

Looked After Children Annual Report 2019-20

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1.0 Introduction

“If we were to truly replicate what a family is for the child who’s being Looked After by the state, if the state was truly to provide that, it would give them the best of everything.”

Lemn Sissay - Poet and Care Leaver

Sussex is made up of the city of Brighton and Hove and the counties of East and West Sussex. The CCGs serving these areas have a statutory duty to comply with requests from local authorities (LAs) for help to provide support and services to their Looked-After Children. They have a countywide Looked After Children team that comprises of Designated Professionals (Doctors and Nurses), Business Support and placed based and pan-Sussex commissioners. The Chief Nursing Officer holds executive responsibility, supported by the Deputy Director and Head of Safeguarding & Looked After Children, who provide the strategic lead. This report highlights how the CCGs ensure the timely and effective delivery of health services to Looked After Children and contribute to meeting their health needs by commissioning effective services and collaborating with Local Safeguarding Children’s Partnerships and key stakeholders.

2.0 Statutory and Legislative Background

Statutory responsibilities are clearly outlined in national legislation and guidance. Alongside this statutory obligation sits compliance with the Care Quality Commission regulatory requirements. There has been no significant update to the two main documents:

- *‘Promoting the health and wellbeing of Looked After Children’* 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. This guidance is due to be reviewed in 2020 and should be read in conjunction with:
- *2015 intercollegiate document: Looked After Children, knowledge, skills and competence of healthcare staff.* This document outlines the competency framework, and skills, knowledge, attitudes, values and training for staff. This document is scheduled for an update and consultation has commenced

Other publications informing commissioning and delivery of services for Looked After Children:

- The Children Act 1989 Guidance and Regulations Volume 2- 4: Care Planning, Placement and Case Review, Transition to Adulthood and Fostering Services
- Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies
- Who Pays? Determining responsibility for payments to providers
- National Tariff Payment System Care Planning, Placement and Case Review (England) Regulations (2010)

3.0 Strategic roles

The roles of the designated nurse and designated doctor are statutory strategic roles, who have specific roles and responsibilities as set out in the Royal Colleges' Intercollegiate Framework Document (ICF). The roles include strategic advice and guidance to assist service planning and to advise clinical commissioning groups in fulfilling their responsibilities. Named Doctors, Nurses and Leads for Looked After Children in provider organisations are also detailed in this document and designates have highlighted deficits leading to a gradual increase in the number and sessions of these key roles. NHS Looked After Children Professionals Meetings and individual supervision by designated professionals have been set up to support them.

Designated Nurses for Looked After Children: Following recommendations of an external review and TIAA audit there has been an increase of 80% in capacity to meet ICF recommendations, from 2.5 Whole Time Equivalents (WTE) Designated Nurses to 4.5. Interviews have taken place and all roles will be filled by July 2020. From 1st April job descriptions will be aligned and all posts will be Sussex-wide.

Designated Doctors for Looked After Children: As part of the significant investment into the team, and in line with the ICF there will also be an increase in Designated Doctor hours, as part of the new operating model. Sessions will be increased to eight PAs pan-Sussex and recruitment will take place in the autumn.

4.0 Update from Previous 18/19 Annual Report

- Alignment of Looked After Children service specification to reduce variation.
- Improvement of reporting across Sussex including alignment of provider reports
- Commencement of Anna Freud emotional wellbeing project
- Increased Designated Nurse capacity commensurate with the intercollegiate framework.
- Increased Designated Doctor provision agreed and recruitment process to start Summer 2020
- Update to Sussex Safeguarding Standards with additions relating to Looked After Children added into contracts from April 2019 and audited in February 2020.
- Improvement to pathways for initial and review health assessments achieved by CCG, health providers and LA working closely together.
- Key developments added to level 3 training delivered by safeguarding and Looked After Children designates, including addition of Adverse Childhood Experiences research and delivery of trauma informed healthcare
- Partnership working with Named Professionals to ensure 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 their organisation are managed appropriately.

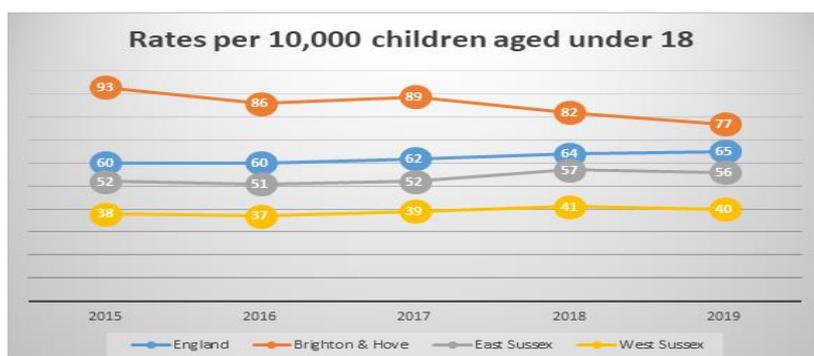
5.0 Pandemic-Covid-19

On 31st December 2019, the World Health Organisation (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in China. In response to the impending pandemic UK Government published coronavirus action plan on 3rd March 2020 and the CCGs entered Command and Control, with a specific Safeguarding and Looked After Children work stream. Operational planning, the mechanism by which agreements with health care providers are brought into contract, was suspended alongside many business as usual activities. Resources were redirected to support the COVID-19 effort. Chief Executive Letter and Annex dated 17th March 20 set out how providers of community services were to release capacity to support the COVID-19 preparedness and response. Arrangements apply until 31 July 2020. Initial assessments for Looked After Children were identified as priority and to continue. Lockdown measures announced on 23rd March will impact on service delivery as face to face assessments will need to be adjusted to being virtual by telephone and video.

6.0 2019/20 Profile

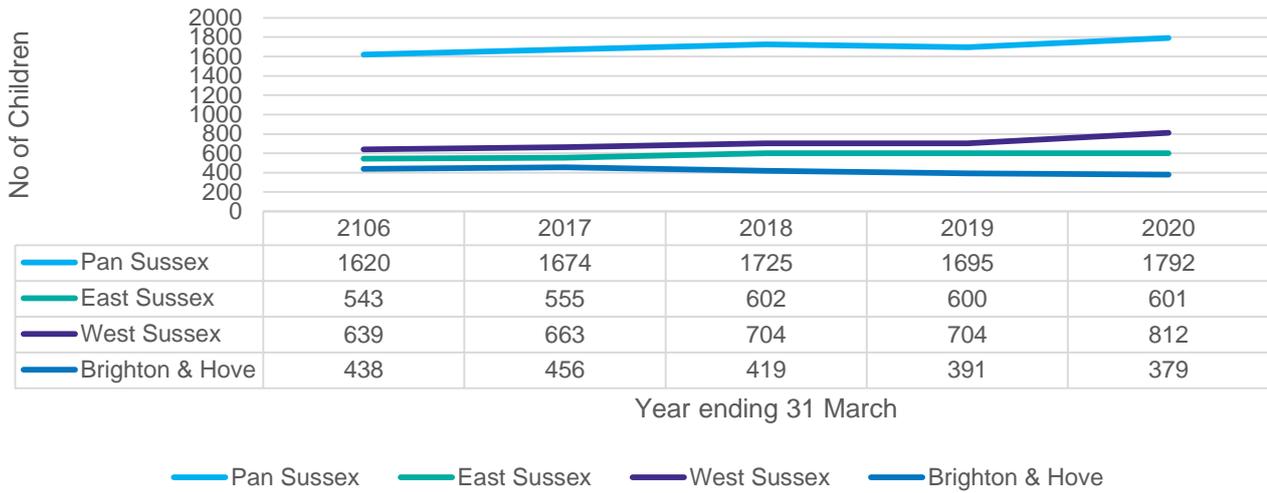
Nationally the number of Looked After Children continues to rise and adoptions from care continue to fall. At 31 March 2019, the number of Children Looked After by LAs in England increased by 4% since 2018, from 75 420 to 78 150 - continuing increases seen in recent years. Abuse and neglect remain the primary reason for becoming a Looked After child at 63%.

Sussex has a population of over 380,000 children under the age of 19 years, comprising approximately 21% of the population. Rates of Looked After Children are calculated per 10 000 of child population and vary significantly across the three LA areas. The Brighton and Hove rate of 77 is relatively high to England rate of 65 leading to the city accommodating 379 children. In West Sussex the rate is low and if aligned to the national trend would result in a higher looked after children population closer to 1145.



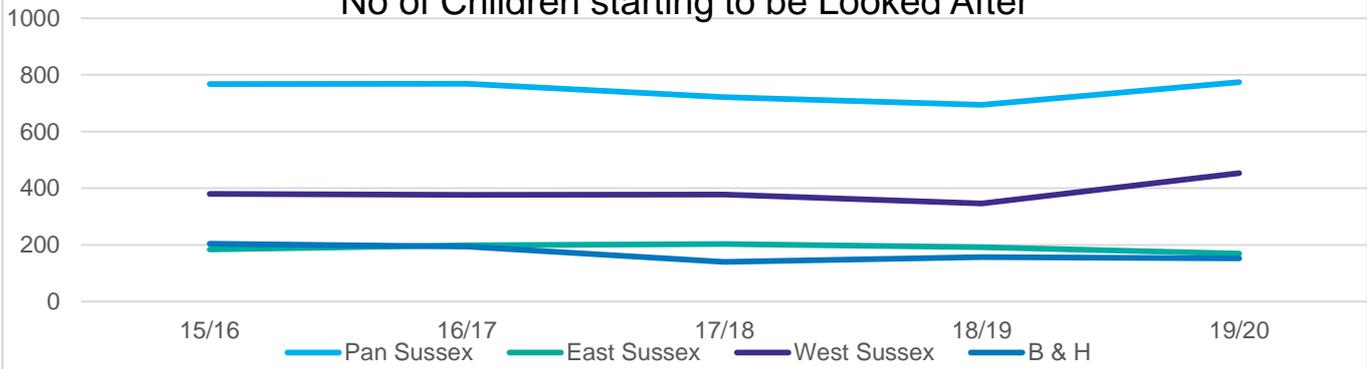
At 31 March 2020, the number of Children increased by 6% since 2019. Whilst East Sussex and Brighton and Hove have not followed the national trend and seen a decrease, the number of Looked After Children overall in Sussex has risen due to a significant increase above the national rate in West Sussex of 16%. This has not been reflected in staff numbers and has resulted in capacity issues due to increased demand.

Sussex Children Looked After at 31 March

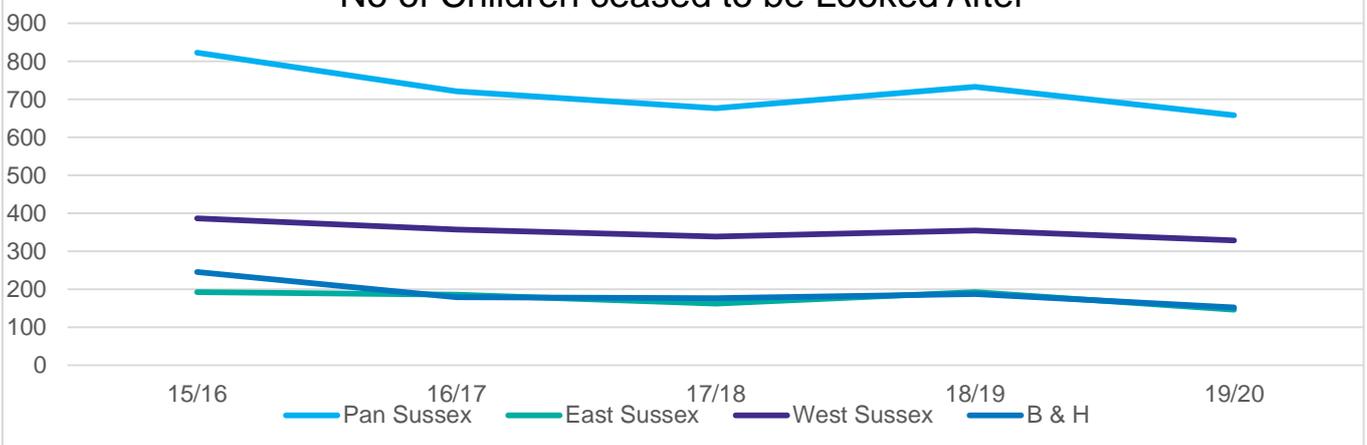


Numbers of children in care at any one point does not reflect all of the children during the year. Children return home or leave care for reasons such as age or adoption. Therefore, the data only ever gives a snapshot of children moving in and out of the system at a fixed date each month/year, but considerable activity sits beneath it and this is increasing. Children will come in and out of the system within the year, some may come in and stay whilst others can leave quite quickly. The number of children starting to be Looked After in Sussex this year has risen by 11% to 774. The number ceasing has fallen by 10% to 658 and much lower than the high of 823 in 2016.

No of Children starting to be Looked After



No of Children ceased to be Looked After

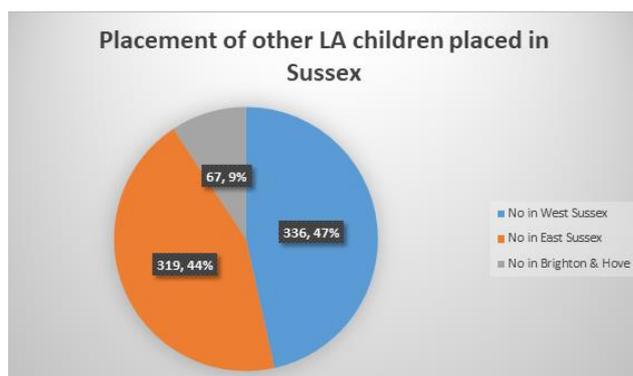
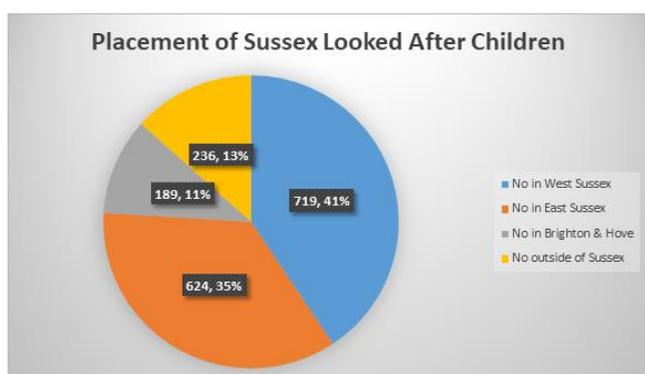


Placement

LAs have a general duty to provide accommodation that is within the local area and allows the child to live near their home. Profiling over the last two years has identified that whilst Sussex Children may not be in placement within their own LA or city boundary the significant majority (89%) do continue to reside within Sussex. There are 188 children in placement outside of Sussex. The main reason being that specialist placements are required that are not available within Sussex or children move to live in kinship care or are matched to an adoptive family outside of the counties.

Designated professionals, commissioners and providers promote equal access to services for all children moving placement into or across Sussex. An understanding of where children live is important when commissioning health services to ensure sufficient capacity in the right area. The three Sussex LAs provide CCG with information.

Accuracy of numbers of children placed cross boundary into Sussex by other LAs is more difficult to confirm as reliant on timely LA to CCG notification. As of 31st March 2020, estimate is approximately 722 children, an increase of 56% from 461 reported in the previous year. The total number of children in placements in Sussex is up 14% from 1977 to 2254, which has led to an increased demand on services. Thirty children's homes are reported in West Sussex but changes as homes open and close. Most are managed by private providers; some of these market themselves with a particular focus and tend to accommodate high risk-taking children from other counties.



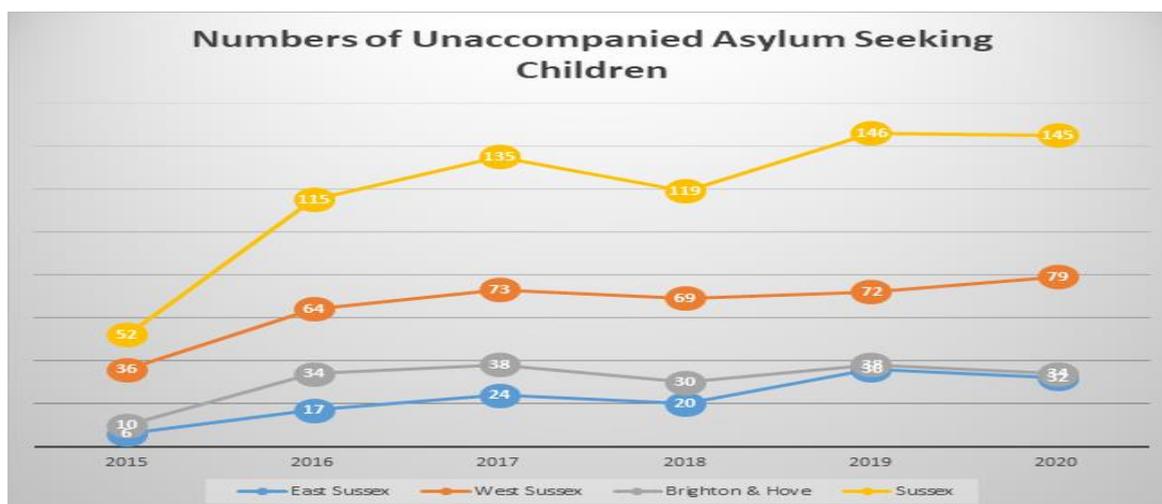
West Sussex 812 Children were Looked After, up from 704 the year before. Of these, 79 were Unaccompanied Asylum-Seeking Children (UASC), 10% of the total. The rate per 10 000 population aged 0-17 years in West Sussex was 47. The corresponding rates in March 2019 were 65 for England and 51 for Statistical Neighbours. Most Children (37%) were aged 10-15 years, followed by 29% in the 16+ age group. All Data March 31 2020

East Sussex 601 Children were Looked After, very little difference from the two preceding years. Of these, 32 were UASC, 5% of the total. The rate per 10 000 population aged 0-17 years in East Sussex was 52. Most Children (40%) were aged 10-15 years, followed by 38% in the 0-9 age group and 22% in the 16+ age group. All Data March 31 2020

Brighton & Hove 379 Children were Looked After, slightly down from 391 the year before. Of these, 34 were UASC, 9% of the total. The rate per 10 000 population aged 0-17 years in Brighton and Hove was 77. Most Children 42% were aged 10-15 years, followed by 29% in the 16+ age group. All data March 31 2020

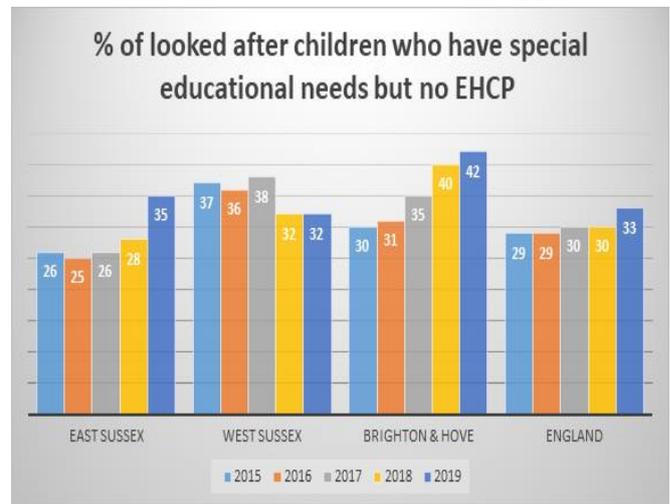
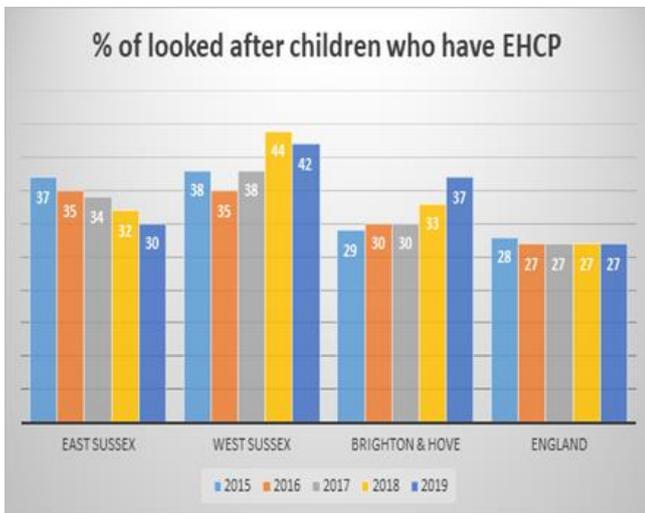
Unaccompanied Asylum-Seeking Children (UASC)

UASC are children who are seeking asylum in the UK and have been separated from their parents. While their claim is processed, a LA cares for them and has a legal duty to provide accommodation. LAs with points of entry to the country, for example Kent and Croydon, have much larger numbers of UASC than other LAs. However, there is a National Transfer Scheme to encourage all LAs to care for UASC and in Sussex children arrive either as part of this scheme or are spontaneous arrivals, found either by the Police, or at Newhaven Port and Gatwick Airport. They currently account for 8% of Sussex Looked After Children (higher than the overall 6% among Looked After Children nationally). Their needs and circumstances share many of the characteristics and have similarities to those of other UK Looked After Children but in many other respects, they are quite different. They are separated not only from their family, but from their community and country of origin often following death of their care giver and significant trauma on their journey. These children have substantial health and social care needs and a high prevalence of physical and mental illness. There are challenges to ensuring that their needs are met including access to therapeutic services, places to learn English, legal advice, and translation services. Assessments may take longer and there is little time to establish services before a child turns 18. Assessments may go out of timescales due to delays in LA securing an appropriate interpreter or because they go missing. West Sussex Team commenced an audit in Quarter 2 'Health outcomes of unaccompanied asylum-seeking children looked after by West Sussex Children Services' and plan to share the findings with the wider system.



Special Educational Needs

Prior to entering care many children have suffered multiple forms of maltreatment, such as neglect and emotional, physical or sexual abuse, including neglect while in the uterus, due to alcohol or drug misuse during pregnancy. Research has shown that children with adverse childhood experiences such as these may struggle more with learning and participating at school, with language development, communication, attendance, and excelling academically. They have a higher likelihood of dropping out early or choosing not to pursue a higher education. This is consistent with the higher rate of special education needs within the Looked After Children cohort compared the overall population. Many are supported in their learning by additional provision within their school setting. However, some are identified as needing more and require an Education and Health Care Plan (EHCP).



7.0 Training and Supervision of Healthcare Staff

Training

The Designated Nurses and Doctors have attended Level 5 training as detailed in intercollegiate document and accessed quarterly supervision facilitated by an external company. They have also led and provided the following multi-disciplinary and inter-agency training:

- Pan Sussex Network Event in May and November 2019 for all health practitioners working with Looked After Children.
- Pan Sussex L4 training provided by CCG 2019 for all health practitioners working with Looked After Children
- Level 3 face to face safeguarding and Looked After Children package for CCG and Primary Care Staff
- Health of Looked After Children Training Package to Social Care Staff
- Looked After Children Session for University of Brighton Specialist Community Public Health Nursing (SCPHN) Course
- A joint tailored safeguarding package encompassing adults, Children and Looked After Children to the four CCG Governing Bodies
- Level 1 Looked After Children Training Leaflet for all new CCG staff

During pandemic restrictions, an online Level 3 safeguarding and Looked After Children package for CCG and Primary Care Staff has been developed and made available. Training is monitored within provider organisations.

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. From April 2019, the addition of Looked After Children reporting metrics was added into the contracts for six main providers across Sussex.

8.0 Statutory Looked After Children Health Assessments and Sussex Wide Service Specification

Sussex CCGs set performance targets against the requirements laid down to them in statutory guidance. There is not a national data set to directly compare timescales for initial (IHA) or review (RHA) health assessments and so reliance is on local data that can be inconsistent. Following a successful bid to NHSE the CCGs have secured the expertise of a safeguarding analyst for 20/21 to work across the system to create a pan-Sussex health of Looked After Children dashboard.

Provider exception reports highlighted low performance at the beginning of the year and the differences in commissioning and funding arrangements across Sussex. This made it difficult to make direct comparisons but led to a better understanding of capacity and demand and how services are delivered.

In East and West Sussex, the statutory requirement that children are seen by a medical practitioner for IHA is met as all assessments are undertaken by paediatricians and doctors working in the child development centres (CDCs). Children are then seen for subsequent reviews by a team of Nurse Specialists.

An unannounced Care Quality Commission (CQC) review of safeguarding and looked after children health in Brighton and Hove took place in July 2019. The published report highlighted positive feedback from children and carers on their experience of specific Looked After Children health services. The report made four improvement recommendations including one for the CCG to ensure IHAs are undertaken by appropriately trained professionals in line with current guidance. The Chief Nurse oversees a task and finish group to implement actions arising from the recommendations.

Unaccompanied Asylum-Seeking Children in B&H and West Sussex are seen in a joint clinic with a specialist nurse and doctor. In East Sussex they are seen in a CDC.

IHA data for of children entering care who had an IHA and care plan written distributed within 16 days of referral.

Quarter	SCFT (B&H)	SCFT (West Sussex)	WSHFT (West Sussex)	ESHT (East Sussex)
Q1	34%	10%	0%	3%
Q2	95%	41%	39%	33%
Q3	86%	24%	0%	60%
Q4	68%	46%	0%	75%
Year Average	71%	30%	10%	43%

RHA data for children under 5 years who had a health assessment within 6-month timescale.

Quarter	SCFT (B&H)	SCFT (West Sussex)	ESHT (East Sussex)
Q1	43%	44%	19%
Q2	82%	57%	61%
Q3	100%	58%	72%
Q4	100%	81%	100%
Year Average	81%	59%	63%

RHA data for children over 5 years who had a health assessment within 12 month timescale

Quarter	SCFT (B&H)	SCFT (West Sussex)	ESHT (East Sussex)
Q1	52%	43%	40%
Q2	79%	37%	42%
Q3	90%	32%	66%
Q4	86%	46%	62%
Year Average	77%	40%	53%

The following interventions and initiatives have had a positive impact; however, sustainability is an issue:

- Development and monitoring of service development improvement plans with providers across Sussex directing focus on areas that require improvement to meet key performance indicators (KPIs) in current contracts
- Regular performance update meetings with provider executive leads and commissioners
- Escalation by exception report and briefing papers to CCG Head of Safeguarding, Chief Nurse, Quality Committees and Governing Bodies and to provider Clinical Quality Review Meetings.
- Chief Nurse participation in West Sussex Ofsted Improvement Strategic Partnership Meeting -IHA highlighted by Ofsted as an area requiring improvement
- Support to providers to improve reporting across Sussex and align quarterly reports
- West Sussex funding for additional locum paediatrician and specialist GP hours as part of a waiting list initiative throughout August and September to clear a backlog of 70 LA referrals
- Funding for a full time Band 7 IHA nurse secondment to pilot Dr/Nurse IHA model
- CCG tracker pilot to monitor the status of IHA's
- Continued building of positive relationships and networks across Sussex
- Promoting a caring system that wants the very best for all children
- Timeliness of IHA and RHA was added by ESHT to their Women and Children's divisional risk register.

A joint pathway has been agreed for LAs to make a referral for an IHA including essential information and rolling consent within 4 working days. To meet 20 working day target health must complete the assessment and provide a health plan within 16 working days of receipt of LA referral. When RHAs become due LAs make a referral at least 8 weeks before the expiration date to allow health time to provide an updated care plan within 6 months up until their 5th birthday and 12 months once they reach 5. Providers are encouraged to integrate health assessments with any other assessments and plans such as the child's Core Assessment or an Education, Health and Care Plan where the child has special educational needs. However, capacity and competing pathways, particularly within CDCs means this can be challenging. Providers have highlighted that one of the main issues that causes delay is writing up the IHAs in a timely manner, often as the clinician is waiting to receive the child's health history or key information from GP and other providers.

Designated professionals and commissioners have identified that an updated pan Sussex service specification is required for arrangements to become and remain statutory compliant. This has identified that additional investment is required if timescales are to be met consistently without a negative impact on quality and experience, which are of equal importance. Specialist Nurses complete an audit template and Designate and Named Nurses regularly dip sample assessments and give feedback to drive continuous improvement. Specialist Nursing Teams regularly receive

plaudits from teams outside of Sussex. The quality of health assessments for Looked after Children were highlighted by Ofsted in the East Sussex inspection, where an 'outstanding' rating was achieved.' (Sussex-wide annual LAC report 2018-19).

Pan Sussex version aligns services, reduces variation and meet recommendations of CQC and Ofsted inspections. It reflects the additional needs of certain groups such as UASC, Care Leavers, children placed cross boundary and those with special educational needs and disabilities. It has been developed with consultation and feedback from LAs and health providers. CQC '*Not seen Not Heard*' document and messages from research and training were also important influencers. The updated service specification strengthens contract requirements and key performance indicators. Health Providers will be set a target of 100% to achieve the IHA 16-day pathway for which they are ultimately responsible and meet statutory requirements for RHA. They are expected to work closely with LAs to achieve this and escalate any areas of concern. A threshold for CCG involvement would be if compliance were to fall below 85%. This is in recognition that each child enters care in a unique set of circumstances and health services need to be sensitive to individual needs. By seeking and acting on the views of carers, social workers and children it is likely that there will be a small cohort of children where it is not possible or in their best interests for them to be seen for the scheduled appointment or they refuse to attend or decline. Where these targets are not met exception, reports are required with supporting narrative. If threshold is not met for two quarters development of Service Development Improvement Plans (SDIPS) are necessary highlighting a detailed recovery plan, agreed with the commissioners.

There is recognition that numbers of children entering care may rise or fall and commissioning discussions are triggered regarding capacity if there is a 10% change.

The service specification has been agreed in principle by executive leads of CCGs and agreed in principle by providers. There is sufficient funding to implement fully in East Sussex but in West Sussex, due to the large increase in the numbers, capacity does not match the recommendations set out in Royal College's intercollegiate framework. In Brighton and Hove investment is required to fund doctors to undertake IHA to become statutorily compliant, releasing Nurse Specialist capacity to take over RHA from the Health Visitors and School Nurses.

Whole system conversations, in relation to the process and next steps for a longer-term sustainable solution, continue at a senior strategic level.

9.0 Emotional Health and Wellbeing

The events that lead to children entering care are frequently traumatic with obvious implications for their emotional wellbeing and behaviour. Department of Health reports that almost half of children in care have a diagnosable mental health disorder and research published by Social Market Foundation in August 2018 identified that Looked After Children are around five times more likely than their peers to experience mental ill health. Forming a large part of the Designates workload this is a priority area for 2020.

LAs are required to use Strengths and Difficulties Questionnaire (SDQ), completed annually by the carer, to give social workers and health professionals' information about a child's wellbeing. Across Sussex the average score of the three LAs suggests that there are a significant number of children where there is cause for concern suggesting current services could be improved. A comprehensive local mental health data specific to Looked After Children is not readily available so commissioners

and designates are working with providers to remedy this. Improved identification and flagging are the starting point so that activity is captured to gain better insight into referrals, waiting times and outcomes. Proposed next steps are to work with commissioners to develop a contract similar to the pan Sussex service specification aimed at improving mental health services provision.

An independent Sussex-wide review of emotional health and wellbeing support for children and young people has been commissioned and the findings and recommendations are awaited. Designates facilitated a focus group so that reviewers heard directly from frontline health and social care practitioners what is working well for looked after children and the challenges they face accessing timely and appropriate recovery packages. Themes raised were confusing referral pathways, lack of clarity of commissioning responsibilities and long wait times.

In February 2020, Ofsted, CQC, HMI Constabulary and Fire & Rescue Services and HMI Probation carried out a joint inspection of the multi-agency response to Mental Health in East Sussex. The inspection included a deep dive focus into the response of two children in care living with mental ill health. A multi-agency action plan will be implemented in response to the report's findings and recommendations.

Anna Freud Pilot

Following a competitive application process, Brighton and Hove were selected to be one of nine pilot sites across the country working with the Anna Freud centre to improve Mental Health Assessments for Children Entering Care. This is a National initiative sponsored by the Department for Education and runs from June 2019 to Sept 2020. Brighton and Hove are focusing on the needs of UASC with a designate nurse taking the project lead when the mental health commissioner moved role.

Aims of pilot:

- Deliver a timely and trauma informed assessment to enable the network around the child or young person to think about their needs and how they might change and what might help at the point of coming into care and later through their journey.
- A voice for the child – how they feel, what would help
- Joint working with the child carers and professionals to improve the child's emotional well being

Key Benefits:

- Mental Health Assessment- identify need and appropriate services
- Skilling workers- in building trust and relationships
- Placement Support- Reflective practice, training & strategies
- Staff Wellbeing – Reflective practice
- Network Support – consultations with key agencies around care and planning

The outcomes of the pilot are not yet available and the delivery will be affected by the Covid 19 crisis.

10.0 Care Leavers

The Children (Leaving Care) Act 2000 states that a Care Leaver is someone who has been in LA care for a period of 13 weeks or more spanning their 16th birthday. It is important that there are effective plans in place to enable a smooth transition to adulthood and ensure young adults are still able to obtain the health advice and services they need. Across Sussex, a Health Summary is provided to ensure young people exiting care understand how to access their full health history. It also includes a short health history as well as advice on how to maintain health in the future including signposting to local health services and appropriate health websites. Provision of leaving care health summaries is reported quarterly.

Providers report that performance for completing health summaries is good and meets or is close to meeting 85% target. When health summaries are not completed, exceptions are provided, and the reason is usually because the young person has declined, no forwarding address or children going missing. Quality is audited by the Named Nurses who advise that they are of an adequate or good standard.

Quarter	SCFT (B&H)	SCFT (West Sussex)	ESHT (East Sussex)
Q1	75%	92%	Data not available
Q2	90%	77%	100%
Q3	72%	92%	100%
Q4	83%	80%	100%

Data March 31 2020

Development of a new aligned health summary for care leavers and improved pathway has commenced and a multi-agency Pan Sussex working group established led by the Looked After Children Nurse Specialists who are responsible for completing these documents. Input from the three LAs and their Care Leavers will influence the process and final document.

11.0 Child's Voice and Experience

The full participation, involvement and contribution of children in care, leaving care and care experienced adults is crucial. Designate Nurses collaborate with Sussex LAs via their participation forums such as Children in Care council, Care Leaver Groups, Corporate Parenting Boards and The Bright Spots Programme. Bright Spots is a partnership between Coram Voice and the University of Oxford, to hear what looked after children say are the things that are important to them. In CQC document 'Not seen- not heard' children say that the thing that makes the biggest difference to them is when the health professional that they are speaking to '*actually listens to them and shows them that they really care*'.

Designates and Commissioners encourage health providers to seek children's views using tools such as adapted versions of friends and family testing (FFT). Nurse Specialists have worked with the SCFT Communications Team to develop an anonymous client feedback survey via their smartphones. This incorporates a suitably worded FFT question and a further additional 6 questions. This went live in December 2019 and raw data to the end of the reporting year was received for 59 children which was 100% positive. The method of using the smartphone has been enthusiastically received by children and their carers.

Designates will continue to work closely with providers to focus on outcomes and report how they ensure that children and young people are actively engaged in their care. This will include those children with complex and severe developmental, physical, emotional and mental health needs who also need to have their views heard and represented.

Pan Sussex networking and training events facilitated by CCG have focus on the voice of the child. Key speakers are engaged to challenge and motivate staff to ensure this is central to their service. Designates regularly participate at events that have care experienced participants or speakers.

12.0 Summary of achievements

- Improvements to IHA process and timescales for statutory health assessments
- Development of a Sussex Wide Service Specification for Looked After Children with staffing resource in line with the intercollegiate framework and RCPCH guidance to enable a service that can deliver on statutory responsibilities and improve health outcomes for Looked After Children.
- Compliance to the Looked After Children reporting metrics aligned to safeguarding included in Sussex Safeguarding standards added in the contracts of main providers from April 2019. Audit of compliance was undertaken in February 2020 and action plans are in progress to address any deficits.
- S11 audit re-design to include specific sections on Looked After Children for the first time, which goes to all providers across the Local Safeguarding Children Partnerships.
- Successful Safeguarding and Looked After Children bid to NHS England to fund a data analyst to create a health of Looked After Children dashboard across Sussex
- Continuing strong working relationships across all agencies

13.0 Conclusion

The main priority for the year was to develop and implement a Sussex wide service specification for Looked After Children that would enable to providers to meet the statutory requirements for health assessments. Implementation has been delayed due to the Covid 19 crisis and funding decisions. Health data for the year evidences some clear progression in the pathway and timeliness for health assessments but also highlights where there needs to be further sustainable improvements.

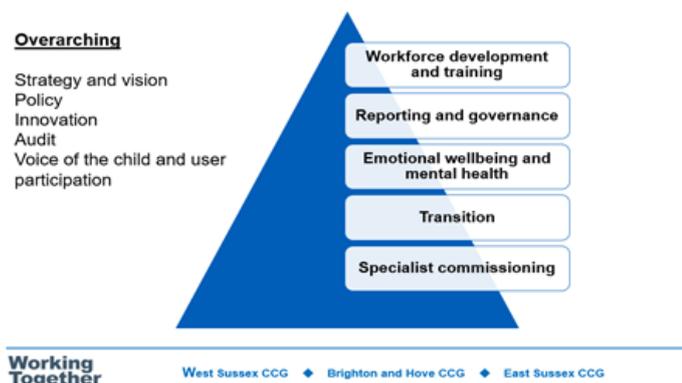
Over the last year, there has also been a significant focus on increasing the profile of Looked After Children within CCG, Joint Commissioning Units, newly forming Local Safeguarding Children Partnerships and health providers. Work to align services across Sussex and improve health outcomes has continued. Additional Designated professional capacity will give more opportunity to audit and better understand whether current service provision is having the desired impact and how services can continue to be developed.

The sudden onset of Covid-19 pandemic changed the way that the NHS works and delivers services and the crisis will inevitably change the way services are delivered in the future.

14.0 Priorities for 20/21

From April 2020, the CCG Looked After Children team are transforming the way they work to become an intrinsic part of the newly formed Integrated Care System (ICS) - [Sussex Health and Care Partnership \(HCP\)](#).

To better meet the statutory responsibilities and needs of Children in care the team have moved away from 'place based' responsibility for a LA area and are now all working across Sussex. Designated Nurses will focus on allocated portfolios with key work streams. These, and overarching principles, will underpin the Sussex CCGs Looked After Children Strategy.



Workforce Development and Training

- To ensure that the Looked After Children workforce are trained commensurate to their role
- As a minimum, all CCG staff will receive level 1 awareness training and information at induction.
- Develop Level 3 training, amalgamating current Looked After Children training for Social Workers, foster carers, GPs, Health Visitors into a multi-agency Looked After Children training that is accessed via LSCP as a Pan Sussex offer.
- To provide a three-monthly forum for sharing and promoting good practice in Sussex across the health providers. To identify what is working well and proactively collaborate to address areas that require support or intervention and discuss new guidance.
- To organise two Sussex wide network events per year open to all staff across the health providers.

Reporting and Governance

- Strengthen reporting from providers to inform a health of Looked After Children dashboard to inform commissioning decisions going forward. This will include a strong focus on emotional wellbeing and mental health
- Clearer governance and reporting to highlight what is working well and escalate areas of concern

Emotional Wellbeing and Mental Health

- Designates to work with commissioners to agree specific reporting requirements for looked after children and support commissioners to formalise these into contracts
- The formal evaluation of the Sussex wide review, the Brighton and Hove CQC Looked After Children review, the East Sussex JTAI and the national Anna Freud pilot to be used by CCG, designates and commissioners to inform development of services

Transition

- Increased oversight of offer to all Looked After Children across Sussex irrespective of placing authority
- Increased oversight of service offered to Looked After Children placed out of Sussex
- ICS collaboration to refresh and align Care Leavers Health Summary for implementation across Sussex
- Partnership working to refresh Local Care Leavers Health Offer across Sussex

Specialist Commissioning

- Funding for Service Specification to be finalised to support implementation
- Designates to support the implementation of the service specification
- Implementation to include aligned reporting and assurance from providers to bench mark and measure Looked After Children's health and evidence improved outcomes
- Designated Doctors propose to audit all babies who were 'born into care' in West Sussex during the calendar year 2019. The data gathered will help to inform the possible development of an IHA pathway for newborns, specifically identifying what the IHA might add to the contact that babies already have with health professionals during the 1st few weeks of life.

15.0 References

[Promoting the health and wellbeing of Looked After Children DoH, DFES \(2015\)](#)

[Intercollegiate document: Looked After Children Knowledge skills and competence of healthcare staff \(March 2015\)](#)

[The Children Act Guidance and Regulations Volume 2-4: Care Planning, Placement and Case Review, Transition to Adulthood and Fostering Services \(1989/2004\) HM Government](#)

[Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies DoH \(2013\)](#)

[Who Pays? Determining responsibility for payments to providers NHSE \(2013\)](#)

[National Tariff Payment System NHSE \(2019/20\)](#)