

# NHS Dorset Integrated Care Board

<b>Meeting Title</b>	Quality, Experience and Safety Committee
<b>Date of Meeting</b>	<u>22.08.2024</u>
<b>Paper Title</b>	Annual Report for Children in Care and Care Experienced Young People 2023-24
<b>Responsible Chief Officer</b>	<b>Mrs Debbie Simmons</b>
<b>Author</b>	Ms Louise Harris Smith Designated Nurse for Children in Care

<b>Confidentiality</b>	N/A
<b>Publishable Under FOI?</b>	Yes

Prior Discussion and Consultation		
Job Title or Meeting Title	Date	Recommendations/Comments
Quarterly Designate and Named Nurse and Doctor meeting	12.6.24	Outcomes and themes discussed from DHC and UHD annual reports for CiC and CEYP
Designated Doctor	18.06.24	Review of draft report and to add pov
Head of Safeguarding	26.06.24	Review of draft report
Safeguarding Assurance Group	25.07.24	Report presented

<b>Purpose of the Paper</b>	The purpose of the report is to provide the ICB board with an overview and assurance of Children in Care services for the year 2023-24.						
	Note:	✓	Discuss:		Recommend:		Approve:
<b>Summary of Key Issues</b>	<p>This report provides a full overview of developments since the previous reporting period 2022-23, demographics for children in care, performance, challenges, and areas for development 2024-25.</p> <ul style="list-style-type: none"> <li>• Focus on IHA performance.</li> <li>• Launch and dissemination of pregnancy pathway for children in care.</li> <li>• Access to dental care for all children in care and care leavers</li> <li>• Analysis of performance data and outcomes for CiC</li> <li>• Reducing serious violence funding and fruition of role</li> </ul>						

	<ul style="list-style-type: none"> <li>• Addressing variations dataset</li> <li>• Care leaver voice – PCN pilot</li> <li>• Development of DiiS care leaver page</li> <li>• Adoption regulations</li> <li>• Blood borne virus and TB screening audit</li> </ul> <p><b>Demographics</b> – as at end March 2024 a total of 1000 children were in care for BCP and Dorset, with another 346 children placed in Dorset by other local authorities. 397 children came into care in 2023-24 which is a 3.5% increase since start of the year. UASC represented 119 of the number in care with 72.7% placed outside of the county of Dorset.</p> <p><b>Performance</b></p> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Out of area delays</li> <li>• IHA 20-day timeframe</li> <li>• Dental health outcomes</li> <li>• Care leaver outcomes</li> </ul> <p><b>Areas for development</b></p> <ul style="list-style-type: none"> <li>• IHA performance and delivery model</li> <li>• CiC Health Forum</li> <li>• Health provider activity and performance</li> <li>• Addressing variations dataset</li> <li>• Dental Health</li> <li>• Reducing serious violence role</li> <li>• Mental capacity and consent training</li> <li>• Emotional and mental health services</li> <li>• Scrutiny of residential placements</li> <li>• SEND and transition</li> </ul>
<b>Action recommended</b>	<p>The Quality and Safety Committee is recommended to:</p> <p><b>1. NOTE the assurance, challenges and areas for development provided in the annual report for children in care and care experienced young people.</b></p>

Governance and Compliance Obligations		
<b>Legal and Regulatory</b>	<b>YES</b>	<p>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.</p>

<b>Finance and Resource</b>	<b>NO</b>	
<b>Risk</b>	<b>YES</b>	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.

<b>Risk Appetite Statement</b>	
<b>ICB Risk Appetite Statement</b>	N/A

<b>Impact Assessments</b>		
<b>Equality Impact Assessment (EIA)</b>	<b>NO</b>	<p>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.</p> <p><a href="#">NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people</a></p>
<b>Quality Impact Assessment (QIA)</b>	<b>NO</b>	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.

<b>Fundamental Purposes of Integrated Care Systems</b>	
<b>Improving population health and healthcare</b>	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.
<b>Tackling unequal outcomes and access</b>	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.

<b>Enhancing productivity and value for money</b>	This report aims to provide assurance that existing services are delivering value for money and to consider ways to increase productivity.
<b>Helping the NHS to support broader social and economic development</b>	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.

<b>System Working</b>	
<b>System Working Opportunities</b>	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.

# Children in Care and Care Experienced Young People Annual Health Report 2023-24

## 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 2023 to 31 March 2024.

## 2. Outcomes of Key Areas of Development and Achievements 2023-24

- 2.1 Initial Health Assessments (IHA) have had significant focus this year. Following a stakeholder's event earlier in the year to establish the blocks and barriers to achieving IHAs within the statutory 20 working days, a series of intensive support meetings with both local authorities and University Hospitals Dorset (UHD) were organised. IHA performance has noticeably improved throughout the year from 48.8% IHAs achieved within 20 working days in Q1 to 74.3% in Q4. Performance meetings remain in place, two weekly for BCP and once a month for Dorset.
- 2.2 A pregnancy pathway for children in care has been jointly written by Dorset HealthCare and NHS Dorset and implemented, via the Pan Dorset Safeguarding Children Partnership. This involved collaboration with both local authorities, primary care, maternity services and CAMHS and aims to increase support for young people in care through a joined-up network around them. Evaluation of the pathway has been extended as required and different ways to promote use of it by the ICS is being explored.
- 2.3 Access to dental care has been a theme throughout the year, with the availability of NHS dentists declining. Despite an agreed escalation process, children in care nurses, social workers and foster carers have raised the difficulty of finding an NHS dentist for children when they come into care or move placement. A paper exploring dental lines of enquiry for children in care and care experienced young people (care leavers) was presented to the dental commissioners within the ICB, work is underway to address the need.
- 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 designated 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 Through a successful bid to the Community Safety Partnership Serious Violence Duty, funding for one year has been agreed for a new post of Senior Specialist Nurse within the CiC health team in Dorset. The role will focus on the aim of reducing serious violence by providing targeted interventions to those children in care identified as being at higher risk of exploitation, going missing, or causing violence to others.
- 2.6 To respond to the variations in health assessments being completed within timescales when children are placed out of the county, a dataset has been requested by NHS England to show ICBs who are finding it particularly difficult to achieve this. Both Dorset HealthCare and University Hospitals Dorset have not only provided the data when requested but taken the opportunity to review their own processes when health assessments are requested for children placed in Dorset by other local authorities and when requesting health assessments from out of area teams. Where appropriate, UHD have offered IHA appointments for children placed out of area (where travel time is manageable) to address the delay in receiving their health assessment.
- 2.7 The voice of care leavers via local authority surveys has highlighted a need for increased emotional health support. A pilot offering reach out support for care leavers within Primary Care Networks (PCN) started from Blandford PCN who employed a care co-ordinator to focus on the needs of care leavers within their conurbation. This has been successful in highlighting the unique needs of young people who become care leavers when they turn 18 years old and works closely with the care leaver transition nurse within the CiC health team. Following a presentation to the PCN clinical directors, four more PCNs have become involved with the hope that more PCNs will prioritise this vulnerable group.
- 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.
- 2.9 UHD have developed standard operating procedures (SOP) for adoption to ensure administrative processes and the safety of records during and after adoption are robust. A position statement has been written for the ICB regarding medical advisor compliance with the instructions of the Somerset Ruling regarding adoption medicals, and close working relationships with the Regional Adoption Agency allows for maintenance of this and to resolve any challenges arising.
- 2.10 UHD have completed an audit to consider the incidence of blood borne virus and tuberculosis (TB) in unaccompanied asylum-seeking children. Of the 21 IHAs that were completed by UHD, 19% were found to be positive for TB. A further audit for 2024-25 will be undertaken.

### 3. Demographics of Pan Dorset CiC and CEYP population

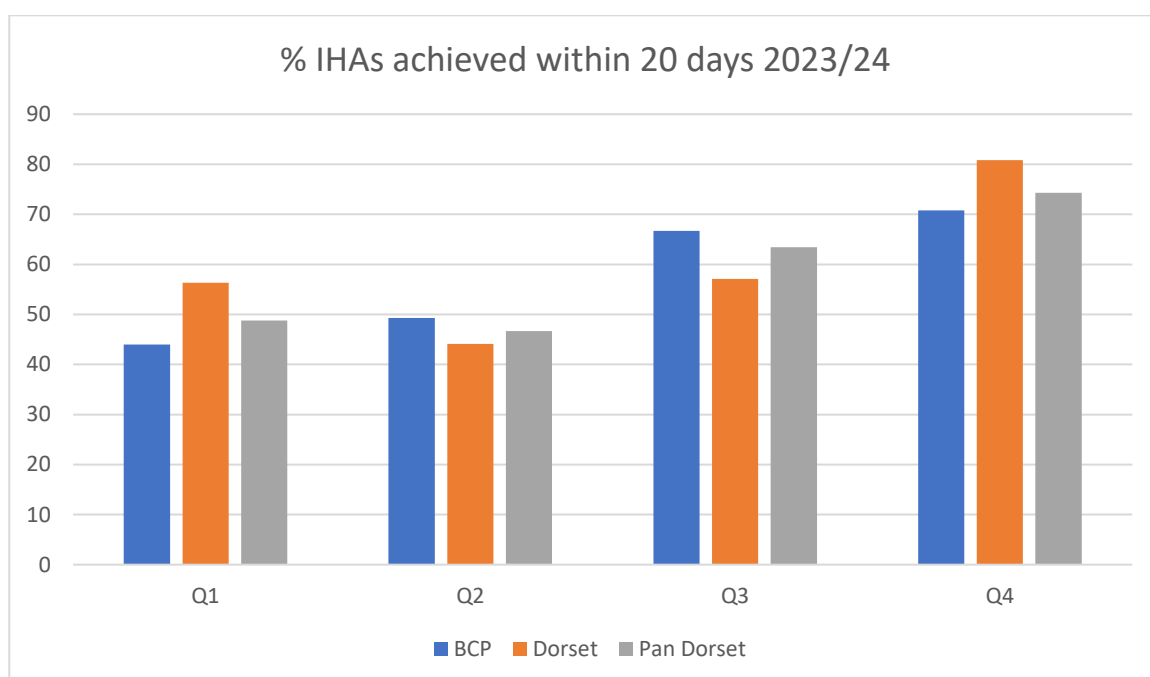
- 3.1 The demographic data for Dorset shows that 397 children have come into care under the age of 18 years in 2023-24. An increase of 3.5% since the start of the year of the children in care caseload gives a total of 1000 children in care supported by both local authorities as of March 2024. This can be separated into local authorities with Bournemouth, Christchurch, and Poole (BCP) bringing 235 children into care over the year and Dorset 162 children. It is useful to note that since 2021-22, there has been a 24% increase of the number into care. Nationally, the number of children in care by local authorities in England rose to 83,840 in 2023, up 2% on the previous year.
- 3.2 Care Experienced Young People (Care leavers) numbers continue to increase, there are now 1,105 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 2024, a total of 346 children placed by other local authorities into Dorset were recorded on the scorecard, giving a total CiC/CEYP population of 2,451 as of 31<sup>st</sup> March 2024 in receipt of specialist health support.
- 3.4 The number of unaccompanied asylum-seeking children (UASC) increased during the year up to 119 in Q2&3 making up 11.7% of the caseload. This was due to new legislation that requested local authorities to accept their 0.1% quota of children. Nationally, the SSSA903 Department for Education annual data return shows a 43% increase was recorded from 2021-2022, above pre pandemic levels<sup>1</sup>. It is important to note that a high number of UASC continue to be placed outside of the county – 72.7% as of 31<sup>st</sup> March 2024, which is broken down to 84.9% for Dorset local authority and 58.7% for BCP.
- 3.5 Children in Care data taken from the SSSA903 shows a decrease from 2021-22 figure of 68 to 66 in 2022-23 for Dorset and static figure of 70 for BCP. These figures remain higher than that of geographical neighbours, see table below. It is worth noting that all areas have increased numbers per 10,000 population of children from the previous year.

<b>County</b>	<b>No of CiC per 10,000 children 2022-23</b>
Hampshire	65
Dorset	66
Bournemouth Christchurch and Poole	70
Wiltshire	44
Somerset	51
Devon	61
Cornwall	54

<sup>1</sup> [Children looked after in England including adoptions, Reporting year 2023 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://www.gov.uk/explore-education-statistics)

## 4. Performance

- 4.1 Progress continues to be reported monthly via scorecard. As agreed with both local authorities, key performance indicators from Dorset Healthcare and University Hospitals Dorset are validated and submitted by the Designated Nurse and Doctor to support LA data returns.
- 4.2 Overall 'IHA completed within 20 days' performance of **56.3%** for 2023-24 represents an increase in performance against the 2022-23 figure of 32.4% but remains significantly below the required 85% performance indicator for Initial Health Assessments (IHAs). Place data shows performance improvement from the previous year at 34% for BCP to 57% and an improvement from 29.7% in 2022-23 to 55.2% in 2023-24 for Dorset.



- 4.3 Intensive performance meetings began in August 2023 with BCP, UHD and NHS Dorset to scrutinise any blocks or barriers to achieving IHAs within 20 days. Initially meetings were held daily, then three times a week and are now held every two weeks. As shown in the table above, there was a gradual improvement from 44% in Quarter one to 70.8% in Quarter four for BCP. To sustain and improve on this performance for 2024-25, meetings will need to continue with a commitment from all involved. Of note, children who are placed out of area were impacted the most for IHA delays. 34.7% of IHAs not achieved within 20 days were delayed to out of area health teams holding long waiting lists for children to be assessed.
- 4.4 Dorset council area IHA performance has improved from 56.3% in Quarter one to 80.8% in Quarter four. Similar performance meetings were offered, however Dorset considered that their existing process of monthly management meetings with NHS Dorset, UHD and Dorset HealthCare were robust in identifying any improvements to be made.



- 4.5 The designated doctor undertook an analysis of all IHAs which were overdue in the months of April and May 2023 to ascertain whether any health conditions or actions were identified in the report of health care plan which could have been managed differently had the IHA happened within the statutory 20-day time frame. The analysis concluded that nothing was identified which would or could have been managed differently to have an impact on the young person.
- 4.6 A total of 832 review health assessments completed by the CiC Health Team in 2023-24, with a further 140 health assessments completed as requested for children placed in the Dorset conurbation from other local authorities. Performance of the number of review health assessments (RHA) completed for children who were due in the month remained similar from 2022-23 at 77%, 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 32% of children in care placed out of county. DHC have a robust process of requesting RHAs from out of area health teams three months before they are due to allow for workload planning. The NHSE dataset for identifying variations in health assessment completion has been live for the past year, feedback on outcomes and any updates for the forthcoming year is awaited. Performance has also been impacted by situations that are beyond the control of the health team such as those children who decline their health assessment, placement changes or the health assessment being cancelled by the foster carer. Assessments are trauma informed and child focused, allowing for appointments to be flexible around the best interests of the child. RHAs cancelled by the service represent 8% of all exceptions for the year, with out of area delays being 41% of exceptions. 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 15-20 health assessments per month for the team. Performance has been sustained for RHAs completed for under 5's with a year total of 85%, positive collaborative working has continued with Dorset HealthCare health visitor service leads to offer support and training.
- 4.7 Performance for up-to-date dental appointments of those children due an RHA in the month has declined from 77.3% in 2022-23 to 70.8% in 2023-24. This is split into place data of BCP 68.9% and Dorset Council 73%. Regular performance and data alignment meetings with both local authorities allow for disparities in data to be discussed, improving data quality of those children who are without any access to a dentist. This priority cohort are to be part of the ICB targeted commissioning intention which will include oral health promotion alongside dental access. The CiC health team continue to 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.
- 4.8 Immunisation rates for CiC are just below the 85% annual target, at 83%.
- 4.9 At the end of March 2024, 273 pan Dorset children and young people in care were recorded as having an Educational and Health Care Plan (EHCP), which equates to an increase of 16% throughout the year. Whilst it is positive that the additional needs of children in care are being recognised and identified support implemented

via an EHCP, it does highlight the greater complexities experienced by this cohort which makes up 27.3% of the CiC caseload.

- 4.10 An important aspect of the CiC health network is to hear and act on the voice of the child throughout their care journey. This is paramount in informing service planning and delivery. The thoughts and wishes of care leavers are equally important and have been sought around the need for funded prescriptions and the health support needed post 18 years. Meetings are held with local authority participation groups and information is gathered at both corporate parenting boards through activities organised by the young people themselves. Health assessments are written using 'language that cares' which ensures an individual focus, using language that the young people express.

## 5. Challenges

- 5.1 Delays in health assessments when children are placed out of area continues to result in inequity and potential gaps in health provision. Following a year of completing quarterly data requests from NHSE, outcomes and next steps are awaited.
- 5.2 Meeting the 20-working day statutory timeframe of 95% for initial health assessments continues not to be achieved. However, this year has shown that with continued collaborative working, improvement is possible, particularly in areas within the ICS control such as streamlining into care processes and in house health assessments. There should now be a focus on how this can be maintained.
- 5.3 Accessing dentists for all our children in care has been problematic in Dorset. However, following a CiC specific dental lines of enquiry paper, ways of addressing not only access but the wider oral health improvement provision is being considered. This will be an exciting innovation for 2024-25.
- 5.4 Although the bespoke needs of care leavers are starting to be highlighted in national and political agendas such as Core20PLUS5, there is much to be instigated and understood locally. The need for processes which 'flag' care leavers so that they don't have to explain or repeat their story should be considered, alongside services which support their transition to the adult world.

## 6. Compliments and Complaints

- 6.1 No formal complaints have been received during 2023-24. Compliments continue to be received from CiC and care leavers, foster carers, and partner agencies (See Appendix 1).

## 7. Key Areas for Development 2024-25

- 7.1 To continue to review IHA performance and consider alternative delivery models in order that statutory duty is met and the needs of children coming into care remain a focus.
- 7.2 A CiC health forum is to be implemented to bring together young people and representatives working with children in care and care experienced young people with the aim of gaining greater awareness and proactive collaboration. Insight visits are planned to all providers to enable enhanced understanding of the health experiences for children in care.
- 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, with a specific focus on identification and flagging of care leavers.
- 7.4 Await briefing from NHSE giving outcomes and setting out next plan for addressing variations dataset submission, this will be important in working towards equitable health assessments for children in care nationally and avoiding lengthy delays in the identification of health needs. Consider how changes will need to be implemented with providers.
- 7.5 Continue to work with the ICS to advocate and improve overall dental health for children in care and care leavers.
- 7.6 Oversee and monitor the performance and outcomes for the new reducing serious violence nurse role within Dorset, actively considering the positive impact on the trajectory of the children involved and promoting the sufficiency of the role into 2025-26.
- 7.7 Launch and disseminate regional mental capacity and consent training for network around children in care, including health teams, foster carers, social workers, corporate parenting board.
- 7.8 Proactively work with children in care and care leaver network around shaping and improving emotional and mental health services, including review of current mental health pathway for children in care and care experienced young people.
- 7.9 Work with local authority to explore the effectiveness and safety of residential placements for children in care, including appropriateness of placement decisions for individual children.
- 7.10 Work with local authority and designated clinical officer to consider outcomes for children with special educational needs in care, including transition and preparation for adulthood.

<b>Development Area</b>	<b>Timescale</b>	<b>Priority/Driver</b>
To continue to review IHA performance and consider alternative delivery models in order that statutory duty is met and the needs of children coming into care remain a focus.	By April 2025	<ul style="list-style-type: none"> <li>• Care Planning Regulations,</li> <li>• Promoting the health and Wellbeing of looked after children - statutory duty</li> </ul>
A CiC health forum is to be implemented to bring together young people and representatives working with children in care and care experienced young people with the aim of gaining greater awareness and proactive collaboration. Insight visits are planned to all providers to enable enhanced understanding of the health experiences for children in care.	First meeting to be held September 2024	<ul style="list-style-type: none"> <li>• Health and Wellbeing Board – Empowering Communities</li> </ul>
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, with a specific focus on identification and flagging of care leavers.	By April 2025	<ul style="list-style-type: none"> <li>• Health and Wellbeing Board – Promoting Healthy Lives</li> </ul>
Await briefing from NHSE giving outcomes and setting out next plan for addressing variations dataset submission, this will be	By October 2024	<ul style="list-style-type: none"> <li>• Joint Forward Plan – reducing health inequality</li> </ul>

important in working towards equitable health assessments for children in care nationally and avoiding lengthy delays in the identification of health needs. Consider how changes will need to be implemented with providers.		
Continue to work with the ICS to advocate and improve overall dental health for children in care and care leavers.	By April 2025	<ul style="list-style-type: none"> <li>• Health and Wellbeing Board – Supporting and Challenging</li> <li>• Joint Forward Plan – Oral Health</li> </ul>
Oversee and monitor the performance and outcomes for the new reducing serious violence nurse role within Dorset, actively considering the positive impact on the trajectory of the children involved and promoting the sufficiency of the role into 2025-26.	By April 2025	<ul style="list-style-type: none"> <li>• Our Dorset Strategy – Prevention and Early Help</li> <li>• Joint Forward Plan – improve the lives of 100,000 impacted by poor mental health</li> </ul>
Launch and disseminate regional mental capacity and consent training for network around children in care, including health teams, foster carers, social workers, corporate parenting board.	By December 2024	<ul style="list-style-type: none"> <li>• Our Dorset Strategy - Working Better Together</li> </ul>
Proactively work with children in care and care leaver network around shaping and improving emotional and mental health services, including review of current mental health pathway for children in care and care experienced young people.	By December 2024	<ul style="list-style-type: none"> <li>• Joint Forward Plan – improve the lives of 100,000 impacted by poor mental health.</li> <li>• Core20Plus5 – mental health</li> <li>• ICB corporate priorities – children and young people mental health</li> </ul>

<p>Work with local authority to explore the effectiveness and safety of residential placements for children in care, including appropriateness of placement decisions for individual children.</p>	<p>By April 2025</p>	<ul style="list-style-type: none"> <li>• Our Dorset Strategy – Working Better Together</li> </ul>
<p>Work with local authority and designated clinical officer to consider outcomes for children with special educational needs in care, including transition and preparation for adulthood.</p>	<p>By December 2024</p>	<ul style="list-style-type: none"> <li>• Joint Forward Plan – learning disabilities</li> <li>• ICB corporate priorities - SEND</li> </ul>

**Author's name and title: Louise Harris Smith**

**Designated Nurse for Children in Care and Care Experienced Young People**

**Date: 18.06.2024**

## APPENDICES

### Appendix 1

### Service User Feedback

#### Feedback from Children and Young People:

"Thank you for working with me and helping me overcome many things"

"Thank you for everything, I have grown a lot as a person since working with you and grateful for everything"

'Thank you for listening, it has made me feel much better by talking about it'

#### Feedback from the carer:

From Foster Carer:

Following RHA - 'I took my foster child to his CIC review 2 weeks ago and I can't speak highly enough of the nurse we saw and how friendly and approachable she was. We received the report back this week and it was so lovely to read! Thanks for all you do for these precious children in care'.

Foster carer called me a superstar and thanked me for my support with school and behaviour pathway referral.

"Finally, someone is listening"