be disparity in the quality of provision of services offered for children placed out of area. A quality assurance process is in place for these children. City commissioners have agreed recurrent funding for an out of area admin/clinical post which will enable co-ordination, further improving the quality and timeliness of health assessments and return of reports; and identified health needs/interventions for this group of children/young people.

2.12 Representing Health at multi-agency meetings

There is increased presence of health representation at placement panel meetings, senior profiling management group, missing children's steering group and hotspot meeting, including child sexual exploitation and health outcomes meetings with our social care colleagues. This gives assurance that health needs of these children are identified and addressed.

2.11 Teaching and Training

The team continue to provide training to health and social care colleagues, including G.P colleagues, social workers, medical students and student nurses, health visitors, school nurses, voluntary sector workers, residential home workers as well as Foster carers and Adoptive parents (pre and post adoption) pre-approval training.

Training includes the provision of Trust wide Level 3 safeguarding training to health colleagues, '*recognising and responding to the health needs of children and young people in care'*, which has raised the profile of the team, this vulnerable group of children and young people and increased confidence of colleagues in addressing their specific needs.

2.12 Lessons from Serious Care reviews

It has been identified through serious case reviews (SCR's) that children in care are a vulnerable group of young people who require enhanced health input and support to ensure health needs are met and understood going into adult care. We are core members of senior profiling group and the missing children and 'hotpsot' meetings.

2.13 The adoption regulations and the statutory timescales for children in care have changed nationally with influence on local performance of the health team.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 None

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY)

'There are no direct financial implications or value for money issues arising from this report.

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

Not applicable

6. EQUALITY IMPACT ASSESSMENT

6.1 Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions) ☐

7. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

Children and Families Act 2014 – Chapter 6 (2014)

National Institute for Health and Care Excellence and Social Care Institute for Excellence (2013) '*Promoting the Quality of Life of Looked after Children and Young People*' NICE Quality Standard 31

National Institute for Health and Care Excellence and Social Care Institute for Excellence (2010) '*Promoting the Quality of Life of Looked after Children and Young People'* NICE public health guidance 28

Statutory Guidance on '*Promoting the Health and Wellbeing of Looked After Children'* (2009)

National Service Framework for Children, Young People and Maternity Services (2004)

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 None