

<b>CORPORATE PARENTING COMMITTEE (FORMAL)</b>	<b>AGENDA ITEM No. 6</b>
<b>16 MARCH 2022</b>	<b>PUBLIC REPORT</b>

Report of:	Executive Director People and Communities Cambridgeshire and Peterborough Councils	
Cabinet Member(s) responsible:	Councillor Lynne Ayres, Cabinet Member for Children’s Services Education, Skills and the University	
Contact Officer(s):	Nicola Curley, Assistant Director Children’s Social Care Catherine York, Designated Nurse Children in Care	Tel:

## HEALTH ANNUAL REPORT

RECOMMENDATIONS	
<b>FROM: Assistant Director Children’s Social Care</b>	<b>Deadline date: N/A</b>
<p>It is recommended that the Corporate Parenting Committee:</p> <ol style="list-style-type: none"> <li>1. Notes the content of the report</li> <li>2. Raise any queries with the lead officers</li> </ol>	

### 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 both physical and mental health services for Children in Care. 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 including those with a disability.

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?	<b>NO</b>
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## 4. BACKGROUND AND KEY ISSUES

### Annual Health Report Peterborough Corporate Parenting 1<sup>st</sup> April 2021 – 31<sup>st</sup> December 2021

- 4.1 Over the past two years the Covid-19 pandemic has had an unprecedented impact on the provision of health services, including the physical and mental health care provided to Children in Care. During this time the Designated Nurse and Doctor for Children in Care have worked with commissioners and providers across social care and health to ensure the provision of the required health services continued, including assurances around the quality and timeliness of services.
- 4.2 Health of Children in Care Partnership Group: Positive working relationships have been maintained between local authority and health colleagues since the commencement of the Covid-19 pandemic to enable appropriate health provision delivery. The monthly Health of Children in Care Partnership Meeting provides a robust forum for these discussions, decision making, development work, future planning, and pathway management. Additionally, the Head of Service: Corporate Parenting and the Designated Nurse meet monthly to further enhance communications, identify key risks along with mitigations, and to work on any new or ongoing issues, these discussions feed into the Health of Children in Care Partnership Meeting.
- 4.3 This Group holds a Workplan of developments and improvements, with ongoing workstreams being reviewed at each meeting, and the overall Workplan being reviewed quarterly. Current workstreams include the Strength and Difficulties Questionnaire Pathway, review of the Health Assessment Questionnaires, audit of UASC Blood Borne Virus Pathway and TB (tuberculosis) Pathway and improving the sensory assessment and treatment plans for those with neurodevelopmental needs.
- 4.4 Initial and Review Health Assessments: At the start of the pandemic, in line with national guidance, Our providers moved to undertaking virtual health assessments. This approach enabled the continuation of timely and robust health assessments, with engagement of foster carers and young people being good.
- 4.5 Face to Face clinic appointments were provided for Initial Health Assessments for those aged 0-5 years, and children and young people when clinically indicated, and referral(s) to other services continued to be made as appropriate. Initial Health Assessments (IHAs) for those aged 6 - 17 years returned to face-to-face appointments from the beginning of June 2021. Virtual IHAs remain an option if the agreed criteria are met, but this will be for a small number of young people.
- 4.6 Review Health Assessments (RHAs): July 2021 saw the introduction of a hybrid model, which includes 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 service provision during the acute stage of the pandemic.
- 4.7 **Initial Health Assessment Performance Data:**

<b>Initial Health Assessment Performance 1<sup>st</sup> April 2021 to 31<sup>st</sup> December 2021</b>		
<b>In county placements</b>		
	Number of IHA requests (minus early discharges)	Number of IHAs completed within 20 working days
Total numbers	45	29
<b>Total percentage</b>	<b>100%</b>	<b>64%</b>
<b>Out of county placements</b>		

	Number of IHA requests (minus early discharges)	Number of IHAs completed within 20 working days
Total numbers	20	11
Total percentage	100%	55%
<b>Overall Totals (combining In County and Out of County placements)</b>		
Total numbers	65	40
Total percentage	100%	62%

4.8 The reasons that the IHAs are not completed within 20 workings days include:

- Carers and young person not able to attend the initial appointment offered so the chosen appointment sits outside of the 20-working day timescale
- A sibling group of 3 had to be delayed by several days to enable them to be seen together.
- Delayed consent and referral from social care to health
- Placement changes
- In July there was lack of paediatrician capacity due to sickness

For those children and young people placed out of area the reasons are not known but are likely to be impacted by their own service capacity.

4.9 The IHA performance rates for our children and young people placed outside of Peterborough was previously raised as a concern by the Councillors, and the Chair of the Committee wrote to NHSE safeguarding colleagues to escalate this issue. I understand that to date there has not been a reply, however the Designated Nurse can report that this concern and the letter of escalation have been discussed with the Head of Nursing Quality and Safeguarding and Regional Safeguarding Lead for the East of England, and a meeting is scheduled with the Designated Nurse and the Head of Safeguarding, Cambridgeshire and Peterborough CCG and the Regional Safeguarding Lead to discuss this matter on 8<sup>th</sup> March 2022; an original meeting scheduled for early February was unable to go ahead due to regional system pressures. The Designated Nurse will provide a verbal update to the Committee on the 16<sup>th</sup> March 2022.

4.10 The Designated Nurse would also like to bring to the attention of the Committee, a change in the Peterborough Health Team's provision of IHAs for other local authority children placed in Peterborough. The Lead Nurse, Children in Care Health Team has reported that they are now experiencing pressures in undertaking IHAs for children and young placed in our area due to an increase in the number of requests as they have seen an increase in the number of Unaccompanied Asylum-Seeking Children placed in Peterborough. To ensure that our children and young people receive their IHA within timescales, the team are prioritising our children/young people over those placed by other areas; previously out of area requests were dealt with in the same way as requests of our own children/young people. The Designated Nurse is working with the Lead Nurse to understand the details of the pressures, and the Team are looking at ways of working differently. It is anticipated that this will be a short-term problem, and the Designated Nurse will provide an update at the next Committee meeting.

4.11 The Deputy Chief Nursing Officer for England wrote to CCG Directors of Nursing in January 2022 advising that IHA completion for other local authority children (OLAC) is an increasing risk across most of England. She advised that the Looked After Children Clinical Reference Group (LAC CRG) has been reviewing this situation since before COVID-19, and that one of the key principles of their review is whether services which undertake IHAs discriminate against OLAC by offering a different process to completing the IHA, and it has been recognised that during COVID-19 that the issue has become greater. She stated that there is an onus on local solutions and NHS England would strongly recommend this matter is discussed at Local Safeguarding Partnerships, as a priority, so that the CCG accountable officer and the Director of Children's Services (as Corporate Parent) agree a single, unified process for **all** looked after children. She has identified that agreed partnership plans need to be developed, and that the Designated Professionals are engaged in this

work. Additionally, NHS England intends to commission a full audit via the Clinical Reference Group, by local authority / CCG, apropos of:

1. Numbers of OLAC placed from other local authorities.
2. Numbers of children placed into other local authorities.
3. Current volumes of delayed or deferred initial and review health assessments – noting the need for a notification process for systems under such pressure.

4.12 The Chief Nurse, CPCCG is taking this matter to the Executive Safeguarding Board at the May 2022 meeting and is working with the Designated Nurse CiC to understand the issues for our children and young people placed out of area, and also the local position.

4.13 **Review Health Assessment Performance Data:**

<b>Review Health Assessment Performance 1<sup>st</sup> April 2021 to 31st December 2021</b>		
<b>In county placements</b>		
	Number of RHAs Due	Number of RHAs completed within timescales
Total numbers	182	161
<b>Total percentage</b>	<b>100%</b>	<b>88%</b>
<b>Out of county placements</b>		
	Number of RHAs Due	Number of RHAs completed within timescales
Total numbers	61	34
Total percentage	100%	56%
<b>Overall Totals (combining In County and Out of County placements)</b>		
Total numbers	243	195
Total percentage	100%	80%

4.14 The reasons that the RHAs are not completed within timescale include:

- Carer’s availability
- Did not attend their first appointment
- Delayed consent and referral from social care to health
- Placement changes
- Initially declined an assessment but then decided to proceed

4.15 For those children and young people placed out of area the reasons are not known but are likely to be impacted by their own service capacity as well as the issues identified above.

4.16 **Strength and Difficulties Questionnaires (SDQ)**

4.17 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).

4.18 The health team in Peterborough undertake the SDQ process on behalf of Social Care. Pre Covid-19 the questionnaires were regularly completed by the carer at the time of the health assessment as this

was always a face-to-face appointment and was a way of increasing the number of returns, however with the introduction of virtual health assessments the process became reliant on foster carers receiving and returning the questionnaire by email; subsequently there was a drop in the completion rate. Despite efforts by health and social care practitioners to improve this position, this change in process resulted in far fewer SDQs being completed, with 2020/21 having only a **49% completion rate**.

4.19 To ensure that a robust partnership process is in place to support improved performance, a sub-group of the Health of Children in Care Partnership Group was formed and a SDQ Pathway was developed. The SDQ Pathway which includes health, social care, and education colleagues, was launched at the end of May 2021, however following review of the pathway in January 2022, it has been recognised that further work is required to increase the level of detail within the process to enhance its effectiveness; a further Task and Finish Group is being established for this work. Additionally, work will also be undertaken with foster carers to improve their understanding of the SDQ, its completion and its importance, with the option of the Lead Nurse being involved in some training.

4.20 **SDQ Completion Rate 1<sup>st</sup> April 2021 – 31<sup>st</sup> December 2021:**

Month	Number of questionnaires sent to carers by the Health Team	Percentage of questionnaires sent to carers by the Health Team	Number of completed questionnaires returned by carers	Percentage of completed questionnaires returned by carers
April – June 2021	87	100%	48	56%
July - September 2021	68	100%	38	44%
October – December 2021	60	100%	30	50%
<b>Overall Totals</b>	<b>215</b>	<b>100%</b>	<b>116</b>	<b>54%</b>
The percentage of questionnaires sent to carers is always 100% as questionnaires are sent for all children aged 4-16 years (inclusive) but excludes those for whom the questionnaire is not appropriate such as children/young people with disabilities.				

4.21 The annual quality audit of health assessments will take place before the end of March 2022. This audit is undertaken by the Designated Nurse and Designated Doctor to ensure independent review, and results in a report which is shared with the Children in Care Health Team. Required improvements and/or developments identified from the audit are captured as actions within the report and have clear timescales, as well as an identified lead who is responsible for ensuring completion and provision of updates and feedback.

4.22 Blood Borne Virus and Tuberculosis (TB) Pathway for Unaccompanied Asylum Seekers (UASC) Audit: The Designated Doctor is leading on this audit which includes review of the effectiveness of the pathways for Blood Borne Virus and Tuberculosis screening and treatment. Individual elements of the audit are being undertaken by iCaSH, Tuberculosis Service and the Children in Care Health Teams, thus, covering the whole of the pathway for our young people.

4.23 The audit includes young people who became looked after between June - December 2021. The audit includes 23 UASC, some of whom are still being seen within the services which is delaying the final findings being reported on until March 2021. All these young people are placed in Peterborough and are receiving their screening there. The audit report will be available at the end of March 2021.

4.24 Refugee Council continue to provide a Well Being and Work for Refugee Integration service which is commissioned until end September 2022, can be utilised by UASC. This service includes a well being therapy service, but this is not a replacement for mental health services.

4.25 Dental Services: access to dental services is a national challenge which is being managed by NHS England. In Peterborough our children and young people in care have had varying success at

accessing non-urgent dental care, but for a period two practices were regularly seeing children in care. However, this offer ceased due to the practices no longer having capacity. Access for children in care was also supported for a period by the St. Mary's Dental Practice in Ely, and has just recommenced, so provides an option for Peterborough children who are placed nearer to the practice and can travel, although this is not suitable for all.

- 4.26 Previously the Councillors had raised their concerns regarding dental provision, and the Chair wrote to NHSE dental colleagues and NHSE safeguarding colleagues. I understand to date, that a reply has not been received, but the Designated Nurse is able to provide the following updates:
- 4.27 From 1<sup>st</sup> January 2022 Dental Practices are delivering a minimum of 85% of their contractual activity. Due to dental care being a high-risk area requiring the increased infection prevention and control measures, practices continue to see a reduced number of patients per day compared to their pre Covid activity. Currently limited change is being seen due to the backlog, and patients are still being seen on the urgency of need and vulnerability. However, this increase in activity is helping those who require urgent dental care.
- 4.28 Dental services have been awarded additional funding to enable NHS dental practices to provide additional urgent dental care sessions outside of their normal practice hours e.g., evenings and weekends (practices choose to opt in). These additional sessions can only be accessed by referral from NHS 111 with participating practices being added to the directory. The funding must be used by 31-03-2022. Specialist Care Dentistry are also providing additional sessions for patients across Cambridgeshire and Peterborough via NHS 111.
- 4.29 The Designated Nurse continues to work with NHSE regional dental and safeguarding colleagues and attends the East of England dental meetings; this enables her to advocate for our children and young people and to ensure that the needs of Cambridgeshire and Peterborough are understood by the regional teams. This Group is leading on the dental strategy, Mini Mouth training, development of the dental pathway and education of practices around this, data collection to assist in understanding the demand on dental services and rolling out Children Focused Dental Practices; all of which will contribute to improved access to dental services.
- 4.30 The outlined developments and work demonstrate that NHSE and regional colleagues are working towards improving services for all children and young people, some of the improvements being immediate and some will provide improvements over the coming 12 months. To provide reassurance to the Committee that improvements are occurring, the Designated Nurse would like to draw your attention to the following key points which have an immediate impact or an impact within the next 3 months:
- Urgent care is available to all our children and young people via NHS 111. There are an increased number of appointment available until the end of March 2022 to support the management of any backlog of patients waiting but following this date urgent care appointments will continue to be available.
  - NHSE are working to identify dental practices across the region, including Peterborough that have the capacity to see children in care requiring routine dental care. In addition to this, working with practices to understand the Dental Pathway will improve practices understanding around the need for children in care to be prioritised for routine care, thus increasing access.

## **5. CONSULTATION**

N/A

## **6. ANTICIPATED OUTCOMES OR IMPACT**

- 6.1 To improve health and well-being, and health outcomes for children in care by ensuring adequate assessment of health and suitable health provision; addressing areas where there may be a lack of provision or improvements required.

**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

**Other Implications**

9.4 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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