

SOUTH WARWICKSHIRE NHS FOUNDATION TRUST

Meeting	Clinical Governance Committee	Date	September 2018
Subject	Looked after Children Annual Report	Enclosure	1

Nature of item	For information	X
	For approval	
	For decision	

Decision required (if any)	
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General Information	Report Author	Rachel Webster - Named Nurse for Looked after Children
	Lead Director	Fiona Burton- Director of Nursing

Received or approved by	Meeting	Women's & Children's AOGG
	Date	

Resource Implications	Revenue	
	Capital	
	Workforce	
	Use of Estate	
	Funding Source	

Applicable Quality Improvement Priorities	Agency Nursing		Booking Processes	
	Patient Meals		User Engagement	
	End of Life Care		7 Day Services	
	Single Point of Access		Clinical Time	

Freedom of Information	Confidential (Y/N) (if yes, give reasons)	N
	Final/draft format	Final
	Ownership	Trust
	Intended for release to the public	N

SOUTH WARWICKSHIRE NHS FOUNDATION TRUST

Looked after Children Annual Report: April 2017-March 2018

Executive Opinion

The CQC inspection in August 2016 into the Looked after Service was mainly positive. All recommendations have been addressed.

The named nurse continues to work with the Local Authority to ensure a more timely approach to initiating health assessments and requests for adoption medical reports. Within the Looked after Children team there have been several improvements to the process of arranging assessments and receiving completed assessments which have greatly improved timeframes and uptake.

Joint working with managers who now provide the school health service within COMPASS and delivery of training to the school nurses by the named nurse has resulted in improved quality and timeliness of health assessments being received.

The employment of a Band 7 specialist nurse in November 2017 has resulted in significant improvements in service provision for care leavers, those at risk of CSE and trafficking and those living in residential homes. These are some of the county's most vulnerable young people and it is recommended that this post is made permanent in order for this valuable work to continue.

There remains a risk regarding the opportunity to receive timely service provision for children placed out of area particularly regarding CAMHS provision. However, due to joint working with out of area Looked after Children teams and commissioners we manage to secure the services children and young people require.

Overall an assuring report.

1. Executive Summary

This report sets out the operational activity and progress for safeguarding and meeting the health needs of Looked after Children across the health economy and within South Warwickshire NHS Foundation Trust. This report is intended to be read by members of the Governance Board and senior managers within the Women's and Children's Division working within South Warwickshire NHS Foundation Trust. It can also be shared with partner agencies including commissioners of Looked after Children's services within the three Warwickshire CCGs and managers for Looked after Children's social care teams employed by Warwickshire Local Authority.

This report is designed to update the previous report regarding local health services overseen by Warwickshire Looked after Children service, identifying how far we are currently improving their health and wellbeing and identifying the areas requiring resources.

Implementation of the national drivers for safeguarding children is directed overall by the Warwickshire Health Advisory Group which is aligned with the Warwickshire Safeguarding Children's Board (WSCB).

Improving the lives of children in care and strengthening the adoption system continue to be priorities for the government which has stated its commitment to help improve all aspects of the lives of these children.

Numbers of Looked after Children and Young people

The number of Looked after Children placed by Warwickshire rose by 2.7% this year (March 2018) compared with a fall of 8.6% at March 2017, whilst the numbers of asylum seekers peaked at 77 compared with 90 the previous year, giving an overall fall in the numbers of asylum seekers of 14.4%

February saw a peak of 724 of Looked after Children compared with the peak of 766 the previous year (April 16). Numbers fell after April 2016 until April 2017 and have since seen a steady overall rise during the past year.

Health Assessments

The importance of promoting the health and wellbeing of Looked after Children continues to be recognised with health assessments remaining a key performance indicator for Local Authorities. The emphasis on ensuring good quality work carried out by clinicians working with these children has been underpinned by the publication of the "Looked after Children: Knowledge, Skills and Competencies of Health Care Staff. Intercollegiate Role Framework" 2015 which outlines the key competencies required of health care professionals working at different levels with Looked after Children.

Overall, there was a 35.6% increase in the number of IHAs requested, an overall 8.4% reduction in the number of RHAs requested and a 24.5% increase in the number of leaving care health assessments requested compared with 2016-17. The increase in IHAs indicates the large number of children coming into care for a short period of time. It impacts on the workload of the paediatricians. The large and continued rise in leaving care assessments, whilst positive, has impacted on the LAC nurses who provide these assessments.

Adoptions

There were 100 requests for adoption medicals in year, averaging 8.3 requests per month (range 4-18 per month), a 16.7% reduction on 2016-17.

There is a government drive to get children adopted rather than placed in long term foster care. It is not anticipated that numbers will continue to fall further. It is not anticipated that the number of adoption medical requests will continue to fall as there have been recent concerns that a number of Special Guardianship Orders nationally have not been in the child's best interests.

100% of adoption medical requests met Agency Decision Maker and Matching Panel dates. The Named Nurse was informed by an Ofsted Inspector at the last Inspection that this is extremely rare.

Strength and Difficulties Questionnaires

The score for 2017/18 (13) indicates that the emotional & behavioural health of local LAC is 'normal' and countywide we are performing better than the most recently published national and statistical neighbour averages (14 and 14.8 respectively; in year statistics currently unavailable). Warwickshire figures remain stable compared with the previous year.

GP registration

4% of LAC seen for a health assessment were not registered with a GP. 100% of these children were then referred to a GP following the health assessment.

For care leavers, the SWFT LAC team nurses undertaking the health assessment now include the GP details in the Health Passport as a mark of best practice.

Dental Health

Warwickshire has seen a significant increase of 10% of Looked after Children accessing a dentist this year compared to the previous year. For the first time since 2012-2013, Warwickshire has outperformed national and statistical neighbours. (N.B. national and statistical neighbour performance for 2017/18 has yet to be published).

7.4% of LAC seen for a health assessment were not registered with a dentist. Where they were not registered, 100% were referred to a dentist.

Optician's checks

At the statutory health assessment, carers of any children and young people who have not seen an optician during the past 2 years are requested to ensure that an appointment is made and attended as soon as possible and this should be documented on the Health Plan. 12.2% of children / young people seen for a health assessment had not seen an optician for 2 years compared with 12% in 2015-16. Where children are not registered or have not had an up to date a check, it is usually because they have recently changed placement and the carer has not been informed by social care when the child was last seen by an optician. 100% children are registered with an optician following the health assessment.

Immunisations

There is currently no KPI within the Service Specification for immunisations.

In year 79.8% of Looked after Children were immunised. This is a reduction from a high of 80.2% the previous year. 2017/18 comparative data is currently unavailable but this figure is slightly below national and statistical neighbours 2015-17. Where immunisations are incomplete at assessment, carers are asked to address this and it is noted in the Health Plan. Outstanding immunisations are also discussed at the Children's Decision Maker meetings by the Named Nurse who also advises on access, as required.

Sexual health discussions Year 11 Looked after Children

In Warwickshire, the number of young people where sexual health is discussed as part of the assessment has risen dramatically over the past 3 years from 85% to 100% for in area young people. The increase in percentage is largely due to the increased confidence and training of staff to ask about sexual health and relationships using a conversational approach.

2. Introduction

This is the seventh annual Looked after Children's report covering the county of Warwickshire. The report incorporates the period from 1 April 2017 to 31 March 2018. Its purpose is to provide South Warwickshire NHS Foundation Trust (SWFT) and partner organizations across commissioning and social care with an overview of the cohort population and SWFT Looked after Children service performance including evidence of good practice, achievements and areas that continue to challenge.

Looked after Children are any children for whom the local authority has, or shares, parental responsibility, or for whom they provide care and accommodation. The term 'child' can refer to any child or young person between 0-18 years. They tend to have the same health issues as their peers but their past experiences mean these can be more severe.

The NHS is responsible for ensuring timely, quality assured health services for Looked after Children. The national drivers which affect the implementation of health assessments and services include:

- CQC requirement for all healthcare organizations to protect children by following National Child Protection Guidance
- 'Working Together to Safeguard Children, A guide to interagency working to safeguard and promote the welfare of children', DE, 2018.
- The Children and Families Act, 2014
- NICE LAC and Young People, 2013
- NICE Quality Standard - Promoting the quality of life for Looked after Children' and Young People, 2013
- Care Planning Regulations and Associated Guidance, Dept. Education 2010, updated 2015.
- 'Promoting the Health and Wellbeing of Looked After Children' (statutory guidance) DE and DH, 2015
- 'Looked after Children: Knowledge, Skills and Competencies for health care staff – Intercollegiate Role Framework', Royal College of Paediatric and Child Health, 2015.
- Statutory Guidance on Adoption, DE, 2013.

Locally, implementation of the national drivers for safeguarding children is directed by the Warwickshire Health Advisory Group, which is aligned with the Warwickshire Safeguarding Children's Board (WSCB). Additional local drivers include:

- The Joint Strategic Needs Assessment 2017/ 2018
- SWFT Paediatric Strategy 2014-19
- The Warwickshire (health and social care) Integrated Care Pathway which provides a clear process for the arrangement, delivery and dissemination of statutory health assessments for Warwickshire Looked after Children (updated in September 2017)
- Health of Looked after Children Operational meetings
- Corporate Parenting strategy meetings
- Multi-Agency Safeguarding Hub meetings

SWFT is commissioned to provide the statutory Looked after Children health assessments for in county and out of county placements across Warwickshire. The revised Service Specification aims to promote the health and well-being of Looked after Children and to reduce health inequalities between those who are Looked After and other children in Warwickshire.

Key Performance indicators (as agreed in the Service Specification) and performance against these are shown in the table below.

KPI	Target	Overall Annual Performance
% initial health assessments (IHAs) offered by Warwickshire staff within 28 days of receiving the BAAF Form	95%	99.1% (similar to last year)
% review health assessments (RHA) offered by Warwickshire staff within 28 days of the receiving the paperwork	95%	99% (73% last year)
Children who have completed health assessments are offered a SDQ to complete	100%	100% offered
% children referred for IHA who have received an IHA	95%	100% of those who will accept
% of children referred for a review who have received a review	95%	100% of those who will accept
% of children assessed/reviewed not registered with a GP	No target	4% (1% last year)
% of LAC not registered with a GP who are then referred and registered with a GP	100%	100%
% of LAC assessed/reviewed who are not registered with a dentist	No target	7.4% (10.8% last year)
% of LAC not registered then referred to a dentist	100%	100%
% of LAC assessed who have not seen an optician in the past 2 years	No target	12.2% (12% last year)
% of LAC who have not seen an optician in the last 2 years who are referred to an optician	100%	100%
% of LAC in Y11 receiving sexual health advice	100%	100%
% of LAC asked reporting good/excellent service	80%	>85 %
% of LAC with a named health professional	100%	100%

N.B. This Service Specification KPI is not in line with statutory guidance which states that IHAs should be completed within 28 days of a child going into care. Compliance at March 2018 was 41.7%. This compares with SWFT performance against this target in March 2016 at 23.5% and 0-3% each month the previous year. Lack of compliance continues to be due to late requests and consents from social care. However, April 2018 saw a significant rise to 84% showing the efforts made by the LAC service and social care colleagues to improve these timeframes. Ongoing work continues between the Looked After team and social care managers to address any ongoing issues.

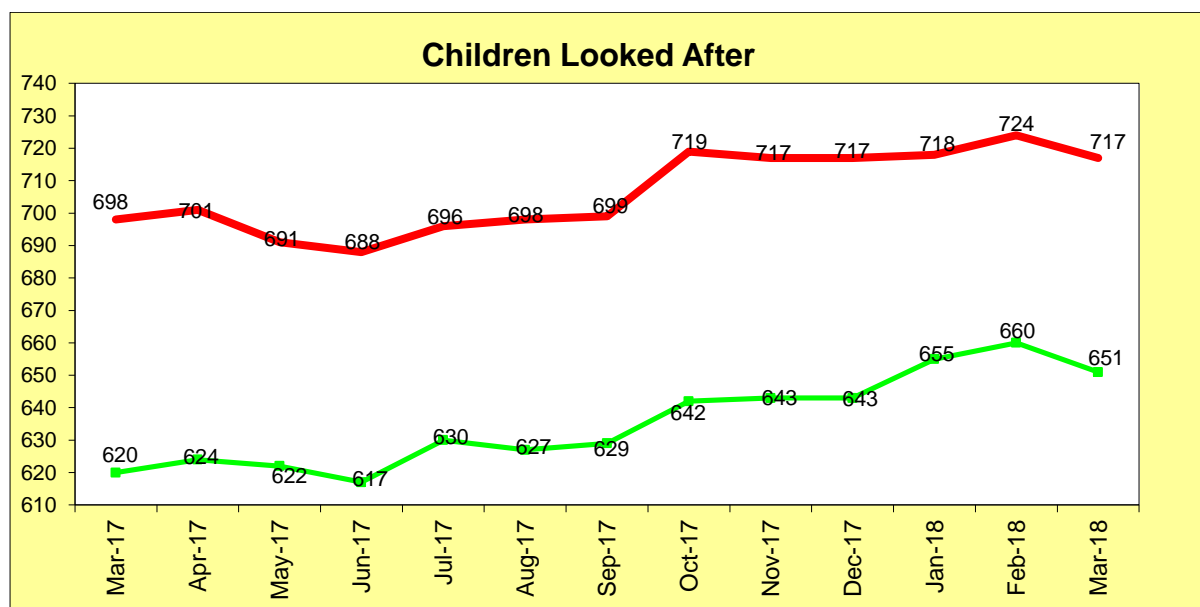
3. Demographic Analysis

3.1 Numbers of LAC

As the graph below shows, the number of Looked after Children placed by Warwickshire rose by 2.7% this year (March 2018) compared with a fall of 8.6% at March 2017, whilst the

numbers of asylum seekers peaked at 77 compared with 90 the previous year, giving an overall fall in the numbers of asylum seekers of 14.4%

February saw a peak of 724 of Looked after Children compared with the peak of 766 the previous year (April 16). Numbers fell after April 2016 until April 2017 and have since seen a steady rise overall during the past year.



Red: all Warwickshire Looked after Children.
Green: non Asylum Seeking Looked after Children

This trend can be accounted for by:

- Although Warwickshire Local Authority is actively trying to reduce the number of looked after children by maintaining children at home wherever possible and providing Early Support, the numbers of children and young people who require accommodating due to the level of risk they face remains high.
- The number of asylum seekers in Warwickshire has reduced from 2016-17 but continues to be a larger number compared with many of our statistical neighbours (e.g. Worcestershire, West Cheshire and Chester, Staffordshire, Leicestershire, Northamptonshire, East Riding of Yorkshire). The fall in numbers may be because it has become increasingly difficult for asylum seekers to reach the UK.

The West Midlands has the third highest number of Looked after Children in England (Ofsted, 2015). This has implications for service provision across health and social care.

4. Health Assessments

4.1 Referrals for Health Assessments

Annual Number of requests for:

Type of Assessment	Number in 2017-18	% change from 2016-17
Initial Health Assessment	308	+35.6%
Review Health Assessments	609	-8.4%
Adoption Medicals	100	-16.7%
Asylum seeker health	73	-2.7%

assessment		
Leaving care health assessments	76	+24.5%

These figures are taken from the data sheet populated by the LAC health team detailing assessments overseen by Warwickshire LAC service for Warwickshire children and children from out of area living in Warwickshire.

The rise in Initial Health Assessments can be attributed to:

- An increase in uptake of health assessments by teenagers
- Social workers improving the timeliness of requesting Initial Health Assessments
- An increase in IHAs requested from other areas for children living in Warwickshire

The small reduction in Review Health Assessments can be attributed to:

- Social services getting children back home, on SGOs or adopted more quickly so they are no longer in care by the time the RHA is due.
- We are only able to complete health plans for those young people who decline assessments if they agree to this.
- A reduction in numbers of our asylum seeking young people
- More young people at younger ages decline their assessments than on the past. The way the social worker and carer sell the idea to the children is very significant in whether children agree or decline.

The increase in Leaving Care assessments can be attributed to:

- Ongoing work continues between Looked after Children's nurses and the Leaving Care and Asylum Team to encourage young people to take up their leaving care assessment. This is the main reason for the increase.
- Looked after children's nurses now provide a comprehensive health plan with the consent of the young person for those who decline their health assessment. Social workers are asked to log this against the assessment.

There was a significant initial increase in children being adopted as a result of a government drive to find children forever homes during 2014-15 rather than long term foster care.

Over the past three years, the number of requests for adoption medicals has reduced because:

- For some children the plan is an SGO (Special Guardianship Order, with wider family).
- Improved timeliness of the adoption process with children matched more quickly. This reduces the number of adoption medicals required.
- Social workers have a better understanding of when they need to request an adoption medical report and when they don't.

It is not anticipated that the number of adoption medical requests will continue to fall as there have been recent concerns that a number of SGOs nationally have not been in the child's best interests.

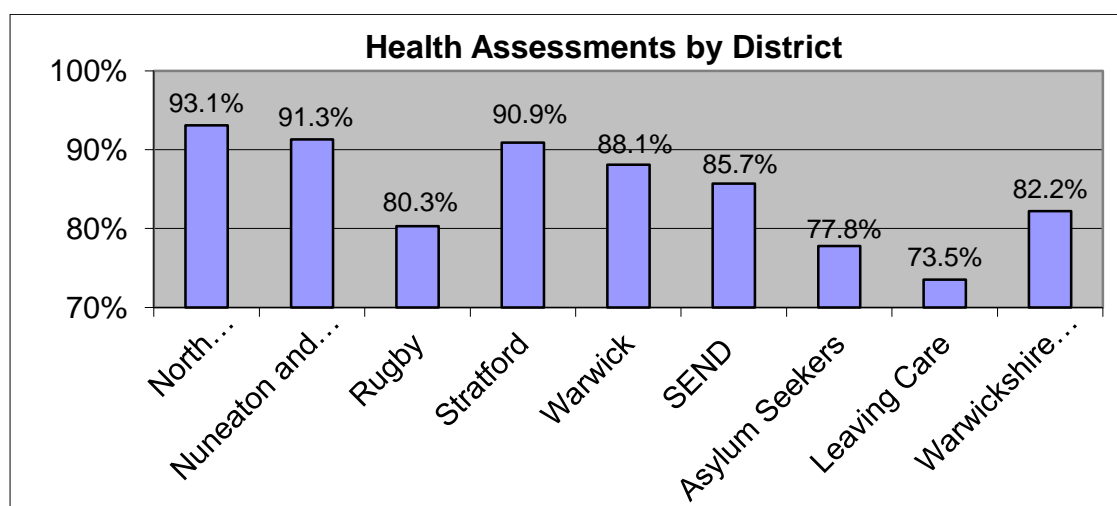
The Looked after Children's team have responded to the need to meet the required tight timeframes for health assessments and adoption medicals by:

- Telephoning carers and young people to check they can make the appointment date before sending out appointments
- Text reminders for appointments / telephone reminders
- Paediatricians offering extra clinics on an occasional basis as need requires.

- Looked after Children's nurses seeing more children including many reviews previously undertaken by paediatricians such as asylum seekers and all leaving care review assessments. This increased paediatric capacity but reduced nurse capacity.
- To ensure that interpreters can be accessed in a timely way. This is now agreed between the LAC team and the interpreting service rather than requiring sign off by the relevant CCG.
- Looked after children's nurses seeing non Warwickshire children placed in Warwickshire attending a Warwickshire school (formerly completed by school nurses before transferring to COMPASS). This has further increased workload.
- COMPASS school nursing have recently questioned whether they should see children attending special schools. A Pathway will be agreed between COMPASS and SWFT but meanwhile at March 2017, LAC nurses had taken on this work.
- Since November 2017, an additional specialist nurse has been in post. This is initially for 12 months to improve capacity and help to improve service provision. This has proved invaluable but needs to continue to sustain service improvements.

4.2 District Performance

The table below illustrates the percentage of health assessments completed for Looked after Children allocated to each of the social care teams.



The number of LAC receiving a Leaving Care Health Assessment has increased by a further 24.5% this year on top of similar increase last year (2016-17). The percentage of health assessments for children assigned to the SEND (Special Educational Needs and Disabilities team) has seen a significant rise of 17.5%. Across Warwickshire, there has been an overall rise of 0.4% of health assessments this year.

Young people often see being Looked after as a label and the health assessment is something that makes them feel different from their peers, consequently declining their assessments. The rise is partly due to positive working relationships between the Looked after Children's team and social care colleagues. LAC nurses promote the value of the health assessment with social care colleagues and foster carers to encourage care leavers to participate and this is having a positive impact.

Meetings have also continued to take place between the Named Nurse for Looked after Children and Service Managers within the Local Authority to try to improve timeliness and uptake of health assessments. These are now having a positive impact.

In addition, the Looked after Children's nurses have continued to meet with asylum and leaving care team plus the SEND team to explore ways for social workers to encourage young people to take up the offer of a health assessment and to refer young people to the Looked after Children's team even if young people are reluctant. This is having a positive effect on uptake.

4.3 Non engagement in health assessments

As shown below, there has been a significant reduction in the number of wasted clinic appointments over the past three year.

	2014-15	2015-16	2016-17	2017-18
Total lost appointments due to WNB / cancellations	21.3%	7.6%	4.6%	7.1%

Reduction in recent years is largely due to measures introduced including:

- The team contacts the carer by telephone when arranging an appointment to agree a date and time. Prior to 2016, appointments were simply allocated.
- LAC nurses provide the choice of either face-to-face or telephone assessments for young people.
- The team now sends a text reminder for clinic appointments.
- If a health assessment appointment is missed the team contacts the carer. If the Looked after Child will accept it, a third appointment is offered. The nurse also advises the Fostering Team Manager as to the difficulties experienced if more than two appointments are missed.
- Training to foster carers now concentrates on the importance of health assessment attendance. This has been well received.

Reasons for the rise over the past year:

- Pressure for staff to meet timeframes has meant that carers are now offered the first available slot whether or not it is close to home. Some carers accept this and then don't bring the child on the day.
- Young people are being given more ownership of their health appointments by carers and social workers and therefore will sometimes refuse to attend on the day.

4.4 IHAs

In line with statutory guidance (2015), all IHAs are completed by paediatricians as this is a medical requirement as these assessments are highly medically focused. South Warwickshire CCG requires IHAs to be offered within 28 days of receiving the Coram BAAF Form. However, statutory guidance states that they should be available for the first care review within 28 days of a child being taken into care.

KPI	Target	Overall Annual Performance
Service Specification: % initial health assessments (IHAs) offered within 28 days	95%	99.1%

of receiving the BAAF Form	90%	Completion - 100%
Statutory Guidance: % initial health assessments (IHAs) available within 28 days of a child being taken into care	100%	Jan 18= 36% (18.8% Jan17) Feb 18= 56.5% (27.8% Feb17) Mar 18=41.7%(23.5% Mar 17) April 18 =84%

All IHAs requested are completed but not necessarily within timeframes. Delays in completing the IHAs are largely due to hold-ups in provision of the required consent from social care. This has been an ongoing issue from previous years. Actions taken include:

- Meetings between health and social care to manage delays
- The Named Nurse and Doctor have re-designed clinic capacity
- Appointments are now offered for the earliest available clinic in the county.

From 0-3% compliance within 28 days in 2016, this is now showing improvement although this needs to continue. Social care leads accept full responsibility for the delays which are caused through not emailing the health assessment requests in a timely way.

It is rare to request an Initial Health Assessment for a child placed out of area. This is because:

- Warwickshire remain responsible for the child's health even if placed out of area. Paediatricians therefore prefer to assess the child locally as a baseline assessment.
- Out of area teams tend to give less priority to children who are not from their area. This became an increasing problem in 2017-18. This significantly reduces the timeliness of health assessments offered and completed for these children. The Named Nurse liaises with the out of area teams and the CCGs to address this.

4.5 RHAs

To help address the health inequalities of Looked after Children, there is a statutory requirement to request they attend health assessments (six monthly if under 5 years and then annually until 18 years). RHAs can be carried out by a paediatrician, nurse or health visitor with the requisite competencies. The decision regarding which health provider should see a child is taken on an individual basis:

- Paediatricians see children a) for adoption medicals, b) where they have specifically requested to review a child and c) where this has been requested a nurse, health visitor at the previous assessment or by a social worker. They will also occasionally see a child if they have more clinic capacity and timeframes can be better met if allocated to the doctor.
- Looked after Children's nurses see children and young people a) post year 11, b) not attending education, c) placed up to 20 miles out of area from Warwick or Nuneaton (and also apply a flexible approach so will see children at a slightly greater distance if seen by them before in order to maintain continuity or if there are significant delays in out of area teams seeing these children), d) placed in Warwickshire from another area and attending a Warwickshire school, e) where school nurses and health visitors have been unsuccessful in their attempts to see a child for an appointment, f) asylum seeking young people for Review Health Assessments not attending a local school.
- Health visitors see children a) before school age where the plan is not adoption and the paediatrician has not requested to see them or where they are placed with adopters.
- School nurses see Warwickshire children from reception until end of Year 11 if they attend a Warwickshire school and the paediatrician has not requested to see them.

Allocation varies each month according to the needs of that cohort of children.

KPI	Target	Overall Annual Performance
% review health assessments (RHAs) offered within 28 days of the required review date when paperwork received in line with agreed timescales	95%	93.6% (all reviews)
	No target	Completion was 93% within timescales (73% previous year)

Over the past 5 years health assessment uptake across Warwickshire has been below that nationally (2016/17: 89%) and for statistical neighbours (2015-16: 89% - no recent data published). N.B. Comparative data will not be published until early 2019. In 2017-18 the rate of uptake was 82.2%, an improvement of 0.4% on the previous year. To encourage carers to bring the children in their care for their assessments, training for foster carers to raise awareness about the importance of the LAC health assessments continues. Furthermore, the collaborative HeLAC (Health of Looked after Children) multi-agency provider meetings and the CDM (Case Decision Maker) meetings are important vehicles to raise awareness of the value of health assessments to our social care colleagues.

However, challenges remain. Losing the SN tender in 2015 has led to a significant reduction in the SN provision of RHAs. For example, SNs no longer provide RHAs for children placed in Warwickshire from out of area as it was not included in the tender document. This has been raised by the Named Nurse with COMPASS clinical safeguarding leads several times. By the end of March 2018, this situation continues.

COMPASS plan to increase their age range of children and young people seen for health assessments to 18 years but no date has still yet been set for this. The Named Nurse again raised this with COMPASS managers late 2017.

Furthermore, the team experience the same delays with completing RHAs as with IHAs as described above.

Actions taken to address this include:

- Health assessments are chased weekly by the LAC administrator
- Untimely returns or poor quality assessments are raised by the Named Nurse/ Specialist Nurse with the practitioner and their clinical lead; learning informs subsequent training
- On-going training in providing quality assessments
- LAC administrators continue to use the monthly 'Start and Cease' date information from social care to request the paperwork to expedite the process.
- Named Nurse requests outstanding Health Assessment paperwork at the Case Decision Maker (CDM) meetings to also expedite IHA and RHA provision

Additionally, the completion of timely health assessments for children placed a significant distance from Warwickshire, which necessitates a request of another LAC team to complete the assessment, continues to present a challenge for the following reasons:

- Some areas decline to undertake health assessments on behalf of another area.
- A number of areas decline to provide secondary health services such as CAMHS. This contravenes DH (2015) statutory guidance, so where teams decline, the Named Nurse liaises with the relevant Warwickshire commissioner, with the receiving commissioners and with NHS England where necessary and is then generally met with more favourable responses.
- Many Looked after teams have long waiting lists and prioritise children from other areas below their own. This has been increasingly problematic over recent months due to restructuring within organisations and increasing demand.

5 Adoption

There were 100 requests for adoption medicals in year, averaging 8.3 requests per month (4-18 per month), a 16.7% reduction on 2016-17.

There is a government drive to get children adopted rather than placed in long term foster care. It is not anticipated that numbers will continue to fall further. It is not anticipated that the number of adoption medical requests will continue to fall as there have been recent concerns that a number of SGOs nationally have not been in the child's best interests.

The Children and Families Act 2014 stipulates that the Local Authority have a maximum time frame of 26 weeks for adoption to be completed once the decision has been made. The request for an adoption medical comes from the Local Authority. Ensuring that Adoption Medical Reports together with an in-date health assessment have been completed in time to meet adoption panel and court dates has continued to be a challenge. However, the Looked after Children's team ensures that reports are ready in time. Consequently, 100% of adoption medical requests met Agency Decision Maker and Matching Panel dates. The Named Nurse was informed by an Ofsted Inspector at the recent Inspection that this is extremely rare.

To facilitate target achievement:

- The Named Nurse developed Adoption Flow Charts to ensure that social care staff and the LAC team are fully aware of the process regarding full adoption medicals and adoption update medicals. These continue to be used.
- When required, Dr Coker exchanges one Rugby clinic per month to provide a Nuneaton clinic instead, which has alleviated the shortfall in the north of the county where demand is greatest.
- There is excellent liaison between the Adoption team and the LAC team.

6 Additional KPI Performance Reviews

NB: Where children and young people are not registered with a GP, dentist or optician, the carer is asked to register them and this is added to the Health Plan as an action. Performance then increases dramatically as a result.

Non registration is due to:

- Children recently becoming Looked after
- Children changing placements so there is a need to re-register
- Asylum seeking young people recently coming into the country/ region.

6.1 GP Registrations

LAC must be registered with a GP (DH, 2015).

KPI	Target	Performance
% of children assessed/reviewed not registered with a GP		4%
% of LAC not registered with a GP who are then referred and registered with a GP		100%

This is in line with previous years

For care leavers, the SWFT LAC team nurses undertaking the health assessment now include the transition to GP service provision in the Health Plan as a mark of best practice.

6.2 Dental Registration and Check Ups

Current advice from the Royal College of Surgeons (Faculty of Dentistry) advises that all children from 1 year should register with a dentist. This was previously 2 years. Carers are encouraged to ensure children have a dental check every six months. Any deficits in children attending dental checks are identified on the Health Plan.

KPI	Target	Performance
% of LAC assessed/reviewed who are not registered with a dentist		7.4% (10.8% last year)
% of LAC not registered then referred to a dentist	100%	100%

This is slightly better than last year. It demonstrates that Looked after Children in Warwickshire have access to a dentist and the Looked after Children service are meeting this target.

	2013/14	2014/15	2015/16	2016/17	2017/18
Warwickshire	82.0%	80.2%	76.5%	75.8%	85.8%
Statistical Neighbours	74.9%	79.7%	82.3%	TBC*	TBC*
England	84.4%	85.8%	84.1%	83%	TBC*

The above table shows the percentage of Warwickshire Looked after Children accessing a dentist compared with national and statistical neighbours.

Warwickshire has seen a significant increase of 10% of Looked after Children accessing a dentist this year compared to the previous year. For the first time since 2012-2013, Warwickshire has outperformed national and statistical neighbours. (N.B. national and statistical neighbour performance for 2017/18 has yet to be published).

Contributing factors for improvements include:

- The health practitioner completing the assessment ensures the child/ young person has an up to date check and reminds the carer when the next check is due. This is recorded on the Health Plan.

However, contributing factors for deficits from 100% include:

- Some Looked after Children decline their health assessment so this is not picked up by health, social care colleagues and carers.
- The large number of asylum seeking young people in Warwickshire who have recently come to the UK compared with statistical neighbours.
- Some young people refuse to visit the dentist despite much encouragement, registration and setting up appointments.

6.3 Optician Check Ups

The CCG requires that local LAC aged 4 years and over have their vision checked at least every 2 years.

KPI	Target	Performance
% of LAC assessed who have not seen an		12.2% (in line with last year)

optician in the past 2 years

% of LAC who have not seen an optician in the last 2 years who are referred to an optician	100%	100%
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Where children are not registered or have not had a check, it is usually because they have recently changed placement and the carer has not been informed by social care when the child was last seen by an optician. The significant number of asylum seeking young people compared with statistical neighbours has also added to the number not seen by an optician as they have only recently reached the UK.

Action: The carer is asked to take the child for a vision check and this is added to the Health Plan.

6.4 Mental and Emotional Health of Looked After Children

Given the prevalence of mental and emotional health problems amongst Looked after Children, statutory guidance (DH, 2015) states that CCGs, local authorities and NHS England should ensure that CAMHS and other services provide targeted and dedicated support to Looked after Children according to need. Use of the Strength and Difficulties Questionnaire (SDQ) is also recommended in the statutory guidance. Locally, in line with Warwickshire's Integrated Care Pathway (updated September 2017), each Looked after Child between 4-18 years has an SDQ requested at the health assessment.

KPI	Target	Performance
Children who have completed health assessments are offered a SDQ to complete	100%	100% offered 98% completed

To improve Local performance, LAC Nurses now contact the carer / young person where an SDQ score is missing. Consequently, monthly monitoring showed a high compliance of 98% completing the SDQ each month during this financial year when offered by Warwickshire staff.

It is particularly challenging for the team to ensure completion for Looked after Children placed out of area as neighbouring teams do not appear to prioritise them. 2017-18 figures showed 73% completion. The Named Nurse continues to liaise with counterpart managers to improve on these results and contact out of area carers to ask for the forms to be completed and returned.

The Emotional and Behaviour Health of Children in Care indicator, derived from the SDQ, is based on the average score for Looked after Children aged 4 to 16 (inclusive) who have been Looked after continuously for at least one year as at 31 March. The overall score is 0-40 with a threshold score of 14 and above would indicate an emotional health need. The average Warwickshire score for 2017/18 (13) indicates that the emotional & behavioural health of local LAC is 'normal' and countywide we are performing better than the most recently published national and statistical neighbour averages (14 and 14.8 respectively; in year statistics currently unavailable). Warwickshire figures remain stable compared with the previous year.

	2013/14	2014/15	2015/16	2016/17	2017/18

Warwickshire	13.1	13.0	13.9	13.0	13.0
Statistical Neighbours	14.4	14.3	14.8	TBC	TBC
England	13.9	13.9	14.0	14.1	TBC

Journeys within the newly commissioned RISE service provides emotional support services specifically for Looked after Children and young people across Coventry and Warwickshire. The Looked after Children's Health team has developed very good professional relationships with staff from Journeys and the manager for Journeys is a member of the HeLAC Operational Meetings. During the financial year 2016-17 Journeys received 113 referrals for Warwickshire looked after children of whom 81 (72%) commenced support / treatment. This is similar to the 70% last year.

Difficulties which remain include:

- Accessing appropriate services for young people who have significant emotional health needs such as a Tier 4 inpatient bed.
- Accessing transitional services/adult services due to the increase in thresholds for adult service provision. This is a long term issue over many years. Few young people take up this service due to not meeting the thresholds. However, they are able to access IAPT (Improving Access to Psychological Therapies) as young adults.
- Access to out of area CAMHS provision where services were not commissioned prior to placement. This sometimes leads to the need for commissioners to agree to fund private provision. This remains problematic due to government cuts to funding.

6.4.1 Uptake of Drug and Alcohol services by LAC

Statutory guidance (DH, 2015) indicates that Looked after young people are more likely to engage in drug and alcohol misuse than their peers who are not looked after. Furthermore, the Warwickshire Joint Strategic Needs Assessment 2015-16 suggested that 2% of Children Looked After for 12 months or more have been identified with a substance misuse problem (compared with 4% nationally). During 2017-2018, COMPASS (the organisation commissioned to provide drug and alcohol services for young people across Warwickshire) received 14 referrals for looked after children and young people across Warwickshire. This compares with 15 referrals the previous year. The 2017-18 figure equates to 2% of looked after young people at March 2018, similar to last year.

COMPASS has been represented at HeLAC multi-agency operational meetings since September 2016 in order to improve referral rates and service uptake. This initially showed a sharp rise from 0.5% but has now levelled out.

6.5 Sexual Health Discussions

Looked after Children have higher rates of teenage pregnancy than the general population and a sexual health discussion should be included in the health assessment for adolescents (DH, 2015). The local service specification requires that all practitioners undertaking the statutory assessment with young people in the Year 11 age group (15-16 years) engage in a discussion about their sexual health and ensure they are able to access sexual health services, as required.

KPI	Target	Performance
% of LAC in Y11 receiving sexual health	95%	100%

In Warwickshire, the number of young people where sexual health is discussed as part of the assessment has risen over the past 3 years from 85% to 100% for in area young people. The increase in percentage is largely due to the increased confidence and training of staff to ask about sexual health and relationships using a conversational approach.

7. Immunisations

There is currently no KPI within the Service Specification for immunisations.

In year 79.8% of Looked after Children were immunised. This is a reduction from a high of 80.2% the previous year. 2017/18 comparative data is currently unavailable but this figure is slightly below national and statistical neighbours 2015-17. Where immunisations are incomplete at assessment, carers are asked to address this and it is noted in the Health Plan. Outstanding immunisations are also discussed at the Children's Decision Maker meetings by the Named Nurse who also advises on access, as required.

8. Audits

8.1 Audit of Young People Looked after who have received their Health Passport

The aim of the audit was to determine whether Looked after young people received their Health Passport within one month of their leaving care Review Health Assessment.

In August 2017 the records of fourteen care leavers that were eligible to attend their final Review Health Assessment and receive a Health Passport were audited. The sample size consisted of 17 year olds whose social worker had requested a health assessment during March, April and May 2017.

Out of the 14 cases audited, 12/14 (86%) received a Health Passport. Two young people declined their health assessments and Health Passports and therefore a comprehensive Health Plan was completed but not a Health Passport. This was in line with the Decline Pathway at the time and they were therefore not eligible for a Health Passport. However, due to the advice issued early 2018 in the new nationally launched 'Standard Approach' by NHS England, all care leavers are now provided with a Health Passport.

The following recommendations were made.

1. Request and receive the young person's health history, immunisation, blood screening and test results from the GP. This information is required to complete the Health Passport.
2. The results of this audit were disseminated across the Women's and Children's Directorate and to the Children's Social Work Teams in Warwickshire through the Safeguarding and HeLAC Operational Meetings.

3. A re-audit will not be required as it was a requirement of the CQC Action Plan and the audit results have demonstrated that young people who have been in care for over a year are receiving a Health Passport in a timely way.

8.2 Audit to assess the health service provision for Looked after Children to ensure their health needs are being met.

The aim was to audit the outcomes of all health assessments requested by social care during July, August and September 2017 to ensure that health service provision for Looked after Children is in place and their health needs are being met.

The sample size consisted of 144 children/young people whose social worker requested a Review Health Assessment and 65 whose social worker requested an Initial Health Assessment during this three month period giving a total of 209 children.

Results showed that during the period 1st July to 30th September 2017, the Looked after Children's service achieved all the Key Performance Indicators within the Service Specification regarding the health assessment outcomes for Looked after Children seen by Warwickshire staff. This indicates that Looked after Children in Warwickshire are receiving a robust service where their health needs are being met.

The data shows that Looked after Children's nurses are completing the majority of Review Health Assessments for Looked after Children placed by Warwickshire (56%) or living in Warwickshire (59%). This has been partially brought about by a conscious decision by the trust to reduce the number of Review Health Assessments completed by paediatricians. Since moving to COMPASS, school nurses no longer complete Review Health Assessments for children originating outside of Warwickshire. In addition, the number of care leavers accepting a health assessment continues to rise. All of these factors have increased the workload for the Warwickshire Looked after Children's nurses. However, the health needs of the Looked after population continues to be met. Given the very small number of looked after children's nurses employed by SWFT in comparison with recommendations within the Intercollegiate Document (1WTE per 100 LAC), this can prove challenging.

9. NICE guidance

The Looked after Children team were not asked to contribute to any action plans regarding NICE Guidance in 2017-18.

10. Supervision and training

10.1 HVs, SNs, FNs & ED staff

Training is provided to ensure that staff working directly with Looked after Children are meeting the 2015 Intercollegiate Role Framework requirements to Level 3.

- Group training and supervision sessions for HVs, SNs and FNs were introduced in 2012. Seven training dates were offered over 2017-18 including the student-specific training for HVs and FNs. Overall 56% of health visitors and family nurses (11 FNs in

total across county) attended as a cohort (69 for group training and 4 for individual training out of 120 health visitors and 11 Family nurses). This is in line with the previous year. However, the uptake of training for Family Nurses rose to 91% (an 82% increase from the previous year) due to a specific training session being offered for this group.

- Awareness training for clinical staff in the Emergency Department at Warwick Hospital began in 2016 with 21 staff trained. However, in May 2017 further sessions were provided and 16 A/E staff attended giving an overall compliance to date of 60%. Numbers were low at each session despite lots of advertising and encouragement. With several recent changes in staff and a new manager, further training dates are planned for summer 2018. At the time of writing this report, these sessions have started to take place.

Following the transfer of SNs to COMPASS in November 2015, two training sessions were commissioned by COMPASS to train SNs regarding Looked after Children's health assessments in February 2017. Due to positive evaluations, two further sessions were commissioned for March 2018. Twenty six school nurses attended the training giving a compliance of 96%. Only one nurse didn't attend due to sickness. Since these trainings, there has been a significant improvement in the quality of Review Health Assessments completed by COMPASS school nurses.

10.2 Paediatricians and Named Nurses

The Named Nurse and Doctor used to run a level 4 workshop programme for paediatricians and specialist nurses who work with Looked after Children. However, this stopped due to poor uptake. Training is however available in the following ways:

Training at levels 1-3 is already provided within the Child Protection training programme for the Trust.

Level 4/ 5 supervision and training is available six monthly via the Coram-BAAF West Midlands Regional meetings.

In addition, the Named Nurse provides small learning sessions for student paediatricians placed with the LAC team.

The Named Nurse and Doctor are working to re-introduce training and peer review for LAC paediatricians and specialist LAC nurses from summer 2018.

10.3 Named Nurse and Doctor

The Named Nurse, Specialist Nurse and Doctor attend the 6 monthly Level 4/ 5 Regional Coram-BAAF meetings and other relevant Regional / National training. In addition, the Named Nurse and Specialist Nurse attend separate quarterly peer supervision with colleagues from other regions to keep up-to-date and promote best practice. The Named Nurse also receives professional supervision from the SWFT Designated Nurse for Looked after Children and the Specialist Nurse obtains supervision from the Named Nurse.

Staff remain up to date with their training despite challenges with sickness and staff vacancies over the summer 2017.

10.4 Foster Carers

Training is arranged by the Fostering team in the Local Authority. Provision of training to foster carers is at the direct request of the Fostering Training team and focuses on the importance of attending health assessments.

47 carers attended training in 2017/18. Numbers vary markedly from year to year depending on which trainings they are required to update to maintain compliance. All training delivered by the LAC team was very well received and evaluated by attendees.

11. Public and User Involvement Highlights

The LAC team worked extensively this year to increase public and user involvement. The main actions and initiatives include:

- Continuation of The Family and Friends Test which started in April 2015. This is offered to carers and Looked after Children at the end of the health assessment. On average, well over 85% each month have stated that they are likely to recommend the service.
- Continued use of the information leaflets for service users and professionals devised by the Named Nurse in consultation with service users and partner agencies and ratified by the SWFT Patient Information Group.
- The Specialist Nurse attended the Children in Care Council early 2018 and discussed the views of these young people regarding health assessments. As a result, the LAC nurses now ask for the telephone numbers of care leavers to arrange the appointments with them where this is appropriate.
- NB: Since the addition of a full time specialist nurse in November 2017, the LAC nurses have been able to provide much more robust support and follow up for young people with significant needs. There is also significant engagement with young living in residential homes in county. However, this post is only fixed term of 12 months. It is concerning that this valuable work will be lost if this post is not continued.

12. Service Development Highlights

- A personalised Care Leaver's Health Passport was produced by the Named Nurse in consultation with the Children in Care Council. This was approved by the Warwickshire Children in Care Council and SWFT Compliance Team. It includes individual past and current health needs, the name and contact details of their GP and dentist, details of any current referral / appointments, immunisation history plus local and national sources of help and support. This was updated in 2017 following the CQC inspection for Looked after Children and has been approved by the Patient Information Group with a separate Health Passport for Asylum Seekers which is more appropriate for this group of young people. It is expected that this will continue to have a positive impact on the health and well-being of young people as they leave care. These are well received by the young people.
- IHAs completed within timeframes by SWFT once the request has been received by social care. In April 2018, 84% of IHAs were completed within 28 days of coming into care. This shows a massive improvement in working between the LAC service and social care from the 0-3% compliance two years ago.
- Training packages for staff working with Looked after Children have been updated
- Patient information leaflets were updated.
- Health Assessment guidelines were updated during spring 2017 and approved
- Collaboration with social care led to the development of an enduring consent form so that RHAs can be completed without the need for additional paperwork from social care. This is starting to be used by social workers.

- A training package for A&E staff at Warwick Hospital was designed to raise awareness of the health needs and vulnerabilities of Looked after Children and their obligations to them. At November 2017, the total compliance was 60%.
- The Integrated Care Pathway was significantly updated in autumn 2017 and approved at HeLAC multi-agency meeting to include COMPASS school nursing. At the time of writing this report, a further update has been written in autumn 2018.
- Since the appointment of the full time specialist nurse in November 2017, there has been much more robust working with the asylum and leaving care teams to ensure opportunities are maximised for Looked after Children and Care Leavers to access assessments and appropriate services. The specialist nurse now represents the service at the monthly Young Person's Leaving Care co-ordination panel where plans of support are made for the county's most vulnerable care leavers. Unfortunately, this would not be able to continue if this post is not made permanent.
- The specialist nurse attends the CSE, Missing and Trafficking multi-agency meetings where plans are agreed to support Warwickshire looked after children who are at significant risk. Again, this really important work would need to stop due to lack of capacity if this post is not made permanent.
- LAC nurses have worked with the SEND social workers to improve uptake of health assessments for these children and ensure their health needs are better met.
- Collaboration with SWFT and COMPASS colleagues to improve the timeliness and quality of health assessments completed by practitioners. The quality improvement has been significant since the LAC nurse delivered training in 2017 and again in March 2018.

13. Future Plans

- Continued work with social care colleagues to meet the nationally mandated timeframes for completing IHAs from when the child becomes looked after
- Continue to work with social care to ensure that the enduring consent form is provided to the Looked after Children team so RHAs can be completed without the need for additional paperwork from social care.
- Continued annual update of the Integrated Care Pathway
- Succession planning for LAC nurse staff.
- Monthly attendance and support to young people at a multi-agency drop in for care leavers. This is currently being developed. Input is dependent on maintaining the fixed term Band 7 specialist nurse post.
- Re-launch the LAC training for A/E clinical staff.
- Continued input into the monthly Young Person's Leaving Care co-ordination panel where plans of support are made for the county's most vulnerable care leavers. This is dependent on the Band 7 specialist nurse fixed term post being made permanent.
- Continued input into the CSE, Missing and Trafficking multi-agency meetings where plans are agreed to support Warwickshire looked after children who are at significant risk. Again, this relies on the Band 7 specialist nurse fixed term post being made permanent.
- Further training to HV's Family Nurses and COMPASS school nurses and update of the training pack.

Meeting SWFT 17-18

Objectives

PUBLIC AND PATIENT ENGAGEMENT:	SUSTAINABILITY:	SERVICE DEVELOPMENT:	PARTNERSHIPS:	WORKFORCE & LEADERSHIP:
<p>Friends & Family Test</p> <p>Children In Care Council</p> <p>Foster Carer training</p> <p>Happy.pies@nhs.net</p> <p>Leaflets for service users</p> <p>Increased engagement with care leavers and residential homes</p>	<p>Charging for Out of area health assessments</p> <p>Meeting quality standards and KPIs</p> <p>Maintaining good admin support for LAC Nurses</p> <p>Waiting List and missed appointments reductions</p> <p>Maintaining existing level of nurses</p>	<p>Additional choice for LAC/carers</p> <p>Updated Health Passport for care Leavers</p> <p>Health Passport for asylum seekers</p> <p>Clinic redesign</p> <p>Demand and capacity analysis</p> <p>Audit</p> <p>CSE, trafficking work</p>	<p>HeLAC</p> <p>Corporate Parenting COMPASS</p> <p>Journeys/ RISE</p> <p>SEND</p> <p>Social Services</p> <p>Designated nurse and CCGs</p> <p>Out of area LAC teams</p> <p>Virtual school</p> <p>Carers</p>	<p>Additional Band 7 nurse from Nov 17 as a result of business case</p> <p>1:1s</p> <p>Team meetings</p> <p>Individuals developing own LAC specialisms</p> <p>Replacement of administrator</p>