

CORPORATE PARENTING COMMITTEE (FORMAL)	AGENDA ITEM No. 6
15 March 2023	PUBLIC REPORT

Report of:	Elaine Redding, Interim Executive Director of Children's Services	
Cabinet Member(s) responsible:	Councillor Lynne Ayres - Cabinet Member for Children's Services, Education, Skills and University	
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 N/A
- 2.4 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

Annual Health Report Peterborough Corporate Parenting 1st January 2022 – 31st December 2022

4.1 Initial Health Assessments

Cambridgeshire and Peterborough Integrated Care Board (ICB) commission the Children in Care (CIC) Health Team, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) 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. 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.

Initial Health Assessment Performance 1st Jan 2022 – 31st Dec 2022		
In County Placements		
	Number of IHA requests (minus early discharges)	Number of IHAs completed within 20 working days
Total numbers	109	68
Total Percentage		62%
Out of County Placements		
	Number of IHA requests (minus early discharges)	Number of IHAs completed within 20 working days
Total numbers	34	8
Total percentage		24%
Overall Totals (combining In County and Out of County placements)		
Total Number	143	76
Total percentage		53%

Breakdown of the 20 working day target for IHAs to be completed:

- Day 0 – Child becomes looked after
- 5 working day target for consent to be obtained from birth parent and referral to be completed by the social worker and sent to health colleagues (appointments cannot be arranged prior to receipt of referral and consent).
- This allows 15 working days following receipt of consent and referral for the appointment to be sent, rearranged if necessary (which is often the case) and the Initial Health Assessment to be completed.

Following the previous Corporate Parent meeting in November 2022, the Designated Doctor and Designated Nurse have requested additional information from their health colleagues in CPFT to identify the reason and common themes for late completion of IHAs including how many days late the assessment is completed.

Below is a chart which indicates further data for the last quarter of 2022 – IHAs for Peterborough children placed in Peterborough. Going forwards the Designated Doctor and Designated Nurse will have a better understanding of the challenges and identify themes and areas to focus additional support.

In county IHAs

Reason for late Health Assessments	October 2022	November 2022	December 2022
	6 due 4 seen within 20 working days	4 due 4 seen within 20 working days	17 due 14 seen within 20 working days
Late referral/Consent from Children’s Social Care			1 (seen 11 days late)
Multiple appointments required for siblings to be seen on same day	2 (seen 1 day late)		
Was not brought for initial apt which was offered within timeframe			
Paediatrician capacity			1 (seen 2 days late)
Staff sickness			1 (seen 2 days late)
Carer declined initial offer of apt (within timeframe) due to other commitments			
Other			

4.2

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 1st Jan 2022 – 31st Dec 2022		
In County Placements		
	Number of RHAs due	Number of RHAs completed within timescales
Total numbers	229	166
Total Percentage		72%
Out of County Placements		
	Number of RHAs due	Number of RHAs completed within timescales
Total numbers	100	30
Total percentage		30%
Overall Totals (combining In County and Out of County placements)		
Total number	329	196
Total percentage		60%

To give the above chart some context, there are a number of reasons why the RHA may be late, similarly to the IHA appointment.

- Initial appointment not attended (DNA – Did not attend)
- Appointment cancelled at short notice due to sickness (staff/carer/child/young person). Re-scheduled appointment not within timeframe.
- Appointment declined by young person (not wanted)

For Peterborough Children in Care living outside of Peterborough, the Health Team send a request to the nearest CIC Health Team to the child or young person's placement address. This is sent 3 months in advance of the date the RHA is due. Many areas are struggling with capacity and hold waiting lists for children and often prioritise their own Local Authority's children. The Peterborough CIC Health Team have little control over when our children are seen living out of area, but will accommodate Peterborough children living within a 20 mile radius of the Peterborough boundary.

4.3 **Partnership meetings**

The Designated Nurse and Designated Doctor facilitate a monthly partnership meeting whereby health and Local Authority colleagues come together and share information and updates relevant to their partners. This meeting continues to strengthen relationships between partners and aid the dissemination of information.

4.4 **Unaccompanied Asylum Seeking Children (UASC)**

Over the past year the CIC Health team have made positive changes to ensure the health assessment process meets the specific needs of UASCs. Additional questions have been added to the assessment templates to meet the specific needs of UASCs. And the service leaflet has been updated to help UASCs know what to expect when attending health appointments. This can be translated into various languages to aid understanding.

The Blood Borne Virus (BBV) pathway has been updated by the CPFT health team to ensure all UASCs are offered screening. This screening is to test for infections that are spread through blood, for example; HIV, Hepatitis B and C. Tuberculosis screening is also within this pathway to eliminate the risk of this spreading within the population too.

The Health Team have built excellent working relationships with colleagues in the iCaSH (integrated contraception and sexual health services) department and the respiratory service which has facilitated a quick and seamless response and enabled the health team to report on results to reduce the risk further.

The Health Team in CPFT have also met with the Refugee council and the Peterborough Asylum and Refugee Community Association (PARCA) to increase their knowledge of what support is available to UASCs in Peterborough and to understand their referral pathways and criteria.

4.5 **Children in Care Council (CICC)**

Councillor Robinson and the Designated Nurse met to discuss the young people’s views of their health appointments. Following discussion, a questionnaire was devised. The purpose was to gain insight of children and young people’s experiences of health appointments, language used and give the young people the opportunity to feedback what improvements or changes they feel could be made.

The questionnaire consisted of 16 questions. Some were multiple choice, some on a scale of 0-10, some yes/no and some open questions with space to write. CICC Participation Worker shared the questionnaires with the young people at their CICC meeting in December 2022. Responses were anonymous. 4 questionnaires were returned from Peterborough young people. Please see Appendix 1 for the analysis of this questionnaire.

The overwhelming response was that all young people preferred face to face appointments as opposed to virtual/telephone calls. Something the Designated Nurse had not appreciated prior to receiving the responses was the literacy level of the young people. Several answers were ‘I don’t know’ or ‘IDK’.

Verbal feedback to the Designated Nurse from the CIC at the point of returning the questionnaires was:

- It was too long, and there were too many questions
- They preferred the multiple-choice questions
- They reiterated that they all preferred face to face appointments as opposed to virtual methods

CICC Quality Assurance Lead (Participation and Independent Visiting) suggested sharing the questionnaire wider to the Care Leavers forum who may be better placed to answer some of the more open questions.

4.6 **Strengths and Difficulties Questionnaire (SDQ)**

Following the launch and implementation of the SDQ pathway in July 2022 and the introduction of a leaflet to support carers in their completion of the SDQ there has been an increase in questionnaires returned to the Health Team.

	1 st Jan 2022 – 30 th June 2022	1 st July 2022 – 31 st Dec 2022
SDQs sent	70	129
SDQs returned	10	67
Percent returned	14%	52%

Young People aged between 11-16 years are supported by their social worker to complete their own SDQ. The Designated Nurse is planning to work with the CICC to design a leaflet to support young people with this process.

4.7 **Dental Services**

The Practice Manager at the Bushfield Dental Practice has reported that the Practice are managing to support children and young people in care in the Peterborough area. They have been able to slot children and young people into appointments, so it has not been necessary to hold a waiting list and open during the weekend to see these patients. The Practice Manager reported they have seen 8 children in care this year to date which has been manageable.

The Designated Nurse has joined a working group with colleagues in NHS England to support the development of an e-learning package for carer’s and professionals; ‘Improving mouth care for children in care’. Oral health assessments are already a mandatory part of the child’s Initial and Review Health Assessments. The Mouth Check tool aims to support the completion of the

oral health assessment, explains how to perform a Mouth Check and how to signpost children in care to appropriate dental services depending on their oral health risk: red, amber or green. The mouth check however, is not a substitute for a full dental examination by a member of a dental team.

4.8 **Mental Health Service update**

The Designated Doctor met with the Children's Mental Health Commissioner in February 2022 to explore mental health provision for children in care living in Peterborough.

Currently all CIC in Cambridgeshire and Peterborough who have mental health needs need to be referred by a professional (not their carer), for example: Nurse, Dr, Social worker etc to YOUUnited. YOUUnited is made up of CPFT Child and Adolescent Mental Health Services (CAMHS), Cambridgeshire Community Services (CCS), Centre 33 who deal with children 13 years of age and over and Ormiston Families who deal with those aged 12 years and under. Depending on the issue the child is signposted to trusted websites, early intervention or CAHMS.

The Commissioner shared with the Designated Doctor that she will be looking in to YOUUnited particularly to see what streams are available when a child is referred and in particular how Children in Care could be prioritised.

5. **CORPORATE PRIORITIES**

5.1 *Links to the Council's Corporate Priorities:*

1. *Our Places & Communities*
 - *Health and Wellbeing*
2. *Prevention, Independence & Resilience*
 - *Children*

Further information on the Council's Priorities can be found here - [Link to Corporate Strategy and Priorities Webpage](#)

6. **CONSULTATION**

6.1 N/A

6.2 N/A

6.3 N/A

7. **ANTICIPATED OUTCOMES OR IMPACT**

7.1 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.

8. **REASON FOR THE RECOMMENDATION**

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

9. **ALTERNATIVE OPTIONS CONSIDERED**

9.1 N/A

10. **IMPLICATIONS**

Financial Implications

10.1 N/A

Legal Implications

10.2 N/A

Equalities Implications

10.3 N/A

Children in Care Implications

10.4 *Does this report have any implications for Children in Care and Care Leavers? If so, include these in this section.*

11. BACKGROUND DOCUMENTS

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

11.1 None

12. APPENDICES

12.1 Appendix 1 – Health Report

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