


Agenda Item: 14.0

<p style="font-size: 1.2em; font-weight: bold; margin: 0;"><i>Governing Body Meeting held in public</i></p>	<p style="font-size: 1.5em; font-weight: bold; margin: 0;"><i>Report</i></p> <p style="margin: 5px 0 0 0;">Date: 8 November 2018</p>
---	--

Report Title	BCCG Looked after Children's Annual Report 2017-18		
Report Author	Presented By	Responsible Director	
Teresa McDonald	Designated Nurse for Looked after Children	Anne Murray Director of Quality and Safeguarding Signature: 	
Purpose for presenting report	The report highlights the Looked after Children's Health Annual Report for Central Bedfordshire and Bedford Borough 2017-18		
Action Required:	For information only		
Approval Route:	Line Manager		
Further Assurance:	N/A		
Which Strategic Objectives does this report provide evidence for?			Please Tick ✓
We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice			
We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.			
We will lead, engage and operate as an effective place based and STP wide system partner to achieve greater integration of care delivery.			
We will support local people and stakeholders to have an influence on services we commission to ensure our decisions are informed and shaped by local views and insights.			
We will operate and manage our Governing Body to the highest standards of accountability and transparency.			
Implications/Assessments	Yes	No	N/A
Have any financial implications been signed off by the Chief Finance Officer?			✓
Have any quality implications been signed off by the Director of Nursing & Quality?			✓
Have any privacy implications been signed off by the Head of Information Governance?			✓
Have any conflicts of interest implications been signed off by the Corporate Office?			✓
Have any public engagement implications been signed off by the Head of Communications & Engagement?			✓
Has an Equality Impact Assessment been carried out?			

Key Risks	-
Executive Summary	This annual health report informs on the health aspects for BBC and CBC Looked After Children (LAC). The Department of Health Statutory Guidance ' <i>Promoting the Health of Looked After Children (2015)</i> ' requires a report on the delivery of service and the progress achieved for the health and wellbeing of children in care. It will inform partners of the work to improve health outcomes for Looked After Children, as well as identifying some of the challenges facing the service.

Highlights

Bedford Borough

Initial Health Assessment (IHA): 70 out of 92 new Looked After Children had their IHA within 20 days of becoming Looked After – 76.10%, this is an increase of 24.8% since 2016-17.

Review Health Assessment (RHA): Of 165 children looked after for 12 months or more, 160 (96.9%) have had a review health assessment completed by the end of March 2018. This is an increase of 10.9% since March 2017.

12 of these children were under 5 so requiring two health assessments within a 12 month period. Of the 12, 12 (100%) had two health assessments completed by the end of March 2108.

Strength and Difficulties questionnaire (SDQ):

Of 115 children aged between 4-16 who had a strength and difficulties questionnaire completed, the average score is 14.5. The score has decreased by 1.5 since 2016/17. This is an improving picture on the health and well-being of looked after children in BBC

Central Bedfordshire Council

Initial Health Assessment (IHA): 91 out of 119 new Looked After Children had their IHA within the statutory requirement of 20 days of becoming Looked After – 76.5% this is an decrease of 13.2%.

Review Health Assessment (RHA): 196 out of 212 had their RHA completed 92.5%

Strength and Difficulties questionnaire (SDQ):

The average score for CBC LAC children has decreased by 1.3% in 2016/17. This is an improving picture on the health and well-being of looked after children in CBC

Future Planning 2018-19

- In April 2018 East London Foundation Trust (ELFT) was awarded the contract for community services with service provision provided by Cambridge Community Services (CCS).
- An annual workshop to be held in April 2018 for providers to set the new aims and objectives for 2018/19 on how their services meet the needs of LAC.
- To continue to work in partnership with the local authorities.
- The Designated professional to undertake audits in 2018-19 which will include the quality of Health Passports and health assessments.
- BBCG to develop a new data collection tool to monitor LAC performance data. The data will be collated and shared with members of the LAC strategic group.
- To develop a tracker to monitor that the health assessments of looked after children and young people placed in Bedfordshire from another authority are undertaken. This is line with the Statutory Guidance 2015.
- Once finalised the East of England Protocol will be embedded into practice by working in partnership with the local authorities, CAMHS, LAC Health services and the CCG.

Bedfordshire Clinical Commissioning Group's Looked After Children's Health Annual Report

1st April 2017 to 31st March 2018

Director: Anne Murray, Director of Nursing and Quality
Author: Teresa McDonald, Designated Nurse for Looked After Children
Date: June 2018

Contents	Page
Contents	2
Glossary of Abbreviations (All Acronyms used within this report)	3
Executive Summary	4
Introduction	4
NHS England LAC forum	4
Partnership Working	5
Child Sexual Exploitation	7
CAMHS	8
East of England Protocol	10
CP-IS	11
Leaving and After Care Service	11
Health Passports	12
The LAC Health Team	12
NHS England Safeguarding Assurance Tool	13
Training	13
Future Planning	14
Conclusion	14
Performance Data	
Appendix 1 Bedford Borough Data	15
Appendix 2 Central Bedfordshire Data	19

Glossary of Abbreviations

Abbreviations	
BCCG	Bedfordshire Clinical Commissioning Group
LAC	Looked After Children
LA	Local Authorities
UASC	Unaccompanied Asylum Seeking Children
NHS	National Health Service
EPUT	Essex Partnership University Trust
BBC	Bedford Borough Council
CBC	Central Bedfordshire Council
CAMHS	Child and Adolescent Mental Health Services
ELFT	East London Foundation Trust
CSE	Child Sexual Exploitation
CSEM	Child Sexual Exploitation and Missing Group
NHS SAT	NHS Safeguarding Assurance Tool
PHW-LAC	Promoting the health and wellbeing of Looked after children group
OOA	Out of Area
IFA's	Independent Fostering Agencies
JSNA	Joint Strategic Needs Assessment
CiCC	Children In Care Council
LSCB	Local Safeguarding Board
DNA	Did Not Attend
CP-IS	Child Protection Information Sharing System
CCS	Cambridge Community Service

[Executive Summary](#)

This report describes the achievements, progress and challenges of the Looked After Children (LAC) health service in meeting the health needs of Bedford Borough Council (BBC) and Central Bedfordshire Council (CBC) children and young people in care and care leavers during the period from 1st April 2017 – 31st March 2018. The report provides an update on work and developments for the Bedfordshire Clinical Commissioning Group's (BCCG) commissioned service for the health of Looked After Children and Care Leavers, and gives an overview of service provision.

For the period of this report BCCG commissioned the LAC Health Team from within Essex Partnership University Trust (EPUT) co-ordinates all the statutory LAC health assessments for in county and out of county placements for BBC and CBC children and young people; this includes responsibility for quality assuring LAC Health Assessments.

[Introduction](#)

This annual health report informs on the health aspects for BBC and CBC Looked After Children (LAC). The Department of Health Statutory Guidance '*Promoting the Health of Looked After Children (2015)*' requires a report on the delivery of service and the progress achieved for the health and wellbeing of children in care. It will inform partners of the work to improve health outcomes for Looked After Children, as well as identifying some of the challenges facing the service.

Looked after Children and Young People should expect to have the same opportunities as other children and young people, including being healthy and safe. They should be provided with the opportunities needed to help them move successfully to adulthood. The needs of Looked After Children and Young People vary, but are often complex, and can be met only by a range of services operating collaboratively across different settings.

BCCG have in post a full time Designated Nurse for LAC, along with a Designated Doctor who has allocated time to undertake this role. The role of Designated Professionals is to work in partnership with the provider, Essex Partnership University Trust (EPUT), to ensure that the health needs identified for looked after children are met.

[NHS England Nation LAC Forum](#)

In November 2017 NHS England shared a: *A Guide to Meeting the Statutory Health Needs of Looked After Children through a Standard Approach to Commissioning and Service Delivery November 2017*

This guidance is being developed by the NHS England National Steering Group LAC Forum with the aim to improve the health outcomes of Looked After Children (LAC) across England by reducing the unwarranted variation in the health delivery and commissioning arrangements for this group of vulnerable children. The Project Manager for Unwarranted Variation is working with wider National Consultation across the Regions. It should not be read in isolation by CCGs, Local Authorities and Public Health commissioners and Designated and Named Professionals, it aims to translate the science outlined in The Statutory Guidance (2015) into a standard approach to

the commissioning and delivering outcome focused health services to meet the complex health needs of LAC.

The Designated Nurse within Bedfordshire CCG as part of the LAC National Forum has contributed to the document. The guidance has now been shared with wider health providers, local authorities and public health. It has been used to support the development of the strategic aims and objectives for 2018-19. The Standard Approach guidance is due to go through National Safeguarding Steering Group (NSSG) to:

1. fully critique the document
2. arrange an element of external review
3. re-circulate the revised and amended document once approved by NSSG and Gateway

This process will afford the level of due diligence and scrutiny required of such an important document.

Partnership working

The importance of the health of children and young people in care cannot be underestimated. The health of looked after children is everyone's responsibility, so partnership working is essential to ensure optimum health for each individual child and young person. There is evidence of good partnership working between the LA and Health services. This is evidenced through the following meetings:-

- *Corporate Parenting Panel*

The CCG is represented on BBC and CBC corporate parenting panels. The Corporate Parenting Panel supports the Councils to ensure that it is fulfilling its duties towards those children looked after corporately. It also oversees, the services provided to children and young people in care.

- *The Resource Panel (CBC)*

The Resource Panel is a multi-agency panel that oversees, challenges, endorses and reviews any financial implication for planning processes for Looked After Children and young people (LAC) and those at the edge of care. The Resource Panel's role is to ensure that all proposed and existing internal residential, external residential (OOAs) and Independent Fostering Agencies (IFAs) continue to best meet the individual needs of the young person whilst at the same time ensuring that Best Value principles are implemented in the care planning process. The Panel will also address potential or actual drift in Care Planning by reviewing such placements and funding arrangements as it deems appropriate.

The cases are presented by the social worker; any issues that arise in regards to the health of the children and young people are raised, discussed and fed back to the health commissioner or provider as appropriate.

- *Joint Strategic Needs Assessment (JSNA)*

Bedford Borough and Central Bedfordshire Health and Wellbeing Boards have a statutory duty to assess the needs of the local population through the Joint Strategic Needs Assessment (JSNA). This is a local assessment of current and future health and social care needs. Representatives from the BCCG participate in all areas of the joint assessment. (Bedford Borough link: www.bedford.gov.uk/jsna Central Bedfordshire Link: www.jsna.centralbedfordshire.gov.uk)

- *Voice of the child*

The BCCG Designated Nurse and the Children in Care Council (CiCC) work in close partnership with Bedford Borough and Central Bedfordshire in engaging young people to ensure the voice of the child is captured and participates in events across Bedfordshire involving children and young people. This in turn informs commissioning and service provider arrangements. This has included the development of “The Pledge” which gives a commitment from health services to ensure timely completion of health assessment and for all young people leaving care to be issued with a health passport.

The Designated Nurse is engaged with Central Bedfordshire LSCB sub group for the voice of the child. The purpose of which is to represent children and young people living in Central Bedfordshire. It reviews and considers matters that affect young people and giving them a voice.

Children and Young access services across the whole of Bedfordshire this includes Bedford Borough and Luton. As a result of this group is now moving to a Pan- Bedfordshire approach the aim is to improve the voice of our Children and Young people

- *The LAC strategic and operational health groups within the CCG.*

The CCG continues to play an active role on the Local Safeguarding Children’s Boards for Bedford Borough and Central Bedfordshire Councils by ensuring active engagement in the Safeguarding partnerships. Strategic planning for LAC is directed through the local authorities and accountability for the services provided to Looked After Children from the local authority and Bedfordshire Clinical Commissioning Group (BCCG) is directed through the respective Corporate Parenting Panels. Multi-agency strategic planning and operational oversight is directed through the Multi-agency Promoting the health and wellbeing of looked after children Group (PHW-LAC), which contributes to strategic planning via the Children and Young People’s Plans and the Children and Adolescent Mental Health Services (CAMHS) partnership, and reports up through the BCCG’s governance structure. The LAC health strategic group meets quarterly, and has the following responsibilities:

- Ensure clear lines of accountability are in place and that issues identified are addressed in a timely manner
- Ensure relevant information sharing occurs between BCCG and relevant stakeholders
- Monitor and delegate LAC Group

- Identify appropriate work streams to the Promoting the Health and Well-being of strengths and gaps in service provision
- Develop multi-agency plans to address key issues
- Monitor progress against agreed actions
- Review and monitor service developments
- Monitor performance data and ensure timely action is taken to remedy poor performance
- Escalate concerns in service or performance where not appropriately addressed
- Ensure all LAC work is in line with statutory guidance, NICE and essential standards
- Maintain a LAC risk register

The LAC strategic aims have been discussed and agreed for 2018-2019. The aims are as follows:

Strategic Aim 1: To ensure effective channels of communication between local authority staff working with looked-after children, CCGs, educational provision, health service providers, as well as carers

Strategic Aim 2: To ensure that looked-after children (according to age and understanding) have the information they need to make informed decisions about their health needs, including appropriate levels of health promotion and education, and access to universal services as well as targeted services.

Strategic Aim 3: To ensure the timely and effective delivery of health services.

Strategic Aim 4: To take into account the views of looked-after children, their parents and carers, to inform, influence and shape service provision, including through the Children in Care Councils

Operational Promoting the Health and Wellbeing of LAC (PHW-LAC) group has the following aims:

- Each agency sets their own objectives against the strategies aims.
- Aims and objectives are presented for the year and are reviewed within an annual workshop. At the workshop new aims will be set for the year ahead.
- The group will focus on a particular area relating to LAC. The emphasis for 2018-19 is to gain a greater understanding on what life looks like for Unaccompanied Asylum Seeking Children (UASC) in Bedfordshire.
- The result or any issues identified are fed up to the LAC strategic Board to inform strategic objectives

Child Sexual Exploitation

NHS organisations are subject to the section 11 duties of the Children Act 2004, which places responsibility on the health provider to ensure that effective safeguarding children arrangements are in place. This is achieved through commissioning and monitoring processes identified within the contractual arrangements, and includes arrangements regarding child sexual exploitation (CSE).

Bedford Borough, Central Bedfordshire and Luton Safeguarding Children Boards have developed a strategic CSE action plan based on identified risks and recommendations from an independent CSE review. A pan Bedfordshire Child Sexual Exploitation and Missing Group (CSEM) has also been developed which has replaced the previous Child Sexual Exploitation Group (CSEG). CSEM is a multi-agency group which ensures a co-ordinated approach to concerns about child sexual exploitation and to maintain an overview of emerging child sexual exploitation issues in Bedfordshire. BCCG is represented on both the strategic group and CSEM to ensure health partners are involved throughout.

CAMHS

BCCG commission a Child and Adolescent Mental Health Services (CAMHS) in Bedfordshire which is provided by East London NHS Foundation Trust (ELFT). Specialist CAMHS (Tier 3) offers assessment and treatment to children and young people with moderate to severe emotional and behavioural difficulties, including mental illnesses. Core services are provided within several multidisciplinary teams as illustrated below, depending upon the particular needs of the young person. CAMHS staff are mainly based within specialist centres in Bedford and Dunstable, although services are offered across the county. Where feasible, staff are embedded within or closely linked to partner agencies to provide an integrated care package. Tier 2 CAMHS are provided by several third sector organisation across Bedfordshire including CHUMS, Open Door, Relate and Sorted. These services provide assessment and short-term treatment to children and young people with less severe emotional and behavioural difficulties.

Looked after Children's CAMHS Service Performance Data 2017-18.

Looked After Children	Q1	Q2	Q3	Q4	YTD
Referrals accepted	29	17	19	24	89
*Direct Patient Contact	256	377	468	222	1323
DNA rates	12.20%	7.4%	4.7%	8.0%	6.7%

**Direct Patient is where there is face to face contact with each young person. The number of contacts for each person will vary depending on need.*

DNA's

When a service user fails to attend an initial appointment the clinician will attempt to contact the service user/carer during the appointment time, by telephone, to ascertain reasons for non-attendance and to enhance future engagement. If it is not possible to make contact by telephone, following a risk assessment of available information, a letter will be sent requesting the service user/carer to contact the service in order to offer an alternative appointment. For first appointments the original referrer and GP will be advised of non- attendance.

If, after a two week period, the service user/carer have not contacted the service a further letter will be sent. There may also be telephone discussion with the original referrer to assess the degree of risk or other professionals involved in the service user's care, if known. If after a further 2 week period there has been no contact with the service user/carer the individual clinician will carefully consider discharge and make a professional judgement based on the available

information. If the decision is to discharge, the original referrer and the GP will be informed in writing.

Direct Patient Contact

Children and Young People currently receiving services were seen in a variety of settings including CAMHS clinics, schools or home. Dependant on individual needs appointments were either face to face, telephone, consultation with other professionals, i.e. school, social care etc. This ensures that the young person is seen in the place that suits them the best and where they feel comfortable. This will support the young person's engagement in the process. In the dedication LAC CAMHS service for 17/18 there was 1323 direct contacts with young people.

Waiting Times

Under the NHS Constitution, no patient should wait more than 18 weeks for any treatment. The average waiting times for routine appointments across Bedfordshire CAMHS varies; the majority of the cases are seen for an initial appointment within 11 weeks of referral. The cases waiting outside of this, - are assigned to our Neuro Development Team and are awaiting specialist assessment. When a child presents in Crisis they are seen and assessed immediately and a care plan will be developed in response to the identified need. The LAC CAMHS team also provide a service for all looked after children and young people, this includes CYP who have been placed in Bedfordshire from another local authority.

Transition

NHS England have set an expectation around clinical quality; one of which is to improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services. Adult and Children mental health services have different commissioning requirements; the project is to provide a pathway from children to adult mental health service or to the most appropriate service for that young person.

Bedfordshire CAMHS remain on track with meeting the Commissioning for Quality and Innovation requirements for transition from children and adult mental health services. This project started in April 2017 and will run until April 2019.

The project is constructed to encourage greater collaboration between providers spanning the care pathway. There are three components to this:

- a case note audit in order to assess the extent of Joint-Agency Transition Planning; and
- a survey of young people's transition experiences ahead of the point of transition (Pre-Transition / Discharge Readiness); and
- a survey of young people's transition experiences after the point of transition (Post-Transition Experience).

The pre and post survey questionnaires have been well received by our young people in Bedfordshire.

BCCG is working closely with partners to improve the transitional arrangements for young people. Bedfordshire CAMHS have developed strong local links with our adult services and continue to meet quarterly to review progress in addition to monthly transition discussions with relevant local community mental health teams.

East of England Protocol

Bedfordshire CCG is an active member of the regional working group to draw an East of England protocol for Looked After Children and Care Leavers. The protocol will spell out the agreed principles and practice that will be applied when a looked after child from one LA area presents in another LA area in need of

- a. a routine community CAMHS referral
- b. a specialist CAMHS intervention/support when a crisis occurs – either in the community or General Acute Hospital setting
- c. admission to a CAMHS Tier 4 inpatient unit

Looked after children and care leavers from one Local Authority who present in another Local Authority in need of a mental health assessment and/or intervention. There will be some of these children and young people with exceptionally high levels and complexity of needs who will require particularly intensive treatment and support packages, way in excess of any area's core offer. These children and young people should already be subject to joint Local Authority and CCG planning processes. Multi-Disciplinary Team (MDT) meetings will be called to determine what bespoke service offer will be commissioned and provided for such cases and which organisation will pay for each part of the package.

What do we want this protocol to achieve in the East of England?

Elimination of the variation in practice and the delay and harm that can cause to looked after children and care leavers. We want to ensure children and young people have consistent, fair, open access to the local core service offer in whichever part of the East of England they live or present in.

The variation in practice also causes confusion among operational staff from the mental health providers, Local Authorities, and commissioners which can exacerbate the delay and harm to children and young people and damage effective working relationships between staff and organisations.

When a looked after child or care leaver from one Local Authority area presents in another Local Authority area in need of:

1. A routine community CAMHS referral – to either a Targeted or Specialist service – for a mental health issue that was already part way through being addressed when the child or young person lived in his/her originating Local Authority area.
2. A routine community CAMHS referral – to either a Targeted or Specialist service – for a newly emerging mental health issue.
3. A mental health assessment which had been part completed at the point of a move to another Local Authority area – and needs to be completed.

4. A specialist CAMHS assessment and intervention when a crisis occurs, including when an inpatient Tier 4 CAMHS hospital admission may be needed.

The protocol for the East of England is in processing well on being finalised. Once agreement has been sought it will be implemented across Bedfordshire and evaluated as to its effectiveness in meeting the outcome of these children and young people

CP-IS

The national implementation of the CP-IS is part of the NHS standard contract. Bedfordshire is in the process of implementing the Child Protection Information Sharing System (CP-IS). When a child is known to Children's Services- Social Care, as a Looked After Child or on a Child Protection Plan, basic information about that plan is shared within the NHS, via a secure IT system. If that child attends any NHS unscheduled care setting, such as an emergency department or a minor injury unit, out of hours GP service:

- *The health team is alerted that they are on a plan and has access to the contact details for the social care team*
- *The social care team is automatically notified that the child has attended, and*
- *Both parties can see details of the child's previous 25 visits to unscheduled care settings in England*

This means that health and social care staff have a complete picture of a child's interactions with any unscheduled health care provision. This may be particularly significant if a looked after young person is missing and attends an unscheduled provision anywhere in the country the social worker team will be notified of the attendance.

Leaving and After Care

BCCG commissioned a Looked After Young People's Nurse within the LAC health team to provide care leavers with support which is offered until their 21st birthday. All Care Leavers, whether placed in or out of county, are provided with contact numbers and details of the LAC Health Team at the time of their final Health Assessment, in order to facilitate easy access and support as required.

The service specification was reviewed and agreed in April 2017-18 to include:

- To ensure all Care Leavers are offered a service from the LAC Health Team and are provided with information on how to access health care provision
- The leaving Care Service ensures it makes contact with all Care Leavers within the first three months of leaving care to offer any further support or advice
- To provide all Care Leavers who are placed out of area, and whose final RHA is undertaken by an external provider, with the Leaving Care Letter
- To raise the awareness of the availability of the leaving care service and the support it can offer to young people

BCCG has worked with The Care Leavers Association on a three year project commissioned by the Department of Health to improve the health of adults and young people by utilising the user voice to develop guides and resources to better inform commissioning and delivery of services.

The project is now completed and the findings were published in December 2017. Please see link to the document:

Caring for better Health: An investigation in to the health needs of care leavers.

By Jakeb Braden, Dr Jim Goddard and David Graham

http://cdn.basw.co.uk/upload/basw_51020-2.pdf

The document has been shared with members of the Bedfordshire CCG LAC strategic Group for consultation and discussion in regards to findings. It has also been shared with the wider Heath providers. One of the authors of the document has agreed to attend the BCCG LAC strategic group to discuss the findings. This will be arranged for 2018-19

Health Passport

A workshop was facilitated by the LAC health team to review the original workshop that took place in 2016. This showed a big improvement in health passport notifications to the team, following on from the change of the referral pathway. The change to referral has also reduced the amount of paperwork and time taken by social workers to complete.

The LAC Health 2017-2018 completed 44 health passports.

An internal health passport audit was undertaken which showed that there were some differences in the way clinical staff were completing the health passport. To ensure continuity the team developed a quality assurance tool was created to ensure that all health information available to the clinician was included in the health passport and that a SMART care plan was created, if appropriate, for our leaving and aftercare clients.

The LAC Health Team

Essex Partnership University Foundation Trust (EPUT) was commissioned by BCCG over the period of this report (April 2017- March 2018) to provide a service for statutory health assessments for Looked After Children from Bedford Borough and Central Bedfordshire. The purpose of the health assessments are to:

- Ensure that holistic and specific health needs are identified and plans in place to support/manage needs, including opportunities for routine health checks and screening, preventative measures and health education/promotion.
- The service co-ordinates the statutory LAC Health Assessments for in county and out of county placements for Bedford Borough and Central Bedfordshire children and young people. This process is supported by an administrative single point of contact within each Local Authority which improves the efficiency and streamlining of this service.

The Service Specification was reviewed and agreed in April 2018-19. It requires that the Specialist Nurses for LAC quality assure all health assessments completed by external health providers, and quality assure a 10 % dip sample of all those completed by EPUT health professionals. This ensures that all assessments meet the required standard. Any issues identified through the quality assurance process are followed up, as specific to the child/young person, or as development of the professional undertaking the assessment.

If a young person is placed out of area and there is no provision in the out of placement to carry out the health assessment, they can be invited back to Bedfordshire to undertake their health assessment; this is with the proviso that the young person, foster parents and social worker are all in agreement. The health assessments will be completed by the LAC health team in line with normal contractual arrangements and not incurring additional payment arrangements.

The CCG has implemented a process for the funding of initial /review assessment for Looked After Children placed out of area (OOA). The process will ensure that any payments made to an OOA provider will be quality assured by the LAC health team. This will ensure that the children and young people placed OOA have a detailed comprehensive health assessment. The CCG has an escalation process in place for when there are issues in commissioning health assessment for children placed OOA.

Community Paediatricians undertake the Initial Health Assessments for Bedfordshire Children placed in Bedfordshire and one hours travel outside the Bedfordshire Border. Access to Community Paediatricians is via clinics in Bedford and Flitwick. Bedfordshire children/young people placed out of county and within one hour of the Bedfordshire borders will be invited to attend a Bedfordshire Paediatric clinic for their Initial Health Assessment. Those placed outside this area will be completed by an out of area provision under a service level agreement, or invited back as outlined above if no provision available.

[NHS England Safeguarding Assurance Tool](#)

BCCG has taken part in the NHS England Safeguarding Assurance Tool (SAT) pilot. The tool is a complete quality and compliance management tool, letting users assign and track actions, record evidence, create audits and manage policies and procedures and other key documentation in a single integrated environment.

The SAT allows BCCGs to provide evidence and assurances to NHS England that they are meeting the required national standards in safeguarding of children, LAC and vulnerable adults. The SAT includes a number of standards that relate solely to looked after children.

Periodical reviews of the evidence, along with collaborative action plans, drive quality improvement and ensures that the required standards are being met. BCCG has had 3 peer reviews of the evidence in the SAT where evidence and ratings were challenged and agreed. There are 9 standards broken down into 83 elements. BCCG has currently 70 Green, 13 Amber and no red elements. There is local, regional and national reporting on the SAT tool all information is available to key stakeholders.

[Training](#)

BCCG Designated Safeguarding and LAC professional deliver level 1 and 2 safeguarding training to staff within GP surgeries and student midwives. The aim of the training to raise awareness of safeguarding and LAC and to be able to identify signs of abuse and how to escalate and refer as appropriate.

The BCCG delivers level 3 Safeguarding to all GP practices within Bedfordshire. As part of the training programme the Designated Nurse for LAC promotes the roles and responsibilities of GPs

in relation to looked after children. This includes the importance for GP's to act as an advocate for the health of each child or young person who is being looked after. Also included is raising the awareness of private fostering arrangements and responsibilities around notification to the LA's. The GPs are advised to ensure timely, sensitive access for LAC to specialist services, taking into account the needs and risk of frequent placement change for many children and young people who are looked after. The importance of maintaining accurate and comprehensive records for each young person and to provide report and health summaries as required are also emphasised.

Bedfordshire's Looked After Children's Team (LAC) delivered foster carer training. Feedback around this training has also been very positive and found to be informative for those attending.

The LAC health team also deliver training for the health visitors and school nurse within the 0-19 teams. Feedback around training has been very positive and evaluation has highlighted that this has/will improve the quality of assessments undertaken by 0-19 staff. Self-quality assurance questionnaires to support staff, whilst completing a review health assessment, continues to be in place to maintain quality standards following on from training.

Future Planning 2018-19

- In April 2018 East London Foundation Trust (ELFT) was awarded the contract for community services with service provision provided by Cambridge Community Services (CCS).
- An annual workshop to be held in April 2018 for providers to set the new aims and objectives for 2018/19 on how their services meet the needs of LAC.
- To continue to work in partnership with the local authorities.
- The Designated professional to undertake audits in 2018-19 which will include the quality of Health Passports and health assessments.
- BBCG to develop a new data collection tool to monitor LAC performance data. The data will be collated and shared with members of the LAC strategic group.
- To develop a tracker to monitor that the health assessments of looked after children and young people placed in Bedfordshire from another authority are undertaken. This is line with the Statutory Guidance 2015.
- Once finalised to embed the East of England Protocol into practice by working in partnership with the local authorities, CAMHS, LAC Health services and the CCG.

Conclusion

This report has shown the services that are available to Looked After Children for 2017-2018 in Bedford Borough and Central Bedfordshire. The CCG will continue to monitor the provision of health services that they commission within BBC and CBC to ensure that Looked After Children and Young People receive an appropriate and cost effective service in order for them to achieve their full potential. There is a real opportunity for BCCG to work in partnership with the new health provider East London Foundation Trust to meet the needs of Looked After Children and young people.

Appendix 1

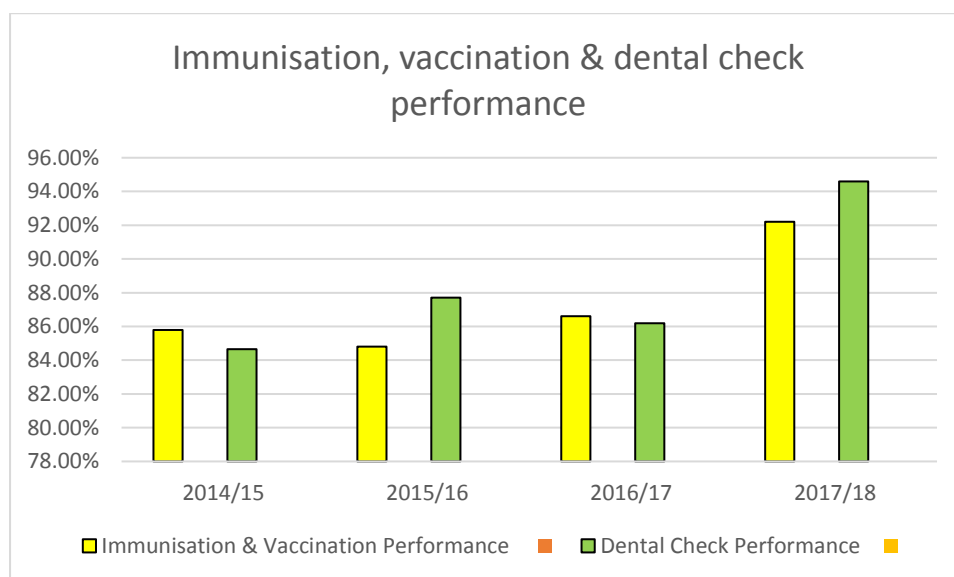
Bedford Borough Council Looked After Children's Health Performance Data.

April 1st 2017 - March 31st 2018

Table 1: Profile of Bedford Borough Council's Looked After Children

	2015		2016		2017		2016
	Number	%	Number	%	Number	%	Statistical neighbour
Total Number of LAC	253	N/A	265	N/A	239	-	-
LAC placed in county	140	55.3%	184	69.4%	61.8%	-	61.8
LAC placed out of county	113	44.7%	81	30.6%	137	57.3%	n/a
LAC placed in Foster Placement (total)	189	74.7%	181	68.3%	102	42.7%	n/a
LAC placed with Independent Fostering Agency	85	33.6%	82	30.9%	166	69.5%	n/a
LAC placed in Children's homes, hostels and other residential settings including secure units	24	9.5%	30	11.3%	73	30.5%	n/a
LAC living independently	26	10.3%	32	12.1%	29	12.1%	n/a
LAC placed for adoption, placed with parents or others	11	4.3%	22	8.3%	22	9.2%	n/a
Unaccompanied Asylum Seeker	22	8.7%	24	9.1%	18	7.5%	n/a

Table 2: Performance Data

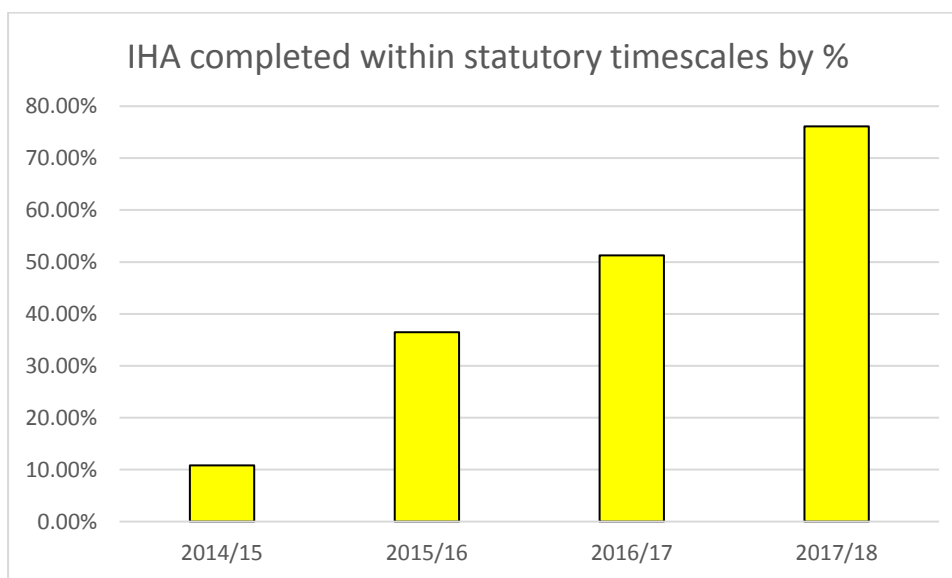
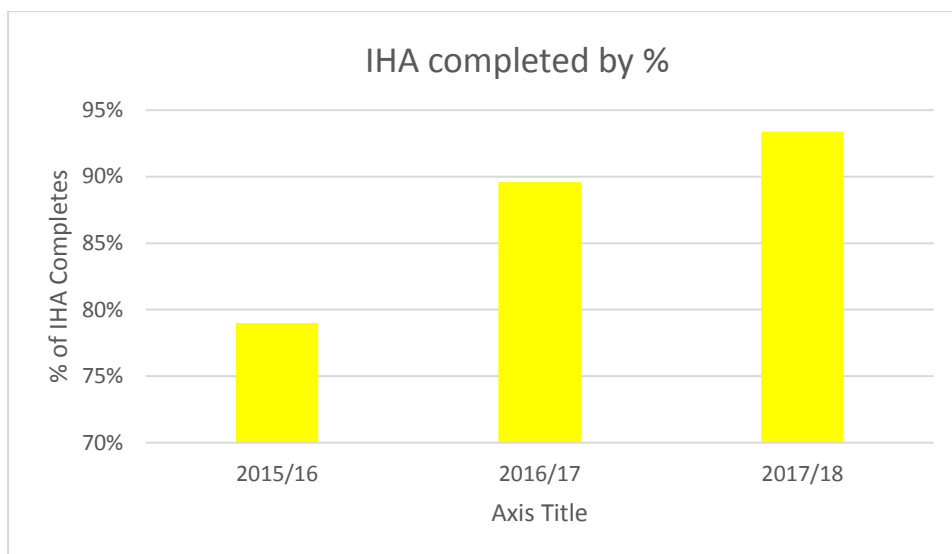


	2014/15	2015/16	2016/17	2017/18	Statistical Neighbour Average
Immunisation & Vaccination Performance	85.8%	84.8%	86.6%	92.2%	88.3%
Dental Check Performance	84.65%	87.7%	86.2%	94.6%	77.0 %

Of 165 children looked after for 12 months or more at the end of March 2018, 152 (92.2%) have up to date immunisations. This is an increase of 5.6% since 2016-17

Of 165 children looked after for 12 months or more at the end of March 2018, 148 (96.7%) have had dental visits in the year to date. This is an increase of 8.4% since 2016-17.

Table 3 Initial Health Assessment (IHA)



	2014/15	2015/16	2016/17	2017/18	2017/18 Numbers Completed
IHA completed within statutory timescales by %	10.8%	36.5%	51.3%	76.1%	70 out of 92

Following the Ofsted Inspection January 2017 recommendation **“41: Ensure that children looked after receive timely health assessments”** BBC has addressed some of the issues. One identified was the late referrals for IHA’s being requested to LAC health team. As a result of the measure now put in place there is a much improved picture in the compliance if IHA’s.

Table 4: Breakdown of IHA timescales 2017-18

Time Band (in working days)	No. Of Children
0-20 days	70
21-30	4
31-40	8
41-50	2
51-60	1
61-70	1
71+	0
No IHA	6
Total	92
% in Timescale	76.10%

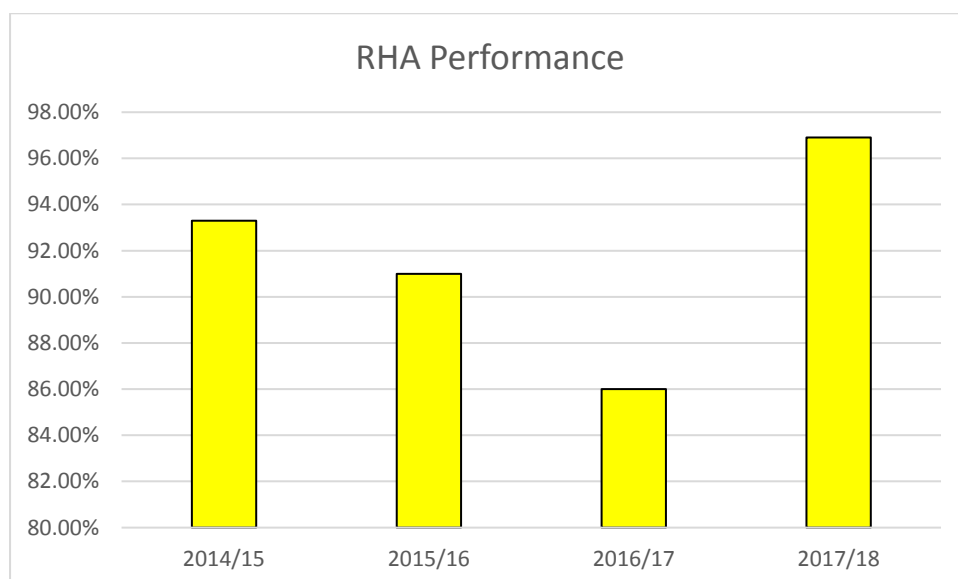
Initial Health Assessment (IHA): 70 out of 92 new Looked After Children had their IHA within 20 days of becoming Looked After – 76.10%, this is an increase of 24.8% since 2016-17.

There are a number of reasons for these assessment either being late or not taking place:

- The YP person refuses the assessment
- UCAS young people who go missing prior to having IHA completed
- The young person ceases to be LAC before the date of the IHA
- The young person is placed out of county and there have been issues in commissioning an out of area provider.
- Late referral from the Local Authority

The CCG are monitoring and where the performance falls below the standard EPUT are required to provide exceptions reports.

Table 5: Review Health Assessments

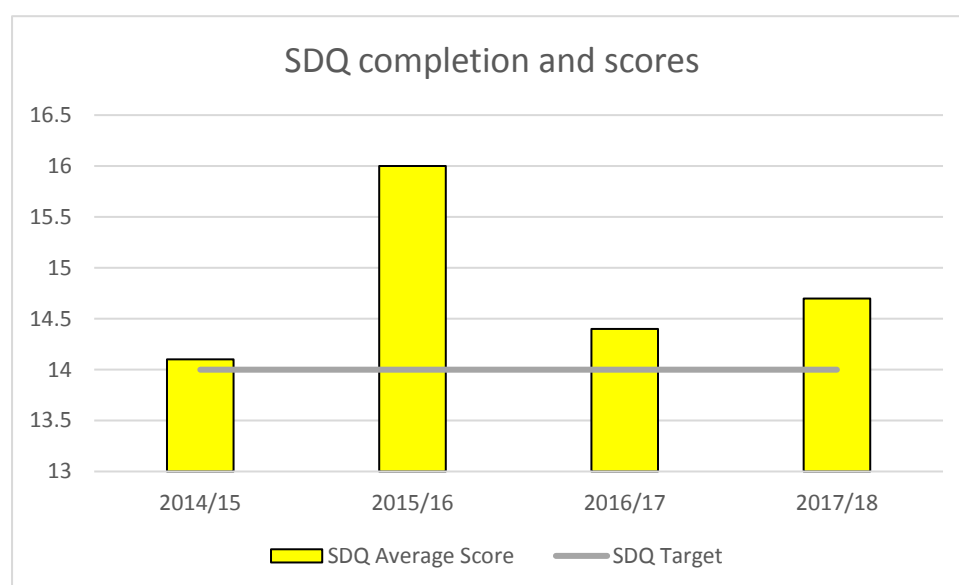


	2014/15	2015/16	2016/17	2017/18	2017/18 Numbers Completed
RHA Performance	93.3%	91%	86%	96.9%	160 RHA completed out of 165

Of 165 children looked after for 12 months or more, 160 (96.9%) have had a review health assessment completed by the end of March 2018. This is an increase of 10.9%.

12 of these children were under 5 so requiring two health assessments within a 12 month period. Of the 12, 12 (100%) had two health assessments completed by the end of March 2108.

Table 5: SDQ Scores



	2014/15	2015/16	2016/17	2017/18
SDQ Average Score	14.1	16	14.5	14.7

Of 115 children aged between 4-16 who had a strength and difficulties questionnaire completed, the average score is 14.5. The score has decreased by 1.5 since 2016/17.

The SDQ is a short behavioural screening questionnaire. It has five sections that cover details of emotional difficulties; conduct problems; hyperactivity or inattention; friendship and peer groups; and also positive behaviour, plus an “impact supplement” to assist in the prediction of emotional health problems.

The scoring range for the SDQ is between 0-40. On an individual basis a score of 13 or below is normal and 17 and above is a cause of concern (14-16 is borderline). For local authorities, their overall average score will give an indication of the level of “concern” there is across the service. From a strategic point of view a high score will mean that more looked after children are displaying such problems.

All LAC children who should have had an SDQ completed within the year did so; the average score has decreased by a score of 1.6 since 15/16 but remains above the national average at 14.4. The score is used to inform the review health assessment carried out by the LAC nurses and will ensure that young people are signposted to the most relevant service. The Bedford Joint Needs Strategic Assessment (2016) documents states that any young person that has a score over 14 is then referred to CAMHS.

Appendix 2

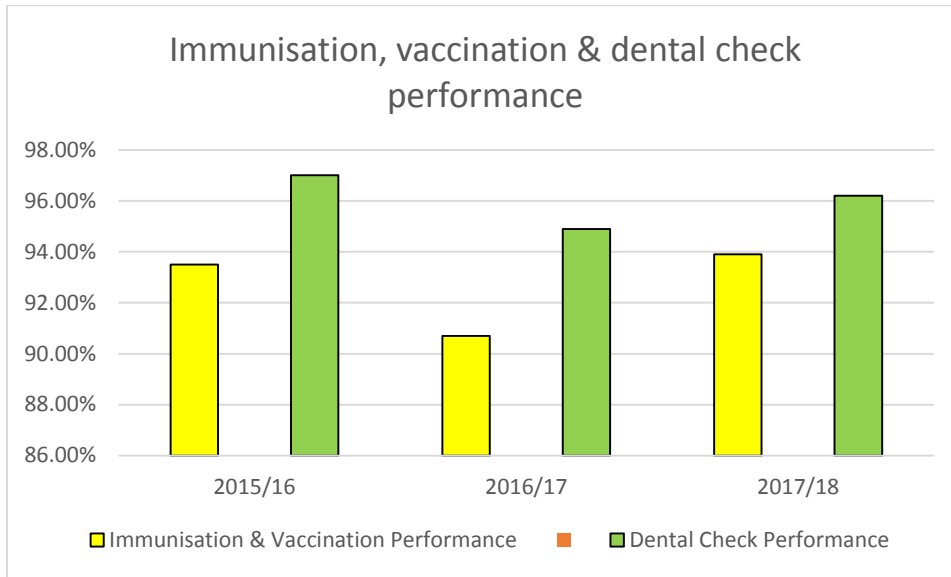
Central Bedfordshire Council Looked After Children's Health Performance Data.

April 1st 2017 - March 31st 2018

Table 1: Central Bedfordshire Performance Data.

	2015		2016		2017		Statistical Neighbour
	Number	%	Number	%	Number	%	
Total Number of LAC	287	N/A	304	N/A	312	N/A	274
LAC placed in county	119	41.5%	129	42.7%	128	41.0%	71.3%
LAC placed out of county	168	58.5%	173	57.3%	184	59.0%	28.7%
LAC placed in Foster Placement (total)	199	69.3	211	69.4%	216	69.2%	74.4%
LAC placed with Independent Fostering Agency	86	30.0%	82	27%	84	26.9%	n/a
LAC placed in Children's homes, hostels and other residential settings including secure units	31	10.8%	34	11.2%	25	8.0%	10.7%
LAC living independently	30	10.5%	40	13.2%	41	13.1%	4.0%
LAC placed for adoption, placed with parents or others	27	9.4%	19	6.3%	30	9.6%	n/a

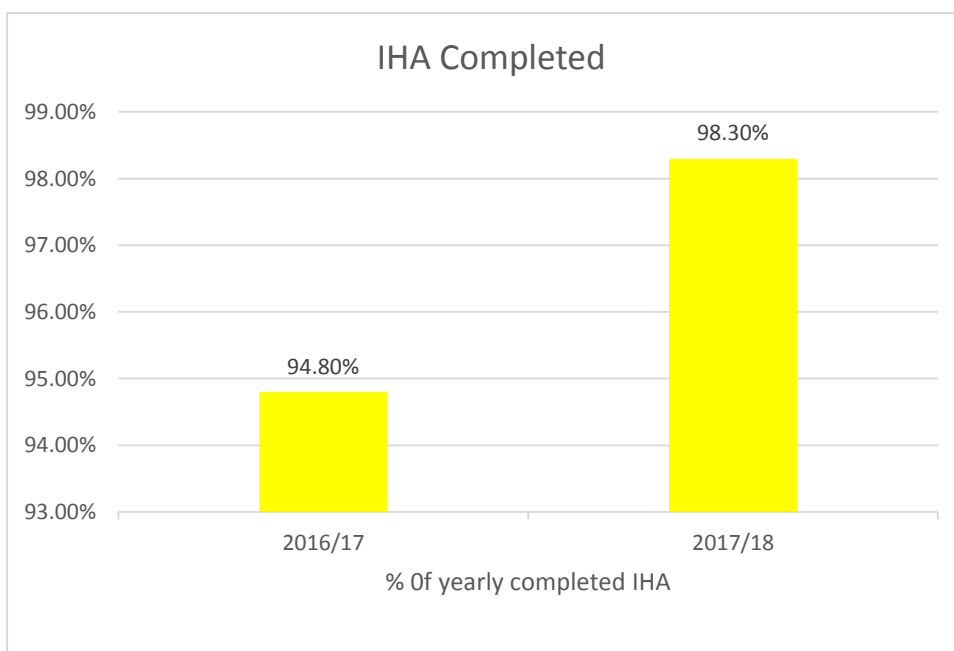
Table 2: Performance Data for LAC in Central Bedfordshire

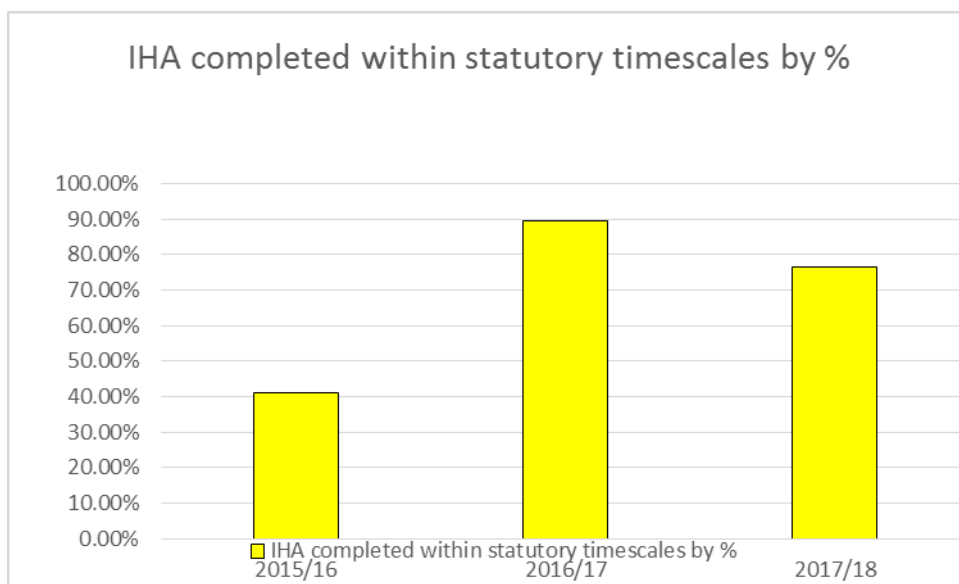


	2015/16	2016/17	2017/18	Statistical Neighbour Average 2015/16
Immunisation & Vaccination Performance	93.5%	90.7%	93.9%	n/a
Dental Check Performance	97.0%	94.9%	96.2%	77%

The percentage of children who have had their teeth checked and all their immunisations up to date has increased since the previous year.

Table 3: Initial Health Assessments





	2015/16	2016/17	2017/18	2017/18 Completed IHA's
IHA completed	-	94.8%	98.3%	90 out of 116
IHA completed within statutory timescales by %	41.2%	89.7%	76.5%	91 out of 119

Time Band (in working days)	No. Of Children
0-20 days	91
21-30	12
31-40	6
41-50	5
51-60	-
61-70	1
71+	2
No IHA	2
Total	119
% in Timescale	76.5%

Initial Health Assessment (IHA): 91 out of 119 new Looked After Children had their IHA within the statutory requirement of 20 days of becoming Looked After – 76.5% this is a decrease of 13.2%.

There are a number of reasons for these assessment either being late or not taking place:

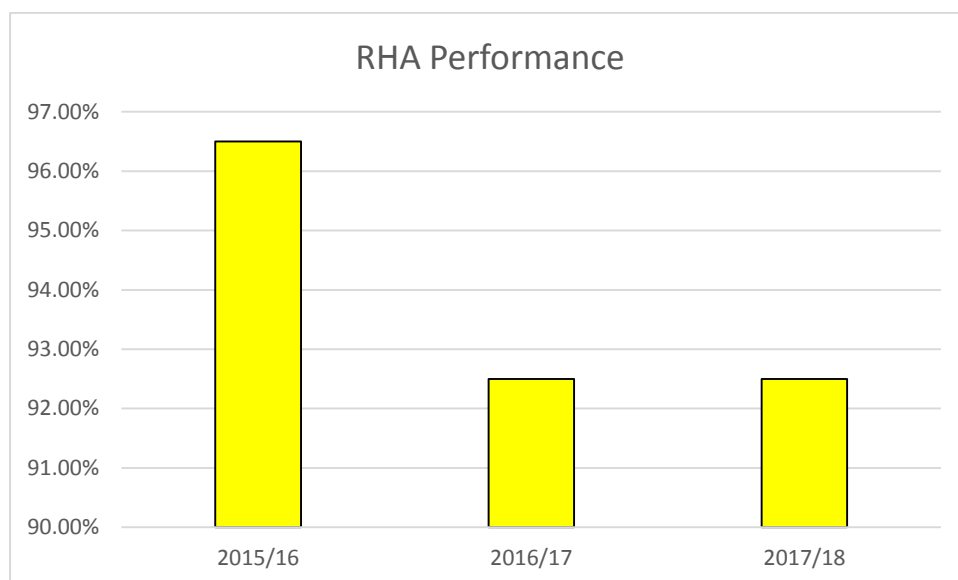
- The YP person refuses the assessment

- UCAS young people who go missing prior to having IHA completed
- The young person ceases to be LAC before the date of the IHA
- The young person is placed out of county and there have been issues in commissioning an out of area provider.
- Late referral from the Local Authority

Exception report meetings take place on a monthly basis between the LAC health named nurses and CBC. The named nurse continues to ensure that these meetings take place on a monthly basis. These meetings help to highlight any exceptions which may affect timeframes and to monitor monthly referrals which can impact team capacity and completion.

The Bedfordshire CCG are monitoring the performance data and were it falls below the standard EPUT are required to provide exceptions reports via the contractual route.

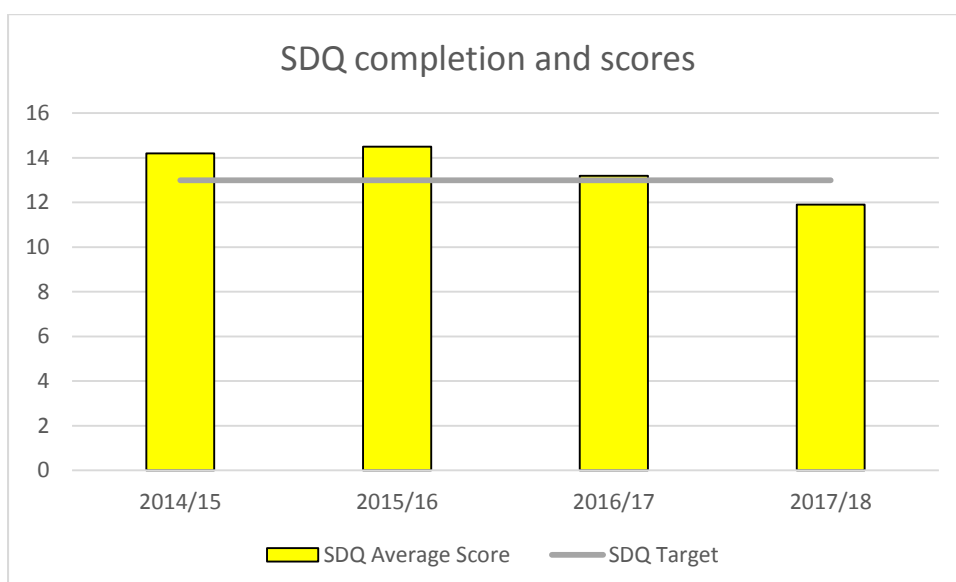
Table 4: Review Health Assessments (RHA's)



	2015/16	2016/17	2017/18	2016/17 Completed RHA's	Statistical Neighbour Average 2015/16
RHA Performance	96.5%	92.5%	92.5%	196 out of 212	81%

The CCG Designated Nurse is aware of the falling compliance over the past three years in CBC and has taken steps to mitigate risk. The Bedfordshire CCG are monitoring the performance data and were it falls below the standard EPUT are required to provide exceptions reports via the contractual route.

Table 4: Strength and Difficulties Questionnaire (SDQ)



	2014/15	2015/16	2016/17	2017/18	Statistical Neighbour Average 2015/16
SDQ Completion Rate	-	-	100%	98.9%	-
SDQ Average Score	14.2	14.5	13.2	11.9	15.6

The average score for CBC LAC children has decreased by 1.3% in 2016/17.

The SDQ is a short behavioural screening questionnaire. It has five sections that cover details of emotional difficulties; conduct problems; hyperactivity or inattention; friendship and peer groups; and also positive behaviour, plus an “impact supplement” to assist in the prediction of emotional health problems.

The scoring range for the SDQ is between 0-40. On an individual basis a score of 13 or below is deemed as normal, with a score of 17 and above being a cause of concern (14-16 is borderline). For local authorities, their overall average score will give an indication of the level of “concern” there is across the service. From a strategic perspective, a high score will indicate that more looked after children are displaying difficulties. The score is used to inform the review health assessment carried out by the LAC nurses and will ensure that young people are signposted to the most relevant service.