NHS South Cheshire Clinical Commissioning Group

NHS Eastern Cheshire Clinical Commissioning Group

Progress Update to:
Cheshire East Health and Wellbeing Board
FOR INFORMATION

Report of:	Sally Rogers, Quality and Safeguarding Director, NHS Eastern Cheshire CCG Shan Mcparland, Designated Nurse Looked After Children and Care Leavers, NHS Eastern Cheshire, South Cheshire, Vale Royal & West Cheshire Clinical Commissioning Groups
Subject/Title:	The Health of Cared for Children [1]and Young People Progress Update November 2017

Purpose
The purpose of this report is to provide an update to the Cheshire East Health and Wellbeing Board on progress made since publication of the NHS South and Eastern Cheshire Clinical Commissioning Groups Safeguarding Annual reports July 16 - 17. **(Appendix A)**

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

Regular surveillance is provided via quarterly updates to the Quality and Outcomes sub group of the LSCB; regular 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.

Progress Update
The CCG has reviewed its commisioning arrangements and the LAC team are now employed by Wirral Community Partnership Trust. This has improved alignment and communication with community services across Cheshire East. In parallel, an opportunity has arisen to review the role of the Designated Nurse for Cared for Children in order to maximise the available clinical time. The newly appointed Designated Nurse for LAC starts in post on 1st November 2017. We will continue to review the post to ensure the new arrangements work well for children in our care. Currently the Designated Nurse for Children is providing support to the LAC team with oversight from the Executive Nurse/Director of Quality & Safeguarding for NHS Eastern Cheshire CCG.

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

Children in care show significantly higher rates of mental health issues, hyperactivity and autistic spectrum disorder conditions. The CCGs continue to work closely with CEC to deliver the Special Educational Needs and Disability (SEND) strategy ensuring that these children (approximately 25% of all those in our care), are clearly identified and supported across the age spectrum. This approach will reduce unwarranted variation and optimise available resources.

The 16+ and Transition Nurse for Looked after Children's role is to support care leavers and help prepare them for adulthood and independence. One year on from appointment, we continue to see good progress. **(Appendix B).** The case studies **(Appendix C)** evidence the importance of strong relationships with this group of young people; the need for good quality information, shared at the right time and, critically, excellent communication between services.

More than half of the children come into care following neglect or abuse. Looked after children have the same health risks as their peers but the extent is often exacerbated due to their previous experiences. The purpose of initial health assessments is to provide a baseline for children and young people in our care. 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 **(Appendix D)**. In line with the recommendations from this piece of work, data from the first 6 months of the reporting year 2017-18 has been collected and analysed to review performance and update action plans.

Cheshire East Children requiring IHAs			
Period	**Total number of IHAs**	**Requested within 48 hrs**	**IHA in 20 working days**
Q1 2017-18 April-June	52	65.3%	36 (69.2%)
Q2 2017-18 July-Sept	51	45%	21 (41.17%)
IHAs for Cheshire East children originating from Eastern Cheshire CCG			
Q1 2017-18 April-June	24	58.3%	15 (62.5%)
Q2 2017-18 July-Sept	18	55.5%	5 (27.7%)
IHAs for Cheshire East children originating from South Cheshire CCG			
Q1 2017-18 April-June	28	64.2%	17 (60.7%)
Q2 2017-18 July-Sept	33	39.3%	16 (48.48%)

Performance at the end of Quarter 1 was maintained above 60%, both for requests for IHAs being made within 48 hours of the child entering care, and for IHAs being completed within 20 working days. During Quarter 2 the percentage of IHAs that were requested within 48 hours was 40% and the percentage that were completed within statutory timescale was 50.5%. This represented a reduction in performance from the previous quarter which required further investigation. The narrative provided on a monthly basis by both East Cheshire Trust and Mid Cheshire Hosptial Foundation Trust includes explanations for why an IHA was not completed within statutory timescale and this continues to be monitored by the Designated Nurse for Looked After Children and Care Leavers. During Quarter 2 the following issues were reported as being responsible for statutory timescales not being achieved:

- Late notifications from Children's Services of children entering care
- Clinical capacity issues
- First appointments being cancelled by carers due to holidays or other commitments
- Children not being brought for their first, and sometimes second, appointments

It should also be noted that the number of children and young people in care has increased from 656 at the end of Quarter 1 2017-18 to 672 at the end of Quarter 2 2017-18. This increase places additional demand on resource/capacity and will require close monitoring for future service planning. Work will continue to address the issues identified above and deliver improved performance in all areas of the IHA process.

It is important that, following this baseline, we continue to monitor progress and support young people and children in our care to thrive. Health Passports provide a history of the child or young person's journey through healthcare. We are accelerating this passport work to include all Cared for Children and increase the focus on the emotional wellbeing and mental health of this group of children. **(Appendix E)**

Priorities for December – June 2018

In addition to completing the actions arising from the Care Quality Commission inspection, we will:

1. Work with the corporate parenting committee to improve how we listen to the 'Voice of the Child' and ensure we feedback 'You said – we did'.
2. Improve timeliness of initial health assessments and challenge providers and partners to be more flexible in their approach.
3. Ensure that all children leaving care have a health passport and that work continues across the age range.

4. Ensure that the integrated commissioning arrangements work well for Cared for Children

Finally we are delighted to welcome Shan Mcparland as the newly appointed designated Nurse for Looked After Children who came into post on 1st November 2018.

APPENDIX A

https://www.easterncheshireccg.nhs.uk/Links/resources.htm

APPENDIX B

Current work 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 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 an 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 exisiting 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 the 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
- establishing links with health advisors to support those young people on medication for sexually transmitted disease to manage any issues around side effects or drug interactions.
- establishment of formal and informal networking with sexual health, CAMHS, CSE, drug and alcohol services and the wider system. Approximately 25% of the young people are now registered with or using the 'C Card' initiative where they can access condoms free of charge
- working with the 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 the issues this group of young people face and support them to develop solutions.

APPENDIX C

Below are a number of short case studies illustrating the importance of strong relationships and quality information which is shared at the right time through good communication between services. Whilst this is important for all people in our care it is critical for looked after children.

Young People's Case Studies

1. **Tom is an 18 year old young person who was residing in a HM provision** had difficulty engaging with services to support his emotional health. He had a history of not engaging at all with services and refusing Child and Adult Mental Health services (CAMHS) input. He asked for help with his medication as he wanted to talk about starting medication for his Attention Deficit Hyperactivity Disorder (ADHD) and find out more about Post Traumatic Stress Disorder (PTSD). We identified the health team where he was residing and informed them of his request. We came across some barriers as they didn't support young people with ADHD. We highlighted this with the Health Care Manager at the HM provision. (This young person has a history of sexual abuse pre-school, adoption breakdown, ADHD diagnosis, foster and residential placements)

2. **Sally is a 17 year old who has disengaged from health service provision**. Sally contacted the team in relation to her emotional health having previously disengaged from services. We supported her by registering and sending information via the secure GP contact list. She was registered with the GP and offered an appointment the next day and has started to engage with health again. It is really important that young people register with a GP particularly when they have moved placement on a number of occasions. Educating personal advisors to support the young person is an important aspect of the 16+ and transition Nurse's role. Young people engage in their own time and at their own pace. They need to feel listened to and supported at an individual level. Their personal advisors help them navigate health service provision and make them aware of the various services available.

3. **Sarah is 14 year's old with learning disability (LD) who is placed out of area.** Sarah entered care in 2015 due to crisis within her extended family related to her complex history of parental alcohol and substance misuse, learning disability, bereavement, emotional abuse (related to domestic abuse) and attachment difficulties. Her case was discussed within the complex needs panel as a number of residential placements had broken down as a result of severely challenging behaviours. Sarah's learning disability made the

complexity of her social and emotional circumstances very difficult for her to understand. This resulted in a crisis situation in which in-patient tier 4 CAMHS LD was considered. This was not felt to be ideal due to the concerns regarding the possibility that Sarah may become institutionalised. This needed to be balanced with the evident concerns for her safety. Working with social care we identified a suitable specialist residential placement and carers were supported during the transition to ensure that health background information was made available to the carers. The CAMHS LD Nurse was able to provide advice and support and work with Sarah and her carers whilst transition arrangements were finalised. Trust and a strong relationship are key. Sarah is now very settled in her placement she is supported to access community facilities such as a local café. Whilst there are still challenges, her levels of anxiety are much reduced, clear behaviour support plans are in place and contact with family members is carefully managed. By working with the CAMHS LD Nurse the Cared for Children's Nurse Specialist has been able to address physical health needs and complete review health assessments in a manner enabling Sarah's voice to be heard.

4. **John is a 16 year old young person** living in supported accommodation. Despite being a Cheshire East child placed locally, his family live many miles away. He had disengaged from services due to placement moves, drug misuse and poor emotional wellbeing. The voice of this young person was listened to and choices of where this assessment could take place were given. Following discussion, John agreed to a Health Assessment. This identified key information to further inform his care planning arrangements. CAMHS medication was sought and placement support was offered to the young person at a private provider in partnership with Cheshire East Council's care leaver's service.

APPENDIX D

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 locating IHAs, rather than the expectation that all children will

attend a clinic at the hospital. Similarly, Mid Cheshire Hospital Trust are exploring alternative locations including community clinics based in the South of the Local Authority 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 1 of 2017/18, (Over 60%)

Quarter 1 requests 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.

APPENDIX E

Progress Report - Health Passports

In June 2017 the 16+ Nurse Specialist in the Cared for Children team, together with the Local Authority, identified that from January 2017 to December 2017 there were 47 young people who would be offered a health passport. From January 2018 **all** young people will be offered a health passport on reaching their 18th birthday [see pathway] .

Context

Statutory guidance places a duty on health providers to provide a summary of health needs for care leavers [Promoting the Health & Wellbeing of Looked After Children 2015] .

"Care leavers should be equipped to manage their own health needs wherever possible. They should have a summary of all health records (including genetic background and details of illness and treatments) which suggests how they can access a full copy if required. Information needs to be given to care leavers sensitively and with support, with an opportunity to discuss it with health professionals. Young people leaving care should be able to continue to obtain health advice and services, and know how to do so".

The development of health passports was also a recommendation in the Cheshire East CQC report [Care Quality Commision 2016] **Recommendation 1.5**

Health passports are developed with cared for children with learning disabilities and this is good practice as it provides them with clear and meaningful information about their health histories and enables ease of communication during urgent care contacts. However, the passports are currently not routinely provided to all children leaving care. This is a missed opportunity to support this cohort of young people as they transition into independent living. We have been advised that plans are in place to provide this to all care leavers although this has not yet been implemented.

Progress Update

Following Statutory guidance the 16+ Nurse Specialist has developed a health passport that includes the recommended health content and has introduced a pathway that ensures young people have the opportunity to discuss their passport once completed.

To date 26 Passports have been completed .

Health Passport Template.docx

Health Passport Process.docx

To ensure the young person has the opportunity to access a copy in the future an agreement has been made for their current GP to hold the passport on their medical records. These records will transfer with the young person if they should re-register .

Challenges include access to health records and gaining consent from the young person, particularly where the young person has moved out of the area, despite the involvement of their personal advisors . In the future obtaining consent from the young person will be discussed at their last review health assessment to avoid unnecessary delay.

References

Promoting the Health and Wellbeing of Looked after Children [2015] DfE and DoH (2015)

https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2

Care Quality Commission "Review of health services for children looked after and safeguarding" (2016) http://www.cqc.org.uk/sites/default/files/20161115_clas-cheshire_final.pdf

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