South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Children in Care Annual Report 2019-20

Helen Case
Designated Nurse Children in Care
NHS Southport and Formby CCG and NHS South Seftor CCG

September 2020

Foreword by the Chief Officer

Welcome to our annual report for children in care 2019-2020. It charts the progress that we have made in NHS South Sefton Clinical Commissioning Group (CCG) and NHS Southport and Formby CCG, as well as the challenges we have faced during the year in our work to support children in care. Our commitment to the children in care agenda extends across all levels of our organisations - from our governing body members to each of our employees. This is reflected in our strong governance and accountability arrangements. A key focus for us is to actively improve outcomes for children, young people and their families, working together with a range of partners across the borough. You will read examples of what we have been doing during the year to address this throughout the report. This includes the work of our designated nurse for children in care to improve the quality of individual health assessments. However, we know there are areas where we need to do more and this is reflected in our priorities for the year ahead. Finally, we cannot present this report without referencing COVID-19, or coronavirus. The pandemic was announced just as the financial year was drawing to a close and you will read how this has been impacting on our work and how we continue to respond and adapt to the changing needs of Sefton's children in care.

Fiona Taylor

Chief Officer - NHS South Sefton CCG and NHS Southport and Formby CCG

Contents

1. Executive Summary

1.1 This is the fifth Annual Report for NHS South Sefton and NHS Southport & Formby CCGs (to be referred hereafter as Sefton CCGs). The report is in relation to Children in Care (CiC) and is authored by the CCG's Designated Nurse for CiC who commenced in post in May 2018. The role of the Designated Nurse CiC is a strategic role and separate from any clinical responsibilities as detailed in the Intercollegiate Role Framework for Looked after Children (RCPCH, 2015).

1.2 It is the role of Sefton CCGs and NHS commissioned health services to address the unmet health needs of CiC by working in collaboration to empower young people and enable them to reach their full potential. Health, in its broadest sense, is the key to allowing children and young people to benefit from life enhancing opportunities. The expected outcome is that all CiC, for whom the Sefton CCGs are responsible, will experience improved health and be motivated and inspired to continue to take responsibility for their own health care.

1.3 The purpose of the report is to provide Sefton CCGs and key partners with: an update on the key priority areas for 2019-20 identified in the CCGs CiC Annual Report 2018-19; offer an overview of the Sefton CiC population; outline the performance of NHS commissioned health services; evidence good practice and key achievements; recognise challenges and identify key priority areas for 2020-21.The report covers the period from 1st April 2019 to 31st March 2020.

1.4 It is produced in line with duties and responsibilities outlined in statutory guidance - *Promoting the Health and Wellbeing of Looked after Children* (DfE/DH, 2015) which is issued to Local Authorities and NHS Clinical Commissioning Groups under sections 10 and 11 of the Children Act. It is written in the context of a holistic model of health, which ensures the wider determinants of health and well-being are considered. Consideration will be given to the key messages and recommendations of the CQC report *Not Seen, Not Heard* (July 2016) alongside the findings of the *NHS England CCG Benchmarking Exercise 2016*; a piece of work commissioned by NHS England to provide insight into commissioning practice across the North of England in relation to CiC.

2. Introduction and Background

2.1 The purpose of the report is to provide Sefton CCGs and key partners with: an update on the key priority areas for 2019-20 identified in the CCGs CiC Annual Report 2018-19; offer an overview of the Sefton CiC population; outline the performance of NHS commissioned health services; evidence good practice and key achievements; recognise challenges and identify key priority areas for 2020-21.The report covers the period from 1st April 2019 to 31st March 2020.

2.2 CiC are referred to in legal terms as 'Looked After Children'. In England and Wales the term 'Looked After Children' is defined in law under the Children Act 1989. A child is Looked After by a Local Authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority. LAC fall into four main groups:

- Children who are accommodated under voluntary agreement with their parents
- Children who are the subject of a care order or interim care order
- Children who are the subject of emergency orders for their protection
- Children who are compulsorily accommodated; this includes children remanded to the Local Authority or subject to a criminal justice supervision order with a residence requirement

2.3 The term 'Looked After Children' includes unaccompanied asylum seeking children (UASC), children in friends and family placements, and those children where the agency has authority to place the child for adoption. It does not include those children who have been permanently adopted or who are subject to a special guardianship or residency order.

2.4 Feedback from CiC often indicates that they find it hard to relate to the term 'Looked After Children' and its abbreviated form of 'LAC'. Many find it derogatory to be defined in such a way, often sighting that the phrase may be misinterpreted as one that implies they are 'lacking' as individuals. CiC also highlight that every child should be 'looked after' by someone and as such the phrase does not define the uniqueness of their situation when being parented by the State. The remainder of this report will therefore refer to 'Children in Care' or 'CiC'; the term 'Looked After' and 'LAC' will only be used in a legislative context.

2.5 CiC share many of the same health risks as their peers, often however, to a greater degree than their peers, with many CiC continuing to experience significant health inequalities once they have entered the care system. Meeting the health needs of these children and young people requires a clear focus on access to services. This approach can be assisted by commissioning effective services, delivery through provider organisations and ensuring availability of individual practitioners to provide and co-ordinated care.

2.6 Sefton CCGs are able to influence health outcomes for CiC by acting as a 'Corporate Parent'. Corporate Parenting is a collective responsibility of the Local Authority (LA), elected members, employees, and partner agencies, to provide the best possible care and safeguarding for CiC. Every good parent knows that children require a safe and secure environment in which to grow and thrive (Sefton Corporate Parenting Strategy, updated March 2019). The Chief Nurse and the Designated Nurse for CiC are active members of the Sefton Corporate Parenting Board.

3. Response to Key Priorities 2019-20

3.1 **Children & Young People should have a voice: Development of a feedback mechanism to gain children and young people's views on the quality of their health assessment.**

- *The Designated Nurse CIC introduced a pilot 'Rate My Health Assessment' feedback questionnaire for children in February 2020. Two questionnaires were developed one for 5 to 10 year olds and the other from 11 years onwards. Five feedback questionnaires were received back by the Designated Nurse CiC however the pilot*

was put on hold due to the Covid19 pandemic and changes made to the health assessment process in line with national guidance during the pandemic. ***Feedback questionnaires will therefore be a key priority for 2020-21 after services have been 'reset' following the Covid19 pandemic.***

3.2 **Improving outcomes for children: the 'so what' factor: Consideration to the transfer of responsibility for SDQs from the LA to the NWBH LAC health team and continued focus on improving health outcomes for CiC.**

- *The CiC health team service specification was updated by the Sefton CCGs for 2020-21 to allow for a period of transfer of responsibility for SDQs from the LA to the CiC health team. However due the NHS England/Improvement (NHSE/I) 'command and control' arrangements during the Covid19 pandemic all existing contractual arrangements and service specifications were 'rolled over' from 2019-20 to 2020-21 and the new CiC specification could not be issued.* ***The updated CiC health team specification will need to be considered as part of future contracting meetings in 2020-21.***

- *The CiC KPI quarterly reports to commissioners were amended for 2019-20. This has resulted in case studies demonstrating improved outcomes for CiC being submitted to the CCGs from both Alder Hey Children's Hospital (AHCH) and Mersey Care (subcontracted to North West Boroughs Healthcare [NWBH]) in Quarters 1, 2 and 3. The full KPI reporting process was 'stepped down' by the CCGs in Quarter 4 due to Covid19 to allow services to focus on clinical activities and Covid19 related duties.*

- *The Designated Nurse CiC undertook an audit with the Service Manager of Sefton Corporate Parenting Team in Sefton Local Authority in February 2020. There was clear evidence of improvement in terms of both quality and quantity of information gained when compared to previous health reviews. Not only was health considered in the round (including emotional health and other factors such as positive activity and employment), but the involvement of young people themselves in identifying health issues and possible changes they could make was an encouraging feature.*

- *The Designated Nurse CiC undertook an audit of quality of health assessments for CiC with Special Educational Needs and Disability (SEND) requirements in March 2020. The results of the audit indicated clear evidence of improved quality of health assessments since 2016 when Sefton had a Written Statement of Action (WSoA) issued in relation to its SEND inspection.*

3.3 **Quality of multi-agency information sharing: Evaluation of information sharing within Primary Care Services and review the possibility of the implementation of a 'Care Leaver Code' to identify patients registered with GPs whom are defined as care leavers to enable them provide timely access to services where appropriate.**

- *During 2019-20 the key priority area for primary care has been the Local Quality Contract GP CiC data cleanse that was undertaken mainly in Quarter 4 and will be completed in Quarter 1 of the next financial year.*

3.4 **Transition and access: Review of commissioned CiC health services to consider providing extended 'signposting' service provision to care leavers.**

- *The CiC health team service specification was updated by the CCGs for 2020-21 to include a health signposting service. However due national guidance issued in the Covid19 pandemic all existing contractual arrangements and service specifications were 'rolled over' to 2020-21.* ***The updated CiC health team specification will be considered as part of future contracting meetings in 2020-21.***

3.5 **Leadership: Designated Nurse CiC to continue to work within the Cheshire and Merseyside Designated CiC Professionals network to share good practice**.

- *The Designated Nurse CiC has been an active member of the Cheshire and Merseyside Designated CiC Professionals network throughout 2019-20. This has resulted in improved networking and sharing of good practice.*
- *The Designated Nurse CiC has established and chairs the LAC health collaborative group. This is a multiagency forum which provides a whole systems approach to driving continual operational improvements to health services for CiC.*

4. Governance and Accountability and Arrangements

4.1 The NHS has a major role in ensuring the timely and effective delivery of health services to CiC. The Mandate to NHS England, Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies and The NHS Constitution for England (2015) make clear the responsibilities of CCGs and NHS England to this vulnerable group.

4.2 Sefton CCGs accountability for the discharge of statutory responsibilities for CiC sits with the Chief Officer; executive leadership is through the Chief Nurse who represents the CCGs on Sefton's Corporate Parenting Board and who is also a member of the CCGs Governing Bodies.

4.3 The Safeguarding Business Meeting, chaired by the Deputy Chief Nurse, meets on a monthly basis to review: emerging safeguarding and CiC themes; ongoing work streams; agendas from both a children and adult perspective and ensures the CCGs has oversight of safeguarding and CiC activity.

4.4 The CCGs Joint Quality and Performance Committee has full delegated authority from the Governing Bodies to approve all matters relating to safeguarding and CIC. A 'key issues' report advises the Governing Body of significant areas reviewed. Safeguarding

reports, including CiC are presented to the Joint Quality and Performance Committee on a quarterly basis to appraise the CCGs of current activity and developments and includes performance reports for NHS commissioned health services against the specific safeguarding and CiC Key Performance Indicators (KPIs).

4.5 The CCGs have oversight of risks via the risk register which is monitored on a quarterly basis through Joint Quality and Performance Committee and is reported via the Safeguarding Business Meeting and the Quality Team Meeting.

4.6 Accountability for Designated Professionals for CiC is set out within the NHSE/I Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (updated August 2019). Designated Professionals for CiC take a strategic and professional lead across the whole health community providing clinical expertise to Clinical Commissioning Groups and partner agencies on the specific health needs of the CiC cohort.

4.7 The Designated Nurse for CiC sits in the CCGs Safeguarding Team. The Designated Nurse CiC commenced in post on 21st May 2018 and is the author of this annual report.

4.8 Strategic oversight of services is essential to the role to ensure that robust clinical governance of NHS commissioned health services for CiC are in place. As a result assurance can be provided to the CCGs Governing Bodies that clear commissioning arrangements for CiC are in situ and that services are fit for purpose.

4.9 The Sefton CCGs have a CiC policy that was approved in February 2019. The purpose of the CiC policy is:

- To state the CCGs pledge to CiC
- To demonstrate how the CCGs meet their corporate parenting responsibilities for CiC (in conjunction with Sefton Metropolitan Borough Council [MBC])
- To provide guidance to CCG employees to enable them to fulfil their responsibilities for CiC
- To set out the CCGs intention towards the positive recruitment of CiC and Care Leavers.

The policy is specifically aimed at the continual improvement of services, through equity, effectiveness, safety, timeliness, efficiency and child-centeredness.

4.10 In 2019-20 a new KPI framework was introduced for CiC health services in Sefton. The new framework included a quarterly CiC KPI submission which focused more on quality and outcomes for CiC and not solely performance and activity. The new framework also introduced a safeguarding quality site visit for health provider services.

5. Effectiveness of Children in Care Arrangements

5.1 **Inspection Frameworks**

5.1.1 **Care Quality Commission (CQC) Review of health services for Children Looked After and Safeguarding in Sefton (July 2018)**

The CQC undertook a review of LAC and Safeguarding services across Sefton in July 2018. The review was conducted under Section 48 of the Health and Social Care Act 2008 which permitted the CQC to review the provision of healthcare and the exercise of functions of NHSE and CCGs. A number of services commissioned by the CCGs and Sefton MBCs Public Health Team were reviewed and included children and adult Emergency Departments, maternity services, 0-19 year services, specialist mental health services for children, adult mental health services, children and adult substance misuse services, sexual health services and General Practitioners (GPs).

5.1.2 There were several key lines of enquiry the inspectors explored during the review in respect of:

- the role of healthcare organisations in understanding risk factors, identifying needs, communicating effectively with children and families, liaising with other agencies, assessing needs and responding to those needs and contributing to multi-agency assessments and reviews
- the contribution of health services in promoting and improving the health and wellbeing of looked after children including carrying out health assessments and providing appropriate services
- the review identified areas of strength and areas for further development with a number of recommendations to be progressed.

5.1.3 Prior to the publication of the report, the CCG Chief Officer commenced a task and finish group that included representation from all agencies involved to oversee the implementation of initial recommendations and findings arising from the verbal feedback.

5.1.4 The final report was published on 28th November 2018 and required an action plan to be developed to address the recommendations made. The action was submitted to the CQC by the required date of 4th January 2019. An update of the action plan was subsequently submitted to CQC on 4th July 2019 with no further submissions of the action plan requested by CQC.

5.1.5 Progress against the actions has continued to be overseen and monitored through the task and finish group during 2019-20. Action plans have been reviewed and progressed through internal Trust governance processes and presentations have also been delivered to the LSCB, Corporate Patenting Board and Sefton Council's Overview and Scrutiny Committee (Children's Services and Safeguarding) to provide an oversight of progress during the year.

5.1.6 As of 31st March 2020 there were three actions out of a total of 243 actions that remained 'red' on the action plan. None of these actions related directly to CiC or CiC health services.

5.2.1 **Ofsted and the CQC SEND re-inspection (April, 2019)**

An initial inspection of commissioning arrangements and services for children and young people with SEND requirements was carried out by Ofsted and the CQC in November 2016. Inspectors found significant areas of weakness in Sefton across the health and

care system. Sefton MBC and the CCGs jointly submitted a WSoA to address these findings, which was declared fit for purpose at the end of July 2017.

5.2.2 Inspectors carried out a re-inspection between 15th and 17th April 2019. Inspectors spoke with children and young people with SEND and their parents and carers, in addition to representatives from Sefton MBC, the Sefton CCGs and local service providers. Their assessment found that local area leaders had not made sufficient progress to improve each of the serious weaknesses they identified in their initial inspection of 2016.

5.2.3 The re-inspection did not highlight any direct issues with CiC services however CiC issues identified at the original 2016 inspection were developed to form part of ongoing actions and performance monitoring (see Section 3; Response to Key Priorities 2019-20; improving outcomes for children; the so what factor; health assessments for CiC with SEND requirements).

5.3.1 **Ofsted, CQC, HMI Constabulary and Fire & Rescue Services and HMI Probation Joint Targeted Area Inspection for children living with mental health issues (September 2019)**

The JTAI framework for children living with mental health issues, with a focus on children aged 10 to 15 years involved Ofsted, CQC, HMI Constabulary and Fire & Rescue Services and HMI Probation. The new framework for the JTAI commenced on 1st September 2019 with Sefton being notified that they were being inspected under the framework on 9th September 2019. As with any JTAI, notification was 10 working days before inspectors arrived on site and required the CCG to take a lead role in the planning, coordination and submission of data from health partners across the local health economy area. The JTAI framework also required the CCG to take a lead role in working with the Local Authority as the lead organisation for the inspection and to liaise with and receive feedback directly from the lead CQC inspector.

5.3.2 Inspectors were on site between 23rd and 27th September 2019. The inspection included an evaluation of 'front door' services and how agencies identified and responded to children with mental health issues. The inspection also involved a 'deep dive' into 10 cases of how agencies assessed and supported the mental health needs of children aged 10 to 15 years who were subject to child in need or child protection plans or who were looked-after children.

5.3.3 All JTAIs result in a joint inspectorate letter being issued. The letter does not include an overall rating as with some other types of inspections. The letter provides areas for improvements and areas of strength. The main issues in the outcome letter for the health of CiC were:

- *The working relationships between the integrated 0–19 public health nursing service and GPs in Sefton require further development to ensure that both services better understand safeguarding risks to children on practice lists. For example, there is often an absence of information in GP files about child protection conferences and looked after children health assessments. This means that if children attend the GP with ill health, GPs do not have access to all relevant information to support effective decision-making for children.*

- *Challenges from the designated nurse for children in care regarding the timeliness and quality of initial and review health assessments have influenced commissioning decisions relating to the looked after children's health teams. This has resulted in improved quality assurance arrangements and new business processes for tracking and monitoring looked after children's health needs to ensure that they are more thoroughly identified and that children are seen with fewer delays. Very good use is made of children's voices in health assessments for looked after children carried out by Alder Hey and North West Boroughs, particularly in relation to identifying emotional health and well-being needs. There is good evidence that consideration of the impact of adverse childhood experiences is helping to inform planning to meet children's needs.*

6. National Profile of Children in Care

6.1 The demographics for CiC nationally are taken from the Statistical First Release (SFR) England. The full SFR is due to be published for the year ending 31st March 2020 in December 2020. The data below relates to the data published in December 2019 for the year ending 31st March 2019.

Key Findings:

- There were 78,150 CiC in England as of 31st March 2019; an increase of 4% on 2018 figures and continues the trend of the last ten plus years
- Both the number of children starting to be looked after and the number ceasing to be looked after fell; 31,680 children started to be looked after (down 2% on last year) and 29,460 ceased to be looked after (down 2%)
- 3,570 children ceased to be looked after due to adoption, a decrease of 7% on 2018 and continuing the drop in numbers seen last year and down from a peak of 5,360 adoptions in 2015.

Health Findings:

Of the 54,590 children looked after continuously for 12 months at 31 March 2019 national data indicated:

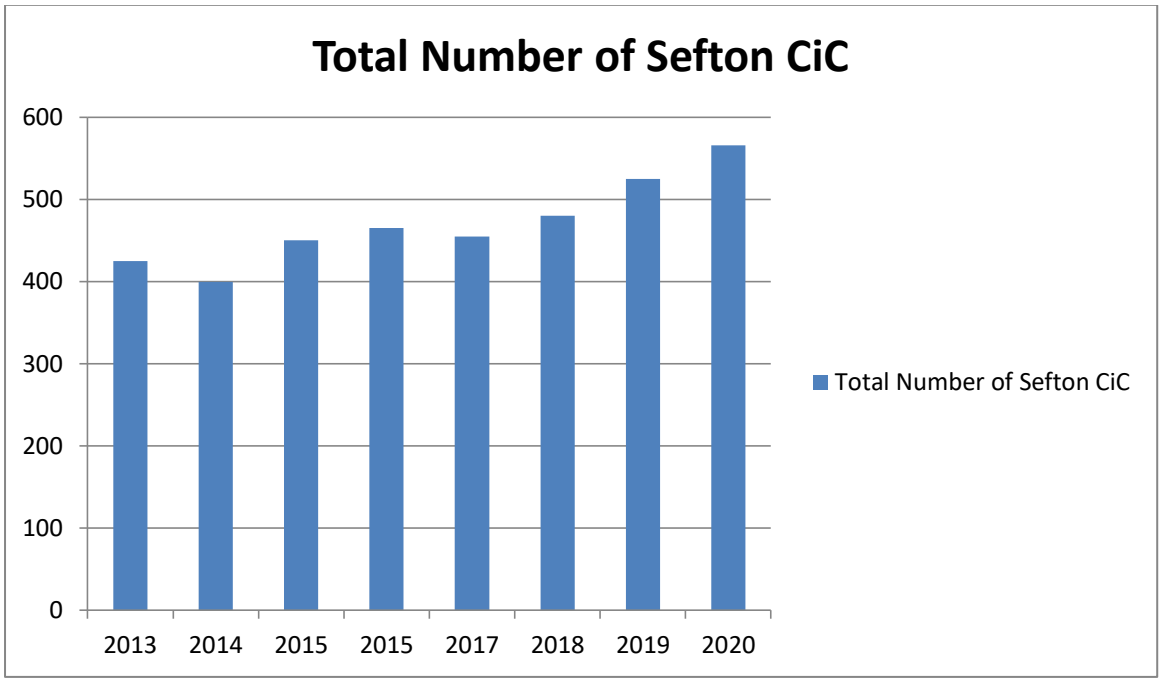
- 87% were reported as being up to date with their immunisations, compared to 85% in 2018
- Older children were less likely to be up to date with immunisations, particularly older males, but this could be influenced by the relatively large number of UASC in this category for whom immunisation history may not be known.
- 90% had their annual health check, compared to 88% in 2018
- 85% had their teeth checked by a dentist, compared to 84% in 2018
- Of the 6,150 children looked after aged 4 years and under, 88% are reported as having development checks up to date, compared to 85% in 2018.

7. Overview of Sefton's Children in Care

7.1 The overall number of CiC for Sefton MBC has remained above the national average per 10,000 population. This is a consistent finding since 2012. As of March 2020 the number of CiC per 10,000 was **98** compared with the average for England which is **65** per 10,000.

7.2 Graph 1 indicates total number of CiC across the borough of Sefton at the end of each financial year. As of 31st March 2020 the total cohort of children in the care of Sefton MBC was **566 (296** male**; 270** female**).** This compares with **525** at the end of 2019 and **480** at the end of 2018 and demonstrates the upward trend in numbers of CiC.

Graph 1 Numbers of Sefton Children in Care (2013 – 2020)



7.3 Whilst the end of year figures above provide an overview, consideration must be given to children who may enter and leave the care system throughout the year so the total number of children cared for over the period that this report covers is higher.

7.4 In 2019-2020 **167** children entered care in Sefton and **129** ceased to be looked after. Children can cease to be Looked After by the LA for a variety of reasons including they:

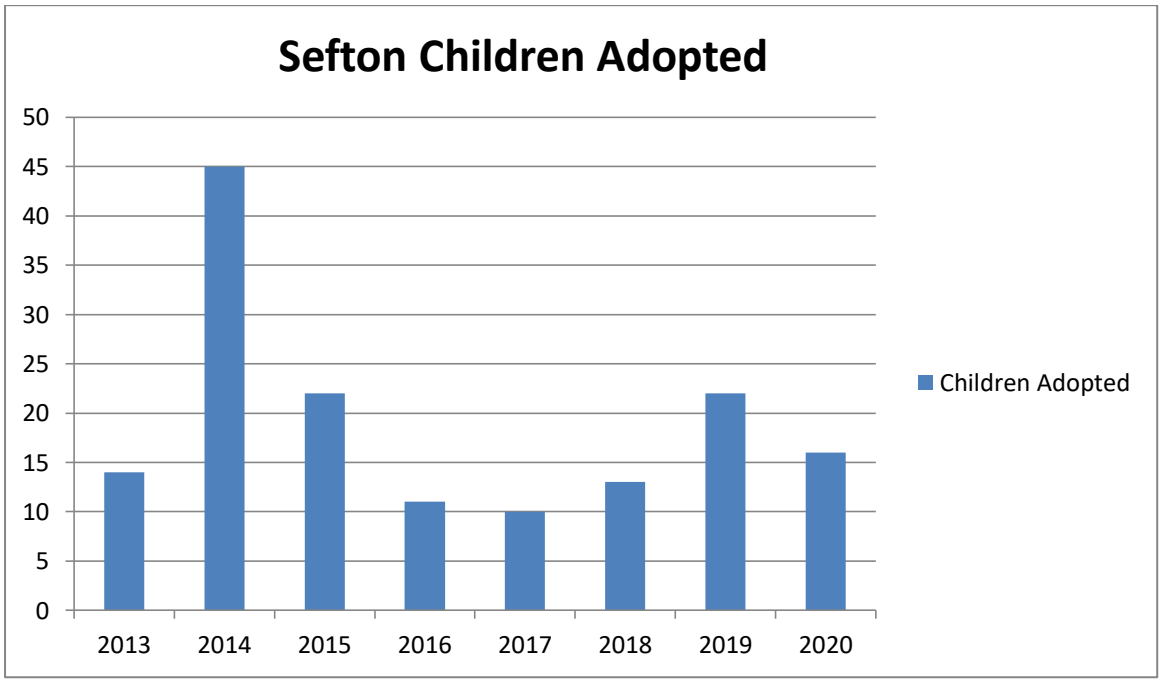
- Return to birth family
- Become subject to a Special Guardianship Order (SGO) or a Residence Order
- Transition to adulthood, independence and become Care Leavers
- Are adopted

7.5 An Ofsted inspection in 2016 raised concerns regarding the high proportion of CiC in Sefton who were placed at home with parents (**21%**). At the end of March 2018 this had been reduced to **17%** and at the end of March 2019 this figures was slightly up to **17.8%**

and equated to **94** children. At the end of March 2020 this has again reduced to **16.9%** and equated to **96** children. Children placed at home with parents often pose additional challenges for CiC health services. Those CiC placed with parents are less likely to engage with statutory health assessments, have had routine immunisation or have attended the dentist for regular check-ups compared with their counterparts in foster placements. The CiC health teams therefore spend additional time resources trying to engage and support these CiC and their parents to access health services in order to improve health outcomes.

7.6 Sefton has seen a decrease in children being adopted in year with **16** of those ceasing to be looked after and achieving permanency via this route. This is a decrease of **6** children from 2018-19 (see Graph 2).

Graph 2 Sefton Children Adoption (2013 – 2020)



8. Sefton Children placed out of Borough

8.1 Where a CCG or a LA, or both where they are acting together, arrange accommodation for a CiC in the area of another CCG, the "originating CCG" remains the responsible CCG, and as such retains health commissioning responsibilities. Sefton MBC place between **140-190** children out of Borough but for whom the Sefton CCGs are the originating CCGs. A large proportion of these children are placed the Merseyside area however Sefton MBC place children across England with a small number placed in Wales.

8.2 Assurance around health needs being addressed for these CiC is sought via the utilisation of robust quality assurance process, audit and scrutiny. Escalation processes are embedded between NHS commissioned health teams and the Designated Nurse CiC

if difficulties in the completion of health assessments and access to health services are identified.

8.3 During 2019-20 the Designated Nurse CiC was made aware of **11** requests for Initial Health Assessments (IHAs) and **141** requests for Review Health Assessments (RHAs) for Sefton children placed out of area. These request were both slightly lower in number than in 2018-19. A number of these were duplicate requests for children under 5 years of age. However, it must be recognised that the number of requests for health assessments over the year does not equate exactly to the number of CiC placed out of area as the number of CiC over the year changes as do placements and placement areas.

9. Children placed in Sefton from other Authorities

9.1. *Who Pays? Responsible Commissioner Guidance* (NHS England, 2013 [updated August 2020]) states that individual CCGs have a responsibility for children and young people placed in the area whom are receiving a primary care service. However, for CiC, the overall responsibility for co-ordinating the statutory health assessment remains with the originating CCG.

9.2 During 2019-20 the Designated Nurse CiC was made aware of **54** requests for IHAs for Children in Care to Other Local Authorities (CiCOLAs). However, **10** of these were cancelled by the placing area before the IHAs took place with a further **2** being cancelled after children did not attend for appointments. This means that **42** IHAs were completed for CiCOLAs which is a slight increase of **2** on 2018-19. There were also **266** requests for RHAs for CiCOLAs, however 48 of these were cancelled before RHAs were completed due to i) children ceasing to be in care ii) children moving area iii) incorrect requests or iv) other arrangements being made for completion of the assessments by the placing area health team. This means that **218** RHAs were completed for CiCOLAs which was a slight increase of **16** on 2018-19. It is estimated that **200+** CiCOLAs will be living in the Sefton area at any one time. It must be recognised that the number of requests for health assessments over the year does not equate exactly to the number of CiC as the number of CiC over the year changes as do the placements.

9.3 Decisions to place children outside of the originating LA area often relate to placements with family members or children requiring provision to assist in reducing risks related to child exploitation, missing from home or offending behaviours.

9.4 CiC should never be refused a service, including mental health interventions, on the grounds that their placement is short-term or unplanned. CCGs and NHSE/I have a duty to cooperate with requests from LAs to undertake health assessments and help them ensure support and services for CiC are provided without undue delay. LAs, CCGs, NHSE/I and Public Health England must cooperate to commission health services for all children in their area.

10. Ethnicity

10.1 According to national data the majority of CiC in England are of white ethnicity; **74%** of CiC at 31st March 2019 were white; **10%** mixed ethnicity and **8%** were of Black or Black British ethnicity. Since 2015, the proportion of CiC of white ethnicity has decreased steadily from **77%**. It is likely this change is due to the broadly non-white make up of UASC a group which has grown in numbers in recent years.

10.2 Sefton MBC data as of 31st March 2020 indicates that of the **566** of Sefton's CiC, **535** are of white ethnicity (**94.5%); 23** are of mixed ethnicity (**4%**); 3 are of Asian or British Asian ethnicity (**0.53%**) and **5** were identified as other ethnic groups (**0.88%**). This data is similar to that of the previous year.

10.3 Sefton MBC data indicates that only **2** CiC were UASC as of 31st March 2020. This equates to **0.35%** of the Sefton CiC population and is slightly down on the data for 2018-19 when there were **3** UASC which equated to **0.6%** of the Sefton CiC population.

11. Commissioning arrangements of NHS health provision for Children in Care in Sefton

11.1 Sefton CCGs are responsible for commissioning the dedicated CiC health services in Sefton which include the statutory IHA provision which is commissioned from Alder Hey Children's NHS Foundation Trust (AHCH) (see 11.2) and the CiC health team commissioned via Mersey Care who sub-contract to North West Boroughs Healthcare NHS Foundation Trust (NWBH) (see 11.3). In 2019-20 reporting period the Specialist Mental Health Services (see 12) is also commissioned from AHCH Trust.

11.2 **Alder Hey Children's NHS Foundation Trust (AHCH)**

11.2.1 AHCH delivers the medical services for CiC and those with a plan of adoption. The team includes a Clinical Lead for CiC, experienced Paediatricians with expertise in neurodevelopment, and a Specialist Nurse for CiC and adoption, in addition to dedicated administrative resource. The team is further supported as a result of organisational arrangements which embed the service within the overall Safeguarding Service at the Rainbow Centre base in AHCH. Additional resource is available from the Community Paediatric Team and Medical Advisors, who together, complete all IHAs and adoption medicals for children in the Sefton area.

11.2.2 The Medical Advisors are involved in all stages of the adoption process for children and adults. Medical Advisors also attend permanence panels and are responsible for analysing medical information for foster carers and prospective adopters.

11.2.3 Sefton CCGs commission AHCH to provide the Designated Doctor for CiC function. This post is jointly commissioned with Liverpool CCG. The post was undertaken by Dr Jonathan Chahal at the start of 2019-20 and then transferred to Dr Varsha Sadavarte as of 1st September 2019. Whilst being an experienced Designated Doctor from the Stoke area but new to Merseyside Dr Sadavarte's main priorities were to complete formal induction and integrate with the local services to develop better understanding of the

Mersey region. Since September 2019 Dr Sadavarte has held some provider responsibility, including CiC clinics, whilst also offering specialist advice relating to the adoption clinic and adult health issues.

11.3 **Mersey Care NHS Foundation Trust / North West Boroughs Healthcare NHS Foundation Trust - Children in Care Health Team**

11.3.1 The CiC health team was previously hosted by Liverpool Community Health NHS Trust (LCH) in a co-located service responsible for provision to both Sefton and Liverpool CiC as part of a wider Adult and Children's Safeguarding offer. In June 2017 with the dissolution of LCH, the Sefton CiC health team transacted to Mersey Care NHS Foundation Trust (Mersey Care), with an agreed subcontracted arrangement to NWBH. The dissolution of LCH affected the ability of provider services to maintain a consistent, high standard of service to CiC. Performance was monitored throughout 2017-18 with limited, or no significant improvement.

11.3.2 In late 2017-18 NWBH commissioned an independent review of their Safeguarding and CiC service which was followed by a proposed new model of service delivery which included the development of a bespoke CiC health service. Following a period of staff consultation and associated HR processes, NWBH began the introduction of the bespoke CiC health team in September 2018 with the team being fully recruited to by the end of March 2019. Performance was again monitored in 2018-19 with a number of improvements evident.

11.3.3 The CiC team is commissioned to deliver specialist CiC health care services to school aged CiC and 16 and 17 year olds, both Sefton CiC and CiCOLAs. However responsibility for delivery of services for those under school age remains with the NWBH Sefton 0-19's service with oversight and support from the Named Nurse LAC. In addition the Named Nurse LAC has oversight and responsibility for the management of requests for out of borough CiC health teams to deliver care, in particular IHAs and RHAs, for Sefton children placed out of area.

11.3.4 Given that the bespoke CiC health team was still relatively newly formed and newly developing service during 2019-20, the Designated Nurse CiC was supported by the CCGs to provide operational support to the team, quality assuring health assessments and providing expert 'hands-on' advice and guidance. The level of operational support provided by the Designated Nurse CiC has been significantly over and above that expected by Designated Nurses during 2019-20 however will be withdrawn from the start of the next financial year.

11.3.5 Given the additional operational support provided by the Designated Nurse CiC and as the newly formed CiC team became more established during 2019-20 it was identified that the CCG resource into the CiC service needed to be increased. The Designated Nurse CiC therefore submitted a business case to the CCG Leadership Team which was approved and additional funding was provided to Mersey Care for two further nurses and an additional administrator. The recruitment to the additional nursing posts was completed by the end of 2019-20 with recruitment to the administrative post confirmed for early 2020-21.

11.3.6 At the end 2019-20 the establishment of the CiC team included a Named Nurse LAC; a Specialist Nurse LAC; three Enhanced LAC nurses; two LAC nurses and two administrators.

12. Statutory Assessments

12.1 **Initial Health Assessments**

12.1.1 IHAs are required to be completed and returned to the Local Authority within 20 working days of a child entering care. All IHAs should be completed by a qualified medical practitioner which is a requirement set out in statutory guidance. The IHA should result in a health plan, which is available to the Independent Reviewing Officer (IRO) in time for the first statutory review meeting.

12.1.2 To succeed with the 20 working day timescale, there is a reliance on the establishment of partnership working and excellent communication pathways. The LA and commissioned CiC health services must work proactively together to facilitate timely assessments. Previous changes to the notification process resulted in an automatic alert being generated to the CiC health team via the LA record system (Liquid Logic), however further exploration of this system resulted in the identification that notifications were not always at the point of the child entering the care system. This was due to a combination of the notification system itself and a recording issue within the LA and has contributed to a delay in completion of IHAs for some children. The notification system was further amended in March 2020 with the anticipated outcome that the CiC health team will receive the notification in a more timely way. The impact of these changes will reported in the CCG CiC annual report for 2020-21.

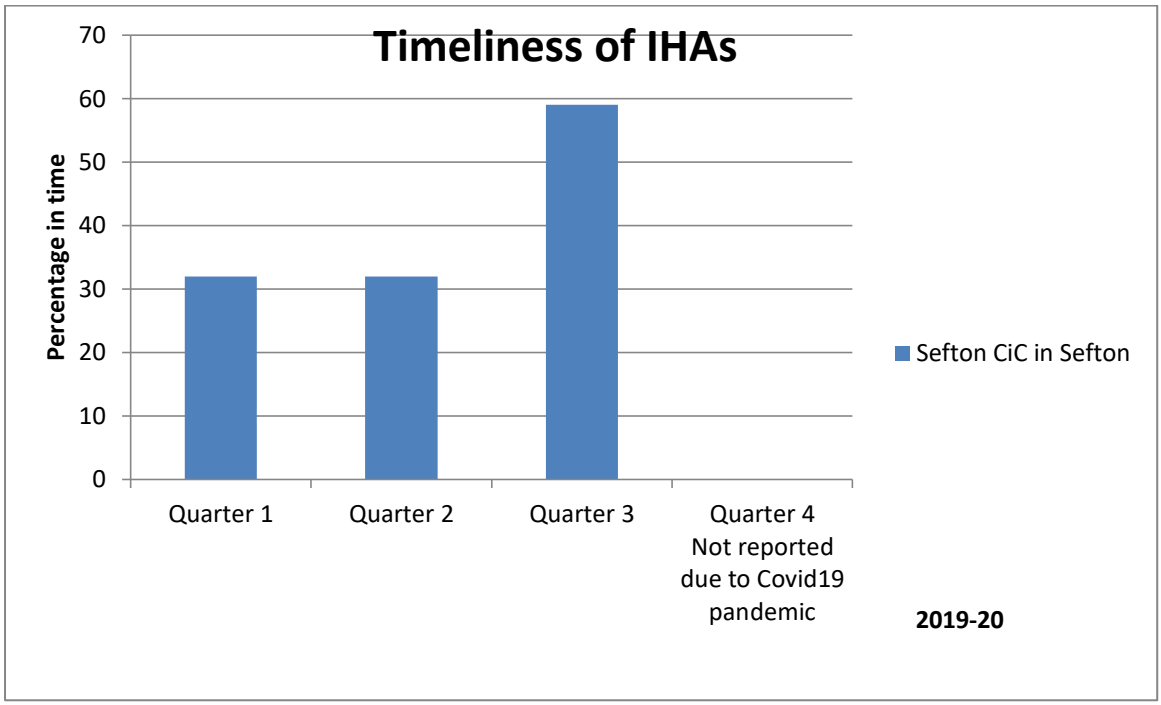
12.1.3 Timely notification is just one step within the IHA pathway to be completed if compliance with statutory timescales is to be achieved. Streamlined provision that considers available resource, robust communication and a shared understanding of practitioner/organisational responsibilities is also required.

12.1.4 In 2019-2020, the Designated Nurse CiC was alerted to **167** children who entered the care of Sefton MBC however only **141** of these required an IHA to be completed. The difference between the number of children entering care and the number who require an IHA relates to those children who entered care briefly and left before the 20 day timeframe including those who turned 18 years of age before the 20 day timescale was complete. It also includes CiC whose care was transferred to Sefton MBC from other LAs and the IHAs had been completed whilst responsibility sat with the original authority.

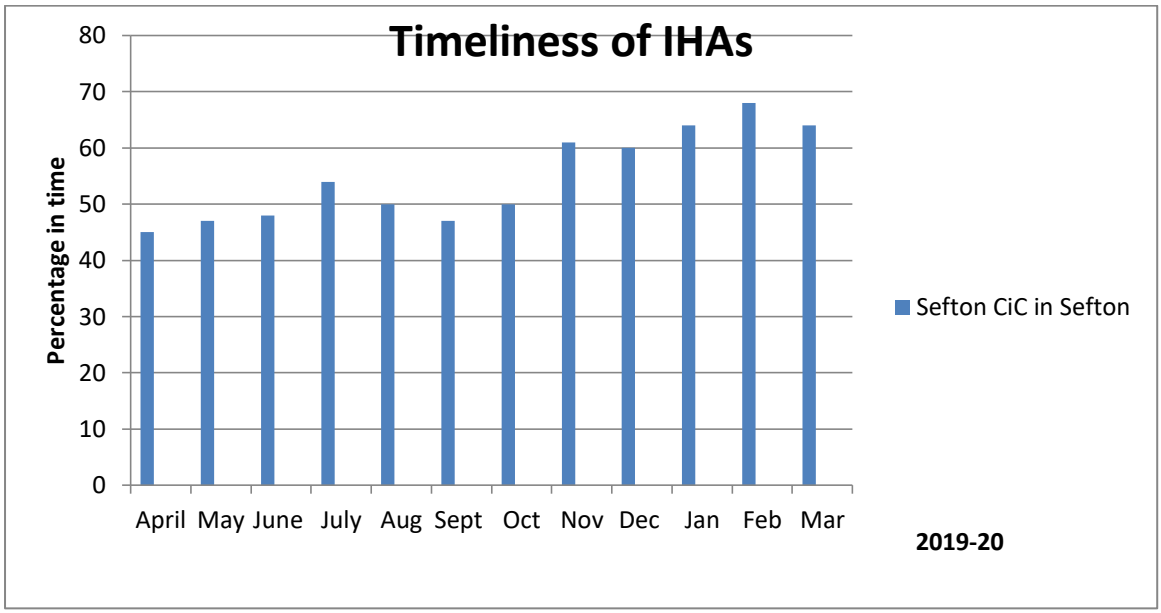
12.1.5 Due to the Covid19 pandemic at the end of Q4 and the CCG decision to step down Safeguarding and CiC KPI reporting for Q4, Graph 3 provides only a limited depiction of compliance with IHAs during 2019-20 and does not provide any real sense of IHA compliance over the year. Therefore, Graph 4 has been included in this annual report to represent the general trend of IHA compliance throughout 2019-20. The data used in Graph 4 has been kindly shared by Sefton LA with the Designated Nurse CiC as part of

the LA monthly Planning and Performance meetings and provides the data collated on a rolling year basis.

Graph 3 Timeliness of Initial Health Assessment for Sefton CiC - per quarter 2019-2020



Graph 4 Sefton Local Authority Data -Timeliness of Initial Health Assessment – 2019-20 (data compiled on a rolling 12 month period)



12.1.6 Using Sefton LA performance data, at the end of March 2020 **64%** of Sefton children new into care during 2019-20 had their IHAs completed and returned to Sefton LA within statutory timescale. This is an improvement from **50.3%** in 2018-19 and from **39%** in 2017-18.

12.1.7 There is a clear requirement to continue to build on the improved IHA performance seen in 2019-20. Part of this ongoing improvement journey has been to identify the barriers to achieving compliance in order to try and implement resolutions to reoccurring themes that prevent compliance with statutory timescale. All breaches against IHA performance are reported to the CCG on a quarterly basis. During 2019-20 the main reasons for IHAs not being returned to Sefton LA within statutory timescales have been:

- Children not being brought to appointments "Was Not Brought" (WNB) which is a particularly noticeable in relation to CiC placed at home with parents
- Older teenagers declining to attend or who have been 'missing' at the time of the IHA
- IHA appointments being cancelled by carers or the LA due to clashes with Court processes, children's contact, transport reasons or for convenience purposes
- Large sibling groups entering care at the same time thus reducing availability of IHA appointments for other CiC entering care
- Out of area health teams being unable to provide IHA appointments within timescale
- Late notification to the CiC health team of children entering care
- Paediatrician illness resulting in cancellation of IHA clinics and/or delayed return of IHAs

12.2 **Review Health Assessments**

12.2.1 RHAs are a statutory for all CiC and are required to be completed every six months for children until after their 5th birthday and annually thereafter. The RHA is a holistic health assessment including emotional wellbeing and physical health. The recommendations and health action plan from all RHAs are shared with the child's social worker (SW) and IRO in order to help decision making and action planning for the child.

12.2.2 Health Visitors complete RHAs for the majority of CiC who are of pre-school age. At the start of 2019-20 School Nurses within the 0-19 service completed the annual RHAs for approximately 120 school aged CiC. The remaining RHAs for school aged CiC and those 16 and over were completed by the new bespoke CiC health team that was introduced in September 2018. At the end of the reporting year the responsibility for all school aged CiC and those over school age had been transferred to the bespoke CiC health team.

12.2.3 Throughout 2019-20 RHAs have been quality assured against an agreed quality assurance tool. This quality assurance has been undertaken for RHA completed for Sefton CiC placed in Sefton, Sefton CiC placed out of borough and CiCOLAs. RHAs which fall significantly below the required standard continue to be returned to the assessing practitioner for amendment. Those which just fall short of the standard have been amended by the Designated Nurse CiC or other quality assuring practitioner and

any amendments made recorded within the quality assurance section of the RHA documentation. RHAs undertaken by the Sefton 0-19s service have been of a variable quality at times but overall improvements have been seen and continue to be made. RHAs completed by the bespoke CiC team are of a consistently good standard.

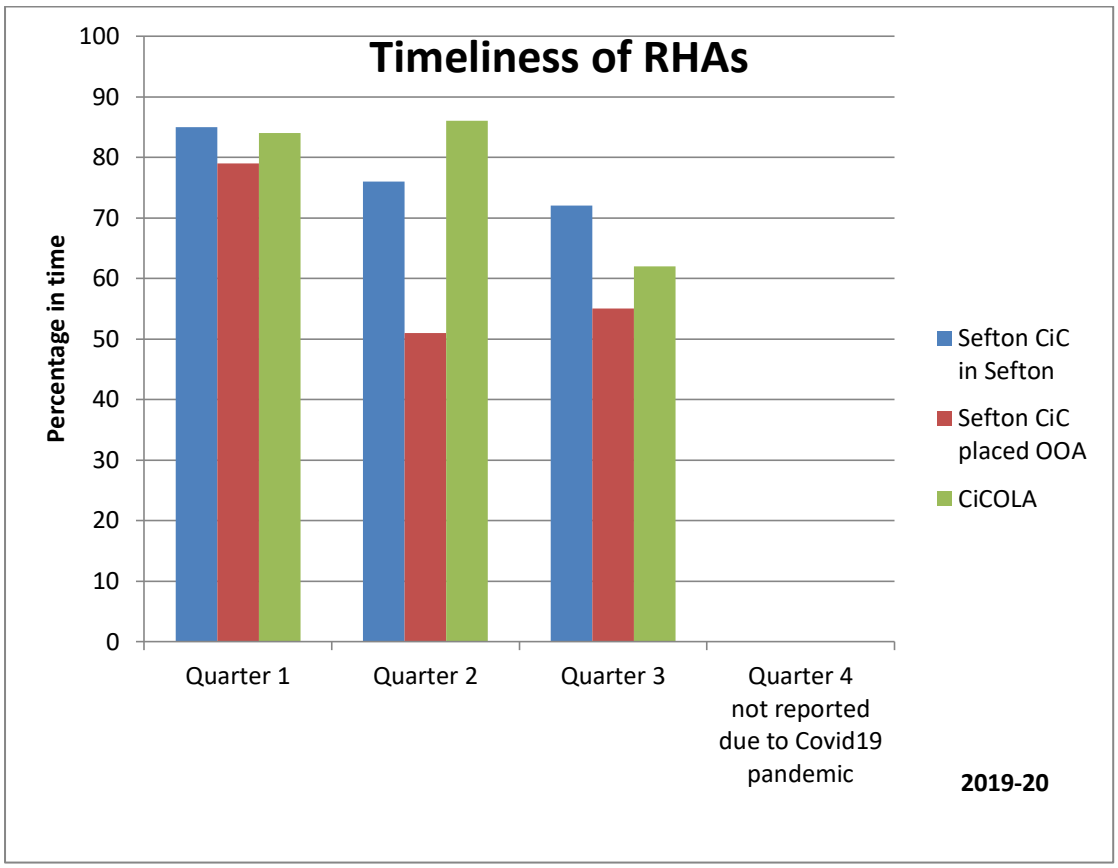
12.2.4 Whist improvements in the quality of RHAs have been seen, the timeliness of completion has remained a challenge during 2019-20, particularly for Sefton CiC living out of the Sefton borough. Similar to IHAs, the RHA process for completion of assessments for CiC living out of borough is reliant on the performance of external health services. However, the ultimate responsibility and oversight for the completion of RHAs for Sefton CiC living out of borough remains with the Sefton CiC health team.

12.2.5 The CCG monitors performance against RHAs via Key Performance Indicators (KPIs). KPIs for completion of RHAs are based around the month the RHA is due to be completed. Therefore, if a health assessment is completed the following month it fails to achieve the KPI. All breaches against the KPI are reported to the CCG on a quarterly basis. Key reasons for CiC not having RHAs in the month due in 2019-20 have been:

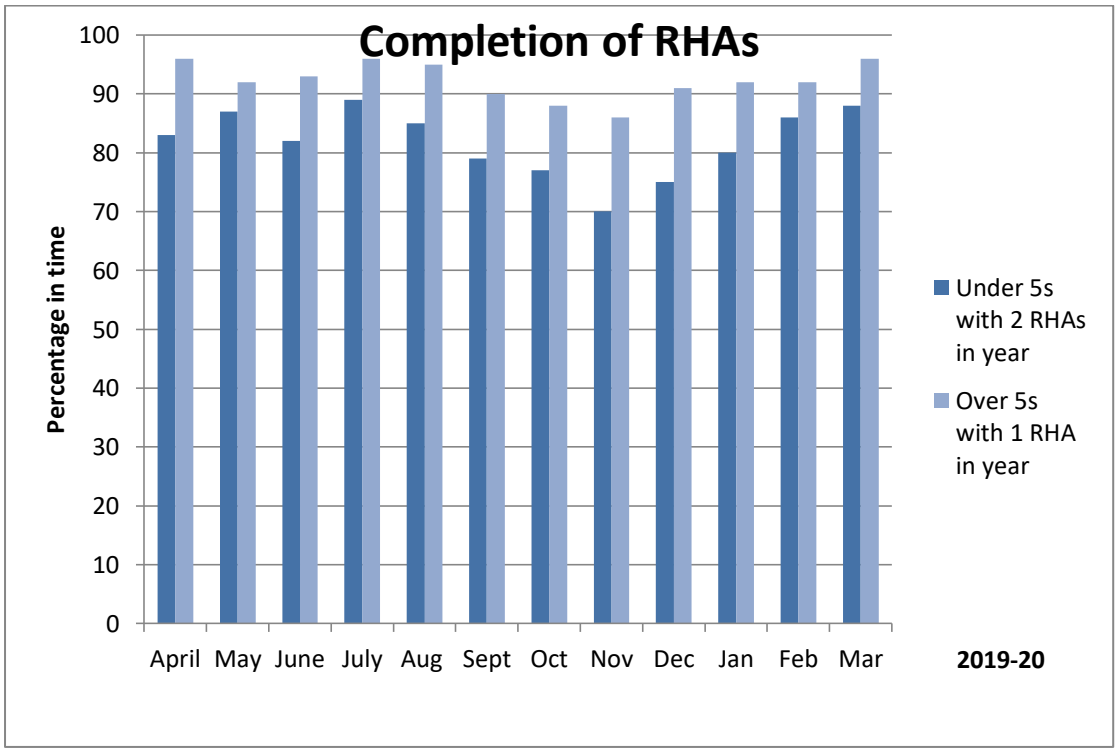
- Challenges engaging parents for CiC placed at home with parents
- Teenagers declining to participate in RHAs or being 'missing' at the time the RHA is planned
- CiC moving areas once RHAs already requested resulting in requests for RHAs having to be redirected to new area health teams
- Nursing resource and capacity issues such as vacancies and sickness in Sefton and in out of borough health teams

12.2.6 Graph 5 depicts the timeliness of RHAs using KPI data for 2019-20. Due to the Covid19 pandemic and stepping down of KPI reporting for Q4, Graph 5 provides only a limited depiction of completion of RHAs 2019-20. Therefore Graph 6 has been included in this annual report to represent the general trend of RHA compliance throughout 2019-20. The data used in Graph 6 has been kindly shared by Sefton Local Authority with the Designated Nurse CiC as part of the Local Authority monthly Planning and Performance meetings and provides the data collated on a rolling year basis.

Graph 5 Timeliness of Review Health Assessment 2019-20



Graph 6 Sefton Local Authority Data – Completion of Review Health Assessments 2019-20 (data compiled on a rolling 12 month period)



12.2.6 The number of children who have been looked after for a period of twelve months or more, who have received their statutory review health assessment, is recorded by the LA as part of the SSDA903 return to the Central Government (see section 13 for further information).

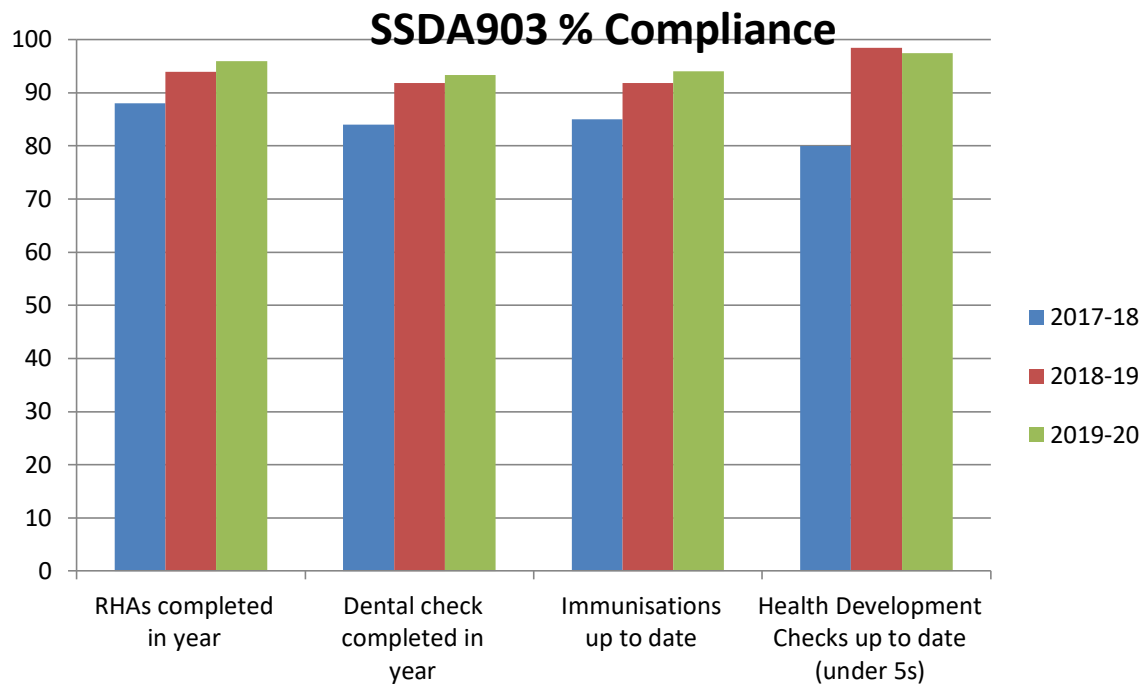
12.2.7 Whilst the publication of national SSDA903 health data is not expected until November 2020, it is possible to provide a projection of the anticipated return using information provided by both NWBH 0-19 service and Sefton MBC.

12.2.8 A cohort of **436** children was identified as being 'Looked After' for a period of more than one year and therefore eligible for reporting within the SSDA903 return; **418** children had a RHA undertaken within the reporting period (**95.9%**) which is an increase of **2%** on last year**.** The current national average for completion of annual health assessments is **90%**. It must be noted, however, that this performance is related to completion of health assessments within year and not timeliness of those assessment.

13. National Health Indicators – Sefton Children

13.1 Children who have remained in care for a period of more than one year should experience an improved quality of life, not least of all evidencing improvements in holistic health. The SSDA903 return provides crucial data to both the LA and CCGs in understanding the needs of this cohort to enable the commissioning of health services which are able to focus on improving outcomes. Graph 7 provides percentage compliance against the SSDA903 for 2019-20, as compared against 2017-18 and 2018-19.

Graph 6 SSDA903 - % compliance 2017-18; 2018-19 and 2019-20



13.2 **Dental Health**

13.2.1 All CiC and their carers are encouraged to register with a local dentist of their choice with advice relating to oral hygiene being provided by health practitioners completing statutory health assessments. Practitioners completing children's health assessment must record the dental practice and dates of appointments attended. This information assists the LA in confirming compliance with routine dental checks as part of the SSDA903 return.

13.2.2 Anticipated performance indicates that **407** out of **436** were up to date with recommended annual dental examinations (**93.3%**); this is an increase of **1.5%** on last year and is above the current national and North West average both of which are **85%**.

13.3 **Immunisations**

13.3.1 Research suggests that CiC often enter the system with incomplete immunisations. It is therefore a priority of the LA and health care providers to ensure that these children are brought in line with the national immunisation schedule as recommended by Public Health England (PHE).

13.3.2 Anticipated performance indicates that **410** children out of **436** children were up to date as per current immunisation schedule (**94%**); this is an improvement of **2.2%** on last year and is above the current national and North West averages for CiC which are **87%** and **91%** respectively.

13.4 Health Development Checks

13.4 Health Developments Checks are completed for all children aged under 5 years. For purposes of the SSDA903 a child is considered up-to-date if child health surveillance or child health promotion checks have taken place by 31st March, even if they took place later than they should have done. If a child has missed all their previous health checks except the most recent, they should still be counted as being up-to-date. At 31st March 2020 **97.4%** of under 5's were up to date with health development checks. This equates to **74** out of **76** CiC being up to date. This is a slight decrease on 2018-19 whereby **98.4%** was achieved however is still significantly above the England average of **88%** and the North West average of **80%.**

13.5 **Strengths and Difficulties Questionnaire**

13.5.1 CiC are twice as likely to have a diagnosable mental health disorder as their peers. This is in view of their pre and post care experiences which can include attachment difficulties, trauma and the effects of abuse on the developing brain. It is therefore important to measure, on a regular basis, the emotional and behavioural difficulties experienced by CiC. This is achieved via the Strengths and Difficulties Questionnaire (SDQ) which is a clinically accepted brief behavioural screening questionnaire for use with 4-16 year olds. It is internationally validated and simple to implement and is the identified tool within statutory guidance for assessing the emotional well-being of CiC.

13.5.2 The SDQ provides information to helps professionals form a view about the emotional well-being of individual children. It is a requirement of the SSDA903 that LAs must ensure that the child's main carer (a foster carer or residential care worker) completes the two-page questionnaire for parents and carers.

13.5.3 The current arrangement for completion of SDQs in Sefton sits with the LA. The process is that information in the completed questionnaires is collected by the LA, with the child's total difficulties score worked out and available to inform the child's RHA. It has previously been highlighted that there is no formal communication process between social care and health providers in regard to the SDQ findings for individual children. The CiC health team therefore started to access SDQ scores within LA records to inform RHAs in 2018-19. This process has become more fully established during 2019-20 which has been evidenced via Designated Nurse CiC audit activity. In instances where there was no available SDQ on records to inform the RHA, actions have been included in the health plan for the LA to arrange for completion of a SDQ.

13.5.4 During the 2019-20 reporting period the LA reported that **290** (**79.2%**) children out of eligible cohort had carers SDQ completed. This is an increase of **27.1%** on 2018-19. This has meant that SDQ scores have been more readily available to include in RHAs. Whilst improvements have been made completion of SDQs has been identified as an area for additional focus for 2020-21 with plans to for the CiC health team to undertake a pilot project of completing the SDQ alongside RHAs. The pilot project is anticipated to commence in December 2020.

14. Specialist Mental Health Services for Children (Sefton Locality)

14.1 The specialist mental health service for children is delivered by AHCH who provide a range of support to professionals, children, young people and their families, to meet both the mental health and emotional needs of those children who live in Sefton. The service is available to all children who meet the criteria for the services, not just CiC. The service is available to CICOLAs as well as Sefton CiC.

14.2 AHCH offers a comprehensive range of evidence based therapies including: Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy (DBT), Interpersonal Therapy for Adolescents (IPT-A), Eye Movement Desensitisation and Reprocessing (EMDR), Family Therapy and Systemic Family Practice. These evidence based therapies are recommended by the National Institute for Clinical Excellence for the clinical presentations of anxiety, depression, emotional dysregulation, self-harm and trauma. Family therapy and systemic family practice are recommended for conduct difficulties and self-harm. The service also offers neuropsychological assessment when this is indicated as part of a mental health treatment plan.

14.2 The AHCH Crisis Care team provide the unplanned service which includes telephone support to children and young people in crisis. They are able to offer emergency, next day appointments to children and young people. These appointments are available to children who are known or new to the service. The team also provide Biopsychosocial mental health assessments of all children who are admitted to hospital who have self-harmed. Any children who need an emergency mental health assessment can be assessed the same or next day following phone clinical triage, at both AHCH and Ormskirk Hospitals. At the start of the Covid19 pandemic the Crisis Care cover was extended to 24 hours a day, seven days a week.

14.3 It is accepted widely that CiC often present to specialist mental health services with similar difficulties to the general population, although they frequently have more than one problem and a history of significant adverse early life experiences. Engaging some young people can take time and often alternative approaches are required.

14.4 The CiC assessed by Sefton socialist mental health services during this reporting year often presented with multiple difficulties, emotional dysregulation and self-harm. In addition, common themes noted were a high prevalence of attachment issues, low mood, and anxiety. These common features are in line with those of CiC nationally.

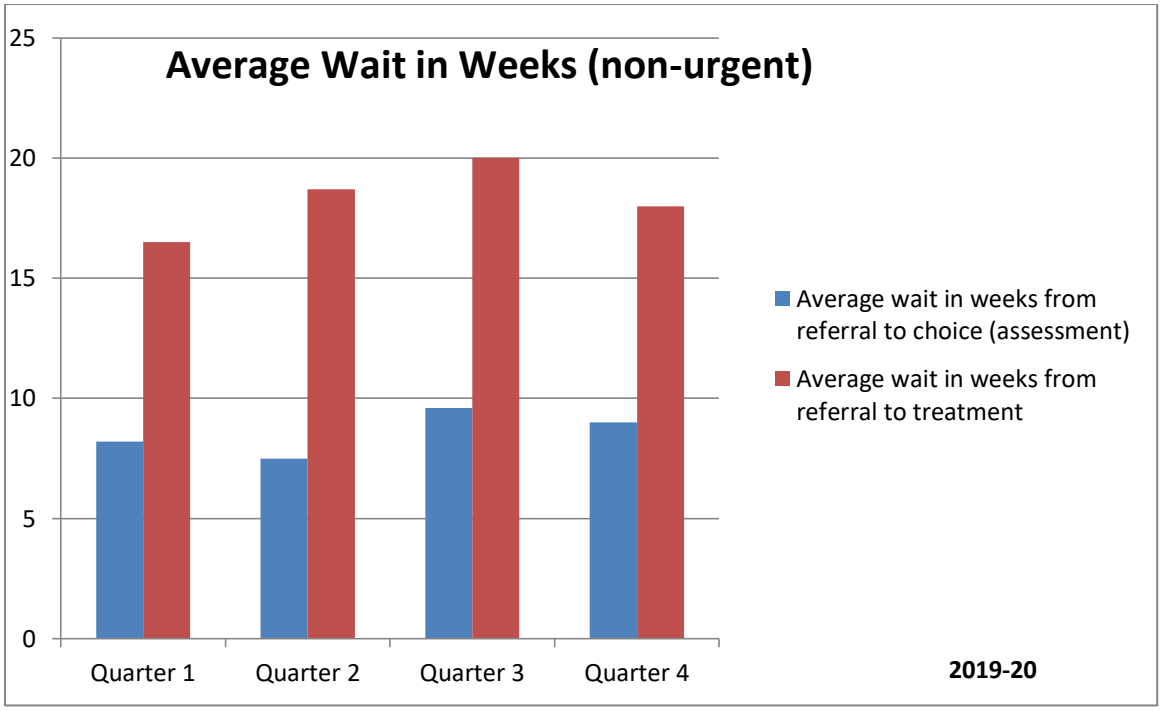
14.5 Whilst there are no national waiting time standards for specialist mental health services the service reports waiting times to the CCG locally and waiting times and access are reported nationally through the Mental Health Dataset. During the year there have been ongoing scrutiny of waiting times for specialist mental health services.

14.6 Average waiting times for the service increased in 2019 and Alder Hey set an internal improvement target of 92% of children receiving a Choice assessment within 6 weeks of referral and treatment within 18 weeks of referral to be achieved by June 2020. The service was on target at the beginning of March 2020 however due to the impact of the Covid19 pandemic, staff redeployment and staff sickness the service was behind the planned trajectory by the end of March 2020. Please see Graph 7.

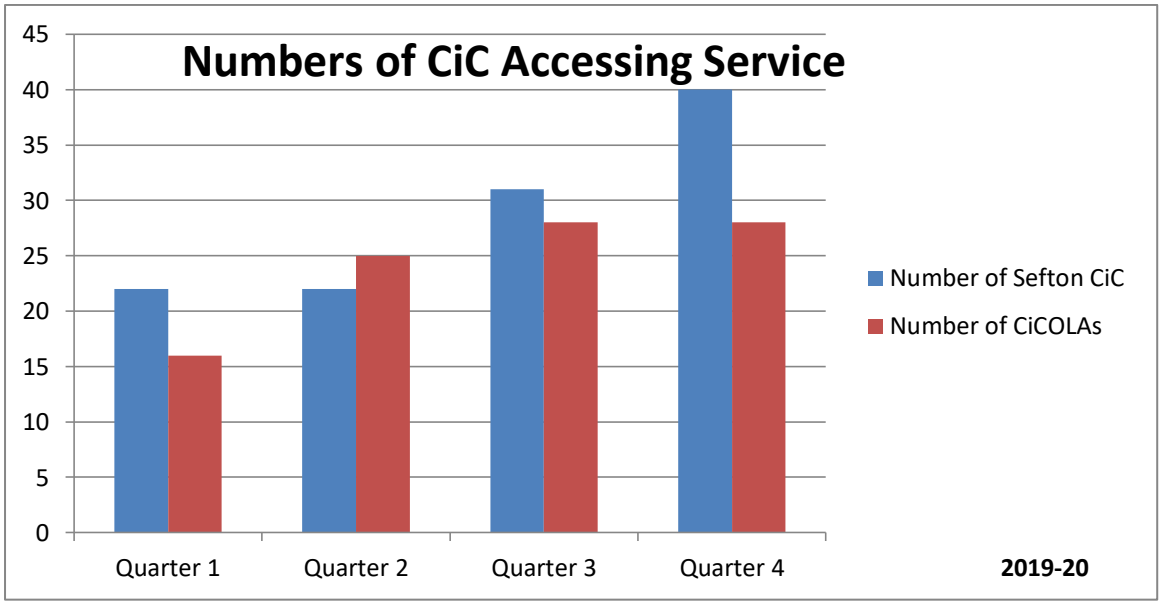
14.7 Over the year there has been an increase in the number of both Sefton CiC and CiCOLAs accessing Sefton's specialist mental health services. Please see Graph 8.

14.8 The number of appointments offered to Sefton CiC during the year has increased. However, many factors affect the uptake of these appointments including CiC not wishing to or feeling well enough to attend appointments or children being in hospital or missing at the time of their appointments which has resulted in only approximately 65% of offered appointments being utilised. The number of patent cancelled appointments and CiC not being brought to appointments has remained broadly static through the year. The number of appointments cancelled by the service increased slightly in Quarter 4 which was related to staff being unwell with Covid19 illness and service adjustments to working remotely. Please see Graph 9 for analysis of appointments for Sefton CiC.

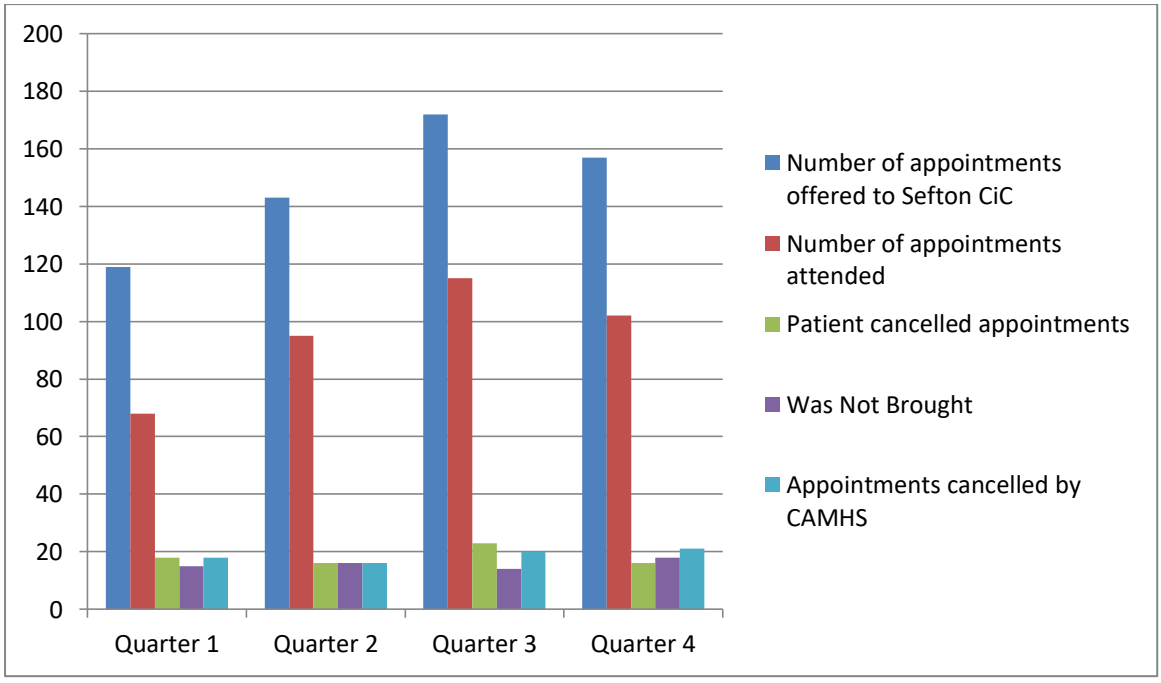
Graph 7 Specialist Mental Health Services Average Waiting Times in Weeks (non-urgent)



Graph 8 – Numbers of CiC Accessing Sefton Specialist Mental Health Services



Graph 9 – Analysis of appointments



15. Safeguarding Children in Care

15.1 The *Real Voices* report on child sexual exploitation (CSE) (*Coffey, 2014*) stressed that CiC are particularly vulnerable due to their higher levels of emotional health difficulties and special education needs. Additionally, it highlighted the risks to children who go missing from care raising concerns that despite legislation, other LAs and independent children's home often fail to notify the receiving LA area when children move in from other areas.

15.2 Children who are considered to be at high risk of being sexually exploited, and those who are considered as currently being sexually exploited, continue to be referred for discussion at the Multi Agency CSE Panel (MACSE). Representatives from agencies working directly with the child are invited to attend to ensure the Multi Agency CSE Plan is appropriate.

15.3 In April 2016 NHS England directed all CCGs and Provider services to identify a nominated lead for CSE. The nominated lead for Sefton CCGs is the Designated Nurse for Safeguarding Children.

15.4 One in five children and young people who go missing from home or care are at risk of serious harm (*Coffey, 2014*). There are significant concerns about the links between children running away and the risks CSE. Missing children are also vulnerable to other forms of Child Exploitation (CE) including violent crime and gang exploitation.

15.5 Sefton MBC is required to submit data on an annual basis with regard to CiC who are reported as 'missing'. A total of **68** CiC were recorded as having a missing incident in 2019-20; **477** episodes of 'missing' were recorded against these children with an average of **7.1** incidents per child. The average number of incidents per child has increased by **0.2** this year.

16. Care Leavers

16.1 *Promoting the Health of Looked after Children* **(***DfE/DH, 2015***)** states that CCGs have a role in commissioning health provision taking into account the specific requirements for young people identified as care leavers in the Children (Leaving Care) Act (2000). They are required to ensure that plans are in place to enable young people leaving care to continue to obtain the healthcare they need and that arrangements are in place to ensure a smooth transition for those moving from child to adult health services.

16.2 On leaving care, young people are provided with a health passport (known in Sefton as a health journal) providing details of their medical history and advice on navigating universal health services, with health provision provided within Primary Care.

16.3 CCGs and LA responsibility for the transition arrangements of young people leaving care to adults services is set out in *Nice Guidance - Transition for YP using health and social care services* and *Statutory Guidance on promoting the health of LAC and Care leavers (DfE/DH, 2015)*. In the 2017-18 reporting period a metric was introduced within the KPI schedule in relation to health journals. In 2018-19 **26** leaving care passports were issued which was an increase on of **5** on the previous year. In 2019-20 the CiC

health team have experienced challenges throughout the year in completing health journals which has been reported as being related to staffing resource. This will be an area of particular focus for 2020-21 in order to ensure that all outstanding health journals and issued and monitor ongoing performance.

17. Role of Primary Care

17.1 Primary Care providers have a vital role in the identification of the health care needs of children and young people who are in or leaving care. They often have prior knowledge of the child/young person and have statutory responsibilities to:

- Accept CiC as a registered patient
- Act as an advocate for the child, contribute and provide summaries of the health history of a child who is in care, including their family history to inform the Statutory Health Assessment process and legal proceedings e.g. adoption
- Ensure that referrals to specialist services are timely, taking into account the needs and high mobility of CiC
- Ensure the clinical records make the 'looked after' status of the child clear, so that particular needs are acknowledged and forwarded for each statutory health review.

17.2 The GP held patient record is a unique health record and is able to integrate all known information about health and events, to provide an overview of health priorities and to review that health care decisions have been planned and implemented.

17.3 Copies of individual health action plans should be provided to GP practices via the Sefton CiC health team, to ensure that the lead clinical record is updated and health needs followed up within the Primary Care setting. As yet this process has not been fully audited. Review of the robustness of this process is required with provider teams needing to clearly demonstrate that information sharing pathways are effective. Evaluation of sharing of health action plans with GPs has been identified as a priority for 2020-21.

18. The Responsible Commissioner

18.1 Sefton CCGs are the responsible commissioners of health services for children who are taken into the care of Sefton MBC. When Sefton CiC are placed out of area it is the responsibility of Sefton MBC, as lead agency, to advise health providers of the placement in order to ensure that children maintain access to relevant health services.

18.2 In Sefton, the sharing of information in relation to children placed out of area is coordinated by the Sefton CiC Health Team following notification by the LA.

19. Payment By Results (PBR)

19.1 The Department of Health with NHS England, Monitor, the Royal Colleges and other partners, have developed a mandatory, national currency and tariff for statutory health assessments for CiC placed out of area. In 2016-17, a standard letter was devised informing all CCGs across England that Sefton CCGs would charge for statutory health assessments in line with the national tariff.

19.2 The process linked to the Payment by Results (PBR) recharge has been strengthened over the year and a robust the framework is now in place with oversight by the Designated Nurse for CiC.

19.3 Assurance is obtained that the completed assessment meets required standards by reviewing against a quality assessment tool. The PBR tariff was aimed at improving quality, access to services and providing resources into local areas to meet the demand.

20. The CCG Safeguarding Team Response to the Covid19 Pandemic

20.1 The CCG Safeguarding Team has continued to prioritise the safeguarding and CiC agendas ensuring the Designated Professionals remain a priority in business continuity planning.

20.2 Existing oversight and assurance processes of the safeguarding agenda have been amended to reflect the additional pressures and planning requirements experienced by some of the commissioned health services. Full safeguarding assurance reporting was ‘stood down’ for Quarter 4, with a request for submission of an exception report of any areas of concern that would have been highlighted within the quarterly submission.

20.3 Contract and Quality Performance Groups have been stood down, however safeguarding exception reporting has continued to be shared through ‘commissioner only’ meetings.

20.4 Regular contact has been made with the CiC leads within the commissioned health services and weekly or fortnightly teleconferences have been held.

20.5 Weekly NHS England (Merseyside & Cheshire) / Designated Safeguarding Professionals teleconference to review localised trends, themes and any emerging issues have been established.

20.6 CCG Safeguarding Business meetings have continued to be held using teleconference facilities. This has been extended to include Designated Safeguarding and CiC Professionals from Liverpool CCG, to support shared learning, support and oversight of the localised health economy.

20.7 CCG representation has been available at Local Authority Covid19 Cell meetings, including the Children and Schools Cell and the Vulnerable Peoples Cell.

20.8 The CCG Quality Team has met three times a week to update on key work streams and share emerging themes or work pressures.

20.9 Designated Safeguarding and CiC Professionals have linked into the National Network of Designated Health Professionals regular teleconferences. These teleconferences share national themes and plans being proposed to manage post surge issues whilst supporting system wide learning and sharing of information.

21. Conclusion

21.1 This annual report has provided an overview of the CiC population both nationally and locally and has outlined the performance of NHS commissioned services during 2019-20.

21.2 The numbers of Sefton CiC has continued to increase year on year with 2019-20 seeing further increases. The CCG has recognised this increase and has invested more monies into the CiC health services contract held by Mersey Care during the year.

21.3 Services provided to CiC in Sefton have been under scrutiny during 2019-20. Since the introduction of the bespoke CiC nursing team in NWBH in September 2018 there has been some improved performance in relation to timeliness of health assessments with further improvements still required. The performance of commissioned services to deliver the statutory standards for CiC has seen significant improvements made in relation to quality of health assessments.

21.4 There have been consistent challenges throughout the year in relation to the issuing of care leaver health journals. This will require additional focus in 2020-21.

21.5 There has been increased numbers of CiC under the care of Sefton specialist mental health services. Waiting times have been subject to scrutiny throughout the year with expected trajectories for reducing waits affected at the end of the year due to the impact of the Covid19 pandemic.

21.6 In depth analysis of KPIs has informed the priorities for the coming year and they are written using recommendations from *Not Seen, Not Heard (CQC, 2016)* to ensure a child-centred approach. The triangulation of this information, in conjunction with a review of the *NHSE/I CCG Commissioning Compliance Tool for Looked after Children and Care Leaver Health Services 'Right People, Right Place, Right Time, Right Outcomes* has helped to provide a contextual view to assist Sefton CCGs in ensuring effective commissioning to meet the health needs of CiC.

22. Key Priorities for 2020-21

Response to the Covid19 pandemic

- *Work with provider health services to continue to navigate new ways of working in response to the Covid19 pandemic whist ensuring that CiC receive health services to meet their needs,*

Children & Young People should have a voice

- *Work with provider health services to further develop a feedback mechanism to gain children and young people's views on the quality of their health assessment.*

Improving outcomes for children: the 'so what' factor

- *Introduction of a new CiC service specification for the community CiC team which includes a pathway for SDQs to be completed in line with review health assessments so that the SDQ can inform the child's health plan in 'real time'*

Quality of information sharing

- *Audit of CiC health assessment information held within GP records*

Transition and access

- *Introduction of a new CiC service specification for the community CiC team which includes the development of a new signposting/advocacy health services for Sefton Care Leavers*
- *Additional monitoring of care leaver health journals*

Leadership

- *Designated Nurse CiC to continue to work within the Cheshire and Merseyside Designated CiC Professionals network to share good practice*

23. References

Coffey, A. (2014) Real Voices: Child sexual exploitation in Greater Manchester
http://anncoffeymp.com/wp-content/uploads/2014/10/Real-Voices-Final.pdf

CQC (2016) Not Seen, Not Heard
http://www.cqc.org.uk/sites/default/files/20160707_not_seen_not_heard_report.pdf

DH/DfE (2015) Promoting the Health and Wellbeing of Looked After Children
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/412486/health_guidance_consultation_response.pdf

HM Gov (2018) Working Together to Safeguard Children
https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

NICE (2013) Looked-after children and young people. Public health guidance 28. 2010 (modified April 2013).
http://www.nice.org.uk/guidance/ph28N

NICE (2013) Quality standard for the health and wellbeing of looked-after children and young people. NICE quality standards [QS31]. April 2013.
https://www.nice.org.uk/guidance/qs31

NICE (2016) Guidance Transition for YP using health and social care services.

NHS England (2014) Outcomes Framework 2014/15: Domain 4: Ensuring people have a positive experience of care, Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015

NHS England (2018) Unwarranted Variation for LAC - National Dip Sample audit of statutory timescale for Initial Looked After Children's (LAC) Health Assessments

NHS England/NHS Improvement (2019) Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework
https://www.england.nhs.uk/publication/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs-safeguarding-accountability-and-assurance-framework/

NHS England (2020) Who Pays? Determining responsibility for payments to providers.

Public Health England (2013) Public Health Outcomes Framework 2013/16: Domain 1 Improving the wider determinants of health, Domain 2 health improvements.
http://www.phoutcomes.info/

RCPCH (2015) Looked after children: knowledge, skills and competence of health care staff
http://www.rcpch.ac.uk/improving-child-health/child-protection/looked-after-children-lac/looked-after-children-lac

The Children Act 1989/2004

Children (Leaving Care) Act 2000

NHS South Sefton CCG
3rd floor, Merton House, Stanley Rd, Bootle
0151 317 8456
southsefton.ccg@nhs.net
www.southseftonccg.nhs.uk

NHS Southport and Formby CCG
5 Curzon Road, Southport PR8 6PL
01704 395785
southportandformby.ccg@nhs.net
www.southportandformbyccg.nhs.uk

On request this report can be provided in different formats, such as large print, audio or Braille versions and in other languages