

CORPORATE PARENTING COMMITTEE (FORMAL)	AGENDA ITEM No. 7
26 FEBRUARY 2024	PUBLIC REPORT

Report of:	Cambridgeshire & Peterborough Integrated Care System (ICS)	
Cabinet Member(s) responsible:	Cllr Ray Bisby, Cabinet Member for Children's Services	
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 Committee 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 *How does this report link to the Children in care Promise?*

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 2023 – 31st December 2023**

- 4.1 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.
- 4.2 Initial Health Assessments (IHAs) are a statutory requirement for every child or young person when they first become looked after. The IHA must be completed by a qualified doctor within 20 working days of the child coming into care. The IHA is completed in a clinical setting, face to face with a paediatrician. CPFT are able to offer 16 slots per month with a paediatrician for IHA appointment, rising to 20 slots as required. Despite these additional IHA slots it does not meet the demand and a backlog has now been created. Senior managers in the Local Authority and the ICB are discussing a way forward.

Initial Health Assessment Performance 1st Jan 2023 – 31st December 2023		
In County Placements		
	Number of IHA requests	Number of IHAs completed within 20 working days
Total numbers	148	39
Total Percentage		26%
Out of County Placements		
	Number of IHA requests	Number of IHAs completed within 20 working days
Total numbers	46	13
Total percentage		28%
Overall Totals (combining In County and Out of County placements)		
Total Number	194	52
Total percentage		27%

There is increasing demand for IHAs, not only children and young people placed in Peterborough by Peterborough Local Authority but also from other Local Authorities who have children placed in Peterborough.

- 4.3 In addition to the 148 IHAs completed for Peterborough Local Authority children and young people, CPFT have completed 114 IHAs for other Local Authorities whose children are placed in Peterborough and offered a further 21 IHAs that were not attended (10 Peterborough Local Authority children and 11 other Local Authority children).

The table below indicates the growth of demand for IHAs for children and young people living in Peterborough, specifically the cohort of Separated Migrant Children (SMC) and increased requests from other Local Authorities children and young people requiring IHAs.

	2020-21	2021-22	2022-23	2023-24
Peterborough Local Authority IHAs (not including SMC)	116	103	86	116
Other Area Local Authority IHAs Not including SMC)	16	38	33	43
Peterborough Local Authority SMC requiring IHA	16	24	48	32
Other Area Local Authority SMC requiring IHA	37	66	76	71
Total IHA appointments required by CPFT	185	231	243	262

- 4.4 The rationale for separating the SMC from IHAs completed for British children is the impact on the duration of the IHA appointment. IHAs with SMC take on average 50% longer (1.5 hours face to face as opposed to 1 hour face to face). This is to allow time for translation as every question and answer is spoken twice with the assistance of an interpreter in their native language, thus further affecting the number of slots available for IHAs.

- 4.5 Completion of the IHA within the statutory timescale relies on the timely receipt of the referral and consent. Analysis of data collated between 1st April 2023 until 30th Nov 2023 shows only 44% of referrals and consent are received within the 5 working day timeframe and 80% being received by the 10th working day (please see chart below).

Number of Peterborough children new into care	96	%
Consent and referral received within 5 working days	42	44%
Consent and referral received within 6-10 working days	35	36%
Consent and referral received within 11-15 working days	8	8%
Consent and referral received within 16-20 working days	7	7%
Consent and referral received 21+ working days of becoming looked after	4	4%

- 4.6 The health team are unable to make arrangements with the carer for IHAs until the referral and consent are received. The target for this is 5 working days which then allows 15 working days for the health team to arrange the appointment and see the child/young person for their IHA. The average time taken from receipt of referral and consent by the health team to completion of the IHA during the same time frame as above (1st April 2023-30th November 2023) was 21 working days, therefore 6 working days late.

- 4.7 The CiC health team are developing a pathway for which includes a timeline for the health assessment process. This clearly identifies which agency is responsible for which action and includes details of where to send information with documents embedded within the pathway. This will assist Social Workers with knowing when to do what and where to send etc. The Team Manager of the CiC Health Team continues to attend team meetings with social workers to problem solve and improve collaboration.

Besides Paediatrician capacity and delayed referral and consent, there are other factors which affect the timeliness of IHAs. Below is a breakdown of reasons for late IHAs between January 2023-November 2023.

Paediatrician capacity	36%
Late consent/referral from CSC	23%
Carer decline of earlier appointment	13%
Multiple appointments required for sibling group	13%
Placement move	6%
DNA apt	3%
Child in-patient in Acute setting	2%
Young person missing	2%
Turned 18 before IHA completed	2%

- 4.8 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 2023 – 31st Dec 2023		
In County Placements		
	Number of RHAs due	Number of RHAs completed within timescales
Total numbers	245	176
Total Percentage		72%
Out of County Placements		
	Number of RHAs due	Number of RHAs completed within timescales
Total numbers	105	35
Total percentage		29%
Overall Totals (combining In County and Out of County placements)		
Total number	350	211
Total percentage		51%

In addition to the 245 RHAs completed for Peterborough Local Authority children and young people placed in Peterborough, the CPFT Children in Care Health team have completed a further 130 RHAs for other Local Authorities whose children are placed in Peterborough and an additional 57 RHA appointments that were not attended (37 Peterborough Local Authority children and 20 other Local Authority children).

- 4.9 To further enhance the above performance of RHAs the Partnership are keen to embed enduring consent. This would mean consent for statutory and routine reviews would be in place for the duration that the child or young person was in care. Currently, social workers are required to gain consent from biological each time a review health assessment is required. This can delay referrals reaching the CiC health team, thus delaying the health assessment taking place. The Designated Nurse and Head of Corporate Parenting are in discussion regarding enduring consent and hope this can be achieved soon.
- 4.10 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

- 4.11 All children in care placed in Peterborough have their dental health reviewed during health assessments. Children seen for Initial Health Assessments (IHAs) have a mouth check completed by a paediatrician and every child that is seen for a Review Health Assessment (RHA) has their dental health and access to dental care discussed as part of their review with a specialist nurse.

Children in care are advised of their local dental access centre if they are in pain or score red on the mouth check RAG (red/amber/green) rating system. All children in care are advised of the CHiC (children in care) dental practices identified on the volunteer dentist map for routine dental check-ups and preventative dental care.

Bushfield dental practice have continued the commitment made in Jan 2023 to see children in Care living in Peterborough for routine dental assessments and completion of treatment required. There is a code to be used when the carer/young person makes an appointment which has been circulated widely across health and Social Care teams. This is so the reception team know to book them an appointment without question when the code is used. The practice manager has not kept a log of how many appointments have been offered to children in care and is keen that the code is not used to segregate them as a separate group of children and young people. The practice manager confirmed recently that the practice is happy to continue to support Children’s Social Care by seeing children in care under the age of 18 who are placed in Peterborough without question.

In addition, Bretton Dental Practice have continued to see Separated Migrant Children and young people living in Peterborough without issue, but as yet have not committed to adding their details to the volunteer dental map.

The table below shows data collected from October-December 2023 and identifies that only 6% of Peterborough children and young people in care placed within Peterborough have not seen a dentist within the last 12 months.

Month	Total number of Peterborough children who have been in care for 12 months or more at month end	Number of those children who had seen a dentist in the last 12 months	Number of those children who had not seen a dentist in the last 12 months	Number of children not seen by dentist in last 12 months placed outside of Peterborough (out of county children).	Number of children not seen a dentist in last 12 months living within Peterborough (in county children).
October 2023	262	186	76	55	21
Oct 23 as a percentage		71%	29%	72% of total number not seen	28% of total number not seen
November 2023	267	225	42	32	10
Nov 23 as a percentage		84%	16%	76% of total number not seen	24% of total number not seen
December 2023	273	220	53	36	17
Dec 23 as a percentage		81%	19%	68% of total number not seen	32% of total number not seen

The Designated Dr for Children in Care has written to all dental practices across Cambridgeshire and Peterborough to encourage them to add their details to the CHiC volunteer Dental Map and commit to seeing children if they are looked after. This will be circulated by ICB Communications team in February 2024.

- 4.12 The Designated Nurse for Children in Care and the Children’s Mental Health Commissioner at the ICB have met to discuss provision of mental health support for care leavers. This is in response to the recent publication of the Local Authority Ofsted report. Initial scoping has begun

and a request to attend the Children in Care Council and Care Leavers Forum have been submitted to explore what children and young people want and/or feel is missing in Peterborough. Initial findings have identified that sufficient talking therapies exist locally for less complex mental health concerns. However, transitioning from children's mental health services to adult services is difficult without a mental health diagnosis. It seems this is where additional service provision is required for Peterborough care leavers and will be developed; moderate – severe mental health concerns but no official mental health diagnosis.

The CiC Health Team make appropriate referrals to Mental Health and counselling services as required and discuss with the social worker regarding referral pathways (YOUUnited, Centre 33, Yaxley Young People's Counselling Service (YPCS), Refugee Council (for SMC)). Some schools have counselling services which can also be referred into. The Local Authority have access to a clinical team who can support children/young people and their carers. The CiC health team liaise directly with Core/Neuro Child and Adolescent Mental Health Services (CAMHS) if advice regarding a referral is required or if it is necessary to expedite an assessment. The Health Professional completing the Health Assessment provides clear actions on the Health Action Plan (HAP) about what the next steps are and provides useful and trusted websites which young people and their carers can access, for example Kooth, YoungMinds.

4.13

The Designated Doctor for Children in Care completed an audit of health assessments. A sample of 5 x IHAs and RHAs from the following categories were reviewed; 0-4 years, 5-10 years, 11-17 years, 17-18 years (Care Leavers Passport) and an additional 5 x IHAs for Separated Migrant Children.

The audit showed that the majority of IHA and RHA were carried out to a good standard. There has been a marked improvement in access to and uptake of dental provisions across both Peterborough and Cambridgeshire. For those who have not yet registered with a dentist, there was clear sign posting of dental practices who were willing to offer care in certain areas. There has also been a more detailed focus on the emotional well-being of Children in care this year. There remains a problem with completing SDQ before the IHA and RHA and making sure that those that are not completed, are done so shortly afterwards. There is a need for better integration of Separated Migrant Children into the local community for them to be aware of and sign posting to local facilities may help to improve their physical and mental well-being. 100% of IHAs audited for separated migrant children were awaiting a place in Education.

5. CORPORATE PRIORITIES

5.1 *Consider how the recommendation links to the Council's Corporate Priorities:*

1. *The Economy & Inclusive Growth*
 - *Environment*
 - *Carbon Impact Assessment (copy and paste the summary section from the approved Carbon Impact Assessment form)*
 - *Homes and Workplaces*
 - *Jobs and Money*
2. *Our Places & Communities*
 - *Places and Safety (including any rural implications)*
 - *Lives and Work*
 - *Health and Wellbeing*
3. *Prevention, Independence & Resilience*
 - *Educations and Skills for All*
 - *Adults*
 - *Children*
4. *Sustainable Future City Council*
 - *How we Work*
 - *How we Serve*
 - *How we Enable*

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 and care leavers 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 None

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