Corporate Parenting Panel Report

Date of Panel	2 September 2013	Item Number	7

ANNUAL REPORT COMMUNITY HEALTH SERVICES - CHILDREN IN CARE APRIL 2012 TO MARCH 2013

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Report Summary

Purpose:

The report reviews the work undertaken by the Children in Care Health team during 2012-13.

Background:

During 2012 -13, the Children in Care Health team was commissioned by the PCT and delivered by Milton Keynes Community Health Services (MKCHS), who were at that time temporarily hosted by Bedfordshire Foundation Trust.

Since April 1st 2013, the service has been provided by CNWL Milton Keynes, commissioned by Milton Keynes CCG to provide a service that meets the requirements of the statutory guidance for NHS services to Children in Care.

Corporate Priorities:

The activities of the Corporate Parenting Panel are covered by the Council's Children and Families - Priorities "To develop and maintain effective intervention that prevent the most vulnerable children and young people in our communities from experiencing additional difficulty and prevents them from suffering significant harm".

Performance Information:

Immunisation rates continue to be impressive at 94% compared to the national average of 83%, developmental assessment in under five children remain at a record high of 100%. Our dental uptake, though lower than our previous year, remains high compared to our geographical and statistical neighbours. Poor data quality is likely to be responsible for the drop and is cited as one of the priorities for 2013-14.

Equality and Diversity Impact:

The health service is provided for children from across the Milton Keynes' community. It therefore seeks to provide intervention support and advice that can meet the diverse needs of the children and young people in the council's care.

Recommendations /Proposals:

That the report be noted and discussed.

Central and North West London NHS
NHS Foundation Trust

Milton Keynes Community Health Services

Milton Keynes Clinical Commissioning Group

Children in Care
Annual Report on the Health of Children In Care

1 April 2012 – 31 March 2013

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August 2013 (*for approval*)

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1.0 Executive Summary

This report reviews the work undertaken by the Children in Care Health Team during 2012-2013.

During 2012 -13, the NHS went through a period of radical transformation as Clinical Commissioning Groups (CCG) took over the majority of responsibilities from Primary Care Trusts for commissioning local health services.

In February 2013 MKCCG became authorised and assumed full responsibility for the majority of NHS commissioning in Milton Keynes. The PCT was abolished on 1st April 2013.

As part of Transforming Community Health Services, Milton Keynes Community Health Services (MKCHS) was temporarily hosted by Bedfordshire Foundation Trust prior to becoming part of Central and North West London NHS Foundation Trust (CNWL) on April 1st 2013. CNWL Milton Keynes is commissioned by Milton Keynes CCG to provide a service that meets the requirements of the statutory guidance for NHS services to looked after children.

During 2012/13 the specialist nurse post holder who had been in post for seven years, moved on to pastures new and the new post holder, Carol Gourd, was welcomed into post in February 2013. The Designated Nurse for Looked After Children post was incorporated into the Designated Nurse Safeguarding children post to take a more strategic lead and to work closely with health team.

The Specialist Nurse and Children in Care Nurse continue to be based at Milton Keynes Council alongside the Milton Keynes Council Children in Care Team which enables collaborative working. This can be evidenced in the work done to achieve the 28 day period for completion of Initial health Assessments. It was 90% in March.

Immunisation rates continue to be impressive at 94% compared to the national average of 83%, developmental assessment in under five children remain at a record high of 100%. Our dental uptake, though lower than our previous year, remains high compared to our geographical and statistical neighbours. Poor data quality is likely to be responsible for the drop and is cited as one of the priorities for 2013-14

During the year the Markers of Good Practice and Dashboard have been introduced as mechanisms for monitoring Children in Care activity and performance.

The completed Markers of Good Practice for Looked after Children indicate that the organisation can evidence a line of accountability regarding the management of looked after children, staff working with / assessing looked after children are trained to the required standard and initial and review health assessments are undertaken within the statutory requirements.

2.0 Introduction

This fourth Annual Health Report provides an overview of the work undertaken with Looked After Children (LAC) from April 2012 to March 2013, ensuring that Central and North West London Milton Keynes (CNWL MK) are compliant with *'The Statutory Guidance for Promoting the Health and Well-being of Looked After Children (2009)'* and in line with national statutory guidance.

Health services are required to report on the delivery of service and the progress achieved for the health and wellbeing of looked after children.

Milton Keynes Clinical Commissioning Group (MKCCG) commissions Central and North West London Milton Keynes (CNWL MK) to provide a service that meets the requirements of the statutory guidance for NHS services to looked after children.

Looked After Children (LAC) may also be referred to as Children In Care (CIC) for the purpose of this report. Both definitions are used in legislative guidance.

The Children Act 1989 defines a child as being "looked after" by a local authority if he or she is in their care or is provided with accommodation for a continuous period of more than 24 hours by the authority (section 22). A child (young person) is defined as anyone up to their 18th birthday. They fall into four main groups:

- Children who are accommodated under a voluntary agreement with their parents (Children Act 1989 – section 20);
- Children who are subject to a care order (section 31) or interim care order (section 38);
- Children who are the subject of emergency orders for the protection of the child (sections 44 and 46); and
- Children who are compulsorily accommodated. This includes children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement (section 21).

3.0 National Picture:

Service provision for Children In Care is underpinned by all national policy and legislation relating to children and young people as well as specifically by:

- The statutory Guidance on Promoting the Health and Well-being of Looked After Children (DCSF&DH 2009)
- NICE guidance; Promoting the quality of life of looked after children and young people 2010.

The total number of Children In Care in England on March 31st 2011 was 65,520 – this increased by 2.33% to 67,050 the following year. Figures for the whole of the UK for the same period were 82,895 up to 91,667 showing an increase of 10.58%. (Figures supplied by NSPCC and House of Commons library archives).

Following the death of baby Peter Connelly in 2007 there was a significant increase in the number of care proceedings in England. (CAFCAS Annual Report 2010/2011). This rise became known as the 'Baby P Effect'. Figures rose by one third compared to the previous year. The case made social workers more cautious as local authorities reviewed their thresholds.

Recent statistics for England show that children are remaining in care for longer periods of time with 13% staying in the care system for more than 5 years. (House of Commons Children's Schools and Families Committee, 2009). Children coming into care who are younger are historically easier to find adoptive parents for. When children come into care at an older age then these children are then likely to be in care system for longer periods of time.

4.0 Local context

Children and young people aged 0-19 make up 27% of the Milton Keynes population. Between 2011 and 2012 there will be an estimated growth of 7% in the number of children aged younger than 5 in Milton Keynes compared to 8.8% in the rest of England. The national trend is currently showing the number of 13 to 19 year olds

declining by 4.6%. In contrast this group of young people is forecast to grow by 12.7% in Milton Keynes. The increase in population reflects both natural growth and inward migration. (Office for National Statistics: Interim 2011- based Sub-national Population Projections)

Milton Keynes is a unitary Local Authority with one hospital and one community health provider. Central and North West London Milton Keynes (CNWL MK) is the main community health service provider and employs the Designated Doctor, the Specialist Nurse and the Children In Care Nurse to deliver the statutory health assessments of looked after children.

CNWL MK is a member of the Milton Keynes Children and Family Partnership and the Milton Keynes Safeguarding Children Board. There is a strong and consistent leadership commitment to ensure the health needs of looked after children are met. The Associate Director of Children's Health Services is the lead for safeguarding and for looked after children. This promotes consistency and joint working across fundamental key areas within children's health services.

4.1 Children In Care Statistics- Milton Keynes:

Statistics from the reporting year showed there were 427 children in care at some point, compared to 461 in the previous year, equating to a decrease of 7.37%.This figure will not stay static through the year as children and young people enter and then leave care depending on individual need and circumstance.

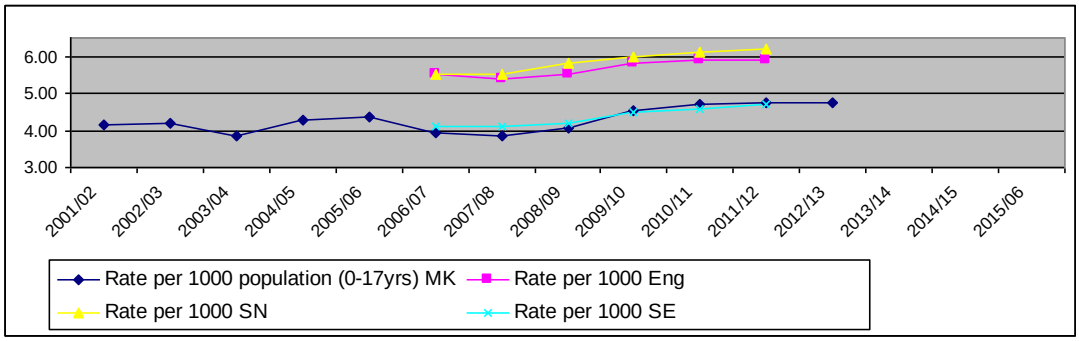
The number of children continuously looked after for 12 months or more (at 31/3/13) remained static with last year's figures at 192.

On the 31st of March 2013 the total number of children in the care of Milton Keynes Local Authority was 282.The age ranges of these children are grouped as follows:

0-4 years	67 children
5-9 years	58 children
10-16 years	126 children
17 years:	31 young people

4.2 Rates of Looked After Children:

Graph 1: Numbers and Rates of Looked After Children Captured (2007- 2013)



SN- Statistical Neighbour
SE- South East

Graph 1 shows that the rate per 1000 of children and young people in care in Milton Keynes has been consistently lower that the rate for England and our statistical neighbours but in line with South East England.

The statistics for England, South East and our Statistical Neighbours have yet to be reported on for 2012/2013.

5.0 Children in Care Health Team

In line with The Responsible Commissioner (2007 Amending regulations) Health Commissioners are responsible for the health care of children in care. They retain responsibility for commissioning and ensuring completion of health care assessments including children who are placed outside the county regardless of their GP registration.

The Statutory Guidance for Promoting the Health and Wellbeing of Looked After Children (2009) defines the roles of designated professionals to be a strategic one.

A synopsis of their main roles is as follows:

5.1 Designated Doctor

The Designated Doctor is a Consultant Community Paediatrician employed by CNWL MK and commissioned by MK CCG to deliver the role and function of the Designated Doctor, as set out in the statutory guidance. The post holder also undertakes the role of Medical Advisor for Adoption, managing the roles along with other responsibilities within a full time post.

5.2 Designated Nurse

The Designated Nurse is employed by MK CCG and also undertakes the role of Designated Nurse for Safeguarding Children. The Designated Nurse for Looked after Children works alongside the Designated Doctor to assist Milton Keynes CCG in effectively fulfilling its role as a commissioner of services to improve the health of Looked After Children as set out in 'Promoting the Health of Looked After Children' (Nov 2009).

5.3 Specialist Nurse

The Specialist Nurse works jointly with the Children In Care Nurse to ensure the health needs of all children in care are assessed and monitored and that all elements of good practice are an integral part to that process. Both nurses are based alongside the children's social care team. This is also a strategic role, working to develop, implement and monitor local policy within CNWL MK and Milton Keynes Children's Social Care (MKCSC), in line with national policy and guidelines. The post holder uses researched evidence to meet the needs of the Children In Care Milton Keynes and disseminates good practice to a wide range of practitioners including statutory and voluntary agencies.

This post is full time and is jointly funded by CNWL MK and MKCSC.

5.4 Children in Care Nurse

The Children In Care Nurse provides direct clinical service to ensure, where possible, every young person has an individual and holistic health care plan based on a comprehensive health assessment as recommended in the Department of Health guidance. The role is also to work to improve the health outcomes for this vulnerable group of children and young people. Close liaison with colleagues inclusive of other disciplines and authorities is crucial to promote engagement with making good healthy

lifestyle choices. Direct work is also done with carers supporting them to manage and understand the child/young person in their care. If there is a presentation of difficult behaviours then the underlying causative factors need to be understood for the child to be helped to overcome them. Health advice is also available to all professionals working with children in care to promote their understanding of individual health issues.

This post is full time and funded by CNWL MK.

5.5 Administration

Administration for the Children in Care team is provided by a business support administrator. This post is funded by MKCSC for 20 hours a week and is based at Saxon Court within the children's social care team. This role supports the health care team in the timely organisation of health assessments. It also distributes and co-ordinates paperwork and electronic data between health and social care (and vice versa) and the scanning and recording of all health assessments into the council IT system including those completed at the Community Paediatric Clinic. The GP is the lead record holder for children in care and as such, receives a full copy of the assessment. Copies of the health plan are also sent to the young person, depending on their age and understanding, the carers and other relevant professionals in line with statutory guidance.

Administration for the Community Paediatric Clinic is funded by CNWL MK and is for 5 hours per week. This is based at CNWL MK Trust Head Quarters. In reality the work takes far longer than the current allocated funding. There are complexities to these administration roles being separate as the council and health access different electronic systems. This does complicate the role for administration and for the Children in Care Nurses' as they have to co-ordinate all assessments ensuring they are accurately scanned into both the local authority and CNWL MK IT systems.

If an Initial Health Assessment is required for a child or young person placed geographically too far to attend Milton Keynes for an assessment, then the co-ordination role means not only ensuring the completion of all paperwork but also liaising with separate authorities, all who have different policies and processes for completion. Once an assessment is requested out of area, CNWL MK has little influence on completion date. These assessments are considered on an individual basis and funding agreed by the Children's Commissioner.

5.6 Mental Health Service Provision:

Around 60% of looked after young people have some level of mental health need (National Institute for Health and Clinical Excellence). Recognising mental health as a key area of vulnerability and promoting emotional wellbeing is crucial for looked after children's health care provision.

A jointly funded Primary Mental Health Worker (PMHW) post is based with the MKCSC team or 4 days a week. The emotional wellbeing of children and young people is a key area covered in health assessments and the CIC Nurse liaises closely with the PMHW to discuss individual children showing difficulties.

The post holder provides consultations to social workers who have concerns regarding the emotional and mental health of children and young people they work with. Individual therapeutic work is also undertaken where mild to moderate mental health difficulties are exhibited by the young person. This will be an average of 6 – 8 sessions of evidenced based intervention in accordance with NICE guidelines and are delivered at Tier 2 level. Joint work with the carers will also be undertaken. Where there is no

evidence of symptoms reducing or if there is an escalation of mental health difficulties, a referral to specialist CAMHS will be made to request a more specialist assessment.

6.0 Health Assessment Process

The Local Authority (LA) is responsible for ensuring that arrangements are in place to carry out all health assessments within the statutory timescales and that every child has a health plan. The CIC health team is responsible for the completion of statutory health assessments.

The statutory guidance on promoting the health and well-being of looked after children (2009) states it is a key role and the responsibility of the child/young person's social worker to request completion of an Initial Health Assessment (IHA) from the CIC Health Team when a child first enters care. It is also the social workers responsibility to request a statutory Review Health Assessment (FHA) to be completed on a 6 monthly or yearly basis depending on the age of the child or young person while they remain in the care system.

The British Association for Adoption and Fostering paperwork (BAAF) is used by CNWL MK as the assessment framework. An electronic version of the BAAF form was implemented this year which has streamlined the system for booking health assessments and sharing of information once they are completed. Having information typed as opposed to hand written has also improved clarity. The CIC Nurses input health assessment data onto the council Integrated Communication System (ICS). Specific data is recorded to monitor health assessment performance and ensure children's health needs are effectively monitored. The completed assessment is also scanned onto 'Information At Work' which is a social care electronic record system. This gives every child's social worker and Independent Reviewing Officer access to the full health assessment report.

6.1 Initial Health Assessment

Clinics are run from the community paediatric department. This enables all Initial Health Assessments (IHA) to be completed by the Community Paediatric team including Consultant Paediatricians and the Specialist Registrars.

6.2 Review Health Assessment

Annual Review Health Assessments for children and young people 5-18 years of age are completed by the CIC nurses. The child or young person will be seen either at home, at school or at an alternative suitable venue of their choice. Liaison takes place with the child or young person's foster carer so that arrangements for the health assessment are clear and the foster carer can be involved as appropriated in the process.

Health assessments are usually requested to be completed by the young person or carer outside school hours and so this does put a natural limitation on how many can be completed during working hours. However to manage this, appointments can be offered after school and out of hours.

The community paediatric team sees all children under the age of 5 for their statutory 6 monthly reviews in recognition of the complexity of medical conditions that could arise in the younger age group. This also has the advantage that should an adoption medical be required a separate appointment is not necessary, minimising medical appointments. If there is a child or young person with particularly complex needs in care, they can also be seen at the community paediatric clinic.

7.0 Supervision Arrangements

The Specialist Nurse and CIC Nurse are both managed and supervised by the CNWL MK Named Nurse for Child Protection and the Designated Nurse for children in care.

The Specialist Nurse holds individual supervision sessions with the CIC Nurse on a three weekly basis. This provides an opportunity to jointly discuss individual children and matters arising from assessments or on-going care where concerns are noted. In addition, any service issues which cannot be resolved can be taken to supervision to explore fully, consider other solutions or discuss within the organisation as required.

7.1 Health Team Supervision Meetings

Weekly meetings are held for the CIC Nurses with the Designated Doctor, the purpose of which is to review and discuss assessments which have taken place at the Community Paediatric Clinics. This ensures a consistent quality of health assessments for all children in care. Once the plan is completed, the Designated Doctor countersigns the assessment, so that it can be identified as quality checked and be subsequently presented to adoption panel when required. These meetings also offer a supervision forum to discuss practice issues and consider service requirements and improvements.

In addition, this time is utilised for supervision for issues related to health assessments, individual cases and service development. Effective liaison between services and enhancing good practice spanning all areas of health for children in care is paramount. The relationship and communication process between CIC Nurses and the community paediatricians is very well established. The Designated Doctor is a member of the health group of the British Association for Adoption and fostering (BAAF). This group provides a clinical network for designated doctors and medical advisers. The Local Authority supports the Medical Adviser to attend the annual conference of the health group.

Social workers have access to medical advice from the CIC Health Team as the nurses are collocated within their team. The nurses also have the advantage of being able to discuss individual cases with the child's social worker and can attend strategy meetings when required. Meetings are arranged as required between the Specialist Nurse and the Head of Delivery of Corporate Parenting to ensure joint discussion take place relating to the promotion of the health of children in care.

8.0 Governance Arrangements

8.1 Safeguarding Children Governance sub-group

The CNWL MK Safeguarding Children Governance group is a sub group of the CNWL MK Quality Performance Scrutiny Group which reports to the CNWL Quality and Performance Committee. The group was initially set up to monitor safeguarding children activity within the organisation. Last year the remit of the group broadened and children in care were included within the scope of this group.
The purpose of the group is to monitor safeguarding children and children in care activity, approve and ratify relevant documents and papers, agree terms of reference and scope of any required case reviews and to identify and monitor any risks for the services.

8.2 Children in Care Health Forum

The Children in Care Health Forum meet once each term with the aim to provide operational support to the CNWL MK children in care health team and MKC children's social care to meet the health needs of children in care through multi-agency working.

Panel members include representatives across the health and the social care teams to ensure collaborative practice and the sharing of ideas. Independent Review Officers are also represented. Joint work in the reporting year focused on ensuring MKCCG markers of good practice were considered and implemented, data from the MKCCG dashboard for health care assessments was discussed, and changes to practice strengthened by joint discussion and ownership. The Ofsted CQC report and improvement plan has also been monitored and changes implemented as recommended. The audit (covered in section 13.0) conducted to capture the views of young people in care of the health assessment process by Dr Chawda and Dr Vaughan was also presented to the group.

8.3 Corporate Parenting Panel

The Corporate Parenting Panel (CPP) is an all-party council members panel whose purpose is to act as parent to all the children and young people who are in the care of Milton Keynes Council and to ensure that the Council's and its partner agencies deliver on its pledge to children in care. CPP raise awareness of the needs of children in care across the Council and its partners and seek to encourage the development of local resources to meet the needs of children in care.

The Corporate Parenting Panel meets 5 times a year and will call on officers and partners to provide information and reports on progress, in accord with its annual work plan in including those relating to meeting the Health needs. The CPP itself report on an annual basis to the CYP Select Committee, Full Council and Children and Family partnership.

9.0 Adoption and Fostering Panels

The Designated Doctor in her role as Medical Adviser provides health contributions and advice to adoption and fostering panels. The Designated Doctor is a member of the adoption panel which currently sits every 3 weeks. In addition a meeting is held before each panel between the medical adviser and the MKC professional adviser to panel to ensure that all relevant health issues are discussed and plans are in place before the panel meets. This ensures delays are avoided in recommendations that the panel makes to the decision maker at Milton Keynes Council.

The medical adviser also meets with potential adopters to clarify individual health needs of children being considered for adoption. During this reporting year the health needs of 22 children were discussed with prospective adopters. This is an increase of 9 consultations from the previous year. In addition there was one telephone contact with a prospective adopter which helped to alleviate their anxiety and answer specific queries relating to the health of the child they were considering for adoption.

The medical adviser reviews GP health assessments of prospective adopters and foster carers and provides written comments for consideration at the panel.

During the 12 months to the end of March 2013, 227 medical opinions of adult applicants have been provided for panel.

There were 14 foster panels held in the reporting year. The Specialist Nurse, the CIC Nurse and the Primary Mental Health Worker are all members of the fostering panel

which currently meets every 3 weeks. This ensures there is health representation at every panel with the Specialist Nurse and the CIC Nurse alternating their attendance. Health representation covers all aspects of physical and emotional wellbeing in relation to the child and the prospective foster carers when considering placement suitability. Individual placement requirements are considered and discussed with the key focus being for a secure, stable and nurturing placement.

Advice and guidance is also offered to social workers required for presentation at fostering and adoption panels when there are particular health issues which require specific consideration for a secure placement.

10.0 Health Statistics

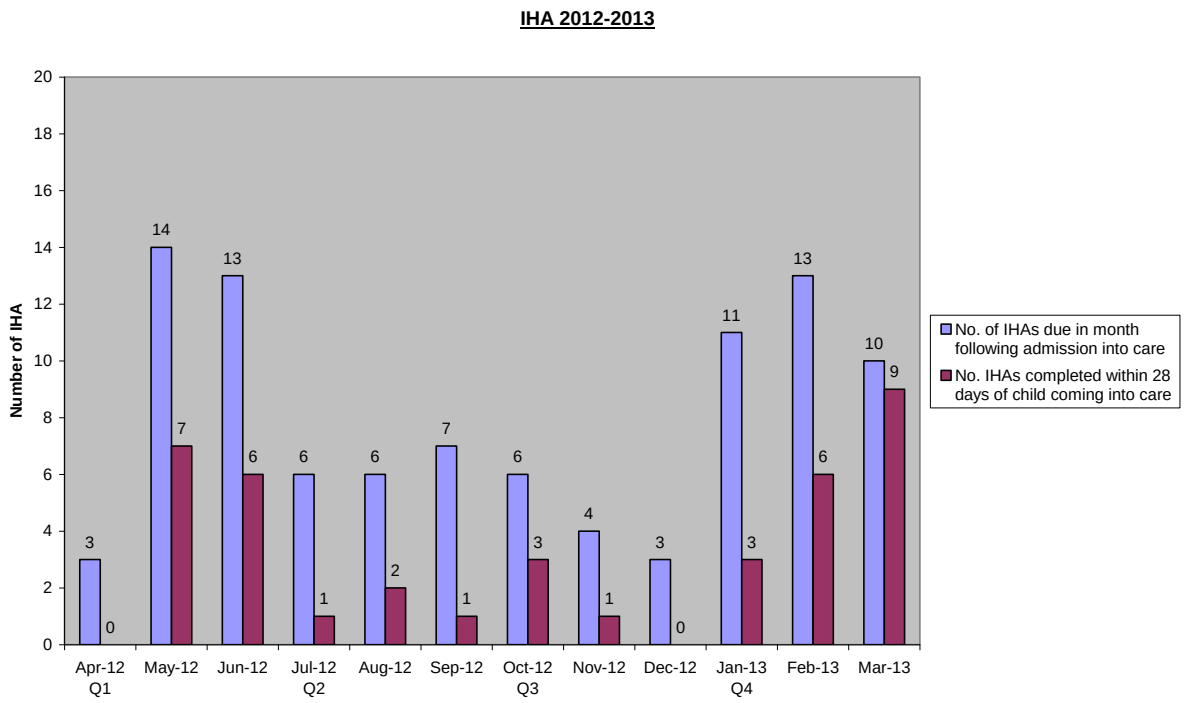
The number of health assessment requests received for the period from 1st April 2012 to 31st March 2013 was 442 compared to 441 of the previous year. This includes Initial Health Assessments and Review Health Assessments.

Variation occurs month on month in relation to numbers of assessments needing completion. Children and young people in care in Milton Keynes are seen by the CIC Nurse for routine health assessments, promoting consistency for them and instilling a sense of security for them with the health assessment process.

The performance of IHA's and RHA's are reported monthly on the safeguarding and children in need dashboard. This is monitored by the Safeguarding Children Governance sub group and Milton Keynes CCG. This ensures practice is monitored and highlights when the statutory timeframes are being achieved and where difficulties lie.

10.1 Initial Health Assessments

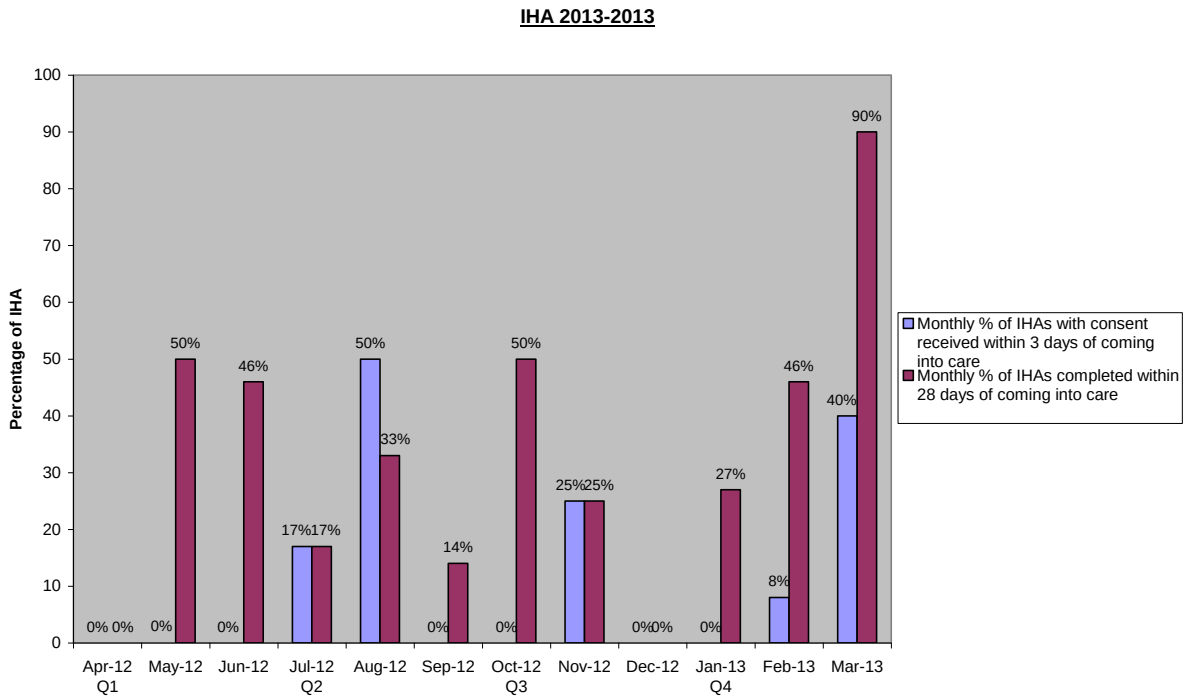
Graph 2: Initial Health Assessments (April 2012-March 2013)



This graph shows the number of initial health assessments which were due on a monthly basis and also how many were completed within the 28 day statutory

guidance. In April, 3 children came into care but their initial health assessments were not completed within the 28 day time scale. There is a variable picture through the year which is reflective to changes to practice due to improved understanding by SW of the assessment process and close joint working between the CIC Heath Team and SW with progress reflected in the months of February and March.

Graph 3: Initial Health Assessment Monthly % (April 2012-March 2013)



This graph shows the monthly percentage of initial health assessments which were received inclusive of consent within 3 days of coming into care and the monthly percentage of how many were completed within the 28 day timescale.

The following challenges were identified as affecting completion of IHA's:

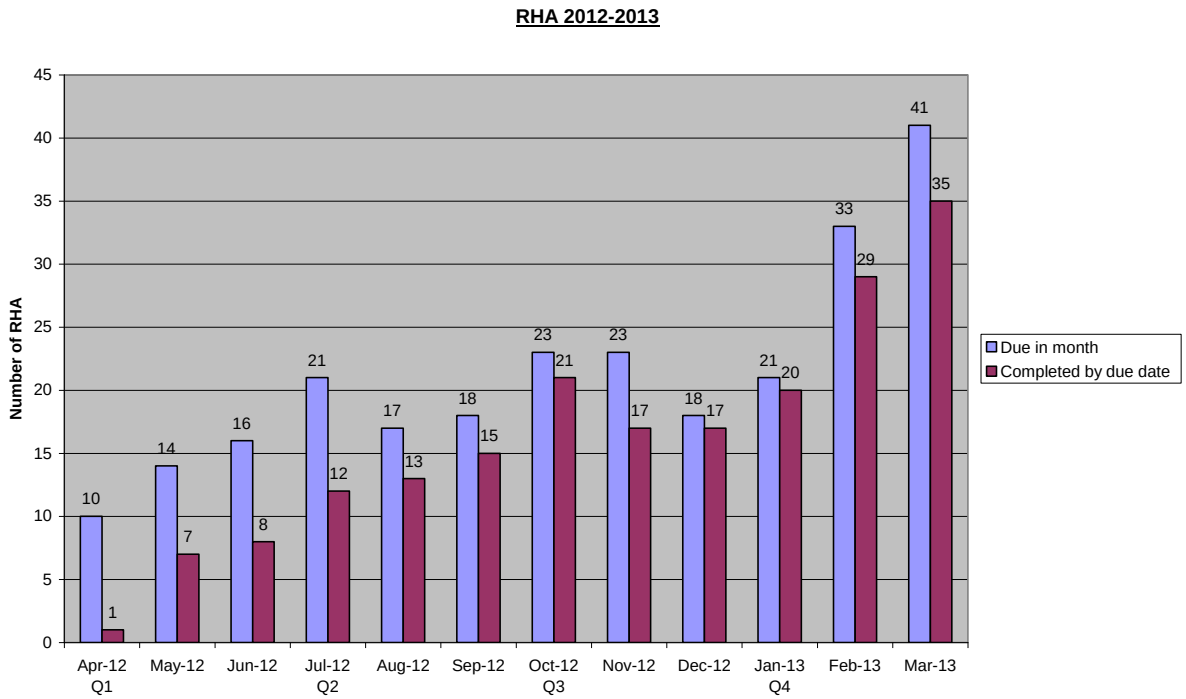
- Paperwork not provided to the CIC Nurses within the 3 day timescale as required by the Health Assessment Protocol
- IHA appointments cancelled if child has been unwell.
- IHA appointment cancelled if carer has not attended clinic
- If a request for completion has gone to a different authority then we have limited influence of timescale.

Joint meetings took place between the CIC Nurses and all social work teams during December- March 2013. This was to highlight the timely process needed for completion of paperwork for health assessment requests and give time for joint discussion with social work teams in relation to the difficulties with this process.

The graph continues to show a variation in timescales but overall there is evidence of general improvement. Monitoring continues monthly and is shared with the Head of Delivery Corporate Parenting and disseminated to team managers to ensure progress continues.

10.2 Review Health Assessments:

Graph 4 Review Health Assessments (April 2012-March 2013)



This graph shows how many review health assessments were due on a monthly basis and how many were completed within timescale. For a review health assessment the child or young person needs to be seen year on year in the same month. There was a low completion rate at the start of the year. In response to this consideration was given to what was hindering the process and the following factors affecting completion were identified:

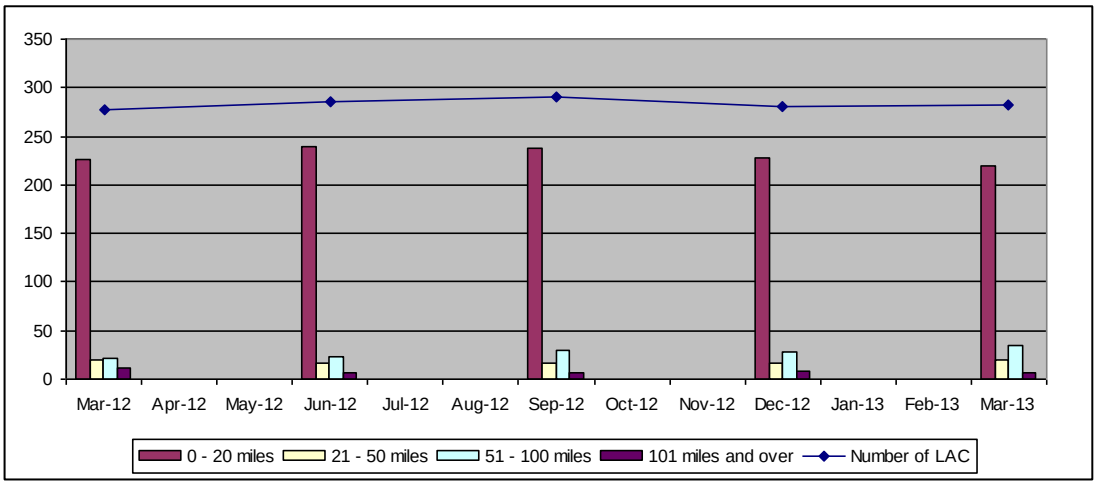
- Paperwork not provided to the CIC Nurses within timescale.
- Carers may have several other appointments to organise for the child and agreement for assessment date may be affected.
- Children usually need to be seen out of school hours and this can affect timescales.
- Carers or young person have either not attended or cancel appointments which may push the next available appointment to the following month.
- If a request for completion has gone to a different authority then there is limited influence on timescale.

Overall numbers for the rate of completion within timescale for reviews has been higher than those of initial health assessments. Both however share improvement and we continue to consistently performance indicators and will aim to ensure improvement is sustained.

Changes in practice to address these difficulties will be outlined under key priorities 2013/2014.

10.3 Placements

Graph 5 Children in Care Placements in and out of Milton Keynes (April 2012- March 2013)



This graph shows that children and young people in the care of MKCSC are predominantly placed in and around the Milton Keynes area within a 20 mile radius. A small proportion of children are placed 21-50 miles out with Milton Keynes and the smallest number placed 101 miles and over.

There are occasions when the distance to travel to a child makes it not practical for the CIC Nurse to complete within one working day. In this instance an agreement will be secured via the Children's Commissioner for the assessment to be completed locally to where the child is living

Challenges with this process include:

- Lengthy negotiations in order to establish an appropriate practitioner who can undertake the assessment within an acceptable timeframe.
- Service Level Agreements (SLA) need to be completed and transferred between authorities.
- Paperwork needs to be completed and transferred between authorities.
- Timescales for completion are varied in other authorities due to pressures of work load.
- Paperwork received late for IHA and RHA from the social worker. Other authorities will not begin to process a request without full documentation in advance.

The CIC Team inclusive of the Paediatricians will undertake health assessments for children from other areas placed in Milton Keynes providing they have been commissioned to do so by the child's placing authority. Health assessments due for Milton Keynes Children and young people are prioritised.

These difficulties are not exclusive to Milton Keynes but are a nationally recognised problem.

In the reporting year on 31st March there were 105 children from other local authorities recorded as being placed in Milton Keyes. Depending on the distance of these placements some health assessments were completed by the child's own Looked After Children's Team. 40 review health assessments were completed by the MKCIC Health Team as requested by other authorities.

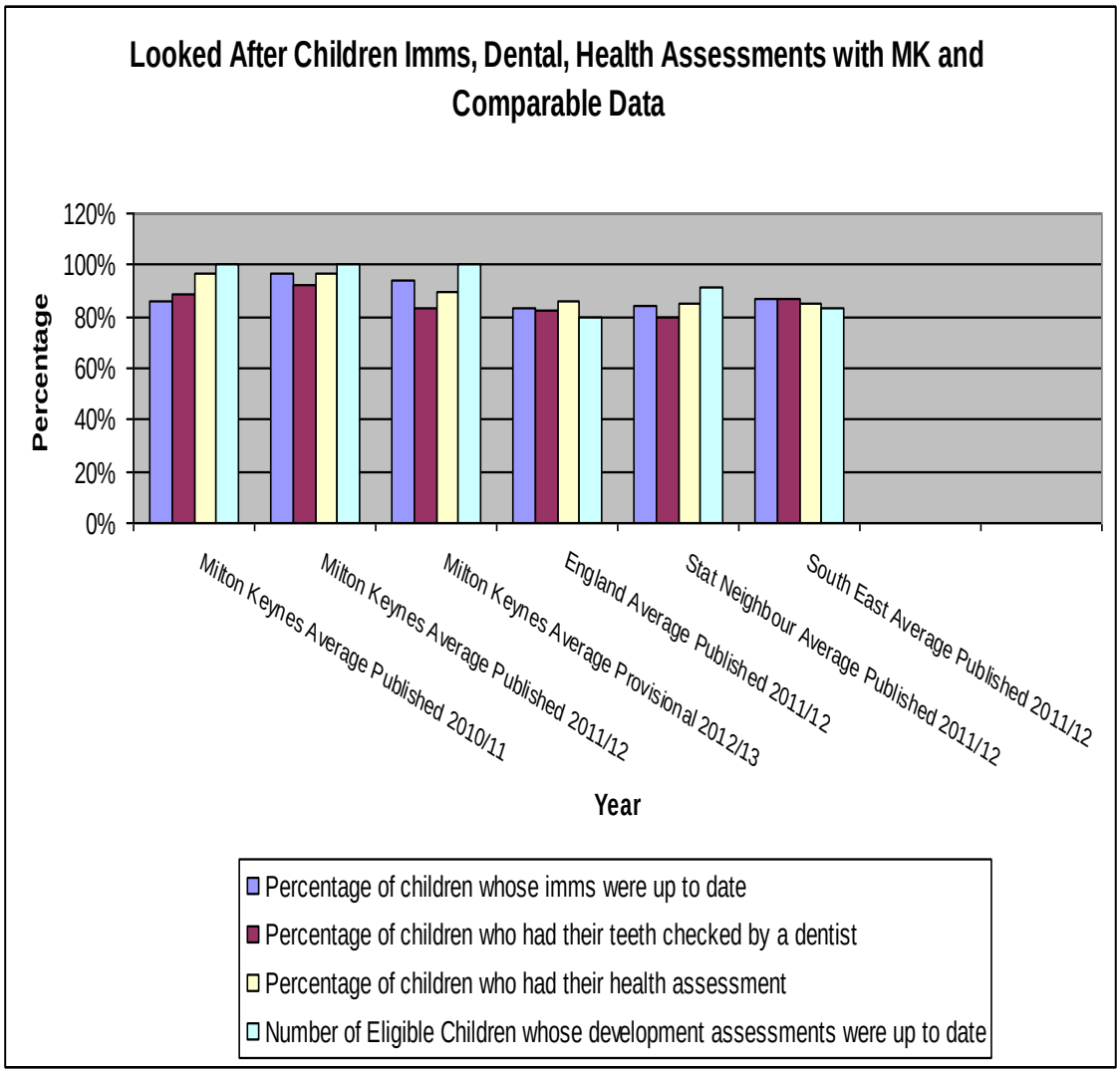
Statistics relating to the health of all children who are looked after for 12 months or over are collated and returned to the Department for Education (DFE). These are to ensure:

- immunisations are up to date,

- developmental checks are completed for all children under the age of 5 years at 6 monthly reviews,
- dental checks are completed at least yearly,
- strength and difficulties questionnaire (SDQ) are completed on children between the ages of 4-16 years
- RHA health assessments are completed yearly for age 5-18 years

10.4 Statistical Data

Graph 6: Statistical data relating to immunisations, dental checks, health assessments and developmental assessments in children under the age of 5 years.



This graph shows that whilst there is some reduction in our percentage rates of dental checks and immunisation uptake Milton Keynes are still achieving rates which are higher than England, the South East and our Statistical Neighbour. The service is continuing to develop practice to improve these rates.

	% of imms up to date	% of dental checks up to date	%of HA completed	Developmental assessments up to date
Milton Keynes Average Published 2010/11	86%	89%	97%	100%
Milton Keynes Average Published 2011/12	97%	92%	97%	100%
Milton Keynes Average Provisional 2012/13	94%	83%	90%	100%
England Average Published 2011/12	83%	82%	86%	80%
Stat Neighbour Average Published 2011/12	84%	80%	85%	91%
South East Average Published 2011/12	87%	87%	85%	83%

Milton Keynes continues to show high performance in all areas of caring for the health of children in care. There will always be variations in data captured year on year and the Health Team are continually striving for the highest standard.

It is a complex task to collate information across systems. Social care data, GP and community records and hospital records are all held on different systems. These systems do not automatically share information and so part of the role is to cross reference information. This is a time consuming task, though essential if children in care have their records synchronised. As such, their health needs are identified and addressed. Children moving from one geographical area to another and changing GP services, adds to the complexity.

In November 2012 there was an outbreak of measles reported in Wales with a total of 1,455 cases identified. This led to the department of health setting up a mass vaccination campaign targeting 1 million school children throughout England. The CIC nurses for Milton Keynes prioritised checking records for MMR status and immunisation status for all children in care. This is a good example of the CIC health team responding to national guidance.

As health assessments are completed on a 6 monthly/ yearly basis, health plans state clearly what actions need to be addressed within a given timescale and by whom. Statutory guidance state these plans need to be reviewed at each child care review. This therefore ensures actions outlined on health plans are followed through. It is recognised there is a slight drop in immunisation and dental percentage. These health statistics are key standards. The Health Team ensure close monitoring of health plans and outcomes to ensure they remain high as part of the overall holistic health assessment for every child and young person.

10.5 Emotional Health and Wellbeing

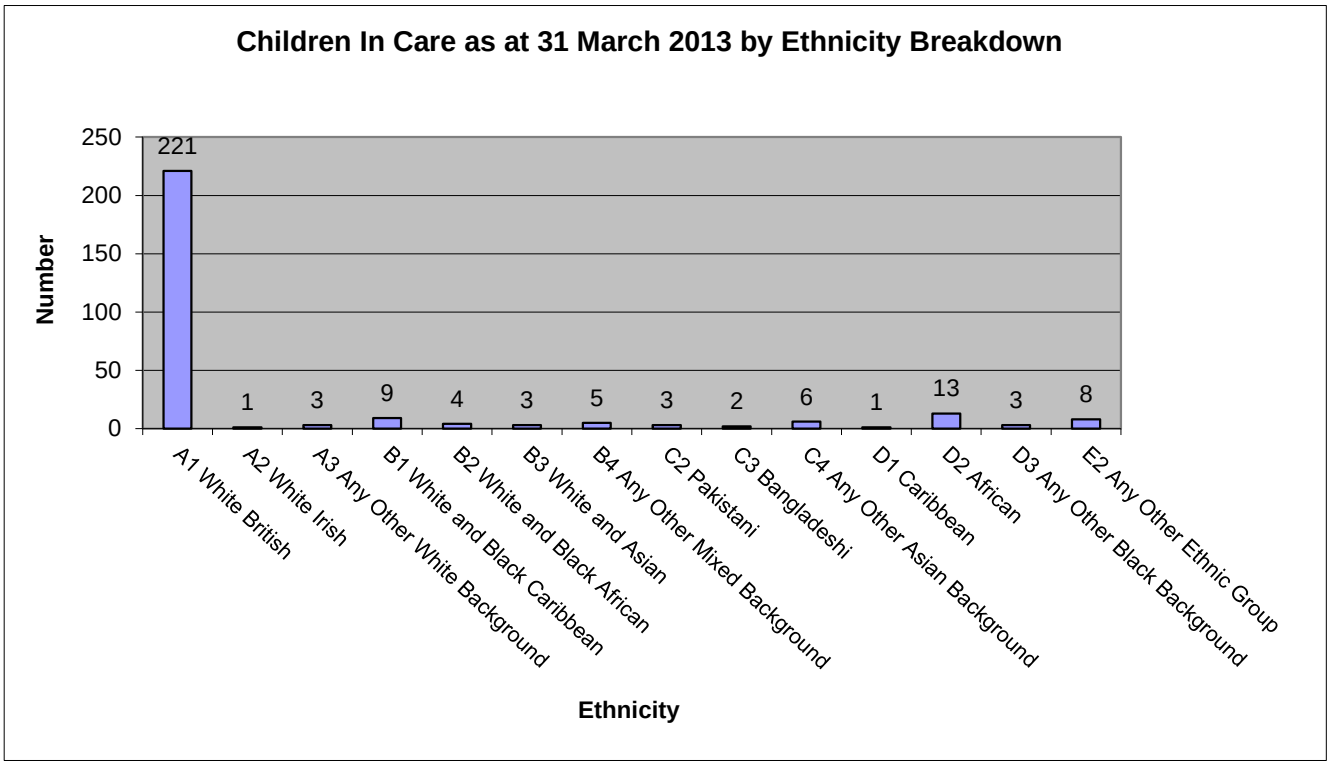
From April 2008 all local authorities in England have been required to provide information on the emotional and behavioural health of children and young people in their care. A 'Strengths and Difficulties' Questionnaire (SDQ) is completed for each looked after child between the ages of 4 to16 inclusive. This is an assessment tool used to aid effective assessment of a child/young person's emotional and behavioural wellbeing. Studies show that looked after children have significantly higher rates of mental health disorders. Evidence suggests that early intervention to promote mental health and wellbeing can prevent the escalation of challenging behaviours and reduce the risk of placement breakdown (pg. 23 SCIE**).** The CIC Nurses monitor results and

those children and young people whose score indicates a cause for concern are discussed with the PMHW to ensure any identified need is addressed.

10.6 Ethnicity

Graph 7: Ethnicity of Children In Care:

In 2001 13.2% of the Milton Keynes population were from a black and minority ethnic background. In 2012 the percentage rose to 26.1%. The statistics for England is 20.2%. (JSNA 2012/2013)



A translator is provided by MKCSC for health assessments for all children, young people and or parents/carers where a language barrier is evident. It is recognised this may be a difficult and potentially upsetting process and one which we aim to handle with the utmost sensitively and compassion. Health and social care ensure all avenues of support are considered individually and all needs addressed to the best of our ability.

The health history for young people who are seeking asylum is often difficult to assess. It is likely they will not have any traceable records for their health and the language barrier may make this process more difficult.

As of March 2012 there were 12 young asylum seekers who were looked after children. In March 2013 this figure was 13. In addition to these figures, there will have been additional IHA's undertaken if there is a young asylum seeker presenting to MKCSC. An assessment will have been completed as per statutory guidelines but they may move on to adult services or indeed return home in a supported manner if this is an appropriate intervention for that young person. In these instances this is not reflected in these figures.

11.0 Engagement with Children and Young People

The children in care team work with parents, carers, children and young people to ensure the delivery and provision of services are relevant and appropriate for them.

CNWL MK has an organisational strategy for seeking the views of service users. An audit supporting this is discussed in section 12.0. There is significant work done by the MKC Participation Worker for children and families, including the TCTF (Today's Child Tomorrows Future) meetings. CIC Nurses have attended one of these meetings and in future will use the opportunity to enquire further about health related issues that the young people may wish to address.

A front cover for the 'Care Leavers Health Information' folder was designed by the young people and joint work continues to develop this between health and social care.

The Ofsted report highlighted the need to improve the information relating to health given to young people who leave care at the age of 18. The importance of knowing health history for young people in care is recognised. In practice this is a complex task due to the fact medical records over the years have been changed from paper files to electronic, information is archived, and health authorities across the country where children may have been placed, use different systems. The Health Team and MKCSC have made this a priority area and we continue to review and improve the process for all young people ensuring those who leave care, have as much health history and advice for looking after their future health as possible.

12.0 Audit

A survey was carried out with 52 of our children in care for their views on their health assessment and the process involved. Children aged 3-10 years used stickers on a poster and a child friendly leaflet, whilst children aged 10 and above were given the opportunity to answer a questionnaire.

Overall, all the children and young people reported they were happy with the consultation for their health assessment, both in the clinic and for the CIC Nurses coming to see them. When asked, 24% had been unsure why they were having a health assessment. Clarity was also needed as to who initially informed the child about the assessment process. 60% of the older age group felt the process was 'just about right' for them, 36% said it was better than expected and 4% felt it was worse. Recommendations from the children and young people have been implemented and will be reported in the coming year. This will include clarity in the protocol in relation to the assessment process, improvement in toys in the clinic, and ensuring the child has an option as to where the assessment takes place.

This audit will be repeated 1 year after implementation of the children's recommendations.

13.0 Training

There is a substantial and embedded training programme run for foster carers. The CIC Nurse and the Designated Doctor provided training for the 'Fostering Babies' course. The 'Good Health Course for Children In Care' was postponed due to the Specialist Nurse leaving post in October 2012. It has since taken place delivered by the Children In Care Nurses and will be included in the next annual report.

In January 2013 the CIC Nurse and a Social Worker delivered the Fostering Changes Course. 'Fostering Changes' is a programme developed by the Conduct Disorder, Fostering and Adoption National and Specialist Team at the Maudsley Hospital, South London and is recommended in NICE/SCIE 2010 guidance 'Promoting the Quality of Life of Looked After Children and Young People'. This is a 12 week course offering foster carers practical help, guidance and support. A better understanding of what may affect a child's behaviour and development helps to strengthen the relationship

between the child and the foster carers. Separation from family can itself cause emotional trauma, vulnerability, and impaired ability to form trusting relationships with adults—factors which may then be compounded by placement breakdowns and frequent moves while in care. Helpful and supportive strategies can be implemented to help bring about positive change.

The training was warmly received and feedback was positive from carers. Foster carers expressed how valued they felt by having this training as they were able to share their own experiences of the challenges they face. They felt that by having joined up working from both the social worker team and health it gave them good overall information from different perspectives. The plan is for the course to be rolled out annually.

14.0 Update on Key Priorities Identified for 2012 / 2013

In the 2012/13 Annual Report a number of priorities were identified. The table below demonstrates the progress that has been made against this during the year.

Priority Area	Local lead	Timescale	Outcome
Agree a revised Service Level Agreement and associated Key Performance Indicators with NHS MK and Northamptonshire to ensure that there is a clear understanding of what commissioners require us to deliver to support children in care.	FW	July 2012	Complete. Service specification agreed.
Ensure that actions identified to meet the 'Markers of Good Practice (MoGP) assurance framework for Looked After Children is implemented to provide assurance to commissioners about the service provided by MKCHS in meeting the needs of children in care.	AV ML	March 2013	Actions from the MoGP are reviewed, progressed and finalised through the Safeguarding Children's Governance Subgroup. 34 action points were out lined and 33 of these have been completed fully.
Work to ensure full implementation of the electronic health assessment forms to enable social workers to make requests in a timelier manner and therefore ensure children are offered health assessments within the required timescale.	ML	Sept 2012	Complete - electronic forms available from August 2012.
Monitor and review of the health assessment process to ensure that children in care are consistently offered timely holistic assessments and have access to a consistent lead professional	ML	March 2013	Complete - The CIC Nurses consistently review month by month, all children requiring health reviews and plan in advance for completion. This process

			is considered in 'priorities for the coming year' as delays still evident.
Secure more consistent feedback from children and young people on the services offered by the children in care health team to enable us to review service provision to better meet the needs of children in care.	ML	October 2012	Complete- Audit February 2012. This will be repeated as an annual audit to ensure young people's views are captured and considered.
FW – Fiona West- Deputy Director Children's Health and Secure Settings, CNWL MK AV – Adeola Vaughan- Designated Doctor for Children In Care, CNWL MK ML – Mandy Lane- Specialist Nurse for Children In care (Left Post October 2012)			

15.0 Service Developments during 2012/13:

The Ofsted/ CQC Inspection of Safeguarding and Looked After Children Services Milton Keynes took place in July 2012. The CQC acknowledged the good engagement and governance structures for the looked after children health service provision and the work of the dedicated looked after health team being highly respected by partners.

The inspectors noted developments required and these included:

1. Milton Keynes Council and MK Community Health Services (now CNWL MK) must ensure that all initial health assessments are completed within the statutory timeframes.

Outcome: An alert system for social workers was added as a prompt for timely paperwork completion. Paperwork, inclusive of consent, must be forwarded to the CIC Nurse to forward to administration CNWL MK so that the IHA assessments are completed within the statutory timescale of 28 days. Collaborative work has continued through the year with MKCSC to ensure progress is monitored. Double clinics have been run by child health when the number of children requiring IHA has exceeded usual numbers, thus adapting to service need.

2. Health action plans need to be written in a measurable way and monitored effectively.

Outcome: Implementation of electronic BAAF forms in August 2012 has ensured health care plans are clear and concise. Copies of the health care plan are sent to the foster carer and the young person if appropriate, and it is recommended that these are taken to each child care review for monitoring by the Independent Reviewing Officer and the allocated social worker.

3. Milton Keynes Council and MK Community Health Services (now MK CNWL) must ensure that all care leavers receive a copy of their health history in line with statutory guidance.

Outcome: Young people were involved in designing a folder to contain health information for care leavers. This was done alongside the youth participation worker

and plan now implemented. IRO's and SW are required to ensure all care leavers are given a copy of their health history.

16.0 Priorities for 2013 / 2014

- The Protocol for 'Promoting the health of Children in Care – a holistic health assessment protocol for health and social care professionals to be reviewed to ensure that it is accurate and effective.
- The CIC Health Team to work closely with social work teams to have health assessment requests received within timescale as outlined in the protocol.
- Work with IRO's and SW regarding the effective recording of data relating to immunisations and dental checks.
- Embed a process for regular review of SDQ scores to enable supervision and case discussion with the PMHW to take place where a score is above average.
- Set up a regular meeting with the Independent Reviewing Officers to improve communication and strengthen good practice.
- Improve the monitoring of information relating to all out of area assessments completed for other authorities.
- Audit the effectiveness of health care plans to ensure actions have been completed.
- Audit the effectiveness of the Rio alert system for CIC.
- Develop a leaflet to inform children and young people of the health assessment process. This will be in line with their feedback from the audit of health assessments February 2013 (see section 12.0)
- To improve social workers access to completed health assessments explore whether the care assessments can be directly linked with ICS.
- Enhance the system for care leavers receiving individual health histories when leaving care. Continue to ensure their views are central to the development of this process.
- These priorities will be captured within an implementation plan with identified leads and timescales and monitored by the Safeguarding Children's Governance sub group.

17.0 Conclusion

2013-14 has seen the Children in Care Health Team continue to promote the health and wellbeing of children in care. This report demonstrates the level of need for CIC and that it remains a priority and continues to improve for CNWL MK and MK CCG.

This annual report has described progress made and partnership with carers and other agencies. The Ofsted/CQC Inspection report showed where improvements were required and action was taken and continues to improve.

Continuity of having the CIC nurse in post for three years and seeing the same children for their reviews in that time is positive both for the children and young people, from a continuity perspective and understanding their needs, development, difficulties and achievements.

Looking forward the Specialist nurse and Children in Care Nurse are fully supported in their roles, working closely with the designated professionals and social care staff to continue to strive to promote the health and wellbeing of children in care, supporting them to stay well, stay safe, aspire and achieve and to move towards adulthood with direction and self-belief.

18.0 References

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