

CORPORATE PARENTING COMMITTEE (FORMAL)	AGENDA ITEM No. 10a
21 July 2021	PUBLIC REPORT

Report of:	Wendi Ogle-Welbourn, Executive Director People and Communities	
Cabinet Member(s) responsible:	Councillor Lynne Ayres, Cabinet Member for Children's Services	
Contact Officer(s):	Nicola Curley, Assistant Director Children's Social Care Catherine York, Designated Nurse Children in Care	Tel: 864065

HEALTH UPDATE REPORT 1 APRIL – 31 JUNE 2021

R E C O M M E N D A T I O N S	
FROM: Assistant Director Children's Social Care	Deadline date: N/A
<p>It is recommended that the Corporate Parenting Committee:</p> <ol style="list-style-type: none"> 1. Notes the content of the report 2. Raise any queries with the lead officers 	

1. ORIGIN OF REPORT

1.1 This report is submitted to a formal Corporate Parenting Committee

2. PURPOSE AND REASON FOR REPORT

2.1 This report provides an update on the performance of Initial Health Assessments, Review Health Assessments and the Strength and Difficulties Questionnaire. The report provides an overview of the Clinical Commissioning Group's (CCG) activities to ensure robust monitoring and quality assurance systems are in place to meet the health needs of Peterborough's children in care.

2.2 This report is for the Corporate Parenting panel to consider under its terms of reference no: 2.4.3.6 (c) Promote the development of participation and ensure that the view of children and young people are regularly heard through the Corporate Parenting Committee to improve educational, health and social outcomes to raise aspiration and attainments.

2.3 This links to priority 4 of the Children in Care Pledge and Care Leavers Charter. Health issues of Children and young people in care

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO
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4.

BACKGROUND AND KEY ISSUES

4.1 The COVID-19 pandemic had an unprecedented impact on the provision of health services, including the physical and mental health care provided to children in care. Throughout this time, the Designated Nurse and Doctor for Children in Care worked with commissioners and providers across social care and health to ensure the provision, quality and timeliness of the required health services including statutory health assessments and completion of the Strengths and Difficulties Questionnaire.

4.2 Health Assessments

In line with national guidance our providers moved to undertaking virtual health assessments, providing face-to-face clinic appointments for children and young people when clinically indicated, and referral(s) to other services continue to be made as appropriate. Feedback received from carers and young people indicates that the experience of having a virtual assessment was broadly welcomed, and the compliance rate for assessments was good.

4.3 Initial Health Assessments

Initial Health Assessments (IHAs) for those aged 0-5 years continued to be face-to-face appointments throughout the pandemic, and from the beginning of June 2021 all other IHAs returned to face-to-face appointments. Virtual IHAs remain an option if the agreed criteria are met, but it is believed that this will be for a small number of young people.

4.4 Initial Health Assessment Performance Data:

Children and young people placed in Peterborough			
Month	Number of children new to care	IHAs completed within 20 working days of coming into care	Reason 20 working day target not being achieved
April 2021	5	4	1 = late consent and referral. Young person old enough to consent at time of assessment, but referral not received by health.
May 2021	8	8	
June 2021	6	6	
Children and young people placed outside of Peterborough			
April 2021	1	1	
May 2021	0	0	
June 2021	0	0	
Overall totals			
Number	20	19	
Percentage	100%	95%	

4.5 Review Health Assessments

Current provision of Review Health Assessments (RHAs) s continues to be via video consultation unless clinically indicated when a face-to-face consultation is undertaken. Occasionally a telephone consultation is being used at the request of the young person. For those who decline their consultation a questionnaire is provided which enables a Health Action

Plan to be created (in line with the Pathway).

The recovery plan for RHAs is in place, with the service planning to offer a hybrid model, which will include face to face appointments and virtual appointments for those young people who prefer this option and who meet the agreed criteria which are based on the learning from the past 15 months; this will be monitored by the Lead Nurse and Designated Nurse, as will the quality of the assessments. The CICC are to be included in discussions and decisions about the future offer.

4.6 Review Health Assessment Performance Data:

Children and young people placed in Peterborough			
Month	Number of children new to care	RHAs completed within timescale	Reason timescale was not achieved
April 2021	22	18	1 = carer's availability. 2 = late due to previous DNA 1 = late due to young person declining initially
May 2021	22	20	1 = carer's availability 1 = DNA. Young person went out.
June 2021	28	27	1 = carer's availability
Children and young people placed outside of Peterborough			
April 2021	7	2	5 = delays in receipt of documentation from out of area team
May 2021	10	8	1 = child moved area so requested late 1 = delays in receipt of documentation from out of area team
June 2021	7	4	3 = delays in receipt of documentation from out of area team
Overall totals			
Number	96	79	
Percentage	100%	82%	

4.7 Strength and Difficulties Questionnaires (SDQ)

The Strength and Difficulties Questionnaire, commonly known as the SDQ, is a short behavioural screening questionnaire. There are three versions of the SDQ: the parent/carer, the teacher, and the self-report scale (completed by 11-16 year olds), which provide the potential for triangulation of information about a child across the different versions. These questionnaires are used alongside health assessments to support the assessment of emotional health and wellbeing. Scoring categories are: Low need (0-13), Some need (14-16) and High need (17-40).

The health team in Peterborough undertake the SDQ process on behalf of Social Care. Pre COVID-19, the Questionnaires were given out at health assessments as this was found to provide a higher percentage of returns and provide a score reflective of the child's / young person's well-being at the time of the health assessment and therefore supporting the holistic assessment. Since the pandemic and commencement of virtual health assessments, the questionnaire is emailed to the carer around 2 weeks prior to the assessment with a request for the carer to complete the questionnaire and return to the health team before the health

assessment; this process is the same for children/young people placed in and out of Peterborough. This change in process has resulted in far fewer SDQs being available at the Review Health Assessment appointment, and an overall return rate of only 49% as demonstrated in the table below.

The return of face-to-face RHAs will result in an increased number of SDQs being completed, so the August 2021 to March 2022 performance should be in line with the pre-covid performance.

4.8 **SDQ Completion Rate and Average Score 1st April 2020 – 31st March 2021:**

Number of SDQs sent to carers and young people	Number of SDQs returned by carers and young people	Average score of SDQs completed by carers	Average score of SDQs completed by young people
417	204	13	12
100%	49%		

5. **CONSULTATION**

N/A

6. **ANTICIPATED OUTCOMES OR IMPACT**

- 6.1 To improve health and well-being for Looked after Children by ensuring adequate assessment of health and addressing areas where there may be a lack of provision.

7. **REASON FOR THE RECOMMENDATION**

- 7.1 Corporate Parenting Committee have requested a health update at all formal committees.

8. **ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 **N/A**

9. **IMPLICATIONS**

Financial Implications

- 9.1 N/A

Legal Implications

- 9.2 N/A

Equalities Implications

- 9.3 N/A

- 9.4 **Other**

This report supports the health needs of Children in Care and Care Leavers with the service supporting them to live a healthy lifestyle and ensure they are offered regular health checks and support to attend these.

10. **BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 None

11. **APPENDICES**

11.1 None

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