



**REPORT OF THE SERVICE DIRECTOR FOR COMMISSIONING AND
RESOURCES**

HEALTH OF CHILDREN IN CARE

Purpose of the Report

1. To set out the health needs of children and young people who are in the Council's care.

Information

Background

2. Most children and young people become looked after because of abuse and neglect. Although they have many of the same health needs as their peers, they may also have additional health care needs and the extent of these is often greater because of the impact of their past adverse experiences. They are also more likely to have not been taken to health appointments or screenings, or supported with medication.
3. Effective close work between partner agencies is required to ensure that the health needs of children in care are met. This is part of a holistic Public Health approach for prevention and reducing health inequity, recognising that adverse childhood experiences have a negative impact on future physical and mental health.
4. The NHS has a key role in ensuring effective delivery of health services for children and young people in care (and, by extension, to care leavers). The NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), Public Health and NHS England commission services for children and young people in care until their eighteenth birthday.

Statutory Responsibilities

5. Initial Health Assessments (IHA) must be completed (with a report sent) within 20 working days of the child entering care. The achievement of the statutory timescales requires joint and cross-organisational processes between the health providers and the Council. Good performance would be where more than 90% of children in care health assessments are done within the required timescales.
6. The aim of the Review Health Assessment (RHA) is to provide a holistic review of health, development and to gather information about emotional and physical health, engaging the child or young person in their own healthcare, and to provide information and advice to the

child, their social worker and carers regarding their specific health needs. This is provided via a written report including health recommendations and an action plan, which is then discussed at each child's statutory looked after review. Good performance would constitute more than 90% of children in care health assessments happening within the required timescales.

IHA and RHA System Performance

7. Currently, the local system is not able to respond consistently within the statutory timeframe. Three IHA health providers cover the Council's footprint. Two providers report that there is sufficient capacity to meet demand and one is more challenged. The RHA provider has also raised capacity challenges.
8. Partnership investigation work has been undertaken between the health providers and local authorities that has identified several factors that are impacting on the collective ability to ensure children and young people receive timely health assessments. There are many contributing factors and the primary root causes are as follows:
 - insufficient capacity to meet the demand across some of the Health Teams
 - sickness and vacancies within the Health Teams
 - variance in service model across the Health Teams
 - increased referrals for children and young people originating within and placed within the NHS Nottingham and Nottinghamshire Integrated Care System, including unaccompanied asylum-seeking children
 - late referrals from social care, which significantly impact on the provider's ability to undertake assessments within the 20-day timeframe
 - referrals do not always provide the complete information required as per the standard referral template, and
 - medical appointments not utilised (young people not brought).

Recovery Workshops and Next Steps

9. The ICB convened partnership workshops on 5 June 2023 to ensure that a system approach is undertaken to address the current 'backlog' of RHAs and IHAs. These workshops agreed the root causes of performance challenges and identified further immediate recovery actions, in addition to understanding system partners' interests in wider integration to implement alternative models of care that provide a more resilient and joined-up service model for the medium and long-term. The workshops also identified a number of areas that could support immediate improvement, alongside further opportunities for transformation, which are being taken to the ICB's Quality and People Committee for endorsement.
10. Partners will continue to liaise to agree recovery actions and cross-organisational recovery timeframes, where required.

Other Options Considered

11. To not participate in the system approach to achieve recovery following the identification of the root causes and immediate actions to address the current backlog of RHAs and

IHAs: this option is discounted because effective close work between partner agencies is required to ensure that the health needs of children in care are met fully and effectively.

Reasons for Recommendations

12. To ensure that the agreed recovery actions to address the current backlog of RHAs and IHAs are carried out effectively within the cross-organisational recovery timeframes.

Statutory and Policy Implications

13. This report has been compiled after consideration of the implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, and sustainability and the environment. Where such implications are material, they are described below. Appropriate consultation has been undertaken and advice sought on these issues, as required.

Financial Implications

14. There are no direct financial implications arising from this report.

RECOMMENDATIONS

- 1) That the Corporate Parenting Panel notes the recovery work underway in relation to the completion of Initial Health Assessments and Review Health Assessments (relating to children and young people) within the statutory timeframes, and provides any feedback in relation the information contained within the report.

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Constitutional Comments (CD 04/07/23)

15. The recommendation falls within the remit of the Corporate Parenting Panel by virtue of its terms of reference.

Financial Comments (CDS 04/07/23)

16. There are no direct financial implications arising from this report.

Background Papers and Published Documents

17. 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.

- None.

Electoral Divisions and Members Affected

- All.

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