

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	EPCMS 13
Service	Adult Fostering Health and Medical Assessment Service
Commissioner Lead	Colin Webb, Commissioning Manager
Provider Lead	Hull Primary Care
Period	1 April 2021 – 31 March 2026
Date of Review	April - Annually

1. Population Needs

1.1 National/local context and evidence base

The purpose of this service is to assist NHS Hull CCG in discharging its duties under Section 11 of the Children Act 2004 (updated by Health and Social Care Act 2012) to safeguard and promote the welfare of children and to cooperate with other organisations and agencies to achieve this.

This service specification encompasses the health and medical assessment service for foster carers and the medical advisor approval requirements for prospective Adoptive parents.

1.1.1 National/local context and evidence base

National context

Under the Children Act 1989, a child is legally defined as 'looked after' by a local authority if he or she: is provided with accommodation from the local authority for a continuous period of more than 24 hours and/or is subject to a care order (to put the child into the care of the Local Authority). The three types of Care Orders defined within the Act include:-

- Voluntary Care Order (Section 20)
- Interim Care Order (Section 38), and a
- Full Care Order (Section 31).

Where a child is the subject of a care order, the Local Authority as corporate parent must Assess the child's needs and develop a care plan to meet those identified needs. The CCG has a duty to comply with requests from the local authority to help them to provide services and support to children in need including those who are looked after.

In addition to being subject to a care order, a child may be subject to a Local Authority care plan of adoption. Until such time as an adoption order is finalised by the Court, a child with a care plan of adoption remains a 'Child who is looked after' and as such, the health care provision for Children who are looked after applies. A Care Leaver is defined by the Children (Leaving Care) Act 2000 as a young person who has been in the care of the local authority for a period of 13 weeks or more spanning their 16th birthday.

The increased complex health needs of children who are looked after are outlined in the Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children (DfE, DH, 2015) and NICE guidance (PH 28, 2010 updated 2015). Therefore, it is of paramount importance that foster carers and adopters are recruited with high quality skills and are medically able to care for children who are/have been looked after. The requirement to collect information on prospective adoptive applicants and foster carers is laid down in the relevant Adoption and Fostering Regulations for England, Northern Ireland, Scotland and Wales.

The Adoption and Children Act (2002) aligns adoption law with the relevant provisions of the Children Act 1989 to ensure that the children's welfare is the paramount consideration in all decisions relating to adoption. The Special Guardianship Regulations 2016 prescribed additional

matters in relation to the Special Guardianship Order (SGO). The SGO gives parental responsibility for a child to a special guardian who can exercise it to the exclusion of others with parental responsibility and provides a permanence option for children for whom adoption is not appropriate.

The Adoption Agencies Regulations 2005 requirement 25 stipulates that an adopters report presented to an Adoption Panel must include a written report from a registered medical practitioner about the health of prospective adopters, following a full examination.

Foster carers include those that provide kinship and supported lodgings care. Kinship Care is an arrangement where a child who cannot be cared for by their parents(s) lives with a relative or family friend. Supported Lodgings enable single people aged sixteen and above to be offered accommodation in a home environment when leaving foster care or residential care. Supported Lodgings are provided by people who can offer a bedroom in their homes, along with some level of support, to Care Leavers.

The Care Planning and Fostering Regulations 2015 is the regulatory framework under the Care Standards Act 2000 and prescribes how assessments of foster carers should be carried out which should include details of an applicant's health supported by a medical report.

Children who are looked after often enter care with a worse level of health than their peers. They are more likely to have mental health issues, emotional disorders, hyperactivity conditions and autistic spectrum disorders. For example, 45% of looked after children have mental health disorders – rising to 72% for those in residential care – compared with 10% of the general population aged five to 15 (Mooney et al 2009). They leave care with increased risks of substance misuse, mental health problems, homelessness and offending. Their educational and employment achievements are significantly less, with 41% of 19-year-old Care Leavers not in education, employment or training (NEET) in 2013/14, compared with 15% for all 19-year-olds (National Audit Office 2015).

The Care Quality Commission (CQC) review of the health care aspects of children's services through the 'Children Looked After and Safeguarding' (CLAS) in-depth inspections evidenced an unwarranted variation in provision for the health and welfare of looked after children in England. The report highlights that children and young people in care remain some of the most vulnerable in our society; yet not all get the help when and where they need it. This includes significant concerns related to access to and provision of emotional and mental health support and transition from children's to adult health services and those who are moving area or leaving care. Children's involvement in their care was seen to lack meaningful engagement; losing the voice and views of children at each stage of their care planning and failure for them to take ownership of their own treatment and care (CQC, 2016).

1.1.2 Local context

NHS Hull CCG recognise that a whole-system approach and integrated service delivery for children who are looked after, Care Leavers and their carer's are fundamental to improving outcomes for some of the most vulnerable children in the City.

This service forms an integrated part of a wider network of health and multi-agency child and family services. It will ensure that those providing foster care and prospective adoptive parents have optimum health status and medically able to fulfil their responsibilities.

This service specification covers the overarching health and medical assessment and screening requirements for those providing foster care and prospective adoptive parents.

The Service will be required to deliver care that is evidence based and clinically safe, effective, efficient and consistent with national and local policy, clinical guidelines and NHS Standards to looked after children, Care Leavers, their foster carers and prospective adoptive parents. The service will be led by specialist medical, nursing and health professionals who have additional knowledge, skills and experience in working, assessing and promoting the health and wellbeing of potential and actual foster carers and adoptive parents.

This service supports NHS Hull CCG to fulfil its responsibilities and requirements of delivering the health component detailed in the Statutory Guidance on Promoting the Health and Well-being of Looked After Children (DfE, DH 2015).

References:

1. BAAF2009

http://www.proceduresonline.com/lbbd/cs/user_controlled_lcms_area/uploaded_files/Health%20assessment%20form%20for%20Foster%20carers.%20SG%20%20and%20adopters.doc

2. Outcomes**2.1 NHS Outcomes Framework Domains & Indicators**

Domain 1	Preventing people from dying prematurely	✓
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

2.2 Locally Defined Outcomes

2.2.1 The service will deliver care that focusses upon the improvements it can make for children who are looked after, Care Leavers and their foster carers /adoptive parents in terms of; clinical effectiveness, enhanced emotional and social benefits, and health outcomes.

Health outcomes include:-

- reduction in the incidence of placement breakdowns owing to the health status of foster carers or adoptive parents
- improved experience of foster carers and prospective adoptive parents
- Improved physical and emotional health and wellbeing of Children who are looked after and young people and Care Leavers through their appointed carers.

3. Scope**3.1 Aims and objectives of service**

3.1.1 The aim of the service is for Hull General Practitioners to undertake health and medical assessments and screening of their patients who are prospective and active foster carers and adoptive parents* providing high quality and timely information on the findings of those assessments to Hull City Council (Hull CC) Fostering and Adoption Service and to the regional adoption centre (One Adoption North and Humber) to ensure looked after children and those with a care plan of adoption are placed with carers who are safe and able to meet their needs. This will contribute to the improvement in health outcomes for children with a looked after status and ensure the legislative requirements are fulfilled.

* **NB:** Adoption medical assessments are undertaken by the patients' GP within a privately agreed arrangement and separate to this contract. However, all adoption medical assessments must be reviewed and approved by the Adult Fostering and Adoption Medical Advisor (the same as all fostering medical assessments). The Adult Fostering and Adoption Medical Advisor will forward approved medical assessments to the relevant body for panel submission.

The objectives of the service are to:-

- Provide the Fostering and Adoption Service/ One Adoption North and Humber with timely and high quality relevant health and medical information that will enable them to have a clear understanding of the health status of foster carers and adopter applicants including the potential impact on their ability to care for children.
- Comprehensively complete and submit the locally agreed BAAF Form AH (Appendix D) that will indicate the suitability of an applicant to adopt or foster to the Adult Fostering and Adoption Medical Advisor.
- Ensure prospective foster carers and adoptive parents are treated with dignity and respect during the process of gaining and in the reporting of their health and medical information.
- Support a reduction in the incidence of placement breakdowns owing to the health problems of foster carers or adoptive parents.

3.2 Service description/care pathway

3.2.1 The service will be provided to all adults who apply to Hull City Council as foster carers, kinship carers, supported lodgings carers, guardians under special guardianship orders or adoptive parents of children who are looked after/young people. It will be delivered by appropriately skilled and trained health and medical staff within Primary Care in Hull by the registered GP Practice of the applicant.

The service will work collaboratively with the Local Authority Fostering and Adoption Service and the regional Adoption Service; One Adoption North and Humber.

The service will:-

- a) Undertake initial and review health/medical assessments and report on health and medical information in relation to prospective/current foster carers and prospective adoptive parents, using the BAAF Form AH and within the agreed timescales.
- b) Information will include advising the Fostering and Adoption Panel on any potential for a health issue to impact on the applicant's ability to care for a child in the future. Ensure any gaps in information or any information which indicates that an applicant may not be suitable to foster or adopt children/young people is communicated clearly in the written report (BAAF Form AH)
- c) Submit BAAF Form AH to the Adult Fostering and Adoption Medical Advisor for review/approval for onward submission to the relevant Panel.
- d) Ensure the Local Authority Fostering and Adoption service receives timely information where applicants fail to attend for their health and medical assessment.
- e) Provide health information, education, support and advice to prospective foster carers and adopters as appropriate to the individual need identified.
- f) Participate in joint review meetings with the Adult Fostering and Adoption Medical Advisor and local authority representatives, working collaboratively to review and improve working arrangements to the benefit of all including foster carers and prospective adoptive parents.
- g) Collate and provide NHS Hull CCG and Hull CC with data in relation to the service that will meet the needs of the CYP Partnership and the inspection regimes of the Care Quality Commission (CQC) and OFSTED.

Prospective adoptive parents

- h) Ensure medical assessment information obtained from a prospective adopter and special guardianship Medical Assessment in Primary Care using the BAAF Form AH is submitted to the Adult Fostering and Adoption Medical Advisor by secure email for approval and onward submission to the appropriate Panel within 4 weeks of the medical request.

Foster Carers (including Special Guardianship Orders (SGO) Kinship Care and Supported Lodgings):

- i) Ensure health self-assessment information obtained from prospective foster carers is screened.
- j) Provide health/medical assessments to prospective foster carers and submit the completed BAAF Form AH to the Adult Fostering and Adoption Medical Advisor within 4 weeks of the request for information
- k) Undertake review health/medical assessment every 3 years for all foster carers

3.3 Referral Processes (see appendices)

- **Appendix B** – Adult Prospective Adopters Medical Report process
- **Appendix C** – Adult Foster Carer medical report process

3.4 Population covered

3.4.1 Prospective and active foster carers (including kinship carers, supported lodgings carers, guardians under special guardianship orders) for children who are looked after and/or placed for adoption by Hull City Council and registered with a Hull GP.

3.5 Acceptance and exclusion criteria

3.5.1 Acceptance

Hull City Council is the lead agency with responsibility for the initial screening of adult applicants. The service will provide health and medical information in relation to those adults referred to them by the Hull City Council Fostering and Adoption Service.

3.5.2 Interdependence with other services/providers/bodies

The Service is an integral element of children, young people and family services across the City of Hull. Delivering care to this specific cohort of children and young people and their carers necessitates collaborative working with an extensive range of health, social care, education and voluntary/community sector services and their staff.

This includes all services related to safeguarding and SEND (including Designated and Named Professionals) and not exclusively:-

- 0-19 Specialist Public Health Nursing Service
- Children's Community LAC Health Service
- Children and Adult Social Care Services
- Sexual health and substance misuse services
- Secondary care (in-hospital services)
- Children's community nursing and medical services
- Children and Young People's Emotional Health and Vulnerability Services
- Youth Justice Service
- Post adoption support services
- Hull CC Integrated Looked After Children Service and Fostering and Adoption Services
- Residential care homes (local authority and private) and short break care facilities
- Humber Teaching NHS Foundation Trust
- Hull University Teaching Hospital Trust

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

4.1.1

The Children Act 1989, The Care Standards Act 2000 and accompanying regulations and guidance provide the legal framework for providing services to children who are looked after and young people.

The Service will ensure that all relevant national standards including NICE are applied to this service and will provide evidence of this.

This will include as a minimum:

- Looked-after children and young people: Quality standard [QS31]: April 2013, NICE

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

This includes:

- Promoting the health and well-being of looked-after children. (2015, DfE,DH)
- Looked after children: knowledge, skills and competencies of health care staff. Intercollegiate Role Framework (2015, RCOGP, RCN, RCPCH)
- Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children (2018, HM Government)
- Looked-after children and young people (PH28); Public Health Guideline, Revised 2015)
- Quality Statements 1-8 for Looked After Children (NICE 2013)
- SEND Code of Practice, 2014 (DfE, DH)
- All relevant NICE guidance and guidelines
- All relevant standards relating to Looked After Children.

4.3 Applicable local standards

This will include as a minimum:

- Hull Children's Safeguarding Partnership policy and procedures
- Hull Health and Wellbeing Strategy, (Hull CC)

4.3.1 The Provider must be able to provide evidence of staff training and competency which may be requested by the Commissioner at any time.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements

5.1.1 The Provider will develop and follow a standard operating policy for provision of this service.

5.1.2 It is a condition of participation in this service that practitioners will give notification, within 48 hours (two working days), of the information becoming known to him/her, to the CCG clinical governance lead, of all relevant significant adverse events, emergency admissions or deaths of any patient treated under this service. This is in addition to any statutory obligations.

5.1.3 The quality of service provision will be monitored through quality assurance framework led by the Adult Fostering and Adoption Medical Advisor, jointly with the CCG and local authority leads.

6. Location of Provider Premises

6.1 Premises

6.1.1 The service will be provided from the Provider's Premises located at: Hull GP Practices.

7. Individual Service User Placement

Not applicable

Appendices

Appendix A - Definitions for foster carers

Mainstream Foster Carers. Providing short or long-term placements for children who are looked after aged 0-18 years. These include:-

Respite foster carers. Provide one-off or recurring regular respite placements to support the child/ren (who are in fulltime foster care) and their main foster carer.

PACE foster carers. Provide placements for children who would otherwise remain in police custody overnight (we only have one household at present)

Parent Assessment & Support Team (PAST) foster carers. Provide parent and child placements so that an intensive assessment of the parent's ability to care for the child can be undertaken whilst in these placements.

Support care foster carers – provide short break provision to children and young people (including those with disabilities) and living at home with their birth family. This enables parents to have a short break and in order to sustain the children remaining at home.

Connected persons foster carers. Sometimes referred to as Kinship Care (or Family & Friends Carers), is an arrangement where a child who cannot be cared for by their parents(s) lives with a relative or family friend and who have been approved as foster carers for specific child/ren.

Special Guardianship Carers. The Special Guardianship Order (SGO) gives parental responsibility for a child to a special guardian who can exercise it to the exclusion of others with parental responsibility and provides a permanence option for children for whom adoption is not appropriate.

Supported Lodgings enable single people aged sixteen and above to be offered accommodation (not care) in a home environment when leaving foster care or residential care. Supported Lodgings are provided by people who can offer a bedroom in their homes, along with some level of support, to Care Leavers. Staying Put refers to former foster carers where young person has "stayed put" with their carer post 18.

Appendix B – Adult prospective adopter medical process flow



Adult Adopter
Medical Process Flow

Appendix C – Adult Foster Carer medical report process flow



Adult Foster Carer
Process flow chart

Appendix D – Sample CoramBAFF Form AH 2018



CoramBAFF AH 2018
Sample