

CORPORATE PARENTING BOARD – APRIL 2017

Title of paper:	The Health of Children in Care (CIC) of the Local Authority 2016 / 17 – Nottingham City		
Director(s)/ Corporate Director(s):	Sally Seeley - NHS Nottingham City Clinical Commissioning Group (CCG)	Wards affected: All	
	Helen Blackman – Director, Children’s Integrated Services		
Report author(s) and contact details:	Kathryn Higgins - Designated Nurse for Children in Care Kathryn.higgins2@nhs.net Melanie Bracewell - Designated Doctor for Children in Care/Medical Advisor for Adoption / Consultant Community Paediatrician melanie.bracewell@nuh.nhs.uk		
Other colleagues who have provided input:			
Date of consultation with Portfolio Holder(s) (if relevant)			
Relevant Council Plan Key Theme:			
Strategic Regeneration and Development			<input type="checkbox"/>
Schools			<input type="checkbox"/>
Planning and Housing			<input type="checkbox"/>
Community Services			<input type="checkbox"/>
Energy, Sustainability and Customer			<input type="checkbox"/>
Jobs, Growth and Transport			<input type="checkbox"/>
Adults, Health and Community Sector			<input type="checkbox"/>
Children, Early Intervention and Early Years			<input checked="" type="checkbox"/>
Leisure and Culture			<input type="checkbox"/>
Resources and Neighbourhood Regeneration			<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users):			
<p>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 may have suffered at the time of entry to the care system. Almost half of children in care have a diagnosable mental health disorder and two thirds have special educational needs (NICE 2013). They often enter the care system having missed scheduled vaccinations and health appointments. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives including their potential to lead happy and healthy lives as adults.</p> <p>This report has been provided to the Service Director of children’s social care by the Designated professionals for Nottingham City CCG. To provide an update to the Corporate Parenting Board on the health organisations contributions to improving health outcomes for children and young people in the care of the local authority during 2016/17.</p>			
Recommendation(s):			

1	To note – health providers supported by the Designated Professionals will continue to work with the Service Improvement Forum and associated working groups with the aim to improve the health outcomes for Children in Care. The Designated Professionals will continue to encourage the City Local Authority to engage alongside the County Local Authority in this Forum.
2	To note – health providers supported by the Designated Professionals will continue to work with the Local Authority and other partner agencies in planning for and providing health provision for Unaccompanied Asylum Seeking Children and young people placed in Nottingham City.

1 REASONS FOR RECOMMENDATIONS

- 1.1 Following the County Pathway review and recommendations made, the Nottinghamshire Service Improvement Forum is a newly established group which includes representation from CCGs, health providers and the Local Authority with the aim to improve health outcomes for children and young people in care across Nottingham City and Nottinghamshire.
- 1.2 NHS Nottingham City CCG are responsible for all Looked After Children placed in Nottingham City, including placements by Other Local Authorities and we must ensure that health providers have the knowledge, skills and capacity to provide for this cohort of children and young people. See 2.3.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

2.1 Designated Doctor and Designated Nurse

Under the Children Act 1989, Clinical Commissioning Groups (CCGs) and NHS England have a duty to comply with requests from a local authority to help them provide support and services to looked after children. This is done through effective commissioning and co-ordination of health services and through individual practitioners providing co-ordinated care for each child, young person or their carer.

The Designated professionals working for the CCG ensure that the health needs of Children in Care are raised and recognised in all appropriate forums across the health and social care community. They influence the development of Service Specifications and monitor Key Performance Indicators that are reported to the CCG.

2.2 Providers of Children in Care health services

In recognition of the identified health inequalities and in response to the guidance, Nottinghamshire Healthcare NHS Foundation Trust and Nottingham University Hospital NHS Trust are the providers of the Children in Care and Adoption Health Service. This specialist team consists of Doctors, Medical Advisers (adoption), Clinical Nurse Specialists and dedicated administration support working with children in the care of the local authority across Nottinghamshire City. These services are underpinned by the Statutory Guidance on Promoting the Health and Well-Being of Looked After Children (DH/DCSF, 2015) which ensures that all children and young people who are looked after are physically, mentally, emotionally and sexually healthy.

2.3 Health is responsible for ensuring that looked after children have:-

- A holistic health assessment when they enter the care system and throughout their journey in care within statutory timescales.
- Their physical and emotional health needs are identified through initial and review health assessments; with the formulation of health recommendations and an action plan, working closely with children/young people, their carer, other health care professionals and Children's Social Care colleagues to promote positive outcomes for looked after children.

KEY PERFORMANCE INDICATORS

2.4 The performance of health providers is monitored against national guidance:

Guidance:

- Initial health assessments
- Review health assessments
- Registration with a GP
- Registration with a dentist
- Immunisation uptake and data

2.5 Initial and Review Health Assessments

Initial health assessments are completed by Paediatricians. Review health assessments are undertaken by the Clinical Nurse Specialists twice a year for children under the age of 5 years and annually for all children over the age of 5 years up to their 18th birthday. From these assessments a health plan is formulated. The plan includes information from the child's GP, Strengths and Difficulties Questionnaire via the social worker, any information from Child and Adolescent mental health team (CAMHS) colleagues and relevant information from parental health records/ completed parental health form if consent is given. The aim is to provide a comprehensive assessment of current health needs including any previous history which may have implications on the child or young person's future health outcomes. This plan is shared with the social worker, GP and other health partners, carers and child or young person if appropriate.

	Q4 2015/6	Q1 2016/17	Q2 2016/17	Q3 2016/17
IHA (total seen)	71	33	57	44*
RHA (total seen)	66	67	140	102

** Includes children placed in City from other local authorities where an IHA is requested of the local Children in Care doctors*

2.6 GP and Dental registration

The number of children registered with a GP has been consistently high (above 95%) during 2016/17. The number of children registered with a dentist was consistently high in 2015/16 (over 80%) however following a change of data collection process the recent figures for 2016/17 have been unobtainable. We are now attempting to capture not only if a child is registered with a dentist but also whether they have been seen for a check-up and appropriate treatment.

2.7 Immunisations

The immunisation status of a child/young person 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. Immunisation status is recorded at all health assessments identifying any outstanding immunisations in the care plan with the recommendation they are completed.

- Primary Vaccination (up to the age of 5) rates have been reported on differently from April 2016 and current data is not reliable and therefore not included in this report. This data is now including the child or young person's vaccination status upon entering care and then 1 year following. This enables us to report on outcomes of health interventions.
- Changes to how the Human Papillomavirus vaccination (annual vaccination) data is collected have been made and this data will be collected annually over the academic year in 2017. This data will be due in September 2017 this year.
- The School Leaver booster uptake continues to be a challenge as it is frequently refused by young people. The School Aged Immunisation Service targets and supports children in care to ensure vaccinations are up to date. This data will be due in September 2017 this year.

EMOTIONAL HEALTH OF CHILDREN IN CARE

- 2.8 The national picture of the rates of emotional, behavioural and mental health difficulties are 4 to 5 times higher amongst looked after children than the wider population (Children's Care Monitor, 2013/15). A pathway is in place for returns of the Strengths and Difficulties Questionnaire (SDQs) which help inform holistic health assessments and identifies to the CAMHS Looked After Children team, children who have emotional health issue of concern and require additional interventions. The Children in Care team work closely with the CAMHS LAC team on individual cases and through regular joint meetings/consultations and information sharing. For those children who do not meet thresholds for CAMHS LAC their management is via the Clinical Nurse Specialists with links to universal services and the third sector.

NOTTINGHAMSHIRE SERVICE IMPROVEMENT FORUM (SIF)

- 2.9 During 2015/16 a full review of the health pathway for Children in Care across Nottingham City and Nottinghamshire was undertaken. This resulted in numerous recommendations and an action plan for CCGs, health providers and local authorities that should ultimately improve services and health outcomes for Children in Care.
- 2.10 This action plan will be monitored as part of a multi-agency Service Improvement Forum. From this forum the following working groups have been established:
- Data group with the aim to improve data reporting and collection, ensure Key Performance Indicators are reported on and additional health information to inform health needs assessments and future service planning.
 - Out of area placement group to review existing practice and revise to ensure that robust processes and pathways are in place.
 - Care leavers working group to look at hard to reach care leavers and ways of improving health outcomes.

CHILDREN LIVING OUT OF AREA

- 2.11 There can be differences in the quality of provision of services offered for children and young people who are placed out of our area. There is a quality assurance process undertaken on all health assessments that are not completed by the Nottingham Children in Care team. Those health assessments that do not meet the quality assurance standards are challenged with the health organisation providing this for example by sending a letter clearly setting out the issues and holding back payment of the invoice.
- It has been recognised within the SIF that the current process needs reviewing and updating therefore a working group has been established to examine all aspects of health provision for Nottingham City children placed in other local authorities with the aim to ensure a robust process is in place.

CHILDREN LEAVING CARE

- 2.12 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 significant history. Care leavers are offered an important health information pack on their last health review prior to leaving care. This is currently in paper format but plans to transfer to an electronic system in the future.
- It has been recognised within the SIF that there are several cohorts of young people that do not consistently receive this information and support with their health when leaving care. A working group is planned for 2017 to look at ways of addressing these issues.

ADOPTION

- 2.13 The Medical Advisors and Clinical Nurse Specialists for adoption are responsible for ensuring that where the Local Authority indicates that they are seeking a plan for adoption, the relevant medical information is provided in a report. This report is initially to aid agency decision making and will be updated and shared with prospective adopters and matching panel as well as the child or young person in the future.

Additional Adoption work includes:

- Adult Health Reports
- Medical Advice to Adoption Panel
- Information sharing with prospective adopters

UNACCOMPANIED ASYLUM SEEKING CHILDREN (UASC)

- 2.14 UASC who are in the care of the Local Authority represent an increasing proportion of the CIC caseload. There are additional physical and emotional health issues that affect this group and the CIC health teams provide a service to ensure identification of these as well as contributing to holistic multiagency working to meet their needs.

- 2.15 Since the agreement in 2016 to accept children and young people via the National Transfer scheme the numbers have been steadily increasing (see tables below) but continue to be managed with the existing Children in Care service provision. In July 2016 an impact assessment was undertaken to assess the potential effect that additional numbers would have on health services. The result of this was that most health provision could be absorbed within services however the greatest impact would be on the Children in Care team especially the medical team undertaking the IHAs.

Consideration is currently being taken into a bid for Home Office funding to provide additional support to this team.

2.16 Medical team – Initial Health Assessments for UASC

	2015/16				2016/17 to date		
No. IHAs completed 2015/16	Q1	Q2	Q3	Q4	Q1 (April – June 16)	Q2 (July – Sept 16)	Q3 (Oct-Dec 16)
City	1	3	1	2	4	8	1
% of total city IHA referrals	3				10		

There are also UASC who have been accepted by other local authorities but have been placed within Nottingham City (other local authorities' children - OLAC. These children are being referred to local health teams for assessment and are in addition to the numbers quoted above. (50% of OLAC referrals to date are UASC).

(Information provided by Nottingham University Hospitals NHS Trust)

2.17 Nursing team – Review Health Assessments

For UASC placed in Nottingham City the first Review Health Assessment will be done 1 year following the Initial Health Assessment. This data evidences the numbers on the nursing caseload are steadily increasing which means that the RHAs required will increase going forward as more UASC are placed within Nottingham City.

	2015/16				
UASC on nursing caseload	Q1	Q2	Q3	Q4	Q1 (April – June 16)
City	6	7	9	12	20
Grand Total	24	23	28	37	53

(Information provided by Nottinghamshire Healthcare Foundation Trust)

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 None.

4 FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

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

5 LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

- 5.1 None.

6 STRATEGIC ASSETS & PROPERTY COMMENTS (FOR DECISION RELATING TO ALL PROPERTY ASSETS AND ASSOCIATED INFRASTRUCTURE) (AREA COMMITTEE REPORTS ONLY)

- 6.1 None.

7 EQUALITY IMPACT ASSESSMENT

- 7.1 Has the equality impact of the proposals in this report been assessed?

No



An EIA is not required because:

(Please explain why an EIA is not necessary)

The report does not contain proposals or financial decisions.

8 LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

- 8.1 None.

9 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

- 9.1 Children Act 1989 HMSO.
- 9.2 Children's Care Monitor: children on the state of Social Care in England: reported by the Children's Rights Director for England (2013/14).
<http://deva.ioe.ac.uk/id/eprint/19818>
- 9.3 Interim National Transfer Protocol for Unaccompanied Asylum Seeking Children 2016-2017 DfE.
- 9.4 The 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.
- 9.5 The Statutory Guidance on "Promoting the Health and Wellbeing of Looked After Children" (2015) DH/DCSF.