

**NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING**

HEALTH OF LOOKED AFTER CHILDREN (LAC) ANNUAL REPORT 2016 - 17

Date of the meeting	20/09/2017
Author	P J Earney - Designated Nurse for Looked After Children (LAC)
Sponsoring Board Member	Dr S Yule, Locality Chair for North Dorset
Purpose of Report	To provide assurance that the CCG is meeting its statutory requirements in relation to Looked After Children.
Recommendation	The Governing Body is asked to note the report.
Stakeholder Engagement	The Designated Nurse is working closely with all providers and partner stakeholders, in reviewing and monitoring current services commissioned to meet the health needs of children accommodated in Dorset.
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> Preventing ill health and reducing inequalities 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : PE

1. Introduction

1.1 This report provides an annual summary on the key areas of performance, outcomes and development achieved by local health service providers to meet the health needs of Looked After Children during 2016/17. The report aims to:

- to inform and assure the Clinical Commissioning Group (CCG) Governing Body on the progress and developments both locally and nationally on issues related to the Looked After Children's agenda;
- to provide assurance that action is being taken to address any ongoing issues;
- to provide information on current and future work activities.

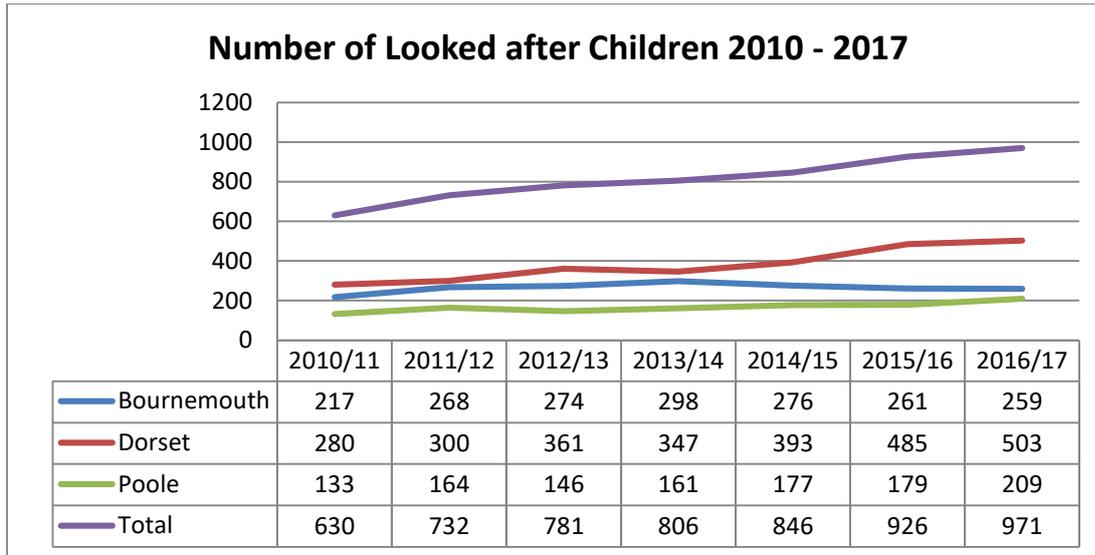
1.2 Dorset CCG remains compliant with its statutory requirement for meeting the health needs of Looked After Children. Further information regarding roles and responsibilities can be accessed via the CCG website.

2. Background

2.1 Looked After Children (LAC) and young people share many of the same health risks and problems as their peers, but often to a greater degree. They often enter care with a worse level of health than their peers in part due to the impact of poverty, abuse and neglect. Longer term outcomes for looked after children remain worse than their peers.

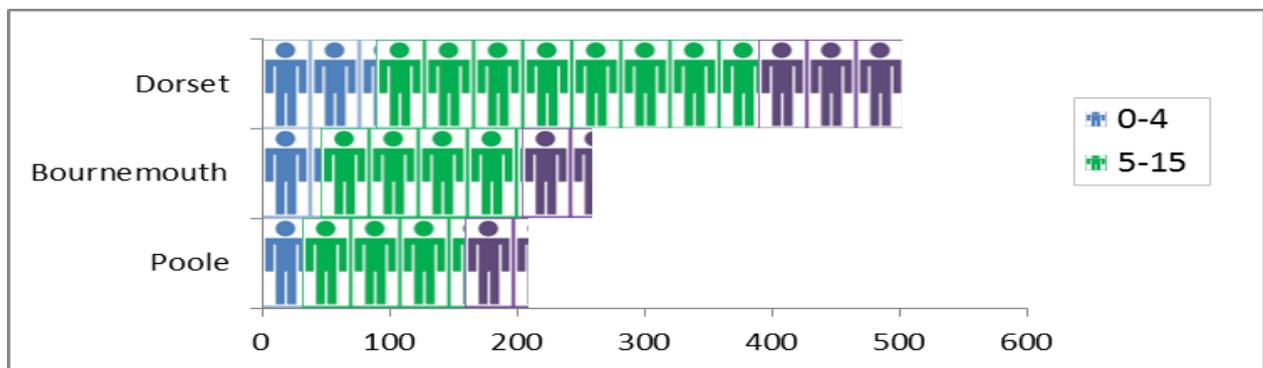
2.2 Between 1 April 2016 and the 31 March 2017 within the Dorset CCG boundary there has been an increase in the number of LAC from 485 to 503 (3.7%) however this is a significantly lower increase compared to the previous year of 23%. Indications are that numbers are now stabilising.

2.3 The graph below sets out the local historic trend of increasing numbers of children being accommodated across Dorset.



2.4 Nationally the age profile has continued to change over the last four years, with a steady increase in the number and proportion of older children. 62% of children looked after were aged 10 years and over in 2016 compared with 56% in 2012. There has been a reduction in the number and proportion of children aged 1-4 years (from 18% of the looked after population in 2012 to 13% in 2016), and a slight decrease in the number and proportion of children aged under one year (from 6% in 2012 to 5% in 2016). The same picture of national trends is reflected locally as shown in the table below.

Pictorial table 1: Number of children in care split by area and age at 31st March 2017



3. Statutory Health Assessments

- 3.1 Local authorities are responsible for making sure a health assessment of physical, emotional and mental health needs is carried out for every child they look after, regardless of where that child lives. These are undertaken by specialist health professionals.
- 3.2 The initial health assessment (IHA), commissioned from Poole Hospital FT, should result in a health plan which is available in time for the first statutory review by the Independent Reviewing Officer (IRO) of the child’s care plan. That case review must happen within 20 working days from when the child started to be looked after.

- 3.3 The review health assessment (RHA), commissioned from Dorset HealthCare FT, of the child's plan must happen at least once every six months before a child's fifth birthday and at least once every 12 months after the child's fifth birthday. The child's social worker and IRO have a role to play in monitoring the implementation of the health plan, as part of the child's wider care plan.
- 3.4 Leaving care summary; Care leavers should be equipped to manage their own health needs wherever possible. They should have a summary of all health records (including genetic background and details of illness and treatments), at the point they cease to be 'looked after'.

4. Commissioning Effective Services

- 4.1 As per the revised guidance "Promoting the Health and Wellbeing of Looked After Children (2015)" NHS Dorset CCG are statutorily responsible for ensuring the organisations from which they commission services provide a sound system that safeguards vulnerable children and adults. This includes specific responsibilities for LAC, wherever they are placed. CCGs, together with colleagues in local authority services and NHS England monitor and review arrangements and services against agreed quality standards, to ensure a robust service is in place.
- 4.2 When children are placed out of area the originating CCG remains the responsible CCG for commissioning services. Guidance states that continuity of services for placements outside the local authority or health boundary identifies that LAC should not be disadvantaged when they move across local authority or health boundaries and should continue to receive the services they need.

5. Performance

- 5.1 Pan Dorset 47% of children for the three local authorities had their IHAs completed in a timely manner in year 2016/17 compared to 51% of children new in care in 2015/16. Bournemouth had the best figures of 95% followed by Poole at 60% and Dorset at 21% (total 47%).
- 5.2 The increased performance for Bournemouth can be attributed to a slight reduction in number of children new into care, timely notification and consent for IHA, with effective communication between Social Services and LAC Administrator within Dorset HealthCare due to sharing the same office building. The decreased percentage of children seen within 20 days for IHA in Poole was due to a Medical Adviser leaving the post. Recruitment has taken place and children are being seen within the statutory timeframe.
- 5.3 In the year 2015/16 only 28% of Dorset IHAs were completed within 20 working days. The number of Dorset children having an IHA in a timely manner in the year 2016/17 has unfortunately further decreased to 21%. There was significant improvement at the beginning of the year 2016/17 which declined following reconfiguration of their Children Social Care services.
- 5.4 The identified reasons for decline in Dorset figure in the year 2016/17 were late notification by Social Workers, Social Workers not sending parental

consent for Initial Health Assessment process to be commenced and Foster Carers being unwilling to bring children to appointments in Poole.

- 5.5 In the last six months the Designated Doctor and Nurse for LAC have held repeated meetings with senior managers from Dorset Children's Social Care (CSC), highlighting and escalating the concerns about delays in notification and sending parental consents. This risk is on the CCG's Corporate Risk Register. When an LA does not provide commissioned health providers with Notification and Consent within five statutory day's following accommodation of a child, the risk is children in care will not receive their initial health assessment in a timely way and could have their health and wellbeing compromised as a result. The risk to the CCG is that statutory responsibilities are being breached and commissioned health Providers are unable to meet their performance requirements.
- 5.6 Early indications for 2017/18 shows a trajectory of improved practice, which will continue to be monitored for the coming year to give assurance of improved practice and sustainability.

6. Governance and Quality Assurance

- 6.1 Performance improvement has been a major priority during this year and a robust reporting performance framework is now in place.
- 6.2 Following significant investment by the CCG a new skill mix model for the service has been implemented. The Designated LAC Nurse has been approached by several regions across the south of England to act as a peer support in sharing good practice now being implemented in Dorset. The focus locally for 2017/18 will be to fully implement the new LAC and CL (care leavers) model and evidence improved access, support and outcomes.
- 6.3 The Designated LAC Nurse is an active health representative, supporting the corporate parenting responsibilities of Local Authorities This enables the reporting and monitoring of all services for LAC and CL and aids in the identification of potential gaps in services.
- 6.4 In 2016/17 a Serious Case Review involving two LAC individuals was completed. The SCR identified gaps in GP knowledge and awareness, particularly around where to seek advice and support for LAC with complex educational and or disability when not placed with their family unit. In response the Designated Nurse and named Safeguarding GP for the CCG undertook GP visits, held evening awareness sessions and created a GP podcast to increase awareness and promote joint working between GP's and the Specialist LAC health provision.

7. Joint Working with Local Authorities

- 7.1 Partnership forums across all three local authorities in Dorset are now working on service planning, strategy and commissioning of LAC and CL and provision.

- 7.2 The Designated LAC Nurse attends all strategic groups within the three local authorities, with the LSCB and DSCB taking the lead for Serious Case Reviews where the child has LAC status. This has helped to embed a health focus as part of the child's overall care plan and inform CCG commissioners of areas of good practice or need for development. Health performance data is shared with all three local authorities.
- 7.3 DSCB has identified the need to be proactive in maintaining permanence within family units, reducing the number of children needing to enter the care system. Where this is not possible a focus on working towards successful reunification will be a key priority reducing the "yoyo" effect of children bouncing in and out of care with their needs not being met. This work will be taken forward by a DSCB subgroup with the CCG Designated LAC Nurse to act as chair.
- 7.4 The strategic Pan Dorset Child Sexual Exploitation(CSE)/Missing and Trafficked LSCB Subgroup maintain focus on the identification and reduction of children at risk, of which LAC are of particular risk. Successful implementation of a number of partnership initiatives has had a positive impact with the number of children being assessed at moderate or significant risk reduced. Each LA hold monthly operational multiagency "Top TEN CSE/Missing" meetings; and weekly Pan Dorset meetings take place to review and share intelligence, taking appropriate action to reduce potential or actual risk to children.
- 7.5 The monitoring and tracking of LAC placed out of the county by their accommodating local authority, or LAC placed in Dorset by other local authorities has continued through the CCG Notification Process implemented in June 2015.

8. The Voice of the Child

- 8.1 CCG Children in Care Conference "Be Healthy, Build Resilience, Be Happy" is being developed, and is aimed at Dorset LAC and CL; to inform them of health provision available across the health economy and seek their views on what we are getting right and where we need to improve.

9. Key areas for development/actions for the CCG Designated Nurse 2017/18

- 9.1 Continue to build partnership joint working with the three local authorities in tracking trends and impact for Looked after children and Care Leavers to inform focus of health provision.
- 9.2 Work with providers to ensure the new model is fully implemented and that access, support and outcomes are improved for LAC and CL.
- 9.3 Continue to monitor health provider activity and performance in line with contractual arrangements.
- 9.4 Carry out provider visits to seek assurance that quality assurance of IHA's and RHA's is being completed and are fit for regulatory inspections.

- 9.5 Work with the three local authorities in mapping independent care homes and residential schools across Dorset to identify if unknown LAC placed by other local authorities are resident within the County but have not been notified to the LA's or CCG.
- 9.6 Take a strategic lead in focusing health providers to meet the physical, emotional-wellbeing and mental health needs for LAC transitioning to independence. Where transition to adult health provision is required joint working with the multidisciplinary team around the child will be paramount.
- 9.7 Hold a Children in Care Conference "Be Healthy, Build Resilience, Be Happy" for LAC and CL with the aim of informing them of health provision available across the health economy and seek their views on what we are getting right and where we need to improve.

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Date: 04/09/17

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