

Central Bedfordshire Health and Wellbeing Board

Contains Confidential or Exempt Information No.

Title of Report Health of Looked After Children

Meeting Date: 7th November 2013

Responsible Officer(s) Edwina Grant

Presented by: Edwina Grant

Action Required:

1. Receive Updated report on work with Looked After Children and agree recommendations
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Executive Summary

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| 1. | The report gives up to date information regarding the health of Looked After Children and contains three recommendations to enhance the current system and future proof against increasing numbers and changed timescales. |
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Background

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| 2. | <p>During the joint inspection of safeguarding and Looked After Children services by Ofsted and the CQC in February 2012 the outcome was 'inadequate' for 'Being Healthy for Looked After Children'.</p> <p>A programme of remedial action was adopted in response including the commissioning of an enhanced health service. Throughout 2012/13 there was a focus on delivering both improved access and timeliness to health assessments, and progress has been made. (Further details are included in Appendix 1).</p> <p>The number of Looked After Children is rising.</p> <p>New timescales have been introduced to enable adoption to take place within a 26 week timescale which will place additional pressure on the timeliness of health assessments.</p> |
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Detailed Recommendations

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| 4. | <p>Recommendation 1:
Beds CCG ensure, if necessary by additional commissioning, that Children and Young People looked after out of area are able to access</p> |
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appropriate health reviews in a timely manner.

In the period since March 2013 considerable work has been undertaken by Social Care and health commissioning and provider colleagues to ensure an improvement in the numbers of Looked After Children receiving an annual health assessment every twelve months. At the end of the year 2012/13 this number was just 77.1%.

In order to improve this performance a new referral cycle for annual health assessments has been embedded leading to 88.7% of annual health assessments being completed in September 2013.

The improved referral procedures has identified two recurring issues:

- a) children who are placed out of the Central Bedfordshire area have an increased risk of not having a Health Assessment within timescale and
- b) a persistent number of young people who refuse repeatedly to have a Health Assessment.

Remedial actions have been put in place to address these including an escalation procedure to address the issues experienced by children who are placed out of CBC, This will also be addressed by CCG contracting arrangements. However it may result in additional commissioning requirements. Social workers and managers have an action plan to address the issue of young looked after people who refuse to undertake a health check. In addition the Looked After Young People's Nurse holds drop in sessions for Care Leavers and is also able to provide positive engagement with young people who are refusing health assessments.

Recommendation 2:

BCCG will monitor increasing demand as part of their commissioning responsibilities to ensure that resources are available for this aspect of LAC health.

The numbers of Looked After Children are increasing. In the period between September 2012 to September 2013, the number of LAC increased from 227 to 285 children, an increase of 25.6% from the time that the enhanced service began operating. On the current estimated trajectory of Looked After Children this could rise to 305 by March 2014, a potential increase of 34%, and to 349 by March 2015, an increase of 54% in required capacity since September 2012. This will inevitably require additional resources in order to meet the current indicator requirements. (100% of all LAC have an annual health assessment).

Recommendation 3:

The BCCG Commissioning Team and the Looked After Children Service review the appropriateness of levels of provision to support the new legal process timescales.

The pathway for Adoption Medicals is being reviewed in light of the Family

	<p>Justice Review and new legislation which came into effect on 2 September 2013. This sets a 26 week time limit on the entire court-related process in which adoption should be achieved. This time scale will have an impact on the permanency medicals which have to be achieved as part of this process. Partners from the BCCG and the Council's Looked After Service are keeping the permanency medical pathway under review to ensure that the appropriate schedule can be achieved. Amendments to provider contracts, or additional resources may need to be provided to ensure completion of medicals within the very challenging timescales.</p> <p>Further information on other aspects of the health provision for Looked After Children are in Appendix 1.</p>
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Issues	
Strategy Implications	
7.	Health and Wellbeing Strategy Cross Cutting Priority : Improved Outcomes for those who are vulnerable. Priority One: Improved Health of Looked After Children
8.	Children and Young Peoples Plan: Better Health Outcomes for Looked After Children JSNA: Looked After Children “ Partners should monitor and review arrangements and services against agreed targets” This includes Statutory Health Assessments.
Governance & Delivery	
9.	The Delivery of Health Services to Looked After Children is a BCCG responsibility.
Management Responsibility	
10.	The Director of Children's Services will be responsible in conjunction with the BCCG Chief Executive who Commissions the Health Services. The Head of Service for Looked After Children and the BCCG Safeguarding Nurse are the managers that are responsible for day to day delivery
Public Sector Equality Duty (PSED)	
11.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and

	sexual orientation.
	Are there any risks issues relating Public Sector Equality Duty Yes/No
	No

Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Numbers of LAC Children are increasing	High	Pressure on service to be able to fulfill timescales around health assessments	Monitoring contract Commission additional services.
LAC out of area potentially face additional delays in receiving health assessments	Medium	Failure to meet national performance indicator	Escalation procedure introduced Commissioned Services monitored closely Additional services may need to be commissioned out of area
Meeting challenging new timescales for Adoption	Medium	Reputational risk at court	Monitor the pathway Commission additional services to meet timeliness of medicals if required.

Source Documents	Location (including url where possible)

Appendix 1 attached

Appendix 1

Whilst Dental checks did show a better performance last year social workers in conjunction with foster carer/residential worker continue to ensure that all children and young people have an annual dental check, and this is also discussed at the annual health assessment.

Eye health is also discussed at the looked after health assessment and the social worker in conjunction with foster carer/ residential worker ensures that the children and young people have their eyes checked from the age of 3 to 18 years. If there are no problems then checks are usually every 2 years.

For the Sexual Health of Looked after Young people, information sharing and drop in sessions are available. The Looked After Young People's Nurse works with young people until they wish to access a service providing advice and guidance such as the Brooke Service. There is also a Task and Finish Group" which has been set up to look at the pathway for 12 years plus – this is overseen by Public Health.

Immunisations are discussed at each Health Assessment and any gaps identified. Where a child is new into care the LAC Health Team will try to get as much history as possible from GP, Health visitor or School Nurse. If there are gaps the carer/young person is asked to make an appointment with the practice nurse at their GP Practice to have relevant immunisation.

For asylum seeking young people the health professional undertaking the Health Assessment will refer them to their GP Practice to decide what action to take as required as no history of their immunisations is available.

For mental health the LAC CAMHS service, jointly commissioned by the two Councils (CBC and Bedford Borough Council), visits the Looked After Children, Leaving Care and Asylum service on a weekly basis for consultation meetings. This is usually following a referral by the Social worker, however referrals can be made by other professionals working with the child/young person.

A child/young person with an SDQ (Strengths and Difficulties Questionnaire) score above 13 will automatically be referred to the LAC CAMHS service and receive a targeted service from CAMH worker.

A working group is presently considering the SDQ Pathway – and this will be presented to the next LAC Health Group meeting in early November.

For Young People Leaving Care the Looked After Young People's Nurse sees the young people from age 16 years onwards so she can build a rapport with them, supporting their transition to becoming a Care Leaver and providing continuity.

A Leaving Care Pathway has been developed. It was reviewed at the last LAC Health Group meeting and some alterations were made.

Health histories are provided to a young person by the Looked After Young People's Nurse at their final Health Assessment (the final health assessment is in the young person's 17th year) or they are posted to any Young Person who declines their final Health Assessment. These are not presently provided to Young People who are placed out of CBC. Instead these young people currently receive a letter detailing the local drop in, Looked After Young People's Nurse (LAYPN) phone number and the LAC NHS email. The letter outlines that they can still access support and the LAYPN can help identify best agency/support available to that person in the area they are placed. Work is being undertaken to identify how it may be possible to extend the health histories to young people placed out of area.

The Health component of In House Foster Carer training is being reviewed to ensure the correct training is in place to enable a foster carer to meet the health needs of looked after children.

Presented by (type name)