

Report to the NHS Integrated Care Board on 1 December 2022

Title: CHILDREN LOOKED AFTER AND CARE LEAVERS ANNUAL REPORT 2021/2022	Enclosure F
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Version Number / Status:	Version 7.0 FINAL
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Summary and Purpose of Paper

Note: The report covers the period where responsibility sat with the Somerset Clinical Commissioning Group. This responsibility transferred to the ICB on 1 July 2022.

- To detail the arrangements in place to provide health services for all children who are in the care of Somerset Local Authority (552 on 31st March 2022) or are Somerset Care Leavers in line with the Statutory Guidance *Promoting the health and well-being of looked-after children*, (DoH, DfE, 2015), which must be considered when [CCGs] ICS/ICBs exercise their functions in respect of CLA
- To set out the context for CLA and Care Leavers in Somerset
- To demonstrate how NHS Somerset is fulfilling its CLA and Care Leaver statutory responsibilities
- To report on governance and accountability arrangements within the [CCG] ICS/ICB, and the ICB role in the Corporate Parenting Board and sub groups
- To highlight achievements and identify current risks in provision of health services to CLA and Care Leavers
- To provide assurance that the CLA and Care Leaver 2021/2022 objectives were completed
- To identify the ICS/ICB's 2022/2023 CLA and Care Leaver objectives

Recommendations and next steps

The NHS Somerset Integrated Care Board is asked to note the content of this report and the objectives for 2022/2023:

- Ensure there is a smooth transition for Children Looked After and Care Leaver workstreams during the proposed move to an Integrated Care Board
- 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

- Continue work with regional Specialist Commissioners for dental services to improve access to dental assessment and treatment for Children Looked After and Care Leavers
- Review the provision of additional Speech and Language Therapist resource 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, through the Integrated Care System Safeguarding workstream, to improve transitions for Children Looked After transferring to adult services

Impact Assessments – key issues identified

Equality	Commissioning and delivery of high quality and accessible statutory health services to meet the health needs of children and young people who are looked after will ensure this vulnerable cohort will not be disadvantaged in comparison with their non looked after peers. Improvements to service provision will improve access to health services for all Somerset Children Looked After and Care Leavers whether they are resident in or out of Somerset, also to CLA who originate from other Local Authorities and ICBs but are resident in Somerset
Quality	Understanding the quality of health services offered to CLA and Care Leavers is a key function of the ICS/ICB's role. Embedded processes are now in place to record key performance outcomes and work is ongoing with health providers and multi-agency partners to further develop this work. The Health Activity and Performance dashboard is also provided monthly by health providers and scrutinised by the Designated Nurse. Work is also ongoing regionally to ensure care providers are also delivering high quality and safe care and support to Somerset CLA
Privacy	Information sharing processes are already established; there are no breaches of privacy expected.
Engagement	Meeting the health needs of Somerset CLA and Care Leavers is a shared responsibility. NHS Somerset works closely with its Providers (Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust), Somerset County Council, NHS England, service users and other key partners to ensure Looked After Children and Care Leavers have timely access to high quality health care, as and when they need it. The Corporate Parenting Board includes a number of CLA and Care Leaver representatives and the author of this report also engages with the Somerset In Care and Somerset Care Leavers Council
Financial / Resource	<p>In April 2019 the CCGs total spend on CLA and Care Leavers Health Services was £271,869</p> <p>In February 2020 the CCG agreed an investment and transformation plan phased over three years as follows:</p> <ul style="list-style-type: none"> ○ Year 1 - £165,687 ○ Year 2 - £95,649 ○ Year 3 - £72,898

	At the end of Year 3 the commissioner's total spend on CLA and Care Leaver Health Services will be £606,103			
Governance or Legal	<p>The provision of healthcare to CLA and Care leavers are governed by the following legislation and statutory guidance:</p> <p>Children Act 1989 Children Act 2004 Statutory Guidance: Promoting the health and well-being of looked-after children, (DfE, DoH 2015) Intercollegiate Role Framework: Looked after children: knowledge, skills and competences for health care staff, (RCPCH, 2020) Care Planning, Placement and Case Review (England) Regulations (2010) Statutory Guidance on Adoption 2013 Adoption Agency Regulations for England, 2005 The Children and Families Act 2014 The Children and Social Work Act 2017 Working Together to Safeguard Children 2018</p>			
Risk Description	<p>The following risks were documented on the CCG Corporate Risk Register on 31 March 2022, and where applicable have been transferred to the risk register for the ICB:</p> <p>Children Looked After Health services not being delivered within statutory time frames - Risk 318 – score 15</p> <p>Adoption Medical Advisor Service - Risk 436 – score 15</p> <p>Delayed discharges of looked after children on acute paediatric wards in Somerset – Risk 513 – score 15</p> <p>Provision of obstetric and neonatal information for the assessment of Looked After Children – Risk 498 – score 15</p>			
Risk Rating	Consequence 3	Likelihood 5	RAG Rating 15	GBAF Ref

**CHILDREN LOOKED AFTER AND CARE LEAVERS
ANNUAL REPORT
2021/2022**

August 2022

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Role	Chief Nursing Officer (effective 1 st July 2022)
Date	August 2022

1 INTRODUCTION

- 1.1 This is the third and final NHS Somerset Clinical Commissioning Group, (CCG), Annual Report for Children Looked After and Care Leavers), covering April 2021 – March 2022. The CCG is planned to become an Integrated Care Board on 1st July 2022. This is a public report which sets out the work of the CCG 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 CCGs' 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, Section 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 Clinical Commissioning Group 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 CCG will continue to work closely with its Providers, (Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust), Somerset County 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 CCG is the Responsible Commissioner for health services provided to Somerset Children Looked After whether they are resident within Somerset or outside. The CCG 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 CCG's commissioned Designated Doctor and Nurse for Children Looked After and Care Leavers. The CCG 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 CCGs 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 CCGs must ensure that plans are in place to enable children leaving care to continue to obtain the healthcare they need
- 3.5 Somerset CCG 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 CCG 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 Children Looked After and Care Leavers annual report covers the period 1st April 2021 to 31st March 2022.
- 4.2 The report will inform the Somerset Clinical Commissioning Group (CCG) Governing Body of the arrangements in place for all children who are in the care of Somerset County Council, (529 on 31st March 2021 compared to 552 on 31st March 2022) or are Somerset Care Leavers, (312 on 31st March 2021 compared with 332 on 31st March 2022).

- 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 CCG is fulfilling its CLA and Care Leaver statutory responsibilities
 - report on governance and accountability arrangements within the CCG, and the CCG 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 2021/2022 objectives were completed
 - Identify the CCG's 2022/2023 CLA and Care Leaver objectives

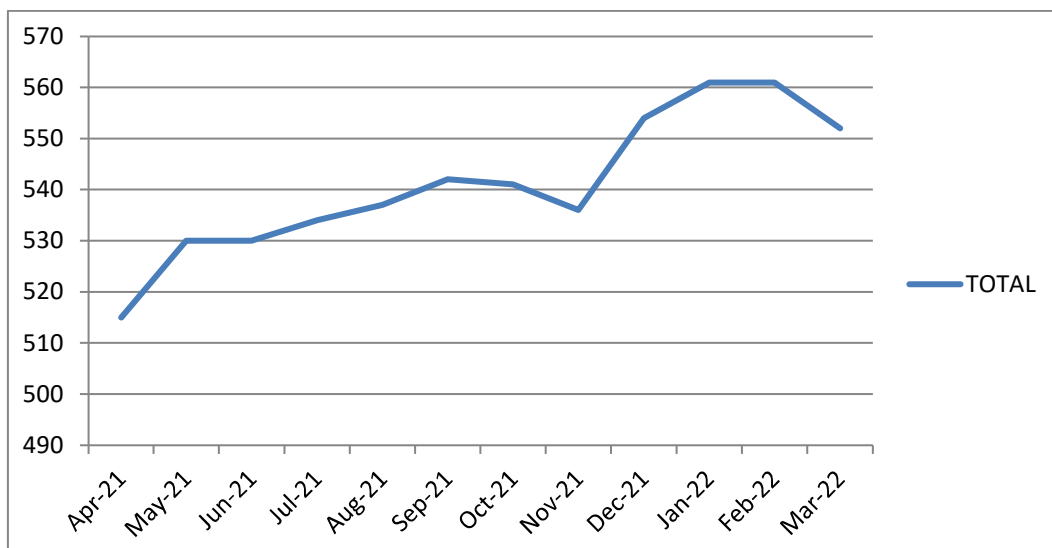
5 CHILDREN LOOKED AFTER AND CARE LEAVERS CHARACTERISTICS AND CONTEXT

5.1 Characteristics

5.1.1 During 2021/2022 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 2021/2022 Somerset initially saw a slight decrease in the number of children becoming looked after which gradually increased again towards the end of the period as per Table 1 below. It is likely that the COVID-19 pandemic had some influence on this data with a significant number of children becoming looked after during the pandemic and another small rise as children returned to school before the final wave of the pandemic.

Table 1 Number of Somerset Looked After Children 2021/2022



- 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 2020 the number of Children Looked After in England increased to 80,080, from 78,140 on 31st March 2019, an increase of 2%. This equates to a rate of 67 per 10,000 children. By comparison Somerset's rate on 31st March 2022 stood at 50 children per 10,000 so significantly lower than the national picture. Unfortunately the national data for 2021/2022 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 not been replicated in Somerset. UASC numbers in Somerset have remained consistently low; Somerset rarely takes UASC as part of the national transfer scheme, (although does take responsibility for any spontaneous arrivals into the county). This is due to the rurality of Somerset and the few links to ethnically diverse communities and services which can best meet these children's specific needs. There were 9 UASC in Somerset on 31st March 2022, 1.6% of Somerset's CLA population.
- 5.1.5 Somerset CCG response to the Ukrainian conflict underlines our commitment to protecting and meeting the needs of asylum seekers and refugees arriving in Somerset and supporting them to thrive. The scale of the complexity of this crisis is not yet fully understood but requires a clearly coordinated and community-level approach for an effective response. Our response will help to galvanise existing support systems and networks, identify gaps and where additional support is required. The identified immediate needs of Ukrainians moving to Somerset as part of the British Government's Ukrainian Resettlement Scheme also known as Homes for Ukraine are:
- physical and mental health needs e.g., GP registration, access to maternity services, identifying long term health conditions, access to medications, mental health support
 - safeguarding concerns e.g., accommodation, disability, children unaccompanied by their parents
 - employment, financial and medium-term accommodation needs
 - social needs, e.g., early years support, school registration, language support, integration support
- Somerset CCG is committed to ensuring Ukrainian guests and other Somerset resident asylum seekers and refugees can access a full Migrant Health Assessment service to ensure their health needs are identified at an early stage and they are referred to the correct services to have their needs met. It is not yet apparent whether unaccompanied Ukrainian children will be allowed into the UK or whether there will be any rises in CLA figures as a result of Ukrainian children becoming looked after, but this evolving situation is being carefully monitored by the CCG.
- 5.1.6 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 2022, 121 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 43% of the Somerset CLA population and illustrates the need for a strong focus on CLA when commissioning SEMH services.

5.1.7 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.

5.1.8 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.

5.1.9 In Somerset there are 287 CLA who are supported with EHC plans and have SEN support, (Table 2).

Table 2 SEND Comparative Data 2021/2022

	2021	In Somerset	Outside Somerset	Blank
Number of CYP with CLA & CLACP marker	271			
Number of above with EHCP	180	109	69	2
Number of above with SEN Support	89	56	32	1
Number of above with Blanks	2	1		1
	2022	In Somerset	Outside Somerset	
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	

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 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 plans which reflect the health care needs identified through the statutory health assessment process. The 2021/2022 position illustrates that the previous improvement work has been embedded and is now business as usual.

- 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. Ninety-eight looked after children were open to the Emotional Health and Wellbeing Team on 31st March 2022. Thirty-eight CLA were open to CAMHS and a further two CLA were receiving support from the Eating Disorder Service. 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 2021/2022 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

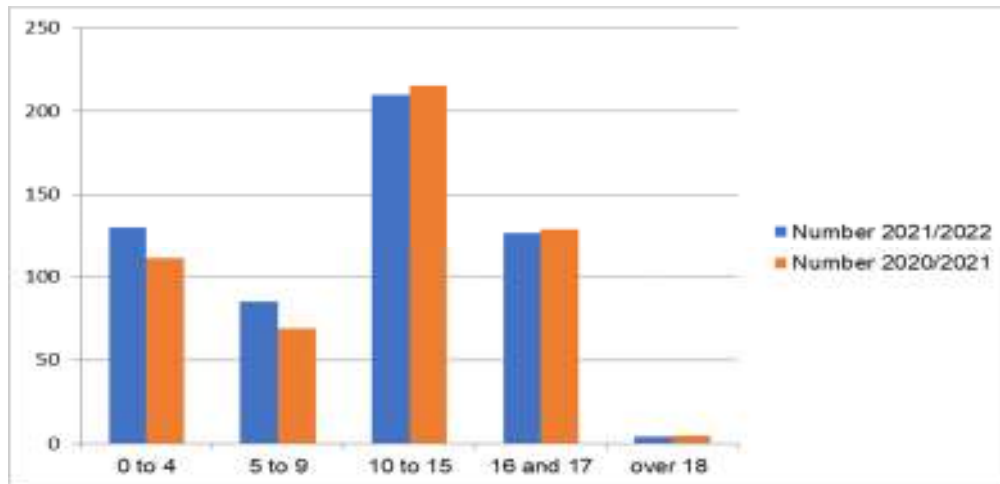
- 5.2.1 There has been no new published statute relevant to CLA and Care Leavers in 2021/2022, however, the expected Liberty Protection Safeguard legislation will include provision for 16 and 17 year olds. The Domestic Abuse Act which became law in January 2022 also includes provision for 16 and 17 year olds, recognising them as victims of domestic abuse in law for the first time.

5.3 Local Context

- 5.3.1 The first data from the 2021 Census was released on 28th June 2022. 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 Clinical Commissioning Group (CCG), NHS England and Somerset County Council. Somerset CCG have responsibility for commissioning the majority of 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. Both lower age groups have seen increases in 2021/2022 compared to the

previous year and this trend will need to be monitored in 2022/2023 to see if it continues.

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



5.3.3 Somerset had 332 young people defined as Care Leavers on 31st March 2022, compared with March 2021 when there were 312 Care Leavers. Three hundred and twenty seven, (98.5%), were in touch with the Local Authority. One hundred and seventeen Care Leavers, (35.2%), were classified as Not in Education, Employment or Training, (NEET), a decrease of 20 since 31st March 2021. Three hundred and seventeen Care Leavers were deemed to be suitably accommodated (95.5%). Forty two 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 CCG 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 October of 2021 a Deputy Designated Nurse for Children Looked After and Care Leavers temporarily joined the team to support the Designated Nurse with the increased workload generated by the regulatory irregularities within the Somerset Adoption Service. The CLA professionals are supported by 0.6 WTE administrator role.

5.4.2 The Designated Professionals for CLA and Care Leavers are part of the CCG’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 CCG. 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 CCG who provides 2 Programmed Activities a month to review the GP medicals of prospective foster carers and adopters.

- 5.4.4 The CCG 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 Yeovil District Hospital NHS Foundation Trust, 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.

6 GOVERNANCE AND STATUTORY ARRANGEMENTS

- 6.1 Somerset CCG 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. It is expected these statutory duties will pass seamlessly to the new Integrated Care Board on 1st July 2022 with no changes.
- 6.2 Designated Professionals, as clinical experts and strategic leaders are a vital source of advice to the CCG, NHS England and Improvement, 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 Officer and the Chair of the CCG. The Chief Officer and Chair of the CCG have formally delegated authority for safeguarding, (including CLA and Care Leavers) to the Director of Quality and Nursing who is also the Executive Lead for Safeguarding. The Director of Quality and Nursing 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 Officer and Chair of the CCG.
- 6.4 The Designated Nurse for CLA and Care Leavers continues to report quarterly to the CCG Patient Safety Quality Assurance Committee, (PSQAC), which has delegated powers from the CCG's Governing Body.
- 6.5 Throughout 2021/2022 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 County Council, together with the four District Councils, fulfil their duties towards CLA and Care Leavers corporately and in partnership with other statutory agencies, including the NHS and Police. The existing Corporate Parenting Strategy was published in 2019 and the Terms of Reference (TOR), including membership of the Corporate Parenting Board were agreed by Council in 2017.

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 2021 / 2022. The Designated Nurse for CLA and Care Leavers attended each meeting, providing a report and progress on the overarching Health and Wellbeing Sub Group Action Plan. The CPB reviews the work plan and feedback from each of the sub groups:

- Leaving Care
- Health and wellbeing
- Education
- Voice of the Child

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 2021/2022 the following Health and Wellbeing Sub Group action plan workstreams have been facilitated and progressed:

- *Redesign statutory health assessment templates to avoid unnecessary duplication and streamline quality assurance processes.* 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 CL
- *Implementation and embedding of comprehensive Health focused activity and performance dashboard for Providers.* The CLA and Care Leavers Activity and Performance Dashboard has been in place since April 2020 and has been subject to ongoing review. The 2022/2023 version has been extensively updated with input from CLA Health providers and is now complete and ready to be implemented from May 2022
- *Review of Children Looked After and Care Leavers Emotional and Mental Health Services.* A significant amount of multi-agency work took place in relation to this review in 2021/2022. 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. 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

- *Children Looked After and Care Leavers Transformation Investment:* The CCG has fully implemented Year 1 and Year 2 of the three year investment and improvement programme, strengthening the CLA Nursing Team and properly commissioning the CLA Medical Services. Somerset's first Named Doctor for Children Looked After and Care Leavers took up their post in September 2022 and has quickly become a significant asset to the team, taking forwards quality assurance work, training and clinical supervision. Additional administrative and nursing resources are currently being recruited ready for deployment as part of the Year 3 investment, focussing on improvement in health services and outreach to vulnerable Care Leavers and older CLA.
- *Care Leavers Counselling Service:* the CCG has continued to jointly fund with Somerset County Council a bespoke Care Leaver counselling service provided by a local counselling charity. This investment is now recurrent, reflecting both the need and the benefits this service has brought

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 CCG 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
 - Chairing 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 Governing Body and Directors meetings to ensure Executive Leads are fully sited on commissioning gaps and risks

Progress is monitored at the six weekly CCG Safeguarding Business Meeting, monthly Quality and Nursing Operational Meeting and quarterly at the Patient Safety Quality Assurance Committee.

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 2022/2023

8.3 Clinical Audit

8.3.1 The Somerset NHS Foundation Trust CLA Nurse Team quality assured 107 completed Review Health Assessments via peer review, (this is compared to 259 in the previous year 2020-2021 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 2021/2022 and that from October 2021 Initial Health Assessment quality assurance would be undertaken by the newly appointed Named Doctor for Children Looked After and Care Leavers. 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 Between November 2021 and July 2022, quality assurance processes identified five Initial Health Assessments as being of insufficient quality to meet baseline standards and were returned to the original author with feedback for completion before distribution, (one IHA was completed out of county, four were within county having all been completed in one clinic by one health professional). The four in-county IHAs required recall of the children concerned for an additional assessment. The issue was escalated to the author and their line manager, with additional training and supervision offered.

8.3.3 In January 2022 the IHA template was revised and simplified following user feedback and with reference to the quality assurance findings. Sections have also been added to collect additional information relevant to the adoption pathway. To date user feedback has been very positive, (e.g. holistic approach to needs of child/improved prompts/shorter, more concise form/less time-consuming to complete and for administrators to type), and this is being monitored.

8.3.4 An additional documentation audit will be undertaken in December 2022 by which time it is expected Public Health Nursing will have migrated to an independent electronic records system. The impact on the overall quality and effectiveness of statutory health assessments is currently unknown but it is hoped the new audit will provide some clarity on this change.

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 2021/2022.

Table 4 – Number and percentage of children who became Looked After and received an Initial Health Assessment within 28 days, (20 working days), in 2021/2022 (Target 90%)

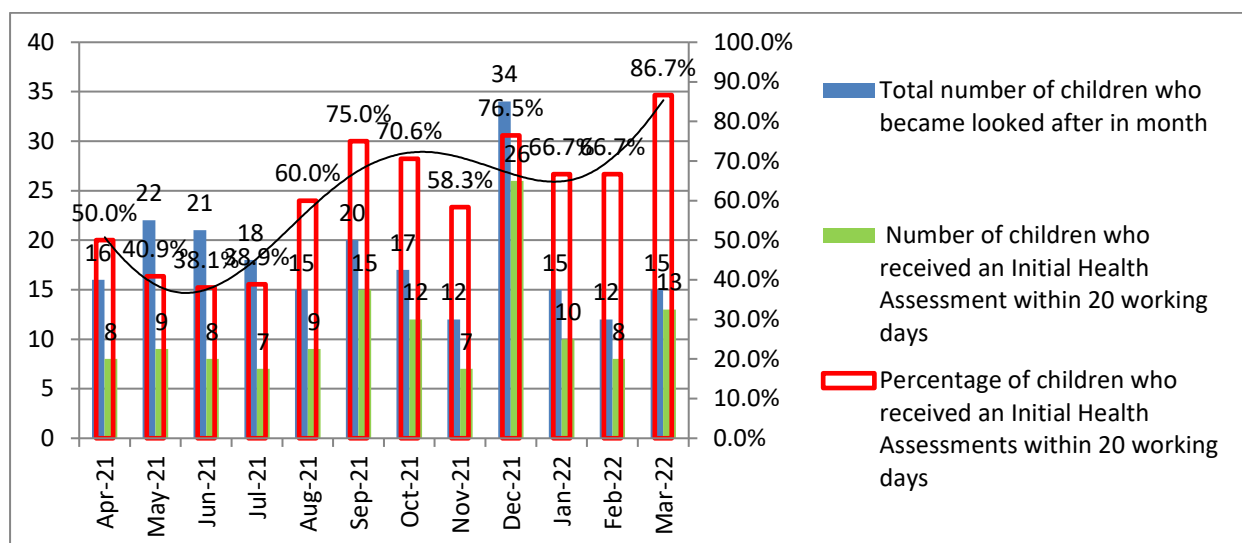


Table 5 – Number and percentage of children who received a Review Health Assessment in 2021/2022 (Target 90%)

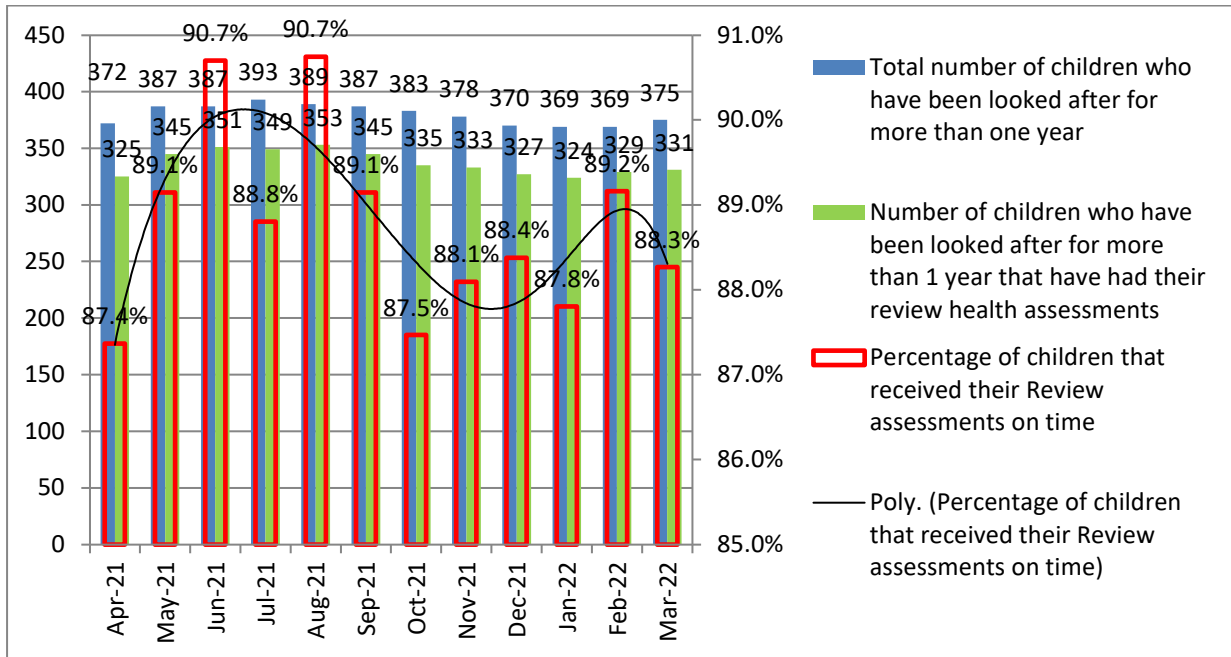


Table 6 – Number and percentage of children who have been looked after for more than one year who received a dental assessment in 2021/2022 (Target 90%)

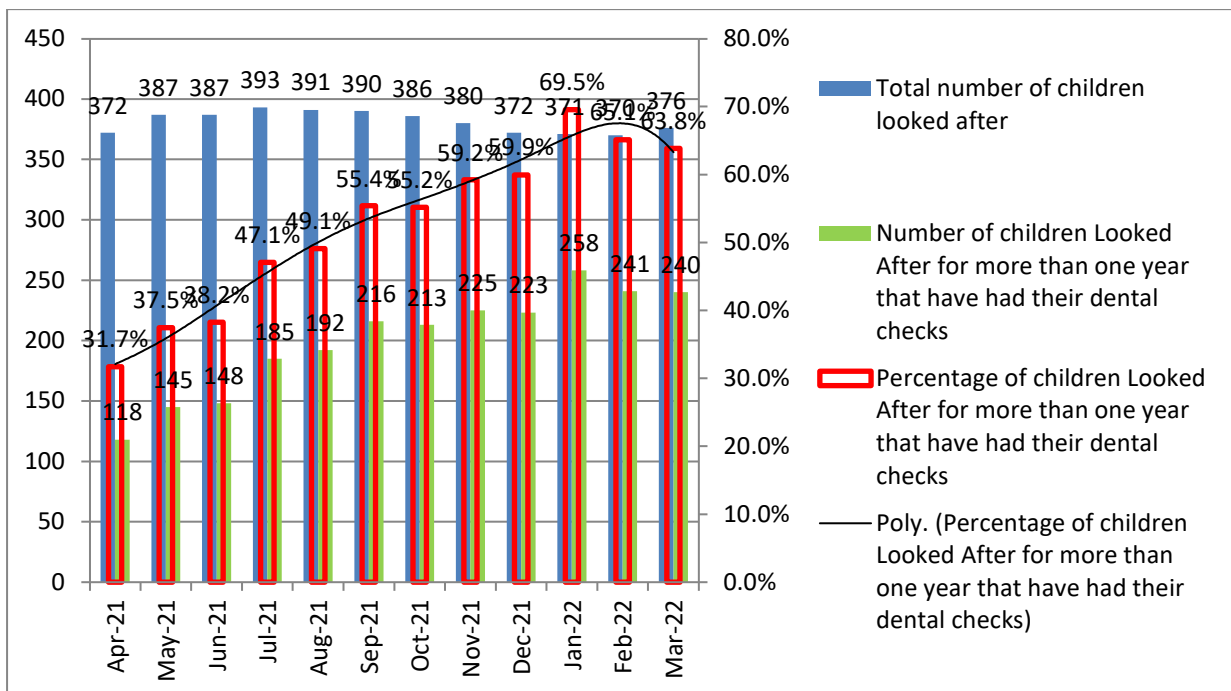
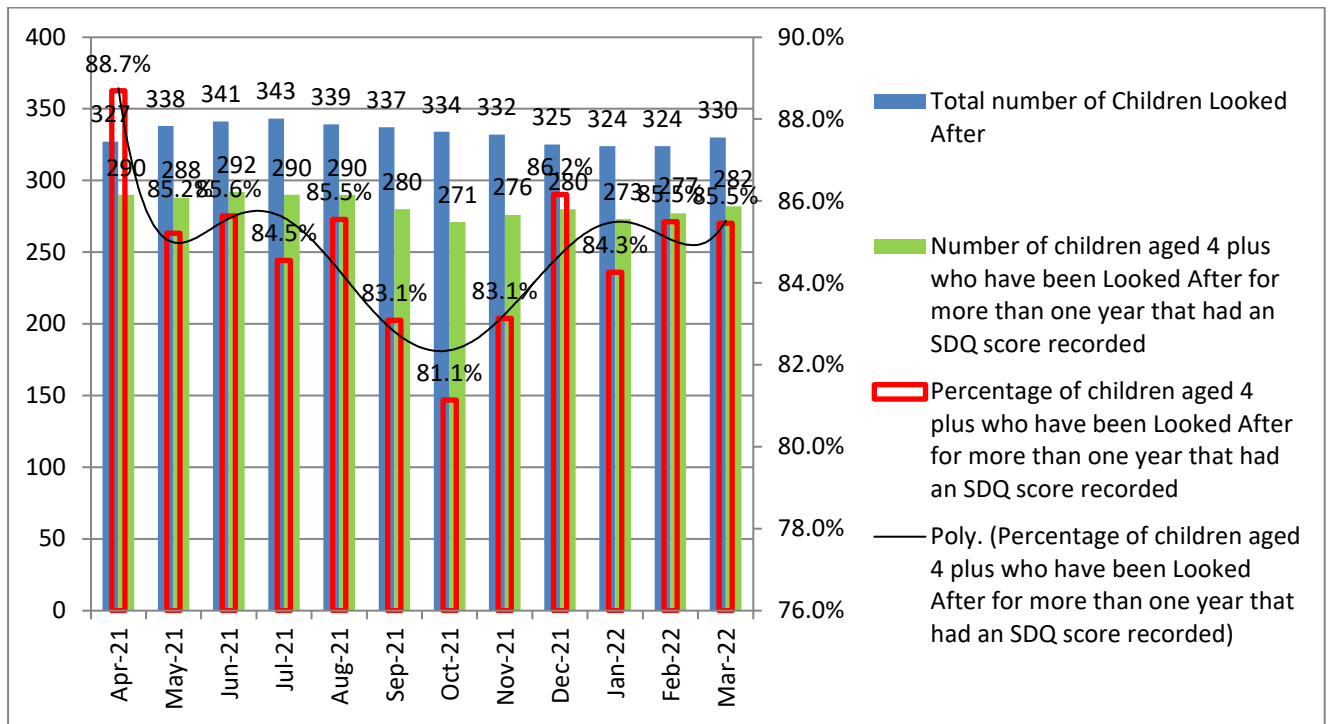


Table 7 – Number and percentage of children aged 4 years plus who have been Looked After for more than one year who have an SDQ score recorded (Target 90%)



8.4.2 2021/2022 saw some fluctuations in the number of children who became looked after, (Table 4), ranging from 12 in the early part of the year up to 34 in December before dipping again. There did not appear to be any pattern to this nor did the fluctuations appear to correlate with either COVID-19 pandemic lockdowns or periods where there were greater freedoms in place.

8.4.3 Initial Health Assessment performance also fluctuated throughout the year although with the second half of the year achieving three amber and one green performance rating

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 the middle of the year 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 2021/2022 there had been a significant improvement to 69.4% although this did drop back to 63.8% by year end. This will need to be monitored closely in 2022/2023 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 with NHSE, the Specialist 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 In common with the Review Health Assessment data, Strengths and Difficulties Questionnaires, (SDQs), (Table 6), performance has remained largely unchanged throughout 2021/2022. Scores remained above 80% throughout the year.

9 IMPACT OF COVID-19 AND COVID RECOVERY

- 9.1 The first UK case of coronavirus, (COVID-19), was reported on 31 January 2020, and COVID-19 became a notifiable disease in the UK on 5th March 2020. The UK subsequently went into its first lockdown on 23rd March 2020 and restrictions were not relaxed until later in the summer of 2020. Further lockdowns followed.
- 9.2 Whilst the pandemic necessitated different ways of working to comply with the "stay at home" guidance from the Government it was recognised from the outset the value of face-to-face health assessments wherever it was safe to do so. However, the so called Covid legacy has led to more choice for children and young people in terms of the media used to deliver their assessment. Both virtual assessments and telephone assessments are now routinely offered alongside more traditional face to face assessments. Where a child or young person chooses to have a virtual assessment one year, the next years' assessment will be delivered face to face to ensure all areas of the child's health are robustly assessed
- 9.3 Virtual assessments have also allowed those Somerset children who are placed outside of Somerset to have their assessment delivered by a Somerset professional without the need to travel to an unfamiliar setting. This model of delivery has also had a positive impact on staff travel time which has decreased significantly leaving clinicians with more capacity for clinical work.
- 9.4 In response to the onset of the pandemic the CCG set up a safeguarding cell as part of the Incident Control Centre. This continues to this day as a

bi-monthly safeguarding system forum, which has adopted a collaborative approach to address any challenges within the local safeguarding system, as well as identify how we can support our colleagues with concerns they bring. In addition, the group takes time to celebrate achievements across the safeguarding system including the Children Looked After and Care Leavers workstreams.

- 9.7 During 2021/2022 the Designated Nurse continued to provide clinical advice and support to the Local Authority on the placement of children, ensuring that the appropriate infection prevention and control measures were considered when placing and moving children.

10. REGULATORY IRREGULARITIES IN ADOPTION

- 10.1. Adoptions in Somerset were found to be non-compliant with the Adoption Agencies Regulations 2005 in April 2021. The Family Court identified that applications for Placement Orders had not been made with AAR Regulations 15 and 17 compliant medical reports completed by the Agency Medical Advisor for Adoption leading to concerns that both Placement and final Adoption Orders may have been made unlawfully. Concerns were also raised that many Somerset children may have been affected by this issue. Adoption proceedings were immediately halted by the Family Court whilst this issue was reviewed.
- 10.2 Following escalation to the High Court, several lengthy court hearings which included evidence submitted by Somerset Designated Children Looked After professionals and a significant amount of local quality improvement work, the issue was resolved by two High Court judgements, the second delivered by the President of the Family Court. His Honour Sir Andrew McFarlane found that Placement Orders and Adoption Orders still stand, even when there have been breaches of the AAR 2005 and detailed a way for Adoption Agencies to address any similar irregularities found in their areas.
- 10.3 The adoption risks was reported via the CCG Corporate Risk Register with actions and performance being scrutinised through the CCG Safeguarding Business Group, Patient Safety Quality Assurance Committee, Clinical Executive Group, and the multi-agency Health and Wellbeing Sub-Group and Corporate Parenting Board
- 10.4. As part of assurance measures following these regulatory breaches the CCG and Somerset County Council jointly commissioned CoramBAAF to carry out an external review of fostering and adoption services in Somerset. This work began in December 2021.
- 10.5 The commentary report was received from CoramBAAF on 28th February 2022. It contained one recommendation for the CCG to include electronic links to the relevant AAR regulations on the AAR 15 and 17 pro formas to provide additional clarity on the expectation of the Adoption Medical Advisors if required. This has been completed and the updated pro formas

issued to the Medical Advisors. Overall the CCG was deemed compliant with the regulations.

10.6

As part of the ongoing work to improve the health offer to the adoption pathway the CCG has taken forward the following actions:

- Procuring additional 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:
 - AAR 15 and 15 compliant Medical Reviews
 - Medical Reviews for non-agency adoptions
 - Medical Examinations and health reports where indicated
 - Attendance at Adoption Panels
 - Provision of obstetric and neonatal information
 - Nursing and administrative support to collate health information and facilitate the medical review process
- Work with Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust to facilitate a partly digital solution to the collation of obstetric and neonatal information to both the Children Looked After and adoption pathways
- Support Somerset County Council to facilitate the provision of parental health information to both the Children Looked After and adoption pathways
- Develop a formal Adoption Strategy for Somerset based on the statutory guidance and regulations and the learning from this case
- Ensure learning from this case is disseminated locally, regionally and nationally to facilitate more widespread improvement of adoption medical services
- Facilitate a further commissioning review of Adoption Medical Advisor capacity in 2022/2023 to ensure this tiny but extremely important service has the investment and capacity to manage the increased workload the changes in process the High Court rulings have brought about.

11 RISK AND AREAS OF CHALLENGE

11.1 A number of risks and challenges were identified and addressed in 2021/2022 as per Table 8 below. Those listed on the CCG's Corporate Risk Register include the risk score calculated on 31st March 2022:

CHALLENGE	SOLUTION
<p>Children looked after health services not being delivered within statutory time frames</p> <p>Risk 318</p> <p>Score 15</p>	<p>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</p>

	improved following the development of new report templates
Adoption medical advisor service Risk 436 Score 15 Provision of obstetric and neonatal information for the assessment of Looked After Children including those with a care plan for adoption Risk 498 Score 15	<p>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 February 2022 additional short term investment was agreed to fund the following new posts for a 12 month period:</p> <ul style="list-style-type: none"> • 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 <p>An objective for 2022/2023 will be to monitor the implementation and outcomes of this investment and develop a business case for substantive investment, ensuring the service delivers on its statutory responsibilities and is compliant with the High Court judgements</p>
Delayed discharges of looked after children on acute paediatric wards in Somerset Risk 513 Score 15	<p>During December 2021 and January 2022 the CCG received a number of escalations relating to Somerset CLA who were inpatients on acute paediatric wards due to self-injurious behaviours, were fit for discharge but who did not have Local Authority placements arranged for them to move to. This is in the context of a national shortage of therapeutic placements for CLA including long waiting lists for welfare secure beds. The CCG Designated professionals have supported the Local Authority in their search for appropriate placements, meeting with potential providers, developing quality assurance tools for placements and attending escalation calls to provide health perspectives. A 2019 Somerset protocol is already in use to assist Emergency Department staff in determining whether a young person requires hospital admission. An objective for 2022/2023 will be to review this document to ensure it is still relevant, particularly as the transition to Integrated Care Board and Integrated Care System moves forward and the system's expertise in managing these cases improves</p>
Development of additional emotional and mental health offer to CLA and Care Leavers	<p>The three year investment plan to transform health services for Children Looked After and Care Leavers, (which was approved in November 2019), included a small pot of recurrent investment to support CLA and Care Leaver emotional and mental health and wellbeing. A multi-agency review of the emotional and mental health</p>

	<p>offer to CLA and Care Leavers has been taking place throughout 2021/2022 led by Somerset County Council. It is likely that the evidence from this review will feed into the Somerset's Long-Term Plan for CYP Mental Health and Emotional Wellbeing 2021-2024 which is expected to be published in 2022/2023</p> <p>In the interim the multi-agency Children and Young People's Mental Health Cell agreed a short term solution for the investment at the end of January 2022, and recruitment is now going ahead for a senior Speech and Language Therapist to improve CLA and Care Leavers access to therapeutic interventions. Performance indicators are being developed to ensure evidence will be gathered to illustrate the added value this post will have.</p> <p>Additionally the CCG has again provided funding for bespoke counselling services for Care Leavers, delivered by Somerset Counselling Centre and this will now be a recurrent investment by the CCG.</p>
<p>Cross charging for out of county placed Somerset children and Other Local Authority children placed in Somerset</p>	<p>This is a workstream carried over from 2020/2021 following a request received from Somerset NHS Foundation Trust requesting the CCG take this delegated function back inhouse. An options paper had previously provided several different proposals and an agreement was reached for Somerset FT to complete a review of the time this function took, and the capacity required to deliver it. This data was received by the CCG in February 2022 and illustrated that the resource required to provide this service was small and did not indicate that the function should be returned to the CCG. The Designated Nurse continues to support the Named Nurse with this role, leading escalation responses when invoices are not paid or services are not provided to Somerset children in a timely way. In turn Somerset continues to operate an IHA service based purely on a chronological system, regardless of whether the child is Somerset or Other Local Authority originating</p>

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:
 - Develop a job description, recruit and induct a Named Doctor for CLA and Care Leavers – **ACHIEVED**
 - Work with Somerset NHS Foundation Trust to ensure their overall nursing and administrative capacity correlates with the Year 2 investment given recent significant changes to personnel within the CLA Nursing Team – **ACHIEVED**

- 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 Somerset NHS Foundation Trust and Somerset County Council to successfully implement and embed a Health based statutory health assessment booking system with the aim of improving the timeliness of health assessments and providing improved data in respect of performance – **ACHIEVED** with a further review planned for 2022/2023
- 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 – **ONGOING** with a new deadline of October 2022 due to recruitment issues
- Finalise work with system partners to determine best use of additional CCG 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 work with Somerset NHS Foundation Trust to resolve cross charging issues for statutory health assessment work – **ACHIEVED**
- 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 CCG, ensuring that CLA and Care Leavers has equal weight in any safeguarding training developed and delivered – **ACHIEVED AND ONGOING.**

13 OBJECTIVES FOR 2022/2023

The following objectives have been identified for completion in 2022/2023

- Ensure there is a smooth transition for CLA and Care Leaver workstreams during the proposed move to an Integrated Care Board
- 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
- 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

- Continue work with regional Specialist Commissioners for dental services to improve access to dental assessment and treatment for Children Looked After and Care Leavers
- Review the provision of additional Speech and Language Therapist resource 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, through the Integrated Care System Safeguarding workstream, to improve transitions for Children Looked After transferring to adult services

14 CONCLUSION

- 13.1 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 its statutory responsibilities for Safeguarding Children under section 11 of the Children Act 1989 (2004).
- 13.2 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 2021/2022 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 2022/2023 objectives will continue to take forward the progress that has been made this year to fulfil our statutory and strategic objectives.
- 13.3 NHS Somerset Integrated Care Board are requested to **note** the contents of this report.