

<b>CORPORATE PARENTING COMMITTEE</b>	AGENDA ITEM No. 11
<b>20 MARCH 2019</b>	<b>PUBLIC REPORT</b>

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	
<b>FROM: Assistant Director Children's Social Care</b>	<b>Deadline date: N/A</b>
<p>It is recommended that the Corporate Parenting Committee:</p> <ol style="list-style-type: none"> <li>1. Notes the content of the report; and</li> <li>2. Raise any queries with the Lead Officers.</li> </ol>	

### 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 Clinical Commissioning Group's (CCG) 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?	<b>NO</b>	If yes, date for Cabinet meeting	N/A
---	-----------	----------------------------------	-----

#### 4. BACKGROUND AND KEY ISSUES

##### 4.1

CAMBRIDGESHIRE & PETERBOROUGH FOUNDATION TRUST		October 2018	November 2018	December 2018	January 2019
No. Children Entered Care	No. Placed in area	10	5	13	26
	No. Placed out of area	0	2	2	1
IHA Completed with 20 days	No. In area completed within 20 days	10	5	11	15
	% in area completed within 20 days	100%	100%	85%	58%
	No. OOA completed within 20 days	0	0	0	0
	% OOA completed within 20 days	100%	0%	0%	0%
	% All IHA completed in 20 days	100%	71%	73%	56%
Annual Health Review Assessments	No. In area Annual Review Assessments required	35	26	21	26
	No. OOA Annual Review Assessments required	3	1	2	5
	No. In area completed within 15 days	29	26	21	26
	% in area completed within 15 days	83%	100%	100%	100%
	No. OOA area completed within 15 days	1	0	0	0
	% OOA completed within 15 days	33%	0%	0%	0%
	% All AHR completed within 15 days	79.00%	96.00%	91.00%	84.00%

October 2018

**Initial Assessments** – All assessments were carried out within 20 days

**Review Assessments** – 4 did not attend, 2 were late as carers cancelled and rearranged and 3 were placed out of area

November 2018

**Initial Assessments** – 2 children were placed out of area

**Review Assessments** – 1 child was placed out of area

December 2018

**Initial Assessments** – 1 late referral, 1 late due to Christmas period and 2 placed out of area

**Review Assessments** – 2 placed out of area

January 2019

**Initial Assessments** – Very high number of referrals including 7 sibling groups so lack of capacity in clinic meant late appointments, 2 late referrals, 1 respite, 1 DNA

**Review Assessments** – 5 placed out of area, 1 of which has moved frequently so no stable address

## 4.2 **Psychological Therapies**

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.

The in county Standard Operating Procedure (SOP) for the money assigned by the Joint Commissioning Unit (JCU) has been approved. This will be used to provide therapy for children with attachment / behavioural difficulties. Initially this will be targeted at younger children to improve stability of placements and prevent placement breakdowns. Psychology colleagues across Cambridgeshire and Peterborough are currently highlighting children who would benefit from therapy.

## 4.3 **Blood borne virus screening for new in care Unaccompanied Asylum Seeking Children (UASC)**

A task and finish group chaired by the Consultant in Public Health has met to secure agreement for longer term funding for blood borne virus screening. Young people will be referred for appropriate screening following the initial health assessment. Sexual health screening including hepatitis and HIV will be conducted by sexual health services, in addition they will conduct a full blood count for each individual. This will not only highlight any blood abnormalities such as anaemia but will indicate where a young person may have contracted a parasitic infection. Screening for Tuberculosis will be conducted by current TB services. Consent will be taken by the services and young people will be asked to return for a further appointment if results are positive.

The group recently met to formalise the operational pathway with all stakeholders including public health, social care, LAC health teams, sexual health services, TB services and commissioners. The pathway includes referral, translation, support for the young person to attend the appointments and reporting of results. The Designated Doctor will attend the next participation forum to talk to young UASC. It is anticipated that the pathway will come into effect from the 1<sup>st</sup> April 2019.

## 4.4 **Out of county health assessment audits**

An overview of these audits was included in the briefing note sent to members on the 18<sup>th</sup> January 2019

## 4.5 **Strength and Difficulties Questionnaires (SDQ)**

The latest figures and audit of raised SDQ was also included in the briefing note sent to members on the 18<sup>th</sup> January 2019

## 4.6 **Care Leaver Health Passport**

The health booklet is currently being updated by the Peterborough health team to simplify the signposting and ensure that links to services are up to date. The passport was discussed briefly at the informal Corporate parenting meeting in January and young people advised that they preferred for this passport to remain as a booklet that they would receive at their last health assessment or that could be sent to the GP for them to access at a later date. The young people advised that they did not think an app would be more useful as space on their phones is limited for further apps and they would not find this as useful. The Specialist Nurse (Care Leavers) will attend young people's groups to discuss further. This passport, once updated will be shared with the Cambridgeshire health team.

Work is ongoing to ensure social workers and personal advisors are aware of the health information given to care leavers and how young people can access this at a later date should they not want it at their last health assessment.

**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 N/A

**9. IMPLICATIONS**

**Financial Implications**

9.1 There are none.

**Legal Implications**

9.2 None, as the report contains factual information for noting by the Committee.

**Equalities Implications**

9.3 There are none.

**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**

10.1 None

**11. APPENDICES**

11.1 None