

8 June 2015

Agenda Item: 13

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

Information and Advice

2. It is well documented that the health of children and young people in care is worse than that of their peers. They often enter the care system as a result of abuse and neglect, having missed scheduled vaccinations and health appointments. In addition, the longer term outcomes for children in care remain poorer than their peers. Two thirds of all children in care have at least one physical health complaint and they are more likely than their peers to experience problems including speech and language delay, bedwetting, co-ordination difficulties, eye or sight and dental problems.
3. Children in care should have the same opportunities as their peers, including being safe and given the potential to move successfully into adulthood and achieve their full potential.
4. It is a statutory responsibility for health teams 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.
5. Health services are commissioned to address inequalities in health and to meet the requirements of '*The Statutory Guidance for Promoting the Health and Well-being of Looked After Children*', Department of Health (2015), promoting the health and well being of children in care.
6. The Children in Care and Adoption Health team includes Community Paediatricians with identified Designated Professionals and Clinical Nurse Specialists. The team are based across three locations in Nottinghamshire (Children's Centre City Hospital Campus, Nottingham; King's Mill Hospital, Mansfield; and The Hurst, Bassetlaw); and deliver the service for Nottinghamshire Healthcare NHS Foundation Trust (Health Partnerships) and the same team provides a service to Nottingham City Care.

7. The team has a responsibility to ensure they:
- meet their statutory obligations
 - provide holistic health assessments for children when they enter the care system and throughout their journey in care, within statutory timescales
 - identify physical and emotional health needs through the initial and review 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 children in care
 - work with children/young people and Child and Adolescent Mental Health Services (CAMHS) Looked After colleagues to ensure that the emotional health needs of children in care are met
 - as Designated Professionals, by representation at different health and social care forums, ensure that the health needs of children in care are raised and recognised.

Key areas of work

Key performance indicators

8. There is scrutiny of our performance for children in care coming through for their health assessments, with a requirement to respond to the statutory timescales whilst maintaining the quality of the assessments.
9. The service is performance monitored against key performance indicators as follows:
- initial health assessments (IHAs) completed within statutory timescales (28 days)
 - review health assessments (RHAs) completed, every six months for children under 5 years old and annually for over 5 years old
 - registration with a GP
 - registration with a dentist
 - immunisation uptake and data.

Partnership working

10. The Designated Nurse for Children in Care and Adoption is a member of the Looked After Children (LAC) Strategy group and has participated in the development of the health action plans for the next five year strategy.
11. We have embedded a secure electronic sharing of information through secure email accounts. This has enhanced sharing of notifications and information about children in care between health and social care teams and enables timely sharing of information relating to health assessments and health information.
12. We continue to work 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.

13. There is health representation at key multi-agency meetings including the permanency panel and missing children/hotspot meetings where the health needs of children in care are identified, discussed and appropriate advice given. The Designated Nurse for Children in Care and Adoption and one of the Clinical Nurse Specialists has had involvement in this year's annual multi-agency audit for Child Sexual Exploitation.
14. The Clinical Nurse Specialists continue to expand their co-location across the different localities, working directly with social care colleagues, enabling face-to-face discussion about individual children/young people. The nurses all have mobile working devices which enables remote access working.
15. We have a named representative who attends the Children in Care Council meetings. We are pleased to report we have developed a '*Children in Care information*' leaflet about the team and service; and an '*Important Health Information*' leaflet (Health Passport) and information pack for care leavers though engagement, participation and collaboration from this active group of young people. They were key in the development of the leaflets and very influential and vocal on their 'wants' and 'likes' and 'dislikes'.
16. The '*Important Health Information*' leaflet is being used for care leavers at their last health assessment before they leave care at 18 years old. They are given an information booklet with personal information about their health history and information about how to access healthcare once they leave care and are living independently. Identified health promotion information will be given and signposting to other relevant health information (leaflets, websites, web links).
17. The 'voice of the child' is embedded within clinical practice and is always asked during health assessments and clearly documented in the clinical records. This is audited annually and reported within the governance framework of Nottinghamshire Healthcare NHS Foundation Trust.
18. The Adoption team has written a policy for Nottingham University Hospital Trust, '*Managing Hospital records for children who have been placed for Adoption or who have been adopted*' and a leaflet '*The Health needs of Children Placed for Adoption and on Granting of the Adoption Order - Advice for Adopters*'.
19. We have close working relationships with our safeguarding colleagues in health and social care and have representation at all the relevant forums. We recognise children in care need to be safeguarded and any concerns identified and responded to by the team are clearly embedded in clinical practice. The nurses receive group safeguarding supervision regularly from the Named Nurse for the Trust and this is a mandatory requirement.
20. We deliver Level 3 Safeguarding training '*Recognising and Responding to the Health Needs of Children and Young People in Care*' to Nottinghamshire Healthcare NHS Foundation Trust and Nottingham City Care colleagues. We have also provided bespoke training to GP trainees and social care colleagues.
21. We continue to develop and provide training to foster carer and pre/ post adoption parents and regularly provide health input to the Local Authority foster carer training.
22. The Medical Advisors for adoption attend the adoption panel meetings.

23. We work closely with the CAMHS Looked After team on individual cases and through regular joint meetings / consultations and information sharing. We have an established Communities of Interest group for children in care.
24. We have strengthened the pathway for returns of the Strengths and Difficulties Questionnaire (SDQs) which helps inform holistic health assessments and identifies to the CAMHS LAC team children who have emotional health issues of concern and require additional interventions.

Future developments and opportunities

25. We continue to work with commissioners to review the current KPIs, making the outcomes more meaningful and measureable, providing evidence of children in care having improved health outcomes, i.e. vaccinations up-to-date, dental health needs met and attendance for annual dental checks, vision tests attended; and emotional health needs are identified through completion of SDQ's. These will be further enhanced through the work with the LAC Strategy.
26. We actively seek the views and participation of children/young people about the care they receive from health and future developments of the service. We recognised that the specific requirements of our children/young people did not fit with the corporate 'your feedback matters' questionnaire. We have written our own children in care specific feedback leaflet and are in the process of purchasing iPads for downloading the leaflet onto, to make possible real time feedback. Feedback leaflets are being formatted to fit with our other leaflets, designed by the young people in the Children in Care Council. All this feedback will be linked into the Trust's 'your feedback matters' website for auditing purposes and will be included as part of the annual report.
27. Nottinghamshire Healthcare NHS Foundation Trust is looking at the use of Health platforms for managing health conditions. We are in early discussions of looking at the development of a health platform for children in care to direct them to children in care specific app. and the use of Quick Response (QR) codes for the leaflets and health promotion information and sign posting.
28. The team is an early implementer of the Department of Health England's 'You're Welcome' which is a set of quality criteria for youth-friendly health services, encouraging health service providers within and outside the National Health Service (NHS) to meet those criteria. The quality criteria are helping to provide a framework for change in how resources are allocated, and are helping to ensure better health outcomes. We are in the early stages of gathering evidence to meet the criteria to achieve accreditation.
29. We will continue to report annually on this work.

Other Options Considered

30. The report is for noting only.

Reason/s for Recommendation/s

31. The report is for noting only.

Statutory and Policy Implications

32. 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 role and purpose of the Children in Care and Adoption Health Team be noted.

Steve Edwards
Service Director, Children's Social Care

For any enquiries about this report please contact:

Amanda Edmonds RGN, RSCN, RHV, BSc (Hons)
Designated Nurse for Children in Care and Adoption (secondment)
Nottinghamshire Healthcare NHS Foundation Trust
Children's Centre, City Hospital Campus,
Hucknall Road,
Nottingham, NG5 1PB
T: 0115 8831166
E: amanda.edmonds@nottshc.nhs.uk
Secure Email: amandaedmonds@nhs.net

Constitutional Comments

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

Financial Comments (SS 22/05/15)

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

Background Papers and Published Documents

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.

Statutory Guidance on Promoting the Health and Well-Being of Looked After Children (Department of Health/DCSF, 2015)

Electoral Division(s) and Member(s) Affected

All.

C0647