

Central Bedfordshire Council Looked After Children Annual Report

April 2012 to March 2013

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EXECUTIVE SUMMARY

This report describes the achievements, progress and challenges of the Looked After Children (LAC) health service in meeting the health needs of children in care registered with Central Bedfordshire Council during the period from 1st April 2012 – 31st March 2013.

The LAC Health Team co-ordinates all the statutory LAC health assessments for in county and out of county placements for Central Bedfordshire Council children and young people; this includes responsibility for quality assuring all the statutory LAC Health Assessments. The focus for 2012/13 has been to deliver improved access to service and improved timeliness of health assessments.

Key developments for the period 1st April 2012-31st March 2013 are detailed in this annual report and include:

- In February 2012 Ofsted and CQC undertook a joint inspection of Safeguarding and Looked After Children Services with Central Bedfordshire Council (CBC). The findings for Being Healthy for Looked After Children were reported as 'inadequate'. In response to this, NHS Bedfordshire and Luton Cluster, the Local Authority and health provider compiled an in depth action plan addressing all the CQC and Ofsted recommendations and timelines, and identified how in partnership, the issues would be addressed and service improvements developed to improve the health care provision for Looked After Children in Central Bedfordshire. There has been a significant amount of work since then, with required actions from the inspection addressed and revisited to ensure robust systems are being put in place with on-going monitoring.
- Improved partnership working, and robust systems put in place by the LAC Health Team have seen a vast improvement on the number of health assessments completed within the timescales. CBC have experienced delays in addressing their system failings, but continue to work at developing robust systems to ensure that they can identify when health assessments are due and make timely referrals to the LAC Health Team. The outcome for looked after children and young people is that a greater percentage are now receiving their health assessments in a timely manner, which in turns allows their health needs to be assessed and managed much more efficiently and effectively without delays; further improvement is required. As CBC have new systems in place, on-going review and monitoring of effectiveness and outcomes will continue through the LAC Health Group.
- A Business Case was developed to address the need for increased resources within the LAC Health Team; this looked at the life chances of LAC in Bedford and Bedfordshire and proposed a service pathway to increase accessibility to health services and reduce the inequalities that

LAC experience in relation to health and well-being. The LAC Health Team is now fully resourced and includes a Leaving and After Care Nurse.

- Appointment of both the Designated Doctor and Nurse ensuring that the Bedfordshire Clinical Commissioning Group (BCCG) meet the requirements set out in the Statutory Guidance for Promoting the Health and Wellbeing of Looked After Children DCSF (2009) which defines the roles of designated professionals to be strategic and separate from any responsibilities for individual children or young people who are looked after. These roles are to assist Clinical Commissioning Groups to fulfil their responsibilities as commissioners of services to improve the health of looked after children.
- The introduction of a Personal Health Information Pack ensures that all care leavers are now given a record of their health histories and relevant information to promote health and wellbeing. The pack includes contact details for future use.
- All Looked After Children and Young People are now receiving age appropriate health education and promotion information to support the verbal information given within the health assessment, and is recorded in their health assessments and also in the IT record.
- Partnership working included a workshop undertaking Process Mapping, an exercise that gave all an understanding of the delays in the process, complications and transfer of care between partners. This work led to the development of a formal Looked After Children Pathway across two Local Authorities and Health, through partnership working. The pathway is now fully operational and is an integral part of the Service Specification.
- BCCG commissioned an External Review of health pathways to meet the needs of Looked After Children in Bedfordshire. The review, which took place in April 2013, had a remit to provide an overview of the current multi-agency processes in place to meet the health needs of Looked After Children, assess and review these against national standards and good practice guidance and highlight issues related to quality and outcomes and make recommendations for improvement. We are awaiting the final report at the time of writing this report; once finalised, the report will be shared with partners so that in-depth exploration and analysis of the findings can be undertaken, and a robust action plan developed to address the issues and recommendations.

The importance of the health of children and young people in care cannot be overstated, with many children in care likely to have had their health needs neglected. The LAC Health Team is taking every opportunity to reverse this situation, by providing and signposting children and young people in care to appropriate health care. The health of

looked after children is every one's responsibility, so partnership working is essential to ensure optimum health for each individual child and young person.

1 Introduction

This is the third annual report by Bedford Clinical Commissioning Group (NHS Bedfordshire and Luton Cluster until 31st March 2013) which informs on Central Bedfordshire Council Looked After Children (LAC) health aspects. The Department of Health Statutory Guidance '*Promoting the Health of Looked After Children (2009)*' requires a report on the delivery of service and the progress achieved for the health and wellbeing of children in care. For ease of reading, the lead commissioner will now be referred to as Bedfordshire Clinical Commissioning Group (BCCG).

This report will cover the period of 1st April 2012 to 31st March 2013, but will also outline the current work being undertaken. It will inform partners of the work to improve health outcomes for Looked After Children in Central Bedfordshire, as well as identifying some of the challenges facing the service.

The health and wellbeing of Looked After Children and Young People – that is, their physical health, and social, educational and emotional wellbeing – is influenced by nearly all aspects of their lives and the care they receive. Experiences early in life may have long-term consequences for health and social development. Some looked-after children and young people have positive experiences in the care system and achieve good emotional and physical health, do well in their education and go on to have good jobs and careers. However, looked-after children are more likely to have experienced deprivation and poverty as a result of low family income or parental unemployment. About 60% of children and young people who are looked after in England are reported to have emotional and mental health problems and a high proportion experience poor health, educational and social outcomes after leaving care. The main reason for children and young people entering care in the year up to April 2012 was abuse or neglect (reported in 62% of cases).

Looked After Children and Young People should expect to have the same opportunities as other children and young people, including being healthy and safe. They should be provided with the opportunities needed to help them move successfully to adulthood.

The needs of looked-after children and young people vary, but are often complex, and can be met only by a range of services operating collaboratively across different settings.

2. National Policy and Legislation

Meeting the health needs of Looked After Children in Central Bedfordshire is directed by key policy frameworks that inform Local Authorities (LAs), Strategic Health Authorities (SHAs) and Clinical Commissioning Groups (CCGs) to ensure shared responsibility for good outcomes:

- § Every Child Matters (DCFS 2003)
- § A Guide to the Development of Children's Palliative Care Services (DH 2005)
- § Common Assessment Framework (2006)
- § Every Child Matters – Transforming the Lives of Children and Young People in Care (DfES 2006)
- § Our Health, Our Care, Our Say (DH 2006)
- § Children's National Indicator set (2007 Every Child Matters)
- § Every Parent Matters (DCFS 2007)
- § Care Matters: Time for Change (DCFS 2007)
- § The NHS Operating Framework – Vital Signs (NHS 2008)
- § Better Care, Better Lives (DH 2008)
- § The Child Health Strategy (DH 2009)
- § Promoting the Health Looked After Children (DH 2009)
- § Statutory Guidance on promoting the Health and Wellbeing of Looked After Children (DCFS 2009)
- § Child Health Programme (DH 2009)
- § Working Together to Safeguard Children (DCSF 2013)
- § Looked-after children and young people (NICE public health guidance, Issued 2010, Modified 2013)
- § NHS Operating Framework for the NHS in England 2012-13
- § Looked After Children: Knowledge, skills and competences of health care staff : Intercollegiate Role Framework May 2012
- § You're Welcome – Quality criteria for young people friendly health services (DH April 2011)

- § Quality standard for the health and wellbeing of looked-after children and young people (NICE April 2013)
- § Delivering the health reforms for looked after children: How the new NHS will work from April 2013 (NCB 2013)

The legislative and regulatory framework includes:

- § The Care Standards Act (2000)
- § The Children Act (1989, 2004)
- § The Mental Health Act (2007)
- § The Children and Young Persons Act (2008)

3 Profile of the Central Bedfordshire LAC Population

Looked After Children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They may enter care with a poorer level of health than their peers in part due to the impact of poverty, abuse and neglect. Monitoring of the health outcomes enables identification of where improvements need to be made and informs on in-year targeted work. Immunisation, Vaccination and Dental data will be detailed in the 'Performance' section of this report.

The profile of Looked After Children is used to ensure that services are best placed to meet demand.

Table 1: Central Bedfordshire Council Looked After Children

	As at 31 March 2012	As at 31 March 2013
Central Bedfordshire Council LAC	208	246 (provisional figure)
CBC LAC placed in county	Not available	96 (provisional figure)
CBC LAC placed out of county	Not available	142 (provisional figure)
Foster Placements	151	183 (provisional figure)
Secure Units, Children's homes and hostels and other residential	31	36 (provisional figure)
Living independently	20	13 (provisional figure)
Placed for Adoption, Placed with Parents and Other	6	14 (provisional figure)

4 Local Context

Bedfordshire Clinical Commissioning Group (BCCG) is a new organisation which in April 2013 received authorisation (without conditions) to formally take on responsibility for commissioning local health services. BCCG is firmly built on the foundations of its five localities – Chiltern Vale, Bedford, Ivel Valley, Leighton Buzzard and West Mid Bedfordshire. All 55 GP practices in Bedfordshire are members of BCCG. The Corporate Plan (2013/3014) provides national and local context and outlines the organisational priorities and shows how these link to the commissioning plans, projects and programmes.

BCCG is the lead commissioner for provider services in Central Bedfordshire and has responsibility to ensure the timely and effective delivery of health services to Looked After Children and Young People. Executive ownership of Looked After Children for BCCG sits with the Director of Nursing and Quality.

The Designated Doctor was appointed to the team in March 2012 and the Designated Nurse was appointed in December 2012 ensuring that the BCCG meet the requirements set out in the Statutory Guidance for Promoting the Health and Wellbeing of Looked After Children DCSF (2009) which defines the roles of designated professionals to be strategic separate from any responsibilities for individual children or young people who are looked after. These roles are to assist CCGs to fulfil their responsibilities as commissioners of services to improve the health of looked after children.

The Designated Nurse works in partnership with the Child and Maternity Commissioning Managers within the redesign directorate.

This report focuses on the health aspects of Looked After Children in Central Bedfordshire Council who produced their Children and Young People's Plan (CYPP) in 2011. The Health and Wellbeing Strategy highlights the need to focus on vulnerable children, including LAC, meeting their health needs, their care planning, placement choice and stability, and educational outcomes.

Strategic planning for LAC is directed through the Children's Trust for Central Bedfordshire Council and accountability for the services provided to LAC from the local authority and Bedfordshire Clinical Commissioning Group (BCCG) is directed through the Corporate Parenting Panel. Multi-agency strategic planning and operational oversight is directed through the Multi-agency LAC Health Group, which contributes to strategic planning via the Children and Young People's Plans and the Children and Adolescent Mental Health Services (CAMHS) partnership, and reports up through the BCCG's governance structure.

In February 2012 Ofsted and the Care Quality Commission did an integrated inspection of Safeguarding and Looked After Children's services in Central Bedfordshire Council and published their report in April 2012. That inspection found services for the health of Looked After Children to be 'inadequate'. There has been a significant amount of work since then, with required actions from the inspection addressed and revisited to ensure robust systems are being put in place with on-going monitoring.

5Current Work 2012-13

Ofsted and the Care Quality Commission undertook an integrated inspection of Safeguarding and Looked After Children's Services in Central Bedfordshire Council and published reports in April 2012. These provided detailed feedback on the inspection findings and stipulated gaps in service and required outcomes to meet the Essential Standards for Quality and Safety.

The findings for Being Healthy for Looked After Children were found to be 'inadequate'. In response to this NHS Bedfordshire and Luton Cluster, Local Authority and providers compiled an in depth action plan addressing all the CQC and Ofsted recommendations and timelines, and identifying how the NHS Bedfordshire and Luton Cluster in partnership with providers and local authorities would address the issues and improve health care provision for Looked After Children services in Bedfordshire.

NHS Bedfordshire and Luton Cluster monitored the delivery of the health aspects of the Action Plan and provided reports to the local authorities as required, and internally to the NHS Bedfordshire and Luton Cluster Board.

There have been a number of significant developments within the service during 2012/13:

Multi-agency Workshops

These workshops were held to review the LAC service as a whole, and develop a service which meets the CQC and Ofsted standard of Good as well as ensuring that we provide a service that supports and empowers young people to live and manage a healthy lifestyle throughout their lives. The workshops included:

Process Mapping, an exercise that gave all an understanding of the delays in the process, complications and transfer of care. This work led to the development of a formal Looked After Children Pathway across two Local Authorities and Health, through partnership working. Those involved in the workshops included, NHS commissioners and providers, voluntary sector.

The pathway is now fully operational and is an integral part of the Service Specification. Having a clear pathway, enables optimum partnership working which in turn improves the standard of service provided to Looked After Children and Young People. Use of this pathway is currently in its infancy, so will be reviewed six monthly at the LAC Health Group Meeting; this will enable us to ensure that it is a robust pathway, and will allow further development as identified.

Development of a Business Case

Development of a business case was undertaken as an outcome of the second workshop; this involved input from all stakeholders outlining the reviewed care pathway. Service principles and responsibilities for stakeholders were discussed with the details being set out within the business case. This business case looked at the life chances of LAC in Bedford and Bedfordshire and proposed a service pathway to increase accessibility to health services and reduce the inequalities that LAC experience in relation to health and well-being. The Business Case was approved in February 2013 and resulted in significant additional resources being invested into the LAC Health service and implemented in May 2013 (an initial business case was developed and agreed in May 2012 for a 12 month period); the Business Plan ensures that the service for delivering LAC healthcare will be responsive to the needs of LAC and care leavers and ensure partnership working is strengthened and inclusive.

Role of the Designated Professionals

The Designated Doctor for Looked After Children is in post and works 4 hours per week in this role, he is also the Designated Doctor for LCCG, working 4 hours per week. The Designate Nurse for Looked After Children commenced post in December 2012 and works full time across Bedfordshire and Luton. Their role is to operate at a strategic level, with accountability for assisting BCCG in fulfilling its commissioning responsibility to improve the health of Looked After Children and Young People.

Leaving and After Care Health Service

A Leaving and After Care Nurse joined the LAC Health Team in December 2012. This role will include the development of a good knowledge and skills base re the health and needs of this group, provide an overview of the health service, knowledge of service provision by other agencies, and a link nurse for other professionals and services involved. This person will act as a resource to support LAC Health Team members. There will be early transfer of care to this nurse at age (16-18) dependant on wishes of LAC; transfer could be earlier if appropriate, and agreed with young person. Each young person will be given the opportunity to negotiate their named nurse at this period of change, and may remain with the nurse that they have had to date if they choose. Care leavers who have consented to contact, given at least one telephone call to offer support within the first year of leaving care. Provision of informal support will be offered to care leavers until their 21st birthday if requested by a young person or Social Worker. Health 'Drop In' sessions, which run alongside Social Care provision and drop in services, will be provided to ensure readily available health care and support around health issues for this group of vulnerable young people.

Health Assessments

Throughout the year, due to increased partnership working and the development of a Single Point of Contact role within both the LA and SEPT, there has been increased efficiency in the administrative processes, this in turn, has had a positive effect on the timeliness of referrals and completion of the health assessments. However, there have been difficulties with some processes, lack of refreshed consent and delayed referrals from CBC to health, and it is due to the hard work and organisational abilities within the LAC Health Team that the percentage of children and young people receiving their health assessment on time is as high as it is.

There continues to be risks within the current system, but CBC is ensuring that robust systems are in place for identifying when health assessments are due and obtaining the appropriate consent. The effectiveness of these systems and the completion of health assessments within timescales will continue to be monitored within the LAC Health Group; failings and operational issues will be identified within the risk register and escalated through the appropriate structure as required.

The quality of health assessments has been improved by the implementation of a referral form for LAC health assessments which was developed by the LAC Health Team. This more detailed and specific form provides the health practitioner with more information about the child/young person's health and family health history (if available); this additional information improves the overall quality and thoroughness of the health assessment.

Personal Health Information Pack

Young people in care are now being provided with their personal health information pack at their final health assessment. The LAC health team provide as much individual health information as is available to them, in writing within the pack; health contact details for future use are provided within this process. Use of the Personal Health Information Pack commenced in January 2013 so progress and informal verbal feedback from the young people at the time of receiving the pack, will be reviewed after 6 and 12 months (July 2013 and January 2014); a formal audit will also be undertaken during the year.

Looked After Children Risk Register

A LAC Risk Register was commenced in March 2013 and is owned by the Director of Quality and Safeguarding, BCCG; it is reviewed and updated by the LAC Health Group at their 6 weekly meeting. The register allows clear identification of the areas of service provision that pose a risk or are inadequate to ensure optimum health for LAC such as delays or poor quality of health assessments, data flow and managing performance data. As the LAC Health Group is a strategic multi-agency forum, this enables clear identification of issues, responsibilities and required actions; time scales and partnership working can be readily negotiated within this forum. Issues will be escalated as necessary.

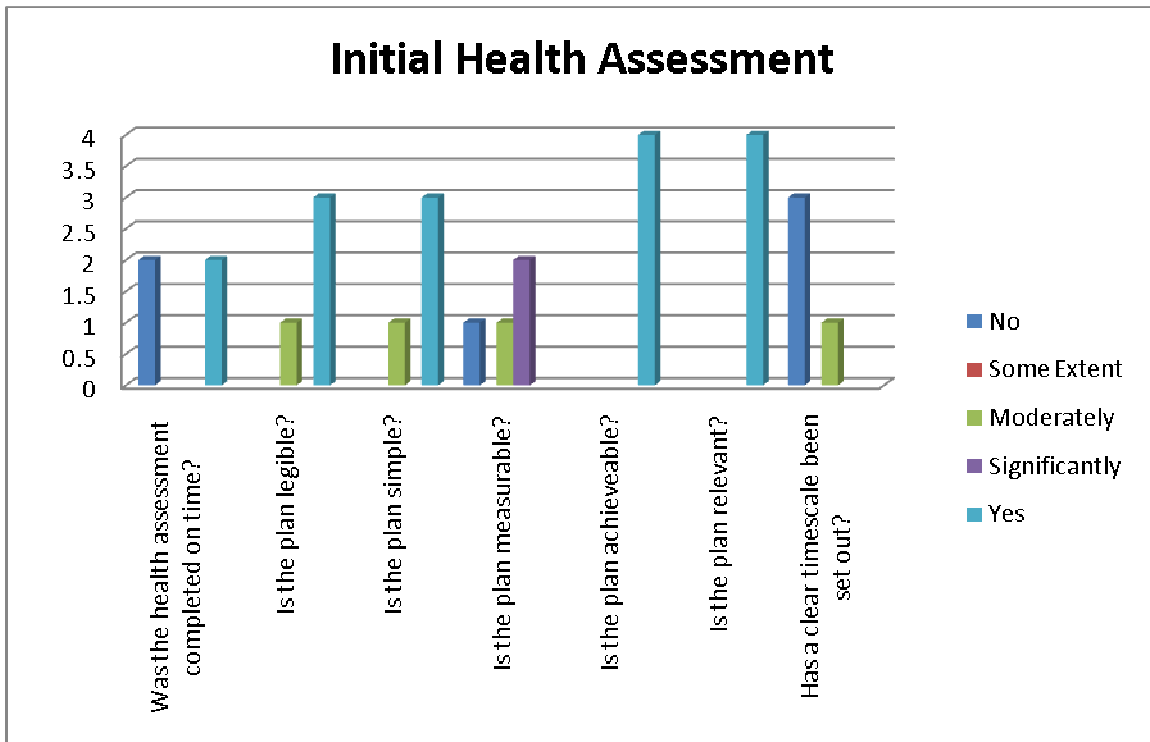
Audits undertaken in 2012/2013

In February 2012 an audit of Health Assessment Information held by Central Bedfordshire Council (CBC) was undertaken. The purpose of the audit was to establish that the relevant health information was available within the child's records and to review the quality of this information. The review included audit of the subsequent Statutory LAC Review minutes to establish if health and outcomes from the Health Assessments were discussed by the Independent Reviewing Officer (IRO).

This audit was undertaken by the Designated Nurse and a Senior Social Worker, Looked After Children, Central Bedfordshire Council (CBC).

5 children were picked at random by a Personal Assistant who also acts as the Single Point of Contact for Looked After Children, CBC. The criteria for selection were that the child would need to have had both an Initial and Review Health Assessment in the last 12-18 months. The results are shown under the headings of Initial and Review Health Assessments.

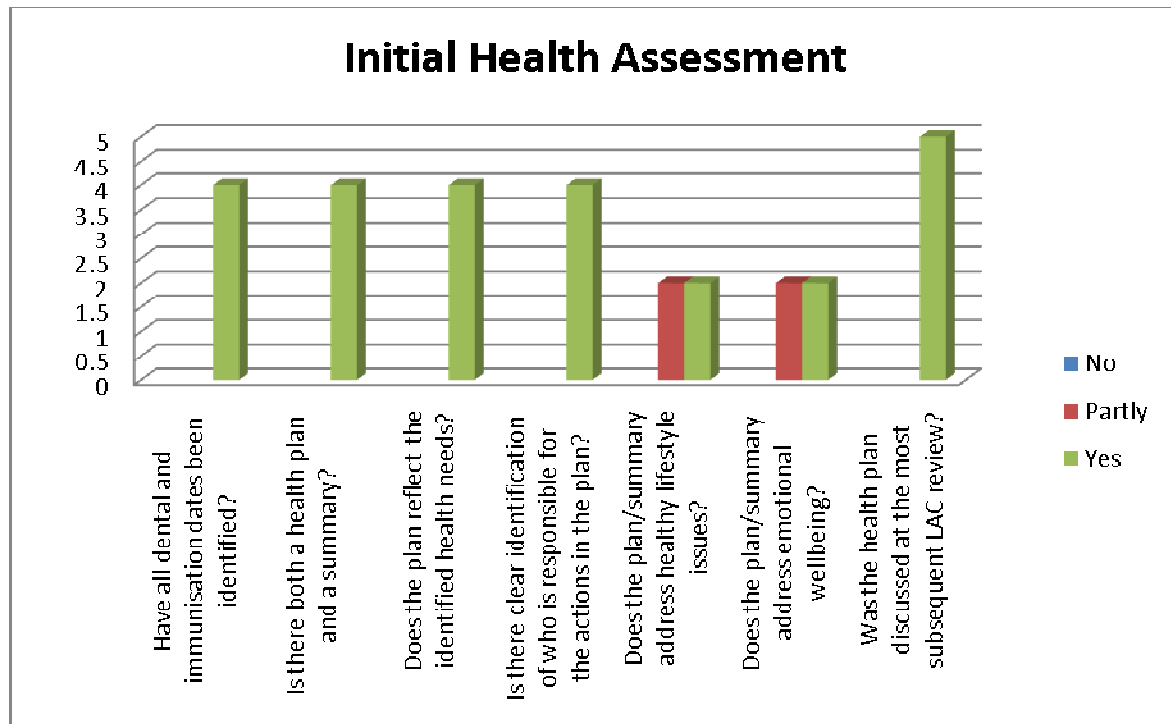
4 of the sample were children placed in county and 1 child placed out of county.

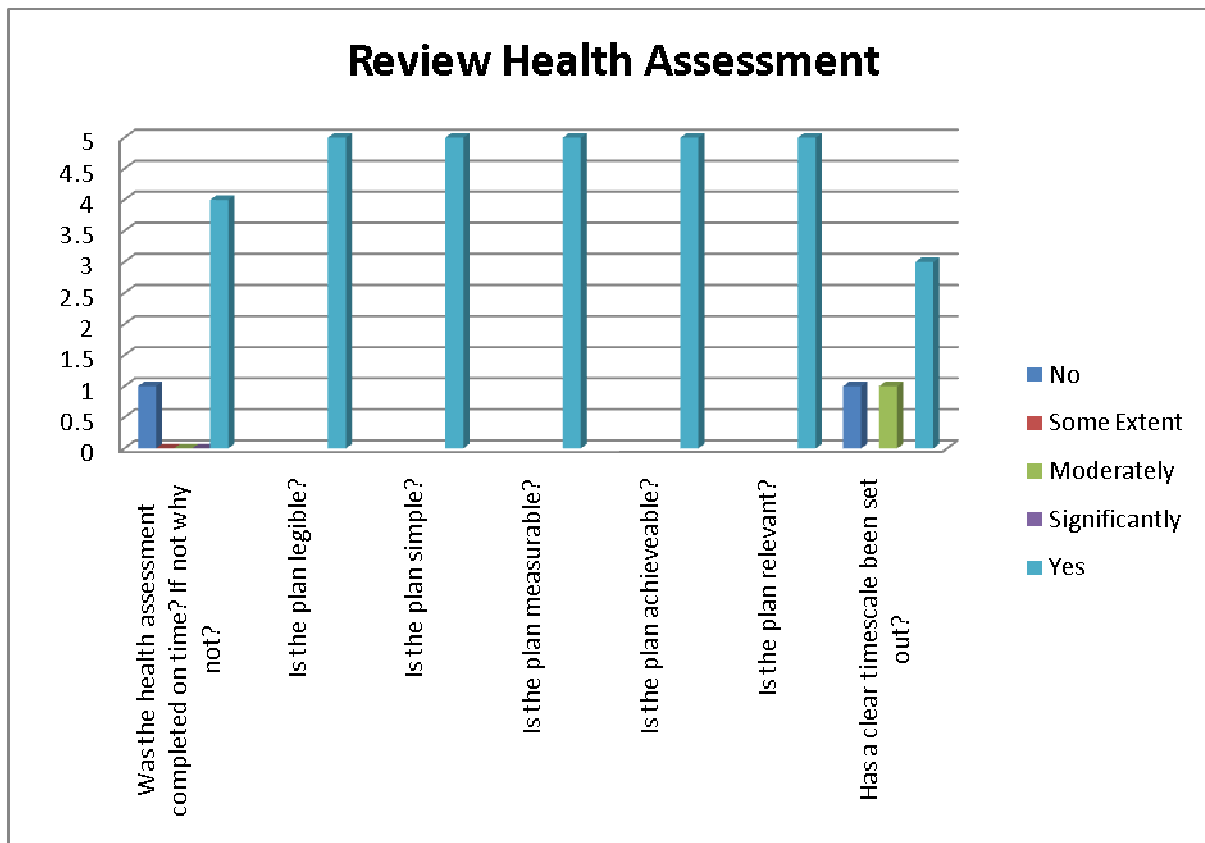


Although 5 cases were selected, the data for the Initial Health Assessments represents only 4 of these, as the documentation for 1 case could not be located. However, this case is included in the data for “Was the health plan discussed at the most subsequent LAC Review?”, as this was evidenced in the records.

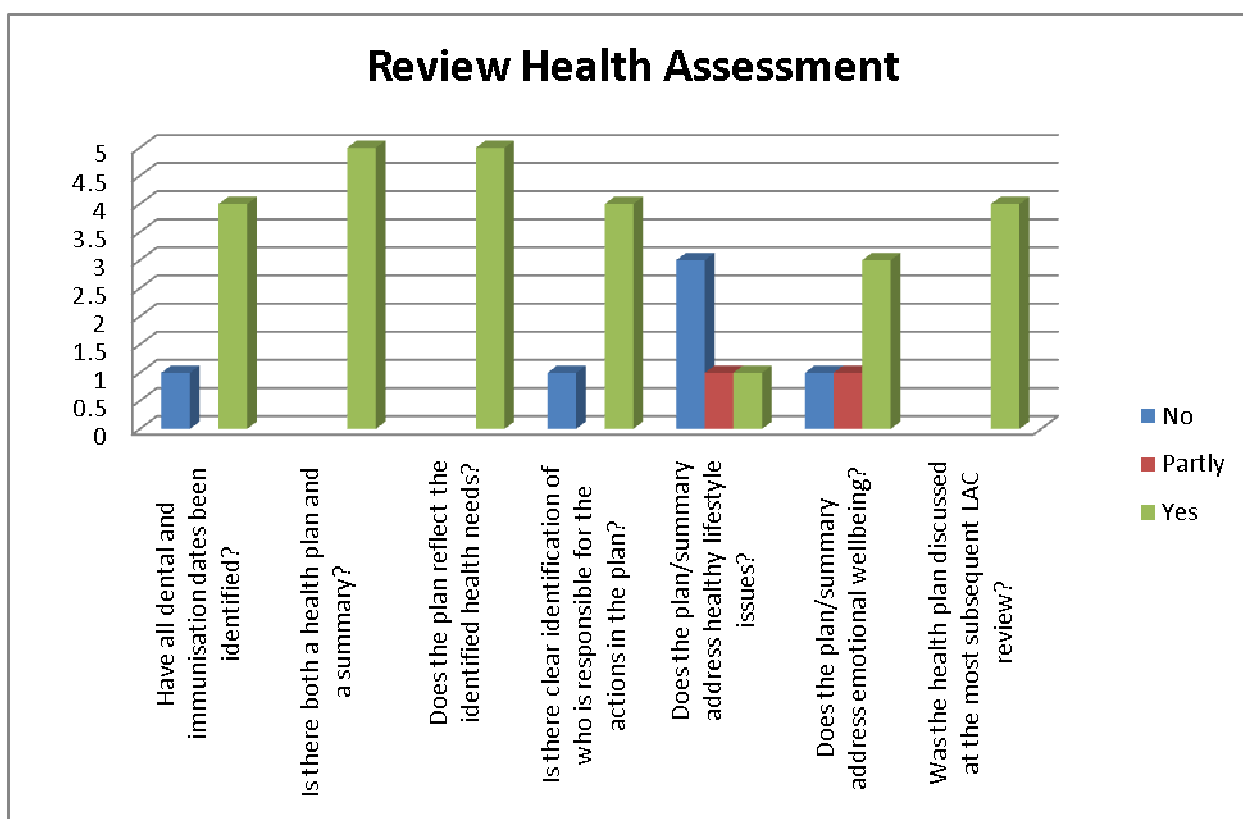
Reason 2 health assessments not being completed on:

- Delay in health undertaking both





The health assessment not completed on time was due to a late request to Health.



4 of the health plans were discussed at the subsequent LAC review, for 1 case, the audit was undertaken prior to the Statutory Review so not applicable.

Findings and Actions

Initial Health Assessments (IHAs)

1. Although 5 cases were selected, the data for one IHA could not be found.
2. Of the 4 IHAs, 2 were not completed on time which was due to delay within Health.
3. In one case, the plan was not legible, and none of them were fully measurable.
4. In all cases, health plans were discussed at the CBC Statutory Review.

Review Health Assessments (RHAs)

1. All RHAs were legible and measurable, but only 3 had clear timescales.

Actions

1. Share this audit with CBC and SEPT to enable review of processes and systems, enabling improvement of outcomes.
2. Repeat the audit process across health and CBC quarterly (to commence May 2013).

Feedback from Children and Young People on experience of their Health Assessment

The Designated Nurse and Participation Officer, CBC have been working together to establish a process of obtaining feedback from LAC about their experience of their health assessment. A simple questionnaire was devised and the Participation officer shared this information with the Children in Care Council (CICC) and obtained some feedback. Explorations of several different options for obtaining feedback, including online survey, social media and a written questionnaire have taken place. In order for the feedback to be as meaningful as possible, we are hoping to establish a way of LAC undertaking an anonymous survey, and for returns to be of a reasonable level. Feedback from the CICC can be obtained on a regular basis, but we are aiming to extend the participants to those who do not attend this forum, thus providing information from a wider group. Further work will be undertaken with the aim of obtaining LAC feedback on a regular basis commencing August 2013.

External Review of Health Pathways

BCCG commissioned an External Review of health pathways to meet the needs of Looked After Children in Bedfordshire. The review, which took place in April 2013, had a remit to:

- Provide an overview of the current multi-agency processes in place to meet the health needs of Looked After Children.
- Assess and review these against national standards and good practice guidance.
- Highlight issues related to quality and outcomes and make recommendations for improvement

The review consisted of one to one interviews with key individuals from partner organisations; meetings with two groups of looked after children and young people, and a case note audit reviewing 10 cases across health and social care (5 cases Central Bedfordshire Council and 5 cases Bedford Borough Council).

Key Issues and Recommendations are summarised under the following headings:

- Strategic partnership working
- Quality
- Operational
- Roles and responsibilities
- Emotional health and wellbeing
- Involvement of young people

The report provides an overview of achievements since the joint Ofsted and CQC inspection in February 2012, operational processes, strategic overview, partnership working, areas requiring further work as well as current and future challenges for the service.

Once finalised, this report will be shared with partners so that in-depth exploration and analysis of the findings can be undertaken, and a robust action plan developed to address the issues and recommendations. This process will be monitored and reviewed by the LAC Health Group.

Raising GPs Awareness of LAC

2012/13 saw the provision of safeguarding training to GPs across Bedfordshire. The training consisted of a full day of multi-agency presentations and group work, and included a session on Looked After Children. The purpose of this session was to raise GPs awareness of LAC and to provide information on their roles and responsibilities as per Statutory Guidance (2009). The three training days were attended by 52.5% of the Bedfordshire GP workforce. Two further training dates are arranged for autumn 2013.

In June 2013 a briefing paper about LAC and the roles and responsibilities of GPs was mailed to each GP, this was followed up with a duplicate emailed copy in December 2013; this ensured that each GP has a raised level of awareness and understanding.

6Future Work 2013/14

Leaving Care Pathway

The Leaving and After Care Nurse commenced in post in December 2012 and works closely with the 16 year + Teams in both Central Bedfordshire Council and Bedford Borough Council. To enhance overall service provision, and to ensure clear understanding of roles, remit and processes a Leaving Care Pathway is in the process of being developed. Once completed and agreed by all partners, this pathway will be incorporated into the LAC Health

Pathway (described previously), so that practitioners across all services have access to a clearly defined pathway, thus ensuring provision of a high level of service to all young people leaving care and provision of a service that supports and empowers young people to live and manage a healthy lifestyle throughout their lives. Use of the pathway will be reviewed within the LAC Health Group, 6 months after its introduction.

Strength and Difficulties (SDQ) Pathway

Currently, the completion of the SDQ is strongly linked to the end of year data returns that the local authority are required to submit, with a large number of questionnaires being completed en masse to provide this data. This system ensures a good completion rate and provides CBC with an average score for data submission, however this does not inform the overall assessment of the child/young person's mental health and emotion well-being. Very few SDQs are received by the LAC Health Team at present; this is a missed opportunity that needs addressing.

During July and August, partnership working will review the SDQ process and introduce a robust pathway which will ensure timely and appropriate completion of the SDQ which is used to inform the Social Worker and Health Professional's assessment of the child/young person's emotional health and well-being. In turn, this will ensure appropriate referrals to CAMHS and support services.

Out of Area Health Assessments

Managing the timeliness and quality of the health assessments of children placed out of area and undertaken by the local health provider can be extremely difficult and time consuming despite the use of a Service Level Agreement and the Responsible Commissioner Tariff. The LAC Health Team co-ordinate the health assessment process and the Specialist Nurse for LAC is responsible for quality assuring all the statutory LAC Health Assessments. This ensures that all assessments meet the required standard. Any issues identified through the quality assurance process are followed up with the health provider and resolved when possible. There are occasions when resolution is not achieved despite many attempts by the LAC Health Team; in order to escalate this appropriately a policy is in the process of being developed.

Quality and audit

During 2012-13 the development of a local tool to audit to review the quality of the health assessments, was undertaken by the Designated Doctor and a Paediatric colleague. This audit tool enables review of the information held in the health records against the delivery of services outlined in the Statutory Guidance for the Health and Wellbeing of Looked After Children (2009). This audit tool will be used 6 monthly to monitor 10 case files; as a case file audit was undertaken as part of the External Review in April 2013, further audit will take place in

September 2013 and March 2014. Performance monitoring will be reported to the LAC Health Group.

Performance Data

Performance data collection has historically been poor; this situation was exacerbated by the limitations of CBC's IT system. During the last quarter, CBC have worked hard to address these limitations and have now adapted their system to enable the uploading of health data provided to them as part of the health summary. The Single Points of Contact are pivotal to ensuring accurate and timely data flow.

Use of this data collection process commenced for any health assessment undertaken from April 2013. Until it is clear that the systems in place are robust, this continues to be a risk, so will require close monitoring and review within the LAC Health Group.

NICE Guidance

The **Looked-after children and young people NICE guidance was issued in October 2010 and modified in April 2013**, it was produced by the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE) at the request of The Department of Health (DH).

The guidance is for all those who have a direct or indirect role in, and responsibility for, promoting the quality of life of looked-after children and young people. Although, not statutory, the guidance can help children's services in social care and health meet their obligations to improve the health and wellbeing of looked after children and young people.

Quality standard for the health and wellbeing of looked –after children and young people, April 2013 covers the health and wellbeing of looked after children and young people from birth to 18 years and care leavers (including young people planning to leave care or under leaving care provisions). It describes high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. The standards draw on existing guidance, which provide an underpinning, comprehensive set of recommendations to support the measurement of improvement.

It is recommended that the quality standard if used in conjunction with the NICE Guidance 2013 (as above) on which it is based, should contribute to the improvements outlined in The NHS Outcomes Framework 2013/14 and the Public Health Outcomes Framework for England 2014-16. This guidance will be utilised to ensure that redesign of the Service Level Agreement meets these criteria and includes systems to monitor within it.

Sexual Exploitation

The sexual exploitation of children and young people is a form of child sexual abuse. All children and young people could be subjected to sexual exploitation, but Looked After Children and Young People are particularly vulnerable. Raising awareness and knowledge of all professionals through training and information sharing, and having robust systems and processes in place to enable concerned professionals to act accordingly are essential. The LSCB (Bedford, Central Bedfordshire and Luton) are leading on this and have a detailed section on their website that all professionals can refer to. Children and Young People in care are a particularly vulnerable group, so increased awareness and action is essential.

In November 2011 the Government published the Tackling Child Sexual Exploitation action plan which was developed in the context of the Munro review of child protection. Like Professor Eileen Munro's final report, and the Government's response to her review, the action plan emphasises the important role of LSCB's at the centre of local multi-agency arrangements to help and protect children and young people. Bedford, Central Bedfordshire and Luton are undertaking a pilot of the Sexual Exploitation Risk Assessment Conference (SERAC) process locally with a view to establishing the level of demand for this approach and to assess the benefits to victims of sexual abuse through exploitation. The pilot is effective from March 2013 to February 2014.

A SERAC is a meeting where agencies share information about potential or recognised risk to a child (under 18 years) who has been or could become subject to sexual exploitation. This meeting is intended to share intelligence, provide early intervention, reduce the risk to the child or young person and consider how the activities of the identified perpetrator can be disrupted.

LAC Clinician's Group

The **LAC Clinician's Group** is to commence in June 2013. This is a cross county group (Bedfordshire and Luton) with membership being Paediatricians including the Designated Doctor, CAMHS clinicians, LAC Health Team Nurses and the Designated Nurse. This is a forum for clinicians to share and examine practice experiences (positives and challenges), review of literature and guidance for LAC, feedback about conferences and training, identify training needs and improve links and liaison across the county and within the LAC arena. The group will have the remit to make recommendations on health and medical matters to other groups, and will report to the LAC Health Groups; the LAC Health Groups will refer clinical issues to this group for consideration.

7 Performance

7.1 Immunisations

In 2012/13 Central Bedfordshire Council's uptake of immunisations by LAC who have been looked after continuously for at least 12 months was 80.3%, which is an improvement on 2011/12. Immunisation uptake needs to be addressed further to ensure higher rates for 2013/14.

Table 2: Immunisations/Vaccinations of Children Who Have Been Looked After continuously for at Least 12 Months:

	Immunisation and Vaccination 2011/2012	Immunisation and Vaccination 2012/13	National Average 2011/12
Central Bedfordshire Council LAC	68.0 %	80.3 %	83.1%

7.2 Dental

In 2011-12 dental checks for LAC in Central Bedfordshire Council were 82.9%, which is a small improvement on 2010/11 and in keeping with the national average.

Table 3: Dental Checks of Children Who Have Been Looked After Continuously for at Least 12 Months:

	Dental Checks 2011/12	Dental Checks 2012/13	National Average 11/12
Central Bedfordshire Council LAC	81.0 %	82.9 %	82.4%

7.3 Health Assessments

In 2011-12 Looked After Children who had their annual health assessment during the year (each six months for under-fives) was 80.3% which was up from 70.5% last year.

Table 4: Health Assessments for Looked After Children Who Had Their Annual Health Assessment during the Year (each six months for under-fives)

	Health Assessments 2011/12	Health Assessments 2012/13	National Average 11/12
Central Bedfordshire Council LAC	70.5 %	80.3 %	86.3%

Difficulties continue in achieving target timescales for completion of both initial and review health assessments. Key issues remain the timely referral, with core information and consent by Social Care professionals, attendance of key social worker at IHA and out of county placements.

7.4 Strengths and Difficulties Questionnaire (SDQ)

Completion of the SDQ for 2012/13 has been undertaken, in the main, as an end of year task. There was 100% completion of questionnaires. The average reported score is 13.9, which is in line with the previous year. This indicates that the scores remain fairly static and that the score remains within the 'borderline' range (discussed below).

Table 5: Average SDQ scores

SDQ Average Score	SDQ Average Score
2011/12	2012/13
13.7	13.9

The scoring range for the SDQ is between 0-40. On an individual basis a score of 13 or below is normal and 17 and above is a cause of concern (14-16 is borderline). For local authorities, their overall average score will give an indication of the level of "concern" there is across the service. From a strategic point of view a high score will mean that more looked after children are displaying such problems.

This is useful management information as it will give an indication of where resources may need to be allocated. Over time it will also give an indication of how effective services put in place are addressing these issues.

8 Health Service Structure for LAC in Bedfordshire

8.1 The LAC Health Team (Health Provider)

South Essex Partnership University Foundation Trust (SEPT) is commissioned to provide a service for statutory health assessments for Looked After Children from Central Bedfordshire and Bedford Borough. The purpose of the health assessments are to:

- Ensure that holistic and specific health needs are identified and plans in place to support/manage needs, including opportunities for routine health checks and screening, preventative measures and health education/promotion.
- Facilitate optimum health during childhood and into adult life.

This service co-ordinates all the statutory LAC health assessments for in county and out of county placements for Central Bedfordshire and Bedford Borough children and young people. The process of coordination is labour intensive and has greatly been enhanced by the increased provision in both local authorities having a single administrative point of

contact in place. This has served to improve efficiency by streamlining the administrative processes in both health and the local authorities.

The Specialist Nurse for LAC is responsible for quality assuring all the statutory LAC Health Assessments for Children Looked After by Bedford Borough and Central Bedfordshire Councils, for children placed in and out of county. This ensures that all assessments meet the required standard. Any issues identified through the quality assurance process are followed up, as specific to the child/young person or as development of the professional undertaking the assessment. Following on from last years Ofsted/CQC inspections where concerns were raised with respect to the quality of the assessment, training as been provided to SEPT staff. The focus of the training has been the process of assessment, including emotional well-being, health promotion recording and development of measurable health action plans. Recent external audits have identified an improvement in the quality of assessments for in county placements.

Community Paediatricians undertakes the Initial Health Assessments for Bedfordshire Children placed in Central Bedfordshire and Bedford Borough. Access to Community Paediatricians is via clinics in Bedford and Flitwick. Bedfordshire children/young people placed out of county access Initial Health Assessments in the main from out of county GP's.

Health Visitors and School Nurses from the SEPT 0-19 Team undertake the majority of Review Health Assessments and support the child/young person via the universal and progressive Healthy Child Programme. Attending LAC Reviews as appropriate.

The initial and review health assessment is informed by a number of resources, information provided by social care, information already know to SEPT health professional's via child health department and requests for information from child's GP.

Concerns have been raised as to the lack of information provided via these sources. This has been mitigated by the implementation of a referral form for LAC health assessments and implementation of new templates for assessments and supporting guidance on SEPT's electronic record system. Community paediatricians have commented on the benefits of the quality of information now provided by Social Workers following the implementation of the referral forms.

The Specialist Nurse for LAC is responsible for undertaking the health assessments for Looked After Children in residential care settings, those children not in education and out of county placements within one hour travel distance. The Specialist Nurse for LAC also undertakes review assessments in more complex cases. Attending LAC health reviews as appropriate.

A Specialist LAC Nurse is aligned to each of the local authorities to provide direct access for supporting frontline social workers to support the health needs of LAC. At the same time as providing dialogue with local authority LAC team managers to discuss performance indicators and specific process issues.

Specialist LAC Nurses also input to health professional, social worker and foster carer education via input to existing training and development programmes. Recent input has included; the importance of statutory LAC health assessments, role of Specialist LAC Nurse, information re immunisation programmes and dental checks and the importance of informed consent.

A partnership review of LAC health provision was undertaken during Summer/Autumn 2012, to build on learning from last years Ofsted/CQC inspection improvement plans, for both Central Bedfordshire and Bedford Borough. The review was in part undertaken by workshops lead by an external facilitator and included young people from both local authorities LAC councils. The outcome of these has resulted in a service redesign influenced by key stakeholders, which is currently being implemented.

The service redesign has resulted in a number of changes to the above provision and extended the provision to include support for young people leaving care. Supporting and facilitating young people to take responsibility for their health into adulthood. A main influencing factor of the service design was a request from young people for consistency with respect to the health professional undertaking their annual statutory health review. The service allows for continuity provided by the Specialist LAC Nurses and School Nurse if already known to the young person. The out of county provision of the Specialist LAC Nurse travelling out of area has been considered to be inefficient and decision made to cease. The impact of these changes will be monitored and reviewed six months into the implementation of the redesigned service (November 2013).

8.2 Child and Adolescent Mental Health Services (CAMHS) (Health Provider)

CAMHS services relevant to Early Intervention LAC are commissioned by Central Bedfordshire Council and Bedford Borough Council from South Essex Partnership University Foundation Trust for Children and Young People who are:

- Looked after - accommodated (Children Act 1989 Section 20) or subject to Care Order, Interim Care Order (Children Act 1989 Section 31 & 38).
- Adopted – during the first 3 years post adoption.

Bedfordshire has a dedicated Tier 2 CAMH Looked After Children Team (LAC) which provide assessment and short to medium term therapeutic interventions; and subsequent referral to appropriate services whatever these may be; for Looked After Children with mild to moderate mental health issues. Short to medium term in the context of provision of CAMHS services is defined as up to 6 months.

The key functions of the Early Intervention CAMHS LAC Team will be:

- Providing an early intervention service for Looked After Children. This will include joint health and social care assessments and consultation for the Team Around the Child.
- Provision of training to enable skills development for foster carers and Looked After Children to help enable self-management of emotional and challenging issues.
- Provision of training and skills development for the Team Around The Child to enable them to be able to assess emotional issues and to intervene to support and maintain placements.
- Provide easy and quick access to interventions to prevent placement breakdowns for Looked After Children where there are emotional / behavioural issues threatening the placement stability.
- Providing short to medium term therapeutic interventions to Looked After Children to address more deep rooted emotional and attachment issues. Evidence based interventions are used such as:
 - i. Systemic interventions.
 - ii. Solution focused interventions, including CBT interventions.
 - iii. Access to individual therapies.
- Provision of the following group interventions:
 - i. Foster carer support groups.
 - ii. Groups for transition into new placements, including into leaving care services.
 - iii. Other group interventions as gleaned from best practice elsewhere
- Offer a reflective forum to the Team Around The Child. This will help raise awareness of 'blind spots' and how these may impact on practice, particularly in relation to safeguarding concerns.
- Offer interventions outside clinics and out of hours where they it would be more clinically effective to do so (usually the older age group). This would include working at home with carers to develop their intervention skills.
- The team will be a up to 18 year old service, with some flexibility to support young people through transition into adult services.

9 Partnership

9.1 The LAC Health Group

The LAC Health group meets every six weeks to address a range of issues. The membership of the LAC Health Group comprises the following:

- Director of Nursing and Quality
- Deputy Director of Quality and Children
- Child and Maternity Commissioning Manager, BCCG
- Heads of Service for LAC, Bedford Borough and Central Bedfordshire
- Team Leads LAC, Bedford Borough and Central Bedfordshire
- Designated Nurse Looked After Children
- Designated Doctor Looked After Children
- Designated Nurse for Safeguarding Children
- Public Health, Central Bedfordshire
- Public Health, Bedford
- Head of Service Safeguarding Children & Vulnerable Adults, SEPT
- Manager of Services, CAMHS, SEPT
- Public Health Co-ordinator for Immunisations and Vaccinations

In 2012-13 the LAC Health Group has focussed on the health assessment and review process, and worked to ensure that statutory guidance is met in relation to health and wellbeing of Looked After Children.

Key areas addressed were:-

- addressing delays in completion of initial and review health assessments
- developing secure communication processes between NHS and local Authority
- addressing issues around data collection in respect of immunisations and dental checks
- audit of health plans
- review of training programme for foster carers
- maximising health improvement opportunities
- review of development and implementation of action plans in response to the Ofsted/CQC inspection.
- redesign of the LAC Health Service business case.

The LAC Health Group is accountable to the Patient Safety and Quality Committee and reports the Ofsted Preparation Board, CBC.

9.2 The Health Improvement Group

The Bedfordshire LAC Health Improvement Group

The purpose of the Bedfordshire LAC Health Improvement group is to plan, implement and evaluate a coherent programme of training and workforce development, support and resources to maximise opportunities to ensure appropriate, effective and accessible health promotion and health improvement for LAC and those leaving care.

The group is chaired by Public Health with further representatives from Public Health, Bedford Borough and Central Bedfordshire Local Authorities, SEPT provider services and a wide range of agencies and voluntary organisations who have a vested interest in improving the Health and Wellbeing of Looked After Children across Bedford.

The Bedfordshire LAC Health Improvement Group meets every 4-6 weeks.

The Bedfordshire LAC Health Improvement Group reports directly to the LAC Health Group (led by Bedfordshire Clinical Commissioning Group), and is accountable to the Acting Early Child Health Group within Central Bedfordshire Council, and the Child Health and Wellbeing Board in Bedford Borough Council.

This group ensures that:

- there is a co-ordinated, multi-agency approach to planning to meet the health promotion and improvement needs of Looked After Children, and those leaving care, and that the voices of children and young people are at the heart of service design and delivery, regardless of race, age, disability, gender or sexual orientation.
- gaps identified locally through the Joint Strategic Needs Assessments (JSNA) are addressed, focusing on key priority areas.
- there is an agreement to key actions to support the LAC Health Team within Provider Services, in ensuring that:

young people's Health Plans are defined by Statutory Guidance (10.1);

actions arising from young people's Health Plans are implemented by scrutinising audits;

information from Health Plans (including those LAC and young people who are placed out of area) informs training, support and development and provision of resources;

all looked after children and young people have access to age appropriate health promotion information and services, which are informed by the views of looked after children and care leavers;

- there is a co-ordinated Health Improvement Training & Support Programme to support all staff working with LAC & LAAC, (including Social Care Teams and Foster Carers), to address the key priorities.

10. Training and Health Improvement Actions: (Public Health and SEPT Community Services)

10.1 Health & Wellbeing Information Packs

Age-specific Health & Wellbeing Information Packs - which include a wide range of relevant and age appropriate information – have been distributed to all young people in care/leaving care via either their designated social worker for those young people currently in the care system, or via the LAC Health Service’s Paediatrician at their Initial Health Assessment if entering care. The packs have been evaluated through the work of the LAC Participation & Engagement Officers, the Children in Care Councils and the LAC Health Team, but a relatively limited numbers of responses have been obtained thus far. More systematic auditing and evaluation of provision will be a priority in 2013/14.

Health & Wellbeing Information Packs which include a wide variety of physical and emotional health information have also been distributed to all Foster Carers via their Supervising Social Workers. The evaluation and feedback from Foster Carers will inform the future development of these packs and associated training.

Part of the health promotion/health improvement work is also underpinned by the Foster Carer training programme that was set up in 2012/13 and was delivered by Public Health in partnership with the shared Adoption & Fostering Service and SEPT provider services. The training programme included: - *'Helping to maintain and promote good health for children and young people in care'*, *"Helping to meet the specific health needs of young people leaving care"* and *"How to talk to young people about sex and relationships"*.

These training sessions supplemented the information in the Health & Wellbeing Information packs for Foster Carers. Feedback and evaluations from the training have been monitored through the LAC Health Improvement Group, and are informing training plans for 2013/14.

10.2 Sexual Health and Teenage Pregnancy

Teenage Pregnancy is a complex issue affected by personal, social, economic and environmental factors. If a young woman experiences multiple risk factors, evidence has shown that she has a 56% chance of becoming a teenage mother compared with a 3% chance for young women experiencing none of these risk factors. Teenage pregnancy disproportionately affects those who are already disadvantaged and this further increases the likelihood of a future of social exclusion.

Therefore, efforts to reduce teenage pregnancy are included in both Local Authorities' Child Poverty needs assessments and the subsequent strategies, as the links between poverty and the causes of teenage pregnancy are inextricable.

The following lists highlights the risk factors associated with teenage pregnancy (Department of Children Families and Schools 2006):

- § living in a deprived area
- § limited knowledge of where to access contraception and sexual health advice
- § living in care
- § alcohol and substance misuse
- § early onset of sexual activity
- § low educational attainment
- § disengagement from school
- § leaving school at 16 with no qualifications.

International evidence, as well as lessons from areas where teenage pregnancy rates have fallen fastest, shows that there are four main elements that need to be addressed to affect change in teenage conception rates.

No one of these can be expected to deliver change alone:

- § Work to tackle low aspirations and lack of self-esteem - sustained reductions in teenage pregnancy rates will only be possible if action is taken to address the underlying factors that increase the risk of teenage pregnancy and young people are given other choices in life.
- § Effective sex and relationships education (SRE) – which helps young people to deal with pressure to have sex, as well as equipping them with the knowledge and skills to avoid unplanned pregnancies and Sexually Transmitted Infections.
- § Easy access to young people-centred contraceptive and sexual health (CASH) services, where they need them, when they need them.
- § Addressing educational underachievement and lack of engagement in learning post-16 – there is high correlation between poor educational attainment and teenage conception rates.

10.3 Reducing the risk of teenage pregnancy for LAC

Community based Sexual Health and contraceptive services are provided by Terrence Higgins Trust (THT) and Brook which are commissioned by Bedford Borough Council, on behalf of both Bedford Borough Council and Central Bedfordshire Council. Brook delivers the young people's sexual health services and currently provides school based clinics in 8 Upper Schools across Central Bedfordshire and 4 Upper Schools in Bedford Borough.

Clinic locations were informed by local under 18 conception data to ensure that schools with pupils who were more likely to be vulnerable to the risk factors for teenage pregnancy, were targeted.

THT and Brook form part of a network of sexual health provision which includes the GUM department at the local acute trusts, local enhanced GP services called 'Sphere clinics' and provision of emergency contraception, Chlamydia screening and condom distribution through community pharmacies signed up to provide enhanced sexual health services.

How are LAC supported locally?

Access to the Brook Sexual Health Outreach Nurse

All LAC have access to the Brook Sexual Health Outreach Nurse who can be contacted directly by the young person or referred by a professional such as a social worker or teacher, to provide emergency contraception, pregnancy testing, sexual health advice and contraception.

One to one and group work

The Brook Outreach team delivers targeted work to build self-esteem and support the development of positive and safe relationships. The key target groups include young people who are;

- § looked after
- § attending Upper Schools in high rate ward areas
- § partaking in harmful risk taking behavior (such as alcohol and drug use)
- § displaying early onset of sexual activity

Work with vulnerable groups such as LAC is monitored on a quarterly basis by the Sexual Health Commissioner.

Supporting LAC as teenage parents

LAC mothers-to-be are supported through the teenage parent support pathways in each Local Authority area from when they book in with a midwife.

The aim is to support them with accessing local services such as housing, children centres, parenting programmes, education, employment and training, and addressing any other needs they may have.

Early intervention to support children and young people to reach their potential

The Aspire programme is delivered to children in years 8 and 9 who may be disengaging with education, have low educational attainment and have low self-esteem. The evidence based programme aims to build the resilience of children who may be disengaging from education by working on raising their self-esteem and aspirations.

This approach helps the more vulnerable children realise and increase their potential. Each young person participates in 8 group based workshops and receiving 6 individual telephone coaching sessions and then tracking at 3, 6, 9 and 12 months post intervention. Recorded outcomes of previous programmes are; improved attendance, improved aspirations, improved engagement in positive activities, improved self-esteem, improved confidence and no pregnancies or fatherhood.

Participating schools are selected for the programme through analyzing the following; under 18 conception ward level data, local maternity booking data, attendance data, exclusion data and key stage 2 attainment data.

Consultation with LAC

Public health have led focus groups with Looked After Children (LAC) and young people leaving care to find out how they would like to hear about local sexual health services and who they would want to talk to about sex and relationships. As a result of these consultations, an information pack was developed by Brook is now given to all LAC at an appropriate age.

Terrence Higgins Trust and Brook undertake an annual survey and continually encourage feedback on service provision by all service users. The feedback is used to develop the service and ensure that the needs of young people are being met.

Training for Professionals and foster carers

Sexual Health training for social workers and foster carers has been delivered by public health throughout 2012/13. The training is designed to support social workers; LAC team staff and foster carers to develop skills and knowledge to support young people develop positive relationships and provide high quality information in regards to sex and relationships

Teen violence multi agency training is delivered by the LSCB and public health and has been well attended by social workers and those working with LAC.

The content covers sexual exploitation, why LAC are more vulnerable to this and what we can do locally to reduce their risk. The training highlights the local Sexual Exploitation Risk Assessment Conference (SERAC) and referral and operating protocols. This training has been delivered thought out 2012/13 and will continue to be delivered in 2013/14.

11 The Future 2013-14

In 2013-14 we have the following actions/developments to achieve:

- § continuously monitor the performance within LAC health provision
- § review the redesigned LAC service to ensure it is high quality and efficient
- § improve the levels of performance on immunisation and vaccination, dental and health assessments
- § improve on timeliness of both IHA & RHA
- § influence the improvement of the quality of assessments undertaken by GPs in & out of county
- § ensure SDQ supports the holistic assessment of the child/young person's emotional well-being
- § improved outcomes related to LAC mental health and health promotion (sexual health and risk taking behavior)
- § ensure we capture experiences of young people and those leaving care in relation to their health care needs and use this essential information for further planning
- § ensure that foster carers and residential workers are equipped to look after LAC health
- § ensure we have robust places for out of area placements in relation to health needs
- § ensure strategic approach to commissioning closely working with the Corporate Parenting group
- § influence the need to include birth families in statutory health assessments to support children in care manage health choices now and in the future
- § raise awareness of LAC amongst dentists and pharmacists
- § reduce the number of young people who refuse their health assessment