

CORPORATE PARENTING COMMITTEE (FORMAL)	AGENDA ITEM No. 11
23 NOVEMBER 2022	PUBLIC REPORT

Report of:	Nicola Curley, Director Children's Services	
Cabinet Member(s) responsible:	Insert name and portfolio of Cabinet Member(s)	
Contact Officer(s):	Katie Liddle, Designated Nurse Children in Care	Email: katie.liddle@ nhs.net

HEALTH REPORT

RECOMMENDATIONS	
FROM: Katie Liddle, Designated Nurse Children in 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 as part of a scheduled work programme item.

2. PURPOSE AND REASON FOR REPORT

- 2.1 This report provides an update on health and dental services for children in care. The report provides an overview of the Integrated Care Board's (ICB) 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. 2.4.4.6 To monitor the quality of care delivered by the City Council and review the performance of outcomes for children and young people in care. 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 Link to the Children in care Pledge

We will support you maintain a healthy lifestyle and help look after your physical and mental health.

3. **TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. **BACKGROUND AND KEY ISSUES**

4.1 **Health Assessments**

Cambridgeshire and Peterborough Integrated Care Board (ICB) commission the Children in Care (CIC) Health Team, Cambridgeshire and Peterborough NHS Foundation Trust to have oversight of the health needs of our children in care via Initial and Review Health Assessments; this means that the doctors and nurses within the team undertake the health assessments, or ensure provision by a health service in another part of the country for those children and young people placed outside of Peterborough or the agreed 20 miles radius. The Designated Nurse and Doctor for Children in Care work 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.

Initial Health Assessments (IHAs) are completed in a clinical setting, face to face with a paediatrician. Due to the increased number of requests for IHAs, senior managers within Cambridgeshire and Peterborough Foundation Trust (CPFT) have made the decision to cap the number of IHA appointments to 16 per month. This decision has been made due to the pressure on Community Paediatric Services and the delays on Paediatrician appointments as a result of the Pandemic. The ICB are assured that 16 slots is enough to accommodate the IHAs for Peterborough children but does have an effect on children and young people placed in Peterborough from other areas. When a request for an IHA from out of county is received, CPFT send a reply to advise there will be a delay in completing the IHA due to capacity within the team and if they would still like CPFT to go ahead they will see the child or young person as soon as they can but it will not be within the statutory timeframe. Cambridgeshire have agreed to complete their own IHAs for children and young people living in Peterborough. CPFT have capacity to complete all RHA requests – in and out of county.

The Designated Nurse is meeting with commissioners, finance managers and service managers to ensure that funding for Health Assessments for children placed out of county is available to increase the number of Health Assessments undertaken. Similarly, this meeting will ensure the ICB are effectively claiming for Health Assessments completed for children and young people placed in Peterborough whereby the Health Teams are allocated the work. This additional funding will help to enhance capacity.

An experienced paediatrician working in the CPFT Children in Care team is due to retire at the end of the year. A consultant Paediatrician has been appointed and will be able to undertake Health Assessments for children and young people new into care.

Initial Health Assessments performance data July-Sept 2022:

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 day target not being achieved
July 2022	8	1	1 – 1 day late (Paediatrician capacity) 1 – 5 days late (Paediatrician capacity) 3 – 9 days late (Late referral from CSC and Paediatrician capacity) 1 – 12 days late (Late referral from CSC and Paediatrician capacity) 1 – 13 days late (Late referral from CSC and Paediatrician capacity)
August 2022	6 Including 1 new into care on 29.07.2022	3	1 - No longer LAC before IHA. 1 - IHA completed before moving to Peterborough LA. 1 - Late due to late referral and consent from CSC and Paediatrician capacity.
September 2022	13	5	1 - No longer LAC before IHA. 1 - Late as carer unwell 2- late due to carer availability 1 – late due to placement move 1 – late as query over previous IHA being completed or not, also DNA x 2. 2 – late due to late referral from CSC
In area total	27	9	
In area percentage	100%	33%	
Children and young people placed outside of Peterborough			
July 2022	2	1	Out of area team capacity
August 2022	4	0	
September 2022	2	0	
Overall Totals			
Number	35	10	
Percentage	100%	29%	

Review Health Assessments

Review Health Assessments (RHAs) are also face-to-face appointments completed in a clinical setting with Specialist Nurses. Virtual assessments can be undertaken if the agreed criteria are met as this will offer a degree of flexibility in certain circumstances. For those who decline their consultation a questionnaire is provided which enables a Health Action Plan to be created (in line with the Pathway).

Review Health Assessment Performance Data July – Sept 2022:

Children and young people placed in Peterborough			
Month	Number of RHAs due	RHAs completed within timescale	Reason timescale was not achieved
July 2022	21	13	2 – Late due to moving from OOA to Peterborough 6 – Late due to carer availability / Children unwell.
August 2022	21	15	1 – Late due to previous DNA's 3 – Late due to carer availability 2 - Late as Children unwell.
September 2022	27	22	3 – late due to placement move 1 – Late due to previous DNA's 1 – previous cancellation
In area total	69	50	
In area percentage	100%	72%	
Children and young people placed outside of Peterborough			
July 2022	6	4	Out of area team capacity
August 2022	12	8	Out of area team capacity
September 2022	12	5	Out of area team capacity
Overall totals			
Number	30	17	
Percentage	100%	57%	

4.2 **Strength and Difficulties Questionnaire (SDQ)**

Response rate for SDQs has improved. The questionnaire is now sent electronically with health appointments via email. An information leaflet accompanies the SDQ questionnaire to enable carers to have a better understanding of the reasons for the SDQ and its implications. If the SDQ has not been returned by the time of the appointment, they are completed at clinic to increase the response rate.

September

14 sent

7 received back

50%

October

23 sent

15 received back so far

65%

4.3 **Dental Services**

Dental health remains a challenge as the Covid-19 pandemic greatly impacted on dental provision, and although provision has improved, the back log still has implications for access to routine care. NHS England (NHSE) Regional Dental Services are working with the Designated Professionals and Lead/Named Nurses to ensure that children and young people in care can access routine dental treatment, with data around need being collected and collated, and General Dental Practices being approached to provide this service to children and young people who they would not normally see.

Health Education England have devised a Mini Mouth Care Matters Mouth Check Tool (Appendix 1) and a Dental Access guide (Appendix 2) for children in care.

The mouth check is a triage tool to prioritise which children need to be seen first. Professionals are expected to complete these as part of their assessments. The Lead Nurse for CIC Peterborough has shared the tool with professionals in health and social care and reports that it is working well.

Difficulty finding an NHS dentist to register new patients is not just local to Peterborough – it is a National Dental crisis. The expectation to register privately is unrealistic for Children in Care. NHSE have devised a link to locate an NHS dentist via postcode who are able to take on CIC as NHS patients (a screen shot of the map can be seen via appendix 3)

Unfortunately there are no volunteer dentists in Peterborough. Dental practices have been approached, and Bretton was able to offer some appointments for CIC recently, but they too have sadly had to remove themselves from the list due to issues with capacity. The closest Dental Practice to Peterborough is Ely and Littleport in Cambridgeshire. With the spiralling increased cost of living asking carers to take CiC/Care leavers to another geographical area is costly and sometimes a barrier to accessing dental treatment.

Dental Services are due to be delegated to the Integrated Care Board (ICB) in 2023. Date not yet confirmed. The ICB is committed to supporting dental provision for CIC in Peterborough. The Designated Doctor has scribed an email inviting dental practices to be involved in the Children in Care Network for volunteer dentists. This is to be sent via the ICB Communications Team and it is hoped some dental practices will register.

It is also a challenge when CIC move placements with regard to their orthodontic treatment. This was raised in the recent NHSE dental meeting and will be shared in the Regional Dental Meeting to find resolution.

Despite the difficulties locating dental services for routine and preventative dental provision, urgent care is always accessible via NHS 111 and emergency treatment centres. There have been no concerns raised around accessing urgent dental care.

4.4 **Unaccompanied Asylum-seeking Children (UASC)**

Over the summer, Peterborough saw an increased number of requests for IHAs for UASC. This is due to the increase in the number of housing providers in Peterborough. As a result, UASC are placed in Peterborough as that is where the semi-independent accommodation is located; thus increasing demand on the CPFT CIC health team.

Some of the staff working in the newer housing providers are inexperienced. The LAC health team have plans to work with the new providers to share expectations and encourage introductions to social, recreational and places of worship. They are also devising a template to send out with the IHA appointment with information that is required to be brought to health assessments.

The Designated Doctor recently contacted Councillor Qayyum to find additional support for UASC in Peterborough. Councillor Qayyum directed the Designated Doctor to Peterborough Asylum and Refugee Community Association (PARCA). In October, the Designated Doctor and Lead Nurse from CPFT attended PARCA to find out what they can offer. PARCA is a charity based in Peterborough and offers translation/interpretation, youth and adult activities, employment help, English classes, assistance with form filling support with employment. PARCA is a space for UASC and asylum-seeking families and offers an opportunity to meet with people who have had similar experiences. They hold weekly breakfast clubs and youth groups. PARCA have been invited to talk at the CIC Team Meeting to share with clinicians what services they can offer.

The Refugee council provides support and a social space. They are also able to offer lower level counselling support to UASC. The funding is due to end in November 2022. The Designated Doctor is awaiting a response to confirm whether funding has been extended. The Designated Doctor has suggested an event with Social Care and partner organisations to raise awareness and involvement of other organisations that may be able to volunteer to help with UASC.

4.5 **Mental Health Service update**

Cambridgeshire and Peterborough Mental Health System Strategy is focused on children and young people who have an identified health need up to the age of 25 years. A priority area of this strategy is focused on children and young people identified to be at higher risk of developing mental health concerns; Children in Care would be considered part of this priority group.

YOUUnited offers help to children and young people with their emotional wellbeing and mental health who are registered with a GP in Cambridgeshire and Peterborough. It is available to those up to the age of 25 and offers a range of support including therapies, counselling and guided self-help.

If a child or young person is experiencing mental health symptoms they are referred to Child and Adolescent Mental Health Services (CAMHS) for core assessment or Neurodevelopmental Service (NDS). If the referral does not meet criteria for core CAMHS or NDS YOUUnited will signpost to other appropriate services.

The Young People's Counselling Service (YPCS) is a child and adolescent counselling/mental health charity providing free counselling to children aged 11-18 years (up until their 19th birthday)

Centre 33 supports young people up to the age of 25 years living across Cambridgeshire and Peterborough with mental health, caring responsibilities, housing and sexual health.

The Local Authority clinical team support carers' and carry out some 1:1 work with young people. Unfortunately, they have very limited capacity at the moment due to staffing.

Young people are referred to the adult mental health team if over 17 years of age.

The Refugee council offer counselling support for UASCs.

There is not a separate pathway for CIC to access Mental Health support, particularly with regards to developmental trauma/attachment difficulties. Social Care are able to request funding for specialist therapies (play therapy, art therapy) as required.

4.6 **Health of CIC Partnership group and workplan**

The Designated Doctor for Children in Care chairs our monthly partnership meeting.

Current projects within the Workplan:

Template of Health Information required

CPFT CIC clinicians are in the process of devising a template of what health information is required for Health Assessment appointments. This will assist the clinicians to complete the Health Action Plans as information will be readily available. This will be particularly helpful when seeing UASC from some of the new providers who attend appointments with little or no information.

Combine physical disability/LAC health assessments

CPFT CIC Team is working to combine paperwork and appointments for Children in Care who are under the Paediatric team for health appointments. This will prevent children, young people and their carers from attending multiple appointments and repeating the same questions and answers. This will have huge benefit to both children, young people, their carers and health services.

Designated Nurse to attend Children in Care Council (CICC)

The Designated Nurse has sent an application to meet with the Peterborough Children in Care Council. This is an opportunity for the CICC to share their thoughts and experiences with health services and to offer suggestions for improvements. This is also a time to comment on areas which seem to work well and areas that are a concern and require collaboration.

5. **CONSULTATION**

N/A

5.1 *List here any consultations already undertaken / completed, with dates and outcome. Include consultation with Ward Councillors where relevant.*

5.2 *Suggest here other consultation(s) which could be undertaken.*

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**

N/A

9. **IMPLICATIONS**

Financial Implications

9.1 **NA**

Legal Implications

- 9.2 **NA**
Equalities Implications
- 9.3 **NA**
Rural Implications [
- 9.4 **NA**
Carbon Impact Assessment
- 9.5 **NA**
Other Relevant Implications
- 9.6 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 Appendix 1 – Children in Care Mouth Check Tool
Appendix 2 – Children in Care Dental Access Guide
Appendix 3 – Children in Care Volunteer Dentists