

Bedfordshire Clinical Commissioning Group's Looked After Children's Health Annual Report

1st April 2016 to 31st March 2017

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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 Bedford Borough Council (BBC) and Central Bedfordshire Council (CBC) children and young people in care, during the period from 1st April 2016 – 31st March 2017. The report provides an update on work and developments for the Bedfordshire Clinical Commissioning Group's (BCCG) commissioned service for the health of Looked After Children and Care Leavers, and gives an overview of service provision.

This annual report replaces previously reported formats and reflects BCCG commissioned health service input rather than replicating local authority information and data as found in previous annual reports and reported by the local authorities.

The LAC Health Team within Essex Partnership University Trust (EPUT) co-ordinates all the statutory LAC health assessments for in county and out of county placements for BBC and CBC children and young people; this includes responsibility for quality assuring LAC Health Assessments.

Introduction

This annual health report informs on the health aspects for BBC and CBC Looked After Children (LAC). The Department of Health Statutory Guidance '*Promoting the Health of Looked After Children (2015)*' requires a report on the delivery of service and the progress achieved for the health and wellbeing of children in care.

This report covers the period of 1st April 2016 to 31st March 2017, but also outlines the current work being undertaken and the strategic aims set out for 2017/18. It will inform partners of the work to improve health outcomes for Looked After Children, as well as identifying some of the challenges facing the service.

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.

BCCG have in post a full time Designated Nurse for LAC, along with a Designated Doctor who has allocated time to undertake this role. The role of Designated Professionals is to work in partnership with the provider, Essex Partnership University Trust (EPUT), to ensure that the health needs identified for looked after children are met.

Partnership working

The importance of the health of children and young people in care cannot be underestimated. The health of looked after children is everyone's responsibility, so partnership working is essential to ensure optimum health for each individual child and young person. There is evidence of good partnership working between the LA and Health services. This is evidenced through the following meetings:-

- *Corporate Parenting Panel*
The CCG is represented on BBC and CBC corporate parenting panels which meet quarterly.
- *The Edge of Care Panel (BBC)*
The Designated Nurse is an active member of the panel which meets monthly. The Panel's purpose is to improve the service to, and outcomes for children who might become looked after, agreeing a plan to support the children and young people and their families.

- *The Resource Panel (CBC)*

The Resource Panel is a multi-agency panel that oversees, challenges, endorses and reviews any financial implication for planning processes for Looked After Children and young people (LAC) and those at the edge of care. The Resource Panel's role is to ensure that all proposed and existing internal residential, external residential (OoAs) and Independent Fostering Agencies (IFAs) continue to best meet the individual needs of the young person whilst at the same time ensuring that Best Value principles are implemented in the care planning process. The Panel will also address potential or actual drift in Care Planning by reviewing such placements and funding arrangements as it deems appropriate

The cases are presented by the social worker, any issues that arise in regards to the health of the children and young people are raised, discussed and fed back to the health commissioner or provider as appropriate.

- *Joint Strategic Needs Assessment (JSNA)*

Bedford Borough and Central Bedfordshire Health and Wellbeing Boards have a statutory duty to assess the needs of the local population through the Joint Strategic Needs Assessment (JSNA). This is a local assessment of current and future health and social care needs. Representatives from the BCCG participate in in all areas of the joint assessment. (Bedford Borough link: www.bedford.gov.uk/jsna Central Bedfordshire Link: www.jsna.centralbedfordshire.gov.uk)

- *Voice of the child*

The BCCG Designated Nurse and the Children in Care Council (CiCC) work in close partnership with Bedford Borough and Central Bedfordshire in engaging young people to ensure the voice of the child is captured and participates in events across Bedfordshire involving children and young people. This in turn informs commissioning and service provider arrangements. This has included the development of "The Pledge" which gives a commitment from health services to ensure timely completion of health assessment and for all young people leaving care to be issued with a health passports.

- *The LAC strategic and operational health groups within the CCG.*

The CCG continues to play an active role on the Local Safeguarding Children's Boards for Bedford Borough and Central Bedfordshire Councils by ensuring active engagement in the Safeguarding partnerships. Strategic planning for LAC is directed through the local authorities and accountability for the services provided to Looked After Children from the local authority and Bedfordshire Clinical Commissioning Group (BCCG) is directed through the respective Corporate Parenting Panels. Multi-agency strategic planning and operational oversight is directed through the Multi-agency Promoting the health and wellbeing of looked after children Group (PHW-LAC), 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.

The LAC health strategic group meets quarterly, and has the following responsibilities:

- Ensure clear lines of accountability are in place and that issues identified are addressed in a timely manner
- Ensure relevant information sharing occurs between BCCG and relevant stakeholders
- Monitor and delegate appropriate work streams to the Promoting the Health and Well-being of LAC Group
- Identify strengths and gaps in service provision
- Develop multi-agency plans to address key issues
- Monitor progress against agreed actions
- Review and monitor service developments
- Monitor performance data and ensure timely action is taken to remedy poor performance
- Escalate concerns in service or performance where not appropriately addressed

- Ensure all LAC work is in line with statutory guidance, NICE and essential standards
- Maintain a LAC risk register

The LAC strategic aims have been discussed and agreed for 2016-2017. The aims are as follows:

Strategic Aim 1: To ensure effective channels of communication between local authority staff working with looked-after children, CCGs, educational provision, health service providers, as well as carers

Strategic Aim 2: To ensure that looked-after children (according to age and understanding) have the information they need to make informed decisions about their health needs, including appropriate levels of health promotion and education, and access to universal services as well as targeted services.

Strategic Aim 3: To ensure the timely and effective delivery of health services.

Strategic Aim 4: To take into account the views of looked-after children, their parents and carers, to inform, influence and shape service provision, including through the Children in Care Councils

Strategic Aim 5: To ensure all staff working with looked after children who are delivering health services receive appropriate supervision, training, guidance and support

- *Operational PHW-LAC group has the following aims:*

- Each agencies sets their own objectives the strategies aims.
- The results are fed back to the group quarterly and discussed any issues arising in regards to meeting their objectives.
- The result or any issues identified are fed up to the LAC strategic Board to inform strategic objectives

Child Sexual Exploitation

NHS organisations are subject to the section 11 duties of the Children Act 2004, which places responsibility on the health provider to ensure that effective safeguarding children arrangements are in place. This is achieved through commissioning and monitoring processes identified within the contractual arrangements, and includes arrangements regarding child sexual exploitation (CSE).

Bedford Borough, Central Bedfordshire and Luton Safeguarding Children Boards have developed a strategic CSE action plan based on identified risks and recommendations from an independent CSE review. A pan Bedfordshire Child Sexual Exploitation Group (CSEG) has also been developed which has replaced the previous Child Sexual Exploitation Panel (CSEP). CSEG is a multi-agency group which ensures a co-ordinated approach to concerns about child sexual exploitation and to maintain an overview of emerging child sexual exploitation issues in Bedfordshire. BCCG is represented on both the strategic group and CSEG to ensure health partners are involved throughout.

Child Sexual Exploitation (CSE) Lead

- The post was commissioned by BCCG for one year, with the remit of raising awareness, reviewing pathways, provide training and working to support CSE awareness and reporting within Primary Care in regards to CSE.
- The role involves multi-agency training
- The post holder also sits on the Child Sexual Exploitation Group (CSEG) and feeds back any relevant information to health partners
- The post holder attended a promoting the health of looked after children meeting where they delivered the training to all the providers in attendance, which was well evaluated.
- The Designated Nurse also supported this post by attending GP surgeries and pharmacies in the local area to raise awareness of CSE in community

Designated Clinical Officer

A Designated Clinical Officer has been appointed to support the Special Education Needs and Disability (SEND) agenda

- The role is to support the implementation of Educational Health Care Plans (EHCP) for children and young people and to ensure input from health services
- A high percentage of LAC children have additional educational needs and require an EHCP. As a result the designated nurse for LAC is working closely with the post holder to ensure we are meeting the needs of these children.
- As part of the SEND improvement plan for Bedfordshire, the Designated Nurse also sits on a number of SEND sub groups to identify and address issues relating to LAC. These groups include the local offer, transition and children with exceptional circumstance.

CAMHS

Child and Adolescent Mental Health Services (CAMHS) in Bedfordshire are provided by East London NHS Foundation Trust (ELFT). Specialist CAMHS (Tier 3) offers assessment and treatment to children and young people with moderate to severe emotional and behavioural difficulties, including mental illnesses. Core services are provided within several multidisciplinary teams as illustrated below, depending upon the particular needs of the young person. CAMHS staff are mainly based within specialist centres in Bedford and Dunstable, although services are offered across the county. Where feasible, staff are embedded within or closely linked to partner agencies to provide an integrated care package. Tier 2 CAMHS are provided by several third sector organisation across Bedfordshire including CHUMS, Open Door, Relate and Sorted. These services provide assessment and short-term treatment to children and young people with less severe emotional and behavioural difficulties.

Looked after Children's CAMHS Service Performance Data 2016-17.

Looked After Children	Q1	Q2	Q3	Q4	YTD
Referrals	19	15	18	27	79
DNA's	8%	2%	10%	7.7%	8%
Direct Patient contact	360	279	632	395	1666

DNA's

When a service user fails to attend an initial appointment the clinician will attempt to contact the service user/carer during the appointment time, by telephone, to ascertain reasons for non- attendance and to enhance future engagement. If it is not possible to make contact by telephone, following a risk assessment of available information, a letter will be sent requesting the service user/carer to contact the service in order to offer an alternative appointment. For first appointments the original referrer and GP will be advised of non- attendance.

If, after a two week period, the service user/carer have not contacted the service a further letter will be sent. There may also be telephone discussion with the original referrer to assess the degree of risk or other professionals involved in the service user's care, if known. If after a further 2 week period there has been no contact with the service user/carer the individual clinician will carefully consider discharge and make a professional judgement based on the available information. If the decision is to discharge the original referrer and the GP will be informed in writing.

Direct Patient Contact

Children and Young People currently receiving services were seen in a variety of settings including CAMHS clinics, schools or home. Dependant on individual needs appointments were either face to face, telephone, consultation with other professionals, i.e. school, social care etc. This ensures that the young person is seen in the place that suits them the best and were they feel comfortable. This will support the young person engagement in the process.

Waiting Times

Under the NHS Constitution, no patient should wait more than 18 weeks for any treatment. The average waiting times for routine appointments across Bedfordshire CAMHS varies the majority of the cases are seen for an initial appointment within 11 weeks of referral. The cases waiting outside of this, these are assigned to our Neuro Development Team and are awaiting specialist assessment. When a child presents in Crisis they are seen and assessed immediately and a care plan will be developed in response to the identified need.

East of England Protocol

Bedfordshire CCG is an active member of the regional working group to draw an East of England protocol for Looked After Children and Care Leavers. The protocol will spell out the agreed principles and practice that will be applied when a looked after child from one LA area presents in another LA area in need of

- a. a routine community CAMHS referral
- b. a specialist CAMHS intervention/support when a crisis occurs – either in the community or General Acute Hospital setting
- c. admission to a CAMHS Tier 4 inpatient unit

Looked after children and care leavers from one Local Authority who present in another Local Authority in need of a mental health assessment and/or intervention. There will be some of these children and young people with exceptionally high levels and complexity of needs who will require particularly intensive treatment and support packages, way in excess of any area's core offer. These children and young people should already be subject to joint Local Authority and CCG planning processes. Multi-Disciplinary Team (MDT) meetings will be called to determine what bespoke service offer will be commissioned and provided for such cases and which organisation will pay for each part of the package.

What do we want this protocol to achieve in the East of England?

Elimination of the variation in practice and the delay and harm that can cause to looked after children and care leavers. We want to ensure children and young people have consistent, fair, open access to the local core service offer in whichever part of the East of England they live or present in.

The variation in practice also causes confusion among operational staff from the mental health providers, Local Authorities, and commissioners which can exacerbate the delay and harm to children and young people and damage effective working relationships between staff and organisations.

When a looked after child or care leaver from one Local Authority area presents in another Local Authority area in need of:

1. A routine community CAMHS referral – to either a Targeted or Specialist service – for a mental health issue that was already part way through being addressed when the child or young person lived in his/her originating Local Authority area.
2. A routine community CAMHS referral – to either a Targeted or Specialist service – for a newly emerging mental health issue.
3. A mental health assessment which had been part completed at the point of a move to another Local Authority area – and needs to be completed.
4. A specialist CAMHS assessment and intervention when a crisis occurs, including when an inpatient Tier 4 CAMHS hospital admission may be needed.

The protocol for the East of England is still process of being finalised and we awaiting the final document. Once agreement has been sought it will implemented across Bedfordshire and evaluated as to it effectiveness in the meeting the outcome of these children and young people

Child Protection - Information Sharing (CP-IS)

The national implementation of the CP-IS is part of the NHS standard contract. Bedfordshire is implementing the Child Protection Information Sharing System (CP-IS). When a child is known to Children's Services- Social Care, as a Looked After Child or on a Child Protection Plan, basic information about that plan is shared within the NHS, via a secure IT system. If that child attends any NHS unscheduled care setting, such as an emergency department or a minor injury unit:

- *The health team is alerted that they are on a plan and has access to the contact details for the social care team*
- *The social care team is automatically notified that the child has attended, and*
- *Both parties can see details of the child's previous 25 visits to unscheduled care settings in England*

This means that health and social care staff have a complete picture of a child's interactions with health and social care services.

Leaving and After Care

BCCG commissioned a Looked After Young People's Nurse within the LAC health team to provide care leavers with support which is offered until their 21st birthday. All Care Leavers, whether placed in or out of county, are provided with contact numbers and details of the LAC Health Team at the time of their final Health Assessment, in order to facilitate easy access and support as required.

The service specification was reviewed and agreed in February 2016 to include:

- To ensure all Care Leavers are offered a service from the LAC Health Team and are provided with information on how to access health care provision
- The leaving Care Service ensures it makes contact with all Care Leavers within the first three months of leaving care to offer any further support or advice
- To provide all Care Leavers who are placed out of area, and whose final RHA is undertaken by an external provider, with the Leaving Care Letter
- To raise the awareness of the availability of the leaving care service and the support it can offer to young people
- To increase the number of young people leaving care who have received a Health Passport. This process is currently under review.

BCCG is working with The Care Leavers Association on a three year project commissioned by the Department of Health to improve the health of adults and young people by utilising the user voice to develop guides and resources to better inform commissioning and delivery of services.

The LAC Health Team

Essex Partnership University Foundation Trust (EPUT) is commissioned by BCCG to provide a service for statutory health assessments for Looked After Children from Bedford Borough and Central Bedfordshire. 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.
- The service co-ordinates the statutory LAC Health Assessments for in county and out of county placements for Bedford Borough and Central Bedfordshire children and young people. This process is supported by an administrative single point of contact within each Local Authority which improves the efficiency and streamlining of this service.

The Service Specification was reviewed and agreed in February 2016. It requires that the Specialist Nurses for LAC quality assure all health assessments completed by external health providers, and quality assure a 10 % dip sample of all those completed by EPUT health professionals. 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.

A key change to the service specification now includes that if a young person is placed out of area and there is no provision in the out of placement to carry out the health assessment, they can be invited back to Bedfordshire to undertake their health assessment; this is with the proviso that the young person, foster parents and social worker are all in agreement. The health assessments will be completed by the LAC health team in line with normal contractual arrangements and not incurring additional payment arrangements.

The CCG has implemented a process for the funding of initial /review assessment for Looked After Children placed out of area (OOA). The process will ensure that any payments made to an OOA provider will be quality assured by the LAC health team prior to any payments being made. This will ensure that the children and young people placed OOA have a detailed comprehensive health assessment. The CCG has an escalation process in place for when there are issues in commissioning health assessment for children placed OOA.

Community Paediatricians undertake the Initial Health Assessments for Bedfordshire Children placed in Bedfordshire and one hours travel outside the Bedfordshire Border. Access to Community Paediatricians is via clinics in Bedford and Flitwick. Bedfordshire children/young people placed out of county and within one hour of the Bedfordshire borders will be invited to attend a Bedfordshire Paediatric clinic for their Initial Health Assessment. Those placed outside this area will be completed by an out of area provision under a service level agreement, or invited back as outlined above if no provision available.

[GP Training](#)

The CCG delivers level 3 Safeguarding to all GP practices within Bedfordshire. As part of the training programme the Designated Nurse for LAC promotes the roles and responsibilities of GPs in relation to looked after children. This includes the importance for GP's to act as an advocate for the health of each child or young person who is looked after. Raising the awareness of private fostering arrangements and responsibilities around notification to the LA's. The GPs are advised to ensure timely, sensitive access for LAC to specialist services, taking into account the needs and risk of frequent placement change for many children and young people who are looked after. The importance of maintaining accurate and comprehensive records for each young person and to provide report and health summaries as required are also emphasised.

[Conclusion](#)

This report has shown the services that are available to Looked After Children for 2016-2017 in Bedford Borough and Central Bedfordshire. BCCG is working in partnership with the Local Authorities and East Partnership University Trust. The CCG will continue to monitor the provision of health services that they commission within BBC and CBC to ensure that Looked After Children and Young People receive an appropriate and cost effective service in order for them to achieve their full potential.

Appendix 1

Central Bedfordshire Council Looked After Children's Health Performance Data.

April 1st 2016- March 31st 2017

Table 1: Central Bedfordshire Performance Data.

	2015		2015		2016	
	Number	%	Number	%	Number	%
Total Number of LAC	274	N/A	287	N/A	304	N/A
LAC placed in county	110	40.1	119	41.5%	129	42.7%
LAC placed out of county	164	59.8	168	58.5%	173	57.3%
LAC placed in Foster Placement (total)	197	71.8	199	69.3	211	69.4%
LAC placed with Independent Fostering Agency	91	33.2	86	30.0%	82	27%
LAC placed in Children's homes, hostels and other residential settings including secure units	25	9.1	31	10.8%	34	11.2%
LAC living independently	26	9.4	30	10.5%	40	13.2%
LAC placed for adoption, placed with parents or others	26	9.4	27	9.4%	19	6.3%
Unaccompanied Asylum Seeker (UAS's)	-	-	37	12.9%	47	15.5%

Table 2: Performance Data for LAC in Central Bedfordshire

	2014/15	2015/16	2016/17	Statistical Neighbour Average 2015/16
Immunisation & Vaccination Performance	94%	93.5%	90.7%	90.6%
Dental Check Performance	97.7%	97.0%	94.9%	70.9%

The percentage of children who have had their teeth checked and all their immunisations up to date has all dropped marginally since the previous year, however in comparison with 2014/15 benchmarking data, as a CCG we are still performing well.

Table 3: Initial Health Assessments

	2014/15	2015/16	2016/17	2016/17 Completed RHA's
IHA completed	-	-	94.8%	90 out of 116
IHA completed within statutory timescales by %	57.5%	41.2%	89.7%	-

Time band (in working days) Initial Health Assessment	No. of children
0-20 days	90
21 to 30 days	14
31 to 40 days	2
41 to 50 days	1
51 to 60 days	1
61 to 70 days	0
More than 71 days	1
No Initial Health Assessment	7
Total	116
% to timescale	89.7%

Initial Health Assessment (IHA): 90 out of 116 new Looked After Children had their IHA within the statutory requirement of 20 days of becoming Looked After – 89.7% this is an increase of 48.5%.

Table 4: Review Health Assessments (RHA's)

	2014/15	2015/16	2016/17	2016/17 Completed RHA's	Statistical Neighbour Average 2015/16
RHA Performance	97.7%	96.5%	92.5%	174 out of 188	90%

The CCG Designated Nurse is aware of the falling compliance and has taken steps to mitigate risk. This has included meeting with EPUT in the form of contract meetings.

Table 4: Strength and Difficulties Questionnaire (SDQ)

	2014/15	2015/16	2016/17	Statistical Neighbour Average 2015/16
SDQ Completion Rate	-	-	100%	63.8%
SDQ Average Score	14.2	14.5	13.2	15.2

The SDQ is a short behavioural screening questionnaire. It has five sections that cover details of emotional difficulties; conduct problems; hyperactivity or inattention; friendship and peer groups; and also positive behaviour, plus an “impact supplement” to assist in the prediction of emotional health problems.

The scoring range for the SDQ is between 0-40. On an individual basis a score of 13 or below is deemed as normal, with a score of 17 and above being 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 perspective, a high score will indicate that more looked after children are displaying difficulties.

The average score for CBC LAC children has decreased by 1.3% in 2016/17. The score is used to inform the review health assessment carried out by the LAC nurses and will ensure that young people are signposted to the most relevant service.