Looked After Children CCG Report 2014-2015

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1. Introduction

1.1 This is the first Dorset CCG report in relation to Looked After Children produced in partnership with its main health providers; the report covers the period from 1 April 2014 to 31 March 2015. The purpose of the report is to inform the reader and give assurances that the CCG 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.

1.2 Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. For example, almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults. (1. Promoting the health and well-being of looked after Children DfE, DH 2015)

1.3 Parents want their children to have the best start in life, to be healthy and happy and to reach their full potential. As corporate parents, those involved in providing local authority services for the children they look after should have the same high aspirations and ensure the children receive the care and support they need in order to thrive. The corporate parenting responsibilities of local authorities include having a duty under section 22(3)(a) of the Children Act 1989 (2.) 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.

2. Governance and Quality Assurance

2.1 The NHS has a major role in ensuring the timely and effective delivery of health services to looked-after children. The Mandate to NHS England, Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies (3.) and The NHS Constitution for England (4.) make clear the responsibilities of CCGs and NHS England to looked-after children (and, by extension, to care leavers). In fulfilling those responsibilities the NHS contributes to meeting the health needs of looked-after children in three ways: commissioning effective services, delivering through provider organisations, and through individual practitioners providing coordinated care for each child.

2.2 The Designated Nurse for Looked After Children (LAC) for the CCG was appointed in September 2014. The role of the Designated Nurse is to provide expert health advice and clinical leadership to the CCG, and local health providers by having a strategic overview of services to ensure robust clinical governance of NHS

health services for LAC is in place. In addition, to be able to assure the Governing Body of the CCG and other partners that clear commissioning of services are in place and fit for purpose.

2.3 The Designated Nurse has reviewed the existing Service Specification for the three health providers which are now in place, with the addition of reporting and quality schedules, to enable transparency between the CCG and commissioned providers to ensure monitoring of service performance, delivery and quality assurance through audit of outcomes for LAC in Dorset.

2.4 For 2014/15 LAC health annual reports one per each Local Authority area, have been produced by the nursing and medical advisors and presented to the Designated Nurse and Doctor to give an overview of population, performance of service and to inform evidence of good practice, key achievements, challenges and developments for 2015/16. Work was collectively done to agree a template so that format and reporting would be mirrored across the three authority areas, this would enable ease of collating an over view for the whole County of Dorset of the LAC population. In the main this has been achieved, although some areas specifically in relation to the profile of their caseloads. This will be reviewed and format agreed in readiness for the 2015/16 annual reports.

2.5 The Designated Nurse works alongside the Designated Doctor (commissioned through Poole Hospital Foundation Trust) at a strategic none operational level, to lead and support all activities necessary to ensure that organisations within the health community, meet their responsibilities for LAC in line with Statutory guidance for local authorities, clinical commissioning groups and NHS England. There is a clear LAC Action plan within the Quality Directorate of the CCG, this is maintained and reviewed monthly with areas for action, time frames and outcomes reported to the Directors Performance Meeting monthly and Quality Group and the Governing Body Quarterly.

3. Joint Working with Local Authorities within Dorset

3.1 Under the Children Act 1989, CCGs and NHS England have a duty to comply with requests from a local authority to help them provide support and services to LAC. Local authorities, CCGs and NHS England can only carry out their statutory responsibilities to promote the health and welfare of looked-after children if they cooperate. They are required to do so under section 10 of the Children Act 2004 (5.).

3.2 In Dorset there are three Local Authorities; Bournemouth Borough Council, Borough of Poole and Dorset County Council, the Designated Nurse has forged successful professional relationships with all strategic leads for Looked After Children, and sits on the Corporate Parenting Boards for each authority. This has resulted in partnership working on service planning, strategy, commissioning of Looked After Children and Care Leavers provision across the county.

When a child starts to be looked after, changes placement or ceases to be looked after, the local authority must also notify in writing; the CCG for the area in which the child is living and the CCG and the local authority for the area in which the child is to be or has been placed. This written notification must be provided within five working days of the start of the placement unless not reasonably practicable to do so. There is now a Notification system and process in place for this to happen. This enables the Designated Nurse of behalf of the CCG to carry out and meet its statutory requirements to ensure that any changes in healthcare providers do not disrupt the objective of providing high quality, timely care for the child.

4. National Profile of Looked After Children

4.1 The demographics for looked after children nationally are taken from the Statistical First Release (SFR) (6.) which provides information about looked after children in England for the year ending 31March 2014. These figures are based on data from the SSDA903 return collected from each local authority.

Key Findings:

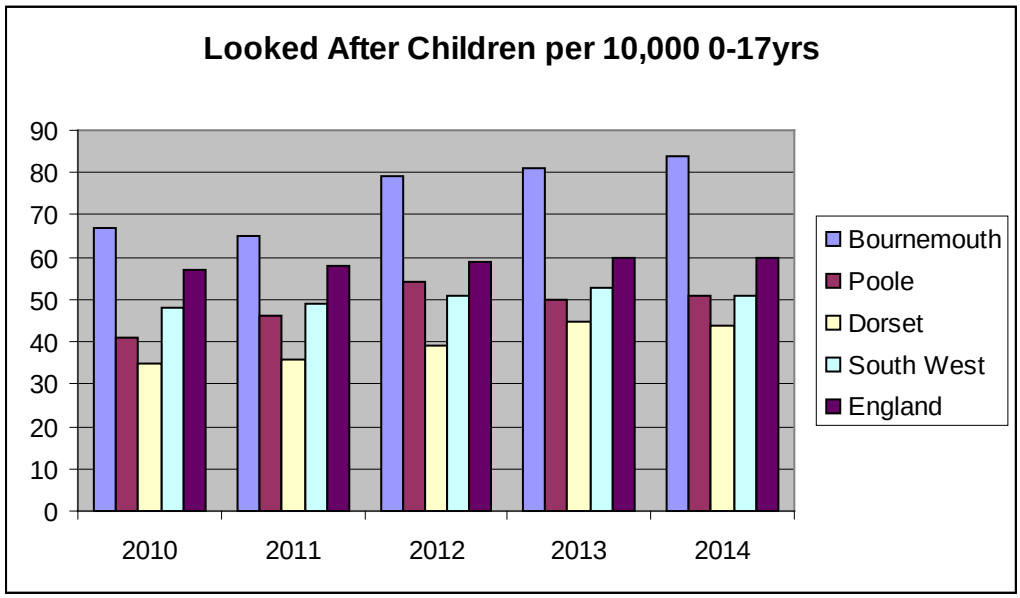
- There were 68,840 LAC as of 31 March 2014, an increase of 1% compared to 31 March 2013 and an increase of 7% compared to 31 March 2010. The number of LAC has increased steadily over the past five years and it is now higher than at any point since 1985.
- Nationally the rate of LAC per 10,000 is 60. At local authority level the rate varies significantly. The highest is Blackpool where the rate is 152 and Wokingham is the lowest, at 20.
- The majority of LAC – 62% in 2014 - are provided with a service due to abuse or neglect. The reasons why LAC are provided with a service have been relatively stable since 2010.
- There were 30,430 children who started to be looked after during the year ending 31 March 2014, an increase of 5% from 2013 and an increase of 8% from 2010.
- The age profile of children looked after at 31 March has been relatively stable since 2010. The largest age group is 10 to 15 year olds, which made up 37% of looked after children at 31 March 2014. There has been a slight increase in the percentage of 5 to 9 year olds, from 17% in 2010, to 20% in 2014. These trends are in line with the age breakdown of all children
- There were 5,050 LAC adopted during the year ending 31 March 2014, an increase of 26% from 2013 and an increase of 58% from 2010. Although the number of looked after children adopted fell between 2010 and 2011, the number of these adoptions has since increased and is now at its highest point since the start of the current collection in 1992.

- The majority of children looked after at 31 March 2014 (74%) are from a White British background, the same proportion as the general population of all children. The ethnic breakdown for children looked after has varied little since 2010.

5. Local profile of Looked After Children in Dorset

5.1 For the same period year ending 31 March 2014, Bournemouth (84 per 10,000) had seen the largest increase and was above the national average by 40%.They have remained above the national average consistently since 2010. Poole (51 per 10,000) and Dorset (44 per 10,000) were below the national average and have been consistently since 2010.

Graph1. The Graph below compares the local, regional and national picture from 2010 to 31 March 2014



Between 1st April 2014 and the 31 March 2015 locally Dorset (West and East) has seen an increase in its numbers from 347 to 393 (13.2%). Poole have seen a slight increase from 161 to 177 (9.9%) and Bournemouth have seen a slight decrease from 298 to 276 (7.9%) The national Statistics for 2015 will not be released until September 2015; however the overall national average Pan Dorset is unlikely to change.

5.2 The table below sets out the local trend of increasing numbers of children being accommodated.

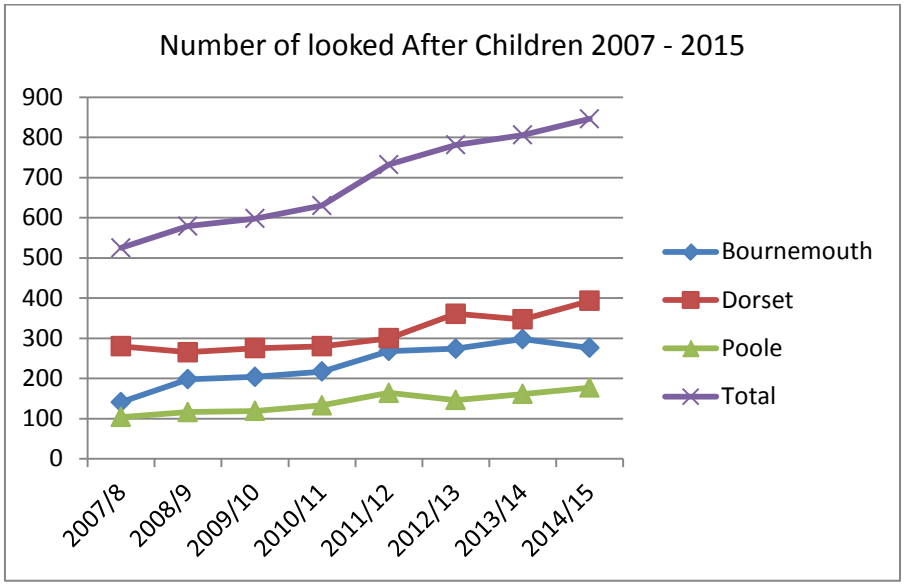
Table 2. Numbers of Looked After Children for Dorset

Year	2007/8	2008/9	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Bournemouth	141	198	204	217	268	274	298	276
Dorset West/East	280	265	275	280	300	361	347	393
Poole	104	116	119	133	164	146	161	177
TOTAL	525	579	598	630	732	781	806	846

5.3 In the last five years there has been an overall 41.5% rise Pan Dorset. With a 62% increase since the service was originally commissioned.

Graph 2.

Continuation of rising trends of Looked After Children accommodated Pan Dorset.

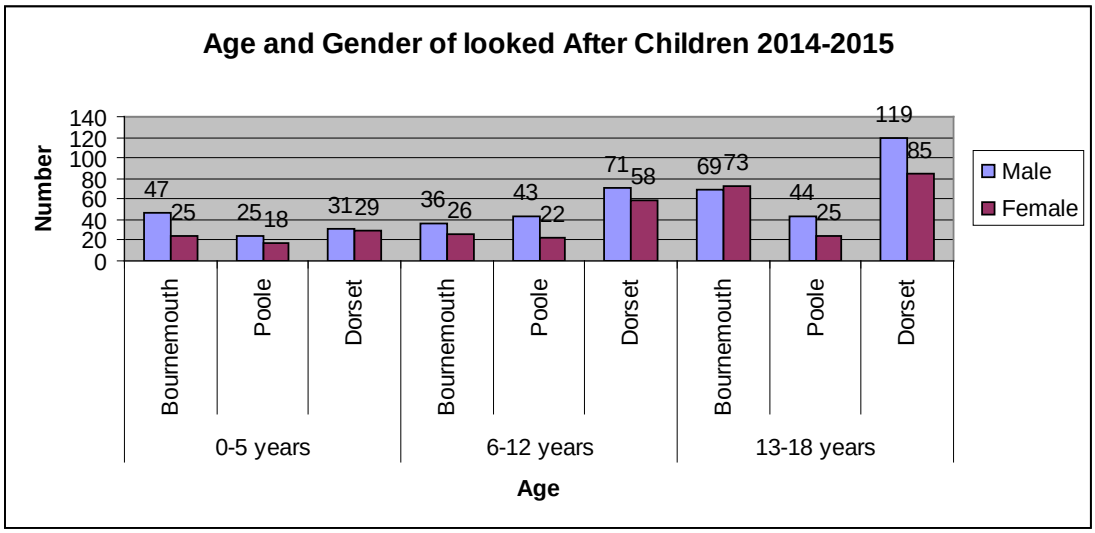


5.4 Bournemouth, Poole and Dorset local authorities are also net importers of children placed within their areas by other local authorities across England and Wales. As of 31 March 2015 an additional 550 children have been notified to the CCG as being placed across the county, bringing the overall cohort of LAC in need of Specialist Looked After Health provision to 1396. Additional work to map and understand this cohort more fully will be undertaken by the Designated Nurse during 2015/16.

5.5 Looked after children should never be refused a service, including mental health and or emotional well-being, on the grounds of their placement being short-term or unplanned, or where they are placed. CCGs and NHS England have a duty to cooperate with requests from local authorities to undertake health assessments and help them ensure support and services for LAC are provided without undue delay. Local authorities, CCGs, NHS England and Public Health England must cooperate to commission health services for all children in their area.

5.6 The following statistics are for LAC accommodated by the three Local Authorities in Dorset per Specialist LAC Health Team.

Graph 3. Age and gender breakdown of looked After Children Pan Dorset



Nationally there are higher numbers of boys in care than girls, this is reflected locally with the exception of Bournemouth who have a higher ratio of girls in the thirteen to eighteen age range. Overall Poole have the highest male to female ratio, whereas Bournemouth and Dorset are more evenly split.

5.7 The highest ratio for the nought to five age range is in Bournemouth making up 41.1% of their case load, Poole have 26% of their case load within this age range with Dorset only showing 15% within theirs. This gives increased need of Medical Advisor time, in meeting the demand for adoption medical and advice, this will be covered in more detail within the Adoption section of the report. Access, coordination and quality assuring of Health Visiting provision who work with this age range gives increased oversight by the Specialist Nurse in Bournemouth to ensure their health needs and transition to adoption or rehabilitation home is being met.

5.8 The six to twelve year age group make up 23% of the case load for Poole, 27.2% for Bournemouth and 33% for Dorset. This cohort are often entering care within sibling groups are more likely to receive long term permanence within the care system as adoption is less likely, therefore spending the rest of their childhood in care. The majority of this cohort has suffered chronic physical and emotional neglect

before coming into care. Witnessing domestic violence has been a common characteristic reported by the Specialist Nurse in Poole. The health teams place an emphasis on supporting their emotional well-being by working with the children in developing self-esteem, positive friendships and social skills in building resilience. The reliance of healthy outcomes and ability to adjust and accept is linked to positive emotional health outcomes. The Specialist LAC Health Teams work very closely in supporting foster carers to have an awareness of positive health outcomes so they are able to maintain positive healthy messages within their homes.

5.9 The thirteen to eighteen cohort make up 25.6% of the Bournemouth case load, with Poole (51%) and Dorset (52%) showing this is the largest age group within theirs. This age group can present significant challenging behaviours, like the earlier age group they have often experienced years of physical and or emotional neglect, positive adult role models have been limited. They may have been the main carer for siblings and/ or parents, missing out on their own childhood. Due to their chaotic lifestyle, they may have experienced disengagement with education, history of sofa surfing prior to entering care, association with early alcohol and substance misuse, unhealthy relationships, inability to recognise risk and capacity to understand consequence makes them extremely vulnerable, especially to child sexual exploitation.

6. Ethnicity

6.1 The majority of children looked after at 31 March 2015 Pan Dorset and are from a White British background, the same proportion as the general population of all children, and is in line with the national average for LAC. The breakdown of ethnic groups has not been routinely mapped and therefore not available for the LAC population Pan Dorset due to the low numbers. This is the same for unaccompanied asylum seekers, this is an area to address, as anecdotally Middle European migrants settling within Dorset is reported as being on the increase. The Designated Nurse will work with health providers and the three local authorities, so that a profile for both ethnic and asylum children entering care can be captured and reported within the annual reporting process.

7. Commissioning Arrangements of health provision for Looked After Children in Dorset

7.1 Services for LAC Health have been commissioned through Poole Hospital Foundation Trust, Dorset County Hospital and Dorset Health Care.

7.2 Poole Hospital Foundation Trust (PHFT)delivers the medical services for Looked After Children. This consists of a Designated Doctor who works closely with the Designated Nurse in supporting the health agenda for LAC, and two Medical Advisors who together complete all Initial Health Assessments (IHAs) Pan Dorset. They also complete Adoption medicals for children and advise on adult medicals for Adopters and Foster Carers; advising Panels monthly for Bournemouth, Poole and

Dorset. The CCG have invested increased funding over the last year to support a Pan Dorset process to complete the statutory Initial Health Assessment within the statutory time frame of 28days (20 working days).

7.3 Dorset County Hospital (DCH) are commissioned through their paediatric main contract to deliver health services for LAC within Dorset (West & East). There has been change to their delivery with their Service Specification contracting delivery of Medical Services for DCH to deliver completion of IHA's only in line with the Designated Doctors recommendations for a Pan Dorset Model.

7.4 Dorset Healthcare (DHC) deliver direct nursing services to all children in care residing in Poole, Bournemouth and Dorset, by supporting the IHA process in terms of line managing the administration of the process, liaising with the appropriate local authorities, completing the statutory Review Health Assessments, 6mthly for children 0-5yrs and annually for children 5-18yrs, concluding in a Summary and Health recommendation plan to inform overall care planning. They deliver preventative and direct implementations to address identified health needs of this population, provide training to local authorities, health professionals, and foster carers and parents on the health needs of LAC. There has been increased partnership working with the three local authorities across Dorset resulting in co-location of the nursing health teams within Children Social Care with some joint funding in place, by Dorset and Poole Authorities to support nursing and administration time.

7.5 The CCG also commission 1.4WTE of dedicated child and adolescents mental health service (CAMHS) for Looked after Children, their carers and professionals.

8. Initial Health Assessments, Key Performance Indicators and Quality Assurance

8.1 Children new into care.

8.2 In the year April 2014 March 2015 426 children became looked after. In both Bournemouth and Poole there were more boys than girls new into care. This is in keeping with national trends. Boys who are looked after have higher levels of emotional and behavioural difficulties than girls and it is important that services are available to meet the needs of both boys and girls with these difficulties.

8.3 In Bournemouth more than half (56%) of the children starting to be looked after are younger than five years, and in Poole, almost half (43%) of the children starting to be looked after are younger than five years. This large number of young children coming into care results in more children requiring adoption medicals prior to permanency placement via adoption and Special Guardianship.

8.4 Initial Health Assessments

8.5 Timeliness of IHAs

8.6 Statutory Guidance requires that the Initial Health Assessment (IHA) should result in a health plan, which is available in time for the first statutory review by the Independent Reviewing Officer. That care review must happen within 20 working days from when the child started to be looked after[1].

Table 5. Initial Health Assessments completed, for children new into care 1st April 2014 -31st March 2015

Local Authority	Children new into care	Number of IHAs completed	Number of IHAs completed in 20 working	% of IHAs completed in 20 working days
Bournemouth	150	110	63	43%
Dorset	189	113	39	20%
Poole	87	76	42	67%
Bournemouth, Dorset and Poole	426	299	144	34%

8.7 Only one third of children starting to be looked after in the three local authorities have had their IHAs completed in a timely manner.
Common reasons for delay are:

- Late notification by children social workers.
- Delay in sending parental consent for health assessment.
- IHA's not being delivered in the West of the county.
- Foster Carers unwillingness to bring children to appointments in the East of the County.
- Young people older than 16 are able to refuse to attend for their health assessment.
- IHA completed by a different Paediatrician already responsible for a child other than Medical Adviser, causing delays in the paperwork being completed and returned to the LAC health team.
- Delays associated with requesting IHAs for children placed out of Dorset.

8.8 Timeliness of IHAs is particularly poor in for Dorset Looked After Children which has affected the overall performance percentage Pan Dorset. 2014-2015 is the first year that IHAs for Dorset LAC have been carried out by Paediatricians. Prior to this General Practitioners completed IHAs. The poor quality of IHAs was noted by OFSTED and in advance of the year 2014-2015 Dorset CCG commissioned an equitable provision to be delivered in Dorset, Bournemouth and Poole. There continues to be delays in West and East Dorset of health receiving prompt notification and consent, in response to this poor compliance of statutory guidance three monthly meetings have continued between health and senior management on children's social care with the aim to address this issue. In the year ending March

2015 all Dorset children have had to travel to Bournemouth or Ferndown for their appointment, some foster carers and social workers have been reluctant to bring the child or young person from the West of the County to these appointments. There have been discussions with Paediatricians at Dorset County Hospital (DCH) in advance of the introduction of to deliver IHAs, in line with the financial envelope commissioned, which initially DCH agreed but to date have not been in position to deliver consultant paediatrician sessions, discussion continue with aim that next year appointments will be available at Dorset County Hospital. The CCG are committed to ensuring equity of provision across the county and to this end have escalated the ongoing their concern regarding the areas above to the Director of Children Social Care for Dorset County Council.

8.9 The lack of any process in place by the provider for requesting and funding IHAs for children placed out of area has caused delays and considerable work for admin staff. Children placed within a one-hour journey are brought back to Dorset to attend their IHA. This reduces the number of children requiring an out of area IHA and ensures equity of provision for these children. There is now a process in place in line with the statutory national tariff for IHA's Payment By Results NHS England Guidance, which is proving to enable children placed out of county by their Local Authority to receive an IHA, however completion within the 28 day statutory time frame remains a challenge for providers.

8.10 Children and young people can leave care returning home before a health assessment has been arranged. Young People may decline to engage with their IHA; from April 2015 all young people who decline to attend for their IHA will be seen by the specialist nurse to complete and early Review Health Assessment (RHA). The RHA will be informed by the information collated from their GP, the Child health Information Department (CHID), and any other health provider identified, in advance of the IHA.

9. Quality of Initial Health Assessments

9.1 61 IHAs completed between April 2014 and June 2014 were audited against Department of Health Standards. All assessments were completed by a senior paediatrician, with experience and training in the health needs of LAC. All reports were typed, included an assessment of development and behaviour and included a health plan with clear recommendations. All children were weighed and measured, unless they were of an age to refuse.

9.2 It is good practice for birth parents to be invited to attend the IHA, unless it is not safe or appropriate. Birth parents are able to provide information about family history and birth and early years history. In Bournemouth and Poole a birth parent attended one third of IHA appointments. It was not documented, but it is likely that these were for the younger children. All Dorset IHAs audited were for teenagers and no birth parents attended. Social Workers have been reminded to consider inviting birth parents to IHAs.

9.3 GP and dentist information was not always recorded. The audit findings have been shared with the Medical Advisers and Medical Advisers have been reminded about the importance of this information. Past medical history and family history was

not always available, particularly for children born outside the UK. When birth history and family history was not available, additional information from forms M & B and PH (British Association for Adoption and Fostering) was requested.

Table 6. Quality Audit of IHAs completed between 1st April 2014 and 30th June 2014

Local Authority	Typed	Ht & Wt	Birth parent present	GP	Dentist	Health History	Immunisation	Development	Behaviour	Health Plan
Bournemouth	100%	94%	34%	97%	63%	94%	87%	100%	100%	100%
Dorset	100%	75%	0	100%	83%	58%	91%	100%	100%	100%
Poole	100%	93%	33%	47%	40%	73%	100%	100%	100%	100%

9.4 Concerns in respect to quality and timeliness of IHAs completed by Paediatricians other than the Medical Advisers have been discussed at a meeting of Community Paediatricians. These IHAs relate to children with disabilities already being seen by a Community Paediatrician. All Paediatricians were in agreement that there was considerable delay in Paediatricians completing IHAs and the IHAs were not completed to the same standard as those completed by the Medical Advisers. It was agreed that in future IHAs for children with disability will be completed by the Medical Advisers, who will be able to access electronic patient records for the child and will send a copy of the completed IHA to the child's paediatrician.

9.5 Between April 2014 and March 015 there was no Service Level Agreement (SLA) for completion of IHAs for children placed out of Dorset. This has made it difficult to request IHAs for these children and to monitor quality. It is has been agreed and work is underway with PHFT finance team for a SLA to be in place as soon a s possible in the year 2105-2016.

9.6 Each IHA includes a summary and a health plan. The health plan lists outstanding health issues, recommendations and records who is responsible for completing the recommendation and when. Most health plans include several recommendations. The most frequent recommendations are shown in the table below.

Table 7. Recommendations from Health Plans

Recommendation in Health Plan	Number of IHAs including this recommendation
Arrange outstanding immunisation	21 (35%)
Child/Young person to attend dentist	21 (35%)
Child/young person to attend optician	11 (18%)
Social Worker to arrange forms M & B and PH to be completed	18 (30%)
Investigation for blood born virus infection	3 (5%)
Referral to other health professionals (audiology, SALT, paediatrician etc)	16 (26%)

Advice on health issues (sleep, toileting, behaviour etc)	16 (25%)
Referral to LAC Nurse for further assessment	14 (23%)

9.7 The local authority that looks after the child must make take all reasonable steps to ensure that the child receives the health care services he or she requires as set out in their care plan[1]. The Independent Reviewing Officer (IRO) should, as part of the child's case review, note any actions and updates to ensure that the health plan continues to meet the child's needs[1]. To support the local authorities and the IROs to meet their statutory duties, a copy of the IHA is sent to both the Social Worker and the IRO on completion. The IHA Health Plan is reviewed by the professional completing the subsequent Review Health Assessment.

10. Review Health Assessments, Key Performance Indicators and Quality Assurance

10.1 Timely completion of Review Health Assessments (RHAs), immunisation and dental screening rates are used as indicators for the health of Looked After Children nationally and locally. Dorset Healthcare is accountable to, and reports to, Dorset Clinical Commissioning Group (CCG) and each of the local authorities' children young people accommodated by them.

Table8: Key Performance Indicators for 2014 -2015

LAC KPI's2014/15	Target	Bournemouth	Poole	Dorset
RHA	90%	84%	90%	60%
Immunisations	85%	85%	92%	86%
Dental Checks	80%	86%	96%	77%

10.2 Dental

Oral health remains an area of neglect for children coming into care. The 16-17 year old age range is a particularly challenging group to encourage attendance of dental check-ups. The health team actively accompanied young people to improve take up or liaise with the social worker to arrange a community resource worker to support this. Effective oral hygiene, protruding or missing teeth can often be less attractive socially and cause anxiety particularly for teenagers in care. Provision of dental care is generally good across County of Dorset, with the majority of Looked After Children being seen by a local NHS dental practice near their placement. If this is not possible the nurses are able to refer children in care as a priority to the Community Dental Service. This is particularly pertinent for children with a disability, who may require general anaesthetic to complete treatment.

Examples of good practice;

For two young people the LAC Nurses have liaised with the Orthodontic Service to expedite appointments. The LAC Nurse accompanied one young person to her appointment. This meant that the LAC Nurse was able to reinforce the advice given at the appointment.

A six year old girl came into care with dental caries and pain on eating. The LAC nurse was able to make a direct referral to the Community Dental Service and she was seen very quickly.

10.3 Immunisations

There is an established pathway for ensuring that consent is obtained from the person with Parental Responsibility (PR). However, there are occasions when consent is declined making it impossible to complete the immunisation programme for some children in care. This is particularly relevant for children in care under Section 20 (Voluntary Care). In these cases the nurses review this annually as part of the RHA with the person who has PR, usually the birth parent. When the young person reaches 16 years and is Fraser Competent if they wish to proceed with their missing immunisations then this is arranged with their GP.

10.4 Review Health Assessments

The RHA is a holistic assessment including assessment of emotional wellbeing and physical health. The recommendations from all RHAs are shared with the child's social worker (SW) and reviewing officer (IRO) and, if significant concerns are identified at the RHA, with the agreement of the young person, the Specialist Nurse will speak with the SW to ensure good team working to support the child or young person.

10.5 Health Visitors see all pre-school children within Dorset to complete their six monthly RHA. Those completed by HVs are quality assured by the specialist nurses. Particular attention is given to ensuring that recommendations from the previous health assessment have been completed. Children and carers benefit from this continuity of care from the HV who may have been part of the Team Around the Child (TAC) supporting the child before they came into care, while the child is in care and if they leave care by returning home or moving to a permanent home through adoption, Residence Order or Special Guardianship Order.

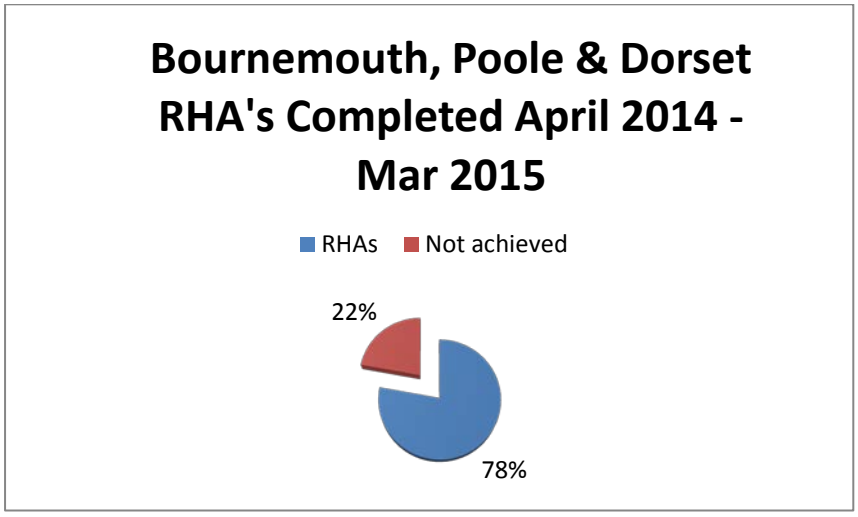
10.6 The Specialist Nurses see all other Looked After Children school-age to 18years, completing their RHA within placement outside school hours, or a venue of choice for older young people if they request not to been seen in placement.

Table 9: Number of RHA due and number completed.

Review Health Assessments				
	Bournemouth	**Poole**	**Dorset**	**Total**
DUE	281	147	223	651
Completed	241	132	134	507
KPI Target 90%	84%	90%	60%	78%

10.7 Between 1st April 2014 and 31st March 2015 a total of 651 RHA's were due and of these 507 (78%) were completed in a timely manner. This performance falls below the agreed KPI target of 90%, and is lower than the reported 2013-2014 performance (95%). The explanation for the fall in performance is reported by the provider as a result of a change in how the performance is calculated following a review of the reporting of the KPIs in December 2014. This is being reviewed with Dorset Healthcare by the Designated Nurse for LAC to understand and agree how performance is calculated. This will be monitored quarterly in line with the 2015/16 reporting schedules to the CCG.

Graph 4: Review Health Assessments Completed Pan Dorset



10.8 Out Of Area (OOA) RHAs

These relate to Dorset Children being placed outside their Local Authority area. CCGs and NHS England should ensure that a child is never refused a service, including for mental health, on the grounds of their placement being short-term or unplanned. The Specialist Health Teams for LAC continues to liaise closely with

out of area health providers to ensure children's health needs are supported; this continues to be time consuming and challenging. The team is required to follow up all RHAs not completed and returned within set time frames, and to follow up and review the outcomes of referrals, and implementation of support and therapies. It remains crucial to continue to address the complex heath needs presented by these children and young people. Accessing emotional health support and assessment and treatment from Child and Adolescence Mental Health Services (CAMHS) is the main area for concerns for these children placed away from Dorset.

10.9 The Designated Nurse has advised and supported the implementation of processes to meet NHS England's guidance on establishing the responsible commissioner in relation to secondary health care when making placement decisions for LAC and to resolve any funding issues that arise. If a LAC moves out of the CCG area, arrangements should be made through discussion between the "originating CCG", those currently providing the child's healthcare and the new providers to ensure continuity of healthcare. CCGs should ensure that any changes in healthcare providers do not disrupt the objective of providing high quality, timely care for the child.

10.10 To ensure high quality, holistic assessments that are equitable with the assessments for children placed in Dorset, and continuity of care, the specialist nurse's travel to children placed within 60 miles of Bournemouth to carry out health assessments. Where this is not possible there is a Service Level Agreement (SLA) for OOA health assessments to be carried out. These assessments are coordinated and quality reviewed by the Specialist Health Teams.

11. Quality Assurance

11.1 In April 2015 the Designated Nurse has commenced quarterly monitoring the quality of completed health assessments with auditing the implementation of individual health plans. Quality assurance is to ensure that health needs are being identified and addressed and monitored by the provider to evidence health outcomes for individual children and young people looked after. The findings of the audits will be reported annually within future annual reports to the CCG.

11.2 Supporting Looked After Children in care with Disabilities Two-thirds of LAC have special educational needs (SEN). Of those, a significant proportion will have a statement or a learning difficulties assessment. From 1 September 2014 statements were replaced by Education, Health and Care (EHC) plans, with the transition process to be complete by 2016. The looked-after child's EHC plan works in harmony with their care plan to tell a coherent and comprehensive story about how the child's health needs in relation to accessing education are being met. Health and education professionals should consider how to co-ordinate assessments and

reviews of the child's care plan and EHC plan to ensure that, taken together, they meet the child's needs without duplicating information unnecessarily.

11.3 A total of 58 Looked After Children are recorded as having either a learning or physical disability, with most attending specialist education provision. Bournemouth reported 43, Poole 15 and Dorset 65. RHAs for LAC with disability are carried out either by the Specialist Nurses or completed by the school nurse or paediatrician already assessing the child's health need, in line with statutory guidance to avoid duplication of assessments. Following the RHA the Health Plan is shared with parents, carers, GP, IRO, Social Worker, Paediatrician and educational residential staff.

11.4 The nurses are part of the Dorset Disability Nursing network. This group meets quarterly to discuss good practice and share skills and knowledge and has proven to be an effective arena for raising the profile of disabled children and young people in care.

11.5 The Designated Nurse aims to scope the criteria used by each local authority and health provider to ensure consistency Pan Dorset in reporting numbers.

12. Diet and Obesity within the Looked after population of Dorset

12.1 This continues to be a challenging area due to the complexity of the emotional and behavioural context of eating. The health teams adopt a RAG rating for children's growth. Currently there are 16 children with a RED rating, 3 of these children are underweight. In the year 2014-2015 across the County of Dorset, 3 young person were identified as being underweight (BMI less than 2nd centile), 56 children and young people aged six years to 18, as being overweight (BMI greater than 85th centile but less than 95th centile) and 12 children and young people have been identified to be obese (BMI greater than 95th centile). These children and young people reflect 10.1% of the Looked After Children population which is below Dorset (West 16.1% East 13.9%), Bournemouth (17.3%) Poole (14.6%) (7.) and the national average (22.5%) (7.) Public Health England Percentage of children in Year 6 (aged 10-11 years) classified as obese 2014. .

12.2 The Specialist Nurse is uniquely placed to develop an awareness of themes in foster placements re healthy eating and exercise and to bring this to the attention of fostering social workers. Carers and professionals are alerted to the extent of weight gain of young people through the RHA process which may have otherwise not been recognised.

Examples of Good practice;

There has been one referral to the dietician this year but this has not led to a significant reduction in the young person's weight. The behavioural context of eating cannot be underestimated.

One child has been referred to the GP for further investigation.

One young person has achieved a very healthy reduction in weight since admission to care in a specialist residential setting. One young person has achieved significant weight loss in a foster placement without the need for a referral to the dietician.

Young male, with learning difficulties. Had his IHA medical in 2011. Weight was above the 99th centile. Over the years in care, the regular RHAs have focused on supporting his weight management through healthy diet and exercise. Each visit enabled a review of progress made and strategies for both the young man and his foster carer to maintain progress. His most recent measurement indicates he is now just above the 91st centile. We continue to support this progress.

13. Reducing Sexually Transmitted Diseases and Teenage Pregnancy within the Looked after population of Dorset

13.1 The Specialist Nurses are able to provide advice on keeping safe, contraception and screening for asymptomatic sexually transmitted infections. The nurses work closely with the Sexual Health Team across the county. Both drop in/advisory centres and an outreach sexual health worker is accessible for all young people in care. Bournemouth and Poole health teams trained in C-Card (access to free condoms for young people, not available in Dorset, this is under review) and all areas are trained in Chlamydia testing, ensuring that any sexual health needs are met in a timely and co-ordinated way.

13.2 The Specialist nurses are trained to recognise young people in care who are at risk of child sexual exploitation (CSE). Currently support is varies across the county, from August 2015 there will be a Pan Dorset referral process to access support services joint commissioned through Barnardo's for children identified at risk.

13.3 There were 16 (5.3%) young people in care in Bournemouth identified as taking unnecessary risks with their sexual health, of these 13 (4.3%) were referred to the Sexual Health Team, 3 (1%) declined referral or any intervention. Of these 15 young people, 10 (76.9%) have chosen to actively prevent/reduce their sexual risk behaviours. 3 young people (23%) disengaged. Of the 16 identified of being at risk, 6 remain at risk. The nurses work jointly with their social workers and pathway workers with all professionals involved with the young person revisiting risk factors at every opportunity with the aim of engagement.(Poole and Dorset have not recorded this

data, a request has been made for this to area to be recorded to inform 2015/16 annual health reports)

13.4 Two young women, (One in Bournemouth and one in Poole) who became pregnant and decided to continue with the pregnancy, had successful deliveries within 2014/15. The Bournemouth young person was referred by the Specialist Nurse to the Sunshine Midwifery Team received an enhanced midwifery service for vulnerable women.

14. Substance Misuse including Alcohol and Smoking within the Looked after population of Dorset

14.1 Bournemouth is well known for its night life culture, alcohol and availability of illegal substances. Young people who are looked after may have an increased vulnerability and be targeted to misuse alcohol and drugs, and at times become involved in criminal related behaviours. The Bournemouth ADDACTION service is available for advice and support of young people in care. In the year 2014-2015 one young person has been referred to ADDACTION by the LAC nurses. This small number does not include children and young people who are referred to ADDACTION by their Social Worker who is the lead professional. In most cases there will have been consultation with the Specialist Nurse or Team Nurse before the referral is made.

14.2 Although Dorset County is deemed to be predominantly rural, they are also presented with challenges as there is little difficulty in accessing alcohol and the availability of illicit drugs. 9 young people have been identified as using substances, 7 of which have declined referral to Drug and rehabilitations service in the West of the county. 6 young people were identified as consuming unhealthy levels of alcohol, 2 of which declined referral.

14.3 Poole report 3 young people as being at risk of substance and or alcohol abuse, one of which has engaged positively with service as is now abstinent from drug use. two young people have declined referral.

14.4 For those who do not meet the criteria for referral or refuse the service, the nurses and the team around the young person continue to give one to one support and guidance to engage with specialist service, decrease or stop risk taking behaviours.

14.5 Young people who are smoking and ready to consider giving up are referred to the local Smokestop service. In the year 2014-2015 45 young people have been identified as smokers of which only 7 young people have agreed and been referred to Smokestop Service. It has been noticeable that the majority of the older ‘new into care’ young people (16+) are already smoking on admission to care. A number in Poole have accessed a ‘Stop Smoking’ pack from their chemist, however, many are

reported as ‘happy’ smokers and have no interest in stopping so a ‘drip-drip’ effect of encouragement is adopted to try to motivate them to consider stopping.

15. **Referrals to other support provision with Dorset**

15.1 Referrals to a range of health service have been made during 2014/15. Referrals can be made following health assessments and in response to requests between health assessments. When referrals are made the specialist nurses continue to provide support to the child or young person, the carer and the health professional. For many LAC with complex health needs, best practice is for the specialist nurses to work alongside carers and the multi-disciplinary team (TAC), in consultation with other health professionals to prevent unnecessary referrals.

15.2 The specialist nurses and medical adviser work closely together referring to each other when appropriate. The medical adviser is able to refer to secondary care services including paediatrics and genetics and for investigations.

15.3 Any referrals need to be relevant and timely. The lives of children and young people in care are often very busy with arrangements for contacts with family members and meetings, involving multiple numbers of professionals. If a ‘home based’ intervention can be offered, this has often proven more acceptable by children and young people and profitable in outcomes in meeting the health needs of children and young people in care.

Table 8: Health referrals from Specialist Nurses to other Community Health Services

Speech and Language Therapy	**15**
Dietician	**1**
CAMHS	**13**
Enuresis	**4**
Smokestop	**8**
Substance Misuse Services	**2**
School Nursing	**1**
Community Dentist	**7**
Sexual health services	**12**
LAC Clinical Psychologist	**26**
GP	**36**
Community Paediatrician	**16**
Physio	**3**
Orthoptist	**9**
Learning dis services	**7**
Adult services Social Care	**0**
Steps 2 Wellbeing (IAPT)	**0**
Education Psychology	**2**
Health Visitors (non RHA)	**18**
Total	**115**

15.4 Examples of good practice;

For one young person, the team nurse has liaised with the Palliative Care Nurse Specialist, to organise a multidisciplinary meeting to discuss the changing needs of the young person. This meeting has informed the Team around the Child and provided support for the Foster Carers. Regular meetings are scheduled for the next months.

Following a RHA the specialist nurse was able to bring the Speech and Language Therapy appointment forward by 12 weeks, to ensure that a full review of the child's needs were met in a timely manner.

Specialist nurse was able to coordinate an orthodontic hospital appointment locally for a Bournemouth child placed out of area as an emergency to coincide with returning to the town for her LAC review.

Pathway set up for all looked after children who are referred to Orthoptic services for missed screening in reception year, are seen during school holidays.

16. Mental Health/Emotional Well-being within the Looked after population of Dorset

16.1 The Strengths and Difficulty Questionnaire (SDQ) is a brief behavioural screening questionnaire, which can be used for children and young people aged between three and 16 years. 25 items are included divided between five scales: emotional symptoms, conduct problems, hyperactivity and inattention, peer relationship problems and pro-social behaviour.

16.2 Carer SDQ, teacher SDQ and young person (11-16) SDQs are used to inform the specialist prior to their RHA. The health teams recognise the limitations of the SDQ but view it as giving a 'flavour' of a child's emotional and social well-being. Children with high scoring SDQs are discussed with the psychologist for suggestions on how to support the child. This has led to either referrals to Child Adolescence Mental Health Services (CAMHS) or more often specific support and advice to the carer or a referral for the carer to access the support of their SW or fostering psychologists.

16.3 It is consistently recognised nationally that children in care and care leavers have significant emotional health problems and this can be seen from the SDQ results, anecdotal evidence and observation of behaviours. Access to emotional support has changed over the past few years. The reliance on CAMHS as being the sole team to support children has reduced. It has become increasingly recognised that the care given to the children by their foster carer and the Team Around the Child has a crucial impact on their emotional health and wellbeing.

16.4 Services needed to support children and young people must be child friendly and acceptable if they are going to be successful. There is a wide variety of support services available across the county this can range from one to one work with the Specialist nurses, pastoral support through education, access to youth services and referrals to various community voluntary support services for example; Young Minds, Wessex Autistic Society, ADDACTION.

16.5 In the year 2014-2015 the specialist nurses across the county have referred 13 young people to CAMHS and referred 26 Foster carers to the Specialist Psychologist, for emotional therapy and support. This number does not include children and young people who are referred to CAMHS by their Social Worker who is the lead professional. In most cases there will have been consultation with the Specialist Nurse or Team Nurse before the referral is made. The Nurses receive regular clinical supervision from the Consultant Psychologist for LAC. Cases are discussed and advice and guidance given as to effective strategies to use with children and young people who do not met the CAMHS referral criteria or who are not ready to engage with CAMHS. Bespoke pieces of work have been carried out with young people under the guidance of the Consultant Psychologist.

16.6 CCGs, local authorities and NHS England should ensure that CAMHS and other services provide targeted and dedicated support to looked-after children according to need. This could include a dedicated team or seconding a CAMHS professional into a looked-after children multi-agency team. Professionals need to work together with the child to assess and meet their mental health needs in a tailored way.

16.7 A recent CAMHS review of the Pan-Dorset Child and Adolescent Mental Health Service locally on behalf of the CCG Maternity, Reproductive and Family Health Clinical Commissioning Programme, identified that waiting times were exceeding the national average by two weeks. However young people in care have voiced their view that they feel waiting a further 12 weeks to access therapy, when they have already waited for their referral to be triaged for an initial CAMHS assessment to identify if threshold is met is too long. In some cases this has resulted in young people disengaging with the service. The CCG commissions dedicated time from CAMHS (Clinical Psychologist) for Looked After Children, this capacity is under review within the provider and CCG organisations to map and ensure the correct level of specialism is available. This work is being completed in line with a review of the Looked After Children's Specialist Health Service by Dorset Healthcare.

17. Listening to Young People within the Looked after population of Dorset

17.1 Children and young people have a right to have their views taken into account on all issues that affect them yet often health services are commissioned without effectively engaging with and listening to children, young people in care. Children

and young people in local authority care are greatly affected by the policies and decisions of the authority as their 'corporate parent'. Being able to influence those decisions is a fundamental right. Enabling young people in care to work together to create change for themselves and their peers is a crucial role for both local authorities, and third sector organisations working with young people in care. The Designated Nurse attends the Corporate Parenting Boards in all three local authorities representing health, and has made arrangements to meet with young people across the county over the coming year through their participation workers 'Action for Children' and the Young Inspectors programme in Bournemouth, with the aim to gain their views to inform future commissioning.

17.2 Specialist Nurses engage regularly with young people to gain their views, feelings and wishes regarding their health and how the service can work with them in supporting a healthy lifestyle. In Bournemouth attendance through social and information events, for example, Junior Total Respect youth group for LAC (JTR) and Total Respect Youth Group 14+yrs for LAC (TRG), CLICK (Children Care Council). In Poole attendance through PKiC (Poole Kids in Care) and in Dorset though Dorset Kidz, Children in Care Virtual Group and regularly joining the young people at the residential units Maumbury House and West End House for tea, providing a social interaction and opportunistic drop in for the young people.

17.3 Young people and parents/carers views are sought through the pre and post RHA service users' questionnaire. Pictorial questionnaires are available for young people with learning disabilities where appropriate. These are audited on receipt and evaluated, following up comments as required.

Co"it was fine, got point across"

"Nervous, cool, swag",

Happy, awesome, good, kind, scary

"helpful, informative and important"

one young person suggested: "need to use child friendly charts"

'Easy to contact health nurse – text / phone '

'Can choose to meet health nurse individually or with someone of your choice'

'Health nurse listens to young people's evaluation questionnaire'

"Chatted about my health and worries-Very happy" "All went well" "It was ok"

"Convenient to have at home, nurse was easy to talk too and friendly-Given an opportunity to voice any concerns, but I had none!"

17.4 The Medical Team also seek views of young people. Between September and March questionnaires were piloted with Foster Carer's, Birth Parents, Social workers, Young People, and children who were of an age to be able to complete the forms. The questionnaires were based on the ones used by the Specialist Nurses that had been developed in collaboration with a group of young people in care. Following the IHA appointment the Medical Adviser gave questionnaires to those attending, and completed questionnaires were returned in a sealed envelope.

17.5 Foster carers, birth parents and Social Workers returned 27 feedback forms. All felt that the doctor listened to them and respected their views and all rated the service as very good or excellent. Young people returned 9 questionnaires, most felt that the Doctor explained things clearly, and that they felt respected and involved in making decisions. Five Foster Carers requested that appointments be made available in West Dorset

Comments about what was done well included:

"listened to the young person"

"easy to talk to"

"knew what she was talking about.

18. Destination of Children leaving care within the Looked after population of Dorset.

18.1 Leaving Care

The time frame of children leaving care can vary considerably and needs to be considered when reading the information below which is based on destination only. Children can return home within a few weeks prior to their IHA being completed, some remain in care for a period of a few month to a years, or leave through adoption, or Special Guardianship with extended family or known cares of the child.

Table 9: Destination of children leaving care between April 2014 and March 2015

Destination	Bournemouth (178)	Poole (63)	Dorset
Home	81 (46%)	29 (46%)	70 (48%)
Adoption	34 (18%)	11(17%)	18 (12%)
Care leaver	33 (18%)	17 (27%)	40 (27%)
Special Guardianship Order (SGO)	30 (17%)	6 (10%)	18 (12%)

18.2 Children who return home
A copy of the completed IHA and any subsequent RHAs are sent to the child's GP on completion. This means that when a child returns home the GP holds a record of all assessments and recommendations, ensuring continuity of care.

18.3 Care Leavers
For all Young people leaving care on their 18th Birthday a full health chronology is offered and provided by the Specialist Nursing Team. This is in a format of a health passport which contains all know health history from birth to the current date, plus any relative genetic or maternal/paternal health conditions known, that the young person should know going forward into adulthood. The passport also contains useful information on how to register with a GP, where their main health record is kept, how to access dental care and useful health support web site details and telephone numbers, including emotional health support. The Passport is completed with the young person, so that they have a full understanding and can take ownership. If a young person declines the health passport they can access the chronology via different forms or with their agreement within their social care record in electronic form to be accessed at a later date.

18.4 Special Guardianship Order (SGO)
An SGO is an order made by the court under the Adoption and Children Act 2002, which gives legal status for non-parents, meaning a child or a young person can live with them permanently. Between April 2013 and March 2014, courts issued 3,330 SGOs – a rise of 20.2 per cent from the 2,770 made in the previous 12 months.In Bournemouth there has been an increase in the number of SGOs from six between April 2013 and March 2014 to 30 between April 2014 and March 2015.

18.3 There is no requirement for children leaving care to a SGO to have an addition health assessment comparable with the Adoption Medical and the Guardians are not usually offered a meeting with the Medical Adviser to discuss the child's current and future health.

19. Adoption of Looked After Children in Dorset

19.1 The Medical Advisers for Looked After Children and Adoption are involved in all stages of the Adoption Process for children and adults.

19.2 64 children were adopted from care between April 2014 and March 2015. In Bournemouth there was an increase from 22 Adoptions in 2013-2014 to 34 adoptions in 2014-2015.

19.3 In Bournemouth, Dorset and Poole, just 3 children were aged younger than one year at the time of the adoption order. Almost three quarters were under five years and nine were aged between five and nine years and 2 children were aged older than 10 years at the time of the adoption order. The increase in adoption for older children reflects the commitment of local authority social workers to identifying new families for children with a plan for adoption.

Table 10. Number of children adopted and age at time of adoption order.

Local Authority	Bournemouth	Dorset	Poole	Total
Number of adoptions	34	18 (information available for only 16)	12	64 (information available for 62 children)
Aged under 12 months	0	2	1	3 (5%)
Aged 1-4yrs	25	13	8	46 (74%)
Aged 5-9 years	9	0	2	11 (18%)
Aged 10-15 yrs	0	1	1	2 (3%)

19.4 Information about maternal health history was only available for 55 of the 64 children, and information about paternal health history was only available for 40 of the 64 children. Good quality information was available when birth parents had attended the Initial Health Assessment or Adoption Medical. Where no parental health information was available there was a recommendation that the parental health form be completed, unfortunately this recommendation had not been completed by the social workers.

19.5 Each child adopted had an Adoption Medical, in addition to their Initial Health Assessment as a Looked After Child, and a face-to-face meeting or a telephone consultation was held with adopters prior to matching, to discuss the medical information available and the implications for the child's future. Following placement for adoption the Medical Adviser is available to advise Social Workers and health professionals in the area where the child is placed.

19.6 Between April 2014 and March 2015 72 couples or single people were approved as suitable to adopt. Medical Advice was provided for each adult assessed. The cohort of adopters approved included adults who had undergone cancer treatment, adults with a history of mental health illness and adults whose weight could impact on their long-term health. Adoption Panels are held at least once a month in each of Bournemouth, Dorset and Poole.

19.7 Health Risks for Children Placed for Adoption.

Medical Risk	Number of children
Maternal mental health Diagnosis, including depression, anxiety, Emotionally and Unstable personality disorder	29 (53%)
Paternal mental health Diagnosis, including depression, anxiety, and schizophrenia	12 (40%)
One or both parent with IQ less than 70	15 (23%)
Antenatal Drug Exposure, including cannabis, heroin and cocaine	15 (23%)

19.8 The Dorset Medical Adviser for looked After Children and Adoption speaks on the regular workshops for prospective adopters from Dorset and the Designated Doctor for looked After Children contributes to Day one of the Adoption Preparation Workshops held every six weeks and run jointly by Bournemouth Adoption Team, Poole Adoption Team and Families for Children. Local adoption activity and data on health risks of children adopted informs the presentations.

19.9 Following placement for adoption the child remains a Looked After Child. The Specialist Nurse for Looked After Children is able to provide information and support for the prospective adopters and for health professionals in the new area.

20. Training offered by health providers to Looked After children their cares and professionals working with them

20.1 The Designated Doctor for LAC delivers four, one-hour teaching sessions on the subject of the Health of Looked after Children and Children adopted to medical students, paediatric trainees, and senior paediatric staff at Poole Hospital. Opportunities are available for medical students, trainees and senior staff to observe an adoption panel or a Looked After Children's Clinic. The Designated Doctor has offered to deliver similar teaching and opportunities to medical students, trainees and senior staff at Dorset County Hospital.

20.2 LAC Nurses and Medical Advisers have attended local, regional and national training on the Health of Looked After Children, including Child Sexual Exploitation, Neuroscience of abuse and neglect, Sexual Violence, Deliberate Self harm, Learning from Serious Case Reviews and Drug and Alcohol Awareness training.

Safeguarding the Looked after Children population of Dorset

20.3 All healthcare staff who comes into contact with LAC children should work within the Royal Colleges' intercollegiate framework. This framework identifies the competences that enable healthcare staff to promote the health and well-being of looked-after children. They are a combination of the skills, knowledge, values and attitudes that are required for safe and effective practice. Assurance can be given that the Designated Nurse and Doctor complies with level 5, all medical advisors and specialist nurses are compliant with level 4, Supporting Team Nurse, Health Visitor and School Nurses are compliant at level 3 and all Administrative staff compliant with level one.

20.4 All Medical Advisers for LAC and Adoption, Specialist Nurses and Team Nurses have attended level 3 safeguarding Training during the year. All Paediatricians have access to regular safeguarding supervision within the paediatric department at Poole Hospital NHS Foundation Trust, and the nurses through the DHC Safeguarding Service. The nurses also receive six weekly, clinical supervision by the one of the CAMHS Clinical Psychologist for LAC.

20.5 As part of the Initial Health Assessment the Medical Advisers are able to identify any safeguarding concerns. During the year April 2014 and March 2015 Medical Advisers have raised concerns with social workers about safety of a kinship placement, the emotional impact of contact arrangements on children, and young children travelling to and from contact and preschool unsupervised in taxis. On one occasion the concern was escalated to the Named Nurse for Looked after Children at Poole Hospital and on another occasion the concerns was escalated to the CCG Designated Nurse for Safeguarding.

20.6 The specialist nursing teams are co-located within their area local authority; this enables them to escalate timely concerns within the multidisciplinary team. However, if for any reason they need to escalate outside this arrangement, they access a named nurse through the DHC Safeguarding Service; to date this has not been necessary. They also have access to the Designated Nurse for advice.

21. Summary of Key Areas of Achievement by providers and Designated Nurse for the CCG 2014-15

21.1 Providers:-

KPIs for immunisation and dental achieved.

All RHAs completed by Health Visitors are quality assured by the LAC nurses.

Appropriately trained Paediatricians complete all IHAs to a high standard.

A third of IHAs are completed within the statutory 28 days.

IHA process – the quality of initial health assessments and plans has improved the planning for the health care of children coming into care.

All prospective adopters had the opportunity to speak to the medical adviser in advance of matching.

Review of Essential Standards in line with DHC requirements completed

Revision of BAAF IHA & RHA form to collate outcomes from actions identified

Pan Dorset LACHT working together to standardise processes and systems

SDQs - the process in Poole for the collection of SDQ data is now firmly embedded into the RHA process. Process to be expanded Pan Dorset.

Completion of the Children in Care Health Team web page of DHC web-site.

All 17+ CIC receive their Health Passport as part of their transition to adult services.

21.2 Designated Nurse:-

Designated Nurse Role now imbedded within Quality directive for CCG.

Review of all contract arrangements, Revised Service Specifications, Reporting and Quality Schedules now in place.

Governance in place to ensure providers delivering commissioned services to meet statutory requirements.

GP and CCG Notifications process now in place meeting CCG responsibility.

Contracts and process in place with providers (in line with National Tariff) to ensure LAC placed out of Borough receive their health assessments in a timely manner.

Pathway and process in place for LAC placed out of borough to receive CAMHS support where identified.

All IHA's are now completed by Paediatricians resulting in improved quality and standard to inform health intervention and outcomes.

Designated Doctor Role in place and working alongside Designated Nurse to meet statutory responsibilities for the CCG and health providers.

22. Key Areas for Development for providers and Designated Nurse for the CCG during 2015/16

22.1 Providers:-

Full review of Specialist Nursing service to be undertaken to ensure team structures and allocation of resources is appropriate for numbers and age mix on LAC caseloads across the County of Dorset

Achievement of KPI's for RHAs within Bournemouth and Dorset as not achieved in 2014-15.

Introduce new pre RHA questionnaire for young people. This questionnaire has been developed in collaboration with the TRG.

Ongoing monitoring of the health actions recorded on RHA. The health team will monitor and reflect on the outcomes of the health actions using a new monitoring and recording system. Outcomes and trends to be reported to the CCG to inform commissioning within the next annual report.

Development of emotional health tool kit. Continued development of strategies and approaches to meeting the emotional health needs of the children. This will be done alongside other colleagues. This recognises that the emotional health needs often need a more innovative approach.

The Specialist Health Teams to have access to SystmOne Electronic Patient Record system to enhance information sharing within DHC and Primary Care

Improve the timeliness of IHA completion. The medical adviser will send a copy of the revised "Promoting the health and wellbeing of looked after children" to all social work teams and IROs. This revised guidance makes clear the responsibility of the Social Worker to notify the LACHT and send parental consent within 7 working days. SLA needs to be in place to ensure timely completion and return of Out of area IHAs.

IHAs for children with disability will be arranged with the medical adviser and RHAs for children with disability will be arranged with the LAC nurses, unless the Social Worker requests otherwise.

Arrange meeting with CAMHS lead for LAC to discuss how information from CAMHS can be available for the IHA and how the health recommendations can inform CAMHS assessments.

Commence monthly meetings between specialist nurse and medical adviser to review outcomes from health assessment recommendations.

22.3 Designated Nurse:-

CCG Action Plan for LAC to be maintained and updated monthly by Designated Nurse.

Reputational Risk to be resolved by IHA's timeline being improved for Dorset children accommodated in the West and East by DCC.

Resolve contract arrangements with DCH to deliver IHA's within the West of the county.

Review of Specialist Nursing provision to inform commissioning arrangements in place to meet CCG statutory responsibility.

Training for health/social care and foster cares to be reviewed, to ensure statutory requirements are being met.

Quality assures quarterly Health Assessments completed by Specialist Nurse and Medical Advisors to inform standards and health outcomes for LAC.

Accountability by CCG in meeting Home Regulations 31, need to map residential homes within Dorset to that accommodate LAC.

Actively seek young people in care views to inform future commissioning.

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