

Newcastle Gateshead Clinical Commissioning Group

**Newcastle Gateshead Clinical Commissioning
Group**

Looked After Children Strategy

2017-2020

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Executive Summary.

Looked after children (LAC) and care leavers are identified as a vulnerable group in society most with additional health needs due to early life experiences. Both Newcastle and Gateshead, in line with the national picture, have specialist health teams commissioned. Their function is to support the Clinical Commissioning Group (CCG) in meet the statutory requirements for looked after children. Since 2002 there has been a constant drive, from Government guidance, statutory requirements and inspection findings, to improve outcomes for looked after children and by association care leavers.

From the structural organisation of NHS England the strategic remit of designated professionals for looked after children is clearly aligned to the business of the CCG.

This has resulted in developing a different structure locally. The CCG has put additional investment in the specialist LAC health teams in each area. They have moved the Designated Nurse LAC role into the CCG, this provides opportunity to review the current service delivery and to plan standard service improvements jointly across both areas from a strategic position.

This LAC strategy has used a SWOT (strength, weakness, opportunity & threat) model to identify current best practice, areas requiring immediate action and the longer term development aspiration of the service. This is balanced with awareness of current constraints, local transformation plans and the national picture.

Main areas for development are:

- Collation and use of data to map need and service provision.
- Strengthening the knowledge and interface/ information sharing between all health services that have contact with LAC & care leavers.
- Joint commissioning framework
- Service delivery, accountability and contingency planning.
- Quality, Assurance & Governance
- Transition and emerging health needs / themes.
- LAC & CAMHs needs
- LAC & SEND processes and inspection.

This is a 3 year strategy with short and long term objectives identified. Progress will be tracked via the CCG LAC Action Plan which will be a working document.

This strategy document will be reviewed and rewritten after 3 years.

Due to the current fast paced developments nationally for looked after children this strategy will be updated by way of an addendum on an annual basis.

Introduction

Looked after children (LAC) are a vulnerable group in society who have many additional needs. This includes physical and emotional health needs, due to their complex early life experiences. In 2016, 60% of looked after children were in care under the category of 'abuse or neglect'. (DFE 2016). This category has decreased over recent years as the category in need due to 'absent parenting' has increased reflecting the rise in unaccompanied asylum seeking children nationally. Under the category of abuse or neglect many children entering care have missed routine screening opportunities or have failed to be taken to review health appointments relating to health conditions. Because of early life experiences LAC have increased incidence of emotional, behavioural and mental health problems than their peers.

Newcastle Gateshead Clinical Commissioning Group (CCG) has a duty, with NHS England, to cooperate with requests from both Newcastle and Gateshead Local Authorities to undertake statutory health assessments and to help them ensure that support and services to LAC are provided without undue delay. *Promoting the health and wellbeing of looked after children (DFE / DOH 2015)*

Newcastle Gateshead CCG employs a full time Designated Nurse for Looked After Children. The CCG commission the posts of Designated Doctor Looked After Children in both Newcastle and Gateshead. This ensure that the CCGs statutory responsibilities are met and that there is a proactive approach to the developing agenda which relates to the physical and emotional health needs of LAC, and by association care leavers.

Local Profile (31.03.16)

	Newcastle	Gateshead	North East	England
LAC Numbers 31.03.2016	498	345		
Ratio (per 10,000 0-18)	88	86	84	60
Admitted to care 2015-2016	240	205		
Discharged from care 2015-2016	245	210		
IHAs completed 2015-2016	191	172		
RHAs completed /coordinated 2015-2016	457	313		
No's Adopted	30	25		
% of those adopted as of those ceasing to be LAC	12%	12%		

Local Specialist Services

Newcastle Gateshead CCG commission specialist LAC health teams in each locality. The teams work in partnership with others ensuring that services at the point of delivery meet the health needs of their LAC population. The CCG has recently invested in their commitment to LAC by increasing resources in both localities to support the developing agenda.

Each team comprises a Designated Doctor LAC, a Named or Specialist Lead Nurse LAC, a Specialist Nurse LAC, a LAC administrator coordinator and additional admin support. The Designated doctors have personal secretarial support and both teams have additional paediatric support to call on within their provider organisations, including community paediatrician trainees.

The service provider for the Newcastle LAC Health Team is Newcastle upon Tyne Hospital (NUTH) NHS Foundation Trust. In Gateshead it is Gateshead Health NHS Foundation Trust.

Service Specifications and Job Descriptions are agreed between the CCG and provider organisations and reflect the requirements set out in statutory and key guidance documents and recommendations from inspections.

Wider health services

The Local LAC Health Teams require robust networks with all services which may come into contact with LAC including GP's, Child Adolescent Mental Health services (CAMHs), Sexual Health Services, Drug & Alcohol Services, Health Visiting and School Nursing services. These networks are developed locally and indeed regionally and nationally when children and young people are placed outside the local area boundary.

Statutory requirements and performance data

Within the Statutory Guidance there are key measurables:

- Initial health assessment timeframes
- Initial health assessments completed by medical practitioner
- Quality of health assessments
- Leaving Care Health Summaries.

Nationally Key Performance Indicators (KPIs) relating to health are recorded and reported on annually as part of the Local Authorities Outcome Indicators for Children Looked After SSDA903 return. (Published 08.12.16)

KPI 15-16	Newcastle	Gateshead	North East	England
Health assessments	91.2%	100%	90.2%	90%
Developmental checks	100%	100%	85.3%	83.2%
Dental	89.7%	95.5%	85%	84%
Immunisations	86.8%	97.7%	88.8%	87%
SDQ score	14	15.2	14.5	14
SDQ coverage	71%	72%	72%	75%

NHS England National Looked After Children Safeguarding Sub-group are undertaking work on unwarranted variations which will produce an expectation of broader standards for data collection which will be measurable and comparative.

NHS England Quality Framework

NHS England undertook a benchmarking exercise with all CCGs in the northern region in 2015. The focus of this exercise was to measure each CCG against key requirements within relevant statutory and guidance documents relating to their responsibilities for LAC. The assessment tool used has been adopted as a Quality Framework Checklist in most areas in the northern region, including Newcastle Gateshead CCG; outstanding outcomes are incorporated into the current LAC action plan.

Current position

The role of Designated Nurse LAC is, from April 2016, strategic within the CCG and there are plans that the strategic element of the Designated Doctor LAC role will also be developed within the CCG.

This provides the opportunity to review the current practice in both areas, assess the direction of commissioned health services for LAC and scope the developmental need within all health services that may come into contact with LAC and care leavers.

A SWOT model of analysis has been undertaken to ensure that we build on good practice, strengthen areas identified as weak and move forward positively whilst always being prepared to deal with identified or emerging risks.

Current Strengths	Current Weaknesses
<ul style="list-style-type: none"> • Skilled workforce • CCG investment in both teams – increased resource • Good/ improving KPIs • Meet statutory IHA timeframes (Newcastle) • LAC strategic group well attended • Annual reports complete, CCG & provider 	<ul style="list-style-type: none"> • Limited data collation • Lack of standards across area • Interface / information sharing with other health services require strengthening • Profile of LAC health needs requires strengthening • Limited Audit undertaken • Limited policy / guidance documents available • Monitoring quality of OOA placements required • CAMHs provision requires review
Developmental Opportunities	Current Threats
<ul style="list-style-type: none"> • New models / ways of working • Improved strategic vision • Develop standard practice and processes across both areas. • Shared vision, Improve efficiency • Supporting transition • Informing JSNA • Sharing good practice across patch • Standard training & supervision • Raise awareness of LAC across wider health economy • Evidence links to national development agenda. 	<ul style="list-style-type: none"> • Retirement of Designated Doctors LAC in both areas Sept / Dec 2016. • LAC numbers continue to increase annually • Financial constraints – efficiency with increased work plan. • Emerging themes e.g. SEND, UASC, FASD, transition.

Position Statement.

Newcastle Gateshead CCG is committed to improving the outcomes for LAC, they cannot achieve this in isolation, and it requires collaborative working with the Local Authorities and with provider organisations who deliver health care to the LAC population. The CCG will contribute by measuring the effectiveness of the services they commission to improve outcomes for the physical and emotional health of LAC.

Newcastle Gateshead CCG will seek assurance, and ensure robust strategic direction and planning exists to ensure that right services are delivered at the right time to the right people.

Forward View

The long term aim is to have excellent communication with our partners ensuring systems are embedded which improve health outcomes for all LAC throughout their time in care and beyond. We intend that for those with additional and / or complex health needs processes will exist to ensure that once identified they receive required services and support in a timely manner.

This strategy will ultimately provide a portfolio of evidence demonstrating compliance with all elements of statutory requirements. Evidence of improved outcomes for LAC will ensure the CCG is prepared for the variety of inspections undertaken by OFSTED and CQC which relate to LAC.

References

DFE / DOH	2015	Promoting the health and emotional wellbeing of looked after children
DFE	2016	Children looked after in England (including adoption) year ending 31 March 2016
RCN / RCGP/ RCPCH	2015	Looked After Children Knowledge, skills and competences of health care staff.

Newcastle Gateshead CCG's vision for improving the health outcomes for looked after children and care leavers in Newcastle & Gateshead.

Area	Aim / Outcome	Short Term Objective(s)	Long Term Objective(S)
Joint Commissioning	Develop an integrated approach to joint funding for complex LAC cases where there are identified health needs.	Supported by North East Commissioning Services(NECS) Funding pathways will be developed and agreed with Local Authorities and partners in Education	<p>Joint funding pathways are embedded and responsive to individual needs.</p> <p>Evidence of monitoring of costs and quality.</p> <p>Decision making processes avoid delays in receiving services.</p>
Business continuity	Ensure the posts for Designated Doctors LAC are recruited to and strategic functions of the posts are met.	Designated Doctors LAC have up to date job descriptions and service specifications outlining the strategic function of the role.	Designated Doctors LAC contributes to strategic planning, development and governance issues in the CCG.
Statutory requirements.	Ensure capacity within LAC Health Teams to undertake statutory duties and meet the service provision as set out within the agreed service specification.	<p>Service Specifications are up to date.</p> <p>Data collection mechanisms are reviewed and amended.</p> <p>Reporting mechanisms are agreed and in place.</p>	<p>The CCG Annual Report for LAC provides evidence that statutory requirements are met.</p> <p>Additional data collection & reporting mechanisms are in place, dashboard and database, to evidence continuous efficiency and improvement.</p>

Ensuring the quality of health assessments	All health assessments are of a high quality standard.	Standard quality assurance tool is to be used for audit purposes.	A program of regular audit provides assurance undertaken to check the quality standard for health assessments.
Promoting the health needs of LAC	Training will be designed and delivered to meet the requirements of the broader health economy.	LAC training is delivered to all relevant groups in the health economy (and beyond on request) who may have contact with LAC.	A rolling program of training is in place is evaluated and updated to include new information as required.
Ensuring LAC are visible	LAC will be identified as vulnerable individuals who may be in need of additional support / consideration when seen.	Arrangements for notification and flagging on systems will be strengthened.	Looked After Children will be known and flagged on electronic systems within acute hospital, community health and primary care settings.
Newcastle Gateshead CCG Responsibility.	Newcastle Gateshead CCG is aware of the local LAC population and their health needs.	The CCG is notified when LAC move in or out of the area. Reporting mechanisms are developed to ensure the profile of LAC is up to date. Deviation and risks are alerted to and escalated within the CCG.	NG CCG are assured that profiles for LAC populations are regularly amended providing current accurate information of the local profile.
Newcastle Gateshead CCG Responsibility	Newcastle Gateshead CCG is assured that Newcastle & Gateshead LAC placed outside the Local Authority boundaries continue to have their health needs met.	The profile and health needs of Newcastle Gateshead LAC placed externally will be available to the CCG.	NG CCG are assured that the health needs of externally placed LAC are met and that they are not disadvantaged in accessing required health services.

STP model of integrated team	Integrated teams work together to meet the needs of LAC	Scoping of processes in key organisations that have responsibilities for service delivery to LAC to identify areas of waste i.e. duplication, and identify ways of working more efficiently.	Joint processes are in place supported by joint protocols.
Governance reporting mechanisms	Designated professionals LAC ensure that governance is in place to review the progress with, issues from and risks identified for LAC.	Reports are presented to the identified internal and external boards at agreed frequency.	Relevant boards will have understanding of the vulnerabilities and health needs of LAC.
Emerging health needs.	Designated Professionals LAC ensure that emerging health needs are recognised and strategies / solutions implemented.	Processes & forums exist which consider implications / capacity for new themes of work. E.g. Post 18, UASC, FASD.	The CCG can demonstrate that they and commissioned services are responsive to emerging health needs and embed new practice as required.

Providers will give assurance to the CCG that there are developments in the following areas:

Joint protocol	A joint protocol to meet LAC health needs exists between provider organisations and the local authority	Provider organisations and the local authorities work together to review and strengthen processes to improve efficiency.	A joint protocol exists which supports effective joint working and seamless services to support LAC health needs. Shared systems are in place (Great North Care Record-5 year)
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Health needs assessment	A database captures agreed data including data linked to key public health priorities and annual KPIs.	Database is developed and reports data on a quarterly basis. Exploration of shared databases.	Data is provided annually to inform the JSNA. Data is used to measure outcomes and progress is recorded.
Transition	LAC who require additional support to meet their health needs as they leave care are identified. Care leavers are able to access health services as required.	A process is in place to identify LAC who will require additional support to meet their health needs through the transition period. LAC are provided with their health history and advice of appropriate use of health care services.	LAC Health Teams are involved in transition planning for those LAC who are identified as having additional health needs. All LAC receive a personalised health passport prior to leaving care.
Mental Health Needs	All LAC receive the appropriate support to meet their emotional and mental health needs.	A process is in place ensuring LAC health teams receive screening results from the local authority which are reviewed within the health assessment process.	Annual data demonstrates the LAC population needs and gives assurance that those with emotional / mental health needs have been provided with an appropriate service.
Health needs of LAC placed out of area.	LAC who are placed out of area are not disadvantaged in having their health needs met.	Local Authorities consult with health teams when there are plans to place LAC outside the local boundary.	LAC health teams are involved in planning for out of area placements. (LA link)
Complex and high risk LAC	LAC with complex profiles and high risk behaviours are identified to LAC	LAC health professionals attend meetings for children who have	LAC health profile identifies those requiring additional support due

	health teams and health services.	complex histories and high risk behaviours.	to complexities and risks.
Special Educational needs & Disability (SEND)	Health teams will have up to date information on those children with SEND.	Develop a joint protocol with Local Authority teams involved in SEND to share information.	LAC health assessments & health advice for SEND are completed as a joined up process. Reduction in amount of health assessment appointments for LAC.
Training and supervision Level 3	All practitioners undertaking health assessments for LAC have the appropriate Level 3 skills (Intercollegiate document)	Level 3 LAC training and LAC supervision is provided / available to all practitioners undertaking health assessments with LAC (RCN, RCGP, RCPCH 2015)	All practitioners undertaking health assessments have level 3 competences reflected in their PDP
Audit and quality assurance.	A program of Audit is available	Quality issues requiring audit as part of assurance / development process are identified and time-tabled	Audit findings are available to evidence progress with development of quality & efficient services.
Governance	Efficient safe practice is supported with policies and guidance	Policy & guidance supporting practice and processes are identified and developed.	Policy and guidance documents are ratified by the provider organisation and have review dates in place.