

Health Report

To: Corporate Parenting Sub-Committee

Meeting Date: 29th March 2023

From: Designated Nurse for Children in Care, Cambridgeshire and Peterborough Integrated Care Board

Electoral division(s): All

Key decision: No

Forward Plan ref: n/a

Outcome: To continue to enable the delivery of health services to Children in Care.

Recommendation: The Sub-Committee is recommended to:

- a) Note the content of this report
- b) Raise any queries with the Lead Officers

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1. Background

- 1.1 This report provides an update on both physical and mental health 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 Cambridgeshire's Children in Care including those with a disability.

2. Main Issues

- 2.1 Cambridgeshire and Peterborough Integrated Care Board (ICB) commission the Children in Care (CIC) Health Team, Cambridgeshire Community Services NHS Trust (CCS) 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 Cambridgeshire. 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.
- 2.2 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 CCS have made the decision to cap the number of IHA appointments to 15 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 15 slots is enough to accommodate the IHAs for Cambridgeshire children but this does have an effect on children and young people placed in Cambridgeshire from other areas. When a request for an IHA from out of county is received, CCS 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 CCS 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.
- 2.3 Initial Health Assessment Performance Data

Initial Health Assessment Performance 1st April 2022 – 31st Dec 2022		
In County Placements		
	Number of IHA requests (minus early discharges)	Number of IHAs completed within 20 working days
Total numbers	88	23
Total Percentage		26%
Out of County Placements		
	Number of IHA requests (minus early discharges)	Number of IHAs completed within 20 working days
Total numbers	79	4
Total percentage		5%

Overall Totals (combining In County and Out of County placements)		
Total Number	167	27
Total percentage		16%

- 2.4 The reasons that the IHAs are not completed within 20 working days are delayed consent and referral from social care to health, and carers and young person not able to attend the initial appointment offered so the chosen appointment sits outside of the 20-working day timescale. 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.

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 IHA to be completed.

- 2.5 Since coming into post in August 2022, the Designated Nurse has requested further information from Health colleagues to understand the delay in completing IHAs within the 20 day timeframe.

Cambridgeshire Children – placed in or out of Cambridgeshire						
Consent received	October 2022		November 2022		December 2022	
0-5 days (Target)	2	20%	1	10%		
6-10 working days	1	10%	1	10%	2	15%
11-15 working days	3	30%	2	20%	4	31%
16-20 working days			1	10%		
21+ working days	4	40%	5	50%	7	54%

The data in the chart above indicates the delay in health colleagues receiving the referral and consent, with 48% of them received after 21 working days and only 10% of them being received within the statutory timeframe of 5 working days. Further to this The Designated Nurse has analysed the timeframes to understand the average timeframe for each step within the Cambridgeshire Local Authority and CCS Children in Care Health Team.

BLA – Became Looked after

IHA – Initial Health Assessment

Cambridgeshire children and young people placed within Cambridgeshire			
Month	Average time from BLA to Consent and referral received by health	Average time from consent referral received by health to IHA completed	Average time from BLA to IHA
	(5 day target)	(15 day target)	(20 day target)

October 2022	23 days	17 days	33 days
November 2022	18 days	13 days	23 days
December 2022	17 days	20 days	33 days

The data in the table above gives an indication of the delays within the different steps from a child or young person becoming looked after to completion of their IHA. The average time from becoming looked after to consent and referral received is 19 working days between October 2022- December 2022. The average time following receipt of consent and referral to completion of IHA is 16.5 working days for the same time period.

- 2.6 Late receipt of referrals and consent is not the only reason for late IHAs as mentioned above in 2.4. Below is a table to reflect the reasons for late IHAs specifically for Cambridgeshire children and young people placed within Cambridgeshire.

Reason for late Health Assessments	October 2022 4 IHAs required 1 seen within 20 working days	November 2022 6 IHAs required 1 seen within 20 working days	December 2022 6 IHAs required 0 seen within 20 working days
Late referral/Consent from Children's Social Care	3 3 x 21+ days	2 1 x 11-15 days 1 x 21+ days	3 1 x 6-10 days 1 x 11-15 days 1 x 21+ days
Multiple appointments required for siblings to be seen on same day			
Was not brought for initial apt which was offered within timeframe			
Paediatrician capacity			
Staff sickness		1 x IHA cancelled due to Paediatrician off sick	
Carer declined initial offer of apt (within timeframe) due to other commitments		2	2
Other			1 x Multiple placement moves within first month of BLA. Consent

			and referral forwarded, but child had already moved on.
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- 2.7 The Designated Nurse has focused her analysis around Cambridgeshire children placed within the county as this is an area that health and social care colleagues will be able to work together to develop an efficient process to tighten up these timeframes. This can be facilitated through the monthly Health of Children in Care Partnership meetings facilitated by the ICB. The Designated Nurse and Designated Doctor lead 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. It is hoped that during these meetings the process and steps between becoming looked after to completion of the IHA can be streamlined.
- 2.8 Review Health Assessments (RHAs) are also face-to-face appointments completed in the child or young person's home 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

Review Health Assessment Performance 1st April 2022 – 31st Dec 2022		
In County Placements		
	Number of RHAs due	Number of RHAs completed within timescales
Total numbers	248	231
Total Percentage		93%
Out of County Placements		
	Number of RHAs due	Number of RHAs completed within timescales
Total numbers	174	144
Total percentage		83%
Overall Totals (combining In County and Out of County placements)		
Total number	422	375
Total percentage		89%

For Cambridgeshire children in care living outside of Cambridgeshire, the CCS 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 Cambridgeshire CIC Health Team have little control over when our children are seen who live out of area, but will accommodate Cambridgeshire children living within a 20 mile radius of the Cambridgeshire boundary.

- 2.9 The Designated Nurse wanted to gain insight into the young people's views of their health appointments. Following discussion with the CIC health teams across Cambridgeshire and Peterborough it was decided that a questionnaire would be the most appropriate tool to get anonymous feedback. 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 was shared with the Children in Care Council at their December meeting. Health colleagues did not attend the meeting ensure anonymity and encourage honesty within their answers.

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 Cambridgeshire 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.

2.10 Strengths and Difficulties Questionnaire (SDQ)

The Strengths 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. The health team in Cambridgeshire undertake the SDQ process on behalf of Social Care.

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 was a very slight improvement in questionnaires returned to the Health Team indicated in the chart below.

Please note: the number of questionnaires sent is significantly lower for the second half of the year as the SDQ pathway now indicates that an SDQ is not required for IHAs from July 2022.

	1 st Jan 2022 – 30 th Jun 2022	1 st July 2022 – 31 st Dec 2022
SDQs sent	244	157
SDQs returned	103	67
Percent returned	42%	43%

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 Children in Care Council to design a leaflet to support young people with this process.

2.11 Mental Health Service update

The Designated Doctor met with the Children's Mental Health Commissioner in February 2023 to explore mental health provision for children in care living in Cambridgeshire.

Currently all CIC in Cambridgeshire and Peterborough who have suspected mental health needs need to be referred by a professional (not their carer), for example: Nurse, Doctor, Social worker to YOUNited. YOUNited is made up of Cambridgeshire and Peterborough Foundation Trust's 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 for therapeutic intervention.

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

YOUNited 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 YOUNited 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.

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

The Refugee council offer counselling support for unaccompanied asylum seeking children.

2.12 Unaccompanied asylum seeking children (UASC)

Over the summer, Cambridgeshire and Peterborough saw an increased number of UASC entering the care system. All of Cambridgeshire UASC were placed in Peterborough. This is due to the increase in the number of housing providers in Peterborough to accommodate UASC in their semi-independent accommodation.

The Designated Doctor recently contacted Peterborough City Council to find additional support for Cambridgeshire UASC placed in Peterborough. They were directed to the Designated Doctor to Peterborough Asylum and Refugee Community Association (PARCA). In October 2022, the Designated Doctor and Lead Nurse from Cambridgeshire and Peterborough Foundation Trust 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 and 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.

2.13 Dental Services update

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.

Difficulty finding an NHS dentist to register new patients is not just local to Cambridgeshire – 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 across the East of England: [dental practices locations](#)

The Designated Nurse has joined a working group with colleagues in NHS England to support the development of an e-learning package for carers 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.

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.

3. Alignment with corporate priorities

3.1 Environment and Sustainability

There are no significant implications for this priority.

3.2 Health and Care

The report above sets out the implications for this priority in 2.1 to 2.13

3.3 Places and Communities

There are no significant implications for this priority.

3.4 Children and Young People

The report above sets out the implications for this priority in 2.1 to 2.13

3.5 Transport

There are no significant implications for this priority.

4. Significant Implications

None.

5. Source documents guidance

It is a legal requirement for the following to be completed by the report author.

5.1 None

6. Accessibility

6.1 An accessible version of the information contained in this report is available on request from katie.liddle@nhs.net