

Health Update January 2021

To: Corporate Parenting Sub-Committee

Meeting Date: 13th January 2021

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.

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Summary

- 1.1 This report provides an update on the impact of Covid-19 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 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. The impact on services continues, which in turn will continue to have a detrimental impact on Children in Care for the foreseeable future. However, the Designated Nurse and Doctor for Children in Care continue to work with commissioners and providers across social care and health to ensure the provision of the required health services, including assurances around the quality and timeliness of services.
- 2.2 Following an 8-month period without a Designated Nurse for Children in Care, the new post-holder commenced with the CCG on the 25th November 2020 working 3 days per week.
- 2.3 Positive working relationships have been maintained between Local Authority and Health colleagues since the commencement of the Covid-19 pandemic, facilitated through weekly/ fortnightly cross agency meetings which have enabled and facilitated discussions around key issues and pathway management.
- 2.4 Initial and Review Health Assessments: In line with national guidance our providers moved to undertaking virtual health assessments. This approach has both positive and negative outcomes in terms of the assessment and engagement. However, Face to Face clinic appointments are provided 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 has been broadly welcomed, and the compliance rate to delivery of assessments is good.
- 2.5 Support for social workers, young people, foster carers, or other agencies has continued throughout the pandemic and has not been compromised by the level of home working.
- 2.6 The annual quality audit of health assessments will take place before the end of March 2021. The outcomes and learning from this audit along with the positive learning from the Covid-19 service delivery model and feedback from children/ young people will help shape future service delivery models; early thoughts suggest a mixed model to ensure a more flexible and accessible service.
- 2.7 The unaccompanied asylum seeking children (UASC) pathway continues to be monitored to ensure it is as effective as possible, including review of delivery around blood born viruses.
- 2.8 The Refugee Council is now commissioned to provide a Well Being and Work for Refugee Integration service which can be utilised by UASC. This service includes a well-being therapy service, but this is not a replacement for mental health services.
- 2.9 Dental Services: concerns around access to dental services for vulnerable children have been raised with NHS England and Public Health England. The Head of Safeguarding People, Cambridgeshire and Peterborough CCG will work with safeguarding colleagues for NHS England to influence change and improve provision and outcomes.

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 – 2.9.

4. Significant Implications

4.1 Resource Implications N/A

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

4.3 Statutory, Legal and Risk Implications N/A

4.4 Equality and Diversity Implications N/A

4.5 Engagement and Communications Implications N/A

4.6 Localism and Local Member Involvement N/A

4.7 Public Health Implications N/A

5. Source documents

5.1 None