

9 June 2014**Agenda Item: 8****REPORT OF THE DESIGNATED NURSE FOR CHILDREN IN CARE AND
ADOPTION****IMPROVING HEALTH OUTCOMES FOR CHILDREN AND YOUNG PEOPLE
IN THE CARE OF THE LOCAL AUTHORITY****Purpose of the Report**

1. To inform the Sub-Committee on the role and purpose of the Children in Care and Adoption Health Team.

Information and Advice

2. There is clear evidence indicating that children and young people who enter the care system often have worse levels of health than their peers, which can in turn have long term impacts on their future health outcomes.
3. The Statutory Guidance on Promoting the Health and Well-Being of Looked After Children (DH/DCSF, 2009) aims to ensure that all looked after children and young people are physically, mentally, emotionally and sexually healthy, that they will not participate in risk taking behaviour and that they will enjoy healthy lifestyles.
4. In recognition of the identified health inequalities and in response to the statutory guidance health services have been commissioned across Nottinghamshire which work together to promote the health and wellbeing of children in care.
5. The Children in Care and Adoption Health team is a team of Clinical Nurse Specialists, Community Paediatricians and Designated Professionals, based in three locations across the County (Children's Centre City Hospital Campus, Nottingham; King's Mill Hospital, Mansfield; and The Hurst, Bassetlaw).
6. Their responsibility is to ensure that as a team we:
 - meet our statutory obligations
 - provide comprehensive health assessments for children when they enter care and through their journey in care

- work with children, young people, other health care professionals and Children's Social Care colleagues to ensure that identified health needs are met
 - work with children, young people and CAMHS Looked After colleagues to ensure that the emotional health needs of children in care are met
 - work with all partner agencies to promote positive health outcomes for children in care
 - as 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 communities.
7. The service works closely with 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.

Key areas of work:

Key performance indicators

8. The service is performance monitored against a number of key performance indicators as follows:
- initial health assessments completed within statutory timescales
 - review health assessments completed
 - registration with a dentist
 - registration with a GP
 - immunisation data
 - the voice of the child is recognised.

Partnership working

9. LAC Strategy – the Designated Nurse for Children in Care and Adoption is actively involved in the LAC Strategy meetings and the development of the improving health targets. We are currently working on the young person's information about the health assessments/ team leaflet and we are working hard to raise the profile of the health needs of children in care with all health partners.
10. Information sharing of placement notifications – we are able to report to the sub-committee that, through an information sharing agreement, information on placement notifications - admissions/ discharges and demographic changes - is now in place between health and social care. This ensures that key information is shared with health partners about key placement information pertaining to children in care.
11. Co-location with the Children in Care social care teams at Ollerton – the children in care health team is co-locating on a regular basis with the children in care teams based at Ollerton. We have nurses who spend some time with the court team, the permanence team and with the looked after team. This improves communication pathways between the teams and individual

practitioners and ensures key information about our children and young people in care is shared appropriately and in a timely manner. We anticipate all the nurses to be working with mobile laptops very soon which would be able to provide remote access to health systems.

12. Children and Young People Missing from Care – we now routinely receive notifications regarding children who go missing from care which is shared with the children in care nurses and with health visitors/ school nurses. Our aim is to be able to provide appropriate health advice (sexual health / keeping yourself safe) for children and young people at risk.
13. Children in Care Council – we have an identified children in care nurse within the team who has taken the lead for linking with the Children in Care Council. We aim to attend the meeting to discuss with the children and young people any leaflets we are developing - young persons/ care leavers and any other health issues as appropriate.
14. Safeguarding children in care – as a team we are closely linked to our safeguarding colleagues in health and attend all the relevant forums. Recognising that children in care continue to need to be safeguarded and that concerns are recognised and responded to by the team is clearly embedded in how we work.
15. Foster carer and pre/ post adoption parents training – we regularly provide health input to the local authority foster carer training.
16. Adoption panel – the medical advisors for adoption attend the panels.
17. CAMHS Looked After team – we work closely with the CAMHS Looked After team on individual cases and through regular joint meetings / consultations and information sharing. We have recently launched a Communities of Interest group through Notts Healthcare Trust with a focus on children in care and have had two very successful events this last year.
18. Strengths and Difficulties Questionnaire (SDQ) – in partnership with CAMHS LAC, the Children's Service Manager with responsibility for LAC and our partners in the CAMHS Looked After team, we have worked to develop a pathway for the SDQ which helps inform the health assessments and identifies to CAMHS LAC children who have emotional health issues of concern.

Going forward - opportunities and challenges

19. Electronic transfer of paperwork between social care and health teams to promote more efficient and effective joint working – we are currently working on the establishment of an electronic pathway between organisations which should ensure that paperwork is shared across the organisations in a more timely manner, is secure and ensures information is shared between professionals regarding the children and young people's health more effectively.

20. Sharing of health data between health and social care - we are working towards the sharing of health data regarding the Initial Health Assessments (IHAs) / Review Health Assessments (RHAs)/ GP registration and immunisation status of children and young people in the care of the Local Authority, via secure systems. This will be cross matched with social care health data and should ensure systems have up to date and accurate health information.
21. Taking forward the Communities of Interest Group to engage with children and young people in care - we are aiming to hold our third event this autumn for the Communities of Interest Group with a focus on engaging with children and young people in care.
22. Strengthening our relationship with the Children in Care Council – the team now has a named lead for involvement and we aim to bring to the council any key health issues we might value consultation with the children and young people on.
23. To further embed the voice of the child into the way we work - we regularly ask children and young people at their health assessment about how they are feeling about themselves, where they are living and their carers and aim this year to ensure this is firmly embedded in how we work with young people. We are asking for and analysing feedback about the service from the users' questionnaire. This information is now routinely included in the child's health assessment recommendations and actions plan.
24. Reporting on our key performance indicators (KPIs) – we are working on developing our KPI reporting so that it brings added value to the commissioners – looking at trends/ voice of the child – and this will be reported to the Children's Safeguarding Board through the Designated Nurse for Safeguarding.
25. Ensuring an annual report is developed and shared.

Other Options Considered

26. The report is for noting only.

Reason/s for Recommendation/s

27. The report is for noting only.

Statutory and Policy Implications

28. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

- 1) That the role and purpose of the Children in Care and Adoption Health Team be noted.

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Constitutional Comments

29. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (KLA 21/05/14)

30. There are no financial implications arising directly from the report.

Background Papers and Published Documents

Statutory Guidance on Promoting the Health and Well-Being of Looked After Children (DH/DCSF, 2009)

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Electoral Division(s) and Member(s) Affected

All.

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