NHS
Bury
Clinical Commissioning Group

Looked After Children Annual Report

Reporting period April 2019 – March 2020

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Looked after Children Annual Report

1. Introduction

1.1. The following report reviews the work to support the health of Looked after Children (LAC) and Care Leavers from the 1st April 2019 until the 31st March 2020 and builds on the previous report that covered the period from 1st April 2018 to 31st March 2019.

1.2. The Deputy Designated Nurse for Child Protection and Looked after Children post was commissioned in 2018. The post holder commenced in May 2019, with the purpose of the role to support the Designated Nurse for Child Protection and Looked after Children in their statutory function. This post is in addition to the Specialist Nurse or Child Protection and Looked after Children role in which the substantive post holder returned from maternity leave in May 2019. Unfortunately due to unforeseen circumstances there was sickness in the team which led to a gap in the delivery and development of the deputy role.

1.3. Throughout the period discussed within this report, provision of health services for LAC in Bury moved from Pennine Care Foundation Trust (PCFT) to Bury and Rochdale Care Organisation, part of the Northern Care Alliance Group (NCA). This move occurred in July 2019 and during this time there was a gap in usual reporting processes. This is discussed further under Initial Health Assessments subheading on page 6

2. Statutory and Legislative Background

2.1. In January 2016 NHS England North commissioned the roll out of a Clinical Commissioning Group (CCG) compliance tool "**Right People, Right Place, Right Time, Right Outcomes for Children**" to measure the extent to which CCG's were compliant with key statutory documents including but not limited to, "*Promoting the Health and Well-Being of Looked After Children. Statutory guidance for local authorities, clinical commissioning groups & NHS England*" DoH/DfE (2015) and "*Looked After Children: Knowledge, Skills and Competences of health care staff. Intercollegiate Role Framework*" RCPCH, RCGP & RCN (2015).

2.2. Promoting the health of LAC is directed by key policy frameworks which inform Local Authorities, CCG's and Community Services in their vision for good outcomes. Local Authorities and NHS Commissioning bodies, in line with *Working Together* (2018) are expected to work together with other partners to commission appropriate health services to meet the needs of the LAC cohort 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 CCG's and the Local Authority.

2.3. 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 children in their care, through careful monitoring of emerging health needs, using analysis of annual health assessments, as documented further in this report.

2.4. All children and young people in care should have access to the same universal, targeted and specialist health services regardless of their legal status, placement type or placement stability and should receive the same quality of services as children who are not looked after, as documented within the responsible commissioner guidance "*Who Pays*?" (NHS England, 2013). 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 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.

2.5. 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 CCG's which set the standards adhered to in Bury and as set out in previous annual reports. This includes the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues. To support our corporate parenting responsibilities in line with the statutory guidance, all of the strategies and actions undertaken within Bury are framed by the rhetorical question "In whatever we do - would this be good enough for my own child?"

2.6. In addition to the above, the Care Leaver Strategy (2013) sets a framework upon which Bury Local Authority and its partners provide support for their care leavers. A Care Leaver Offer has been developed within Bury, in which the needs of this cohort and how they can be best met have been considered in line with this national guidance. Further detail can be found under the Care Leaver Offer (Page 14) of this report in which priority 3 of the previous annual report has been addressed.

Review of Priorities set for 2019/2020

1. To continue the work in developing the Designated Doctor for LAC role, in line with the agreed work plan in place

   A robust action plan was created and worked through with the Designated Doctor for LAC. This included a focus on improving the quality of Initial Health Assessments for all children, but additionally with a separate work stream for Unaccompanied Asylum Seeking Children (UASC).

   A training package was developed and delivered to the Paediatricians completing the health assessment and the Named Doctor for LAC was given the lead to continue this learning. A quarter quality assurance process was put in place, in which the Designated Doctor would quality assure a dip sample of assessment, thus enabling closer monitoring of quality.

2. To develop and embed an effective pathway to meet the unique needs of Unaccompanied Asylum Seeking and evaluate the impact of this

   Initial Health Assessment Paperwork specifically designed to capture the unique needs and experiences of UASC was developed and fully implemented in September 2019. A plan was in place for this to be audited in Quarter 4, however, due to the

current Covid-19 pandemic this piece of work had to be put on hold and will form part of the priorities for 2020/2021

3. Continue with the annual audit programme, in addition to the quarterly quality assurance of IHAs to be completed by the Designated Doctor.

   The annual audit programme has been completed as per timescales until the delay mentioned above with regards to UASC. Conversations were held following the latest RHA audit as this again showed a consistent high level of quality, and gave rise to discussions about a different approach in future, to look in more depth as a smaller number of cases.

4. To continue the work of the Health of LAC Steering Group and the action plan associated

   The work of the Health of LAC Steering Group has continued and details of the various work streams are throughout this report.

5. Ensure a robust pathway is developed in relation to young offenders entering and leaving secure settings, who as a result become looked after, in addition to those already looked after who enter custody

   This has been completed and a full update can be found under the Youth Offending Pathway subheading on page 13.

6. Review pathways for transition to adult services for care leavers

   This has begun and a full update can be found under the Care Leaver Offer subheading on page 14.

7. Participation in the Greater Manchester LAC review

   This has been completed and a full update can be found under the Greater Manchester LAC Review subheading on page 16.

8. Develop a pathway with regards to young people placed in therapeutic Care Homes to assess the suitability of those therapeutic placements

   This has begun and a full update can be found under the Children's Homes subheading on page 10.

3. Looked after Children Annual Report

Profile of Looked after Children in Bury

3.1 The number of LAC in the care of Bury Local Authority has risen from 340 in the previous year to 362 in 2019/2020. Significant work has been embedded since the annual report to fully understand the profile of LAC across Greater Manchester and as a result the figures of LAC within Bury and placed out of area by Bury can be broken

down further as shown in the table below:

Number of Bury LAC Children (In area/out of area - OOA total)	**362**
Number of Bury LAC in area	**222**
Number of Bury LAC OOA (but still within GM)	**90**
Number of Bury LAC OOA (outside of GM)	**50**
Number of COLA (placed from within GM)	**178**
Number of COLA (placed from outside of GM)	**86**

3.2 Some children are placed with friends and family out of the Bury area and others will be placed for adoption but awaiting the final adoption hearing. Whilst every effort is made for children to remain in local placements; each young person is placed in the most appropriate environment and placement to best meet there needs.

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

3.3 The Health and Social Care Act (HM Government 2012) gives 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 LAC. 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.

3.4 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.

Initial Health Assessments

3.5 There is a statutory requirement to provide the opportunity for children to have a completed Initial Health Assessment (IHA) within 20 days of becoming looked after by a medical practitioner. This had proved very challenging in previous years however; a robust pathway between has now been successfully embedded and is regularly reviewed to ensure it remains effective.

3.6 During 2019-20, our provider service, which as already detailed, moved from PCFT to Bury and Rochdale Community Services (NCA) in July 2019 has maintained the

ability to provide robust data with 100% of children having had an IHA completed within the required timescale. This has remained consistent from the previous year which is extremely positive, as it demonstrates the effectiveness of the processes in place and the dedication of the practitioners involved in its development and implementation.

3.7 Before the move to NCA in July 2019 the data was provided on a monthly basis where key performance indicators were not met, detailed explanations were provided, which could then be challenged by the CCG as necessary. Initially, information received into our Quality Team stated that with the move to NCA the data would not be shared in the same way it had been until all processes had been reviewed and that no data would be received for the first 6 months of the move. This was agreed with the CCG. In November 2019, a request was therefore made for the data reporting to recommence and assurance of the last 6 months data. Data was provided retrospectively but still not received on a monthly basis. This was again raised with NCA at a senior level, in January 2020, where it was agreed that this would be requested via the CCG/NCA Quality Assurance Meeting. This did not resolve the issue and as a result caused a significant delay in data being received.

3.8 This was escalated directly to the Assistant Director of Nursing & Safeguarding Children in NCA in May 2020 and resolved immediately. All data was provided retrospectively and a process for sharing the data going forward was agreed, and has subsequently been implemented. The IHA data is set out below.

Initial Health Assessments 2019/2020:

Quarter	Initial Health Assessments
Quarter 1	100% 43/43
Quarter 2	100% 34/34
Quarter 3	100% 36/36
Quarter 4	100% 17/17
Average for the year:	100% 130/130

3.9 The number of assessments has reduced slightly from 152 in the previous year, however, the overall number of LAC has risen from 340 to 362 in the last 12 months

Review Health Assessments

3.10 In Bury, the model for Review Health Assessments (RHAs) is that children and young people over the age of 5 years are seen annually by a school nurse or Specialist Nurse for LAC and those under 5 year olds are 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 health assessment documentation and health recommendations for their Care Plan are completed at the same time wherever possible to avoid multiple appointments. Each young person then has a personalised health action plan devised, in agreement with the young people and their carer

3.11 The reporting processes and issues worked through in the last 12 months are detailed in the IHA section on page 6 of this report. The data, as already stated, has been received retrospectively and the KPI compliance as an average for the year sits above the 90% compliance rate in each area.

3.12 A breakdown of 2019/2020 performance figures can be found in the table below:

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
Quarter 1	15/15 100%	32/33 97%	2/5 40%	23/25 92%
Quarter 2	16/16 100%	39/41 95%	8/8 100%	14/14 100%
Quarter 3	12/12 100%	44/45 98%	8/8 100%	10/11 91%
Quarter 4	23/23 100%	37/37 100%	11/11 100%	14/15 93%
Average for the year:	66/66 100% *(2018/19 – 96%)*	152/156 97% *(2018/19 – 94%)*	29/32 91% *(2018/19 – 63%)*	61/65 94% *(2018/19 – 70%)*

3.13 The data for 2019/2020 show consistent improvement in each of the KPI areas compared to the previous overall data in italics on the table above.

3.14 Throughout the year, NCA have been able to carefully consider health assessment breaches out of the providers control so that the reporting figures can be adjusted to take this into account. This was not completed consistently throughout the previous year; however, this has been successfully embedded within the repotting process in this reporting period and is reflected within the improved figures detailed in the table.

3.15 Difficulties remain with children placed out of area as there is less control over when their health assessments are completed. The LAC team within the provider write to the area where the child is placed 8 weeks before an assessment is due to request this is completed and then follow this up by email and telephone, if the date passes. It was agreed with the Named Nurse within the provider setting that if this process failed to ensure the assessment is completed, the Specialist Nurse within NCA would share a list of the outstanding assessments for children placed out of area to the CCG so that they could contact the equivalent post holder in the CCG where the child is placed to progress this. This process has been implemented within 2019/2020 and a notable improvement has been seen within OOA figures as a result.

3.16 Going forward into 2020/2021 the exemption reporting will be consistently provided to ensure an accurate representation of figures and achievements throughout the next year.

Data Submitted to the Department for Education

3.17 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 2019/2020 has unfortunately not yet been finalised due to the current Covid-19 Pandemic. Preliminary figures provided in March 2020 are detailed below, but these are subject to change:

Children looked after at 31 March 2020 and had been for 12 months*	**265**
Health development checks for under 5s	**43/44 98%**
Immunisations	**257/265 97%**
Dental checks	**245/265 93%**
Strengths and Difficulties Questionnaire (Age appropriate)	**193/193 100%**

**Children looked after as at end of 31 March 2020 and had been for 12 months with no short breaks*

3.18 Once this data is finalised an appendix will be provided to this report. Initial data reports suggest a slight reduction in the usual 100% compliance in health development checks for under 5s and immunisations, but it should be noted that the data has not been fully cleansed as yet. Positively, Strengths and Difficulties Questionnaire completion has risen from 77% in 2017/2018 to 93% in the previous year and 100% this year.

3.19 It was recognised that a robust process for the completion of SDQs was required in order to improve the completion rate. This was implemented throughout 2018/2019 and places an emphasis on shared responsibility across health and social care which has helped to ensure SDQs are completed and has been effectively demonstrated in the significant improvement in compliance.

3.20 This work has been furthered in 2018/2019 with the implementation of SDQ's being completed closely following a young person entering care. The aim of which is to provide an early indication of emotional health and resilience concerns, provide support at a lower level and reduce the number of young people whose mental health concerns escalate to the point of requiring further services. This will also provide a baseline for comparison when the SDQ is completed at the 12 month health assessment, and will hopefully provide evidence of the positive impact entering care.

Covid-19 Pandemic

3.21 Covid-19 has had a significant impact on the way in which services across the whole health economy operate. With regards to LAC this has meant implementing virtual health assessments and finding new ways of engaging with and assessing young people.

3.22 There have also been changes in guidance with regards to fostering and adoption medicals, including the use of self-declaration health forms where required. Other than this, adoption and fostering processes within Bury have remained the same

3.23 Professionals have had to work in dynamic and forward thinking ways to ensure the

health needs of LAC in Bury are best met.

3.24 During the Covid-19 pandemic, the usual practice of face to face health assessments for Looked after Children (LAC) has temporarily ceased. These have been replaced with virtual health assessments that have taken place in a variety of forms – telephone, video calls and conference calls.

3.25 Engagement with this process has been good and health assessments continue to be completed to a high standard. The difficulty lies within the physical health element of the assessment as this is not possible to complete.

3.26 The Designated and Named Doctors for LAC were consulted with regards to follow up for initial health assessments and it was agreed that this would be necessary. A RAG rating was developed to ensure that children are followed up with the appropriate clinical urgency. This is embedded below:

Covid RAG assessment Initial Hea

Children's Homes

3.27 With the Bury area there are twenty four homes providing support to children in care, including Ofsted registered Children's Homes, Therapeutic Homes and Semi-Independent provisions (for 16-18 year olds). All of these provisions are privately owned by a variety of different care companies. Ten of the provisions in Bury are Semi-Independent and therefore are not required to register with Ofsted or the Care Quality Commission. Of the other fourteen homes, 6 are residential and 8 are classified as therapeutic provisions.

3.28 Historically, there had been a lack of oversight by the Clinical Commissioning Group (CCG) into the quality of provision provided by these homes in Bury and as a result a series of visits were undertaken in 2018/2019 to increase the profile of the CCG and also offer support and guidance to the provisions.

3.29 Engagement was not mandatory. All homes have been contacted and twenty one homes took up the offer of support as outlined above.

3.30 A full paper is now available detailing these visits and the findings and is summarised below:

3.31 In summary, the overall engagement of homes was high and as a result these visits were able to provide evidence of good quality provision within Bury. There is greater understanding of the offer within the Bury area and some placements have been utilised following the sharing of this information with other colleagues (Bury colleagues and Greater Manchester colleagues).

3.32 There was good evidence regarding the efficacy of this process in facilitating

multiagency working, building links and relationships with the provisions and sharing of information for effective working across CCGs.

3.33 Through this process, the links developed with Bury Local Authority have been valuable in shaping more complex case plans. For example, shared visits have been undertaken to provide evidence to the Complex Needs Process in sourcing and funding of therapeutic placements for difficult to place young people.

3.34 Moving into 2020/2021 this area of work will continue but concentrate in the main on the therapeutic placements within the borough.

3.35 This area of focus is due to there being a number of inpatient mental health provisions within Bury (Cygnet Hospital, Hope & Horizon Unit at Fairfield General Hospital and Greater Manchester Mental Health NHS Foundation Trust – Prestwich Hospital) and these are increasingly discharging LAC to nearby step down provisions in Bury.

3.36 It is therefore within our interest to ensure we have up to date knowledge of these provisions and understand the key contacts within them.

3.37 This work will be supported by the imminent re-establishment of the Provider Forum – which will provide a platform for professionals and provisions within Bury to come together and share good practice and learning.

Child and Adolescent Mental Health Services (Transition Service and Local Authority CAMHS)

Transition Service

3.38 Considerable work has taken place over the last 12 months focussed on the transition service for children receiving mental health interventions and the extension of children's mental health services to the age of 18 years. This is in addition to the Local Authority commissioned service supporting Looked after Children's emotional health needs.

3.39 The transition service commenced in March 2020 and bridges the gap between the children's service ending at 16 and adult services beginning at 18 years of age. The purpose of the transition service is to support young people already in the Healthy Young Minds services into the adult services if required, and also to receive new referrals for 16 & 17 year olds and provide support into the appropriate service. This may include the provision of short term interventions by the transition service themselves or redirection to the adult Healthy Minds service if it is felt that longer term work is required. This service is available for all children in Bury and is intended to compliment the Local Authority CAMHS service designed to support LAC.

3.40 As this service has only recently been implemented, it has yet to be fully evaluated in terms of effectiveness and ease of service access. This will be completed, including feedback from service users within 2020/2021.

Local Authority CAMHS

3.41 The emotional wellbeing and mental health of Looked after Children is of paramount importance. It is widely documented that LAC are likely to experience increased susceptibility to mental health difficulties than the general population, due to being exposed to early adverse childhood experiences (NICE Guidelines 2010). 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. A service within Children's Social Care has been commissioned to help address these specific needs. This ensures that practitioners also fully appreciate and understand the statutory processes and multi-agency working necessary to achieve successful outcomes for this client group.

3.42 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 with the introduction of the Social Care CAMHS team.

3.43 Currently the Local Authority CAMHS service is currently undergoing a full review however, within the last 12 months, a CAMHS drop in has been implemented and is well utilised by LAC and Care Leavers. Anecdotal feedback regarding this provision has been good.

Strengths and Difficulties Questionnaire

3.44 The Strengths and Difficulty Questionnaire (SDQ) is a brief behavioural screening questionnaire, recognised nationally as an effective tool in assessing children and young people's emotional health needs. The SDQ can be completed by the carer (for children aged 4+), the young person (for children aged 11+) and school (for children aged 4+). The annual completion of the carers SDQ is part of the Local Authorities statutory return. The results are divided into five sections - emotional symptoms, conduct problems, hyperactivity and inattention, peer relationship problems and pro-social behaviour. This helps to bring focus to the particular areas of difficulty and focus support appropriately in that area.

3.45 The SDQ was historically only completed within Bury once a young person has been in care for 12 months as part of their annual health assessment. However a process was developed alongside Children's Social Care in which the SDQ would be completed within the first 3 months of entering care. This was implemented in September 2019.

3.46 The aim of which is to enable all practitioners involved in a young person's care the opportunity to identify emotional health and well-being needs and provide early intervention and support to help prevent escalation. It will also help to provide a baseline for subsequent SDQs and can provide evidence of improvement or deterioration in a young person's mental health. As a result, this forms part of the Health of LAC's 2020/2021 work plan to ensure the impact of this intervention is measured and evaluated.

Unaccompanied Asylum Seeking Children

3.47 Significant work has taken place over 2019/2020 in respect of specific support to Unaccompanied Asylum Seeking Children (UASC). UASC often present with unmet physical health complaints, either through injuries sustained in their home countries, when travelling to the UK or due to lack of appropriate services in their home countries. Some have experienced death of parents, and others accompanying them on their journey. All have experienced separation not only from their family of origin, but from their community and country of origin and are seeking refuge from political, cultural, religious or other forms of persecution including armed conflict and war (Simmonds and Merredew, 2010).

3.48 Given this, emotional well being is likely to be extraordinarily challenging and the likelihood of clinically significant disorders especially post traumatic stress disorders, depression and anxiety very high, which contributes to many placement breakdowns. In one study (Sinclair, Baker, Lee, & Gibbs, 2007), 40% of placements had lasted for less than 6 months with emotional health difficulties sited as a significant reason.

3.49 Public health issues should also be considered as a significant number of asylum seekers arrive from countries where blood-borne infections are highly prevalent, and/or they may have been exposed to diseases on route to the UK.

3.50 Initial Health Assessment paperwork that specifically addresses the needs of this cohort (for example, examines risk factors for blood borne viruses and TB) has been developed in bury as a result. The time allocated to completing these health assessments has also been extended to allow for the additional complexities of this cohort. The paperwork was implemented in September 2019 and will be audited in September 2020 to allow for 12 months of assessments. Pathways in relation to Tuberculosis and blood borne virus screening, as well as referral letters into other services were reviewed during this time to ensure they met the needs of UASC.

3.51 To compliment this work, it is planned that the Review Health Assessment paperwork will be similarly examined to ensure it best meets the needs of UASC.

Young Offenders Pathway

3.52 When a young person enters the youth offending system they are able to access support via the Youth Offending Nurse, via a health assessment, chat and support. If the later become remanded into custody, the young person automatically becomes Looked after (if not so already). From a health perspective young people in custody or on remand are subject to slightly different arrangements than the general LAC cohort. The health assessments completed are called “Comprehensive Health Assessment Tool” or CHAT and breakdown various health areas into smaller sections to be completed at different points in time. For example, the physical health section may be completed one day and the emotional health later when the young person has built a relationship with the team supporting them.

3.53 The assessments, particularly the initial assessment completed by the Youth Offending Nurse are extremely important as these can provide background and clarity

with regards to actions of the young people. For example, a previously overlooked head injury can have significant ramifications on a person's behaviour.

3.54 A working group was created to review the pathway for young offenders and ensure their health needs are being effectively met. Prior to the commencement of the working group, a meeting was held between the Specialist Nurse for LAC at Bury CCG and the Youth Offending Nurse in NCA. The purpose of this initial meeting was to scope compliance against the 2019 Revised Healthcare Standards. It was found through the provision of the Youth Offending Nurses role that Bury were compliant against the majority of standards.

3.55 Following this meeting, the working group was commence to map the pathways a young person takes through the Youth Offending System and access whether services were appropriately available to meet their needs. It became apparent very quickly that there is no one path that a young person may follow through the youth offending system and to try and map out the many variances would be extremely difficult. The working group did however feel strongly that though each journey through the system may be different, each one would be appropriate to that young person's needs and that this in itself demonstrated how the team would meet the individual needs of this cohort.

3.56 It was therefore decided that a table top review of a small number of cases would be completed to evidence that whilst each young person may have followed a different path, that this had appropriately met their needs. Unfortunately due to the current pandemic this has not yet been possible.

Care Leaver Offer

3.57 The care leaver offer has continued to be developed and re-evaluated over the last 12 months. The outlines of the offer from a health perspective are documented below.

3.58 With regards to mental health support post 18 years, there is now a weekly drop in session for young people by social care CAMHS practitioner that can also be accessed by the personal advisors who support the young people. In addition to the universal adult services that are available, Healthy Minds.

3.59 Health Information Summaries are an overview of the young people's historical health information and are completed by the Specialist Nurse for Looked after Children and Care Leavers at Northern Care Alliance. They includes attendances at accident and emergency, immunisation history, information on accessing medical support and advice on registering with a GP and Dentist.

3.60 The Health Information Summaries were developed alongside a consultation with young people to ensure they get the most out of them. This process is now well developed and offered to all of our care leavers. During the completion of the health information summaries the Specialist Nurse will talk through the information which allows the young people to ask any questions they may have and helps to ensure the fully understand the information provided.

3.61 The care leaver drop in, despite multiple attempts at advertisement and engagement with young people has not been a success. Feedback has been attempted to be

gained from the young people as to why this is, but unfortunately the first attempt did not yield any results and the second had to be cancelled due to covid restrictions.

3.62 As part of the care leaver offer, it is important that young people have access to support around their health and therefore it is planned to offer training and support directly to the Personal Advisors who are then enabled to support young people in this way. The proposal for this support and training will be directed by a consultation with the care leavers group in order to ensure the areas of health important to them are addressed.

Audits 2019/2020

Review Health Assessments (RHAS)

3.63 An audit was completed by the Specialist Nurse for Looked after Children and Child Protection following on from the four previous audits of the quality of review health assessments (RHA). RHAs are completed annually if over the child is aged of 5 and biannually for under 5's. Thirty health assessments were reviewed over a 3 month period from November 2018 to January 2019. RHAs are completed by Health Visitors (10 reviewed), School Nurse (12 reviewed) and the Specialist Nurse for Looked after Children and Care Leavers (8 reviewed).

3.64 The overall quality of the health assessments is excellent and reflects the effectiveness of the internal quality assurance process and the hard work of the team in training staff. There was full compliance across most of the areas within the audit tool and significant improvement noted in all of the areas of recommendation from previous audits. The high standard of completion appears to be embedded into practice and the results of which are evident in the assessments produced. The audit has given the CCG full assurance that health assessments for Bury children are completed to a high standard.

3.65 There are slight difficulties that remain in maintaining such standards for Bury children placed outside of area, though as already noted within the report, the health assessments reviewed within the audit were still of a good standard. The process of standardising Quality Assurance across Greater Manchester, in line with the NICE Quality Standard, appears to have helped in this, though variation in interpretation of the tool remains (NICE, 2013).

3.66 As documented within the Department of Health (2015) Statutory Guidance, *Promoting the Health and Well-being of Looked after Children*, a good health assessment is not a single event, but rather a dynamic process in which the young person's health needs are reviewed and assessed as part of a continuous cycle of care planning. Reviewing the health assessments as a single document does not give the richness of information that shows whether this is being implemented in practice. A more creative approach is needed to capture this information. Therefore the recommendation from this audit is rather than complete a further reassessment in 12 months; that the more pragmatic approach to be taken would be to complete periodic deep dives into small numbers of cases alongside the provider service. This would enable both the CCG and provider to fully understand if this dynamic approach to health assessments is embedded within current practice.

Quarterly IHA Audit

3.67 As a result of the Initial Health Assessment Audit completed in 2018/2019 it was agreed that the Designated Doctor for Looked after Children would complete quarterly dip sample audits into 5 completed IHAs. At least one of these would include the Named Doctor for Looked after Children's assessment to ensure review across all practitioners completing the assessments.

3.68 The results of these dip samples has been reassuring. It has shown sustained good quality of initial health assessments, and a movement towards further in-depth analysis of information, rather than just qualitative information. By completing the dip samples on a more frequent basis, it has allowed the designated doctor to monitor and address issues in a timely manner, thus seeing faster improvements.

3.69 The paediatric team have reported that the training provided by the Specialist Nurses within the CCG and NCA should be credited in this improvement of quality. As a result the training package has been shared with the Designated Doctor for Looked after Children to deliver to rotational doctors entering community paediatrics

Greater Manchester LAC Review

3.70 The Greater Manchester (GM) LAC review formed a significant amount of work during this year. Extensive scoping was completed on the varying health offers across the GM footprint, by an external agency Grant Thornton. A report of their findings and recommendations was circulated in X 2019. A summary of the report has been included below:

3.71 The report recognised the complexities of LAC placements noting that across GM, there are LAC living within their originating authority, close to their originating authority (which is one of the GM localities) or far away from their originating authority (outside the GM footprint). Furthermore, children could potentially have a resident address, GP registration and school address in 3 different authority areas. Service arrangements for LAC who are not living, GP registered and schooled in their originating authority can be variable, resulting in concerns over the quality and scope of assessments.

3.72 Figures across GM were examined but the report also recognised that this did not take into account the flow or movements within this cohort. The report also considered the complexities in commissioning arrangements of those practitioners completing the health assessments, as this usually sits under varying commissioners. In Bury, Health visitors (who complete assessments for 0-5 years) are commissioned by public health and provided by residential address, school nursing (who complete health assessments for 5-16 years) are also commissioned by public health but provided by school address. Finally the specialist nurse (who completes assessments for 16+ years and supports care leavers) is commissioned by the CCG and provides support based on address.

3.73 The report therefore found that due to the complexity of having multiple providers and commissioners, and focus on assessment (rather than treatment), little is known about the health needs of LAC at a strategic level. It is known across GM how many children

receive an IHA on time, but whether that leads to an improved health outcome is unknown. There is no business intelligence function following the funding for health care for LAC across the GM area. This means that if asthma is highlighted at an IHA, there is no way of recording this across GM (we don't know how many LAC have asthma), or improvements to health conditions over time.

3.74 As a result, the report made a number of recommendations, which have been presented to the GM Commissioning board for discussion and future plans:

3.75 Develop and use a standardised response for all GM localities to send to non-GM localities for when health assessment or treatment (including CAMHS) is refused for GM children.

3.76 Support the regular meeting and networking of GM Designated Nurses and Named Nurses in order to develop positive practice sharing across the region.

3.77 Following the removal of recharging for assessments between GM localities, there are 3 possible options for future charging arrangements:

- Work with providers and commissioners across GM to introduce a tariff that accurately reflects the package of services available to non-GM LAC being placed in GM.
- Do Nothing – continue to experience unwarranted variation across the GM authorities.
- Each locality to measure what the annual recharge based on the national tariff for IHA and RHA would amount to and commence inter-locality invoicing should the imbalance exceed a pre-determined threshold.

3.78 Regardless of the charging option pursued, it is recommended that each of the 10 localities pool resources to create a joint LAC business intelligence function and develop processes to collate information about health outcomes for this vulnerable group of children and young people.

4 Recommendations

4.1 The priority areas for the next 12 months are recommended as the following.

4.2 Covid-19 Recovery Planning: to develop a recovery plan in terms of re-commencement of face to face initial and review health assessments. This should also take into account carers and children's views. These are being sought at a GM level.

4.3 Therapeutic Placements/Provider Forum: re-establishment of the provider forum working alongside Greater Manchester Police colleagues.

4.4 Links with Cygnet: develop communication channels to ensure CCG and provider are aware of all LAC in Cygnet. Provide training and support for Cygnet to lead on the completion of health assessments

4.5 Audit Programme: complete outstanding audits and deep dives for UASC and young

offenders. Complete a deep dive of RHA paperwork and processes for young people

4.6 SDQs – develop process for measuring the impact of completing SDQs and assessing what impact this has, if any, on acute episodes and attendances at emergency services

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August 2020