

NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY

**CHILDREN IN CARE AND CARE LEAVERS ANNUAL HEALTH CCG REPORT
2020-2021**

Date of the meeting	14/07/2021
Author	Louise Smith Designated Nurse for Children in Care and Care Leavers
Lead Director	Vanessa Read Director of Nursing and Quality
Purpose of Report	Annual Update
Recommendation	The Governing Body is asked to note the report.

Monitoring and Assurance Summary

Conflicts of Interest	N/A
Involvement and Consultation	N/A
Equality, Diversity and Inclusion	N/A
Financial and Resource Implications	N/A
Legal/governance	N/A
Risk description/rating	N/A

1. Introduction

1.1 This strategic summary is to provide assurance to the Governing Body and wider reader that the Dorset Clinical Commissioning Group (DCCG) are meeting their statutory requirements in commissioning services in identifying and meeting the health needs of their Children in Care (CiC) and Care Leavers (CL) population of Dorset. This report covers the period from 1 April 2020 to 31 March 2021.

2. Outcomes of Key areas for Development 2020-21

- 2.1 This has been an unprecedented year coping with the challenges of the global pandemic COVID-19 which has impacted all services, priority has been given to the response to the pandemic resulting in staff being redeployed to other services. During the period of redeployment and reduced numbers of staff in the health provider team, assessments became more focused with priority around high-risk cases and safeguarding. A recovery plan was put in place to ensure catch up for all assessments was achieved by August 2020. Health providers considered how to deliver a different model to ensure the most effective engagement with service users, with the use of digital platforms to complete health assessments and follow up work.
- 2.2 Continue to work in partnership with providers, Dorset Council (DC) Bournemouth Christchurch and Poole Council (BCP) Corporate Parenting Boards to improve performance of Initial Health Assessments (IHA) within the 20-working day statutory time frame, then seek assurance through performance management that once improved it is being sustained. This has not been achieved for multiple factors which is explained in section 4. Performance, in this area will move forward to the 2021-22 key areas of development.
- 2.3 There has been significant progress in building effective partnership working with providers, DC and BCP, other agencies and the voluntary sector. In order to inform the focus of health provision, work is ongoing in tracking trends and impact for CiC and CL.
- 2.4 A formal service review of medical services for CiC was put on hold due to COVID-19, however this is planned for 2021-22. The changing landscape over the past year with reduced children entering care and potential impact of lockdown will need to inform the discussions around this.
- 2.5 Work has continued with both DC and BCP children services and corporate parenting boards, in gaining further understanding and assurance that the correct children are entering and remaining within the care system locally. The current data of children entering the care system mirrors that of quarter 4 in 2018, there then followed a sharp increase to reaching peak in March/April 2020. Since COVID-19 there has been a reducing picture with a 12.3% decrease; this will need to be an ongoing process to understand more about the impact of lockdown, school closures and its impact on families.
- 2.6 There is ongoing negotiations regarding the collaborative fees model that funds some elements of primary care funding including adult medicals. The medicals continue for prospective carers and adopters, however 2020-21 has seen a much lower number completed (407 completed in 2019-20, as compared to 294 in 2020-21, a 38% decrease). GPs experienced difficulty competing forms in person, due to the pandemic.

- 2.7 Arrangements have been made to ensure that contemporaneous information regarding children in care is relayed to the acute providers to prevent potential confidentiality breaches. Access to Dorset Care Record has now been enabled with the aim of ensuring the most up to date information is available.
- 2.8 The voice of our CiC and CL population informing future commissioning arrangements has been achieved via consultation through both BCP and DC Children in Care Councils, meeting virtually with CiC & CL, the Corporate Parenting Boards and providers feedback questionnaires shared with the Designated Nurse.
- 2.9 The Designated Nurse has continued to act as a positive advocate for DCCG in promoting good practice identified for CiC & CL within Dorset, regionally and nationally during 2020-21.

3. Demographics of Dorset CiC and CL population

- 3.1 The demographic data for Dorset indicates there has been 896 children who have come into care under the age of 18 years in 2020-2021, which represents a decrease of 12.3% from the previous year. Whereas, there has been an increase by 17% of Care Leavers up to the age 25 years, this accounts for a further 876 young people.
- 3.2 DCCG have a responsibility to support the health needs of CiC placed in Dorset by other local authorities. There are 366 out of area children placed in Dorset as recorded on the scorecard, giving a total CiC population of 2,138 as of 31st March 2021 in receipt of specialist health support, a rise from 2,076 as of the 31st March 2020.
- 3.3 The decline of numbers into care over the past year has coincided with the start of the first national lockdown, the numbers have continued to decrease throughout the year. Numbers leaving care are also a contributory factor, reaching a peak in Quarter 4.
- 3.4 Children in Care data is now more in line with the South West region for both Dorset and BCP, however the number per 10,000 population of children remains higher than regional figures (70 per 10,000 as compared to approximately 50 per 10,000 regionally). This will be a key area for exploration in 2020-21 in understanding why Dorset remains an outlier regionally.

4 Performance

- 4.1 Progress continues with the Power BI Dashboard, data is uploaded and reported monthly. Examples of the dashboard can be seen in Appendix One.

- 4.2 Overall IHA performance of 45.9% for 2020/21 showed an increase against the 2019-20 figure of 14.5% but remains significantly below the required 85% performance indicator for Initial Health Assessments (IHA's) to be completed within the 20-working day statutory time frame. The reduction of numbers into care has allowed for more IHA appointment availability and for the service to be flexible in offering appointments before 20 days despite notification and consent to health by 5 days being delayed. These areas remain on the DCCG risk register and are being escalated through the DCCG Nursing and Quality Director and DC and BCP Corporate Parent Boards quarterly.
- 4.3 In response to COVID-19, the medical service altered and adapted a new delivery model to sustain initial health assessments – telephone appointments were offered to all children and young people with follow up telephone appointments every 12 weeks until they were seen face to face for an assessment, their ongoing support then transferred to the CiC health team.
- 4.4 This adapted method of working continued until November 2020, however due to feedback from young people, in response to their preference some assessments have continued by telephone. In addition to this, the medical service responded to the NHS England prioritisation of initial health assessments by making more appointments available to cover an anticipated increase in demand, increase in staff sickness and redeployment.
- 4.5 In the first lockdown the specialist nursing service (Dorset Health Care) team was reduced due to redeployment, which impacted on their performance. Work was targeted to prioritising high risk cases and collaborative working with children's social care at this time.
- 4.6 As a result, the completion of Review Health Assessments (RHA) for the year dipped to 84.6%, however due to a robust recovery plan each quarter has gradually increased to just under the 90% target. Alongside the challenges of the pandemic, usual exception reporting has shown the highest number of RHAs not completed in the month they were due were particularly in Quarter 1. The reasons given were recorded as placement changes and home visits not permitted. Young people choosing to decline their health assessment and out of county delays were also factors affecting performance of RHAs.
- 4.7 Despite this, dental and immunisations achieved overall targets for the year, with an expected dip in Quarter 4 for dental as appointments became more difficult to obtain. Dental appointment challenges have been escalated to the Designated Nurse via Named Nurse for CiC, and this has been raised regionally as well as to NHS England. Work is ongoing to address the identified differences in outcome measures collated by health and social care to ensure the most accurate data is reported on and used to reflect the health needs for our CiC.

- 4.8 Completion of commissioned health care plan reviews and health passports have also dipped this year, again in part to COVID, reduced workforce and the recovery trajectory.
- 4.9 The CiC health team have responded positively to the need to consider different ways of working by offering contact via virtual platforms such as Attend Anywhere and WhatsApp video calls. This has now been adopted as a permanent flexible option for those children and young people who would prefer to engage in this way.
- 4.10 The number of care leavers have increased year on year, this year showing a 18% increase since April 2020 and a 34% increase since April 2019. This is due in part to a more effective flagging system and working collaboratively with social care colleagues to share data, but also a reflection of the rise in proportion of 16–17-year-olds in care (27.8% of the caseload) who inevitably become care leavers. It has been identified that there are differences in how health and social care are reporting numbers of care leavers, work is in progress to cleanse records and cross reference to ensure the most accurate data is held by both providers.
- 4.11 Service user feedback has been positive for the health team supporting CiC and CL, especially in relation to emotional health & well-being, the transition of and support of CL as they enter adulthood, including separated children seeking asylum (SCSA). See Appendix Two for service user feedback which has been included to showcase services delivered to children and young people in Dorset.

5 Challenges

- 5.1 Ongoing challenge from local authority in relation to joint funding for specialist placements for CiC with complex health and social needs placed in and out of county, has continued to be a focus during 2020-21. System led operational and strategic panels are in place, designed to ensure the most appropriate decision is made regarding placements to meet the complex needs of CiC.
- 5.2 As reflected in RHA exception reporting, placement changes have an impact on service delivery – there remains difficulties in obtaining contemporaneous updates from both local authority partners to ensure a smooth transition of health services when a child moves placement. Monthly meetings are held between CCG, LA and Dorset Healthcare with the aim of improving communication and this partnership working is beginning to have a positive effect in aligning the data as much as is possible.
- 5.3 The 16-week lead time to respond to health assessment requests for children placed in Dorset from out of area local authorities has not been able to be

reduced, however work is ongoing to address this once full recruitment to the CiC team has been achieved.

- 5.4 The revised model of working in MASH, in which there is a requirement for nurses to attend strategy discussions and risk management meetings for all open (CiC) cases has had a significant impact on the health team capacity. Work is in progress to scope the breadth of this cohort to inform future workforce planning and to understand the reason why, in open cases for children with a package of care, a re-referral into safeguarding is required.
- 5.5 Currently the capacity of the care leaver nurses in DHC is insufficient to respond to the growing population and meet their needs, this will be a key focus for 2021-22.

6. Compliments and Complaints

- 6.1 No formal complaints have been received during 2020/21. Compliments continue to be received from CiC & CL, foster carers, partner agencies. (Appendix Two)

7. Key areas for Development for the DCCG Designate Nurse 2020-21

- 7.1 To seek assurance from commissioned providers during the recovery period of COVID-19 that recovery plans for service delivery and improved performance are in place, robust and moving forward in achieving identified trajectories.
- 7.2 To undertake a formal service review of the commissioned medical Service for CiC (paused due to COVID-19), to maximise the resources available and meet statutory duties.
- 7.3 Continue to work in partnership with providers, DC, BCP Corporate Parenting Boards to improve performance and sustainability of IHA within the 20-working day statutory time frame.
- 7.4 To review need of care leaver cohort to establish how this can be best met and by whom, particularly around services to support their emotional and mental health and wellbeing and to support partners in the development of their care leaver offer.
- 7.5 To progress work in scoping and responding to the increased need for health team participation in strategy and risk assessments for CiC.
- 7.6 Monitor health provider activity and performance in line with contractual arrangements, in tracking the trajectory of activity and quality indicators to measure impact and outcomes for CiC/CL.

- 7.7 To maintain a strategic lead role locally, regionally, and nationally for CiC & CL, to ensure the CCG are compliant in meeting its statutory responsibilities. National policies will be implemented to ensure the working together framework to safeguard children is met, aligning with the Dorset's sustainability and transformation programmes, the National NHS long term plan and changes to NICE Guideline Looked After Children and Young People (draft consultation April 2021) and the revision of Intercollegiate document Looked After Children: Roles and Responsibilities of Health Care Staff (revised December 2020).
- 7.8 To work with both DC and BCP children services and corporate parenting boards, in gaining further understanding of Dorset and BCP as outliers in terms of numbers in care per 10,000 population of children. To seek assurance that the correct children are entering and remaining within the care system locally.
- 7.9 The "voice" of children and young adults within the care system will continue to be sought, to inform the commissioning cycle to address the health and wellbeing of the CiC & CL's population locally.

Author's name and Title: Louise Smith Designated Nurse for Children in Care and Care Leavers

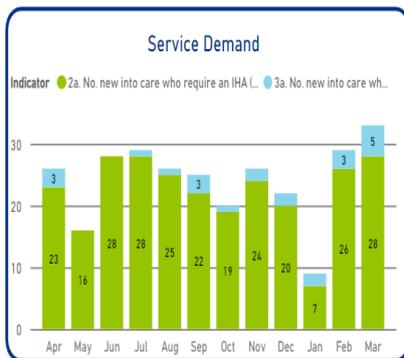
Date: 17.6.2021

APPENDICES	
Appendix 1	Power BI Dashboard
Appendix 2	Service User Feedback

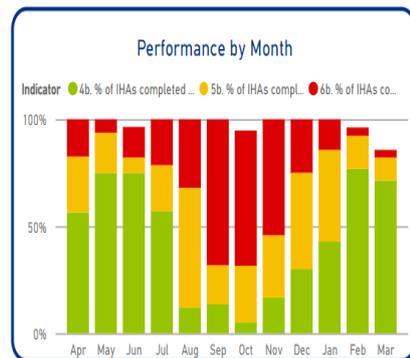
APPENDIX ONE – CiC Power BI Dashboard



2019/20 **2020/21**



SERVICE DESCRIPTION
 The Pan Dorset Medical Services for Looked After Children (LAC) are commissioned to provide a paediatric service meeting the statutory requirement, under care regulation Chapter 10 of the Care Act, to complete an Initial Health Assessment (IHA) for all children entering care which identifies the health history, needs and a plan to address these. The service also provides health advice to the regional adoption and fostering panels.



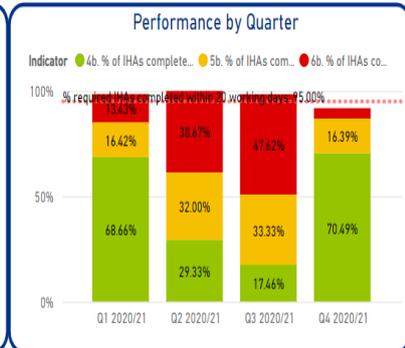
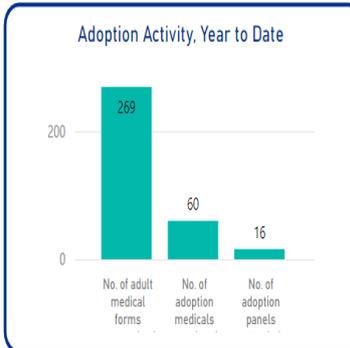
Service Demand

Indicator ▲

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% new into care requiring an IHA	88.5%	94.1%	93.3%	96.6%	92.6%	88.0%	95.0%	92.3%	90.9%	77.8%	86.7%	84.8%

Exception Reporting - Latest

Numbers into care for March remained at a higher level at 33 Pan Dorset, 28 of which required an IHA. Overall performance showed a slight decrease from 76.9% to 71.4%, however Dorset Council continue to show improvement with 100% of children being seen within 20 days. One consent was delayed but as the paediatric service were able to offer an appointment this was not reflected in their performance. BCP have accepted that performance in terms of notification and consent delay (50%) still requires significant improvement and have put further strategies in place to manage this. An increase in paediatric clinic staff for March allowed the team to meet the target of 10-15 days between receipt of consent to appointment being offered.



APPENDIX TWO – Service User Feedback

Feedback from Professionals:

“Received feedback from PA that a letter I wrote to Housing re a Care Leaver that had been taken off their register due to poor behaviours, was apparently amazing and has helped to get him reregistered with Housing.”

“Email from SW: thanks for all your support with (YP). I truly believe all your support is what has made him feel able to discuss his past.”

Feedback from Children and Young People

“I liked how she explained that I was able to get in contact with her if I needed to, and I’m also now aware of what to expect when we have this phone call again and I was also happy with how she listened to me whilst I spoke.”

“I felt able to be honest about my truth and I feel much better for it.”

“I liked talking to the nurse”

Feedback from the carer:

“The virtual appointment worked well, ensuring the young person was able to part take in the appointment. The questions asked were understandable and were appropriate for the particular young person. The appointment also ensured that the young person was able to get their thoughts, feelings and opinions across.”

“X was really lovely and informative to myself and my child in care. She made my young person feel at ease and engaged with her on a level that the child could understand. Due to the pandemic the last year has been difficult for everyone so it was really good for my young person to have face to face contact with X.”

“Easy to join, good quality audio and video - much easier to make effective use of my own time - IE: no time spent on travel / parking etc.”

“X was given time to talk and share his thoughts and opinions. Plenty of time was given to this appointment.”



**Dorset
Clinical Commissioning Group**