



Report To	East Sussex Corporate Parenting Panel
CCGs applicable to	Eastbourne, Hailsham and Seaford CCG, Hastings and Rother CCG, High Weald Lewes Havens CCG,
Meeting Date	24 January 2020
Report Title	East Sussex Looked After Children Annual Report 2018-19
Report From	Dr Katyoon Afsharpad Designated Doctor Looked After Children and Linda Burgess Designated Nurse Looked After Children
Clinical Lead	Katayoon Afsharpad, Designated Doctor Looked After Children Linda Burgess Designated Nurse Looked After Children
Report Author	Author(s): Dr Katyoon Afsharpad, Designated Doctor Looked After Children East Sussex; Linda Burgess, Designated Nurse Looked After Children East Sussex CCGs
Item number	

Recommendation/Action Required:

The Corporate Parenting Panel are recommended to note the contents of the report for information and endorse the priorities for 2019-20.

Executive Summary:

Summary of key issues:

The Sussex wide Annual Looked After Children Report is being submitted to the Corporate Parenting Panel. All Designated Looked After Children Professionals across the Sussex CCGs work together and therefore one annual report has been produced. Information pertaining to East Sussex is within this report page.

The report is an opportunity to ensure that the East Sussex Corporate Parenting Panel are informed of the progress and developments in the national and local Looked After Children agenda, and are appraised of how the East Sussex CCGs and the NHS organisations from whom it commissions services address their responsibilities and fulfil their duties in line with statutory guidance.

Progress is being made to align the priorities and processes across Sussex. It should be noted that capacity of Looked after Children Designated roles across the whole of Sussex impacted on the pace of this alignment. Formal reporting mechanisms regarding Looked After Children activity by providers has commenced and is starting to highlight achievements and areas of concern including challenges to meeting the statutory requirements on timeliness for



health assessments. East Sussex Healthcare Trust (ESHT) in collaboration with East Sussex CCGs have agreed a service improvement plan in 2019 to address these challenges and 2019/20 will see this focus widen to seek assurance from all providers that have a contract with Sussex CCGs.

Key achievements:

East Sussex Ofsted Inspection - The quality of health assessments for Looked after Children were highlighted by Ofsted in the East Sussex inspection, where an outstanding rating was achieved.

Safeguarding Standards - Expectations for provider services for Looked after Children, including having a named lead, and established training and policy are now included in the Sussex Safeguarding Standards, which will be included in all CCG contracts from April 2019.

Identified risks:

Initial Health Assessments - Meeting statutory timescales remains a challenge and has been a multi-agency focus for improvement. Service improvement plans have been implemented to address the challenges and provide assurance against the targets.

Service Specification - Work has commenced on redrafting a comprehensive Sussex wide service specification for 2019/20 to deliver improved services. This will include input from stakeholder involvement, looked after children and their carers.

Reporting requirements – Plans are in place to align and standardise the reporting requirements for providers across Sussex to allow direct comparison, and to reduce variation across the counties.

Priority work streams identified for 2019-20:

Designated Professionals to support the commissioners to align the Looked after Children service specification to reduce unwarranted variation of Looked after Children services. An updated model and service specification is planned to be in place by April 2020.

Quarterly KPI reporting with reliable data from providers from Q1.

Head of Safeguarding to review Designated Doctor provision across Sussex in line with recommendations of Safeguarding External Review.

Updated Sussex Safeguarding Standards with additions relating to Looked after Children to be added into contracts from April 2019. The updated standards will enable commissioning staff, providers and independent contractors to identify the key benchmarks for Looked after Children. Organisations, services and practices will audit themselves against the benchmarks and, where necessary, put in place effective systems to ensure effective services are in place for Looked after Children.

Designated professionals to continue to work with the providers, local authority and commissioners to ensure pathways for initial and review health assessments are robust and effective. This will be achieved through quarterly steering/ operational groups with stakeholders.

Assurance to be sought from health providers that key principles relating to adoption and



changing the NHS number are followed and that when a child is adopted all health records held by that organisation are managed appropriately ensuring continuity of care. Evidence from providers that a policy is in place that includes key principles of managing adoptive records.

Previously Considered by [Governance/ engagement pathway to date]:

Org./Group/ Name	Date	Outcome
N/A		
What Happens Next?		

Implications:

Corporate objectives this relates to	<p>NHS Outcomes Framework</p> <ul style="list-style-type: none">Ensuring people have a positive experience of careTreating & caring for people in a safe environment and protecting them from avoidable harm <p>CCG corporate aims:</p> <ul style="list-style-type: none">To deliver strategic plans which address the needs of local populations and involve patients, public, member practices and partnersTo use effective clinical leadership to influence the commissioning landscape, ensuring that models of care meet the health needs of local people and reduce inequality
Financial:	There are financial implications associated with commissioning a high quality service for the residents of the CCGs.
Risk, Legal and other Compliance:	Compliance with statutory guidance and legislation regarding Safeguarding Adults and Children, including Section 11 (Children Act 1989, 2004) – key duties of all health agencies to pay due regard to safeguarding and promoting the welfare of children and young people when discharging their duties.
Quality and Safety	The Looked After Children Designated Professionals Team will work to improve local practice through scrutiny and challenge of functions.
Equality, Diversity and Health Inequalities	Not carried out specifically for this paper. As part of the CCGs Equality Delivery System (EDS2), the CCG has committed to holding providers to account in ensuring they are able to identify issues for specific patient populations, including protected characteristic groups, in relation to patient experience and patient safety.
Patient and Public Engagement	Not carried out specifically for this paper. However, both CCGs and providers are required to undertake engagement with patients and



	carers, as key stakeholders of services commissioned by the CCG, in order to identify where quality improvements are needed, and to inform the commissioning process. As part of the CCGs annual planning process we consult with patients on priorities for the following year which includes achievement of national targets and standards.
Health and Wellbeing	The CCGs have a responsibility in assuring themselves of the safety and effectiveness of the services they commission and to discharge their statutory duties in relation to Looked After Children.

List of appendices:

- East Sussex Looked After Children Annual Report 2018-19

1. Introduction

There has been a significant focus throughout 2018/19 by the Clinical Commissioning Groups (CCGs) across Sussex to develop aligned robust services for Looked After Children. Working in partnership with local authorities, primary care and health providers there has been a drive for continuous improvement in practice to achieve better health outcomes. The purpose of this report is to outline achievements, highlight the areas where further development is required and indicate potential risks. This is the Sussex Wide annual report for 2018-2019 with details relating to East Sussex, which evaluates how the NHS provider organisations from whom it commissions services address their responsibilities and fulfil their duties in line with statutory guidance.

2. Statutory and legislative background

[Promoting the Health and Well-being of Looked after Children](#) was published by the Department of Health and Department of Education in March 2015. This guidance is issued to local authorities, CCGs, and NHS England under sections 10 and 11 of the Children Act 2004 and lays out the joint responsibilities for supporting all Looked After Children.

Intercollegiate document: [Looked After Children knowledge skills and competence of healthcare staff](#) was published in March 2015, outlines the competency framework, and skills, knowledge, attitudes, values and training for staff.

Other publications that inform commissioning services for Looked After Children include:

- The Children Act 1989 Guidance and Regulations Volume 2- 4: Care Planning, Placement and



Case Review, Transition to Adulthood and Fostering Services [Children Act 1989-legislation.gov.uk](#)

- Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies
- Who Pays? Determining responsibility for payments to providers [who-pays.pdf](#)
- National Tariff Payment System Care Planning, Placement and Case Review (England) Regulations (2010) [legislation.gov.uk](#)

NHS England also aimed to improve practice by producing “A guide to meeting the Statutory Health Needs of Looked after Children, a standard approach to Commissioning and Service Delivery” in November 2017. However, this was subsequently withdrawn in August 2018 and re-issue remains under review.

3. The child's voice and experience

Sussex CCGs are committed to listening to and acting upon the views of service users when commissioning services. The CQC ‘Not Seen, Not Heard’ (2016) review highlighted the importance of ensuring that the voice of the child is central to the care provided. Designated professionals promote a culture of engaging Looked After Children, taking account of their wishes and feelings, both in individual decisions and the establishment or development and improvement of services. In 2018/19 this has included:

- Update of IHA and RHA Quality Tool to gain assurance that the child’s views are evident in the assessment process
- Learning from ‘The Bright Spots Programme’, developed by Coram Voice, shared with providers to ensure child’s voice remains central to practice.
- Implementation of guidance produced by the fostering and adoption charity TACT, in collaboration with Looked after children from 15 local authorities, around language that children and young people would like used across the network and incorporated into training.
- Children and Young people placed out of area audit completed in October 2018 looking at how to improve specialist health provision for this cohort of children and young people. Also to look at problems to accessing services and ensuring there are rebuts systems in place to enable continuity of health care.

4. National Profile

Annual statistics on Looked After Children are published in the autumn. The statistics are based on information collected in the SSDA903 return which is completed annually by all 152 local



authorities in England and submitted to the Department for Education (DfE). It is required for two groups of children:

1. Every child who is looked after by the local authority at any time during the year; and
2. Children who have been looked after for at least 13 weeks which began after they reached the age of 14 and ended after they reached the age of 16 who are now care leavers (aged 17-21).

Additional information on offending, health promotion checks, immunisations, dental checks, health assessments and substance misuse problem identification and intervention is also required for the cohort of children who have been looked after continuously for at least 12 months at 31 March.

Nationally, the number of Looked After Children continues to rise and adoptions from care continue to fall. At 31 March 2018, the number of children looked after by local authorities in England increased, up 4% to 75,420 from 72,590 in 2017, continuing increases seen in recent years. This is equivalent to a rate of 64 per 10,000 in 2018, which is up from 62 per 10,000 in 2017 and 60 per 10,000 in 2016.

5. Sussex Profile

East Sussex has a population of 118000 children under the age of 19 years. This comprises approximately 21.5 % of the population. This is 23.7% in England. (Ref. Child health profile, June 2018 by Public Health England)

Rates of Looked after Children (per 10,000 of child population) vary significantly across the different local authorities areas of Sussex. East Sussex rates are below the National rate of 64 per 10,000.

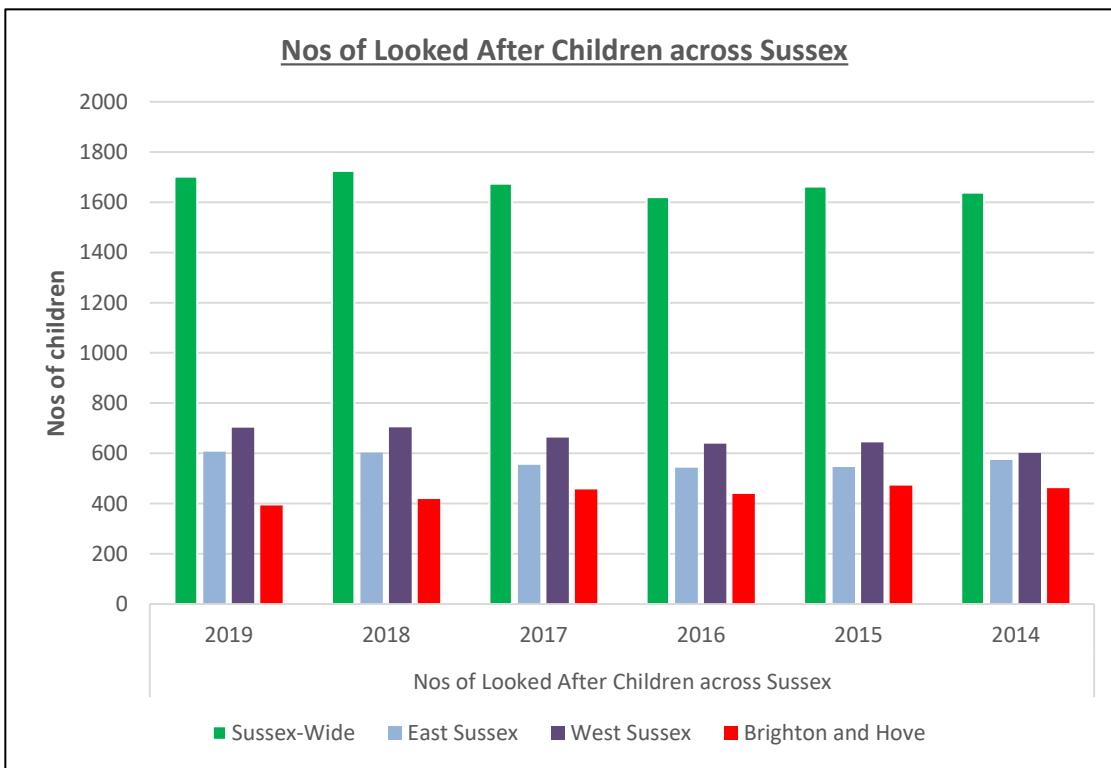
	East Sussex 2018	East Sussex 2017	West Sussex 2018	West Sussex 2017	Brighton and Hove 2018	Brighton and Hove 2017
Rates per 10,000 children aged under 18	57	52	41	39	82	89

Source: 903 data return

These rates reflect the total number of Looked After Children for each of the three local authority areas. East Sussex has seen an average increase of 6.5% in the past 5 years. The national average increase in England in the past 5 years has been 5.4%. However in East Sussex the number of Looked After Children remained static with only a decrease of 3 to 600 on 31st March 2019



Total numbers of Looked after children



	2019	2018	2017	2016	2015	2014
Sussex-Wide	1702	1725	1674	1620	1662	1638
East Sussex	600	603	555	543	546	574

The table above is measured at a point in time and therefore does not reflect the starters and leavers within the year. Children will be accommodated and then return home or leave care for example by reason of age or adoption. Whilst, ideally a child's placement is near to his/her home and within the local authority's area this is not always possible and a number of children move across local authority and health boundaries. Placing a child outside of the local area has commissioning implications as the originating CCG retains commissioning responsibility for a Looked After Child wherever they are living. Of 75,000 children in care nationally around 40% are looked after by the children's services of one authority yet reside within the geographical boundaries of another. There is evidence to suggest that these young people are more likely to slip through support systems, more likely to go missing from care and education than other Looked After Children and to experience poorer outcomes. Overall 86% of Sussex looked after children remain in placement in Sussex. One of the reasons is that East Sussex does have a number of additional placements via private fostering agencies and residential homes. The demand on these placements is high, particularly by London Boroughs, and approximately 60 local authorities will be placing an additional 330 children into East Sussex at any one time.



When a Looked After child is placed out of authority, the originating CCG is the CCG in whose area the child is placed when they first became looked after. The originating CCG remains the responsible commissioner. East Sussex CCGs ensure local providers, via specific agreements with the Looked After Children Nursing Teams, continue to provide statutory review health assessments and a health team contact for children placed out of area. This provides consistency of health worker for Looked After Children and contributes to the quality assurance of the health assessment and scrutiny of the placement. If visiting children placed out of East Sussex is not possible or not appropriate due to distance, children placed out of East Sussex should receive local health care aligned with the responsible commissioner guidance. The Designated Professionals oversee this process and ensure that there is a robust quality assurance process in place for all IHAs and RHAs completed so that the health information meets quality standards and the child's health needs.

As of 31.03.2019	Total Number of Looked After Children	Total Number placed in Brighton and Hove	Total Number placed in West Sussex	Total Number placed in East Sussex	Total Number in placement in Sussex	Total Number in placement outside of Sussex
East Sussex	600	12 (2%)	8 (1%)	510 (84%)	530 (87%)	77 (13%)
Sussex Total	1704	227 (13%)	649 (38%)	592 (35%)	1,468 (86%)	236 (14%)

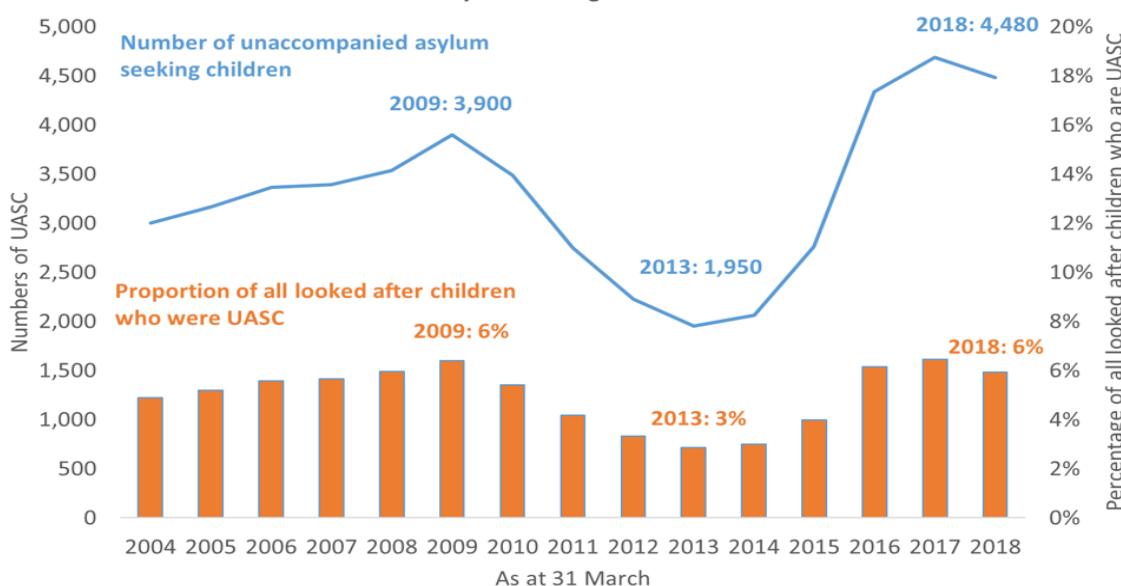
Unaccompanied Asylum Seeking Children (UASC)

Area	Number of UASC as at 31.3.19
West Sussex	67
Brighton and Hove	37
East Sussex	20 – figure taken from SSD903 return 2018

An increase in service provision by the Local Authority has resulted in a higher number of unaccompanied asylum seeking children remaining in placement in East Sussex. Table below gives an overview of the profile for UASC within England.



Number of Unaccompanied Asylum Seeking Children



6. Local Arrangements

East Sussex CCGs are responsible for commissioning Looked after children's specialist medical and nursing services within the area where a child or young person has been placed. These services include statutory initial health assessments (IHA), development of a health care plan for each child or young person, and/or review health assessments (RHA) for every child entering or remaining in care during a year - approximately 600 children/young people.

East Sussex initial health assessments including those for Unaccompanied Asylum Seekers are undertaken by paediatricians working in child development center (CDCs). Children are then seen for subsequent reviews by a team of Looked After Children nurse specialists. For children in placement in East Sussex a nurse from the specialist Looked After Children team will travel to their placement in the county to undertake the assessment.

Children are registered permanently with a General Practitioner as soon as possible after they enter local authority care. This ensures continuation of routine surveillance and immunisation program as well as continuity of care of chronic health issues.

East Sussex Looked After Children or young people who require support from the Child and Adolescent Mental Health Services (CAMHS) can be referred to the Local Authority LAC CAMHS commissioned service by their own Social Worker. In some cases it can be challenging to access



CAMHS for Looked After Children in the appropriate time scales.

NHS England separately commissions primary and secondary healthcare for young people accommodated in the Secure Estate located in East Sussex. The commissioned service undertakes a health assessment of young people entering the secure estate using the Comprehensive Health Assessment Tool (CHAT). Lansdowne Secure Unit, within East Sussex, has a health team that includes a nurse specialist and administrator (who are part of the LAC nursing team but separately funded by NHSE) and an allocated general practitioner from a local practice.

7. Update regarding the Specialist LAC medical and nursing services in East Sussex - Initial (IHA) and Review Health Assessments (RHA) Performance Data

Local Authorities must report to the SSDA903 how many children have had a health assessment in the preceding 12 months. This does not give an indication as to whether or not the assessments were completed within statutory requirements. There is not a national data set to directly compare timescales for initial or review health assessments.

Children who had been looked after for 12 months whose health assessments were up to date	2018	2017	England Average 2018	South East Average 2018
East Sussex	84.3%	84.9%	88%	86%

Meeting the Health and Well Being Needs of Looked After Children (2015) and the Care Planning, Placement and Case Review (England) Regulations (2010) states that a child coming into care requires an Initial Health Assessment (IHA) and care plan collated, and this is shared with the local Authority to inform the first review meeting, held 20 working days after care entry. The initial health assessment must be done by a registered medical practitioner. The review of the child's health plan must happen at least once every six months before a child's fifth birthday and at least once every 12 months after the child's fifth birthday. Review health assessments may be carried out by a registered nurse or registered midwife.

A dip sample audit conducted by NHSE found that adherence to 20 working day timescale is challenging and identified that across 15 CCGs only 41% of IHA's were completed and distributed within timescales. This is a higher percentage than currently achieved in Sussex. (Jan 2018, Audit by Lin Parsons Unwarranted Variation for LAC- National Dip Sample audit)

It has been challenging to gain accurate data for the year 2018/19 from the Provider. From Q3 there has been increased liaison and a request to be assured that data submitted is correct. The Provider has responded positively to the request. A further challenge occurred during Q3 and Q4. 27.5 % of Review Health Assessments completed for children under 5 years and 56% of Review Health Assessments for 5-18 years old were out of timescale due to late requests to health by the



Local Authority. The Provider, East Sussex CCG Designated Looked after Children Professionals and Commissioner are actively working with the Local Authority to identify the challenges in the referral process and implementing strategies to improve the pathway. In addition the Provider has been requested to attend the Clinical Quality Review meeting to formally present their data and respond to concerns from the CCG with an improvement plan. It should be noted that there is no assurance from ESHT to the CCG that the data below is accurate.

Under 5 years Bi-annual Review Health Assessments 6 month timescale (East Sussex)

	Completed	Completed and distributed in timeframe (%)
Q3 Total	7	1 (14.2%)
Q4 Total	17	6 (35.3%)
Q3 and Q4 Total	24	7 (29.1%)

Over 5 -18 year Annual Review Health Assessments 12 month timescale (East Sussex)

	Completed	Declined	Completed in timeframe (%)
Q3 Total	70	1 (1.42%)	8 (11.4%)
Q4 Total	76	4 (5.3%)	22 (29.9%)
Q3 and Q4 Total	146	5 (3.4%)	30 (20.5%)

The above is raw data without narrative indicating if low performance is for reasons out of ESHT control. Future reports will include explanations through exception reporting.

8. Care Leavers

It is important that there are effective plans in place to enable Looked After Children aged 16 or 17 to make a smooth transition to adulthood so that they are able to continue to obtain the health advice and services they need. Commissioned Health Services for Looked After Children currently cease once young people reach 18 years and therefore this cohort should be equipped to manage their own health needs wherever possible. They should have a summary of all health records (including genetic background and details of illness and treatments) with details of how they can access a full copy if required. This includes the summary and additional advice on how to maintain health in the future such as guidance on how to register at a dentist, GP etc. as well as signposting to local health services and appropriate health websites. East Sussex Care Leavers have not routinely had a summary completed but during 2018-19 this has been implemented for all Care Leavers at 18 years of age. To monitor consistency details on provision of health passports/leaving care health summaries this will be included in provider quarterly reports. Producing an updated template has been identified as an area of development for the newly established Sussex Looked After Children Professional Network.



9. Adoption

Under current adoption legislation, an adopted child is given a new NHS number. All previous medical information relating to that child should be merged into a newly created health record ensuring continuity of healthcare. Concerns have been raised that in some instances primary care and the providers are not meeting this requirement. Discussions have taken place with Local Medical Committee and training has been updated to include guidance to enable the process to be managed appropriately. East Sussex Healthcare Trust and Sussex Community NHS Foundation Trust have developed policies for internal management of their community and hospital records. Designate professionals will support providers in 2019/20 to develop Looked After Children policies in line with Sussex standards that include management of records for adopted children.

10. Staffing, Training and Supervision of Healthcare Staff

Staffing Update

Designated Looked after Children Nursing resource was increased and aligned across Sussex to work as one team. Current Designated Doctor for East Sussex will leave post end of April 2019. Head of Safeguarding is reviewing Designated Doctor provision across Sussex in line with recommendations of Safeguarding External Review.

CCG staff training

Statutory & Intercollegiate guidance states that all CCG employees must be mindful of the health needs of Looked after Children, and the depth of knowledge should be commensurate with their roles and responsibilities. As a minimum all staff should receive level 1 awareness training and information at induction and thereafter as identified and monitored through regular performance appraisal. A training package has been developed and will be rolled out through 2019/20. CCG and Provider compliance in 2019/20 will be monitored through quarterly reporting. Designated professionals have attended Level 5 training (RCPCH) this year, specified in the Intercollegiate Document as necessary for the role. A Level 4 training day facilitated by the Designated Professionals is scheduled for May 2019. This will be aimed at doctors and nurses undertaking initial and review health assessments.

Supervision

Sussex wide Safeguarding Supervision policy was updated in 2019 to include Looked After Children. Supervision is in place for named/lead professionals in provider organisations delivered by designates. The Named Nurses for Looked After, together with the Named Doctor, provide training, advice and supervision in respect of Looked after children's health across the Provider Trust. Health visitors and school nurses have supervision and training regarding Looked after children as part of their Safeguarding supervision and training.



11. Achievements

- The quality of health assessments for Looked after Children were highlighted by Ofsted in the East Sussex inspection, where an outstanding rating was achieved.
- Expectations for provider services for Looked after Children, including having a named lead, and established training and policy are now included in the Sussex Safeguarding Standards, which will be included in all CCG contracts from April 2019.

In addition to business as usual East Sussex Designated professionals have contributed to :

- Developing and implementing of Sussex wide Looked after Children CCG policy.
- Safeguarding primary care policy update and included new guidance on looked after, adopted and privately fostered children.
- Improved working with Named and Specialist Nurses for Looked After Children and facilitated networking to share best practice and improve the service offer for Looked After Children across Sussex
- Adopting the recommendations of a wider safeguarding external review to align and deliver a pan- Sussex team approach
- NHSE Safeguarding Assurance and Accountability Framework (SAAF), which now includes Looked After Children and has an anticipated date for publication of Summer 2019.
- Undertaking dip samples and audits and analysed data in order to monitor performance of teams providing a specialist Looked After Children health service. This included follow up of children placed out of area and the quality and timeliness of statutory health assessments.
- Working with providers and local authorities helping to facilitate regular operational meetings to monitor and improve pathways and outcomes.
- Strengthening the relationships with Corporate Parenting Panels in an advisory and assurance capacity.
- Initiation of Strategic Health of Looked after Children Forums.
- Networking with peer designated professionals through NHS England regional network and the National LAC forum and the National Designated Health Professionals' forum to ensure local knowledge and strategy are informed by the best practice available and to contribute to the National agenda.
- Working with the provider to update TB pathway in regard to Looked After and unaccompanied asylum seeking children.
- Working closely with Quality Leads to embed reporting on Looked after Children services into providers' business cycle.



12. Conclusion

Capacity of Looked after Children Designated roles impacted on the pace of alignment of priorities and processes across Sussex, with the team carrying vacancies for some of the year (April 18-September 18). Formal reporting mechanisms regarding Looked After Children activity by providers has commenced and is starting to highlight achievements and areas of concern. Statutory requirements on timeliness for health assessments and an revised Service Level Agreement needs to be compiled to deliver improved services. There have been challenges in 2018/19 on the provider delivering high quality health assessments within timescale. However meeting Statutory timescales remains a focus. 2019/20 will see this focus continue to seek assurance from the provider.

13. Recommendations and priorities

- Designated Professionals to support the commissioners to align the Looked after Children service specification to reduce unwarranted variation of Looked after Children services. An updated model and service specification is planned to be in place by April 2020.
- KPI reporting across Sussex should include defined health outcome measures and improved tracking of data. Aligned quarterly reports with reliable data from providers from Q1. Formal reporting mechanisms regarding Looked after Children activity by providers via their boards and to CCG through the CQRM process, this has been requested from April 2019.
- Closer working between specialist medical and nursing teams including CAMHS would provide a more holistic service.
- Head of Safeguarding to review Designated Doctor provision across Sussex in line with recommendations of Safeguarding External Review.
- Updated Sussex Safeguarding Standards with additions relating to Looked after Children to be added into contracts from April 2019. The updated standards will enable commissioning staff, providers and independent contractors to identify the key benchmarks for Looked after Children.
- Organisations, services and practices will audit themselves against the benchmarks and, where necessary, put in place effective systems to ensure effective services are in place for Looked after Children. Quarterly exception reports submitted via the CQRM.
- Designated professionals to continue to work with the providers, local authority and commissioners to ensure pathways for initial and review health assessments are robust and effective. This will be achieved through quarterly steering/ operational groups with all stakeholders.
- Assurance to be sought from health providers that key principles relating to adoption and changing the NHS number are followed and that when a child is adopted all health records held by that organisation are managed appropriately ensuring continuity of care. Evidence



from all providers that a policy is in place that includes key principles of managing adoptive records.

- Designated professionals to work with stakeholders including ESHT, the LA, CAMHS, LAC CAMHS and SWIFT to ensure pathways are put in place to support and improve mental health of Looked After Children.