

3 December 2015		ITEM: 7
Corporate Parenting Committee		
Health of Looked After Children		
Wards and communities affected: All	Key Decision: Non-key	
Report of: Patricia Perolls, Designated Nurse for Looked After Children		
Accountable Head of Service: Andrew Carter, Head of Care and Targeted Outcomes		
Accountable Director: Carmel Littleton, Director of Children's Services		
This report is Public		

Executive Summary

Meeting the healthcare needs of Looked After Children (LAC) is a significant priority for Children's Social Care and local Health Services. Many children who become looked after will do so following a period of parental neglect or abuse, and may not have had their health needs addressed appropriately.

1. Recommendation(s)

The members of the Corporate Parenting Committee are asked to note the contents of the report, acknowledging where progress has been made, whilst supporting officers in their efforts to improve, where necessary, especially in facilitating inter-agency cooperation.

2. Introduction and Background

- 2.1 There is a national increase in the number of Looked after Children. This is also reflected in Thurrock. Further, the Department for Education (DfE) data indicates that just under a quarter of LAC are placed out of area whereas in Thurrock the figure is nearer 2/3rds.
- 2.2 The CCG's remain responsible for ensuring that health care is commissioned for children placed outside the local authority, regardless of where they are placed.
- 2.3 Thurrock also has looked after Children from other authorities placed within its boundaries.

- 2.4 CCGs are responsible to meet the statutory health requirements of all children placed within its boundaries.
- 2.5 This report will focus specifically on the progress made by the local authority and health in relation to immunisation status of Looked after Children and the health assessments. It will look at the key challenges identified in recent months and report on progress.

3. Issues, Options and Analysis of Options

3.1 Reported Performance

- 3.1.1 The health of Looked after Children is measured by the DFE via a local authority statistical return. These are published annually in December of each year.
- 3.1.2 The measure includes Healthcare and developmental assessments of children who have been looked after continuously for 12 months .i.e. Number with up to date immunisations, number who have had their teeth checked by a dentist, number who have had their annual health assessment and number of children under 5 whose developmental assessment is up to date
- 3.1.3 The emotional and behavioural health of children looked after continuously for 12 months is also measured, and a Strengths and Difficulties questionnaire has been completed.
- 3.1.4 The data covers all looked after children regardless of where they have been placed.
- 3.1.5 In the previous report to the Committee the Immunisations status of Thurrock Looked after Children was a cause for concern- the published figures would suggest that only 57.8% of the cohort are up to date, compared with 84.9% regionally, and 87% nationally.

3.2 Immunisations

- 3.2.1 Children should be immunised in accordance with the national schedule as set out by the Department of Health. It is important to note that immunisation is not a legal requirement in the UK as it is in some countries; parents may choose not to have their child immunised at all or may decline specific immunisations such as occurred following MMR or whooping cough scares. It is very rare that an immunisation is inappropriate for clinical reasons. Unless contra indicated parents should be provided with sufficient information to make an informed decision. Looked after Children should be immunised in accordance with the national schedule unless there is a clinical reason to the contrary

- 3.2.2 Children may enter care with incomplete immunisations status, thereby requiring a catch up programme. For many Unaccompanied Asylum seeking children their immunisation status is unknown and they must be offered immunisations in line with the DH schedule of immunisation for children with unknown immunisation history.
- 3.2.3 The Child Health Profile data 2015 (Chimat) indicated that all children in Thurrock were above the England average for primary immunisations at 2 years (97.3% Thurrock, 96% England)
- 3.2.4 MMR vaccine up take for all Children in Thurrock, at 2 years was 92.7%.
- 3.2.5 These local statistics for all children led us believe that under recording of this data rather than under immunisation could be an underlying cause of low data return.
- 3.2.6 Health colleagues have supported the local authority to up-date outstanding information on the system and going forward will have a regular presence within the local authority i.e to assist in reconciling records and with a clear target of completing this work before the submission of the next SSSDA903 return. We are confident that next year should show a significant improvement in the reported figures.

3.3 Health Assessment and Development Checks

- 3.3.1 Progress has been made in the requirement for children under 5 to have developmental checks. This was a matter of clearer recording by both agencies. The new processes that have been introduced are capturing the full range of developmental checks carried out with this age group. As with immunisations, we expect to see an ongoing increase in performance.
- 3.3.2 On-going tracking and monitoring of all initial and Review health assessments by both agencies, is happening continually and where the cause of delay is identified by either agency this is escalated to ensure the Looked After young person receives timely health services.
- 3.3.3 A recent CQC inspection within Thurrock CCG highlighted the significant delay in initial health assessments.
- 3.3.4 A robust action plan has been put in place to track and monitor these assessments to ensure that they are completed in a timely manner and weekly meetings are held to discuss children newly into care and progress of health assessments.
- 3.3.5 As previously stated, delays occur when children are placed outside the Authority and we are reliant on local health services in the area where the child is living.

3.3.6 To mitigate these difficulties we have requested that Looked after Children return to Thurrock for a health assessment where it is safe and practicable to do so.

3.4 Optician

3.4.1 At the last Corporate Parenting Committee concern was expressed by one of the authority's foster carers regarding vision testing for 16-19 year olds. It is recommended that children have regular eye tests at least once every two years. These tests can be done at high street opticians and are free for all children under 16 years old (and those under 19 years old in full-time education). 16 or 17 year olds supported by a local authority because they have recently left local-authority care, are entitled to full help with health costs through the NHS Low Income Scheme – using the short claim form HC1(SC).

3.5 Future Plans

3.5.1 Thurrock continues to have a Looked After Children Health Steering Group chaired by *the Service Manager for Placements and Support Services*, who has the lead responsibility on health matters. The Steering Group meets on a bi-monthly basis, and has a multi-agency representation, bringing together a number of key individuals involved in health care provision. The Group is currently looking at the work plan, in order to reflect current health issues for Looked after children and findings from most recent CQC inspection.

3.5.2 Although the proposed Actions within the work plan for 2015-16 are currently being revised, the four main themes from the previous plan will continue to be a high priority:

- Children in care with emotional and behavioural health needs, and their carers, are supported and positive mental health is promoted.
- Young people leaving care know and understand their health history and know how to access services.
- Promote the physical, mental, sexual and social health of looked after children and young people
- Ensure appropriate systems are in place that enable the Department to record data for IHAs, RHAs, dental & optician checks, and immunisation records, for looked after children that take account of the latest clinical guidance.

3.5.3 In addition to the Work-plan, a Multi-agency audit (including public health colleagues) has been proposed to look in more depth at the health outcomes for looked after children, the findings from this audit will be reflected in future planning.

3.5.4 All within health and social care to continue to strive to improve health outcomes for all looked after children although challenges remain.

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)

- 5.1 N/A

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

- 6.1 Improving Health Outcomes is a key corporate priority for the Council.

7. Implications

7.1 Financial

Implications verified by: **Kay Goodacre**
Consultant, Corporate Finance

There are no financial implications for Thurrock Council.

7.2 Legal

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

A Local Authority's corporate parenting responsibilities include a duty to safeguard and promote the welfare of the children the Local Authority looks after including eligible children and those placed for adoption regardless of whether they are placed in or out of the Local Authority of the type of placement (Section 22(3)(a) Children Act 1989. This includes the promotion of the child's physical, emotional and mental and acting on any early signs of health issues. The Local Authority must arrange for a health assessment for their looked after children (The Care Planning, Placement and Case Review (England) Regulations 2010).

7.3 Diversity and Equality

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

As health outcomes for Looked After Children can often be below that of their peers, it is important that as Corporate Parents we assess and support the health needs and outcomes for Looked After Children.

- 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):

N/A

- 9. Appendices to the report**

N/A

Report Author:

Patricia Perolls

Designated Nurse for Looked After Children