

**Report to the NHS Somerset Clinical Commissioning Group on 25 March 2021**

<b>Title: CHILDREN LOOKED AFTER AND CARE LEAVERS ANNUAL REPORT 2019 / 2020</b>	<b>Enclosure H</b>
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**Summary and Purpose of Paper -**

- Detail the arrangements in place to provide health services for all children who are in the care of Somerset Local Authority (535 on 31st March 2020) or are Somerset Care Leavers in line with the Statutory Guidance *Promoting the health and well-being of looked-after children*, (DoH, DfE, 2015), which must be considered when CCGs exercise their functions in respect of Children Looked After (CLA)
- Set out the context for CLA and Care Leavers in Somerset
- Demonstrate how Somerset CCG is fulfilling its CLA and Care Leaver statutory responsibilities
- Report on governance and accountability arrangements within the CCG, and the CCG role in the Corporate Parenting Board and sub groups
- Highlight achievements and identify current risks in provision of health services to CLA and Care Leavers
- Provide assurance that the CLA and Care Leaver 2018/2019 objectives were completed
- Identify the CCG's 2020/2021 CLA and Care Leaver objectives

**Recommendations and next steps –**

**Governing Body is asked to note the report and the objectives for 2020/2021:**

- Implement Year 1 of the CLA and Care Leavers Investment and Transformation plan:
- Induct the newly appointed Named Nurse
- Recruit to additional nursing post with lead for mental health
- Expand capacity in both Somerset and Yeovil District Hospital Foundation Trusts to ensure statutory medical services to CLA are offered 52 weeks of the year rather than the current 42 weeks
- Work with both Health Providers and the Local Authority to improve delivery of timely and high quality statutory health services to CLA

- Centralise the health assessment booking administration role within the CLA Health Team to improve the timeliness of statutory health assessments by December 2020
- Work with both Health Providers to roll out the CLA and Care Leavers Activity and Performance Dashboard to Somerset Providers from April 2020
- Work with both CCG and Local Authority commissioners to consider the future of CLA and Care Leaver services in Somerset, specifically
  - Identify joint commissioning opportunities
  - Build capacity in CLA medical services
  - Build capacity in the Adoption medical services and consider development of a jointly commissioned CLA Nurse for Adoption
  - Development of emotional and mental health pathway
  - Development of system wide data collection and reporting system
- Work with the Designated Clinical Officer for SEND to ensure the needs of CLA and Care Leavers are fully considered in all service redesign and that EHCPs contain information from the most up-to-date statutory Health Assessment by September 2020
- Work with Somerset Foundation Trust to support and develop the newly appointed Named Nurse for CLA and Care Leavers ongoing
- Finalise the Medical and Nursing Service Specifications and achieve consensus and sign off by both Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust by December 2020

#### **Impact Assessments – key issues identified**

<b>Equality</b>	Commissioning and delivery of high quality and accessible statutory health services to meet the health needs of children and young people who are looked after will ensure this vulnerable cohort will not be disadvantaged in comparison with their non looked after peers. Improvements to service provision will improve access to health services for all Somerset Children Looked After and Care Leavers, also to CLA who originate from other Local Authorities and CCGs but are resident in Somerset
<b>Quality</b>	A Full Service Review commissioned by the CCG in 2019 illustrated that the quality and timeliness of statutory health services for Children looked After and Care Leavers was not commensurate with Statutory Guidance and the Intercollegiate Role Framework. Health Assessments were not completed within the statutory 28 day time frame. Medical Services were not commissioned on a 52 week basis and therefore were adversely affected by annual leave, mandatory training and sickness absence. Nursing resources were not commensurate with the Somerset CLA and Care Leaver population and as a result there was limited capacity to complete the work streams defined in the Statutory Guidance. The CCGs approval of additional investment for these services in February 2020 seeks to address these gaps as a priority
<b>Privacy</b>	Information sharing processes are already established; there are no breaches of privacy expected.
<b>Engagement</b>	Meeting the health needs of Somerset CLA and Care Leavers is a shared responsibility. Somerset CCG works closely with its Providers, (Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust), Somerset County Council, NHS England, service users and other key partners to ensure Looked After Children and Care Leavers have timely access to high quality

	health care, as and when they need it. The Corporate Parenting Board includes a number of CLA and Care Leaver representatives and the author of this report also engages with the Somerset In Care and Somerset Care Leavers Council			
<b>Financial / Resource</b>	<p>In April 2019 the CCGs total spend on CLA and Care Leavers Health Services was £271,869</p> <p>In February 2020 the CCG agreed an investment and transformation plan phased over three years as follows:</p> <ul style="list-style-type: none"> <li>o Year 1 - £165,687</li> <li>o Year 2 - £95,649</li> <li>o Year 3 - £72,898</li> </ul> <p>At the end of Year 3 the CCGs total spend on CLA and Care Leaver Health Services will be £606,103</p>			
<b>Governance or Legal</b>	<p>The provision of healthcare to CLA and Care leavers are governed by the following legislation and statutory guidance:</p> <p>Children Act 1989  Children Act 2004  Statutory Guidance: Promoting the health and well-being of looked-after children, (DfE, DoH 2015)  Intercollegiate Role Framework: Looked after children: knowledge, skills and competences for health care staff, (RCPCH, 2020)  Care Planning, Placement and Case Review (England) Regulations (2010)  Statutory Guidance on Adoption 2013  Adoption Agency Regulations for England, 2005  The Children and Families Act 2014  The Children and Social Work Act 2017  Working Together to Safeguard Children 2018</p>			
<b>Risk Description</b>	<p>Gaps in the timeliness of health services for CLA are documented on the CCG Corporate Risk Register, risk number 318.</p> <p>Gaps in the capacity of the Somerset Medical Advisor for Adoption service are documents on the CCG Directorate Risk Register, risk number 436</p> <p>Both risks are currently rated 15 as at 15.02.2021</p>			
<b>Risk Rating</b>	Consequence 3	Likelihood 5	RAG Rating 15	GBAF Ref

**CHILDREN LOOKED AFTER AND CARE LEAVERS  
ANNUAL REPORT  
2019 / 2020**

**October 2020**



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<b>Roles</b>	Designated Professionals for Children Looked After and Care Leavers
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<b>Role</b>	Acting Director of Quality and Nursing / Executive Lead for Safeguarding
<b>Date</b>	October 2020

## **1**      **FOREWORD**

- 1.1      This is the first annual Children Looked After and Care Leavers Report for Somerset Clinical Commissioning Group covering April 2019 – March 2020. This is a public report which sets out the work of the CCG in relation to Children Looked After, (CLA), and Care Leavers, as lead commissioner for healthcare services within Somerset and as a member of the Somerset Corporate Parenting Board. The report forms part of Somerset CCGs assurance arrangements, in relation to Looked After Children, Care Leavers and wider Safeguarding Children arrangements.
- 1.2      Under the Children Act 1989, a child is looked after by a Local Authority if he or she falls into one of the following:
- is provided with accommodation, for a continuous period of more than 24 hours (Children Act 1989, Section 20 and 21)
  - is subject to a care order (Children Act 1989, Part IV), or
  - is subject to a placement order
- 1.3      Wherever possible, the Local Authority, Somerset County Council will work in partnership with parents to ensure children and young people who become CLA retain strong links with their families and many eventually return home. A child will cease being Looked After by the Local Authority when they are adopted, return home or reach the age of 18 years.
- 1.4      Care Leavers are those children who have previously been Looked After by the Local Authority and are now being supported to live independently. Following the publication of the Children and Social Care Act, (2017), Local Authority responsibility for Care Leavers changed from 18-21 years to an age range of 18 to 25 years, enabling Care Leavers to request support up to the age of 25, regardless of whether or not they are in education.

## **2**      **STATEMENT OF INTENT**

- 2.1      NHS Somerset Clinical Commissioning Group and our system partners are committed to improving health outcomes for Looked After Children and Care Leavers and we will do this by ensuring we commission and provide high quality, responsive services in order to achieve this. NHS Somerset CCG will continue to work closely with its Providers, (Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust), Somerset County Council, NHS England, service users and other key partners to ensure Looked After Children and Care Leavers have timely access to high quality health care, as and when they need it. We will ensure robust management of the action plan to improve performance and outcomes, and are actively working with our partners to ensure service redesign is effective at improving performance and outcomes, specifically we are looking at ensuring we have enough paediatrician time to carry out timely and effective assessments, both for initial assessments and adoption medicals.

### **3 STATUTORY RESPONSIBILITIES**

- 3.1 NHS Somerset CCG is the Responsible Commissioner for health services provided to Somerset Looked After Children whether they are resident within Somerset or outside. The Statutory Guidance *Promoting the health and well-being of looked-after children*, (DoH, DfE, 2015), must be considered when CCGs exercise their functions in respect of CLA
- 3.2 CCGs must cooperate with Local Authorities to ensure health assessments are undertaken and support and services are provided to CLA without undue delay
- 3.3 CCGs must ensure that any changes in healthcare provider due to CLA placement move do not disrupt the objective of providing high quality, timely care for the child
- 3.4 CCGs must ensure that plans are in place to enable children leaving care to continue to obtain the healthcare they need
- 3.5 Somerset CCG gains assurance that its healthcare services to CLA meet the standards laid down in the Statutory Guidance by ensuring that high quality Statutory Initial and Review Health Assessments and associated Health Care Plans are delivered to CLA and Care Leavers in a timely way. Similarly robust performance monitoring of CLA access to dental services and immunisation rates and completed Strengths and Difficulties Questionnaires, (SDQs), provide assurance that CLA health needs are identified and met

### **4 PURPOSE OF THE REPORT**

- 4.1 This Children Looked After and Care Leavers annual report will inform the Somerset Clinical Commissioning Group (CCG) Governing Body of the arrangements in place for all children who are in the care of the Local Authority (535 on 31<sup>st</sup> March 2020) or are Somerset Care Leavers.
- 4.2 The report will:
- Set the context for CLA and Care Leavers in Somerset
  - Provide an overview of the arrangements in place to provide health services to CLA and Care Leavers in Somerset
  - Demonstrate how Somerset CCG is fulfilling its CLA and Care Leaver statutory responsibilities
  - Report on governance and accountability arrangements within the CCG, and the CCG role in the Corporate Parenting Board and sub groups
  - Highlight achievements and identify current risks in provision of health services to CLA and Care Leavers
  - Provide assurance that the CLA and Care Leaver 2018/2019 objectives were completed
  - Identify the CCG's 2020/2021 CLA and Care Leaver objectives

- 4.3 The report will cover the period from 1st April 2019 to 31st March 2020, *(please note national statistics are for the year 2018/2019)*.

## **5 CHILDREN LOOKED AFTER AND CARE LEAVERS CHARACTERISTICS AND CONTEXT**

### **3.1 Characteristics**

- 5.1.1 The majority of children and young people who become looked after in Somerset are victims of abuse or neglect.
- 5.1.2 However nationally in recent years there has also been an increase in the number of unaccompanied asylum seekers and children, (UASC), who have been trafficked and/or exploited entering the care system. UASC numbers in Somerset have remained consistently low; Somerset rarely takes UASC as part of the national transfer scheme, (although does take responsibility for any spontaneous arrivals into the county). This is due to the rurality of Somerset and the few links to ethnically diverse communities and services which can best meet these children's specific needs.
- 5.1.3 Looked after children have many of the same health risks and problems as their peers but the extent of those issues is often exacerbated by their experiences of poverty, abuse and neglect. For example prevalence of emotional and mental health problems is estimated to be between 45 and 72% compared to 10% in their non-looked after peers.
- 5.1.4 Two thirds of looked after children have been found to have developmental and physical health issues such as speech and language problems, continence issues, coordination difficulties and sight problems. 11% have been found to be on the autism spectrum. Furthermore the health and wellbeing of young people leaving care has consistently been found to be poorer than that of young people who have never been in care, with higher levels of teenage pregnancy, drug and alcohol abuse. Care experienced children and young people are also significantly over represented in the criminal justice system.
- 5.1.5 Children and young people with Special Educational Needs and Disability, (SEND), are over represented in the care system. As a group, looked after children are nine times more likely to have an Education and Health Care Plan, (EHC plan) than the general pupil population.
- 5.1.6 In Somerset 191CLA have EHC plans and 93 are subject to SEN support, (October 2020 data). Please note this is all children living in Somerset whether they are funding by Somerset County Council or another LA. This equates to 35% of the CLA population, 52% if SEN support is also added to the cohort and illustrates that SEND is much more highly represented in CLA than in the overall child population in England.
- 5.1.7 It is important that all children with SEN receive the educational provision which meets their needs particularly as many of them have had difficult and

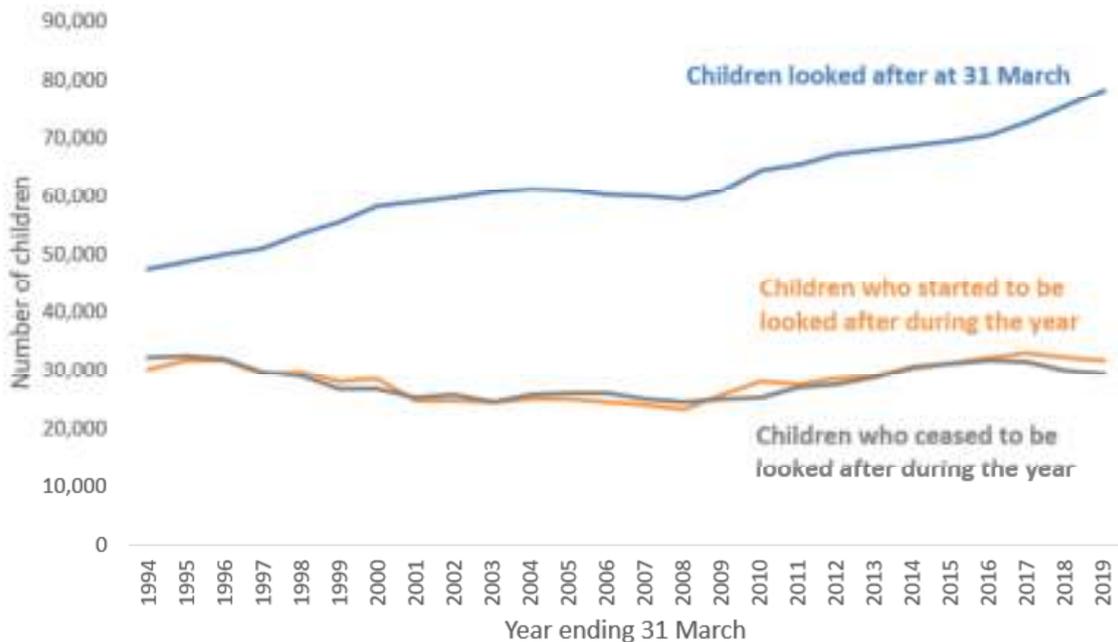
unstable home and school lives before coming into care. It is imperative that there are strong links between local CLA and SEND professionals, both operationally and strategically and services are commissioned that make specific provision for Somerset’s most vulnerable children, enabling their needs to be quickly and efficiently assessed and provided for so that the effect of any instability on their education is reduced to a minimum.

## 5.2 National Context

5.2.1 In England the number of children who are looked after has increased every year since 2008. The number of children looked after in England is up 4% to 78,150 at 31 March 2019, compared to 72,590 in 2017 and 75,420 in 2018. This is equivalent to a rate of 65 children per 10,000 - up from 64 per 10,000 in 2018 and 60 per 10,000 in 2015.

5.2.2 The number of children starting to be looked after has fallen this year by 2% to 31,680. The number ceasing to be looked after fell in 2019 by 2% to 29,460 after a period of gradual increases and a high of 31,860 in 2016, (DfE, December 2019).

**Table 1 – Number of children starting and ceasing to be looked after in year and numbers at 31<sup>st</sup> March 2019, (DfE, 2019)**



5.2.3 The broad characteristics of looked after children have remained similar to previous years; just over half (56%) are male, (44%) are female.

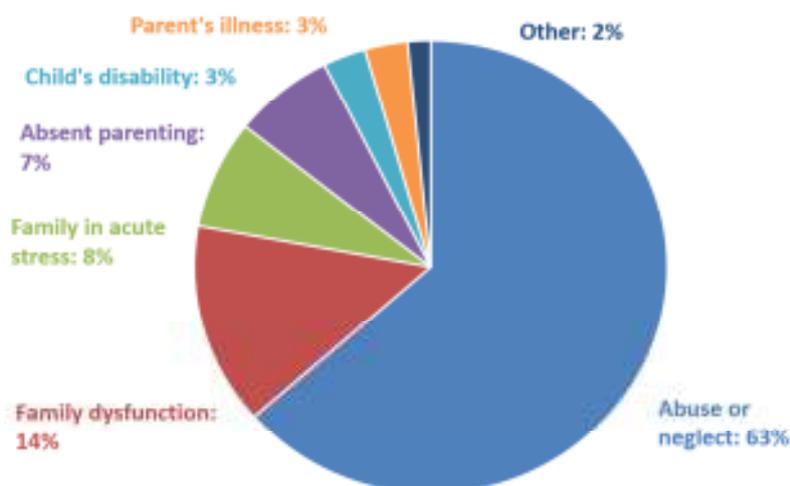
5.2.4 The largest age group (39%) are aged 10-15 years; 24% are aged 16 years and over; 18% are aged 5-9 years, 13% are aged 1-4 years and 5% are aged less than 1 year. Over the last 5 years the average age of CLA has been steadily increasing.

5.2.5 The majority of CLA are of white ethnicity (74%). 10% were of mixed ethnicity and 8% were of Black or Black British ethnicity. Since 2015, the proportion of CLA of white ethnicity has decreased steadily from 77%. It is likely this slight change is due to the broadly non-white make up of unaccompanied asylum-seeking children (UASC), a group which has recently grown in number.

5.2.6 When a child is assessed by Local Authority children’s services their primary need is recorded enabling data to be collated. The data for England shows that there are a range of reasons why a child is looked after including being looked after:

- as a result of or because they were at risk of abuse or neglect - 49,570 children - the most common reason identified
- primarily due to living in a family where the parenting capacity is chronically inadequate (family dysfunction) - 11,310
- due to living in a family that is going through a temporary crisis that diminishes the parental capacity to adequately meet some of the children’s needs (family being in acute stress) - 6,050
- due to there being no parents available to provide for the child - 5,410
- due to the child’s or parent’s disability or illness - 4,580
- due to low income or socially unacceptable behaviour – 1,230.

**Table 2 – Proportions of CLA in England by primary need as at 31<sup>st</sup> March 2019, (DfE, 2019)**



### 5.3 Policy Context

5.3.1 Clinical Commissioning Groups, (CCGs) and NHS England have a statutory duty to cooperate with requests from Local Authorities to undertake health assessments and help them ensure support and services to Children Looked After (CLA) are provided without undue delay. Local Authorities,

CCGs, NHS England and Public Health England must cooperate with each other to commission health services for all children in their area.

5.3.2 The duty placed on the CCG in relation to this role is clearly documented in a significant body of legislation, regulation, statutory guidance and good practice which include:

- Adoption Agencies Regulations (2005)
- Adoption and Children Act (2002)
- Care Planning, Placement and Case Review (England) Regulations (2010)
- Children Act (1989, 2004)
- Children & Families Act (2014)
- Children (Leaving Care) Act (2000)
- Children and Social Work Act (2017)
- Health & Social Care Act (2012)
- Intercollegiate Role Framework; Looked-after Children: Knowledge, skills & Competencies for Health Staff (RCPCH, 2015)
- NHS Safeguarding Accountability and Assurance Framework (2019)
- National Institute of Clinical Excellence (NICE) Quality Standard (QS31) for the Health & Well-being of Looked After Children (April 2013)
- National Tariff Payment System 2019 / 2020, NHS Improvement
- Promoting the health & well-being of looked-after children (DfE, 2015)
- Safeguarding Strategy: Unaccompanied asylum seeking and refugee children (DfE, Home Office, 2017)
- Special Educational Needs and Disability (SEND) code of practice: 0 to 25 years (2014)
- Statutory Guidance on Adoption, (DfE, 2013)
- Who Pays? Establishing the responsible commissioner, (DH, 2013)
- Working Together to Safeguard Children (HMGov, 2018)

5.3.3 **Section 11 of the Children Act 2004** places duties on NHS organisations, including clinical commissioning groups, to have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including:

- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;
- a senior board level lead to take leadership responsibility for the organisation's safeguarding arrangements;
- a designated professional lead (or, for health provider organisations, named professionals) for safeguarding.

5.3.4 **Promoting the health and well-being of Looked After Children, (DfE, DoH, 2015)** is the statutory guidance for local authorities, clinical commissioning groups and NHS England, issued under Sections 10 and 11 of the Children Act 2004. CCGs **must** have regard to the guidance when exercising their functions. The Statutory Guidance also states that all healthcare staff who come into contact with looked-after children should work within the Royal Colleges' Intercollegiate Role Framework.

**5.3.5** **Looked after children: Knowledge, skills and competences of health care staff. Intercollegiate Role Framework, (RCPCH, 2015)** is the Intercollegiate Document, cited in statutory guidance that describes the roles and competences of Designated, Named and Specialist Professionals in detail and the minimum resources required to deliver statutory healthcare services to CLA and Care Leavers which results in improved outcomes and ensures these vulnerable children and young people achieve their full potential.

**5.3.6** **Children and Families Act, 2014, Statutory Guidance on Adoption, 2013 and Adoption Agencies Regulations 2005, AAR)** details the requirement for the Local Authority and CCG to ensure a Medical Advisor to the Adoption Agency is appointed. The role and function of the Medical Advisor for Fostering and Adoption is to:

- provide advice in respect of the arrangements for accessing and disclosing health information
- arrange for the child to be examined and obtain a report or reports on the child's health (AAR 15 and AAR Part 2 of Schedule 1);
- arrange for health information to be obtained about the child's parents and siblings (AAR 16 and AAR Part 4 of Schedule 1);
- prepare the child's permanence report which is to include a comprehensive summary written by the medical adviser on the child's health (AAR 17);
- obtain a report about the health of the prospective adopter (AAR 26 and AAR Part 2 of Schedule 4);
- prepare the prospective adopter's report for the adoption panel, which is to include a comprehensive summary written by the medical adviser on the prospective adopter's health (AAR 30);
- prepare the adoption placement report for an adoption panel (AAR 31);
- prepare a report to the court where there has been an application for a placement order, as the agency is required to provide a summary written by the medical adviser on the health of the child;
- review the child's case, including reviewing the arrangements for assessing and meeting the child's health care needs (AAR 36);
- prepare a report to the court where there has been an application for an adoption order or section 84 order, as the agency is required to provide summaries written by the medical adviser on the health of the child and the prospective adopter.

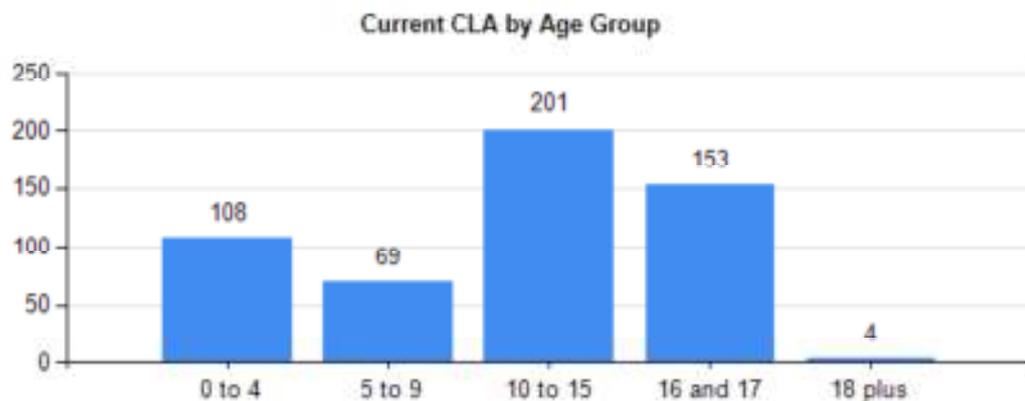
## **5.4** **Local Context**

**5.4.1** 2017 official labour market statistics illustrate that an estimated 555,195 people live in Somerset, of which 110,000 are children. Health services in Somerset are commissioned by Somerset Clinical Commissioning Group (CCG), NHS England and Somerset County Council. Somerset CCG has responsibility for commissioning the majority of healthcare services for the Somerset population.

**5.4.2** Over recent years the significant rise in the number of CLA across the UK has been mirrored in Somerset. The current Somerset perspective is slightly improved in comparison to the national view. There were 535 CLA

in Somerset on 31<sup>st</sup> March 2020 which at 48.3 children per 10,000 is lower than the national average at 65.4 children per 10,000. In 2019 / 2020 196 children started being looked after and 194 children left care illustrating a static situation in contrast to the national picture where more children started to be looked after than left care, (albeit the national data is a year older than the Somerset data).

**Table 3 – Children Looked After by age as at 31<sup>st</sup> March 2020, (SCC data)**



5.4.3 Somerset had 278 young people defined as Care Leavers on 31<sup>st</sup> March 2020 of which 272, (97.8%), were in touch with the Local Authority 106 Care Leavers, (38.1%), were classified as Not in Education or Employment, (NEET). 266 were deemed to be suitably accommodated (95.7%). 38 Care Leavers had remained in their CLA placement as part of a “Staying Put” arrangement.

## 5.5 Children Looked After Professionals

5.5.1 In October 2018 a successful business case developed by the Designated Nurse for Safeguarding Children and approved by the CCG separated the Designated Safeguarding Children and Children Looked After functions and led to the recruitment of Somerset’s first full-time Designated Nurse for Children Looked After and Care Leavers. The post holder took up the new position in February 2019 and completed their induction period in April 2019. Subsequently a 0.6 WTE Children Looked After administrator was also appointed and took up the post in March 2019.

5.5.2 Following local and national benchmarking exercises as a result of the CCG CLA and Care Leavers Whole Service Review, (see also below), the three separate CLA medical roles were reviewed and additional investment by the CCG resulted in the formalising of 2 programmed activities, (PAs), for the Designated Doctor for Children Looked After and Care Leavers role with the new arrangement starting in January 2020.

5.5.3 Both Designated Professionals for CLA and Care Leavers are part of the CCG’s Safeguarding Team along with the Designated Professionals for Safeguarding Adults and Children, their Deputies and the Named GP for Safeguarding Adults and Children

## **6 GOVERNANCE AND STATUTORY ARRANGEMENTS**

- 6.1 Somerset CCG are the lead commissioner for local health services and are responsible for safeguarding quality assurance, including assurance for CLA and Care Leaver health services through contractual arrangements for services which they commission.
- 6.2 Designated Professionals, as clinical experts and strategic leaders, are a vital source of advice to the CCG, NHS England and Improvement, the Local Authority and to partners through the Corporate Parenting Board and its sub groups which in turn reports into the Somerset Safeguarding Children Partnership. They also provide advice, support and supervision to multi-agency professionals across Somerset and engage in regional professional networks and assurance groups to share good practice and develop wider best practice initiatives.
- 6.3 In common with safeguarding children the ultimate accountability for CLA and Care Leavers sits with the Chief Officer and the Chair of the CCG. The Chief Officer and Chair of the CCG have formally delegated authority for safeguarding, (including CLA and Care Leavers) to the Director of Quality and Nursing / Executive Lead for Safeguarding. The Director of Quality and Nursing / Executive Lead for Safeguarding is responsible for ensuring that the health services' contribution to safeguarding and promoting the welfare of children is discharged operationally and effectively across health via local commissioning arrangements, although ultimate responsibility remains with the Chief Officer and Chair of the CCG.
- 6.4 The Designated Nurse for CLA and Care Leavers has reported quarterly to the CCG Patient Safety Quality Assurance Committee, (PSQAC), which has delegated powers from the CCG's Governing Body. PSQAC has been instrumental in supporting the Designated Nurse to further the CLA and Care Leavers improvement journey, escalating risks directly to the Governing Body and Chief Executive on a number of occasions. CLA improvement has also been a key target area for one of the CCG Non-Executive Directors in 2019 / 2020. The CLA and Care Leaver quarterly reports to PSQAC have provided evidence and assurance that the identified risks in provision of statutory health services to CLA and Care Leavers have been identified and are being addressed.
- 6.5 The Designated Nurse has attended the May 2019, September 2019 and February 2020 CCG Clinical Executive Committee to provide update reports on the identified risks within CLA and Care Leavers health services, to report on the progress of the Whole Service Review for CLA and Care Leavers and to present the draft CLA and Care Leavers Business Case for further investment in statutory health services for CLA and Care Leavers resulting in approval of the finalised business case in February 2020.
- 6.6 Throughout 2019 / 2020 the Designated Nurse for CLA and Care Leavers has provided clinical supervision to the Specialist Nurse for CLA and latterly

as part of their induction to the Named Nurse for CLA. Both the Designated Nurse and Designated Doctor for CLA have accessed safeguarding children and CLA supervision from the Designated Doctor for Safeguarding Children and the Designated Doctor and Designated Nurse CLA have met regularly for peer supervision.

- 6.7 Both Designated professionals have also provided ad hoc advice and supervision to members of the wider CLA and Care Leavers multi agency system in respect of health needs, health outcomes, signposting to health services and escalating individual cases on an ad hoc basis.

## **7.0 SOMERSET CORPORATE PARENTING BOARD**

- 7.1 The role of the Somerset Corporate Parenting Board, (CPB), is to ensure that Somerset County Council, together with the four District Councils, fulfil their duties towards CLA and Care Leavers corporately and in partnership with other statutory agencies, including the NHS and Police. The existing Corporate Parenting Strategy and Terms of Reference (TOR), including membership, of the Corporate Parenting Board were agreed by Council in 2017.

- 7.2 The Somerset Corporate Parenting Board feeds into the Somerset Safeguarding Children Partnership, (SSCP), via the CPB Business Manager's attendance at the SSCP Business Planning Group

- 7.3 The Somerset Corporate Parenting Board met four times in 2019 / 2020. The Designated Nurse for CLA and Care Leavers attended each meeting, providing a report and progress on the overarching Health and Wellbeing Sub Group Action Plan. The CPB reviews the work plan and feedback from each of the sub groups:

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

## **7.4. Corporate Parenting Board Health and Wellbeing Sub Group**

- 7.4.1 The CPB Health and Wellbeing Sub Group is chaired by the Designated Nurse for CLA and Care Leavers. The function of this group is to facilitate multi-agency collaboration in meeting the health and wellbeing needs of CLA and Care Leavers. The Sub Group objectives are as follows:
- Maintain a multidisciplinary forum to monitor operational and strategic performance in the provision of better outcomes for children looked after and care leavers, including unaccompanied asylum seeking children.
  - Receive and analyse information in relation to children looked after and care leavers, mapping progress against national standards and performance indicators.
  - Work together to agree and implement a multi-agency action to meet the health and wellbeing needs of children looked after and care leavers.

- In relation to the health and wellbeing of children looked after and care leavers ensure new statutory requirements are implemented.
- Take into account the views of children looked after, care leavers, and their parents or carers in how their health and wellbeing needs are being met.
- Disseminate and celebrate good practice in relation to children looked after and care leavers' health and well-being.
- Influence partnership commissioning decisions by identifying needs and gaps in services that safeguard and promote health and well-being for children looked after and care leavers

7.4.2 The Health and Wellbeing Sub Group action plan is aligned with the Somerset Children and Young People's Plan 2019-2022 and the Year 1 priorities were identified as:

- Supported Families
- Healthy Lives
- Great Education
- Positive Activities

7.4.3 During 2019 / 2020 the following action plan work streams have been facilitated:

- Re-introduction of medical professional led Statutory Initial Health Assessments as per national statutory guidance model
- Review of Statutory Health Assessment processes to identify so called pinch points with the aim of improving the timeliness of assessments
- Review of Strengths and Difficulties questionnaire to improve overall performance, ensuring the emotional health needs of CLA are assessed and appropriate services provided where required
- Ongoing monitoring of the CCG's Whole Service Review for CLA and Care Leavers resulting in CCG approval of three year investment and transformation programme
- Review of Local Offer for Care Leavers including access to health services and provision of free prescriptions
- Review of teenage pregnancy rates amongst CLA and Care Leavers to ensure adequate provision of relevant health services

## **8 WHOLE SERVICE REVIEW OF CHILDREN LOOKED AFTER AND CARE LEAVERS HEALTH SERVICES**

8.1 The first task of the newly appointed CCG Designated Nurse for CLA and Care Leavers was to conduct a detailed review of Somerset health services for this vulnerable cohort of children and young people. The key aims and objectives of the review were to:

- Define the statutory guidance, quality standards and best practice parameters related to Children Looked After, Adoption and Care Leavers
- Describe the current service structures and specifications in place in Somerset

- Benchmark existing services against those across the South West areas using a comprehensive scoping tool
- Identify and specific learning and improvement opportunities based on the Somerset CCG BDO Audit commissioned for CLA and Safeguarding children (20.07.18)
- Utilise a Mapping and Gap Analysis process to identify areas of risk and variation in existing services
- Outline current population statistics and performance data to calculate recommended minimum personnel requirements as detailed in the Intercollegiate Role Framework, (RCPCH, 2015).
- Seek feedback from other system partners that will inform improvements and gaps in existing service provision
- Assure Somerset CCG that they are able to meet the statutory duties for all Children Looked After, children in the adoption process and Care Leavers placed in and out of Somerset, facilitated by Health services that are efficient, effective and responsive
- Ensure relevant Health services have safe levels of appropriately qualified, trained and supervised personnel to deliver the required services
- Ensure Health services have capacity to provide and sustain high quality care which is demonstrated by qualitative outcome measures in addition to quantitative metrics
- Identify areas for improvement and make recommendations to address the issues raised
- Develop Service Specifications that reflect the outcomes of the Whole Service Review
- Develop Quality Standards that will facilitate robust measurement and tracking of quality improvements
- Produce a comprehensive CCG Policy and Procedure document for Children Looked After, Adoption and Care Leavers

8.2 A number of methodologies were utilised to determine the current state of CLA and Care Leaver health services in Somerset including the use of national scoping tools, a regional benchmarking survey, (which was completed by Designated CLA and Care Leaver professionals in other CCGs across the South West), face to face meetings and focus groups with local stakeholders and commissioners in Health and across the wider multi-agency system, and review of all available Health data including the Somerset Joint Strategic Needs Assessment.

8.3 The Whole Service Review concluded that there was a commissioning gap in the current Health services provided by the CCG to effectively meet the health needs of the population Children Looked After and Care Leavers in Somerset in line with Statutory Guidance, the Intercollegiate Role Framework and the Care Planning, Placement and Case Review (England) Regulations (2010). As a result the review found that the CCG was not meeting its statutory responsibilities to ensure the timely and effective delivery of health services to CLA and Care Leavers.

8.4 During the course of the Service Review several immediate risks were identified and have been addressed:

- The provision of a nurse to provide Initial Health Assessments, a contravention of the Statutory Guidance which clearly stated a medical professional should deliver this role. This was rectified in November 2019 with the re-commissioning of medical sessions for the purpose of this requirement
- The provision of a Designated Doctor to the CCG, another requirement of the Statutory Guidance. The CCG had commissioned this role previously but it had never been delivered due to the other competing commitments of the post holder. A formal commissioning review of the three main medical roles for CLA and Care Leavers, (Designated Doctor, Medical Advisor for Fostering and Adoption and Community Paediatrician delivering Initial Health Assessments), was carried out in November 2020 and the Designated Doctor formally took up her role at the CCG in January 2020
- Significant delays in the provision of Adoption Medical Reviews which impacted on the timely conclusion of adoption proceedings and resulted in unnecessary delays for children transitioning to adoptive placements. In addition to the formal review of CLA medical services as referenced above the CCG also provided additional short term funding to Musgrove Park Hospital to employ a Senior Paediatric Registrar to complete additional Adoption Reviews
- The provision of a Named Nurse for CLA and Care Leavers as recommended in the Intercollegiate Role Framework. Without this post the Provider services had no access to the high level of operational expertise such a post would bring, including provision of specialist advice and supervision to staff, management and leadership skills and training and audit competence. This new post was created and filled in February 2020, hosted in the CLA Health Nursing Team by Somerset Partnership NHS Foundation Trust, (Now Somerset NHS Foundation Trust)
- The provision of an additional post within the CLA Health Nursing Team to address the significant risks posed by the complex clinical and administrative systems between Health and the Local Authority to administer Statutory Health Assessments. A Band 4 senior administrator post was developed and this post was filled in January 2020

8.5 The other significant outcome of the Service Review was the development of a comprehensive investment and transformation plan phased over three years to address the issues identified and ensure the CCGs' statutory responsibilities are met. The business case for this plan was presented to the CCG Clinical Executive Group in February 2020 and approved. Year 1 of this plan will commence in April 2020 and includes investment in additional mental health resources, additional investment in medical services to ensure statutory assessment services are delivered on a 52 rather than 42 week basis and the implementation of a comprehensive activity and performance dashboard to enable the CCG to more effectively monitor the improvement journey in partnership with its' Providers.

## **9 MONITORING ACTIVITY AND PERFORMANCE OF SOMERSET PROVIDERS**

9.1 All health providers are required to have safe and effective arrangements in place to safeguard and protect children including those who are looked after by the Local Authority and those young people who have left care. Commissioning arrangements for Providers must include appropriate systems and processes to support safeguarding duties and responsibilities. The Whole Service Review identified some gaps in the robustness of commissioning arrangements and this has been a priority work stream for the Designated Nurse, working closely with CCG Finance, Contracts and Commissioning colleagues. This work has included:

- Establishing a six weekly Operational Management Committee with both Health and wider multi-agency Operations Managers to scrutinise performance data and monitor improvement actions, chaired by the CCG Designated Nurse
- Formal review of all contractual arrangements for the provision of Health services to CLA and Care Leavers including the development of a new integrated Service Specification for CLA Medical Services and a comprehensive review and redevelopment of the existing CLA Nursing Service Specification
- Formal review of the existing CCG investment for CLA and Care Leaver Health services to understand what the CCG was paying for and what was being provided. This led to a clear understanding of the medical elements of the budget and clarification of the individual CLA medical roles which the Providers also approved
- Development of a comprehensive Activity and Performance Dashboard, based on the Dorset CCG model which has been identified as an exemplar model by NHS England, with a plan to implement this from April 2020
- Engagement with Provider Service Leads to facilitate better understanding of the complex nature of these services and to ensure they are aware of the individual responsibilities and requirements of the services they lead

Progress is also monitored within the CCG at the quarterly Clinical Quality Review Meetings with Providers and the monthly Quality and Nursing Operational Meeting and quarterly at the Patient Safety Quality Assurance Committee which include attendance and reports by the Designated Professionals.

### **9.2 Children Looked After and Care Leavers element of contractual arrangements**

9.2.1 There is no specific Schedule in standard NHS contracts for CLA and Care leavers as these vulnerable groups are covered by the overarching Safeguarding Children and Young People Standards:

Standard 1: Governance and Commitment to Safeguarding Children & Young People

Standard 2: Policies, Procedures and Guidelines Adults

Standard 3: Training, Skills and Competences

Standard 4: Supervision and Reflective Practice  
 Standard 5: Multi-Agency Working  
 Standard 6: Reporting Serious Incidents  
 Standard 7: Engaging in Serious Case Reviews  
 Standard 8: Safe Recruitment and Retention of Staff, including  
 Volunteers  
 Standard 9: Managing Safeguarding Children Allegations against  
 Members of Staff

However a number of local requirements for CLA and Care Leaver services are included in Schedule 4C of Provider contracts:

- Provision of evidence to demonstrate Service User Experience: Children Looked After satisfaction and experience of the service
- Provision of annual Provider audit of documentation including assessments to an agreed set of quality standards to evidence the quality of the Children Looked After health service
- Annual report, to include issues of planning, strategy and an audit of quality standards in relation to health services for Children Looked After
- Performance data in respect of Initial and Review Statutory Health Assessments , dental assessments, immunisations and Strengths and Difficulty Questionnaires

9.2.2 Designated Professionals are continuing to work with Providers and Contracts Teams to continuously improve contractual arrangements

### **9.3 Clinical Audit**

9.3.1 In May 2019 the Designated Nurse supported the Provider Specialist Nurse CLA to carry out the annual mandatory audit of the quality of CLA health records and statutory health assessments.

9.3.2 The purpose of the audit was to provide assurance through the Clinical Quality Review arrangements that the quality of health assessments, care plans and professional recording keeping processes are of an agreed standard in line with the CLA Service Specification. The aim of the audit was twofold: to ensure outstanding health needs of Children Looked After are swiftly and accurately assessed and identified, and that resultant care plans accurately reflect unmet health needs and clearly identify the actions required to meet those needs, the timescale for completion and the professional responsible.

9.3.3 The results of the audit illustrated significant improvements in compliance with key record keeping standards. Some significant (approximately 30% increase or more) improvements were seen with:

- Assessment of emotional health (from 20% to 80%)
- Dental health discussions (from 43% to 93%)
- Voice of child being reflected (from 33% to 73%)
- Overview of emotional health (from 10% to 80%)
- Immunisations up to date (from 77% to 100%)

Several new standards were also audited and these achieved good levels of compliance:

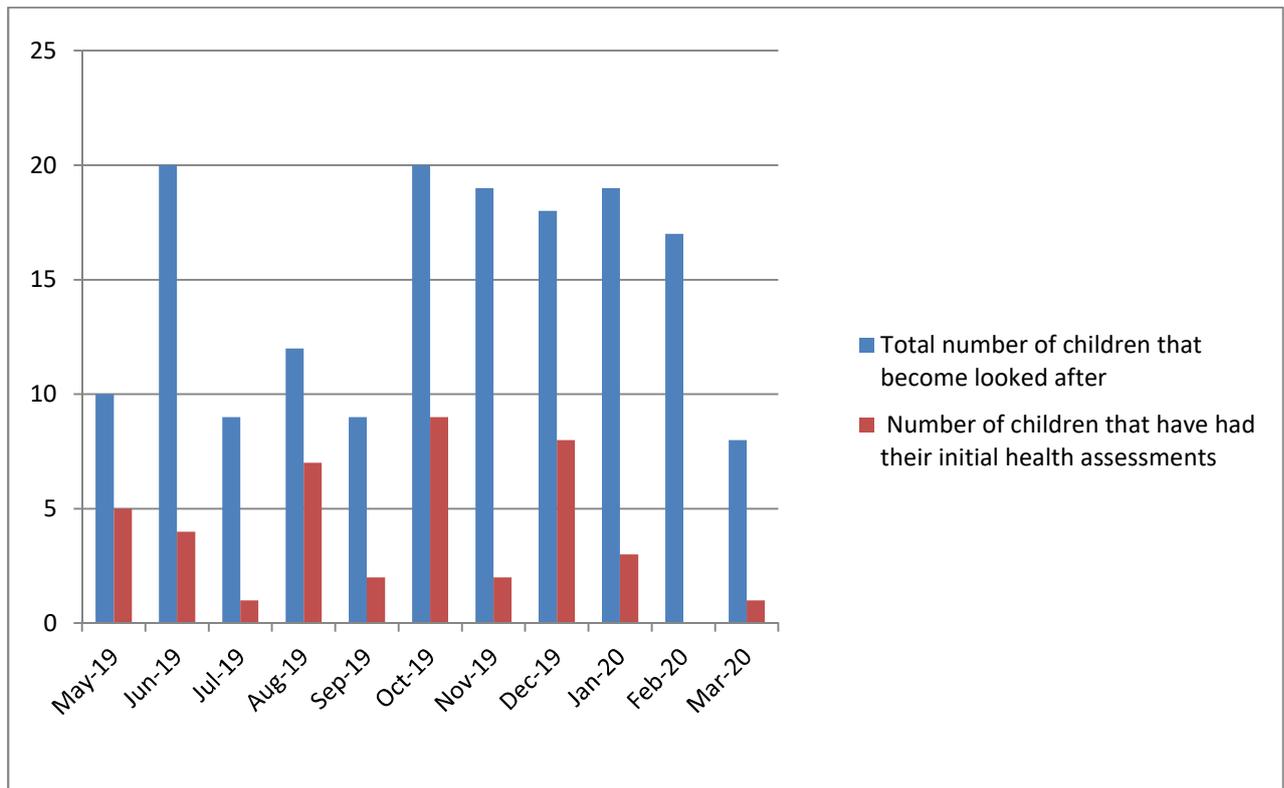
- Immunisation history documented (73%)
- Evidence that keeping safe was discussed (80%)
- Childs DOB and NHS number of every sheet (100%)
- Full health assessment typed (93%)
- SDQ completed if requested (82%)

9.3.4 Future audits will be carried out by the Named Nurse for CLA and Care Leavers on an annual basis.

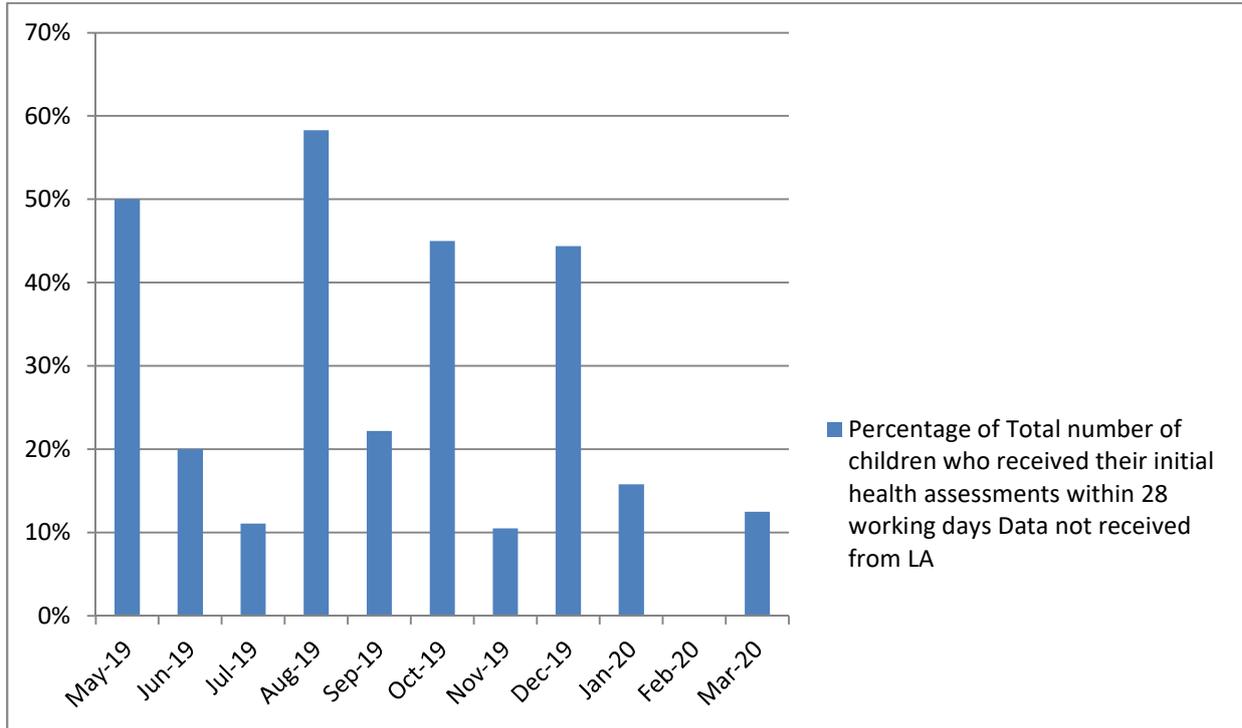
## 9.4 Year end performance

9.4.1 Tables 4-11 illustrate the performance recorded by the Local Authority in respect of CLA and Care Leaver Health activity in 2019 / 2020. *Please note that no data was received for the month of April 2019.*

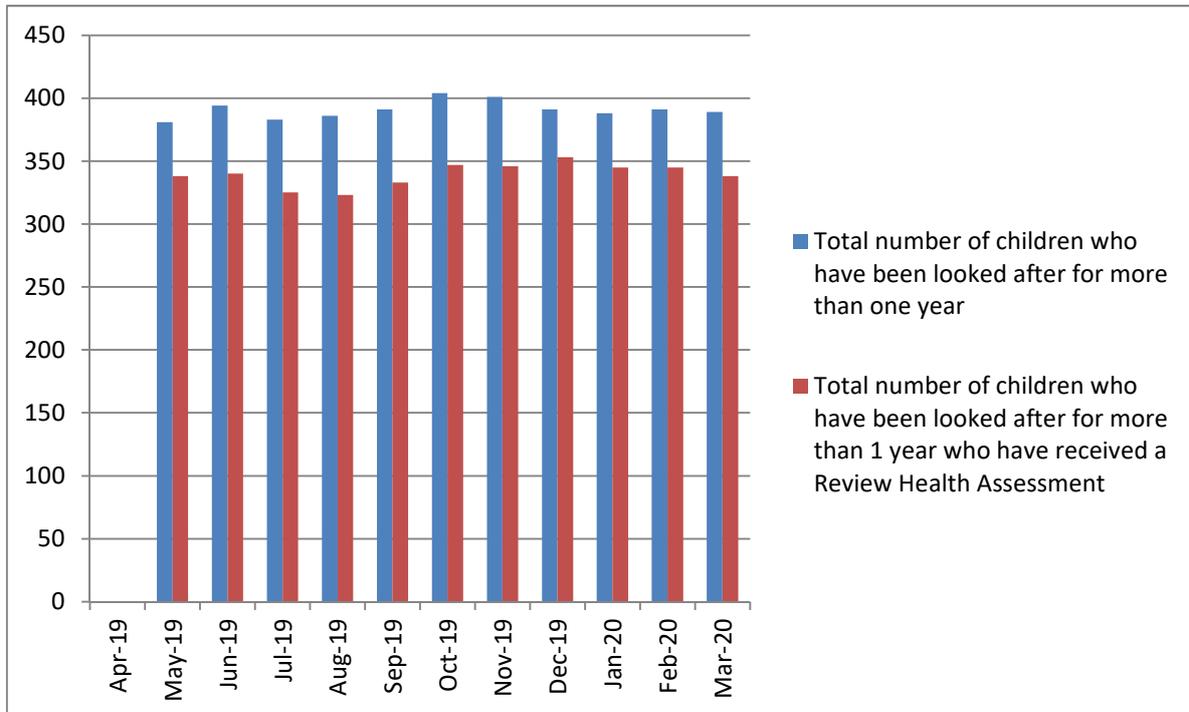
**Table 4 – Number of children who received an Initial Health Assessment within 28 days, (20 working days), 2019 / 2020**



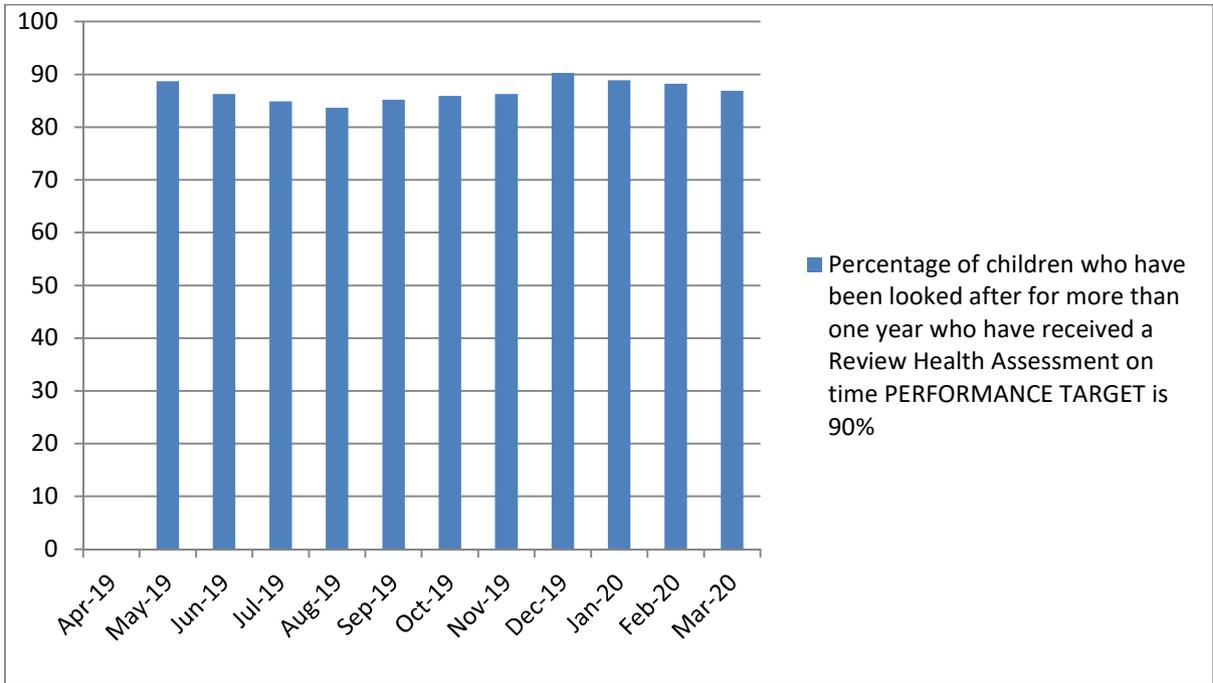
**Table 5 – Percentage of children who received an Initial Health Assessment within 28 days, (20 working days), 2019 / 2020**



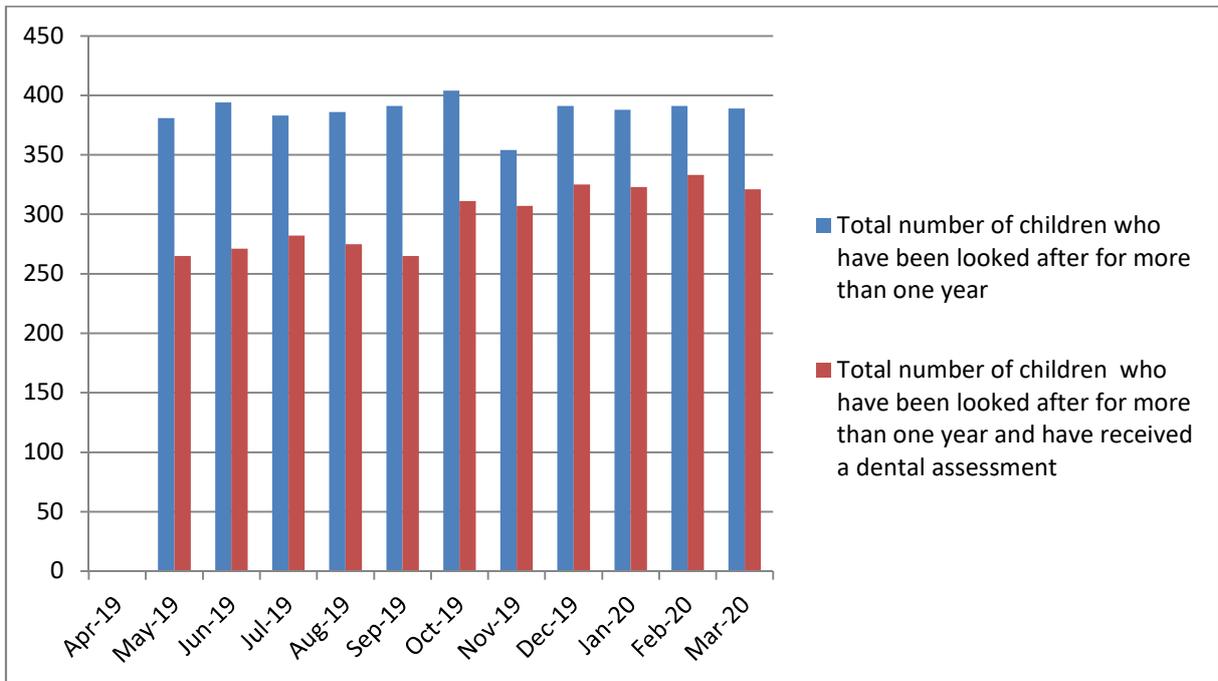
**Table 6 - Number of Review Health Assessments completed by month 2019 / 2020**



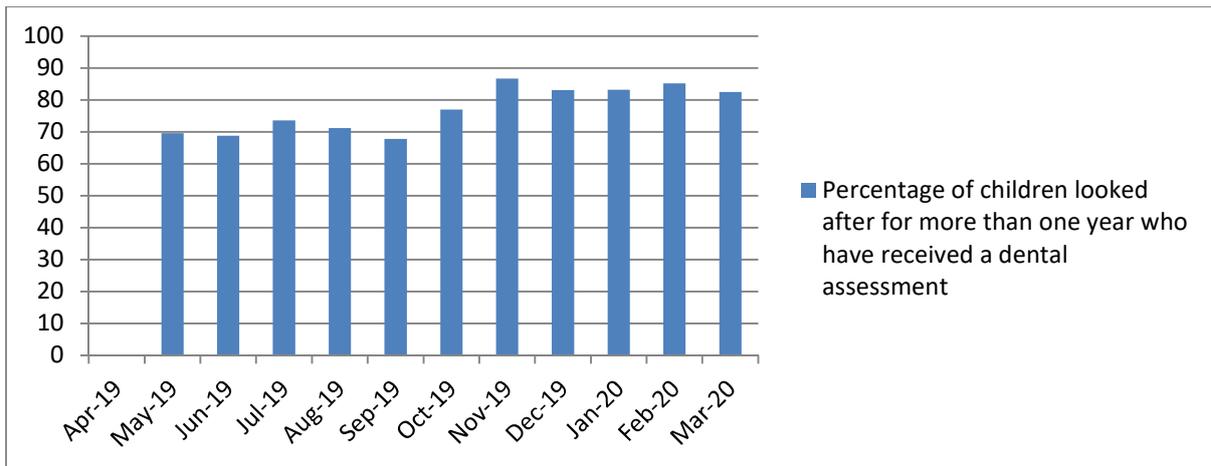
**Table 7 – Percentage of Review Health Assessments completed by month 2019 / 2020**



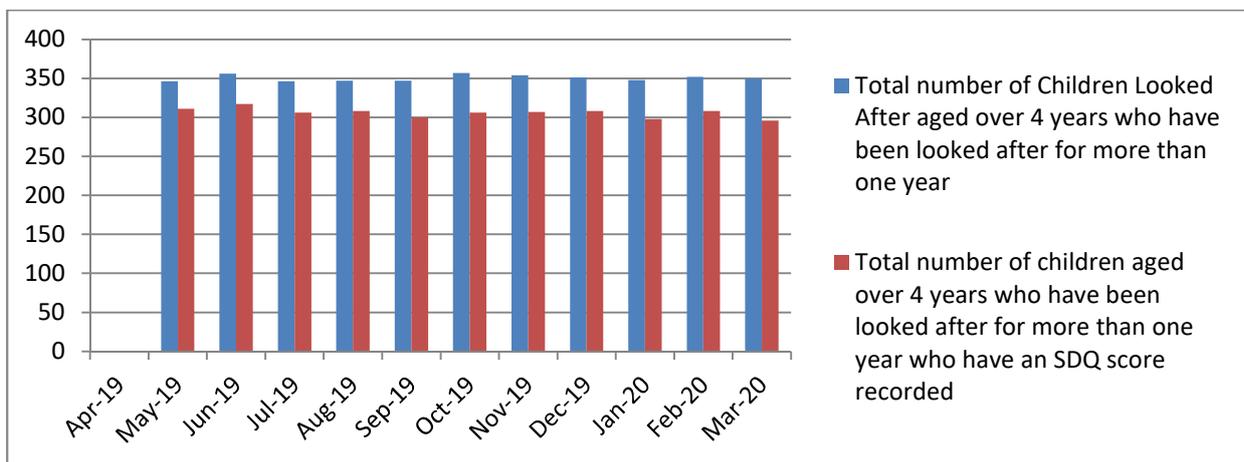
**Table 8 – Number of Dental Assessments completed by month 2019 / 2020**



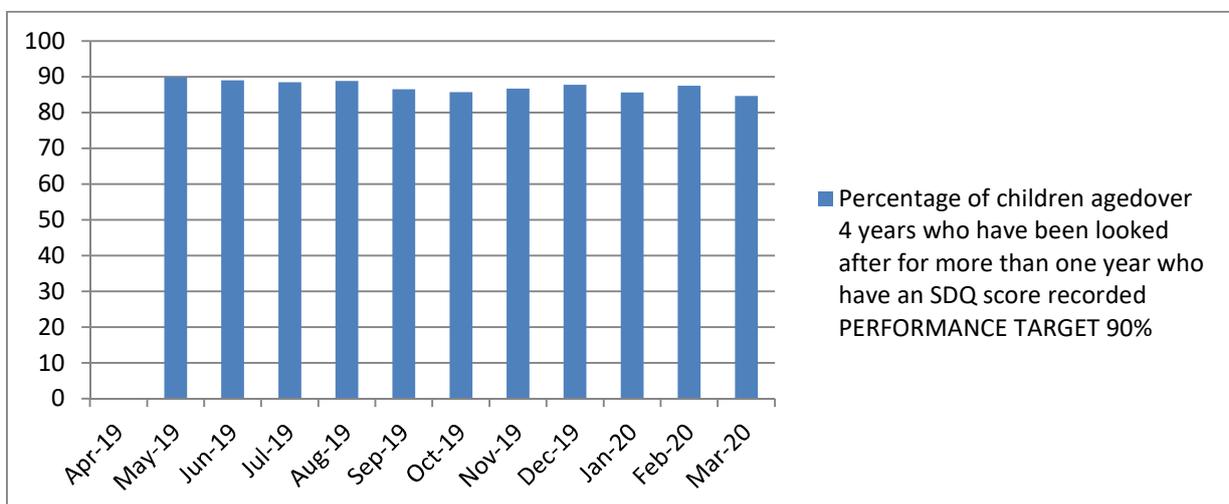
**Table 9 – Percentage of Dental Assessments completed by month 2019 / 2020**



**Table 10 – Number of completed Strengths and Difficulties Questionnaires by month 2019 / 2020**



**Table 11 – Percentage of completed Strengths and Difficulties Questionnaires by month 2019 / 2020**



- 9.4.2 As the data illustrates the main concern continues to be in respect of Initial Health Assessment performance. A number of contributory factors to this performance have been identified and are being resolved
- Decommissioning of nurse led model and implementation of medical assessment model
  - Capacity of CLA Medical services to provide enough appointments leading to a backlog of children awaiting appointments
  - Late notification of children and young people becoming looked after from the Local Authority to Health
  - Late provision of consent information from the Local Authority to Health
  - Complex administrative systems across both Health and the Local Authority involving different personnel in both agencies, administration of separate clinical systems and two separate appointment booking systems
  - Previous gaps in administrative support to the CLA Health Nursing Team
- 9.4.3 Several scoping meetings have taken place with multi agency partners to address these complex issues and Health Providers have been asked to provide action plans to evidence how improvement will be delivered and in what timeframe. However it should be noted provision of Initial Health Assessments by experienced Community Paediatricians is a significant improvement for Somerset's cohort of looked after children and young people, particularly considering that many of this group have come from abusing and neglectful situations where their health needs have not been addressed or prioritised.
- 9.4.4 Dental services to CLA are currently subject to scoping by a dental public health registrar based at Public Health England South West in anticipation of the updating of current dental contracts. The performance data does illustrate some positive improvements but this is in part due to improved data completeness.
- 9.4.5 Strengths and difficulties questionnaires, (so called SDQs), are delivered by the Local Authority as a statutory requirement to ensure the emotional and mental health needs of CLA are known and understood. They are required to be delivered annually and at placement change. The Local Authority requests carers complete the assessment which can also be completed by the child or young person themselves or by a school teacher for triangulation. In 2019 / 2020 the Health and Wellbeing Sub Group completed a piece of work to examine the feasibility of introducing an electronic version of the assessment. The recommendation was that this particular system was not suitable for Somerset where some of the requisite therapeutic services were not available. Concerns were also raised that the delivery model was very prescriptive and did not take account of all aspects of a child's lived experience.
- 9.4.6 In June 2019 the CCG Designated Nurse for CLA and Care Leavers also completed an audit of SDQ results to better understand themes and trends

and identify additional action for improvement. This audit was presented to Corporate Parenting Board in September and the action plan has been reviewed in the Health and Wellbeing Sub Group.

## 10 **AREAS OF CHALLENGE**

10.1 A number of challenges were identified and addressed in 2019/2020 as per Table 12 below:

<b>ISSUE</b>	<b>SOLUTION</b>
<p><b>Absence of clear financial and contractual arrangements</b> leading to confusion and misunderstanding in respect of what the CCG is paying for and what is being provided.</p>	<p>Work has been completed to understand and simplify budgets so that there is clarity about what the CCG is paying for in terms of medical services</p>
<p><b>Decreased Paediatric capacity</b> in Taunton and Somerset NHS Foundation Trust, (now Somerset Foundation Trust) and Yeovil District Hospital NHS Foundation Trust leading to long waiting lists for both statutory Initial Health Assessments and Adoption Medical Reviews. Although the CCG has provided additional investment to address these gaps the Providers have been unable to recruit the additional Programmed Activities</p>	<p>Additional short term investment has been provided to Somerset Foundation Trust to pay for additional statutory Health Assessment clinics and additional Adoption Medical Reviews</p>
<p><b>Decreased CLA nursing capacity</b> due to long term sickness absence. This has resulted in a significant backlog of statutory work and an overall decrease in productivity.</p>	<p>The CCG has worked with Somerset Foundation Trust to recruit a Named Nurse for CLA to the CLA Health Team. The CCG will fund this substantive post from April 2020</p>

<p><b>Blocks, delays and misunderstandings</b> due to the highly complex and specialist nature of CLA and Care Leaver services delivered to Somerset's most vulnerable, but often most invisible cohort of children and young people which, due in part to the lack of a standalone Designated Nurse post before February 2019 has not been prioritised across the system or its profile raised at Executive level.</p>	<p>The Designated Nurse has provided best practice advice and support to the CCG Commissioners in respect of the health needs of CLA and Care Leavers, influencing service development. They have also represented the health needs of CLA and Care Leavers on a number of system wide strategic and operational committees to ensure the needs of this vulnerable group are known and understood. Finally they have provided training to Public Health Nurses, GP Safeguarding Leads and Local Authority Social Workers to raise awareness of the health needs of CLA and Care Leavers</p>
<p><b>Reorganisation and integration of two of Somerset's biggest providers of CLA Health Services</b> resulting in several changes of management in quick succession and the subsequent need to inform and educate several new Operational Managers and Service Leads. Improvement initiatives have been significantly impacted by these changes.</p>	<p>Risks in respect of the gaps in commissioned health services for CLA and Care Leavers have been reported via the CCG Corporate Risk Register with actions and performance being scrutinised through the CCG Safeguarding Business Group, Patient Safety Quality Assurance Committee, Clinical Executive Group, and the multi-agency Health and Wellbeing Sub Group and Corporate Parenting Board</p>

## 11 **MITIGATION**

- 11.1 Work has been completed to understand and simplify budgets so that there is clarity about what the CCG is paying for in terms of medical services
- 11.2 Additional short term investment has been provided to Somerset Foundation Trust to pay for additional statutory Health Assessment clinics and additional Adoption Medical Reviews.
- 11.3 The CCG has worked with Somerset Foundation Trust to recruit a Named Nurse for CLA to the CLA Health Team. The CCG funded this substantive post from April 2020.
- 11.4 The Designated Nurse has provided best practice advice and support to the CCG Commissioners in respect of the health needs of CLA and Care Leavers, influencing service development. They have also represented the health needs of CLA and Care Leavers on a number of system wide

strategic and operational committees to ensure the needs of this vulnerable group are known and understood. Finally they have provided training to Public Health Nurses, GP Safeguarding Leads and Local Authority Social Workers to raise awareness of the health needs of CLA and Care Leavers

- 11.5 Risks in respect of the gaps in commissioned health services for CLA and Care Leavers have been reported via the CCG Corporate Risk Register with actions and performance being scrutinised through the CCG Safeguarding Business Group, Patient Safety Quality Assurance Committee, Clinical Executive Group, and the multi-agency Health and Wellbeing Sub Group and Corporate Parenting Board

## **12 PROGRESS AGAINST OBJECTIVES FOR 2019 / 2020**

12.1 This is the first CCG annual report specifically relating to CLA and Care Leaver health services. Previous CCG Safeguarding Children Annual Reports have referenced CLA and Care Leavers and the following objective was documented in the 2018/2019 report and has been **fully completed**:

- To conduct a Whole Service Review into the Health Services for CLA and Care Leavers, the progress of which will be reported internally and externally. The aims of this review are as follows:
  - Assure Somerset CCG that they are able to meet the statutory duties for all CLA, children in the adoption process and Care Leavers placed in and out of Somerset, facilitated by Health services that are efficient, effective and responsive
  - Ensure relevant Health services have safe levels of appropriately qualified, trained and supervised personnel to deliver the required services
  - Ensure Health services have capacity to provide and sustain high quality care which is demonstrated by qualitative outcome measures in addition to quantitative metrics
  - Identify areas for improvement and make recommendations to address the issues raised
  - Develop Service Specifications that reflect the outcomes of the Whole Service Review
  - Develop Quality Standards that will facilitate robust measurement and tracking of quality improvements
  - Produce a comprehensive CCG Policy and Procedure document for CLA Adoption and Care Leavers

## **13 OBJECTIVES FOR 2020 / 2021**

- 13.1 The following objectives have been identified for completion in 2020/2021:
- Fully implement Year 1 of the CLA and Care Leavers Investment and Transformation plan:
    - Induct the newly appointed Named Nurse
    - Recruit to additional nursing post with lead for mental health

- Expand capacity in both Somerset and Yeovil District Hospital Foundation Trusts to ensure statutory medical services to CLA are offered 52 weeks of the year rather than the current 42 weeks
- Work with both Health Providers and the Local Authority to improve delivery of timely and high quality statutory health services to CLA as per the schedule below:

Assessment	Performance indicator	Target
Initial Health Assessments	50%	December 2020
	75%	March 2021
	90%	June 2021
Review Health Assessments	90%	December 2020
Adoption Medical Reviews	90% of Reviews to be completed within one month of receipt of request by Local Authority	March 2021

- Centralise the health assessment booking administration role within the CLA Health Team to improve the timeliness of statutory health assessments *by December 2020*
- Work with both Health Providers to roll out the CLA and Care Leavers Activity and Performance Dashboard to Somerset Providers *from April 2020*
- Work with both CCG and Local Authority commissioners to consider the future of CLA and Care Leaver services in Somerset, specifically
  - Identify joint commissioning opportunities
  - Build capacity in CLA medical services
  - Build capacity in the Adoption medical services and consider development of a jointly commissioned CLA Nurse for Adoption
  - Development of emotional and mental health pathway
  - Development of system wide data collection and reporting system
- Work with the Designated Clinical Officer for SEND to ensure the needs of CLA and Care Leavers are fully considered in all service redesign and that EHCPs contain information from the most up-to-date statutory Health Assessment *by September 2020*
- Work with Somerset Foundation Trust to support and develop the newly appointed Named Nurse for CLA and Care Leavers *ongoing*
- Finalise the Medical and Nursing Service Specifications and achieve consensus and sign off by both Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust *by December 2020*

## **14**      **CONCLUSION**

- 14.1      Commissioners of health services have a duty to ensure that all NHS Trusts recognise the importance of robust and effective arrangements in place to safeguard and protect children and young people across Somerset, and to provide assurance that they are fulfilling its statutory responsibilities for Safeguarding Children under section 11 of the Children Act 1989 (2004).
- 14.2      Whilst significant advances have been made in 2019 / 2020 it is recognised that there is still much work to be done to improve the health of children who are looked after by the Local Authority and those older young people who have experienced both the benefits and disadvantages of being “looked after”. Timely, high quality and responsive health services are vitally important to ensure this most vulnerable cohort of children achieve their full potential and leave the care system physically and emotionally well in order to meet the challenges of the next stages of their lives. It is hoped that next years’ objectives will continue to take forward the progress that has been made this year to fulfil our statutory and strategic objectives.
- 14.3      The CCG are requested to **note** the contents of this report.

## **15**      **APPENDICES**

### **Appendix 1: GLOSSARY OF TERMS**

<b>CCG</b>	<b>Clinical Commissioning Group</b>
<b>CDOP</b>	<b>Child Death Overview Panel</b>
<b>CDR</b>	<b>Child Death Review</b>
<b>CE</b>	<b>Child Exploitation</b>
<b>CLA</b>	<b>Children Looked After</b>
<b>CLAS</b>	<b>Children Looked After and Safeguarding</b>
<b>CPB</b>	<b>Corporate Parenting Board</b>
<b>CQC</b>	<b>Care Quality Commission</b>
<b>CSE</b>	<b>Child Sexual Exploitation</b>
<b>CYP</b>	<b>Children and Young People</b>
<b>ESR</b>	<b>Electronic Staff Record</b>
<b>FGM</b>	<b>Female genital mutilation</b>
<b>GP</b>	<b>General Practitioner</b>
<b>HWB</b>	<b>Health and Wellbeing</b>
<b>JTAI</b>	<b>Joint targeted area inspection</b>
<b>MARAC</b>	<b>Multi-Agency Risk Assessment Conference</b>
<b>NHS</b>	<b>National Health Service</b>
<b>PSQAC</b>	<b>Patient Safety Quality Assurance Committee</b>
<b>SCR</b>	<b>Serious Case Review</b>
<b>SEN</b>	<b>Special Educational Need</b>
<b>SEND</b>	<b>Special Educational Needs and Disabilities</b>
<b>SGC</b>	<b>Safeguarding Children</b>
<b>SSCB</b>	<b>Somerset Safeguarding Children Board</b>
<b>SSP</b>	<b>Safer Somerset Partnership</b>

<b>Sompar</b>	<b>Somerset Partnership NHS Foundation Trust</b>
<b>TST</b>	<b>Taunton and Somerset NHS Foundation Trust</b>
<b>UASC</b>	<b>Unaccompanied Asylum Seeking Children</b>
<b>YDH</b>	<b>Yeovil District Hospital NHS Foundation Trust</b>