

CORPORATE PARENTING BOARD

13th DECEMBER 2007

**CARE MATTERS & THE HEALTH OF
CHILDREN LOOKED AFTER**

**BRENDA THOMPSON - EXECUTIVE MEMBER FOR CHILDREN
FAMILIES & LEARNING**

**GILL ROLLINGS – EXECUTIVE DIRECTOR OF
CHILDREN, FAMILIES AND LEARNING**

PURPOSE OF THE REPORT

1. The purpose of this report is to provide a brief summary of the new document Care matters: Time for change (DfES, 2007) and its effects on the healthcare bodies and local authorities duties to Children Looked After (CLA). It also aims to provide an up date to the Members of the Corporate Parenting Board of the progress of Middlesbrough CLA with specific reference to the Government performance indicators linked to health.

BACKGROUND

2. The National Service Framework currently informs the actions of local authorities and health care bodies in addressing the health of children in care from the documents Children, Young People and Maternity Services (DOH, 2004) and Promoting Health of Looked After Children (DOH, 2002). The latest **CARE MATTERS: Time for Change** white paper, published in June 2007, sets out steps that government will take, with local delivery partners, to improve outcomes for children and young people in care.

3. At present the guidance, Promoting Health for Looked After Children, holds statutory status for local authorities but non-statutory for the NHS. In order to promote better joint working and to remove inconsistency in the application of this guidance, the government is:
 - Re-issuing this guidance in 2008 on a statutory footing for both local authorities and health care bodies.
 - Using the statutory guidance to strengthen protocols and agreements with the NHS bodies and update regulations as necessary
 - Addressing the need for co-ordination within healthcare bodies to meet the needs of children in care.
 - In doing so, the government will also update its content to set out expectations surrounding the health assessments of children in care and the subsequent health plan.
4. The white paper states that, although the Designated Doctor and Nurse roles set out in Promoting the Health of Looked After Children (DOH 2002) are seen as 'working well', they are not designed to improve co-ordination of health services for individual children and young people in care, or to progress actions against the child's health care plan. This normally falls to the social worker. The government is to explore how best to improve co-ordination, including the potential benefits of a named health professional for each child.
5. The document states that healthcare bodies and local authorities will need to ensure that they understand the health needs of children in care and use joint planning arrangements within children's trusts to address them.
6. Key to this process will be the Joint Strategic Needs Assessment (JSNA), which will be made statutory. The JSNA will be carried out by Councils and Primary Care Trusts (PCTs) and will strengthen their ability to identify the needs of vulnerable groups, including children in care and those at risk of being taken into care.
7. The white paper says that the JSNA will also provide a basis for the selection of targets within the 'Local Area Agreement' and underpin the delivery of improved commissioning for health and well being. This can only provide increasing benefits to the health of children looked after in Middlesbrough.

MIDDLESBROUGH CHILDREN'S LOOKED AFTER HEALTH OUTCOMES

8. In September 1999 the government established 11 objectives for children's social services in England. One of these is to '**ensure that children looked after gain the maximum life chances benefits from educational opportunities, health care and social care**'. In order to

collect the data needed to monitor progress towards the objectives, three new statistical returns were introduced. One of these (OC2) covers a range of outcome indicators for CLA in England. The coverage of the OC2 encompasses all children and young people in England who had been looked after continuously for at least twelve months on the 30th September of each year.

9. The OC2 health outcomes include;
 - Number of CLA having dental health checks
 - Number of CLA immunisations that are up to date
 - Number of CLA that have had an annual health assessmentAnd the latest addition to the OC2
 - Substance misuse screening
10. The outcome indicators for Middlesbrough CLA over the 12 month period ending 30th September 2006 provided the following statistics: -

The percentage of CLA having a dental health check in Middlesbrough was 92% in 2006. (National average in England 85.1%)

11. The majority of CLA are registered with a dentist, although there is a difficulty with a few children and young people, as in some cases they are placed in another local authority and moving addresses can cause difficulty in registering with a dentist or just finding treatment.
12. In Middlesbrough we have achieved in 2006 a 92% success rate in registering with a dentist compared with 88% in 2005. However, there is concern that it will become increasingly more difficult for children to become registered with a National Health Service dentist and that relying on the private sector is a more costly option.
13. The health assessment covers registration with a dentist and dental health education to enable identification of those children that require dental health intervention and whom is providing it.
14. In 2007 dental health education has been provided to foster carers and residential workers to ensure that they are delivering the appropriate dental health care to children and young people in their care.

The percentage of CLA immunisations being up to date in Middlesbrough 95% in 2006 (National average in England 79.5%)

15. In the previous two years the immunisation rate has remained between 95% and 96%. All health visitors/school nurses record immunisation status at each annual health assessment to identify any required up date of immunisations. The health assessments provide a consistent record of immunisation status which is then sent to the child's GP to ensure medical records, which are seen as central records for CLA, are up dated and maintained.

The percentage of CLA having annual health assessments in Middlesbrough 92% in 2006. (National average in England 84.0%)

16. This indicator is the average of two indicators that are calculated separately. Those indicators relate to dental health checks and annual health assessments. A combined average of 92% compares favourably with Middlesbrough's performance in 2005. In that year, this indicator was based on a combined average of 3 health indicators: dental health checks (88%), immunisations (96%) and annual health assessments (71%), which contributed to an overall average of 79.4% compared to the national average of 81.3 % in 2005 (Source: National Statistics, Department for Children, Schools and Families).
17. The health assessment covers all aspects of general health including growth and development, physical health, risk taking behaviours, mental health and well being, and appropriate health education according to age as recommended by the government's document Promoting Health of Looked After Children (DOH 2002).
18. PSHE, which is taught in schools, is reinforced by the school nurses when performing the annual health assessment, allowing the identification of sexual health needs and provision of health education on a one to one basis. This might include, providing C card, Chlamydia screening, advice on contraception, pregnancy, parenting, relationships, puberty and personal hygiene.
19. Other areas covered by the annual health assessment include drug misuse screening to children aged 8 years and over. Joint training was organised and delivered to school nurses and social workers by Eclipse (Tier 2) in 2006.

TRAINING TO DATE

20. Yearly training is provided in partnership with all agencies involved with CLA, and in 2007 the delivery of training was as follows:
 - All health visitors and school nurses were invited to awareness and up date sessions in 2006. This has been followed up with a questionnaire and evaluation in 2007. Future training will be provided in late 2007 and early 2008 to all staff addressing the areas identified in the results from the questionnaire and in the document Care Matters: Time for Change to continue improving the quality of the assessments performed and in the time scale required.

- Residential care workers, social workers and foster carers have been offered and received training entitled 'Parenting a Child in Public Care' held in June 2007. This included the effects of being looked after on the health of CLA and the health assessment process.
- In partnership with, and funded by, Family Services, a Healthy Living Event was successfully delivered to foster/residential carers, Sure Start staff, social, voluntary and health workers at Middlesbrough Teaching and Learning Centre which involved fifteen agencies delivering health advice and workshops. Evaluation from this event was extremely positive.

REVIEW OF HEALTH ASSESSMENTS

21. To encourage further uptake of the health assessments especially by the older child in care, a consultation was performed in April 2007 with a group of looked after young people. This has led to:
 - A questionnaire to be delivered to CLA/Young People via the health visitor, school nurse and health co-ordinator designed by the Audit Officer, Middlesbrough Primary Care Trust, commencing December, 2007 to review how appropriate the health assessment process is for CLA and how to improve it.
 - The health assessment documentation is at present under review and leaflets have been up dated with support from the Marketing Manager, Middlesbrough Primary Care Trust.

PRIORITIES

22. Areas of priority have been identified, some of which are locally determined and some of which are affecting the service nationally. Key areas include the following.
23. Concerns raised nationally regarding the slow pace of the delivery of health information from one area to another, when a child moves between local authorities. This can cause delays in 'out of area' annual health assessments being performed between health trusts.
24. Registering with a dentist continues to become more and more difficult to manage especially if the child moves out of the area, and a robust system needs to be developed to ensure that CLA receive parity of services in dental care.
25. Poor uptake of referrals identified by drug misuse services (this is a nation-wide concern that has been identified and is to be addressed by

the production of further guidance and standards - Government Conference, Peterborough 2007). The new local authority service provider 'Platform' is now involved and a new screening tool developed, which is to be piloted in the near future.

SUMMARY

26. In the last three years the service has developed the health assessment process, health assessment documentation, training and networking to raise awareness among all multi agency staff involved in the health of Children Looked After, in accordance with the Government Promoting the Health of Children Looked After (DOH,2002) agenda.
27. The service provided to CLA will now focus not only upon the ongoing review of the delivery process and documentation, in consultation with children looked after and young people, but also as identified by the recent document Care Matters: Time for Change, upon the co-ordination of health care. The emphasis will not only be upon the minority group of children looked after as a whole, but will also take full responsibility of co ordination of health care for the individual child in care.
28. The Joint Area Review (JAR) in March 2008 will identify benefits brought, alongside obstacles met, by the service and will focus upon the need to maintain a consistently improving delivery of service to children and young people in care.

FINANCIAL, LEGAL AND WARD IMPLICATIONS

29. There are no specific financial or legal implications arising from this report and the report will be of interest to all members.

RECOMMENDATIONS

30. The Corporate Parenting Board are asked to advise the Executive to note the information and work undertaken to promote the health of Looked After Children in Middlesbrough.

REASONS

31. The council is responsible for ensuring that the best possible health outcomes are achieved in relation to the health and well being of our children looked after.

BACKGROUND PAPERS

The following background papers were used in the preparation of this report:

Promoting the Health of Children Looked After (DOH, 2002)
Care Matters: Time for change (DfES, June 2007)

Authors: Christine Nugent, Health Co-ordinator for Looked After Children

Tel: 01642 354118,

Address: 3 Park Road North, Middlesbrough TS1 3EL

&

Jane Wilson Team Manager Fostering

Tel: 01642 201960

Address: Middlesbrough Teaching & Learning Centre, Cargo Fleet Lane,
Middlesbrough TS3 8PB

Website: <http://www.middlesbrough.gov.uk>