

Report to the NHS Somerset Clinical Commissioning Group on 26 May 2022

Title: CHILDREN LOOKED AFTER AND CARE LEAVERS ANNUAL REPORT 2020 / 2021	Enclosure G
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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 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 2019/2020 objectives were completed
- Identify the CCG's 2020/2021 CLA and Care Leaver objectives

Recommendations and next steps –

Governing Body is asked to approve the content of this report and the objectives for 2021/22:

- Fully implement Year 2 of the CLA and Care Leavers Investment and Transformation plan:
 - Develop a job description, recruit and induct a Named Doctor for CLA and Care Leavers
 - Work with Somerset NHS Foundation Trust to ensure their overall nursing and administrative capacity correlates with the Year 2 investment given recent significant changes to personnel within the CLA Nursing Team

- Resolve and finalise commissioning issues in respect of system wide Agency Medical Advisor service
- Continue to work collaboratively with local Health Providers to ensure there is continuous quality and performance improvement in commissioned services delivery
- Work with Somerset NHS Foundation Trust and Somerset County Council to successfully implement and embed a Health based statutory health assessment booking system with the aim of improving the timeliness of health assessments and providing improved data in respect of performance
- Work with CCG Commissioners and Maternity Providers to facilitate the statutory provision of obstetric and neonatal information for children who become looked after and those with a care plan for adoption
- Finalise work with system partners to determine best use of additional CCG investment to improve the emotional and mental health of CLA and Care Leavers and develop an emotional and mental health pathway
- Continue work with system partners in respect of joint commissioning opportunities
- Continue work with Somerset NHS Foundation Trust to resolve cross charging issues for statutory health assessment work
- Continue to work collaboratively with Safeguarding Designates and wider Health and Social Care partners to ensure safeguarding is embedded in the Somerset Integrated Care System
- Continue to support the safeguarding training function of safeguarding Designates within the CCG, ensuring that CLA and Care Leavers has equal weight in any safeguarding training developed and delivered

Impact Assessments – key issues identified

Equality	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 whether they are resident in or out of Somerset, also to CLA who originate from other Local Authorities and CCGs but are resident in Somerset
Quality	Understanding the quality of health services offered to CLA and Care Leavers is a key function of the CCG's role. Embedded processes are now in place to record key performance outcomes and work is ongoing with health providers and multi agency partners to further develop this work. The Health Activity and Performance dashboard is also provided on a monthly basis by health providers and scrutinised by the Designated Nurse. Work is also ongoing regionally to ensure care providers are also delivering high quality and safe care and support to Somerset CLA
Safeguarding	Providing safe and protective homes for children and young people who have been subject of or at risk of abuse and neglect is a key driver of statutory safeguarding policy. Ensuring this group of children and young people have access to responsive and effective health services that recognise their needs as Children Looked After and Care Leavers is a statutory function of the CCG.

Privacy	Information sharing processes are already established; there are no breaches of privacy expected.			
Engagement	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			
Financial / Resource	<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"> ○ Year 1 - £165,687 ○ Year 2 - £95,649 ○ Year 3 - £72,898 <p>At the end of Year 3 the CCGs total spend on CLA and Care Leaver Health Services will be £606,103</p>			
Governance or Legal	<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>			
Sustainability	Supporting Somerset's most vulnerable children to achieve improved outcomes also limits the likelihood of their reliance on healthcare in the future			
Risk Description	<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 31.08.2021</p>			
Risk Rating	Consequence 3	Likelihood 5	RAG Rating 15	GBAF Ref

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ANNUAL REPORT
2020 / 2021**

August 2021

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Roles	Designated Professionals for Children Looked After and Care Leavers
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Role	Director of Quality and Nursing / Executive Lead for Safeguarding
Date	August 2021

1 FOREWORD

- 1.1 This is the second annual Children Looked After and Care Leavers Report for Somerset Clinical Commissioning Group covering April 2020 – March 2021. 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 covers the period 1st April 2020 to 31st March 2021.
- 4.2 The 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 Somerset County Council, (529 on 31st March 2021 compared to 535 on 31st March 2020) or are Somerset Care Leavers.
- 4.3 The report is an updated overview and summary of the previous CCG Annual Report and will:
- update 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 2020/2021 objectives were completed
- Identify the CCG's 2021/2022 CLA and Care Leaver objectives

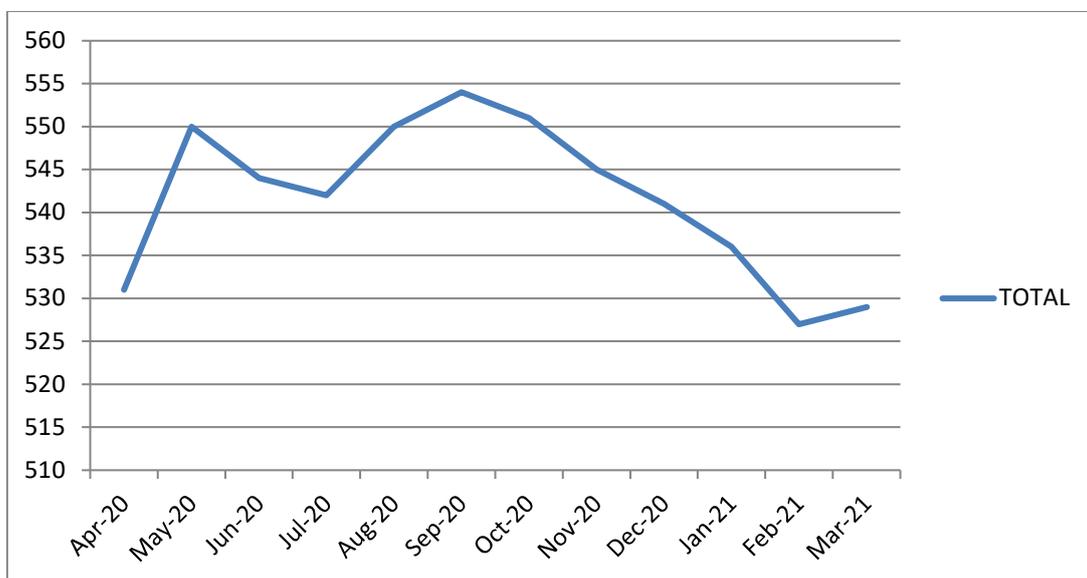
5 **CHILDREN LOOKED AFTER AND CARE LEAVERS CHARACTERISTICS AND CONTEXT**

5.1 **Characteristics**

5.1.1 During 2020/2021 there has been little change in the characteristics of Somerset children who become looked after. The reason the majority of children and young people become looked after in Somerset is because they are victims of abuse or neglect.

5.1.2 During 2020/2021 Somerset initially saw an increasing number of children becoming looked after which decreased again towards the end of the period as per Table 1 below. It is likely that the COVID-19 pandemic had some influence on this data with a significant number of children becoming looked after at the beginning of the pandemic and another small rise as children returned to school before the second pandemic wave.

Table 1 Number of Somerset Looked After Children 2020/2021



5.1.3 This contrasts with the national trend whereby the number of children who are looked after has increased every year since 2008. Children looked after on 31 March 2020 increased to 80,080, from 78,140 last year an increase of 2%. This is a rate of 67 per 10,000 children, up from 65 last year. The number of children starting to be looked after fell 3% this year to 30,970, from 31,770 last year. (DfE, December 2020). However it must be recognised that the national data for 2020/2021 has not yet been released and may well illustrate similar trends influenced by the pandemic as has been noted locally.

- 5.1.4 Similarly national rising trends of unaccompanied asylum seekers and children, (UASC), who have been trafficked and/or exploited, entering the care system has not been replicated in Somerset. 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. There were 4 UASC in Somerset on 31st March 2021.
- 5.1.5 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 social, emotional and mental health, (SEMH), problems is estimated to be between 45 and 72% compared to 10% in their non-looked after peers. On 31st March 2021 136 CLA who had been looked after for more than one year were found to have a Strengths and Difficulties questionnaire score of above 17, indicating high social, emotional and mental health need. This equates to 44.2% of the Somerset CLA population and illustrates the need for a strong focus on CLA when commissioning SEMH services.
- 5.1.6 Nationally 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.
- 5.1.7 Children and young people with Special Educational Needs and Disability, (SEND), are over represented in the care system. As a group they are nine times more likely to have an Education and Health Care Plan, (EHC plan) than the general pupil population.
- 5.1.8 In Somerset 180 CLA have EHC plans compared to 191 in 2019/2020. Ninety-one have SEN support compared to 93 in 2019/2020, (March 2021 figures). Please note this is looked after children living in Somerset whether they are funded by Somerset County Council or another LA. This equates to 34% of the CLA population, 51% 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.
- 5.1.9 Data also illustrates that all looked after children, both those with an EHC plan and those in receipt of SEN support, have up-to-date statutory health assessments on file and accessible to the SEND case worker team. This good performance is due to activity which has taken place during 2020/2021 to facilitate improved communication between the SEND team and CLA Nursing Team, leading to improved information sharing and SEN

pans which reflect the health care needs identified through the statutory health assessment process.

5.1.10 Somerset CLA and their support networks benefit from access to the Local Authority's Emotional Health and Wellbeing Team in addition to Child and Adolescent Mental Health Services and the Eating Disorder Service. Ninety-eight looked after children were open to the Emotional health and Wellbeing Team on 31st March 2021. Thirty-eight CLA were open to CAMHS and a further two CLA were receiving support from the Eating Disorder Service.

5.1.11 Data from November 2020 illustrates that four looked after children and Care Leavers had been pregnant in the last year. All were supported by the Young Parents Public Health Nursing Team. Comparison of this data with statistically similar neighbours illustrates that Somerset's rate is significantly lower mirroring an overall decreasing teenage pregnancy rate in Somerset.

5.2 Policy Context

5.2.1 There have been few changes in statute or statutory guidance relating to looked after children and Care Leavers in 2020/2021.

5.2.2 The Coronavirus Act 2020 which became law on 25th March 2020 subsequently included amendments to adoption and fostering legislation and statutory guidance for Local Authorities. One element of these temporary changes was to allow medical assessment of prospective foster carers and adopters to happen later in the approval process, allowing initial medical assessments to take place virtually albeit with a face to face medical assessment taking place at a later date. This was to ensure approval processes were not unduly delayed by the medical assessment process, whilst still ensuring high quality assessments took place as a broad safeguard for looked after children.

5.2.3 In Somerset this change had very little impact as Somerset GPs continued to prioritise adult medicals with only a minority of practices choosing a virtual process or to delay face to face medicals indefinitely due to the capacity issues caused by the COVID-19 pandemic.

5.2.4 The 2015 RCPCH Intercollegiate document was revised and republished in December 2020 as *Looked after Children: Roles and competencies of healthcare staff*. In particular it has been strengthened to support paediatricians working in this area with updated descriptions of roles and responsibilities. It has also been updated to clarify appropriate training for all health care staff.

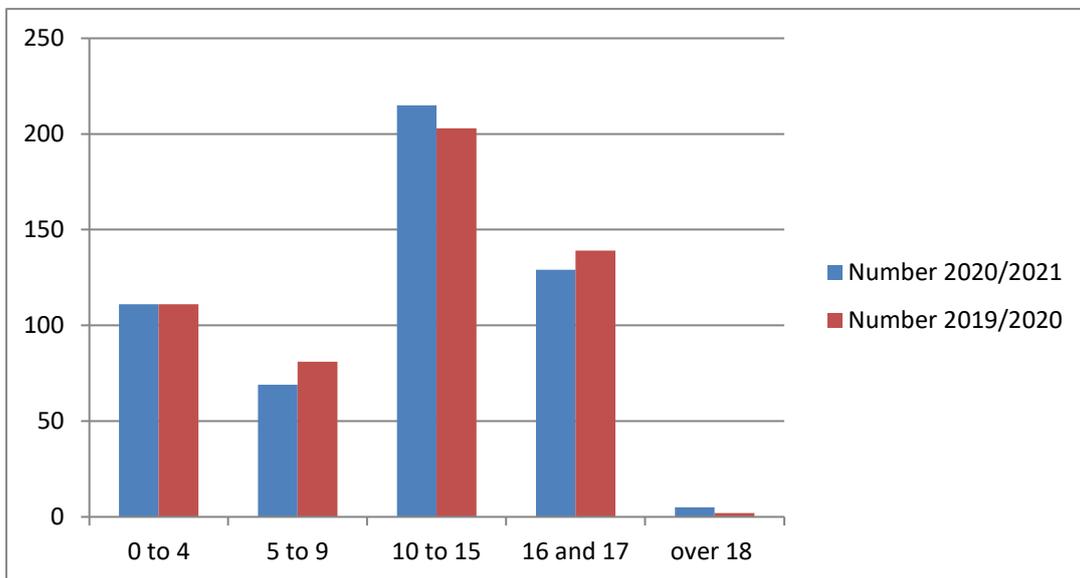
5.3 Local Context

5.3.1 562,225 people live in Somerset (June 2019) of which approximately 110,000 are children. Health services for the whole population of 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.

5.3.2 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 31st March 2021 which at 47.8 children per 10,000 is lower than the national average at 65.4 children per 10,000 and lower than the previous Somerset rate of 48.3 per 10,000. During 2020/2021 net changes in looked after children remained static with 193 children becoming looked after and 193 children leaving care. This is also 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 2 Children Looked After by age as at 31st March 2021, (SCC data)



5.3.3 Somerset had 312 young people defined as Care Leavers on 31st March 2021, an increase of 34 since 2019/2020. Three hundred and five (97.8%), were in touch with the Local Authority. One hundred and thirty seven Care Leavers, (43.9%), were classified as Not in Education, Employment or Training, (NEET), an increase of 29 since 31st March 2020. Two hundred and ninety eight were deemed to be suitably accommodated (95.5%). Forty three Care Leavers had remained in their CLA placement as part of a “Staying Put” arrangement, an increase of five since March 2020.

5.4 Children Looked After Professionals

5.4.1 The CCG employs both a Designated Doctor and Designated Nurse for Children Looked After and Care Leavers. The former is provided with 2 Programmed Activities to deliver this role and the latter is a full time position. The professionals are supported by 0.6 WTE administrator role.

- 5.4.2 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
- 5.4.3 Two Adoption and Fostering Medical Advisors are also commissioned by the CCG. One is a Community Paediatrician employed by Somerset FT providing 4 Programmed Activities to review the health of children whose care plan is adoption. The second professional is a GP employed by the CCG who provides 2 Programmed Activities a month to review the GP medicals of prospective foster carers and adopters.
- 5.4.4 The CCG has also funded additional paediatrician resource to assist with the backlog of Pre Adoption Medical Reviews that have become an increasing concern. By the end of this reporting period an additional 6 Programmed Activities of Consultant Paediatrician time was being provided by Yeovil District Hospital NHS Foundation Trust, making a significant impact on the waiting list and ensuring that looked after children with a care plan for adoption were not subject to unnecessary delays due to Medical Advisor capacity.
- 5.4.5 Further review of Adoption Medical Advisor capacity will be necessary in 2021/2022 to ensure this tiny but extremely important service has the capacity to manage the increased workload that is currently being recorded.

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.
- 6.5 In 2020/2021 PSQAC reporting arrangements were streamlined due to the COVID-19 pandemic and an integrated Safeguarding slide deck was introduced to replace the three reports from the three separate Safeguarding work streams. The CLA and Care Leaver element of these 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 through the three year investment and improvement programme.
- 6.6 Throughout 2020 / 2021 the Designated Nurse for CLA and Care Leavers has provided clinical supervision 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 2020 / 2021. 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 priorities were identified as:

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

7.4.3 During 2020 / 2021 the following Health and Wellbeing Sub Group action plan work streams have been facilitated:

- Redesign statutory health assessment templates to avoid unnecessary duplication and streamline quality assurance processes
- Develop clear process maps for statutory health assessments to ensure all partners are clear about responsibilities and timeframes for completion
- Successful implementation of comprehensive Health focused activity and performance dashboard for Providers
- Monthly multi agency operations group embedded to review progress of delayed Initial Health Assessments

- Development of weekly multi agency operational group to ensure Adoption work is correctly prioritised and allocated
- Commissioning of review of Emotional Health and Wellbeing Service to determine where in the system additional CCG investment should be allocated
- Fully implemented Year 1 of the CCG's investment and improvement programme, strengthening the CLA Nursing Team and properly commissioning the CLA Medical Services
- Match funded bespoke counselling service for 12 Care Leavers with a local counselling charity

8 MONITORING ACTIVITY AND PERFORMANCE OF SOMERSET PROVIDERS

8.1 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.

8.2 Improving the robustness of commissioning arrangements for Children Looked After and Care Leaver health services continues to be a priority work stream for the Designated Nurse, working closely with CCG Finance, Contracts and Commissioning colleagues. This work has included:

- Chairing the six weekly Operational Management Committee with both Health and wider multi-agency Operations Managers to scrutinise and challenge performance data
- Working with health providers and contracts colleagues to gain consensus for an extensively updated CLA Nursing Service Specification and a new integrated Service Specification for CLA Medical Services. Whilst contract negotiations were paused during the early stages of the COVID-19 pandemic development of the services specifications and other contractual arrangements continued
- Ensuring job descriptions for all CLA professionals are up-to-date and in line with the Intercollegiate Role Framework, (RCPCH, 2020), which was published in December 2020
- In partnership with health providers refining and embedding the comprehensive Activity and Performance Dashboard
- Providing detailed briefings for both Governing Body and Directors meetings to ensure Executive Leads are fully sited on commissioning gaps and risks

Progress is monitored at the six weekly CCG Safeguarding Business Meeting, monthly Quality and Nursing Operational Meeting and quarterly at the Patient Safety Quality Assurance Committee.

8.2 Children Looked After and Care Leavers element of contractual arrangements

- 8.2.1 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

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

8.3 Clinical Audit

- 8.3.1 The Somerset NHS Foundation Trust CLA Nurse team quality assured 259 completed Initial and Review Health Assessments via peer review using an agreed benchmarking Quality Assurance Tool, (Somerset CCG 2019) and their clinical expertise. This process has illustrated a steady improvement during the year and is evident in the improved quality of health information available for other related processes including the Multi Agency Children's Complex Case Panel, Education and Health Care Plan statutory reviews and for the adoption process.

- 8.3.2 From April 2021 Initial Health Assessments will be quality assured by Medical Practitioners and will be a key role of the Named Doctor CLA who will be appointed in 2021/2022 in line with the additional Year 2 investment available.

- 8.3.3 The new Nursing Service Specification stipulates that quality assurance of 15% of Review Health Assessments will be completed to ensure that

standards are upheld. This agreement recognises the significant improvements achieved in the quality of statutory health assessments.

8.3.4 A Record Keeping Audit was undertaken by the Somerset NHS Foundation Trust CLA Nurse Team in August 2020. The statutory health assessments and clinical records of 90 CLA were reviewed for this audit. 28 of the 42 audit standards were fully compliant and 12 standards were partially compliant. Only one standard, relating to the recording of religion was not compliant and an action plan is in place to address this. User feedback in relation to statutory health assessments was also reviewed. Of the 35 CLA feedback ratings audited 34 were positive and only 1 negative.

8.3.5 The audit will be repeated in December 2022 by which time it is expected Public Health Nursing will have migrated to a different electric records system which may have an impact on record keeping.

8.4 Year end performance

8.4.1 Tables 3-6 illustrate the performance recorded by the Local Authority in respect of CLA and Care Leaver Health activity in 2020 / 2021.

Table 3 – Number and percentage of children who received an Initial Health Assessment within 28 days, (20 working days), in 2020 / 2021 (Target 90%)

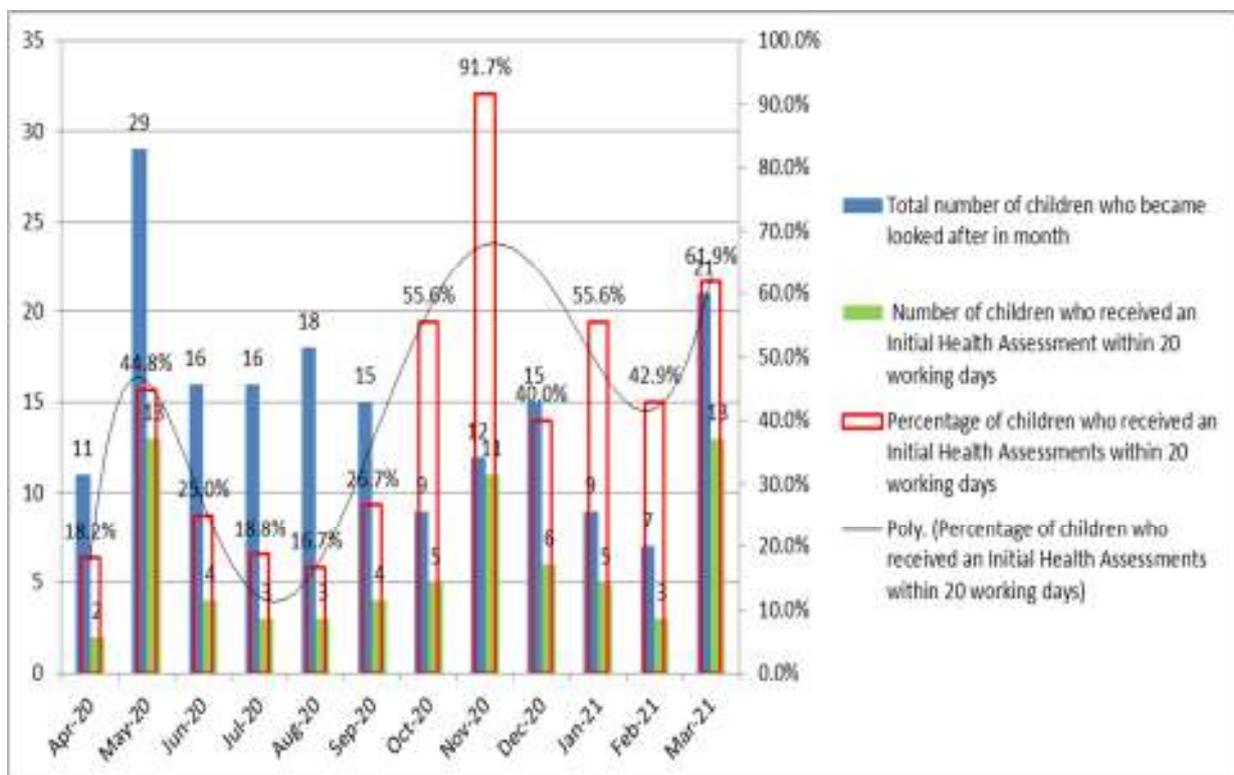


Table 4 – Number and percentage of children who received a Review Health Assessment in 2020 / 2021 (Target 90%)

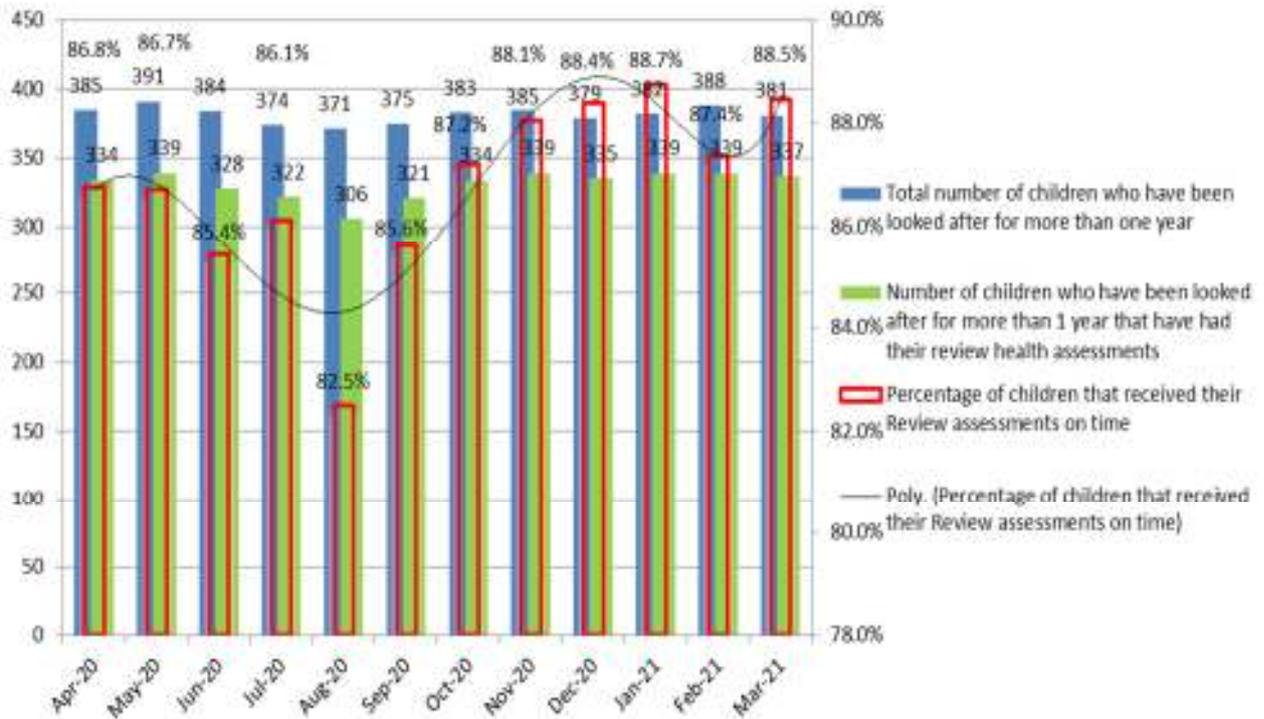


Table 5 – Number and percentage of children who have been looked after for more than one year who received a dental assessment in 2020/2021 (Target 90%)

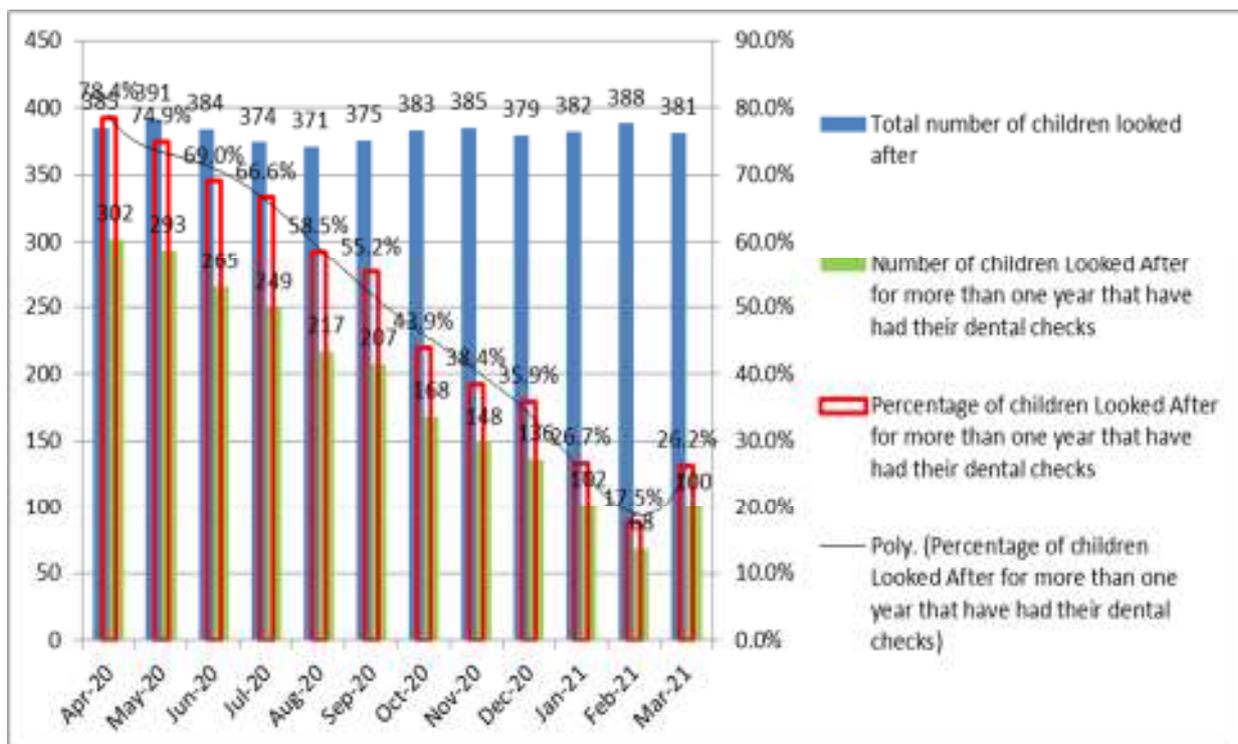
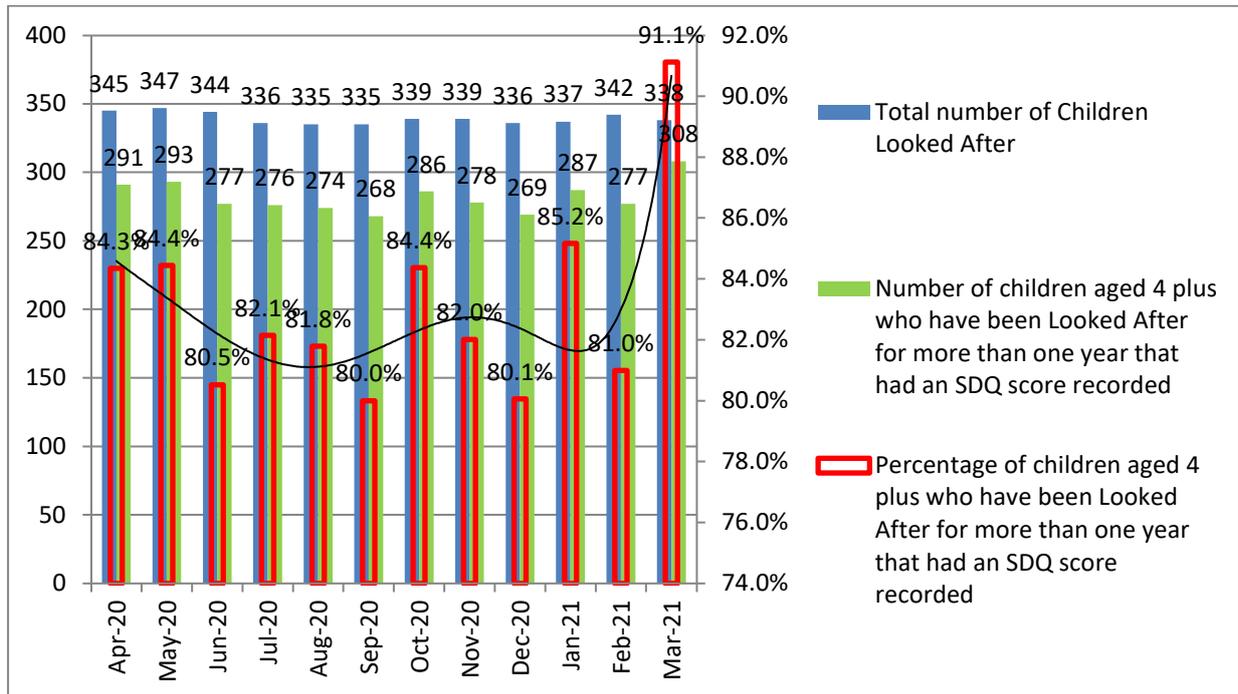


Table 6 – Number and percentage of children aged 4 years plus who have been Looked After for more than one year who have an SDQ score recorded (Target 90%)



8.4.2 2020 / 2021 saw some significant fluctuations in the number of children who became looked after, (Table 3), ranging from 29 in May 2020 to 7 in February 2021. There did not appear to be any pattern to this nor did the fluctuations appear to correlate with either COVID-19 pandemic lockdowns or periods where there were greater freedoms in place.

8.4.3 Initial Health Assessment performance also fluctuated throughout the year although with the second half of the year achieving three amber and one green performance rating

8.4.4 Review Health Assessment performance, (Table 4), was much more stable remaining in the 80% performance range throughout the year. Numbers of children who had been in care for a year also remained static with a slight decrease in the middle of the year which is unlikely to have been statistically significant.

8.4.5 Dental assessment performance, (Table 5), has suffered significantly due to the COVID-19 pandemic which saw the closure of all but a handful of emergency dental provisions. The lowest point was reached in February 2021 and a slight increase noted for the first time in a year in March 2021.

8.4.6 The Designated Nurse is in regular contact with the Local Dental Committee for Somerset and has been raising awareness with Somerset dental practices of the need for dental assessments for looked after children to be prioritised as post COVID-19 recovery begins.

- 8.4.7 A paper entitled *Oral Health Resources for looked after children and young people during the COVID-19 pandemic* was written by the Designated Nurse and distributed to all health and social care staff who work with CLA and Care Leavers to ensure they had access to the correct on-line resources until more face to face dental capacity is available.
- 8.4.8 In common with the Review Health Assessment data, Strengths and Difficulties Questionnaires, (SDQs), (Table 6), performance has remained largely unchanged throughout 2020 / 2021 although there was a welcome improvement in performance in March 2021. This may be explained by the data cleansing the Local Authority carry out prior to submitting national returns at the end of the financial year.
- 8.4.9 A significant pilot ran throughout 2020 / 2021 to determine whether there was a better way to deliver the SDQ to ensure the results informed the other significant statutory frameworks around each looked after child, for example the health assessment process, CLA Review and EHCP reviews. A small cohort of children was identified to take part in this synchronisation work and the results are expected in 2021/2022.

9 IMPACT OF COVID-19

- 9.1 The first UK case of coronavirus, (COVID-19), was reported on 31 January 2020, and COVID became a notifiable disease in the UK in March 2021. The UK subsequently went into its first lockdown on 23rd March 2020 and restrictions were not relaxed until later in the summer of 2020.
- 9.2 The pandemic necessitated different ways of working to comply with the “stay at home” guidance from the Government. Alongside this guidance statutory safeguarding services, including those for CLA and Care Leavers were required to continue albeit virtually where possible. As a result statutory Health Assessments were entirely delivered by teleconference and videoconference with face to face assessments being reintroduced from September 2020.
- 9.3 There have been several benefits noted in respect of a non face to face model of delivery. Some children and young people preferred to communicate remotely rather than be in the same room with a professional and this led to more honest and detailed assessments. Assessing Somerset children who were placed sometimes hundreds of miles from Somerset was no longer an issue as this could be delivered virtually without the need to travel. Travel time decreased significantly leaving clinicians with more capacity for clinical work.
- 9.4 Disadvantages have also been cited – not all children and young people were comfortable with a telephone or video call and some more rural areas suffered from poor connectivity. Furthermore Paediatricians were no longer able to provide a comprehensive physical examination which is a key element of an Initial Health Assessment.

- 9.5 As referenced at Table 5 above dental practices closed during the first lockdown with only emergency access available. As a result annual dental assessments were not delivered for some months and performance fell to 17.5% complete by February 2021 although has since begun to recover as dental practices open up and deal with the backlog of work that has accumulated.
- 9.6 Both the Designated Doctor and Designated Nurse worked with Somerset County Council to provide health advice when looked after children needed to move placement during lockdown periods and when queries were raised in respect of Clinically Extremely Vulnerable children and adults. In the latter case the Regional Adoption Agency requested advice in respect of children's contact with prospective adopters and on safe transitions to adoptive placements, particularly where there were concerns that a child, the foster carers, prospective adopters or one of their family members were CEV, ensuring that a child's transition to a permanent home was not delayed.
- 9.7 Across the safeguarding agenda the Designated professionals worked with partners to develop and facilitate a fortnightly multi-agency Safeguarding system call to share and respond to challenges that arose as a result of the pandemic. The existing Linked Professional approach was utilised to identify those children and young people who were most vulnerable during the pandemic, ensuring Primary Care understood which of their patients this applied to. Given the pressures on Primary Care Somerset County Council agreed a more streamlined approach for GPs making safeguarding referrals. A Single Point of Contact system was also agreed amongst health safeguarding professionals in both Health Provider services and the CCG to ensure advice, support and supervision could continue to be provided to operational staff including those working in Primary Care in the event that a significant proportion of safeguarding professionals were unable to work due to the pandemic.
- 9.8 In addition to ensuring business as usual for CLA and Care Leaver services the Designated Nurse also supported the wider COVID-19 effort in 2020/2021:
- Carrying out Nurse returner interviews to strengthen the existing nursing workforce and provide additional capacity for the planned national vaccination programme
 - Providing clinical expertise to the multi-agency group responsible for shielding notifications to Clinically Extremely Vulnerable adults and children, liaising with Specialist Consultants across the country to clarify cases where there was uncertainty about a child's CEV status
 - Acting as the CCG's liaison and facilitation professional to a Primary Care Network who were setting up a local COVID-19 Vaccination Centre
 - Volunteering as a COVID-19 Vaccinator both for Somerset CCG, (to support the Primary Care Networks during the first wave of vaccination roll out), and latterly as a bank nurse for Somerset NHS Foundation Trust

10 AREAS OF CHALLENGE

10.1 A number of challenges were identified and addressed in 2020/2021 as per Table 12 below:

ISSUE	SOLUTION
Continued performance issues in respect of timely delivery of Initial Health Assessments	Responsibility for the arrangement of both Initial and Review Health assessments will transition from Somerset County Council to Somerset NHS Foundation Trust from 1 st April 2021
Capacity issues within Adoption Medical Advisor service	<p>Implementation of a weekly virtual system call including managers from Somerset County Council, Adopt South West, Somerset NHS Foundation Trust, the Agency Medical Advisor and Designated Nurse, (Chair), to ensure there is additional scrutiny over this complex process and that children are reviewed in the correct priority order</p> <p>Worked with Health Providers to free up some administrative and nursing capacity to support the adoption Health pathway and free up clinical time to deliver the adoption reviews</p> <p>Worked with the CCG to identify short term funding for additional Agency Medical Advisor capacity resulting in 6 Programmed Activities provided by Yeovil District Hospital NHS Foundation Trust</p> <p>Developed a business case to evidence why additional Medical Advisor resource is required on a substantive basis</p>
Performance Dashboard	Supported providers to deliver the new Activity and Performance Dashboard on a monthly basis in spite of this new requirement coinciding with the start of the COVID-19 pandemic and increased pressure on Health Provider Services
Development of additional emotional and mental health offer to CLA and Care Leavers	Secured funding to develop a small bespoke counselling service for Care Leavers, delivered by Somerset Counselling Centre

	Worked with system to review existing emotional and mental health offer to CLA and Care Leavers to determine where the blocks and gaps are. Development of new role remains ongoing
Cross charging	Worked with Somerset Foundation Trust to develop an Options paper for updated cross charging process. This is currently being considered by the Trust

11 MITIGATION

- 11.1 A monthly operational meeting has been implemented by the Designated Nurse to give both Health and Social care Providers an opportunity to review the previous months' cohort of newly looked after children and determine what progress has been made to provide a timely Initial Health Assessment. This exercise is providing greater clarity on the reasons for late health assessments and giving an opportunity for more innovative solutions to be found
- 11.2 The Designated Nurse has worked closely with the newly appointed Named Nurse for CLA and Care Leavers and provided monthly clinical supervision to facilitate their professional development
- 11.3 The Designated Nurse has worked closely with the Designated Doctor for CLA and Care Leavers and with the Adoption Medical Advisors to ensure medical services for this vulnerable group are developed and prioritised
- 11.4 The Designated Nurse has worked closely with both Health and Social Care Commissioners, providing best practice advice and clinical expertise in respect of the development of services which meet the needs of CLA and Care Leavers. Similarly they have worked with finance and contracts professionals to ensure the correct measures are in place to manage the existing clinical services for CLA and Care Leavers
- 11.5 The Designated Nurse has represented the health needs of CLA and Care Leavers on a number of regional and system wide strategic and operational committees to ensure the needs of this vulnerable group are known and understood. They have also 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
- 11.6 Risks in respect of statutory health services and the Adoption Medical Advisor service 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 2020 / 2021

12.1 The following objectives were 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 - **ACHIEVED**
 - Recruit to additional nursing post with lead for mental health – **ONGOING** – *system wide work underway to determine best use of this investment*
 - 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 – **ACHIEVED AND ONGOING** – *52 week investment for statutory health assessments agreed and monthly monitoring of performance ongoing*
- 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	Actual performance at target date
Initial Health Assessments	50%	December 2020	40%
	75%	March 2021	61.9%
	90%	June 2021	TBA
Review Health Assessments	90%	December 2020	88.4%
Adoption Medical Reviews	90% of Reviews to be completed within one month of receipt of request by Local Authority	March 2021	ACHIEVED

- Centralise the health assessment booking administration role within the CLA Health Team to improve the timeliness of statutory health assessments *by December 2020* – **POSTPONED UNTIL APRIL 2021 DUE TO PANDEMIC PRESSURES**
- Work with both Health Providers to roll out the CLA and Care Leavers Activity and Performance Dashboard to Somerset Providers *from April 2020* – **ACHIEVED** – *dashboard provided to CCG on monthly basis*
- 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 - **ONGOING** – *Designated Nurse working with both CCG and Somerset County Council Commissioners to progress this work stream*
- 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* - **ACHIEVED**
- Work with Somerset Foundation Trust to support and develop the newly appointed Named Nurse for CLA and Care Leavers – **ACHIEVED AND ONGOING** – *Designated Nurse continues to provide regular and ad hoc supervision to Named Nurse*
- 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* – **ACHIEVED** – *contract negotiations on hold due to pandemic but service specifications now ready for when negotiations resume*

13 OBJECTIVES FOR 2021 / 2022

13.1 The following objectives have been identified for completion in 2021/2022:

- Fully implement Year 2 of the CLA and Care Leavers Investment and Transformation plan:
 - Develop a job description, recruit and induct a Named Doctor for CLA and Care Leavers
 - Work with Somerset NHS Foundation Trust to ensure their overall nursing and administrative capacity correlates with the Year 2 investment given recent significant changes to personnel within the CLA Nursing Team
 - Resolve and finalise commissioning issues in respect of system wide Agency Medical Advisor service
- Continue to work collaboratively with local Health Providers to ensure there is continuous quality and performance improvement in commissioned services delivery
- Work with Somerset NHS Foundation Trust and Somerset County Council to successfully implement and embed a Health based statutory health assessment booking system with the aim of improving the timeliness of health assessments and providing improved data in respect of performance
- Work with CCG Commissioners and Maternity Providers to facilitate the statutory provision of obstetric and neonatal information for children who become looked after and those with a care plan for adoption
- Finalise work with system partners to determine best use of additional CCG investment to improve the emotional and mental health of CLA and Care Leavers and develop an emotional and mental health pathway
- Continue work with system partners in respect of joint commissioning opportunities
- Continue work with Somerset NHS Foundation Trust to resolve cross charging issues for statutory health assessment work

- Continue to work collaboratively with Safeguarding Designates and wider Health and Social Care partners to ensure safeguarding is embedded in the Somerset Integrated Care System
- Continue to support the safeguarding training function of safeguarding Designates within the CCG, ensuring that CLA and Care Leavers has equal weight in any safeguarding training developed and delivered

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 Given the complexity of the systems and processes in place across the system to provide timely, high quality and responsive health services to CLA and Care Leavers, it is perhaps not surprising that the pace of improvement can often appear to be frustratingly slow. However significant progress has been made in 2020 / 2021 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 2021 / 2022 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

CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CDR	Child Death Review
CE	Child Exploitation
CLA	Children Looked After
CLAS	Children Looked After and Safeguarding
CPB	Corporate Parenting Board
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
CYP	Children and Young People
ESR	Electronic Staff Record
FGM	Female Genital Mutilation
GP	General Practitioner
HWB	Health and Wellbeing
JTAI	Joint Targeted Area Inspection
MARAC	Multi-Agency Risk Assessment Conference

NHS	National Health Service
PSQAC	Patient Safety Quality Assurance Committee
CSPR	Child Safeguarding Practice Review
SEN	Special Educational Need
SEND	Special Educational Needs and Disabilities
SGC	Safeguarding Children
SSCP	Somerset Safeguarding Children Partnership
SSP	Safer Somerset Partnership
TST	Taunton and Somerset NHS Foundation Trust
UASC	Unaccompanied Asylum Seeking Children
YDH	Yeovil District Hospital NHS Foundation Trust