

Looked After Children Annual Report

Reporting period April 2015 – March 2016

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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 2015 until the 31st March 2016. Additionally, the report addresses the current position at September 2016 as there have been a number of changes in commissioning and delivery of services for Looked After children and Care Leavers.

The last 16 months has been 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 report will review the current position in respect of the scoping exercise and the performance of the providers in meeting the required standards for delivery of service to young people who are looked after.

2. Profile of Looked After Children in Bury

As of the 22nd February 2016, when Ofsted arrived in Bury to undertake an inspection, 300 children and young people were being looked after by the local authority (a rate of 71 per 10,000 children and young people). This is an increase from 293 (69 per 10,000 children and young people) at 31 March 2015. Of this number:

- 126 (or 42%) live outside the local authority area
- 21 live in residential children's homes, of whom 90.5% live outside the authority area
- four live in residential special schools³, all of whom live outside the authority area
- 192 live with foster families, of whom 35.9% live outside the authority area
- 43 live with parents, of whom 16.3% live out of the authority area
- Four children are unaccompanied asylum-seeking children.
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The Ofsted report also states that in the last 12 months in Bury:

- there have been 19 adoptions
- 11 children and young people became subjects of special guardianship orders
- 100 children ceased to be looked after, of whom 3 subsequently returned to be looked after
- eight children and young people ceased to be looked after and moved on to independent living
- Seven children and young people ceased to be looked after and are now living in houses in multiple occupations.

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 Together 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 at the time of writing (September 2016) considerable progress has been made and there are no actions on red, eleven actions are on amber and twenty two are on green.

The key areas which have been addressed have been

1. Transitioning the role of Designated Nurse from provider to commissioning organisation
2. Refreshing the job description for the Designated Nurse
3. The separation of the Designated Professionals from operational responsibility for looked after children
4. Ensuring that the Designated Professionals are integrated into the commissioning cycle
5. Formal assurance that timescales are being adhered to in respect of completing health assessments for young people , this is now formally monitored via the contracting process on a monthly basis
6. The job description for the Designated Doctor for Looked After children (completed September 2016 and out to advert)
7. The commencement in post of a specialist nurse for Looked after Children (September 2016)

The key areas which are being addressed but are not yet fully resolved are:

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
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 2016/17. The outcome of the first audit is reported further on in the report.
3. The voice of the children needs to be captured to ensure they can influence service delivery and design
4. 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 direct service provision to children remains in place and the above actions will strengthen the quality of the service and support processes.

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. 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.

6. 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 in March 2016, the Local Authority was inspected by Ofsted and the health of Looked After Children was reviewed as part of the inspection.

The report states:-

Timelines of initial health assessments for children and young people looked after is improving, but needs further work to ensure that their health issues and needs are identified and addressed as early as possible.

Dedicated, responsive child and adolescent mental health services (CAMHS) meet the emotional and mental well-being needs of children and young people looked after promptly and effectively. Many examples were seen of highly effective interventions from this team: for example' in helping children and young people to understand and cope with the difficult things that they had experienced. The provision of individual consultation to Carers and staff enables them to increase their skills and confidence to support children and young people with more complex needs. The emotional health and well-being coordinator works closely with the virtual school team to provide a continuum of care and support in school for children and young people looked after.

(Page 20 Bury Council Inspection of services for children in need of help and protection, children looked after and care leavers, published 16th May 2016)

7. Initial Health Assessments (IHA)

During this reporting year there have been some difficulties for Pennine Care in providing detailed data and commentary on the performance on the completion of assessments. The data improved from October 2015. There have been substantial delays in children receiving their initial health assessment and this has been monitored monthly with PCFT providing the reason for each delay.

A review of the data in respect of initial health assessments, from October 2015 to March 2016, the period PCFT have provided details analysis of the reasons for delays, it identified that 51 Bury children should have received an initial health assessment within 20 working days of becoming looked after but that the standard was only achieved in 15 cases, which equates to 29%. Of the total number who did not receive the assessment, 31 were due to be late receiving of the paperwork. (More than 20 days after the child became looked after) This equates to 86% of the cases where children were delayed in receiving their assessment being as a result of delays in health receiving the completed consent documentation from children's social care.

For July 2016, following discussions with the senior managers at the Local Authority, it was agreed for a 6 month period to remove the requirement for parents to consent to their health information to be accessed, as this was seen as a barrier to obtaining consent from the parents for the child to be seen for their health assessment. Parents were being approached to give consent to both theirs and their children's health information to be made available to the medical staff, this included information on their mental health, drug and alcohol use, any learning disability they may have had an impact of their child's health. At a time of heightened emotion it was proving difficulty to ask parent's for consent.

During the six months, a joint health and social care working group are meeting to review the process and to consider the best practice for information sharing in the best interest of the children and young people. The CCG, via the performance report from its providers, will continue to monitor the timelines of the initial health assessments

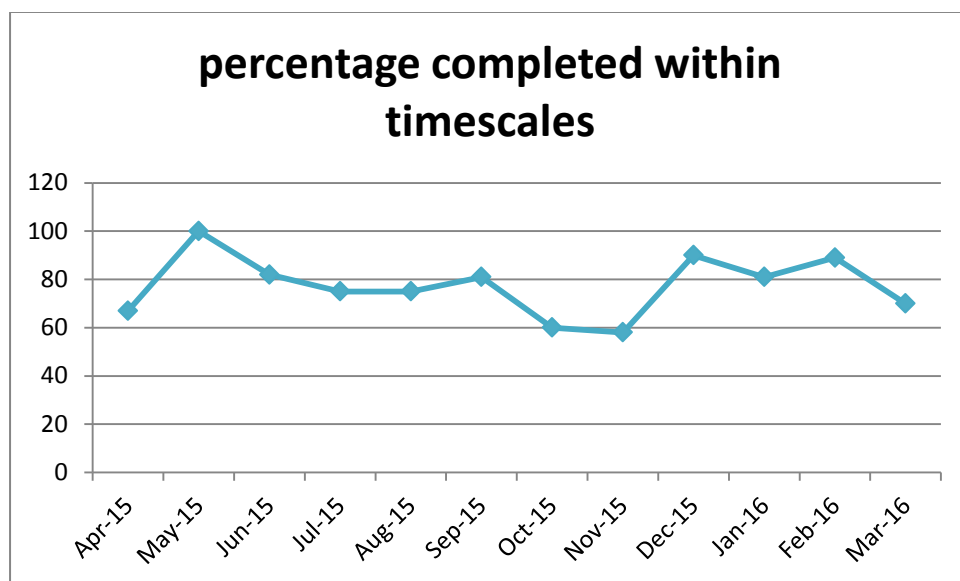
8. Review Health Assessments (RHA)

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.

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

During the last 12 months completing review health assessments has remained a challenge 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.



There are a number of reasons for the late completion including non-engagement by older young people and more specifically where children are placed out of the area.

To address this since June 2016, each month, the provider 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. The process is labour intensive but a number of RHA which had been outstanding for some time have now been completed and returned. The performance continues to be monitored.

There is a programme in place for quality assurance of the health assessments and to identify the

health themes that emerge to enable the CCG to ensure they are commissioning appropriate services for Looked After children

Audit of the quality of the Review Health Assessments

In August the Designated Nurse for Looked After Children, employed by NHS Bury CCG, undertook a review of 50% of the RHA that had been completed since April 2016.

Purpose of audit

The overall purpose of the audit was to obtain an understanding of the current quality of health assessments to determine any key themes for areas of further development. This audit has also provided a benchmark for subsequent audits of the quality of health assessments of looked after children and young people.

Between April 1st and 31st July, 37 health assessments were completed for children looked after by Bury LA or placed in Bury by other Local Authorities. Twenty of the assessments were reviewed against a GM standardised audit tool. Out of the 20 assessments reviewed, five children were placed out of area and provider staff in those areas completed the assessments.

The fifteen that were completed by Bury staff were completed by either school nurses, health visitors or the specialist nurse for Looked After Children employed by Community Services Bury. A number of recommendations arose from the audit.

1. Practitioners should always ensure consent is in place and record it within the assessment documentations
2. Young people should be offered an opportunity to be seen alone
3. It should be clear that Young Person and their carers have been offered a time and a venue that is suitable for them.
4. The SDQ should always be completed and recorded and consideration should be given by Pennine Care Foundation Trust, Community Services Bury, to the method of recording
5. The voice of the child is evident within the assessments but where possible this should be strengthened by asking direct questions and seeing the child alone, if appropriate, to the age of the child
6. Health practitioners must be confident to explore health promotion with YP and training should be facilitated for health practitioners completing health assessments in line with the Intercollegiate Role Framework competencies for looked after children

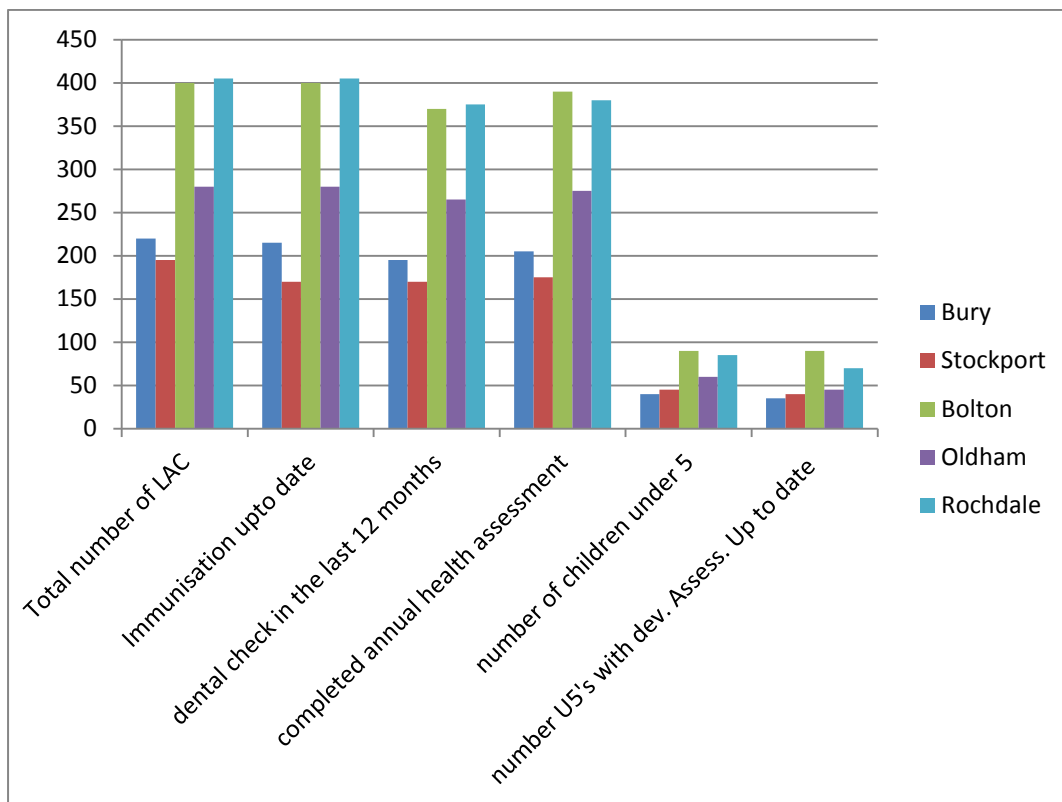
Pennine Care Foundation Trust has a newly appointed Specialist nurse for Looked After Children who will devise a plan and present this to the commissioners

9. Data on the outcomes for LAC locally and nationally

It can be useful to compare local achievements against other boroughs. A number of local Greater Manchester boroughs have been selected partly as they are near neighbors, Rochdale, Oldham and Bolton and partly for similar demographics and finally, the City of Manchester, as a considerable number of their Looked After Children are placed within Bury. The child population of the boroughs used in the comparative data below is as follows:

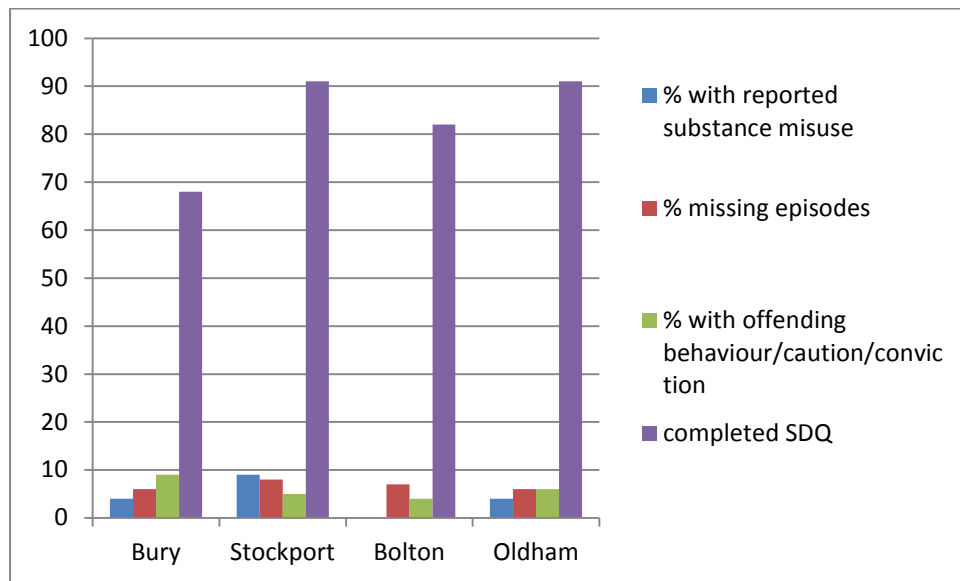
Borough	Child Population	Number of children Looked After (March 2015)	Percentage of the total child population
Bury	46,700	220	0.47%
Bolton	72,800	400	0.55%
Oldham	63,500	280	0.44%
Rochdale	55,900	405	0.72%
Stockport	67,500	195	0.28%

The number of LAC in Bury at March 2015 compared to other LA in GM with additional data for immunisation, dental access, and completed health assessments and with their development assessments up to date



Bury achieves well in ensuring that children have received an annual dental check and are up to date with their immunisations. Despite the challenges of completing annual health assessments within timescales, 215 of the 220 children had completed assessments within the year. For the under 5's, 35 out of 40 were up to date with their developmental assessment.

The percentage of children with identified difficulties, Bury comparison to other GM areas (March 2015)



10. Multi agency working

Partnership working arrangements between the LAC Health Team within Community Service Bury (PCFT) and the Local Authority continue to strengthen via the work of the LAC Health Steering Group, and on-going multi-agency activities in both fieldwork and at strategic level where concerns for the health and well-being of children and young people in care are considered.

The Executive Lead for Safeguarding within the CCG is a member of the Corporate Parenting Board and the CCG provides, via its community provider, bi-annual reports to the Board.

The former Designated Nurse for Looked after Children attended the Children looked after away from home sub group of the Children’s Safeguarding board and this role will be undertaken by the newly appointed Specialist Nurse for Looked After Children commissioned by the CCG from PCFT, CSB.

11. Provider model

NHS Bury Clinical Commissioning Group has historically commissioned Pennine Care Foundation Trust, Community Services Bury (CSB) to fulfil the statutory responsibility. The Community Services Bury via the Designated Nurse for Looked After Children (decommissioned at the end of March 2016) and an administrative support worker, co-ordinate the requests for initial and review health assessments

Paediatricians employed by Pennine Acute Trust undertake initial health assessments and the review assessments are completed by school nurses and health visitors.

Children under the age of five years require 6 monthly reviews and school age children an annual review.

The new model for provision of services commissioned by NHS Bury CCG, for Looked after Children and Care leavers from April 2016 is as follows:

- Designated Nurse for Looked after Children NHS Bury CCG, strategic role
- Named Nurse for Looked after Children, Pennine Care Foundation Trust, Community Services Bury. The role is incorporated into the position of Named Nurse for Safeguarding
- Specialist nurse for Looked after Children PCFT, CSB (new post)
- Administrative support
- Designated Doctor for Looked after Children, community paediatric consultant, Pennine Acute Hospital Trust
- Community paediatricians, Pennine Acute Hospital Trust
- School Nurses and health Visitors, commissioned by the Local Authority, complete the review health assessments for children.

The majority of Looked After Children and young people in Bury access healthcare via universal services provided by GPs, Health Visitors and School Nurses. Each Looked After Child is allocated a Lead Health Professional who is responsible for fulfilling the statutory requirements of the role which includes responsibility for undertaking Review Health Assessments, coordinating health care and reporting health information

12. 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.

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

The medical staff of community paediatrics department, Bury, Pennine Acute Trust has been providing the following services in 2015-2016.

Adoption

- Pre-adoption medical examinations and reports
- Provision of medical advice and attendance at Bury Adoption Panel as the medical advisor to the panel (currently once a month)
- Provision of meeting social workers or prospective adoptive parents as required

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
-

Children and Young Person in Care (formerly LAC)

- Provision of Initial Health Assessments and reports of looked after children and further onward referrals as indicated
- Provision of review health assessment and reports where indicated
- Working closely with named and designated nurse for looked after children and contribution in medical aspects of operational and strategic decisions.

Statistics

2015-2016	Pre-Adoption Medicals	CYPIC (LAC) Medicals –Initial Assessments	CYPIC (LAC) Medicals – Review Assessments	Adult Fostering Reports
April 2015	3	2	0	6
May 2015	2	12	1	8
June 2015	1	14	4	22
July 2015	1	10	0	14
August 2015	1	8	1	18
Sept 2015	3	10	1	5
Oct 2015	2	5	0	7
Nov 2015	2	4	1	12
Dec 2015	0	8	0	7
Jan 2016	1	4	0	14
Feb 2016	2	9	0	10
March 2016	0	7	0	5
Total	18	93	8	128

Consent and Defaults for CYPIC Children:

Obtaining consents from parents of children who have been “accommodated”, for accessing parental medical information as well as for children’s examination, in a timely manner, have been a difficult issue. This has contributed in a major way of not achieving the target date of 28 calendar days deadline. The various organisations who contribute to the pathway are trying to improve this aspect by looking at good practices of neighbouring districts and bringing changes in Bury Pathway.

Non-attendance at appointments has not been problematic but occasionally has caused difficulties in meeting the target date for completion of medicals.

Adverse incidents

There have been no adverse incidents or complaints reported related to these aspects of work during 2015-2016.

Shared decision making:

The medical staff works closely with biological parents or foster carer or prospective adopters wherever possible and indicated working closely with the families.

Audit:

An audit is planned in 2016 -2017 to look into the medical pathway and reports will be published in 2017

Medical Staffing:

In Dec 2015 the substantive consultant post-holder for the Designated Doctor for LAC resigned. The post has been covered since then by a Locum post holder who had been working closely with the existing consultant. The substantive post has been advertised with hope that the new appointee will take up post in early 2017.

14. Priorities for the next 12 Months

The months since April 2016 has been a time of change for the commissioning of Looked After Children's service within NHS Bury CCG and a number of key priorities for the next 18 months have been identified. They are as follows:

1. The CCG to work with the providers and Local Authorities to gain assurance that there is an effective escalation process in place to resolve any issues in relation to obtaining consent in order to avoid delay in securing health assessments and interventions for looked after children.
2. The post of Designated Doctor for Looked After Children is appointed and in post.
3. The induction and embedding of the newly appointed Specialist nurse for Looked After Children in Community Services Bury
4. The agreement of the refreshed service specification for the LAC service commissioned for PCFT, CSB.
5. A programme of audits to assure the commissioners on the quality of the IHA and RHA
6. An action plan to action the learning and recommendations from the audits, commencing with the learning from the audit outlined in this report
7. The Providers to evidence that the voice of the child is 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.
8. The Designated Nurse for LAC will ensure that the health assessment data informs the health needs analysis of the Looked After Children population

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

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