

CORPORATE PARENTING COMMITTEE (FORMAL)	AGENDA ITEM No. 13
19 JULY 2023	PUBLIC REPORT

Report of:		
Cabinet Member(s) responsible:		
Contact Officer(s):	Katie Liddle, Designated Nurse Children in Care	Email: katie.liddle@ nhs.net

HEALTH REPORT

RECOMMENDATIONS	
FROM: Katie Liddle, Designated Nurse Children in 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 a formal Corporate Parenting Committee as part of a scheduled work programme item.

2. PURPOSE AND REASON FOR REPORT

- 2.1 This report provides an update on health and dental services for children in care. The report provides an overview of the Integrated Care Board's (ICB) activities to ensure robust monitoring and quality assurance systems are in place to meet the health needs of Peterborough's Children in Care including those with a disability.

- 2.2 This report is for the Corporate Parenting panel to consider under its Terms of Reference No. 2.4.4.6

- 2.3 *How does this report link to the Children in care Promise?*

We will support you maintain a healthy lifestyle and help look after your physical and mental health.

3. TIMESCALES

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 **Mental Health update – Cambridgeshire and Peterborough Foundation Trust (CPFT)**

At both Initial Health Assessments (IHAs) and Review Health Assessments (RHAs) a variety of methods are used by the health professional to assess a young person's emotional and mental

health. Prior to an RHA, the social worker will send a referral to the CPFT Children in Care (CiC) Health team. This updates the health professional of any concerns Social Care colleagues have regarding physical and mental health. There is regular communication between the CiC Health team and the child/young person's Social Worker in between Health Assessments and opportunity for the Social Worker to raise any concerns which may need attention/support prior to the statutory Health Assessment.

During IHAs and RHAs health professionals use questions, observe body language and interactions to assess the wellbeing of a child/young person. There are a variety of tools that can be used depending on the age and development of the child/young person.

The CiC Health team send Strengths and Difficulties Questionnaires (SDQs) out to carers' and young people aged between 11-17 years prior to the RHA appointment, requesting they are returned before the scheduled Health Assessment. If these are received back prior to the RHA appointment, the answers and overall score are used to inform the Health Assessment and identify difficulties in specific areas which can be explored further by the Health Professional through conversation with the child or young person during the RHA.

There is always time focused on emotional wellbeing and mental health during all Health Assessments (RHAs and IHAs) including how it may be impacting upon the child/young person's day to day functioning, for example: sleep, appetite, general mood and level of enjoyment. There is discussion around the child/young person's mood, thoughts, triggers, thoughts of self harm/suicidal ideation and exploration of what coping strategies they utilise and who they feel comfortable to talk to. The Health Professional will involve the carer in discussions (as appropriate) and how the child/young person can be supported at home and decide what support services may be required.

The CiC Health Team make appropriate referrals to Mental Health and counselling services as required and discuss with the social worker regarding referral pathways (YOUited, Centre 33, Yaxley Young People's Counselling Service (YPCS), Refugee Council (for Unaccompanied Asylum Seeking Children (UASCs)). Some schools have counselling services which can also be referred into. The Local Authority have access to a clinical team who can support children/young people and their carers. The CiC health team liaise directly with Core/Neuro Child and Adolescent Mental Health Services (CAMHS) if advice regarding a referral is required or if it is necessary to expedite an assessment. The Health Professional completing the Health Assessment provides clear actions on the Health Action Plan (HAP) about what the next steps are and provides useful and trusted websites which young people and their carers can access, for example Kooth, YoungMinds.

4.2 **Partnership Meetings – broadening attendance**

The Designated Nurse for Children in Care has worked in collaboration with The Head of Corporate Parenting to extend the invitation to the Health of Children in Care Partnership Meeting. Future meetings will include representation from the Safeguarding and Assessment teams in the Local Authority as well as the Children in Care teams. It was recognised that by the time a child was allocated a Children in Care Social Worker, the 20 working days may have passed. This should hopefully improve communication and referral times and build relationships between agencies.

4.3 **Strengths and Difficulties Questionnaire (SDQs)**

Very few SDQs are returned prior to the RHA appointment taking place to inform the assessment as it is intended. As a result, the Health Professional uses valuable time during the appointment asking the carer and, if required, the young person, to complete the questionnaire. Following discussion at the Health of CiC Partnership meeting, the Designated Nurse has set up a working group to look at the SDQ pathway and work with the Head of Corporate Parenting to establish a revised pathway. RHAs are annual appointments, face to face with a health professional. It is important this time is spent in the most useful and holistic way that meets the needs of the child/young person.

SDQs are a Local Authority function, which has been delegated to health. The CiC Health Teams do not have the resource to facilitate this on behalf of the Local Authority. Social workers have contact with Children/young people in care every six weeks and would perhaps be better placed to support carers and young people with completion of the SDQ prior to the RHA. This will be explored within the working group which is made up of Health and Social Care colleagues and will support working in collaboration.

4.4 **Parental Proxy access to Primary Care records**

CPFT record all Peterborough CiC addresses on SystemOne as c/o Sand Martin House (Local Authority building), even those placed out of area. As a result health appointments were being sent to Sand Martin House and appointments were being missed. CPFT are reluctant to change to placement address due to parental proxy access to primary care records and the possibility the location of foster carer's address being shared inappropriately.

The Designated Nurse has explored this further (locally and nationally) and there does appear to be a lack of national guidance around this. The Designated Nurse is currently working with the Primary Care Team to give assurance that when a child becomes looked after or re-registers with a new practice parental proxy access is revoked. No other areas appear to use a 'care of' address. CPFT CiC Health Team are working on a Standard Operating Procedure (SOP) to mitigate the risk and seek assurance from primary care colleagues. The Designated Nurse has raised this in an East of England Designate forum, and it is currently being explored nationally on NHS Futures as a result of this being raised by the Designated Nurse for Cambridgeshire and Peterborough.

5. **CONSULTATION**

5.1 N/A

6. **ANTICIPATED OUTCOMES OR IMPACT**

6.1 To improve health and well-being, and health outcomes for children in care by ensuring adequate assessment of health and suitable health provision; addressing areas where there may be a lack of provision or improvements required.

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

9.4 **Other Implications**

This report supports the health needs of Children in Care and Care Leavers with the service supporting them to live a healthy lifestyle and ensure they are offered regular health checks and support to attend these.

10. **BACKGROUND DOCUMENTS**

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

10.1 None

11. **APPENDICES**

11.1 None