

Health Report February 2022

To: Corporate Parenting Sub-Committee

Meeting Date: 23rd March 2022

From: Designated Nurse Children in Care, Cambridgeshire and Peterborough Clinical Commissioning Group

Electoral division(s): All

Forward Plan ref: n/a

Key decision: No

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

Officer contact:

Name: Catherine York

Post: Designated Nurse Children in Care

Email: catherineyork@nhs.net

Member contact:

Names: Cllr Anna Bradnam

Post: Chair

Email: anna.bradnam@cambridgeshire.gov.uk

Tel: 01223 706398 (office)

1. Summary

- 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 Clinical Commissioning Group's (CCG) 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 Over the past two years 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. During this time the Designated Nurse and Doctor for Children in Care have worked with commissioners and providers across social care and health to ensure the provision of the required health services continued, including assurances around the quality and timeliness of services.

- 2.2 Health of Children in Care Partnership Group: Positive working relationships have been maintained between local authority and health colleagues since the commencement of the Covid-19 pandemic to enable appropriate health provision delivery. The monthly Health of Children in Care Partnership Meeting provides a robust forum for these discussions, decision making, development work, future planning, and pathway management. Additionally, the Head of Service: Corporate Parenting and the Designated Nurse meet monthly to further enhance communications, identify key risks along with mitigations, and to work on any new or ongoing issues; these discussions feed into the Health of Children in Care Partnership Meeting.

This Group holds a Workplan of developments and improvements, with ongoing workstreams being reviewed at each meeting, and the overall Workplan being reviewed quarterly. Current workstreams include the Strength and Difficulties Questionnaire Pathway, review of the Health Assessment Questionnaires, audit of UASC Blood Borne Virus Pathway and TB (tuberculosis) Pathway, improving the quality of Initial Health Assessment referrals from social care to health, and improving the sensory assessment and treatment plans for those with neurodevelopmental needs.

- 2.3 Initial and Review Health Assessments: At the start of the pandemic, in line with national guidance, our providers moved to undertaking virtual health assessments. This approach enabled the continuation of timely and robust health assessments, with engagement of foster carers and young people being good. Face to Face clinic appointments were provided for children and young people when clinically indicated, and referral(s) to other services continued to be made as appropriate.

Initial Health Assessments (IHAs) for those aged 0-3 years returned to face-to-face appointments from the end of April 2021, and from the beginning of June 2021 all IHAs returned to face-to-face appointments. Virtual IHAs remain an option if the agreed criteria are met, but this will be for a small number of young people.

Review Health Assessments (RHAs): July 2021 saw the introduction of a hybrid model, which includes face to face appointments and virtual appointments for those young people who prefer this option and who meet the agreed criteria which are based on the learning from service provision during the acute stage of the pandemic.

2.4 Initial Health Assessment Performance Data

Initial Health Assessment Performance 1st April 2021 to 31st December 2021			
In county placements			
	Number of IHA requests (minus early discharges)	Number of IHAs completed within 20 working days	Number of IHAs completed by Health within 15 days of receipt of consent and referral
Total numbers	86	50	52
Total percentage	100%	58%	60%
Total percentage (excluding 17 declined IHAs)		72%	75%
Out of county placements			
	Number of IHA requests (minus early discharges)	Number of IHAs completed within 20 working days	Number of IHAs completed by Health within 15 days of receipt of consent and referral
Total numbers	55	7	8
Total percentage	100%	13%	14%
Total percentage (excluding 3 declined IHAs)		14%	15%
Overall Totals (combining In County and Out of County placements)			
Total numbers	127	52	66
Total percentage	100%	41%	52%
Total percentage (excluding 20 declined IHAs)		49%	62%

The reasons that the IHAs are not completed within 20 workings 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.

- 2.5 The IHA performance rates for our children and young people placed outside of Cambridgeshire was previously raised as a concern by the Councillors, and the Chair of the Committee wrote to NHSE safeguarding colleagues to escalate this issue. I understand that to date there has not been a reply, however the Designated Nurse can report that this concern and the letter of escalation have been discussed with the Head of Nursing Quality and Safeguarding and Regional Safeguarding Lead for the East of England, and a meeting is scheduled with the Designated Nurse and the Head of Safeguarding, Cambridgeshire and Peterborough CCG and the Regional Safeguarding Lead to discuss this matter on 8th March 2022; an original meeting scheduled for early February was unable to go ahead due to regional system pressures. The Designated Doctor will provide a verbal update to the Committee on the 23rd March 2022.
- 2.6 The Deputy Chief Nursing Officer for England wrote to CCG Directors of Nursing in January 2022 advising that IHA completion for other local authority children (OLAC) is an increasing risk across most of England. She advised that the Looked After Children Clinical Reference

Group (LAC CRG) has been reviewing this situation since before COVID-19, and that one of the key principles of their review is whether services which undertake IHAs discriminate against OLAC by offering a different process to completing the IHA, and it has been recognised that during COVID-19 that the issue has become greater. She stated that there is an onus on local solutions and NHS England would strongly recommend this matter is discussed at Local Safeguarding Partnerships, as a priority, so that the CCG accountable officer and the Director of Children's Services (as Corporate Parent) agree a single, unified process for **all** looked after children. She has identified that agreed partnership plans need to be developed, and that the Designated Professionals are engaged in this work. Additionally, NHS England intends to commission a full audit via the Clinical Reference Group, by local authority / CCG, apropos of:

- Numbers of OLAC placed from other local authorities.
- Numbers of children placed into other local authorities.
- Current volumes of delayed or deferred initial and review health assessments – noting the need for a notification process for systems under such pressure.

The Chief Nurse, CPCCG is taking this matter to the Executive Safeguarding Board at the May 2022 meeting and is working with the Designated Nurse CiC to understand the issues for our children and young people placed out of area, and also the local position.

2.7 Review Health Assessment Performance Data

Review Health Assessment Performance 1st April 2021 to 31st December 2021		
In county placements		
	Number of RHAs due	RHAs completed within timescale
In area total	260	220
In area Percentage	100%	85%
Out of county placements		
Out of area total	173	124
Out of area percentage	100%	72%
Overall totals (combining in county and out of county placements)		
Number	433	344
Percentage	100%	79%

2.8 Strength and Difficulties Questionnaires (SDQ)

The Strength 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. Scoring categories are: Low need (0-13), Some need (14-16) and High need (17-40).

The health team in Cambridgeshire undertake the SDQ process on behalf of Social Care. Pre Covid-19 the questionnaires were regularly completed by the carer at the time of the health assessment as this was always a face-to-face appointment and was a way of increasing the number of returns, however with the introduction of virtual health assessments

the process became reliant on foster carers receiving and returning the questionnaire by email; subsequently there was a drop in the completion rate. Despite efforts by health and social care practitioners to improve this position, this change in process resulted in far fewer SDQs being completed, with 2020/21 having only a **27% completion rate**.

To ensure that a robust partnership process is in place to support improved performance, a sub-group of the Health of Children in Care Partnership Group was formed and a SDQ Pathway was developed. The SDQ Pathway which includes health, social care, and education colleagues, was launched at the end of May 2021, however following review of the pathway in January 2022, it has been recognised that further work is required to increase the level of detail within the process in order to enhance its effectiveness; a further Task and Finish Group is being established for this work.

2.9 Strength and Difficulties Questionnaire Performance Data 1st April 2021 – 31st December 2021:

Month	Number of questionnaires sent to carers by the Health Team	Percentage of questionnaires sent to carers by the Health Team	Number of completed questionnaires returned by carers	Percentage of completed questionnaires returned by carers
April 2021	There is no data available for April and May 2021, as a new data collection system was introduced in June 2021 to replace the previous less accurate system.			
May 2021				
June 2021	44	100%	21	48%
July 2021	48	100%	25	52%
August 2021	53	100%	20	37%
September 2021	43	100%	27	63%
October 2021	25	100%	20	80%
November 2021	39	100%	22	56%
December 2021	34	100%	16	47%
Overall Totals	286	100%	151	53%
The percentage of questionnaires sent to carers is always 100% as questionnaires are sent for all children aged 4-16 years (inclusive) but excludes those for whom the questionnaire is not appropriate such as children/young people with disabilities or complex needs.				

- 2.10 The annual quality audit of health assessments will take place before the end of March 2022. This audit is undertaken by the Designated Nurse and Designated Doctor to ensure independent review, and results in a report which is shared with the Children in Care Health Team. Required improvements and/or developments identified from the audit are captured as actions within the report and have clear timescales, as well as an identified lead who is responsible for ensuring completion and provision of updates and feedback.
- 2.11 Blood Borne Virus and Tuberculosis (TB) Pathway for Unaccompanied Asylum Seekers (UASC) Audit: The Designated Doctor is leading on this audit which includes review of the effectiveness of the pathways for Blood Borne Virus and Tuberculosis screening and treatment. Individual elements of the audit are undertaken by iCaSH, Tuberculosis Service and the Children in Care Health Teams, thus covering the whole of the pathway for our young people.

The audit includes young people who became looked after between June - December 2021. The audit includes 23 UASC, some of whom are still being seen within the services

which is delaying the final findings being reported on until March 2021. All these young people are placed in Peterborough and are receiving their screening there. The audit report will be available at the end of March 2022.

- 2.12 Refugee Council continue to provide a Well Being and Work for Refugee Integration service which is commissioned until end September 2022, can be utilised by UASC. This service includes a well-being therapy service, but this is not a replacement for mental health services.
- 2.13 Dental Services: access to dental services is a national challenge which is being managed by NHS England. In Cambridgeshire our children and young people in care have had varying success at accessing non-urgent dental care, but access for children in care was supported for a period by the St. Mary's Dental Practice in Ely which meant that our children and young people were less affected than those in other areas. This offer ceased for a period but has just recommenced, so provides an option for Cambridgeshire children and young people who are placed nearer to the practice or can travel, although this is not suitable for all.
- 2.14 Previously the Councillors had raised their concerns regarding dental provision, and the Chair wrote to NHSE dental colleagues and NHSE safeguarding colleagues. I understand to date, that a reply has not been received, but the Designated Nurse is able to provide the following updates:
- 2.15 From 1st January 2022 Dental Practices are delivering a minimum of 85% of their contractual activity. Due to dental care being a high-risk area requiring the increased infection prevention and control measures, practices continue to see a reduced number of patients per day compared to their pre Covid activity. Currently limited change is being seen due to the backlog, and patients are still being seen on the urgency of need and vulnerability. However, this increase in activity is helping those who require urgent dental care.
- 2.16 Dental services have been awarded additional funding to enable NHS dental practices to provide additional urgent dental care sessions outside of their normal practice hours e.g., evenings and weekends (practices choose to opt in). These additional sessions can only be accessed by referral from NHS 111 with participating practices being added to the directory. The funding must be used by 31-03-2022. Specialist Care Dentistry are also providing additional sessions for patients across Cambridgeshire and Peterborough via NHS 111.
- 2.17 The Designated Nurse continues to work with NHSE regional dental and safeguarding colleagues and attends the East of England dental meetings; this enables her to advocate for our children and young people and to ensure that the needs of Cambridgeshire and Peterborough are understood by the regional teams. This Group is leading on the dental strategy, Mini Mouth training, development of the dental pathway and education of practices around this, data collection to assist in understanding the demand on dental services and rolling out Children Focused Dental Practices; all of which will contribute to improved access to dental services.
- 2.18 The outlined developments and work demonstrate that NHSE and regional colleagues are working towards improving services for all children and young people, some of the improvements being immediate and some will provide improvements over the coming 12 months. To provide reassurance to the Committee that improvements are occurring, the

Designated Nurse would like to draw your attention to the following key points which have an immediate impact or an impact within the next 3 months:

- Urgent care is available to all our children and young people via NHS 111. There are an increased number of appointment available until the end of March 2022 to support the management of any backlog of patients waiting but following this date urgent care appointments will continue to be available.
- NHSE are working to identify dental practices across the region, including Cambridgeshire that have the capacity to see children in care requiring routine dental care. In addition to this, working with practices to understand the Dental Pathway will improve practices understanding around the need for children in care to be prioritised for routine care, thus increasing access.
-

3. Alignment with corporate priorities

3.1 A good quality of life for everyone

The report above sets out the implications for this priority in 2.1 – 2.8.

4. Significant Implications

4.1 n/a

5. Source documents

5.1 None