Children in Care Annual Report
April 2020 – March 2021

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Foreword by the Director of Nursing

Welcome to our annual report for children in care 2020-2021. It outlines the activity that has been undertaken in NHS County Durham Clinical Commissioning Group (CCG), as well as the challenges we have faced during the year in our work to support children in care and those care experienced.

Our commitment to children experiencing care extends across all levels of our organisations - from our governing body members to each of our employees. A key focus for us is to improve health outcomes for children who have experienced being in care as they transition into adulthood by working together with a range of partners across the county.

Examples of how this is undertaken are within the report. However, we know there are areas where more needs to be achieved and this is reflected in our priorities for the year ahead.

Finally, we cannot present this report without referencing the unprecedented challenges currently being faced with the COVID-19 pandemic. The country was at the height of the pandemic as the financial year commenced and you will read how this has impacted on our work and how we continue to respond and adapt to the changing needs of Durham's children in care.

Anne Greenley
Director of Nursing and Quality - NHS County Durham CCG

Contents

1. Executive Summary

1.1. Welcome to the first Annual Report for NHS County Durham Clinical Commissioning Group (CDCCG)[1]. The report is in relation to Children who are Looked After by Durham County Council and is authored by the CCG's Designated Nurse for Children Looked After. The Designated Nurse for Children who are Looked After has a strategic role and is separate from any clinical responsibilities as detailed in the Intercollegiate Role Framework for Looked after Children (RCPCH, 2020)[2].

1.2. It is the responsibility of Durham County Council, County Durham CCG and commissioned health services to identify and address the unmet health needs of Children who become Looked After. The expected outcome is that all Children who become Looked After and who are the responsibility of County Durham CCG will experience improved health and well-being and have an awareness on how their long-term health needs can be addressed as they become adults.

1.3. The purpose of the report is to provide County Durham CCG Governing Body, key partners and members of the public with:

- an update on the planned developments identified in the previous CCGs Children who are Looked After Annual Report 2019-2020
- an overview of both the National and local population of Children who are Looked After by County Durham Council
- an outline of the performance of NHS commissioned health services
- evidence of key achievements during 2020-2021
- recognise challenges and identify key priority areas for 2021-2022

1.4. This annual report covers key performance activity for County Durham CCG provided by the health providers it commissions for the period from 1st April 2020 to 31st March 2021.

1.5. The report is produced in line with duties and responsibilities outlined in statutory guidance - Promoting the Health and Wellbeing of Looked after Children[3] which is issued to Local Authorities, NHS Clinical Commissioning Groups and NHS England under sections 10 and 11 of the Children Act 2004[4].

[1] County Durham CCG superseded North Durham CCG and Durham Dales, Easington and Sedgefield CCG when they merged on the 1st of April 2020

[2] Looked After Children: Roles and Competencies of Healthcare Staff

[3] Promoting the health and well-being of looked-after children Statutory guidance for local authorities, clinical commissioning groups and NHS England (DfE, DoH 2015)

[4] Children Act 2004

2. Introduction and Background

2.1. The purpose of the report is to provide County Durham CCG Governing Body, key partners and members of the public with: an update on the planned developments identified in the previous CCGs Children who are Looked After Annual Report 2019-2020; offer an overview of both the National and local population of Children who are Looked After by County Durham Council; outline the performance of NHS commissioned health services; evidence good practice and key achievements; recognise challenges and identify key priority areas for 2021-2022.The report covers the period from 1st April 2020 to 31st March 2021.

2.2. Children who are Looked After are referred to in legal terms as 'Looked After Children'. In England and Wales the term 'Looked After Children' is defined in law under the Children Act 1989[5]. A child is Looked After by a Local Authority if he or she is in their care or is provided with accommodation for more than 24 hours. Looked After Children fall into four main groups:

- Children who are accommodated under voluntary agreement with their parents
- Children who are the subject of a care order or interim care order
- Children who are the subject of emergency orders for their protection
- Children who are compulsorily accommodated; this includes children remanded to the Local Authority or subject to a criminal justice supervision order with a residence requirement

2.3. The term 'Looked After Children' includes unaccompanied asylum-seeking children (UASC), children in friends and family placements, and those children where the agency has authority to place the child for adoption. It does not include those children who have been permanently adopted or who are subject to a special guardianship or residency order.

2.4. Feedback from Children who are Looked After often indicates that they find it hard to relate to the term 'Looked After Children' and its abbreviated form of 'LAC'. Many children and young people find it offensive to be defined in such a way, often sighting that the phrase may be misinterpreted as one that implies they 'lack' something as individuals. Children who are Looked After also highlight that every child is 'looked after' by someone and as such the phrase does not define the uniqueness of their situation when being parented by other carers. The remainder of this report will therefore refer to 'Children in Care' or 'CiC'; the term 'Looked After' and 'LAC' will only be used in a legislative context.

2.5. Most children enter the care system as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past adverse childhood experiences. For example, almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting a child's emotional well-being and mental health needs can have far reaching effects on all

[5] Children Act 1989

aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults.

2.6. Meeting the health needs of children and young people in care requires a clear focus on easy access to services. This approach can be assisted by commissioning effective services, delivery through provider organisations and ensuring availability of individual practitioners to provide and co-ordinate care.

2.7. County Durham CCG can also influence health outcomes for CiC by acting as a 'Corporate Parent'. Corporate Parenting is a collective responsibility of the Local Authority (LA), elected members, employees, and partner agencies, to provide the best possible care and safeguarding for CiC. "*We want our children to be well, healthy and have good emotional and mental health"*. (Durham County Council Corporate Parenting Strategy)[6]. The Designated Nurse for Looked After Children is an active member of the County Durham Corporate Parenting Panel.

[6] Durham County Council Corporate Parenting Strategy for Children and Young People aged 0-25 years

3. Update on Planned Developments

2020-2021 Priorities	Update…..
Further identify ways to ensure we include the voice of our Looked After children and young people	A Care Experienced Young Person is now a member of the Looked After Children Health Needs Subgroup
Health Report for Corporate Parenting Panel Annually and by exception	The CCG Annual Children Looked After Report is now scheduled to be presented to the Corporate Parenting Panel once ratified by the CCG Governing Body
Development of a health dashboard for Tees, Esk and Wear Valleys Trust	A template has now been created and will be used within the Trust once ratified by the Trust
Include Looked After Children assurance within commissioner assurance visits ensuring visits provide assurance that actions in regard to Looked After Children following inspections have had a sustained change to practice.	Due to COVID restrictions Commissioner Assurance visits were deferred. A programme of visits is scheduled to commence in Autumn 2021 and ensure assurance regarding Looked After Children by members of the CCG Safeguarding Team
To work with GP practices to inform GPs about their responsibilities to care experienced children by progressing the Task and Finish Group gap analysis based on Children Looked After commissioning toolkit	• A training session is scheduled to outline to GP Safeguarding Leads on Primary Care responsibilities towards Care Experienced children in Q1 of 2021-22 • Training sessions for GP Practice staff are planned at the beginning of Q2 2021-22 outlining requirements as stipulated within the Intercollegiate Document for CiC • The Gap Analysis although delayed due to the impact of COVID is in progress
Increase compliance of Primary Care GP information to inform initial and review health assessments.	Named GP liaises with individual GP practices to improve information sharing for health assessments
The GP Template completed however requires further action to embed into primary care	The full implementation of this has been delayed due to the demands placed on Primary Care colleagues but continues to be a priority for 2021-22. A pilot of the template has been used with additional support from the CCG Medical Director which will be evaluated prior to full implementation across the county
Continue the development of a process for health passports for those young people who are placed out of area and those requesting a passport post 18 years.	• A Pathway is now in place to ensure all children placed out of area are offered a health passport • The GP is the point of contact for health information once adulthood has been reached
IHA Quality assurance audit to be completed	This has been delayed due to the unprecedented demands placed on paediatric services but remains a priority for 2021-22
LAC outcomes multiagency audit to be completed with the agreed focus to include Care Experienced children, access to health assessments, mental health and emotional wellbeing, to include child/Young Person's voice – did we listen? Were we accessible?	This has been delayed due to the impact of COVID but a multi-agency Task and Finish Group is established and is proceeding with this initiative to link the priority with the Durham health needs assessment for children looked after
Due to increase under1's in Durham becoming looked after, plan a review of the pre-birth service including birth response plans and Early Help	The CCG are now active members of the: • 'Pause' Board which works with women who have experienced, or are at risk of, repeated pregnancies that result in children needing to be removed from their care • Strategic Delivery Group for Vulnerable Pre-Birth and under 1-year olds in County Durham
Digital task and finish group to be established to collaborate on developing a health assessment information animation for Durham and Darlington	Funding has been granted for the development of a Health Summary 'App' across the North Cumbria and North East NHS England Region
The impact of COVID -19 on looked after children and the assessments utilising the national questionnaire March – June identifying the views of children prior to reviews in September to include the voice of the child and influence of further services provision	This has been delayed due to the impact of COVID but a summary report is underway which will be presented to the Children Looked After Strategic Partnership

4. Governance and Accountability

4.1. The NHS has a major role in ensuring the timely and effective delivery of health services to Children who are in Care. Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies[7] and the Safeguarding Accountability and Assurance Framework[8] make clear the responsibilities of CCGs and NHS England to this vulnerable group of children.

4.2. County Durham CCGs accountability for the discharge of statutory responsibilities for Children who are in Care sits with the Chief Officer. Executive leadership is through the Director of Nursing and Quality who is also a member of the CCGs Governing Body.

4.3. Children in Care reports are presented to the Quality Committee on a bi-monthly basis to appraise the CCG of current activity and developments and include performance reports for NHS commissioned health services against the specific Key Performance Indicators (KPIs).

4.4. Accountability for Designated Professionals for Children in Care is set out within the Safeguarding Accountability and Assurance Framework. Designated Professionals for CiC take a strategic and professional lead across the whole health economy providing expert advice and clinical expertise to the Clinical Commissioning Group, health providers and partner agencies by having a strategic overview on the specific health needs of the Children in Care cohort.

4.5. On the 2nd of November 2020, a dedicated Designated Nurse for Children Looked After commenced a 0.76 WTE post. This appointment was as a result of a number of staffing reviews following the Care Quality Commission review of health services for Children Looked After and Safeguarding (CLAS) Inspection which was undertaken in Durham in November 2016. The report stated that the CCG should 'Ensure there is sufficient capacity in the designated roles for safeguarding and looked-after children to meet national and local priorities for strategic development and effective governance'.

4.6. CCGs are required to provide resources to support the provision of a service for children in care. The amount of resource required is clearly defined in the Looked After Children: roles and competencies of healthcare staff[9]. In November 2020 a 0.76 WTE dedicated Designated Nurse for Children in Care was welcomed into the children in care team.

[7] Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies DoH 2013
[8] Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework
[9] Looked after Children: roles and competencies of healthcare staff Intercollegiate Document RCN, RCPCH 2020

4.7. Meet the Team

Alison Ferguson Designated Nurse Children Looked After	**Heather McFarlane** Designated Nurse Safeguarding and Children Looked After	**Karen Watson** Designated Nurse Safeguarding and Children Looked After	**Kirsty Yates** Designated Doctor Children Looked After
			

5. Profile of Children in Care

5.1. The demographics for CiC nationally are taken from the government's Statistical First Release (SFR)[10]. The SFR is based on data from the children looked after return (also known as SSDA903) collected from all Local Authorities and is usually published in December for the year ending 31st March. The data below relates to the data published in December 2020 for the year ending 31st March 2020.

5.2. National Profile of Children in Care

5.2.1. **Key Findings:**

- Children looked after on 31 March 2020 increased to 80,080, from 78,140 - up 2%. This is a rate of 67 per 10,000 children, up from 65 last year
- Children starting to be looked after decreased to 30,970, from 31,770 last year - down 3%.
- Children ceasing to be looked after were 29,590, very similar to 29,570 last year.
- Children looked after who were adopted were 3,440, from 3,590 last year - down 4%. This continues the fall seen since a peak of 5,360 adoptions in 2015.

5.2.2. **Health Findings:**

Of the 56,780 children looked after continuously for 12 months at 31 March 2020, national data indicated:

Most Children Looked After are up to date with their health care with:

[10] https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2019-to-2020

- 88% reported as being up to date with their immunisations – up slightly from 87% last year and 85% in 2018
- 90% reported as having had their annual health assessment – the same as last year and up slightly from 88% in 2018
- 86% reported as having had their teeth checked by a dentist – the same as last year and up from 84% in 2018
- 88% of Under 5s reported as having an up to date development assessment – the same as last year and up from 85% in 2018

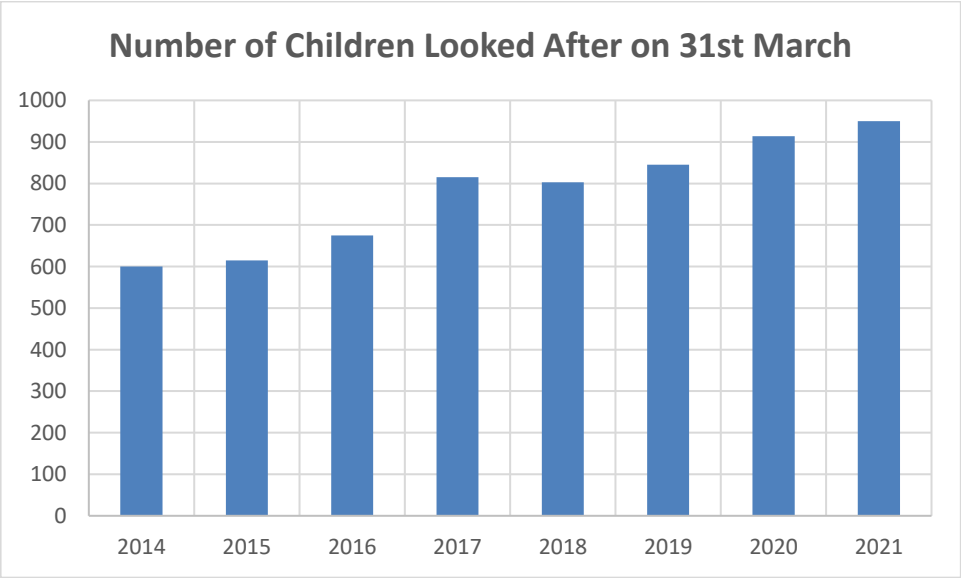
Older children are less likely to be up to date with immunisations, particularly older males. This could be influenced by the relatively large number of UASC in this category for whom immunisation history may not be known.

5.3. Overview of County Durham's Children in Care

5.3.1. The overall number of CiC for Durham has remained above the national average per 10,000 population. As of the 31st of March 2020, the number of CiC per 10,000 was 90 compared with the average for England which is 67 per 10,000.

5.3.2. Graph 1 indicates the total number of CiC across Durham County at the end of each financial year. As of 31st March 2021, the total cohort of children in the care of Durham County Council was 950 (This figure is yet to undergo final review prior to submission for the looked after return). This compares with 914 at the end of 2020, 845 at the end of 2019 and 803 at the end of 2018 and demonstrates the upward trend in numbers of CiC.

Graph 1: Number of Durham County Children In Care 2014 – 2021



5.3.3. Whilst the end of year figures above provides a general overview, consideration must be given to children who may enter and leave the care

system throughout the year so the total number of children cared for over each period defined above will be higher.

5.3.4. In 2019-2020, 166 children entered care in Durham County and 352 ceased to be Looked After. Children can cease to be Looked After by the Local Authority for a variety of reasons, including they:

- Return to birth family
- Become subject to a Special Guardianship Order (SGO) or a Residence Order
- Transition to adulthood, independence and become Care Experienced
- Are adopted

5.4. Durham Children Placed out of County

5.4.1. Where a Local Authority arrange accommodation for a CiC in the area of another CCG, the "originating CCG" remains the responsible CCG, and as such retains health commissioning responsibilities.

5.4.2. Decisions to place children outside of the originating Local Authority area often relate to placements with family members or where a child requires provision to assist in reducing risks which may be related to Child Exploitation, Missing from Home or offending behaviours. Placements may also be influenced by the availability of foster carers within the Durham Local Authority boundary. To support awareness raising of the increasing need for approved foster carers, the Designated Nurse is working with the Fostering Network[11] and CCG HR colleagues to gain a 'Fostering Friendly Employer Award'. This will be a key area for development as we move into 2021-22. (**Priority 1**)

5.4.3. In 2020, Durham County Council placed 228 children out of County Durham boundaries where County Durham CCG were the originating and responsible CCG. 154 (68%) of these children were placed outside the Local Authority boundary but remained 20 miles or less from their home address. 74 (32%) of these children were placed outside the Local Authority boundary and were more than 20 miles from their home.

5.4.4. When children live away from their home authority there is a risk that they do not receive the support and help that they need[12]. Assurance around health needs being addressed for these CiC is pursued via the use of robust quality assurance processes including the audit of all health assessments for children placed out of the Durham area. Escalation processes are embedded between the County Durham and Darlington Foundation Trust (CDDFT) health team and the Designated Nurse for CiC if difficulties in the completion or quality of health assessments and access to health services are identified. Compliance against health assessments for this cohort of children will be discussed further in Section 9.

[11] Fostering Network

[12] From a distance Looked after children living away from their home area Ofsted (2014)

6. Children placed in County Durham from other Local Authorities

6.1. Who Pays? Responsible Commissioner Guidance (NHS England, 2020)[13] states that individual CCGs have a responsibility for children and young people placed in the area who are receiving a primary care service. However, for CiC, the overall responsibility for co-ordinating the statutory health assessment remains with the originating CCG.

6.2. CiC should never be refused a service, including mental health interventions, on the grounds that their placement is short-term or unplanned. CCGs and NHS England have a duty to cooperate with requests from local authorities to undertake health assessments and help them ensure support and services for CiC are provided without undue delay. Local Authorities, CCGs, NHS England and Public Health England must cooperate to commission health services for all children in their area.

6.3. During 2020-21 information on children placed in County Durham by other Local Authorities who require a health assessment has not been formally reported but will be a key area for development for 2020-2021. (**Priority 2**)

7. Ethnicity

7.1. The majority of CiC are of white ethnicity according to national statistics; 74% of children at 31st March 2020 were white, 10% were of mixed ethnicity, 4% were of Asian or Asian British ethnicity, 7% were of Black or Black British ethnicity and 4% were recorded as 'Other'. Since 2014, the proportion of looked after children of white ethnicity has decreased steadily from 78% to 74%, whilst the proportions of 'Asian or Asian British' and 'Other' have increased slightly. It is likely this slight change is due to the broadly non-white make up of unaccompanied asylum-seeking children, a group which has grown in numbers in recent years.

7.2. At the 31st March 2020 Durham's CiC were 98% white and 1% mixed ethnicity, this data is similar to that of the previous year where 97% were recorded as being of white ethnicity and 2% as mixed ethnicity. The figures of other ethnicities were too low to record.

8. Commissioning arrangements of NHS health provision for Children in Care in County Durham

8.1. CCGs are the main commissioners of health services; however, all commissioners of health services should have appropriate arrangements and resources in place to meet the physical and mental health needs of looked-after children[14].

[13] Who-Pays-final-24082020-v2.pdf (england.nhs.uk)

[14] Promoting the Health and Well-Being of Looked After Children (DfE, DoH 2015)

8.2. County Durham CCG commission the Initial Health Assessment provision from County Durham and Darlington NHS Foundation Trust (CDDFT). County Durham Local Authority Public Health commission Review Health Assessments for County Durham children living within the Local Authority boundary from Harrogate and District NHS Foundation Trust (HDFT) who provide the Healthy Child 0-19 Service.

8.3. Child and Adolescent Mental Health Services (CAMHS) are commissioned from Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) with Durham County Council commissioning additional mental health support from Full Circle for children in care.

8.4. County Durham and Darlington Foundation Trust (CDDFT)

8.4.1. CDDFT delivers the medical services for CiC and those with a plan of adoption. The team includes a Named Doctor for CiC, experienced Paediatricians with expertise in neurodevelopment, who together, complete all Initial Health Assessments (IHAs) and adoption medicals for children in the County Durham area.

8.4.2. The Medical Advisors are involved in all stages of the adoption process for children and adults. Medical Advisors also attend permanence panels and are responsible for analysing medical information for foster carers and prospective adopters.

8.4.3. County Durham CCG commission CDDFT to provide the Designated Doctor for CiC function which is currently undertaken by an experienced Consultant Paediatrician in Neurodevelopmental Paediatrics who also has some provider responsibility, including CiC clinics. Additional resource is available from the Community Paediatric Team and Medical Advisors.

8.4.4. The Named Nurse for CiC in addition to dedicated administrative support oversees the coordination of Review Health Assessments (RHAs) for County Durham CiC. The CiC nursing team is commissioned to deliver Review Health Assessments to County Durham children placed out of the Local Authority boundary but within a 20-mile radius and to children placed within County Durham Local Authority boundary by other Local Authorities. In addition, the Named Nurse for CiC has oversight and responsibility for the management of requests for out of borough CiC health teams to deliver care, in particular IHAs and RHAs, for County Durham children placed out of area.

8.5. Harrogate and District Foundation Trust (HDFT)

8.5.1. HDFT 0-19 Healthy Child Service undertake Review Health Assessments for County Durham children living within the County Durham Local Authority boundary. The Trust also support children living in the Local Authority Residential Children's Homes.

9. Statutory Health Assessments

9.1. Initial Health Assessments (IHAs)

9.1.1. All IHAs should be completed by a qualified medical practitioner which is a requirement set out in statutory guidance[15]. The IHA should result in a health plan, which is available to the Independent Reviewing Officer (IRO) in time for the first statutory review meeting. That case review must happen within 20 working days from when the child started to be looked after[16].

9.1.2. To comply with the statutory 20 working day timescale, there is a reliance on strong partnership working and excellent communication pathways between the Local Authority and the commissioned CiC health team.

9.1.3. Timely notification is just one element of the IHA pathway to be fulfilled if compliance with statutory timescales is to be achieved. Streamlined provision that considers available resource, robust communication and a shared understanding of practitioner/organisational responsibilities is essential.

9.1.4. Currently, reporting on compliance focusses on the health assessment being undertaken within 20 working days not if the health plan is returned in time for the first Looked After Review. The date for the first looked after review has not previously been shared with the health team but is an area for development during 2021-2022. (**Priority 3**)

9.1.5. In 2019-2020, 325 children entered the care of County Durham Council however only 318 of these required an IHA to be completed. The difference between the number of children entering care and the number who require an IHA relates to those children who entered care briefly and left before the 20-day timeframe.

9.1.6. Table 2 outlines the compliance per quarter during the last 2 reporting periods and demonstrates a relatively static picture.

Table 2: Compliance for Initial Health Assessments

Initial Health Assessments (IHAs)	2019-2020				2020 - 2021			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Percentage of IHAs undertaken within Statutory timeframes (within 20 working days)	65%	77%	69%	81%	84%	69%	65%	74%

9.1.7. During 2020-21 11 children who required an Initial Health Assessment were placed out of area compared to 12 children placed out of area during 2019-

[15] Promoting the Health and Well-Being of Looked After Children (DfE, DoH 2015)

[16] Regulation 33(1) of the Care Planning, Placement and Case Review (England) Regulations 2010

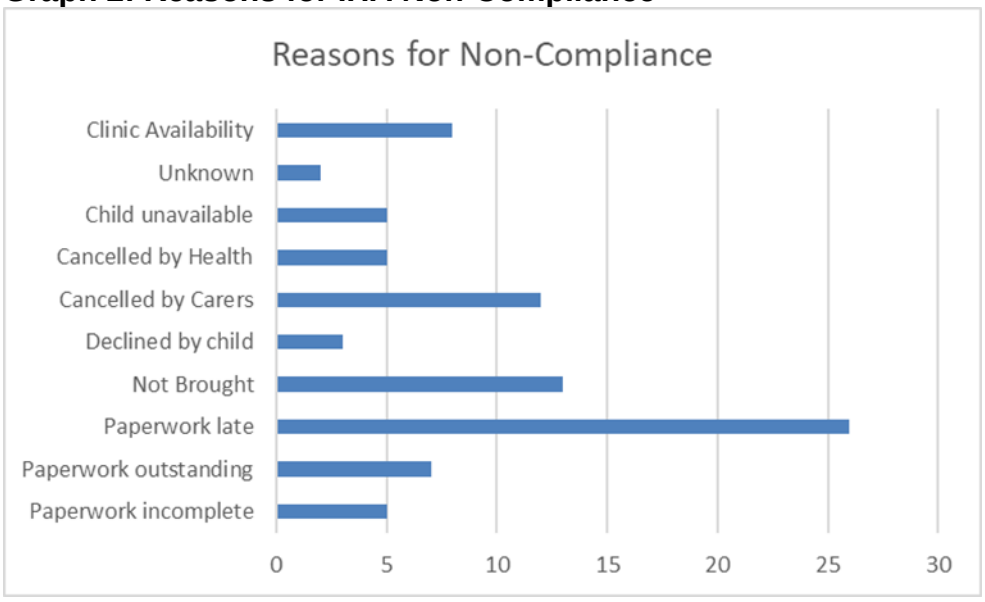
20. Table 3 outlines the compliance for these assessments being undertaken within statutory timeframes which represents a more concerning picture for this cohort of children.

Table 3: Compliance for Initial Health Assessments for Children Placed Out of Area

Out of Area IHAs	2019-2020				2020 - 2021			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
% of Out of Area IHAs undertaken within Statutory timeframes (within 20 working days)	60%	67%	0%	N/A	0%	67%	0%	50%

9.1.8. There is a clear requirement to improve IHA performance as experienced during 2019-20 and 2020-21 particularly for those children placed out of area. Part of this ongoing improvement journey is being able to work with partner agencies to identify the barriers and implement solutions to reoccurring themes that prevent compliance within statutory timescales being achieved. All breaches against IHA performance are reported to the CCG on a quarterly basis. During 2020-21 the main reasons for IHAs not being returned to Durham Local Authority within statutory timescales are displayed in Graph 2.

Graph 2: Reasons for IHA Non-Compliance



9.1.9. A significant theme relates to delays in the necessary paperwork being received by the Trust from the Local Authority. If the child is moved in an emergency, the notifications should happen within five working days where 7 working days had been used. The Designated Nurse has addressed the statutory timeframes with Local Authority colleagues to ensure a timely notification and will continually be monitored during 2021-22. (**Priority 3**)

9.2. Review Health Assessments (RHAs)

9.2.1. Review Health Assessments (RHAs) may be carried out by a registered nurse or registered midwife. The review of the child's health plan must happen at least once every six months before a child's fifth birthday and at least once every 12 months after the child's fifth birthday.

9.2.2. The majority of RHAs are undertaken by Health Visitors and School Nurses depending on the age of the child. The HDFT 0-19 Healthy Child Service staff undertake RHAs for County Durham children living within the Durham Local Authority boundary. The CDDFT health team complete RHAs for Durham children placed out of the Local Authority area within a 20-mile radius and children placed within the County Durham boundary by other Local Authorities.

9.2.3. Due to the historic commissioning arrangements CDDFT do not currently provide information on the overall compliance for RHAs required for all County Durham children. This is a key area for development during 2021-22 (**Priority 2**)

9.2.4. Table 4 outlines the compliance for RHAs undertaken by HDFT yet does not differentiate between those required on a 6 monthly or annual basis. Babies and children under the age of 5 years will have rapidly changing developmental needs and it is key to ensure these are being reviewed in a timely manner. This is an area for development for 2021-22 (**Priority 2**)

Table 4 HDFT Review Health Assessment compliance

Review Health Assessments (RHAs)	2021-2022				2020 - 2021			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Percentage of RHAs undertaken within Statutory timeframes	81%	78%	81%	82%	84%	85%	83%	77%

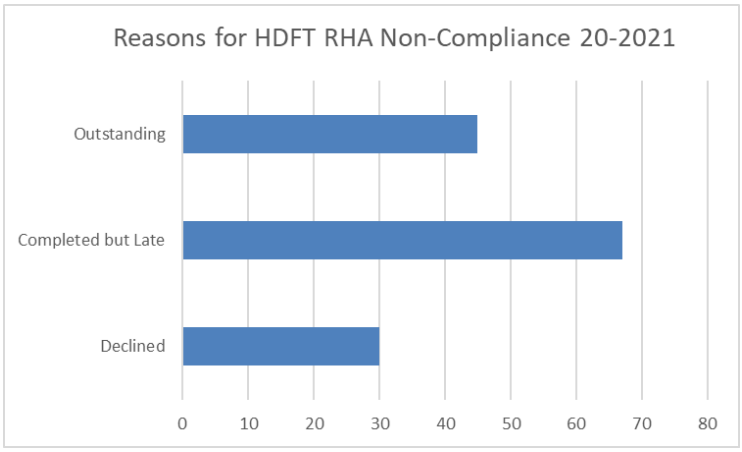
9.2.5. During 2020-21 83 children who required a Review Health Assessment were placed out of area compared to 63 children placed out of area during 2019-20. Table 5 outlines the compliance for these assessments being undertaken within statutory timeframes which again is a concerning picture for this cohort of children.

Table 5: Review Health Assessment compliance for Children Placed Out of Area

Out of Area Review Health Assessments (RHAs)	2019-2020				2020 - 2021			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
% of Out of Area RHAs undertaken within Statutory timeframes*	21%	33%	38%	33%	60%	75%	43%	53%

9.2.6. The CCG monitors performance against RHA compliance via Key Performance Indicators (KPIs). KPIs for completion of RHAs are based around the date the RHA is due to be completed. Therefore, if a health assessment is completed following that date it fails to achieve the KPI. All breaches against the KPI are reported to the CCG on a quarterly basis. During 2020-21 the main reasons for the RHAs commissioned from HDFT not being completed within timeframes are displayed in Graph 3. Little information is provided for why so many RHAs are not undertaken within timeframes and this needs to be fully understood to inform future service improvement. This is a key area for development during 2021-22 (**Priority 2**)

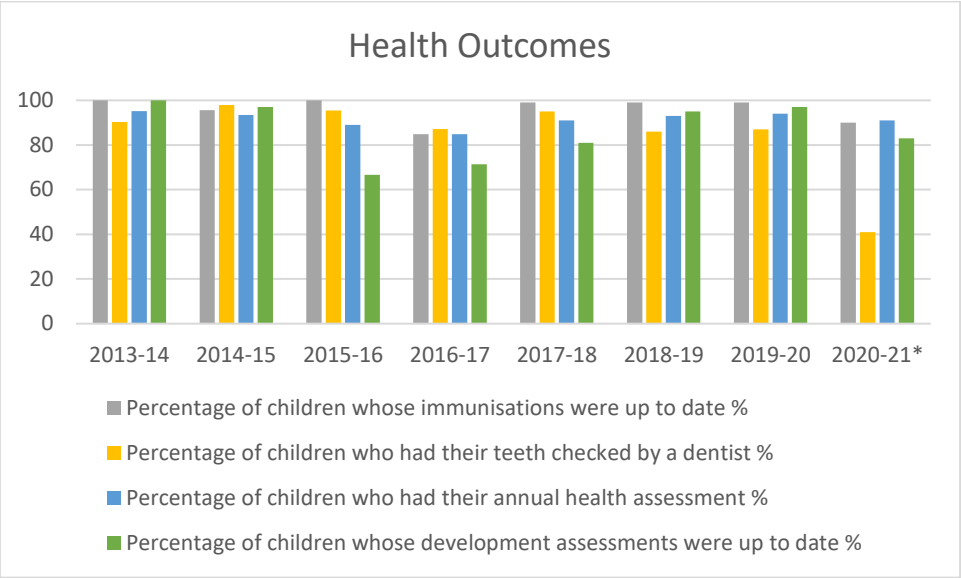
Graph 3: Reasons for HDFT non-compliance



10. Local Health Indicators

10.1. Children who have remained in care for a period of more than one year should experience an improved quality of life, not least of all evidencing improvements in holistic health. The SSDA903 return provides crucial data to both the Local Authority and CCGs in understanding the needs of this cohort of children to enable the commissioning of health services which focus on improving outcomes. Table 6 provides an overview of the health outcomes of County Durham children in care over the last eight years as currently monitored. However, a more comprehensive health needs analysis is underway and will be a key area for development during 2021-2022. (**Priority 4**)

Table 6: Health Outcomes for County Durham Children in Care



10.2. Dental Health

10.2.1 All CiC and their carers are encouraged to register with a local dentist of their choice with advice relating to oral hygiene being provided by health practitioners completing statutory health assessments. Practitioners completing the child or young person's health assessment must record the dental practice and dates of appointments attended.

10.2.2 Compliance for Durham children being seen by a dentist has always been similar to the National average and was 86% during 2018-19 and 87% in 2019-20. However, during this reporting period, compliance has dropped significantly to 41% as a direct result of the restrictions imposed on face-to-face appointments during the first wave of the pandemic. The Designated Nurse for Children in Care brought this issue to the attention of Public Health England who commission dental services. Improving compliance to previous levels for dental health assessments will continue to be a key priority as children in care are classified as a vulnerable group and should be prioritised for dental reviews. (**Priority 4**)

10.3 Immunisations

10.3.1 Research suggests that CiC often enter the system with incomplete immunisations. It is therefore a priority of the Local Authority and health care providers to ensure that these children are brought in line with the national immunisation schedule as recommended by Public Health England (PHE).

10.3.2 Immunisation status during 2018-19 and 2019-20 was 99% which is above the National average. However, it is anticipated that this figure has decreased to 90%

during this reporting period. This may be due to the impact of the pandemic, but it is recognised this will need to be a specific focus during 2021-22. (**Priority 4**)

10.4 Health Development Checks

10.4.1 Health Developments Checks are completed for all children aged under 5 years. For purposes of the SSDA903 a child is considered up-to-date if child health surveillance or child health promotion checks have taken place by 31st March, even if they took place later than they should have done. If a child has missed all their previous health checks except the most recent, they should still be counted as being up-to-date.

10.4.2 The provisional data for 31st March 2021 provided by Durham County Council shows 83% of under 5's were up to date with health development checks. This is a decrease on 2019-20 where 97% was achieved however is similar to the England average of 88% and the North East average of 86%. This decrease will be explored further once the data has been ratified.

10.5 Strengths and Difficulties Questionnaire

10.5.1 Currently half of all children in care nationally meet the criteria for a possible mental health disorder, compared to one in ten children outside the care system. This can be because of their pre and post care experiences which often include attachment difficulties, trauma and the effects of abuse on the developing brain. Understanding and meeting the emotional and behavioural needs of looked-after children is crucially important.

10.5.2 Local authorities are required to use the Strengths and Difficulties Questionnaire (SDQ) to assess the emotional well-being of individual looked-after children. The SDQ is a short behavioural screening questionnaire for use with 4–16-year-olds. The questionnaire is used to assess children's emotional well-being and mental health and is completed by the child's carers and teachers and can be completed by children and young people themselves, (11-17 years of age). It is the identified tool within statutory guidance for assessing the emotional well-being of CiC and promoted by Durham County Council[17] although nationally it is accepted to have limitations and alternatives are being explored.

10.5.3 The Local Authority collects information contained within the completed questionnaires and calculates the child's total score and then shares this with the health team to inform the child's RHA. The RHA needs to reference any actions arising from the SDQ in relation to emotional and mental wellbeing of young people and should be included in the updated Care Plan. This all needs to be included in the Looked After Review with the oversight of the IRO and shared with the Virtual School.

[17] Durham County Council SDQs Practice Guidance

11 Mental Health Services for Children

11.1 County Durham Children and Young People Service commission a specialist integrated mental health team called 'Full Circle' that is dedicated to working with Durham CiC and Care Experienced children. The Full Circle have an important role in responding to mental health needs of children in care and adopted children. Full Circle is a social work led team, made up of Therapeutic Social Workers employed by the Local Authority, including a Consultant Clinical Psychologist and Clinical Nurse Specialist, who are employed via and have links with the local Child and Adolescent Mental Health Services (CAMHS) service within Tess, Esk and Wear Valleys NHS Foundation Trust.

11.2 Full Circle utilise a trauma informed approach to assist placement stability by supporting the children's foster carers and adopters, social workers, residential staff, educational staff and the child's care team to support the child's recovery from complex trauma and abuse. The Team can support children placed in neighbouring Local Authorities by working across geographical boundaries to ensure the child does not suffer as a result of being placed outside Durham Local Authority boundary. Full Circle will be the gateway to referrals to Child and Adolescent Mental Health Services (CAMHS) if then required for a child or young person in care.

11.3 County Durham CCG also commission a range of services to support children and young people with mental health difficulties from the Tees, Esk and Wear Valleys NHS Foundation Trust's (TEWV) Child and Adolescent Mental Health Service (CAMHS). Services are delivered by a tiered approach depending on clinical presentation and need (Tier 1, Tier 2 and Tier 3) whilst NHS England commissioned Tier 4 services for those children with the highest or most complex needs which require inpatient mental health care.

11.4 The service specification for CAMHS specifically ensures that children in care are not refused a service on the grounds of their placement being short-term or unplanned. However, although waiting times and access to services are reported through the Trust's Mental Health Dataset, reporting frameworks do not currently provide detailed information regarding the number of children in care accessing mental health support and what their specific needs are or their outcomes. This is still a key area for development and will be addressed during 2021-22. (**Priority 2**)

11.5 A significant challenge faced both nationally and locally is the demand on Tier 4 beds and secure settings due to the complex needs some of our children in care are experiencing. County Durham and Darlington Foundation Trust and Tees, Esk and Wear Valleys Trust continue supporting these young people until an appropriate placement is identified. The Designated Nurse for Children in Care now liaises with counterparts if placements are out of the County Durham locality to ensure partners are aware of the placement move and are aware of the child's needs and additional vulnerabilities.

12 Care Leavers

12.1 The legal definition of a care leaver comes from The Children (Leaving Care) Act 2000[18] states that a Care Leaver is a sixteen- or seventeen-year-old child who has been in the care of the Local Authority for a period of thirteen weeks or more spanning their sixteenth birthday.

12.2 CCGs must make sure arrangements are in place to ensure a smooth transition for looked-after children and care leavers whilst moving from child to adult health services.

12.3 Health professionals and social workers should also ensure that there are suitable transition arrangements in place so that the child's health needs continue to be met. They should ensure that care leavers have, or know how to obtain, the information they require about their medical history and what health services, advice and support are available locally to meet their ongoing and future needs. This information is often contained within a document referred to as the 'Health Passport'. The Local Authority can request a Health Passport for each child from County Durham and Darlington Foundation Trust six months prior to the child leaving care or offered at pathway planning when the child turns 16.

13 Safeguarding Children in Care

13.1 There is often a misconception that children are deemed as 'safe' once they enter care. However, several reports[19] [20] [21] highlight that this is far from the reality. Children who are care experienced can be more vulnerable to exploitation due to being targeted by gangs either at schools or children's home settings.

13.2 Where a child in care is at risk of or thought to being exploited, they will be referred for discussion at the Durham Safeguarding Children Partnership Multi Agency Child Exploitation Group (CEG). Here, representatives from several key agencies attend to ensure risks are robustly discussed and a multi-agency plan is devised and reviewed accordingly. The Deputy Designated Nurse for Safeguarding Children represents the CCG at this meeting.

14 Role of Primary Care

14.1 Primary Care providers have a pivotal role in the identification of the health needs of children and young people as they enter or leave care. GPs often have prior knowledge of the child/young person and their parent's medical histories which may impact on the child. It is very well documented that the lead health record for a looked-after child is the GP-held record. It is crucial therefore that the clinical

[18] Children (Leaving Care) Act 2000
[19] County Lines and Looked After Children Crest 2020
[20] Sexual and criminal exploitation of missing looked after children House of Commons 2019
[21] *Real Voices* Child sexual exploitation in Greater Manchester Coffey 2014

record for a looked-after child is maintained and updated and that health records are transferred quickly if the child registers with a new GP practice, such as when he or she moves into another CCG area, leaves care or is adopted.

14.2 GP practices should also ensure timely access to a GP or other appropriate health professional when a looked-after child requires a consultation. Due to the impact of the pandemic, GP appointments have often been offered on a virtual basis. This may have been favoured by some young people due to their preference for a digital platform however, will not be the preference of others and a blended approach to appointments should be promoted.

14.3 Practices knowing their child in care and care experienced population is key to offering timely access to appointments for future health needs and is an area for development during 2021-22. (**Priority 4)**

14.4 Due to the impact of the pandemic, the Designated Professionals for Children in Care had to postpone a series of training sessions outlining GP responsibilities towards Children in Care and those Care Experienced children specifically focussing on how a trauma informed care approach is needed for this cohort of patients. These have now been rescheduled early in the 2021-22 reporting period.

15 Response to the Covid-19 Pandemic

15.1 At the beginning of this reporting period the impact of the pandemic was at its greatest and the country was in a 'lockdown'. NHS England & NHS Improvement had published revised guidance on how providers of community services could release capacity to support the response to the COVID19 pandemic[22]. This included risk stratifying Initial Health Assessments and the consideration of using virtual platforms to facilitate attendance by key staff who may be at the front-line of the COVID-19 response.

15.2 The Government also published temporary regulations affecting social care colleagues[23]. This included how health reviews for proposed adult foster carers could continue by virtual GP appointments.

15.3 Designated Professionals linked into the National Network of Designated Health Professionals (NNDHP) who held daily virtual meetings initially. These virtual meetings discussed national themes arising from the pandemic and ensured oversight of plans being proposed to manage post surge issues whilst supporting system wide learning and the sharing of information. The NNDHP worked closely with NHS England, the Royal Colleges of Nursing and Paediatricians.

[22] https://www.england.nhs.uk/coronavirus/publication/covid-19-prioritisation-within-community-health-services-with-annex_19-march-2020/

[23] https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/covid-19-guidance-for-childrens-social-care-services#fostering

15.4 CCG representation has been available at Local Authority Covid19 planning meetings including the Safeguarding Partnership COVID-19 - safeguarding assurance meeting

15.5 Weekly NHS England (Cumbria and North East Region) Designated Professionals' meetings were convened to review localised trends, themes and any emerging issues which were then shared regionally and nationally.

15.6 Clinical Quality Review Groups were stood down, however quarterly reporting continued for health assessment compliance with oversight from the Health Needs Sub-Group of the Strategic Looked After Children Partnership.

16 Conclusion

16.1 This annual report has provided an overview of the CiC population both nationally and locally and has outlined the performance of NHS commissioned services during 2020-21.

16.2 The numbers of Durham CiC have continued to increase year on year with 2020-21 seeing further increases. The resources required to deliver a quality service to this cohort of children will require continued evaluation to ensure this is not compromised.

16.3 There has been unprecedented challenges on all services as a direct result of the COVID Pandemic. Despite this, the services delivered to children in care have continued to be delivered overall.

17 Key Areas for Development for 2021-22

Priority 1 – Supporting the Local Authority in the recruitment of foster carers

- Continue to work with CCG HR colleagues and the Fostering Network to gain the 'Fostering Friendly Employer Award'

Priority 2 – Improve Data Collection to ensure:

- Data for children in care placed in County Durham where known is shared
- Overall compliance for RHAs will be included in quarterly reports
- Compliance reports will distinguish those RHAs required on a six monthly and annual basis
- Breaches on RHA compliance will be analysed to inform future service delivery
- The number of Children in care accessing CAMHS services and their needs are fully understood

Priority 3 – Work with Local Authority colleagues to:

- Facilitate the date of the first Looked After Review is communicated to the Trust to facilitate a timely IHA appointment
- Augment the information sharing pathways following a child entering care and relevant documentation is distributed to the Foundation Trust in a contemporaneous manner

Priority 4 – Health outcomes for children in care and those care experienced continue to improve

- Health Needs Analysis to be complete to inform future service delivery
- Continue to liaise with NHS England colleagues to ensure children in care are prioritised by dental practices across the region
- Immunisation campaign to be promoted
- Explore the implementation of a 'Care Experienced' READ Code to enable Primary Care Practitioners to respond to appointment requests and utilise a trauma informed response to this cohort of patients