

Bracknell and Ascot CCG
Slough CCG
Windsor Ascot and Maidenhead CCGs

Looked After Children Annual Report

April 2017 – March 2018

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1. Introduction

Children and young people who are Looked After are among the most vulnerable members of society and the evidence nationally is that their health, social and educational outcomes continue to remain poor. It is the duty of local authorities and health agencies to work together to improve the health and well-being of these children and young people. The report takes into account the statutory duties which Clinical Commissioning Groups (CCGs) and local authorities must have when exercising their function towards Looked after Children.

The role of the Designated Nurse for Children in Care is a statutory position and the responsibility was transferred to the Associate Director of Safeguarding in September 2016. This change was in accordance with the RCN Best Practice Guidance¹. For the purposes of this report, the position will be referred to as Designated Nurse for Children in Care. The role is dependent on having close working relationships with Berkshire Healthcare NHS Foundation Trust (BHFT) Health Team for Looked after Children and the Local Authority Heads of Children in Care.

Analysis of issues and themes arising during 2016 – 2017 and reported within the annual report were as follows:

- Difficulties in progressing health assessments for children who are Looked after more than 20 miles outside Berkshire due to variable regional compliance for carrying out East Berkshire's children in care health assessments.
- Delays in sending completed referral forms for health assessments by Slough and Royal Borough of Windsor and Maidenhead to the BHFT LAC team within timescales.
- Issues regarding East Berkshire and Out of Area Escalation.
- Reduced understanding about the emotional health of care leavers.

This report confirms that considerable activity has begun to address these themes and include:

- Implementation of an East Berkshire wide multiagency Children in Care Group, as a sub group of the East Berkshire Health Economy Safeguarding Group and reportable to the Corporate Parenting Panels. The first meeting was held May 2017 and continued during 2017 – 2018.
- Escalation pathway development the protocol was reviewed and updated to include multiagency as well as single agency escalation.
- A care leaver emotional health audit was carried out across the three CCG areas.
- The Chairs of the LSCB wrote jointly to NHS England highlighting the difficulties of children living out of area receiving health assessments and to request a standard national response; this has been achieved.



- Regular reports are presented to the corporate parenting panels regarding specific areas where there are difficulties in progressing health assessments.

Each area will be considered in more detail throughout the report.

2. Statutory Context

i. Legislation

Children Act 1989² Updated 2015.

This sets out many of the duties, powers and responsibilities local authorities hold in respect of their looked after children and care leavers. In 2015 new regulations relating to the Children Act came in to force. Among other things, these regulations set out arrangements for local authorities considering ceasing to look after a child and consolidates information previously contained in a series of updates and supplements, including: contact with siblings, contact with youth justice services, out of authority placements, long-term foster placements, ceasing to look after a child, fostering for adoption and the delegation of decision making about looked after children to their carers. This is aimed at local authority workers with responsibilities for looked after children.

Adoption and Children Act 2002³ and Children and Adoption Act 2006⁴

This act updates the legal framework for domestic and inter-country adoption, and places a duty on local authorities to maintain an adoption service and provide adoption support services. The later act gives courts more flexible powers to facilitate child contact and enforce contact orders when separated parents are in dispute.

Children and Young Persons Act 2008

This legislates for the recommendations in the Department for Education and Skill's 2007 Care Matters white paper to provide high quality care and services for children in care.

Children and Families Act 2014⁵

Encourages 'fostering for adoption' which allows approved adopters to foster children while they wait for court approval to adopt. Introduces a 26 week time limit for the courts to decide whether or not a child should be taken into care. Also introduces 'staying put' arrangements which allow children in care to stay with their foster families until the age of 21 years provided that both the young person and the foster family are happy to do so.

Children and Social Work Act 2017

New guidance outlining how social workers and other professionals should support children in care and care leavers has been published by the Department for Education and focuses on supporting the education of children in care and previously looked-after children, and how extending personal advisers up to the age of 25 for care leavers should be implemented in line with the Children and Social Work Act 2017.

Promoting the health and well-being of looked-after children 2015

² [View the Children Act 1989](#)

³ [View the Children and Young Persons Act 2008](#)

⁴ [View the Children and Adoption Act 2006](#)

⁵ [View the Children and Families Act 2014](#)

Produced by the Department for Education and Department of Health, this includes statutory guidance for local authorities, clinical commissioning groups and NHS England. It updates the 2009 guidance and examines the profile of looked after children using evidence from research and practice. Considers the health needs of this particular group of people and how well their needs are met. Also discusses the roles and responsibilities of Local Authorities and the NHS.

Accountability and Assurance Framework for safeguarding vulnerable people in the NHS (2015) NHS England

The document sets out clearly the safeguarding roles, duties and responsibilities of all organisations commissioning NHS health and social care. The framework promotes empowerment and autonomy for adults, including those who lack capacity for a particular decision as embodied in the Mental Capacity Act 2005, implementing an approach which appropriately balances this with safeguarding. It outlines principles, attitudes, expectations and ways of working which recognise that safeguarding is everybody's business and that the safety and well-being of those in vulnerable circumstances is at the forefront of our business.

The framework clearly sets out how health system operate, how it will be held to account both locally and nationally and makes clear the arrangements and processes to be undertaken to provide assurance to the NHS England Board with regard to the effectiveness of safeguarding arrangements across the system. Professional leadership and experts are recognised including the key role of Designated and Named Professionals for safeguarding children and adults.⁶

CCGs have a statutory duty to be members of Local Safeguarding Children Boards (LSCBs) and Local Safeguarding Adults Boards (SABs), working in partnership with local authorities to fulfil their safeguarding responsibilities. CCGs must ensure that robust processes are in place to learn lessons from cases where children or adults die or are seriously harmed and abuse or neglect is suspected. This includes contributing fully to partnership reviews, serious case reviews (SCRs) and safeguarding adult reviews (SARs).

Designated Professionals for Safeguarding:

This document has strengthened the mandate, responsibility and scope of the Designated Nurses and Doctors for adult and children safeguarding. Employed by CCGs, Designated Nurses are statute posts and clinical experts and strategic leaders; they work across the whole local health economy to support other professionals in their agencies on all aspects of safeguarding which includes active multi-agency collaboration. The Designated role must support the development of a positive learning culture across partnerships.

ii. Professional Guidance and National Inquiries

The NICE quality standard on the health and wellbeing of looked after children and young people. National Institute for Health and Care Excellence, 2013.

This quality standard, endorsed by NSPCC, sets out best practice in meeting the health and wellbeing needs of looked-after children and young people. NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive.

⁶ <https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf>

Children (Leaving Care) 2000⁷

Sets out duties local authorities have to support young people leaving care from 16 to 21 years of age.

Applying corporate parenting principles to looked-after children and care leavers: statutory guidance for local authorities. Department for Education 2018.

This guidance is about the role of local authorities and the application of corporate parenting principles as set out in section 1 of the Children and Social Work Act 2017. The Designated Nurse (CCG) must be represented at each Corporate Parenting panel within their area.

The guidance sets out seven principles that local authorities must have regard to when exercising their functions in relation to children and young people in care including:

- acting in their best interests, and promoting their physical and mental health and well-being.
- encouraging children and young people to express their views, wishes and feelings, and to take these into account
- helping children and young people gain access to and make the best use of services provided
- promoting high aspirations
- seeking to secure the best outcomes
- ensuring safety, and stability in their home lives, relationships and education or work
- preparing the children and young people for adulthood and independent living.

Framework and evaluation schedule for the inspection of services for children in need of help and protection, children looked after and care leavers. OFSTED 2015.

This framework sets out the framework for the inspection of services for children in need of help and protection, children looked after and care leavers. Areas covered include the experiences and progress of children in care, including adoption, fostering, the use of residential care, and children who return home. The framework also focuses on the arrangements for permanence for children who are looked after and the experiences and progress of care leavers.

Looked after children: knowledge, skills and competences of healthcare staff. Royal College of General Practitioners, Royal College of Nursing, Royal College of Paediatrics and Child Health 2015.

This framework for healthcare staff to understand their role and responsibilities for meeting the needs of looked after children and complements the safeguarding intercollegiate guidance.

An action plan for adoption. Tackling Delay. Department for Education 2011.

Sets out government proposals to change the system for prospective adopters and strengthen the performance regime for local authorities. Proposals include: scorecards to

⁷ [View the Children \(Leaving Care\) Act 2000](#)

rate local authority performance on adoption targets; approval process for new adopters cut to six months; and a national gateway for adoption to provide a first point of contact.

Safeguarding strategy: unaccompanied asylum seeking and refugee children. Department for Education 2017.

This strategy sets out the actions that the Government will take to safeguard and promote the welfare of unaccompanied asylum seeking and refugee children in the UK, recognising the increasing numbers and specific needs of unaccompanied children in the UK, unaccompanied children arriving through a legal pathway and unaccompanied children arriving clandestinely. Commitments in the strategy include:

- **Improving the care of unaccompanied asylum seeking children** including: The National Transfer Scheme, increasing fostering capacity; training for existing foster carers; encouraging the provision of supported lodgings; and funding to support unaccompanied and refugee children.
- **Supporting professionals working with children and young people** including: revised statutory guidance for local authorities; supporting local authority interaction with asylum and immigration processes; and supporting other professionals.
- **Information and advice for children and families** including: information on rights and entitlements; information on what it means to be 'looked after'; and the role of Children's Commissioners.
- **Protection and safeguarding** including: preventing children from going missing; and standardised police procedures related to unaccompanied children.
- **Reviewing processes for children in Europe** including: the timely and efficient operation of the Dublin Regulation.

Statutory guidance on children who run away or go missing from home or care. Department for Education 2014.

Outlines action that local authorities and their partners should take to stop children going missing from home or care and to protect those who do. Covers: agency roles and responsibilities; multi-agency working; access to support; risk assessment; safe and well checks; independent return interviews; emergency accommodation; children who repeatedly run away and go missing; and additional actions to protect looked after children.

Independent Inquiry into Child Sexual Abuse (IICSA)

Opened in July 2015, this extensive inquiry continues to progress in England and Wales. It is examining how the country's institutions handled their duty of care to protect children from sexual abuse. The scale of the Inquiry is unprecedented, and it is expected to take five years; an interim report is due for publication June 2018.

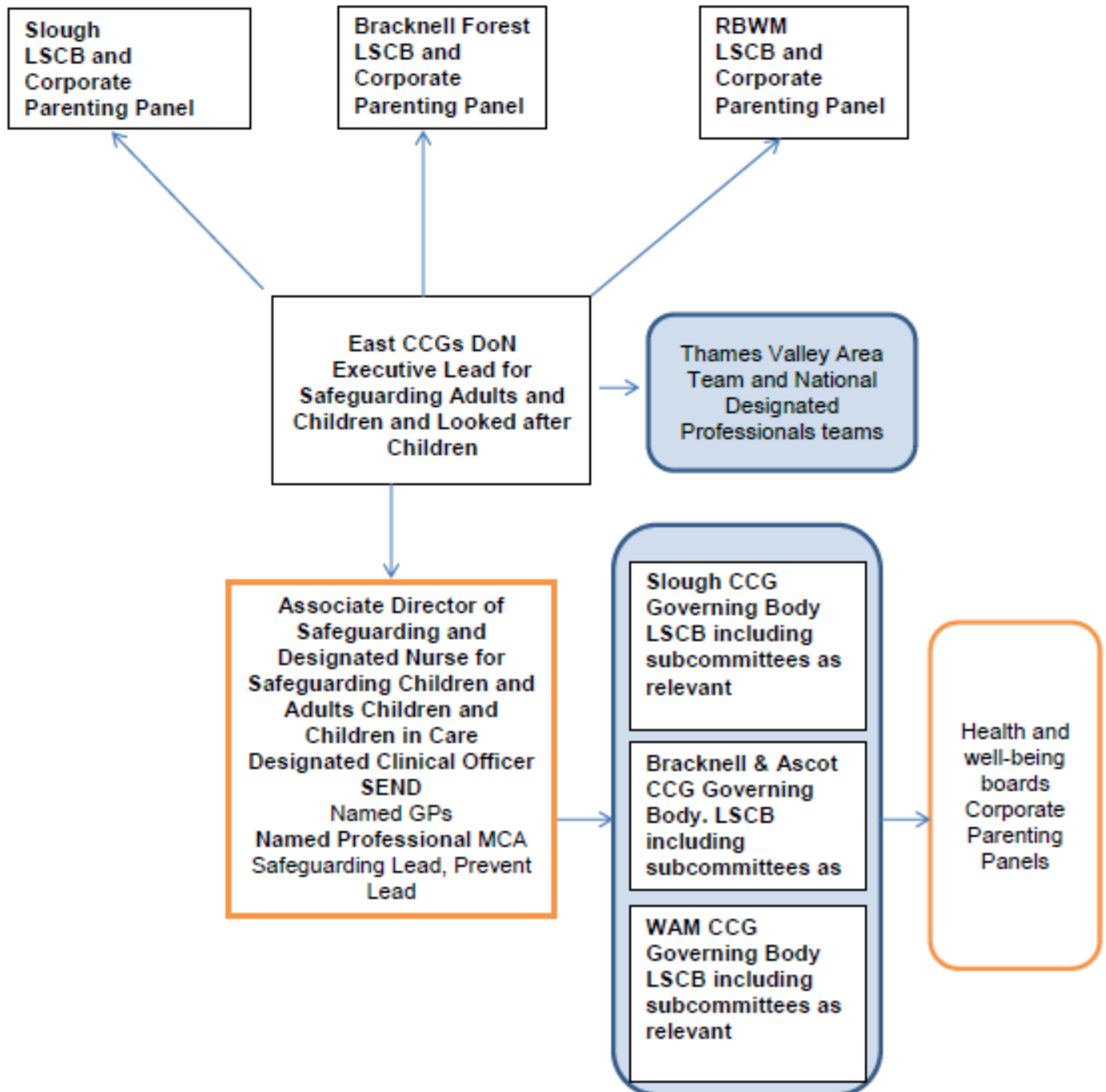
Child Protection Information System (CP- IS)

This has been mandated to be implemented across the NHS by April 2018 with leadership support from the designated professionals. This system allows communication to children's services where children who are subject to child protection plans, are children in care or are unborn with child protection plans have received unscheduled care (for example in A&E, Out of Hours, walk in centres and SCAS). The Designated nurse continued to support the implementation of CP-IS across the three CCGs across East Berkshire 2017 - 2018.

3. Governance Arrangements 2017/18

The CCG has a clear line of accountability for safeguarding and for looked after children, properly reflected in the CCG governance arrangements:

SAFEGUARDING ADULTS and CHILDREN- CCG ACCOUNTABILITY FRAMEWORK



Governance Arrangements 2017-2018

The Director of Nursing holds the executive lead for safeguarding and Looked after Children across the three CCGs East of Berkshire. The Associate Director of Nursing is the Designated Nurse for safeguarding children, adults and children in care. The 2017 – 2018 activity for safeguarding children and adults is reported via a separate CCG 'Safeguarding Annual Report.' The Named professional for safeguarding holds the CCG lead for Prevent (risk of radicalisation) and for the Mental Capacity Act. The team also consists of two Named GPs for safeguarding who work across the three CCGs. Additionally, there is an established Designated Doctor for the CCGs who provides support and guidance to the Berkshire CCGs and to provider organisations. From April 2017 this post serves East Berkshire only and is no longer Berkshire wide. The Designated Doctor for Looked after Children works closely with Berkshire Healthcare Foundation Trust (BHFT) Looked after Children Health team.

This team are commissioned by the CCG to co-ordinate the health assessments for children who are looked after within and out of East Berkshire areas. They also carry out health assessments for children aged 16 and 17 placed in Berkshire and children who are placed within 20 miles of East Berkshire. The Designated Doctor and Paediatric team carry out initial health assessments on behalf of BHFT. Review health assessments are carried out by school nursing and health visiting teams within East Berkshire; for school aged children, those children will be attending a Berkshire school. This includes newly commissioned teams; for Slough, 'Solution for Health' health visiting and school nursing teams carry out the review assessments and for Royal Borough of Windsor and Maidenhead, (RBWM) 'Achieving for Children' health visiting and school nursing teams carry out the assessments. Bracknell Forest Local Authority have continued to commission BHFT health visiting and school nursing teams to carry out the reviews.

The safeguarding and Looked after Children role of CCGs has a wide sphere of influence. It is essential that the CCG team actively support and work with looked after children leads across the multiagency partnership to ensure that critical services are in place to respond to children who are on the edge of care, being looked after or are leaving care to deliver improved outcomes and life chances for our most vulnerable children. These relationships are robust and continue apace and include Designated professionals in neighbouring counties.

The close working relationship between Quality and Safeguarding continues to positively influence the looked after children contractual arrangements that support continuous improvement. Strong, clear, patient-orientated leadership from the Director of Nursing has facilitated these processes.

During 2017 – 2018, the CCG reviewed the existing structure for Mental Health/Learning Disabilities, Children, Families, Maternity and Adult commissioning and included a review of the arrangements for children with special educational needs and disabilities (SEND) and the statutory role of Designated Clinical Officer (DCO). A Head of Children Young People and Families responsible for the operational function of children's commissioning decisions

and who could provide leadership across a joint commissioning strategic development was appointed January 2018, this full time post sits under the Associate Director for Learning Disability, Mental Health, Children and Young people, reporting to the Director of Strategy and Operations.

It was important that the DCO could function with a clear mandate to provide assurance and challenge partners and the CCG about any issues and risks arising. This requirement meant that the DCO function should sit with a senior manager who reported directly to a CCG Director. The CCG made the decision to incorporate the DCO role with the Associate Director of Safeguarding in December 2017. Placing the DCO under the Director of Nursing and Quality ensures the DCO is not only free to hold other organisations to account including health providers, the DCO can also challenge her employer; the CCG. There is also significant overlap in the DCO and designated safeguarding and looked after children roles which enriches and strengthens the established multiagency relationships and communication pathways including reporting to statutory safeguarding Boards and Corporate Parenting Panels.

The governance arrangements have continued to provide assurance to the CCG and to the area team over 2017-2018. These include reporting safeguarding and Looked after Children activity of the East Berkshire safeguarding group to the Quality and Constitutional Standards Committee. Data is analysed for any breaches in contract arrangements and raising alerts. Progression of the work of the CCG Looked after Children portfolio is also detailed within the safeguarding section of the CCG workforce tracker, which is monitored closely by the CCG Leadership Team.

This annual report will be reported to the Quality Constitutional Standards Committee for the attention of the three CCGs in East of Berkshire. The report will also be presented to the corporate parenting panels and LSCBs across the East Berkshire area.

4. CCG and Children in Care/Safeguarding Partnerships

In line with the Accountability and Assurance Framework (NHS England 2015), both the Director of Nursing and the Designated Nurse Children in Care are members of each Local Safeguarding Children Board (LSCB) which include reports about Children in Care and receive exceptional activity and performance assurance. The Designated Nurse Children in Care and the named professional are members of the child protection policy and procedures subgroup (Berkshire wide), Berkshire Child Death Overview Panel, each LSCB serious case review subcommittee, Berkshire wide child sexual abuse exploitation group and the Berkshire LSCB section 11 panel. The Named GPs for safeguarding children represent the CCG East of Berkshire at each serious case review subcommittee and any relevant task and finish group.

The Designated Nurse Children in Care is also an active member of the Corporate Parenting Panels across East Berkshire and is able to provide regular reports and current issues to these panels.

i. Within Health

The following meetings include a focus on children in care and allow escalation within the health economy and across the multiagency footprint:

- **East Berkshire Health Economy Safeguarding Group.** This quarterly meeting is chaired by the Director of Nursing and reports to the Quality and Constitutional Standards Committee. Membership includes Directors of Nursing from Frimley Health, Berkshire Healthcare Foundation Trust (BHFT), South Central Ambulance Service (SCAS) and the Area Team (NHS England). During 2017 – 2018, new providers were commissioned to provide health visiting and school nursing services across Slough and RBWM. Their Directors of services are also part of the safeguarding group to ensure Safeguarding adult and children activity is shared; including any learning from any national and local partnership reviews, serious case reviews or alerts. Exceptional reporting is encouraged which is then reported at the Quality and Constitutional Standards Committee. Assurance reports and gap analysis, for example actions against Statutory Inquiries and serious case reviews of national importance are presented from provider organisations. This is a vibrant group where partners are encouraged to think outside the box and explore new ways of working. Shared visions, innovative practice and future plans are shared across the economy. Work programmes from this meeting have included local guidance for GPs regarding e-consultation safety and safeguarding; guidance for organisations for chaperones, decisions to produce video clips for water safety, decisions to produce a co-sleeping safety campaign targeted for fathers, decisions to carry out a care leavers emotional health and well-being survey, decisions to review the children in care escalation pathway, decision to review the children in care health assessment process and supporting SCAS to implement a low level/early help concern pathway. Any safeguarding training issues of compliance are also noted and the wider team are able to offer support across their partner organisations.
- **East Berkshire Named and Designated Professionals Safeguarding Group.** A subgroup of the East Berkshire Health Economy Safeguarding Group and chaired by the Designated Nurse Children in Care. This group's purpose is to communicate local and national children's safeguarding and children in care issues across the East Berkshire health economy. This quarterly meeting is attended by named professionals for safeguarding adults and children from acute and community provider sectors and includes, the Head of Looked after Children BHFT, CAMHS Named Doctor and named GPs for safeguarding. As well as NHS providers, representation includes Solutions for Health, Achieving for Children, Princess Margaret Hospital and Bracknell Urgent Care Centre. Serious case review actions are tracked for progress and exceptional reporting is expected; this is then reported to the East Berkshire Health Economy Safeguarding Group. Action against strategic direction is monitored and any gaps reported. In December 2017, the Designated Nurse Children in Care hosted a Berkshire wide Named and Designated Safeguarding meeting where examples of good practice were showcased across Berkshire's health economy.
- **Looked After Children Regional Meeting**
In line with priorities for 2017 – 2018; the Designated Nurse Children in Care worked with the Designated and Named Nurses across the Thames Valley to set a Thames Valley Network. Terms of Reference have been agreed, NHS England have

endorsed the meeting and as a result we have established pathways and links to the National LAC Steering Group and 2 members of the meeting are able to attend this wider group. Recent achievements include widening the group to include Surrey and North Hampshire Designated LAC nurses. This will be a platform to share information and agreed South East priorities.

- **CCG safeguarding team.** Team meetings are chaired by the Designated Nurse Children in Care and attended by the named professional and named GPs every two months. This meeting is a means by which local safeguarding and children in care issues are communicated and plans made to support improvements across primary care. Pertinent information is shared across the three CCGs East of Berkshire so that good practice in one area can be replicated in another. The Named GPs are committed to their safeguarding agenda and to continuous improvement and the team works to an agreed annual plan. All actions for 2017 – 18 have been completed.⁸ The named GPs have been instrumental in working with local authority colleagues to improve the liaison between GPs and MASH teams.
- **Thames Valley Area Team Safeguarding Meetings.** Held in Oxford and chaired by the Thames Valley Head of Safeguarding, this is a strategic meeting for Designated and named professionals for the CCGs across the Thames Valley to share practice, governance arrangements and update national safeguarding initiatives. The Designated Nurse Children in Care has been able to raise issues such national variation for Children in Care health reviews, working towards a Looked after Children regional group and expand to Surrey and Hampshire and raise issues around Child Protection Information Systems local authority engagement.

ii. Multiagency

- **Local Safeguarding Children Boards (LSCB) and Executive Boards.** The three CCGs East of Berkshire remain committed, active and significant statutory partners of the LSCBs during 2017 - 2018. They continue to be represented by the Designated Nurse Children in Care and by the Director of Nursing. Set up under Children Act arrangements 2004, LSCBs are responsible for co-ordinating, challenging and receiving assurance that child safeguarding arrangements within the locality by provider and commissioning organisations are robust and comply with statute.
- **Corporate Parenting Panels.** Attended by the Designated Nurse Children in Care this provides a platform to discuss and raise any issues to Corporate Parents and the wider partnership. It is also an opportunity to present health performance with



partners and children who attend the panels and an opportunity for partners to challenge and discuss any issues related to health.

- East Berkshire Children in Care Group.** In line with 2017 – 2018 planning, the Designated Nurse Children in Care set up an East Berkshire wide Multiagency Children in Care Group. This includes the local authorities and the BHFT LAC Healthcare Team. It is a platform to understand local variation, raise any issues and agreed priorities. It is a sub group of the East Berkshire Strategic Safeguarding Group and minutes are received by this group. Work has included undertaking a care leaver's health and wellbeing survey, designing a multiagency escalation protocol and agreement to review the LAC health assessment systems across East Berkshire.
- Berkshire Wide CSE meeting.** Attended by the CCG Named professional for Safeguarding, this is a cross Berkshire group that meets to share intelligence and examples of good practice for CSE. The main focus of this group is to standardise practice and response across each locality. Strategic direction and local information is essential to assist risk assessment of Children in Care across Berkshire.
- Child Protection Information Systems (CPIS) Group.** This group was set up and chaired by the Designated Nurse Children in Care from September 2016 and expanded to include all local authorities across Berkshire from January 2017. CPIS is one of the 10 Universal Capabilities of the local digital roadmap. NHS England have directed that CPIS should be implemented across NHS health systems that provide unscheduled care to children by 0-18 including unborns and children who are Looked After. Should a child who has a child protection plan attend an unscheduled care provider, the local authority for the child will be alerted. CPIS provides a safe solution to improve information sharing across the health and social care partnership. The CPIS project features within the NHS Standard Contract for 2015/16. The purpose of the group is to implement and support the introduction of CPIS across health and social care systems within Berkshire. The table below reflects the status for CPIS implementation end March 2018:

Health	Target Go-live Date	Status update
East Berkshire Primary Care OOH	Nov 2018	Awaiting config update within Adastral, will implement once this is in place.
West Call, BHFT	July 2018	Working towards July implementation.
BUCC	July 2018	Working towards July implementation.
FHFT	March 2018	Implementation complete, live with CP-IS.

The Designated Nurse Children in Care updated each LSCB during 2017 2018 and is pleased to report that Frimley Health met the deadline for implementation by March. BHFT, as a result of a last minute IT complication are due for implementation by July

2018 and East Berkshire Out of Hours by November 2018. NHS Digital and NHS England are aware of this issue.

The fact that CPIS was mandated for health and not for the local authorities presented a challenge for the Designated Nurse Children in Care to support implementation across partnerships. Despite this, it is pleasing to report that Bracknell Forest implemented CPIS by end March and Slough Borough is due for implementation in July 2018. The table below reflects the status for Local Authorities by end March:

Local Authority	Target Go-live Date	Status update
Central Bracknell	March 2018	Implementation complete, live with CP-IS.
Royal Borough of Windsor and Maidenhead	March 2019	Supplier costs prohibitive hence implementation not confirmed.
Slough	July 2018	Working towards July implementation.

The LSCB chair for RBWM has raised an official challenge to RBWM regarding their implementation status.

The CPIS group has completed its' mandate and has been disbanded; however, it was decided that the Head of Safeguarding for West Berkshire CCG and Designated Nurse Children in Care, East Berkshire would continue 6 weekly teleconferences with NHS digital to monitor implementation and offer any support.

- Serious Case Review Sub-Committees (LSCB).** These are sub groups of the LSCBs and SABs and are attended by the named professional safeguarding. Primary care is also represented by each named GP for child protection. Local cases are referred to these groups where there has been a serious injury or death to a child or vulnerable adult and where abuse is suspected. Issues around partnership working will invoke the requirement for a serious case review, safeguarding adult review, domestic homicide review or partnership review. The Designated Nurse Children in Care also chairs panels for partnership reviews and for serious incidents when requested to do so.
- LSCB policies and procedures Sub-committee.** Attended by the Named Professional safeguarding, this is a cross Berkshire working group for updating Berkshire wide child protection procedures. During 2017 – 2018 the Designated Nurse Children in Care led a multiagency FGM pathway review across East Berkshire working with existing and new providers to ensure the pathways were up to date, relevant and connected with each other; these have been published on Berkshire Child Protection Procedures. In addition, a multiagency protocol for escalation where Looked after Children assessments are delayed has also been produced by the Named Professional safeguarding and presented at the policy and procedures group.

- **Berkshire Child Death Overview Panel (CDOP).** Attended by the Named Professional safeguarding; all cases of child death across Berkshire are discussed with a view to highlight any trends, public health concerns or recommendations for further investigation. Information from this group led the safeguarding team to produce a water safety video which is reported upon below. Also, as a result of trends around Sudden Infant Deaths and co-sleeping, particularly among fathers, the Designated Nurse Children in Care was able to successfully bid for development monies from NHS England to lead a co-sleeping raising awareness campaign during 2018 – 2019.

5. Local profile of Looked After Children

The data on national outcomes published by the Department for Education⁹ on the 29.9.17 indicate at 31 March 2017 there were 72,670 looked after children in England, an increase of 2,220 on 2016, and an increase of 4,600 on 2013. At 31 March 2017, 62 children per 10,000 of the population were looked after, up from 60 children per 10,000 in the previous four years. This is a significant raise in national numbers of children looked after.

Numbers of looked after children

	2013	2014	2015	2016	2017	% change since 2013	% change since 2016
England	68060	68810	69480	70440	72670	6% increase	3% Increase
Bracknell	105	115	105	100	116	10% increase	16% increase
Slough	185	190	195	180	190	2.7% increase	5.5% increase
RBWM	105	105	100	90	110	4.7% increase	22.2% increase

Bracknell Forest and RBWM are showing a higher than national average increase in Looked after Children and Slough has had no change.

The following information relates to the outcome data published by the Department of Education on 29/09/17:

Bracknell Forest

As of 31st March 2017, Bracknell Forest had a total of 116 Looked after Children. This was a rate of 41 Looked After Children per 10,000 population under 18 years, which, although higher than the 2016 figure of 35 per 10,000, remains lower than the England average (62 per 10,000) and lower than the South East average (51 per 10,000).

The number of Bracknell Forest Looked After unaccompanied asylum seeking children was recorded as less than 5 for the 5th year running.

⁹

40% of Looked After Children were female and 60% male; the national average being 56% and 44% respectively. The largest age group for children who were Looked After were those aged 10 to 15 years at 50 children.

Bracknell Forest	Gender (percentages)		Age (numbers)				
	Male	Female	Under 1	1 to 4	5 to 9	10 to 15	16 and over
	60%	40%	6	8	19	50	33

UK Average: Male 56% Female 44%

The largest ethnic group amongst Looked after Children in Bracknell Forest was white, 94 children followed by children of mixed heritage, 11 children.

28 children were Looked After through voluntary arrangements between the Local Authority and their parents under section 20 of the Children's Act 1989. 80 children Looked after by Bracknell Forest were subject to an Interim Care Order or a Full Care Order and fewer than 5 children were subject to a Placement Order for adoption.

Slough Borough Council

As of March 31st 2017 Slough Borough Council was responsible for 190 Looked after Children. This was a rate of 46 Looked after Children per 10,000 of population under 18 years, a rate lower than the England average (62 per 10,000).

The number of Unaccompanied Asylum Seeking children Looked After by Slough was 10.

44% Looked after Children in Slough were female and 56% were male, this is in line with the national average of 44% and 56% respectively. The largest age groups for Looked After Children were those aged 10 to 15 years at 81 children.

Slough	Gender (percentages)		Age (numbers)				
	Male	Female	Under 1	1 to 4	5 to 9	10 to 15	16 and over
	56%	44%	17	17	25	81	51

UK Average: Male 56% Female 44%

In Slough the largest ethnic group of Looked After Children was white, 91 children, followed by Asian, 37 children, followed by children of mixed heritage, 36 children and finally British Black or Black British, 18 children.

137 of Slough's Looked after Children were subject to an Interim Care Order or a Full Care Order. 38 children were through voluntary arrangements between the Local Authority and their parents under Section 20 of the Children's Act 1989. 8 children were subject to a Placement Order for Adoption.

Royal Borough of Windsor and Maidenhead (RBWM)

As of March 31st 2017, RBWM was responsible for 110 Looked after Children. This was a rate of 32 Looked after Children per 10,000 of population under 18 years, a lower rate than the England average of 62 per 10,000.

The numbers of Unaccompanied Asylum Seeking Looked after Children by RBWM was recorded as less than 5.

45% were female and 55% were male; similar to the national average of 44% females and 56% males respectively. The largest age group was those aged 10 to 15 years at 42 children.

RBWM	Gender (percentages)		Age (numbers)				
	Male	Female	Under 1	1 to 4	5 to 9	10 to 15	16 and over
	51%	49%	Under 5	Under 5	16	42	36

UK Average: Male 56% Female 44%

In RBWM, the largest ethnic group for Looked after Children was white, 86 children, followed by children with mixed heritage, 10 children and 6 children were of Asian origin.

Approximately 65 Looked after Children by RBWM were subject to an Interim Care Order or a Full Care Order. 35 children were Looked After by voluntary arrangements between the Local Authority and their parents under Section 20 of the Children's Act 1989 and fewer than 5 children were subject to a Placement Order for Adoption.

6. Out of authority placements

When children are placed outside Local Authority boundaries, it becomes more difficult to track their health and well-being. The Designated Nurse Children in Care has raised any issues with the Corporate Parenting Panels during 2017 – 2018 and there are considerable effects to place children within areas or within 20 miles of the area.

	Bracknell Forest	Slough	RBWM
Children Placed within LA	55% 64 children	34% 64 children	40% 44 children
Children Placed Outside LA	45% 52 children	68% 127 children	59% 65 children

These figures are improving but will be compared annually going forward as part of this report. The Specialist Nurses within the BHFT Looked after Children's health care team complete the assessments for the children that are placed within a 20 mile radius with the remainder of assessments for children beyond 20 miles being completed by out of area providers. Whilst a national tariff exists for health assessments, which includes recommendations for the timeliness of assessments, unfortunately the majority are not completed within timescales usually due to capacity issues in the receiving area. This was raised as a concern with the CCG's and has been escalated nationally with NHS England by the Designated Nurse and also to each Corporate Parenting Panel. The National Panel has strengthened the requirement that children must receive health assessments in line with statute wherever they are placed and has written to each CCG with national tariffs; this has had some effect and is part of continuous monitoring and escalation.

7. Children placed in East Berkshire by other local authorities

In the revised guidance "Promoting the health and well-being of Looked after Children" (Department of Health / Department for Education 2015: 10) it clearly states that CCGs need to "ensure that sufficient resources are allocated to meet the identified health needs of the Looked After Children population, including those placed in their area by other local authorities". It is pleasing to report that the children placed away from their home within East Berkshire by non-Berkshire authorities are able to access timely Initial and Review health assessments and are not disadvantaged. Children placed in Berkshire by non-Berkshire local authorities are supported to access local universal and specialist services and are given the same priority as children looked after by Berkshire local authorities

8. Health outcomes

The Department of Education publishes an annual statistical release which details outcomes for education and health for children who have been looked after continuously for more than 12 months. The release is based on data submitted by each Local Authority. The latest results, published on 29/09/17 are detailed below and show the national and local health outcomes.

Outcomes for children looked after for over 12 months during 2016 to 2017

Immunisations

	% of children with up to date immunisations 2017
England	84%
South East	81%
Bracknell Forest	89%
Slough	66%
RBWM	99%

Slough is showing a lower rate than the national average or South East figure. However, 66% is a significant increase on last year's figure of 27%. This needs to improve in line with Bracknell Forest and RBWM above average returns.

Bracknell Forest and RBWM are performing well above the national and local average.

Dental

	% of children who had seen a dentist 2017
England	83%
South East	86%
Bracknell Forest	92%
Slough	83%
RBWM	91%

Bracknell and RBWM are performing higher than the national and South East average and have improved on 2016 performance. Slough is performing at the National Average and lower than the South East average.

Health assessments

	% of children who had a health assessment 2017
England	89%
South East	87%
Bracknell Forest	95%
Slough	95%
RBWM	99%

Our local figures are impressive; all areas within East Berkshire are performing significantly higher than the local and national average. The national average has dropped by 1% and the South East by 2% and is a national concern. It is pleasing to report the East Berkshire figures have improved since 2016, Bracknell Forest returns are showing a 2% increase, Slough, a 4% increase and RBWM, a 6% increase.

As part of quality monitoring, BHFT submit regular quarterly performance data to the CCGs which enables early detection of any issues of compliance and indicates the need for timely escalation to improve performance.

9. Performance monitoring 2017 - 2018

Please note: This section of the report will represent the data submitted to the CCG during 2017 – 2018. To understand if escalation and support is necessary by the Designated Nurse Children in Care, the BHFT health team submit quarterly returns demonstrating areas of compliance and areas where intervention is needed to support the implementation of health assessments.

Initial health assessments (IHA)

BHFT Looked after Children's team are contracted to co-ordinate the Initial health assessments for Looked after Children and to carry out the assessments for those children placed within a 20 mile radius of Berkshire. These health assessments are undertaken by a Paediatrician and the Performance Indicators are as follows:

Completion of the Initial "holistic" health assessment and the resulting care plan of children placed by the Local Authority WITHIN a 20 mile radius of the Berkshire boundary to be completed within 20 working days of a child becoming looked after.	Percentage completed in timescales
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Bracknell Forest

During April 2017 – end March 2018, there were 68 Initial Health Assessments required for children placed within the 20 mile radius of Berkshire. 62 were completed within timescales. The reasons for the delay of the remaining 6 assessments are below:

Reason for delay	Number
IHA completed by other provider at Social Care / Parent request	1
Late referral by social care	1
Child not brought to assessment	1
Carer could not attend due to traffic conditions	1
Admin in error in LAC team	1
Young person's preference or declining assessment	1

BHFT LAC health team were able to successfully facilitate the completion of the assessments without the need to escalate to the Designated Nurse Children in Care.

There were 15 Initial Health Assessments required for children placed beyond the 20 mile radius of Berkshire. 2 were completed within timescales. The reasons for the delay of the remaining 13 assessments are below:

Reason for delay	Number
Placement change	5
Delays with non BHFT provider.	6
Delay in referral by social care	2

Escalation to the Designated Nurse Children in Care assisted with successful implementation of the assessments.

Royal Borough of Windsor and Maidenhead

There were 39 Initial Health Assessments required for children placed within the 20 mile radius of Berkshire. 15 were completed within timescales. The reasons for the delay for the remaining 24 assessments are below:

Reason for delay	Number
IHA completed at pre-existing medical appointment	1
Late referral by social care	20
Changed Placement	1
Child not brought to assessment	1
3 appointment dates declined by social worker	1

The late referrals to BHFT LAC health team by the Local Authority were the main reason for the delays; despite repeated escalation this situation continued during 2017 – 2018. From March 2018 the Designated Nurse Children in Care implemented formal escalation processes with the Deputy Director for Safeguarding in Achieving for Children which has helped to improve matters; these 6 weekly meetings will continue for the foreseeable future and are proving valuable to analyse the root causes for delays and find a way forward to improve the systems.

There were 8 Initial Health Assessments required for children placed beyond the 20 mile radius of Berkshire. 2 were completed within timescales. The reasons for the delay for the remaining 6 assessments are below:

Reason for delay	Number
Delays with non BHFT provider	1
Delay in referral by Social Care	5

Escalation to the Designated Nurse Children in Care assisted with successful implementation of the assessments; albeit delayed.

Slough

There were 77 Initial Health Assessments required for children placed within the 20 mile radius of Berkshire. 33 were completed within timescales. The reasons for the delay for the remaining 44 assessments are below:

Reason for delay	Number
Child was not brought to 2 appointments	1
Child unable to return to IHA clinic	2
Young person declined	4
Social Care declined appointments within timescales	2
Delay in referral by social care	35

The late referrals to BHFT LAC health team by the Local Authority were the main reason for the delays; despite repeated escalation this situation continued during 2017 – 2018. The Designated Nurse Children in Care implemented formal escalation processes with the Trust Chief Executive several times which has helped to improve matters, but did not affect a long term and sustainable change. The Designated Nurse Children in Care, with support from the CCG has implemented a systems review for LAC Health assessments across the three Local Authorities East of Berkshire which has been supported by BHFT, and by each Director of Children's Services. This will be reported upon July 2018 and it is hoped will provide recommendations for system changes to improve timely performance.

There were 9 Initial Health Assessments required for children placed beyond the 20 mile radius of Berkshire. 2 were completed within timescales. The reasons for the delay for the remaining 7 assessments are below:

Reason for delay	Number
Young Person Declined	1
Delay in referral by social care	6

The Named Nurse for LAC, BHFT escalated the delays as a safeguarding risk December 2017 and further escalation to the Designated Nurse Children in Care assisted with successful implementation of the assessments; albeit delayed.

Review health assessments

The Performance Indicators for Review Health Assessments are also included in the Quality Schedule for BHFT. The Quality Schedule enables the CCGs to monitor provider performance.

The service specification for the BHFT health team for Looked after Children includes the following performance indicators for Review Health Assessments:

Indicator	Method of measurement
Percentage and number of Review Health Assessments completed within the appropriate review time limit	Reported monthly to the Children's Commissioner

Additionally, the Review Health Assessment compliance is incorporated into the Quality Schedule and is reported as follows:

Safeguarding Children LAC completion of the review of "holistic" Health Assessment & resultant care plan of children placed by the LA WITHIN a 20 mile radius of the Berkshire boundary are completed by an appropriately trained practitioner at designated intervals

Safeguarding Children LAC arrangement of the review of "holistic" Health Assessment & resultant care plan of children placed by the LA BEYOND the 20 mile radius of the Berkshire boundary are completed by an appropriately trained practitioner at designated intervals

Bracknell

There were 106 Review Health Assessments due between April 2017 and March 2018 for children placed within a 20 mile radius of Berkshire. 94 of the assessments were completed within timescales. The reasons for delays for the remaining 12 were:

Reason for delay	Number
Young person declined assessment.	9
Child not brought to appointment	1
Admin error within BHFT LAC team	2

There were 19 Review Health Assessments required for children living beyond the 20 mile radius of Berkshire. 10 were completed in timescales and 9 were not. The reasons for delay are detailed below:

Reason for delay	Number
Delays with out of area providers	9

Escalation to the Designated Nurse Children in Care assisted with successful implementation of the assessments; albeit delayed.

Royal Borough of Windsor and Maidenhead

There were 78 Review Health Assessments due between April 2017 and March 2018 for children placed within a 20 mile radius of Berkshire. 72 were completed within timescales and 6 were not. The reasons for delay are detailed below:

Reason for delay	Number
Young person declined	3
Delays in referral by social care	1
Error by BHFT LAC team	1
CCG confirmation of commissioning delay	1

There were 34 Review Health Assessments due for children living beyond the 20 mile radius. 15 were completed within timescales and 19 were not completed within timescales. The reasons for delay are detailed below:

Reason for delay	Number
Delays in referral by social care	9
Placement change	1
Delays with out of area providers.	8
Child not brought to appointment	1

Slough

There were 127 Assessments due between April 2017 and March 2018 for children placed within a 20 mile radius of Berkshire. 113 were completed within timescales and 14 were not. The reasons for delay are detailed below:

Reason for delay	Number
RHA completed at pre-existing appointment	1
Young person declined	9
Communication error BHFT	1
Delays in referral by social care	3

There were 53 assessments due between April 2017 and March 2018 for children placed beyond the 20 mile radius. 17 were completed with timescales and 36 were not. The reasons for delay are detailed below:

Reason for delay	Number
Young person declined	21
Delays with out of area providers.	3
Delay in paperwork being returned by social care	6
Child not brought to assessment	3
Carer cancelled	3

Children placed beyond the 20 mile radius of Berkshire.

The timeliness of both Initial and Review Health Assessments for children placed beyond the 20 mile radius of Berkshire remains a challenge and this also remains a national issue. When assessments are requested from out of area providers there is usually a delay due to capacity issues. Whilst the National Tariff Payment System (2016 /2017) is used to fund the assessments, out of area providers are not commissioned to undertake these assessments. The Head of Service / Named Nurse BHFT raises any concerns with delays with the relevant Clinical Commissioning Group. The Designated Nurse has raised these issues with the Local Corporate Parenting Panels, the LSCBs and with NHS England. It is also placed on the CCG Risk Register as a continuous risk.

10.CQC and Ofsted Inspections

During 2017 – 2018, the CCG were involved in one Ofsted Single agency inspection for Bracknell Forest Council, one SEND multiagency inspection for RBWM and with continuous Ofsted monitoring for Slough Borough Council:

LA/ Health	CQC/ Ofsted	Rating	Date	Safeguarding Comment
Bracknell Forest	Ofsted	Good	July 2017	All services rated Good to Outstanding. Children who need help and protection: Good. Children Looked After: Outstanding. Leadership management and governance: Good.
Royal Borough of Windsor Ascot and Maidenhead	CQC/ Ofsted	Requires Written statement of action	July 2017	Eight areas of significant weakness identified including leadership, commissioning and tardiness in implementing reform.
Slough Children's services: 2017 – 2018 x 6 inspection visits.	Ofsted	Inadequate	17.2.16	Rated inadequate. However children's services had recently been taken over by a children's trust during the inspection and it was acknowledged improvements were visible but not yet integral to the service. 6 inspections during 2017- 2018.

Bracknell Forest

The inspection rating for Bracknell Forest was very encouraging and it is pleasing to note that Looked after Children's Services were rated outstanding; this is a nationally rare and significant achievement. The Looked after Children's team were viewed as a strong and important service for improving the lives of children:

'Care leavers redesigned the health passport, which they are encouraged to complete, and all receive their health histories. For a number of care leavers, knowledge about long-standing health issues has helped them to manage their conditions and seek help more assertively. Each young person is encouraged to register with a local doctor, dentist and optician, as appropriate. The continued access to the looked-after children's specialist nurse is valued, and the co-location of the care leavers service (CLS) and the youth offending service, with access to the specialist nurse in this team, has improved health outcomes for many care leavers '

Royal Borough of Windsor and Maidenhead

Between 3 July 2017 and 7 July 2017, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the Royal Borough of Windsor and Maidenhead (RBWM) local area to judge its effectiveness in implementing the special educational needs and disability (SEND) reforms set out in the Children and Families Act 2014. As a result of the findings of the inspection, Her Majesty's Chief Inspector (HMCI) determined that a Written Statement of Action (WSOA) was required to address eight areas of significant weakness in the local area's practice. RBWM and the Windsor and Maidenhead (WAM) and the CCG were jointly responsible for submitting the written statement, which was co-produced in conjunction with Parents and Carers in Partnership (PaCiP).

The local area was required to produce and submit a Written Statement of Action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- Tardiness and delay in establishing strategies to implement the reforms effectively
- The lack of leadership capacity across local area services, such as the time given to the role of the DCO
- Poor use of management information to secure a robust overview of the local area's effectiveness
- Weaknesses in how leaders are held to account across the local area
- The inequality of access to services and variability of experience for children and young people who have special educational needs and/or disabilities and their families
- The wide variances in the quality of education, health and care plans caused by weaknesses in the planning and transition processes
- The lack of effective co-production with parents when designing and delivering services and when planning for their individual children's needs
- Poor joint commissioning arrangements that limit leader's ability to ensure that there are adequate services to meet local area needs.

Since the inspection, the Borough's Director of Children's Services (DCS), the CCG's Director of Nursing and Quality and PaCiP lead have been working collaboratively with services and stakeholders to understand the actions needed to make improvements and produce a comprehensive action plan. These include employees of RBWM and CCG; schools and colleges; Schools Forum; Public Health; BHFT and other health care providers. With the Director of Nursing, the CCG safeguarding team work with and support our local authority partners to improve services we offer to children and to ensure safeguarding is integral to everything we do. Commissioning services for children must have note of safeguarding implications and an awareness of the needs of children who are looked after. The Designated Clinical Officer role was added to the Designated Nurse Children in Care and this is reported upon fully within the CCG SEND annual report.

Slough Borough Council

The CCG remain a committed and active partner in improving the outcomes for children and families who live in Slough. The Ofsted inspections have continued for the newly formed Children's Trust with support from partner agencies. The CCG are represented at the Improvement Board and weekly Ofsted monitoring visits. There are signs of improvement and Slough and partners are awaiting a joint inspection to take place 2018 – 2019.

11. Participation and engagement

The BHFT LAC team have a consistent and successful approach for working collaboratively with children in care and they encourage participation at all stages of the child's journey. During 2017 – 2018, children, young people and their carer's have been involved in service delivery improvement in several ways. A looked after young person was a member of the interview panel for the recent recruitment of the band 6 nurses within the team and feedback was provided to the young person for their personal development.

Care leavers and looked after young people who had been involved in the development of the health passport for care leavers were invited to the launch of the passports in October 2017. They were presented with a certificate to acknowledge their involvement.

The team have also responded to feedback such as the action taken following an email received from Social Care worker and verbal feedback from a young person that they observed the clinical room being very small and not user friendly. This was discussed at the multi- disciplinary meeting and minutes taken. The room layout was reviewed and unnecessary furniture to create more space.

Feedback forms are given to all looked after children under 13 years (as appropriate) and looked after young people following their review health assessments with the Specialist Nurses. During quarters 2 and 3, and 100% of children said that they knew why they were seeing the nurse, and that the nurse listened to them. They did not think there was anything could be done to improve the service they received for the Specialist Nurse at the health assessment.

	Quarter 2	Quarter 3
How do you rate the overall care with us?	Excellent (8) 80% Good (2) 20%	Excellent (19) 56% Good (13) 38% Fair (2) 6%
If you knew someone who had to have a health assessment, would you be likely to tell them that it would be alright to come to this clinic/appointment?	Extremely likely (5) 50% Likely (5) 50%	Extremely likely (11) 32% Likely (17) 50% Don't know (6) 18%
Do you feel you were given all the information you needed?	Strongly agree (9) 90%, Agree (1) 10%	Strongly agree (19) 58% Agree (12) 36% Neither disagree nor agree (2) 6%

The comments included:

- It's all good
- You going well. It is positive.
- Be more quicker in appointments

The feedback is discussed at the monthly team meetings where actions are agreed as required, for example one of the areas for improvement is that whilst 100% of all children reported in quarter 2 that their carer or social worker had explained why they were attending the health assessment, in quarter 3 18% of young people didn't feel prepared for the assessment. The action as a result was to work with social care to ensure that the health

assessment leaflet is provided to young people and children prior to their assessment and that it is made available on social care's children in care website pages.

With consent, a focus group was arranged and a video made of young people who were in care to have their voices heard. Themes discussed were their positive and negative experiences associated with health assessments. It was a powerful training tool which was incorporated into the level 3 training for clinicians who undertake health assessments. The main theme shared was that the young people wanted to be seen, heard and respected as a young person and for clinicians to use language they understand.

12. Care Leavers

According to the Care Leavers (England) Regulations (2010) a young person's status as care leaver can be classified as:

- Eligible child- a young person who is 16 or 17 and who has been Looked After by the Local Authority for a period of at least 13 weeks since the age of 14 and who is still Looked After.
- Relevant child- a young person who is 16 or 17, who left care after their 16th Birthday and before that was an eligible child.
- Former relevant child- a young person who is aged between 18 and 21 (or beyond if in education), who before turning 18, was either an eligible or relevant child or both.

Smith et al (2015) describes the poor health outcomes for young people who have left care these include increased pregnancy rates, mental health issues and other health related issues.

There is not a specific health provision for relevant and former relevant care leavers in Berkshire. Eligible care leavers will be offered Health Assessments and the assessment will discuss independence skills such as registering with a GP or dentist, managing chronic health conditions, access to local health services and emotional and mental health. In line with the NICE guidelines PH 28 (2010) eligible care leavers are offered a final Health Assessment and are given a copy of their Health History in addition to a Health Passport, given the opportunity to discuss this and offered advice and support on accessing health services in the future.

CCG Engagement with Young People and Care Leavers

Two specific engagement activities were held by the CCG during 2017 – 2018 for children and young people:

1. Online health survey.

The CCG led an online health survey which was undertaken by the Active Engagement Group across East Berkshire during October 2017. This 'Getting it right for you' had an impressive level of response; 1110 young people participated in the survey from across East Berkshire and told us what they thought about the Local Councils and Health services and what we need to do to make them easier and better for them to use.

- 68% said that they would go to the doctor or someone in the family or home for help and support with their health.

- Nearly half of them 49% said that they would go to someone in the family or at home and 47% would go to friends for information about what to do in their local area when they are not at school and have some free time.
- Nearly half of them said that they wanted to access sexual health, drugs and alcohols, mental health and healthy relationships and fitness and body issue within school and at the doctors. Online advice was favoured as well for health relationships and fitness and body.
- Half of them said that after school was the best time to seek advice and support from someone.
- Confidentiality and knowing that they trust someone was the most important reason of wanting to use a service.
- Texting would be helpful to remind them of any health appointments that they might have
- Only 41% were aware of online counselling and face to face counselling was available.
- Not all have not had positive experiences of accessing some emotional well-being services as they didn't like the way that they were treated and spoken to and that their views were not important. They have to wait too long to actually see someone and sometimes WIFI was a problem with being able to get any type on online service.

Following the success of the *getting it right for you survey*, a range of partner agencies have been carrying out focus groups with young people's explore views on mental health services and support. The feedback from young people will inform the update of the CAMHS Local Transformation Plan, future commissioning and the future coproduction of services with children and young people.

2. Audit of Care Leaver's experiences of their emotional health and well-being.

The Designated Nurse Children in Care requested that an audit of care leaver's experiences of their emotional health and well-being be undertaken whilst they were looked after. This informed the ongoing work undertaken by the CCG's Children's Commissioner in compiling feedback across the health economy.

A short questionnaire was devised and agreed by the Looked after Children Nurses and CCG Named Safeguarding Professional and was distributed across the three local authorities areas in East Berkshire. The questionnaire was offered to all eligible care leavers in East Berkshire from November 2017 to January 2018 and sought to establish:

- Whether the young person had identified any emotional difficulty
- Was the young person offered emotional support?
- Who provided the emotional support
- And, what we can do to improve the support being offered.

The results from the completed questionnaires suggested that the cohort of care leavers were offered support with their emotional health. Numerically, the provision of support came mostly from CAMHs workers followed by individuals who had more contact with the young person, such as the social worker or carer.

An example of responses from the question 'Can you offer any suggestions as to how we can improve the emotional support given to children placed into care?' resulted in the following answers:

- To carry on after 18 years
- If young person has a better relationship with another staff then reassign
- Offer help early
- Offer but don't force it
- Samaritans/more options
- Clear messages such as, don't run away and don't do drugs
- Everything I had was OK
- More youth clubs in school
- Place them with the right carer
- Give people who need help actual help instead of just someone to talk to
- SDQ filled in more frequently every two weeks - social work visits can be too rushed
- No thanks, you guys done a lot for me. I'm thankful.

It was clear that we need to understand more about the impact our services have on our most vulnerable children across East Berkshire; this survey will be presented to the corporate parenting panels during 2018 for further discussion.

13. Children with Disabilities and Complex needs

The recent SEND inspections are shining the light on services for children with disabilities and complex needs. A collaborative care approach is taken to ensure that children with disabilities and complex needs are not subject to undue assessments. Wherever possible a paediatrician or a Community Children's Nurse who is familiar with the child or young person undertakes the Initial or Review Health Assessments. Work during 2018 will include highlighting communication between SEND local authority teams and health teams for children who are also looked after.

14. Child Sexual Exploitation (CSE)

Children who are Looked After are vulnerable to being targeted for child sexual exploitation (Barnardo's 2011). This is because of experiences they may have had prior to becoming Looked After (Smeaton 2016). It is estimated that between 20 – 25% of children who are being exploited are Looked after Children (Local Government Association et al 2013). The Specialist Nurses have all undertaken the relevant training and attend the SEMRAC (Sexually Exploited, Missing, and Risk Assessment Conference) in each Local Authority. The nurses complete the Sexual Exploitation Indicator Tool as required and provide direct work with young people if appropriate. The Head of Service / Named Nurse also attends the Strategic Pan Berkshire CSE Leads Meeting. The Named Professional for safeguarding for the CCG also attend the Pan Berkshire CSE Meeting to help to drive strategic direction and understand local trends and risks, particularly in relation to gangs and child exploitation.

15. BHFT Training and Audit

- Training

The Looked after Children Health team reviewed the LAC training competencies for the staff across BHFT and produced a training strategy. This was an impressive piece of work and it is pleasing to note that all staff roles have been assigned a LAC training level commensurate to their role in accordance with Looked after children: knowledge, skills and competencies of health care staff (RCN and RCPCH 2015). This has been added to the BHFT safeguarding training strategy:

- Training at level 1 and 2 for looked after children's forms part of the BHFT safeguarding training. Compliance currently within BHFT is safeguarding children training level one is 91.05% and safeguarding training children level two is 92.12%.
- Level 3 targeted training commenced in September 2017 for staff undertaking review health assessments and compliance is 70% as of March 31st 2018.
- Further training regarding looked after children's health needs has been given at level 3 as part of the safeguarding forums in 2017.

The BHFT team offer training for foster carers, social workers and health professionals; within and outside BHFT. Training for health staff has included updates on the Health Assessment process and learning from Serious Case Reviews into child sexual exploitation. Children's Services have been given training on the Health Assessment process and the role of the health team for Looked after Children.

- **Audit**
 - i. **Alert audit**

An audit of 10% of the electronic records was required measuring if children known to be looked after had an alert on their records. However, it is possible to complete an audit of the entire caseload electronically so this was undertaken instead. Of the 1008 children currently looked after by the 6 Berkshire Local Authorities, 1008 had the relevant alert, this is 100%. 100% of the 271 children looked after by non-Berkshire Local Authorities placed in Berkshire also had an alert. There is also a weekly report which identifies records without an alert so it can be rectified immediately

- ii. **An audit has been undertaken of the 31 Initial Health Assessments (IHA) completed by the Community Paediatricians in December 2017.**

A total of 31 IHAs were carried out by 3 Consultants, all BHFT employees and all competent to level 3 as per the Intercollegiate Competency framework.

Areas of strength in the quality of Initial health assessments:

- In 94% of cases future and previous health appointments were documented, and there was evidence information was gathered from other health professionals in 84% of the cases.
- 100% of cases had a Part A of CoramBAAF form completed meaning some Social Care information was available for each case.

- In 100% of cases the child or young person's concerns were sought and emotional needs were assessed. Carers concerns were documented in 93% of cases where applicable.
- 100% of the physical measurements were documented.
- 100% of summary reports summarised the pre-existing and new health issues along with recommendations and referrals with clear time scales and identified responsible persons.

Areas for improvement in the quality of Initial health assessments:

- Two thirds of unaccompanied asylum seeking (UAS) children were not registered with a GP or dentist when they attended for an IHA.
- The UAS and other 16 year olds combined made up the majority of those not having had their eyes checked or having attended the dentist before their IHA. Communication with Social Care and carers could help to highlight the need for these young people to have support to achieve this.
- Consultants documenting whether children and young people had an opportunity to be seen alone was low at 51% and this needs to improve.
- The data on hearing tests varied between 89% compliance in the East and 50% compliance in the West. The reasons for this need to be explored.
- The DUST tool was not used in any cases reviewed. A further piece of work needs to look into this with the Consultants to ascertain why this is and to plan next steps.
- No Strength and Difficulties Questionnaire (SDQ) scores were available to aid with the assessment of these young people. The reason for this is that in Berkshire all six Children's services arrange the completion of the SDQ once a year for children aged 4 to 16 years of age who have been looked after for a year. Again a further piece of work needs to look into its appropriateness of an SDQ score at their IHA and the next steps planned.

Areas for further work:

- Looking at the number of children and young people seen within a month has highlighted the challenges of offering appointments and the need for additional time in the East service to avoid breach. Further work needs to look at the time it takes for the health team to have the required paperwork to schedule and complete an IHA. This has a significant impact on managing the work load in a timely way and utilising the available clinic slots
- To look at the not brought/not attended rate and drill down on the reasons that this occurred to see if this can be reduced. These are a vulnerable set of children and young people and it is essential that repeated attempts are made to ensure they receive the health assessment they require.

16. Access for children who are Looked After to universal and specialist services

Whilst there are not specific targeted health services for children that are Looked After, there is generally good availability of universal and specialist services within the three Local Authorities.

Sexual health

In addition to the Health Assessment, where children who are Looked After can obtain advice and support, there is provision of sexual health services for under eighteen year olds in all three localities. These include dedicated young people's clinics and as well as general sexual health clinics. Young people can attend the clinics for a "one stop shop" for the testing and treatment of sexual infections (STI's), contraception including emergency contraception, HIV testing and treatment and emergency treatment following HIV risk (PEP) are all available. Young people who are not sexually active are also welcome to attend the clinics for advice and support. There are also Youth Sexual Health Outreach Workers who work closely with the Specialist Nurses and can provide targeted support and advice.

Unaccompanied asylum seekers

The Specialist Nurses have undertaken one to one and group work with Unaccompanied Asylum Seekers. The young people are also referred for tuberculosis testing and a risk assessment of blood borne diseases if relevant. Interpreters are always arranged for Initial and Review Health Assessments if required.

Substance misuse

On an operational basis, substance misuse is discussed as part of the assessment and referrals are then made as needed to local services.

Emotional and mental health

BHFT are commissioned by the CCGs to provide a Specialist Child and Adolescent Mental Health Service (CAMHS) that provides support, advice, guidance and treatment for children and young people who have severe or moderate mental health difficulties such as anxiety disorders, depression, complex neurodevelopmental disorders, obsessive compulsive disorder, psychosis and eating disorders.

BHFT CAMHS form part of the wider children's partnership arrangements across the Local Authorities, where other partners are commissioned to provide universal and targeted emotional health and wellbeing and mental health services. Berkshire CAMHS has been experiencing increasing rates of referral and waiting times for treatment for several years, in line with the national picture for Specialist CAMHS services.

CAMHS continue to operate a RAG (red, amber, green) rating system, assessing all referrals for clinical risk. Children that are Looked After who meet the CAMHS criteria are prioritised for the initial CAMHS assessment; however following this their priority they will be assessed on clinical risk basis.

Access to specialist CAMHS in Berkshire is through the common point of entry (CPE). BHFT now have a single, electronic referral form for all CYPF services and are developing integrated triage processes with physical and mental health services working together to improve care for CYPF. All referrals received into the CYPF Health Hub are triaged on the day of receipt and those for CAMHS are transferred immediately to CAMHS CPE for clinical triage and assessment of risk. All referrals that are identified as for Looked after Children are allocated for an Initial Assessment within a maximum of 2 weeks of the referral regardless of clinical priority. CAMHS CPE implemented extended opening hours during 2015-16 and is now operational from 8am-8pm Monday-Friday enabling access to advice, consultancy and improved response to young people presenting in crisis during these hours.

Work continues to reduce waiting times further, particularly with regard to the autism assessment pathway. There is a whole system drive for children and young people to access help based on need rather than autism diagnosis.

Strength and Difficulty Questionnaire

The Strengths and Difficulties Questionnaire (SDQ) is used by all three local authorities. The SDQ should be considered within the Health Assessments and the health plans however there remains some difficulty in regularly obtaining the scores from social care to inform health assessments.

The current SDQ process feeds into the annual national data collection for LAC by Local Authorities. The data for up to March 31st 2017 is shown below.

	Average score per child
England	14.1
Bracknell Forest	15.0
Slough	14.9
RBWM	14.5

When looking at the average score per child, a satisfactory emotional and mental health is indicated by a low score. A score of 0-13 is considered 'satisfactory', 14-16 is 'border line' and a score of 17 or more identifies a 'cause for concern'.

All areas are showing their average scores as borderline in line with the England average. This is a national and local cause for concern. BHFT continue to work with the Local Authorities to develop a robust system to ensure SDQ's are timely, meaningful and are available for the child's Health Assessment. In order to mitigate any immediate issues with SDQ scores, the health team requested a list of all scores. The Designated Nurse will continue to raise these concerns with the Corporate Parenting Panels.

16. Progress Against Ambitions and priorities for the Designated Nurse Children in Care 2017 – 2018.

Ambitions	Progress
Children and young people that are Looked After will be at the heart of service delivery. They will continue to be engaged in service development.	Achieved – variety of engagement activities reported.
New Named Safeguarding Professional to work with Associate Director of Safeguarding April 2017	Achieved
Implementation of CPIS across 4 Berkshire local authorities and health providers by April 2018.	Partly achieved
Continue a key and active member of the LSCBs and Adult Safeguarding Boards	Achieved
Continued attendance at Corporate Parenting Panels.	Achieved

Implementation of Multiagency East Berkshire Children in Care liaison group.	Achieved
Audit of care leavers experiences of their emotional health and well-being whilst they were looked after.	Achieved
Work with RBWM during transition of health visiting and school nursing to Achieving for Children to ensure continued health assessments for children in care	Achieved
Development of an East Berkshire wide Multiagency Escalation Protocol.	Achieved
Develop and implement Thames Valley Designated Children in Care group which feeds into NHS England working group	Achieved
Continue to lobby NHS England regarding reduced national standardisation for health assessments for children in care out of area	Achieved and ongoing
In conjunction with social care review the performance data held by the Local Authorities on dental checks and immunisations	Achieved and ongoing
Continue to work with Local Authority partners to ensure the Strength and Difficulty Questionnaire is available and routinely used to inform Health Assessments and will consequently support the plans to ensure children's emotional and mental health needs are met.	Ongoing
The Designated Professionals and Specialist Nurses will continue to provide effective leadership and training across the health and local authority economy to ensure that children who are Looked After and their health needs will be seen as a priority at both operational and strategic levels.	Achieved and Business as usual.

17. Ambitions and Priorities 2018 - 2019

- Oversee a systems review of the Initial and Review Health assessment process.
- Continue to escalate concerns and issues to corporate parenting panels, LSCBs, East Berkshire Safeguarding Strategic group.
- Widen Thames Valley Designated LAC Nurse Network to Hampshire and Surrey.
- Feed into National Group via regional network.
- Review Escalation Protocol for effectiveness and match data returns.
- Training at level 3 for BHFT to achieve 85% compliance
- Publish Care Leavers Offer on each Local Authority website.

