

CORPORATE PARENTING COMMITTEE	AGENDA ITEM No. 9
18 JULY 2018	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

ANNUAL HEALTH REPORT

R E C O M M E N D A T I O N S	
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 A health report is submitted to each formal Corporate Parenting Committee; the annual report is presented each July.

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. 2.4.4.6 (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.
- 2.4 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 *[If this is not a Major Policy item, answer NO and delete the second line of boxes.]*

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	
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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 reasons for not reaching the target of 95% in some months are

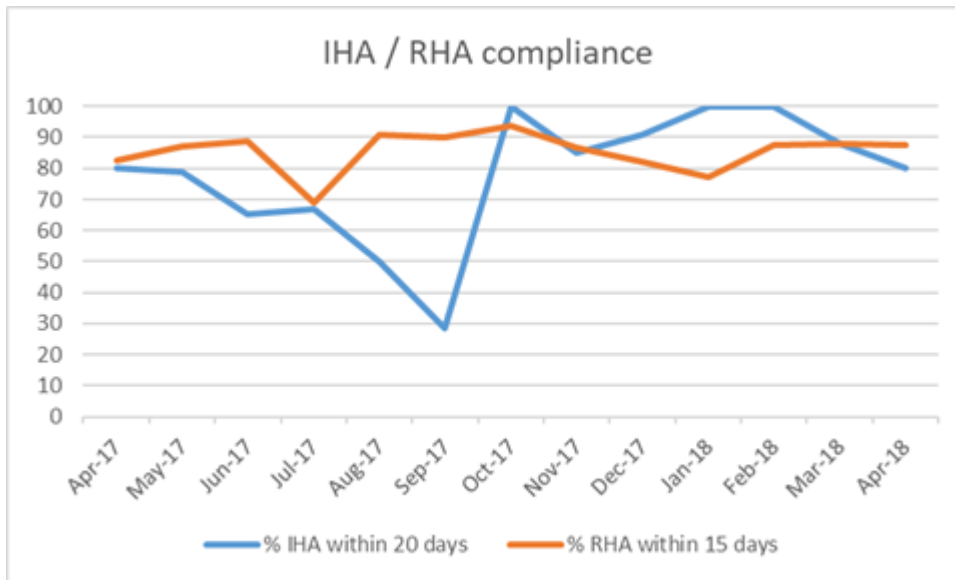
- 4.2 largely due to children placed out of county and children not attending the first appointment made for them. There are some occasions where a referral or accompanying consent between Social Care and the health team is delayed but there is excellent partnership working and escalation in place.

Review Health Assessments

- 4.3 The major challenges with review health assessments are children placed out of area and those who do not attend appointments. In January three children did not attend and three were requested from OOA. In February one child in area did not attend and one was placed out of county, in March two children did not attend and there was one late referral. One out of county was late. In April three young people were placed out of area. During this year the Designated Nurse has followed national guidance to stop the use of service level agreements for out of county assessments and replaced these with a generic letter. This has helped to speed up the process for out of county assessments although Peterborough are still reliant on other LAC health teams for the timeliness of assessments.

CAMBRIDGESHIRE & PETERBOROUGH FOUNDATION TRUST		April 2017	May 2017	June 2017	July 2017
No. Children Entered Care	No. Placed in area	9	19	20	8
	No. Placed out of area	1	0	3	4
IHA Completed with 20 days	No. In area completed within 20 days	8	15	15	6
	% in area completed within 20 days	89%	79%	75%	75%
	No. OOA completed within 20 days	0	N/A	0	2
	% OOA completed within 20 days	0%		0%	50%
% A II IHA completed in 20 days		80%	79%	65.20%	66.70%
Annual Health Review Assessments	No. In area Annual Review Assessments required	20	21	26	19
	No. OOA Annual Review Assessments required	1	2	1	7
	No. In area completed within 15 days	19	20	24	18
	% in area completed within 15 days	95%	95%	92%	95%
	No. OOA area completed within 15 days	0	0	0	0
	% OOA completed within 15 days	0%	0%	0%	0%
% A II AHR completed within 15 days		82.60%	87%	88.80%	69%

August 2017	September 2017	October 2017	November 2017	December 2017	January 2018	February 2018	March 2018	April 2018
8	5	6	13	11	17	5	15	18
2	2	0	0	1	0	0	2	2
5	1	6	11	10	17	5	15	16
62.50%	20%	100%	85%	91%	100%	100%	100%	89%
0	1	0	0	0	0	0	0	0
0%	50%			0%			0%	0%
50%	28.60%	100%	85%	91%	100%	100%	88%	80%
29	25	30	29	25	23	16	31	21
4	4	3	1	3	3	1	2	3
28	24	29	26	23	20	15	28	21
96.50%	96%	97%	90%	92%	87%	94%	90%	100%
2	2	2	0	0	0	0	1	0
50%	50%	67%	0%	0%	0%	0%	50%	0%
91%	90%	93.90%	86.70%	82.10%	77.00%	87.50%	88.00%	87.50%



4.3.1 **Health Assessment Quality Audit – CPFT November 2017**

This audit demonstrates that consistently high quality health assessments are being conducted by both Paediatricians and Nurses within Cambridgeshire and Peterborough Foundation Trust. There have been significant improvements since the previous audit in 2016 / 17 and the Designated Professionals would like to complement the CIC health team on addressing areas highlighted in the last audit.

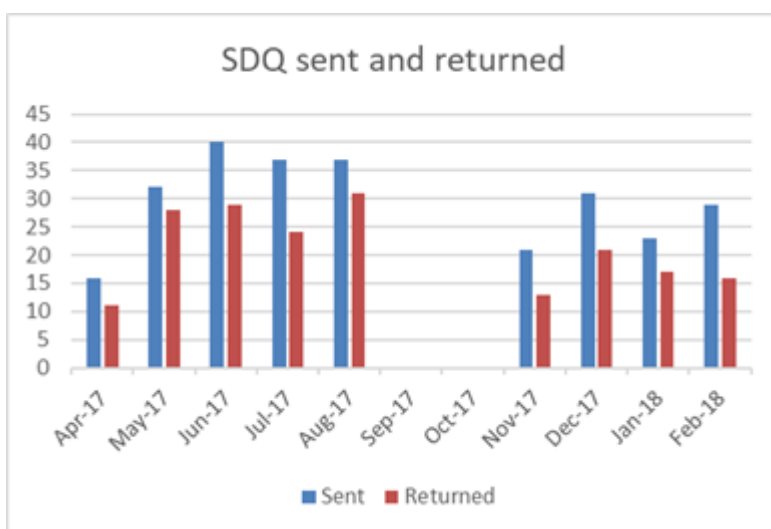
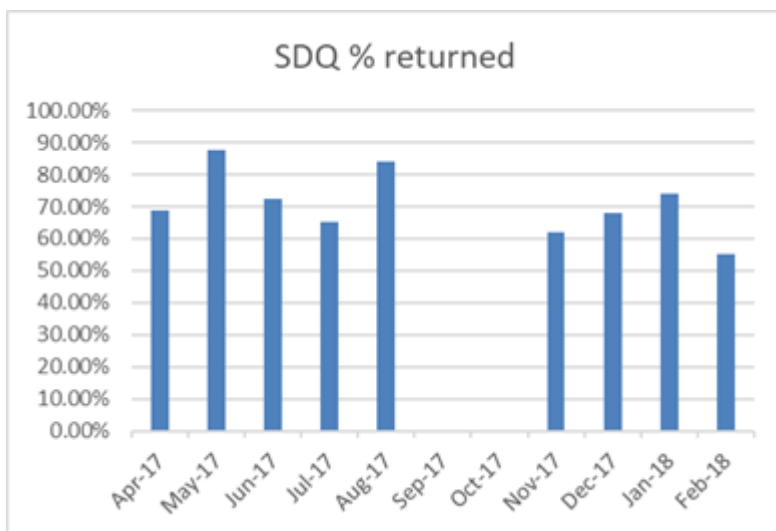
4.3.2 **Notable Improvements**

1. Assessments conducted by both the nurses and the doctors are now producing SMART action plans as they have a timeframe included. Percentage improvement from 37.5% to 100%
2. All assessments audited had a height, weight and BMI recorded. Percentage improvement from 0% to 100%
3. The question regarding lifestyle in those over 10 years old now encompasses specific questions regarding CSE
4. The recording of vision and hearing dates by the nurses has improved from 0% to 100%
5. Recording of neonatal blood spot testing, neonatal hearing and birth history has improved significantly.

4.3.3 **Areas where further development is required**

1. There is limited information at Initial Health Assessments regarding a child's most recent dental check and in very few cases was the dentist or dental practice documented. In some cases, there is limited birth and family history
2. Whilst the availability of an SDQ score at initial and review health assessments has improved there is the opportunity to improve this further. No timeline given where a further SDQ is sent
3. There is inconsistent use of the CRAFFT screening tool and alternatives at initial health assessment.
4. There is limited information regarding advice, support or leaflets given at the health assessment
5. No evidence that system 1 / paper records have been reviewed at health assessment

4.4 SDQ Data Apr 2017 – Feb 2018



4.4.1 SDQ Scoring

	Close to average	Slightly raised	High	Very high
Carer completed	0-13	14-16	17-19	20-40
Young person	0-14	15-17	18-19	20-40

The Designated Nurse and LAC Health team have been collecting and analysing the SDQ data for the last year. Social Care, Health and Education recently met to review the SDQ process and to promote closer working between health and education for Looked After Children. A further meeting will be organised to discuss the operational process. Where an SDQ is high it is proposed that a questionnaire is sent to the Child’s school. This is currently not part of the SDQ process in Peterborough. Results from the carer / young person / teacher can then be assessed together to give a holistic overview of the child’s emotional health and allow agencies to work together with a plan of care. SDQ’s are used alongside the health assessment and professionals’ judgement to holistically assess the child and young person. Where there are concerns further referrals will be made to LAC psychology or CAMH. The Designated Professionals aim to complete a snapshot audit of children / young people with a high SDQ score to review what onward referrals and treatment has occurred.

4.5 Psychological Therapies

4.5.1 The Standard Operating Procedure(SOP) for funding for CAMH and psychological therapies for

children placed out of county is now embedded into practice. The Designated Nurse is receiving requests for funding using the SOP. Individual case discussions have taken place to review therapies and placements with colleagues from Social Care.

4.5.2 Work is ongoing to address the gap in therapies for children placed within county with attachment / behavioural issues. This gap has been acknowledged by the Joint Commissioning Unit and the development of a Standard Operating Procedure similar to the out of county SOP is in development with a small budget now available for funding therapy which is currently not available within county. The Designated Nurse is working with Unit Clinicians (Cambridgeshire) and LAC Psychologist (Peterborough) to develop a bespoke service to deliver this therapy.

4.6 **Care Leaver Passport**

4.6.1 A health passport is a combination of a comprehensive health assessment the same as all health assessments but also incorporates known past health and family history where this information is available. This is given to the young person together with a booklet of signposting information.

4.6.2 The Health passport and personal health summary are discussed with the young person at their health appointment. The Social Worker is requested to provide the young person with a copy of their completed passport- if they do not wish to have a copy it is explained that their passport is on their computerised health records and on Children's Social Care records if they would like a copy in the future.

4.6.3 An audit of Care leaver's (17-18 year olds) views regarding the leaving care health passport was conducted by the LAC health team. The Audit included all young people of this age who were seen for their final health assessment during the period of October 2017-March 2018 inclusive. Questionnaires were given to Looked After Children following their assessment. 4 assessments were completed over the telephone.

22 questionnaires were prepared ready to give to a young person

12 were completed (2 by carer's of YP with a LD)

10 were not completed

4.6.4 **Reasons**

-Clinician forgot to give the questionnaire

-DNA

-Sent and not returned

-Not appropriate for young person with a Learning disability under a section 20 whose parents retain parental responsibility

4.6.5 Results

These can be found in Annex A and shows that the majority of young people who responded said the passport would be helpful to them, was comprehensive and was discussed with them by the Nurse at their health assessment.

4.7 **Dental Data**

4.7.1 This has been a long standing poor performing indicator. The development of a systemic approach to this from the whole service including 0-25 & TACT has moved this indicator from red to amber (May data). However, when the 903 to the DofE return was undertaken in early June, the return rate indicated 96% of Dental Checks having being recorded. This is an

improvement on May performance by 3.8%, moving this indicator into green. This indicates that the issue is not particularly related to teenagers refusing, but a practice issue of young people being encouraged to see the importance of this area of their health.

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 None

Legal Implications

9.2 No legal implications arise, as the report provides statistical information to be noted by the Committee.

Equalities Implications

9.3 N/A

Other Implications

9.4 This report provides clear information on health services provided to children in care and care leavers and ensures that Committee members are informed, but can also challenge where necessary.

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 Annex A - Health Passport Young People's response