

7 March 2013		ITEM: 9
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		
Purpose of Report: to provide an update report, further to the report dated November 1 st 2012, to Corporate Parenting Committee on the provision of appropriate Health Care to Looked After Children		

EXECUTIVE SUMMARY

Significant work has been undertaken to address the Recommendations relating to the Health of Looked After Children which arose from the 2012 Ofsted/CQC Inspection. However work to ensure continuous improvement needs to remain high on the agenda of all agencies involved.

1. RECOMMENDATIONS:

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

2. INTRODUCTION AND BACKGROUND:

- 2.1** A previous report was presented to the Corporate Parenting Committee in November 2012, which described the local structures for overseeing and promoting appropriate healthcare for Looked After Children in Thurrock. It also detailed the relevant recommendations from the joint Ofsted/CQC Inspection from early summer 2012. However at the time of the last report work was still being undertaken to address these; it was therefore proposed that an update would be provided to the Committee in March, outlining progress made to date.

3. PROGRESS ON ADDRESSING INSPECTION RECOMMENDATIONS:

3.1 Underlying a number of the recommendations was an emphasis on better integration and communication between the different partner agencies involved with promoting the health and well-being of looked after children. As outlined in the previous report forums were already in existence to facilitate good working relationships at a local level. However it is accepted that the Inspection highlighted important areas, particularly at a systems level, in which cooperation could be improved. As a consequence the emphasis on joint working and good communication has been heightened, and progress towards addressing the Inspection recommendations is regularly reviewed and monitored at a variety of levels.

3.2 Progress on the relevant health-related actions is 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

The health care plans for looked after children have been reviewed by health partners to ensure that objectives are SMART (that is Specific, Measurable, Attainable, Relevant and Timely), and have a named individual responsible for ensuring that these actions are completed within timescales. As previously the format is based on that devised by the British Association for Adoption and Fostering. Relevant staff within health have received training on the use of these, and the effectiveness and consistency of their use will be monitored on a regular basis. This health plans will be shared with Social Care staff, to ensure that any issues identified for young people are fed appropriately into their Care Plans, and monitored through the Statutory Review process.

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

To ensure improved compatibility and consistency of records across the organisations all information received from Social Care is now scanned into the relevant records held by health. Completion of this within an identified time frame will be audited.

Some work is still needed at the Social Care end on ensuring that historic records are updated, particularly regarding immunisations.

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

Significant work has been undertaken to review the quality of Initial and Review Health Assessments locally, completion of which is the subject of Key Performance Indicators within Health.

Training is being planned for Community Paediatricians locally to improve the quality of Initial Health Assessments, and training has already been delivered to “0-19 Staff” to improve the quality of Review Assessments.

Specific attention is now to be given to the quality of assessments completed on children placed beyond the boundaries of our local Health Providers.

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

Work is ongoing to further develop the working relationships between these partner organisations. For example there is now consistent attendance by the Specialist Nurse for Looked After Children at the Multi Agency Looked After Children Group which considers the therapeutic needs of a range of children. Work has also been undertaken to improve dialogue between TYPDAS (Thurrock Young People Drug and Alcohol Service) and the Specialist Nurse Service.

Consistent representation of the local Child and Adolescent Mental Health Service (CAMHS) has been agreed for the Looked After Children Health Steering Group, and also at the Children’s Physical, Emotional Health and Well Being Group, although some work remains to consolidate links with the CAMHS Multi Disciplinary Team.

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.

The Specialist Nurse for Looked After Children has attended a meeting of the Children In Care Council, to explore ways to ensure young peoples’ views are adequately sought and heard, and that this becomes a cornerstone of our future development. A further visit is planned to ensure this issue is kept “live”.

Work is being undertaken to develop a “Health Passport”, which is intended to be an effective tool to ensure that young people leaving care, especially those moving into independence have both accurate information about their own past health care and needs, and effective information about how to access relevant services in the future.

4. FUTURE CHALLENGES:

- 4.1 One of the key challenges facing all local authorities in the period ahead will be the full implementation of Health and Well-Being Boards, established under the Health and Social Care Act 2012. The Board will be responsible locally “as a forum where key leaders from the health and care system work together

to improve the health and wellbeing of their local population and reduce health inequalities.” (DoH website.)

4.2 The Board will have full strategic responsibility to oversee Health and Well-Being for all sections of the community. The initial local priorities have been identified as:

- improve the quality of health care and social care;
- strengthen the mental health and emotional well-being of people in Thurrock;
- improve our response to frail elderly people and people with dementia; and
- improve the physical health and well-being of people in Thurrock (smoking and obesity).

4.3 The successful pursuit of these priorities will pay enormous dividends for all, but will inevitably need to reconcile the competing demands of many different interests. Whilst Looked After Children constitute a comparatively small group of individuals locally, previous national research has indicated that health outcomes for these children have not been good. A critical challenge therefore will be to ensure that in Thurrock their specific needs are not marginalised and receive attention and resources appropriate to their specific needs.

4.4 Although the Looked After Children Health Steering Group has functioned well to bring together key partners to identify issues that need to be addressed, to date there has not been significant emphasis on the relationship of this group to the Children’s Physical Emotional Health and Well Being Group, and upwards to the Health and Well Being Board. It will therefore be essential in the months to come to strengthen and highlight this connection.

4.5 One further development that will need to be considered in the immediate future is a legislative change, namely that young people on remand are all to be given Looked After Child status, entitling them to the same health care provision (and placing the same obligations on local authorities, for example to undertake Initial Health Assessments) as other looked after children. Some of the practical implications of this in terms of service delivery still need to be resolved, and this should be addressed within the Steering Group Work Plan for 2013-14.

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

7.2 Legal

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There are no immediate financial implications

7.3 Diversity and Equality

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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.

There are also equality implications in the identified future inclusion of children on remand as Looked After Children.

As outlined the other key issue that has potential equality implications is the development of the Health and Well-being Board, and the need to ensure that the specific needs of Looked After Children do not become overlooked within the wider agenda of promoting the health of Thurrock residents.

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