**CHILDREN LOOKED AFTER and Care Leavers ANNUAL REPORT**

**2022/2023**

**September 2023**

**CHILDREN LOOKED AFTER AND CARE LEAVERS**

**ANNUAL REPORT 2021/2022**

**CONTENTS**

|  |  |  |
| --- | --- | --- |
|  |  | **Page** |
|  |  |  |
| **1** | **FOREWORD……………………………………………………………….** | **2** |
|  |  |  |
| **2** | **STATEMENT OF INTENT……………………………………………….** | **2** |
|  |  |  |
| **3** | **STATUTORY RESPONSIBILITIES** | **3** |
|  |  |  |
| **4** | **PURPOSE OF THE REPORT……………………………………………** | **3** |
|  |  |  |
| **5** | **children LOOKED AFTER (CLA) AND CARE LEAVERS CHARACTERISTICS AND CONTEXT** | **4** |
|  | Characteristics…………………………………………………………… | **4** |
|  | Policy Context | **7** |
|  | Local Context……………………………………………………………… | **7** |
|  | ICB CLA Professionals…………………………………………………. | **8** |
|  |  |  |
| **6** | **governance and statutory arrangements** | **9** |
|  |  |  |
| **7** | **Somerset CORPORATE PARENTING Board** | **10** |
|  | CPB Health and Wellbeing Subgroup | **10** |
|  |  |  |
| **8** | **monitoring ACTIVITY AND PERFORMANCE of Somerset providers** | **12** |
|  | Children Looked After and Care Leavers element of contractual arrangements……………………………………………………………. | **12** |
|  | Clinical Audit……………………………………………………………… | **13** |
|  | Year-end performance…………………………………………………. | **14** |
|  |  |  |
| **9** | **IMPACT OF COVID………………………………………………………** | **17** |
|  |  |  |
| **10** | **REGULATORY IRREGULARITIES IN ADOPTION………………….** | **18** |
|  |  |  |
| **11** | **RISKS AND AREAS OF CHALLENGE……………………………….** | **19** |
|  |  |  |
| **12** | **PROGRESS AGAINST OBJECTIVES 2022/23** | **21** |
|  |  |  |
| **13** | **OBJECTIVES FOR 2023/24** | **22** |
|  |  |  |
| **14** | **CONCLUSION** | **23** |
|  |  |  |

|  |  |
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1. **FOREWORD**

1.1 This is the first NHS Somerset Integrated Care Board, (ICB), Annual Report for Children Looked After and Care Leavers), covering April 2022 – March 2023. The ICB became an Integrated Care Board from a Clinical Commissioning Group (CCG) on 1st July 2022 and this report also covers the last three months of NHS Somerset CCG. This is a public report which sets out the work of the ICB in relation to Children Looked After, (CLA), and Care Leavers (CL), as lead commissioner for healthcare services within Somerset and as a member of the Somerset Corporate Parenting Board. The report forms part of Somerset ICBs’ assurance arrangements, in relation to Children Looked After, Care Leavers and wider Safeguarding Children arrangements.

1.2 Under the Children Act 1989, a child is Looked After by a Local Authority if he or she falls into one of the following:

* is provided with accommodation, for a continuous period of more than 24 hours (Children Act 1989, Sections 20 and 21)
* is subject to a care order (Children Act 1989, Part IV), or
* is subject to a placement order

1.3 Wherever possible, the Local Authority, Somerset County Council will work in partnership with parents to ensure children and young people who become CLA retain strong links with their families and many eventually return home. A child will cease being Looked After by the Local Authority when they are adopted, return home or reach the age of 18 years.

1.4 Care Leavers are those children and young people who have previously been Looked After by the Local Authority and are now being supported to live independently. Following the publication of the Children and Social Care Act, (2017), Local Authority responsibility for Care Leavers changed from 18 to 21 years to an age range of 18 to 25 years, enabling Care Leavers to request support up to the age of 25, regardless of whether they are in education.

**2 STATEMENT OF INTENT**

2.1 NHS Somerset Integrated Care Board, (hereafter known as ICB) and our system partners are committed to improving health outcomes for Children Looked After and Care Leavers, and we will do this by ensuring we commission and provide high-quality, responsive services. To achieve this NHS Somerset ICB will continue to work closely with its Provider, (Somerset NHS Foundation Trust), Somerset Council, NHS England, service users, and other key partners to ensure Children Looked After and Care Leavers have timely access to high-quality health care, as and when they need it. We will ensure robust management of action plans to improve performance and outcomes and are actively working with our partners to ensure service redesign is effective at improving performance and outcomes.

**3 STATUTORY RESPONSIBILITIES**

3.1 NHS Somerset ICB is the Responsible Commissioner for health services provided to Somerset Children Looked After whether they are resident within Somerset or outside. The ICB endeavours to meet the health needs of Children Looked After and Care Leavers as illustrated in the Statutory Guidance *Promoting the health and well-being of looked-after children*, (DoH, DfE, 2015).

3.2 A vigorous and robust system of quality assurance and performance monitoring has been developed with health and social care partners to ensure that a seamless service is delivered. This function is within the main roles and workstreams of the ICB’s commissioned Designated Doctor and Nurse for Children Looked After, (hereafter known as CLA), and Care Leavers. The ICB maintains its statutory duty to cooperate with Local Authorities to ensure health assessments are undertaken and support and services are provided to CLA without undue delay.

3.3 ICBs must ensure that any changes in healthcare provider due to CLA placement move do not disrupt the objective of providing high quality, timely healthcare to the child.

3.4 ICBs must ensure that plans are in place to enable children leaving care to continue to obtain the healthcare they need.

3.5 NHS Somerset ICB gains assurance that its healthcare services to CLA meet the standards laid down in the Statutory Guidance by ensuring that high quality Statutory Initial and Review Health Assessments and associated Health Care Plans and Health Leaving Care Summaries are delivered to CLA and Care Leavers in a timely way. Similarly robust key performance indicator monitoring of CLA access to dental services and immunisation rates and completed Strengths and Difficulties Questionnaires, (SDQs), provide assurance that CLA health needs are identified and met.

3.6 The ICB also has a statutory role and functions for fostering and adoption as defined in the Children Act 1989, Guidance and Regulations Volume 4 Fostering Services, the Care Standards Act 2000, and the Adoption and Children Act 2002.

**4 PURPOSE OF THE REPORT**

4.1 This annual report covers the period 1st April 2022 to 31st March 2023.

4.2 The report will inform the NHS Somerset ICB Board of the arrangements in place for all children who are in the care of Somerset Council, (552 on 31st March 2022 compared to 556 on 31st March 2023) or are Somerset Care Leavers, (332 on 31st March 2022 compared with 332 on 31st March 2023).

4.3 This report is an updated overview and summary of the previous CCG Annual Report and will:

* update the context for CLA and Care Leavers in Somerset
* provide an overview of the arrangements in place to provide health services to CLA and Care Leavers in Somerset
* demonstrate how Somerset ICB is fulfilling its CLA and Care Leaver statutory responsibilities.
* report on governance and accountability arrangements within the ICB, and the ICB role in the Corporate Parenting Board and sub-groups.
* highlight achievements and identify current risks in provision of health services to CLA and Care Leavers
* Provide assurance that the CLA and Care Leaver 2022/2023 objectives were completed.
* Identify the ICB’s 2023/2024 CLA and Care Leaver objectives.

**5 CHILDREN LOOKED AFTER AND CARE LEAVERS CHARACTERISTICS AND CONTEXT**

**5.1 Characteristics**

5.1.1During 2022/2023 there has been little change in the characteristics of Somerset children who become looked after. The reason most children and young people become looked after in Somerset is because they are victims of abuse or neglect.

5.1.2 During 2022/2023 Somerset initially saw a slight increase in the number of children becoming looked after which gradually increased again towards the end of the period as per Table 1 below. There was a peak in children becoming looked after in the summer of 2022, prior to the school holidays. Somerset Council are unable to explain the reason for this being the case, although several large sibling groups became CLA in that period. This combined with annual leave and sickness of medical staff had an impact on compliance with statutory timeframes for delivery of Initial Health Assessment’s.

**Table 1 Number of Somerset Looked After Children 2021/2023**

5.1.3 This data corresponds with the national trend whereby the number of children who are looked after has increased every year since 2008. For example, on 31 March 2022 the number of Children Looked After in England increased to 82,170, from 80,080 on 31st March 2021, an increase of 2%. This equates to a rate of 70 per 10,000 children. By comparison Somerset’s rate on 31st March 2022 stood at 52 children per 10,000 so significantly lower than the national picture. Unfortunately, the national data for 2022/2023 has not yet been released but may well illustrate similar trends influenced by the pandemic as has been noted locally.

5.1.4 National rising trends of unaccompanied asylum seekers and children, (UASC), who have been trafficked and/or exploited, entering the care system has increased in Somerset throughout 2022. UASC numbers in Somerset have increased as part of the national transfer scheme as well as receiving spontaneous arrivals into the county. There were 9 UASC in Somerset on 31st March 2022, 1.6% of Somerset’s CLA population. On 31st March 2023 there were 46 UASC, 8.1% of Somerset’s population.

5.1.5 Looked after children have many of the same health risks and problems as their peers but the extent of those issues is often exacerbated by their experiences of poverty, abuse and neglect leading to significant and often lifelong trauma. For example, prevalence of social, emotional and mental health, (SEMH), problems is estimated to be between 45% and 72% compared to 10% in their non-looked after peers. On 31st March 2023, 149 CLA who had been looked after for more than one year were found to have a Strengths and Difficulties questionnaire score of above 17, indicating high social, emotional and mental health need. This equates to 50.7% of the Somerset CLA population and illustrates the need for a strong focus on CLA when commissioning SEMH services.

5.1.6 Nationally two thirds of looked after children have been found to have developmental and physical health issues such as speech and language problems, continence issues, coordination difficulties and sight problems. Eleven percent have been found to be on the autism spectrum. Furthermore, the health and wellbeing of young people leaving care has consistently been found to be poorer than that of young people who have never been in care, with higher levels of teenage pregnancy, drug and alcohol abuse. Care experienced children and young people are also significantly overrepresented in the criminal justice system.

5.1.7 Children and young people with Special Educational Needs and Disability, (SEND), are also over-represented in the care system. As a group they are nine times more likely to have an Education and Health Care Plan, (EHC plan) than the general pupil population.

5.1.8 In Somerset there has been an increase of 303 CLA who are supported with EHC plans and have SEN support, (Table 2).

**Table 2 SEND Comparative Data 2022/2023**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2022** | **In Somerset** | **Outside Somerset** | **Blank** |
| **Number of CYP with CLA & CLACP marker** | **287** |  |  |  |
| **Number of above with EHCP** | 183 | 110 | 73 |  |
| **Number of above with SEN Support** | 98 | 73 | 25 |  |
| **Number of above with Blanks** | 6 | 2 | 4 |  |
|  | **2023** | **In Somerset** | **Outside Somerset** |  |
| **Number of CYP with CLA & CLACP marker** | **303** |  |  |  |
| **Number of above with EHCP** | 186 | 111 | 75 |  |
| **Number of above with SEN Support** | 113 | 78 | 35 |  |
| **Number of above with Blanks** | 4 |  | 3 | 1 |

5.1.10 Data also illustrates that all Somerset CLA, both those with an EHC plan and those in receipt of SEN support, have up-to-date statutory health assessments on file and are accessible to the SEND case worker team. This good performance is due to improvement activity which took place during 2020/2021 to facilitate improved communication between the SEND team and CLA Nursing Team, leading to improved information sharing and SEN pans which reflect the health care needs identified through the statutory health assessment process.

5.1.11 Somerset CLA and their support networks benefit from access to the Local Authority’s Emotional Health and Wellbeing Team in addition to Child and Adolescent Mental Health Services and the Eating Disorder Service. Approximately 113 looked after children were open to the Emotional Health and Wellbeing Team on 31st March 2023. Seventy-one CLA were open to CAMHS. There is also a strong health response to multi-agency requests for involvement with complex children’s meetings and conferences. The Designated professionals have regularly attended the Multi-Agency Children’s Complex Cases Panel throughout 2022/2023 and provided expert advice and support to escalations involving children with delayed discharges requiring therapeutic placements and often repatriation back to Somerset.

**5.2 Policy Context**

5.2.1 There has been no new published statute relevant to CLA and Care Leavers in 2022/2023. The Liberty Protection Safeguard legislation includes provision for 16- and 17-year-olds. However, on 5 April 2023 the Department of Health and Social Care announced the implementation of the Liberty Protection Safeguards (LPS), the Mental Capacity (Amendment) Act 2019, will be delayed “beyond the life of this Parliament” (therefore likely beyond Autumn 2024). Ther has been no further information on a new implementation date announced.

**5.3 Local Context**

5.3.1 Data from the 2021 Census records the population of Somerset was 571,600, an increase of around 41,600 people since 2011.  This is a rise of 7.8% since 2011 and a 36.9% rise in 40 years since 1981. Of the 110,000 children under the age of 18 living in Somerset, between 5,000 and 10,000 are need, the majority living in the most deprived urban wards. About 14,300 Somerset children live in low-income households. Whilst not all will be ’vulnerable’, poverty is a strong indicator of poor wellbeing and lack of opportunity. (JSNA, 2022) Health services for the whole population of Somerset are commissioned by Somerset Integrated Care Board (ICB), NHS England and Somerset Council. Somerset ICB have responsibility for commissioning most healthcare services for the Somerset population.

5.3.2 The highest number of children becoming looked after continues to be those in the 10-15 years age range, followed by older teenagers and then those aged from birth to four years as illustrated in Table 3 below. The 16- and 17-years age group has increased quite significantly in 2022/2023 compared to the previous year, which may be related to the increased number of UASC becoming CLA in Somerset, and this trend will need to be monitored in 2023/2024 to see if it continues and if so, determine what actions may need to be taken as a result.

**Table 3 Children Looked After by age as of 31st March 2022, (Somerset Council data)**

5.3.3 Somerset had 332 young people defined as Care Leavers on 31st March 2023, compared with March 2022 when there were 332 Care Leavers. Three hundred and thirty-one, (99.7%), were in touch with the Local Authority. One hundred and thirty-nine Care Leavers, (41.9%), were classified as Not in Education, Employment or Training, (NEET), an increase of 22 since 31st March 2022. Three hundred and twenty Care Leavers were deemed to be suitably accommodated (96.4%). Forty-eight Care Leavers had remained in their CLA placement as part of a “Staying Put” arrangement, a decrease of one since March 2022.

**5.4 Children Looked After Professionals**

5.4.1 The ICB employs a Designated Doctor and a Designated Nurse for Children Looked After and Care Leavers. The former is provided with 2 Programmed Activities to deliver this role and the latter is a full-time position. In 2022 the Designated Nurse for Children Looked After gained promotion within the ICB and a subsequent successful recruitment process meant the new Designated Nurse commenced her role in April 2023.

5.4.2 The Designated Professionals for CLA and Care Leavers are part of the ICB’s Safeguarding Team along with the Designated Professionals for Safeguarding Adults and Children, their Deputies and the Named GP for Safeguarding Adults and Children.

5.4.3 Two Adoption and Fostering Medical Advisors are also commissioned by the ICB. One is a Community Paediatrician employed by Somerset FT providing 4 Programmed Activities to review the health of children whose care plan is adoption. The second professional is a GP employed by the ICB who provides 2 Programmed Activities a month to review the GP medicals of prospective Somerset foster carers and adopters.

5.4.4 The ICB has also continued to fund additional paediatrician resource to assist with the adoption workstream. Six Programmed Activities of Consultant Paediatrician time has been being provided by a Consultant Paediatrician based at Yeovil District Hospital, making a significant impact on the waiting list and ensuring that looked after children with a care plan for adoption have not been subject to unnecessary delays due to Medical Advisor capacity. This post was made substantive in November 2021 and work is currently underway to formally contractulise the post following a review and update of the role job plan.

**6 Governance and Statutory Arrangements**

6.1 NHS Somerset ICB are the lead commissioner for local health services and are responsible for safeguarding quality assurance, including assurance for CLA and Care Leaver health services through contractual arrangements for the services which they commission.

6.2 Designated Professionals, as clinical experts and strategic leaders are a vital source of advice to the ICB, NHS England, the Local Authority and to partners through the Somerset Corporate Parenting Board and its subgroups which in turn reports into the Somerset Safeguarding Children Partnership. They also provide advice, support and supervision to multi-agency professionals across Somerset and engage in regional professional networks and assurance groups to share good practice and develop wider best practice initiatives.

6.3 In common with safeguarding children the ultimate accountability for CLA and Care Leavers sits with the Chief Executive Officer of the ICB. The Chief Executive Officer of the ICB has formally delegated authority for safeguarding, (including CLA and Care Leavers) to the Chief Nurse who is also the Executive Lead for Safeguarding. The Chief Nurse is responsible for ensuring that the health services’ contribution to safeguarding and promoting the welfare of children is discharged operationally and effectively across health via local commissioning arrangements, although ultimate responsibility remains with the Chief Executive Officer of the ICB.

6.4 The Designated Nurse for CLA and Care Leavers continues to report quarterly to the ICB Quality Committee, which has delegated powers from the ICB’s Board.

6.5 Throughout 2022/2023 the Designated Nurse for CLA and Care Leavers has provided clinical supervision to the Named Nurse for CLA. Both the Designated Nurse and Designated Doctor for CLA have accessed safeguarding children and CLA supervision from the Designated Doctor for Safeguarding Children and the Designated Doctor and Designated Nurse CLA have met regularly for peer supervision.

6.6 Both Designated professionals have also provided ad hoc advice and supervision to members of the wider CLA and Care Leavers multi agency system in respect of health needs, health outcomes, signposting to health services and escalating individual cases on an ad hoc basis.

**7.0 Somerset corporate parenting board**

7.1 The role of the Somerset Corporate Parenting Board, (CPB), is to ensure that Somerset Council, as a unitary authority, fulfil its duties towards CLA and Care Leavers corporately and in partnership with other statutory agencies, including the NHS and Police. The existing Corporate Parenting Strategy 2022 - 2025 sets out how Somerset intends to fulfil its responsibilities against the Seven Principles of Corporate Parenting in a way that puts children and young people at the centre of improvements in the planning, delivery and evaluation of services.

7.2 The Somerset Corporate Parenting Board feeds into the Somerset Safeguarding Children Partnership, (SSCP), via the CPB Business Manager’s attendance at the SSCP Business Planning Group

7.3 The Somerset Corporate Parenting Board met four times in 2022 / 2023 and welcomed a new chair in 2022 following the resignation of the previous chair. The Designated Nurse for CLA and Care Leavers attended each meeting, providing a report and progress on the overarching Health and Wellbeing Subgroup Action Plan. The CPB reviews the work plan and feedback from each of the following subgroups:

* + - Leaving Care
    - Health and wellbeing
    - Education
    - Voice of the Child
    - SICC (Somerset in Care Council) and SLCC (Somerset Leaving Care Council)

**7.4. Corporate Parenting Board Health and Wellbeing Sub Group**

7.4.1 The CPB Health and Wellbeing Sub Group is chaired by the Designated Nurse for CLA and Care Leavers. The function of this group is to facilitate multi-agency collaboration in meeting the health and wellbeing needs of CLA and Care Leavers. The sub-group objectives are as follows:

* Maintain a multidisciplinary forum to monitor operational and strategic performance in the provision of better outcomes for Children Looked After and Care Leavers, including unaccompanied asylum-seeking children.
* Receive and analyse information in relation to Children Looked After and Care Leavers, mapping progress against national standards and performance indicators.
* Work together to agree and implement a multi-agency action plan to meet the health and wellbeing needs of Children Looked After and Care Leavers.
* In relation to the health and wellbeing of Children Looked After and Care Leavers ensure new statutory requirements are implemented.
* Consider the views of Children Looked After, Care Leavers, and their parents or carers in how their health and wellbeing needs are being met.
* Disseminate and celebrate good practice in relation to Children Looked After and Care Leavers’ health and wellbeing.
* Influence partnership commissioning decisions by identifying needs and gaps in services that safeguard and promote health and well-being for Children Looked After and Care Leavers

7.4.2 The Health and Wellbeing Sub Group action plan is aligned with the Somerset Children and Young People’s Plan 2022-2024. The plan has been created with the significant input from children and young people through the Somerset Youth Parliament and Advisory Group, the SSCP Youth Forum, Young Somerset, 2BU, local youth groups and specific workshops and events. Young people wanted priorities that were important to them to be central to the plan, these include key issues such as mental health, climate change, sexual health, discrimination and learning opportunities. The plan sets out a shared vision to keep children and young people in Somerset safe and ensure they can grow up in a child friendly county that supports them to be happy, healthy and prepared for adulthood.

7.4.3 During 2022/2023 the following Health and Wellbeing Subgroup action plan workstreams have been facilitated and progressed:

* Ensure that all Children Looked After have robust statutory health assessments which are completed in a timely way by the right Health professional, are included in the child’s care plan and are considered at each CLA Review meeting**.** Redesign of statutory health assessment templates to address the timely provision of notification, consent and child and parent health history. This work is in the completion stage and has also had some input from CoramBAAF. Updated Initial and Review Health Assessment templates are currently being trialled and include the addition of the Agencies Adoption Regulation (s) 15 and 17.
* Develop clear process maps for statutory health assessments and leaving care health passports, to ensure all partners are clear about responsibilities and timeframes for completion. This has been completed and is reviewed by the CLA health team on a regular basis with the Designated Doctor, Named Doctor and the Designated Nurse for CLA and Care Leavers.
* Ensure that the emotional and mental health needs of Children Looked After and Care Leavers are recognised, prioritised and addressed. A significant amount of multi-agency work took place in relation to this review in 2022/2023. One outcome of this work has been to agree to fund a speech and language practitioner to be placed in the YOT team to facilitate CLA and Care Leavers’ early access to emotional health and wellbeing support. Further consideration is being given regarding the utilisation of the remaining investment. Due to the creation of the CYP Mental Health Transformation Plan agreement has been reached to take the review research conducted to date and include it in the Integrated Care System work being progressed to explore the changes required to the whole Mental Health pathway for children, young people, and families.
* Ensure the Health elements of the Adoption Pathway are compliant with statutory responsibilities and are adequately resourced to provide sufficient Adoption Medical Advisor, nursing, and administration capacity. Business case for substantive investment submitted to the ICB and approved in March 2023 to secure the temporary additional adoption roles recurrently. Work is also ongoing to review the job description of the Medical Advisor role as well as provide Medical Advisor input to the Adoption Panels from April 2023.
* Monitor the ongoing recovery of health services to CLA and Care Leavers which have been affected by the COVID-19 pandemic and the longer term physical and emotional impact on CLA and CL. Dental assessment completeness is slowly improving, and the transfer of commissioning arrangements for Dental services from NHS England has taken place.
* Look at the learning from Child Safeguarding Practice Reviews and other reviews, ensuring all actions are addressed and embedded.

**8 MONITORING ACTIVITY AND PERFORMANCE OF SOMERSET PROVIDERS**

8.1 All health providers are required to have safe and effective arrangements in place to safeguard and protect children, including those who are looked after by the Local Authority and those young people who have left care. Commissioning arrangements for providers must include appropriate systems and processes to support safeguarding duties and responsibilities.

8.2 Improving the robustness of commissioning arrangements for Children Looked After and Care Leaver health services continues to be a priority workstream for the Designated Nurse, working closely with ICB Finance, Contracts and Commissioning colleagues. This work has included:

* Ensuring contractual arrangements accurately reflect the services required to be provided and delivering relevant Service Development and Improvement Plans to further drive effective change
* Attendance at the six weekly Operational Management Committee with both Health and wider multi-agency Operations Managers to scrutinise and challenge performance data and monitoring for quality assurance
* Working with health providers and contracts colleagues to gain consensus for an extensively updated Integrated CLA Service Specification and a new integrated Service Specification for CLA Medical Services
* In partnership with health providers refining and embedding the comprehensive Activity and Performance Dashboard
* Providing detailed briefings for both the ICB Board and Directors meetings to ensure Executive Leads are fully cited on commissioning gaps and risks

Progress is monitored at the Health and Wellbeing subgroup, the ICB Quality Committee, and the ICB Safeguarding Assurance meeting.

**8.2 Children Looked After and Care Leavers element of contractual arrangements**

8.2.1 There is no specific Schedule in standard NHS contracts for CLA and Care leavers as these vulnerable groups are covered by the overarching Safeguarding Children and Young People Standards:

Standard 1: Governance and Commitment to Safeguarding Children & Young People

Standard 2: Policies, Procedures and Guidelines Adults

Standard 3: Training, Skills and Competences

Standard 4: Supervision and Reflective Practice

Standard 5: Multi-Agency Working

Standard 6: Reporting Serious Incidents

Standard 7: Engaging in Serious Case Reviews

Standard 8: Safe Recruitment and Retention of Staff, including Volunteers

Standard 9: Managing Safeguarding Children Allegations against Members of Staff

However, a number of local requirements for CLA and Care Leaver services are included in Schedule 4C of Provider contracts:

* Provision of evidence to demonstrate Service User Experience: Children Looked After satisfaction and experience of the service
* Provision of annual Provider audit of documentation including assessments to an agreed set of quality standards to evidence the quality of the Children Looked After health service
* Annual report, to include issues of planning, strategy and an audit of quality standards in relation to health services for Children Looked After
* Performance data in respect of Initial and Review Statutory Health Assessments, dental assessments, immunisations and Strengths and Difficulty Questionnaires

8.2.2 Designated Professionals are continuing to work with Providers and Contracts Teams to continuously improve contractual arrangements and to ensure a robust service specification is agreed for 2023/2024

**8.3 Clinical Audit**

8.3.1 The Somerset NHS Foundation Trust CLA Nurse Team quality assured 137 completed Review Health Assessments via peer review, (this is compared to 107 in the previous year 2021-2022 which also included Initial Health Assessments), using an agreed benchmarking Quality Assurance Tool, (Somerset CCG 2019) and their clinical expertise. Service Specification negotiations agreed that 15% of Initial and Review Health Assessments would be quality assured in 2022/2023. This process has illustrated a steady improvement in assessment quality during the year and is evident in the improved quality of health information available for other related processes including the Multi-Agency Children’s Complex Case Panel, Education and Health Care Plan statutory reviews, and for the adoption process.

8.3.2 In 2022 a Consent Audit was undertaken by the Somerset NHS Foundation Trust CLA Nurse Team. The purpose of this audit was to establish the level of compliance for updating the child’s consent on their electronic records following the completion of their health assessment. Maintaining confidentiality and updating consent includes the child’s or young person’s wishes or limitations to sharing their information. This is a record-keeping expectation in accordance with Somerset NHS Foundation Trust Record Keeping, Data Protection, and Information Governance Policy. The audit reviewed100 CLA health records for those CLA who had attended health assessments between January 2021 and June 2022. The compliance target was 95%. Consent was checked on RIO electronic record keeping system to ensure that it had been updated following the health assessment. Compliance for solely updating consent increased from 19% on the previous year (19/100) to 53% (53/100). CLA’s wishes such as listing those who the CLA does not wish to share their health information with, remained at 36%. The resultant Action Plan included updating the Somerset NHS Foundation Trust RHA Guidance and CLA Duty Standard Operating Procedure to include updating consent and wishes on RIO. As the target was not met, this audit is to be repeated next year.

8.3.3 A further documentation audit was undertaken in December 2022 following the migration of Public Health Nursing to an independent electronic records system. As a result of this audit the CLOA Health service have reviewed and refreshed their training offer to the Public Health Nurses with a focus on completion of Review Health Assessment’s.

**8.4 Year-end performance**

8.4.1 Tables 4-7 illustrate the performance recorded by the Local Authority in respect of CLA and Care Leaver Health activity in 2022/2023.

**Table 4 – Number and percentage of children who became Looked After and received an Initial Health Assessment within 28 days, (20 working days), in 2022/2023**

**(Target 90%)**

**Table 5 – Number and percentage of children who received a Review Health Assessment in 2022/2023**

**(Target 90%)**

**Table 6 – Number and percentage of children who have been looked after for more than one year who received a dental assessment in 2022/2023 (Target 90%)**

**Table 7 – Number and percentage of children aged 4 years plus who have been Looked After for more than one year who have an SDQ score recorded (Target 90%)**

8.4.2 2022/2023 saw a peak in the number of children who became looked after in the summer, (Table 4), before dipping again in September. There did not appear to be any pattern to this and although there were some larger family groups included in these figures Somerset Council are unable to categorically explain why.

8.4.3 Initial Health Assessment performance also fluctuated throughout the year. Performance was impacted by workforce challenges, late notifications and in particular children not being brought to their agreed appointments. Work is planned for 2023-24 to review the actions taken by both Health and Somerset Council to facilitate the Initial Health Assessments. This is with the aim of addressing the notification, consent, booking, and attendance issues that continue to account for most delayed assessments.

8.4.4 Review Health Assessment performance, (Table 5), was much more stable remaining in the high 80% performance range throughout the year. Numbers of children who had been in care for a year also remained static with a slight decrease in September and November which is unlikely to have been statistically significant.

8.4.5 Dental assessment performance, (Table 6), had suffered significantly due to the COVID-19 pandemic which saw dental practices shut for all but emergency work for long periods of time. By the end of 2022/2023, there had been a significant improvement to 70.6%. This will need to be monitored closely in 2023/2024 to ensure recent improvements are maintained and improve further.

8.4.6 The Designated Nurse is in regular contact with the Local Dental Committee for Somerset and the situation is being managed through escalation locally with the ICB who are now the Commissioner for this service. The Designated Nurse is also working with Somerset NHS Foundation Trust and all other agencies involved with Children Looked After and Care Leavers and has been raising awareness with Somerset dental practices of the need for dental assessments for looked-after children to be prioritised as post-COVID-19 recovery continues.

8.4.7 A letter produced by England’s Chief Dental Officer in September 2021 was widely shared with the Local Dental Committee, CLA nursing team, social workers and other partners and key stakeholders to support Children Looked After and Care Leavers to access dental treatment and support in Somerset. Access to a local telephone support line was also initiated. Individual case escalation from different agencies was also managed by the Designated Nurse in partnership with the regional Dental Commissioner.

8.4.8 Strengths and Difficulties Questionnaires, (SDQs), (Table 6), performance has fluctuated throughout 2022/2023. Scores dipped to 77.4% in August but by year-end had risen to 82.7%. This may reflect the workload generated by the large cohort of children entering care in the summer months.

**10. REGULATORY IRREGULARITIES IN ADOPTION**

10.1. In April 2022, following a year of legal hearings and quality improvement work, the High Court proceedings in relation to Somerset adoption regulatory irregularities came to an end. The President of the Family Division handed down a judgment that included a route that ensured all existing placement and adoption orders remained valid and enforceable.

10.2 As part of the ongoing work to improve the health offer to the adoption pathway NHS Somerset ICB has taken forward the following actions in 2022/2023:

* + Procuring additional recurrent investment to secure the future of the Agency Medical Advisor service and ensure it is compliant with all statutory duties now and in the future, namely:
  + Delivery of AAR 15 and 17 compliant Medical Reviews
  + Implementation of Medical Reviews for non-agency adoptions
  + Commissioning of Medical Examinations and health reports where indicated.
  + Preparations to ensure Medical Advisor attendance at Adoption Panels
  + Provision of obstetric and neonatal information
  + Recruitment of nursing and administrative support to collate health information and facilitate the medical review process.
  + Support to Somerset Council to facilitate the provision of parental health information to both the Children Looked After and adoption pathways.
  + Disseminated learning from this case is locally, regionally and nationally to facilitate more widespread improvement of adoption medical services, including the commissioning of Bond Solon training by NHSE which has been widely attended across the Southwest Designated and Named Professional workforce.

Work to improve the Adoption process continued and in March 2023 the system approved the formal business case to secure the temporary additional adoption roles. The Health Adoption team now consists of 20 Programmed Activities of Agency Medical Advisor time, 30 hours of Specialist Nurse, 22.5 hours of Adoption Nurse, 22.5 hours of WREN Team Midwife time, 37.5 hours of senior administrator time and 22.5 hours of administrator time. The permanent provision of these posts will ensure the continuation of the excellent service which is now in place for children with a care plan for adoption. Work is underway to update the Medical Advisor Job Description to ensure it reflects the wider roles now being carried out by the Medical Advisors in line with the Adoption Statutory Guidance.

**11 RISK AND AREAS OF CHALLENGE**

11.1 Risks and challenges were identified and addressed in 2022/2023 as per Table 8 below. Those listed on the ICB’s Corporate Risk Register include the risk score calculated on 31st March 2023:

|  |  |
| --- | --- |
| CHALLENGE | solution |
| **Children looked after health services not being delivered within statutory time frames**  **Risk 318**  **Score 15** | Responsibility for the arrangement of both initial and review health assessments transitioned from Somerset County Council to Somerset NHS Foundation Trust from 1st April 2021. Since then significant improvement work has taken place to streamline both the booking system and the information gathering process which takes place as preparation for the assessment. As a result of the improvements made initial health assessment performance has increased to 86.7% in March 2022 against a target of 90%. Assessment quality has also improved following the development of new report templates |
| **Adoption medical advisor service**  **Risk 436**  **Score 6**  **Provision of obstetric and neonatal information for the assessment of Looked After Children including those with a care plan for adoption**  **Risk 498**  **Score 2** | As a result of the identification of the adoption regulatory irregularities on 7th April 2021, work took place with the support of the CCG’s legal team to fully understand the Adoption Medical Advisor roles and responsibilities. It became clear that the commissioned service did not have the capacity to provide all statutory elements of the adoption role. The CCG worked with providers to develop a clear adoption pathway and to identify the additional staff resources required to deliver this service. In March 2023 ongoing investment was agreed to fund the following new posts:   * 8 programmed activities (pas) of consultant paediatrician to act as agency medical advisor for adoption * 1 WTE Band 7 specialist nurse adoption * 1 WTE Band 6 adoption nurse/midwife, (to include additional capacity to maternity to support the provision of obstetric and neonatal information) * 1 WTE Band 3 team administrator |
| **Risk of poor dental access for CLA and Care Leavers**  **Risk 547**  **Score 15** | Dental assessment performance had suffered significantly due to the COVID-19 pandemic which saw dental practices shut for all but emergency work for long periods of time. By the end of 2022/2023 there had been a significant improvement to 70.6%. A deep dive into reasons that children do not have up to date dental assessment’s is planned for 2023-24. |

**12 progress against Objectives for 2021/2022**

The following objectives were identified for completion in 2021/2022:

* Fully implement Year 2 of the CLA and Care Leavers Investment and Transformation plan:
  + Resolve and finalise commissioning issues in respect of system-wide Agency Medical Advisor service – **ACHIEVED AND** **ONGOING**
* Continue to work collaboratively with local Health Providers to ensure there is continuous quality and performance improvement in commissioned services delivery- **ONGOING**
* Work with CCG Commissioners and Maternity Providers to facilitate the statutory provision of obstetric and neonatal information for children who become looked after and those with a care plan for adoption – **ACHEIVED.**
* Finalise work with system partners to determine the best use of additional ICB investment to improve the emotional and mental health of CLA and Care Leavers and develop an emotional and mental health pathway **– ONGOING.**
* Continue work with system partners in respect of joint commissioning opportunities – **ONGOING.**
* Continue to work collaboratively with Safeguarding Designates and wider Health and Social Care partners to ensure safeguarding is embedded in the Somerset Integrated Care System – **ONGOING**
* Continue to support the safeguarding training function of safeguarding Designates within the ICB, ensuring that CLA and Care Leavers has equal weight in any safeguarding training developed and delivered – **ACHIEVED AND** **ONGOING**.
* Ensure there is a smooth transition for CLA and Care Leaver workstreams during the proposed move to an Integrated Care Board- **ACHIEVED AND** **ONGOING**
* Work with Commissioners to develop a substantive business case to secure the current short-term funding solution for the Health Adoption pathway, utilising evidence of the transformation work that has taken place in both Paediatrics and Maternity to improve the quality of the services offered- **ACHIEVED.**
* Continue work with regional Specialist Commissioners for dental services to improve access to dental assessment and treatment for Children Looked After and Care Leavers- **ONGOING**
* Continue work with regional Specialist Commissioners for dental services to improve access to dental assessment and treatment for Children Looked After and Care Leavers-**ONGOING**
* Review the existing Somerset Children and Young People Self Injury Protocol to ensure it is still relevant and effective in managing the presentation of children and young people with emotional and trauma related self-injurious behaviours who present to Somerset’s Emergency Departments and/or who become inpatients whose discharges are delayed due to a lack of suitable therapeutic placements.

**13 OBJECTIVES FOR 2023/2024**

The following objectives have been identified for completion in 2023/2024:

* Undertake a dental deep dive to understand the reasons that children do not have an up-to-date dental assessment and continue work with regional Specialist Commissioners for dental services to improve access to dental assessment and treatment for Children Looked After and Care Leavers.
* Progress work to ensure that Children Looked After and Care Leavers are considered in the Children and Young People’s Mental Health Transformation plan.
* Review the provision of additional Speech and Language Therapist resources to improve the Emotional and Mental Health of Children Looked After and Care Leavers to determine whether this investment should be provided on a substantive basis.
* Progress work with the Integrated Care System partners to identify the best use of the remaining Mental health transformation investment.
  + Progress work, through the Integrated Care System Safeguarding workstream, to improve transitions for Children Looked After transferring to adult services.
  + Review of the Adoption Service Specification and the development of a formal Adoption Strategy for Somerset based on the statutory guidance and regulations.
  + Development of a system wide UASC Somerset network alongside the an establishment of an Initial Health Assessment pathway for the UASC cohort.

**14 CONCLUSION**

14.1 Commissioners of health services have a duty to ensure that all NHS Trusts recognise the importance of robust and effective arrangements in place to safeguard and protect children and young people across Somerset, and to provide assurance that they are fulfilling their statutory responsibilities for Safeguarding Children under section 11 of the Children Act 1989 (2004).

14.2 Given the complexity of the systems and processes in place across the system to provide timely, high quality, and responsive health services to CLA and Care Leavers, it is perhaps not surprising that the pace of improvement can often appear to be frustratingly slow. However significant progress has been made in 2022/2023 to ensure this most vulnerable cohort of children achieve their full potential and leave the care system physically and emotionally well to meet the challenges of the next stages of their lives. It is hoped that 2023/2024 objectives will continue to take forward the progress that has been made this year to fulfill our statutory and strategic objectives.

14.3 NHS Somerset Integrated Care Board are requested to **note** the contents of this report.