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| CORPORATE PARENTING COMMITTEE (FORMAL) | AGENDA ITEM No. 12a |
| 25 NOVEMBER 2020 | PUBLIC REPORT |

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| 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 Hamilton Head of Safeguarding People Peterborough and Cambridgeshire CCG | sarah.hamilton5@nhs.net |

HEALTH REPORT

| R E C O M M E N D A T I O N S | |
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| FROM: Assistant Director Children's Social Care | Deadline date: N/A |
| It is recommended that the Corporate Parenting Committee: | |
| <ol style="list-style-type: none"> 1. Notes the content of this report, and 2. Raise any queries with the Lead Officers | |

1. ORIGIN OF REPORT

1.1 This report is submitted to each formal Corporate Parenting Committee.

2. PURPOSE AND REASON FOR REPORT

2.1 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 2.2 This report is for the Corporate Parenting Committee 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 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

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| Is this a Major Policy Item/Statutory Plan? | NO | If yes, date for Cabinet meeting | N/A |
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4. **BACKGROUND AND KEY ISSUES**

4.1 June 2020

Initial assessments – 4 all were within timescale.

July 2020

Initial assessments – 14 referrals, 6 seen within timescale, 3 delayed due to clinician capacity.

August 2020

Initial assessments – 12 referrals, 1 seen within timescale, 4 booked to be seen, 6 seen 3 within 3 working days late, 2 requested through other local authority.

4.2 The new Designated Nurse Children in Care starts 25th November 2020, 3 days per week, induction planned with key stake holders and will be getting to know wider Councillors in the coming weeks.

4.3 Positive working relationships maintained between Local Authority and Health during covid, facilitated through weekly/fortnightly cross agency meetings which enable shared discussion around key issues and pathway management.

4.4. Health Assessments - In line with national guidance our providers moved to virtual assessments in order to deliver initial and review health assessment. This approach has both positives and negatives in terms of the assessment and engagement. However Face to Face clinics are delivered where clinically indicated or referral to another service as appropriate.

4.5 Along with that the feedback received from carers and young people, the experience of having a virtual assessment, has broadly been welcomed and compliance rate to delivery of assessments is good.

4.6 Support for social workers, young people or other agencies not been compromised despite Covid and home working. The annual audit will be done in the new year, with learning shaping future service delivery models which will no doubt be a mixed model to ensure the positive learning from Covid is taken through into the shape of future services.

4.7 UASC pathway continues to be monitored to ensure it is as effective as possible, including review of delivery around blood born viruses. Refugee council commissioned to provide support for UASC and primary care.

4.8 Dental Services - concerns raised with NHS England and Public Health England around access to dental services for vulnerable children. Follow up meeting at the end of November.

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

Carbon Impact Assessment

9.4 Carbon impact in relation to this report has been considered and there is a neutral impact.

Implications for Children in Care

9.5 This report relates to the health needs of all children in care.

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 None

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