

Annual Health Report February 2024

To: Corporate Parenting Sub-Committee

Meeting Date: 20th March 2024

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

Executive summary:

- Initial Health Assessments
- Review Health Assessments
- Strengths and Difficulties Questionnaire
- Dental care
- Separated Migrant Children
- Health Assessment Audit

Recommendation: The Corporate Parenting Sub-Committee is recommended to:

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

Officer contact:
Name: Katie Liddle
Post: Designated Nurse Children in Care
Email: katie.liddle@nhs.net

1. Creating a greener, fairer and more caring Cambridgeshire

1.1 Not applicable

2. Background

2.1 This report provides an update on 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.

3. Main Issues

3.1 Cambridgeshire and Peterborough Integrated Care Board (ICB) commission the Children in Care (CIC) Health Team, Cambridgeshire Community Services (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.

3.2 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. CCS are able to offer 15 slots per month with a paediatrician for IHA appointments. The number of children requiring an IHA to be completed in Cambridgeshire each month fluctuates and can be unpredictable. CCS Paediatricians are commissioned to see all children living within Cambridgeshire for their IHAs, this includes children placed in Cambridgeshire by other Local Authorities.

3.3 Initial Health Assessments

Initial Health Assessment Performance 1st Jan 2023 – 30th November 2023		
In County Placements		
	Number of IHA requests	Number of IHAs completed within 20 working days
Total numbers	118	14
Total Percentage		12%
Out of County Placements		
	Number of IHA requests	Number of IHAs completed within 20 working days
Total numbers	114	8
Total percentage		7%
Overall Totals (combining In County and Out of County placements)		
Total Number	232	22
Total percentage		9%

In addition to the 118 IHAs completed for Cambridgeshire Local Authority children and young people, CCS have completed 44 IHAs for other Local Authorities whose children are placed in Cambridgeshire and offered a further 108 IHAs that were not attended (41 Cambridgeshire Local Authority children and 67 other Local Authority children).

- 3.4 Completion of the IHA within the statutory timescale relies on the timely receipt of referral and consent from Children’s social care. Analysis of data collated between 1st Jan 2023 until 30th Nov 2023 shows only 6% of referrals and consent are received within the 5 working day timeframe and 59% being received after the whole of the 20 working day timeframe has passed (please see chart below).

Number of Cambridgeshire children new into care	232	%
Consent and referral received within 5 working days	13	6%
Consent and referral received within 6-10 working days	26	11%
Consent and referral received within 11-15 working days	34	15%
Consent and referral received within 16-20 working days	22	9%
Consent and referral received 21+ working days of becoming looked after	126	54%
Still awaiting	11	5%

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.

From 1st Jan 2023 to 30th November 2023 the average time taken for CCS Children in Care Health team to receive both consent and referral from Cambridgeshire Children Social Care was 45 working days from the date the child became looked after.

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 Jan 2023-30th November 2023) was 21 working days, therefore a delay of 6 working days.

- 3.5 In response to the delays explained above, the Designated Nurse Children in Care has worked in collaboration with the CCS health team and colleagues in the Local Authority to develop a pathway which was launched in December 2023. The pathway 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 has plans to attend team meetings with social workers to problem solve and improve collaboration.
- 3.6 Review Health Assessments (RHAs) are also face-to-face appointments completed at the child or young person’s home address by a 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.

Review Health Assessment Performance 1st Jan 2023 – 30th Nov 2023		
In County Placements		
	Number of RHAs due	Number of RHAs completed within timescales
Total numbers	245	204
Total Percentage		83%
Out of County Placements		
	Number of RHAs due	Number of RHAs completed within timescales
Total numbers	204	122
Total percentage		60%
Overall Totals (combining In County and Out of County placements)		
Total number	449	326
Total percentage		73%

In addition to the 245 RHAs completed for Cambridgeshire Local Authority children and young people placed in Cambridgeshire, the CCS Children in Care Health team have completed a further 150 RHAs for other Local Authorities whose children are placed in Cambridgeshire and an additional 20 RHA appointments that were not attended (10 Cambridgeshire Local Authority children and 10 other Local Authority children).

- 3.7 To further enhance the above performance of RHAs the Partnership are keen to embed enduring consent. Enduring consent would be lasting parental consent for the child's time in care and would cover statutory and routine reviews. Currently, social workers are required to gain consent from biological parent/s each time a review health assessment is required. This can delay referrals reaching the CiC health team, thus delaying the health assessment taking place. Enduring consent has been discussed within the Children in Care Partnership meetings and it is hoped that once this is in place it will improve delays with RHAs.
- 3.8 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 are living out of area.
- 3.9 It is a requirement for the Strengths and Difficulties Questionnaire (SDQ) to be completed in preparation of the RHA. This informs the clinician of any emotional health and wellbeing difficulties the young person might be experiencing so as to ensure this is explored further in their RHA appointment. Until recently, the health team were sending the SDQs out with the RHA appointment on behalf of the Local Authority and requesting that carers completed their version and return to the health team for scoring prior to the RHA. It was expected the Social Worker would assist the young person to complete the SDQ during the visit prior to the RHA appointment.

The table below shows the poor return rate over a three-month period, despite sending leaflets to guide the carers through the process.

	Number of SDQs sent and requested to be returned prior to RHA.	SDQs returned by carer	SDQs returned by young person
Aug 2023	20	5	1
Sept 2023	9	8	1
Oct 2023	25	8	0
Total	54	21	2
Percent		39%	4%

To improve the response rate, the process was reviewed at the Partnership meeting and a new pathway developed which involves the Health Liaison team at the Local Authority to have oversight of SDQs and prompt the child's social worker to complete the SDQ with the young person and carer at their next visit 3 months before the RHA is due. The child's social worker will then return the completed SDQs to the Health Liaison team for scoring, who will ensure the score is shared with the health professional in preparation of the health assessment. It is hoped this will improve the response rate and flow of information to inform the health assessment.

- 3.10 National Institute for Health and Care Excellence (NICE) guidance regarding oral health for children states the longest interval between oral health reviews for patients younger than 18 years should not be more than 12 months.

The table below shows data collected from October-December 2023 of Cambridgeshire Local Authority children in care living in Cambridgeshire and outside of Cambridgeshire.

Month	Total number of Cambridgeshire 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 Cambridgeshire (out of county children).	Number of children not seen a dentist in last 12 months living within Cambridgeshire (in county children).
October 2023	452	226	226	126	100
Oct 23 %		50%	50%	56%	44%
November 2023	452	220	232	128	104
Nov 23 %		49%	51%	55%	45%
December 2023	450	212	238	132	106
Dec 23 %		47%	53%	55%	45%

The table above indicates that between October and December 2023 49% of Cambridgeshire children in care had seen a dentist within the last 12 months.

Of the children that hadn't seen a dentist within the last 12 months, 55% were living out of county. Therefore 77% of Cambridgeshire children living in Cambridgeshire had seen a dentist within the last 12 months.

- 3.11 All children in care placed in Cambridgeshire 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.
- 3.12 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. There are 4 practices signed up in Cambridgeshire and 1 practice in Peterborough. These are NHS dental service providers that have agreed to accept children in care who do not have a regular dentist. This is not to say that other dental providers will not accept children in care, but would be dependant on their capacity at the time.

There are a further 4 locations across Cambridgeshire for Access dental surgeries. These dental clinics are for those who have pain or infection and require treatment who are not registered with a dentist.

The Designated Doctor 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.

- 3.13 The Designated Doctor for Children in Care completed an audit of health assessments which concluded in January 2024. 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 (SMC).

Cambridgeshire IHAs:

- All IHAs were undertaken by doctors.
- 100% of Neonatal Blood spot results were obtained, however information on Birth and Family history was only available in 85-90% of cases in the 0-10 years of age.
- 50% of children in the 0-5yrs, and 40% of those in the 5-17 years old have seen a dentist, the remaining were all signposted.
- Vision and Hearing checks were 100% achieved
- Immunisation uptake - 100% in the 0-10-year group, 85% in the 11-17yrs
- Height, weight Head circumference – 100% achieved
- Developmental – 100% detailed assessments.
- Emotional well-being - was asked about in all age categories 100%.
- Lifestyle Screening - 100% was done in the 11-17 years age group.
- The Health Action plan was 100% SMART (Specific Measurable Achievable Relevant Timed) in all that were reviewed.

There has been an increase in the numbers of Separated Migrant Children (SMC) being placed in county in the last few years. Health assessments for this group of children and young people also need to address screening for infections, nutrient deficiencies and

mental health support where needed. Better signposting to supportive voluntary organisations to improve mental health and well-being is important for these groups.

Of the 232 children that became looked after during 1st Jan 2023-30th November 2023, 67 were SMC. However, only 7 of these SMC were placed in county (within Cambridgeshire). Based on those SMC placed in Peterborough which were reviewed as part of the audit

- 100% of their IHAs were conducted by doctors.
- There was little or no history available relating to birth and family history.
- 40% had a date for a dentist at the time of the IHA.
- Immunisation history showed need for catch up in 100%
- Education – 100% awaiting a place.
- Emotional – Would like to play football, go to the Gym, misses his mum - no weekly contact. Wants to spend time with others who can speak the same language. Would move for education place. Would like a copy of the Quran.

In summary, 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 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.

4. Alternative Options Considered

4.1 Not applicable

5. Conclusion and reasons for recommendations

5.1 Sub-Committee is asked to note the report.

6. Significant Implications

6.1 Finance Implications
Not applicable

6.2 Legal Implications
Not applicable

6.3 Risk Implications
What are the risk implications? None

6.4 Equality and Diversity Implications
What are the equality and diversity implications? None

6.5 Climate Change and Environment Implications (Key decisions only)

What are the climate change and environment implications? None

7. Source Documents

None

8. Accessibility

8.1 An accessible version of the information contained in this report is available on request from the report author.