Meeting date:	August 2020
Agenda item number:	
Report title:	Looked After Children (LAC) Report
Executive sponsor:	NHS Thurrock CCG
Report author:	Yvonne Anarfi – Designated Nurse Contributions from the Health Economy
Purpose of report:	To provide Health Economy LAC update
Approval route:	Chief Nurse / Childrens Commissioner
Patient & public engagement:	Nil
Report summary:	This report covers LAC health update during the COVID 19 months. It attempts to cover holistic LAC, and makes note of other areas of LAC that are not fully appreciated and understand. The report also informs the committee/board the impact COVID 19 has had and continues to have on children and young people, including LAC cohort. The report attempts to bring partners attention to the holistic LAC agenda, and challenges partners to dive into how the holistic LAC agenda is delivered to LAC in and out of area. Recommendations are made to the board / committee
Financial implications:	As yet not identified
Significant risks identified:	System Risks identified The health needs of children entering care in Thurrock and Out of Area are not assessed in a timely manner, which could result in further harm to the child/ young person. The CCGs and the Local Authorities are not fulfilling their corporate parenting responsibilities. The CCGs are not compliant with statutory requirements (*Promoting the health and wellbeing of looked-after children*, *2015)*. Scrutiny by local councillors via the local authority Corporate Parenting Board, the Care Quality Commission (CQC) and Ofsted could result in reputational damage to the CCGs.
Report recommendations/ key points:	Possible IT Digital Solution Possible Nurse-led IHAs

	Possible Virtual Assessments
Decisions/actions required by:	Further comment/ feedback

1. Introduction

A key asset for all children is their health as it provides the basis from which children can flourish and achieve their full potential in transitioning into a successful adulthood.

The report outlines some of the challenges identified across the system and the strategies in place to address them. These have required a parallel approach to address the immediate performance issues (administrative, redeployment, capacity) while beginning the mapping of existing pathways and services and scoping the components of the offer envisaged within the LAC Strategy/Vision for what a gold standard system for 2021 should look like. As there is no additional funding currently earmarked for this project, any transformation will need to be delivered within existing resources.

The LAC services delivery/provision is a system led service where partner agencies have equal responsibilities to ensure this services to this cohort and effective and meeting statutory requirements.

The CCG commissions the Initial Health Assessments of all LAC in or placed out of Thurrock, this is commissioned through North East London Foundation Trust (NELFT). Public Health (PH) Local Authority commissions most of the LAC services and holds the performance and contract for these services. In Thurrock this is commissioned NELFT. NELFT also provides the Emotional Well-being Mental Health Services (EWMHS) for SET, and reports to a Key Performance Indicators (KPI), including LAC. Performance and contracts meetings chaired by the CCG and PH are held regularly with NELFT.

Subsequent reports to this meeting will be owned by all relevant agencies.

2. COVID-19 update – Protocols and Impact on Children and Young People (CYP)

Emerging research on the effects of COVID-19 in Children and Young People[1](CYP) is increasing our understanding of the scale of its impact so far, alongside the potential long-lasting consequences on children and young people's future (https://www.rcpch.ac.uk/resources/covid-19-research-studies-children-young-peoples-views). COVID-19 has affected all CYP, however, there appears to be a direct correlation between a child's degree of vulnerability and the actual, or potential impact of COVID related measures.

This said, it comes with no surprise that Looked After Children (LAC), who are within the most vulnerable in our communities, have been deeply affected by COVID 19 in

many ways - from their education to social isolation, from access health and support services to their emotional health and wellbeing.

LAC, as a cohort, are acknowledged to be vulnerable to health inequalities, and exhibit significantly higher rates of mental health issues, emotional disorders (anxiety and depression), hyperactivity and autistic spectrum disorder conditions. https://www.rcpch.ac.uk/resources/looked-after-children-lac Some research into the voices of CYP and their mental health highlights concerns on how C-19 could have exacerbated low mood and other mental health conditions.

Another issue that affects LAC is how COVID-19 impacted on their ability to have face to face contact with their birth families during lockdown. However, the impact of this is currently unmeasured and will be difficult to quantify.

The greater dependency on technology during Covid-19 (from education to health appointments and social interactions) means that CYP are spending greater unsupervised time online, which also means they are likely to be exposed to greater risks of exploitation online https://swgfl.org.uk/assets/documents/covid-19-expectations-and-effects-on-children-online.pdf. This research also highlights that the increase in the numbers of emotionally vulnerable children poses greater risk for increased grooming by offenders. There is also early evidence of the increase in self-generated material by CYP as well as pressures to be or act in a certain way online. Furthermore, there are also added risks regarding how criminal gangs have adapted to Covid-19 and how this presents added risks to vulnerable CYP https://nya.org.uk/wp-content/uploads/2020/06/NYA-Hidden-in-Plain-Sight-1.pdf

These additional risks to LAC must not be underestimated, and must be managed as a system.

In relation to the provision of health services during the Covid-19 pandemic, it is important to highlight:

(1) NHS phased response to Covid-19 guidance, especially in regards to what services needed to be prioritised in detriment of others.
(2) Redeployment of staff from Children and Young people health services to support adult services.
(3) The move from face to face to large proportion of health contacts being completed virtually.

For our local services, for LAC, points 1-3 meant that some services (such as physiotherapy, or speech and language therapy, may not have been available for a period of time, or waiting lists for the provision of these services may have, or still be, longer than times prior to the Covid-19 pandemic. Initial and Review Health Assessments (IHAs and RHAs) continued to be provided for LAC throughout, however there was a shift from exclusive face to face reviews to largely virtual appointments.

To support this, the Designated Nurses for LAC created a Covid-19 IHA assessment flowchart, to provide guidance for risk assessment/triage for virtual assessment or physical examination by Paediatrician or General Practitioner. Virtual consultations

are reported to have been well received by LAC, however, further work is ongoing to support the use of this technology moving forward.

The 2018-2020 SET LAC strategy has been completed. The Designated LAC nurses across SET are developing the 2020- 2022 strategy, and this will include mental health, transitioning and the voice of the child. Work continues in line with the statutory requirements as reset post Covid-19 progresses (SCN LAC report 07.08.20).

In the South West, safeguarding pathways (such as CP medicals, SARC pathway, Bruising Protocol) remained unaltered during the pandemic. These pathways would be used for all CYP, including LAC.

3. Commissioning Arrangements for Initial Health Assessments

There have been long term local and national challenges to delivering the CCG statutory requirements in relation to Initial Health Assessments for children and young people who become children who are looked after.

This failure to comply with statutory requirements in regards to IHA's has been identified both through the CCG Designate Leads for CLA and through the external inspection processes of Ofsted and CQC across the Southend, Essex and Thurrock Areas.

The IHA is the first opportunity to address the well cited and evidence of the poor outcomes and inequalities for this cohort of our population. This includes mental and physical health, education and offending rates. An example is the rate of mental health disorders in the general population aged 5 to 15 is 10%. For those who are looked after it is 45%, and 72% for those in residential care.

This short paper asks if colleagues in the CCGs across the Pan Essex footprint would consider and support a mandate to review and develop of a business case to look at a county wide commissioning solution.

CCG Statutory Requirement:

The requirements of the CCGs and Local Authorities is described in the publication: *Promoting the Health and Wellbeing of Looked After Children, Statutory Guidance for Looked After Children (March 2015)* This guidance is issued to local authorities, CCGs and NHS England under sections 10 and 11 of the Children Act 2004 and they must have regard to it when exercising their functions.

Some key points include:

- The initial health assessment should result in a health plan, which is available in time for the first statutory review by the Independent Reviewing Officer (IRO) of the child's care plan. That case review must happen within **20 working days** from when the child started to be looked after.
- Where a looked-after child is placed out of area, **the receiving CCG is expected to cooperate** with requests to **undertake health assessments** on behalf of the originating CCG.

- CCGs and NHS England have a duty to cooperate with requests from local authorities to undertake health assessments and help them ensure support and services to looked-after children are provided **without undue delay**.
- The **initial health assessment** must be done by a **registered medical practitioner.**
- **Review health assessments** may be carried out by a **registered nurse** or registered midwife

The Guidance describes the principles of a good health assessment and the importance of recognising health planning and assessment as a dynamic and ongoing process. It clearly identifies the importance and requirements in relation to specialist skills, competencies and supervision for professionals assessing and working with Looked After Children. This has a sub speciality for Unaccompanied Asylum Seekers of which forms a high percentage in areas such as Thurrock and West Essex CCG.

Proposal:

To form a small task and finish group to develop a proposal for commissioning delivery of IHAs on a county wide approach. This would include a core group of Commissioners and CCG Designate Leads for LAC and Safeguarding.

The rationale for the proposal is:

1. The volume of IHAs is relatively small and due to the processes around LAC the demand is fairly constant and predictable.
2. Commissioning a provider or lead provider model for the county would allow a bespoke operational model which enables delivery of the statutory requirements.
3. Centralised monitoring, reporting and quality control would provide greater CCG assurance regarding the delivery of statutory requirements and allow identification of challenges and issues in a timely way.
4. The financial modelling and approach are guided by the National Tariff (456) and lends itself to a PbR approach.
5. Aligns with the new landscape of STPs/ICS as CCG boundaries change.
6. Central function would deliver effective utilisation of a specialist professional resource and flexibility.
7. Delivers a system for Children placed in Essex and cross charging arrangements to be consistent.

4. Local LAC Position Update

Health assessments are commissioned from the North East London Foundation Trust (NELFT) as the Health Provider by Basildon & Brentwood and Thurrock CCGs. However, the process requires close working between health and Local Authority colleagues in relation to information sharing, administrative work and supporting attendance at appointments and reporting.

The Service Level Agreement (SLA) with NELFT for 2019/20 stipulates the delivery of 100% of IHA and 100% of RHA within statutory timescale. RHA Service provision for children placed out of the borough is commissioned from external providers. 0-19 Services with Public Health with the NELFT LAC Team coordinating requests and assuring quality. Although children under five years are seen six monthly for their

RHA and children aged five and over are seen annually for their RHA. However, all children are seen by a variety of professionals during the intervening period and would also be in contact with their GPs and the universal services which are for 0-19 year olds regardless of their placement location.

Problems with IHA are historical, so collectively across Essex we are in the early stages of discussing a central data base, which will be used across Southend Essex and Thurrock (SET). There are still capacity challenges to undertake the IHA assessment of Thurrock children and this has been highlighted as a problem across a number of local authorities including Basildon Brentwood and Thurrock.

It is expected that health are notified of all children entering care in Southend, Essex and Thurrock (SET) by working day three, with the receipt of the completed notification form and relevant consent, to complete the initial health assessment. The IHA referral form, from the social worker, is expected to be available to health by day 5. This would allow 15 working days to complete the health assessment and return the BAAF Form Part C and health action plan to the local authority.

System-wide issues have continued to impact on our collective ability to meet some health-related commissioned targets which include IHA. During Quarter One (April – June), the LAC Operational Manager for NELFT had been redeployed to support with the on-going pandemic. Data were received upon her return to her substantive post in mid-July 2020. This report covers data from mid-July – 4th August 2020.

Data provided in the period covered indicates 11 (Eleven) children placed in and out of Thurrock who were due for IHAs by the beginning of August 2020.

IHAs have been carried out for LAC children during the COVID period. It is reported that IHAs were conducted virtually. However, children were brought into clinic for face-to-face health assessments when specific health concerns were identified.

Data shows that only 2 children had their IHA paper work received within the stipulated 5-working days' period – the remaining 9 (82%) children's paper work were received outside the recommended time. Three cases had paperwork returned to the Local Authority and received on 3 separate dates – this was due to missing information. By the end of July 2020, more than 50% of cases had had their IHAs completed. Appointments for the remaining children (4) are scheduled for completion of their IHAs by mid-August 2020.

Evidence from analysing and comparing data for Q1 to Q4 2019/20 indicates that average IHA data (originating area) was 81%. In the same period, average IHA data (outside originating area) was 18.3%. The results of the data indicate poor IHA uptake. It further indicates that the current pandemic, although compounding the issue would not entirely be the reason for the poor IHA data.

Performance against the IHA indicator remains below target despite the additional clinic capacity that were introduced to reduce the backlog, in 2019/20. The trend for IHA performance and service delivery against the commissioned target of 100% which was met 5 months out of the 12 months. Although the quality of IHA is reported to have consistently remained high, the timeliness within which IHA has

been performed against the statutory timescale of 28 days of a child coming into care has not been achieved. The main weaknesses that need to be addressed are linked to the timely processing of paperwork, and the quality of information recorded on the notification/referral form to Health.

IHA Performance Data – 2019/20

Quality Requirement	Standard	Unit	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Looked After Children ("LAC") Initial Health Assessments completed within 20 working days of the child becoming Looked After where complete paperwork is received from Social Care five or less working days after the child became Looked After.	100%	Vol (Completed IHAs)	11	10	19	13	13	7	11	15	12	8	17	2
		Vol (Requests)	14	12	19	15	13	10	11	16	14	10	25	2
		Percentage	78.6%	83.3%	100.0%	86.7%	100.0%	70.0%	100.0%	93.8%	85.7%	80.0%	68.0%	100.0%

To address this, stakeholders may wish to meet again as a multi-agency group to agree an arrangement that is more resilient and sustainable.

IHA 2020/21

Quality Requirement	Standard	Unit	Apr	May	Jun
Looked After Children ("LAC") Initial Health Assessments completed within 20 working days of the child becoming Looked After where complete paperwork is received from Social Care five or less working days after the child became Looked After.	100%	Vol (Completed IHAs)	3	2	
		Vol (Requests)	3	3	
		Percentage	100.0%	66.7%	

As part of the ongoing analysis and deeper discussions, it is identified that issues relating to both the capacity of out-of-area teams to complete assessments and the need for identified systems and processes to work to the agreed timescales to ensure the timely receipt of paperwork by LAC Teams both in and out of the area. The resolution of these issues formed part of the planned review of processes and pathways which took place in 2018, however, the system-wide issues have continued to impact on our collective ability to meet some health-related commissioned IHA targets.

UASCs

During the same period snapshot (Mid-July – 4th August 2020), UASCs due IHAs by the 1st of September 2020 were 15. Amongst that number all but 13 appointments have been booked with interpreters. The remaining 2 appointments are scheduled to have their IHAs by 1st September 2020; appointments for these IHAs are yet to be arranged.

Narratives from LAC Providers Services indicate young persons' refusal to attend appointments, out-of-area capacity issues and interpreters not being arranged for the IHA or interpreters not attending when scheduled for an IHA are some of the issues impacting IHA from being completed. Additionally, the impact of paperwork not received within the recommended period appears to compound the challenges of processing IHA's in a timely manner. Ultimately, COVID-19, paperwork's not received,

redeployment and lack of capacity are undoubtedly are the reasons for the poor uptake of IHAs in the area.

5. Impact of Weaknesses in the Processes and System

There are a number of areas on which the partnership as a System should be focusing on to improve general performance and an effective holistic LAC service provision.

1) Quality and timeliness of paperwork

Poor quality or delayed paperwork from Social workers impacts on the ability for the LAC Health Professionals (Doctors and Nurses) or Out of Area providers to complete IHA within timescale. A number of strategies have been put in place jointly agreed but this continues to be of significant impact on timeliness of IHAs. From the weekly IHA NELFT data shared, where paperwork is received within timescale an IHA is completed within a maximum of 2 weeks. For a child to be appointed within 20 working days, referrals must arrive by Day 3-5, in keeping with local guidelines.

Having reviewed the 4 weeks' data shared by NELFT, The major reason for delay:

- was late paperwork (9/11 children) – that is, children not being referred to the LAC health team in time. The maximum amount of time of the delay ranged from 6 to 30 days or more in some cases.
- In 3 out of the 11 delayed IHA, the issue of late paperwork was further compounded by an additional reason that caused further delay to the appointment.
- 3/11 children were appointed in time, but no interpreter arrived.
- No delays were caused by lack of appointment availability.

2) Placement location

Reducing the number of children placed outside the borough should be looked at as a focus of the Thurrock LAC Strategy. There need to be consideration when placing Thurrock LAC more than 20 miles away from home. As practitioners may not have the ability/capacity to travel further than 20 miles to complete assessments on their originating LAC if Out of Area are unable to complete assessments.

3) Data reconciliation and reporting

Would be good practice and effective for joint Health LAC Team administrator with Local Authority Business support to meet regularly to enable joint validation of data and paperwork's reported.

4) Vulnerable groups of children - UASC

Unaccompanied asylum seeking children (UASC) continue to account for a significant proportion of the looked after children cohort. These children have high health needs associated with the trauma they have experienced either in their home country or in their journey to the UK. They may also have experienced safeguarding issues such as sexual or criminal exploitation with

an increased likelihood of going missing from placements and a requirement for language support due to the language barrier.

5) **LAC on remand or in custody**

   Information on this cohort and services provided to them will provide an extended additional data to whole LAC.

6) **Children not being brought to appointments / Declining Appointments**
   It is unclear if data and exploratory inquiry data is available on this group. Separate process required for non-engagers/extract data for this cohort on a quarterly basis to review themes would be useful. This area could be added to the focus for the Heads of Service who are working within Health, Supervisors of social workers and foster carers to address this.

7) **Placement Out of Area**
   As at June 2020, Thurrock had placed 200 LAC Out of Area (66%) and 103 LAC within Thurrock (34%). Reducing the number of children placed outside the area is a significant area to focus on. The Local Authority may want to consider this factor, as placing LAC nearer Thurrock will contribute to resolving the delay in some of the assessments, and practitioners may be willing to travel to complete assessment nearer Thurrock.

8) Dental Health of LAC
9) Immunisation
10) Care Leavers

The above three are equally crucial for LAC, and the board may wish to request for reports to inform them of the holistic LAC agenda.

6. <u>Next Steps</u>

Commissioners working on a long term solution

1) Early stages of discussing a central data base, aim to have one digital solution. The progress for this central data was put on hold due to COVID 19. The aim is to have one digital solution, which would show where a CYP is within the IHA pathway, this will be a live data base and have the ability to trace the child journey from when they come into care. The Information Governance Lead for the SET CCGs are involved to ensure robust information governance arrangements are in place, in view of multi-agency access to patient identifiable information.

We await another date to be rescheduled for these meetings.

2) COVID 19 Work Steam was developed across SET and is an ongoing process. Discussion with Providers on how best to go forwards and bring in new changes to the IHA system and utilizing the knowledge and Skill

developed during Covid 19 and taking them forward once we exit this phase. The response from the young children regarding the virtual IHA's assessment, have been extremely positive. However, it is also worth noting that some of the dangers and risks of virtual consultations and assessment are real and a concern to many. These suggestions are being looked into carefully.

An option paper has also been written and is currently been reviewed. When appropriate this will be shared externally.

3) Nurse-led IHAs

   The legal position in England and Regulation 7 of the Care Planning, Placement and Case Review (England) Regulations (2010) requires a registered medical practitioner to carry out an initial assessment of the child's state of health and provide a written report of the assessment.

   The suggestion of nurse-led IHAs has previously been raised with NHSE and the Royal College of Nursing (RCN), in view of additional wording within the Looked After Children: Knowledge, skills and competencies of healthcare staff. Intercollegiate document.

   'If healthcare providers under clinical governance processes delegate to registered nurses to undertake initial health assessments the Royal College of Nursing and the Royal College of Paediatrics and Child Health state they must have successfully completed a paediatric assessment module as part of a paediatric advanced practitioner programme as stated at level 4, thereby demonstrating attainment of the required knowledge, skills and competence'.

   Neither the RCN nor NHS England has supported this action. To offer a service outside of the legislative framework raises concerns in relation to accountability and potentially places practitioners open to challenge.

   The updated LAC Intercollegiate Document is due for publication and may provide further clarity.

Scotland

Legislation in Scotland states that: 'arrangements are in place for a registered medical practitioner or a registered nurse to offer a written assessment of the child's health and their need for health care within 4 weeks of notification'. https://www.gov.scot/publications/guidance-health-assessments-looked-children-scotland/pages/5 /

7.Looked After Children – Special Educational Needs and Disabilities :

Thurrock clinical commissioning group works collaboratively and in partnership with the local SEND system to support all children and young people with Special Educational needs and Disabilities. This includes looked after children and ensures that their health needs are identified and prioritised in accordance with The SEND code of Practice (2015) and Working together to safeguard children (2018).

The Designated Clinical officer (DCO) and SEND health professionals actively engage in SEND processes to support and identify the needs of LAC as follows:

- COVID 19 – DCO and AD for children's commissioner met weekly with AD for Children's care and the Education recovery group to ensure Children with the highest needs were prioritised and individualised packages of support where arranged and families / foster carers struggled with lockdown. Health representation for Thurrock CCG at the SET area COVID response weekly meetings. These meeting specifically highlighted the disadvantages of children who were not attending school including the low levels of Vulnerable children who were not offered a school place and supported a system wide approach.

- Consistent attendance by the DCO and health professionals, at initiation and case management panel ensures that potential health needs are identified and can be efficiently referred to services / information can be gained to support the decision making process and development of the plan. The panel's Terms of reference have recently been reviewed to ensure health and social care representatives attend and ensure accurate, timely and specialist advice is available to support the process.

- NELFT's SEND single point of access ensures that when information is requested from NELFT services it is disseminated to all services caring for the child including School nursing and specialist LAC team. Ensuring the LAC team and school nurses were requested and provided information was a urgent action following the OFSTED/CQC Joint area inspection and was due to be audited prior to COVID 19 pandemic.

- All LAC children that are referred to health services are prioritised and offered an appointment/ review as soon as clinically possible.

- The DCO and Head of Children's services (NELFT) are members of the task and finish group to review the quality assurance process for Out Of Borough placements to ensure all health elements are considered when assessing the quality of placement and health services available to the child. The process is strongly aligned with the Department of Education Quality assurance process for LAC in out of area placements.

- Learning disability health checks for 14 yrs +. The DCO and Designate LAC nurse started initial conversations with the specialist LAC team regarding identification of LAC children with EHCP and discussed amended the RHA paperwork to specifically identify the children with Education, health and care plans and SEN support. The LAC team identified approximately 91 young

people that would meet these criteria and as part of the RHA, the learning disability health check would be discussed and offered. Best practice regarding aligning the health check and RHA was discussed and this was escalated to the pan Essex LAC forum. This is a future ambition for the LAC cohort within Thurrock to reduce the number of health appointments and number of times the young person 'tells their story'.

- Thurrock CCG is undertaking a Learning disability awareness campaign to identify young people that meet the criteria and can be registered at the GP and offered the health check. As described above the LAC cohort identification has begun.

- The DCO is a member of the LAC safeguarding clinical forum and the COVID 19 safeguarding forum ensuring the alignment of both the SEND and safeguarding agenda.

LAC Health Passports:

- Thurrock CCG and the Children in Care council designed a hand held health passport for LAC children so they had all their health information readily available alongside a wealth of contact details and health information. The passport is now due for a review (2 years since the design and dissemination) and Thurrock CCG are working alongside NELFT to review its effectiveness. A survey will be undertaken with Young people who have used the passport and health staff who have worked alongside the young people. The survey is due for completion in the Autumn term with the intention of re producing with updated information.
- Funding has been agreed for the passports by Thurrock CCG.

Current Challenges:

- COVID 19 prioritisation and restoration plan – SEND work streams are currently resetting and new timelines are being agreed.
- Currently the LAC + EHCP /SEN support numbers are not shared with Thurrock CCG – this data is not included in the SEND dashboard and as such unknown (data has been requested). The LAC/ SEN population within Thurrock is not accurately known to the DCO. Advice is given on a case by case basis.
- Inconsistent sharing of 'draft EHCP' does not enable specialist practitioners to review prior to final sign off.
- Availability and capacity of staff to implement alignment of RHA's / health checks for example.

RCN

When considering how to move forward, services should review lessons learnt and ways of working together across agencies. Innovation and development of the 'new normal' are important, eg incorporating new technologies and other service developments into business as usual working and allowing the flexibility to engage with young people who may have previously refused assessments.

We acknowledge there is likely to be an increase in safeguarding referrals/assessments and then also an increase in the number of children in care with Initial Health Assessments (IHA) and Review Health Assessments (RHA) (in six to 12 months' time) required. Current decisions are about balancing service requirements and capacity against individual needs.

8. Conclusion

The report has provided an update to the Corporate Parenting Board in relation to the health of LAC. Health of LAC remains a corporate parenting priority and area of focus for the partnership. The commissioners and partners will continue to monitor the implementation of the delivery plan for the LAC Strategy to improve health outcomes for children in the long-term. It is anticipated that the proposal paper and recommendations will assist in ensuring that performance on IHA indicator is sustained and progress is seen against KPI targets for all areas for LAC during the next six months.

Report Ends

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