

CORPORATE PARENTING COMMITTEE	AGENDA ITEM NO. 8
3 AUGUST 2016	PUBLIC REPORT

Report of the Executive Director of Children’s Services

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Looked After Children

1. PURPOSE

1.1 The report provides an overview of the CCGs activities to ensure robust monitoring and quality assurance systems are in place to meet the health needs of the LAC population in Peterborough.

This report is presented under the Corporate Parenting Committee Terms of Reference;

3.2 To receive statutory reports in relation to the adoption, fostering, commissioning, looked after children (LAC) services and children’s homes with a view to recommending any changes.

2. RECOMMENDATIONS

2.1 For the Committee to note.

3. LINK TO THE CHILDREN IN CARE PLEDGE

3.1 4. Health issues of children and young people in care.

4. BACKGROUND

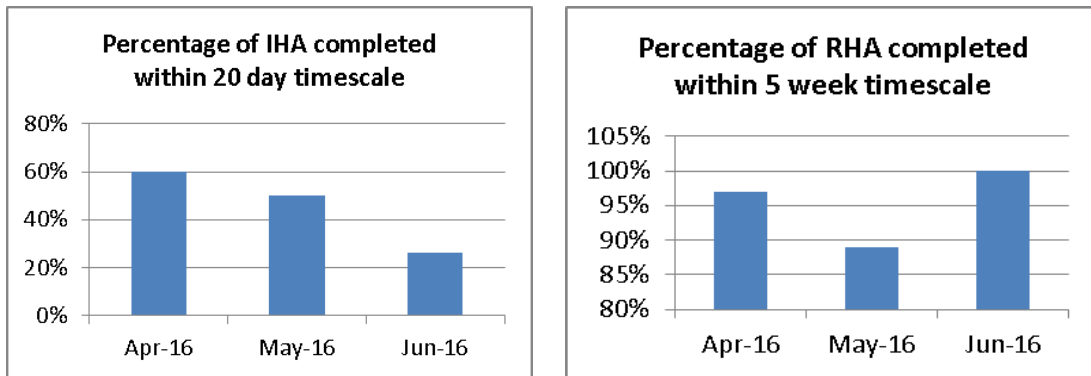
4.1 Corporate Parenting Committee to receive a regular update on the progress of Health Assessments in regards to quality, timeliness and breach of timescales.

5. KEY ISSUES

5.1 The Peterborough Children in Care (CIC) Health Team continue to strive to meet the 20 day timescale for Initial Health Assessments. A recent challenge impacting on the CIC Health Team in meeting this timescale has been the late notification to the Health Provider from Social Care that a Child / Young Person had entered the care system. On very few occasions, this information has not been passed to health at all. There is also an issue regarding consent being obtained by Social Care prior to any health assessments taking place, which has, at times, caused delays. This places pressure on the LAC health team’s capacity to try and accommodate late requests and find clinic slots for children in a very short timeframe to meet the 20 days.

5.2 Increasing numbers of Asylum Seeking Children are entering care and future prediction of numbers is unknown. This places a challenge for the LAC Health Team in terms of clinic capacity for Initial Health Assessments and meeting the statutory time frame of 20 working days.

5.3



5.4 Initial Health Assessments (IHA): The graph above shows that only 26% of IHAs were completed within timescale for June 16. Reasons for IHAs not completed within timescale were due to, 5 children from the 27 notifications who did not require an IHA, 1 child was reported missing from care at the time of assessment, 1 child placed out of area, 1 refusal and 7 children where the CIC Health Team were awaiting paperwork from Children’s Social Care (CSC). IHA Figures for May appear low also (50%) however, this was due to 6 children being placed out of area and not completed within timescale, and 1 where the Carer was unable to attend the appointment offered. April’s figures show 60% completed within timescale, 1 appointment was offered in time, but the Young Person was missing from care and 1 Young Person did not attend 2 appointments, 1 which was offered within timescale.

5.5 Review Health Assessments RHA): RHA for children in County remains consistently high in meeting the 5 week timescale at 97–100%. Challenges remain regarding those children who require a health assessment and are placed out of County, the timeliness and quality of the Health Assessment they receive. This is being addressed currently by the Designated Professionals, with the introduction of a Quality Checklist Tool in August 2016 and plans to increase a wider geographical area of travel for the CIC Nurses. The Designated Professionals and Lead CIC Nurse will undertake a quarterly dip sample audit to monitor this. All health assessments that do not meet the quality standard required, will be returned to the professional who undertook the assessment for further information.

5.6 Strength & Difficulties Questionnaire (SDQ): All Children / Young Person new in care and those requiring a Review Health Assessment by the CIC Health Team are offered a discussion regarding their emotional health and wellbeing at their Health Assessment. Carers and occasionally Teachers are sent the SDQ prior to the child’s health assessment via post or occasionally email (for IHA due to short timeframe) to ensure this is available to the practitioner at the time of assessment. There is a specific pathway for SDQs which has been set by the Designated Professionals this will shortly be introduced into practice following implementation of the new LAC Service Specification for 2016. The monitoring of SDQs and outcome will be monitored via the LAC Health Dashboard.

5.7 Personal Health Summary: The Personal Health Summary for Care Leavers is in final draft form. Designated Professionals and Lead CIC Nurses from Cambridgeshire and Peterborough Foundation Trust and Cambridgeshire Community Services have worked together with Carer Leavers and other professionals to develop a document that is meaningful, captures information that young people feel they would like to know about their health and health history and provides up-to-date information on both local and national support agencies. Both providers have created a specific template for System 1 for Care Leavers that provides a complete health summary for the child from birth to current date. This will be printed out and presented to the Young Person along with the Personal Health Summary Booklet at their last Health Assessment. This document should be available to Care Leavers by the end of August 2016 (See Appendix).

5.8 Unaccompanied Asylum Seeking Children (UASC): Peterborough Local Authority are accommodating a number of UASC on a weekly basis. Nationally there is a concern that Health is seeing increasing numbers of UASC that are found to be Hepatitis B and C positive. Currently GPs will offer TB screening and HIV screening to those young people from Countries

that have been identified as high risk. Designated Professionals have raised this with Public Health, NHS England and Joint Commissioners to establish a Screening Pathway for UASC. Discussions are in the early stages but an agreed pathway with follow-up support / counselling is being considered.

6. IMPLICATIONS

6.1 No implications at the present time.

7. CONSULTATION

7.1 Not applicable.

8. NEXT STEPS

8.1 This report is for information only.

9. BACKGROUND DOCUMENTS

9.1 No background documents used.

10. APPENDICES

10.1 Appendix 1 - Personal Health Summary Booklet – Care Leavers

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