Annual Report Looked after Children (LAC)
Leicester city, Leicestershire and Rutland (LLR)
2019 – 2020

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ABBREVIATIONS

ACE's Adverse Childhood Experiences

CAMHS Child and Adolescent Mental Health Service

CCG Clinical Commissioning Group

CICC Children in Care Council

CQC Care Quality Commission

DfE Department for Education

DoH Department of Health

EHCP Education and Health Care Plan

HNA Health Needs Assessment

IHA Initial Health Assessment

IT Information technology

JSNA Joint Strategic Needs Assessment

LAC Looked after Children

LCHS Leaving care health summary

LLR Leicester, Leicestershire and Rutland

LPT Leicestershire Partnership Trust

MA's Medical Advisors

MISTLE Multidisciplinary Intervention Support Team Leicestershire

NHSE National Health Service England

NHSI National Health Service Improvement

OLAC Out of area looked after children

RHA Review Health Assessment

SEND Special Educational Needs and Disability

SDQ Strengths and Difficulties Questionnaire

SOG Standard Operating Guidance

YPT Young People's Team

1. Executive Summary

1.1 This Annual Report describes the key developments to improve the health and well- being of LAC over 2019/20 that has been driven by the work of the multiagency Looked after Children and care leavers Strategic Health Group. Hereafter referred to as the Strategic Group. The Strategic Group has shown continued commitment by the three local authorities and health to drive forward better health outcomes for LAC.

1.2 The Strategic Group have worked in effective collaboration to approve administrative processes where health and children's social care partners can access IT systems to check LAC information and increase time efficiency for both initial and review health assessments.

1.3 The LAC Service Specification was signed off in October 2019 between the clinical commissioning group and Leicestershire Partnership Trust. The key performance indicators now fully comply with statutory requirements and are clearly monitored in a multiagency approved dashboard with exception reporting evidence supplied by the Operational LAC Health Group.

1.4 National best practice of using enduring consent has been agreed enabling parents to agree to health assessments for the whole time their child remains in care and this improves access to health services.

1.5 There has been demonstrable increased success in achieving high levels of RHA performance to meet national targets.

1.6 A Leaving Care Health Summary (LCHS) is now fully embedded in practice. Joint working between the LAC nurses and the Personal Advisors for care leavers has improved attendance at pathway planning meetings (when care leaving is first discussed). Utilising the LCHS and health guidance developed alongside this has been shared at regional level.

1.7 The Police national best practice LAC pack has been endorsed and shared by NHS England.

1.8 Annual LAC Health Summits are an opportunity for LAC and care leavers to influence LAC health services. At the 2019 Summit young people expressed a need for further information on access to health services as they transition to adulthood. This resulted in the East Midlands wide health passport guide and adding information for care leavers to the health for teen's website.

1.9 Feedback Children in Care Councils (CICC), Care Leaver Groups and the LAC Health Summit translate to key priorities for the Strategic Group to take forward.

1.10 An annual Health Needs Assessment on LAC by public health is now agreed across LLR and this feeds into the Joint Strategic Needs Assessment (JSNA's) of Leicester city and Leicestershire and Rutland.

1.11 The commissioning of LAC Nurses to support the completion of the Strength and Difficulties Questionnaire (SDQ) at the Review Health Assessment (RHA) will improve holistic and timely health reviews.

1.12 The Care Quality Commission (CQC) Rutland Report of July 2019 endorsed and acknowledged the success of the CAMHS LAC pathway

1.13 Success of the Care Navigation role in LAC health services has resulted in improved administrative processes, managing complex LAC cases and increasing access to health services.

2. Introduction

2.1 During 2019 – 2020 1300 children were in the care of Leicester, Leicestershire and Rutland local authorities who together with local health services have committed to making sure these children are as healthy as possible.

2.2 Across Leicester City, Leicestershire and Rutland the local governance structure and Partnership working between local authorities and health has supported the delivery of the **joint *Department of Health (DoH) and Department of Education (DfE): Statutory guidance: Promoting the health and wellbeing of looked-after children (2015).***

2.3 This statutory guidance is issued under ***section 10&11 of Children Act 2004*** and sets out how local authorities, CCGs and NHS England and Improvement (NHSEI) are required to work together to promote the health and wellbeing of LAC.

2.4 This 2019/20 annual report details the local progress to enact the requirements of the statutory guidance, and how strategic planning is taking forward the commissioning priorities for LAC with Leicester City, Leicestershire and Rutland local authorities and commissioned health services.

2.5 The recent change in legislation; **The Children and Social Work Act 2017 (DfE**), which extends the age that local authorities support care leavers and is reflected in this report describing the increased involvement of LAC health in supporting transitions to adulthood.

3. The Governance Structure

3.1 This Annual Report will be received by the Executive Director of Nursing and Quality representing the three Clinical Commissioning Groups (CCGs) of LLR and the Directors of Children's Social Services for the Local Authorities of Leicester City, Leicestershire and Rutland. They will advise the report be presented to the relevant agency quality assurance group and processes. The report will then be received by the thee Local Authorities Corporate Parenting Boards, the Safeguarding Children's Partnership Boards and the Health and Well-being boards.

4. The Looked after Children and care leavers Strategic Health Group

4.1 The Looked after Children's health agenda is driven by the work of the Strategic Group. Membership includes strategic LAC and care leaver service leads from the three local authorities, the two public health departments, the health provider Leicestershire Partnership Trust, Child and Adolescent Mental Health (CAMHS) and the clinical commissioning groups children and young people's commissioning and safeguarding representatives. Details of the progress made in 2019/20 are set out below:

4.2 **Multiagency effectiveness-** the establishment of the Looked after Children Operational Health Group that delivers monthly assurance to the Strategic Group for example data from the LA's to LPT on new LAC and movement of placements ensures improved knowledge of the LAC caseload across services.

4.3 **Improved administrative processes** - over the last year communication has developed and improved between the LA partners and health providers regarding those children and young people becoming due for their Review Health Assessments. A waiting list is in place ensuring reminders of children due an RHA and timeliness of assessments has greatly improved. Utilising SystmOne to its full potential in regard to Data collation and meeting the Key Performance Indicators. Regular communication from LA regarding admissions, discharges and changes of placement has been more accurate and effective during 2019. Planning for a single electronic patient record for Fostering and Adoption is underway.

4.4 **Care Navigation** - The role of the Care Navigator has been essential to the development of administrative processes to support the LAC service for example: the IHA and RHA decliner pathways and blood borne virus screening pathway. Care navigators track the return of completed IHAs for LAC who originate from LLR living in LLR and those who have been placed outside the area. In addition they also track the return of the RHAs for LAC placed out of area. Care navigators are increasingly obtaining historic medical information for LAC Doctors and Nurses to ensure that the young people have as full a health history as possible. This includes birth details, Bloodspot results and historic genetic, x-ray and scan results. The details of attendances at out of LLR Emergency Departments, Urgent Care Centres and Walk in Centres for LAC originating from LLR but living out of area are obtained where nurses are notified of attendance with no clinical details supplied.

4.5 **Establishing enduring consent** – the format for enduring consent has now been agreed across the 3 local authorities. When this is embedded it will allow health to undertake further health assessments without excess paperwork and delay. The Strategic Group enabled the progression to use the new enduring consent process in 2020 which should commence summer 2020.

4.6 **Improved RHA performance** has been considerable in comparison to 2018/19 figures (shown in the 2018/19 annual report), this has remained consistently high throughout the year as shown in tables later in this report. The combined efforts of both LA and health administrative teams in establishing waiting lists and early notification of RHA requests has ensured that children and young people have their health assessed in line with legislative requirements.

4.7 **Leaving Care Health Summaries embedded in practice** - The number of completed LCHS has increased in the last year and reporting the numbers is now in place in Q1. The LCHS documentation has improved with a virtual version being developed and linking to a QR code which can be scanned by a smart phone. The LCHS has been updated in partnership with service users from the children in care councils (CICC) and care leavers groups. Young people recommended the use of QR code to enable the scanning of the LCHS rather than a paper version as this would be more compatible with their use of technology. A LCHS audit of quality will be reported in July 2020.

4.8 **The LAC Pack** – There has been a positive impact of the use of the LAC pack in Residential Children's Homes and with carers including: improved understanding of their role in keeping children safe and the importance of working with the police to reduce children going missing. There has increased the emphasis on understanding the health and well-being LAC living outside LLR and on LAC from external areas living in LLR. Better mapping of this cohort of children and young people has been enhanced by use of the pack. The Residential Children's Home staff can use the Pack to inform partner agencies of the details of the young people in their care from other local authorities. This provides increased assurance to the police and the CCG about the young people in their area and any specific risk factors.

4.9 **Health Summit May 15th 2019** – This is now an annual event. The 2019 summit was well attended with over 100 multiagency participants from children's social care, health, public health, voluntary organisations, foster carers, residential carers and care leavers. The presentations covered the work done in response to the October 2018 Summit, Health for Teens Website, HNA, CAMHS and the ACEs and MISTLE projects and next steps. The key issues arising from the event were: endorsement to extend the content of the health for teen's website to include health advice and support for care leavers in partnership with the CICC's and local care leavers. The development of an improved LCHS in consultation with young people about to leave care. The development of an East Midlands wide comprehensive care leavers' guide which is also accessible via QR code to smart phone. The work of LAC nurses with personal advisers and 16+ workers to embed the LCHS and promote good transitions between child and adult health services was also approved. The LAC Health Summit which was due in June 2020 has been delayed due to the Covid-19 pandemic.

4.10 **Voice of the child and young person in care** – The details of responding to the views of children and young people are detailed above. In addition the introduction by LPT of a Standard Operating

Guidance (SOG) for the LAC Nurses has a greater emphasis on recording the views of the LAC and screening for their emotional well-being

4.11 **Increasing SDQ completion rate at the time of the RHA** (The SDQ is defined at 9.2 of this report) which is a longstanding issue. LPT have presented the option to commission the LAC Nurses to obtain a current SDQ from carers at the RHA. This has been agreed by all three local authorities but only progressed to service specification by Leicestershire and Rutland. The future plan would be to initiate Nurses collecting the SDQ and triangulation of SDQ data between carer, school and if appropriate the child's own scoring.

5 The Looked after Children Service Specification

5.1 In line with the **Intercollegiate Guidance (2015)** and CQC recommendations the Designated Nurse LAC transferred to the CCG in May 2019. This enabled the role to undertake an increased strategic overview of the health and well-being of LAC across health and local authority services. The Designated Nurse LAC role is located within the CCG Safeguarding Team

5.2 A revised Service Specification was agreed between the commissioner the LCCCG and the provider LPT in October 2019. The 0 – 19 Healthy Together Service provide health visiting/public health nursing services to undertake Review Health Assessments (RHAs) for those LAC under the age of 5 years. LAC Nurses from the LAC Health team complete the RHAs and LCHS (who are eligible) for LAC aged 5-18. The Service Specification includes both the medical and nursing components and Adoption services.

5.3 The service is now monitored against national statutory targets:

- **Initial Health Assessments –** IHA national timescale of Health report available for first LAC review at 20 working days from entering care. The report needs to be sent to the LA by the 19th working day. (Previously this was measured by the return of the health report by 20 working days **from referral** by the LA.)
- **Review Health Assessment –** RHA national timescale 6 months after the IHA for children aged 0 – 4 years and every 6 months until aged 4 years 10 months. Every 12 months after the IHA for children 5 – 18 years and then every 12 months for all their time in care until the age of 18.(previously the RHA was completed within 8 weeks of referral even if the referral was late)
- **Strength and Difficulties Questionnaires –** all Looked after Children (LAC) and young people aged 4 – 16 years who have been in care for 12 months of more have to have an SDQ a minimum of annually to inform their RHA.
- **Leaving Care Health Summaries –** All eligible LAC originating from LLR require a summary of their health history and advice and support when transitioning from child to adult health services between the age of 16 and 18 years. The LCHS cannot currently be commissioned for those LAC living outside the area (NHS England 2019)
- **Annual Health Needs Assessment on LAC.** The service will contribute data to the Annual Health needs assessment and this should inform JSNA and commissioning of service

6 Looked After Health Team

6.1 **Medical:** The CCG has secured the expertise of a Designated Doctor for LAC who is employed by the Provider organisation Leicestershire Partnership Trust (LPT). This is a strategic role across LLR. LPT have combined a Named Doctor for LAC alongside the Designated Doctors strategic responsibilities. This enables LPT to provide LAC clinical expertise to undertake and support the Initial Health Assessments and audits.

6.2 The medical team comprise three paediatricians (including the Designated Doctor) who undertake IHA s as part of a wider job plan and two sessional GPs who have paediatric training, two Medical Advisors for Adoption and one MA for fostering. Trainee paediatricians and GPs also complete IHAs under supervision. There has been a recent increase in medical capacity within the team to improve the timeliness of IHAs in response to the change in KPI.

6.3 **Nursing:** LAC nurses are all qualified nurses at grades 5 and 6 the team comprises of 4 Band 5 Nurses delivering 3 whole time equivalent (WTE) hours per week and 6 Band 6 Nurses delivering 4.2 WTE hours per week. The nurses are split into 4 teams covering specific geographical postcodes with a Band 5 and Band 6 nurse in each area. Included in the Band 6 provision 2 nurses work with specific caseloads one with Unaccompanied Asylum Seeking Children (UASC) and one with LAC aged 16 – 18 in semi-supported living. These nurses have additional skills to support these cohorts of young people who have additional and specific vulnerabilities. The team are line managed by a Band 7 (0.6 WTE) clinical team leader who works closely with the Named Nurse LAC. The Band 7 Named Nurse for LAC (full time) has a specialist role as a clinical expert in LAC as outlined in **The Intercollegiate Role Framework "Looked after children: Knowledge, skills and competencies of health care staff" March 2015 (RCGP, RCN, RCPCH).**

6.4 **Administration:** The looked after children admin team consist of 1 (WTE) Band 4 Admin Team Leader, 3.57 (WTE) Band 3 Senior Admin and 2.6 (WTE) Band 2 admin. The team provide essential support to both the medical and nursing Looked After Children Teams and Fostering and Adoption in an addition to Medical Safeguarding.

6.5 **Care Navigation:** Care navigators are experienced administrative staff who support an efficient LAC administrative service and ensure timely health assessments and comprehensive health details are available to the clinical health staff.

7. <u>Rutland Care Quality Commission (CQC) Inspection July 2019</u>

7.1 The Young Person's Team (CAMHS) received the following positive comments following this inspection: '*'The local area had a 'fast track' care pathway to help promote a timely response to referrals made to the Young Person's Team (CAMHS). The team offered a consultation clinic in Rutland once a month. This helped identify children and young people who would benefit from direct work"*

7.2 The recommendations following the CQC Inspection for improving the health and well-being of LAC have been taken forward by the Strategic Group. Progress includes:

- **Ensuring effective joint arrangements for improving health outcomes for children looked after** – This has been improved by the work of the Operational and Strategic Groups and the development of the dashboard reporting to statutory targets. This enables blocks in the system to be identified and addressed for example aligning access to the IT systems between health and children's social care.
- **Ensuring initial health assessments and care planning for children consistently meets standards outlined in health regulations and clinical guidance** - The Service Specification LAC requires LPT to provide the Key Performance Indicators identical to the statutory requirements. Clear exception reporting is now provided to enable the Strategic Group to target areas of poor performance accurately and quickly. RHA performance has vastly improved in the last year. The improvement in IHA data to meet statutory requirements remains a challenge. The numbers of LCHS has increased over the year.
- **Ensuring children placed out of area benefit from a consistently high standard of health assessments and care planning** – The Designated Nurse LAC audits all of the health assessments undertaken by external providers. The audit is undertaken using the nationally agreed standard Annex H tool. The external provider is notified by the Designated Nurse LAC about any health assessments that do not meet the required national standard. In 2020/21 the IHA and RHA data on the timeliness of health assessments for LAC placed out of area will be reported as detailed in the service specification and dashboard.
- **Ensuring all children looked after benefit from timely access to support in meeting their mental health needs** – In order to improve the accuracy of emotional/mental health assessment of LAC: The 3 local authorities have agreed to commission the LAC Nurses from LPT to ensure the SDQ is completed by the carer at the RHA will commence July 2020. The commissioning of this service was driven by the Strategic Group due to the entrenched problem of SDQ timeliness.

8. Epidemiology and LAC data National and local comparisons

8.1 Table: Numbers of Looked after Children:

LAC 1 = population at 31/03/19
LAC 1a = population at 31/03/20
LAC 2 = population taken into care in 2019
LAC 2 a = population taken into care between 01/04/19 and 31/03/20

Area	All	Male	Female	Under 1 year	1-4 years	5-9 years	10-15 years	15+ years	Rate per 10,000 children
England LAC 1	78,150 up 4%	56%	44%	5%	13%	18%	39%	24%	
LAC 2	38,830								65
East Midlands LAC 1	5,820								53
Leicester city LAC 1	654			38 6%	111 17%	140 21%	249 38%	116 18%	66
Leicester city LAC 1a	600			29 5%	94 15.6%	136 22.6%	224 37%	117 19.5%	73
Leicester city LAC 2	206								
Leicestershire LAC 1	584								35
Leicestershire LAC1a	659			36 5.4%	98 15%	134 20%	234 35.5%	157 24%	
Leicestershire LAC 2	121								
Rutland LAC 1	33								44
Rutland LAC 1 a	43			2 4.6%	8 18.6%	15 35%	5 11.6%	13 30%	
Rutland LAC 2 a	26			3	4	4	6	9	

8.1.1 **Analysis:** The LAC population across England has increased significantly up 4% to March 2019 as seen in Table 8.1. In LLR the LAC population has remained similar in the years 2019 to 2020. The Leicester city LAC population has decreased by over 9% and has utilised a number of successful strategies to support families where there was a risk of children becoming LAC. The Leicestershire LAC population has increased by over 12%. Rutland LAC population has increased significantly but actual numbers remain low. LPT has reviewed how LAC nurses are working across LLR with dual qualified nurses working with registered nurses across a geographical patch. RHA clinics have been established to review LAC in stable placements with few health issues and the more complex children are seen by LAC nurses with greater experience and skills. In particular UASC and those LAC in semi-supported or residential care get additional support.

8.2 Table: Unaccompanied Asylum Seeking Children UASC 2019/2020

Area	Numbers 2019	Numbers 2020
East Midlands	190	
Leicester city	14	4
Leicestershire	28	27
Rutland	N/A	3

8.2.1 **Analysis:** There have been more Unaccompanied Asylum Seeking Children (UASC) residing in LLR and having a health assessment in LLR although there has been a decrease in the number of UASC who originate with Leicester, Leicestershire or Rutland as their responsible LA. The highest number came from Leicestershire (Table 8.2). Interpreters are used at IHA and RHA for UASC and there is close follow up of any additional blood tests and additional treatments by the UASC nurse. The specialist UASC nurse works with the UASC population, she links with the regional UASC group and has received additional training. The UASC nurse utilises resources developed by the Kent LAC services, for example: sleep hygiene, dietary advice, exercise to manage trauma.

8.3 **Table: Reasons for being in care 2019**

Reason for being in care	Total number England 2019	Percentage England 2019	Leicester City 2020 (7 LAC were not coded)		Leicestershire 2020		Rutland 2020	
Risk of abuse and neglect	49,570	63%	431	72%	416	63%	29	67%
Family dysfunction	11,310	14%	66	11%	80	12%	6	14%
Family in acute stress	6,050	8%	53	9%	53	8%	3	7%
No parents available	5,410	7%	18	3%	35	5%	3	7%
Parent or child illness or disability	4,580	6% (3% parent, 3% child)	21	3.5%	67	11% (5.6% parent 4.5% child)	2	4% (2% parent, 2% child)
Socially unacceptable behaviour	1,230	2%	4	0.6%	8	1%	N/A	N/A

8.3.1 **Analysis:** In LLR there is a higher than the national average number of children who enter care under the category of abuse and neglect. There is a lower than national average number of children who enter care due to family dysfunction. The category of illness or disability in a child or parent is significantly higher in Leicestershire. Where the family were in acute distress the LLR figures are broadly similar to the national average. The Named Nurse has been trained in Signs of Safety the model used by the children's social care workers and all the LAC nurses work closely with social care colleagues to address the impact of neglect on the health of LAC. The SOG for LAC nurses details the care packages required to support LAC and their carers and mitigate against the consequences of neglect. These include managing continence, supporting good hygiene and supporting dietary change.

8.4 **Table: Ethnicity of children in care**

Area	White British	White Other	Mixed Ethnicity	Black British/Black other	Any Asian background	Other
England	74%	-	10%	8%	-	-
Leicester	57%	4%	19.5%	7.5%	9.3%	2.1%
Leicestershire	85.5%	2.4%	8.5%	-	-	3.5%
Rutland	81%	-	8%	2%	-	-

8.4.1 **Analysis:** The ethnic background of LAC in LLR reflects the different populations across the city and two counties. Leicester city is one of the most ethnically diverse populations in England, the ethnicity of the city is somewhat reflected in the LAC population but white children and young people still represent the majority of LAC across LLR.

8.5 **Type of placement - England:**
Foster care = 73% (58% foster carer and 13% family or friend placement)
Secure unit/children's home/semi-independent living = 12%
With parents = 7%
Living independently or residential employment = 4%
Placed for adoption = 3%

8.6 **Table: Type of placement LLR**

Placement Type	Leicester city	%	Leicestershire numbers	%	Rutland numbers	%
Local Foster Care	455 (all types of Foster Care)	76%	476 (all types of Foster Care)	72%	14	33%
Independent Foster Care			As above	As above	8	19%
Residential Care	72 (includes all types)	12%	82	12.4%	8	19%
Connected Person					7	17%
With parent	28	4.6%	-	-	4	9%
Child/Parent placement	2		-	-	1	2%
Supported placements	6	1%	68	10.3%	-	-
Adoption	14	2.3%	17	2.5%	-	-
Unregulated placement	-		25	3.8%	-	-

8.6.1 **Analysis:** Foster care remains the main form of care for LAC from LLR. The placement within a residential setting is broadly similar to national figures. Adoption figures are lower than the national average. Annual training of foster carers is delivered by the LAC nursing team based on topics chosen by cares. These have been well reviewed and have included sessions by Speech and Language Therapists, CSE Nurses and the CAMHS YPT.

8.7 **Table: LAC originating from LLR placed outside LLR (April 2020)**

Local Authority	Number placed out of LLR
Leicester city	113
Leicestershire	145
Rutland	17
Total	275

8.7.1 **Analysis:** A large number of LLR LAC are placed outside LLR, at March 2020 21% of LAC who originated from LLR were placed beyond the LLR boundary. This number remains broadly the same as in previous years at around 270 children and young people. Their numbers and health needs have been monitored more closely since the Designated Nurse LAC moved to the CCG. Every LAC living out of area has their health assessment quality checked by the Designated Nurse LAC which includes checking the timeliness and the detail of a holistic health plan. The three local authorities have been extremely supportive of sharing the LAC reviews on these children as LPT nurses are

unable to attend these reviews. This has resulted in up to date reviews being visible in the Systm0ne record increasing assurance to the CCG.

8.8 **Table: LAC originating from external local authorities (OLAC) (April 2020)**

Local authority where externally placed LAC aged 5 – 18 live	Numbers
Leicester city	10
Leicestershire	132
Rutland	9
Total	151

8.8.1 **Analysis:** The aforementioned **statutory guidance (2015)** makes clear it is a requirement of CCG's that they are able to demonstrate knowledge of the whole of the LAC population, and that they have made provision for meeting their health needs. This includes those children from out of area who are placed in LLR. These children and young people will require access to all health services and must not have their health needs delayed by lack of access to LLR health services due to their LAC status.

8.8.2 LPT LAC nurses are commissioned by originating CCG's to undertake health assessments for OLAC. Currently in March 2020 the nurses have been commissioned for 70 LAC aged 5 – 18 and not commissioned for 81 OLAC. All OLAC are recorded on the Systm0ne LAC caseload whether or not LLR are commissioned to undertake the RHA. The sharing of data between the LA's and health has enabled the CCG's to have full knowledge of OLAC and their originating area details.

8.8.3 All OLAC under the age of 5 years are managed with the health visiting caseload and within the geographical area where they are registered with a GP. Service delivery for OLAC is clearly outlined in the 0 – 19 Healthy Together Standard Operating Guidance.

8.8.4 LPT would only be aware of the OLAC in their area through the information being shared by the local authority. When the LAC moves out of the originating LA that LA and health should also be informed whether or not the LAC health services undertake work with these children. The systems to assure the CCG that health have full knowledge of this cohort has been strengthened in 2019/20 by the use of – The LAC pack, the East Midlands Protocol and monitoring of LAC moving placements which is reported monthly by LPT to the Designated Nurse LAC who will escalate concerns with the appropriate LA.

8.9 **LAC who have a SEND (data source local authorities April 2020):**
Leicester city 240
Leicestershire SEN support 116
Rutland 4

8.10 **LAC who have an EHCP (data source local authorities April 2020):**
Leicester City 58
Leicestershire 167
Rutland 3

8.11 **Analysis:** The Designated Nurse LAC provides specialist advice to the CCG Children's Commissioning Team where issues arise concerning the health and well-being of LAC who have SEND and or an EHCP.

9 Health Assessment Data

9.1 Table: IHA and RHA Data

Date of the change of key performance indicator (Kpi) for IHA and RHA shown in red.

IHA back to LA in 19 days	April 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
City	14%	40%	25%	39%	38%	50%	60%	6%	8%	0%	25%	14%
County	35%	22%	20%	44%	27%	27%	11%	33%	19%	7%	47%	41%
Rutland	N/A	N/A	100%	0%	0%	N/A	0%	N/A	0%	N/A	N/A	N/A
RHA 0-4 yrs within 6 months of last RHA	April 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
City	95%	100%	80%	94%	100%	100%	100%	100%	95%	100%	100%	100%
County	80%	88%	58%	82%	71%	90%	95%	84%	86%	90%	58%	100%
Rutland	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	100%
RHA 5-18 yrs within 12 months of last RHA	April 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
City	98%	97%	100%	98%	100%	100%	100%	100%	100%	100%	97%	96%
County	78%	74%	100%	88%	87%	85%	89%	88%	78%	84%	93%	88%
Rutland	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	50%	50%	100%

9.1.2 **Analysis:** The revised Service Specification for LAC signed in October 2019 clarified that the health assessment data needed to be reported in line with the statutory requirements in the legislation **The Statutory Guidance on Promoting the Health and Well-Being of Looked after Children 2015 (DfE and DoH).** The IHA needs to be completed and returned to the requesting local authority (LA) in time for the first review at 28 days since the child came into care. The measure was agreed at 19 working days for the IHA to be returned to the LA. In order to achieve the required timescale the LA and health need to work together to refer a child as they enter care and offer an IHA appointment as soon as possible.

9.1.3 Improving IHA timeliness continues to be a priority for the Strategic Group.
IHA performance has fallen in 2019/20 LPT provides an exception report to the multiagency LAC Operational Meeting which is then shared with the Strategic Group on a monthly basis. There are a number of reasons reported for the failed measure: notification by the requesting LA is later than the agreed 48 working hours limiting the time for an appointment and assessment to be completed and returned, non-attendance at the IHA, cancelled appointments by the young person, the LA or health and delays in finalising the IHA report due to having the content validated by a senior doctor and reduction in the use of Trainees recovery plan has been in place and clinical capacity has been increased by LPT.

9.1.4 The RHA is required to be completed every 6 months from the IHA for a child under the age of 5 years and every 12 months for children and young people aged 5 – 18 years. The performance has improved greatly from 2018/19 figures. Exception reports describing the reasons for failed timeliness can be due to late referral by the LA or late assessment by health. However in 2019/20 performance has only fallen well below expected levels 70% on 2 occasions for LAC from Leicestershire.

9.1.5 The Strategic Group continues to drive forward improvement of IHA and RHA performance.

9.2 Strength and difficulty questionnaires (SDQ)

9.2.1 The strengths and difficulties questionnaire (SDQ) is a clinically validated brief behavioural screening questionnaire to assess the emotional health of the child or young person. The Statutory Guidance (2015) requires that all LAC who have been in care for 12 months or more aged 4 – 16 have the SDQ completed by their carer annually in time for the health assessment.

9.2.2 It has been identified across health and children's social care that the SDQ is often not available at the time of the RHA. However, it needs to be acknowledged that the percentage of all eligible LAC who have had an SDQ in the last 12 months is much improved across the LA's. It is the timely link with the health assessment which enables a holistic review of health and a current, relevant response to emotional well-being.

9.2.3 The Strategic Group have supported the commissioning of health visitors/public health nurses and LAC nurses to ensure the carer completes the SDQ at the time of the RHA and has been agreed by all the LA's. This pilot should start in the summer 2020 as the work has been delayed due to Covid 19. The impact of the SDQ health commissioned pilot will be evaluated by the Strategic Group during 2020/21.

9.3 The Leaving Care Health Summary (LCHS)

9.3.1 The leaving care health summary (LCHS) is required for eligible LAC (there are some exclusions) about to leave care; it should be offered around the time of the last RHA or as the young person approached the age of 18 years. The monitoring of the LCHS has developed over 2019/20 as has the format and quality of the documentation with consultation with Care Leavers and YP in Care regarding this. A LCHS audit is expected in July 2020 to assure the quality of the summary is effective in supporting the transition to adulthood and access to appropriate health services has been planned with the care leaver and supported by personal advisors.

9.3.2 The LAC Health Summit has had an impact on service user involvement with the LCHS review and the input of the opinions of children's social care staff. The numbers of LCHS completed and work done with care leavers and their personal advisors has improved in 2019/20 increasing effective multiagency working.

10 **Adoption and Fostering Tables** 10.1 **and** 10.2 **(LPT medical advisor activity)**

Adoption Activity April 2019 to March 2020	Leicester city	Leicestershire
Face to Face appointments	48	45
Paper write up	31	21
Counselling sessions	25	18
Adult summaries	55	58

Fostering Activity April 2019 to March 2020	Leicester city	Leicestershire
Adult summaries	15	257

10.1 **Analysis:** Medical advisors (MA's) see children at the request of adoption agencies. Work has been undertaken to ensure there is a minimum of 6 weeks notification for this by the LAs. There are no figures from the LA as to how many of the children for whom adoption medical reports are prepared actually move to adoption.

10.2 There are regular liaison meetings with the adoption agencies' leads. Recent discussions have been around the Regional Adoption Agency agenda, consent for electronic patient record and lack of Forms M and B (mother and baby forms from paediatrician/ neonatologist/ midwifery recording the details of antenatal care , delivery, neonatal care from UHL records to support full information recorded in adoption health report for the child.)

10.3 Rutland has moved to the Lincolnshire Adoption Agency which has altered some working practices for the LPT MAs. Fostering MA work is provided by LPT for Leicestershire but not for Leicester city currently.

10.4 Number of Adoptions 2019

10.4.1 The data below shows a comparison of adoption figures for England with local figures. Placed for adoption will not necessarily mean all legal processes are completed and the child is legally adopted. However these children have been placed with the parent/s who it is planned will adopt them.

England = 3,570 down 7%
Leicester city = 27 placed in 2019/20
Leicestershire = 15 placed in 2019/20 (29 Adoption orders granted)
Rutland = 0 placed for adoption

11. Specialist Services for LAC

11.1 Table CAMHS Young People's Team data

Area of work	Leicester	Leicestershire	Rutland	Independent	OLAC	Total
Adoption	11	59		5		75
Connected carer	5	3				12
Out of area LAC(OLAC)					69	69
Statutory Fostering	32	47	4			83
Statutory residential	18	17				35
UASC						24

Total referrals to the team= 379 (this includes Youth Offending, Homeless cases and ACES project)
Total referrals accepted = 330 (87%)
Total referrals rejected = 49 (13%)
Total numbers of LAC = 298 (78% of total referrals)

11.1.2 **Analysis:** LPT have a specialist child and adolescent mental health service (CAMHS) young people's team (YPT) for children and young people who are LAC or who have support from the youth offending service or who are homeless. The table above shows the YPT activity in 2019/20.

11.1.3 This team provides specialist support to both young people and their carers and in addition give advice and guidance to the LA residential homes on complex cases and managing young people.

11.1.4 In addition the YPT team continue to support families where a child has been adopted to assist in management of behaviour and do specialist training for adoptive parents.

11.1.5 Carers and connected carers can access training to increase their knowledge and skills in understanding the impact of abuse and neglect. The LAC Nurses work with the CAMHS YPT in supporting children, young people and their carers with emotional and mental health issues.

11.1.6 Not all LAC emotional health issues will require a CAMHS worker and there are good links to other services which address less complex emotional health issues.

11.1.7 Future work has been identified to develop a 14–25 year mental health pathway for LAC and care leavers and will be a priority for 2020/21.

11.2 Childhood Adversity (ACEs) Team

11.2.1 For more detail see report in Appendix 1. The Childhood Adversity Team is a specialist mental health team that work with young people who are involved with local youth offending services. They work in partnership with these services, providing advice, consultation, liaison and training to other

professionals working these groups of children. In addition, specialist mental health assessment and intervention is provided to those children identified as presenting with or at risk of developing mental health difficulties. The service aims to facilitate the workforce to develop a better understanding of mental health issues in general and specific issues for vulnerable children and young people via training, advice, consultation, and joint working

11.3 Child Criminal Exploitation (CCE) Child Sexual Exploitation (CSE) data

11.3.1 There is a Child Sexual Exploitation, Missing, Trafficked and Modern Slavery Hub in LLR located in Wigston Police Station. This was relaunched as a Child Criminal Exploitation, Missing, Trafficked and Modern Slavery Hub in January 2020.

11.3.2 Table

Quarter	Number of children/young people	Leicester city Numbers who were LAC	Leicestershire Numbers who were LAC	% of CCE cases
1 (2019)	91	12	12	26%
2 (2019)	97	13	18	31%
3 (2019)	111	12	11	20%
4 (2019/20)	98	9	10	19%

11.3.3 **Analysis:** There is a high percentage of LAC amongst the children and young people that the CSE/CCE Hub work with. The data in the table above reflects the additional vulnerability of this group of children. There is a specialist nurse working in the Hub with police and children's social care to support the health element of the work. There is a good relationship between the LAC Nurses and the CCE Nurse and this has developed over the time the Hub has been in place.

11.3.4 During 2019/20 both the Nurses and the Designated Doctor have consulted with the Hub where there have been complex cases where the young person is looked after or suspected of being trafficked or involved in modern slavery. This enhances a joined up approach to cases increases relevant sharing of information and avoids duplication of work.

11.4 Smoking Cessation Project work

11.4.1 A project worker focused on Looked after Young people in Residential Homes and young people in semi-supported living started in April 2020 for 18 months. There are disproportionately higher levels of smoking in the LAC population in comparison to their peer group. As is well documented smoking is associated with many serious health conditions including heart disease, stroke and cancers.

11.4.2 **Expected impact:** The project worker will work across services to determine the most effective approaches to smoking cessation with the LAC cohort. The outcome of this work will not be available until 2020/21.

11.5 Sexual Health

11.5.1 Sexual health clinics are able to offer a range of sexual health services including; emergency contraception, contraception, pregnancy testing, screening for STIs, Psychosexual counselling for 16+ age group, information on sexual violence with links to the sexual violence referral centre (SARC), CSE and CCE services and support for female genital mutilation (FGM).

11.5.2 The clinics will do domiciliary visits in specific circumstances which can include LAC patients. C card is provided at a range of venues including pharmacies and LAC Nurses and School Nurses have C card training. School Nurses offer a free texting service young people Weekdays 9 – 5.

11.5.3 LAC Nurses are C card trained and liaise with the sexual health services when required, teenage pregnancy rates for LAC are three times greater than their peers and the nurse's focus on good sexual and relationship health during the RHA.

11.6 Drug and alcohol services

11.6.1 Across Leicester city and Leicestershire the integrated community drug, alcohol and substance misuse service is delivered by Turning Point Rated Outstanding by the CQC the service provides walk in, community based and online support. There are specific services for young people up to the age of 24 years. This is a third sector organisation and LAC Nurses link closely with Turning Point where a LAC has substance misuse issues.

12 Health Needs Assessment 2019

12.1 A Health Needs Assessment (HNA) on LAC is produced by Public Health partners and has been agreed as an annual document to reflect the health of the LAC population and influence commissioning decisions

12.2 Since 2018 the Public Health teams across Leicester, Leicestershire and Rutland (LLR) have worked together to create a Health needs Assessment (HNA) for Looked After Children (LAC). This is because LAC are at greater risk of poor physical and emotional health outcomes than their peers. The HNA summarises the current local knowledge on the health of LAC and identifies key recommendations to take forward to improve health outcomes for these children and young people. The HNA is a population based review of health needs, rather than the tracking of individual children's health. The HNA uses the most up to date data available and is a snap shot of the health of the LAC population at a specific moment in time so that trends can be identified, examined and acted upon.

12.3 In 2020, the LLR statutory health assessments for LAC form the basis of the data which is analysed. This comprises the initial health assessments (IHA) for the LAC population coming into care in 2019 and the review health assessments (RHA) of the children and young people in care during 2018 and 2019. It includes LAC from LLR living in LLR and externally placed LAC living in LLR (OLAC). It does not include LAC who originated from LLR but were been placed outside the area. The 2020 LAC HNA has been delayed as the Public Health team has been redeployed to focus on the COVID19 response, but it is currently being progressed and should be available in summer 2020

13 Progress on the 2018/19 Annual Report and HNA recommendations:

13.1 **To continue to improve the IHA and RHA data completion and monitoring against the statutory measure**. The agreed Dashboard of data presents clear IHA, RHA, LCHS and record keeping audit data which demonstrates quality improvements. GP, Dental and Optician registration and immunisation data support the LA and the 903 returns

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13.2 **New Service Specification to meet statutory measures**- signed off October 2019.

13.3 **SDQ available at the RHA** – Not yet achieved but the commissioning pilot for health to ensure the SDQ is completed at RHA will commence July 2020.

13.4 **Better transition from child to adult services** – work across health and children's social care has improved and is reflected in the service development section. Future work is planned.

13.5 **Increased knowledge of the health OLAC and the LLR LAC sent out of area** in 2019/20. There has been improved mapping of both these caseloads and quality checking of all LLR LAC placed out of area. Further work does need to be undertaken as listed in future recommendations for 2020/21.

13.6 **LAC Report to the CCG -** A full report covering the CCG responsibilities to LAC and the current 13 risks to Looked after Children and care leavers was delivered to the CCG Integrated Governance and Quality Committee in May 2020.

13.7 **LCHS embedded in practice and more relevant to care leavers** – Increased data reflects care leavers receive a LCHS. The process and importance has been emphasised to children's social care staff and LAC Nursing is working more collaboratively with care leavers and personal advisors.

13.8 **CAMHS pathway** – The CAMHS pathway is well understood by all services work needs to progress on the 14–25 pathway for mental health transition.

13.9 **Smoke Free Homes Policy, smoking cessation training and smoking cessation offer to Foster Carers** – There is a smoking cessation worker establishing smoking cessation work with a focus on LAC in Children's residential homes. This will be reported in 2021.

13.10 **Monitoring effectiveness of the notifications of LAC moving placement** – The LAC pack, East Midlands Protocol and tracking of notification timeliness has improved the accuracy of knowledge of LAC caseloads. More work is needed on alignment of children's social care and health LAC data and this has been seen as a priority area for 2020-2021.

13.11 **Vulnerability of LAC to CCE reflected in the health response to CCE** – work has been started across health commissioned services to review the key questions to service users and update the CSE information from 2015.

14. Quality Assurance

14.1 **Improved reporting, assurance, audit and quality –** There is a clear audit schedule monitored by the Strategic Group. The quality of IHAs, RHAs is reported annually with a 6 month update on recommendations. Cross agency audits of LAC health and children's social care records are completed twice a year by the Designated Nurse LAC and the Safeguarding/Independent Reviewing Officer Managers in each of the three local authorities. A robust Dashboard which details key health indicators is now in place for the service and is reported on to the Strategic Group. Care Navigators track LAC placed out of the LLR area to ensure their health assessments are undertaken in a timely fashion. Where standards are not met there is an escalation process to the Designated Nurse LAC in the CCG.

14.2 **IHA Audit –** Initial Health Assessments (IHAs) are carried out by a doctor for all children coming into Looked After care as per statutory guidance. A variety of clinicians perform the IHA which leads to a wide variety of styles and of quality. The IHA system seeks to ensure the Local Authority (LA) are informed of the needs of children in their care and as corporate parents, the LA are then tasked to meet their needs. 40 IHAs were picked at random and reviewed for the audit. The aim was to assess the quality of recording of IHAs for LAC within LPT. This offered assurance to the CCG and the Corporate Parenting Boards of the three Local Authorities that LPT LAC Health Team work with. The objectives for the re-audit to:

- Ensure that the recording of the IHAs meets the national standard as laid out in Annex H of the Payment by Results 2013-14 document
- Identify any areas in the clinical recording that can be improved through training or redesign of the IHA proforma.

14.2.1 **Areas of good practice:**

- Consent from Young People, information gathering from records and other professionals, Young People offered confidential slot. These have mainly improved due to a change in the template.
- Improved attendance of SW and timeliness within 20 days. This has occurred due to close partnership working and close scrutiny from operational and strategic groups. There have been process changes to enable this. LPT has also prioritised increasing capacity for IHAs.

14.2.2 **Areas for improvement:**

- Ensuring all issues are included in the Health Plan
- Head circumference and centiles for under 5s
- Young people being seen within 20 days
- Voice of the child

14.2.3 **Areas of risk/ mitigation:**

- Child's Social Worker attending appointment has increased which means information available to aid assessment has improved. This has been due to close partnership working to help SW understand the importance of this for information sharing and quality of health plans.
- The vision and dental screening is often yet to be arranged so no date available – this question remains in the audit tool as it is in the national tool which covers both IHA and RHA - by the time of the RHA the dental etc. visits would have occurred.
- The typed reports are not signed but audit traced through the name of the Doctor on the report and through the SystmOne entry. Decision was made when the IHA and RHA templates were set up that a signature was not necessary. The ones signed here are the paper UASC IHAs.
- The lack of neonatal screening maybe due to the proportion of LAC who are UASC. UASC do not have any health records available prior to coming to the UK. The screening levels improve if the cohort is divided per age – the under 10s are more likely to have a complete electronic record when compared to teenagers or UASC. The Hearing service have changed their practice to record neonatal screening on S1 which shows in the improved figure available.

14.2.4 **Lessons learnt:**

- There is a need for ongoing training regarding writing health care plans to include all issues raised in part b of the health care plan.
- This is a unique tool which most clinicians have no experience of prior to working with LAC and they often bring a very medical model to something which needs to be much broader and more holistic. Part c – the health plan is sent to carers and therefore should summarise all the needs including any from family history which maybe long term issues as well as acute actions to be taken. It needs to be written so that professionals and carers alike have enough information to support their care on a day to day basis. There is also a need for clinicians to ensure they are recording and acting on any findings related to learning / developmental needs and emotional health. This again raises the idea of the IHA being a holistic assessment
- The voice of the child or YP is variably recorded. The clinicians need to capture some of the responses verbatim of the child / YP and to ensure it is recorded when it is the child's response rather than the carers.
- The SystmOne questionnaire needs to remind Doctors to do head circumference and centiles for under 5s.

14.2.5 **Ethical/ professional issues**

There is a constant turnover of GP trainees on 4 month training modules who do some of the IHAs – this makes it difficult to maintain any sort of quality improvement due to having to train new staff every 4 months. However changes to process now mean that permanent staff do the majority of IHAs. There is a plan to run a training session/peer review twice a year to ensure quality of practice is improved and maintained. There have been 3 new staff starting so training will be in place for them initially to ensure they are aware of the quality requirements.

14.3 **RHA Audit** was completed by the Designated Nurse LAC and the Named Nurse LAC in August 2019 reviewing 60 RHAs across LLR for children across the age range 0 – 18 years.

14.3.1 **Why the audit was undertaken**

Review Health Assessments (RHA) are carried out by nurses for all Looked After children (LAC) as per the Statutory Guidance (DoH, DfE 2015). Public Health/ health visitors carry out the RHA every 6 months for LAC aged 0 – 4 and LAC nurses carry out an annual RHA for LAC aged 5 - 18. This can lead to a variety of styles and quality of completion.

14.3.2 **Undertaking the audit should:**

- Improve the quality of RHA and LAC record keeping.
- Increase the accuracy of public health data on LAC.
- Improve the knowledge of the health of the LAC population.
- Allow accurate targeting of health resources to the most vulnerable LAC.

- Determine practice performance and training needs of LAC Nurses.

14.3.3 **Key actions**

- Report audit findings to the LAC Nurses and Health Visitor/ Public Health Nurses disseminating areas of good practice and areas for development
- Focus on training and improving performance in key areas – improved details in health plans and early introduction of the leaving care health summary (LCHS) to LAC from aged 15 years
- Increase work with Sixteen Plus (16+) worker and Personal Advisor (PA) workers in the local authority around the LCHS
- Increase and evidence work on improved strength and difficulties questionnaire (SDQ) performance by the local authority
- Discuss the use of the SDQ by LAC nurses where the SDQ is unavailable and emotional wellbeing is identified as a risk

14.3.4 **Areas of good practice**

- Emotional health assessments are evident in the RHA record
- LAC have their safety needs discussed and appropriate advice given to keep them safe
- LAC have healthy relationships discussed with them (where understanding and age appropriate) to ensure they have an understanding of what makes a healthy relationship and the importance of this to their health
- The voice of the child and whether the child or young person is happy and settled in placement is evidenced. With very small and none verbal children an observation of their attachment needs to be evidenced.
- Recommendations in the health plan are child/ young person focussed

14.3.5 **Areas for improvement**

- The date of completion of the RHA depends on referral being timely from the Local Authority, the recent health needs assessment (HNA) highlighted late referrals as a specific issue and has resulted in a backlog of referrals. The Nurses have limited control over this but clinically should have escalated late referrals to management. This audit was undertaken at the end of the backlog of referrals from the LA. LAC Admin generate a monthly spreadsheet of RHAs which are due, and sent to the 3 LAs in a timely manner so that they can be sent in readiness for the statutory assessment.
- Groups and relationships need to be more accurate including parental responsibility. This should be updated at every contact where there have been any changes as directed in the Standard Operating Guidance. Co-located siblings also need to be updated in groups and relationships.
- There needs to be a greater focus within the RHA of holistic assessment of the developmental progress and physical health of the child/ young person using appropriate developmental assessment tools as needed. For the under 5 cohort, correlating ASQs need to be utilised at each RHA.
- The RHA needs to demonstrate that the health history over the last 6 or 12 months has been reviewed, assessed, chronologically recorded and is then reflected in the RHA health care plan and recommended actions; in both cohorts .
- All LAC however young, need oral and dental health advice given to them and their carers at every RHA and information included in the health care plan.
- Where a weight, height or BMI is not possible (some LAC refuse to be measured) an overview of appearance and whether the weight of the young person appears healthy or if weight and growth has been a health issue in the past or the present should be recorded.
- The LCHS should be discussed at the RHA with all LAC over the age of 16 years. There should be evidence within the record on the young person of a LCHS being initiated from the age of 16 with health information added over time at each RHA.
- SDQ scores should be provided by the local authority, for all LAC there should be evidence of an emotional health assessment within the RHA the Nurse can use the SDQ with the carer and young person to support the assessment where there is a clinical need. LPT need to consider how the nurse could use the SDQ in practice.

14.3.6 **Areas of risk/ mitigation**

- LCHS completion is very low and fails to support the transition to independence of the young person. Poor completion of the LCHS has already been identified within the organisation. The LCHS is on the risk register and there is an action plan in place to address improving completion.
- SDQ scores are a statutory responsibility of the local authority but a lack of measurable emotional health needs to be addressed by the nurse where an SDQ has not been completed. Emotional health is a key issue of risk for this group of children and young people. The SDQ is an ideal tool for the LAC Nurse to use to support a mental and emotional health assessment of the young person. The SDQ for young people would be used where this is appropriate NOT the SDQ tool used for carers.
- Groups and Relationships need 100% accuracy for LAC due to their vulnerability and the increased likelihood of having higher than average health needs and involvement with services. Consideration to sibling groups should be included in a review of groups and relationships and updated at the RHA.
- A holistic assessment is essential to the child or young person. This is the key health information informing the local authority of the present health of the child and their future health needs. This assists the carer to meet the health needs of the child they care for and helps the social worker to ensure they focus on the correct health priorities and how this should be achieved.

14.3.7 **Lessons learnt:**

- Some of the same themes have been present in previous audits – Groups and relationship accuracy, SDQ scores not present, SMART health plans and LCHS.
- The LAC SOG should support the improvement of RHA quality as the SOG has been developed in part from lessons of previous audits and quality issues.
- This detailed audit will support the work of the CTL and Named Nurse is addressing performance with the LAC Nursing Team.
- Monthly record keeping audit to be continued on the over 5 cohort.

14.4 **IRO/Health Audit** – The Designated Nurse LAC and the safeguarding/independent reviewing officer (IRO) managers have completed bi-annual health and IRO audits across both health and children's social care records. The aim of the audits were to:

- Ensure better timeliness of health assessments from the IHA and the subsequent RHAs
- Ensure the SDQ was completed and available in time for the RHA
- Review the quality of the health assessment and that the health plan was outcome focused and actions for the carer and social worker were clear.
- That the impact of the health plan was evidenced in the LAC Review minutes and the future plan for the child/young person.
  In 2019/20 there were 5 audits, 2 in Leicester city but only one with both the IRO/safeguarding lead and the Designated Nurse the other audit was completed by health only. There was 1 audit in Leicestershire but only completed by the Designated Nurse. There were 2 audits in Rutland 1 with the IRO safeguarding lead and the Designated Nurse the other just completed by health.

14.4.1 **Challenges:**

- SDQ completed in time for the RHA
- LAC Nurse attending the LAC review
- LAC Nurse invited to the LAC review
- LAC review minutes sent to health for the health records
- Timeliness of the health assessments are still not in line with the national measure.(Most cases reviewed came into care before improvements had been made and therefore health assessments did not reflect the recent improvements)

14.4.2 **Good practice:**

- Good evidence of emotional health being assessed.
- Health visitors used robust developmental tools to assess LAC under the age of 5 years.

- LAC Nurses gave guidance on management of emotional health difficulties
- The voice of the child was evident in the majority of health assessments

14.4 **LCHS Audit** - the audit system required modification so will not be available in this annual report and will be reported July 2020 to the Strategic Meeting.

14.5 **Staff training and supervision of LAC staff** – The Named Nurse LAC trains health visitors to undertake the RHAs for LAC under the age of 5 years. Student public health nurses are trained at the University by the Designated Nurse. Doctors undertaking IHAs, GP Trainees and Specialist Paediatric Trainees are trained and supervised by the Designated Doctor LAC. The Designated Nurse LAC supervises the Named Nurse LAC and offers advice and guidance to LAC Nurses and health visitors/public health nurses.

14.6 **Work supporting the transition for LAC leaving care** has developed in 2019/20, the Named Nurse LAC attends transition panels and offers a health perspective to more complex care leavers. The LAC Nurses who work with UASC and those LAC in semi supported living attend their pathway planning meetings and support their move to adult health services. The Health for Teens website will be updated with Midlands wide health information useful to any teenager and will be relevant to LLR LAC living in and out of area and OLAC whether being seen by commissioned LPT Nurses or not. Further work on the transition of care leavers from CAMHS to adult mental health services is a priority area for 2020/21.

14.7 **Engaging hard to reach LAC and OLAC** – A Care Navigation service now track LAC from LLR who are sent to live outside the area and ensure their health assessments are undertaken, issues of poor timeliness or lack of services are escalated to the Designated Nurse LAC in the CCG. The LAC Nursing Team has two Band 6 nurses one with a specific caseload of unaccompanied asylum seeking children (UASC), another nurse has a caseload of 16 – 18 year olds in semi supported living. The LLR area has been divided into postcode areas where the remaining Band 6 Nurses work with a Band 5 Nurse. LAC in residential care and complex cases are priority groups for the nurses. Work is being developed by the Named Nurse LAC to work with 16+ and Personal Advisors who support care leavers to understand how to access health services in the transition to adulthood. Local authorities are conducting multiagency meetings including health to discuss vulnerable care leavers; the Named Nurse LAC attends these meetings.

15 Service developments

15.1 **Regional Work** Border issues and responsibilities: the Designated Nurse LAC chairs the East Midlands Group. Over 2019/20 the group has expanded to include the Named Nurses for LAC who meet separately on the same day as the Designated Nurses and then both groups meet for overarching issues to be discussed. Over 2019 an East Midlands Health Advice booklet has been written for use over the East Midlands and across these borders which is where the majority of those placed out of their home LA live. This information is also in a virtual format and has been shared with the LAs across Nottingham/shire, Derby/shire, Northampton/shire, Lincoln/shire and LLR.

15.2 **National Work** – NHS England Clinical Reference Group for LAC - both the Designated Doctor and Designated Nurse for LAC attend this National Group. The group seeks to ensure good communication across the country sharing of good practice and challenging unwarranted variation. The Designate Doctor chairs the Coram BAAF National Health Group. Recent challenges have included GP completion of adult health reports for foster carers and prospective adopters. The Designated Doctor also chairs the NHSE multiagency sub group on NHS numbers, health records and adoption.

15.3 **Mapping of OLAC** and their health has improved during 2019/20. There have been improved links between Residential Homes and LPT and the CCE, Missing, trafficked and modern slavery HUB by sharing the LAC Pack which reinforces the responsibility of residential homes to inform social care, the police and health of the presence of new LAC in their homes.

15.4 **Table: Data from the Police System Compact in May 2020 demonstrates reduced figures since the introduction of the LAC Pack**

	2017 - 2018	2019-2020
Average number of monthly missing reports	345	319
Of those missing number of children under the age of 18	206	179
Of those children under 18 number who were LAC	192	96
% of missing reports relate to under 18s	60%	56%
% of missing reports relate to LAC	93%	53%

15.4.1 The introduction of the LAC pack by the police supported by health, social care and residential placements has reduced the numbers of LAC going missing and improved communication between all of these services. This is a positive outcome and increases mutual understanding of the roles of these services in keeping LAC safeguarded.

15.5 LAC sent out of area - For LAC sent out of area quality checking of all health assessments is in place and monitoring of time lines by Care Navigators. It is expected that in future the exchange of LAC data between the local authorities and health is embedded into practice and measured by the accuracy of the caseloads matching. The HNA 2020/21 should include LAC living outside LLR.

15.6 Blood born viruses (BBV) the process for testing for blood born viruses has been brought into LPT to allow for patient centred working. It prevents 2 blood tests for different conditions. Care navigator tracking improves timeliness.

16 Priorities and key issues for 2020/21:

16.1 **Not meeting the national standard for IHA times** – Fully embed enduring consent in 2020. Demonstrate monthly full reporting of IHA's for LLR LAC in LLR and placed outside LLT using exception reports to determine blocks in the processes.

16.2 **SDQ data is not always available at the time of the RHA** which results in a failure to have a comprehensive understanding of the emotional and mental health needs of LAC. (It is the role of the social worker to ensure an SDQ is completed by the carer annually SDQ data is a statutory requirement). Commissioning LPT to undertake a pilot of SDQ completion at the time of the RHA was due to start April 2020 but was delayed due to Covid-19.

16.3 **The LAC population living outside LLR are at risk of delayed health assessments** and having an inequitable service to their LAC peers who live in LLR. Currently the IHA and RHA national standard data for LAC/CLA placed outside LLR is not reported to the LAC and Care Leavers Strategic Health Group or Corporate Parenting Boards. The reporting of this data is required in the Service Specification October 2019 and this reporting should commence in July 2020/21. This will increase governance of timeliness and indicate specific areas which require improvement.

16.4 **The number of LAC living outside LLR, who have special educational needs (SEND) and LAC who require an Education and Health Care Plan EHCP) having delays to the completion of their EHCP are not recorded**. The LAC and SEND units in Systm0ne do not link in order to identify LAC with SEND. The aim for the future is for both statutory systems to dovetail. During Covid 19 there has been an increased focus on all LA children and young people with an EHCP being identified and shared with health so that ECHP health compliance is prioritised. LAC will be included within this exchange and checking of the caseloads.

16.5 **The extent of the population of OLAC residing in LLR may not be fully known or their health needs fully understood.** The exchange of LAC/CLA caseload data is not fully in place to ensure parity of knowledge of LAC/CLA numbers. Health is not always informed by the external LA.

16.6 **Better understanding of the extent to which LAC and OLAC are living in unregistered and unregulated care settings.** There are proposals to ban the provision of unregulated settings for

young people under the age of 16 and introducing quality standards. Currently the three local authorities are being asked to share if they use such settings and what their local policies are in relation to such settings.

16.7 **Transition from paediatric to adult health services.** Pathways from paediatric health services to adult services need robust mapping in 2020/21**.**

16.8 **Mental health pathway 14-25 for LAC and care leavers.** Mental and emotional health is the most reported issues by care leavers. Improving the pathway to services is a priority.

17 Conclusion and analysis

17.1 This annual report has evaluated health service delivery to LAC across LLR and those placed out of area. There continue to be challenges to meeting the timeframes for IHAs and obtaining SDQs prior to RHA completion. The revised service specification and dashboard commenced October 2019 with improved results expected in 2020/21.

17.2 Governance of the LAC service is driven by the Strategic Group and has improved and progressed with a focus on agreeing enduring consent for health assessments during the time a child or young person remains in the care of the local authorities. Agreement across LLR and embedding of enduring consent is due to be completed in summer 2020.

17.3 SDQ availability at RHA should improve with the health commissioning of nurses supporting carer completion at the RHA in 2020. Covid – 19 has delayed the start of this pilot.

17.4 IHA and RHA audits in 2019 have shown some improvements in quality of health assessments. The introduction of monthly record keeping audits will continue to emphasise the importance of good quality and record keeping to the nursing team. The IRO/Health audit needs to be reviewed to evaluate the usefulness and challenge the reduced involvement of children's social care.

17.5 Service developments have continued throughout 2019/20 the LAC Health Summit has proved to be popular with the multiagency staff and has been a successful way to showcase good practice and developments and discuss and agree future health priorities.

17.6 The voice of the child and young person has been improved and reflected in the care leaver resources now available, the LAC health Summit response to care leaver feedback and the use of the LAC Nursing SOG which sets a high standard of engaging children and young people monitored via monthly record keeping.

17.7 The transition for care leavers to adult health services remains a key area of priority. There has been some progress in linking health into transition work and the LCHS has been improved. However in particular transitions into mental health services and embedding health into work with care leavers requires further development.

Appendices:

1. ACEs project information
2. Helpful Tips for Healthy You