

CCG Sunderland update  
**Report to Corporate Parenting Board**  
23rd May 2022

## 1.0 Purpose of the report

### 1.1 The purpose of this report is to:

- Demonstrate our 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 South Tyneside and Sunderland NHS Foundation Trust

Please note that data reported within this report is Q1-4 for 1<sup>st</sup> April 2021 – March 31<sup>st</sup> 2022.

## 2.0 Compliance data for health assessments

There has been a steady decline in the average number of cared for children over the year period reported:

**Table 1- Children in Care**

	Average Number of children in care per quarter			
Year	Q1	Q2	Q3	Q4
2020-2021	596	614	629	625
2021-2022	591	578	556	552

Over the financial year the compliance was:

**Table 2 - Health Assessments of Sunderland young people living within a 30 mile radius**

Type of assessment	Total assessments	% within timescale
IHA	197	90%
RHA	483	93%

**Table 3 - Health Assessments of Young People from Sunderland placed outside of the 30 mile radius therefore completed by outlying cared for health teams**

Type of Assessment	Total Number	% within timescale
IHA	5	60% (3)
RHA	35	89% (31)

### **IHA compliance**

- delayed notification sent by admin team for 1 young person.
- 1 young person difficult to engage and therefore assessment fell out of timescale.

### **RHA compliance**

- Capacity issues of outlying health team.
- Delay in notification sent by admin team (due to vacancies within the team).
- Young person not willing to engage in initial appointment.
- Movement to out of area home close to health assessment due date.

**Table 3 - Health Assessments of Young People placed in Sunderland from outlying authorities**

Type of Assessment	Total Assessments	% within timescales
IHA	1	100%
RHA	19	89%

### **RHA compliance**

- 2 young people not seen in timescale due to 2 missed appointments.

## 2.1 Initial Health Assessments (IHA)

- 2.1.1 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 4 - Initial Health Assessments**

Quarter	Q1	Q2	Q3	Q4	Total
Number	41	56	39	61	197
Compliance	93%	96%	90%	82%	90%

- Q4 compliance was accounted due to 4 late notifications, 1 young person in remand and 1 unaccompanied asylum-seeking young person who was difficult to engage.
- Comparing the years data with previous there has been a drop in Initial Health Assessments from 241 to 197.
- 178 health assessments met compliance with only 19 falling outside timescale.
- 2 young people declined their initial health assessment, and the refusal pathway was completed to ensure health needs were still addressed.

## 2.2 Review Health Assessments (RHA)

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

**Table 5 - Review Health Assessments**

Quarter	Q1	Q2	Q3	Q4	Total
Number	144	140	86	113	483
Compliance	98%	85%	91%	98%	93%

- Comparing the years data with previous there has been a drop in Review Health Assessments from 613 to 483.
- 45 young people had their assessments completed outside of timescale.

## 2.3 Out of Area Health Assessments

**Table 6 – Health assessments performed on behalf of Sunderland for children and young people placed outside of area**

Assessment	Q1	Q2	Q3	Q4	Total
IHA	0	1	4	0	5
In timescales	NA	0%	75%	NA	60%
RHA	14	4	7	0	35
In timescales	93%	50%	86%	NA	89%

- No assessments completed in Q4 by outlying areas.
- The health team have had admin vacancies within the team (which are now resolved) but this did impact on the timeliness of health assessments being sent to outlying health teams.
- Some areas have had issues with staffing and capacity which has been a factor for health assessment delay.
- In cases where there has been delay telephone liaison has been completed between our health team and carers to help prevent any drift of health needs.
- Where outlying health teams have been unable to provide timescale for completion of assessments, our nursing staff have travelled to complete health assessments, ensuring that the young persons health needs are met.

### 3.0 Health Passports

A summary of health is provided for all care leavers. This is offered at their last health assessment

**Table 7 -Final Health Assessments attended and Health Passports Issued**

Quarter	Q1	Q2	Q3	Q4	Total
Number	16	8	11	15	50
Final Health Assessment completed	90%	100%	100%	100%	98%
Received Passport	75%	0%	18%	53%	44%

- Only 1 person declined their final health assessment over the year period.
- 22 health passports were not ready at the time of the Young Persons 18<sup>th</sup> birthday.
- All passports are completed (although out of timescale for the Young Persons 18<sup>th</sup> birthday) and given to the Personal Advisors (with consent of the Young Person). Personal Advisors will share the Health Passport with the Young Person.
- Nursing resource continues to impact on Health Passport compliance – the team have recruited a Band 5 staff nurse.

### 4.0 Dental Appointments

- 4.1 The dental care pathway used in East Riding has been shared with PHE who have taken this to the local Dental Network. There has been no further update.

## **5.0 Service improvements**

- 5.1 The development of the Regional Health Passport App is ongoing.
- 5.2 Health Assessment feedback project: the health team have attended both Change Councils to seek young people's views. Telephone feedback is to be gathered from Young People following their health assessments to get feedback from Young People not part of the Change Council. (I've had no further update of this since the previous Corporate Parenting Meeting).
- 5.3 Strengths and Difficulties questionnaire process – health and social care are working together to establish a pathway and process to ensure that the SDQ score is available prior to the health assessment for a more meaningful use of the assessment tool.

## **6.0 Recommendations and Actions**

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

**Jo Morgan**  
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**Sunderland CCG**