

CORPORATE PARENTING COMMITTEE	AGENDA ITEM No. 11
8 NOVEMBER 2017	PUBLIC REPORT

Report of:	Executive Director People and Communities Cambridgeshire and Peterborough Councils	
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 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 The purpose of this report is to provide an overview of the CCG's 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 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.

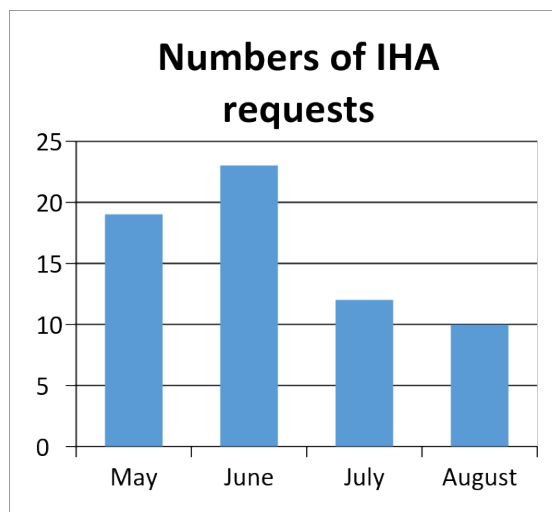
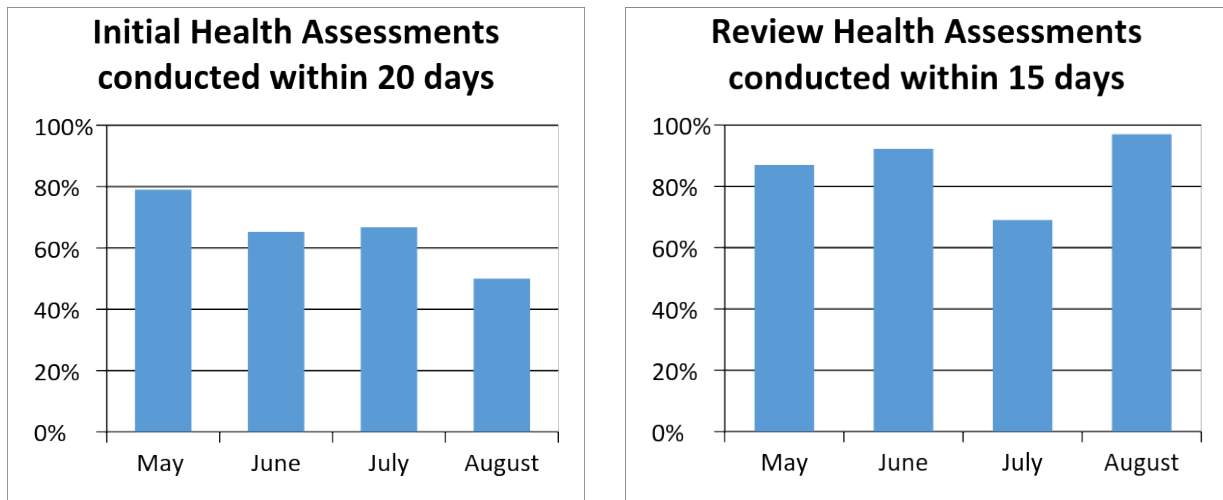
3. TIMESCALES

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

4.1 Initial Health Assessments

The Children in Care (CIC) health team continue to strive to meet the 20 day working target for initial health assessments. The major challenges in meeting this has been children placed out of county, where the team rely on another health team to conduct the assessment or they need to arrange to bring the child back to Peterborough, if feasible. During June 2017 there were issues with late referrals from Social Care which was quickly resolved between the Lead Nurse (CPFT) and Head of Service (Peterborough Social Care). The health team also had to put on extra clinic slots during May, June and July to manage capacity with up to an extra 10 clinic slots in June.



4.2 Initial Health Assessments (IHA)

The percentage compliance with the 20 day target has fallen over the last 4 months and for August was 50% (5 children were seen within 20 days). The detail is given below.

During **May** 2 carers could not attend an appointment given to them and 2 extra clinic slots were required, these could not be found within the 20 days.

During **June** as previously mentioned there were 8 late referrals from Social Care and 3 children placed out of county, An extra 10 clinic appointments were added.

During **July** all consents and referrals were received within 5 days. 2 children were placed out of county, 1 refused consent and 1 did not attend.

During **August** 2 children were placed out of county, there was 1 late referral, 1 with no referral and 1 waiting a Merton age assessment.

Review Health Assessments (RHA)

- 4.3 The compliance with the target for RHA for children in county remains consistently high. In May 2017, 1 child did not attend and 2 were out of county and were brought back for assessment.
- 4.4 During June 2017, 1 child did not attend and 1 moved placements whilst the appointment was being organised. During July 1 child did not attend and in August 1 assessment was late at the 3rd attempt.
- 4.5 The Designated professionals will be using the quality audit tool to audit a selection of health assessments for quality and content during quarter three (October 2017 – December 2017).

4.6 Closing the Gap – Children with behavioural and attachment difficulties

It has been acknowledged that there is a gap in provision for children / young people with behavioural and attachment difficulties where the threshold for CAMH is not met. A task and finish group including representation from Cambridgeshire and Peterborough Social Care, Clinicians, CPFT and the CCG, has been meeting led by Kathryn Goose (Children and Maternity Project Manager CPCCG). The group have written an options paper outlining a range of options to fill this gap with some initial costings. This was presented to the Joint Commissioning Unit (JCU) on the 6th September 2017. The paper was well received and the current situation acknowledged. The JCU have requested further actions from the task and finish group which included:

- To determine which contract specifications say LAC are a priority and the opportunity to be more specific about that element
- Map what do we commission for LAC
- Consider where we can provide training to upskill existing pertinent workforce (maybe consider the emotional health and well-being leads)
- Determine the residual gap

- 4.7 In addition they felt it would be helpful to have an idea of the potential available resources from CAMHS transformation and this will be investigated as part of the wider CAMHS budgeting in the next few weeks.
- 4.8 The Joint Commissioning Unit (JCU) have agreed to support the group with these further actions and a follow up report will go back to JCU in November when there will also be more clarity about CCG uplift funding and sufficiency analysis.

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 None

9. IMPLICATIONS

Financial Implications

9.1 None

Legal Implications

9.2 None

Equalities Implications

9.3 None

10. BACKGROUND DOCUMENTS

10.1 None

11. APPENDICES

11.1 None