

**NHS DORSET CLINICAL COMMISSIONING GROUP**  
**GOVERNING BODY**  
**LOOKED AFTER CHILDREN'S HEALTH CCG REPORT**

<b>Date of the meeting</b>	16/09/2015
<b>Author</b>	P J Earney - Designated Nurse for Looked After Children Dr J Gould - Designated Doctor for Looked After Children
<b>Sponsoring Clinician</b>	Dr P Blick – Locality Chair for Central Bournemouth
<b>Purpose of Report</b>	To provide the annual report on services being commissioned for Looked After Children, current trends, and outcomes for all children accommodated in Dorset.
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	Under the Children Act 1989 and amended legislation CCG's have a duty to comply with requests from the local authority to help them provide services to children in care. For the duty to be discharged effectively health commissioners need to ensure the services they commission meet the particular needs of looked after children. The Designated Nurse is working closely with all providers and partner stakeholders, in reviewing and monitoring current services commissioned are safe, effective, caring, responsive and well-lead to meet the health needs of children accommodated in Dorset.
<b>Previous GB / Committee/s, Dates</b>	None

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
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	✓		✓

# 9.8

Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		✓

Initials : PE

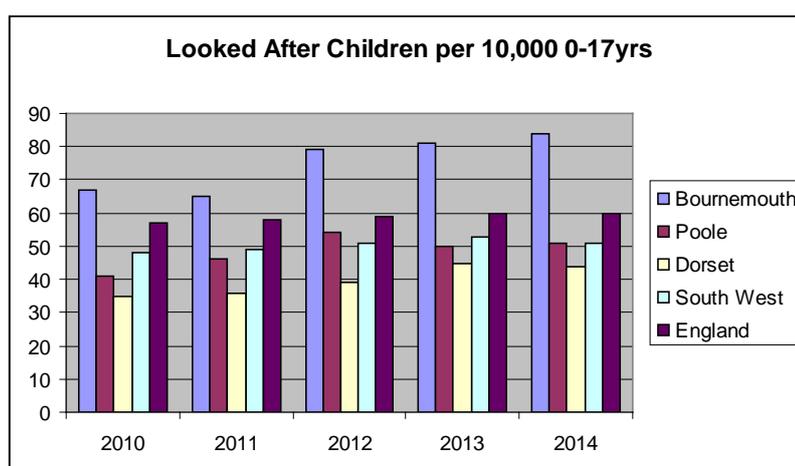
## 1. Introduction

- 1.1 This is the first Dorset CCG report in relation to Looked After Children (LAC) 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-led in identifying and meeting the health needs of the Looked After Children population of Dorset.
- 1.2 The full annual report can be [found on the Board Portal](#) and 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 for the Looked After Children services going forward.

## 2. National and Local Profile of Looked After Children in Dorset

- 2.1 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 31 March 2014. These figures are based on data from the SSDA903 return collected from each local authority. 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.
- 2.2 For the same period year ending 31 March 2014, Bournemouth (84 per 10,000) has remained above the national average by 40% 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.

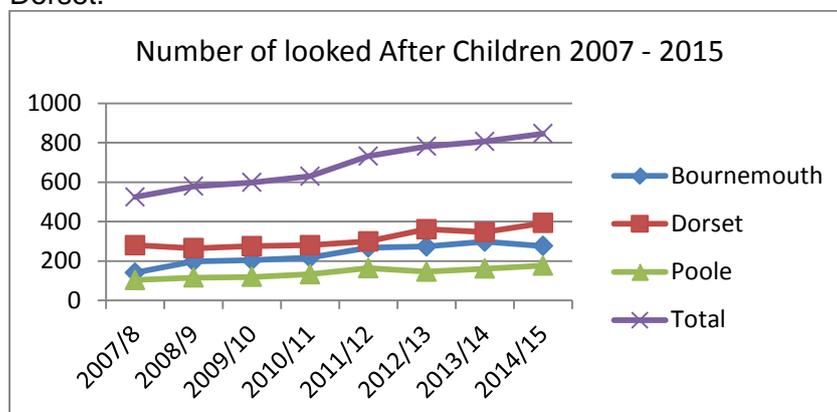
**Graph1.** The Graph below compares the national, regional and local picture from 2010 to 31 March 2014.



- 2.3 Between 1 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. 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.



- 2.4 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.
- 2.5 Bournemouth, Poole and Dorset local authorities are 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 within 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.

### 3. Governance and Quality Assurance

- 3.1 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 co-ordinated care for each child.
- 3.2 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, to hold to account against agreed contracts to ensure effective outcomes for LAC in Dorset are being met.

- 3.3. In April 2015 quarterly monitoring of the quality of completed health assessments, with auditing the implementation of individual health plans, commenced. Quality assurance by the Designated Nurse and Doctor is to ensure that health needs are being identified, addressed and monitored by the provider to evidence health outcomes for individual children and young people looked after are being achieved and to inform future commissioning. The findings of the audits will be reported annually within future annual reports to the CCG.
- 3.4 There is a clear LAC Action plan within the Quality Directorate of the CCG, this is maintained and reviewed monthly with areas for priority and action, with time frames and outcomes reported to the Directors Performance Meeting monthly and Quality Group and the Governing Body Quarterly.

## 4. Statutory Requirements

### Joint Working with Local Authorities

- 4.1 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. 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.

### Safeguarding Looked after Children

- 4.2 Assurance can be given that the Designated Nurse and Doctor complies with level 5 training, 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. This is in line with the Royal Colleges' intercollegiate framework. This framework identifies the competence levels that enable healthcare staff to safely promote the health and well-being of looked-after children.
- 4.3 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 clinical supervision by the one of the CAMHS Clinical Psychologist for LAC.
- 4.4 **Initial Health Assessments (IHAs)** 426 children started to be looked after in Bournemouth, Dorset and Poole, in the year April 2014 to March 2015. Of these 34% had an IHA completed within the statutory 28 days. Compliance was particularly poor (20%) in Dorset. The main reasons for poor compliance are late notification by Social Workers, delays in sending parental consent for health assessments and no IHA's being delivered in the West of the county. These areas are all actively being addressed by the CCG.
- 4.5 Of the IHA's completed by the three Medical Advisers in the East of the county, a quality review has found them to be of a high standard when compared to Department of Health bench marking tool.

- 4.6 A range of health concerns were identified at the IHAs, the most frequently identified were missed immunisations (35%), overdue dental check (26%) and the absence of early health history and family health history (30%). Recommendations were made to address these health concerns; however there is no record of the recommendations being followed up. This has now being addressed with the implementation for the Specialist Nurses to record intervention and outcomes of the IHA as part of the child's Review Health Assessment, which will be audited quarterly and report annually via the providers LAC Health Annual report.
- 4.7 **Review Health Assessments (RHA's)** 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.
- 4.8 **Health Outcomes for Dorset Looked After Children.** To date there has been no formal process in place for providers to report health outcomes to the CCG other than those identified as national indicators, being RHA's, Immunisations and Dental. Although these KPI's are useful they do not reflect the overall health outcomes for Dorset's population of Looked after Children. The Quality schedules now in place will enable robust reporting annually of overall health outcomes for LAC including emotional well-being and resilience.

## 5. Board Assurance Framework/Risk Register

- 5.1 **Initial Health Assessment/DCC** There continues to be a reputational risk to the CCG, due to minimal improvement over the last 18 months by DCC to provide health services with notification of LAC moving into care and/or consent to proceed with a health assessment, plus carers refusing to attend health appointments in the East of the county. This is in breach of the statutory requirements and timescales. Various meetings have taken place with senior DCC personnel during 2013/15 with assurances from DCC Children Social Care that improved time scales will be prioritised. Further monitoring and meetings to expedite and resolve these issues are in place between the Director of Quality (CCG) and Director of Children Social Care (DCC). Progress reporting at Director Level within the CCG is in place.
- 5.2 **Dorset County Hospital (DCH)** Discussions continue with DCH to deliver IHA's within the financial envelope provided for LAC in the West of the County. A senior management meeting is scheduled for 6.8.15 to resolve and agree service delivery, if this is not achieved then the plan will be to move the financial envelope to the PHFT to deliver IHA's within the West of the county as part of the Pan Dorset Medical Service.

## 6. Budgetary Impact/Services Commissioned

### Poole Hospital NHS Trust

- 6.1 Commissioned to provide Medical Services, Adoption/Fostering for LAC Pan Dorset £51.444.

### **Dorset County Hospital**

- 6.2 Commissioned to provide Medical Services for IHA's in the West of the County for LAC £26,346.

### **Dorset Health Care**

- 6.3 Commissioned to provide Specialist Nursing Service for LAC Pan Dorset £346,420
- 6.4 Total Budgetary Impact £424,210.

## **7. People and Staff**

- 7.1 **Listening to the voice of Dorset looked After Children.** 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.
- 7.2 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. DHC and PHFT complete service user's questionnaires following each health assessment. The specialist nurses engage regularly through social groups to gain views on how their service can support a healthy life style. This is fed back to the CCG through their annual health reports. The voice of the child will feature in all subsequent CCG annual reports.
- 7.3 **Business case in relation to workforce capacity** Specialist Nursing for LAC Health and Care Leavers The current commissioning arrangements are for LAC 0-18yrs, changes and the recommendation within Statutory Guidance (2015) for Specialist Health teams to provide services for care leavers, and those with a Statement of Education Need and/or disability regulation (2014), will result in an increased cohort of young people maintaining LAC status until their 21st or 25th birthday, where previously it has been 18 years. This change, with the known increase of 62% since the service was originally commissioned, requires further analysis regarding potential impact on capacity for health teams.
- 7.4 A review of the current service delivery and mapping of the Looked After Children health needs Pan Dorset, has been requested for DHC to complete, containing an overview of findings to be presented to the CCG, to inform ongoing commissioning. DHC have commissioned an independent advisor to support the review of both the LAC and CAMHS Services. The review is expected to be received by September 2015.

## 8. Information Management & Technology

- 8.1 **Looked After Children Notification System** 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 (Held with restricted access within Quality Directive). 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.
- 8.2 **GP Electronic Notification System** GP Register and System Alert for Looked After Children (Pilot Nov 14 – Jan 15) The electronic pilot has been completed between commissioned providers of LAC health services and GP Practices. GP Practices will now receive electronic notification from DHC to maintain an up-to-date register and electronic flagging system of all LAC registered at their Practice.

## 9. Conclusion

### Service achievements for 2014/15

- 9.1 The Designated Nurse role is now imbedded within Quality directive for CCG.
- 9.2 Review of all contract arrangements, Revised Service Specifications, Reporting and Quality Schedules now in place.
- 9.3 Governance is in place to ensure providers delivering commissioned services to meet statutory requirements.
- 9.4 GP and CCG Notifications process is now in place meeting CCG responsibility.
- 9.5 Contracts and process is in place with providers (in line with National Tariff) to ensure LAC placed out of Borough receive their health assessments in a timely manner.
- 9.6 Pathway and process in place for LAC placed out of borough to receive CAMHS support where identified.
- 9.7 All IHA's are now completed by Paediatricians resulting in improved quality and standard to inform health intervention and outcomes.
- 9.8 Designated Doctor Role in place and working alongside Designated Nurse to meet statutory responsibilities for the CCG and health providers.

### Action Plan and priorities for 2015/16

- 9.9 CCG Action Plan for LAC to be maintained and updated monthly by Designated Nurse.
- 9.10 Risks to be resolved by IHA's timeline being improved for Dorset children accommodated in the West and East by DCC.

## 9.8

- 9.11 Resolve contract arrangements with DCH to deliver IHA's within the West of the county.
- 9.12 Review of Specialist Nursing provision to inform commissioning arrangements in place to meet CCG statutory responsibility.
- 9.13 Training for health/social care and foster carers to be reviewed, to ensure statutory requirements are being met.
- 9.14 Quality assures quarterly Health Assessments completed by Specialist Nurse and Medical Advisors to inform standards and health outcomes for LAC.
- 9.15 Accountability by CCG in meeting Home Regulations 31: need to map residential homes within Dorset to those accommodating LAC.
- 9.16 Actively seek young people in care's views to inform future commissioning.

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