

01 September 2020		ITEM: 10
Corporate Parenting Committee		
Looked After Children Health Report		
Wards and communities affected: All	Key Decision: Non Key	
Report of: Janet Simon, Strategic Lead, Children Looked After		
Accountable Assistant Director: Joe Tynan, Interim Assistant Director, Children's Services		
Accountable Director: Sheila Murphy, Corporate Director, Children's Services		
This report is public		

Executive Summary

The Health and Social Care Act 2012 places a legal duty on CCGs to work with local authorities to promote the integration of health and social care services. The Government's Mandate to NHS England includes an explicit expectation that the NHS, working together with schools and children's social services, will support and safeguard looked-after children (and other vulnerable groups) through a more joined-up approach to addressing their emotional, mental and physical health need.

<https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>

This report is to advise Members of the Committee on how this duty is being met

1. Recommendation(s)

1.1 That the Members of the Committee are informed about how the above duties are being met

2. Introduction and Background

2.1 Staff working with looked-after children who are delivering health services should make sure their systems and processes track and focus on meeting each child's physical, emotional and mental health needs without making them feel different. They should in particular: ensure looked-after children are able to access universal services as well as targeted and specialist services where necessary receive supervision, training, guidance and support.

The Local Authority and Health, through their Corporate Parenting responsibilities, have a duty to promote the welfare including the physical, emotional and mental health of Children who are Looked After, including those who are children placed in pre-adoptive placements.

3. Issues, Options and Analysis of Options

3.2 The Local Authority and Health, through their Corporate Parenting responsibilities, have a duty to promote the welfare including the physical, emotional and mental health of Children who are Looked After, including those who are children placed in pre-adoptive placements.

4. Reasons for Recommendation

4.1 To ensure Members of the Committee are aware of the Statutory Duty meet and promote the health needs of Children Looked After.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 Overview and Scrutiny and the Health and Well-being Board are aware of the issues in respect of the timeliness of the need to promote the health needs of Children Looked After.

6. Impact on corporate policies, priorities, performance and community impact

6.1 None

7. Financial Implications

7.1 Implications verified by: **Michelle Hall**
Management Accountant - Children's Services

There are no financial implications in this report.

7.2 Legal

Implications verified by: **Judith Knight**
Interim Deputy Head of Legal (Social Care and Education)

Under the Children Act 1989, CCGs and NHS England have a duty to comply with requests from a local authority to help them provide support and services to looked-after children.

The National Health Act 2006 (as amended) places a legal duty on CCGs to work with local authorities to promote the integration of health and social care services.

Both the CCG and NHS England must have regard the statutory guidance when exercising their functions and the Local Authority must comply with the guidance unless there are exceptional reasons to depart from it.

7.3 **Diversity and Equality**

Implications verified by: **Natalie Smith**
Strategic Lead: Community Development and Equalities

The increased risk of health inequality amongst LAC is set out on p3 of the report. Commissioning bodies hold a public duty in accordance with the Equality Act 2010 and related Codes of Practice and Anti-discriminatory policy to promote inclusion and diversity, and to consider areas of inequality and mitigate accordingly through delivery plans.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

- None

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None

9. **Appendices to the report**

- Appendix 1 – NSH Health Economy Report

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