

Newcastle Gateshead Clinical Commissioning Group

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Looked After Children and Care Leavers Strategy 2019-2022



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Executive Summary

This is the 2nd Looked After Children (LAC) and Care Leavers Strategy for Newcastle Gateshead Clinical Commissioning Group (CCG) and replaces the 2017-2020 LAC Strategy. Progress against the objectives within the previous strategy will be reflected on in this document.

LAC and care leavers are identified as one of the most vulnerable groups in society. Most have additional physical and / or mental and emotional health issues due to early life experiences. High proportions have entered care from a background of neglect and abuse.

The Designated Professionals for LAC in Newcastle and Gateshead have a statutory role of supporting the CCG in meeting their statutory duties for LAC allocated to them within the Statutory Guidance for local authorities, clinical commissioning groups and NHS England (DFE / DoH 2015)

Newcastle Gateshead CCG commission specialist LAC health teams in each area situated within the local secondary care organisations. There has recently been further investment in the team in Newcastle as demand has increased due to an unprecedented rise in LAC numbers.

Since 2017 progress has been made in:

Business continuity: All designated LAC posts successfully recruited to following retirement of previous post holders.

Statutory Requirements: Service Specifications for LAC health teams and for the Designated Doctor LAC role have been updated. Resources are continually reviewed and additional posts commissioned in provider services (Newcastle).

Quality improvements: Program of audit is in place and informs improvement which is measured and reflected in the LAC annual report.

Visibility of LAC: Processes to improve coding of LAC and care leavers on GP and hospital systems have been put in place

Needs of LAC population: data collection has improved and will inform profiling of the LAC population in each area.

Governance: Reporting mechanisms within the CCG are agreed and in place. Governance arrangements are in place for partnership and NHSE meetings which ensure attendance of CCG representative reporting and updating on the LAC agenda.

Emerging Health Needs: Unaccompanied Asylum Seeking Children (UASC) have a dedicated health pathway in each area. The Special Educational Needs and Disability (SEND) agenda for LAC, emotional health and wellbeing needs and the needs of care leavers up to 25 are all key areas of work in progress.

Transition: Assessment of health needs 15+ using a RAG rating process, summary health care plans & leaving care health passports have all been developed to support the transition process for care leavers.

Users views: A project was undertaken collecting views of LAC, their carers and their Social Workers in both areas relating to the awareness of and service provision of the LAC health teams. Findings have driven improvements on visibility of the teams and accessibility. The CCG has involved LAC and care leavers in their interview process.

This updated strategy spans 3 years priorities will be identified and reviewed annually. Progress will be tracked against the overarching LAC Action Plan (Appendix 1) which contains short and long term objectives.

This strategy reflects the recent achievements and outlines the focus of development and improvement work required moving forward. The designated professionals LAC on behalf of Newcastle Gateshead CCG will support and drive forward this agenda working collaboratively with provider and partner organisations.

Introduction

LAC and, by association, care leavers 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 2018, 63% of looked after children were in care under the category of 'abuse or neglect'. (DfE 2018). Under the category of abuse or neglect many children entering care have missed routine screening opportunities or have failed to be taken to 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 CCG has a duty, with NHS England to cooperate with requests from Newcastle and Gateshead local authorities to undertake statutory health assessments for LAC and to assist them in ensuring services and support required to meet their health needs is provided without undue delay (DFE / DOH 2015)

Newcastle Gateshead CCG have a full time post for a Designated Nurse LAC, currently filled by 2 nurses who job share and cover the health economy across both areas. The CCG commissions the post of Designated Doctor LAC in both Newcastle and Gateshead; they support the needs of LAC across the health economy in their respective areas.

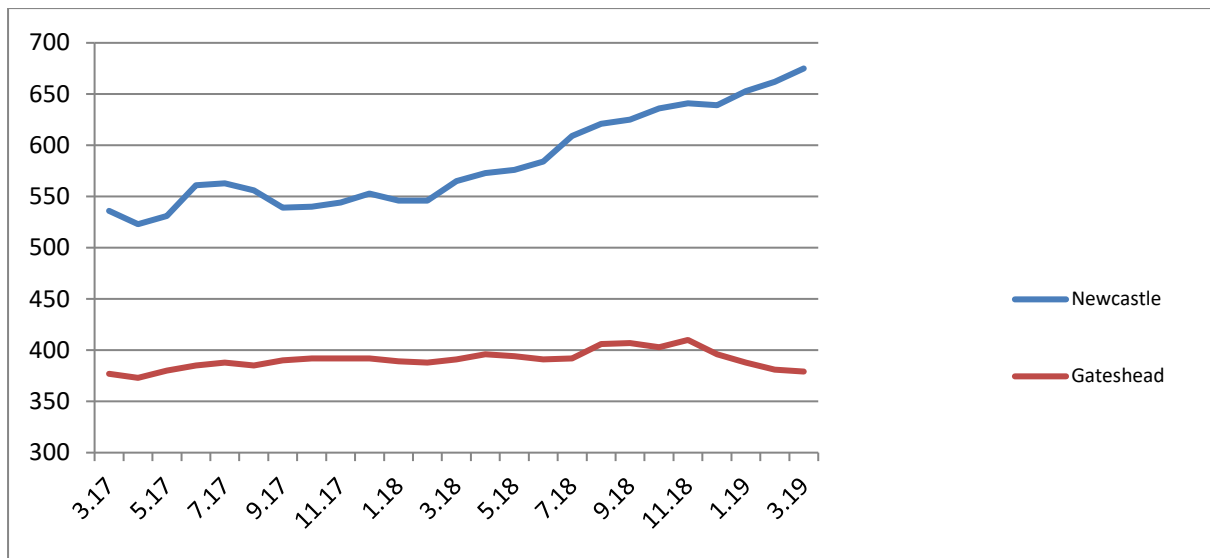
Local Profile

Nationally numbers of LAC continue to increase each year table 1 demonstrates the most recent published data December 2018, Table 2 the local numbers monthly.

Table 1: Profile of LAC 31.03.2018

	Newcastle	Gateshead	North East	England
LAC Numbers 31.03.2018	566	393	5,020	72,590
Ratio (per 10,000 0-18)	98	99	95	64
Admitted to care 2017-2018	291	176		
Discharged from care 2017-2018	265	170		
IHAs completed 2017-2018	258	164		
RHAs completed /coordinated 2017-2018	486	346		
No's Adopted	42	25		
% of those adopted as of those ceasing to be LAC	16%	15%		

Table 2 –LAC Numbers since March 2017



The increase in numbers of LAC locally 2018-19 has meant a recent increase in the provision for Newcastle LAC Health team commission by Newcastle Gateshead CCG ensuring an equitable service in both areas. Gateshead has had a recent small reduction in numbers.

Local Specialist services.

Newcastle Gateshead CCG commission specialist LAC health teams in each locality. The teams work in partnership with health and social care colleagues to ensure that services at the point of delivery meet the health needs of their LAC population.

Each team comprises a Designated Doctor LAC, a Named or Specialist Lead Nurse LAC, Specialist Nurse(s) LAC, 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 teams are the point of contact for specialist advice on the health needs of their areas' LAC population including those placed out of area and can advise, when requested, on LAC placed into their area. Any unresolved issues including safeguarding concerns or requests for additional resources are escalated to the Designated Professionals for LAC.

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 between the CCG and provider organisations reflect the requirements set out in statutory and key guidance

documents and recommendations from inspections. These were last updated 2018-19.

Wider health services

The Local LAC health teams have robust networks with health services which may come into contact with LAC including GP's, Child Adolescent Mental Health services (CAMHs), Sexual Health Services, Drug & Alcohol Services and 0-19 services. These networks are developed locally and indeed regionally and nationally when children and young people are placed outside the local area boundary.

There are challenges for the LAC health teams and for Newcastle Gateshead CCG when children are placed outside the local area. The LAC health teams travel to undertake health assessments on most LAC placed within the North East region. Those placed externally to the region require coordination of health assessments which can impact on the timeliness and quality of the assessments, the CCG will be invoiced for these assessments, and a standard tariff applies. If additional health services are required above the local offer Newcastle Gateshead CCG will often receive requests to commission those health services.

Statutory requirements & recent policy developments

Within the Statutory Guidance (DFE / DoH 2015) there are key measurables:

- Initial health assessment timeframes target of 20 working days
- % Initial health assessments completed by medical practitioner
- Quality of health assessments
- Leaving Care Health Summaries.

This document is due to be reviewed in 2020.

The National Institute for Clinical Excellence (NICE) are in the process of updating the guidance document: Looked After Children and Young People [PH28] (2010). Draft guidance is expected by December 2020 and with expected publication advised as 26.04.21.

Looked After Children Knowledge skills and competences of healthcare staff Intercollegiate Role Framework (RCN/ RCPCH/RCGP 2015) gives guidance on required knowledge skills and competences relating to LAC for all healthcare staff in any setting up to named / lead and designated LAC professional role.

The Social Care Institute for Excellence (SCIE) published guidance; Improving mental health support for our children and young people (2017). This document gives quality statements and recommendations to use as a framework for assessment of support for emotional and mental health issues and service provision

relating to LAC and those who care for them. Newcastle Gateshead CCG has led on a scoping exercise of compliance against the quality statements in both areas, this work is ongoing.

In September 2017 NHS England published a guide to meeting the health needs of LAC through a standard approach to commissioning and service delivery, providing best practice examples for many processes relating to the health needs of LAC. This document has since been withdrawn but is expected to re-emerge following work undertaken by NHS England Safeguarding Review Group to get it through the NHS England gateway process.

Performance Data

Nationally Key Performance Indicators (KPIs) relating to LAC health are recorded and reported on annually as part of the Local Authorities Outcome Indicators for Children Looked After SSDA903 return. Table 3 demonstrated the achievements of the teams for 2017-18

Table 3 Performance data –Comparison National & Regional (Published 08.12.18)

LAC for 12 months (31.03.18)	England	North East	Gateshead	Newcastle
Health assessment	88%	94%	99%	94%
Dental check	84%	89%	97%	88%
Immunisations up to date	85%	93%	94%	94%
Developmental check	85%	90%	100%	97%
Substance misuse	4%	2%	3%	2%
SDQ complete	78%	81%	75%	76%
Average score	14.2	14.1	15.7	14.9
Normal	49%	48%	40%	45%
Borderline	12%	13%	11%	7%
Cause for concern	39%	39%	49%	47%

Both areas have shown year on year improvement and now achieve KPIs which outperform the National average and are above or equitable to the North East averages relating to physical health measurements. The coverage for assessment of emotional and mental health and the findings display a worsening picture in both localities. This data collection is led on by the local authorities and partnership working is underway with the aim of improving these quota of returns and consequently the accuracy of scoring outcomes.

NHS England CCG Commissioning Compliance Tool for LAC & Care Leavers Health Services.

The original NHS England benchmarking exercise using this framework (2015) was updated at the request of NHS England at the beginning of 2018. Reassessing using a RAG rating approach improvements were seen in many areas moving from 8 reds, 15 ambers and 11 greens to 0 reds 4 ambers and 30 greens. The 4 ambers related to:

- Designated nurse ratio to population- agenda managed within current resource
- Health needs assessment (HNA) - data collection is now complete for 12 months & will inform HNA 2019.
- LAC are prioritised in Children and Adolescent Mental Health services (CAMHS) - progress made, focus remains on this area.
- Measuring effectiveness of CAMHS services- progress has been made, focus remains on this area.

Current position

The full provision of Designated Professionals LAC has recently been achieved, this means we can now develop and deliver a team approach to reviewing and improving all areas of health care for LAC and care leavers. We have direct representation on the NHS England North LAC group and the North East Migration Partnership which gives access to the emerging themes relating to LAC and their health care needs and outcomes.

The previous strengths, weaknesses, opportunities and threats, (SWOT) analysis has been updated to provide a quick visual representation of our current position.

SWOT Analysis 2019

Strengths	Weaknesses
Full complement of Designated Professionals LAC Appropriate resources commissioned in provider services Service Specifications for commissioned services updated Regional links National links	Commissioning requests Shared processes – IHA timeframes, SDQ assessment. IT Systems Care leaver agenda 18- 25years
Opportunities	Threats
monitoring outcomes of CAMHS intervention Strengthening emotional & mental health support Stronger partnership working Involvement / lead in regional developments Strengthen further LAC / SEND processes Data collection to inform Health Needs Assessment & identify gaps. Regional / footprint working	Increasing Number of LAC Highlight on emotional and mental health of LAC & Care leavers Financial constraints Funding requests for children out of area Care leavers aged 18-25 years health needs currently unknown locally

Position Statement

Newcastle Gateshead CCG is committed to improving the health outcomes for LAC and, by association, care leavers, they cannot achieve this in isolation, it requires collaborative working with the local authorities and provider organisations who deliver health care to the LAC population. The CCG will contribute by providing leadership through the designated professionals LAC and resources through the specialist teams they commission. The designated professionals LAC will be aware of strategic developments and requirements of the national, regional and local agenda which may impact or influence service provision and, in turn, outcomes for Newcastle Gateshead LAC and care leavers.

The main themes of work will relate to

- Safeguarding & leadership
- Quality & Monitoring
- Analysis & Improvement

Forward view

Whilst moving ahead with the CCG objectives, there is a need to mindful that collaborative working with partners is essential to achieve positive outcomes. Both areas have work streams within the Local Authorities Looked after Strategies. These work streams are developed via their health sub groups and report back in to inform and update the respective strategic plans. A recent focus has been on emotional and mental health needs. Progress is being made in developing and strengthening the link with the local CAMHs services that have undergone a recent transformation. The hopes and aspirations of the Designated LAC professionals for the coming 3 years is outlined in the objectives within the Action plan (Appendix 1)

References

DFE / DOH	2015	Promoting the health and well-being of looked after children. <i>Statutory Guidance for local authorities, clinical commissioning groups and NHS England.</i> (Department for Education, Department of Health)
DFE	2018	Children Looked after in England (including adoption) year ending 31 st March 2018). National Statistics
NICE	2010 updated 2015	Looked After Children and Young People –public health guideline (PH28) (National Institute of Clinical Excellence)
RCN/ RCGP/ RCPCH	2015	Looked After children Knowledge Skills and competences of health care staff. Intercollegiate role framework.

SCIE

2017

(Royal College of Nurses, Royal College of GP's, Royal College of
paediatrics & Child Health)
**Improving mental health support for our children and
young people.**
(Social Care Institute for Excellence)

Newcastle Gateshead CCG Looked After Children and Care Leavers Strategic Plan 2019-2022

APPENDIX 1

Area	Aim /Outcome	Objectives	Target Date
Joint Commissioning	A standard process to review joint funding requests for complex LAC cases where additional health needs are identified is in place and functions effectively	Funding Pathway is developed and agreed which ensures decisions are made without delay.	December 2019
Contracting	Ensure Service Specifications for Commissioned LAC health teams and Designated Doctor LAC are up to date	Review & update as planned or earlier if required	Gateshead December 2019 Newcastle November 2020
Statutory requirements	Ensure capacity and resources within commissioned health teams are adequate to achieve agreed outcomes	Outcomes against statutory requirements are closely monitored Identified deficits are managed with improvement / recovery plans Data collection mechanisms are in place and reviewed annually	Review Annually
Initial health assessment (IHA)	IHA timeframes are improved to meet target set. (95%)	Data will be provided and reviewed monthly. Recovery processes will be in place Shared processes will be in place.	March 2020
Quality of initial health assessments	Audit of health assessments is a continuous process	Designated Doctors undertake audit of IHAs	March 2020
Health needs assessment (HNA) of LAC	A comprehensive HNA is available to identify unmet needs and focus resources	HNA is updated annually with available data	June 2019 and annually thereafter

Children placed out of area	LAC placed out of area continue to have their health needs met and are not disadvantaged due to their placement	The CCG receives assurance via provider audit Data set for data collection is amended to enable differentiation of those LAC placed out of area allowing focussed analysis	June 2020 and annually thereafter
Standardisation of processes	Efficiency within teams is achieved whenever possible. Benchmarking is equitable and learning shared to lead improvement	Explore options for local & regional standardisation of processes (NG/NT/N footprint)	September 2020
Skills for care leavers	Care leavers are better able to identify their own health needs and access appropriate services	Support providers in developing a framework to strengthen skills for care leavers (North Tyneside Project)	2020- 2021
Electronic opportunities with IHA / RHA	Improve the efficiency, accuracy & quality of health plans and interaction with young people at the health assessment appointment.	Monitor the developments in technological / auto dictation capabilities of systems and consider the benefit to practice locally	2021-2022
ACEs	Identifying ACEs as indicators of risk to long term health outcomes	Work with safeguarding colleagues and partners to support a population based approach with a focus on implications for LAC and care leavers.	2019-2022
County Lines	Health staff in contact with LAC and care leavers will be aware of the indicators and / or risks of involvement in county line activity	Work with safeguarding colleagues and partners to ensure health staff understand the additional risk to LAC and care leavers as a vulnerable group.	2019-2022

		Staff undertaking health assessments will assess this risk and offer appropriate advice.	
Sexual exploitation	Health staff in contact with LAC and care leavers will be aware of the indicators and / or risks of sexual exploitation, trafficking,	Work with safeguarding colleagues and partners to ensure health staff understand the additional risk to LAC and care leavers as a vulnerable group. Staff undertaking health assessments will assess this risk and offer appropriate advice	2019-2022
High risk LAC	Ensure that LAC with high risk behaviours receive the health services they require	Reporting on Dashboard informs of number of children <ul style="list-style-type: none"> • In tier 4 Mental health bed • In secure setting • Discussed at MSET (missing) Data used to monitor trends Overview required on provision of health services.	April 2020
Special Educational Needs & Disability (SEND)	LAC and care leavers with SEND will have coordinated health care plans. Those with a diagnosed learning disability will be identified in different health care settings	The link between LAC health plans and health information for SEND will be strengthened. LAC with a Learning disability will be coded on correspondence to primary care and flagged on hospital systems to ensure appropriate support is offered and appropriate adjustments are made within those settings	2019-2021

Speech & Language	All LAC are assessed for Speech & Language difficulties	A scoping exercise is undertaken to identify the local need Findings will identify next steps	April 2020
Dental care	All LAC are assessed for dental profile at time of admission to care	A time limited project is undertaken to have a dental review of children admitted to care Findings will determine next steps.	2020-2021
CAMHS	Profile of emotional and mental health needs of LAC and care leavers is available	Developments in data collection to progress <ul style="list-style-type: none"> • Database • Consultation sessions • KPI SDQ data • Kooth • Data from CAMHs service Scoping of need & service provision continues benchmarking against quality statements.(SCIE 2017)	2019-2020
Care leavers	Health needs of Care leavers is profiled	Scoping exercise undertaken to identify health needs at age 21 & 24 in current care leaving population. Results will inform next steps	December 2019
Unaccompanied Asylum Seeking Children (UASC)	All UASC will have their emotional mental health needs assessed and receive appropriate support services as required.	Work with partners to decide on standard tool to assess the emotional and mental health needs of UASC. Ensure that appropriate services are accessed to provide support.	April 2020
Adoption	Children identified for adoption have their health needs identified and health reports are provided in the appropriate arena.	Review the process of health advice / reports in the new Regional Adoption Agency.	April 2020

		Identify any delays or gaps and action	
Supervision to develop specialist LAC practitioners	Supervision model for staff development is supported by designated professionals LAC. Builds a resource for succession planning.	Interested practitioners have the opportunity to develop their skills by being providing with relevant learning opportunities. Lead Named Nurse LAC, Specialist Nurse LAC, 0-19 service practitioner	September 2020