CORPORATE PARENTING PANEL

Meeting held on Wednesday 7th September 2016 at 5.00pm in room F9 in the Town Hall, Katharine Street, Croydon, CR0 1NX

DRAFT MINUTES - PART A

Present: Councillor Alisa Flemming (Chair)
Councillors Pat Clouder, Maria Gatland, Shafi Khan, Andrew Rendle and Andy Stranack

Officers Sarah Baker, Jacqueline Jackson, Ian Johnstone, Ian Lewis, Marcia Lindsey, Gary Lineker, John Martin, Stephen Nyasamo, Sheila O'Brien, Sandra Richards, Simon Wilkinson, Wendy Tomlinson, Amanda Tuke

Apologies: Councillor Bernadette Khan

A19/16 MINUTES (agenda item 2)

RESOLVED that the minutes of the meeting be agreed and signed by the Chair with the following correction: Wendy Tomlinson should have been included in the list of officers in attendance.

A20/16 DISCLOSURE OF INTEREST (agenda item 3)

None

A21/16 URGENT BUSINESS (agenda item 4)

None

A22/16 EXEMPT ITEMS (agenda item 5)

None.

A23/16 Assessing the health and wellbeing of Croydon's Looked After Children (agenda item 6)

The Head of the Looked After Children's Service introduced the report, highlighting the partnership work which had gone into its production.

She explained that the first part of the report set out the commissioning arrangements for health assessments and improving health outcomes for Looked After Children and that the second part gave an overview of the health needs of Looked After Children.

Using a brief presentation, officers gave an overview of commissioning arrangements for improving health outcomes for looked after children, setting out the service providers for key elements of health services for looked after children.

Officers were questioned regarding the average number of initial assessments carried out each month. They explained that about twelve initial assessments were carried out each month for local LAC aged under 12 by the CHS community children's medical service. Panel members expressed concerns that the current contract did not have enough capacity to carry out initial health assessments in a timely fashion, and to identify mental health needs. Officers explained that a transformation plan was being implemented by CAMHS to address backlogs in mental health assessments. In addition, Panel members were reminded that the voluntary sector had a good track record for providing mental health services for young people.

Panel members were impressed with the partnership work shown in the report. They asked how schools and colleges fed into the health assessment process. Officers explained that all school children were known to school nurses, who had responsibility for carrying out health assessments and drawing up health action plans for pupils. School nurses also had a child safeguarding responsibility and a key role in identifying and following up any safeguarding risks.

Officers were asked about the likelihood of delays in health assessments if a school nurse moved away from a particular school. They replied that overseeing the day to day health needs of looked after children and *issuing requests* for health assessments were managed by children's social care with set deadlines and did not depend on school nurses. Moreover, school nurses usually take responsibility for more than one school. Asked about the training provided to nurses in special schools, officers stated that they received additional training to equip them to cater

for the special needs of pupils in these establishments and to make more complex assessments, which included guidance on identifying and managing autism, ADHD and other conditions.

Panel members requested further information on the skills set expected from school nurses including special skills relating to the identification and follow-up of special educational needs and disabilities (SEND), which officers undertook to provide.

Officers gave an overview of measures being taken to improve the timeliness of health assessments for looked after children. They stated that this had improved since 2015 (from 76.5% within targets to 85% in 2016) but admitted that there was still much room for improvement. They added that a quality assurance assessment had just been completed, showing a marked improvement in the quality of health assessment being carried out. Such assessments had never been carried out until nine months ago.

The Designated LAC doctor provided further information on the quality assurance process. This involved examining samples of initial and review assessments and establishing trends. He had concluded that the main flaw of many assessments had been weakness in identifying the emotional needs of LAC. This had been a particular problem for unaccompanied asylum seeking children, who had been assessed primarily by non-specialist GPs. The Designated LAC doctor estimated that these GPs may have missed about 50% of the children's emotional needs from their health assessments. The Designated LAC Nurse informed the Panel that training was now being given to doctors, social workers and other health professionals on how to tackle the gaps which have been identified in health assessments, with a session planned for 21 September. In addition, there are plans to redesign the health assessment pro-forma to enable more accurate assessments.

Panel members endorsed the conclusions of the report regarding the commissioning arrangements for health assessments, which are as follows:

- Efforts should continue to improve the timeliness of LAC health assessments by implementing the project developments
- The focus for the remainder of 2016-2017 should also be on improving the percentage of children with up-to-date dental checks and Strengths and Difficulties questionnaires

Panel members went on to examine the health needs of LAC. They noted that paragraph 79 of the report stated that 66% to 80% of LAC were estimated to have mental health needs whereas these needs were identified in only 40% of these children. The designated LAC doctor commented that '*you need to ask the right*

questions to get the right answers' and thus obtain an accurate picture of a child's needs. Officers added that improved recording could help this to improve.

Panel members discussed delays in accessing mental health services. Officers explained that this had been a significant problem but that the situation was improving, with delays cut from 18 months to 5 weeks in the vast majority of cases.

Officers also highlighted the need for a smooth transition from children's mental health services to adult mental health services. In particular, it was critical for a young person leaving care to be registered with a GP as it could be difficult for a care leaver to reregister if his/her GP registration lapsed. It was observed that this represented a particularly high risk for young men, who were reluctant to see a doctor. It was also noted that if a treatment needed to continue when a young person turned 18, he/she needed to reregister all over again as an adult in order to continue to access the care they needed.

Panel members invited young people in attendance at the meeting to give an outline of their health issues.

N

N was aged 15 when she had her first health assessment with a doctor and a nurse. Her English was poor at the time. However, she thought well of the process. Since then, she has had various health assessments but has not received feedback on the findings of the assessments.

G

G is a local looked after young person who is being treated for depression, self-harming and other health issues. He has been waiting for a health assessment for one year, with a view to using its findings to support an assessment for social housing. He currently has a room in the YMCA and has previously had problems with rent arrears. Having had to wait for a long time for an assessment and having no clarity about his future have underpinned his current mental health problems. He has been prescribed medication for his condition.

L

L suffers from depression and anxiety and struggles with relationships. He has not seen a health professional in the last six years and is now aged 22. As he has not had a diagnosis of his problems, he can make no progress. L was prescribed medication for his depression but did not take it consistently as it made him feel worse, so the medication was eventually abandoned. L has found it difficult to manage his mental health needs as he has had to deal with a number of different health professionals, rather than

one dedicated one. He pointed out that even if one gets housing accommodation, one can still feel isolated from others.

Having listened to the above young people, Panel members suggested that it might be useful if various health services were co-located so that patients did not have to go to various different health centres to receive treatment. It was also suggested that Skype might be used to reduce the need to travel to various healthcare locations. Panel members also concurred that it would be preferable for patients with mental health needs to be treated by one health professional so that they did not have to undergo the stress and frustration of retelling their story on repeated occasions. Having heard this, officers pointed out that a need may not always be identified during a first appointment.

It was suggested that a patient could have a “health needs passport” which they could share with the healthcare professionals they dealt with. One of the looked after young people commented that to some extent, this was already happening through shared computer records, but that they still had to repeat “their story” at various appointments. It was pointed out that while there were computer records regarding patients’ history, the quality of communication with health professionals could throw further light on patients’ needs and possible solutions. Officers acknowledged the distress which delays and dealings with a multiplicity of health professionals could cause.

Officers advised the Panel that during health assessments, LAC were given the opportunity to see the doctor or nurse on their own. Equally, young children were also authorised to see the school nurse on their own.

Panel members enquired whether the lack of good English might hinder the identification of mental health needs as it prevented LAC from describing their feelings and experiences in any detail.

Panel members highlighted the fact that young people in care could contact their local councillor if they experienced particular issues and found it difficult to access the support they needed. The Chair of the Panel suggested that social workers should give young people in care the details of their local councillors in order to enable them to refer challenging health service problems to them.

Officers were asked to provide information on waiting times for mental health services, broken down by the number of cases per numbers of weeks’ wait.

Young people who had shared their experiences of health assessments and services shared their suggestions for future improvements as follows:

- Better feedback about health assessments (N)
- Reduced waiting times for access to mental health services and improved communications regarding mental health problems, preferably with only one named healthcare provider (L)
- An improved selection of foster carers (G)

L, G and N were thanked for their useful contributions to discussions.

RESOLVED that:
- The report be noted.
- Young people be provided with feedback on the information and suggestions they had contributed at the meeting

A24/16 Corporate Parenting Work programme Report (agenda item 7)

The work programme was agreed by the panel.

The Chair highlighted the fact that the following meeting would be postponed from 18 October – the date is set out below.

The Chair asked for young people to be provided with full agendas before each meeting.

A25/16 Dates of Future Meetings (agenda item 7)

- 9 November 2016 at 5pm
- 11 January 2017 at 5pm
- 8 March 2017 at 5pm

The meeting ended at 6.55pm