

## NOTTINGHAM CITY COUNCIL

### CORPORATE PARENTING BOARD

**MINUTES of the meeting held at LB31-32 - Loxley House, Station Street, Nottingham, NG2 3NG on 16 March 2015 from 14.30 - 15.26**

#### **Membership**

##### Present

Councillor David Mellen (Chair)  
Councillor Glyn Jenkins  
Councillor Sally Longford  
Councillor Eileen Morley  
Councillor Jackie Morris  
Councillor Wendy Smith  
Councillor Marcia Watson

##### Absent

Councillor Georgina Culley  
Councillor Ginny Klein

#### **Colleagues, partners and others in attendance:**

Helen Blackman - Director of Director for Vulnerable Children and Families & Children's Social Care  
Nicola Robinson - Acting Team Manager – Edge of Care Hub  
Kay Sutt - Service Manager of Residential and Targeted Support  
Clive Chambers - Head of Safeguarding and Quality Assurance  
Dr Emma Fillmore - Designated Doctor, Children in Care, NHS  
Evonne Rogers - Head of Business Support  
BB - Foster Carer  
Malcolm Wilson - Advisor for Vulnerable Groups  
Kwesi Williams - Project Officer, Children in Care  
Steve Comb - Head of Children in Care  
Tanith Davis - Governance Officer

#### **48 APOLOGIES**

Councillor Ginny Klein  
Councillor Georgina Culley  
Heidi Watson - Business Development Director  
Gill Moy - Director of Housing  
Elise Ashworth - Insight Manager  
TM - Foster Carer  
Amanda Edmonds - Designated Nurse for Children in Care and Adoption

#### **49 DECLARATIONS OF INTERESTS**

None.

#### **50 MINUTES**

The minutes of the meeting held on 19 January 2015 were confirmed and signed by the Chair of the meeting.

Once the minutes were agreed, Councillor David Mellen thanked Councillor Eileen Morley for her contribution to the Corporate Parenting Board over the last four years.

## **51 EDGE OF CARE PROVISION**

Kay Sutt (Service Manager, Residential and Targeted Support) and Nicola Robinson (Acting Team Manager, Edge of Care Hub) presented this report to the board. The following points were highlighted:

- a) the Priority Families Edge of Care Hub diverts children and families away from care proceedings through intensive, whole family interventions;
- b) the Edge of Care Hub benefits citizens and service users by building resilience within families, and where safe and possible, preventing family breakdown;
- c) this financial year:
  - 1) 33 families have been supported;
  - 2) 10 children have been accommodated;
  - 3) 17 cases have been closed with no further involvement from social care. All 17 cases were subject to Child Protection Plans;
  - 4) more than £900,000 budget relief has been achieved this financial year;
  - 5) Big Ticket target of £400,000 budget relief;
  - 6) the current staffing cost is £200,000 per annum.
- d) the Edge of Care Hub supports families with multiple complex issues such as domestic violence, substance misuse, poor parental mental health, poor school attendance and worklessness;
- e) the Edge of Care Hub is funded from the Priority Families Grant until March 2016. Further funding has been provisionally agreed until 2020, pending government confirmation of future grant monies;
- f) further information was provided on this matter, following the questions which were raised:
  - 1) a table in the full report shows the number of presenting issues in families per ward. There are 16 sub categories ranging from school attendance to anti social behaviour;
  - 2) the sub category labelled as 'other' for Bilborough Ward contains 23 issues and these include issues such as children at risk of sexual exploitation;
  - 3) the Priority Families Team are looking at adding more issues to the sub category list;
  - 4) the referrals to the Edge of Care Hub can come through the Duty Team. The referrals system filters the children, so they can access the most appropriate service/s. This provides the children with suitable support for their needs;
  - 5) the Edge of Care Hub identifies risks and works with other partners such as the Children and Adolescence Mental Health Service (CAMHS), to support children in care and care leavers;
  - 6) young people have the opportunity to work through aspirations and to work towards long term changes;
  - 7) tools are used to help identify those children who may need further support and individual counselling sessions are available;
  - 8) child to adult data is correlated to show to the outcomes for children in care, later on in life.

**RESOLVED to note:**

- (i) the service being provided by the Edge of Care Hub and to acknowledge the benefits offered to by its existence;**
- (ii) that Panel members have requested for a future discussion on children in care and mental health issues, to see how these are measured;**
- (iii) that Councillors can observe the Edge of Care Panel, if they wish to gain more of a insight;**
- (iv) that further information will be provided to Councillor Wendy Smith and Councillor Marcia Watson, in relation to the 23 issues reported for Bilborough ward and listed as 'other'.**

**52 CHILDREN IN CARE COUNCIL**

This item has been deferred to the meeting to be held on 1 June 2015.

**53 HEALTH - CHILDREN IN CARE**

Dr Emma Fillmore (Designated Doctor, Children in Care) delivered this report to the board.

- a) the physical and emotional health of children in care has been shown to be worse than that of those children living with their birth families;
- b) various factors can contribute to this such as poverty, poor parenting, physical/sexual abuse and neglect;
- c) the Statutory Guidance on Promoting the Health and Well-Being of Looked After Children 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;
- d) Health Partnerships (HP) and Nottinghamshire Healthcare NHS Trust are the providers of the Children in Care and Adoption Health Team Service. This specialist team includes doctors and nurses;
- e) each child or young person must have a health assessment on entering the care of the local authority;
- f) the Initial Health Assessment (IHA) should take place within 28 days of the child/young person entering care;
- g) the Review Health Assessments (RHA) are completed twice a year for children under the age of 5 years and annually, for children over the age of 5 years;
- h) health assessments form part of the care plan and are shared with carers, social workers and the child/young person;
- i) the number of children in care assessed within 28 days has increased from 31% to 93.4%;
- j) an increase has also been seen in the number of children in care registered with a dentist. This has risen from 71.2% to 81.1%;
- k) the number of children in care registered with a GP has increased slightly from 98.6% to 98.8%;

- l) there is a national childhood immunisation programme which all children are expected to complete and outstanding immunisations are identified in the health care plan for the child;
- m) a range of activities which promote the health of children and young people in care are undertaken wherever they are placed and helps to identify the best action to take for each individual child;
- n) Clinical Nurse Specialists are piloting a 'Health Passport' for care leavers. The Health Passport provides young people with information about their own health and if possible, family health history.

Further information was provided following questions which were raised:

- (i) the term sexually healthy in paragraph 2.3 of the full report can be amended to show that children in care are also sexually informed;
  - (ii) the dramatic increase in children in care having their Initial Health Assessment is due to an increase in funding;
  - (iii) the statistics for the Initial Health Assessments vary with locality. Different areas may have less/more resources or a different operating structure to Nottingham City. The differences are mapped and all other options considered before sending a child out of the area for a Initial Health Assessment.
- o) work needs to be undertaken to increase the number of children in care registering with dentists. Dental surgeries need to ensure that they are making children in care a priority;
  - p) Community Dentists provide a very useful service, but it can take a long time to access this.
  - q) BB (Foster Carer) advised that the children in her care had received a fantastic service when the Initial Health Assessments were undertaken. However, it can take a long time to access services provided by CAMHS.

**RESOLVED to:**

- (i) note the performance on the Children in Care and Adoption Health Team;**
- (ii) note improvement in performance with additional City funding;**
- (iii) 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.**

#### **54 CHILDREN IN CARE AND CARE LEAVERS STRATEGY PROGRESS UPDATE**

Kwesi Williams (Project Officer for Children in Care) presented this report to the board and outlined the following points:

- a) in March 2014, the Corporate Parenting Board approved the 'Children in Care and Care Leavers Strategy 2014 – 2016: Valuing the Future of Children in

Care and Care Leavers' and accepted six Strategic Priority Statements (SPS's);

- b) 25 new actions were identified under the 6 SPS's. Each action had a deadline for completion over a two year strategy period;
- c) of these new actions, 22 had a deadline of the end of December 2014 or before. 17 of these actions have been completed, 15 of which were completed by the set deadline.
- d) work is currently being undertaken to complete the remaining 8 activities, with particular focus being placed on carrying the 5 activities out of timescale:
  - 1) the substance misuse support service has been re-commissioned. Work is to be undertaken to ensure all staff and primary carers are aware of the early intervention service, available to those at risk of substance misuse;
  - 2) work is required regarding the identification of ways in which young people can be prepared for healthy relationships;
  - 3) work is being undertaken to determine if there is a need for a parenting programmes specific to care leavers;
  - 4) the incorporation of Personal Education Plans into the current case management system, Carefirst, has been delayed. This is due to work being taken to implement a new case management system;
  - 5) a schedule of future Safeguarding Children in Care events has not yet been approved. An event has been held and provided the attendees with relevant information. The event allowed ideas to be shared on how best to reduce the offending behaviour of children in care.

Further information was provided following questions raised:

- e) meetings to report on the Strategic Priority Statement's (SPS) are held every two months;
- f) the model which is used allows updates to be provided on areas which are not doing very well. The items presented at Corporate parenting board have been loosely based on the SPS's.

**RESOLVED to note:**

- (i) the progress made in fulfilling the 2014 – 2016 children in care and care leavers Strategic Priority Statements.**

## **55 FUTURE MEETING DATES**

The provisional dates for future meetings have been noted.