

CORPORATE PARENTING BOARD

A meeting of the Corporate Parenting Board was held on 21 December 2011.

PRESENT: Councillor Carr (Chair), Councillors Budd, Brunton, Harvey, G Purvis, P Purvis, J Sharrocks and J A Walker.

OFFICERS: S Harker, I Parker, N Pocklington and J Wilson.

****ALSO IN ATTENDANCE:** Dr Phyu, Designated Doctor, South Tees Hospitals NHS.
Chris Nugent, Designated Nurse, South Tees Hospitals NHS.
Chris McEwan, Assistant Director, Middlesbrough Locality,
South Tees Hospitals NHS.

****AN APOLOGY FOR ABSENCE** was submitted on behalf of Councillor Dryden.

****DECLARATIONS OF INTEREST**

No Declarations of Interest were made at this point of the meeting.

**** MINUTES**

The minutes of the meeting of the Corporate Parenting Board held on 10 November 2011 were taken as read and approved as a correct record.

THE HEALTH OF LOOKED AFTER CHILDREN AND YOUNG PEOPLE LEAVING CARE

Dr Phyu, Consultant Paediatrician from South Tees Hospitals NHS Trust, gave a presentation in relation to her role as Family Placement Adviser and Lead Clinician for Looked After Children (LAC).

LAC often entered the care system with the worst level of health compared with their peers. Their health needs generally arose from living in families affected by drugs, alcohol, domestic abuse, poverty and poor parenting.

A survey by the Office for National Statistics showed that 45% of LAC had a high level of mental health compared with 10% of the general population and two thirds had at least one physical complaint, speech and language problems, co-ordination difficulties, eye-sight problems or bed-wetting.

In accordance with Statutory Guidance, all LAC received a health assessment by a qualified medical health professional and a Health Care Plan was provided within 28 days of coming into care. Children under five then received a Review every sixth months, and over fives were reviewed annually. The aims of the health assessment were to identify health needs and health neglect that might otherwise go unrecognised and also to promote good health.

Health information was collated from a variety of sources including hospital medical records, Accident and Emergency attendances, neo-natal screening tests, immunisations and the Child Health Computer System, in order to address the child's health needs properly. The GP and parents might also be consulted if, for example, immunisations were not up to date.

The Health Assessment was holistic and child focussed, it covered the child's medical history including family history, physical development, mental health and health promotion. A comprehensive medical report was provided with a clear Health Care Plan.

During the last ten years, three audits on Health Outcomes had been undertaken. The increasing numbers of LAC requiring a timely health assessment was a challenge which the South Tees Trust was working hard to meet.

The role of the Family Placement Panel Medical Adviser covered four main areas which were: clinical, professional, panel membership and training and development.

Clinical duties included providing a health report for each child with comments on birth history, family history, past medical history, current physical and mental health, development and future implications. All appropriate health information was shared with prospective adopters and foster carers.

Advice was provided on particular health matters in connection with the adoption process. The Medical Adviser worked closely with all local health professionals and partner agencies to address the health and development needs of the children. It was noted that the Medical Adviser did not carry out the health assessments of prospective adopters or foster carers but did review the GPs notes and could request additional information if necessary.

As a Panel Member, the Medical Adviser attended Panel Meetings and took part in discussion and recommendations. The Medical Adviser also attended regular training and had an annual appraisal. Adoption had changed tremendously and children came from increasingly complex backgrounds. It was vital to ensure that before a child was placed for adoption, all medical information was available and up to date.

Chris Nugent, the Designated Nurse for Middlesbrough gave a presentation, the purpose of which was to provide the Corporate Parenting Board with information regarding:

- Data on the number of health assessments performed in 2010/2011.
- Data on the number of dental health registrations.
- Development and challenges of the service delivered to Looked After Children and Young People.
- Strategies to engage with young people who were reluctant to undertake health assessments and/or treatment.

The main government documents that informed practise in health for LAC were the Statutory Guidance on Promoting the Health and Well-Being of Looked after Children (DOH 2008) and Promoting the Quality of Life of Looked After Children and Young People (NICE Public Health Guidance 28, DOH, SCIE 2010). The aim was to ensure that all LAC and young people were physically, mentally, emotionally and sexually healthy, that they would not take illegal drugs and that they enjoyed healthy lifestyles.

LAC shared many of the same risks and problems as their peers but often to a greater degree. Concerns around health were no different but more extensive. There were currently 411 LAC on the database which was higher than in the other Tees Valley Authorities. Between 1 April 2011 and October 2011 there had been an improvement in performance of ensuring LAC received timely Health Assessments, were registered with a Dentist, and immunisations and development checks were up to date. Currently 97.4% of Health Assessments were carried out on time, which was higher than the national average.

There had previously been a slight drop due to the number of LAC living in placements outside of the area. Other areas naturally prioritised their own children first and sometimes it took longer to get assessments and immunisations done. There was now a full-time Health Administrator in post and this had assisted greatly with requesting timely health assessments and adding the information to the database.

One of the recommendations from the Guidance was to conduct a comprehensive health assessment with young people. This ensured all their medical history could be discussed and the young person also understood their own medical history. Consultations had been carried out with the Leaving Care Team, young people, and the Children in Care Council in Middlesbrough. A "Health Passport" had been developed and designed by young people, which could be kept in ring-binder and updated regularly. Funding for its implementation had been obtained from Safer Care North East.

A Strengths and Difficulties Questionnaire (SDQ) was also in use and this needed to be collated regularly as it helped determine service provision. Foster Carers were asked to complete the form prior to the first review to assist with identifying whether a child needed support from Child and Adolescent Mental Health Services (CAMHS) with regard to mental health and behaviour.

The Social Worker would collect the SDQs for LAC living outside of the area when they completed reviews as the rate of returns from the foster carers was not very good.

There was also a review of the resources available to promote the health outcomes for LAC. Negotiations were ongoing with the PCT to perform health assessments on a reciprocal basis rather than charging.

Strategies were in place to engage young people who did not want to have a Health Assessment. The Designated Nurse was based with the Pathways Team and being on the premises gave her access to young people and helped build relationships with them. Any health concerns could be discussed in an informal setting. Duty staff had access to the Designated Nurse for health advice, promotion and sign posting.

There were some concerns with regard to changes in commissioning in health. When requesting a health assessment sometimes the GP would not carry it out until they received confirmation of payment. Confirmation of payment then had to be obtained from the Commissioners and inevitably this caused delay. The LAC Service was a high priority within the PCT and would continue to be. It was suggested that the way forward was to develop a reciprocal agreement with other authorities in the Tees Valley that services for LAC would be provided without charging, on a like-for-like basis,

The Chair, on behalf of the Committee, thanked Dr Phyu and Chris Nugent for their presentations.

RECOMMENDED that the Corporate Parenting Board advise the Executive to note the information provided.

ANY OTHER URGENT BUSINESS

The Assistant Director, Safeguarding, invited Members to notify him of topics they wished to discuss at future meetings of the Board.