

Corporate Parenting Board – 21st March 2016

Title of paper:	The Health of Children in Care of the Local Authority – Nottingham City	
Director(s)/ Corporate Director(s):	Jonathan Evans, NUH NHS Trust Dean Howells, Executive Director of Nursing Quality and Patient Experience for Nottinghamshire Healthcare Foundation Trust Helen Blackman, Director of Children’s Integrated Services	Wards affected: All
Report author(s) and contact details:	Kathryn Higgins - Designated Nurse for Children in Care (secondment) Kathryn.higgins@nottshc.nhs.uk Melanie Bracewell - Consultant Community Paediatrician / Designated Doctor for Children in Care / Medical Adviser for Adoption melanie.bracewell@nuh.nhs.uk Amanda Edmonds - Service Manager for County Wide services including Children in Care team. amandaedmonds@nhs.net	
Other colleagues who have provided input:	Dr Emma Fillmore Consultant Community Paediatrician and previous Designated Doctor for Children in Care	
Date of consultation with Portfolio Holder(s) (if relevant)	8 th March 2016	
Relevant Council Plan Strategic Priority: (you must mark X in the relevant boxes below)		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input checked="" type="checkbox"/>
Deliver effective, value for money services to our citizens		<input checked="" type="checkbox"/>

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

- To ensure the health needs of children and young people in care are assessed on entering care and managed to ensure appropriate support and services are put in place to improve their physical and emotional health outcomes, with the aim of achieving their full potential.
- To ensure individual practitioner responsibility for caseload management of eligible children placed in or out of the authority, adherence to statutory timescales for initial and review health assessments, monitoring health recommendations and action plans through caseloads and the looked after review process.
- To ensure statutory key health performance indicators are met for each child.
- 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 in line with national and local guidance.
- To develop and 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, the health providers and the clinical commissioning groups.
- Development of the service to respond to new guidance and timeframes in adoption and fostering.
- Working with the Commissioners and Local Authorities to further understand the wider role of the children in care and adoption team (work outside statutory health assessments) and the impact on performance around statutory performance indicators. In addition, to understand the impact on the team around requests for health assessments for children and young people placed in Nottingham City from other Local Authorities.

Recommendation(s):

1	Corporate Parenting Board note and comment on the performance on the Children in Care and Adoption Health Team
2	Social care to continue to work with health colleagues to ensure a timely sharing of information in regard to Strength and Difficulty Questionnaires (SDQs).
3	Corporate Parenting Board acknowledge the need for the development of a Leaving Care/Transition nurse post within the health team.
4	It is recommended that the additional City funding, provided by the City Commissioners is maintained to address performance issues around Initial Health Assessment timescales.

1. REASONS FOR RECOMMENDATIONS

- 1.1 The Corporate Parenting Board is given assurance that the Children in Care Health team continue to make progress in meeting their statutory responsibility in relation to children in care on behalf of children's social care.
- 1.2 There has been a delay in the Children in Care and Adoption Health Team receiving SDQs in a timely manner to inform health assessments.
- 1.3 There is a current gap in the service for those young people leaving care/transitioning to adulthood.

- 1.4 The additional City funding will ensure that we can continue to work towards achieving statutory timescales for Initial Health Assessments.

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 prior to entry to the care system.

- 2.3 The Statutory Guidance on Promoting the Health and Well-Being of Looked After Children (DH/DCSF, 2015) aims to ensure that all children and young people who are Looked After are physically, mentally, emotionally and sexually healthy.

- 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 2015, Nottinghamshire Healthcare Foundation NHS Trust (Health Partnerships Division) and Nottingham University Hospital NHS Trust are the providers of the Children in Care and Adoption Health Team Service. This specialist team includes doctors and nurses working with children in the care of the local authority across Nottingham City. There are Service Specifications and identified Key Performance Indicators which are reported on quarterly to the commissioners for Nottingham City and annually through the annual report. The service is underpinned by Practice Guidance.

It is a statutory responsibility for the Children in Care and Adoption team 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 their carers. The children in care service works closely with safeguarding colleagues in health and social care to ensure the safeguarding of our children and young people. This included joint working to take forward recommendations from Serious Case Reviews.

Since the last report in 2015. Nottinghamshire Healthcare Trust have been successful in securing a further contract for the children in care nursing service. At the time of this report there is a mobilisation programme being undertaken to implement a new model of delivery in alignment with the new Service Specification from 1st April 2016. Currently a new Designated Nurse has been employed on a temporary secondment with the plan to advertise for a permanent post in April 2016.

The team is led by the Designated Doctor and Nurse and includes Community Paediatricians and Clinical Nurse Specialists who collectively are responsible for:

- Ensuring that children and young people in care receive statutory health assessments and that key performance health indicators are met.

- Working with children, young people, carers and Social Care colleagues to ensure all identified health needs of looked after children that are identified are met
- The 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 community.

Every child or young person has a health assessment on entering the care of the local authority, following receipt of correct consent from social care. This initial health assessment is completed by a Paediatrician and should take place and be reported on within 20 working days of entering care. Review assessments are undertaken by the Clinical Nurse Specialists twice a year for children under the age of 5 and annually for all children over the age of 5 years up to their 18th birthday, also following receipt of correct consent arranged by social care. From these assessments a health plan is formulated. The plan includes information from the child's primary (GP), secondary (Community services) and tertiary (Hospital) health settings, the Strengths and Difficulties Questionnaire (SDQ), any information from CAMHS colleagues and relevant information from parental health records 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 (as the lead health professional) and other health partners, carers and the child or young person if appropriate.

The Medical Advisers and Clinical Nurse Specialist 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. Reporting may not fit with the statutory health assessment timescales therefore could require additional work which must be prioritised.

2.5 Adoption

There is additional work undertaken for the local authority by the Medical Advisers (MA) for Adoption which includes:

a) Adult Health Reports

The MAs provide reports on the health of prospective adopters following a health assessment by their GP (and information from specialists as required). The reports comment on the impact of any health issues on the adopter's ability to parent a looked after child. This is felt to be an extension of the work the team undertakes around safeguarding our children and young people. It requires an understanding of the complexity of longer-term implications of abuse and neglect (sometimes in combination with other genetic / family health issues) on the physical and emotional wellbeing of our children.

In 2013 the government published updated statutory guidance on adoption - chapter three of the guidance refers to the two-stage process that came into effect from the 1st July 2013 regarding assessing and approving adopters (both domestic and intercountry), as well as a fast-track process for some previous adopters and foster carers. The two-stage process requires the medical report within 8 weeks of the adopters' application

being accepted. A GP newsletter was written in late 2013 to alert them to their role in ensuring timely assessment to ensure the minimum of delay in the health process. It is not possible to state whether this intervention has had an impact. We continue to have cases with timely responses and others where there is a delay in applicants getting an appointment with their GP and delays in response for additional information. In the past 12 months we have created a data base to monitor in more detail and this can then be reviewed and reported in next year's report.

In addition to the faster turnaround, the medical advisers at NUH NHS Trust have had to absorb a massive increase in adult health work across city and county (south) without any increase in capacity - 78 assessments in 2009 to 205 in the 2014/15 financial year - an increase of 260%.

Currently the team are not commissioned to undertake the medical reports for foster carers, but there are ongoing discussions between the local authority, commissioners and NUH about the appropriate way forward.

b) Medical Advice to Adoption Panel

The MA's are full voting members of the Nottingham City Adoption Panels and also provide medical advice on all health issues around our children and the adults they are to be matched with. Currently the team are not commissioned to provide medical advice on Fostering Applications but this is also under discussion.

c) Information Sharing (IS) with Prospective Adopters

Information sharing is an important component of ensuring that prospective adopters understand all the health information available on a child they are considering a match with. This service is recommended as good practice by BAAF (British Association of Adoption and Fostering, now CoramBAAF) but is not statutory. It is felt to improve the chances of a stable long term placement, and because of the long term nature of this outcome, the evidence to back this up is hard to come by. We are not aware of any National or Local data to evidence a direct correlation between medical information sharing prior to a match and placement stability.

The team are in ongoing discussions with the commissioners, as this service has never been commissioned, about how to achieve the local authority request for IS for the majority of children/young people who are matched for adoption through Nottingham City adoption panels. A retrospective audit undertaken in 2015 indicates that there are likely to be 49 sessions required per year based on the local criteria.

2.5 Lessons from Serious Care reviews

In the event of a SCR involving a child in care, the Designated Doctor and nurse will offer expert advice and be involved in any dissemination of recommendations.

3 Key Performance Indicators

Within the new Service Specification there will be amendments to the current Key Performance Indicators which will give assurance to Commissioner and Agencies that the children and young people's health needs are being met.

3.1 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

There is work on going within the service to improve data collection for better reporting on Key Performance Indicators.

Table 1: Health assessments

The local Initial Health Assessment target is to see the child or young person within 20 working days of having the correct consent from Social Care. Please note that the figures below do not report on the statutory guidance which is to undertake a health assessment and provide a report on a child within 20 working days of entering care. The number of reports provided in within the 20 working day timescale is low. Recently, work has been undertaken to improve processes which we believe will lead to the efficient transfer of necessary information. We, in turn, expect to see an increase in the number of reports provided in timescale as a result of these improvements.

Current data collection does not allow reporting of percentages achieved within timescales for review health assessments (RHA) and work is currently being undertaken to resolve this so that going forward this performance data can be captured.

KPI	Quarter 4 2014	Quarter 1 2015	Quarter 2 2015	Quarter 3 2015
IHA (No. (%) seen within 20 wd)	46/49 (94%)	45/58 (78%)	42/62 (68%)	50/52 (96%)
Seen for RHA 6 monthly (total numbers)	34	26	22	34
Annual RHA (total numbers)	72	73	56	68

Table 2: GP and Dental registration

KPI	Quarter 4 2014	Quarter 1 2015	Quarter 2 2015	Quarter 3 2015
% of children registered with a GP	98%	98.3%	99.6%	98.6%
% of children over 2 years of age, registered with a dentist	83.4%	83.7%	83.9%	86.8%

Strength and difficulty questionnaires

A piece of work is being undertaken with social care to ensure SDQs are being returned to the Child in Care Team along with completed paperwork to help inform health assessments.

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. Immunisation status is recorded at all health assessments identifying any outstanding immunisation in the care plan with recommendations to have them completed.

Primary vaccinations	Quarter 4 2014	Quarter 1 2015	Quarter 2 2015	Quarter 3 2015
Up to age 5	Unable to obtain data	100%	100%	100%

Recent changes have been made to the way Human Papilloma Virus (HPV) vaccination data is reported to ensure reliable data is produced. Data will now be collected annually over the academic year. This change should address prior difficulties in data analysis.

The School Leaver booster is a vaccine routinely offered to young people aged between 13 – 18 years. Rates for this vaccine have been historically low due to frequent refusal by young people. The average uptake for 2014/15 was 41% which is an 8% increase on the 2014/13 average uptake. Nottinghamshire Healthcare have secured the tender for the School Aged Immunisation Service and this will target and support children in care to ensure vaccinations are up to date and improve on current performance.

4 Children Leaving Care

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.

From April 2015 care leavers due their last health assessment will be offered an Important Health Information Pack. This pack will provide all care leavers with information about their individual and family health history as appropriate. The Children in Care Council were active participants in the design and development of this. A joint audit between health and social care is planned for the end of March 2016 to evaluate the effectiveness of the information given from April 2015 – March 2016.

Nottinghamshire Healthcare are currently undertaking a piece of work around an electronic platform (e-cap) that will enable professionals to record and prescribe health information specific to a young person. For example, smoking cessation. This will be accessible via an electronic app on a mobile device. This will be an alternative to written information.

5 'You're Welcome' Criteria

We have successfully received accreditation and recognition of being young person friendly meeting The Department of Health "*You're Welcome*" quality criteria. It identified principles that help health services – both in the community and in hospitals – to "get it right" and become young people friendly.

Work has recently been undertaken to design and implement a leaflet to inform children, young people and their carers about the Initial Health Assessment and what it means for them.

6 Co-location work

Co-location working of our Clinical Nurse Specialists within social care teams continues to work well. 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 to the improvement in our performance.

7 Children Living Out of Area

There can be differences in the quality of provision of services offered for children and young people who are placed out of our area. City Commissioners have funded an out of area admin/clinical post to enable better co-ordination of children placed away from Nottingham City. This is in addition to a quality assurance process undertaken on all review health assessments that are not undertaken by ourselves. There is work on going around continuing to improve the quality assurance process.

8. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

None

9. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY)

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

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

Not applicable

11. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

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

12. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

The Children and Families Act 2014 – Chapter 6

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

The 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

The Statutory Guidance on 'Promoting the Health and Wellbeing of Looked After Children' (2015)

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

Statutory Guidance on Adoption, DfE, July 2013