Agenda Item No:

Health Data Update July 2021

To:	Corporate Parenting Sub-Committee
Meeting Date:	14th July 2021
From:	Designated Nurse Children in Care
Electoral division(s):	All
Forward Plan ref:	For key decisions Democratic Services can provide this reference
Key decision:	Yes / No (See Appendix 1 for Guidance)
Outcome:	To improve health and well-being, and health outcomes for children in care by ensuring adequate assessment of health and suitable health provision, and addressing areas where there may be a lack of provision or improvements required.
Recommendation:	The Sub-Committee is recommended to: a) Notes the content of the report b) Raise any queries with the lead officers

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1. Summary

1.1 This report provides an update on the performance of Initial Health Assessments, Review Health Assessments and the Strength and Difficulties Questionnaire. 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.

2. Background

2.1 The COVID-19 pandemic had an unprecedented impact on the provision of health services, including the physical and mental health care provided to children in care. Throughout this time, the Designated Nurse and Doctor for Children in Care worked 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.

3. Main Issues

3.1 Initial and Review Health Assessments

In line with national guidance our providers moved to undertaking virtual health assessments, providing face-to-face clinic appointments for children and young people when clinically indicated, and referral(s) to other services continue to be made as appropriate. Feedback received from carers and young people indicates that the experience of having a virtual assessment was broadly welcomed, and the compliance rate for assessments was good.

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 it is believed that this will be for a small number of young people.

Initial Health Assessment performance rate requires improvement so partnership work to achieve this has commenced. The Designated Nurse met with the Heads of Service, and then the Designated Nurse and the Children in Care Team Lead joined the Safeguarding Team Manager's meeting on the 14th May to discuss the issues and identify solutions. Partners are working collaboratively to make the necessary improvements which include improvement in timeliness of submission of the required referral and consent forms by social workers, and more timely and detailed reporting of data by the Children in Care Team Lead. Improvements in performance have commenced as detailed in the table below:

3.1.1 Initial Health Assessment Performance Data

Children and young people placed in Cambridgeshire					
Month	**Number of children new to care**	**IHAs completed within 20 working days of coming into care**		**IHAs completed/booked for completion within 15 working days of receipt of referral and consent by the health team**	
March 2021	6	4		5	
April 2021	12	8		12	
May 2021	13	9		10	
Children and young people placed outside of Cambridgeshire					
March 2021	0	0		0	
April 2021	2	0		0	
May 2021	3	2		2	
Overall totals					
Number	36	23		29	
Percentage	**100%**	**64%** Including declines	**68%** Excluding declines	**80%** Including declines	**84%** Excluding declines

*****accessible format table available on request from Catherine York

3.1.2 Review Health Assessment (RHA) Performance Data

RHA performance was maintained throughout the last year, with performance being between **88 - 100% each month.**

Current provision continues to be via video consultation unless clinically indicated when a face-to-face consultation is undertaken. Occasionally a telephone consultation is being used at the request of the young person. For those who decline their consultation a questionnaire is provided which enables a Health Action Plan to be created (in line with the Pathway).

The recovery plan for RHAs is in place, with the service planning to offer a hybrid model, which will include 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 the past 15 months; this will be monitored by the Lead Nurse and Designated Nurse, as will the quality of the assessments. The CICC are to be included in discussions and decisions about the future offer.

3.2 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 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 3 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 Cambridgeshire. This change in process has resulted in far fewer SDQs being completed, with 2020/21 having only a **27% completion rate**.

The lower SDQ return rate was discussed at the Partnership 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, recording and consideration to inform ongoing assessment and planning for the child/young person; unfortunately this saw only a small increase in the completion rate.

In order to ensure that a robust process that works across partner organisations is in place to support improved performance, a sub-group of the Health of Children in Care Partnership Group was formed and developed an SDQ Pathway. The Pathway which includes health, social care and education colleagues, was launched at the end of May 2021. Additionally, the Designated Nurse and the Children in Care Team Lead have a meeting scheduled to review performance, ensure the SDQ Pathway is adhered to, and ultimately improve the SDQ completion rate. Progress will be monitored monthly by the Designated Nurse, and then reviewed by the group in September as part of the pathway review.

4. Alignment with corporate priorities

4.1 A good quality of life for everyone

4.2 Thriving places for people to live

4.3 The best start for Cambridgeshire's children

5. Significant Implications

5.1 Resource Implications
There are no significant implications within this category.

5.2 Procurement/Contractual/Council Contract Procedure Rules Implications N/A

5.3 Statutory, Legal and Risk Implications N/A

5.4 Equality and Diversity Implications N/A

5.5 Engagement and Communications Implications N/A

5.6 Localism and Local Member Involvement N/A

5.7 Public Health Implications N/A

6. Source documents

6.1 None