CORPORATE PARENTING COMMITTEE (FORMAL)	AGENDA ITEM No. 6
17 March 2021	PUBLIC REPORT

Report of:	Wendi Ogle-Welbourn Executive Director People and Communities	
Cabinet Member(s) responsible:	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 1ST APRIL 2020 – 31ST JANUARY 2021

RECOMMENDATIONS	
FROM: Assistant Director Children's Social Care	**Deadline date: N/A**
It is recommended that the Corporate Parenting Committee: 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 annually to a formal Corporate Parenting Committee

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide 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 the Looked after Children population in Peterborough

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 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**

4. BACKGROUND AND KEY ISSUES

4.1 The Impact of the COVID-19 pandemic on health provision

4.1.1 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. Whilst much health service provision moved from face-to-face contact to virtual contact, many Services continued with their non urgent provision, and emergency treatment responses were maintained. Some services such as physiotherapy and speech and language therapy ceased for a short period of time at the commencement of the pandemic, but soon recommenced provision.

4.1.2 Our children and young people in care, including those with additional needs such as a physical disability, have continued to receive the physical and mental health care required, albeit in a different way for some services. The Designated Nurse and Doctor for Children in Care continue to work with commissioners and providers across social care and health to ensure the provision of the required health services, including assurances around the quality and timeliness of services.

4.1.3 The Children in Care Health Team provision continued to provide a full service by utilising a virtual platform (Attend Anywhere) for both Initial and Review Health Assessments; feedback received from carers and young people indicates that the experience of having a virtual assessment has been broadly welcomed, and the compliance rate to delivery of assessments is on the whole good. As Children in Care Teams across the country have utilised a virtual platform for health assessments, this is the same for our children and young people placed out of area. Support for social workers, young people, foster carers, or other agencies has continued throughout the pandemic and has not been compromised.

4.2 Joint Working

4.2.1 In response to the COVID-19 pandemic health and social care set up a weekly joint information sharing meeting, which provided a forum to ensure robust communication, develop joint strategies and responses to risk and situations, discuss specific cases and share information relevant to the health needs of children and young people. Membership of the meetings include colleagues from Peterborough City Council, Cambridgeshire City Council, both the Cambridgeshire and Peterborough Children in Care Teams and Cambridgeshire and Peterborough CCG. These meetings now continue fortnightly as the group value the improved collaboration and ways of working and the opportunities that this brings, and although day to day issues and operational challenges are discussed, there is also a focus on service development and longer-term plans.

4.3 Compliance with statutory targets for health assessments

4.3.1

CAMBRIDGESHIRE & PETERBOROUGH FOUNDATION TRUST		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-2
No. Children Entered Care	No. Placed in area	12	3	4	14	12	18	9	9	13	8
	No. Placed out of area	2	1	0	2	2	2	0	1	1	3
IHA Completed with 20 days	No. In area completed within 20 days	10	3	4	14	5	17	7	7	4	5
	% in area completed within 20 days	83%	100%	100%	100%	42%	94%	78%	78%	31%	63%
	No. OOA completed within 20 days	0	1	0	2	0	0	0	0	0	0
	% OOA completed within 20 days	0%	100%	0%	100%	0%	0%	0%	0%	0%	0%
	% All IHA completed in 20 days	71%	100%	100%	100%	36%	85%	78%	70%	29%	45%
Annual Health Review Assessments	No. In area Annual Review Assessments requi	22	20	31	30	21	17	15	18	26	28
	No. OOA Annual Review Assessments required	5	11	3	6	7	11	10	4	10	12
	No. In area completed within 15 days	13	18	29	30	21	15	12	15	25	26
	% in area completed within 15 days	59%	90%	94%	100%	100%	88%	80%	83%	96%	93%
	No. OOA area completed within 15 days	4	4	1	2	1	3	2	0	3	0
	% OOA completed within 15 days	80%	36%	33%	33%	14%	27%	20%	0%	30%	0%
	% All AHR completed within 15 days	63%	71%	88%	89%	79%	64%	56%	68%	78%	65%

4.4 **Initial Health Assessments (IHA)**

4.4.1 The Initial Health Assessments are undertaken by one of the Community Paediatricians in line with the statutory guidance. The Children in Care Health Team work collaboratively in their endeavours to ensure they achieve a high-performance rate for the number of Initial Health Assessments completed within the 20-working day target. During the period of this report, Initial Health Assessments have been undertaken as a virtual assessment as per national guidance due to the COVID-19 pandemic, with children being seen face to face at a follow-up appointment if this need is identified by the paediatrician; this review could be by the paediatrician or by onward referral to another required service such as their GP.

4.4.2 Reasons for not reaching the 95% target some months are identified through exception reporting and are detailed below:

- Children and young people placed out of area, where we request the assessment is undertaken by another health provider. In these cases, we have no influence over the timescales in which the assessment is completed.

- There are some instances where a child or young person does not attend the first appointment made for them, thus causing a delay by the time they attend the second appointment.

- Occasionally, a young person may decline having an Initial Health Assessment, so the team liaise and work with the foster carer/residential carer, social worker and young person to understand why they are declining, and to encourage but not pressurise them to participate by ensuring they are aware of the benefits of the health assessment, the process and outcomes along with the options for completion. To ensure that this process is robust, and the young person's decision and views are recorded, a Consent to Health Assessment Pathway has been developed for use across health and social care and is due to be launched in April 2021. Undertaking health assessments using a virtual platform has had a positive effect, encouraging some young to have their health assessment.

- Very occasionally there may be a delay with a referral from social care to health or difficulty in obtaining consent, but due to the excellent partnership working these occurrences are quickly managed and resolved.

4.4.3 The performance in August and December was particularly low, the exception reporting for these months identified the following:

August: 2 booked to be seen 21 working days.
3 booked to be seen 23 working days.
2 requested of an out of area provider.

December: 1 seen one day late due to no NHS number available.
1 late due to DNA because of Wi-Fi issue with carer.
1 late due to being in hospital.
1 late as first attempt at the appointment was with wrong interpreter.
1 requested of an out of area provider.

4.5 **Review Health Assessments (RHA):**

4.5.1 Review Health Assessments are undertaken by one of the specialist nurses in the Children in Care Health Team, with children aged 0-4 years receiving a health assessment 6 monthly, and those aged 5-17 years receiving a health assessment annually. During the period of this report, Review Health Assessments have been undertaken as a virtual assessment as per national guidance due to the COVID-19 pandemic, with the understanding that children and young people will be seen face to face as a follow-up appointment with the nurse, or by onward referral to another required service such as their GP.

4.5.2

Reasons for not reaching the 95% target some months are identified through exception reporting and are detailed below:

- Children and young people placed out of area, where we request the assessment is undertaken by another health provider. In these cases, we have no influence over the timescales in which the assessment is completed.
- Non-attendance at appointment may be because the young person is hard to engage with or that the carers are unable to attend the first appointment given to them, although this is less frequent due to assessments being undertaken using a virtual platform.
- Occasionally, a young person may decline having an Review Health Assessment or may just be more difficult to engage with, so the team liaise and work with the foster carer/residential carer, social worker and young person to understand why they are declining, and to encourage but not pressurise them to participate by ensuring they are aware of the benefits of the health assessment, the process and outcomes along with the options for completion; this may be through the completion of a health questionnaire by the young person or the nurse completing the assessment with the young person's social worker or foster carer. To ensure that this process is robust, and the young person's decision and views are recorded, a Consent to Health Assessment Pathway has been developed for use across health and social care and is due to be launched in April 2021. As already identified, undertaking health assessments using a virtual platform has had a positive effect, encouraging some young to have their health assessment.

4.6 **Audits of Initial and Review Health Assessments**

4.6.1 The Designated professionals are undertaking an audit of both Initial and Review Health Assessments during March 2021 as part of their role in gaining assurance of quality and effectiveness of the assessments. The audit has not taken place in time for inclusion in this report as the Designated Nurse post was vacant for 8 months until the end of November, resulting in delays in certain functions.

4.6.2 The planned audit will include review of 10 Initial Health Assessments and 30 Review Health Assessments. It will include assessments for children and young people placed in and out of Peterborough and will include a selection across the age range. The results and report of the audit will be available by 23rd April 2021.

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

4.7.1 The Strength and Difficulties Questionnaire, commonly known as the SDQ, is a short behavioural screening questionnaire. It has 5 sections that cover details of emotional difficulties, conduct problems, hyperactivity/inattention, peer relationship problems and pro-social behaviour. 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 assess emotional health and wellbeing. Scoring categories are: Low need (0-13), Some need (14-16) and High need (17-40).

4.7.2 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 fewer SDQs being available at the Review Health Assessment appointment, and an overall return rate of only 46% as demonstrated in the table below.

4.7.3 The lower SDQ return rate was discussed at the joint health and social care meeting, and it was agreed that the health team would notify social care within the Health Action Plan that the SDQ is outstanding, and that the Social Worker would follow this up with the carer and once completed, send the SDQ to the health team for scoring and recording. The score will then be used to inform ongoing assessment and planning of the child/young person.

4.7.4 **SDQ Completion Rate and Average Score 1st April 2020 – 31st January 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
342	157	14	13
100%	46%		

4.7.5 **SDQ Pathway**

In order to ensure that a robust process that works across partner organisations is in place, a sub-group of the Joint Health and Social Care Group has been formed to develop an SDQ Pathway. To date, several meetings have taken place with social care, health and education colleagues, and an IRO Manager has been invited to attend the next meeting. Once completed, this will be shared with social care colleagues alongside the provision of brief training and/or guidance.

4.8 **Care Leavers**

4.8.1 In preparation for a young person to leave care, at their final health assessment (before they turn 18 years), the nurse will talk to the young person in detail about their health needs and support to make any necessary arrangements for future requirements. The young person will be signposted to appropriate services around their sexual health, physical and emotional well-being, and to the Local Offer for care leavers available on the Peterborough City Council website.

4.8.2 As part of this health assessment, the young person's health information is collated into a wallet sized Health Passport for them to hold. Additionally, this is sent to the GP and Social Worker so that it is available for the young person to access in the future if preferred, or if they require a replacement. Having this information electronically is appreciated by the young people and works well in the current virtual way of working.

4.9 **Unaccompanied Asylum-Seeking Children (UASC)**

4.9.1 The East of England Strategic Migration Partnership has identified the following as the main health issues experiences by UASC:

- Mental Health
- Sleep disturbances impacting on mental health
- Trauma
- Lack of uncertainty around status
- Skin related issues
- Tuberculosis (TB)
- Injuries arising on their departure and throughout their journey
- Organ harvesting

4.9.2 All unaccompanied minors in Peterborough are registered with a GP when they arrive. A comprehensive Initial Health Assessment of physical, mental health, and emotional wellbeing is undertaken by a paediatrician with an interpreter present. For most of these young people there is little background health information available, so this health assessment is vital in identifying individual health needs and risks, and referring them to appropriate services such as psychology, counselling or Child and Adolescent Mental Health Services (CAMHS). Young people will have travelled via a variety of routes, through different countries and may have been exposed to a variety of health risks. Young people are offered blood borne virus screening and catch-up immunisations as per the NHS schedule.

4.9.3 Since September 2020, the Refugee Council has been commissioned to provide a Well Being and Work for Refugee Integration service which can be utilised by UASC. This essential service includes a well-being therapy service, but this is not a replacement for mental health services.

4.10 **Blood borne virus screening Unaccompanied Asylum-Seeking Children (UASC) :**

4.10.1 New into care Unaccompanied Asylum-Seeking Children and Young People are referred for appropriate screening following their Initial Health Assessment. Sexual health screening including Hepatitis and HIV is conducted by Sexual Health Services. Additionally, a full blood count for each young person is conducted, which will not only highlight any blood abnormalities such as anaemia but will indicate where a young person may have contracted a parasitic infection. Screening for Tuberculosis is conducted by the TB Service. Consent is obtained by the services and young people will be asked to return for a further appointment if results are positive.

4.10.2 The Blood Borne Virus Screening Pathway was approved in March 2019 and has continued to function well throughout the COVID-19 pandemic. An audit of the pathway and the service received by the young people is planned to be undertaken in May 2021, and the Designated Doctor has prepared the audit pro-forma in readiness.

4.11 **Dental Services**

4.11.1 At the start of the COVID-19 pandemic and first lockdown, dental service provision was extensively affected. As dental care is an aerosol generating procedure, dental practices closed for a period of time, limiting dental care to urgent treatment only. As practices re-opened, their capacity was reduced, thus leading to further and ongoing delays for routine care and dental health checks.

4.11.2 Concerns were raised by both health and social care colleagues at the Joint Social Care and Health meetings about foster carers being unable to register children with a dentist since the start of the pandemic; it was also recognised, that there were difficulties with being able to register children with a dentist prior to the pandemic. This matter was escalated with NHS England dental colleagues via email communications followed by several meetings. Although there are still some delays in dental practices returning to their pre COVID-19 levels of service, this is gradually improving.

4.11.3 To support the needs of vulnerable children and young people, St. Mary's Dental Practice in Ely is working with NHS England and will provide a service to any vulnerable child or young person, regardless of where they live, for routine checks, and non-urgent and urgent dental care; this information has been shared with both health and social care colleagues.

4.12 **Recovery Plan for 2021-2022**

4.12.1 As we emerge from the third lockdown, we will develop a recovery plan for the Children in Care Health Service in line with national guidance, whilst at the same time responding to local need, developments, and the positive practice and learning that has emerged during the last year. The Designated Nurse has requested further details of the Children in Care Health Team's response to the pandemic using an audit proforma, around delivery of the service including the use and effectiveness of virtual assessments, the challenges such as IT connectivity and equipment and the outcomes so that this information can inform the way forward. Using the learning from the last year, it is expected that the use of some virtual health assessments will continue for those young people who are more difficult to engage with, but with a gradual return to face to face health assessments in line with Government and NHS England COVID-19 guidance on changes to service delivery. The Designated Doctor and Nurse will work closely with the Children in Care Health Team to determine the recovery plan and pathway, ensuring that service delivery continues to be of a high standard and that the timeliness of assessments continues to improve.

4.12.2 Provision and delivery of health services across the system will continue to be in line with NHS England guidance whilst the pandemic continues, and later as we enter recovery. Our children and young people, including those with physical disabilities, will continue to receive the physical and mental health care they require either face to face or by virtual arrangements depending on the service.

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

Carbon Impact Assessment

This report is about health services for all Children in Care and Care Leavers.

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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