

12 September 2016**Agenda Item: 4****REPORT OF THE SERVICE DIRECTOR, CHILDREN'S SOCIAL CARE****IMPROVING HEALTH OUTCOMES FOR CHILDREN AND YOUNG PEOPLE
IN THE CARE OF THE LOCAL AUTHORITY****Purpose of the Report**

1. This report provides an update to the Corporate Parenting Sub-Committee by the designated professionals for Nottinghamshire Clinical Commissioning Groups on the health organisations' contributions to improving health outcomes for children and young people in the care of the Local Authority during 2015/16.

Information and Advice

2. It is well documented nationally that the health of children and young people in care is worse than that of their peers living with birth families. Contributing factors may include the impact of poverty, poor parenting, physical/sexual abuse and neglect that may have been suffered prior to 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 chances of reaching their potential to lead happy and healthy lives as adults.
3. Parents want their children to have the best start in life, to be healthy and happy and to reach their full potential. As corporate parents, those involved in providing local authority services for the children they look after should have the same high aspirations and ensure the children receive the care and support they need in order to thrive.
4. 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, delivery and co-ordination of health services and through individual practitioners providing coordinated care for each child, young person or their carers.
5. 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" Department of Health 2015, Nottinghamshire Healthcare Foundation NHS Trust (Health Partnerships Division), Nottingham University Hospital NHS Trust (NUHT), Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) and Doncaster & Bassetlaw Hospitals NHS Foundation Trust (DBHFT) are the providers of the Children in Care and

Adoption Health Team Service. This specialist team consists of Doctors, Medical Advisers (adoption) and Clinical Nurse Specialists and dedicated administration support working with children in the care of the local authority across Nottinghamshire County. The service is underpinned by Practice Guidance.

6. 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 identified through initial and review health assessments, with the formulation of health recommendations and an action plan, working closely with children/young people, other health care professionals and Children's Social Care colleagues to promote positive outcomes for looked after children.
7. The designated professionals (Doctors and Nurses) working for the six CCGs ensure that the health needs of looked after children are raised and recognised in all appropriate forums across the health and social care community. They influence the development of service specifications and monitor identified key performance indicators that are reported to the CCGs.

Key Performance Indicators

8. The provider health organisation's service is performance monitored against national guidance:
 - Initial health assessments
 - Review health assessments
 - Registration with a GP
 - Registration with a dentist
 - Immunisation uptake and data.

Initial and Review Health Assessments

9. 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 (SDQ) via the social worker, any information from Child and Adolescent Mental Health Services (CAMHS) colleagues and relevant information from parental health records/completed parental health forms, 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.

GP and Dental registration

10. The number of children registered with a GP has been consistently high (above 98.8%) during 2016/17.
11. The number of children registered with a dentist has been consistently high at 83.2% or above. Plans going forward into 2016/17 are to record data on children having being seen by a dentist as well as registered to ensure appropriate treatment is accessed.

Immunisations

12. 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 that they are completed.
 - Primary Vaccination (up to the age of 5) rates have been consistently high throughout 2016/17 (90 – 100%)
 - Changes to how the Human Papillomavirus vaccination (annual vaccination) data is collected have been made going forward into 2016 and this data will now be collected annually over the academic year which should capture the information more accurately for 2016/17.
 - The School Leaver booster uptake continues to be challenging as it is frequently refused by young people. The School Aged Immunisation Service in future will target and support children in care to ensure vaccinations are up to date and improve performance.

Data and Performance

13. Work has commenced to improve data collection for better reporting on key performance indicators, to identify needs, gaps and improve accuracy and presentation of reports. It is vital that the service is confident in the data being produced and able to see where in the pathway improvements need to be made.

Emotional health of Looked After Children

14. The national picture of the rates of emotional, behavioural and mental health difficulties are four to five times higher amongst looked after children than the wider population (Children's Care Monitor, 2013/14). A pathway is in place for returns of the Strengths and Difficulties Questionnaire (SDQs) which helps inform holistic health assessments and identifies to CAMHS Looked After Children (LAC) team those children who have emotional health issues of concern and require additional interventions.
15. The Children in Care team works closely with the CAMHS LAC team on individual cases and through regular joint meetings / consultations and information sharing. For those looked after children who do not meet thresholds for CAMHS LAC team involvement their

management is via the Clinical Nurse Specialists with links to universal services and the third sector.

Children Living Out of Area

16. 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 review health assessments that are not completed by the Nottinghamshire Children in Care team. Those health assessments that do not meet the expected 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. There is work on-going around continuing to improve the quality assurance process.

Children Leaving Care

17. 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.
18. From April 2015 care leavers due their last health assessment were offered an Important Health Information Pack. This pack provides 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 underway to examine the quality of the information pack given. The results of the audit will be shared internally within social care and health in order to make any changes needed to improve the information given to young people.

Adoption

19. The Medical Advisers and Clinical Nurse Specialist for adoption are responsible for ensuring that where the Local Authority indicates that it is 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 the matching panel as well as the child or young person in the future.
20. Additional Adoption work includes:
 - Adult Health Reports
 - Medical Advice to Adoption Panel
 - Information sharing with Prospective Adopters.

Summary

21. The designated professionals have identified key areas of work for 2016/17. Moving forward the designated professionals will in future submit the CCGs looked after children annual report to the Sub-Committee.

Other Options Considered

22. The report is for noting only.

Reason/s for Recommendation/s

23. The report is for noting only.

Statutory and Policy Implications

24. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), 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 Corporate Parenting Sub-Committee notes the update on the health organisations' contributions to improving health outcomes for children and young people in the care of the Local Authority during 2015/16.

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Constitutional Comments

25. As this report is for noting only constitutional comments are not required

Financial Comments (SS 01/08/16)

26. There are no financial implications arising directly from this report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.

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