



Lisa Robinson Service Manager

Kelly Dudding Named Nurse



Tees Valley Children in Care Team
**Responsible for the health and wellbeing
of Children and Young people in care in
TV area and from TV placed out of area.**

**5 LAs – Middlesbrough, Redcar & Cleveland,
Stockton, Darlington and Hartlepool**

**3 Acute Trusts – North Tees & Hartlepool
South Tees and Darlington.**

TEES Valley CiC Staffing Structure



1 WTE Band 8b Head of Public Health CYP

1 WTE Band 8a Service
Manager

0.5 WTE Band 8a
Named Nurse

2 WTE Band 7
Specialist Nurse CiC
Team Leads

0.91 WTE Band 6 Data
Analyst

5.1 WTE Band 6 Nurse
CiC

1.0 WTE Band 4 Admin
Team Lead

2.1 WTE Band 5 Staff
Nurse CiC

1.5 WTE Band 3 Admin

Tees Valley CiC Team Responsibilities

IHA Co-ordination; consent, appointment booking, submission of paperwork

HDFT to co-ordinate & undertake all RHA's for 0-19 children in care

All RHA's to be undertaken by the CiC team for out of area children
(radius of 30 miles from the child's placing LA)

Any identified health needs/ piece of work from the RHA to be passed to the caseload holder (to be reviewed after 3 months)

Quality assurance of RHA's (completed by the Tees CiC team) to be undertaken by the B7

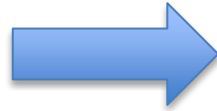
Training & supervision to be delivered to HDFT staff and partner agencies by the CiC team in collaboration with the SCT

CiC team to offer & complete health summary's / passports for children leaving care

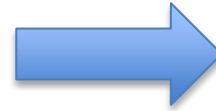


IHA Timelines

Day 0 Child comes into care



Day 5 notification and consent



Day 20 IHA Clinic

The Statutory guidance for Promoting the Health and Wellbeing of Looked After Children (DoE, DH 2015) states that an **initial health assessment (IHA)** should be completed within 20 working days of the child entering care so the report is available at the first Looked after Children review meeting.



IHA Gold Standard Clinic Process

- North Tees & Hartlepool Hospital allocate clinic slots to HDFT in advance (different days/times)
- HDFT CiC get notification of child in care/Consent from LA (within 5 days of coming into care)
- HDFT CiC Book child into clinic and inform Hospital/LA
- LA inform carers/young person
- Child taken to appointment – IHA completed and health needs established
- HDFT CiC nurse reviews/signposts and then reviews again in 3m as required

Impacts on getting IHA in timescales

**Obtaining notification and consent within timescales – delays
mean less clinic options within timescales**

Having clinic slots available

Carers being notified

CYP agreeing to attend

CYP being brought to appointment



Where we are

Previously North Tees have offered more clinics than needed therefore a lot of delays in IHA appointments have been avoided.

However – This year has seen increasing pressures, therefore reduction in clinics offered from North Tees (but should still cover demand).

This is further exacerbated with late consents or when a child or young person is not brought to their appointment (WNB). We then need a further IHA appointment to ensure that their health needs are identified and met.

Issues that impact on IHAs being in Timescales

- **HDFT not getting notifications or Consents in timescales**
- **CYP late for appointments – stresses children and unable to obtain all info**
- **WNB/refusing to come – also impacts on slots going forward therefore on Hartlepool LA capacity**
- **Having enough clinic slots within the timeframes**
- **Carers trying to cancel appointments through hospital – processes not followed (cancellations must be sanctioned by Service Manager)**



What we are doing to avoid issues

- **Communication improved - Fortnightly huddles HDFT/NTHFT/LA SW Service Managers. Allows closer monitoring of the clinic slots, new to care and consents**
- **Getting notification and consents within 5 days should ensure that all new into care are seen within timescales.**
- **(We appreciate there are always anomalies as families and situations can be complex)**
- **ICB support**
- **Pathway for partners – ensures process followed with accountability and escalation**



HDFT Improvements

IHA leaflet – what to expect for an IHA

CYP allocated to 1 nurse for ongoing work on RHAs

3m review waiting lists to assure that health needs are not forgotten about

Named Nurse oversight to assess risk – contact/home visits

Putting the child first/trauma informed – RHA venues

Change in Uniform

Partnership meetings for collaborative working

Communication weekly on any outstanding consents

Website/APP/VLOG for CiC and carers



What we would like – magic wand

- **Smooth process for Child seen within statutory timescales - right place right time for them - choices**
- **VOC- Forums/Questionnaires**
- **CIC voices and opinions through your feedback to us**
- **Support in promoting the importance of health reviews and busting myths**
- **Everyone to continue to work together to achieve this**



Overview CIC in TV Area (April figures)

Area	Placed in Tees Valley	TV placed OLA	OLA placed in TV	Total
Stockton	487	94	25	606
Hartlepool	274	74	39	387
Middlesbrough	427	114	26	567
Redcar & Cleveland	355	72	25	452
Darlington	215	71	37	323
Total	1,331	425	152	2,335



2024-25 IHA Stockton

Number of Children notified as CiC (in month)					
	Q1	Q2	Q3	Q4	Total 204/25
• Age Under 5	13	16	13	13	55
• Age 5-15	11	19	21	23	74
• Age 16+	8	5	7	9	29
TOTAL	32	40	41	45	158
Number of CiC seen within statutory timeframes (20 working days)	21 65.6%	26 65.0%	19 46.3%	18 40.0%	84 <u>53%</u>
Number of CiC seen outside of statutory timeframes (20 working days)	11	14	22	27	74

2024-25 IHA Stockton - Exceptions

Reasons for CiC not seen within statutory timeframes (20 working days)					
	Q1	Q2	Q3	Q4	Total
Child Not Brought	2	2	3		7
Out of area request	1	2	3	2	8
Delay in medical consent received	5	5	11	22	43
Ceased CiC prior to IHA appointment offered	3	3	3		9
Planned breech	0	1	0		1
YP chose not to attend	0	1	1		2
Cancelled in advance by Acute Trust			1	2	3
Attendance not confirmed by acute Trust within agreed timeframe				1	1
Reasons Total	11	14	22	27	74



2024-25 RHA Stockton

Number of children requiring an RHA in month					
	Q1	Q2	Q3	Q4	Total
• Age Under 5	27	26	27	25	105
• Age 5-15	70	76	79	68	293
• Age 16+	25	33	27	31	116
TOTAL	122	135	133	124	514

Number of RHA's undertaken in month					
	Q1	Q2	Q3	Q4	Total
• Age Under 5	22	24	25	20	91
• Age 5-15	68	70	72	66	276
• Age 16+	21	24	24	28	97
TOTAL	111	118	121	114	464
%	91.0%	87.4%	91.0%	91.9%	90.3%



2024-25 RHA Exceptions

Reasons for RHA not undertaken					
	Q1	Q2	Q3	Q4	Total
Out of area request	2	4	4	3	13
YP Refusal		4	2		6
Late allocation	3	1			4
Arranged around carer/parent availability	4	5	1		10
Change of placement	2	2			4
Unsuccessful contact to make appointment			2		2
Ineffective / No access visit			2	4	6
HDFT responsible			1	2	3
Staff Capacity				1	1
REASONS TOTAL	11	16	12	10	49

Stockton CIC Top 5 Health Needs

Top 5 Health Needs from RHAs

User of electronic cigarettes

Overweight

Inhales drugs

Occasional drinker

Emotional & mental health
(Under CAMHS)



Case study – Stockton 1

- Child A has been known to social care since in utero and has been a child in care since she was 9 months old. Child A was exposed to illicit substances in utero and had missed health appointments in the first few months of life. She has remained in a long-term stable placements from 9 months old to now – plans for an SGO are ongoing.
- **Intervention** Child A was seen for a review health assessment in 2023. She struggled with balance, coordination, and walked with unsteady gait. This impacted her development which meant she had not been able to learn how to ride a bike, struggled to walk long distances, and had reduced special awareness. Following her review health assessment, Child A was referred to the paediatric physiotherapy service for a block of intervention.
- **Outcome** Child A received support from physiotherapy.
- **Impact** Receiving support from physiotherapy meant that Child A was supported to reach her full potential and reduce the gap between herself and her peers. Not being able to engage in prolonged physical activity impacted her emotional health and prevented her from being as involved on family days out and being out with her friends.
- **Review** Child A was seen for a review health assessment early 2025 and she proudly showed the nurse how she can now ride her bike round the street. Her carers report that her mobility has improved and this has made a positive impact on her life.



Case study – Stockton 2

- Child B has been residing in her current placement since October 2024. Child B is being looked after due to a history of neglect, poor home conditions, abuse of alcohol and drugs in parents and breakdown of previous care with paternal grandparents. Child B is now in a stable environment which provides her with a sense of stability and continuity, and she appears settled in her placement.
- Child B has outstanding health needs; however, due to social anxiety, she is unable to attend appointments. To ensure her health needs are met, the carers asked if I could arrange health professionals to attend the home due to her social anxiety.
- **Outcome** This approach will help reduce her anxiety, ensure she receives the necessary medical care, and prevent any potential health complications from untreated conditions. Additionally, a gradual plan to build her confidence in attending future appointments outside the home could be explored.
- **Impact** Social anxiety can make attending health appointments challenging, but planning, bringing support, using online services, gradually exposing yourself to the experience, and practicing relaxation techniques can help make it more manageable. Missing health appointments can lead to delayed diagnosis, worsening of existing conditions, developmental setbacks, increased risk of illness, untreated dental or vision problems, negative effects on mental well-being, and poor long-term healthcare habits.
- **Review** I completed a home visit to discuss available options for Child B's outstanding health needs. During the visit, an appointment was arranged with Specsavers for an at-home vision assessment. Child B is also overdue for her teenage immunisations, including the HPV vaccine. I contacted the immunisation team to enquire about home visits, and they confirmed that they can provide this service. They provided a contact number to arrange a date and time for the vaccinations. Additionally, Child B has yet to attend a dental appointment, the carers contacted the dentist to ask if they could complete a home visit due to child B's anxiety.

TEES Valley CiC Contact Details



Any
Questions?

Single Point of
Contact Email
address

hdft.teescic@nhs.net

Single Point of
Contact Telephone
Number

0300 3730220