

CORPORATE PARENTING COMMITTEE (FORMAL)	AGENDA ITEM No. 6
20 NOVEMBER 2019	PUBLIC REPORT

Report of:	Executive Director People and Communities Cambridgeshire and Peterborough Councils	
Cabinet Member(s) responsible:	Councillor Lynne Ayres, Cabinet Member for Children's Services	
Contact Officer(s):	Sarah Jane Smedmor – Assistant Director Children's Social Care Deborah Spencer – Designated Nurse Looked After Children	Tel:

ANNUAL HEALTH REPORT 2018 - 2019

RECOMMENDATIONS	
FROM: Assistant Director Children's Social Care	Deadline date: N/A
<p>It is recommended that the Corporate Parenting Committee:</p> <ol style="list-style-type: none"> 1. Notes the content of the report 2. Raise any queries with the lead officers 	

1. ORIGIN OF REPORT

1.1 This report is submitted annually to a formal Corporate Parenting Committee

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide an overview of the Clinical Commissioning Group's (CCG) activities to ensure robust monitoring and quality assurance systems are in place to meet the health needs of the Looked after Children population in Peterborough

2.2 This report is for the Corporate Parenting panel to consider under its terms of reference no: 2.4.3.6 (c) Promote the development of participation and ensure that the view of children and young people are regularly heard through the Corporate Parenting Committee to improve educational, health and social outcomes to raise aspiration and attainments

2.3 This links to priority 4 of the Children in Care Pledge and Care Leavers Charter. Health issues of Children and young people in care

3. TIMESCALES *[If this is not a Major Policy item, answer **NO** and delete the second line of boxes.]*

Is this a Major Policy Item/Statutory Plan?	NO
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4. BACKGROUND AND KEY ISSUES

Health Annual Report

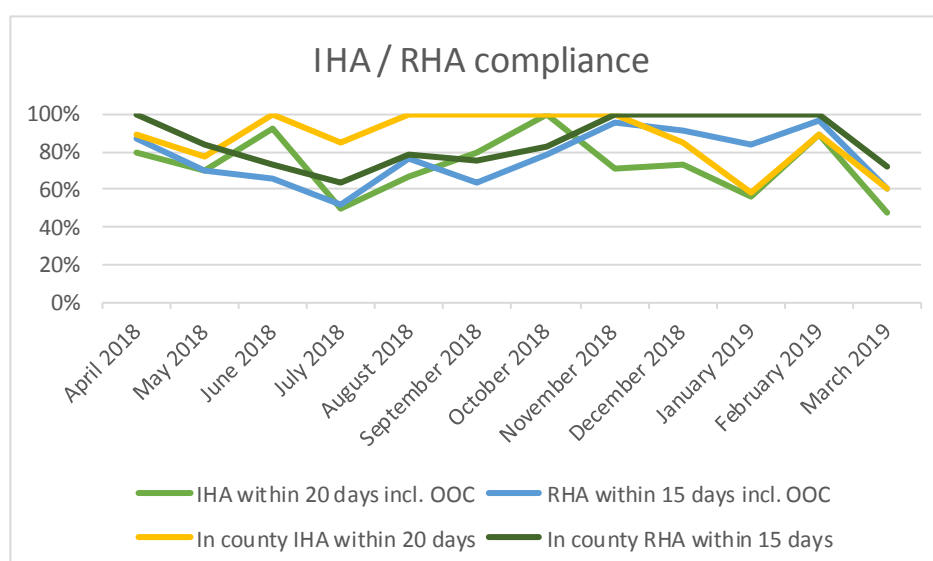
Peterborough Corporate Parenting

April 2018 – March 2019

4.1 Compliance with statutory targets for health assessments

CAMBRIDGESHIRE & PETERBOROUGH FOUNDATION TRUST		April 2018	May 2018	June 2018	July 2018
No. Children Entered Care	No. Placed in area	18	18	11	13
	No. Placed out of area	2	2	1	9
IHA Completed with 20 days	No. In area completed within 20 days	16	14	11	11
	% in area completed within 20 days	89%	78%	100%	85%
	No. OOA completed within 20 days	0	0	0	0
	% OOA completed within 20 days	0%	0%	0%	0%
	% All IHA completed in 20 days	80%	70%	92%	50%
Annual Health Review Assessments	No. In area Annual Review Assessments required	21	25	26	22
	No. OOA Annual Review Assessments required	3	5	9	7
	No. In area completed within 15 days	21	21	19	14
	% in area completed within 15 days	100%	84%	73%	64%
	No. OOA area completed within 15 days	0	0	4	1
	% OOA completed within 15 days	0%	0%	44%	14%
	% All AHR completed within 15 days	87.50%	70.00%	66.00%	52.00%

August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019
8	4	10	5	13	26	9	15
4	1	0	2	2	1	0	6
8	4	10	5	11	15	8	9
100%	100%	100%	100%	85%	58%	89%	60%
0	0	0	0	0	0	0	1
0%	0%	100%	0%	0%	0%	100%	17%
67%	80%	100%	71%	73%	56%	89%	48%
28	24	35	26	21	26	31	29
1	4	3	1	2	5	1	6
22	18	29	26	21	26	31	21
79%	75%	83%	100%	100%	100%	100%	72%
0	0	1	0	0	0	0	0
0%	0%	33%	0%	0%	0%	0%	0%
76.00%	64.00%	79.00%	96.00%	91.00%	84.00%	97.00%	60.00%



Initial Health Assessments (IHA)

The Children in Care (CIC) health team continue to strive to meet the 20-day working target for initial health assessments. These assessments are all conducted by paediatricians in line with the statutory guidance. The reasons for not reaching the target of 95% in some months are largely due to children placed out of area, where we request an assessment to be conducted by another health team but are bound by their timescale. There are a few Children who do not attend the first appointment made for them. Occasionally there may be a delay with a referral from social care to health or difficulty in obtaining consent but there is excellent partnership working and escalation in place.

Review Health Assessments (RHA)

The major challenges with review health assessments are for children placed out of area and those who do not attend appointments. The reason for non-attendance may be because the young person is hard to engage or that the carers are unable to attend the first appointment given to them. Where a young person is difficult to engage the Specialist Nurse will endeavour to complete an assessment over the phone or by sending a questionnaire to the young person, they will also include information gained from a discussion with the carer. The health team are now proactively requesting Review Health Assessments from other areas two months ahead of the due date.

4.2 Audits of out of county health assessments

The Designated professionals undertook audits of a sample of initial and review health assessments for Peterborough children placed in other counties during September 2018.

5 initial health assessments were reviewed by the Designated Doctor; these were from a wide variety of other counties including Lincolnshire, Devon, London and Norfolk. As per the statutory guidance all were conducted by qualified medical practitioners which included Paediatricians, GP's and an Associate Specialist. The other counties used a variety of health assessment paperwork which differs from the Peterborough system one templates. In some areas this meant a lack of information i.e. neonatal blood spot testing and limited family history. Generally dental, vision, hearing and immunisation data was recorded but there was limited information regarding allergies. The assessments gave a good picture of development, educational progress and emotional well-being. All discussed lifestyle where appropriate and the child / young person's views were documented. All assessments that highlighted health issues resulted in a SMART action plan with appropriate referrals and timescales.

5 review health assessments were reviewed by the Designated Nurse; these again were from a wide variety of other counties including Staffordshire, London, Northamptonshire, Kent and Derbyshire. All these assessments were conducted by Specialist LAC Nurses. All counties used either the Peterborough assessment template which had been provided or the British Adoption and Fostering (BAAF) paperwork. As with the initial health assessments there was limited documentation regarding birth and family medical history. All actions from previous health assessments had been completed and dental, vision, hearing and immunisation data was well documented. The assessments gave a good picture of development, educational progress and emotional well-being. All discussed lifestyle where appropriate and the child / young person's views were documented. Interestingly the Nurse's assessments documented allergies. All assessments that highlighted health issues resulted in a SMART action plan with appropriate referrals and timescales.

For both initial and review health assessments there were no Strength and Difficulties Questionnaire scores (SDQ) available and the tool (CRAFFT) used to assess adolescent substance abuse was not used by any other county.

The Designated professionals have collated these audits and will now work with the Lead Nurse to look at

background information and tools that could be supplied with the request for the health assessment to other counties. This may require Social Care to provide more background information when the request for health assessment is made.

The Designated professionals will conduct audits of in area initial and review health assessments in conjunction with the health team during November 2019.

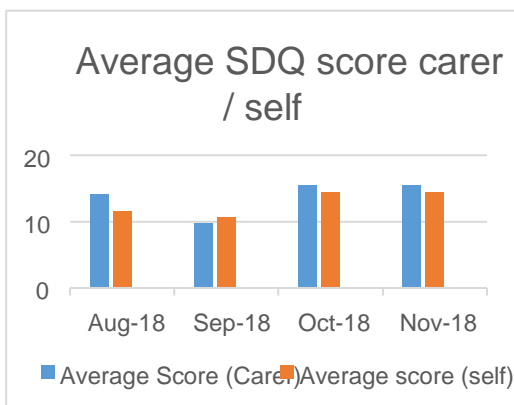
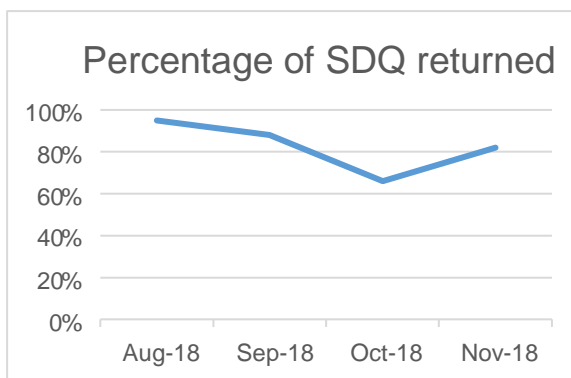
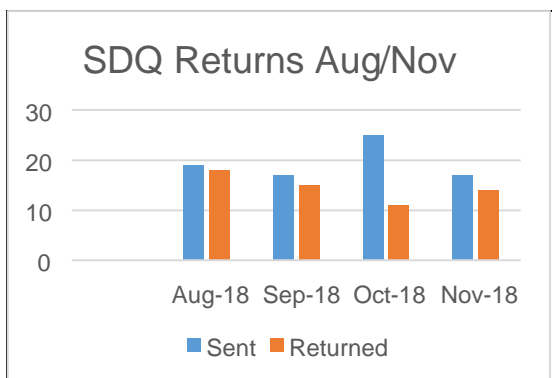
Strength and Difficulties Questionnaires (SDQ)

4.3

These questionnaires are used alongside health assessments to assess emotional health and wellbeing. Scoring categories are: Close to average (0-13), Slightly raised (14-16), High (17-19) and Very High (20-40).

The health team in Peterborough undertake the SDQ process on behalf of Social Care. Questionnaires are now generally given out at health assessments as this provides a higher percentage return and the score is reflective of the child’s / young person’s well-being at the time of the health assessment. Where we have a low percentage return as in the graphs below this is due to children placed in other counties. For these young people the questionnaire is sent to the child’s home and relies on this being returned in time for scoring ahead of the health assessment.

The data for August 2018 – November 2018 can be found below.



Scores for individual SDQ ranged from 1 – 26

Audit of a sample of raised SDQ

4.4

During September 2018 the Designated Nurse audited a sample of raised SDQ scores to review what actions are taken for a child with a raised score. SDQ scores are documented at the health assessment and raised scores are added as an action to the health Action Plan. Ideally the Social Worker would then assess this score against other information available to them about the child's well-being and placement stability and discuss any ongoing concerns with the CIC psychologist. Where necessary the child would be referred on for further assessment / therapy. A two-way dialogue should continue between the Social Worker and CIC health team so that assurance is given that actions have been completed. The SDQ score should be reviewed as part of the health action plan at the statutory review meeting and the plan updated.

Seven sets of notes were reviewed, 4 for children placed within Peterborough and 3 for children placed out of area.

This audit highlights that for two of the seven young people the high SDQ score was not an action on the Health Action Plan. For the other five young people emotional health and well-being was discussed and in four cases further input was suggested or is now in place. There was no feedback from Social Care regarding any of the young people although the CIC Psychologist had documented her input with one of the young people.

Actions

- Health and Social Care to review the joint procedure around SDQ processes
- To raise the profile of the SDQ process amongst Social Workers and the implications of a high score
- To provide education and signposting information for available services and resources to help young people with emotional difficulties
- To work with Social Care to ensure health actions are completed, reviewed at statutory review meetings and fed back to the LAC health team
- To investigate how to increase the number of SDQ's completed and returned for children placed out of area

Current progress with SDQ actions

A series of meetings have taken place with Peterborough Social Care, The Children in Care health team, the Head of the Virtual School and Lead Business Support Officer to review and update the SDQ process. The health team will continue to complete SDQ's with carers / Children at initial and review health assessment appointments. This process provides a good response rate and the SDQ score can be used alongside the health assessment to gain a holistic view of the Child / young person.

For Peterborough Children living out of area the health team will aim to send SDQ forms via email to carers with a view of improving the response rate. A box will be added to the IHA/RHA referral form for the Social workers to add the carer's email address.

On the Health Action Plans the health team will add a box under the SDQ scores to record why an SDQ has not been completed and to comment on the implications/actions relating to the scores.

The Virtual School will start to use SDQ assessments and data can then be triangulated between health, education and social care.

Care Leavers

4.5

Following consultation with the Children in Care Council a shortened care leaver passport has been developed by the Children in Care health team in Peterborough. The wallet size passport is being used alongside the more detailed passport developed three years ago and the health summary produced from the electronic health system (attached below). This is all offered to the young person at their last health assessment before they turn 18 years and in addition is sent to the GP and Social Worker to be accessed later if preferred.

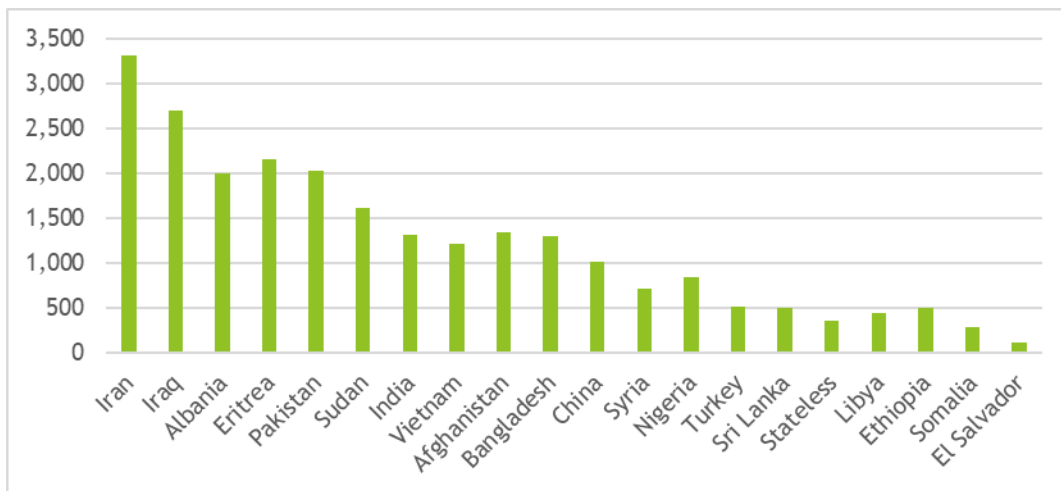
The Designated Nurse and health team have been involved in producing the new care leaver offer for Peterborough Children with Children’s Social Care and have provided the relevant health signposting and information. This has recently been finalised and will be available on the website.

Unaccompanied Asylum-Seeking Children

Local Authority	0.07% Threshold	UASC Population	Leaving Care Population
Peterborough	33	27	51

4.6 Taken from East of England Strategic Migration Partnership

UASC Country of Origin



National Asylum and Resettlement Stats – Year Ending June 2019

Health Issues for UASC

- ▶ Mental Health
- ▶ Sleep disturbances impacting on mental health
- ▶ Trauma
- ▶ Lack of uncertainty around status

- ▶ Skin related issues
- ▶ TB
- ▶ Injuries arising out of Libya and journey
- ▶ Organ harvesting
- ▶ Dubs and VCRS cases – more health needs

All unaccompanied minors in Peterborough are registered with a GP when they arrive. A detailed initial health assessment of physical, mental and emotional health is conducted by a paediatrician with an interpreter present. For most of these young people there is little background health information available. Young people will have travelled via a variety of routes, through different countries and may have been exposed to a variety of health risks. Young people are often referred from the initial assessment for psychology, counselling or Child and Adolescent Mental Health Services. Young people are offered blood borne virus screening and catch up immunisations.

Blood borne virus screening for new in care Unaccompanied Asylum-Seeking Children (UASC)

A task and finish group chaired by the Consultant in Public Health has met to secure agreement for longer term funding for blood borne virus screening. Young people are now referred for appropriate screening following the initial health assessment. Sexual health screening including hepatitis and HIV is conducted by sexual health services, in addition they conduct a full blood count for each young person. This will not only highlight any blood abnormalities such as anaemia but will indicate where a young person may have contracted a parasitic infection. Screening for Tuberculosis is conducted by current TB services. Consent will be taken by the services and young people will be asked to return for a further appointment if results are positive.

The operational pathway was agreed with all stakeholders including public health, social care, Children in Care health teams, sexual health services, TB services and commissioners in March 2019. The pathway includes referral, translation, support for the young person to attend the appointments and reporting of results.

Regular operational check in meetings have been agreed by all stakeholders to review the pathway and gather data regarding the prevalence of blood borne viruses, TB and anaemia in this population.

Sleep packs for Unaccompanied Asylum-Seeking Children (UASC)

Attached is a presentation regarding sleep packs for Unaccompanied Asylum-Seeking Children. This project was developed by the Peterborough health team and funded by the Head to Toe charity (CPFT).

The team have also developed country specific sheets for use by the paediatricians. These explain life and culture in individual countries that UASC originate from.

Substance misuse

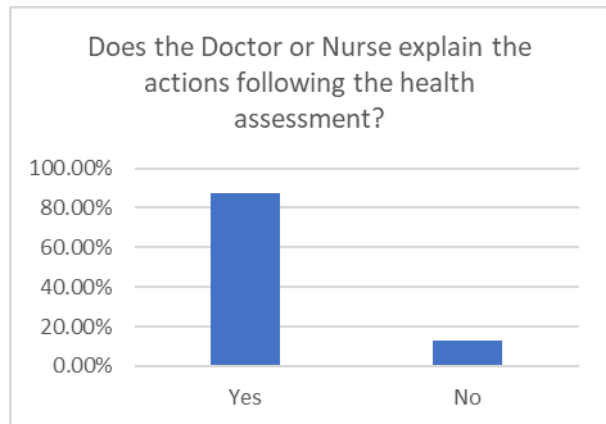
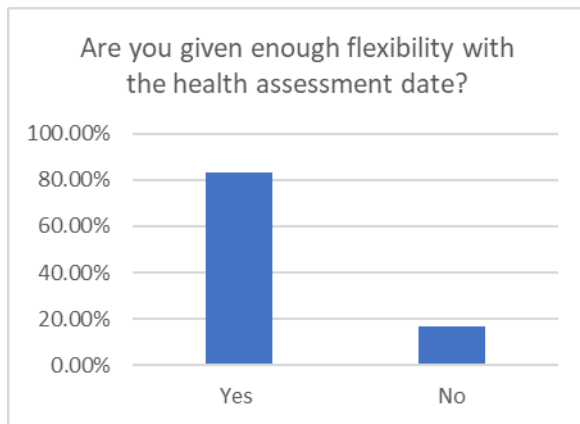
The Designated Nurse has met with the lead for substance misuse at Aspire. Aspire have updated their

referral paperwork to collect data regarding the number of Children in Care being referred. Staff from the substance misuse services are liaising with the specialist Children in Care (CIC nurses) about attending health clinics for Children in Care to provide advice and support regarding substance misuse.

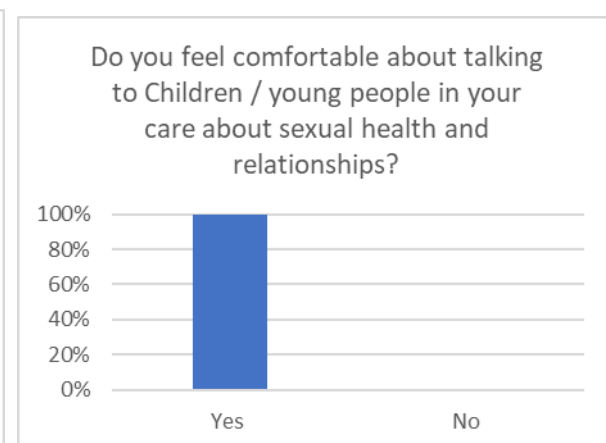
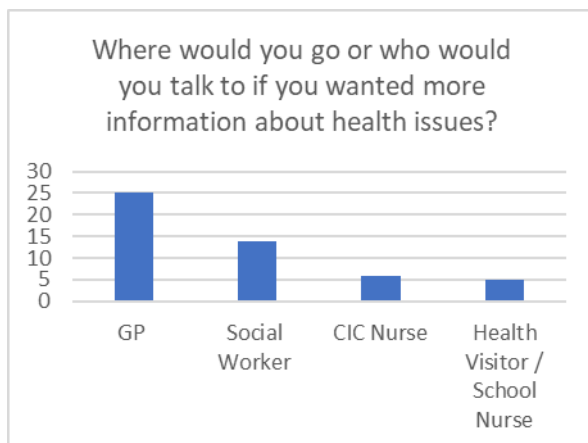
TACT Foster Carer’s survey 2018

Several health-related questions were asked as part of a larger survey. These answers will help us plan how to communicate and support foster carers and other health professionals.

4.7



4.8



How can we support you to ensuring children and young people in care your care know how to be healthy (e.g. healthy eating, physical activity, smoking cessation, alcohol and drugs, contraception and STI avoidance etc)?

Attached as an appendix

5. CONSULTATION

N/A

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 To improve health and well-being for Looked after Children by ensuring adequate assessment of health and addressing areas where there may be a lack of provision.

7. REASON FOR THE RECOMMENDATION

7.1 Corporate Parenting Committee have requested a health update at all formal committees.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 N/A

9. IMPLICATIONS

Financial Implications

9.1 N/A

Legal Implications

9.2 N/A

Equalities Implications

9.3 N/A

Rural Implications

9.4 N/A

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 None

11. APPENDICES

11.1 Appendix 1 – Wallet Sized Passport

Appendix 2 – Leaving Care Summary

Appendix 3 – Personal Health Summary

Appendix 4 – Unaccompanied Asylum Seeking Children – Sleep Pack Presentation

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