

**Report to Corporate Parenting Board
North East North Cumbria Integrated Care Board
Redcar and Cleveland
Tuesday 9th April 2024**

1.0 Purpose of the report

1.01 The purpose of this report is to:

- Demonstrate our duty to safeguard and promote the welfare of children in care (CIC).
- To assure the corporate parenting board that health services to children in care are provided without undue delay or geographical prejudice.
- To demonstrate the aim of the Looked After Health team is for sustained improvement in the health and wellbeing of children in care and those leaving care.
- To assure the child's voice around health issues are included wherever possible.
- Report on compliance to statutory targets from the Looked After Health Team for Harrogate and District NHS Foundation Trust (HDFT).

The data included is for Q3 October, November, and December 2023.

2.0 Compliance data for Initial Health Assessments (IHA)

2.01 Local Authorities are responsible for ensuring a health assessment of physical, emotional, and mental health needs is completed for every child within 20 working days of becoming looked after. This is undertaken by a Paediatrician.

2.02 Table 1 - Initial Health Assessments Quarter 3

October		November		December	
No of IHA's required	No of IHA's undertaken in timescales	No of IHA's required	No of IHA's undertaken in timescale	No of IHA's undertaken in timescales	No of IHA's required
19	6	10	3	22	1
QUARTER 3 TOTAL				51	10 (19.6%)

2.03 Table 2 Reasons for delay

Reason for delay	Number delayed
Delay in receiving medical consent	5 (12.1%)
Out of area request	3 (7.3%)
Delay with IHA clinics	35 (85.3%)
Ceased CiC prior to IHA	1 (2.4%)
Child Was Not Brought (Reason not provided by the LA)	1 (2.4%)

2.04 Compliance with completing IHA in timescale remains challenging but there was an overall improvement of 10% in Q3 compared to the data for Q2. Delays with the IHA clinic availability is the significant barrier and there are now regular meetings in place with the South Tees Foundation Trust who provide the clinic slots to address this. Similarly weekly meetings are in place with the local authority to address the difficulties with obtaining medical consent and those children not brought or who have refused to attend for an IHA.

2.10 Compliance with Review Health Assessments (RHA)

2.11 The RHA must happen at least every six months before a child's 5th birthday and at least once every 12 months after the child's 5th birthday within the month they became looked after.

2.12 Table 3 - Review Health Assessments Quarter 2

October		November		December	
No of RHA's required	No of RHA's undertaken in timescales	No of RHA's required	No of RHA's undertaken in timescales	No of RHA's required	No of RHA's undertaken in timescales
17	14 (82.4%)	31	28 (90.3%)	21	16 (76.2%)
QUARTER 3 TOTAL				69	58 (84%)

2.13 Table 4 - Reason for delay Quarter 3

Reason for delay	Number delayed
Ineffective home visit	2 (18%)
HDFT error; late allocation request	1 (9%)
Change in placement	2 (18%)
Staff capacity	3 (27.2%)
Out of area placement	2 (18%)
Young person's choice due to family bereavement	1 (9%)

2.14 Review health assessments are undertaken by the HDFT CIC team predominantly. The compliance rates for Q3 have fallen slightly compared to Q2, 3% Throughout Q3 there has been sickness within the team, which has impacted on the team's capacity to undertake the assessments in a timely manner.

2.15 Tees Valley CiC service introduced the RHA risk assessment tool in Q3 to ensure that children and young people had their health reviewed in accordance with need as opposed to due date.

3.0 Comparison of data between 2022 and 2024

3.01 The Corporate Parenting Board in December requested a comparison of the compliance data prior to HDFT securing the contract.

3.02 Analysis of the data for compliance for the completing of the IHA within the first 20 days for Q3 between 2022 and 2024 demonstrated a drop from 81% to 19.6%. However, the data also demonstrated a significant increase in demand by 37.8% which will have had a substantial impact on the opportunity to achieve compliance because of the requirement for extra clinic appointments and Paediatrician's to undertake the assessments.

3.03 The compliance data for RHA for Q3 between 2022 and 2024 demonstrated a minimal decrease from 86.2% to 84%. However, there was an increase in demand by 18.9% for RHA. This highlights the positive response from Children in Care team HDFT to an increase in demand for RHA.

4.0 Health Passports

Health Passports	Oct	Nov	Dec
No. of children offered a Health Passport at 16+	7	5	1
No. of children issued a Health Passport at 16+	6	3	0

4.1 During Q3 all the children aged 16 plus in Redcar and Cleveland were offered a health passport and 9 children accepted the offer and were issued with one.

5.0 Health Registrations

Number of Children not registered with a dentist	Number of dental referrals	Number of children not registered with a GP
4	2 (2 children under the age of 1 year)	0

- 5.1 Registration with a dentist and GP is recognised as essential for all children and the CIC proactively seek confirmation and support registration where needed.

6.0 Service improvements

- 6.1 The previously agreed rapid improvement workshop with an action plan remains in place.
- 6.2 A service review with the Designated Nurses and the Senior Clinical Commissioning Officer has been completed. It is proposed following the conclusion of these reports further actions plans will be developed to support HDFT to improve service delivery for children in care.
- 6.3 NENC ICB has identified children in care as one of the 4 key priorities.

6.0 Recommendations and Actions

The Corporate Parenting Board is asked to note the content of the report.

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NENC ICB