

WALSALL CLINICAL COMMISSIONING GROUP

Corporate Parenting Board

**Health Services for Looked After Children Interim Report
April 2020 - December 2020**

Date of Meeting: 22nd March 2021

TITLE OF REPORT:	Health Services for Looked After Children Update – Q1-Q3 2020/21
PURPOSE OF REPORT:	To provide assurance to members of the Corporate Parenting Board that action is being taken to deliver on-going statutory responsibilities for LAC.
REPORT WRITTEN BY:	Alison Jones Designated Nurse Looked After Children alison.jones10@nhs.net John Dunning Childrens Commissioning Consultant (interim) john.dunning1@nhs.net
REPORT PRESENTED BY:	Alison Jones John Dunning
KEY POINTS:	The report was collated with information provided by Walsall Healthcare Trust and Black Country Healthcare Trust. There will be an annual report presented with agreement by the Corporate Parenting Board in Sept/Oct 2021.
Report Purpose	An overview of the statutory responsibilities of the CCG in relation to children in care, including performance of these responsibilities.

	<p>To provide assurance to members of the Corporate Parenting Board that action is being taken to deliver on-going improvements to health outcomes for LAC.</p> <p>The Current response to Covid.</p> <p>Dental Services/Immunisations</p> <p>Adult and children's medicals for Fostering and Adoption</p> <p>Leaving Care Summaries/Health passports. Health Priorities 21/22</p>
RECOMMENDATIONS:	CRP to note current progress and assurance.
CORPORATE PARENTING BOARD ACTION REQUIRED:	<p>Decision</p> <p>Approval</p> <p>✓ Assurance</p>

Main Report

1.0 Introduction

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 experiences. The NHS has a major role in ensuring the timely and effective delivery of health services to looked after children (and, by extension, to care leavers) by commissioning effective services, delivering through provider organisations, and through individual practitioners providing coordinated care for each child (Promoting the health and well-being of looked after children 2015). There may be some use of interchangeable terms for Looked After Children/Children in Care in this report.

2.0 An overview of the statutory responsibilities of the CCG in relation to children in care, and the performance of these responsibilities

2.1

Promoting the Health and Well-Being of Looked-After Children (2015), provides statutory guidance for local authorities, clinical commissioning groups and NHS England.

The NHS contributes to meeting the health needs of Children in Care by:

- Commissioning effective services.
- Delivery through provider organisations.
- Individual practitioners providing co-ordinated care for each child, young person and carer.

The core activities that require commissioning from the CCG for Looked After Children relating to statutory duties are:

- **Initial Health Assessments** - The IHA should take place in time to inform the child's first LAC review within 20 working days of entering care.
- **Review Health Assessments** - The review of the child's health plan must take place once every six months before a child's fifth birthday and once every 12 months after the child's fifth birthday.
- **Care Leaver Summaries** - Care leavers should be equipped to manage their own health needs wherever possible. They should have a summary of health records (including genetic background and details of illness and treatments), with guidance how to access a full copy if required.
- **Adoption Reports** - the collation of reports for adoption and fostering panel.

3.0 Current Commissioning Arrangements

3.1

The Designated professionals for LAC recommend that Walsall Clinical Commissioning Group (WCCG) commission a service that ensures appropriate arrangements and resources are in place to meet the physical and mental health needs of all Walsall looked-after children regardless of where they are placed.

3.2

The current health provider service in Walsall is Walsall Healthcare Trust, the Trust delivers statutory health assessments for Walsall Children in Care placed within 20-mile radius and hosted children from other areas.

3.3

Walsall CCG commission health assessments for those LAC placed further afield. The reliance on other areas comes with some challenge, which includes the timeliness and quality of interventions. All health assessments are quality assured by the Named Nurse/Designated Nurse against the national screening tool before being approved and sent out. Challenges remain around meeting statutory timescales, particularly for those children placed further afield. The Named Nurse continues to monitor and escalate individual cases where there are significant delays by liaising with the LAC health team and Designated Nurse who will contact the designated leads where the child is placed.

3.4

The LAC Health Team consists of a Named Nurse for LAC, who has the responsibility for coordinating provision of clinical services for children, providing advice and expertise to fellow professionals. There are also two Nurse Advisors, one of which works with primarily supporting transition and leaving care.

The team not only complete and follow up on the health needs of children but some of their other duties include:

- Support training and supervision for health care staff on the needs of Children in care.
- Quality Assurance of health assessments.
- Audit and performance monitoring.
- Report writing and analysis.
- Development of key policies and pathways with multi-agency professional
- Support Children and young people to access health services
- Offer support to foster carers/residential settings
- Offer expert health advice and signposting
- Offer emotional health support programmes, and work in association with other health services, school health, sexual health and teen pregnancy advisors.

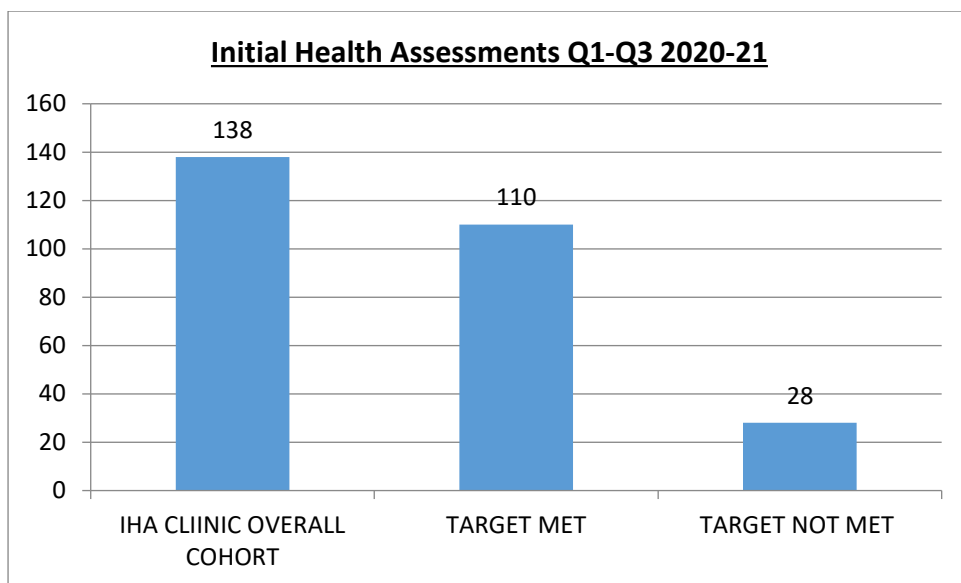
4.0 Statutory Responsibilities

Initial and Review Health Assessments (IHA & RHA) are commissioned from the Walsall Healthcare Trust (WHT) as the Health Provider by Walsall CCG. However, the process requires close working between health and Local Authority colleagues in relation to information sharing, supporting attendance at appointments and reporting. The agreed Key Performance indicators with WHT stipulates the delivery of 80% of IHA's and 90% of RHA's within statutory timescales. RHA's service provision for children placed out of the borough is commissioned from external providers over a 20-mile radius with the WHT LAC Team coordinating requests and assuring quality.

IHA Data 2020/21

MONTH	IHA CLINIC COHORT	TARGET MET	TARGET NOT MET	PERCENTAGE
April	27	18	9	66.67% *
May	11	5	6	45.45% *
June	27	24	3	88.89%
July	21	20	1	95.24%
Aug	10	9	1	90.00%
Sept	10	7	3	70.00% *
Oct	9	9	0	100.00%
Nov	7	6	1	85.71%
Dec	16	12	4	75.00% *
Jan				
Feb				
March				
Total	138	110	28	79.71% *

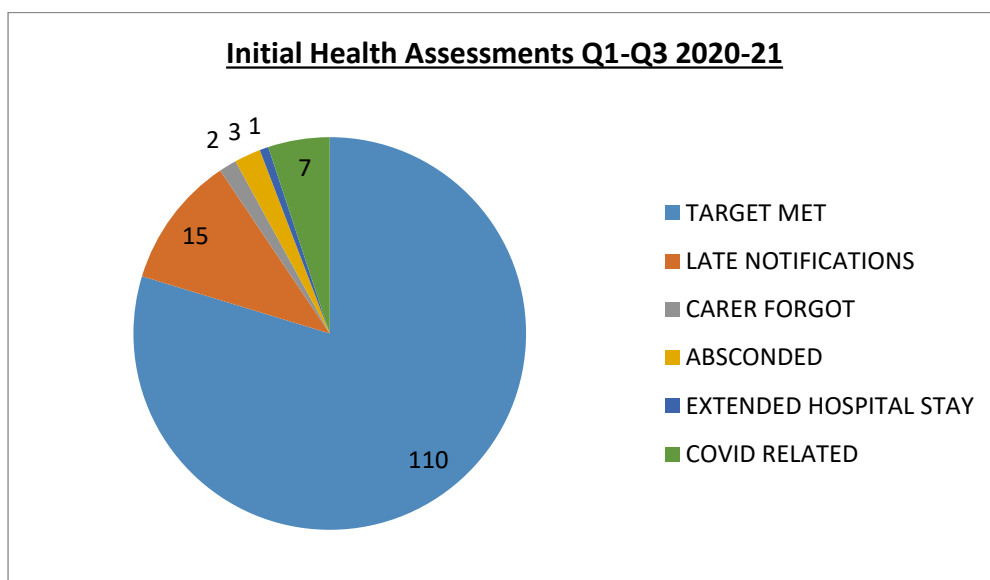
As previously indicated, current commissioned requirements are targeted at 80% of the Initial health assessments within 20 working days, this target is set to be increased to 85% for 21/22 across the black country CCG. The cohort seen within 20 working days of entering care is currently at 79.71%. There have been 138 children seen in total up to the end of Quarter 3 for IHA's. There have been 110 seen within 20 working days of entering care and 28 seen over 28 days of entering care. (All children have had an IHA completed) .



Completion rates are reported monthly to the CCG via contract performance reports and this is reviewed by the Designated Nurse for LAC. Exceptions are all reported to the CCG if children and young people are not seen within the 20 working day requirement. The current KPI for IHA's is to be increased to 85% from April 2021 and will continue to be monitored.

There were 28 children not seen with the timescales. There are sometimes challenges in meeting the requirements, this year to date this has included-

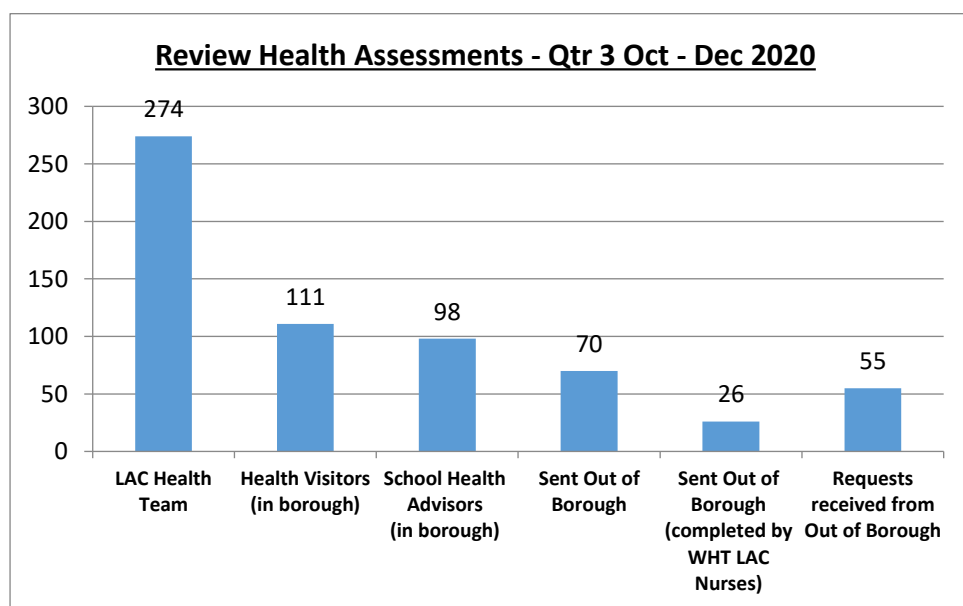
- 15 late notifications of entering care (not within 5 days)
- 2 Carers overlooked the appointment
- 3 children absconded/missing
- 1 extended hospital stay so child unable to attend
- 3 children cancelled due to CV19 (originally booked within timescale)
- 4 Children cancelled Due to CV19 (CV+ originally booked within timescale)
- Increase in numbers of Children coming into care (20 clinic slots per month)



Review Health Assessments

Overall quarter 1- 3 2020-21

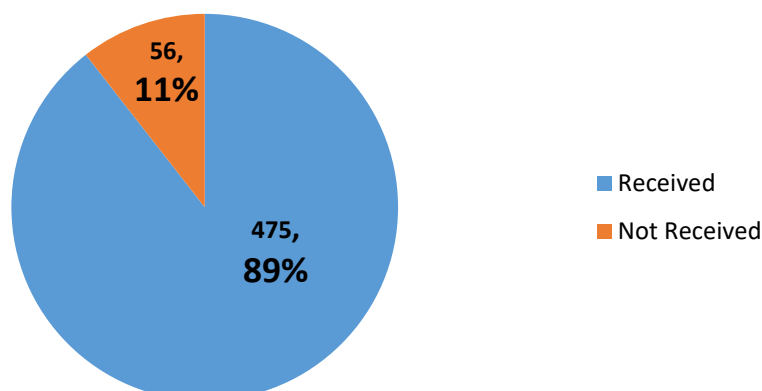
In Walsall, the model for Review Health Assessments(RHA's) is that children and young people of the age of 5 years are seen annually by a school health advisor or Nurse Advisor from the Lac health Team. Those children under the age of 5 years old are seen by a member of the health visiting service every 6 months. This provides a degree of choice for young people and assists in accessing some of the harder to reach and non-engaging children and young people. The RHA performance of the commissioned target of 90% was previously strong has shown a decline during 2020/21. (Data to be shared in annual report) Although the quality of both IHA and RHA has remained high, the timeliness within which RHA has not always been achieved. This has largely been related to the COVID Pandemic, where in some areas staff were redeployed, review health assessments were not completed. Walsall Lac health team in these instances completed the health assessments virtually. There were 634 assessments completed, either by the Lac health team, health visitors and School health advisors.



Information sharing across the health economy

Data is collected on the input of health information from General Practitioners. The provider received 531 completed requests from GP's of shared health information to inform the health assessment. The feedback received was 89% which is a small decline compared to last year. However, with the pressures in primary care from Covid related pressures this has been a positive input to the health assessments of the cohort.

GP Feedback Requests: Qtr 1-3 2020-21



- A dashboard has been developed by the Black Country LAC Designated Nurses for LAC, which reflects the KPI's for services commissioned by the CCG, which will be implemented for the purposes of reporting in 21/22.
- Electronic requesting of health assessments by the Local Authority to improve timeliness is in place.
- Good access to the Local Authority dashboards by LAC health team to improve information gathering is in place.
- Health and Social Care have monthly meetings to address reporting issues -this has meant that even in lockdown and despite the restrictions numbers of children having IHA's within timescales are beginning to improve with joint processes being adapted.
- The provider has given assurance to the CCG that there is more capacity to be flexible if numbers of Children coming into care increase above the current allocated clinic slots.

5.0 Health of Looked After Children Strategic Group.

5.1

This group meets to monitor and improve the delivery of health outcomes for looked after children. Its aims to ensure Walsall CCG are meeting statutory duties under the 'Promoting the Health and Well-being of Looked-after Children' (2015) statutory guidance. It focuses, on not only children placed locally but also the health needs of LAC placed outside of area/borough and that their needs are being met. All partners, providers and relevant commissioners attend meetings as agreed, in order to provide a holistic system for the provision of health care for Looked after Children. Due to the Covid Pandemic and sickness, two meetings were cancelled.

5.2

The Designated Doctor and Designated Nurse for Looked After Children have identified Priorities for the next 12 months 2021/2022.

- 1- Review Pathways for transition to adult services for care leavers.
- 2- Develop a pathway with regards to young people placed in therapeutic care homes to assess the suitability of those placements from a health perspective.
- 3- Strengthening the Relationship between LAC and Primary Care including support of medicals for fostering and adoption.
- 4- Development of creative and interactive health passport promoted and introduced at an earlier age to support the young person to access the appropriate health services. (Registration with Dentist, Optician, GP and Immunisations).
- 5- Strengthening the Looked after Children Health Assessment and Special Education Needs pathway (Education and Health Care Plan). Working with Education to have health inputting directly onto the PEP system.

5.3

The Designated Nurse LAC is vice chair of the regional LAC forum, and a member of the NHSE National Group. Attendance at this forum will enable Walsall CCG to:

- Participate in clinical service planning and delivery for our LAC cohort on a national level.
- Debate and be involved in developing clinical recommendations that improve services for LAC nationally.
- Be involved in innovate new models of care and service delivery

6.0 Covid-19 Pandemic

6.1

The Covid-19 has had a significant impact on the way in which services across the whole health economy operate. With regards to Looked After Children, this has meant implementing virtual health assessments and finding new ways of engaging with and assessing young people.

6.2

There have also been changes in guidance concerning fostering and adoption medicals, including the use of self-declaration health forms where required. Other than this, adoption and fostering processes within Walsall have remained the same. Adoption at Heart and the black country CCG has produced some guidance for GP's to advise on maintaining services as much as possible.

6.3

Professionals have had to work in dynamic and forward thinking ways to ensure the health needs of LAC in Walsall receive the healthcare they require.

6.4

During the Covid-19 pandemic, the usual practice of face-to-face health assessments for Looked after Children (LAC) has temporarily ceased. These have been replaced with virtual health assessments that have taken place in a variety of forms – telephone, video calls and conference calls.

6.5

Engagement with this process has been good and health assessments continue to be completed to a high standard. The difficulty lies within the physical health element of the assessment, as this is not possible to complete.

6.6

The Designated and Named Doctors for LAC were consulted with regards to follow up for initial health assessments and it was agreed that this would be necessary. If any concerns were raised at the IHA or RHA, children and young people would be fast tracked into the next face to face Community Paediatric Clinic, which operates on a weekly basis.

6.7

From the 1st of April 2021 Walsall healthcare trust are implementing a full restoration plan to get services back to face-to-face. All initial health assessment will be face to face, with recommencement of home visits and face to face review health assessments from the beginning of May 2020. Some out of borough areas have not had the capacity to complete RHA's due to redeployment of staff members. Whereas other areas are continuing to offer RHAs virtually, therefore there has been an inconsistent approach. Walsall Lac health team have maintained services for all children and young people in care whether a local child or hosted in the area. The CCG has also commissioned the team to see some Walsall children placed over the 20-mile radius to ensure assessments were completed in a timely manner and ensure all health needs are addressed.

7.0 Dental health/Immunisations

7.1

The numbers of children achieving an annual dental check has reduced significantly since March 2020. This is currently the national picture and services have now been restored offering routine dental checks. The Designated Nurse for LAC has discussed this issue to NHSE and any exceptions in provision will be escalated. Data on Dental checks and immunisations will be available in the annual report.

8.0 Adoption/Fostering Medicals

8.1

The Named Doctor and Designated Doctor for LAC are Medical Advisors and provide advice to prospective adopters, adult health reports for fostering and adoption, Child adoption medical reports, and attend adoption panel as expert health advisors.

See below the current adoption reports to date for Initial medicals, reviews, and prospective adopters discussions.

Current data -

Date	Initial	Review	PA	Total
April 20	11	-	2	13
May 20	-	3	2	5
June 20	6	-	-	6
July 20	4	1	2	7
August 20	6	-	-	6
September 20	3	2	3	8
October 20	5	2	2	9
November 20	7	3	2	12
December 20	9	2	2	13
January 21	4	2	-	6
February 21	3	5	-	8
Total	58	20	15	93

General practitioners complete Adult adoption and foster carer medical forms. Following completion of the medicals forms, these are reviewed by the medical advisor and a summary report and recommendation for the suitability to become an Adopter/foster carer is made. It is a priority for 2021/22 to complete an audit on the quality of these assessments. Findings will be included in future annual reports to the Corporate Parenting Board.

There has been some challenges in getting general practitioners to complete these forms since the Covid Pandemic. However, the CCG has worked closely with Adoption at heart and the local authority to ensure these processes have remained business as usual.

9.0 Mental Health Services Offer for Children and Young People in Care

9.1

The emotional wellbeing and mental health of Children in Care is of paramount importance. It is widely documented that Children in care are likely to experience increased susceptibility to mental health difficulties other than the general population due to being exposed to early adverse childhood experiences.

9.2

Specialist and targeted mental health services for children and young people in Walsall are provided by Black Country Partnership Healthcare NHS Trust. This comprises of Core CAMHS (Tier 3), iCAMHS (Tier 3 Crisis/Intensive Outreach service), Positive Steps (Targeted Mental Health Services at Tier 2 using the CYP IAPT approach), LD CAMHS (Specialist offer for CYP with Learning Difficulties and co-morbid mental health diagnosis), and Mental Health Support Teams in Schools (Targeted Mental Health and early intervention service).

Mental Health services are prioritised for those most in need, at risk, and with moderate to severe mental health problems taking into account their vulnerability and personal/family circumstances. Children and young people at risk of being Looked After or in care along with other vulnerable groups would be prioritised if they meet the threshold and are in need of targeted and specialist mental health services.

9.3

A detailed mental health report with data will be compiled as part of the Annual Report due in September 2021. The Trust are implementing new version of the current IT system and due to data migration delays are not able to construct detailed data reports at the moment. However, they report around 79 Children Looked After receiving service through Core CAMHS; this in addition to the FLASH service as mentioned next.

9.4

The Local Authority commissions the FLASH Service.

(Briefing information has been supplied by BCHT FLASH; detailed report is available on request)

This service responds to children and young people who are Looked-After; subject to Special Guardianship Orders (SGO) who reside up to a 20 mile radius from Walsall, and offer a priority service where a placement is identified at risk of disruption/breakdown. The service provides support in the following ways:

- To carers and parents who need support to manage the child's presentation and where it is felt the placement may be vulnerable or at risk of breakdown.
- If the carer has given notice on the placement, and despite efforts this decision is unchangeable, the FLASH team are involved to support the transition from that placement to the new placement. They will help all involved prepare, manage and develop understanding about the child's needs, with a view to prevent recurrence of the difficulties that left carers and parents feeling unable to cope.
- If the child or young person requires **individual** emotional/mental health support, and/or the primary care-giver needs help in managing the child's presentation, emotional needs/presenting dysregulation/child's mental health.

Current Position (brief summary)

There are currently 37 young people awaiting allocation in FLASH. This number includes 6 sibling groups and 5 under the age of five years awaiting infant mental health intervention. The longest wait is currently at 68 weeks. The shortest wait is currently at 3 weeks and is relevant to a priority referral. Typically, FLASH receives approx. 20 referrals per month.

- Due to the high level of young people presenting in crisis throughout the pandemic there has been a higher than usual number of young people requiring priority allocation balanced against the existing waiting list.
- There has been positive feedback from care leavers who access the TLC hub clinic which is run fortnightly on a Tuesday afternoon.
- There continues to be a high uptake for the FLASH consultation service by social workers and foster carers where the slots are used to think about what may be triggering the behaviours of the children they are caring for.
- There has been an increase in the close liaison between FLASH and adult mental health services to ensure that young people they work with (up to 18 years old) are able to have a positive transition into adult services.
- There are robust pathways in place between FLASH and ICAMHS (Intensive CAMHS) which enable young people to access crisis support when required but then be stepped back down to their FLASH caseworker for continued support.
- All FLASH practitioners are now trained to use NVR (non-violent resistance) which is an identified intervention which can support placements from breaking down.
- The FLASH team have continued to offer a service throughout the pandemic. The service has been able to be creative in using technology to continue engaging with vulnerable children and young people. High risk young people were taken into consideration when exploring the need to safely continue engagement face to face where there has been a need.
- Support stability panel meetings are working well and allow for all new referrals to be discussed and an appropriate pathway be sought for the young person to receive an intervention whether that be from FLASH or another emotional health and wellbeing service.

9.5 Mental Health Outcomes (SDQ scores)

The SDQ is a brief behavioural screening questionnaire about 4-16 year olds. All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales: SDQs are completed by the local authority for Looked after Children aged between 4 and 16 to evidence that they are taking into account the potential emotional and behavioural difficulties of children. The higher the score, the more pronounced difficulties that child will face: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and behaviour. The SDQ generates a score and this can be used to inform Clinical assessments. It is recognised that a robust process for the completion of SDQs is required in order to improve the completion rate. There are plans to implement a joint pathway across health and social care to ensure SDQs are completed in preparation for health assessments.

10.0 Exploitation

10.1

Looked after Children who have been taken into local authority care are at risk of becoming a victim of Exploitation - Child Sexual Exploitation (CSE), Contextual Safeguarding including county lines, and association with substance misuse. The CCG host the Health Exploitation group, the transition nurse from the Lac health team is a member of this group and attends other multi-agency meetings to promote the needs of Looked After Children and young people. The Health Exploitation group has attendants from all aspects of the health economy.

11.0 Leaving care Health Summaries

11.1

A report was previously shared with corporate parenting board in December 2020, following a review of the current leaving care summary document. The provider have plans to complete the three yearly review of the document with the proposed start date July 2021.

11.2

The provision of leaving care summaries to all looked after young people prior to leaving care at 18 years of age is not currently monitored at a national level but is outlined in guidance. There will be a KPI added to the performance reporting dashboard to gather this data for 2021/22.

11.3

The Focus group will be facilitated by the LAC health team at Walsall Healthcare Trust. Participants will include Children and Young People in care, Care Leavers, CCG representation, social care social workers and School Health Advisors. There will be a requirement to be part of three sessions, either virtually or face to face as part of the working group.

11.4

Modifications will be agreed and implementation of the refreshed document will commence from 1st October 2021. The project will be client focused with the aim to distribute the refreshed Health history document from Quarter Three. (October – December 2021)

12.0 Key health priorities for the coming year, 2021-2022 are:

- ✓ Delivery of CCG statutory duties as a Commissioner and a host CCG for LAC in Walsall.
- ✓ Walsall Healthcare trust to continue to monitor any performance issues and to ensure partnership working and engagement with Commissioners (CCG and Public Health) to achieve mutual KPI's
- ✓ Production of a Health of Looked after Children Annual Report to present at Corporate Parenting Board from September 2021. This will also inform the Walsall Joint Strategic Needs Assessment (JSNA).
- ✓ Delivery of all aspects of the Looked after Children's Physical service specification by Walsall Healthcare Trust. Participation in the Pre- Looked after Children pathway/ vulnerable women's pathway to ensure the health needs of children are known and to inform placement planning.
- ✓ Strengthening the Looked after Children Health Assessment and Special Education Needs pathway (Education and Health Care Plan). Working with education to have health input on the pep system.
- ✓ Strengthening the Partnership meetings to improve the health outcomes of Looked after Children Health of Looked After Children Strategic Group and Corporate Parenting Board.
- ✓ Develop adequate robust data regarding the health needs of Looked after Children to inform the Joint Strategic Needs Assessment (JSNA) and appropriate commissioning decision making.
- ✓ Health Exploitation meeting -Raise awareness of any themes and trends identified to specifically LAC cohort.
- ✓ Facilitate and collate specific service user feedback regarding the health provision for LAC and develop plans for health champions in partnership with the local authority.
- ✓ Embed the use of more SDQ's and make sure that they are considered as part of every child's annual health assessment, to assess and provide for mental health needs, including care leavers.
- ✓ All children to have health regularly checked, and continue to enhance our monitoring of emotional well-being and health trends to inform on-going healthcare provision.
- ✓ Continue to support the sexual health needs of children or inclusion of details regarding teenage pregnancy and teenage parenthood (girls and boys).
- ✓ Support the specific needs of Unaccompanied Asylum-Seeking Children

Service user engagement and feedback – Health Champions

The Designated Nurse for LAC is currently developing plans with the Children's Champion to create a health champions group. This group will focus on inspiring children and young people to develop aspirations to work in the NHS. The group will also be asked to support with service

user feedback and direction when health services are looking to change current ways of working.

The Lac health team will be attending the Mini Influencers and the Influencers group on a monthly basis to offer their clinical support and advice to these children and young people.

Vision for the Future.

Health Partners across Walsall are committed to improving the health and wellbeing of our Looked After Children and young people whether they live in Walsall or further afield. We aim not just to meet these standards but also to pursue excellence in order to give our children and young people the opportunities they need to grow and develop into adults with fulfilling lives.