NHS South Cheshire Clinical Commissioning Group

NHS Eastern Cheshire Clinical Commissioning Group

ANNUAL REPORT TO:
Cheshire East Health and Wellbeing Board
FOR INFORMATION

Report of:	Sheila Williams Designated Nurse Cared for Children and Moira McGrath Designated Nurse Children's Safeguarding
Subject/Title:	The Health of Cared for Children and Young People Annual Report: Apr 2016 - 2017

"Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. For example, almost half of children in care have a diagnosabale mental health disorder and two thirds have special educational needs. Delays in identifying and meeting their emotional well being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults" (DfE &DoH, 2015).

Purpose

The purpose of this report is to provide assurance to Cheshire East Health and Wellbeing Board in their role as corporate parents of the children in their care. It will also highlight any areas for further service improvement and priorities for 2017 - 18.

Statutory guidance places a duty on CCGs to work with local authorities to promote the health and well being of Looked after Children and to ensure that suitable arrangments are in place.

"Parents want their child to be healthy and happy and to reach their full potential." (DfE &DoH, 2015).

It is important to recognise both the statutory responsibilities for this vulnerable group of children and young people, and the role of agencies working together as corporate parents, in having "high aspirations":

Regular surveillance is provided via quarterly updates to the Quality and Outcomes sub group of the LSCB; six monthly updates to the Health and Wellbeing Board and an annual report to the Cheshire East Corporate Parenting Board and South and Eastern Cheshire CCG respective Governing Bodies.

In Cheshire East, Looked after Children (LAC) are referred to as Cared for Children. For the purposes of this report the terms are synonymous.

Executive Summary

In response to legislative changes and to meet the needs of Cared for children, multi agency partnerships have been strengthened through the development of closer work and engagement with the Corporate Parenting Operational Group. This group reports to the Corporate Parenting Committee and provides greater scrutiny of local partnership working in relation to Looked after Children's health.

There have been some changes and additions to the Looked after Children team over the year. The CCG has reviewed its commisioning arrangements of the Looked after Children's health team and this is now being provided by Wirral Community NHS Trust, improving the alignment and communication with community services across Cheshire East. An opportunity has arisen to review the role of the designated nurse for Cared for Children to maximise available clinical time. The 0-19 year service is commissioned by Public Health to provide review health assessments for Cared for Children. Importantly, we are now working in partnership with CEC to deliver the Special Educational Needs and Disability (SEND) strategy to ensure this group of children (approximately 25%) are clearly identified and supported across the age spectrum. This more integrated approach will continue to reduce any unwarranted variation and optimise resources.

In September 2016 the newly appointed 16+ and Transition nurse for Looked after Children came into post. Primarily this role is to support care leavers and help prepare them for adulthood and independence. We have already seen good progress. Examples include: alignment/streamlining of processes; development of assessment tools bespoke to Cared for Children; working with the Designated clinical Officer (DCO) for SEND; improved signposting to local services and the establishment of formal and informal networking across sexual health, CAMHS, CSE, drug and alcohol services and the wider system.

Importantly, the relationships with this group of young people appear to have strengthened. Consequently we are better informed and able to prioritise and develop work plans specifically to address issues this group of young people face and support them to develop solutions.

The CCG has prioritised work in 2017 – 2018 to improve compliance with timescales for statutory health assessments and the use of Health Passports for Care leavers. Progress has been made in both these areas and work continues. There are clear plans to accelerate this passport work to include all Cared for Children and address. There will also be an increased focus on the emotional wellbeing and mental health of this group of children.

CQC carried out an inspection of arrangments in relation to Looked after Children and Safeguarding (CQC, 2017). The result was positive overall and good progress has been made in response to their recommendations.

Context

How NHS Eastern and South Cheshire Clincal Commisioning Groups has met their responsibilities for Cared for Children within the Legal Framework.

The CCG has responded to changes in the legal framework to ensure it meets its responsibilities to Cared for children. Intercolliagiate guidance (RCN and RCPCH, 2015) makes recommendations as to appropriate knowledge skills and compentencies of health care staff working with Cared for Children. The CCG has a Designated Doctor and a Designated Nurse for Looked after Children. The CCG also recognises the need to ensure an integrated approach to commissioning Looked after Children's health provision without unwarranted variation (NHSE, 2017). With the retirement of the Designated Looked after Children Nurse an opportunity has arisen to review the role and a decision was made to jointly commissioning a full time Designated Nurse Looked After Children Nurse to work across the four Cheshire CCGs. This post will be supported by an adminstrator 22.5 hrs per week to ensure the designated nurse has more clinical time to deliver their responsibilities. At the time of writing this report, interviews have taken place and appointments have been made to both posts. The adminstrator will take up post at the beginning of September 2017, the Designated Nurse start date is subject to employment checks and notice requirements. Interim arrangements are in place to mitigate any risks to ensure there are no gaps in the service.

The Children and Social Work Act (HMSO, 2017) strengthens the principles of corporate parenting and the requirement that local authorities work with "relevant partners" in this regard. There is also an emphasis on the "local offer for care leavers" which includes promoting their health and well being. In response the CCG has commissioned a 16+ and Transition Nurse who works closely with the 16-19 School Nurse Specialist and the Child Sexual Exploitation (CSE) nurse specialist to meet the specific health needs of this group of young people. The role is key to further developing this area of work in partnership with the local authority. In particular this will include participation work to promote the mental health of children and young people.

Following the Children and Families Act 2014 reforms, there is an increasing emphasis on the need to have a co-ordinated approach to Special Educational Needs and Disabilty (SEND) (DfE and DH, 2017) and for CCGs to have a Designated Clinical Officer (DCO) in place. The CCG responsibilties for Looked after Children with SEND are linked to their corporate parenting responsiblities.

The SEND Joint Partnership Board has recently finalised a strategy. DCO plans are aligned to deliver this strategy plus the priorities identified following a CCG 'gap analysis' Health is represented on this board by the DCO and an Executive lead

from the CCGs. The joint board has 5 workstreams, one of which is health. Work continues locally to ensure integrated provision of services with regular meetings and information sharing between the LAC team and the DCO. Early identification of children with SEN is key and we are currently working with CEC to map the sufficiency needs of this group. This is particularly important as 25% of our Looked After children population require education and health care plans.

Population

At 31st March, 2017, 429 children were cared for by Cheshire East Council. This ratio of 56 Children in Care to every 10,000 children in a population is similar to our statistical neighbours.

In addition there 198 children placed in Cheshire East area by other local authorities.

Key performance indicators

Statutory government returns in relation to children who have been in care more than a year have been collated for the period 1st April 2015 to 31st March 2016

Whilst there is no data available for the March 2016 – 17 we have made significant improvements in relation to compliance with statutory health assessments:

Percentage of children who have been in care more than a year with an up to date health assessment in the year ending 31st March 2017

Year ending	March 2017	March 2016	March 2015	March 2014
% children National	No data	90%	90%	88%
% children CEC	90.9%	70.8%	95.9%	97.6%

National data source: Department of Education: Children looked after in England (including adoption and care leavers), year ending 31 March 2016: additional tables: SFR 41/2016, 8 December 2016

This figure is up 20% from last year and in part is related to improvements in the process of requesting and recording health assessments on Liquid Logic (the local authority electronic records). Where compliance has not been maintained the majority relate to reluctance on the part of some 16+ young people, of the school age children 4 related to delay with out of area requests and 8 related to delay due to school nurse capacity. Where 16+ young people are reluctant or refuse a range of processes are being developed in conjunction with personal advisors to ensure that a health care plan is in place.

Percentage of children with up to date immunisations ending 31st March

Year ending	March 2017	March 2016	March 2015	March 2014
% children National	No data	87%	88%	87%
% children CEC	92.9%	82.7%	98%	97.6%

There has been an improvement in the recording of up to date immunisation status at the time of review health assessment to which this improvement is attributed. There is a need to continue to progress this improvement further.

Percentage of children with up to date developmental checks - under five year olds up to date at 31st Dec

Year ending	2017	2016	2015	2014
% children National	No data	No data	No data	No data
% of children CEC	100%	82.4%	100%	100%

Compliance with the healthy child programme is excellent and has improved from last year.

Percentage of children who have had a dental check in year ending 31st March

Year ending	2017	2016	2015	2014
% children National	No data	84%	86%	84%
% of children CEC	80%	76%	98%	98%

Dental check dates need to be recorded more accurately and followed up especially where it is it is an action on the health care plan at the time of review health assessment

Number of young people where substance misuse is identified as a problem at year end 31st March 2017

Year end	2017	2016	2015	2014	2013
Number of identified children	12	10	6	11	9

There were 12 children over the period of this report. 2 children received intervention, 9 were offered intervention but refused and 1child was not offered intervention as they refused a health assessment. The main area for attention here is the 9 young people who declined intervention. The service which supports substance misuse was until recently provided by Catch 22. This service is now provided by Cheshire and Wirral Partnership Trust. The 16+ and transition nurse is working more closely with this provider in order to develop relationships which will make the service more accessible to young people, their personal advisors and carers.

Emotional and mental health

Percentage of children with raised Goodman's (Goodman and Scott, 2012) strengths and difficulties questionnaires (SDQ). These were completed by carers in relation to 96% of 4-16 year olds which is an excellent compliance rate.

Year end	Average score	Normal range (under 14)	Borderline (14-17)	Concern (17+)
2013	14.4	47%	12%	42%
2014	14.2	45%	14%	41%
2015	13.4	50%	15%	34%
2016	14.6	46%	10%	45%
2017	14.6	44%	3%	53%

There is an upward trend in scores which will need further investigation.

The CEC Children and Families Support Team produce an annual report which identifies more detail. In order to begin to address these issues and as part of the emotionally healthy schools programme staff, including school nurses and specialist nurses cared for children have attended training in relation to supporting children and young people's emotional and mental health. A multi-agency approach is needed to ensure children and young people get the best support available.

Discussions have taken place regarding the need to ensure a mental health assessment on entry into care for all young people. There is a proposal to offer SDQ to all children on entry into care.

The tool "How am I getting on?" is being piloted by the 16+ and Transition Nurse Specialist and personal advisors in order to consider young people's perception of their own emotional well-being and the realities of their need for support with the aim of care planning at an individual level, future planning and to identify any gaps in service or opportunities for development.

Root cause analysis of compliance with Initial Health Assessments (IHA)
All children should have a statutory health assessment within 20 working days of entering care.

Cheshire East Children requiring IHA

Time frame	Request received with 48 hrs	IHA within 20 working days
Q4 2015-16	20%	12%
Q1 2016-17	69%	36%
Q2 2016-17	66%	52%
Q3 2016-17	82%	30%
Q4 2016-17	64%	58%

IHA's for Cheshire East children originating from NHS Eastern Cheshire CCG

Timeframe	Number of IHA's required	Completed in timescales
Quarter 1 2016-17	16	10
Quarter 2 2016-17	15	8
Quarter 3 2016-17	15	5
Quarter 4 2016-17	16	7

In response to poor compliance with timescales for initial health assessments (IHA) the Designated Nurses and Doctors across four Cheshire CCG areas undertook a root cause analysis. The results informed the following recommendations:

1. Clear pathway to escalate late IHA requests which is shared across Cheshire.
2. IHA integrated shared pathway and process across Cheshire.
3. Greater scrutiny of cancelled and/or DNA appointments by senior children's social care managers.
4. All the health providers have dedicated admin/secretarial support for IHA clinics.
5. Dedicated IHA clinics that have sufficient capacity to offer all children/young people an appointment for their IHA within statutory timescales i.e. 3-4 clinics per month according to need.

6. Education and training for social care staff and carers by health practitioners in order to ensure that the IHA process and pathway is understood and the IHA forms, supporting information and referral letter are completed.

Eastern Cheshire and South Cheshire CCGs agreed with their health provider organisations to establish dedicated administrative support and dedicated IHA clinics across Cheshire East. These are now in place.

Following discussion, East Cheshire Trust are exploring the possibility of a more flexible approach to where IHAs take place, rather than the expectation that all children will attend a clinic at the hospital. Similar Mid Cheshire Hospital Trust are exploring alternative locations including community clinics based in the South of the LA area.

A refreshed pathway for IHA has been agreed along with procedures for escalation.

The Designated Doctor has also provided bespoke training for paediatricians undertaking initial health assessments including raising awareness regarding assessing the risk of child sexual exploitation.

A draft pathway for the completion of Goodman's strengths and difficulties questionnaire as part of the initial health assessment is being developed in order to improve baseline mental health assessment.

The actions taken above have led to some improvement to children receiving their IHAs within time scale for quarter 1of 2017/18, (Over 60%)

Quarter 1requests for initial health assessments were received for 45 children. 27 of these children were seen within the statutory time frame and 18 were not.

Capacity issues within paediatric clinics accounted for 6 of the children not being seen within time frame. The recent employment of another community paediatric consultant is expected to ease this pressure going forward.

The remaining 12 children were late having their initial health assessments for a variety of reasons. These included late notification of placement by the Local Authority, cancellation of appointments by foster carer, child not brought to appointment, placement changes for children, absconding from placement, and clash of health appointment with LAC review meeting.

These issues highlight the need for continued close working between health professionals, social workers and foster carers to meet cared for children's health needs in a timely fashion.

Inspections

During September 2016 the Care Quality Commission (CQC, 2016) conducted an inspection of health services for Looked After Children and Safeguarding in Cheshire East. Overall, this was a very positive report however there were a number of recommendations to further build good practice and experience in respect of Cared for Children. The designated professionals have worked with health providers and the Local Authority to agree and develop an action plan and to monitor its progress. The recommendations and progress to date is outlined below:

Implement plans to introduce health passports for all children leaving care so that they have access to their health histories.
This work has started and continues to progress. A health passport and pathway has been developed with the aim of preparing and providing health passport information to Cheshire East Young People 3 months prior to their 18th birthday. This information will also be offered to young people who are 18 years old on or after January 1st 2017. Implementation has been delayed due to paper records from the previous health provider needing to be scanned onto the new provider electronic system. This continues to be a priority for 2017 - 18

Ensure that a Named Nurse for Cared for Children is employed to lead the operational delivery of the service that is separate from the quality monitoring role carried out by the Designated Nurse.
With changes to commissioning arrangements the role of Named Nurse Cared for Children has been commissioned by the CCG as part of the Cared for Children Team Service Specification. This role is now separate from the Designated Nurse role.

Ensure that the role of designated nurse for Cared for Children is carried out by a person who is not also employed by the provider as part of the service delivery.
Staff changes have provided an opportunity to separate these two roles. A full time Designated Nurse with half time administrative support has been appointed across the four Cheshire CCGs. She will take up post following pre-employment checks being carried out.

Develop the systems for notifying medical professionals of the requirement for both initial and review health assessments for Cared for Children, and for completing the health assessments within statutory timescales so that Cared for Children are not disadvantaged in having their health needs planned for and met in a timely way.
This work continues. Progress has been made with the development and embedding of shared systems for reporting using “liquid logic” (Cheshire East Council electronic

record keeping system). The establishment of electronic child health records "System One" within Wirral Community NHS Trust provider services will complement this.

Ensure that all Cared for Children and young people have the opportunity to choose where to have their health assessments carried out. Practitioners are being actively encouraged to consider the most appropriate location for health assessments. For example the 16+ and Transition Nurse will often meet young people informally with their social worker either at their placement address or another social setting in order to effectively engage them prior to a more formal appointment. 'Children's choice' will form part of the training for health visitors and school nurses during the coming year. Improvements to quality assurance of health assessments will enable this information to be monitored from quarter 2, 2017-18.

Provide information or training to all school nurses about expected standards for completing Looked after Children review health assessments, particularly in relation to capturing the wishes and feelings of children and young people. Arrangements for training are being reviewed in light of the transfer of the Cared for Children service to Wirral Community NHS Foundation Trust. This will be an important theme. Compliance with training is currently above 90%.

Development of the Clinical Nurse Specialist 16+ and transition role

The 16+ Nurse works with children and young people age 16-25 years in relation to relation to the statutory guidance promoting the health of looked after children (DFE & DH, 2015). In practice this means that the role involves:

1. Active involvement and completion of statutory review health assessments for young people 16-18 yrs. This can involve tenacity and a high level of commitment in order to develop the effective working relationships which lead high quality health care plans and will progress to the provision of meaningful health information as young people leave care.
2. Working with young people, professionals, statutory agencies providers of care and third sector organisations in order to that the inequalities in health which young people and care leavers experience are redressed.
3. Involvement with care leavers and their personal advisors up to the age of 25 years. This is usually and advisory role and is closely related to the special educational needs and disability (SEND) reforms (DfE & DH, 2015)

Since this position started in September 2017 there has been good progress. Examples include:

- alignment/streamlining of exisitng processes;
- additions to health assessments to include CSE specific assessment information;

- improved accessibility to drug and alcohol services by signposting to local 'drop in' services
- joint, regular meetings between CAMHS mental health worker to share concerns, particularly around self harm, and discuss cases
- accompanying young people to their GP to support discussion around self harm
- working with 'Body Positive' to address LBGTQ and sexual health issues
- established links with health advisors to support those young people on medication for sexually transmitted disease manage any issues around side effects or drug interactions.
- approximately 25% of the young people are now registered with or using the 'C Card' initiative where they can access condoms free of charge
- establishment of formal and informal networking with sexual health, CAMHS, CSE, drug and alcohol services and the wider system.
- work with SEND DCO to identify issues with the 16+ LAC cohort
- Working with unaccompanied asylum seekers to support and guide them through the NHS system

Importantly, the relationships with this group of young people appear to have strengthened. Consequently we are better informed and able to prioritise and develop work plans specifically to address issues this group of young people face and support them to develop solutions.

Other developments

The Child Protection Information Sharing Project (CP-IS) is being rolled out nationally. This will lead to improvements in communication with social care particularly in relation to urgent contacts. East Cheshire NHS Trust (Macclesfield DGH) is now live with this system and Mid Cheshire Hospitals NHS Foundation Trust (Leighton Hospital). This will lead to appropriate health settings having greater awareness of the child's legal and child protection status and appropriate communication regarding attendance being reported to social care more effectively.

Priorities for 2017-18

In addition to completing the actions arising from the Care Quality Commission inspection, the CCG will develop clear plans to:

1. Ensure efficient systems and processes are in place to allow for smooth handover to newly appointed Designated Nurse LAC
2. Continue progress regarding the CQC recommendations and promote choice
3. Work with corporate parenting committee to improve how we listen to the 'Voice of the Child' and ensure we feedback 'You said – we did'
4. Renew the focus on sexual health, emotional wellbeing and mental health
5. Improve timeliness of initial health assessments and challenge providers where necessary to be more flexible in their approach.
6. Ensure all children leaving care have a health passport and that work continues across the age range.
7. Address areas where there is low or borderline performance by having clear measurable objectives in place and good data analysis
8. Ensure that the integrated commissioning arrangements work well for Cared for Children
9. Work closely with the local authority to strengthen corporate parenting arrangements
10. Ensure effective multi agency arrangements are in place to support the health and wellbeing of care leavers.
11. Continue the close working between the Designated Nurse, Doctor and the Designated Clinical Officer SEND to ensure that arrangements for Cared for Children with SEND are addressed in an appropriate manner.
12. Improve system wide working and explore options to network with Greater Manchester

References:

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