

5 July 2016		ITEM: 8
Corporate Parenting Committee		
Health of Looked After Children		
Wards and communities affected: All	Key Decision:	
Report of: Patricia Perolls, Designated Nurse for Looked after Children		
Accountable Head of Service: Andrew Carter, Head of Care and Targeted Outcomes		
Accountable Director: Rory Patterson, Director of Children's Services		
This report is Public		

Executive Summary

The local health economy recognises that the health of looked after children is everyone's responsibility and is reliant on strong partnership working to achieve optimum health for every child and young person.

1. Recommendation(s)

- 1.1 The members of the Corporate Parenting Committee are asked to challenge this report, and drive improvements in health provision for looked after children.

2. Introduction and Background

- 2.1 This report provided by Designated Nurse for Looked after Children for Thurrock Clinical Commissioning Group (CCG) informs the Corporate Parenting Panel about the health of children and young people who meet the criteria as Looked after Children by Thurrock Council.
- 2.2 The report will update the corporate parenting Committee of the work undertaken to reduce health inequalities and improve the outcomes of Looked after Children, and it will update the committee on some of the challenges that the service has faced.
- 2.3 The reports will also update the committee on the progress made in relation to the timeliness of health assessments for Looked after Children.

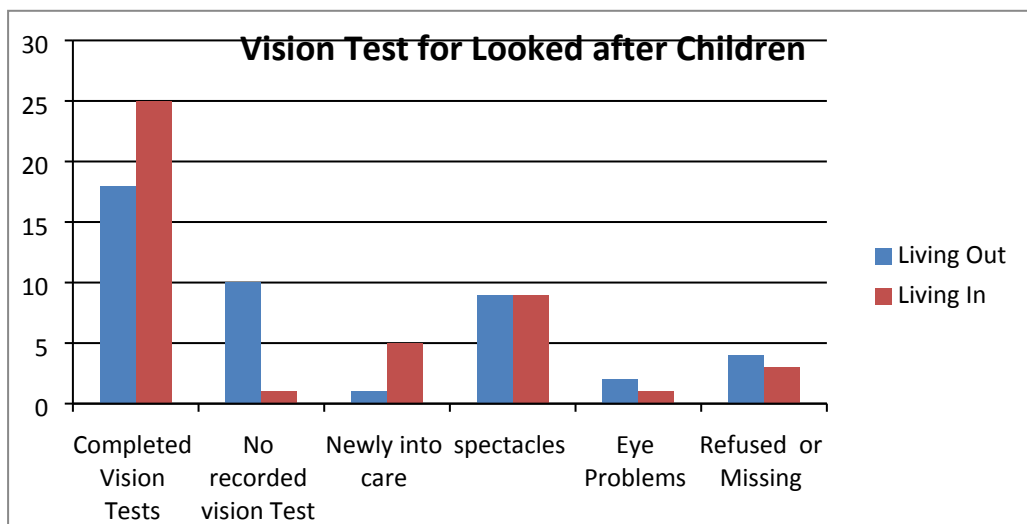
- 2.4 The report will consider whether Looked after Children, have access to universal health services that are appropriate and immediate to meet their needs, in particular those requiring medical treatment . CCG's and NHS England are also required to focus on ensuring that universal services as well as targeted and specialist services such as Child and Adolescent mental health services are available where necessary.
- 2.5 The report will inform the committee on the most recent data in relation to the health of Looked after Children including information regarding vision tests for looked after children as requested at the last meeting.

3. Issues Options and Analysis of Options

3.1 Vision Checks

3.1.1 At the last corporate parenting Committee a request was made for more information regarding vision tests for Thurrock Looked after Children. The Designated Nurse for Looked after Children reviewed the health records for 66 looked after Children (approximately 1/3rd of the Children in the care of Thurrock). The young people were selected in alphabetical order. 33 of the children were living within the area and 33 living out of Thurrock.

3.1.2 Findings are shown in table form below:



3.1.3 The information for all children was taken from local health records. Information for children placed out of area regarding vision checks is not always readily available to access. This does not mean that children have not had eye tests.

3.1.4 Information from the local authority was not included in this survey. It is very likely that the local authority have this information as recent data from them indicates that 90% of Looked after children on the government cohort for data collection have had a vision test.

3.1.5 Less than 1/3rd of Looked after Children in the sample wore glasses.

3.1.6 The eye problems that had been identified were receiving on-going treatment.

3.2 Care Quality Commission Recommendations for Looked after Children's Health Services.

3.2.1 Since the Care Quality Commission reviewed the health component of safeguarding and looked after children services in Thurrock in October 15 the Clinical Commissioning Group and its provider organisations have worked on the action plan produced.

3.2.2 Progress has been made in relation to the timeliness of initial health assessments although there is still some delay where children are placed out of the local authority and where it is not possible to bring them back to Thurrock for a health assessment. Progress has also been made in the timeliness of review health assessments which should be reflected in the next publication of Looked after Children data in December 16.

3.2.3 Dr Band, Designated Doctor for Looked after Children has met with the Thurrock GP's and Practice Nurses at a recent GP time to learn session. Dr Band spoke to the GP's in relation to the health needs of looked after children and in the coming year will also be delivering some training on the health needs of unaccompanied asylum seeking young people as recommended by Care Quality Commission.

3.2.4 The CQC action plan was last reviewed in April 2016 and provider organisations are progressing each of the recommendations.

3.3 Emotional Wellbeing and Mental Health Services(EWMHS)

3.3.1 As the new Emotional Wellbeing and Mental Health Service imbeds issues have been highlighted in relation to Looked after Children and the delays in the assessments and treatment. The children's commissioners across Greater Essex are aware of these difficulties and have regular meetings with the Provider. The Designated LAC Nurse also attends local meetings with the local authority and the Emotional Wellbeing and mental health service and issues for Looked after Children around EWMHS are escalated.

4. Reasons for Recommendation

4.1 To ensure members are adequately informed of the challenges and successes in delivering appropriate health care to looked after children.

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

None

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

6.1 The content of this report is compatible with Health and Well Being Strategy Priority 12: *Provide outstanding services for children in care and leaving care*

7. Implications

7.1 Financial

Implications verified by: Kay Goodacre
Consultant, Corporate Finance

There are no immediate Financial Implications arising from this report.

7.2 Legal

Implications verified by: **Lindsey Marks**
Principal Solicitor Children's Safeguarding

There are no immediate legal implications arising from this report.

7.3 Diversity and Equality

Implications verified by: **Natalie Warren**
**Community Development and Equalities
Manager**

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.

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**

None

Report Author:

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Thurrock CCG