

Meeting of Governing Body

Date: 7 August 2018

Time: 1.30pm

Location: Clevedon Hall, Elton Rd, Clevedon, North Somerset, BS21 7RQ

Agenda number: 7.1

Report title: Looked After Children

Report Author: Julie Henderson, Designated Nurse for Looked After Children

Report Sponsor: Anne Morris, Director of Nursing & Quality

1. Purpose

The purpose of this paper is to provide the Governing Body with an update on the actions put in place to meet and improve the health needs of the Looked After Children (LAC) and care leavers across Bristol, North Somerset and South Gloucestershire in order to provide assurance that LAC and care leavers are provided with a timely health service which promotes safeguarding, physical and emotional health needs.

2. Recommendations

The Governing Body is asked to note

- the contents of this report
- the appointment of a Designated Nurse for Looked After Children
- the actions planned to achieve recovery of performance
- that quarterly progress reports on the improvement trajectory and action plan will be reported to the Quality committee.

3. Executive Summary

Prior to the merger of the three local CCGs to the single BNSSG CCG each CCG had different arrangements for the strategic oversight for Looked after Children (LAC). Post April 2018 the CCG is providing the strategic role of Designated Nurse for LAC across BNSSG.

The report provides an oversight of Quarter 4 performance from the Community Children's Health Partnership (CCHP) and North Somerset Community Partnership (NSCP) outlining LAC performance data. CCHP LAC services are provided by Sirona and cover both South Gloucestershire and Bristol. The provider demonstrated poor performance for completing Initial Health Assessments (IHAs) within the 28 day timeframe (inclusive of weekends and bank holidays) as set out in the guidance. In North Somerset the percentage of completed IHAs was also well below the target of 90%. The percentage of completed Review Health Assessments (RHAs) which should be completed twice a year for five year olds and under and annually for over 5s, in all three areas was also below the 90% target although North Somerset reached 85.7%.

The report identifies the immediate, short term and longer term actions that are being put in place by the Designated Nurse for LAC to address poor performance and improve the service for looked after children.

4. Financial resource implications

There are no direct financial or resource implications however should there be an influx of UASC in any of the 3 localities this is likely to require extra resource due to the particular issues relating to this group of children and young people. For example, unaccompanied asylum seeking children (UASC) usually require significant health screening, mental health support and dental care as a result of their previous experiences and exposure to risks and trauma.

5. Legal implications

There are no identified legal implications in this report.

6. Risk implications

If children and young people in care do not have their health needs assessed there is a risk that they will have unfavourable outcomes compared to their peers and will therefore be more vulnerable to chronic physical and mental impairment and disadvantage.

There is a risk of reputational damage to BNSSG CCG if adequate service provision is not delivered. The Mandate to NHS England, Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies as well as the NHS Constitution for England make clear the responsibilities of CCGs to Looked After Children and also to care leavers.

7. Implications for health inequalities

Children who are Looked After are likely to have suffered health inequalities prior to coming into care, it is therefore imperative that health assessments are carried out within appropriate timeframes in order to prevent poor health outcomes for this vulnerable group.

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

There are no identified inequalities for children and young people with protected characteristics.

9. Implications for Public Involvement

Children in care are consulted through Children in Care Councils on the development of services relating to their health and wellbeing.

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1. Background

The CCG has a responsibility to ensure that appropriate arrangements and resources are in place to meet the physical and mental health needs of looked-after children (LAC). This responsibility includes access to the expertise of a designated doctor and nurse for looked-after children. The function of these designated roles is to provide assistance to CCGs and other commissioners of health services to fulfil their responsibilities to improve the health of looked-after children.

Statutory guidance, 'Promoting the health and wellbeing of looked after children' (DH, March 2015) sets out the obligations of the CCG in ensuring that the health needs of LAC are met. Chapter 1 of the Children and Social Work Act 2017, corporate parenting principles for local authorities must have regard to, 'promoting the physical and mental health and well-being of LAC and to ensure that LAC are helped to gain access to and make the best use of services provided by the local authority and its relevant partners'. This builds on the duties set out in the Children Act 1989 which includes acting on any early signs of health issues. The NHS England National Steering Group LAC Forum produced additional guidance with the aim of improving health outcomes of LAC across England by reducing unwarranted variation in the health delivery and commissioning arrangements for children and young people who are looked after (NHSE, 2017).

The overall aim of this work is to translate the statutory guidance into a standard approach to the commissioning of services in order to deliver outcomes focussed health services to the meet the complex health needs of this group. There is currently variation in the provision of healthcare for Looked After Children across BNSSG as prior to the merger of the three local CCGs to the single BNSSG CCG each CCG had different arrangements for the strategic oversight for Looked after Children (LAC). Post April 2018 a vacancy has arisen for the post of Designated Nurse for LAC in North Somerset. The CCG is utilising this funding to provide a full time Designated LAC nurse across BNSSG CCG.

The Community Child Health Partnership (CCHP) has also revised their LAC service to implement a structure to reflect the LAC named nurse function outlined in the intercollegiate document.

2. Quarter 4 Performance

NHS England request a quarterly update from the CCG on the arrangements for Looked after Children (LAC) as per the tables below.

Table 1: The number of Children who are looked after by Local Authority (LA).

	Q1 & Q2	Q3	Q4
Bristol	707	671	713
South Gloucestershire	163	163	186
North Somerset	222	207	237

The number of looked after children varies slightly across a year but is generally stable between these ranges.

Table 2: Percentage of Initial Health Assessments completed against expected 90% completion within 28 days.

	Number accommodated	% who had assessment within 28 days
Bristol	37	5%
South Glos.	21	59%
North Somerset	40	50%

Every new child who is looked after requires a health assessment within 28 days of their accommodation to identify any early health needs, including emotional health needs, which are a result of the abuse or neglect the child has experienced. The target for these assessments is a minimum of 90% completed within the 28 day time frame.

The primary reason given by the health providers for the poor compliance rate for initial health assessments is the lack of timely notification by the Local Authority.

Table 3: The number of Review Health Assessments and percentage that were achieved against expected 90% compliance.

	Total number of Review Health Assessments required in Quarter 4	% who had had their assessment on time in Quarter 4
Bristol	116	55%
South Gloucestershire	32	78%
North Somerset	77	85.7%

The requirement for health assessment is that all looked after children under 5 years of age will have an assessment every 6 months and children over 5 will have an annual assessment. Figures for Bristol remain low and this was due to an under resourcing of the Bristol LAC service for the number of children requiring assessment. Following restructuring of the LAC team by CCHP at the beginning of June, these figures should improve as the nurse function has increased by 1.00 WTE. Going forward the Designated Nurse will be asked to monitor this closely.

Whilst North Somerset were close to meeting the compliance target, the Designated / Named LAC nurse vacancy has resulted in only their LAC nurse supporting this work. North Somerset Community Partnership (NSCP), are interviewing for the Named Nurse post on 3rd August and an interim plan was put in place by the Designated/Named LAC Nurse prior to their leaving to support NSCP with managing the service with the reduced capacity including flagging the associated risks the organisation would hold.

Table 4: Children who are identified as Unaccompanied Asylum seeking Children (UASC).

	Number UASC Quarter 4	Comments
Bristol	42	This was the figure for Bristol at the end of March 2018
South Gloucestershire	2	
North Somerset	10	

Bristol is the only area that does not provide information on unaccompanied asylum seeking children. Data has been requested from the Local Authority but the LAC team has been advised that this data is not collected in a way that can currently be shared.

North Somerset has a higher number of UASC due to their identified willingness to take these children through requests from national government. The number of UASC currently looked after by North Somerset is below the number the local authority believe they can actually accommodate.

Table 5: The percentage of Strength and Difficulties Questionnaire (SDQ) to assess LAC mental health needs.

	%SDG Quarter 4	Comments
Bristol	72%	Bristol did not report their SDQ figures for Quarter 3 or 4, this is the figure given for 2017 / 18 as a whole.
South Gloucestershire	95%*	SG identified their *Quarter 3 figures but there were some data issues with their Quarter 4 Recording
North Somerset	59%	Quarter 4 data

All looked after children should be offered a strength and difficulties questionnaire to assess mental health needs which is the responsibility of the Local Authority. The table above demonstrates an unacceptable variation for the reported or completed SDQ across BNSSG. However, as data collection, presentation and recording are currently not standardised across the three localities, no direct comparison of this data can be made.

3. Next Steps

Table 1 below sets out the immediate actions that have been taken to address the poor performance issues in the Looked After Children service. Table 2 identifies further actions for the medium to longer term. It is anticipated that all actions presented will be completed by the end of March 2019 and the Interim DNLAC will monitor the action plans on a monthly basis, reporting to the Quality Committee on a quarterly basis with exception reporting.

Table 1: Action plan to address immediate identified poor performance issues

Key: Green = complete

Amber = in progress / on track

Red = incomplete by expected timescale

Blue = not yet started

Key issue	Action	Expected timescale	Person (s) responsible	BRAG
No strategic Designated Nurse LAC (DNLAC) post to monitor performance.	Post has been advertised and recruited to – post-holder will commence August 1 st on interim basis for one year.	27/06/18	Deputy Director for Nursing and Quality	Complete
Uncertainty around current provision in Children Looked After Nurse Teams across BNSSG and issues with performance data reporting.	Scoping work to be undertaken to assess current position within Children's Looked After Nurse Teams and the local authorities to ascertain difficulties with timely notification of children being placed in care.	09/07/18	Interim DNLAC	Complete
Vacancy for 0.5 OTE band 8a Named Nurse for LAC (NNLAC) in North Somerset and Band 6 LAC nurse is holding the caseload.	The post has been advertised and interviews are being held on 3 rd August.	03/08/18	Interim DNLAC	On track

Reduced capacity in Children's Community Health Partnership (CCHP) Children Looked After Nurse (CLAN) team for Bristol.	Provider has merged South Gloucestershire and Bristol CLAN teams to work across the two localities. A band 8a Named Nurse for LAC has been appointed as well as a band 6 1.0 WTE which will increase capacity in the team.	18/06/18	Sirona	Complete
Performance monitoring meetings have to date not identified solutions to poor performance.	Meeting to take place on 6 th August between provider, local authority (LA) and DNLAC. Meetings will be 6 weekly. An action plan with trajectory for improvement to be drawn up by DNLAC and monitored at Quality Committee meetings.	06/08/18	Interim DNLAC / LA / Sirona	On track
Uncertainty around LAC placed from out of area into BNSSG receiving timely health assessments.	This will form part of the action plan above.	31/08/18	Interim DNLAC	In progress
NNLAC will need to receive supervision from DNLAC to assess and advise on performance issues.	Initial meeting with NNLAC for South Gloucestershire and Bristol provider to take place on 31/07/18. Meeting with NNLAC in North Somerset will be set up once post-holder is in place.	31/07/18	Interim DNLAC / providers	Complete
BNSSG risk register to reflect risks resulting from poor performance issues in LAC health assessments.	DNLAC to complete risk register entry.	31/07/18	Interim DNLAC	In progress

Table 2: Medium to longer term action plan

Identified issue	Action	Expected timescale	Person (s) responsible	BRAG
Notifications from the LA need to be received by CLAN within 72 hours of the child entering care in order for IHAs to be completed within the timeframe of 28 days (inclusive of weekends and bank holidays).	Monitoring will be undertaken at the monthly performance meetings between the LA, provider and DNLAC to achieve improvement to 50% initially and 80% by 31/03/19. Reporting to Quality Committee.	30/11/18	Interim DNLAC / Sirona / LA	Not yet started
Exception reporting not currently being received by CCG.	Dashboard for monthly reporting of outcomes data to be set up by interim DNLAC and exception reporting to be requested.	31/08/18	Interim DNLAC / Sirona	Not yet started
Up to date analysis of children and young people who have not received or who have refused health assessments needs to be made.	Analysis to be undertaken by providers and reported to CCG.	30/11/18	NNLAC	Not yet started
Completion of Strengths and Difficulties Questionnaires are not currently being reported to the CCG or provider. This impacts on the appropriate provision of mental health services to LAC.	Develop a process whereby this information is shared quarterly with the provider and CCG by the LA.	30/11/18	Interim DNLAC / provider / LA	In progress
Health assessments need to be completed by the appropriate health professional.	Embed a new process for IHAs being completed by Community Paediatrician or other medical practitioner with RHAs being completed by CLAN nurse team or other non-	31/03/19	Interim DNLAC / provider	In progress

	medical clinical health professional.			
There is currently no automated system for ensuring timely notifications from the LA to the CLAN team.	Develop an electronic system whereby the CLAN team can be alerted to children coming into care at the pre-proceedings stage.	31/03/19	LA / Interim DNLAC	Not yet started
CLAN team need to receive consent form, name of registered GP and demographic details of children coming into care within 4 working days of a child coming into care.	Development of electronic system whereby this information can be obtained from Connecting Care by CLAN team.	31/03/19	LA / Interim DNLAC / Provider	Not yet started
Current guidance recommends that School Health Nurses (SHNs) and Health Visitors (HVs) should undertake RHAs where they are working with the family already.	The Specialist Nurse for LAC is leading on work to engage Public Health in releasing Family Nurse Partnership (FNP) nurses to undertake RHAs where they are working with the family. The wider issue of SHNs and HVs will also be addressed with Public Health.	31/03/19	Named Nurses / Interim DNLAC	In progress
Information for Bristol on the numbers of Unaccompanied Asylum Seeking Children (UASC) in Bristol LA is currently inadequate.	This data is available but will require data cleansing, formal monitoring and discussion with the LA in order to report on a quarterly basis.	31/12/18	Interim DNLAC / LA	In progress

4. Financial resource implications

There are no direct financial or resource implications however should there be an influx of UASC in any of the 3 localities this is likely to require extra resource due to the particular issues relating to this group of children and young people. For example UASC usually require

significant health screening, mental health support and dental care as a result of their previous experiences and exposure to risks and trauma.

5. Legal implications

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There is a risk of reputational damage to BNSSG CCG if adequate service provision is not delivered. The Mandate to NHS England, Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies as well as the NHS Constitution for England make clear the responsibilities of CCGs to Looked After Children and also to care leavers.

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8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

There are no identified inequalities for children and young people with protected characteristics.

9. Consultation and Communication including Public Involvement

Children in care are consulted through Children in Care Councils on the development of services relating to their health and wellbeing.

10. Recommendations

The Interim Designated Nurse for LAC will benchmark BNSSG LAC health services against comparable areas who are performing well, using the Guide to Meeting the Statutory Health Needs of Looked After Children through a standard Approach to Commissioning and Service Delivery (NHSE, 2017) alongside statutory guidance.

Monthly recovery (performance) meetings to continue on a monthly basis with Sirona and Bristol local authority with a trajectory for improvement which will be set in consultation with the local authority and the provider. An action plan will sit alongside the trajectory for improvement which will be closely monitored and reported to the Quality Committee.

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Appendices

Glossary of terms and abbreviations

Looked After Child (LAC)	The definition of looked-after children (children in care) is found in the Children Act 1989. A child is looked after by a local authority if a court has granted a care order to place a child in care, or a council's children's services department has cared for the child for more than 24 hours.
Named professional for LAC	Supports all activities necessary to ensure that the organisation meets its responsibilities for looked after children and young people. Is responsible to and accountable within the managerial framework of the employing organisation's looked after children's health team. Work as a member of the organisation's looked after children's health team.
Designated professional for LAC	Assists planning and advise CCGs in fulfilling their commissioning responsibilities to improve the health of looked after children. Leads and supports all activities necessary to ensure that organisations within the health community meet their responsibilities for LAC. Advises and supports all specialist LAC professionals across the health community. Are members of the Corporate Parenting Board, health and Wellbeing / Children's

	Trust Board and LSCBs. Provides health advice on policy and individual cases to partners.
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