1 November 2012	ITEM 5
Corporate Parenting Committee	
Health of Looked After Children	
Report of: Roland Minto – Service Manager, Placements and Support	
Wards and communities affected: All	**Key Decision:** Non-key
Accountable Head of Service: Barbara Foster Head of Service, Care and Targeted Outcomes	
Accountable Director: Jo Olsson Director Peoples Services	
This report is public	
If the report, or a part of this, has been classified as being either confidential or exempt by reference to the descriptions in Schedule 12A of the Local Government Act 1972, it is hereby marked as being not for publication. The press and public are likely to be excluded from the meeting during consideration of any confidential or exempt items of business to which the report relates.	
Date of notice given of exempt or confidential report:	
Purpose of Report: to provide a report to Corporate Parenting Committee on the provision of appropriate Health Care to Looked After Children	

1. RECOMMENDATIONS:

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1.1 The members of the Corporate Parenting Committee are asked to note contents

2. INTRODUCTION AND BACKGROUND:

2.1 Research into the health of Looked After Children has identified that they experience significantly more health related issues than their peers in the wider community. An Office for National Statistics survey found that two thirds of all looked after children had at least one physical health complaint. Looked After Children are more likely than their peers to experience problems including speech and language problems, bedwetting, coordination difficulties and eye or sight problems. Whilst many of these issues can be satisfactorily resolved through a good experience

in care, there remains a very strong responsibility on the local authority to proactively identify problems and address them at an early stage.

2.2 The key framework which informs our work in this area is the Statutory Guidance on Promoting the Health and Well-being of Looked After Children, issued jointly by the former DCSF and DoH in 2009. Further Guidance "Promoting the quality of life of looked-after children and young people" was published by the National Institute for Health and Clinical Excellence (NICE) In October 2010. In addition the Institute has just completed a consultation exercise on developing quality standards for the health and well-being of looked after children, which it is anticipated will be issued in 2013; all those involved with looked after children will be expected to work towards meeting these.

2.3 Looked After Children clearly have an absolute right to access the same universal healthcare provision as other children. However given the specific histories with which they enter the system, all new entrants to care should have an Initial Health Assessment (IHA) within 28 days, conducted by a Registered Medical Practitioner. A Review Health Assessment (RHA) should then be conducted at six monthly intervals for those under 5, and on an annual basis for those over 5. Review Assessments may be conducted by a Health Visitor, School Nurse or Named Nurse for Looked After Children.

2.4 Arrangements are in place with the PCT to ensure IHAs and RHAs occur within the appropriate timescales, although difficulties can occur if young people change placements early on in their care episodes, particularly if this involves placement beyond the boundaries of the local PCT. It is the role of the Designated Nurse for Looked After Children (Commissioning) to pursue relevant action where necessary.

3. LOCAL STRUCTURES:

3.1 Thurrock has a well-established Looked After Children Health Steering Group chaired by the Service Manager for Placements and Support Services, who has the lead responsibility on health matters. The Steering Group meets on a bi-monthly basis, and has a multi-agency representation, bringing together a number of key individuals involved in health care provision. The Terms of Reference of the Group are attached as Appendix 1. The Group has its own work plan, refreshed on a regular basis, to identity specific issues to be addressed to promote the health and well-being of looked after children.

3.2 To supplement the work of the wider forum a Core Group, consisting of the Chair, a Social Work Team Manager, and representatives of the Looked After Nursing service, as well as other co-opted members as appropriate, meet in between the Steering Group Meetings to progress specific issues, and to monitor adherence to the requirements on providing health assessments.

3.3 At a local level working relationships between Social Care staff and NHS staff, particularly the Designated Nurse for LAC (Commissioning) and the Named Nurse for LAC (Provider), are sound and cooperative. This is a considerable

achievement given the changing landscape of NHS structures over the last couple of years.

4. RECENT INSPECTION:

4.1 Health provision for looked after children came under close scrutiny during the recent Ofsted/CQC Inspection, with an overall judgement of Adequate. There were some significant positives highlighted, such *as "The quality of IHAs and RHAs is good with a consistent approach and the personality and voice of the child is evident"* and *"Young people have access to good sexual health advice and support through a specialist advisor and are able to access a specialist local authority funded CAMHS which provides support to young people and foster carers, helping to sustain a number of fragile placements."*

4.2 However the report also identified a number of *"key areas for development",* leading to a number of required actions. These were documented by the Head of Service in the report presented to Cabinet in September, and were addressed in outline in the Action Plan attached to that report. Overwhelmingly the areas for development relate to improving the interface between officers within the local authority and professional colleagues within the National Health Service, and ensuring that appropriate mechanisms are in place for the effective sharing of information and the use of this to compile meaningful healthcare plans for individual children.

4.3 For the information of members of the Corporate Parenting Committee the relevant health-related actions were as follows:

15. NHS South Essex and North East London NHS Foundation Trust should ensure that health plans for looked after children are set out clear overall health and well-being objectives, timescales and accountabilities for delivery

16. NHS South Essex, the Council and North East London NHS Foundation Trust should ensure that looked after children's health records contain comprehensive social care, health and well-being information

17. NHS South Essex, the Council and North East London NHS Foundation Trust should ensure that the health and well-being of all looked after children are subject to an effective quality assurance and performance management system resulting in improved universal health outcomes

18. NHS South Essex, the Council and North East London NHS Foundation Trust should ensure that there is effective communication and service cohesion between the looked after children health team and specialist child and adolescent mental health and substance misuse services facilitating the delivery of good outcomes for individual children

19. NHS South Essex, the Council and North East London NHS Foundation Trust should ensure that the CICC is fully engaged in developing effective health promotion and support to care leavers and is facilitated to hold health and social care to account for undertakings set out within the Pledge.

4.4 The proposed response to these required actions were outlined in the Action Plan described above. However as can be seen, a number of these issues required more detailed analysis between the different parties named. A meeting was held in late September to bring representatives of the different agencies together to flesh out the detail of the plan, and at the time of writing this is being consolidated into a final version prior to distribution. Progress towards a number of specific actions has been achieved, although delays in the appointment of a permanent Designated Doctor for Looked After Children (as highlighted by the Inspectors) means one of the key roles in driving forward progress has been absent.

4.5 Nevertheless some activities can be undertaken directly by Social Care staff, which are consistent with the Osted/CQC actions, for example in more proactive pursuit of information regarding children's previous immunisation history, which preparation for the Ofsted inspection revealed had been inconsistently recorded on Social Care files.

4.6 Similarly more focus will be given to ensuring young people leaving care are adequately prepared for managing their own healthcare as they move towards independence, and whilst certain actions fall predominantly to Health Care professionals, much of the preparatory work needs to be done by Social Work teams, Foster Carers and the Aftercare Team.

4.7 At this stage many of the actions that fall out of the higher level Inspection Action Plan are necessarily works in progress. The higher level plan will of course be monitored via Overview and Scrutiny. It is therefore suggested that an update report on progress regarding the specific health issues arising from the Inspection Report is presented to a meeting of the Corporate Parenting Committee in the New Year.

6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

6.1 Work to improve the health of looked after children and young people is consistent with Corporate Priority 4:

4. Improve health and well-being

- Ensure people stay healthy longer, adding years to life and life to years
- Reduce inequalities in health and well-being
- Empower communities to take responsibility for their own health and well-being

7. IMPLICATIONS

7.1 **Financial**

Implications verified by: **Michael Jones**
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There are no immediate financial implications arising from this report.

7.2 **Legal**

Implications verified by: **Lindsey Marks**
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There are no immediate legal implications arising from this report.

7.3 **Diversity and Equality**

Implications verified by: **Samson DeAlyn**
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The significant Equality and Diversity implications arising from this report stem from the need for carers to have awareness of medical conditions which disproportionately affect different sectors of the community, such as Sickle Cell Trait, as well as professionals generally recognising both the physical and emotional needs of Unaccompanied Asylum Seeking young people.

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