NHS
Bury
Clinical Commissioning Group

Looked After Children Annual Report

Reporting period April 2017 – March 2018

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1. Introduction

The following report reviews the work to support the health of Looked After Children and Care Leavers from the 1st April 2017 until the 31st March 2018 and builds on the report last year that covered the period from April 2016 to March 2017.

The year between March 2015 and 2016 was a period of change in terms of the placing of responsibilities, with the role of the Designated Nurse for Looked After Children being de-commissioned from the local provider and being brought in house to NHS Bury Clinical Commissioning Group. Additionally, NHS England undertook a scoping exercise of the delivery of statutory and advisory functions by Clinical Commissioning Groups in the North of England.

The changes have embedded during the last twelve months but challenges remain in terms of process and ensuring the health needs of Looked after Children are identified. This is on the individual level and on the more macro level of understanding the needs as a whole.

2. Profile of Looked After Children in Bury

In March 2015 there were 296 children looked after by the Local Authority, this rose to 307 in March 2016 and by the end of March 2017 there were 350 in the care of Bury council. The number of children looked after by Bury Council at any one time ranged from 334 to 350 children and young people under the age of 18 years. On the 31st March there were 249 children who had been looked after for more than a year. Some children are placed with friends and family out of the area and others will be placed for adoption but awaiting the final adoption hearing

3. NHS England scoping exercise

In January 2016 NHS England North commissioned the roll out of a CCG compliance tool "**Right People, Right Place, Right Time, Right Outcomes for Children**" to measure the extent to which CCG's were compliant with the following documents.

- DoH/DfE. (2015). *Promoting the Health and Well-Being of Looked After Children. Statutory guidance for local authorities, clinical commissioning groups & NHS England.* London: DfE/DoH.
- NHS England (2015). *Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework.* London: NHS England.
- RCPCH, RCGP & RCN (2015). *Looked After Children: Knowledge, Skills and Competences of health care staff. Intercollegiate Role Framework.* London: RCPCH.
    - HM Government (2015). *Working Togethether to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children.* London: HM Government (2015)

The assurance tool comprises of 25 key standards with a number of additional sub areas. The tool was completed jointly by the Head of Safeguarding at NHS Bury CCG and the then, Designated Nurse for Looked after Children at Pennine Care Foundation Trust. Each area was RAG rated.

The outcome of the assurance exercise was that fourteen standards were green, eleven were rated amber and eight were rated red.

An action plan was agreed and commenced in March 2016 and by March 2018 considerable progress had been made and there are no actions on red, four actions remained rated amber and twenty nine were on green. The annual report last year addressed to progress on a range of actions but the following were completed

The key areas which were being addressed were

1. The service specification for the Looked after Children's service commissioned from Pennine Care Foundation Trust is being refreshed in collaboration with the provider and should be completed by October 2016

   The new service specification was implemented from April 2017.

2. **A programme of audits by both the provider and the CCG, to ensure the quality of the review health assessments has commenced and will continue throughout 2017/2018**.

The key audits completed during 2017-18 were a further review of the quality of the Review Health Assessments (RHA) and a review of quality of the Initial Health Assessments.

Action plans were devised but considerable progress had been made in raising the quality of the RHA. The issues that continue to be addressed by the provider relate to

1. Practitioners to offer a choice of venue to all carers and young people (where age appropriate) and document within every review health assessment

2. Practitioners to ensure consent has been provided and gain consent from the young person wherever applicable
3. Practitioners to ensure information has been gathered from other professionals involved in the child or young person's care to inform the health plan wherever applicable
4. Evidence of immunisation history including dates to be provided by either including a printed copy or screenshot within the assessment
5. Health promotion, including oral health to be considered and clearly documented within Part B and Part C
6. Health actions from the previous plan are acknowledged and followed through if required into the current assessment
7. Practitioners to create child focussed rather than condition focussed health recommendations
8. School Health Practitioners to be mindful that developmental health is analysed within Part C as well as educational attainment.

The audit of IHA was completed by the authors of this report and identified a number of issues. The audit was completed in April, outside the time scale of the 2017-18 report. However, the key recommendations are as follows. The provider has undertaken to generate an action plan and this will be reported in the annual report in 2018-19

1. Consider how the voice of the child can be captured, especially when the child is preschool age

2. Identify training for all doctors working with young people to increase knowledge skills and confidence around gender identity
3. Ensure all health needs including immunisations are included in the health plan

4. Develop a set of standards for completing the health assessments when child have not attended on two occasions

5. The Designated Doctor will work with the team and the admin support to improve the completion, typing and distribution of the health assessment to meet the KPI of 90%

3. The voice of the children needs to be captured to ensure they can influence service delivery and design

The new service specification requires a quarterly report on how the voice of the child will be captured and from Quarter 2 of this last year, Pennine Care Foundation Trust have included a section in their quarterly report that demonstrates how children are listened to during their RHA.

4. The NHS England standard states : A health needs analysis has been undertaken and work has commenced with the providers to capture children's health needs via the health assessments. This will be reported in to the local Joint Strategic Needs Assessment (JNSA) led by the Local Authority's Public Health Department

The new service specification requires a quarterly report on how the health needs of children are being identified but this proved to be challenging for the provider. The authors of this report, as part of the audit into the quality of IHA, reviewed the reports of 43 children that were generated by the medical staff as part of the IHA. The needs of the children were tabulated and the findings have been shared internally with the Women and Children clinical work stream and will be shared with the Corporate Parenting Board via the health of Looked after Children steering group. The health needs will be expanded on later in the report

4. Statutory and Legislative Background

Promoting the health of Looked after Children is directed by key policy frameworks which inform Local Authorities, Clinical Commissioning Groups (CCG's) and Community Services in their vision for good outcomes for Looked After Children. Local Authorities and NHS Commissioning bodies are expected to work together with other partners to commission health services and ensure that arrangements are in place to secure expertise from a Designated Doctor and Designated Nurse to provide strategic and clinical leadership and advice to Clinical Commissioning Groups and the Local Authority.

Under the Children Act 1989 and amended legislation CCG's have a duty to comply with requests from the Local Authority to help them provide support and services to children in need. For the duty to be discharged effectively NHS commissioners must ensure the services they commission meet the particular needs of looked after children.

Looked after Children can be accommodated in various different placements; some children remain with, or return to the care of their parents, while subject to a care order. Approximately 70% of Looked After Children live in foster care (placed with local authority or independent agency foster carers), or in a connected person (family or friends) placement,

while some young people live in supported accommodation or move to independent living. A small number of children live in secure settings.

All Looked after Children should have access to the same universal, targeted and specialist health services regardless of their legal status and placement type and should receive the same quality of services as children who are not looked after.

The key statutory guidance promoting the health and well-being of looked-after children: Statutory guidance for local authorities, Clinical Commissioning Groups and NHS England (March 2015) clearly identifies the responsibilities of the Local Authority and Clinical Commissioning Groups as follows:

The corporate parenting responsibilities of local authorities include having a duty under section 22(3)(a) of the Children Act 1989 to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption, regardless of whether they are placed in or out of authority or the type of placement.

This includes the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues.

The local authority that looks after the child must arrange for them to have a health assessment as required by *The Care Planning, Placement and Case Review (England) Regulations 2010*. The initial health assessment must be done by a registered medical practitioner. Review health assessments may be carried out by a registered nurse or registered midwife. The local authority that looks after the child must ensure that every child it looks after has an up-to-date individual health plan, the development of which should be based on the written report of the health assessment. The health plan forms part of the child's overall care plan.

When a child starts to be looked after, changes placement or ceases to be looked after, the responsible local authority should notify, among others, the CCG, or in the case of a placement out of authority, both the originating and the receiving CCG (or local health board in the case of a child looked after by a local authority in England but living in Wales) – and the child's GP. If the child is moved in an emergency, the notifications should happen within five working days. Prompt notifications are essential if initial health assessments are to be completed in good time.

Looked-after children should never be refused a service, including for mental health, on the grounds of their placement being short-term or unplanned. CCGs and NHS England have a duty to cooperate with requests from local authorities to undertake health assessments and help them ensure support and services to looked-after children are provided without undue delay. Local authorities, CCGs, NHS England and Public Health England must cooperate to commission health services for all children in their area.

The health needs of looked-after children should be taken into account in developing the local Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS). Every local authority should have agreed local mechanisms with CCGs to ensure that they comply with NHS England's guidance on establishing the responsible commissioner in relation to secondary health care when making placement decisions for looked-after children and to resolve any funding issues that may arise

Additionally, the guidance *Looked after children: Knowledge, skills and competences of health care staff intercollegiate role framework***,** was published in 2015 jointly by The Royal College of Nursing, Royal College of Paediatrics and Child Health and the Royal College of General Practitioners.

This document sets out the specific knowledge, skills and competencies required for professionals working with Looked after Children, and reflects the scoping document that NHS England use to benchmark the current position of commissioning and provider arrangements as outlined above.

5. Review of the priorities set for 2017-2018

1. To appoint a NHS Bury CCG Specialist nurse for Looked After Children and Child protection to work actress providers and with CCG's across Greater Manchester

   Post holder commenced in December 2017.

2. A programme of audits to assure the commissioners on the quality of the IHA and RHA

   Audits completed

3. An action plan to action the learning and recommendations from the audits, commencing with the learning from the audit outlined in this report

   Action plans in place

4. The Providers to evidence that the voice of the child in central to their work with LAC and to align the work to the priorities of the Children's Trust and the Bury Safeguarding Children Board.

   The provider involved in the RHA provides evidence of the voice of the child via a quarterly report, however, some work remains in ensuring the voice of the child remains strong within IHA, although there is some evidence.

5. The Designated Nurse for LAC will ensure that the health assessment data informs the health needs analysis of the Looked After Children population

   The recent audit in April 2018 has provided valuable evidence of the health needs of Looked after Children as they enter care, further work is required to provide a wider data set

6. Payment by Results tariff for looked after children's statutory health assessments

The Health and Social Care Act (HM Government 2012) gives Monitor and NHS England responsibility for designing and implementing the payment system for NHS health care services. This includes setting a national price for certain health care services including a new mandatory price for health assessments for Looked After Children. However, the Act places a restriction on CCG's sharing patient identifiable data for secondary use, including invoicing and the CCG have needed to devise a system where it can issue invoices without having access to the child's identifiable details. The Directors of Finance of the Greater Manchester CCG's made a decision, which was upheld in January 2016, that GM CCG's would not cross charge. A number of CCG's outside the GM area have charged NHS Bury CCG to deliver services to children placed by Bury Local Authority in their area. The CCG pays the invoices when requested to reduce delay in children receiving assessment to identify and meet their health needs.

NHS Bury CCG has not charged for health assessments for children placed within Bury by other Local Authorities and ensures that they receive the same service as Bury children.

This is specifically monitored via the performance information provided to NHS Bury CCG each month by the provider Pennine Care Foundation Trust.

7. Looked After Children Inspection Programme

In 2013 the Care Quality Commission (CQC) launched a two-year single agency programme of inspections to evaluate the effectiveness of health services for looked after children and care leavers and the effectiveness of safeguarding arrangements within health services for all children. NHS Bury CCG has not been inspected under the current single agency programme but expects that we will receive an inspection despite the timescale being beyond the 2 years originally announced.

8. Initial Health Assessments (IHA)

During 2017-18, Pennine Care Foundation Trust has maintained the ability to provide robust data. The data is provided monthly and is detailed in the charts below. Where key performance indicators have not been met, detailed explanations are provided with remediation plan noted.
The performance continues to be reported monthly and is reviewed via the internal Quality and Performance committee on a quarterly basis.

There is a statutory requirement to provide the opportunity for children to have a completed IHA within 20 days of becoming looked after. This had been very challenging but a pathway between Children's Social Care, Pennine Care Foundation Trust and Pennine Acute Trust has been designed and is closely monitored. During 2017-18, 98% of children had a completed IHA during the required timescale, compared to 53% in the previous year.

During 2017-18 reporting year the completion rates were as follows: not all the children were looked after by Bury

Quarter	Initial health assessments
Quarter 1	100% 43/43
Quarter 2	93% 27/29
Quarter 3	100% 18/18
Quarter 4	100% 32/32
Average for the year	98% 120/122

9. Review Health Assessments (RHA)

The Children's Act 1989 Guidance and Regulations Care Planning, Placement and Case Review (March 2010) states subsequent assessments may be carried out by a registered nurse or midwife.

In Bury, the model for RHA, is for children over the age of 5 years to be seen annually by a school nurse and for under 5 year olds to be seen by a member of the health visiting service every six months. Those children for whom adoption may be the plan are seen by the Medical Advisor for an Adoption Medical and the IHA/RHA documentation and health recommendations for their Care Plan are completed at the same time wherever possible to avoid multiple appointments.

Young people over the age of 16 years (Care leavers) are seen by the specialist nurse for Looked after Children. Each young person then has a personalised health action plan devised, in agreement with the young people and their carer.

During the last 12 months completing review health assessments has improved for the provider, PCFT. Completion rates within timescales are reported monthly to the CCG via contract performance reports and reviewed by the Head of Safeguarding/Designated Nurse for Looked After Children.

Quarter	Review Health assessments under 5, resident in Bury	Review Health assessments over 5, resident in Bury	Review Health assessments under 5, not resident in Bury	Review Health assessments over 5, not resident in Bury
1	93%	95%	77%	64%
2	81%	80%	80%	58%
2	94%	91%	78%	52%
4	92%	89%	100%	68%
Average for the year	82% 79/85	93% 140/150	84% 28/33	64%

Children placed out of the borough have the assessments completed by the local provider, which reduces the ability of the Pennine Care Foundation Trust to manage the timelines. The looked after children team within PCFT, write 8 weeks before an assessment is due and follow up by email and telephone, if the date passes. If this process fails to ensure the assessment is completed, the specialist nurse within PCFT shares a list of the outstanding assessments for children placed out of area and the Designated Nurse for LAC contacts the equivalent post holder in the CCG where the child is placed. This has led to some improvement over the year.

During 2017-18, there has been an increased focus on the completion of a tool to measure children's emotional health and well-being. (The SDQ tool, Strength and Difficulties) It is the Local Authority responsibility to ensure completion of SDQ in Bury is undertaken by health as an integral part of the review health assessment process and there is a robust quality assurance process in place which includes compliance with SDQ. The annual figure for completion was 148 out of a potential 200, which is 74%. Completion of the SDQ has a number of challenges as when children are placed outside the area, other health providers may not be commissioned to complete it. In January 2018 a new process was introduced by the health provider to alleviate the difficulty of external health providers not completing the carer SDQ as part of the RHA. If a RHA is returned without the completed SDQ, the administration team of the Bury health provider posts a copy of the tool to the carer with a covering letter requesting they return the completed SDQ to the young person's social worker. At the same time, an email is sent by the health LAC team administrator, to the young person's social worker to inform them of the situation.

10. Data submitted to the Department of Education

The Local Authority are required to submit annual data to the government which outlines the performance for children who have been looked after for more than a year at the end of the financial year. The data relates to if a child has had the intervention during the last 12 months and does not require the intervention to be within the timelines we request from our providers. The performance in 2017-18 (un-validated) is as follows:

Children looked after at 31 March 2018 and had been for 12 months: 249

- Health development checks for under 5s: 100.0% (36/36)
- Immunisations: 100.0%
- Dental checks: 91.2% (227/249)
- Health assessments: 93.6% (233/249)

11. CAMHS Provision for Looked After Children

The emotional wellbeing and mental health of Looked After Children is of paramount importance as it is widely documented that Looked After Children experience increased susceptibility to mental health difficulties than the general population. (NICE Guidelines 2010).

The Strengths and Difficulty Questionnaire (SDQ) is a brief behavioural screening questionnaire, which can be used for children and young people aged between 3 and 16 years. Twenty five items are divided between five scales:

- emotional symptoms
- conduct problems
- hyperactivity and inattention
- peer relationship problems
- pro-social behaviour

It is consistently recognised nationally that children in care and care leavers have significant emotional health problems and this can be seen from the SDQ results, anecdotal evidence and observation of behaviours. Access to emotional support has changed over the past few years. The reliance on CAMHS as being the sole team to support children has reduced. It has become increasingly recognised that the care given to the children by their foster carer and the Team around the Child has a crucial impact on their emotional health and wellbeing

A team of 2 clinicians (Clinical Psychologist and a CAHMS social worker) provide support to Children Looked After by Bury Local Authority placed in and out of the Borough.

Working with Looked after Children differs from other CAMHS work in that the impact of trauma on a child's emotional development and attachment style is important to understand. In addition it is essential to understand the statutory processes and multi-agency working necessary to achieve successful outcomes for this client group.

12. Health Needs of Looked after Children in Bury

Of the 26 children who had been assessed, 14/26 (53%) were aged 10 and over and of these 8/14 (30% of the over 10's) were aged 15 or over. The next largest group were the under 1's as there were 7/26 (27%). The dichotomy in ages led to diverse heath needs being identified.

Behavioural and Mental Health Difficulties

Ten of the children displayed difficulties in controlling their behaviour and additionally another seven had mental health difficulties. There was some overlap but not all children with mental health needs displayed behavioural problems. Most the children were aged over ten years but three of the younger children were struggling to regulate themselves with excessive tantrums or poor sleeping and eating patterns.

Three of the children were under the support and supervision of the youth offending services, but no details were available via the IHA.

NHS Bury CCG commissions a number of services (some alongside the Local Authority) that can be accessed by children who are struggling with their emotional wellbeing and regulation of behaviour including; School Nurses, Health Visitors and GPs for early intervention work; Healthy Young Minds, Children's IAPT (Improving Access to Psychological Therapies) service and enhanced CAMHS Tier 3/3.5 provision. In addition to this, services are also commissioned by NHS Bury CCG and the voluntary sector which include mindfulness sessions, other alternative therapies and parenting support for children, young people and their families/foster carers via Early Break and First Point Family. These services can be accessed via the Healthy Young Minds, Single Point of Access.

Weight

Eight of the children (three were a sibling group and two of the children also had extensive dental caries) had a Body Mass Index which would have classed them as very overweight. The three children in the sibling group had a long history of being neglected by their parents.

A few the children were very slim, but no child was below the healthy weight range. The reasons for children being under and overweight are complex and the CCG commissions an eating disorder service for children where it is clearly mental health related. If the need relates to poor diet advice and support can be sought via dieticians working within Pennine Care Foundation Trust.

Hearing

Within the five children who were identified as having hearing problems, which included a sibling group of two where there appeared to be a genetic element. None of the issues with hearing identified at the IHA were newly identified needs and all the children were under the care of the appropriate specialist service.

Vision

Ten children were identified as having vision problems, all were under the care of an optician, and most required corrective prescription lenses. Again, none of the issues identified with vision were newly identified at the time of the assessment.

Dental

Five of the children had notable dental caries, one additional child (aged 15 years +) had one filling and has not be included in the number. All children and their carers are advised to have a dental check with a dentist but some of the carers were asked to facilitate this urgently.

All children are entitled to free dental care and there is no identified lack of NHS dentist provision within Bury.

Immunisations

Four older young people were not fully immunised. One young person was an unaccompanied asylum seeker and was on an accelerated programme. The other three had missed one of more of their immunisations and were advised to arrange an appointment with their GP which was included in the heath action plan. None of the children requiring further immunisations were outstanding due to not being able to access their GP/School Nurse Immunisation Team for the required immunisation.

13. Pennine Acute Hospital Trust (provided by the Designated Doctor for Looked After Children)

The team

The medical staff of community paediatrics department, Bury, Pennine Acute Hospital Trust has been providing the services from 2017-2018. The team consists of a designated doctor for LAC who has been in post since March 2018. supported by an Associate Specialist doctor in paediatrics and a secretary.

Adoption

- Pre-adoption medical examinations and reports
- Provision of medical advice and attendance at Bury Adoption Panel as medical advisor to the panel (currently once a month)
- Provision of meeting social workers or prospective adoptive parents as required
- Preparing adult health reports from information provided by GP's

Fostering

- Provision of adult fostering reports
- Provision of medical advice and attendance at Bury Fostering Panels (currently fortnightly)

- Provision of further discussion with social worker if required
- Preparing adult health reports from information provided by GP's

Children and Young Person in care (formerly LAC)

- Provision of initial health assessment and reports of looked after children and further onwards referral as indicated
- Provision of review health assessment and reports where indicated
- Working closely with designated nurse and specialist nurse for looked after children and contribution to medical aspects of operational and strategic decisions

Fostering & Adoption figures
April 2017 to March 2018

	IHAs	Adoption	Adult Adoption Medicals	Adult Fostering Medicals
April	17	3	4	22
May	8	6	6	8
June	10	5	2	18
July	21	2	5	14
August	12	8	0	15
September	9	2	2	4
October	7	3	0	3
November	9	6	1	8
December	12	5	0	4
January 2018	18	1	0	13
February	9	6	0	10
March	5	2	2	15
Total	137	49	22	134

Shared decision making

- The medical staff works closely with biological parents or foster carer or prospective adopters

Adverse incidents

- There have been no adverse incidents of complaints reported to these aspects of work during 2017-18

Working together

- The medical staff works closely and has regular meetings with the LAC specialist nurse (PCFT) to overcome problems faced in the process of the initial health assessments. Among the issues discussed were regarding timely valid consents, non-attendances; difficult access to community child health records and social worker reports, timely typing of reports etc
- The Designated doctor and Designated Nurse for LAC met on 31.07.17 and audited a small number of initial health assessments reports as part of quality assurance process.

14. Priorities for the next 12 Months

- Development of the new Designated Doctor as he commences in the role
- Further assessment of the health needs of children and young people as they enter the care of the Local Authority
- Development of the Care Leaver offer
- Consider the introduction of the SDQ tool in time for the first review after a child or young person becomes looked after to aid evaluation of emotional well being
- Continue to raise the visibility of the health of Looked after Children at the Corporate parenting Board

If there any questions or comments on the above report please contact

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