

NHS Dorset Integrated Care Board

Meeting Title	Quality and Safety Committee
Date of Meeting	<u>24.08.2023</u>
Paper Title	Annual Report for Children in Care and Care Experienced Young People 2022-23
Responsible Chief Officer	Mrs Debbie Simmons
Author	Ms Louise Harris Smith Designated Nurse for Children in Care

Confidentiality	N/A
Publishable Under FOI?	Yes

Prior Discussion and Consultation		
Job Title or Meeting Title	Date	Recommendations/Comments
Quarterly Designate and Named Nurse and Doctor meeting	1.6.23	Outcomes and themes discussed from DHC and UHD annual reports for CiC and CEYP
Head Of Safeguarding	16.6.23	Review of draft report, advised to send to Q&S apprentice for Plain English check
Business Support and Administration Apprentice	04.07.23	Recommendations for alternative terminology to ensure effective communication and understanding of points raised
Safeguarding Assurance Group	27.7.23	Report discussed

Purpose of the Paper	The purpose of the report is to provide the ICB board with an overview and assurance of Children in Care services for the year 2022-23.						
	Note:	✓	Discuss:		Recommend:		Approve:
Summary of Key Issues	<p>This report provides a full overview of developments since the previous reporting period 2021-22, demographics for children in care, performance, challenges, and areas for development 2023-24.</p> <ul style="list-style-type: none"> Flexible hybrid working continues for provider services in offering health assessments to young people, this is considered a positive outcome from the pandemic. 						

- There is recognition that Initial Health Assessment (IHA) performance is not achieving compliance and improvement is not being sustained.
- The importance of listening and acting upon the voice of children in care (CiC) and care experienced young people (CEYP) should not be underestimated and considered at every opportunity.
- Changes to contracting guidelines have affected the payment arrangements for children placed out of area placing pressure on existing services to continue to offer timely health assessments.
- There has been an increase in unaccompanied asylum-seeking (UASC) children into care, an additional clinic was commissioned to ensure IHAs were completed for this cohort. There is a need for raising awareness of the specific trauma suffered by these young people due to their experiences in their home countries, their journeys to the UK and anxiety caused by Right to Remain claims.

Demographics – as at end March 2023 a total of 973 children were in care for BCP and Dorset, with another 370 children placed in Dorset by other local authorities. 409 children came into care in 2022-23 which is a 7.9% increase since April 2022. UASC represented 92 of the number in care with 65.2% placed outside of the county of Dorset.

Performance – IHA shows an overall decline for the year, review health assessments (RHA) show a small increase but are not achieving the 90% target. Dental health data shows performance is just below 80% target, however local authority data which is measured in a different way has a lower attainment figure of 50%. Immunisations achievement is just below the 85% target.

Challenges – as above there are known difficulties in achieving dental access for children in care, many dentists in Dorset are declining NHS patients. Provider teams are working hard to find the few practices who are taking on NHS patients, but this is becoming more difficult. There are known delays for health assessments when children are placed out of area, leaving children with potentially unidentified and unmet health needs. Evidence from CEYP is that their emotional health and wellbeing needs are not being met with current services.

Areas for development

- a new dataset from NHSE aims to address the variations in health assessments for children placed out of area.
- work is ongoing towards compliance for IHAs.
- access to dental services innovation for those most at need.
- focus on addressing the emotional trauma experienced by uasc.
- launch of multi-agency pregnancy pathway for CiC.
- Progress work with DiiS particularly around population health of CEYP.

Action recommended

The Quality and Safety Committee is recommended to:

- 1. NOTE the assurance, challenges and areas for development provided in the annual report for children in care and care experienced young people.**

Governance and Compliance Obligations		
Legal and Regulatory	YES	Under the Children Act 1989, The Care Planning and Placement Regulations 2010 and Promoting the Health and Wellbeing of Looked After Children (DoH 2015) it is made clear the NHS responsibilities to contributing to meeting the health needs of looked after children (and, by extension, to care leavers) in three ways: commissioning effective services, delivering through provider organisations, and through individual practitioners providing co-ordinated care for each child.
Finance and Resource	NO	
Risk	YES	Dental risk removed from register 2022, however risk remains that 50% of children in care are not up to date with dental check ups and as a result may have unidentified need for care and treatment.

Risk Appetite Statement	
ICB Risk Appetite Statement	N/A

Impact Assessments		
Equality Impact Assessment (EIA)	NO	Whilst children in care and care experienced young people are not a protected characteristic, they experience significant inequalities due to adverse childhood experiences and by merit of being in care. Core20Plus5 has acknowledged this with children in care and care leavers as part of the inclusion health groups requiring a tailored healthcare approach. NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people
Quality Impact Assessment (QIA)	NO	This report is focused on ensuring the quality of services for children in care and care experienced young people are of a high standard, meeting specific needs and are making a difference.

Fundamental Purposes of Integrated Care Systems

Improving population health and healthcare	NHS Dorset has a major role in ensuring the timely and effective delivery of health services to children in care with the objective of improving the health of this population.
Tackling unequal outcomes and access	Although children in care have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. Ensuring effective service delivery will help to maximise their chances of reaching their potential and leading happy and healthy lives as adults.
Enhancing productivity and value for money	This report aims to provide assurance that existing services are delivering value for money and to consider ways to increase productivity.
Helping the NHS to support broader social and economic development	Children in care and care experienced young people touch many services throughout each ICS, this report provides insight and raises awareness of the importance of leadership and collaboration to deliver against the purpose of supporting social and economic development.

System Working

System Working Opportunities	This report provides many opportunities for system working, from active involvement in corporate parenting boards to recognising the importance of working in collaboration with providers such as Dorset HealthCare and University Hospitals Dorset. Reports from both these organisations have been integral in providing oversight and informing the report.
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Children in Care and Care Experienced Young People Annual Health Report 2022-23

1. Introduction

- 1.1 This strategic report is to provide assurance that NHS Dorset ICB are fulfilling their statutory requirements in commissioning services in identifying and meeting the health needs of their Children in Care (CiC) and the Care Experienced Young People (CEYP) population of Dorset. This report covers the period from 1 April 2022 to 31 March 2023.
- 1.2 On the 3 July 2022, Dorset CCG became NHS Dorset ICB, for the purposes of this report, the organisation will be referred to as NHS Dorset.

2. Outcomes of Key Areas of Development and Achievements 2022-23

- 2.1 This year has seen a return to business as usual for most services as they adapt to the changes that the pandemic instigated. Whilst recognising that COVID-19 had significant impact on us all, there has been some positive outcomes that have continued beyond the recovery phase. Provider services have continued with offering a hybrid delivery of health assessments and ongoing care which can be tailored to meet individual choice, either face to face at home or in a clinic setting or via a virtual platform.
- 2.2 IHA performance has been closely monitored throughout the year with some improvements noted but this has not been sustained. Work is ongoing to consider how changes can be made in service delivery in order that statutory duty is met.
- 2.3 The voice of children in care and care experienced young people is heard in a variety of ways, through direct meetings that ask for feedback to make changes to the health passport, via virtual platforms and through 'check and challenge' groups for mental health and the IHA process. Bright Spots and New Belongings survey outcomes are considered when shaping and planning services. Meetings are held with both participation group leads for the local authorities to share updates and areas for improvement.
- 2.4 Monthly health provider activity and key performance indicators continue to be reported and analysed by the designated nurse to ensure outcomes for children in care and care experienced young people are met. Individual meetings with BCP and Dorset Council with both designate doctor and nurse are important in talking through the differences in health and social care data. They aim to align the data as much as possible so that the most accurate information is received by the Corporate Parenting Board.
- 2.5 Throughout the year, the Designated nurse has been involved in local and regional meetings to discuss the changes to Liberty Protection Safeguards (LPS) and impact

for 16–17-year-olds whilst awaiting the new Code of Practice. However, a decision was made in April that implementation would be delayed for the changes to LPS ‘beyond the life of this parliament. Despite this, meetings have continued nationally and regionally to ensure any updates to the Mental Capacity Act are shared widely.

- 2.6 Due to the changes in the last year to contracting guidelines regarding payments for out of area health assessments (Low Volume Activity payments) there are now no invoices being raised between providers. This has put pressure on the Pan Dorset provider teams to ensure that children from other local authorities who are placed in Dorset and BCP receive their requested health assessment and are treated equally as children in care. It is recognised that this does not happen for all Dorset children placed outside the county of Dorset as their health assessments are often delayed. NHS England is aware of this and has commissioned a dataset to address some of the variations in placements, this will start in July 2023.
- 2.7 As a result of an increase in unaccompanied asylum-seeking children (UASC) in 2021-22, a commissioned clinic was set up in Quarter 1 of 2022 to ensure that children received their initial health assessments and to address any outstanding health needs for them. It became apparent that because of negative experiences before, during and after their journey to this country, a majority had symptoms of post-traumatic stress disorder. Referrals to CAMHS (Child and Adolescent Mental Health Service) are low, possibly due to an under reporting of symptoms and lack of cultural acceptance that support is needed.
- 2.8 The Dorset Intelligence and Insight Service (DiIS) continues to develop. More information is becoming available regarding local inequalities and how services should be shaped to address these. There is specific work ongoing to ensure that the data around care leavers is as accurate as it can be to allow greater awareness of the trajectory for this cohort up to age 25 years and beyond.

3. Demographics of Pan Dorset CiC and CEYP population

- 3.1 The demographic data for Dorset shows that 409 children have come into care under the age of 18 years in 2022-23, which represents an 7.9% increase since April 2022 and a 39% increase of the number into care since end of March 2021 (294 children).
- 3.2 Care Experienced Young People (Care leavers) numbers continue to remain high, there are now 941 care leavers on the caseload that can access a health service through the CiC health team should they request this. Both local authorities share their data on a quarterly basis which allows for the information to be as accurate as possible.

- 3.3 NHS Dorset have a responsibility to support the health needs of CiC placed in Dorset by other local authorities. At the end of March 2023, a total of 370 children from other local authorities were recorded on the scorecard, giving a total CiC/CEYP population of 2,284 as of 31st March 2023 in receipt of specialist health support.
- 3.4 The number of unaccompanied asylum-seeking children (UASC) have remained consistent throughout the year, at the end of March 2023 a total of 92 children were recorded on the scorecard, making up 9.5% of the caseload. Nationally, the SSDA903 Department for Education annual data return shows a 34% increase was recorded from 2021-2022, above pre pandemic levels¹. It is important to note the increase of UASC placed outside of the county – from 53% to 65.2% as of 31st March 2023, which is broken down to 84.8% for Dorset local authority and 54.2% for BCP.
- 3.5 Children in Care data taken from the SSDA903 shows an increase for BCP and Dorset in comparison with geographical neighbours. The number per 10,000 population of children remains higher than regional figures for Dorset at 68 per 10,000 and 70 for BCP (March 2022)².

County	No of CiC per 10,000 children
Hampshire	61
Dorset	68
Bournemouth Christchurch and Poole	70
Wiltshire	41
Somerset	51
Devon	57
Cornwall	48

4. Performance

- 4.1 Progress continues to be reported monthly and presented through the Power BI dashboard. Additionally, as agreed with both local authorities (LA), key performance indicators from Dorset Healthcare (DHC) and University Hospitals Dorset (UHD) are validated and submitted by the Designated Nurse to support LA data returns.
- 4.2 Overall 'IHA completed within 20 days' performance of 32.4% for 2022-23 represents a decline against the 2021-22 figure of 36.5% and remains significantly below the required 85% performance indicator for Initial Health Assessments (IHAs). Place data shows performance static from the previous year at 34% for BCP and a decline from 39.3% in 2022-23 to 29.7% for Dorset. Concerns have been raised throughout the year with several attempts to improve processes which have not resulted in a sustained improvement. A specific IHA improvement workstream started in December 2022 with a questionnaire to stakeholders, designed to draw out the main blocks and barriers to achieving IHAs ready for the first child in care review which should happen within 20 working days of coming into

¹ [Children looked after in England including adoptions, Reporting Year 2022 – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoptions-reporting-year-2022)

² [Children looked after rate, per 10,000 children aged under 18 - LG Inform \(local.gov.uk\)](https://www.local.gov.uk/children-looked-after-rate-per-10000-children-aged-under-18)

care³. Using a Clinical Systems Heuristics methodology to support a partner led approach, a report has addressed the main short term and long-term issues and advised a potential re-model of current IHA delivery. This report and workstream is being progressed in Q1 of 2023-24 and updates will be provided in future Quality reports.

- 4.3 Performance for the CiC Health Team in Dorset HealthCare have shown an improvement in the number of review health assessments completed that were due in the month from 75.5% in 2021-22 to 78.3% for this year, however, are not achieving the target of 90%. Out of area delays remain the main reason for non-completion of RHAs within the month which is impacted by 30% of children in care placed out of county. Requesting out of area health assessments have been impacted this year by the changes to Low Volume Activity payments which have stopped invoicing between CiC health teams. This has caused out of area teams to prioritise their own children and a waiting list for children placed there. NHSE have responded by piloting a data set which will show the national variations in placements, this is due to go live in July 2023. Performance has also been impacted by an increase in caseload for the team and the increasing complexity of their workload. It is an expectation that the senior nurses in the team attend all amber strategy discussions for children in care. This is in addition to prioritising red strategy and risk management meetings such as Multi Agency Child Exploitation (MACE) and Exploitation Team Around the Child (ETAC). This allows the team to provide continuity of care for their most vulnerable children and young people. It is important to note that the performance data does not reflect the total number of RHAs completed by the CiC health team. Outstanding RHAs from previous months and completing RHAs for children from other local authorities can add a further 20 health assessments per month for the team. A positive change has been noted in the RHA return for the under 5's from health visiting colleagues which has shown improvement from previous years.
- 4.4 Performance for dental remains static at 77.3% of those children due an RHA in the month up to date with their dental appointments. Although this is only just below the target of 80%, data alignment with the local authority shows a lower figure of around 50% when measuring those who have been in care for 12 months or more and up to date with their dental appointments. Access to dentists has been variable throughout the year, with a recognised shortage of practices taking on NHS patients. The CiC health team support foster carers and social workers to find dentists for their children and have a clear process of escalation to raise concerns when access or treatment is not available. NHSE are aware of the difficulties, not just in Dorset but nationally. They are aiming to address these with individual children in care pathways.
- 4.5 Immunisation rates for CiC are just below the 85% annual target, at 83.2%.
- 4.6 A key aspect of the Designated Nurse role has been to ascertain the thoughts and wishes of children in care to inform service planning and delivery. This has been achieved through involvement with both participation groups in the local authorities, particularly around the changes made to the Health Passport for young people

³ [The Care Planning, Placement and Case Review \(England\) Regulations 2010 – GOV.UK \(legislation.gov.uk\)](https://www.gov.uk/legislation/gov.uk)

leaving care. the New Belongings project in Dorset and participation groups in BCP.

5. Challenges

- 5.1 Delays in health assessments when children are placed out of area is resulting in inequity and potential gaps in health provision. This has been recognised by NHS England who have commissioned a new dataset to assess the impact nationally.
- 5.2 Meeting the 20-working day statutory timeframe for 90% of initial health assessments continues not to be achieved. However there is work in progress to consider a different delivery model which will support this.
- 5.3 Accessing dentists for all our children in care has been problematic in Dorset. Providers in health and social care are encouraged to continue raising specific access and treatment issues through the escalation process. Changes in commissioning to a more place level will help to highlight areas for local improvement.
- 5.4 Whilst the number of care leavers have not increased in the same rate as previous years, their identified need in terms of emotional and mental health support, has become more apparent. Ways to work together with partners to address what care experienced young people are asking for will be a key consideration for 2023-24, improved data sets will help with this.

6. Compliments and Complaints

- 6.1 No formal complaints have been received during 2022/23. Compliments continue to be received from CiC & CL, foster carers, partner agencies (See Appendix 1).

7. Key Areas for Development 2023-24

- 7.1 To continue to review IHA performance and consider alternative delivery models in order that statutory duty is met.
- 7.2 To ensure the voice of care experienced young people is heard. Consider how partners can work together to offer the most appropriate support which caters for their emotional, mental, and physical health and wellbeing.
- 7.3 Monitor health provider activity and performance in line with agreed arrangements, and review changes needed in service specification. Promote the identification of themes and outcomes to help shape and influence services. Work to improve the data into DiiS to gain an accurate understanding of our children's health to narrow the inequalities gap.

- 7.4 Work with health partners to start providing the data needed for the new Addressing Variations dataset, so that health services for children in care can be equitable nationally and avoid lengthy delays in the identification of health needs.
- 7.5 Consider how our children in care can receive the dental assessment and reviews they need. Work with partners locally and nationally to find new ways to provide dental services.
- 7.6 Act responsively to offer statutory services to unaccompanied asylum-seeking children, with a focus on addressing symptoms of trauma and exploitation.
- 7.7 Launch the new multi-agency pregnancy pathway for CiC which aims to provide 'wrap around' corporate parenting support pre and post pregnancy. Ensure that a detailed evaluation takes place to evidence that the new processes are making a difference.

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Date: 16.06.2023

APPENDICES

Appendix 1

Service User Feedback

Service User Feedback

Feedback from Children and Young People:

**"You have a good vibe"
and was the "nicest
person she ever met"
and the "greatest nurse".**

**"You're a legend
– thanks I needed
a dentist, and you
got it done!"**

**RHA went well and I got
a hug from YP to say
thank you for letting me
come to see you.**

Feedback from the carer:

**"Thank you for taking the time
to listen and understand. You
made the review meaningful; it
was by far the best we have
received in the 6 years we have
been doing this."**

**"Nurse arranged change
to appointment. "Thank
you so much for this,
this will be so much
better for them both to
be at the same place."**

**"Thank you finally feels
like someone is
listening."**