

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

LOOKED AFTER CHILDREN AND CARE LEAVERS ANNUAL REPORT

Date of the meeting	16/09/2020
Author	P Earney - Designated Nurse for Looked After Children & Care Leavers
Purpose of Report	To provide the Governing Body with the Looked After Children and Care Leavers Annual Report.
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	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	✓
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Initials : PE



Dorset
Clinical Commissioning Group

**Looked After Children & Care Leavers Annual Health
CCG Report
2019-2020
Executive Strategic Summary**

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

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1. Introduction

- 1.1 This strategic summary is to provide assurance that the Dorset Clinical Commissioning Group (DCCG) is meeting its statutory requirements in commissioning services in identifying and meeting the health needs of their Looked after Children (LAC) and Care Leavers (CL) population of Dorset. This report covers the period from 1 April 2019 to 31 March 2020.

2. Outcomes of Key areas for Development 2019-20

- 2.1 Continue to work in partnership with providers, Dorset Council (DC) Bournemouth Christchurch and Poole Council (BCP) Corporate Parenting Boards to improve performance of Initial Health Assessments (IHA) within the 20-working day statutory time frame, then seek assurance through performance management that once improved it is being sustained. This has not been achieved for multiple factors which is explained in section 4. Performance, in this area will move forward to the 2020-21 key areas of development.
- 2.2 Progress in building effective partnership working with providers, Dorset Council (DC) and BCP Council (BCP), other agencies and the voluntary sector in tracking trends and impact for LAC and CL, to inform that the focus of health provision has been challenging at times however continues to improve following the restructuring of both DC and BCP.
- 2.3 Improve access to emotional and mental health support with appropriate interventions to improve outcomes for LAC has been achieved. Impact for the child of improved health outcomes for LAC and CL is now being reported to DCCG via case studies examples
- 2.4 Assurance that the new DNA “Dorset New Adults” health service for CL is fully embedded has been achieved with positive impact for our CL population, we currently have 714 CL (which is a rise of 21% from 2018-19) who receive support by two Specialist Nurses. They offer one to one contact with CL, drop-in sessions alongside video consultations via Attend Anywhere. Some CL have told us they prefer to communicate via digital platforms which we have responded too and are now in place.
- 2.5 Visits to our commissioned Specialist Nursing Service for LAC and CL have been achieved and proven beneficial in seeking assurance that health provider activity and quality performance is in line with contractual arrangements. These will continue as business as usual.

- 2.6 The voice of our LAC and CL population informing future commissioning arrangements has been achieved via consultation through both BCP and DC Children in Care Councils, meeting directly with LAC & CL, the Corporate Parenting Boards and providers feedback questionnaires shared with the Designated Nurse.
- 2.7 The Designated Nurse has continued to act as a positive advocate for DCCG in promoting good practice identified for LAC & CL within Dorset, regionally and nationally during 2019-20.

3. Demographics of Dorset LAC & CL Population

- 3.1 The demographic indicates a rise of 12.5% with 1028 LAC under the age of 18 years with a further 714 CL up to the age 25years. DCCG have a responsibility to support the health needs of LAC placed in Dorset by other local authorities of which there are 334 giving a total population of 2,076 as of 31st March 2020 in receipt of specialist LAC health support, a rise from 1,801 as of the 31st March 2019. The analysis of why this is happening has not led to one single contributory factor, but a multi-faceted complex situation replicated across the whole county of Dorset. This will be a key area for 2020-21 for development in understanding why Dorset remains an outlier regionally and nationally.

4. Performance

- 4.1 In addition to the contractual performance indicators, DCCG Business Intelligence have worked with the Designated Nurse during 2019-20 to produce a Power BI Dashboard to collect and report in one place the key performance indicators for the LAC commissioned providers. Examples of screen shoots can be seen in Appendix 1.
- 4.2 Overall performance of 11.9% for 2019/20 fell significantly against 2018/19 of 52.6%, which remains significantly below the required 85% performance indicator for Initial Health Assessment's (IHA's) to be completed within the 20-working day statutory time frame. The sudden reduction during 2019-20 was due to delays in IHA appointment availability as a result of health provider's lack of capacity, and our partners DC and BCP unable to provide health with notification and consent to proceed within the statutory five-day time frame. These areas remain on the DCCG risk register and are being escalated through the DCCG Nursing and Quality Director and DC and BCP Corporate Parent Boards quarterly.
- 4.3 Following the submission of a capacity and demand paper from our health provider commissioned to deliver the IHA process, DCCG commenced a formal service review at the end of February 2020. Due to Covid-19 this has been suspended until normal contracting arrangements are back in place.

407 children entered care during 2019-20 a 17.6% increase from 2018-19. Capacity issues for health have been resolved with IHA appointments now being available within time frames. (Appendix One, Sec 14). April 2020 has seen an increase of performance of 56.5% and extensive work continues to improve on this performance and sustain jointly with DC and BCP.

- 4.4 The specialist nursing service (Dorset Health Care) have met all but one of their performance indicators, the outstanding being Review Health Assessment completed within the month due, which was slightly under the 90% target at 87%. Exception reporting has shown this dip was due to a combination of increasing number of LAC, the sudden redeployment of nurses from the team to other front-line health services and the stopping of home visits in line with Covid-19. The latter end of 2019-20 has been a challenging time for the specialist Nursing team in meeting increased demand and complexity for LAC & CL, complicated by the Covid-19 lockdown. Assurance was sought that the workforce remaining within the LAC team would focus on the supporting CL experiencing a period of enforced isolation, whose risk-taking behaviours continue to manifest and create safeguarding concerns. Emotional health and well-being support continue to be as reactive as possible. The recovery plans and trajectory for improved performance will be a key area of development during 2020-21.
- 4.5 2019-20 saw the third year of the implementation of the commissioned Specialist Nursing Service for LAC & CL Service, outcomes for LAC and CL have been positive especially in relation to emotional health & well-being, the transition of and support of CL as they enter adulthood, including separated children seeking asylum (SCSA).

5. Challenges

- 5.1 Challenges from BCP in relation to joint funding for specialist placements for LAC with complex health and social needs placed out of county, has been a focus during 2019-20. DCCG with commissioned providers have responded positively with a system led operational and strategic panels now in place. The panels support joint funding agreements to meet the child's complex needs prior being placed.
- 5.2 Challenges from DC and a request to DCCG to resolve delayed and poor-quality adult medicals being received for prospective foster carers, completed within primary care was received in February 2020. An initial system lead workshop was set up to resolve in late March, however due to Covid-19 it had to be postponed. This will be a key development area for 2020-21.

- 5.3 The commissioning arrangement of the Medical Service for LAC IHA's was challenged by both DC and BCP Corporate Parenting Boards due to the capacity issues resulting in delayed appointment availability. This is a key development area for 2020-21.
- 5.4 Lessons learnt from information governance breaches during early 2019-20, in relation to the transferring of electronic health records for children adopted, has identified a system wide challenge within health. This work is near completion with our community provider and primary care. The next stage is to seek assurance that transfer of electronic records within the Dorset Care Record and our acute providers are safe and robust in preventing potential breaches going forward. This continues to be a key area of development during 2020-21.

6. Compliments and Complaints

- 6.1 No formal complaints have been received during 2019/20. Compliments continue to be received from LAC & CL, foster carers, partner agencies.

7. Key areas for Development for 2020-21

- 7.1 To seek assurance from commissioned providers during the recovery period of Covid-19 that recovery plans for service delivery and improved performance are in place, robust and moving forward in achieving identified trajectories.
- 7.2 To determine if the formal service review of the commissioned medical Service for LAC (paused due to Covid-19), is still required once normal contracting arrangements are back in place.
- 7.3 To maintain a strategic lead role locally, regionally and nationally for LAC & CL, to ensure the CCG are compliant in meeting its strategic responsibilities. National policies will be implemented to ensure the working together framework to safeguard children is met, aligning with the Dorset's sustainability and transformation programmes and the National NHS long term plan.
- 7.4 Continue to work in partnership with providers, DC, BCP Corporate Parenting Boards to improve performance and sustainability of IHA within the 20-working day statutory time frame.
- 7.5 The "voice" of children and young adults within the care system will be sought and listened to, inform the commissioning cycle. To provide a health service provision which is accessible and timely in improving health and wellbeing of the LAC & CL's population locally.

- 7.6 To work with both DC and BCP children services and corporate parenting boards, in gaining further understanding of the increasing numbers of LAC across the county. To seek assurance that the correct children are entering and remaining within the care system locally.
- 7.7 Continue to build a system led approach in understanding and addressing the increasing complexity of health and social needs of children entering the care system.
- 7.8 To work as a system led approach in resolving the funding arrangement and quality assurance of adult medicals for prospective foster carers and adopters.
- 7.9 To review and seek assurance that transfer of electronic records within the Dorset care record and our acute providers are safe and robust in preventing potential breaches going forward.

8. Update on Performance Progress 2020-21

- 8.1 Due to Covid-19 this executive strategic summary was deferred to September 2020 therefore a progress update for section for section 4 4.2-3 is provided here.
- 8.3 Pan Dorset Q1 saw 68.7% completion of IHA's within the statutory 20 working days with a further 16.4% seen within 30 days. Progress in reducing delays by both LA's continues to improve with focus shifting to sustainability. Our commissioned health provider has cleared all backlog and is now offering IHA appointments within the allotted 13-day time frame of receiving consent to proceed.

Author: Penny Earney Designated Nurse for LAC & CL DCCG

Appendix 1: Power BI LAC Performance



Dorset CCG Looked after Children and Carer Leavers Annual Health Report 2019 – 2020 Executive Strategic Summary.



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