





	Health and Wellbeing Board
	10 March 2016
Title	Health Report - Children in Care
Report of	Lead Member for Children Commissioning Director for Children and Young People
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1: Corporate Parenting Advisory Panel Report – 9 February 2016 Appendix 2: Interim Health Report for Children in Care
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# **Summary**

The Barnet Children in Care's Health team (CIC) supports children in care to access mainstream health services, whilst providing a specialist targeted service. During the period of August 2014- August 2015 all children in care who were eligible for a review health assessment had a health assessment carried out.

This report informs the Board with the work that the Children in Care health team have achieved in the period April – October 2015 as set out in Appendix 2 of the report, which was reported to the Corporate Parenting Advisory Panel on 9<sup>th</sup> February 2016.

# Recommendations

- 1. That the Health and Wellbeing Board notes and comments on the Health of Children in Care Annual Report (Appendix 2).
- 2. The Board notes the poor compliance with statutory timescales for initial health assessments for looked after children and recommends that further information is urgently sought from the CCG in terms of the capacity to undertake assessments and that a report on timescales for initial health assessments is brought back to the May meeting of the Corporate Parenting Advisory Board.

### 1. WHY THIS REPORT IS NEEDED

- 1.1 The report provides an update to the Board on the work undertaken during the period April October 2015 by the Children in Care health team.
- 1.2 The Corporate Parenting Advisory Board considered the report on the 9 February 2016. The Lead Member for Children recommended that the report be considered by the HWBB in order to seek further information from the CCG in terms of the capacity to undertake assessments and inform a report on timescales for initial health assessments which will be brought back to the Corporate Parenting Advisory Board in May.

### 2. REASONS FOR RECOMMENDATIONS

2.1 To update the Board with the information contained in the Health Report – Children in Care (appendix 2).

### 3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

## 4. POST DECISION IMPLEMENTATION

- 4.1 An update report has been requested to be reported to the next meeting of the Health and Wellbeing Board.
- 4.2 Work will continue as set out in the Service Level Agreement with Central London Community Healthcare Services.

# 5. IMPLICATIONS OF DECISION

- 5.1 Corporate Priorities and Performance
- 5.1.1 The work undertaken supports the aims and objectives set out in the Council's Corporate Plan 2015-2020, particularly in relation to the emphasis on early intervention, safeguarding arrangements for vulnerable young people and providing support through an integrated range of services.
- 5.1.2 The Council's Corporate Plan for 2015-20 sets the vision and strategy for the next five years based on the core principles of fairness, responsibility and opportunity, to make sure Barnet is a place:
  - Of opportunity, where people can further their quality of life
  - Where people are helped to help themselves, recognising that prevention is better than cure
  - Where responsibility is shared, fairly
  - Where services are delivered efficiently to get value for money for the taxpayer.

# 5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 As set out in the Corporate Parenting Advisory Panel cover report.
- 5.3 Social Value
- 5.3.1 Not applicable in the context of this report.

# 5.4 Legal and Constitutional References

- 5.4.1 Under the Council's Constitution, Responsibility for Functions (Annex A) the terms of reference for the Health and Wellbeing Board includes the following:
  - To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
  - To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
  - To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.
  - Specific responsibilities for:
    - Overseeing public health
    - Developing further health and social care integration.

# 5.5 **Risk Management**

5.5.1 Not applicable.

## 5.6 Equalities and Diversity

- 5.6.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies **to have due regard** to the need to:
  - eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
  - advance equality of opportunity between people from different groups
  - foster good relations between people from different groups

## 5.7 Consultation and Engagement

5.7.1 As outlined in the CPAP cover report.

# 5.8 **Insight**

5.8.1 As outlined in the CPAP cover report.

### 6. BACKGROUND PAPERS

6.1 Corporate Parenting Advisory Panel – 9 February 2016 <a href="http://barnet.moderngov.co.uk/ieListDocuments.aspx?Cld=208&Mld=8540">http://barnet.moderngov.co.uk/ieListDocuments.aspx?Cld=208&Mld=8540</a>