

CORPORATE PARENTING COMMITTEE	AGENDA ITEM NO. 11
9 NOVEMBER 2016	PUBLIC REPORT

Report of the Corporate Director People and Communities

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LOOKED AFTER CHILDREN HEALTH REPORT

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.
- 1.2 This report is presented under the Corporate Parenting Committee's Terms of Reference, 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. RECOMMENDATIONS

- 2.1 For information.

3. LINK TO THE CHILDREN IN CARE PLEDGE

- 3.1 This falls under Priority 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. The Provider has met with the Access to Resources Team (ART) within Social Care and the Head of Fostering and Adoption to look at ways to address this issue. The ART have recently undergone changes within the team around systems and processes regarding notifications of new in care and consent. An escalation process has been established between the Provider and Social Care to address any late notifications or consent paperwork.
- 5.2 Initial Health Assessments (IHA):

Table 1:

CPFT	Q2	%
Number of IHAs completed within 20 working days	12	40
Number of IHAs completed after 20 working days	18	60
Number of children new in care requiring an IHA	30	-

5.3

Exception reporting for Q2 identifies the following reasons for IHA's completed after 20 days:

- Health Assessment Appointments booked within 20 working day timeframe but appointment falls into the next reporting month.
- Out of Area (OOA) assessment required, still waiting for appointment
- Merton assessed, IHA no longer required
- Young person no longer LAC
- Delay in notification paperwork from ART to CIC health Team
- Late due to waiting for consent paperwork from Social Care to health.
- Appointment offered in time, young person did not attend appointment.

(Please note that Social Care data for IHA completion within 20 working days is captured differently to health therefore figures may differ)

5.4

Review Health Assessments RHA):

RHA for children in County remains consistently high in meeting the 5 week timescale at 91-100% Exception reporting highlights reasons for not meeting time fame due to:

- Young Person did not attend appointment offered
- Late due to non attendance at previous appointments offered

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 the Quality Checklist Tool in October 2016. The Designated Professionals plan to randomly dip sample OOA Health Assessments undertaken in Q1 against the CCG Quality Checklist Tool to establish current quality and robustness of assessments. Going forward, all health assessments that do not meet the quality standard required, will be returned to the professional who undertook the assessment for further information and could lead to a delay in payment until a good quality assessment is obtained.

5.5

Quality Checklist Audit: The Designated Professionals recently undertook a quality checklist audit. The audit covered the first quarter of 2016 (April – June) data was retrieved from 8 Initial Health Assessments undertaken by doctors and 8 Review Health Assessments completed by Nurses. All children were placed within county. The sample was selected randomly and all age ranges were represented with equal gender mix. All staff members of the LAC Health Team who undertook assessments were equally represented. Initial Health Assessments were all undertaken by Doctors and Review Health Assessments by Nurses. The findings from the audit suggest that the CIC Health Team currently provide good quality Health Assessments incorporating the voice of the child. The Designated Professionals feel that the current questionnaire format for Health Assessments could be strengthened to ensure robust documentation and ensure the Health Action Plan is SMART clearly identifying health actions with clear timeframes. The Designated Professional will be providing a feedback session to the CIC health team in November and will support the team to implement the recommendations suggested.

5.6

Strength & Difficulties Questionnaire (SDQ): All Children / Young Persons 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. The monitoring of SDQs and outcome will be monitored via the LAC Health Dashboard in Quarter 3 of this financial year. The Joint Commissioning Unit have offered help in collating this data to aid risk assessment.

5.7

Personal Health Summary: The Personal Health Summary for Care Leavers is now embedded in practice and Carer Leavers are being offered a copy of their health history at their last Review Health Assessment. The CIC Nurse talks through the Personal Health Summary with the young person and is able to discuss any questions that may arise from this including sensitive information regarding their health history. A copy of the Personal Health Summary and health

history is held with the young person's GP in their medical records and also Social Care should the young person decide they would prefer this information at a later date. The CIC team will undertake an audit in Quarter 4 with Carer Leavers who have previously received the booklet to evaluate its impact, effectiveness and review Carer Leavers views regarding changes / recommendations suggested. The Personal Health Summary booklet will be updated annually by the CCG Designated Nurse Looked After Children to ensure information is current and correct.

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 and established a Screening Pathway for UASC. This pathway will be available to GP Practices across both Peterborough and Cambridgeshire. The next step is for the Joint Commissioning Unit to establish commissioning of this pathway before it can be implemented in practice.

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 No appendices attached.

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