

CHILDREN IN CARE ANNUAL HEALTH UPDATE FOR DURHAM CORPORATE PARENTING PANEL April 2023 – March 2024

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**Better health
and wellbeing for all...**



Introduction and background

This paper provides an annual update to Durham Corporate Parenting Panel outlining the activity undertaken in Durham for Children in Care by North East North Cumbria ICB¹ (NENC ICB) commissioned services in 2023 – 2024.

It is the responsibility of Durham County Council, and NENC ICB commissioned health services to identify and address the unmet health needs of Children in Care. Improving the health outcomes for all Children in Care and care experienced young people remains a key priority and is included in the NENC ICB Joint Forward Plan². The 5 priority areas for Children in Care are:

- Reverse the trend in statutory health care for Children in Care
- Well-coordinated, targeted, proactive and preventative health provision to ensure equitable access to mental health and physical health care
- Deliver the NENC ICB commitments in the Care Leavers Covenant
- Integrated care pathway for Children in Care
- Align support to care leavers up to the age of 25 years

The goal is for all Children in Care within Durham who are the responsibility of NENC ICB to experience improved health and well-being and have an awareness on how their long-term health needs can be addressed as they become adults.

Most children enter the care system because of abuse and neglect. Although they have many of the same health issues as their peers, the potential for unmet needs is greater because of 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 aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults³.

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, for example, out of area placements. In addition, we need to be assured of the competencies of the wider health services in understanding Children in Care which links to training and guidance. This approach can be assisted by commissioning effective services, delivery through provider organisations and ensuring availability of individual practitioners to provide and co-ordinate care³.

¹ NENC ICB covers 14 local authorities including, Northumberland, North Tyneside, Newcastle, Gateshead, Sunderland, South Tyneside, Durham, Darlington, Redcar & Cleveland, Middlesbrough, Stockton, Hartlepool, Cumberland, Westmorland and Furness

²[Joint Forward Plan NENC ICB](#)

³[Promoting the Health and Wellbeing of Looked After Children](#)

Accountability for Designated Professionals for Safeguarding and Children in Care is set out within the Safeguarding Accountability and Assurance Framework (NHS England, 2024)¹. Designated Professionals for Safeguarding and Children in Care take a strategic and professional lead across the whole health economy providing expert advice and clinical expertise to the ICB, health providers and partner agencies by having a strategic overview on the specific health needs of the Children in Care cohort.

Local Priorities 2023-2024

Priority 1: Improving access to a local dentist to increase compliance for dental health assessments for Children in Care in Durham

A Dental Recovery Pathway is now in place across the ICB. This is not specific to Children in Care, but as a group that quite often requires dental treatment they are included in this Pathway. The Pathway has been shared with Provider Teams and Childrens Social Care, this advises Practitioners which Dental Practices are part of the Pathway and will see more vulnerable groups who may require assessment and treatment. This does not include recall for appointments therefore Carers will be responsible for making routine check up appointments when they are due.

Additionally, the ICB is providing some urgent dental clinics, for those that are experiencing pain or problems with their teeth. This service is currently being piloted in Darlington and North Cumbria, but the plan is for this service to be offered across the ICB footprint.

Dental data is recorded at the time of the Initial Health Assessment and at the time of the Review Health Assessment, therefore up to date information regarding dental appointments are difficult to record and require monitoring via Care Teams and Children in Care Reviews.

County Durham and Darlington Foundation Trust (CDDFT)

NENC ICB commission the Initial Health Assessment (IHA) provision from CDDFT including medical services for Children in Care and those with a plan for adoption. The team includes a Named Doctor for Children in Care and experienced paediatricians who complete all IHAs and adoption medicals for children in the Durham area.

There are two Medical Advisers 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. NENC ICB commission CDDFT to provide the Designated Doctor for Children in Care function which is undertaken by an experienced Consultant

Paediatrician. Due to prolonged absence the Designated post is currently being overseen in the interim by the Named Doctor for Children in Care.

The Named Nurse and Children in Care team oversee the coordination of RHAs for Durham Children in Care. They also complete RHAs for Durham children placed out of the local authority boundary within a 20-mile radius and RHAs for children placed within Durham local authority boundary by other local authorities. The Named Nurse for Children in Care also manages the requests to out of area health teams for IHAs and RHAs to be completed for Durham children placed out of area. Quality assurance is carried out by the Named Doctor for IHAs.

Harrogate and District Foundation Trust (HDFT)

Durham local authority Public Health commission Review Health Assessments (RHAs) for Durham children living within the local authority boundary from Harrogate and District NHS Foundation Trust (HDFT) who provide the Healthy Child 0-25 Service.

HDFT 0-25 Service undertake RHAs for Durham children living within the Durham local authority boundary. The Trust also support children living in local authority residential children's homes. The compliance for HDFT's performance is monitored by Public Health commissioners with oversight by the Designated Professionals.

Both CDDFT and HDFT have internal quality assurance processes in place to ensure the quality of the health assessments.

STATUTORY HEALTH ASSESSMENTS

Initial Health Assessments (IHAs)

All IHAs should be completed by a registered medical practitioner which is a requirement set out in statutory guidance². 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 came into care³.

² [Promoting the Health and Well-Being of Looked After Children \(DfE, DoH 2015\)](#)

³ [Regulation 33\(1\) of the Care Planning, Placement and Case Review \(England\) Regulations 2010](#)

Table 1: IHA Data		2022 -23	2023-24				
			Q1	Q2	Q3	Q4	total
	Total children requiring an IHA	370	118	112	108	113	451
	Total IHAs undertaken within statutory timeframes (<20 working days)	239	65	56	56	62	239
	Total % IHAs undertaken within statutory timeframes (<20 working days)	65%	55%	50%	52%	59%	53%

- The amount of Initial Health Assessment requests have increased **by 81** (this figure does not include the requests for Unaccompanied Asylum Seeking Children – these figures are recorded separately as they often present after the 20 day compliance timeframe).
- Delays receiving notification and consent continues to impact on IHA timeframe compliance. The team continue to record from receipt of notification and consent to time of Initial Health Assessment, which demonstrates that compliance could be 81% for 23-24 period.

Review Health Assessments (RHAs)

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. The majority of RHAs are undertaken by Health Visitors and School Nurses depending on the age of the child. The HDFT 0-25 Service undertake RHAs for 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 Durham boundary by other local authorities.

Table 2: RHA Data		2023-2024				
		Q1	Q2	Q3	Q4	23/24
Overall Compliance 1.2 CDDFT Compliance	TOTAL number of RHAs due		260	274	288	822
	Total number completed within timescales		213	226	255	694
	Total number completed out of timescales		47	48	33	128
	% compliance within timescales		87%	82%	88.5%	84%

Please note that the dashboard was changed in Q1 and therefore unable to report this period.

Priority 2: Ensuring the needs of children from Durham who are living out of area and improving compliance of Out of Area (OOA) health assessments within statutory timeframes.

Table 3 IHA completed by Out of Area Teams 2023-24	22/23	Q1	Q2	Q3	Q4	Total
County Durham children placed Out of Area (OOA) requiring an IHA by OOA provider	23	4	8	4	6	22
IHAs undertaken OOA within statutory timeframes (20 working days)	8	0	0	1	1	2
% of IHAs undertaken OOA within statutory timeframes (20 working days)	35%	0%	0%	25%	17%	9%

- Timescale compliance remains low for IHA requests for out of area.
- It is challenging to request the IHA timely when there is delay in notification and consent, i.e. within the 20-working day timescale.
- Some of our Young People are not ready for a medical assessment and delay in completing the IHA is in their best interest.
- Although the IHA's have breached timescales no young people are waiting for their IHA, all have been completed.

	Table 4 RHA's completed by Out of Area Teams		Q1	Q2	Q3	Q4	total
OUT OF AREA	b) Durham children living out of area beyond 20 miles (OOA)			36	10	21	67
	c) Number of RHAs undertaken OOA within statutory timeframes			15	8	15	38
	d) % of RHAs undertaken OOA within statutory timeframes			42%	80 ⁱ %	71%	57%

- The team have had a vacancy and sickness within the admin team which may account for the reduced compliance in Q2. This has had an obvious impact on the annual percentage.
- Q3 and Q4 compliance has greatly improved, with recruitment within the team and timely requests for health assessments being sent out.

Tees Esk and Wear Valley NHS Foundation Trust (TEWV)

Mental health services for children and young people are provided by Child and Adolescent Mental Health Services (CAMHS) commissioned from Tees Esk and Wear Valleys NHS Foundation Trust (TEWV). Durham County Council commission additional therapeutic support from Full Circle for children in care. Durham Children and Young People Service Commission Full Circle which is a specialist integrated mental health team dedicated to working with Durham Children in Care and Care Experienced young people. Full Circle is a social work led team, made up of Therapeutic Social Workers employed by the local authority and a Consultant Clinical Psychologist and Clinical Nurse Specialist employed via TEWV; the team have links into the local CAMHS.

Within Durham, the ICB also commissions a range of services to support children and young people with mental health difficulties from TEWV, CAMHS provided by TEWV. Services are delivered by a tiered approach (1 to 3) depending on clinical presentation and need whilst NHS England commission Tier 4 services for those children with the highest or most complex needs requiring inpatient mental health care.

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 TEWV are still waiting for the implementation of a new IT system (CITO) which they anticipate will be able to provide data on children in care who are accessing their services.

The demand on Tier 4 beds and secure settings locally and nationally remains a significant challenge due to the complex needs some of our Children in Care are experiencing. CDDFT and TEWV continue to support these young people until an appropriate placement is identified.

Priority 3: To understand the number of Children in Care accessing CAMHS services and to have assurance that their needs are fully met.

Local authorities are required to use the Strengths and Difficulties Questionnaire (SDQ) to assess the emotional well-being of individual Children in Care. The SDQ is a short behavioural screening questionnaire for use with 4 to 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 aged 11-17 years themselves. It recommended within statutory

guidance for assessing the emotional well-being of Children in Care and promoted by Durham Childrens Social Care⁴ although nationally it is accepted to have limitations and alternatives are being explored.

The local authority collects information from the completed questionnaires and calculates the total score and shares this with the health team to inform the child's RHA. The RHA should reference actions arising from the SDQ to 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. Full Circle are informed of all high scores, and 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.

Primary Care

Priority 4: To increase the compliance of primary care GP information to inform IHAs and RHAs - a digital solution to improve the quality of GP information is being redeveloped.

- GP compliance in providing timely health information to inform statutory health assessments remains poor at around 60%.
- CDDFT have introduced a new pathway to help improve this and will be using the electronic health record as a means of requesting and sharing information. This will be reviewed in this new financial year.

Care Leavers

The legal definition of a care leaver comes from The Children (Leaving Care) Act 2000⁵ states that a Care Leaver is a 16 or 17 year-old who has been in the care of the local authority for a period of thirteen weeks or more spanning their sixteenth birthday. ICBs must make sure arrangements are in place to ensure a smooth transition for Children in Care and care leavers whilst moving from child to adult health services.

Priority 5: Every care experienced young person should be offered a health passport to understand their health history.

- The ICB secured funding from NHSE to develop a Health Passport App – this will provide up to date signposting to services and support and also act as an umbrella over the NHS APP which will provide Care Leavers access to their GP record and therefore access to their health assessments and health information.

⁴ [Durham County Council SDQs Practice Guidance](#)

⁵ [Children \(Leaving Care\) Act 2000](#)

- There is no launch date as the APP requires final approval through governance, we are hopeful that there will be a soft launch before the end of 2024.

Unaccompanied Asylum-Seeking Children

Priority 6: To ensure that unaccompanied asylum-seeking children have access to services and support to meet their needs.

Table 6: UASC Data		2022 - 23	2023-24				
			Q1	Q2	Q3	Q4	
1	Total number of UASC coming into care in County Durham	109	5	21	13	7	46
	Total number of UASC requiring an IHA		2	16	11	7	36
	Number of UASC requiring IHA by CDDFT	35	2	6	4	5	17
	Paperwork received within 5 working days from start of care (LA indicator)	4	2	1	1	0	4
	IHA completed within 20 working days of start of care (statutory indicator)	6	1	0	1	0	2
	First appointment offered within 20 working days of start of care.	5	2	0	1	0	3
	First appointment offered within 15 working days of receiving correct and complete paperwork (CDDFT indicator)	21	n/a	2	1	0	3
2	Number of UASC requiring IHA by OOA Health Provider	15	0	7	6	2	15
	Paperwork received within 5 working days from commencement of care (LA indicator)	4	n/a	1	1	0	2
	IHA completed within 20 working days of commencement of care (statutory indicator)	2	n/a	1	0	1	2
3	Number of UASC with IHA completed by Kent	11	3	4	1	0	8
	Number of UASC awaiting confirmation of IHA completed by Kent	4	1	4	0	0	5
	Number of UASC who did not attend / were not brought to appointment	2	0	1	0	0	1

Number of appointments for UASC cancelled / re-arranged	7	0	0	0	0	0
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- The number of UASC young people coming into care in Durham has reduced by 63, comparing to last years figures.
- Of the 46 young people 36 required an IHA, 17 of which were completed by CDDFT. This suggests that 19 young people were living in homes outside of Co Durham.
- Numbers of UASC Young People are difficult to predict although the NE Refugee Council reports that numbers of Young Separated Children continue to rise.
- CDDFT have a UASC Pathway in place to ensure that their health needs are considered.
- A double appointment is offered as they can have complex health needs.
- To minimise cancellations or non-attendance, CDDFT admin team contact the carer and social worker before an appointment is booked to ensure the date is convenient, does not coincide with other commitments and to confirm with the social worker that an interpreter is available.
- Delays can occur where NHS numbers are not available for unaccompanied. There are also issues of multiple NHS numbers being given. NHSE are completing work nationally to prevent this from happening as this can impact on outstanding health needs being missed or delay in them being met.

Conclusion

To conclude the Designated Nurse and Deputy Designate Nurse for Safeguarding Children and Children in Care continues to work with Durham Local Authority to improve outcomes for our children.

We have listened to our children and will be taking forward their identified priority

'Physical and Emotional Health right service, right person, right time'

This will be our focus for the current year going forward.

This report is subject to internal governance oversight within NENC ICB.