South Sefton Clinical Commissioning Group
Southport and Formby Clinical Commissioning Group

Children in Care

Annual Report

2018-19

Author: Helen Case
Designated Nurse Children in Care
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Foreword by the Chief Officer

NHS South Sefton Clinical Commissioning Group and NHS Southport and Formby Clinical Commissioning Group demonstrate a strong commitment to Children in Care within the local communities. There are strong governance and accountability frameworks within the organisations which clearly ensure that Children in Care are core to the business priorities. The commitment to the Children in Care agenda is demonstrated at Executive level and throughout all CCG employees. One of the key focus areas for the CCGs is to actively improve outcomes for children, young people and their families and that this supports and informs decision making with regard to the commissioning and redesign of health services for Children in Care within the Borough.

Fiona Taylor

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

Contents

1. Executive Summary

1.1 This is the fourth Annual Report for NHS South Sefton and NHS Southport & Formby CCGs (to be referred thereafter 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 for Children in Care 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 commissioned services to address the unmet health needs of LAC 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 LAC, for whom the Sefton CCGs are responsible, will experience improved health, be motivated and inspired to continue to take responsibility for their own health care.

1.3 This report will provide an overview of population, outline the performance of NHS commissioned services, evidence good practice and key achievements, recognise challenges and identify developments for 2019/20.

1.4 It is produced in line with duties and responsibilities outlined in *Statutory guidance on Promoting the Health of Looked after Children (DfE/DH, 2015)* 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 overview of the progress and challenges in supporting and improving the health of Sefton LAC and those placed in borough by other Local Authorities. The report has been produced in partnership with NHS commissioned health providers and covers the period from 1st April 2018 to 31st March 2019.

2.2 CiC are often referred to 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 order.

2.4 CiC find it hard to relate to the term 'Looked After' 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. Children 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, with many children and young people continuing to experience significant health inequalities. 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 outcomes for CiC 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 the children in care. 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 partners and active members of the Sefton Corporate Parenting Board.

2.7 In April 2016 Sefton Metropolitan Borough Council (Sefton MBC) was subject to an Ofsted inspection of the services for children in need of help and protection, Looked After Children (LAC) and care leavers; a review of the effectiveness of the Local Safeguarding Children Board ran concurrently. The findings in relation to Looked After Children and care leavers indicated that provision required improvement. Timeliness of Initial and Review Health Assessments was found not to be good enough and delays for some children in receiving Child and Adolescent Mental Health Services (CAMHS) was highlighted.

2.8 In November 2016 Ofsted and the Care Quality Commission (CQC) conducted a joint Special Educational Needs and/or Disabilities (SEND) inspection in Sefton to judge

effectiveness in the area of implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. As a result of the findings of this inspection Her Majesty's Chief Inspector (HMCI) determined that a Written Statement of Action was required due to significant areas of weakness in the local area practice. Areas of improvement were identified in relation to LAC with timeliness of Initial Health Assessments (IHA's). In addition, it was recognised that the alignment of LAC statutory health plans with Education and Health Care Plans (EHCP) was required to appropriately inform the overall care planning process

3. Response to Key Priorities 2018/19

3.1 Children and Young People should have a voice

Consultation with CiC and care leavers to inform services design and delivery and address barriers for young people accessing health services.

- *Consultation undertaken with Making A Difference Group (MAD) regarding changes to the LAC health team in North West Borough's Healthcare.*
- *Care leaver invited to sit on interview panel for new Named Nurse LAC in the community health provider*

Alignment of EHCP/CiC Health plans for CiC with SEND supported by the development of robust communication pathway and complimentary training programme for health practitioners.

- *Pathways for alignment of EHCPs and CiC health plans developed and signed off at the SEND health strategic group.*
- *A 7 minute briefing for the alignment of EHCPs and CiC health plans developed and distributed*

3.2 Improving outcomes for children: the 'so what' factor

Improved performance around national performance indicators – greater compliance by commissioned services around KPIs.

- *Evidence of improved health performance in the SSDA903 return (annual national return to the Department of Education)*

Development of a bespoke CiC Nursing Team to sit under CCG commission and focus on improving health outcomes for CiC

- *Bespoke CiC Nursing Team commenced in September 2018 with full complement of staff being in post by the end of March 2019*

Improved quality of CiC health assessments, particularly Review Health Assessments

(RHAs).

- *Quality assurance processes and feedback from partners indicate improvement in the quality of CiC health assessments, particularly Review Health Assessments*
- On-going implementation of Responsible Commissioner and associated quality assurance *Responsible Commissioner guidance continues to be utilised with quality assurance of CiC health assessments undertaken by the Designated Nurse CiC for Sefton LAC placed out of borough and for children in the care of other Local Authorities*

Review of current Strengths and Difficulties Questionnaire (SDQ) process to facilitate meaningful contribution to the RHA process

- *SDQ's are being more consistently included in RHAs when they are made available by the Local Authority. However, further steps are required to consider transferring responsibility for SDQ completion from the Local Authority to the CiC health Team*

3.3 Quality of multi-agency information sharing

Evaluation of information sharing within Primary Care Services and GP contribution to inform the statutory health assessment process

- *This priority will roll over to 2019-20*

Review of training for health care staff including Primary Care Practitioners on their roles & responsibilities as corporate parents as commissioners of health services

- *Information regarding corporate parenting responsibilities has been added to the CCG's intranets*
- *A Children in Care policy has been developed and ratified by the Governing Bodies of the CCGs which includes information about corporate parenting responsibilities*
- *CiC training for the GP Protected Learning Time event in June 2019 has been planned*
- Implementation of '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
- *This priority will be reviewed to determine if it is still relevant to be rolled over to 2019-20*

3.4 Transition and access

Review of care leaver *Health Passport* process; utilisation of this to inform transition plan and improve pathways between services

- *The Health Passport has been amended following consultation with the MAD group*

Review of commissioned services in providing extended provision to care leavers and Sefton CiC placed out of area

- *The NWBH have extended provision to some Sefton CiC placed out of area if they retain a Sefton GP*

3.5 Leadership

Contribute to review of Safeguarding/CiC contractual safeguarding standards and KPI's across the Mersey region

- *Contractual standards and KPIs have been reviewed with new ones focusing more on quality and outcomes for children introduced for 2019-20*

New Designated Nurse CiC to develop an action plan to include the above priorities

- *An action plan has been developed by the Designated Nurse CiC to cover a two year period from commencing in post*

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 and care leavers. 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 Accountability for the discharge of statutory responsibilities for CiC remains 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 Body.

4.3 The Safeguarding Business Meeting, chaired by the Chief Nurse, meets on a monthly basis to review emerging safeguarding themes including those for CiC, ongoing work streams and agendas from a children and adult perspective ensuring the CCGs have oversight of activity.

4.4 The CCG Joint Quality Committee has full delegated authority from the Governing Body

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 Committee on a quarterly basis to appraise the CCGs of current activity and developments and includes performance reports for commissioned services against the specific safeguarding 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 2015 NHS England Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework. Designated Professionals for Children in Care 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 cohort.

4.7 The Designated Nurse for CiC sits in the CCG's Safeguarding Team. On 1st March 2018 the Sefton CCGs moved from a Shared CCG arrangement to bringing the Designated Nurse CiC post 'in house'. This resulted in the previous Designated Nurse CiC, who has been in post since December 2016, covering the post whilst recruitment of a new Designated Nurse CiC was undertaken. A new 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 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 During 2018-19 a CCG Children in Care policy was been developed and ratified by the CCGs' Governing Bodies. The purpose of this policy is:

- To state the CCG's pledge to CiC
- To demonstrate how the CCGs meet their corporate parenting responsibilities (in conjunction with Sefton MBC) for CiC
- To provide guidance to CCG employees to enable them to fulfil their responsibilities for CiC
- To set out the CCG's 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.

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 NHS England and Clinical Commissioning Groups. A number of services commissioned by the CCGs and Sefton Councils Public Health Team were reviewed and included children and adult A&Es, maternity services, 0-19 year services, CAMHs, adult mental health services, children and adult substance misuse services, sexual health services and GPs.

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.

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.

The final report was published on 28th November 2018 and required an action plan to be developed to address the recommendations made. The action plan developed through the task and finish group was submitted to the CQC by the required date of 4th January 2019. This was accepted by the CQC who acknowledged that "*the action plan clearly demonstrates shared activity planned over the coming months to drive improvement, and it is positive to note areas that have already been strengthened since the review. It is also positive to note that many of the actions are on track to be met within your target timescales."*

Progress against the actions has been overseen and monitored through the task and finish group and separate scoping meetings with providers. Action plans have also been reviewed and progressed through internal Trust governance processes as well

as through the CCG Quality Committee and Governing Body. Presentations have also been delivered to the LSCB and Sefton Council's Overview and Scrutiny Committee (Children's Services and Safeguarding) to provide an oversight of findings and actions being taken in response.

A further update of the action plan has been requested by the 4th July 2019 to enable the CQC to undertake a final 6-month review of progress in addressing the report recommendations.

5.1.2 **HM Inspectorate of Probation Inspection of Youth Offending Services in Sefton (February 2019)**

In February 2019 the HMIP inspection of YOS was announced in Sefton. The CCG Safeguarding and Quality Team supported the inspection process through attendance at the YOS Board member's inspection meeting. The report was published outside the reporting period in May 2019.

5.1.3 **Local Government Association (LGA) Care Practice Diagnostic Sefton (April 2018)**

A Care Practice Diagnostic by the Local Government Association was undertaken in Sefton at the request of the Director of Social Care with a specific focus on:

- The effectiveness of the front door
- The impact of the restructure of children's social care
- Improving the health of children looked after
- The impact of the implementation of Signs of Safety
- A review of Sefton's 'Self-Assessment'

The CCGs and commissioned health services supported the preparation process initiated in March 2018 and engagement in the multiagency audit and specific focus groups with inspectors during their site visit between 24th and 27th April 2018.

This review highlighted the need to further consider the model of practice used across the partnership in order to incorporate Signs of Safety into a wider approach. Partnership review and consideration of alternative models of practice that take more account of risk management, capacity to change and wider evidence based approaches has been ongoing throughout this year.

5.2 I**nspection Readiness**

The CCGs have continued to support commissioned NHS health providers to be 'inspection ready' for the variety of inspections that the 'health economy' could be required to contribute to.

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 2019 in November 2019. The data below relates to the SFR data published in March 2018.

Key Findings:

- There were 75,420 Children in Care in England as of 31st March 2018; an increase of 4% on 2017 figures and continues the trend of the last ten years
- Both the number of children starting to be looked after and the number ceasing to be looked after fell; 32,050 children started to be looked after (down 3% on last year) and 29,860 ceased to be looked after (down 5%)
- 3,820 children ceased to be looked after due to adoption, a decrease of 13% on 2017, continuing the drop in numbers seen last year and down from a peak of 5,360 adoptions in 2015

Key Health Findings:

Of the 52,180 children looked after continuously for 12 months at 31 March 2018:

- 85% were reported as being up to date with their immunisations, compared to 84% in 2017 and 87% in 2016
- 88% had their annual health check, compared to 90% in 2017 and 2016
- 84% had their teeth checked by a dentist, compared to 83% in 2017 and 84% in 2016
- Older children were less likely to be up to date, with 77% of those aged 16 years and over being up to date with immunisations, an increase from 75% in 2017. 82% had their annual health check and 75% had their teeth checked – similar to previous years
- Of the 5,390 children looked after aged 4 years and under, 4,580 had development assessments up to date which is 85%. This is slightly up on the 82% reported in 2017

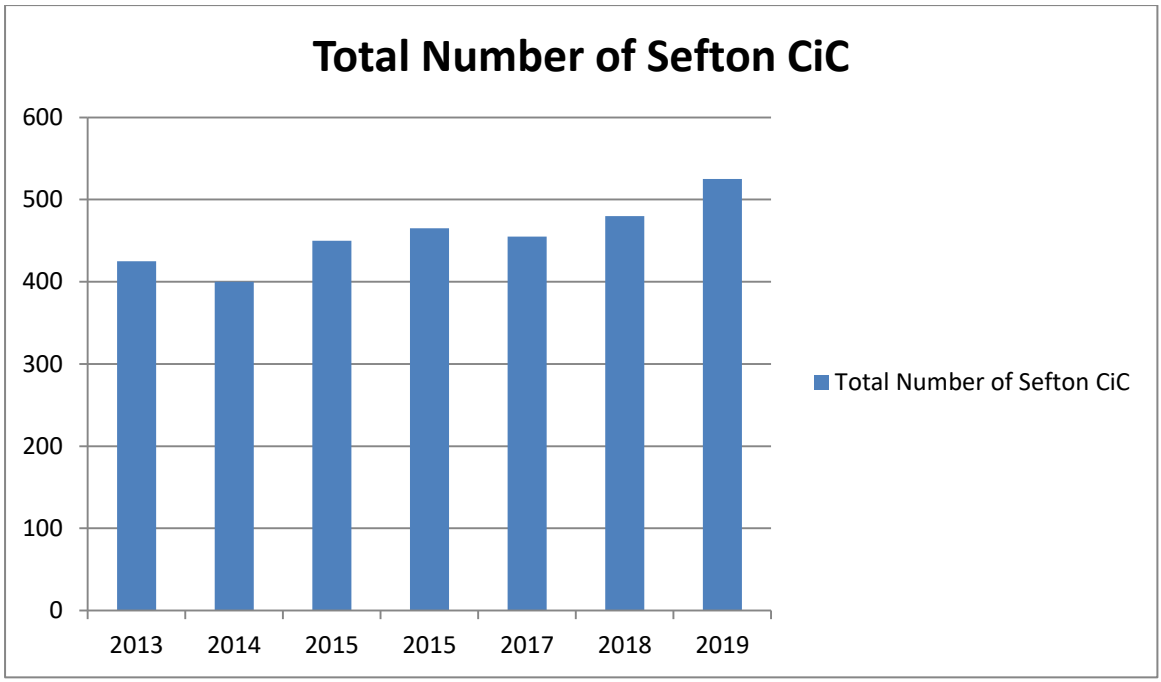
7. Overview of Sefton's Children in Care

7.1 The overall number of CiC for Sefton MBC has remained above the national average per 10,000 populations; a consistent finding since 2012. This upward trend mirrors the national picture. As of March 2019 the number of LAC per 10,000 was **98.5** compared with **64** per 10,000 in England and **91** per 10,000 in the North West.

7.2 Graph 1 below, indicates total number of CiC across the borough of Sefton at the end of

each financial year. As of 31st March 2019 the total cohort of children in the care of Sefton MBC was **527**. This compares with **480** at the end of 2018. Of these **275** were boys and **252** were girls.

Graph 1 Numbers of Sefton Children in Care (2013 – 2019)



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 The cohort of children who have been new into care has been identified as **175**, who have required initiation of a care episode by Sefton MBC. This number does not include children who have had duplicate periods of care in the year.

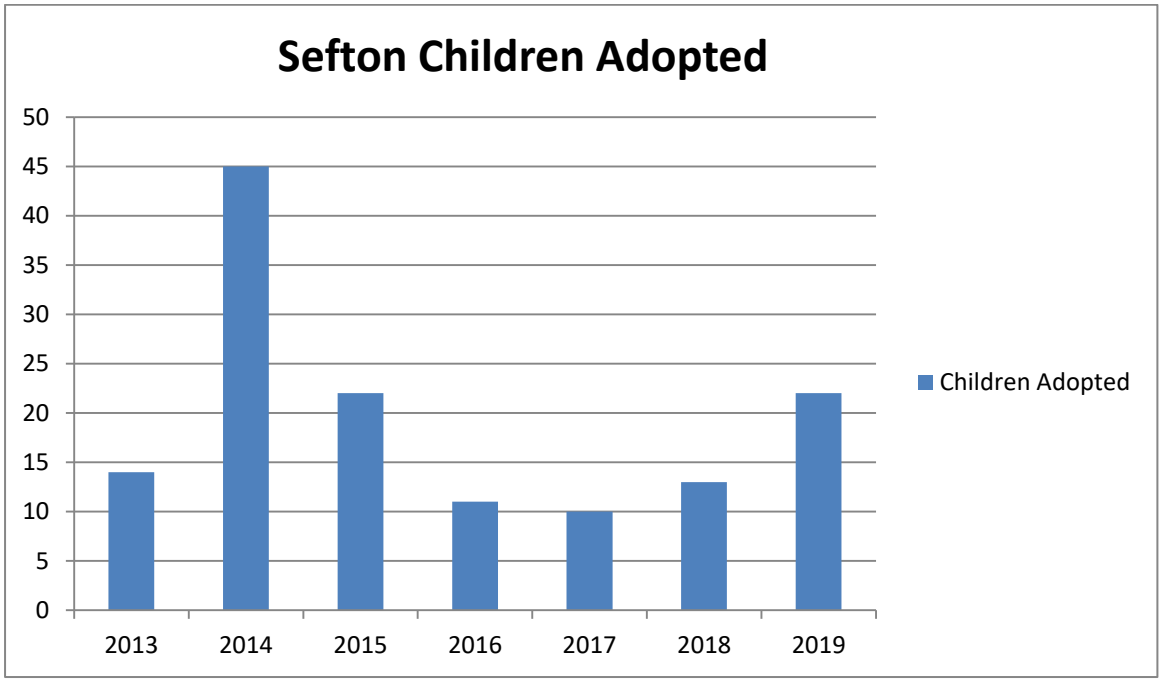
7.5 The number of children ceasing to be in the care of Sefton MBC by the end of reporting period was **126**; this is a decrease of **37** from the previous year. Care episodes end for a variety of reasons including children returning to their parents. Of the 126 children that ceased care in year, **22** retuned to parents or relatives as part of the care planning process.

7.6 The Ofsted inspection in 2016 raised concerns regarding the high proportion of CiC in Sefton who are placed at home with parents (**21%**); as a result, Sefton MBC focused on this group resulting in 26 children's 'placed with parents' Care Orders being discharged between September 2016 to the end of March 2017. At the end of March 2018 **17%** of CiC were placed with parents. At the end of March 2019 this figures was slightly up at

17.8% and equates to **94** children.

7.7 Sefton has seen an increase in children being adopted with **22** of those ceasing to be looked after and achieving permanency via this route. This is an increase of **9** on 2017-18 (See Graph 2).

Graph 2 Sefton Children Adoption (2013 – 2019)



8. Sefton Children placed out of Borough

8.1 Where a CCG or a Local Authority, 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 commissioning responsibilities. Sefton MBC place approximately **188** children **(35%)** out of Borough but for whom Sefton CCGs are the originating CCG. In most cases, placements within a small radius will be sought; Sefton place the majority of these children in the Merseyside area with a high proportion identified as living in the borough of Liverpool.

8.2 Assurance around health needs being addressed for those children and young people is sought via the implementation of a robust quality assurance process, audit and scrutiny. Escalation processes are embedded between commissioned health teams and the Designated Nurse for CiC if difficulties in the completion of health assessments and access to health services are identified.

8.3 During 2018/19 the Designated Nurse CiC was made aware of **15** requests for Initial Health Assessments (IHAs) and **157** requests for health Assessments (RHAs) for Sefton

children placed out of area. 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 as the number of CiC over the year changes as do placements.

9. Children placed in Sefton from other Authorities

9.1. *Who Pays? Responsible Commissioner Guidance (NHS England, 2013)* 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 2018-19 the Designated Nurse CiC was made aware of **40** requests for IHAs for Children in Care Other Local Authorities (CiCOLAs). This is an increase of **13** on last year. There were also **202** requests for RHAs for CiCOLAs, which was a slight increase of **8** on the previous year. A small number of these were duplicate requests for children under 5 years of age. On average **200+** CiCOLAs will be placed in the Sefton area at any one time. Again, 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 Local Authority 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 NHS England have a duty to cooperate with requests from local authorities to undertake health assessments and help them ensure support and services for CiC are provided without undue delay. Local Authorities, CCGs, NHS England and Public Health England must cooperate to commission health services for all children in their area.

10. Ethnicity

10.1 The majority of CiC are of white ethnicity according to national statistics; **75%** of children at 31 March 2018 were white, **9%** were of mixed ethnicity, **7%** were of Black or Black British ethnicity. Since 2014, the proportion of looked after children of white ethnicity has decreased steadily from 78% to 75%, whilst the proportions of 'Asian or Asian British' and 'Other' have increased slightly. It is likely this slight change is due to the broadly non-white make up of unaccompanied asylum seeking children, a group which has grown in numbers in recent years.

10.2 Sefton MBC data for 2018-19 indicates that Sefton's CiC were **95.1%** white, **3.2%** mixed ethnicity, **0.1%** Asian or British Asian and just over **1.3%** were identified as other

ethnic groups. This data is similar to that of the previous year.

10.3 Sefton MBC data inculcates that **3** CiC are UASC which equates 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 CiC health team in North West Boroughs Healthcare NHS Foundation Trust (NWBH) (see 9.2). In 2018/19 reporting period statutory IHA provision was commissioned from Alder Hey Children's NHS Foundation Trust (AHCH) (see 9.3). Child and Adolescent Mental Health Services (CAMHS) (see 12) are also commissioned from AHCH Trust and Sexual Health services from Southport and Ormskirk Hospital NHS Trust (see 13).

11.1.1 It is worthy of note that at the beginning of the reporting year the majority of statutory Review Health Assessments for CiC were undertaken by the 0-19s service by NWBH. The 0-19s service is a Public Health (Local Authority) commissioned service rather than a CCG commissioned service. However the CCGs receive and monitor KPIs that includes the 0-19s service performance in relation to CiC. This fragmentation of commissioning can lead to some confusion to external agencies about who has overall responsibility for the commissioning of health services to CiC in Sefton.

11.2 Merseycare NHS Foundation Trust / North West Boroughs Healthcare NHS Foundation Trust - Children in Care Health Team

11.2.1 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.

11.2.2 In June 2017 the CiC Health team transacted to Merseycare NHS Foundation Trust (Merseycare), with an agreed subcontracted arrangement to NWBH. Sefton CCGs were supportive of this arrangement on the basis that any risk in the system would be reduced. This was following the major shift in local health services as the 0-19s Public Health service commissioned by Sefton MBC had also seen the award of this contract to NWBH.

11.2.3 The transaction of services included the introduction of a Sefton-only facing CiC Health team as part of the Safeguarding Children Service which was inclusive of the Sefton Young Offender Health Nurses. The Named Nurse for Safeguarding/CiC for Sefton (1 WTE Band 8a) had management and operational oversight of the delivery of this provision.

11.2.4 The 16-18 year old 'care leaver' cohort continued to have access to a dedicated Link

Nurse (1 WTE Band 6). Administrative support (1 WTE Band 3) specifically for CiC was in place to manage data flow relating to care status, health assessments and placement changes.

11.2.5 The team experienced significant challenges during 2017-18 with areas such sickness and capacity impacting on the stability of the service. However, the dissolution of LCH as an organisation, and resultant transaction of all services to alternative health trusts via the NHS Improvement plan, restricted the ability of both provider and Sefton CCGs to make any adjustments to the agreed service specification. During 2017-18 Sefton CCGs were not consistently assured that NWBH were able to deliver on the commissioned service for CiC and there was significant CCG scrutiny and activity in relation to preparing to make changes to service delivery in 2018-19.

11.2.6 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.

11.2.7 The team saw the recruitment of a Named Nurse LAC (1 WTE Band 8a); LAC Nurses (3 WTE Band 6 of which 1 was CCG funded and 2 provided by the Public Health/Local Authority) and a LAC administrator (1 WTE).

11.2.8 The team is commissioned to deliver specialist CiC health care services to school aged CiC, both Sefton CiC and CiCOLAs however responsibility for delivery of services for those under school age remains with the 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.

11.2.9 Given that the bespoke CiC health team was a newly formed and newly developing service, the Designated Nurse CiC was supported by the CCGs to provide operational support to the team including delivering training to staff in NWBH, quality assuring health assessments and providing expert 'hands-on' advice and guidance. This operational support was in place from September 2018 when two new CiC Nurses came into post and has continued throughout the year. The level of operational support provided by the Designated Nurse CiC has been significantly over and above that expected by Designated Nurses however, once the new team is fully established in 2019-20 the level of support with be reduced.

11.3 Alder Hey Children's NHS Foundation Trust (AHCH)

11.3.1 Alder Hey Children's NHS Foundation Trust delivers the medical services for CiC and those with a plan of adoption. The team consists of a Clinical Lead for CiC, an

experienced Paediatric Consultant with expertise in neurodevelopment, and a Specialist Nurse for CiC, in addition to dedicated administrative resource. The team is further supported as a result of organisational arrangements which embed the service within the overall Statutory Safeguarding Children Service at the Rainbow Centre bases 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.

11.3.2 The team work closely with the Designated Nurse CiC in supporting the health agenda for CiC taking an active role at Corporate Parenting events and contributing to both local inspections in year.

11.3.3 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 'Adult Health Clearances' for all for foster carer, adoption, Special Guardianship Orders and kinship care applications.

11.3.4 Sefton CCGs have been in negotiation with the Trust to secure the provision of a Designated Doctor for CiC. This post is being undertaken by one of the Senior Paediatric Consultants at AHCH and is jointly commissioned with Liverpool CCG.

12. Statutory Assessments

12.1 **Initial Health Assessments**

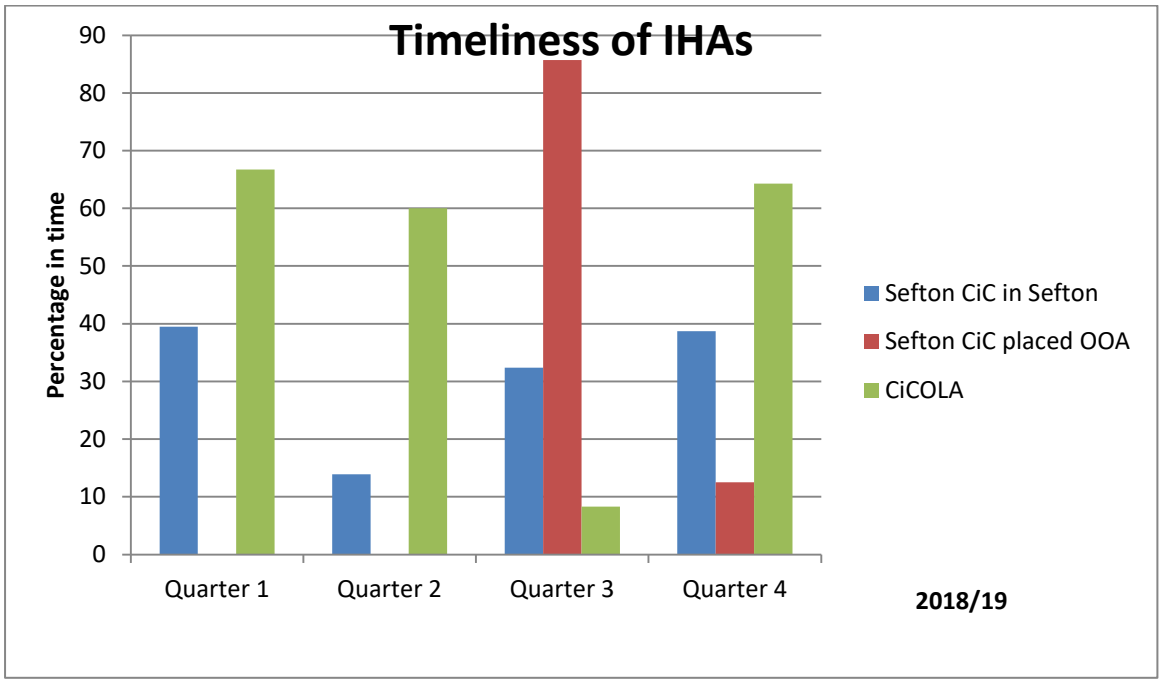
12.1.1 IHA are required to be completed within 20 working days of a child entering care. All IHAs are completed by a qualified doctor which is a requirement set out in Statutory Guidance. The IHA should result in a health plan, which is available in time for the first statutory review by the Independent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

12.1.2 To succeed with the 20 working day target, there is a reliance on the establishment of partnership working and excellent communication pathways. Children's social care and commissioned health services must work proactively together to facilitate timely assessments. Changes to the notification process has resulted in an automatic alert being generated via Liquid Logic, however further exploration of this system has indicated that notifications are not always at the point of the child entering the care system. This is a combination of the notification system itself and a recording issue within the Local Authority, contributing to delay in assessment experienced by some children.

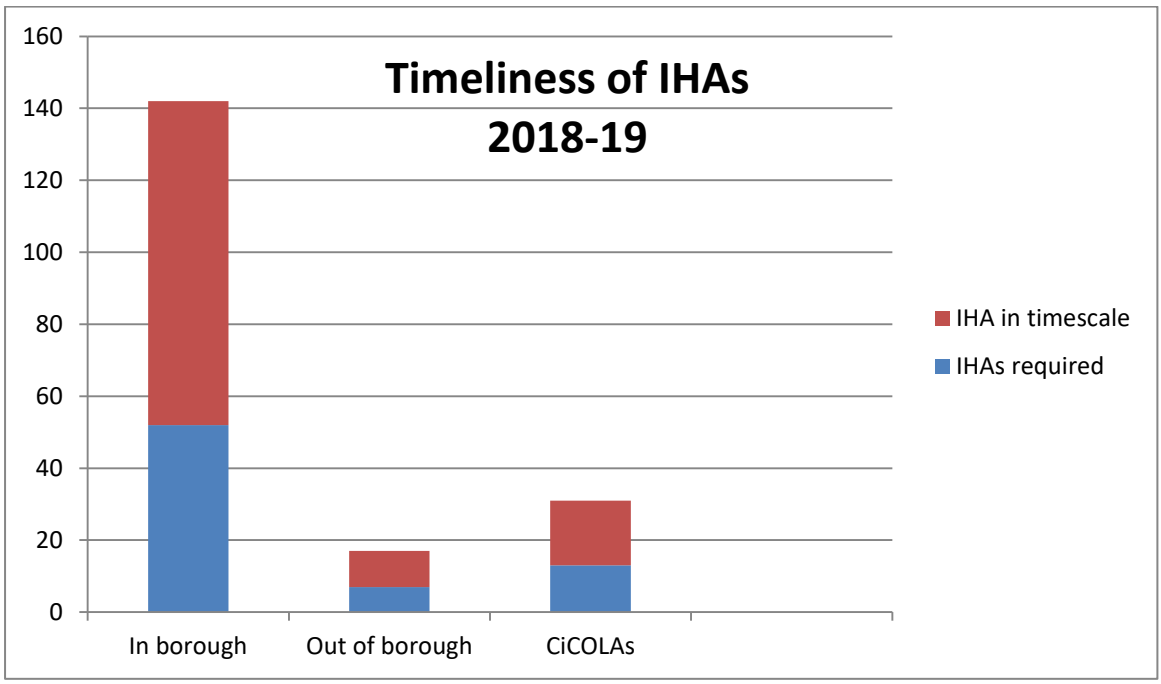
12.1.3 Timely notification is just one step within the IHA pathway to be completed if compliance with statutory timescales is to be achieved. Streamlined provision that considers available resource, robust communication and a shared understanding of practitioner/organisational responsibilities is also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

12.1.4 In 2018-2019, **175** children entered the care of Sefton MBC however only **159** children were reported as requiring an IHA by NWBH Sefton CiC team during the reporting timeframe. 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 assessment timeframe a small number who entered the care system late in the reporting period therefore requiring IHA in the following reporting year.

Graph 3 Timeliness of Initial Health Assessment - per quarter 2018 -2019



Graph 4 Timeliness of Initial Health Assessment - 2018-19



12.1.5 Graphs 3 provides an overview of performance of the NWBH Sefton CiC health team, AHCH and out of borough health teams (for Sefton LAC placed out of borough) in completing IHAs within timescale. When considering this data as a percentage it is important to understand that there are relatively small numbers of LAC in each category and therefore they should not be compared with each other. Graph 4 has been provided to give an overview of the numbers of IHA required and the number completed and returned in timescale. There are many factors at play in achieving 100% compliance with the KPI threshold as set; for Sefton CiC placed out of area there is a reliance on other health teams to facilitate the assessment process. For the CiCOLA cohort it is often the case that significantly delayed notification of new into care status means completion of entire pathway within 20 working days is unachievable from the outset.

12.1.6 From the Local Authority information available overall **50.3%** of Sefton children new into care had their IHAs completed in a timely manner, irrespective of placement area in 2018-19. This is an improvement of just over **11** from the **39%** total compliance rate achieved last year and the **40%** achieved the year before.

12.1.7 There is a clear requirement for ongoing improvement in IHA performance. Monitoring of the performance across all parts of the IHA during 2018-19 has identified a number of barriers to achieving compliance including:

- Children not being brought to appointments “Was Not Brought” (WNB)

- ❖ IHA appointments within pathway timescales being cancelled due to clashes with Court processes, children's contact, transport reasons or for 'convenience' issues
- ❖ Children being ill or an inpatient in hospital at the time of the IHA
- ❖ Large sibling groups entering care at the same time
- ❖ Out of area health teams being unable to provide IHA appointments within timescale

12.2 **Review Health Assessments**

11.2.1 RHAs are a statutory requirement for all CiC, and are required to be completed every six months for children under the age of 5 years and annually for children over this age. The RHA is a holistic assessment including emotional wellbeing and physical health. The recommendations and health plan from all RHAs are shared with the child's social worker (SW) and IRO.

12.2.2 At the start of 2018-19 Health Visitors and School Nurses within the 0-19 service completed the assessments for the majority of the children, whilst the CiC Link Nurse completed assessments for young people aged 16-18 years.

12.2.3 From September 2018, with the introduction of the new bespoke CiC health team, the responsibility for completion of RHAs for school age children began to transfer in a staged approach to the new team. At the end of the reporting year the responsibility for 360 school aged children sits with the new CiC team with a further 120 remaining with the school health service within the wider 0-19s service.

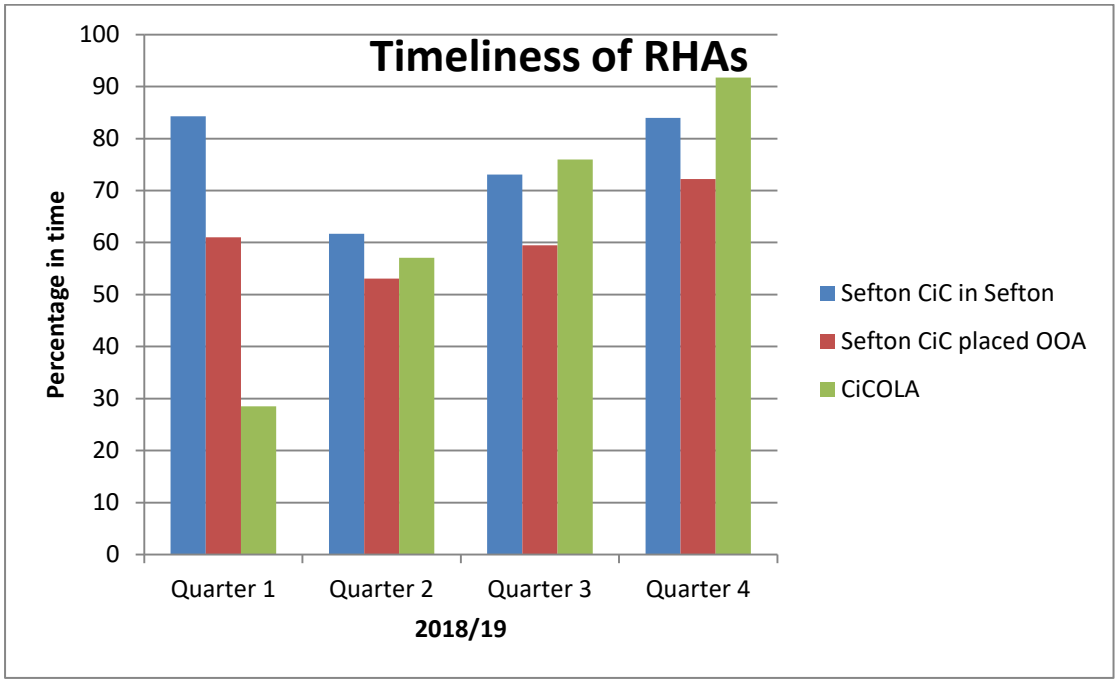
12.2.3 Throughout 2018-19 RHAs have been quality assured against an agreed quality assurance tool. This quality assurance has been undertaken for RHA completed for Sefton CiC placed in Sefton, Sefton CiC placed out of borough and CiCOLAs. RHAs which fall significantly below the required standard continue 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 and the amendments made recorded within the quality assurance part of the health assessment documentation. During the reporting year there has been a noticeable improvement in the quality of RHAs being produced and particularly noticeable since September 2018. At the end of the reporting year RHAs compiled by the bespoke CiC Health team are of a consistently good standard as measured against the quality assurance tool. RHAs undertaken by the 0-19s service remain of a variable quality at times but overall improvements have been seen and continue to be made. The Designated Nurse CiC has been working with staff to provide individual feedback on where RHAs can be further strengthened and developed in order to meet, and exceed, the required standard.

12.2.4 Completion of the RHAs in a timely manner was a significant challenge for the NWBH CiC health team in 2017-18; quarterly KPI data identified performance that was significantly below the 100% compliance threshold, although demonstrated an improving

trajectory for Sefton children placed in Sefton (see Graph 5). Similarly to IHA, the RHA process is reliant on the performance of external practitioners/services. The service specification is explicit in identifying responsibility for improving performance is with the specialist team with the support of the Designated Nurse for CiC.

12.2.5 Completion of RHAs in 2018-19 has remained a challenge for the CiC health team however an overall improving trajectory has continued.

Graph 5 Timeliness of Review Health Assessment 2018-19



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 health assessment, is recorded by the Local Authority as part of the SSDA903 return to Central Government.

12.2.7 Whilst the publication of National SSDA903 health data is not available until November 2019, 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 Performance for 2018/19 showed an increase in relation to RHAs from the previous year from **88%** to **94%.** It must be noted however that this performance is related to completion of assessment within year and not timeliness of that assessment.

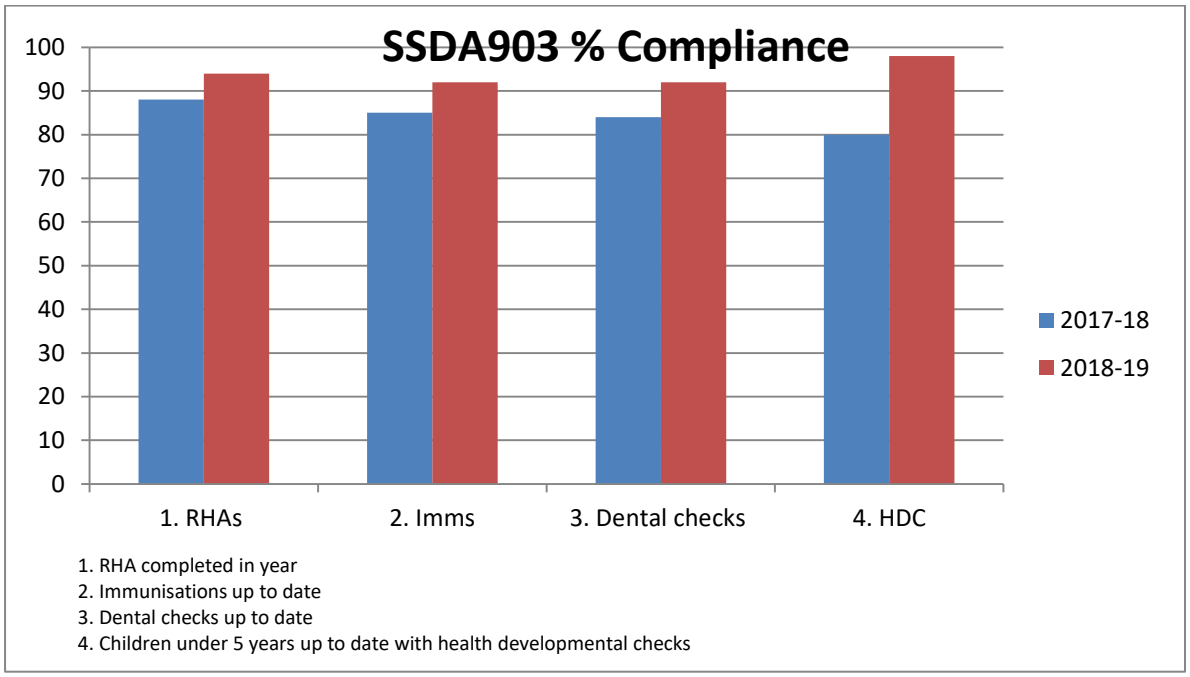
12.2.9 A cohort of **379** children was identified as being 'Looked After' for a period of more than one year and therefore eligible for reporting within the SSDA903 return; **356** children had a RHA undertaken within the reporting period (**94%**) which is an increase of **6%** on last year**.** The current national average for completion of annual health

assessments is **88%**.

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 6 provides percentage compliance against the SSDA903 for 2018-19 as compared against 2017-18.

Graph 6 SSDA903 - % compliance 2017-18 and 2018-19



13.2 **Dental Health**

13.2.1 All CiC 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 Local Authority in confirming compliance with routine dental checks as part of the SSDA903 return.

13.2.2 Anticipated performance indicates figures suggest that **348** children out of **379** were up to date with recommended dental examination **92%**); this is an **8%** increase on last year and is above the current national average of **84%**.

13.3 **Immunisations**

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

13.3.2 A total **348** children (**92%**) out of the 903 cohort were identified as being up to date as per current immunisation schedule at the end of March 2019; this is an improvement of **7%** on last year and is above the current national average for CiC of **84%.**

13.4 **Strengths and Difficulties Questionnaire**

13.4.1 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 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. Commonly this is achieved via the Strengths and Difficulties Questionnaire (SDQ) which is a clinically accepted brief behavioural screening questionnaire for use with 4-17 year olds. It is internationally validated and simple to implement.

13.4.2 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 local authorities must ensure that the child's main carer (a foster carer or residential care worker) completes the two-page questionnaire for parents and carers.

13.4.3 In Sefton, the current arrangement for completion of SDQs sits with the Local Authority. The process is that information in the completed questionnaires is collected by the Local Authority, with the child's total difficulties score worked out and available to inform the child's health assessment. 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 NWBH LAC health team therefore started to access SDQ scores within Local Authority records to inform RHAs however the process is not yet fully embedded or consistent.

13.4.4 During the 2018-19 reporting period the Local Authority reported that **166** (**50%**) children out of eligible cohort had a Carer's SDQ completed. This is a decrease of **25%** on last year's data. This has meant that SDQ scores have not been consistently available to include in RHAs. This often impacts on the ability to effectively coordinate care in relation to improving emotional health and wellbeing. This was identified as a priority area for review in 2018-19 and continues to be an area for further focus in 2019-20. Consideration needs to be given to the transfer of responsibility for SDQs from the Local Authority to the NWBH LAC health team however this would require

additional financial resource being allocated to the NWBH LAC team.

14. Child and Adolescent Mental Health Service (CAMHS)

14.1 The Sefton CAMHS service 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 CAMHS, not just CiC.

14.2 AHCH offers a comprehensive range of 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 CAMHS 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.

14.3 In July 2018, Sefton CAMHS moved from 3TC into Burlington House. This has moved the service into brighter, more welcoming surroundings. The feedback from service users and staff has been overwhelmingly positive.

14.5 It is accepted widely that CiC often present to CAMHS 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.

14.6 The CiC assessed by Sefton CAMHS 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.

14.7 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 concerns about waiting times for CAMHS services. There has also been

increasing demand for the services which has impacted on waiting times. Additional monies have been invested by the CCGs during the latter part of 2018-19 to help reduce waiting times. In addition the CCGs were also able to secure some waiting list money from NHS England to further help reduce waiting times.

14.8 The wait time from referral to choice (first assessment) was 5 weeks at the end of the year. The percentage of children who are treated within an 18 week referral to treatment target (RTT) has increased. Whilst the average yearly compliance is not available for inclusion within this annual report, in March/April 2019 **70%** of children and young people were seen within 18 weeks whereas this was **58%** in April 2018.

15. Sexual Health

15.1 Research illustrates that CiC are three times more likely to become teenage mothers than their peers who have not experienced local authority care (*Coram Report, 2015*). This report also identified that mainstream programmes are not tailored to the specific needs of this group of children. In the main, young people in Sefton access local sexual health services provided by Southport & Ormskirk Hospital NHS Trust. There is no specific service dedicated to CiC.

15.2 The service is confidential and able to offer a choice of walk-in, or appointment clinics with designated 'under 25's only' sessions. Service users can state a preference to be seen by either male or female staff.

15.3 Services provided include issuing of contraception (all methods), sexually transmitted infection testing and treatments including HIV, free condoms and pregnancy tests. In addition, there are referral clinics for psycho-sexual counselling and erectile dysfunction.

15.4 The clinic service is supported by a clinical outreach service (by referral only) and sexual health promotion team. The availability of an outreach service has proved invaluable for some CiC who have faced challenges in engaging with, and accessing clinical services.

15.5 Sexual Health is assessed routinely as part of the annual RHA. This provides a prime opportunity to deliver key public health messages and provide young people information around accessing services and addressing their sexual health needs. Assessing practitioners are additionally guided to discuss healthy relationships, puberty, and to consider risk of Child [Sexual] Exploitation (CE/CSE).

16. Safeguarding Children in Care

16.1 The *Real Voices* report on 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, independent children's home often fail to notify local authorities when children move in from other areas.

16.2 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.

16.3 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.

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

16.5 Sefton MBC is required to submit data on an annual basis with regard to CiC who are reported as 'missing' and those 'absent/away'. A total of **69** CiC were recorded as having a missing incident in 2018/19 which is down **10** incidents on last year; **475** episodes of 'missing' were recorded against these children with an average of **6.9** incidents per child. The average number of incidents per child has increased by **0.9** this year.

16.6 There were **60** episodes of 'absence/away' reported by the Sefton MBC relating to **32** individual children. Children are deemed to be absent if they are away from placement without agreement but professionals are aware of their whereabouts.

17. Care Leavers

17.1 *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 Leaving Care Act (2000). They are required to ensure that plans are in place to enable children 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.

17.2 There are **139** care leavers aged between 19 and 21 years under the care of Sefton MBC. This is an increase of **8** on 2017-18 figures. National data return requires the Local Authority to report outcomes for this group in relation to education, training and employment. Figures indicate that **22** of these care leavers are recorded as having an illness or disability, and a further **19** are pregnant or parenting which has resulted in

them being unable to access employment or education.

17.3 On leaving care, young people are provided with a health passport providing details of their medical history and advice on navigating universal health services, with health provision provided within Primary Care.

17.4 CCGs and Local Authority 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 passports. In 2018-19 **26** leaving care passports were issued which was an increase on of **5** on the previous year.

18. Role of Primary Care

18.1 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 seeking the urgent transfer of the medical records if the child is placed over three months.
- 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 children in care
- 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.

18.2 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.

18.3 Copies of individual health action plans should be provided to GP practices via the Sefton CiC Health Team in NWBH, to ensure that the lead clinical record is updated and health needs followed up within the Primary Care setting. Whilst this is happening in some cases the 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 2019-20.

19. The Responsible Commissioner

19.1 Sefton CCGs are the responsible commissioners of health services for children who are taken into the care of Sefton MBC. When CiC are placed out of area it is the responsibility of Sefton MBC, as lead agency, to advise health as stakeholders, to ensure that children maintain access to relevant health services. This includes the originating CCG and the receiving CCG where the child or young person has been placed.

19.2 In Sefton, the sharing of information in relation to children placed out of area is coordinated by the Sefton CiC Health Team (NWBH) following notification by the Local Authority.

20. Payment By Results (PBR)

20.1 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.

20.2 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.

20.3 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.

21. Conclusion

21.1 Services provided to CiC in Sefton have been under intense scrutiny during 2018-19. Since the introduction of the bespoke CiC team in NWBH in September 2018 there has been some improved performance with further improvement required.

21.2 Sefton CCGs have worked in partnership with the Local Authority and partner agencies to ensure robust arrangements are in place within commissioned services, in line with national guidance and to fulfil the health needs of this group of children. The performance of commissioned services to deliver the statutory standards for CiC has at times, been inconsistent however through the reporting year there have been improvements made.

21.3 The dissolution of LCH affected the ability of provider services to maintain a consistent, high standard of service to CiC. The transition of services to new organisations occurred in April 2017 (June 2017 for the Safeguarding and LAC Service) and performance was monitored throughout 2017-18 with limited, or no significant

improvement. It has again been monitored in 2018-19 with a number of improvements evident. This has been high on the agenda for the CCGs with a number of measures undertaken in 2018-19 and further measures planned for 2019-20. The Chief Nurse of the Sefton CCGs has maintained oversight of the situation and reported through to the Joint Quality Committee and Governing Body.

21.4 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 *NHS E 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 2019-20

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.*

Improving outcomes for children: the 'so what' factor

- *Consideration to the transfer of responsibility for SDQs from the Local Authority to the NWBH LAC health team*
- *Continued focus on improving health outcomes for LAC*

Quality of multi-agency information sharing

- *Evaluation of information sharing within Primary Care Services*
- *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*

Transition and access

- *Review of commissioned CiC health services to consider providing extended 'signposting' service provision to care leavers*

Leadership

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

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NHS South Sefton CCG

Merton House, Stanley Road, Bootle, L20 3DL 0151 317 8456

southsefton.ccg@nhs.net

www.southseftonccg.nhs.uk

NHS Southport and Formby CCG

5 Curzon Rd, Southport, PR8 6PL 01704 395785

southportandformby.ccg@nhs.net

www.southportandformbyccg.nhs.uk

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