



Corby

Clinical Commissioning Group



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Clinical Commissioning Group

Promoting the Health and Wellbeing of Children in Care in Northamptonshire

Annual Report 2017-2018

August 2018

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1. Introduction

This report describes how health commissioners and providers have worked together; in partnership with Northamptonshire County Council to meet the needs of Northamptonshire's looked after children (LAC) from 1 April 2017 to 31 March 2018. It focusses on the progress and challenges encountered during the reporting period.

There has been no change to the statutory framework, legislation or guidance during the reporting period. There has been good partnership working across health agencies, education and social care.

The Corporate Parenting Board has continued its oversight functions in ensuring that the local authority is discharging its statutory responsibilities to all children within the county, but particularly the most vulnerable including Looked after children.

2. Profile of looked after children in Northamptonshire

Northamptonshire continues to have a high number of children coming into the care of the Local Authority. The most up to date data identifies the looked after children's rate in Northamptonshire of 61 per 10,000 children. Northamptonshire has the highest number of unaccompanied asylum seeking children (140) in the Midlands and East of England. (www.england.nhs.uk)

During this report period the number of children and young people in care increased by over 9%, from 998 to 1092. 72% of children and young people were residing in foster placements at the end of March including those with relatives or friends, compared with 74% for England as a whole.

Positively, the proportion of children and young people in temporary placements under Section 20 of the Children's Act has further decreased, from 27% in 2016-17 (matching the most recent figure for England as a whole), to 18%. At the end of March 2018, the number of young people defined as care leavers aged 18 or over, stood at 462.

The reasons for children becoming Looked After has remained similar to previous years with neglect and physical abuse against a background of mental health challenges compromising parenting capacity as well as domestic violence forming the main reasons. There is also an observable increase in the number of children looked after because of the risk of Child sexual exploitation and gang related activity.

What our children tell us

Treat me like
everyone else

It is nice to see the
same person again; I
don't have to start again
from the beginning

I appreciate it
when you deliver
your promises

Please do not
judge me

I can sometimes get
angry, please
understand

3. Northamptonshire Pledge to Children in care and Care leavers

Northamptonshire county council working with Children in care and care leavers along with health and education partners have developed pledges against which performance is measured. These are consistent with already existing performance indicators.

We promise: To help you be safe and healthy.

We will have kept this promise when:

- *You have the right support for your physical, mental and emotional wellbeing and you do not have to wait too long for it;*
- *The adults close to you understand that you may have bereavement and attachment issues and know how to help you with this;*
- *Your annual health assessments will take place on time and are of a good standard;*
- *You have a dental check-up at least annually; and*
- *You understand your own health needs, and know who your GP and dentist are.*

4. Health service provision

To meet these health pledges, the CCGs have put the following arrangements in place:

- Strategic support and advice is received from the designated doctor and designated nurse for LAC.
- The CCGs commission a specialist health service for LAC and children leaving care from Northamptonshire Healthcare NHS Foundation Trust (NHfT).
- Key members of the provider team include paediatricians, an advanced nurse practitioner and a team of nurse assessors with a Named nurse for Looked after children. The administrative support is crucial to enabling the work of the team. There is close working with the equivalent LAC team from Northamptonshire county council.
- Emotional health and mental health support for Looked after children, foster carers and social workers are provided by the CAMHS LAC team, also known as the ATLAS team.
- A quarterly Health Network meeting is undertaken with representation from health (strategic and provider arms), LAC and adoption and fostering social service teams, administrative colleagues, a health commissioner, an education psychologist for LAC, a county councillor, a foster carer as well as an officer from the Corporate parenting board. This provides a means to hold ourselves to account, identify themes, challenges and ensures communication is optimised.

5. Activity and progress

Activity is monitored with regards to:

- Initial and review health assessments- timeliness and quality
- Immunisation uptake
- Dental checks
- Registration with GP
- Health care plans outcome- local monitoring

Children and young people coming into the care of Northamptonshire receive high quality initial health assessments. The proportion of those assessments taking place within the 28 day mandatory timescale has varied between 50 and 86% across the year. For annual review health assessments, the proportion of those taking place within time remained consistently above 80%.

There continues to be concerted efforts to undertake Initial health assessments within the statutory timescales. An overview of the figures shows fluctuations in the numbers of children coming care through the year. A range of factors can have a significant impact on the ability of the team to meet the target.

As the numbers can vary on a month to month basis, a narrative explanation is provided to explain breaches in timescale. This enables the team to understand the root cause and work towards identifying solutions. The following are the factors that are consistently identified.

- Difficulties obtaining timely appointments for children who are placed outside the county.
- Young people who decline the health assessment offered.
- Large cohorts of young people who go missing out of the county (this relates to unaccompanied asylum seeking children and children suspected of being trafficked).
- In some cases, young people are hard to reach but eventually engage due to the persistence and encouragement of the team. Though the assessment may not be within timescales, it takes place and is of high quality.
- Delays in completion of relevant paperwork (in particular relating to cases where children are placed with connected persons).

The team of nurses have continued to show great dedication. They travel far and wide to undertake review health assessments. This has the additional benefit of providing continuity of care to our children.

The team record and monitor health recommendations and follow up actions with foster carers. This has resulted in the percentage of outcomes being met being consistently in the high 90s.

As a result of these measures, a highly satisfactory outcome is also achieved with regards to immunisation uptake for looked after children, registration with a GP, registration and assessment by dentists and opticians.

Audits are undertaken to assess performance in these areas. The most recent audit indicated that out of a dip sample, over 91% of children had been assessed by a dentist by the time of their health assessment.

The health team also offer a range of other clinical input to support and improve the health of looked after children. These include health improvement sessions, provision of sexual health advice, enabling access to smoking cessation programmes, referrals and supporting young people at risk of Child sexual exploitation and those struggling with alcohol and substance misuse.

Training sessions are also provided to foster carers covering a range of health and behavioural themes.

The CCGs also commission a team of paediatricians to undertake adoption medicals. There are two medical advisors and a deputy to the two adoption panels in the county.

6. Health findings in our looked after children population

As in previous years, we observe that our Looked after children present health issues related to the background reason that led to their admission to care. In our unaccompanied asylum seeking children, these include anxiety, poor sleep, poor hydration which can present with tension headaches, skin conditions, incomplete or unverifiable immunisations, dental caries/ abscesses.

In the children who have experienced Neglect and Emotional abuse, issues around dietary intake are sometimes seen. Following a period in care, children are found to be thriving and have been found to have made progress.

We have observed progress with overall child development in particular speech and language development and socialisation.

7. Children Leaving Care

Care leavers are offered health reviews by the LAC assessors with a copy of the health summary, which is presented as a Health passport. There have been improvements to how this process with more forward planning as young people are identified at an earlier stage and their input is included in the production of the passport. 111 health passports were delivered in this reporting year.

8. Challenges encountered and priorities for 2018/2019

8.1 Out of County

The most difficult issue concerned meeting the health needs of our children who are placed outside the county of Northamptonshire.

Children are often placed outside the county in order to access specialist therapeutic provision. These are our most fragile children. There have been difficulties accessing Initial Health assessments within timescales. Difficulties are also experienced with accessing CAMHS and emotional wellbeing support for this cohort.

Our designated nurse sits on the National Steering group for Looked After Children. This issue has been escalated and is recognised as a problem nationally.

Our health teams have developed innovative ways to try to bridge the gap but this is limited in effectiveness as there are statutory requirements with respect to undertaking Initial Health assessments.

8.2 Screening

The second area of challenge relates to the development of a robust pathway for screening for blood borne viruses and Tuberculosis in our unaccompanied and asylum seeking children. Though the work has commenced, the issue of funding is being negotiated. Again this is an issue shared across the region.

In addition to the above, we will continue to work to improve our performance and aim to find solutions to engage with our children who are hard to reach.

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