

CORPORATE PARENTING COMMITTEE	AGENDA ITEM No. 7
26 JULY 2017	PUBLIC REPORT

Report of:	Corporate Director People and Communities	
Cabinet Member(s) responsible:	Councillor Sam Smith, Cabinet Member for Children's Services.	
Contact Officer(s):	Nicola Curley, Assistant Director Children's Social Care Deborah Spencer, Designated Nurse Looked After Children	Tel. 864065

HEALTH REPORT

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; and 2. Raise any queries they have 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 The purpose of the report is to provide an overview of the CCGs 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 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 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

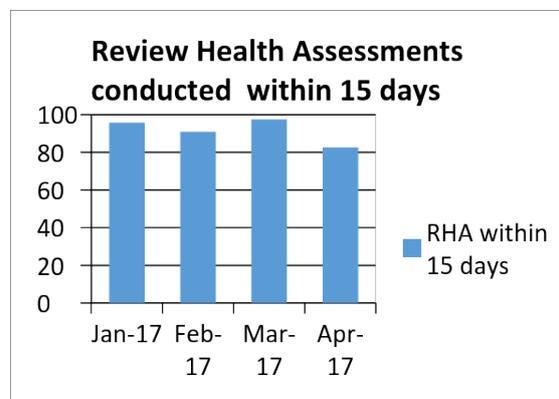
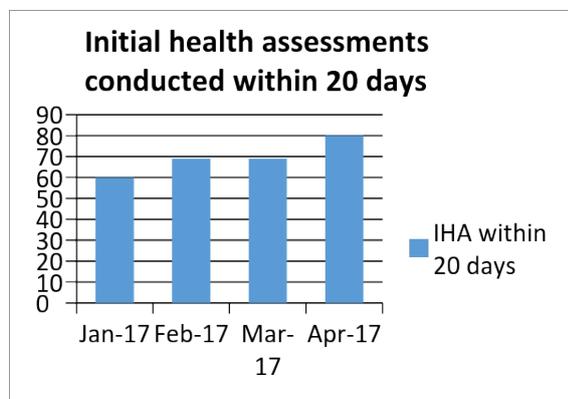
Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	
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4. BACKGROUND

4.1 Initial Health Assessments

The Peterborough Children in Care (CIC) Health Team continue to strive to meet the 20 day

statutory timescale for Initial Health Assessments. Compliance with the 20 day target continues to improve. The major challenge impacting on this target is children that are placed out of county. Where possible the health team invite the carer to bring the child back to Peterborough for a health assessment. This is not always possible due to distance and in this case the assessment timeframe relies on the ability of the health team where the child is placed to conduct a health assessment in a timely manner. There are occasions when young people do not attend their appointments. The health team are tenacious in following this up and providing a second date.



4.1.1 Initial Health Assessments (IHA)

The graph above shows a steady increase in the number of initial health assessments conducted within 20 days rising from 60% in January 2017 to 80% in April 2017. There are several reasons why IHAs were not completed within timescale. For March One child did not attend for an appointment, one was missing; one there were issues with consent and one placed out of area. For April 2017 one child was booked within 20 days but had not yet been seen and one child was placed out of area.

4.2 Review Health Assessments (RHA)

RHA for children in County remains consistently high in meeting the 15 day timescale. In March 2017, one child did not attend for an appointment and four children were placed out of county. Two of these children were brought back in to Peterborough for assessment as the other county refused to conduct the assessments. During April 2017, one child did not attend an appointment for the second time and three children were placed out of county. Challenges remain regarding those children who require a health assessment and are placed out of County as we are reliant on the capacity and timeframe of the other county. Following the development of a quality audit tool health assessments were audited for quality and content in Quarter 1 2016. An action plan has been developed by the health team to address areas where strengthening is required. The Designated Nurse plans to re-audit within the next 6 months.

4.3 Access to CAMH and psychological therapies

There have been concerns raised regarding the provision of services for emotional health and well-being for children in care and about access to CAMH services.

4.3.1 CAMH

A Standard Operating Procedure (SOP) has been agreed within Cambridgeshire and Peterborough Foundation Trust for looked after children being referred to CAMH. All referrals are accepted through the Single Point of Access (SPA) and children in care are prioritised as moderate risk due to their status as looked after. The SOP can be found at Appendix 1.

4.3.2

Psychological therapies for children placed out of county

There is a limited budget for providing therapies for children placed out of county and assurance is required about the suitability of proposed treatment for the child, qualifications and supervision of the practitioner and outcomes. Where possible the young person will be brought back into county for treatment if within 20 miles of the borders. A Standard Operating Procedure has been developed and all requests for funding will come via the Designated

Nurse. This will be ratified at an internal CCG meeting this week and then disseminated to partners.

4.3.3 **Provision of CAMH services for children placed out of county**

There has been variation in provision of CAMH services and cost for children placed out of area across the East of England. The East of England Clinical Network has developed a protocol which includes expected pathways and an East of England tariff. This protocol will be reviewed by the Quality, Operations and Performance group within the Clinical Commissioning Group before being implemented. The final protocol is Appendix 2.

4.3.4 **Provision of support for children with attachment and behavioural difficulties**

It has been acknowledged that there is a gap in provision for children with attachment or behavioural difficulties where the threshold for CAMH services is not met. A task and finish group has been initiated led by Kathryn Goose (Children and Maternity Project Manager CAPCCG) with support from the Joint Commissioning Unit (JCU). To ensure this is addressed a number of actions have been defined: A briefing paper has been sent to the June 2017 joint commissioning unit meeting to raise awareness of the issue and further actions. A task and finish group including the Clinical Commissioning Group, CPFT, Peterborough Social Care and Cambridgeshire Social Care will be convened. The aim of the group is to develop an options paper outlining a range of options as to how this gap can be addressed in a staged approach. These options will be presented to the JCU by September for them to consider and agree an approach.

4.4 **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 and has been implemented by the health team. The monitoring of SDQs and outcomes will be monitored via the Looked After Children Health Dashboard.

4.5 **Personal Health Summary / Care Leaver's passport**

The Personal Health Summary for Care Leavers and passport has been implemented since September 2016. The health summary and passport provides a health history and up-to-date information on both local and national support agencies. A specific template for System 1, which provides a complete health summary for the child from birth to current date, has been developed across Cambridgeshire and Peterborough by both health providers. This will be printed out and presented to the Young Person along with the Personal Health Summary Booklet at their last Health Assessment.

4.6 **Unaccompanied Asylum Seeking Children (UASC)**

Peterborough Local Authority is accommodating a number of UASC. Nationally there is a concern regarding blood borne virus screening for this group and the Designated Professionals have raised this with Public Health, NHS England and Joint Commissioners to propose establishing a Screening Pathway for UASC. Discussions have taken place between public health and sexual health commissioners and an agreement has been reached to provide this service by implementing a contract variation through I-Cash. Key partners are meeting next week to agree the process for implementing screening for new UASC and to organise retrospective screening for those already in care. Public Health have agreed to produce some leaflets, in a variety of languages most common for our UASC, to explain blood borne virus screening.

5. **CONSULTATION**

5.1 N/A

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 To improve the health and well-being for LAC 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

10. BACKGROUND DOCUMENTS

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

10.1 N/A

11. APPENDICES

11.1 Appendix 1 – CAMHS Standard Operating Procedure for Prioritisation of Children in Care
Appendix 2 - Meeting the mental health needs of looked after children and care leavers: a protocol for the East of England Clinical Network area