

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
LOOKED AFTER CHILDREN ANNUAL HEALTH REPORT

Date of the meeting	18/07/2018
Author	P Earney Designated Nurse for Looked After Children and Care Leavers
Sponsoring Clinician	Dr S Yule, Locality Chair for North Dorset
Purpose of Report	To provide a report on services being commissioned for Looked After Children, current trends, and outcomes for all children accommodated in Dorset.
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 Objectives	<ul style="list-style-type: none"> • Prevention at Scale • Integrated Community and Primary Care Services • One Acute Network • Digitally Enabled Dorset • Leading and Working Differently 		
	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



**Dorset
Clinical Commissioning Group**

**Looked After Children & Care Leavers Annual Health
CCG Report
2017-2018
Executive Strategic Summary**

**Penny Earney
Designated Nurse for Looked After Children
Dorset Clinical Commissioning Group**

1. Introduction

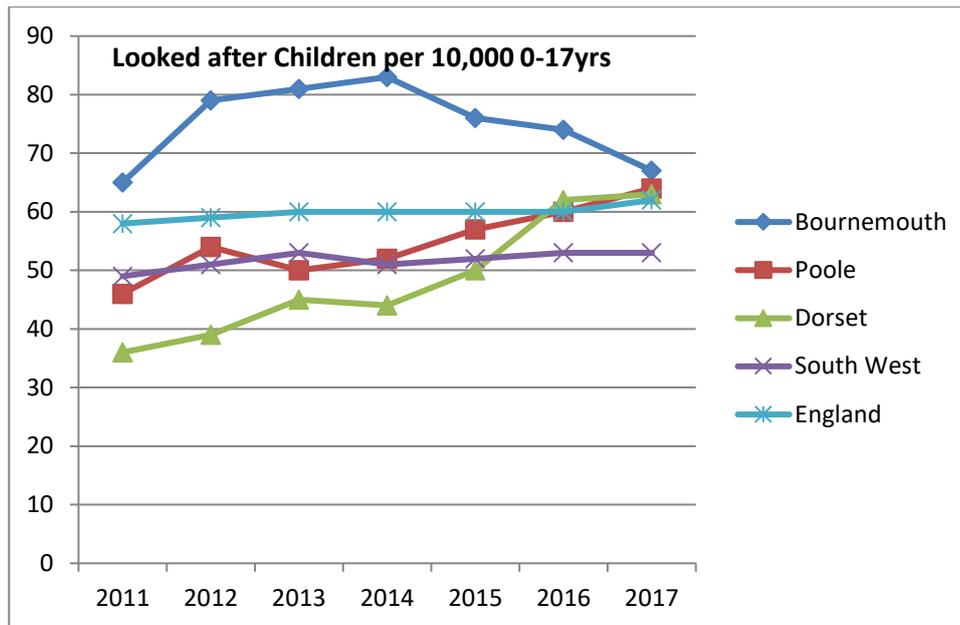
- 1.1 This strategic summary is to give assurance to the Governing Body and wider reader that the Dorset Clinical Commissioning Group (DCCG) are meeting their statutory requirements in commissioning services which are safe, effective, caring, responsive and well-lead in identifying and meeting the health needs of the Looked after Children population of Dorset. The report covers the period from 1 April 2017 to 31 March 2018.
- 1.2 The full annual reports for 2017-18 can be found on the DCCG Website access by following these links ([Dorset Healthcare/ Poole Hospital NHS Foundation Trust](#)) - the reader is encouraged to view to gain a full understanding of the current commissioning arrangements, the health needs and outcomes for Dorset children in care, the action plans and priorities that are in place by our providers and agencies involved with Looked after Children (LAC) and care leavers (CL).

2. National and Local Drivers for LAC

- 2.1 The national and regional focus for LAC and CL was continued as a main area for improvement for NHS England, NHS Wessex during 2017/18 this focus continues into 2018/19. The national and local drivers to improve the emotional and mental health in line with latest research and policy change are explored further within the main report.

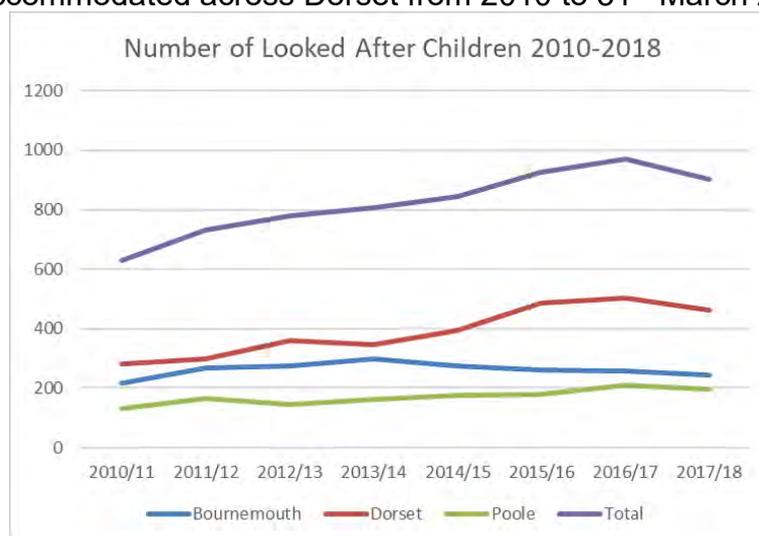
3. National and Local Profile of Looked After Children

- 3.1 The demographics for looked after children nationally are taken from the Statistical First Release (SFR 41) which provides information about looked after children in England. Nationally in 2017 the rate was 62 children per 10,000 of the population, for the same period, Bournemouth Borough reported 67 per 10,000, despite a decrease in numbers from 2016 they remain above the national average and the regional average (53). Dorset is (63 per 10,000) above the regional average and just above the national average. Poole (64 per 10,000) are above both above the regional and national average. Demographics locally for all three local authorities have not been able to evidence why they remain above the regional and national average. Strategically there is a focus on this area in gaining assurance that the right children are being accommodated, that multiagency services in early help and on the edge of care are safeguarding children by having robust support packages in place.
- 3.2 **Graph1.** The Graph below compares the local, regional and national picture from 2010 to 31 March 2018



3.3 Between 1st April 2017 and the 31 March 2018 locally Dorset (West and East) has seen the largest decrease (20%) in its numbers entering care from 217 to 175. Their total number of children in care being reported at 461 indicating an 8.3% overall reduction. This was mainly due to a large number being reported by the local authority as turning 18yrs leaving care moving to the care leavers service. Poole have seen a slight decrease of children entering care from 92 to 79 (3%). Their total number of children in care being reported as 197 indicating a 5.7% reduction. Bournemouth have seen a slight increase of children entering care to 95 from 91 (4%). Their total numbers show a decrease from 259 to 243 (6.2%) This gives an overall decrease Pan Dorset of 7.2% of the total number of LAC.

3.4 **Graph 2.** The graph below sets out the local trend of numbers of children being accommodated across Dorset from 2010 to 31st March 2018



3.5 The above number of Looked after Children does not include Care leavers the new commissioning arrangements with providers set out a responsibility to support care leavers health up to their 25th Birthday in line with national policy.

As of 31st March 2018 there are 468 Care Leavers Pan Dorset. Further analysis and breakdown of the demographics making up the whole Looked after Children and Care Leavers numbers can be viewed in the 2017-18 Annual report by Dorset Health Care who provide the specialist nursing service for Looked after Children and Care Leavers. This is available on the DCCG Portal and Looked after Children page of the DCCG internet page.

4. Governance and Quality Assurance

- 4.1 Robust mechanism for monitoring performance of commissioned providers is in place the Designated Nurse reviews performance and quality with areas for action, time frames and outcomes reporting to the Directors Performance Meeting monthly and Quality Group and the Governing Body Quarterly. Performance is also shared with the LSCB/DSCB, three local authorities through their Corporate Parenting Boards and NHS England. This allows DCCG and providers to be able to track and monitor the trajectory of activity and quality indicators to assure the CCG that they are meeting their responsibility in commissioning effective services to meet the physical and emotional health needs of its LAC population.
- 4.2 DCCG Designated LAC Nurse and Doctor LAC/CL work plans are in place and reviewed quarterly within the Quality Directorate.
- 4.3 Following the DCCG's investment into the Looked after Children (LAC) Health Service Pan Dorset (2016), DCCG has seen the new skill mix model for the service being fully implemented. The model continues to be identified by NHSE nationally and their regional areas, as good practice. DCCG Designated LAC Nurse has been approached by several regions across the south of England to act as a peer support in sharing this good practice.
- 4.4 Recruitment to posts within the expanded service has been a challenge, there is a shortage of experience dual role nurses available. DCCG and DHC are working with Bournemouth University in creating a LAC practitioner's pathway to build career progression, sustainability and succession planning for local provision of specialist LAC services this is a key area development during 2018/19.
- 4.5 DCCG Designated LAC Nurse represents health and as an active member supports the corporate parenting responsibilities of local authorities who have a duty under section 22(3)(a) of the Children Act 1989; to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption, regardless of whether they are placed in or out of authority or the type of placement. This includes the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues. This arena allows for a healthy challenge of reporting and monitoring of all services for LAC and CL, identification of any gaps in service and to hear the voice of LAC and CL who are experts by experience.
- 4.6 A key focus for 2018/19 is to develop the support for the emotion and mental health of LAC and CL. Work has already begun with a Pan Dorset Emotional Health and Wellbeing pathway implemented. A wide range of partners are

involved in local emotional wellbeing and mental health support, as recognised in the [Pan Dorset Local Transformation Plan \(LTP\) for Children and Young People's Mental Health and Wellbeing](#). There is limited local data available on the mental health needs of children in care due to the complexity of data being recorded on multiple IT systems across agencies. National estimates suggest that 42% of children aged 5-10 who have been in care have or go on to develop mental health problems. An initial scoping exercise by DHC to inform this programme of work, identified 441 (54.7%) children of the LAC cohort are in receipt of emotional or mental health services during January 2018. These services relate to two quadrants of the THRIVE model (getting more help and getting risk support). There are 2 emotional health and wellbeing practitioners within the new specialist service who oversee the provision of support. Their work is face to face with LAC in line with the Pan Dorset strategic thrive model, where required they will also support a step up and then step down process for LAC who need support and therapeutic interventions from Child and Adolescence Mental Health (CAMHS).

- 4.7 2017/18 has seen a significant development of specialist health provision for LAC and CL. Pan Dorset LAC health annual reports covering all three Local Authorities, have been produced by the Designated Doctor and Named Nurse for LAC and presented to the Designated Nurse to give an overview of population, performance of service and to inform evidence of good practice, key achievements, challenges and developments for 2017/18.
- 4.8 Separated children seeking asylum (SCSA) known previous as unaccompanied asylum seeking children (UASC) continue to receive the same level of service as all other LAC within Dorset. The UASC DCCG Health Offer implemented in 2016 has been beneficial in supporting this approach. 2017/18 has seen a decrease from 51 in 2016/17 to 47 in the number of SCSA being placed in Dorset.
- 4.9 There has been a review on the quality of IHA's with the Designated Doctor taking the lead in quality assuring IHA's and setting up training and supervision for all Medical Advisors working in the service. There has been a focus on the Life Style section of the assessment to ensure the right format of questioning around risk including CSE are explored between the young person and the paediatrician. The Designated Doctor has also carried out a Life Style audit for all 11 to 17yrs to inform any gaps and has produced a prompt card for all medical advisors. This audit is being repeated in 2019.
- 4.10 The Specialist LAC Team Leads, quality assure completed Review Health Assessments via peer review using an agreed benchmarking tool (Dorset CCG 2015). The benchmarking tool provides evidence of health assessment quality indicators and is also used to quality assure RHA's completed by health visitors and other health teams across the country. The tool (DCCG 2015) is used to ensure that children and young people have their needs assessed, their care goals identified and their care planned and delivered in accordance with guidance and best practice.

- 4.11 The quality assurance audits provide data regarding the service compliance with the quality schedule as agreed with the CCG.

5. Joint Working with Local Authorities within Dorset

- 5.1 Pan Dorset there are a number of local partnerships and forums with all three local authorities across Dorset, resulting in partnership working on service planning, strategy, commissioning of Looked after Children and Care Leavers provision across the county.
- 5.2 The Designated LAC Nurse attends LAC and CL strategic groups within the three local authorities, and the Local Safeguarding Children's Board (LSCB) taking the lead for Serious Case Reviews where the child has LAC status. This has helped to imbed a health focus as part of the child's overall care plan and inform DCCG commissioners of areas of good practice or need for development.
- 5.3 DSCB has identified the need to be proactive in maintaining permanence where ever possible for children within their family units, reducing the number of children needing to enter the care system. Where this is not possible a focus to have successful reunification and or permanency planning will be a key priority reducing the "yo yo" 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, the DDC Director of CSC has requested for the DCCG Designated LAC Nurse to act as chair in facilitating an independent approach to increased integration of partners across all statutory agencies and the voluntary sector, for this work stream to be effective in achieving positive outcomes for children. There are three main areas of focus for the sub group.
- Understanding the multiagency early help offer with a focus on level two common assessment framework (CAF) and the team around the family (TAF);
 - Understanding the multiagency preventive approach to supporting children in need and on the edge of care;
 - The exploration and implementation of a bespoke Pan Dorset PAUSE pilot project in supporting vulnerable mothers at risk of having their babies taken into care.
- 5.4 The strategic Pan Dorset Child Sexual Exploitation/Missing and Trafficked LSCB Subgroup have continued to focus on the reduction of children at risk of CSE, going missing and or trafficked. 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 Local Authority hold monthly operational multiagency "Top TEN CSE/Missing" meetings to review and ensure children are being supported to reduce their risk of CSE or going missing. This would also include SCSA who by their very nature are vulnerable to going missing through trafficking. The specialist LAC nursing service attend theses meeting jointly with health safeguarding operational leads to ensure health intelligence is shared. Eight weekly Pan Dorset multiagency strategic "INtell" meetings take place to review and share

intelligence. This has proven beneficial in identifying wider trends, potential children, groups and or pockets of the community being targeted enabling the appropriate action to be taken to reduce potential or actual risk to children.

- 5.5 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/DHC Notification Process implemented in June 2015 and revised in December 2017. This enables the Designated Nurse of behalf of the DCCG to carry out and meet its statutory requirements to ensure that any changes in healthcare providers does not disrupt the objective of providing high quality, timely health care for the child.

6. Performance

- 6.1 2017-18 Performance has seen an improvement across the board for all indicators and targets for LAC and CL.
- 6.2 100% of all initial health assessments (IHA's) required being completed for 2017/18 with 69.6% completed within the statutory 20 working days of a child being accommodated, with a further 16.8% being completed within 30 working days. Significant partnership work has been completed between the DCCG, PHFT, DHC, and Dorset County Council who have faced the most challenges in providing notification and consent to health within statutory time frames for them to be able to proceed with the IHA. There has been some improvement during 2017/18 which now needs to be embedded as matter of urgency and sustained. This area is a risk to children entering care not having their health need identified and met, plus commissioned provider being prevented from meeting their contractual arrangements in providing a timely and high-quality health assessment, this area is on the DCCG Corporate risk register and is being reviewed monthly.
- 6.3 95% of all review health assessments have been completed with 92% within the month they were due compared to 68% for 2016/17 demonstrating sustained improved performance. Revised Key Performance Indicators' (KPI) for 2018/19 have been agreed between DCCG and the Specialist LAC Nursing Service, allowing performance to inform trends and any potential delays for LAC and CL in having their health needs supported and met. As part of the additional investment for this service a new indicator introduced in 2016/17 was for all LAC to receive a 3mth review of their health plan, although a challenge early in the year for this new area of practice, it has been well received both by practitioners, carer's and young people. Feedback received from foster carers during the Dorset Fostering Forum in September 2017 is that the team are more visible and communication has improved. Q3 2017/18 KPI showed 100% of 3mth reviews where completed on time and is being sustained which has been identified by DCCG as an area of good practice.
- 6.4 Both dental (92%) and Immunisations (85.5%) performance has been good with all KPI's being met. There was particularly good practice identified in delivering and take up of the Flu vaccine. The specialist nursing service

working alone side the school nursing team to implement an immunisation pathway for all immunisations given within a school setting, to ensure consent was available for LAC to have their vaccines at the same time as their peers, achieving an uptake of 85% for LAC compared to the general population uptake of 65%.

7. Impact

- 7.1 The CCG provider scorecards has now been embedded and is used to provide assurance to the CCG that performance is reviewed and achieved on a monthly basis by the LAC services. The Designated Doctor and Nurse meet regularly with the Named Nurse for LAC to review progress and to ensure the overall plan for improvement is being met. These meetings have enabled open dialogue between DCCG, PHFT and DHC to ensure all partners are sighted on progress, developments, challenges and opportunities to deliver high quality LAC services.
- 7.2 The development of the LAC Medical Service under direction by the new Designated Doctor for LAC has seen improved quality in the completion of IHA's and the early indication of health needs for children on entry to care. The training and development of medical advisors in life style indicators with the introduction of a prompt card to allow for stop and think risk for children in a busy clinic environment. This will continue to be a main focus for 2018/19.
- 7.3 A new referral process is now in place for professionals to use linking with the LAC emotional health and wellbeing pathway. The EH&WB Pathway will support children who do not meet the threshold for CAMHS yet still require emotional support or children who have been discharged from CAMHS and would benefit from additional less intensive intervention. Impact of emotional and mental health intervention is a challenging area. 2018/19 will see a focus by providers in early screening of emotional health indicators for LAC, types of interventions implemented and the outcome for individual children. There continues to be work on this project and it is hoped that in 2018/19 the scales for measuring positive impact will be defined and the journey of the child will be more easily identified.
- 7.4 The introduction of three monthly reviews of LAC health status. This has shown significant improvement in communication between children and young people, foster carers, Independent Reviewing Officer, Social Workers and the health team. The Nursing team report this has been a successful expansion of their workload and allows them greater oversight of each child's health which has improved relationships. There is a consistent line of open communication which helps with attachment issues and the child "being kept in mind".
- 7.5 Co-location with social care teams and successful partnership working.
- 7.6 Design and implementation of an Immunisation Pathway which will identify children requiring routine immunisations and ensure consent is obtained in a timely manner. It will also highlight reasons why children have not had an immunisation through exception reporting which will be implemented in 2018-

2019.

- 7.7 DHC have implemented iPads for the team in response to the child's voice to ensure better use of available technology to increase engagement and enjoyment for children and young people. The first phase of implementing iPads is to introduce the nurse to the child soon after they enter the care system. An appointment via Skype or Facetime will be offered before the first face to face contact as children and young people said they were often nervous about seeing the nurse for the first time in case "they needed to undress" or "have an injection". It is hoped that this introduction prior to meeting face to face will allay these fears and show that the team have listened to the views of children.
- 7.8 The Poole Ofsted inspection 2017 commented on the good working relationship between the Local Authority and the LAC Health team. Feedback was positive and processes in place to support children and young people were deemed good.
- 7.9 The CQC inspection of the Community Services in Dorset Healthcare held in Sept 2017 rated the service "Good". The Children's Directorate was part of this inspection and the LAC health team received positive feedback from inspectors.
- 7.10 NHS England have recognised the new model implemented and embedded over the last three years and an example of good practice. DCCG Designated Nurse for LAC has been asked to act as mentor for other regional and nation Designates who are in the process of reviewing or commencing their commissioning arrangements for LAC and CL.
- 7.11 The biggest indicator of successful impact has come from children and young people themselves either through direct contact, satisfaction surveys, Corporate Parenting or Participation events. They are telling us that we are getting right, they know who their LAC team is and how to contact them. They feel supported, listen to and that their views are important in helping to shape the LAC Health services.

8. The Voice of the Child

- 8.1 Hearing the voice of the LAC & CL expertise by experience is paramount in helping to shape future development of effective health provision for children and young people while in the care system. This feedback forms part of the DCCG Providers indicators and can be viewed in their full 2017-18 annual reports. In addition, the Designated Nurse actively seeks the views of young people by attending their formal and informal groups across the county. By October 2018 a DCCG Children in Care Conference "Be Healthy, Build Resilience, Be Happy" is planned both for Pan Dorset LAC and CL to attend. 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.

- 11.4 Carry out provider visits to seek assurance that quality assurance of IHA's and RHA's is being completed and that they are fit for any regulatory inspections.
- 11.5 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.
- 11.6 DCCG and DHC are working with Bournemouth University in creating a LAC practitioner's pathway to build carer progress, sustainability and succession planning for local provision of specialist LAC services.
- 11.7 Organise the DCCG 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.
- 11.8 Continue to act as a positive advocate for DCCG in promoting good practice identified for LAC & CL within Dorset.

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