

Children Looked After and Care Experienced Young People Annual Report 2021- 2022

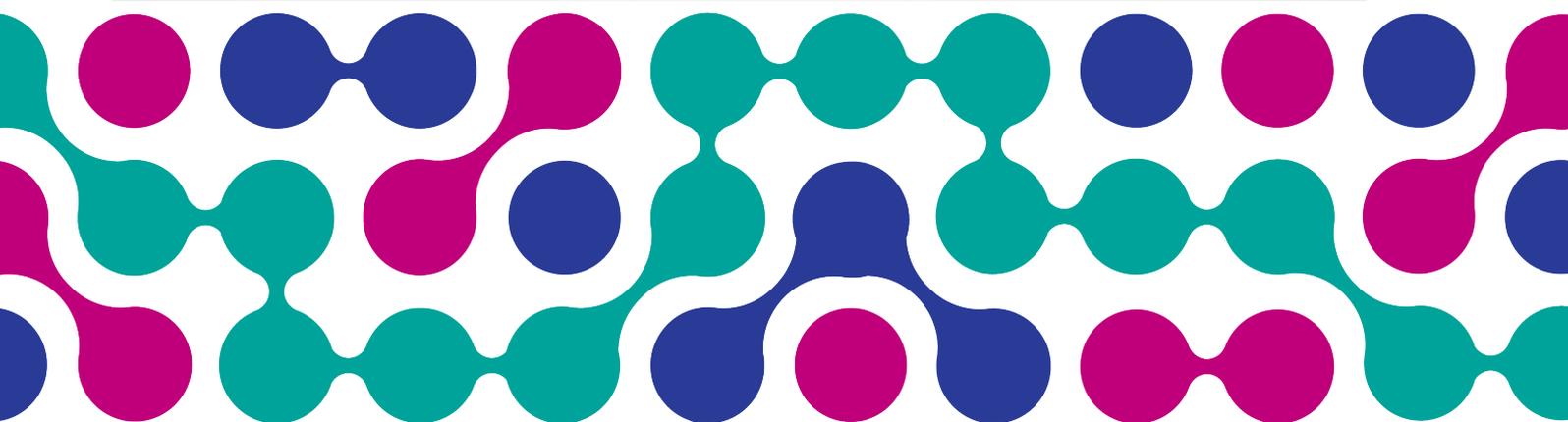


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1.Executive Summary

Welcome to the Bath and North East Somerset (BaNES), Swindon and Wiltshire Clinical Commissioning Group (BSWCCG) Annual Children Looked After Report. This report is a statutory requirement for CCGs and Integrated Care Boards (ICBs) going forward. This annual report covers the period April 2021 to March 2022. This is the last report under the BSW CCG framework as the CCG transitioned to BSW Integrated Care Board in July 2022.

The report also includes the workplan for the Designated Nurses for Children Looked After (CLA) for 2022/20224. This is an ambitious work plan which will be supported by the additional resource of a Specialist Nurse for Children Looked After and Care Experienced Young People who will be recruited in Autumn 2022.

BSWCCG works collaboratively to improve the health outcomes for Children Looked After and to fulfil their statutory responsibilities for Children Looked After. Together the BSWCCG Children Looked After Designated Professionals provide the BSWCCG, NHS England, Public Health, Healthcare providers and partners with expert advice, support and training to ensure that health outcomes for children and young people in the care system continue to improve.

This annual report brings together the activity undertaken by the Children Looked After Designated professionals from within BSWCCG and those in provider services and celebrates the achievements over the past year. There continue to be challenges. The impact of the pandemic on children and young people and health services continues to be felt particularly regarding accessing dental health services and emotional well-being. This is having been recognised both nationally and locally and additional resources have been made available for supporting emotional well-being. Access to dental services remains an issue.

BSWCCG firmly believes in the importance of the voice of the child and their carers. This will enable the health systems to improve health outcomes and remains a clear focus of all our work. It is our duty to build on what children and young people say to improve the future for them.

The report gives assurance that the Children Looked After Designated Professionals across BSWCCG deliver a high level of oversight across the BSWCCG health economy. It demonstrates how the Designates work in collaboration with multi-agency partners and the Local Authority Corporate Parenting Boards /Panels to continually identify areas for improvement and seek to improve outcomes for children and young people who are in the care system wherever they are placed.

BANES, Swindon and Wiltshire Directors of Children Services were sent this report for fact checking and updated in relation to any incorrect facts.

2. The Voice of Children and Young People in Care



This annual report on the health of children looked after (CLA) and care experience young people (CE YP) deliberately starts with the voice of the child and young people. It is only through listening to our children looked after and care experienced young people that we can improve services to meet their needs.

In 2021 the Designated Nurses for CLA with the Participation Officers from the three local authorities decided to survey BSW CLA and care experienced young people on their health and views on health services for CLA and CE YP. This was done through Survey Monkey.

Unfortunately, the response was not as good as we would have liked. Despite this, the responses that were received did give us some useful information. The probable reason for the response rate was low is that several other surveys had gone out to CLA, and CE YP in the previous months that we were unaware of and could have resulted in responder fatigue.

What the children and young people did tell us was:

- Most children looked after, and care experienced young people feel healthy
- Statutory health assessments:
 - Wanted them to be shorter
 - Wanted them to be face to face
 - Not wanting to feel different as non-looked after children do not have them
- The importance of listening to children and young people was raised several times
- Over a third of children in the 11–18-year-old age group did not know how to contact the children looked after health teams

- A care experience young person raised the difficulties in transitioning from children health services to adult health services
- Long waits for access to some health services or the right intervention

The Designated Nurses used the feedback to develop and action plan which they are now working through. (See appendix 2)

The Designated Nurses continue to meet quarterly with the three local authorities' participation officers to look for opportunities to gain the views of CLA and care experienced young people. The Designated Nurses are being invited to the local authority's children in care councils and care experienced groups to hear directly. The Swindon care experienced group shared their experiences particularly around loneliness and the impact this has on their emotional well-being. The pandemic had increased their feelings of loneliness and many of them were finding it difficult to reengage with activities now the restrictions had been lifted.

BSW CCG as part of its commitment to CLA and CE YP have supported the named change for the Designated Nurses for BSW CCG from Designated Nurses for Looked After Children to Designated Nurses for Children Looked After.

3. Introduction

This report outlines how the BSWCCG has discharged its statutory duties in accordance with relevant statutory guidance and legal frameworks guidance under section 10 and 11 of the Children Act 2004; Promoting the Health and wellbeing of Looked after Children (2015); Health and Social Care Act 2012 and Children and Social Work Act 2017.

The report intends to update the Governing Body on the progress of CLA and care experienced YP activity which has been undertaken. It will also include initiatives to improve the health and wellbeing of vulnerable children and young people during the reporting period along with the BSWCCG's response to local and national priorities, areas of challenge, good practice and collaborative working.

It should be recognised that the impact of the pandemic continues to be felt through this reporting year. It is acknowledged that specific CLA Health Services continue to deliver a good standard of care, see section 8. But there remained pressure on the overall health landscape of services which impact on CLA and CE YP, particularly dental services.

4. Purpose of the Report and BSW Clinical Commissioning Group Statutory Responsibilities

This report is intended to provide assurance to the Governing Body of BSWCCG, that all CLA commissioned health providers are meeting their legislative obligations and CLA performance indicators, within their respective contracts. The Quality Performance and Assurance Committee (QPAC) have had oversight during this reporting period of any gaps and risks the provider organisations have declared and in turn they have been held to account through the CCGs governance processes.

Risk Identified in 2021-22 from both a BSWCCG and provider services perspective, will be highlighted within this report and all mitigation undertaken to manage and resolve them, has been recorded.

It is also the function of this report to update the Board on progress against activities identified in 2020-21 reports for completion during 2021-22.

In addition, with a collaborative and partnership approach, the BSWCCG should be assured that the BSWCCG is represented by their Designated Professionals for CLA on the Corporate Parenting Boards/Panels within the three LA areas. These panels are specifically convened within the LAs and chaired by Council members who as a body have the statutory duty of being a Corporate Parent. Health as a partner organisation, also aligns to holding this role. During the year all the Boards/Panels have had CCG representation on them.

Each Corporate Parenting Board/Panel outline their individual area's priorities to improve the care and offer of help to their children and young people. Health is a considered section of their "offer" and the Designated Professionals are supportive of this. The following links identify each Corporate Parenting Board/Panels priorities.

BaNES- [1.1.1 Children's Services Policies, Values and Principles \(proceduresonline.com\)](#)

Section 3

Swindon- [Children Looked After Placement Sufficiency Statement 2021.pdf](#)

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Wiltshire- [Appendix 1- Revised Corporate Parenting Strategy.pdf \(wiltshire.gov.uk\)](#)

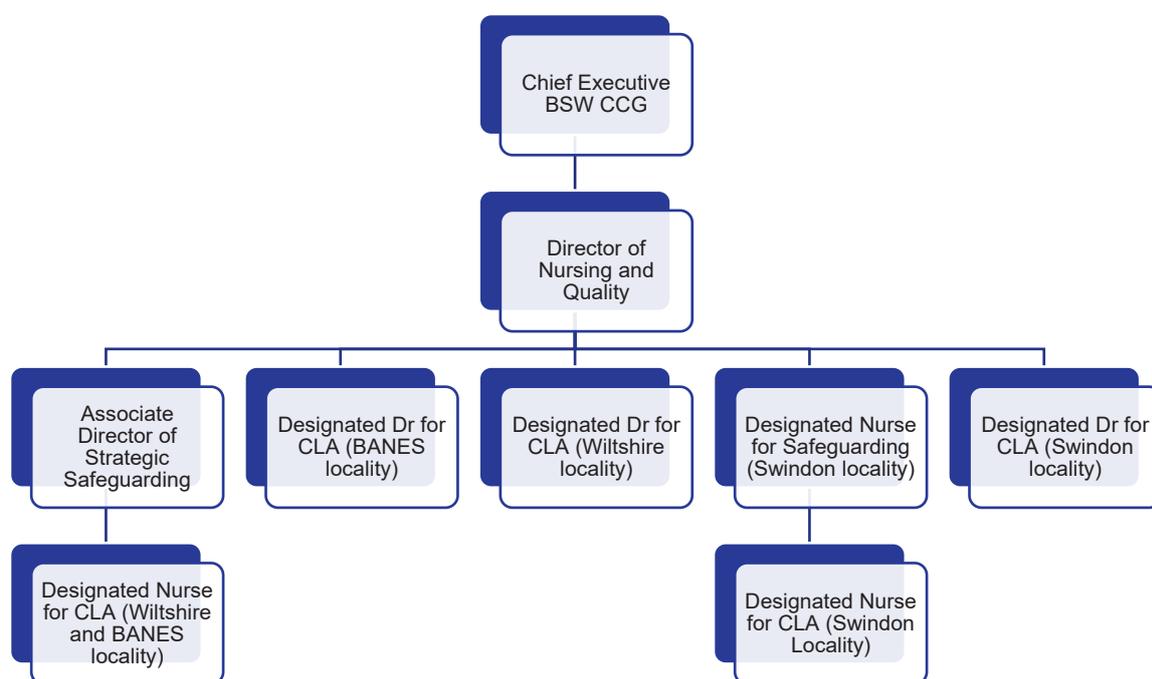
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The BSWCCG Accountable Officer has ultimate accountability for Safeguarding Children and CLA within the CCG health system. The Director of Nursing and Quality has Executive responsibility for Safeguarding and CLA in accordance with the statutory guidance (DH & DfE, 2015) and the Accountability and Assurance Framework (NHSE, 2019). As part of the BSWCCG safeguarding and CLA system the BSWCCG has Designated Professionals for CLA who provide the subject matter expertise and strategic oversight for the health economy. These Designated roles are a statutory requirement for the BSWCCG.

All Designated Professionals within the BSWCCG have direct access to both the Accountable Officer and the Director of Nursing and Quality as specified in the accountability and assurance framework (2019)

The Designated Professionals for CLA are specifically governed by statutory guidance which clearly lays out their statutory role and function within Working Together to Safeguard Children (2018), Safeguarding Accountability and Assurance Framework (2019), Promoting the health and wellbeing of looked after children (2015) and the Royal Colleges Intercollegiate document- Looked After Children: Roles and Competencies of health care staff (2020)

CLA organisational and reporting structure



The BSWCCG Designated CLA Professionals ensures that both the BSWCCG and all CLA health providers are compliant with legislation and statutory guidance which includes:

- Children Act (1989 and 2004)
- Children and Social Work Act (2017)
- Working Together to Safeguard Children (HM Government, 2018)
- Safeguarding children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework, (2019)
- Mental Capacity Act (2005)
- Mental Capacity Act and Deprivation of Liberty Safeguards (2007)
- Children's Homes Regulations, including Quality Standards: Guide (2015).
- Children Looked After by Local Authorities in England. Guide to the SSDA903 collection 1 April 2016 to 31 March 2017.
- House of Commons Education Committee Mental health and well-being of looked-after children Fourth Report of Session (2015–16.)
- Looked After Children: Roles and Competencies of health care staff - Intercollegiate Role Framework, (2020).
- National Tariff Payment System. (2020/2021)
- NICE Guidance [NG205] Looked after children and young people (2021)
- Not Seen Not Heard: A review of the arrangements for Child Safeguarding and health care of Looked After Children in England (CQC, 2016).
- Promoting the health and wellbeing of looked after children: Statutory Guidance for Local Authorities, Clinical Commissioning Groups and NHS England (2015).

The Designated CLA Professionals regularly assess compliance for the organisation itself and all commissioned services, by working with individual organisations to review against these. This is done by reviewing quality of service provision and obtaining evidence they are achieving quality standards with SMART outcomes in a timely manner. Attendance at provider contract meetings by the Designated Professionals and reviewing quarterly data provided, helps with this process.

5. Unaccompanied Asylum-Seeking Children

The UK Home Office defines an Unaccompanied Asylum-Seeking Child (UASC) as a person under 18 years old, who is applying for asylum and is separated from both parents, and not in the care of a guardian.

UASC, under 18-year-olds, are legally recognised as a child looked after and when they reach 18 will become a CE YP. Age assessments for UASC and supporting with asylum claims are the responsibility of children services.

The number of unaccompanied children in the UK has been increasing as a result of spontaneous arrivals. In BSW there has been a considerable increase of UASC over the last 12 months due to changes in the way children are trafficked into this country via boats across the channel. This means that more UACS are arriving in Kent. In response the previously voluntary arrangement for Local Authorities to take children through the National Transfer Scheme changed to a mandatory scheme from November 2021. From July 2021 Local Authorities had to accept UCAS up to 0.07% of their general child population. From August 2022 this threshold was raised to 0.1% of the general child population.

Numbers of UACS including those now care leavers across BSW

March 2020	134
March 2021	141
March 2022	143

What is clear from working with these young people is that UASC when they arrive in the UK have increased health needs often due to lack of health provision in their country of origin, increased by conflict in their homeland. In addition, the impact of traveling long distances across many countries to get to the UK, often limited access to food and medical services during their journey and the additional trauma of the final method of transport to the UK often in cramped unhygienic conditions or at significant risk of drowning.

It is recognised that the trauma associated with leaving their family and culture and arriving in a country in which they do not speak the language or understand the culture is significant. The trauma of being trafficked, which is often associated with abuse and exploitation, this commonly results in post-traumatic stress disorder. The NICE guidance 205 (2021) addresses this and recommends specialist, trauma-informed mental health and emotional wellbeing support for

unaccompanied asylum-seeking children. Consideration of cultural sensitivities (for example, the different perspectives of unaccompanied asylum-seeking children about mental health services) and those symptoms of trauma could come to the surface over the long term must be recognised.

6. Mental Health

CLA and care experienced young people are known to have higher mental health needs than their peers this is predominately due to the trauma they have experienced prior to coming into care.

The Wiltshire and Swindon CLA Health Teams have access to specialist mental health workers. In Swindon this is a full-time mental health practitioner commissioned by Swindon Children Services. Wiltshire team has access to a CAMHS worker who works alongside the CLA health Team but in a part-time capacity. The specialist mental health practitioners offer consultation to the CLA Social Workers and CLA health team and time limited direct interventions with CLA.

The BANES CLA health team do not have access to this type of support. This is something the Designated Nurses for CLA would like to address in the coming year.

In compiling this report Oxford Health, the CAMHS provider was asked for the following information for CLA accessing its services:

For BSW area children looked after:

Number of referrals received in the reporting year

Number of referrals that has assessments

Number of referrals that received treatment/therapy

Wait times from referral to assessment to treatment/therapy

Number of referrals for children looked after placed in BSW by other local authorities

An overview of the presentation of children looked after and any issues the service has regarding children looked after.

In the year ending 31/3/22 Oxford Health CAMHS teams across BSW received referrals for 97 children flagged as CLA

Referrals	BSW CLA	Non BSW CLA (other LA CLA placed into the BSW CCG footprint)
CLA referrals	91	6
Offered and attended 1 st appointment	43	6
Offered and attended 2 nd appointment	30	6

We need to understand why less than 50% of referrals for BSW CLA converted to a child being offered and attending a first appointment and why only a third were offered and attended a 2nd appointment.

The Designated Nurse for CLA are working with commissioners to develop a data set for CAMHS for CLA which will hopefully give more information so we can have a greater understanding of how CLA access CAMHS in BSW.

In extracting from the information supplied, all the referrals for CLA placed in Swindon by other local authorities were in crisis. The data showed that 100% were offered and attended a 1st and 2nd appointment because of the crisis.

BSW CLA – reasons for referral provided by Oxford Health

Reason for referral	Number of CLA referred	Number seen at least once
Anxiety	6	3
Attachment difficulties	1	-
Conduct disorders	7	2
Depression	6	1
Drug and alcohol difficulties	1	1
Eating disorder	1	-

Gender issues	2	-
In Crisis	13	9
PTSD	8	3
Relationship issues	36	14
Self-care issues	1	1
Self-harm behaviours	9	8

The data in the above table raises some concerns. The fact that 4 cases in crisis were not seen is of particular concern. Understanding what has happened to these cases and why they were not seen or did not have more than one appointment is being followed up.

7. Care Experienced Young People (18-25 years of age)

As mandated in the Children and Social Work Act 2017, LAs are required to make a specific “offer” to care leavers and care experienced young people up to the age of 25. This “offer” must include details of what the LAs, as former corporate parents, will do to support them, and health is to be included.

Care Leavers locally have told us that they prefer to be called Care Experienced Young People as they feel this better represents them.

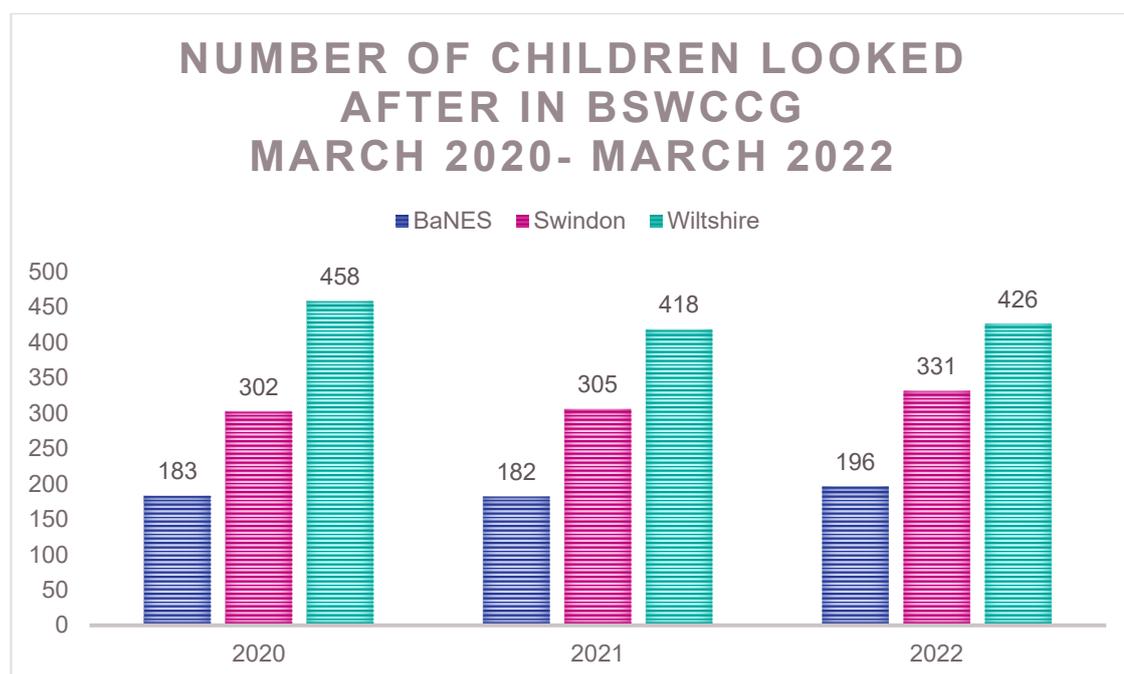
The Designated Nurses continue to take opportunities to engage with care experienced young people to gain their views. They have told us that loneliness has a big impact on their lives as they move to independent living. Many find it difficult to transition to adult services particularly mental health services.

A recommendation from recent BSW area Ofsted inspections is that CE YP should be able to receive free prescriptions for those who are not in receipt of benefits or exceptions. This action is currently being addressed nationally and the Designated professionals are continually monitoring the situation.

8. Children Looked After Data: The BSWCCG Picture

Nationally the number of children looked after has been increasing year on year. Across BSW there was a drop in 2020/21 but in 2021/22 there has been a significant increase taking the number of children in care to above the 2019/20 figures.

8.1 Number of children looked after

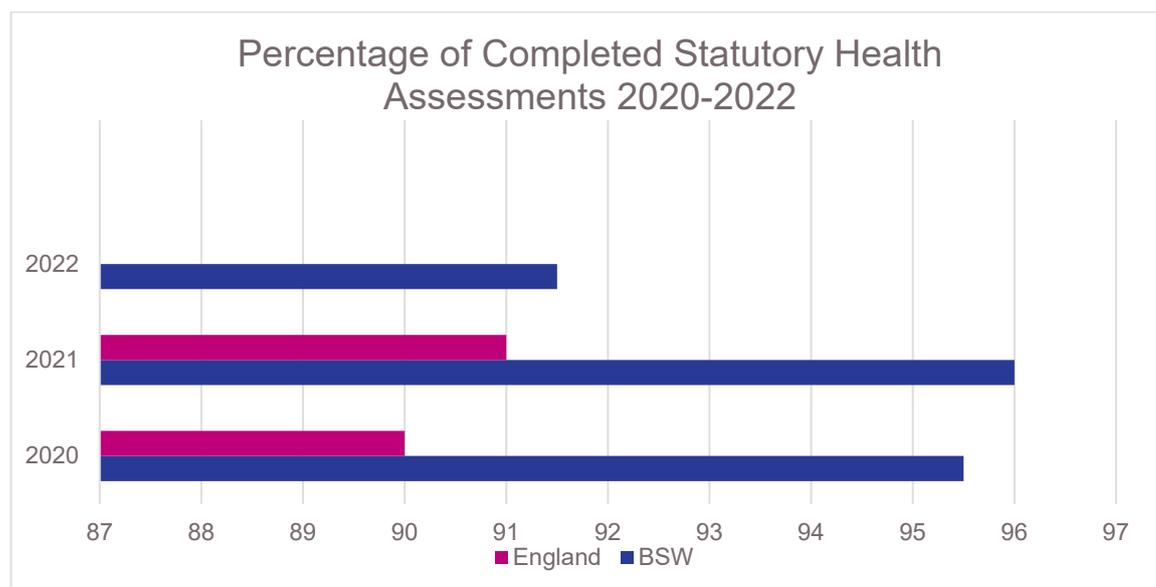


8.2 Key performance indicators

The BSWCCG statutory duties require us to ensure we have commissioned providers to deliver health component parts in support of CLA. The commissioned services deliver statutory health assessments and liaises with other providers to ensure uptake in other aspects around immunisations, dental care and Strengths and Difficulties Assessment (SDQs). The England comparisons are not available for the year ending March 2022 until Oct/Nov 2022.

Review health assessments

Percentage of children who have been in care for more than a year who have had a review health assessment completed in the year to 31st March each year

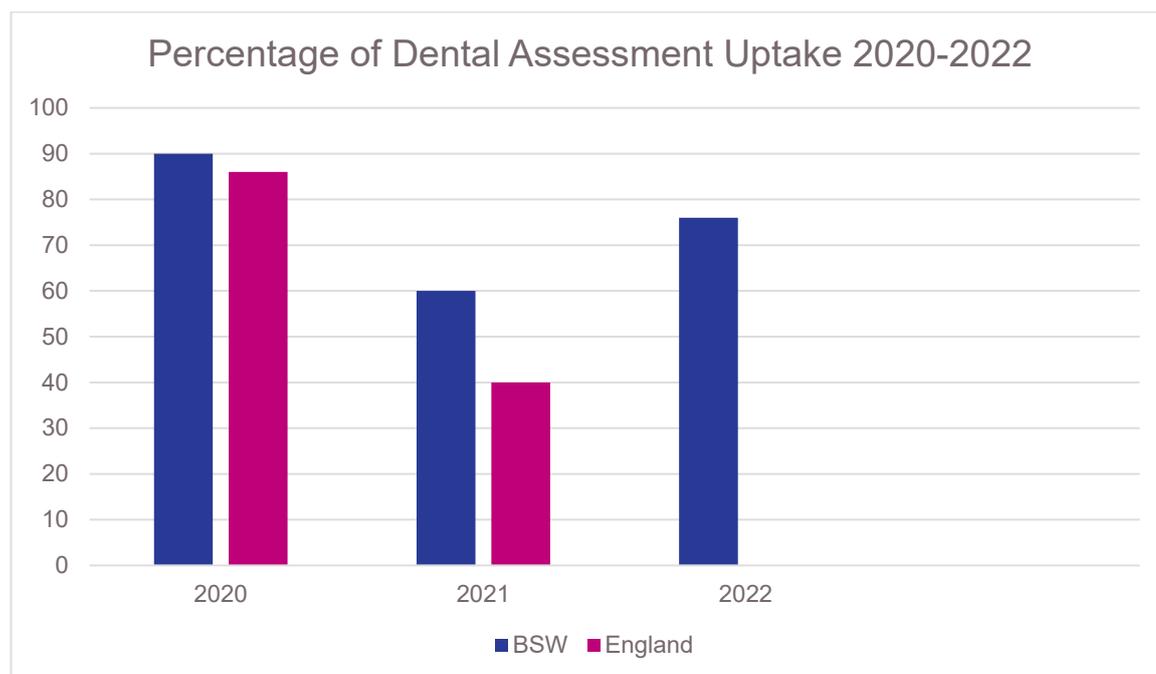


BSW continues to perform better than the national average. The issues regarding the difficulties getting some CCGs to meet their statutory duties to complete review health assessments for children placed in their area continues.

This issue has been addressed nationally with Hilary Garrett sending out a letter in January 2022 to all Chief Nurses asking them to check commissioning arrangements and give assurance that they were not treating children placed into their areas differently from their own children. The Designated Nurses checked with each of our providers who were able to give this assurance. A report was written for QPAC and Governing Body which assured that BSW and its providers was complying with statutory guidance and not treating children placed into BSW by other local authorities any differently from BSW CLA.

Dental Checks

Percentage of children who have been in care for more than a year who have had a dental check in the year ending 31st March

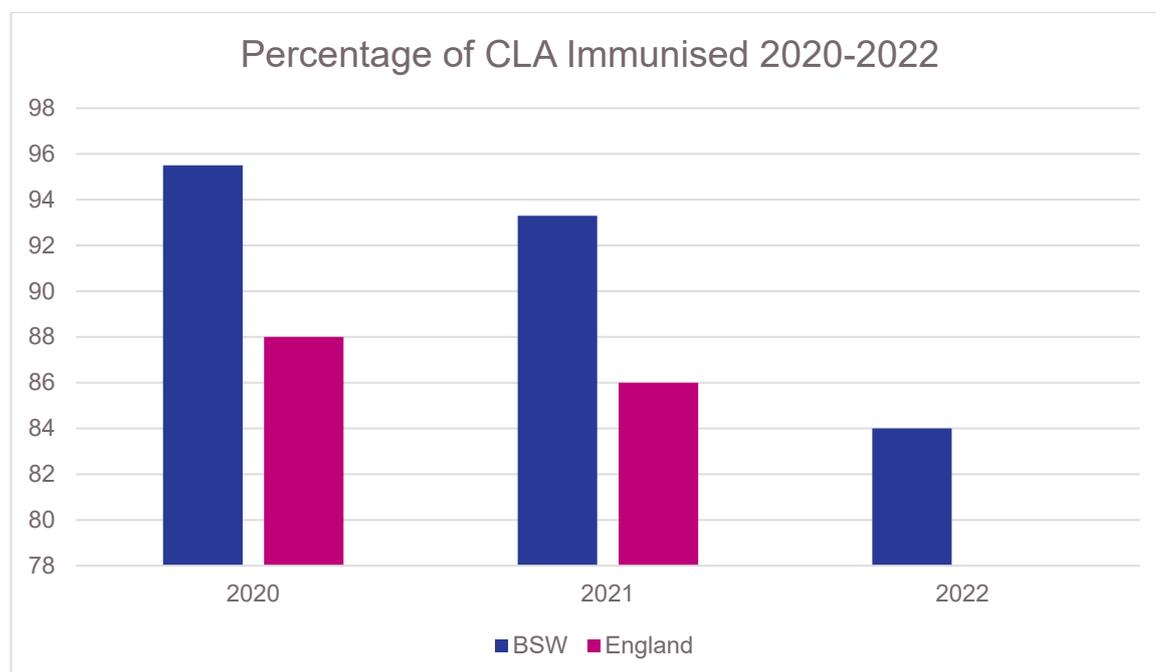


The dental performance has improved in this reporting year as Covid-19 restrictions for dentists have lifted. Access to NHS Dentists is difficult in certain parts of the country and this is impacting on children looked after and care experienced young people. This has been raised nationally and regionally.

Immunisations

This is a statutory reporting set of data required by the Department for Education (DfE) supplied to them by the LA. The data is matched against the national immunisation program for individual children dependant on their year of birth to show completion rates of each program for each child.

The percentage of children who have been in care who have immunisations up to date in the year ending 31st March

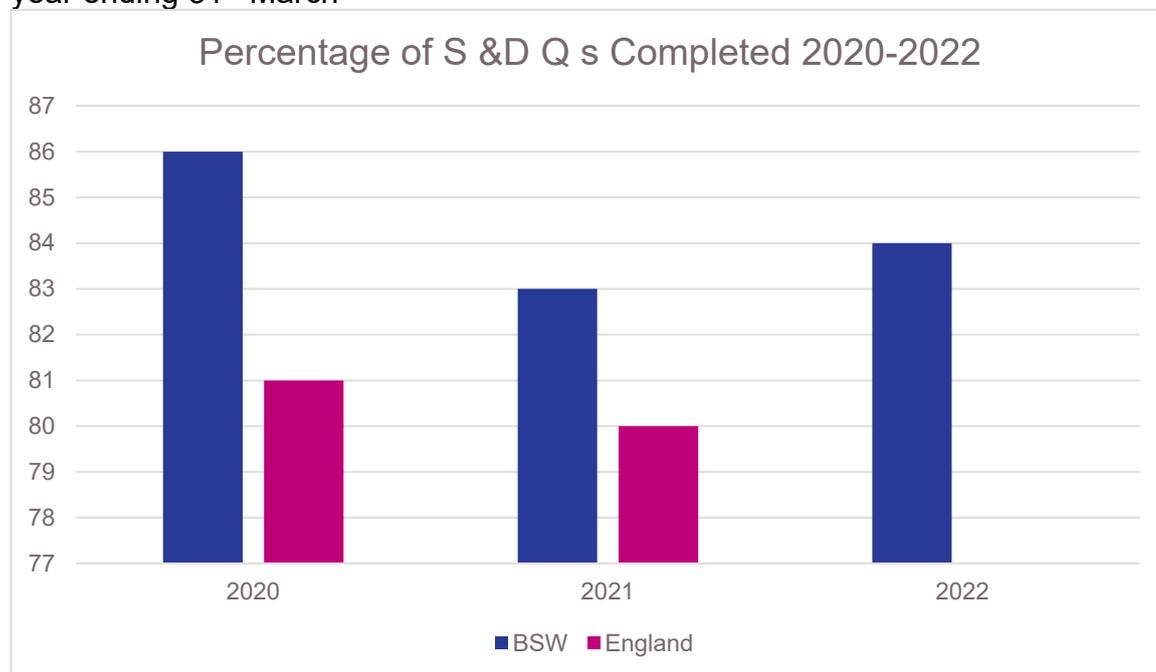


There has been a continued decline in the number of children looked after who are up to date with immunisations. Some childhood immunisations, particularly HPV and school leavers boosters have been delayed due to school immunisation teams being used to give childhood Covid-19 vaccinations. There is a catch up programmed in place to ensure that children whose school leavers boosters were delayed will be offered them.

Strength and Difficulties Questionnaires (SDQs)

The Strengths and Difficulties Questionnaire is used to measure pro-social behaviour, emotional symptoms, conduct problems, hyperactivity, and peer problems. It is one tool that can be used, and the DfE requires the LA to report the scores from the questionnaires to be reported annually. This measure is managed by Children Services Departments of the LA. The results of these questionnaires can be helpful in the identification of overall health needs of individual children and the nature of support identified from emotional health and wellbeing to full mental health intervention.

Percentage of SDQs completed for eligible children who have been in care for a year for the year ending 31st March



The SDQ performance has improved with the implementation of the new process and pathway in BANES improved within that locality.

9. Adoption and the Somerset Judgement

During the year April 2021-March 2022, all the three localities adoption medical advisers provided adoption medical reports for children, and adult health reports for prospective foster carers and adopters.

Swindon saw a 46% increase in placement orders in the year ending March 2022 compared with the previous year. The Designated Nurse and Doctor for Swindon is working with the local authority and Adoption Thames Valley to improve the process and paperwork so the increase can be managed within the existing resources.

Somerset Judgement

In November 2021 Somerset County Council asked for legal advice about the Placement Orders for ten children (who had not yet been matched), where Adoption Agency Regulations had not

been fully complied with. This was particularly in relation to the way children's health information was handled. The Judge found the Placement Orders were legal despite the errors.

Somerset County Council brought further applications in respect of the next cohort of children, who were already in adoptive placements. In the meantime, it had become clear that the issue was not confined to Somerset and that the placements of many hundreds of children across the country were potentially affected. The applications were therefore transferred to the President of the Family Division and heard on 4 March 2021.

The President dismissed Somerset County Council's applications.

The President notes that courts will be vigilant in examining applications to ensure that the medical requirements of the Regulations have been followed.

All three local authorities have reviewed all their adoption cases covered by the judgement and taken any action needed. The Designated Doctors and Nurses have given assurance to the local authorities that the adoption medical advisors across BSW are working in compliance with the regulations.

10. Placements

Securing suitable placements for children looked after remains a challenge. There is a national shortage of foster placements as well as good quality residential placements. This means that a high proportion of children particularly from Swindon and BANES are placed outside of their local area.

For example, in Swindon in April 2022 38.25% children are placed 20 miles or more away from home. This percentage is at its highest since data reporting began in 2015/2016 and has gradually increased from 28.10% in April 2021. The national percentage of children placed more than 20 miles from their home is 21% in April 2022.

Our local authorities are all part of the South West Sufficiency Project which brings together 13 local authorities in the South West to ensure local authorities get the placements they need for children looked after, at the right time and of a high quality.

Being placed miles from their homes has a detrimental impact on most children looked after. They are away from family and friends and often must move school. They often don't understand why they have been moved away and feel they are being punished or that they are at fault.

Accessing health services can be difficult, as different commissioning arrangements apply for children looked after particularly for accessing CAMHS services. Children who are placed out of area often have the most complex needs and can be moved several times before the right placement is found which makes transfer of care and continuity of service complex.

The Designated Nurses for CLA are working with the three local authorities to ensure that they are included in discussions when children with complex health needs are moved placement to help reduce disruption.

The CCG is often asked to fund specialist health provision if it is not available in the area the child has been placed or contribute to funding the therapy component of a residential placement. The Designated Nurses are working with commissioners to have an agreed system across the BSW footprint to consider funding requests and ensure equality across the system.

To address some of the placement sufficiency issues BaNES have introduced a 'Fostering Families' scheme which provides parents with support in their homes from skilled foster carers. This is to prevent them being removed from their family connectivity and is proving very successful. They also have a proactive recruitment to identify new foster carers which has seen an increased number of applicants.

Wiltshire continues to follow its program for "Fostering Excellence" and its recruitment of new foster carers for their locality.

Swindon is working with providers to increase the number of residential placements and semi-independent accommodation places particularly for unaccompanied asylum-seeking young people.

Sufficiency and stability of placements remains problematic across the footprint specifically for children and young people with complex needs. If a child, particularly those with complex needs, is not placed in a suitable placement with good support services the likelihood of a placement breakdown is higher that will mean another move and possible change of school placement.

11. Care Review and Inspections

11.1 Care Review

In January 2021, the Government announced an Independent Review of Children's Social Care. The Designated Nurses and Doctors contributed to the consultation. The review was published in May 2022 and makes over 80 recommendations. The review covers a family and child journey through children's social care from early help through child protection and children looked after. There is very little in the review that relates directly to health outcomes for children looked after and care experienced young people.

The Government has said it will respond to the recommendation by the end of 2022. The Designated Nurses and Doctors will wait until the Government has responded and recommendations will be implemented before bringing a position paper to the Governing Body.

11.2 Inspections

During this reporting period two Ofsted inspections took place. Wiltshire had a Childrens Services Focused visit on Care Experienced in February 2022 the link to the outcome is below:

<https://files.ofsted.gov.uk/v1/file/50178295>

In this inspection health were noted to be working well with the LA but recognised that more work could and would be taken forward. The Designated Professionals continue to work with the LA to improve the health care offered to CE young people.

BaNES was also the recipient of an Ofsted Inspection of Local Authority Children Services (ILAC) in February 2022. The outcome is below:

[50181505 \(ofsted.gov.uk\)](https://files.ofsted.gov.uk/v1/file/50181505)

The overall rating was good with no specific recommendations for health, but the Designated Professionals continue to work towards improvements for the CLA and CE young people for the area.

12. Key Achievements in 2021-2022

2021-2022 has seen been a year of considerable achievements for the Designated Nurses and Doctors for CLA across BSW with the lessening of the impact of the pandemic

- Setting up of the Strategic CLA Group to improve the collaborative working between the Designated Nurses and Doctors for CLA and commissioners
- Responding to the KPMG audit recommendation and developing a training strategy and training materials
- Responding to the Hillary Garrett Letter – see appendix
- Children Looked After Survey – see appendix
- Working with the Participation Officers across BSW to improve opportunities for engagement with CLA and CE young people so their voice is heard
- Setting up regular meetings with Virtual School Heads across BSW to improve multi-agency working across Health and Education
- Development and distribution of “Maintaining Oral Health” guidance for social workers and foster carers
- Improving access to emotional and mental health support for care experienced young people through ensuring that local authorities teams working with care experienced young people are aware of what is available and how to access
- Working with Swindon Children Services to set up a pilot project to develop screening tools to assess CLAs communication needs when they come into care. Planning how the learning from this pilot could be shared across BSW, working with the Virtual Heads to do this. Writing a business case.
- Retirement of a Designated Dr in the Wiltshire area and the recruitment of a replacement Designated Dr
- Reviewing and gathering learning from Child and Adult Safeguarding Reviews that related to CLA and CE YP. Sharing the learning across BSW and implementing changes.

13. Workforce, Workplan, Strategy and Risks

13.1 Workforce

In this reporting year the Designated Dr for CLA in Wiltshire retired, a replacement has been recruited and has now started

The 2020/21 annual report highlighted that BSW CCG was not meeting the requirements of the statutory guidance -Looked After Children: Roles and Competencies of health care staff - Intercollegiate Role Framework, (2020)

A business case has been written and an FTE Band 7 Nurse to work alongside the Designated Nurses for CLA with a focus on the BANES and Wiltshire localities With this additional capacity the Designated Nurses will be able to fulfil the workplan below and address some way towards succession planning. During the first quarter of 22/23 approval was given to recruit and a successful appointment to the post of Specialist Nurse was made. Despite this investment and appointment BSW CCG will remain non-compliant with the statutory guidance.

13.2 Workplan – Appendix 3

14. Looking Forward to Future

14.1 National changes

- National changes -Outcome from the Care Reviews recommendations and implications for BSW ICB
- Implications for 16-17 years old CLA with the introduction of Liberty Protect Safeguards (LPS)
- Care Experience young people - free prescriptions for those not already eligible

14.2 Local changes

- Outcome of business case for new staff
- Outcome and investment in SALT
- Project based on the Chawton SAR for residential homes;
- NICE guidance compliance-Identified CAMHS professional for Designated to link with in CAMHS Provider and UASC PTSD

- Working with NHS England who have funded a £90,000 project to look at how we can improve CAMHS access for children placed out of area
- Reviewing the Terms of Reference of the Strategic CLA Group with a plan in include local authority partners in this group

15. Summary

This has been a year of change and adjustment with some positive achievements but also many areas requiring continued work and new developments. There remains an impact on health services from the pandemic and this is true for CLA and CE young people and the services that support them. This is particularly the case for mental health and emotional well-being. The setting up of the Strategic CLA Group will help us address the mental health and emotional well-being of CLA and CE young people.

We have also seen the impact on dental health services and the difficulties for CLA accessing dental services, this is evidenced in the continued lag in the Key performance indicator for dental health. This has been raised by the Designated Nurses with NHS England who commission NHS Dentists and there are plans to have a dental access pathway for CLA for each ICB.

The CLA health teams in the providers have fully moved back to working face to face with children and young people. They do though continue to offer virtual statutory assessments and contacts were this is the young person's preference.

The start of the transition from a Clinical Commissioning Group to Integrated Care Board will offer new opportunities to work collaboratively with our local authority partners who the Designated Nurses already have strong links with.

The coming year will see expansion of the team within the newly formed BSW Integrated Care Board and the extra capacity will allow new projects to be taken on including starting to do quality visits to the children in residential placements within the BSW footprint.

The Workplan for 2022-2024 will be challenging. It is imperative that the voice of CLA and CE YP is front and centre into everything we do. If, in partnership with our LA colleagues, health providers and the 3rd Sector we work together we can help to reduce the health inequalities experienced by this group of children and young people. The Designated Professionals are committed to achieve this for the children and young people

16. APPENDICES and LINKS (all docs)

- 1) Hilary Garrett Position Statement**
- 2) Children looked after and care experienced survey action plan**

BSW CCG Position in Response to the Hilary Garratt Letter of 13th January 2022

Report Authors:

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**Designated Nurses for Children Looked After
BSW CCG**

January 26th 2022



Introduction

This report is in response to the letter received from Hilary Garratt, Deputy Chief Nursing Officer for England, NHS England and NHS Improvement (NHSEI) dated the 13th of January to the Director of Nursing for BSW CCG. The report is to give the CCG assurance on the content of the request made from the Deputy Chief Nurse for NHSEI and to highlight the processes that are in place to be shared with the three Safeguarding Partnerships across BSW CCG.

The request

The request of the Deputy Chief Nursing Officer is for the CCG to address the ongoing and long-time issues about standards of meeting statutory time frames for statutory health assessment for children looked after (CLA) (See item 1 below). This is with specific reference to those CLA that our three Local Authorities (LA) are responsible for that are placed for their care outside the LA geographical boundaries. It also refers to those CLA placed into the three LA areas by other LA for their care.

Item 1

Dated 13th January 2022

SUBJECT: Correspondence re addressing variations in health assessments for other looked after children

*Dear CCG Directors of Nursing
CC: ICS Chief Nursing colleagues,*

The challenge of providing initial health assessments (IHAs) via the NHS for other local authority children (OLAC) is an increasing risk across most of England. A recent short survey showed significant variation with an increasing amount of CCGs unable to meet the standard of providing initial health assessments and review health assessments (RHAs) within the required time limits.

Our Looked After Children Clinical Reference Group (LAC CRG) has been reviewing this situation since before COVID-19. One of the key principles of their review is whether services which undertake IHAs discriminate against OLAC by offering a different process to completing the IHA. During COVID-19 this has become a greater risk with the Royal Colleges producing a statement stating this situation was not acceptable, [\(completion of review health assessments for looked after children england.pdf \(rcpch.ac.uk\)\)](#).

*There is an onus on local solutions and NHS England would strongly recommend this matter is discussed at your Local Safeguarding Partnership, as a priority, so that the CCG accountable officer and the Director of Children's Services (as Corporate Parent) agree a single, unified process for **all** looked after children.*

Any agreed partnership plan might consider including, as example:

- *an escalation process where standards cannot be met, to children in care teams and CCGs;*
- *making referring LAs aware of areas where the IHA and RHA service is not meeting required standards so they might give consideration when making placement decisions;*
- *the originating authority health teams finding solutions as described in the tri-Ministerial letter to Local Safeguarding Partnerships in December 2021, liaison and multi-agency working.*

Please engage your Designated Professional for Looked After Children in any agreed partnership plan. Your agreed action plan then needs to be part of the transition to the Integrated Care Board.

NHS England also intends to commission a full audit via our Clinical Reference Group, by local authority / CCG, apropos of:

- 1. Numbers of OLAC placed from other LAs*
- 2. Numbers of children placed into other LAs*
- 3. Current volumes of delayed or deferred initial and review health assessments – noting the need for a notification process for systems under such pressure.*

Many thanks for all your support in regards to this health system safeguarding risk.

Hilary Garratt CBE

*Deputy Chief Nursing Officer for England
Professional and System Leadership
NHS England and NHS Improvement*

Visiting Professor, University of Chester

Background Context

CLA once they come into care remain the responsibility of the LA who takes them into care regardless of where they place them in the country. For example, a Wiltshire child placed for their residential placement with foster carers, friends and family placement, children’s home or residential schools and also in youth detention centres outside their geographical boundaries, remain responsible for the child. From a CCG perspective, this means that the CCG remains responsible for ensuring their health care needs are met in the placement area. (Responsible Commissioners Guidance)

Nationally over the last 10 years the capacity for areas to undertake these health assessments on out of area placed children within the statutory time has become increasingly difficult. This is due to some areas having more placement provision available to all LA, increased numbers of other than their own children to support, small CLA health teams and very significantly in UASC support for some areas due to having high ethnic suitability placement such as Croydon. Some areas of the country are also “net gainers” of other LA children due to placement opportunities. For example

Hampshire County Council, who had 1700 CLA of their own and 1200 other LA CLA placed into their locality (2020).

BSW CCG Position.

Although in health we function as a single CCG, the three local authorities' function in isolation from each other. This then means, for example, a Wiltshire child placed into Swindon is seen as an out of area placed child by Wiltshire LA and Swindon sees this child as another LA child placed into their area. This applies to the other two LAs too.

In 2021 the Designated professionals wanted to address the issue of health not seeing the boundaries within the BSW CCG footprint. They have worked with all the providers to ensure that once each CLA health team within the BSW CCG footprint receives the request from any LA in the footprint, with the correct paperwork and consents, they will complete the assessment within 20 working days of the request. This compliance to complete within 20 working days is underpinned with completions being achieved if the child or young person attends, appointments are not changed by the carers or the CLA moves placement. This is now in place and can assure both BSW CCG and the Safeguarding Partnership of the compliance.

Data.

In relation to request for future information the following data is to give the current position for BSW CCG and the Safeguarding Partnership as an overview.

1. Numbers of OLAC placed from other LAs- The request

As identified earlier in the report, the three LAs in the BSW CCG footprint regard each other as Out of Area placements. The following numbers are correct of December 2021 reflecting the altered number from other LA and does not include the three BSW CCG numbers.

Table 1 shows the numbers of other Local Authority CLA that have been placed into care placements across the three -BSW CCG- LA areas with the recognition and removal of our own BSW footprint children from the numbers as described above

1- Local Authority	Dec 21
Bath and North East Somerset (Without Swindon and Wilts CLA)	99
Swindon (Without BaNES and Wilts CLA)	84
Wiltshire(without BaNES and Swindon CLA)	120
Total	303

2. Numbers of children placed into other LAs by the three BSW CCG LA- The request

Table 2 shows each LA children total placed out of area (including within BSW CCG as of Dec 2021)

2- Local Authority	Dec 21
Bath and North East Somerset	126
Swindon	140
Wiltshire	137
Total	403

3. Current volumes of delayed or deferred initial and review health assessments – noting the need for a notification process for systems under such pressure- Examples- The request

The following table outlines the delays against IHA and RHA assessment completion by other areas where BSW CCGs three LA have placed their children. The table contains some of the responses received from the areas when approach about the delay.

BSW CCG Locality	Type of assessment requested	Area the request sent to	Response for delay/decline received back
Swindon	IHA x 6 UASC	West Berkshire	IHAs requested in December, all now out of timescales. West Berkshire unable to give date when they will be completed due to capacity issues
Wiltshire	RHA	Solent	Take ages to respond to requests – so that starts the delay – often responding after the 28 day period. Solent will only do IHA for babies after 12 weeks of age no matter what age the baby is at the time of referral – their response is that the baby has a 6 week check with GP
Wiltshire	IHA	Solent	Solent will only do IHA for babies after 12 weeks of age no matter what age the baby is at the time of referral – their response is that the baby has a 6 week check with GP. GP check not an IHA equivalent
Wiltshire	IHA	Hampshire	Send our IHA requests to Basingstoke – carers often complain about travel /

			esp when on the Hampshire Wiltshire border.
Wiltshire	RHA	Hampshire	RHAs also a delay – offered virtually on their own paperwork only
Wiltshire	RHA	Dorset	3 /12 delay - currently have a staffing capacity – planning work 16 weeks ahead Offering telephone consultation on their paperwork
Wiltshire	RHA	Gloucestershire	Had some issues recently – 12-week delay but appears to be resolving
Wiltshire	IHA	CROYDON HEALTH SERVICES NHS TRUST	Capacity with IHAs Delay in IHAs- however happy to advise practitioner completing where to refer into for referrals.
Wiltshire	RHA	CROYDON HEALTH SERVICES NHS TRUST	Capacity with RHA s- response today email states – unable to offer routine RHA requests however happy to advise practitioner completing where to refer into for referrals.
BaNES	RHA- UASC	CROYDON HEALTH SERVICES NHS TRUST	Due to capacity issues within the Croydon CLA nursing team, we are currently asking requesting boroughs to complete the assessments themselves via telephone or video platform and our nurses will be happy to advise on any referrals or local knowledge that might be required. If it is urgent that this young person is seen by our team for a face-to-face appointment, please contact our Interim Named Nurse for CLA Ann Guindi to discuss further. 07385 396 597 mhn-tr.LookedAfterChildrensTeam@nhs.net
BaNES	RHA	Aneurin Bevan- Wales	Notified BaNES team that they had a delay – paperwork sent 16.09.2021 young person seen 07.01.2022.

BaNES	RHA	Dorset	Let us know that they had a 16 week lead time and would be completing by telephone only – paperwork sent 23.09.2021 told would be seen in January 2022.
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4. An escalation process where standards cannot be met, to children in care teams and CCGs- The request

This escalation process is being taken to the strategic CLA group in the BSW CCG for ratification

5. Making referring LAs aware of areas where the IHA and RHA service is not meeting required standards so they might give consideration when making placement decisions.- The request

This will be part of the escalation process awaiting agreement and ratification

6. The originating authority health teams finding solutions as described in the tri-Ministerial letter to Local Safeguarding Partnerships in December 2021, liaison and multi-agency working. -The request

As part of the escalation process once the Designated Nurses are made aware of the issue obtaining the IHA or RHA they will make direct contact with the Designated Nurse for CLA in the area. If a resolution can't be found the Designated Nurse will escalate to the appropriate ICA children's commissioner to request a discussion with the other areas children's commissioner to resolve. If further delays or no traction is achieved then a written letter signed by the Chief Executive/ Chief Nurse/Director of Nursing with responsibility for safeguarding and CLA will be drafted and sent to the corresponding Director in the area highlighting the request, urgency and the Tri Party letter from December 2021.

Summary

The Designated Health professionals for CLA have a good understanding of the issues related to access to statutory health assessments for both their own children placed within the BSW CCG footprint and for those of other LA placed into the same footprint. Both BSW CCG and the three Safeguarding Partnerships can be assured that the work undertaken by the Designated professionals to ensure that all CLA in the BSW CCG area get their health assessments when requested with correct paperwork and consents and are therefore compliant with the ask.

In relation to our CLA placed out of area do remain a challenge if placed into other areas who are unable to support the CLA in accessing their statutory health assessments. The Designated professionals have always tried on an individual bases to resolve the issues with lines of communication with other areas to achieve the required outcome. This has become increasing difficult over recent years and during the pandemic. The Designated Nurses have always tried to keep their LA partners aware of the difficulties around specific areas to be considered before placement. We acknowledge that this has been on an informal bases and recognise that a formal notification needs to happen going forward. This will therefore be included in the escalation process as a matter of course.

The development of a clear escalation process, involving children's commissioners and will be included in the escalation process. Should all attempts be unsuccessful a letter from the Director of Nursing line will be created to be raised in the other area at Director level. Within the letter it will outline the Tri party agreement and the responsible commissioner's guidance and will be used as a last resort. This process should mean that those with a vested interest in improving the outcomes for CLA are sighted as early as possible to the potential delays, actions requested of the placement area CCG/ICB in addressing identified needs and improving outcomes for CLA.

Naomi Black and Anne Gray
Designated Nurses for Children Looked After
January 2022

Children Looked After and Care Experienced Survey Action Plan

What the CLA and CE Said	What we are going to do	Progress	Date Completion
<p>Wanted statutory health assessments to be Shorter Face to Face Don't want to feel different</p>	<p>Share findings and action plan with the three CLA named nurses in health teams for each local authority areas Work with the named nurses and there teams to ensure that all children are offered options of how review health assessments are completed to ensure they are not over long, face to face and if this is not possible the child knows why. That health assessments are in a venue that doesn't make the child feel different.</p>	<p>May 22 Findings from survey shared with Named Nurses in BSW. Regular meetings arranged with Named Nurses to look at ways to improve the experience of children and young people having health assessments while still complying with statutory guidance</p>	
<p>To know how to contact children looked after health teams</p>	<p>Will work with the named nurses to ensure that all children in care know how to contact the named nurses and their teams</p>	<p>Shared with named nurses, looking at ways to sharing information about how to ensure children know how to contact named nurses and their teams</p>	
<p>Need transition between children's health services and adult health services to improve</p>	<p>Will continue to work with providers and local authorities to improve transitions from children health services to adult health services</p>	<p>CAMHS services across BSW have a clear transition pathway. Working with Designated Drs to ensure there are transition pathways across acute sector</p>	
<p>Reduce long waits to access health services or the right therapy</p>	<p>Continue to work with commissioners and providers to ensure that children looked after are prioritised</p>	<p>This is reviewed through the Strategic CLA group meeting which includes commissioners. Individual cases are dealt with on a case by case basis</p>	

APPENDIX 2

The importance of listening to children and young people	Continue to highlight the importance of listening to children and young people in all training they deliver	Completed, training materials updated to emphasis this	September 2022
Other issues raised by the survey	What we are going to do		Completion Date
Need to feedback findings to CLA and CE young people	Share findings and action plan with the three local authority children in care councils to be shared with all the CYP- "you said we are doing	This will be done by the Designated Nurses through work with participation officers and the corporate parenting boards	
Need to look at other ways of gaining the voice of CLA and CE young people	The BSW Designated Nurses will work with the participation officers so that the Designated Nurses can attend children in care councils and other groups including care leavers to gain their views if invited by the Children and YP The BSW Designated Nurses will use the experience BSW communications team to seek a different approach to obtain views	This work has started and the Designated Nurse have attended and will continue to attend children in care councils at least annually. CLA and care experienced young people are being involved in recruitment of CLA health professional Designated Nurse now meet regularly with the participation teams in each local authority to hear feedback on health services and look at ways of obtaining views of CLA and care experienced young people	September 2022

APPENDIX 3

Aim: to reduce inequalities and improve outcomes for children looked after and care experienced young people across BSW ICB

ALL UNDERPINNED BY STRONG LEADERSHIP AND INFORMATION SHARING

Theme	Aims	Outcomes	Workplan 2022-2024	Timelines	Progress
Views of children/young people and engagement	<ul style="list-style-type: none"> Ensure CLA and care Experienced (CE) views are sought. Working in partnership with CLA, CE, Carers and professionals on a regular bases to seek their views and opinions Include the voice of the child in all service redesign and evaluation of current services Rapidly respond to issues raised 	<ul style="list-style-type: none"> Improved engagement and accessibility to inform and mould health services Responsive services Positive experience of services Positive relationships with professionals 	<p>Workplan 2022-2024</p> <ol style="list-style-type: none"> CLA and CE young people able to participate and contribute to service procurement, commissioning and re design of services Development of a child friendly version designed in participation with CLA of the ICB annual report. Including feedback from young people and how it can be distributed to CLA and young people Continue to receive feedback from other partners forums directly the comments of CLA and CE young people about health care provision. Developing further the 'you said we did' Enable the ICB and ICAs to hear directly from CLA and CE young people on their experiences of health care Develop strong links with ICB comms team and ensure CLA and CE young people are integral within the ICB communication strategy Raise the profile of making Care Experienced people a 'Protected Characteristic' within the ICB. Being ahead of the national push to get this changed Support the Care Leavers Covenant from a BSW ICB perspective Development of Mental Health First Aid Program for PAs 		
Health: All aspects e.g. Physical/Emotional Health & Wellbeing/ Mental Health	<ul style="list-style-type: none"> All CLA and CE will be able to access appropriate services to support their health needs from clearly commissioned services and pathways to support these. All children and YP transitioning between placements receive continuity of health care and access to services Those young people leaving care are fully supported in continuance of care to address their health needs Early identification of health needs via statutory duties To communicate the importance of health to individual children, YP, carers and professionals 	<ul style="list-style-type: none"> Improved overall wellbeing now and in the long term Support placement stability/access education Positive relationships with peers and carers Enabling CLA and CE and their carers to access health care 	<p>Physical Health</p> <ol style="list-style-type: none"> Implementation of SALT assessment for CLA as they come into care. Further work on project during 2022-23 to show outcomes against those children identified through the project with full funding in April 2023 Review of current BHA model of delivery in response to the YPs comments and to assess if it remains fit for purpose Ensure that CLA and CE are considered in any procurement /service redesign are considered to make sure equity is adhered to across the BSW ICB Identify and implement any agreed governmental direction from the Care Review 2022 Inform the NHSIE areas of work to consider and underpin the strategic ICB work such as obesity and reducing inequalities around CLA and CE agenda Raise the profile of CLA and CE against the PH agenda, obesity, smoking, sexual health, teenage pregnancy and asthma <p>Emotional Health</p> <ol style="list-style-type: none"> Promote early intervention, pre-care if possible, to address emotional wellbeing Working with virtual education leads and education on addressing emotional wellbeing as early as possible. Designated input into training for teachers and foster carers. <p>Mental Health</p> <ol style="list-style-type: none"> Develop an accurate data set with the CAMHS provider to understand number of cases, types of cause, types of intervention and outcomes Get a specific link person within the provider service for Designated Professionals and Children's commissioners to support complex CLA both within BSW ICB and Outside Implement the NICE guidance 205 with specific emphasis on PTSD service for LAASC Agree equity of access and services provision across the BSW ICB footprint for a CAMHS service for CLA Look to take forward the work from the Lesley Wakefield project Improve access to adult mental health services for CE young people Look to share the 'Mental Health First Aider' program to PAs across all three localities to support CE young people. 		
Quality and Performance	<ul style="list-style-type: none"> Evidence through audit, the quality of health assessments/interventions and address inequalities Ensuring compliance with statutory requirements including Inequalities A child/YP health needs are considered within placement planning All health staff receive CLA training as per intercollegiate document Quarterly monitoring of all provider data especially those services who have significant contact with CLA 	<ul style="list-style-type: none"> Health needs of CLA are identified and met Support Placement stability Positive experiences of services and good engagement 	<ol style="list-style-type: none"> With correct capacity- review the residential children's provision from a health angle based on the work from the Chawton Hospital SAR in partnership with the LA, the provider and quality teams Review all BSW ICB contracts for their response to the CLA component of the Safeguarding and CLA schedule Develop an audit program Contribute to all procurements with a focus on CLA and CE young people Embed the CLA training strategy and deliver training across the ICB and partners on CLA 		
Partnership Commissioning of Services	<ul style="list-style-type: none"> Clear expectations for service commissioning on CLA and CE agenda To inform JSNA and commissioning of the health needs of CLA and CE Raise the profile of CLA within contractual standards including safeguarding That all partners recognise the importance of health in their area of work to improve outcomes for CLA and CE 	<ul style="list-style-type: none"> A quality and equitable CLA offer across BSW ICB Informed planning and commissioning to meet health needs for CLA and CL Positive experience of services 	<ol style="list-style-type: none"> Work with all partners of the ICS in the development of clear pathways to ensure inclusion of CLA and CE YP and any commissioning specific work Be involved with the JSNA and its development to ensure the health of CLA and CE young people are included in the documents Improve the Designated Professionals partnership working with the 3 LA PH services Build strong links with the safeguarding partnerships regarding their line of sight from a health perspective on the CLA and CE agenda Ensure that the Designated Health professionals are attending the correct forums, within BSW ICB. Regularly and Nationally-Making sure we are sitting at the right table to influence and advise 		
Information Sharing	To have a clear partnership information sharing protocol across BSW ICB and Partners	To be share and store PID to enable Designated Nurse to provide advice and support to providers within BSW and other ICBs and providers outside of BSW to meet the needs of children looked after and care leavers	<ol style="list-style-type: none"> Support the development of one information sharing protocol across the ICB Contribute expertise to the development of the integrated care record for children in the BSW and Wiltshire locality Contribute to the local, regional and National datasets for CLA and CE YP including development Complete the SCAT return for CLA and CE one implemented 		
Strong Leadership	Senior health and designated professional engagement in the CLA and CE health agenda	Senior leadership and commissioners understand the health needs of CLA and CE. The ICB ensure they have CLA Designated Professionals to meet the recommendations of the intercollegiate Document and Statutory Guidance 'Promoting the Health and Well-being of Looked After Children'	<ol style="list-style-type: none"> Have the correct leadership and statutory roles set out in the intercollegiate doc 2020 in place to support the BSW ICB and the CLA and CE YP agenda Continue with the Strategic CLA and CE Health Group and strengthen it. This will then once the group is embedded, look to include LA colleagues and other partners. Embed the CLA and CE Health strategy into the overarching children and young peoples strategy for BSW ICB Continue the monthly meetings with the Chief Nurse to make her fully aware of the issues, progress and successes around CLA and CE YP agenda Continue to scan the CLA and CE agenda for legislative and statutory changes and consultations that will impact this group and inform the BSW ICB of the impact and requirements for them to adhere to or implement. 		
Statement number	Quality Statement NICE QS 31 (2013)				
QS 1	Looked after children and young people and care leavers experience warm and nurturing care				
QS 2	Looked after children and young people and care leavers receive care from services and professionals that work collaboratively				
QS 3	Looked after children and young people live in stable placements that meet their needs and preferences				
QS 4	Looked after children and young people and care leavers have ongoing opportunities to make sense of their identity and relationships				
QS 5	Looked after children and young people receive specialist and dedicated services within agreed timescales				
QS 6	Looked after children and young people and care leavers who move across local authority or health boundaries continue to receive the services they need				
QS 7	Looked after children and young people and care leavers are supported to fulfil their potential				
QS 8	Care leavers move to independence at their own pace				
Statement	NICE Guidance 205 (2021)				
NG 1	University				
NG 2	Supporting positive relationships				
NG 3	Visiting Carers				
NG 4	Safeguarding				
NG 5	Health wellbeing				
NG 6	Health and wellbeing - CAMHS Specific				
NG 7	Learning and Education				
NG 8	Transition between care placements and permanent placements				
NG 9	Transition out of care to independence				
NG 10	Forum for strategic leadership and best practice				