County Durham Care Partnership

NHS County Durham Clinical Commissioning Group

Children in Care Annual Report April 2021 – March 2022

Foreword by the Director of Nursing

Welcome to our annual report for children in care 2021 -2022. 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 still feeling the impact 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

Executive Summary

- Welcome to the final Annual Report for NHS County Durham Clinical Commissioning Group (CDCCG)[1] as we move into the Integrated Care System on the 1st July 2022. The report is in relation to **Children in our Care in County Durham.** This report is authored by the CCG's Designated Nurse for Safeguarding Children due to a vacancy for the Designated Nurse for Children in Care. The Designated Nurse 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].

- 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 in Care. The expected outcome is that all Children in Care (CiC), 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.

- 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 for 2020 – 2021
    - an overview of both the National and local population of Children in care across County Durham
    - an outline of the performance of NHS commissioned health services
    - evidence of key achievements during 2021-2022
    - recognise challenges and identify key priority areas for 2022-2023

- This annual report covers key performance activity for County Durham CCG provided by the health providers it commissions for the period from 1st April 2021 to 31st March 2022.

- 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] and NICE guidance published in October 2021[4a].

[1] County Durham CCG will be superseded by the Integrated Care System and Integrated Care Board from 1st July 2022

[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

[4a] https://www.nice.org.uk/guidance/ng205

1. Introduction and Background

1.1 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 2020-2021; offer an overview of both the National and local population of Children in Care 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 2022-2023.The report covers the period from 1st April 2021 to 31st March 2022.

1.2 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 /CYP who are in respite for > 75 days/year

1.3 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.

1.4 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.

1.5 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 potential is greater for some unmet needs 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

[5] Children Act 1989

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

1.6 Meeting the health needs of children and young people in care requires a clear focus on easier access to services although commissioning can be complex with access to services potentially confounded by placement moves, out of area placements as some examples. In addition, we need to be assured of the competencies of the wider health services in understanding CiC which links to training and guidance for CiC.

1.7 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.

1.8 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 has been 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

2 *Table 1 - Update on Planned Developments*

2021-2022 Priorities	Update
Further identify ways to ensure we include the voice of our Looked After children and young people	The Young Person originally attending the Looked After Children Health Needs Subgroup finished their apprenticeship. Awaiting confirmation from Investing In Children for another Young Person to be invited to become a member of the group.
Health Report for Corporate Parenting Panel Annually and by exception	CCG Annual Report for 2020-2021 presented to the CPP on the 25th March 2022
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. This remains outstanding due to the inability to extract salient information within their current Electronic System. The Trust are awaiting the pilot and roll out of the CITO Electronic System which will be able to extract the relevant data. This is expected in September 2022.
Children in Care commissioner assurance visits to commence ensuring that actions in regard to Children in Care, following inspections, have had a sustained change to practice.	Team Commissioner Assurance Visits (CAVs) remain on hold due to the COVID Pandemic and pressures on the health system to meet the demands of the pandemic – these visits will be reinstated with the easing of restrictions and staff sickness due to COVID.
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 was delivered on the 11th of June 2021 to outline to GP Safeguarding Leads on Primary Care responsibilities towards Care Experienced children with further session planned for September 2022 • Training sessions for GP Practice staff was delivered during the week of the 23rd of August 2021 outlining requirements as stipulated within the Intercollegiate Document for CiC The Gap Analysis although delayed due to the impact of COVID is in progress with a T & F group commencing with a Practice to Pilot the Navigator
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 and this remains a priority for improvement (**Priority 1)**
The GP Template completed however requires further action to embed into primary care	The template is available and use of which has been delivered to practices via GP Safeguarding Leads training. The Named GP's will continue to support practices to fully embed through a change management process.
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 • Ongoing improvements with the provision of Requests for Health Passports from the Local Authority needs maintaining
IHA Quality assurance audit to be completed	The Peer review cycle completed. IHA audit starting Summer 2022
CIC 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 in care – this will remain a priority for the strategic partnership for 2022 – 2023

Due to increase in 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	Funding has been granted for the development of a Health Summary 'App' across the North Cumbria and North East NHS England Region which is in the early stages and will need a pilot.
Understanding the impact of COVID -19 on children in care utilising a questionnaire to identify the views of children and influence of further services provision. This will form part of the multi-agency priorities for the Strategic Partnership.	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. Primary care identified that due to the shift to virtual consultations and children not being seen face to face, access to routine checks such as immunisations were paused and the mental health of all children due to the pandemic was highlighted as a concern nationally. The Designated Nurse continued to be part of the corporate parenting panel to hear and share the views of children and young people in care in County Durham.

2 Governance and Accountability

2.1 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.

2.2 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.

2.3 Children in Care reports are presented to CDDFT's 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).

2.4 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.

2.5 With the resignation of the current post holder in April 2022 CDCCG has successfully recruited to the role commencing June 2022. In addition, a successful bid for an increased 0.5 whole time equivalent (WTE) Designated Nurse CIC is going out to advert. This additional resource accounts for the local deprivation indices where County Durham is ranked as the 48th most deprived upper-tier local authority out of 151 nationally[9] as defined in the Looked After Children: roles and competencies of healthcare staff[10] ensuring CDCCG is compliant with the guidance for a dedicated resource for CIC.

[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] County Durham Insights
[10] Looked after Children: roles and competencies of healthcare staff Intercollegiate Document RCN, RCPCH 2020

Summary of Provision for County Durham CCG Children in Care team

Role	Required provision	Current provision	Gap
Designated Nurse* A minimum of 1 ***dedicated*** WTE designated nurse looked after children for a child population of 70,000.	The total estimated population of Durham children aged 0 – 17 is 101,468[11] Therefore, there should be 1.45 WTE dedicated Designated Nurses for Children Looked After	1 Dedicated Designated Nurse for Children Looked After WTE 1.0 – due to commence June 2022	0.45 deficit – 0.5 WTE Designated Nurse for CiC to be recruited into
Role	**Required provision**	**Current provision**	**Gap**
Designated Doctor A minimum of 8 hours per week or 0.2 WTE per 400 looked after children population (excluding any operational activity such as health assessments)	The current required provision for 950 Children Looked After would be 0.475 WTE per week	The CCG currently commissions 0.55 WTE of Designated Doctor for Looked After Children (22hrs per week) for County Durham and Darlington. Currently the post is delivered by CDDFT as 8 hours per week from the Designated Doctors for County Durham and also 8 hours per week for Darlington and 4 hours by the Named Doctor for Looked After Children.	There is a small 2 hour/week gap in provision. However, the provision of a Named Doctor is a requirement of the guidance, but it is the responsibility of the acute trust to provide and fund. The provision of Designated Doctor can only realistically come from the acute provider CDDFT due to the requirements of the post, it therefore makes sense to keep the provision for County Durham and Darlington in one agreement with an SLA to assure the respective CCGs that the statutory requirements are covered. Therefore, this resource has not separated the requirements for this post into County Durham and Darlington areas.

[11] Office for National Statistics (ONS): Sub-national population projections (SNPPs) 2019

2.6 Meet the Team

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

3 Profile of Children in Care

3.1 The demographics for CiC nationally are taken from the government's Statistical First Release (SFR)[12]. 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 2021 for the year ending 31st March 2021.

3.2 National Profile of Children in Care

3.2.1 Key Findings:

- Children looked after on 31 March 2021 increased to 80850 slight increase from the previous two years 80,080 and 78,140 – increase of 1% from the previous year. This is a rate of 67 per 10,000 children, the same as last year. In January 2022 the number of CiC was 3% higher than the same time in 2019-20.
- Children starting to be looked after decreased to, 28,440 from 30,970, last year - down 8%.
- Children ceasing to be looked after were 28,010, down 6% from 29,590, last year.
- Children in care who were adopted were 2870 down 18% from 3,440 last year. This continues the fall seen since a peak of 5,360 adoptions in 2015. This would have been impacted by court closures during lockdown and therefore delay in adoption processes.
- Of the children that are in care the highest number at 39% is the 10-15 year old's.

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

- The number of unaccompanied asylum-seeking children (UASC) was down 20% on last year. Although this had also decreased slightly the previous year, this year has seen a much steeper fall and is likely due to travel restrictions during the year.

3.3 Health Findings:

In general, health checks were maintained during the pandemic – most had virtual appointments with health professionals although effort was made to see children in a face to face clinic.

3.3.1 Health profile

Of the 59,050 CiC on 31 March for at least 12 months in the year ending 31 March 2021, national data indicated:

Most Children in Care are up to date with their health care with:

- 86% reported as being up to date with their immunisations - down slightly from 88% last year but 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.
- 91% reported as having had their annual health assessment - up slightly on 90% last year and up from 88% in 2018
- 89% of under 5s reported as having development assessments up to date - up from 88% last year and up from 85% in 2018
- Only 40% of CiC were reported as having had their teeth checked by a dentist in the last year– a significant reduction from 86% the previous year. This is not unexpected given the difficulties faced by the whole population accessing dental care during the pandemic.
- 3% of CiC identified as having a substance misuse problem - the same as last year and down slightly from 4% in 2018.
- Substance misuse is equally common in males and females at 3%. The proportion of males identified with substance misuse has decreased from 4% last year, for females it has stayed the same. In previous years we have seen substance misuse consistently be slightly more common in males than females.
- An intervention was received for 44% of children who were identified as having a substance misuse problem, down from 45% last year and down from 46% in 2018.

4 Ethnicity

Data published in December 2021 identified;

- White children were less likely to be in care (74%) and more likely to be adopted (83%) compared with their share of the population of all under-18 year olds (79%)

- Black children were more likely to be in care (7%) and less likely to be adopted (2%) compared with their share of the under-18 year old population (5%)

- Asian children were less likely to be in care (4%) and less likely to be adopted (1%) compared with their share of the under-18-year-old population (10%)

4.1 As of the 31st of 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.

5 Local Health Indicators

5.1 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. However, a more comprehensive health needs analysis is underway and will be a key area for development during 2022-2023.

5.2 Dental Health

5.2.1 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.

5.2.2 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. Individual cases will be addressed once known. There is an opportunity to look at the new arrangements implemented across Yorkshire using the dental contacts provided within NHSE. The Designated Nurses will continue to work with Public Health England and NHSE to improve compliance. https://dentalcheckbyone.co.uk/(**Priority 2**)

5.3 Immunisations

5.3.1 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).

5.3.2 Immunisation status during 2018-19 and 2019-20 was 99% which is above the National average. However, most recent data suggests that this figure has decreased to 90% during this reporting period. This may be due to the impact of the pandemic, and it is anticipated that immunisation compliance will increase following lockdown measures easing.

5.4 Health Development Checks

5.4.1 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.

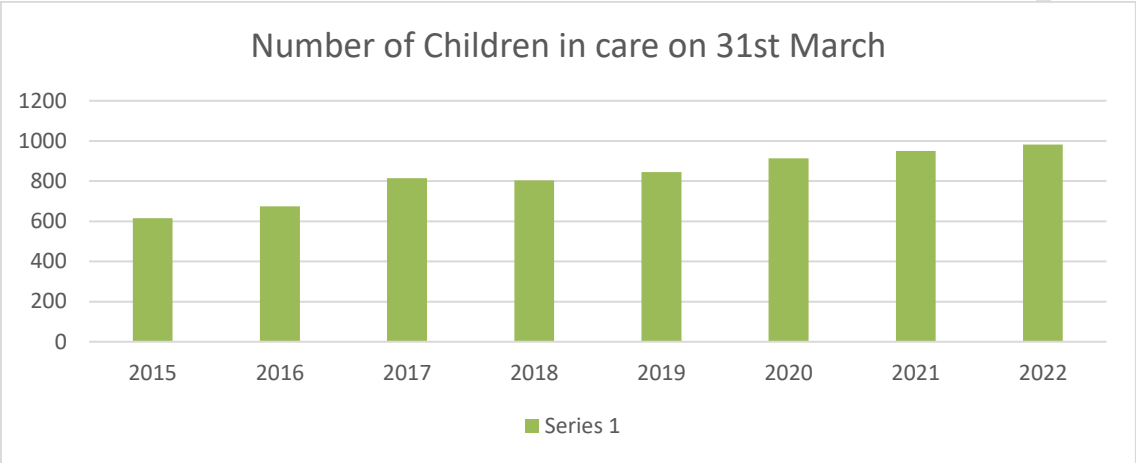
5.4.2 The provisional data for 31st March 2021 provided by Durham County Council shows 83% of under 5's was up to date with health development checks. This is a decrease on 2019-20 where 97% was achieved however is similar to the England average of 88% and the Northeast average of 86%. Health assessments for all children in care for Durham was 91% which is comparative to the England average but less than the 93% average for the North-East.

6 Overview of County Durham's Children in Care

6.1.1 The overall number of CiC as of 31st March 2022 who had been looked after for at least 12 months in Durham is 982 – this number remains high despite the introduction of a new Edge of Care approach into County Durham which supports children and families to prevent them coming into care.

6.1.2 Graph 1 indicates the total number of CiC across Durham County at the end of each financial year. As of 31st March 2022, the total cohort of children in the care of Durham County Council was 982. This compares with 950 in the preceding year, 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 2015 – 2022



6.1.3 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.

6.1.4 In 2021-2022, 393 children entered care in Durham County compared to the previous year of 166 children. 356 children left care in County Durham compared to 352 the previous year. 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, this number is increasing nationally.
- Transition to adulthood, independence and become Care Experienced
- Are adopted, although nationally the numbers of children being adopted have fallen. The recent Somerset Ruling as outlined below (section 16) may have impacted on these numbers.

6.2 *Durham Children Placed out of County*

6.2.1 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.

6.2.2 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 was successful working with the Fostering Network[13] and CCG HR colleagues to gain a 'Fostering Friendly Employer Award' on the 23 of April 2021with a Fostering Friendly Employer Status.

6.2.3 As of the 31st March 2022, 82 children in care (9%) were placed outside of County Durham's local authority boundary and over 20 miles from their home (16% in England).

6.2.4 When children live away from their home authority there is a risk that they do not receive the support and help that they need[14].

6.2.5 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.

7 Children placed in County Durham from other Local Authorities

7.1.1 Who Pays? Responsible Commissioner Guidance (NHS England, 2020)[15] 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.

7.1.2 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.

7.1.3 Ensuring the needs of children from County Durham who are placed out of area are met will be a key area for development for 2022-2023 (**Priority 3**)

[13] Fostering Network
[14] From a distance Looked after children living away from their home area Ofsted (2014)
[15] Who-Pays-final-24082020-v2.pdf (england.nhs.uk)

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

8.1.1 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[16].

8.1.2 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 0-25 Service.

8.1.3 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 therapeutic support from Full Circle for children in care.

8.2 County Durham and Darlington Foundation Trust (CDDFT)

8.2.1 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 with 2 Medical Advisers for Durham. The implications of adoption medicals came under scrutiny in Somerset during 2021 / 22 which is discussed in Chapter 16.

8.2.2 The Medical Advisers are involved in all stages of the adoption process for children and adults. Medical Advisors also attend permanence panels and are responsible for providing medical advice considering implications of the health of the adult in caring for a child.

8.2.3 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.

8.2.4 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

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

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, IHAs and RHAs, for County Durham children placed out of area. Quality Assurance is carried out by the named doctor for the IHA's.

8.3 Harrogate and District Foundation Trust (HDFT)

8.3.1 HDFT 0-25 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. The compliance for HDFT's performance is monitored by Public Health commissioners with oversight by the Designated Professionals. The governance of which is reported into the Strategic Partnership for CiC.

9 Statutory Health Assessments

9.1 Initial Health Assessments (IHAs)

9.1.1 All IHAs should be completed by a registered medical practitioner which is a requirement set out in statutory guidance[17]. 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[18].

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 Local Authority are now providing the Trust with the date for the first review which gives the Trust a date 'to work to' when arranging the IHA appointment.

[17] Promoting the Health and Well-Being of Looked After Children (DfE, DoH 2015)
[18] Regulation 33(1) of the Care Planning, Placement and Case Review (England) Regulations 2010

9.1.5 Table 2 outlines the compliance per quarter during the last 2 reporting periods and demonstrates a drop in compliance.

9.1.6 The statutory timeframes for undertaking an initial health assessment when a child comes into care is 20 days. The requirement of the local authority to obtain consent and share the appropriate paperwork with health is 5 days. These tight timeframes are imperative in ensuring that when a child enters care an initial health assessment can be created with a paediatrician within the statutory timeframes.

Table 2: Compliance for Initial Health Assessments

Initial Health Assessments (IHAs)	2020-2021				2021 - 2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Percentage of IHAs undertaken within Statutory timeframes (within 20 working days)	84%	69%	65%	74%	57%	57%	63%	60%

9.1.7 The compliance by County Durham and Darlington Foundation Trust on average remains above 90 % once the paperwork has been received from the local authority. Factors influencing statutory timescale has been the unexpected Covid related sickness and absence in the Paediatric Team which led to re-scheduling of clinic slots. Significant work has been undertaken by the local authority in Durham to improve the compliance with the statutory 5 day time frame. The strategic partnership for children in care will have continued oversight of this performance indicator.

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

Out of Area IHAs	2020-2021				2021 - 2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
% of Out of Area IHAs undertaken within Statutory timeframes (within 20 working days)	0%	67%	0%	50%	0%	0%	50%	56%

Table 4: Compliance for Initial Health Assessments for Out of Area Children Placed into Durham

2021-22	Q1	Q2	Q3	Q4
Number of OOA Children placed into Durham requiring IHA by CDDFT	1	4	2	9
Number of IHAs Undertaken in Statutory Timescale	0	0	1	5
% of Initial Assessments undertaken for children placed in area within Statutory Timeframes (20 working days)	0%	0%	50%	55%

9.1.8 There is a clear requirement to improve IHA performance as experienced during 2020-21 and 2021-22 particularly for those children placed out of area. The compliance of out of area children placed in Durham health assessments has seen some improvement in Q4 however, these assessments are reliant on the paperwork being received from the originating authority within statutory timeframes.

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 the five working days statutory timeframes as opposed to the local agreed timeframes of 7 working days. The Designated Nurse has addressed the statutory timeframes with Local Authority colleagues to ensure a timely notification and has been continually monitored during 2022-23. This is a priority for the LA.

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 0-25 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 did not provide information on the overall compliance for RHAs required for all County Durham children. This was a key area for development during 2021-22 with the outcome for overall compliance for RHAs to be included in quarterly reports and is now included in CDDFT report with quality an ongoing focus.

9.2.4 Table 5 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 was a key area for development for 2021-22 which has seen some improvement in compliance and reporting. This will continue to be a monitored by the Designated Professionals and will be a priority for HDFT and their public health commissioners.

Table 5 HDFT Review Health Assessment compliance

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

9.2.5 During 2021-22 82 children who required a Review Health Assessment were placed out of area compared to 83 children placed out of area during 2020-21.

Table 6: Review Health Assessment compliance for Children Placed Out of Area

Out of Area Review Health Assessments	2020-2021				2021 - 2022			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
% of Out of Area RHAs undertaken within Statutory timeframes	60%	75%	43%	53%	23%	56%	30%	52%

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. Work will be overseen by the CiC Health Group to monitor and improve this compliance. (**Priority 4**)

10 Strengths and Difficulties Questionnaire

10.1.1 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.

10.1.2 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[19] although nationally it is accepted to have limitations and alternatives are being explored.

10.1.3 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. The Full Circle is part of Durham County Council Children's Social Care. They offer a post-trauma service for children, young people, their families and carers. This includes specialist post-adoption support via the Adoption Support Fund. Full circle are informed of all high scores.

10.1.4 Table 7 indicates the SDQ score's for Children in Care and demonstrates that Durham is reflective of the national and regional picture.

Table 7 *Emotional and behavioural health of children looked after continuously for 12 months at 31 March for whom a Strengths and Difficulties Questionnaire (SDQ) was completed*

SDQ Score	Durham in %	North East %	England %
% Banded SDQ Score: Normal	**53**	**50**	**51**
% Banded SDQ Score: Borderline	**10**	**12**	**12**
% Banded SDQ Score: Concern	**37**	**38**	**37**

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

[19] Durham County Council SDQs Practice Guidance

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 as we are awaiting the implementation of a new IT system within TEWV as they are unable to easily provide data on children looked after who are accessing their service this will be addressed during 2022-23. (**Priority 5**)

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[20] 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.

[20] Children (Leaving Care) Act 2000

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. The monitoring of health passports will be a priority for 2022/2023. **(Priority 6)**

13 Unaccompanied Asylum - Seeking Children

Unaccompanied Asylum - Seeking Children (UASC) are not distributed evenly across the country - they tend to be concentrated in local authorities that are points of entry to the country, for example Croydon (where 31% of CiC were UASC) or Kent (where 18% of CiC were UASC), however, there is a voluntary national transfer scheme in place to enable the safe transfer of unaccompanied children between local authorities across the country to help ensure that unaccompanied children have access to services and support. The publication of the National Transfer Scheme (NTS) Protocol for Unaccompanied Asylum Seeking Children in December 2021 seeks to set out guidance for the safe transfer of unaccompanied children in the UK from one local authority (the entry authority from which the unaccompanied child transfers) to another local authority, (the receiving authority). The receiving authority will become legally responsible for the child at the point of physical transfer of the child into the care of the receiving authority.
UASC are generally male - 92% and generally older - only 13% were aged under 16 years, down from 20% in 2021. In 2021 there were 4070 UASC across England. Durham has more recently seen increasing numbers of children and young people seeking asylum placed within the local authority boundaries. The needs of unaccompanied asylum-seeking children will remain a health priority for 2022/2023. **(Priority 7)**

14 Safeguarding Children in Care

14.1 Health Justice and Offending

- Information on offending rates is collected for children aged 10 years or over – 40,480 children in 2021. Of these, the proportion convicted or subject to youth cautions or youth conditional cautions during the year was 2% - down from 3% in 2020 and 2019, and down from 4% in 2018. In 2021 this equates to just under 1,000 children. Numbers of children convicted may have been affected this year by court delays during the pandemic.
- Males are more likely to offend than females - 3% of males were convicted or subject to youth cautions or youth conditional cautions during the year compared to 1% of females - a similar pattern to previous years.

Understanding the need's of CiC who are compulsorily accommodated will be a priority for 2022/2023 **(Priority 8)**

14.2 Missing from home/care

14.2.1 There is often a misconception that children are deemed as 'safe' once they enter care. However, several reports[21] [22] [23] 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.

14.2.2 The strategic Child Exploitation Group (CEG) has a multiagency focus for children who are reported missing. 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. At recent strategic partnership meeting it was agreed focus/scrutiny should be on missing and out of area children. The Designated Nurse for Safeguarding Children identified a gap for health involvement when children are reported missing from home. Following some joint work with local authority, public health and police colleagues, child health is now involved in the Missing and Exploited Episodes Reduction Meetings (MEERMs). As a significant percentage of children who are reported missing are children in care it was important to have oversight of their health needs and potential risk-taking behaviour. Notifications for children in care that are reported missing will be shared by the local authority with County Durham and Darlington Foundation Trust. This in turn will inform the review health assessments. Understanding the needs of missing children will be a priority for 2022/2023.(**Priority 9**)

15 Role of Primary Care

15.1 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 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.

15.2 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

[21] County Lines and Looked After Children Crest 2020
[22] Sexual and criminal exploitation of missing looked after children House of Commons 2019
[23] *Real Voices* Child sexual exploitation in Greater Manchester Coffey 2014

their preference for a digital platform, however, will not be the preference of others and a blended approach to appointments continues to be promoted.

15.3 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 ongoing development during 2022-23. The Named GP's will continue to support practices with this development and training will be delivered in summer 2022.

15.4 The Designated Professionals for Children in Care delivered 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. Further training for primary care to understand the needs of those care experienced is planned for summer 2022.

16 Response to the Covid-19 Pandemic

16.1.1 At the beginning of this reporting period the easing of lockdown from the impact of the pandemic had commenced with changed advice for completing Initial Health Assessments virtually and in conjunction with RCPCH those IHAs conducted virtually in Wave1 should be seen face to face. During lockdown CDDFT had identified risks of missing the child's voice through virtual appointments so children in care continued to be offered face to face appointment. Since September 2020 all IHA conducted face to face only using virtual on a case-by-case basis to mitigate against missed/cancelled appointments due to covid sickness. The Government also published temporary regulations affecting social care colleagues and changes to adoption regulations too.

16.1.2 The pandemic had an impact on Primary care. There were issues with Adult Health Reviews not being completed in some cases. Escalation pathways were put in place between adoption agencies, medical advisers, Designates and Named GPs. The British Medical Association has since indicated this work is safeguarding and statutory and hoped to be form part of the core contract for GPs going forward. Some practices see this as private work so there still some issues due to a pressured system, but less so now.

16.1.3 Clinical Quality Review Groups were previously stood down, now reinstated, and quarterly reporting continues for health assessment compliance with oversight from the Health Needs Sub-Group of the Strategic Looked After Children Partnership.

16.1.4 The CCG Safeguarding Team has continued to prioritise the safeguarding and CiC agendas ensuring the Designated Professionals remain a priority in business continuity planning.

16.1.5 Designated Safeguarding and CiC Professionals have linked into the National Network of Designated Health Professionals regular teleconferences. These teleconferences share national themes and plans being proposed to manage post surge issues whilst supporting system wide learning and sharing of information.

16.1.6 COVID has impacted on staffing levels across all organisations including the health system putting additional strain on an already pressured system.

16.1.7 Around 1 in 10 (11%) of local authorities reported over 10% of their social workers unable to work due to coronavirus (COVID19) in January 2022. This increased from zero local authorities between October – December 2021.

16.1.8 Almost a quarter of local authorities (23%) reported over 10% of their residential care staff unable to work due to coronavirus (COVID-19) in January 2022. This increased from 4% in November – December 2021. Note that some local authorities have small residential care workforces and therefore a small change in the number of staff available may result in a large change in the proportion unavailable.

17 Somerset Ruling

17.1 This matter relates to the medical advice considered by the Local Authority Agency Decision Maker (ADM) in their decision to make an application to court for a Placement Order, as set out in the Adoption Agency Regulations (AAR) 2005. Somerset Local Authority were found to be in breach of regulations 15 and 17 of the AAR, which relates to the provision of medical advice and contribution to the Child Permanence Report prior to the ADM applying for a placement order from the court.

17.2 A cohort of 12 children had their adoption journeys put on hold whilst the legality of their placement orders were considered by the high court. 2 children lost their adoptive placements. The placement orders in the remaining 10 cases were deemed to be legally made, however there were a further 250 children linked with Somerset Local Authority who were either placed for adoption or who had been adopted where the legality of court orders made were questioned due to potential AAR breaches.

17.3 It became apparent that this issue was not confined to Somerset and that the placements of many hundreds of children across the country were potentially affected. The case was therefore transferred to the President of the Law Division who in March 2022 concluded that placement orders will be valid and enforceable unless and until a court sets them aside. The President accepted it

was difficult to envisage a case where the court is not aware of a child's health issues or that an agencies failure to comply with the Regulations in respect of health advice will have led to a decision by the court that is vulnerable to appeal. All agencies have been directed to review their procedures and determine whether they have been operating in breach of the AAR 2005; guidance has been issued on the approach to be taken where the Regulations have not been complied with.

17.4 This ruling has not indicated that any child has been at risk or unsafe in their placement at any point. It has however resulted in additional work for medical advisers within the provider Trust (CDDFT) and a delay in progressing placements for approximately 30 children by Durham local authority. There are implications on the future volume of work for medical advisers and a need to continue working with Durham agency to review processes to ensure AAR regulations are met. Designated Professionals will continue to liaise with Trust and Local Authority colleagues to support and progress any actions needed to address any deficiencies and augment future processes so there is assurance around compliance with the adoption regulations.

18 Conclusion

18.1 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 2021-22.

18.2 The numbers of Durham CiC have continued to increase year on year with 2021-22 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.

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

19 Key Areas for Development for 2022-23

Number	Priority	What needs to happen?	When does it need to happen by?
1	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 and this remains a priority for improvement	Dec 2022
2	Improving compliance to previous levels for dental health assessments for children in care in County Durham	The Designated Nurses will continue to work with Public Health England and NHSE to ensure children in care are prioritised by dental practices across the region. There is also an opportunity to learn from the arrangements implemented across Yorkshire using the dental contacts provided within NHSE.	March 2023
3	Ensuring the needs of children from County Durham who are placed out of area	The Designated Nurses will review and audit the health assessments for those County Durham children who are placed out of area.	October 2022
4	Improving compliance of Out of Area (OOA) health assessments within statutory timeframes	The Designated Nurses for CiC will work with the relevant CiC teams to drive improvements with compliance	March 2023
5	The number of Children in care accessing CAMHS services and their needs are fully understood.	The data collection is still reliant on the CITO Electronic System being rolled out across TEWV. The Designated Professionals will continue to monitor and escalate as necessary.	Sept 2022
6	Every CiC should be offered a health passport in order to understand their own health history.	Health professionals and social workers should work together to improve the uptake of health passports for CiC. Designated professionals will monitor this through the strategic partnership for children in care.	March 2023

7	To ensure that unaccompanied asylum-seeking children have access to services and support.	The Designated Professionals will work with LA colleagues to ensure the health needs of unaccompanied children transferred into County Durham.	March 2023
8	To understand the needs of CiC who are compulsorily accommodated	The Designated Professionals will work alongside the LA and NHSE responsible for Health Justice to ensure the needs of CIC who are accommodated are being met.	Dec 2022
9	To understand the health needs of CiC who go missing from home/care in order to inform the health assessments and ensure outcomes for these young people are being met.	The Designated Nurses to work with police and LA to establish a process whereby they are informed when a CiC goes missing.	August 2022

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