

Report of:	Maria Farrow-Tait Interim Designated Nurse Safeguarding Children/Children in Care NENC ICB (Middlesbrough, Redcar, and Cleveland)
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Submitted to:	You Matter to us Corporate Parenting Board- 29.02.2024
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Subject:	Children in Care Health Report Q3
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Contribution to the guiding principles of the Corporate Parenting Strategy
Your Home
Your Family and Friends
Your Education
Your Adult Life- Transition into adulthood and provision of health passport.
Your Health and wellbeing - 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.
Your Voice and Influence - To assure the child's voice around health issues are included wherever possible.

1. Is the report confidential or does it contain exempt information?

No

2. What is the purpose of this report?

- Demonstrate the duty to safeguard and promote the welfare of children in care.
- 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.

3. Report Overview

- The report below considers compliance for initial health assessments, review health assessments, health registrations and health passports.

4. Initial Health Assessments (IHA)

- 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.

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 timescales	No of IHA's required	No of IHA's undertaken in timescales
18	3	25	1	9	0
QUARTER 3 TOTAL				52	4 (7.6%)

Reason for delay	Number delayed
Delay in receiving medical consent	52 (100%)
Lack of available clinics	43 (82.6%)
Out of area request	5 (9.6%)

5. Review Health Assessments (RHA)

- 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.

Table 2 - Review Health Assessments Quarter 3

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
37	33 (89.2%)	35	30 (85.7%)	18	15 (83.3%)
QUARTER 3 TOTAL					
*8 (8.8%) of RHA's were completed by the allocated health visitor as this was in the best interests of the child.				90	78 (86.6%)

Reason for delay	Number delayed
Staff capacity	8 (66.6%)
HDFT unable to contact carer	1 (8.3%)
Visit cancelled due to young person being unwell	1 (8.3%)
Ineffective home visit	1 (8.3%)
Out of area request	1 (8.3%)
Young person chose not to engage	4 (22.2%)

6. Health Registrations

Area	Number not registered with a GP	Number not registered with a Dentist	Number of dental referrals
Middlesbrough (at review health assessment)	3 (3.3%)	5 3 RHA's remain outstanding. *2 children are under the age of 1 year.	1

7. Health Passports

	October	November	December
Number of children offered a health passport at 16+	9	3	2
Number of children issued a health passport at 16+	7	3	2

8. Key Issues

- Compliance with initial health assessments within timescales is less than 10%
- Compliance with review health assessments within timescales is less than 90%

9. Challenges

- Delay in receiving medical consent for initial health assessments was 100% in Q3.
- Lack of available clinics for initial health assessments accounted for over 89% of the delays.
- Throughout Q3 the Harrogate and District Foundation Trust team has experienced significant sickness within the team; 0.5WTE B7, 0.8WTE B6 and 1WTE B5 have been absence throughout the quarter which impacted the team's capacity to undertake review health assessments.

10. Action Taken

- Rapid improvement workshop remains in place.
- A service review with the Designated Nurses and the Senior Clinical Commissioning Officer is in progress and regular contract meetings remain in place.
- Tees Valley CiC service introduced the RHA risk assessment tool to ensure that children and young people had their health reviewed in accordance with need as opposed to due date.
- This risk assessment has been used throughout quarter 3 to assess the risk in relation to the team's capacity. The Named Nurse risk assessed the health records of all the children who had been allocated to the staff members not at work. It was reassuring to see that out of 36 risk assessments, there was only one young person who had increasing risk and needed seeing as a matter of urgency.

11. Appendices

Nil

12. Recommendations

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

13. Background papers

No background papers were used in the preparation of this report'.

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