

# Corporate Parenting Committee

Wednesday 11 March 2020

2.00 pm

Ground floor meeting room GO1c, 160 Tooley Street, London SE1 2QH

## Supplemental Agenda No. 1

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6.	Annual Report on the Health of Looked After Children: 2018-2019	1 - 55

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Date: 5 March 2020

<b>Item No.</b> 6.	<b>Classification:</b> Open	<b>Date:</b> 11 March 2020	<b>Meeting Name:</b> Corporate Parenting Committee
<b>Report title:</b>		Annual Report on the Health of Looked After Children (LAC): 2018-2019	
<b>Ward(s) or groups affected:</b>		Children in Care of LB Southwark	
<b>From:</b>		Dr. Stacy John-Legere, Designated Dr for Looked After Children (LAC), Southwark	

### RECOMMENDATIONS

1. To note the report contents.
2. Further updates provided via:
  - Southwark Corporate Parenting panel – March 2020
  - Southwark Safeguarding Executive – quarterly.

### BACKGROUND INFORMATION

3. The Designated Professionals for Looked After Children (LAC) provide, on behalf of the CCG, an annual report to inform the GSTT NHS Foundation Trust/ Evelina London (provider) board and the Southwark commissioners.<sup>1</sup>
4. The purpose of the LAC annual report includes the following:<sup>2</sup>
  - The delivery of health services for children and young people looked after should be evaluated annually by the designated doctor and nurse. It should consider the above and the effectiveness of health care planning for individual children and young people looked after, and describe progress towards relevant performance indicators and targets;
  - The results of any independent local studies of the accessibility of health assessments to the children and young people themselves, to foster carers, parents, social workers and to health professionals;
  - Presentation to the Chief Executive of the clinical commissioning group (CCG) who commissioned it and the Director of Children's Services.
5. This report should be read in conjunction with the following reports provided by Southwark CCG:
  - Safeguarding Children's Annual Report
  - Safeguarding Adult's Annual Report.

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<sup>1</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/276500/promoting\\_health\\_of\\_looked\\_after\\_children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/276500/promoting_health_of_looked_after_children.pdf)

<sup>2</sup> ibid

6. This report should be read in conjunction with the following reports provided by Southwark Children's Services:
  - Adoption Annual Report
  - Fostering annual report
  - Report of the Headteacher – Southwark Virtual School
  - Independent Reviewing Officer (IRO) Annual Report.
7. A more detailed look related to the Guy's and St Thomas' NHS Foundation Trust (GSTT) Health service for looked after children is attached as an appendix to this report.

## KEY ISSUES FOR CONSIDERATION

### Executive summary

8. We define health in this document as "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". This definition underpins the work of the Designated professionals and the many teams providing services to Southwark's looked after children. Health care forms an explicit part of care planning for looked after children.<sup>3</sup>

### 9. Key Points

- Children placed more than 20 miles away are as likely to have a health assessment in date as children placed closer to Southwark; and these are of equitable quality.
- There is a demonstrable improvement in quality of completed health assessment reports.
- Carelink Child and Adolescent Mental Health Services (CAMHS) continues to provide a high-quality service with positive outcome measures to children local to Southwark as well as those placed >20 miles away
- Children's social care and the Southwark CCG are committed to completing initial health assessments within 20 working days of entry into care. There is a shared understanding that it will take time to fully meet these timescales in all cases.
- Both the Southwark LAC health team and Carelink CAMHS travel to where children are placed as required
- The Southwark LAC health team and Carelink CAMHS contribute to some placement planning decisions particularly placement changes.
- Audit has shown that health recommendations are being actively included in some care plans
- 2- way communication on health needs and safeguarding vulnerabilities occurs for looked – after children no matter where placed
- CAMHS and The LAC health team have actively contributed to Education, Health and Care Plan (EHCP) assessments and reviews for looked after children
- Access to services for care leavers remains a priority. Links have been established with the All Age Disability team.
- Ongoing joint attention and focus is being paid to achievement of all health outcomes for looked after children including ensuring access to timely dental checks, developmental assessments and immunisations.

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<sup>3</sup> <http://www.legislation.gov.uk/ukxi/2010/959/contents/made>

- Southwark's looked after children remain vulnerable to wider issues of contextual and specific safeguarding.
- Adoption services are changing with the formation of the Regional Adoption Agency which went live on 1 September 2019. There is also the formation of a consortium of Local Authorities working together around kinship care and fostering called "South London together for Permanence" to be formally launched in July 2019.

#### 10. Statutory reporting measures 2014-2019

	31 <sup>st</sup> March	2014	2015	2016	2017	2018	2019
	<b>CLA at 31<sup>st</sup> March</b>	550	503	477	498	491	<b>461</b>
	<b>CLA looked after for 12 months continuously at March 31<sup>st</sup></b>	325	365	340	341	348	<b>343</b>
<b>Key performance Indicators</b>	Health Assessments up to date	90.8%	92%	96%	91% (n=311)	91% (N=315)	<b>94%</b>
	Immunisations up to date	69%	74%	69%	85% (n=291)	71% (N=246)	<b>90%</b>
	Dental Assessments up to date	84.6%	85%	83%	89% (n=294)	80% (N=278)	<b>79%</b>
	Developmental assessments up to date		100% (n=50/50)	80% (n=20/25)	93% (n=14/15)	92% (N=11/12)	<b>82%</b>
	Substance abuse problem	2.6%	6%	3.5% (n=17)	6.7% (n=23)	6% (N=21)	<b>4%</b>
	SDQ % completed	35%	68%	75%	82%	71%	<b>86%</b>
	SDQ average	13.6	14.5	14.8	14.9	13.9	<b>13.9</b>

### Analysis

#### 11. Strengths

- Multi-agency investment in getting it right for looked after children and careleavers
- Improving outcomes and life chances for Looked after children and careleavers remain a Southwark Council and Southwark CCG priority
- There is a robust system in place for challenge and scrutiny for issues pertaining to looked after children and careleavers
- Strong performance on health measures is maintained
- There remains equitable consideration of looked after children placed further away as those placed within LB Southwark boundaries.

## 12. Challenges

- There is a changing statutory landscape across the country resulting in difficulties in access to resources such as school placements and mental health support depending on where children are placed
- There is an increasing complexity of individual children and the cohort as a whole – particularly around safeguarding issues such as exploitation and violence including exposure to knife crime, impact of adverse childhood experiences (ACEs); and mental health need.

## 13. Opportunities

- Delivery of the NHS Long-term Plan goals
- Southwark CCG is engaged in work across the 6 CCGs of the STP, which could result in shared best practice.
- Children's Social Services have established multi-agency panels to enhance care planning and delivery for looked after children and careleavers
- There is access to the Transforming Care pathway for some of our most vulnerable as well as use of Care, Education and Treatment Reviews (CETRs)<sup>4</sup> in planning care for children and young people with acute mental health needs
- Access to the support provided by Education and Health care Plans (EHCPs) which continues to age 25years
- Work by the Careleaver Partnership to develop and enhance support to careleavers
- The refreshed Sufficiency Strategy and work thereof includes looked after children and careleavers.

## 14. Threats

- Transition to adult services remains an area of further work. Ensuring a smooth transition across health and social care systems remains a challenge for a significant proportion of young people.
- Completed Joint Strategic Needs Assessments (JSNAs) indicate increased vulnerability for looked after children and careleavers including poorer mental health and significant representation in the rough sleeping population.

15. There is a good working knowledge across health, social care, education and the police, the local community and the voluntary sector of the issues noted above; with resulting focus and increasing coherence on strategy and delivery related to looked after children and careleavers.

## Community impact statement

16. The health of looked after children is an important aspect of their care. It is hoped that the attention we give to the health and well-being of children in care makes an important impact on the community both now and in the future in relation to their health and wellbeing.

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<sup>4</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/03/children-young-people-cetr-code-toolkit.pdf>

**REASONS FOR URGENCY**

17. Corporate parenting are required to consider the annual health report and as it is related to a workshop theme to be considered by the committee on 11 March 2020 it is imperative that it is considered at the same time.

**REASONS FOR LATENESS**

18. It has not been possible to circulate this report five clear days in advance of the meeting due to a number of IT issues (network and compatibility issues).

**BACKGROUND DOCUMENTS**

Background Papers	Held At	Contact
As set out in referenced foot notes		

**APPENDICES**

No.	Title
Appendix 1	Annual Report of the Health of Looked After Children 2018-2019 <ul style="list-style-type: none"> <li>GSTT Provider Service LAC Annual Report 2018-2019</li> </ul>

**AUDIT TRAIL**

<b>Lead Officer</b>	Dr. Stacy John-Legere, Designated Dr for Looked After Children (LAC), Southwark	
<b>Report Author</b>	Dr. Stacy John-Legere, Designated Dr for Looked After Children (LAC), Southwark	
<b>Version</b>	Final	
<b>Dated</b>	4 March 2020	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
List other officers here		
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>	4 March 2020	

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## 1 **Introduction**

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The Designated Professionals for LAC provide, on behalf of the CCG, an annual report to inform the GSTT NHS Foundation Trust/ Evelina London (provider) board and the Southwark commissioners.<sup>5</sup> The purpose of the LAC annual report includes the following:<sup>6</sup>

- The delivery of health services for children and young people looked after should be evaluated annually by the designated doctor and nurse. It should consider the above and the effectiveness of health care planning for individual children and young people looked after, and describe progress towards relevant performance indicators and targets;
- The results of any independent local studies of the accessibility of health assessments to the children and young people themselves, to foster carers, parents, social workers and to health professionals;
- Presentation to the Chief Executive of the CCG who commissioned it and the Director of Children's Services.

This report should be read in conjunction with the following reports provided by Southwark CCG:

- Safeguarding Children's Annual Report
- Safeguarding Adult's Annual Report

This report should be read in conjunction with the following reports provided by Southwark Children's Services:

- Adoption Annual Report
- Fostering annual report
- Report of the Headteacher – Southwark Virtual School
- IRO Annual Report

Southwark CCG operates in line with the most current statutory guidance<sup>7</sup>. It has ensured access to the expertise of a designated doctor and nurse for looked-after children.

Main areas of input over the past reporting year included contribution to the refreshed service specification for the GSTT LAC health service, continued input into the refreshed Southwark Sufficiency strategy, continued monitoring, assurance and training across the health economy as well as participation in the overall child and adult safeguarding agenda of the CCG Safeguarding team.

The Designated Professionals contribute to the wider safeguarding agenda across the South East London STP (sustainability and transformation partnership).

Further development is required to ensure that arrangements are in place for a smooth transition for looked-after children and care leavers moving from child to adult health services

## 2 **Background**

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### **1.1 Who is a looked after child (LAC)?**

Children Act (1989)<sup>8</sup>, refers to a child who is looked after by a local authority as child who is—

- (a) In their care; or
- (b) Provided with accommodation by the authority in the exercise of any functions (in particular those under this Act) which are social services functions within the meaning of the Local Authority Social Services Act 1970

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<sup>5</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/276500/promoting\\_health\\_of\\_looked\\_after\\_children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/276500/promoting_health_of_looked_after_children.pdf)

<sup>6</sup> *ibid*

<sup>7</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/413368/Promoting\\_the\\_health\\_and\\_well-being\\_of\\_looked-after\\_children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf)

<sup>8</sup> <http://www.legislation.gov.uk/ukpga/1989/41/section/22>

“Accommodation” means accommodation which is provided for a continuous period of more than 24 hours.

It shall be the duty of a local authority looking after any child—

(a) to safeguard and promote his welfare; and

(b) to make such use of services available for children cared for by their own parents as appears to the authority reasonable in his case.

Children are looked after by the local authority until the attainment of their 18<sup>th</sup> birthday. Accommodation by the local authority may cease when the child is returned home, adopted or subject to another legal pathway such as special guardianship. Provision for care leavers is governed by the Children (Leaving Care) Act 2000<sup>9</sup> and Children and Social care Act 2017.<sup>10</sup>

### 1.1.1 Definitions related to careleavers

Eligible Young People: This is a term used in the Leaving Care Procedures. Eligible Young People are young people aged 16 or 17, have been Looked After for a period or periods totalling at least 13 weeks starting after their 14th birthday and are still Looked After. (This total does not include a series of short-term placements of up to four weeks where the child has returned to the parent.) There is a duty to support these young people up to the age of 18<sup>11</sup>

Relevant Young People are those aged 16 or 17 who are no longer Looked After, having previously been in the category of Eligible Young People when Looked After. However, if after leaving the Looked After service, a young person returns home for a period of 6 months or more to be cared for by a parent and the return home has been formally agreed as successful, he or she will no longer be a Relevant Young Person. A young person is also Relevant if, having been looked after for three months or more, he or she is then detained after their 16th birthday either in hospital, remand centre, young offenders' institution or secure training centre. There is a duty to support relevant young people up to the age of 18, wherever they are living.

Statutory guidance (DH, DFE 2015) requires that care leavers are properly supported during the transition to adult services. It is recommended that care leavers be provided with a summary of their health records and details of illness and treatment. Care leavers need information about health services, advice and support to access services. Under the previous legal framework, all care leavers were entitled to receive support from a Personal Adviser (PA) until they reached age 21. This support could continue up to age 25 if care leavers were engaged in education or training. PA support was not available, however, to care leavers aged 21 or over who were not in a programme of education or training.

As of April 2018, Southwark is now under a new duty which requires it to offer PA support to all care leavers up to age 25, irrespective of whether they are engaged in education or training. This includes care leavers who return to the local authority at any point after the age of 21 up to age 25 and request PA support.

## 1.2 Designated Professionals

### 1.2.1 Roles and responsibilities

The roles of the designated doctor and nurse are defined in the statutory guidance as well as the intercollegiate framework.<sup>12</sup>

Designated doctors and nurses have a very important role in promoting the health and welfare of looked-after children. Service Level Agreements for the posts are being finalised with GSTT NHS Foundation Trust (provider service within which professionals are based)

The role is:

<sup>9</sup> <http://www.legislation.gov.uk/ukpga/2000/35/introduction>

<sup>10</sup> <http://services.parliament.uk/bills/2016-17/childrenandsocialwork.html>

<sup>11</sup> [http://trixresources.proceduresonline.com/nat\\_key/keywords/eligible\\_young\\_people.html](http://trixresources.proceduresonline.com/nat_key/keywords/eligible_young_people.html)

<sup>12</sup> Statutory Guidance on Promoting the Health and Well-being of Looked After Children  
<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/Healthanddisabilities/Page1/DCSF-01071-2009>

- To assist CCGs and other commissioners of health services in fulfilling their responsibilities to improve the health of looked-after children
- Intended to be strategic, separate from any responsibilities for individual looked after children (although the professionals in these posts may also provide a direct service to children outside their designated role).

### **1.2.2 Designated Dr for LAC**

Dr. Stacy John-Legere, Designated Doctor for LAC is a consultant community paediatrician who has undergone higher clinical/professional training in paediatrics and adolescent health. She has substantial clinical experience of the health needs of looked after children and is clinically active in community paediatrics in Southwark. The Designated Dr is commissioned for 0.2WTE activity within the CCG.

### **1.2.3 Designated Nurse for LAC**

Angela Brown is a senior nurse with health visiting experience. She has substantial clinical experience of the health and health care needs of children and young people. In addition to assisting commissioners, the designated nurse continues to provide both a direct clinical service to looked after children and to support other nurses and health visitors who will be seeing these children and their carers. The Designated Nurse is commissioned for 0.4WTE activity within the CCG.

Southwark's designated professionals are:

- Clinically competent in meeting the health needs of looked after children, including those undergoing adoption
- Effective strategically, raising key issues with service planners, commissioners and service providers to ensure the needs of looked after children are considered locally including those placed out of the area
- Able to clearly articulate and provide sound policy advice across interagency and corporate parenting partnership and appropriate structures such as Health and Wellbeing Boards or equivalents

### **1.2.4 Designated LAC professionals within the CCG**

The Designated professional roles are well established within the CCG. They form part of the NHS Southwark CCG (SCCG) Safeguarding Executive Committee. They attend and contribute to Southwark Corporate Parenting Panel and as well as the Children and Young People Integrated Commissioning Development Group (chaired by SCCG). They contribute to the Sufficiency Strategy Steering group. The Designated Dr for LAC co-chairs the joint Health and Social Care LAC forum. The Designated Nurse attends the monthly MASE (multi-agency sexual exploitation) Meeting. The Designated Dr attends the multi-agency panel where looked after children with complex needs are discussed.

#### **1.2.4.1 Designated Professionals activities 2018/2019**

The Designated professionals work together to progress the agenda regarding LAC. Owing to the breadth of work, lead responsibilities are shared and monitored via the SCCG safeguarding team work plan as well as overall governance areas.

Lead areas of focus for the reporting year included:

- Provision of an expert view regarding health issues pertinent to LAC including ensuring the wider local health economy can recognise and acknowledge the vulnerability of LAC -issues such as routine enquiries, and flexibility of offer
- Monitoring, through provider assurance, delivery of core services to looked after children including health assessments, and immunisations
- Carrying out quality audits on behalf of SCCG / local authority and review and support learning identified from provider service audits including audit of out of borough (OOB) health assessments.
- Development and assessment of a health needs monitoring pathway hosted by the provider service – including safeguarding issues such as risk of CSE/missing episodes as well as specific health needs

- Contributing to the national CQC review of Children and Young people's mental health services via focus group attendance<sup>13</sup>
- Development work regarding health offer to Care leavers
- Contribution to the development of Safeguarding (including Looked after children and careleavers) across the South East London STP.

## **2 NATIONAL GUIDANCE/ DOCUMENTS AND POLICY UPDATES 2018/2019**

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During the reporting year, several guidance documents and updates were produced which hold some relevance to looked after children. Listed below are some with main areas of relevance to looked after children and adoption.

- Working Together to Safeguard Children<sup>14</sup> - updated 1<sup>st</sup> August 2018. The Southwark arrangements have been published.
- Information sharing: advice for practitioners providing safeguarding services<sup>15</sup> - updated July 2018
- NICE guidance PH28 – Looked after children and young people (2010) is being updated. The revised guideline should provide greater focus and detail of effective interventions for looked-after children and young people, and their parents and foster carers<sup>16</sup>

The CCG determines assurance about new and updated guidance and policies related to the health of looked after children via the safeguarding executive attended by provider services.

The local authority receives this assurance via the Corporate Parenting Panel.

The NHS Long Term Plan<sup>17</sup> was published on 7<sup>th</sup> January 2019 with an appendix relating to contributing to wider social goals. This specifically references commitment to improving outcomes for careleavers. The Plan includes a stronger NHS actions on health inequalities and intensifies the NHS focus on children's health - cardiovascular and respiratory conditions, autism, and learning disability amongst others. The NHS Long term Plan builds on the 5year forward view.

## **3 POPULATION OVERVIEW SOUTHWARK LOOKED AFTER CHILDREN<sup>18</sup>**

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The figures below illustrate Southwark's year-end position 2018-2019 (where available) related to its statistical neighbours (SNs) as well as the other London boroughs included in the STP.

The LAC population is heterogeneous with differing needs and pathways into the care system; therefore, commissioning attention must be paid to ensuring individual needs are met as well as needs at a population level.

Whilst overall numbers of children in care for 12 months or more have decreased, they remain above the local and national average as illustrated in the figure below.

There were 474 looked after children at 31<sup>st</sup> March 2019. There were 222 children entering care and 239 ceasing to be looked after from April 2018 to March 2019. This illustrates the churn experienced and gives an indication of the health resource required as each child entering care requires a health assessment; whilst varying levels of input are required for those who remain in care.

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<sup>13</sup> <http://www.cqc.org.uk/publications/themed-work/are-we-listening-review-children-young-peoples-mental-health-services>

<sup>14</sup> <https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

<sup>15</sup> <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

<sup>16</sup> <https://www.nice.org.uk/guidance/ph28/resources/surveillance-report-2017-lookedafter-children-and-young-people-2010-nice-guideline-ph28-4671391789/chapter/How-we-made-the-decision?tab=evidence>

<sup>17</sup> <https://www.longtermplan.nhs.uk/>

<sup>18</sup> <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2017-to-2018>

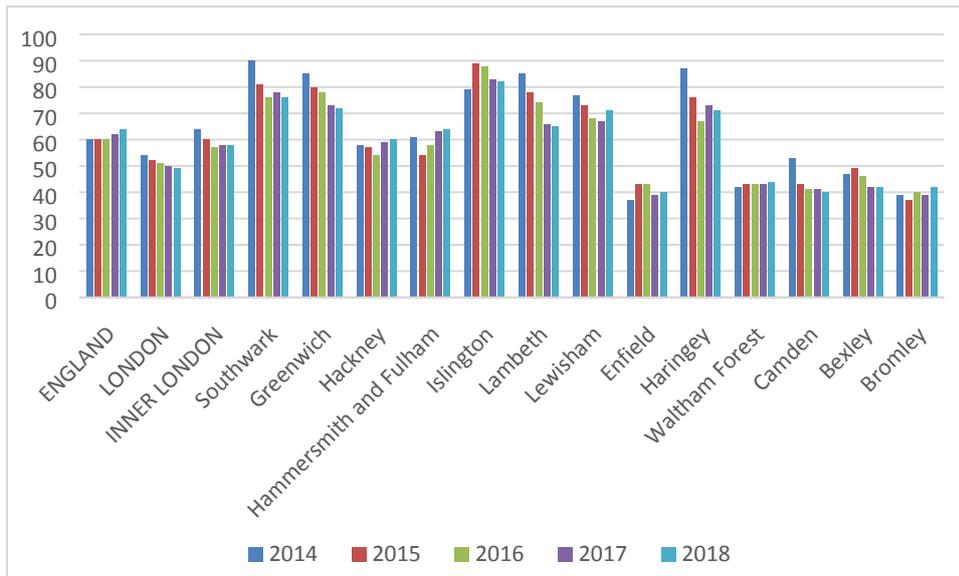


Figure 1: Looked after children - rates per 10 000 2014-2018

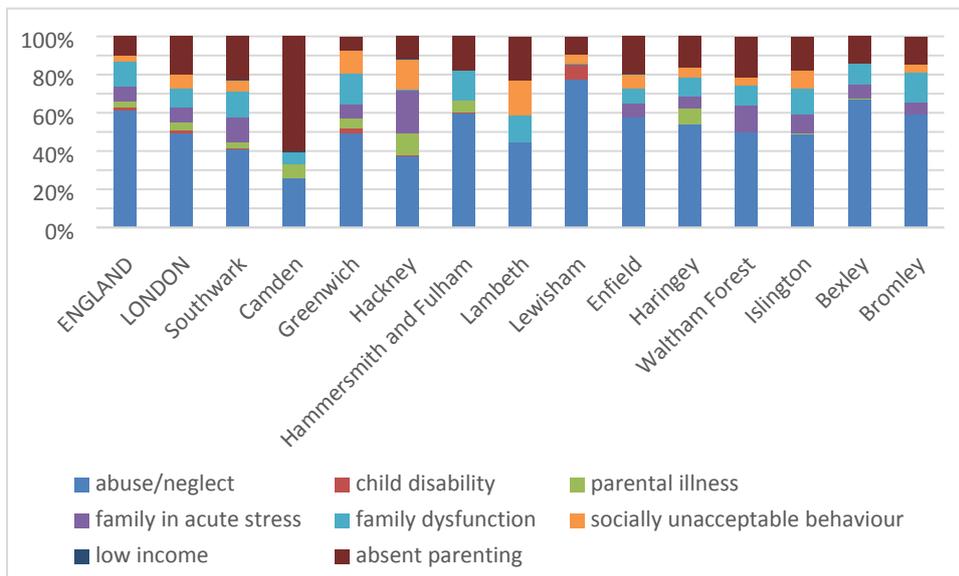


Figure 2: Reasons for becoming looked after March 2018

The figure above illustrates the **initial reason** why a child/young person has become known to the local authority – for a proportion of children, this represents the reason for the original Section 47 investigation on referral to children’s services. Whilst the main reason in Southwark remains abuse and neglect, we note a significant proportion related to families being in acute distress. Absent parenting (in most cases) refers to unaccompanied children and young people accommodated under Section 20.

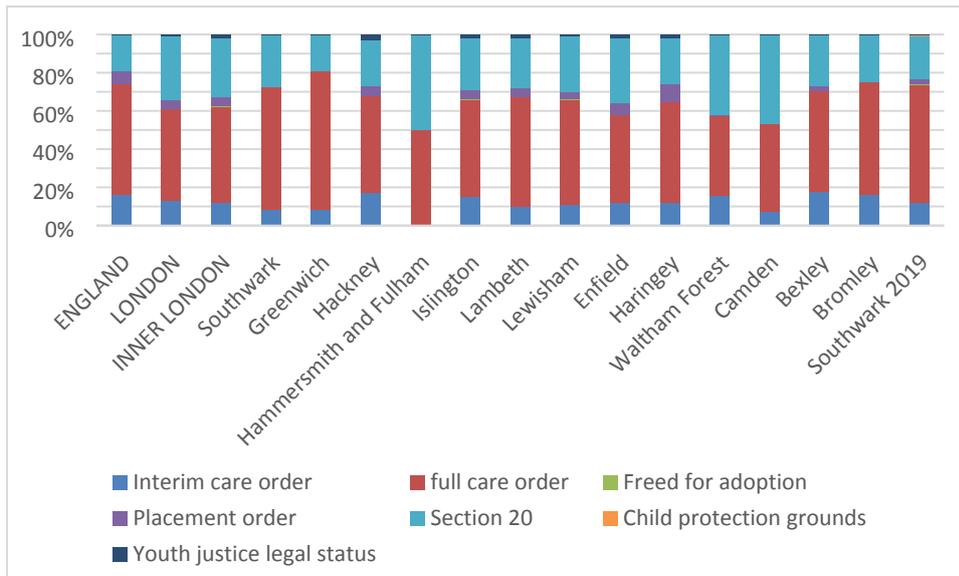


Figure 3: Accommodation Status - March 2018

Children are looked after under different legal entities. The greatest proportion of children in care are legally accommodated due to full-care orders (S31 Children Act), with the second largest proportion accommodated under voluntary section 20 (S20 of Children Act). A few children are on interim care orders; with fewer accommodated via youth justice fora.

Children in the care of LB Southwark are allocated to one of a few social work teams as illustrated in the figure below. The health teams maintain effective working relationships and partnerships with differing social work teams.

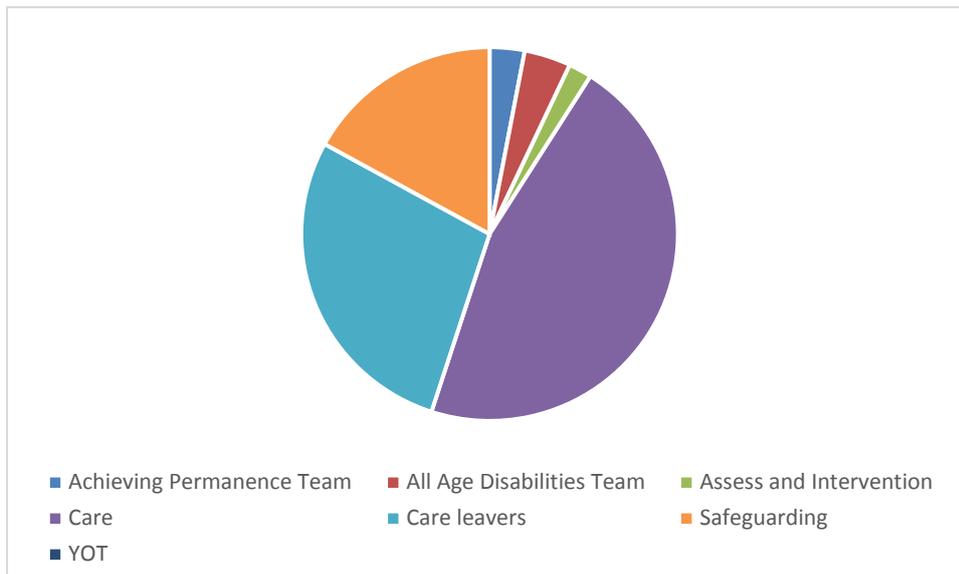


Figure 4-Southwark Social Work teams assigned children in care - March 2019

Males outnumber females in all age groups.

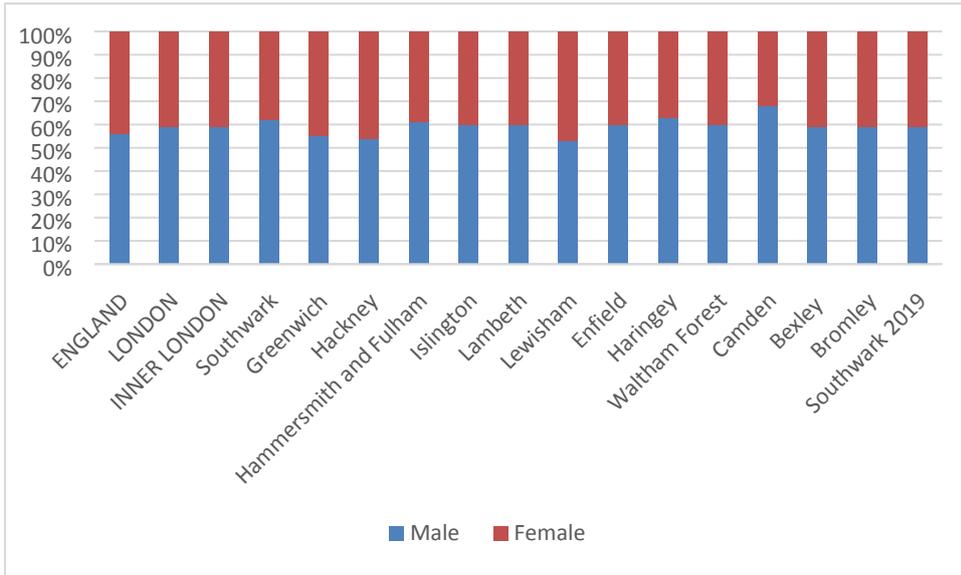


Figure 5: Looked after children - Gender March 2018 – binary recording

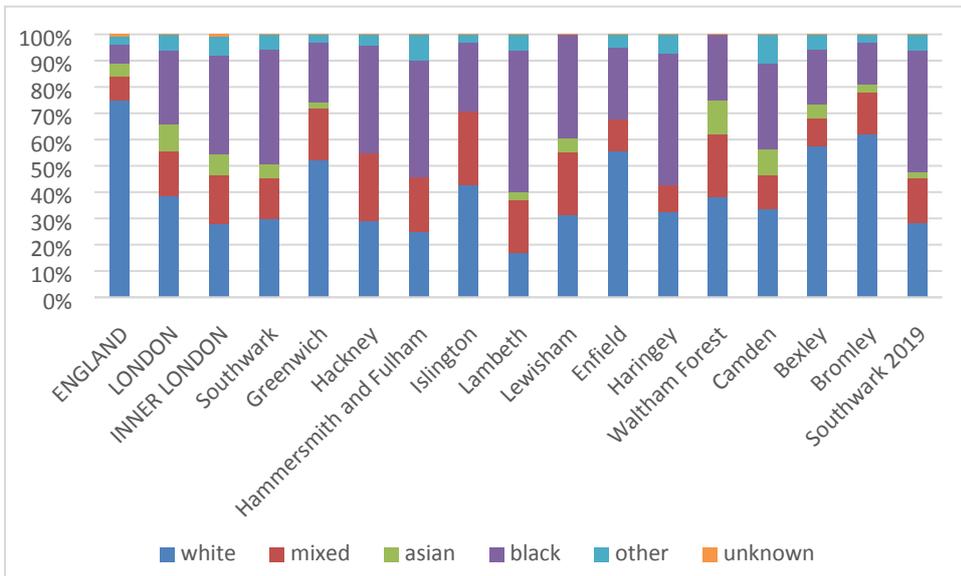


Figure 6: Looked after children- Ethnicity March 2018

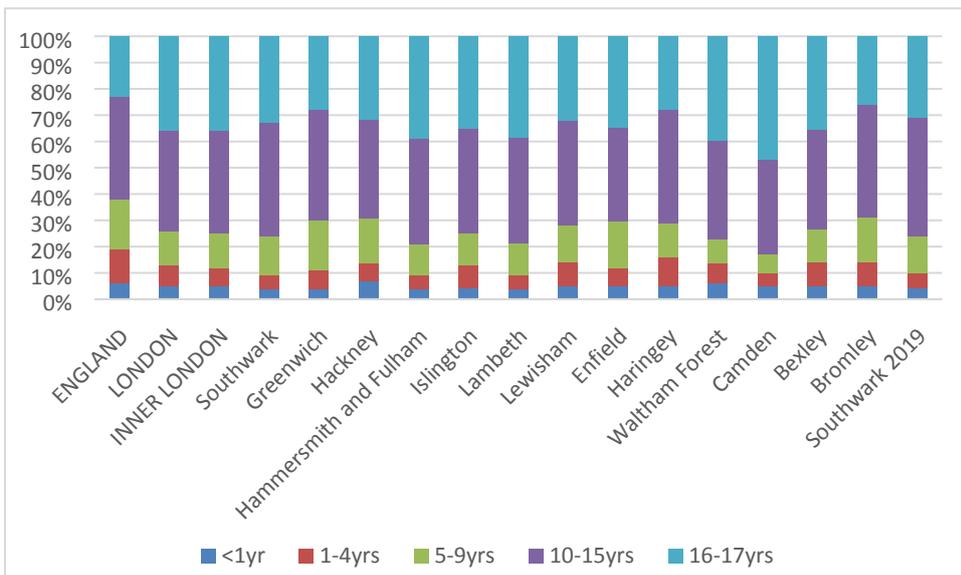


Figure 7: Looked after children - Age distribution March 2018

A significant proportion is aged 16-17, illustrating the need to ensure that they are provided with robust services to successfully transition to adulthood. Thus, the LAC health offer must include access to sexual health services, substance misuse service and appropriate mental health provision. Effective signposting and introduction to adult health services- including the role of the GP as their lead health professional continues to be reinforced.

Unaccompanied and asylum-seeking children (UASC) numbers have increased over the last reporting year. Unaccompanied minors have specific physical and emotional health needs which includes post-traumatic stress disorder, untreated health conditions, no past medical history, no immunisation records. The health assessments require more time and resources with interpreters. LAC Health Team and paediatricians have received specific training on the health needs of UASC. In November 2018, bespoke multi-agency training on health and wellbeing of UASC was offered. This was well attended and positively evaluated by the participants.

A summary paper regarding the needs of UASC was presented to the Corporate Parenting Panel in 2019.

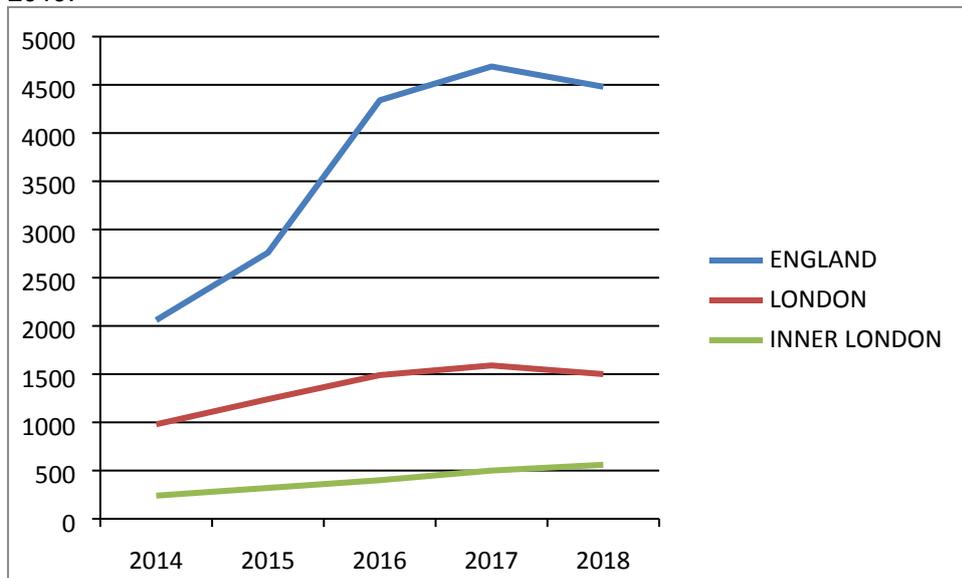


Figure 8: UASC population 2014-2018

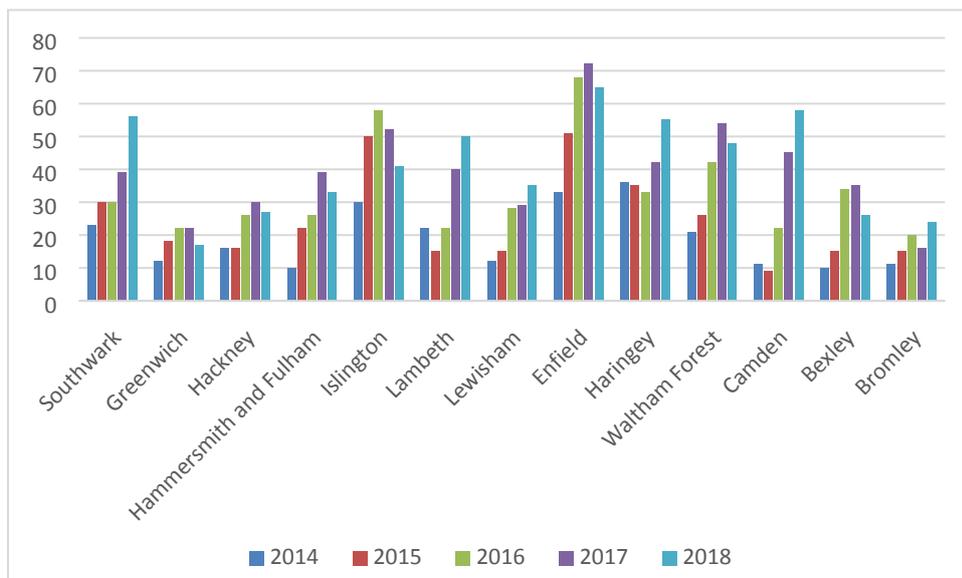


Figure 9: UASC population 2014-2018 SNs and STP comparison

### 3.1 Care leavers

The Southwark LAC health service has increased provision of care leaver health summaries to this cohort. They are offered support from the LAC nurses and the Designated Dr to access health services. This includes signposting, communicating and advocating with adult services. The GSTT LAC health team and the designated professionals also contribute to professional meetings/network meetings for the most at-risk or vulnerable care-leavers.

The local authority has prioritised the needs of care leavers in its overarching strategy published in 2016. A major achievement of 2017 was the securing of a DfE funding joint with Catch 22 to transform the series available locally for Southwark’s car leavers. This project is led by the LA and Catch 22. Health partners and local stakeholders are committed to contributing to design and delivery of this transformation project.

### 3.2 Placement overviews

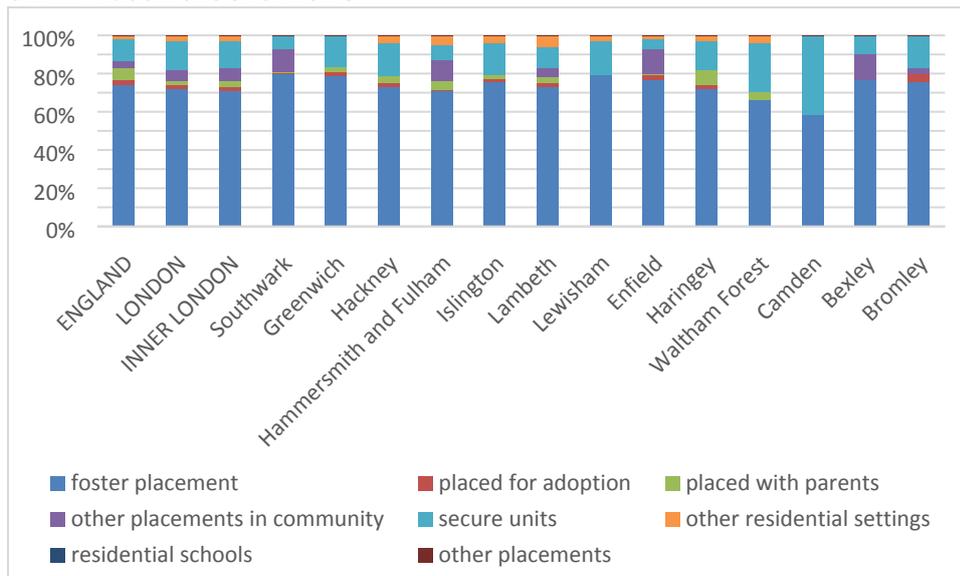


Figure 10: Looked after children placements - March 2018

At any one time, approximately 75% of Southwark LAC reside in placements outside of the borough boundaries, with a smaller but significant proportion resident further afield (>20 miles away) – this was 22% at March 2019. This poses a recognised challenge in ensuring that the needs of all LAC are met in an equitable manner, and that their health assessments are carried out to an acceptable standard. The local authority has been consistently working to place children closer to home.

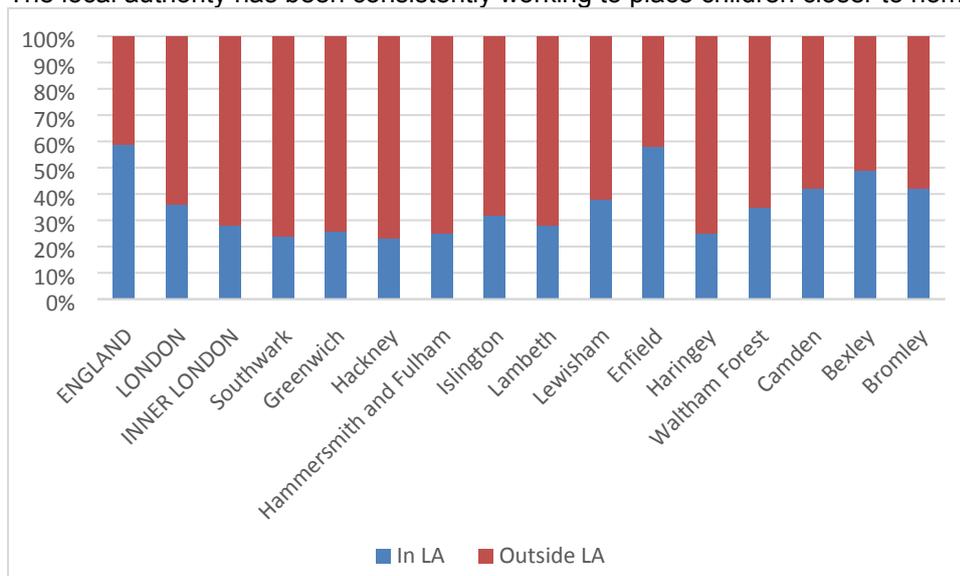


Figure 11: Placement locality -March 2018

More health assessments are being done In House by the Southwark LAC health team, with both the doctors and nurses travelling out to beyond 20 miles. The Southwark LAC Health Team have recruited a Nurse for LAC (0.5 WTE) and a Named Dr for LAC (1.0 WTE).

There has been an improvement in the quality of health assessment undertaken out of borough. The Designated Nurse quality assures the health assessment received from out of borough with an adapted checklist tool (Payment by Results Guidance 2013-14) and guide in place to assess the quality of assessment. Payment is withheld if health assessment is not of appropriate quality – inadequate health assessments are returned to provider service and additional information requested.

There is ongoing tracking of the health assessments received and ongoing monitoring in place to review the timeliness from when the requests are sent to providers to when they are completed, returned to the Southwark LAC health team, and onward to social care. The aim is to improve completion of health assessment within statutory timescales and avoid breaches.

#### **4 Health of looked after children**

##### **4.1 Statutory returns**

The statutory reporting figures for this year are awaiting further verification via manual sense-checking and record review.

*Table 1: Summary Statutory performance figures YTD 2019*

	<b>31<sup>st</sup> March</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
	<b>CLA at 31<sup>st</sup> March</b>	550	503	477	498	491	<b>461</b>
	<b>CLA looked after for 12 months continuously at March 31<sup>st</sup></b>	325	365	340	341	348	<b>343</b>
<b>Key performance Indicators</b>	Health Assessments up to date	90.8%	92%	96%	91% (n=311)	91% (N=315)	<b>94%</b>
	Immunisations up to date	69%	74%	69%	85% (n=291)	71% (N=246)	<b>90%</b>
	Dental Assessments up to date	84.6%	85%	83%	89% (n=294)	80% (N=278)	<b>79%</b>
	Developmental assessments up to date		100% (n=50/50)	80% (n=20/25)	93% (n=14/15)	92% N = 11/12	<b>82%</b>
	Substance abuse problem	2.6%	6%	3.5% (n=17)	6.7% (n=23)	6% (N = 21)	<b>4%</b>
	SDQ % completed	35%	68%	75%	82%	71%	<b>86%</b>
	SDQ average score *	13.6	14.5	14.8	14.9	13.9	<b>13.9</b>

The table above provides an overview of statutory returns on health indices for looked after children. Strong performance in all parameters is noted. The return regarding substance misuse was manually checked with the content of the health assessment. Further work will be done regarding use of the Drug Use Screening Tool (DUST) and its integration with the health assessment.

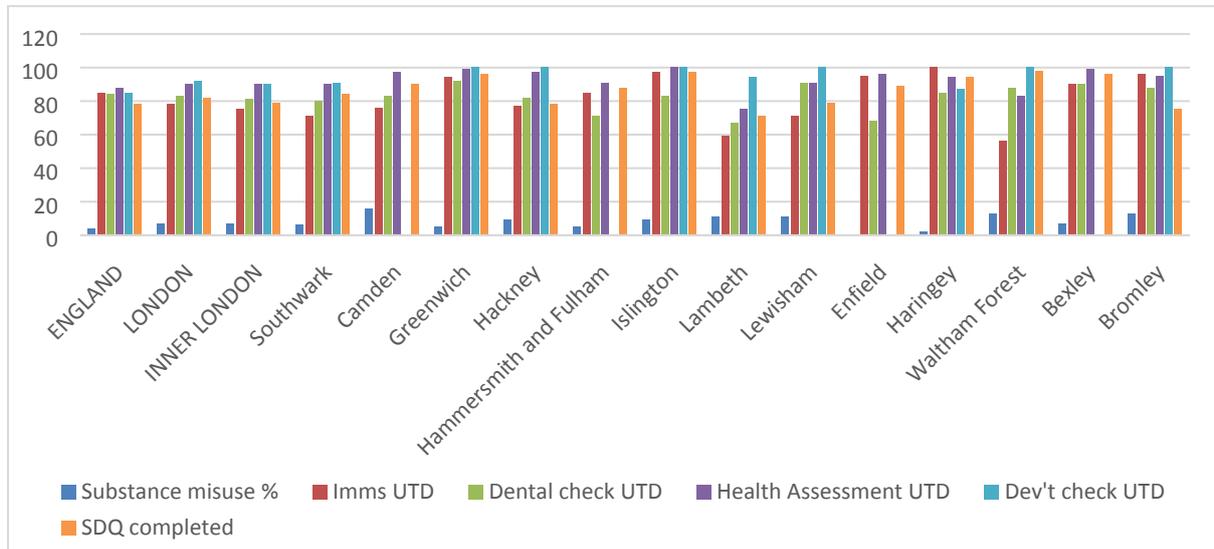


Figure 12- Health Indicators March 2018

The figure above illustrates Southwark’s position relative to its statistical neighbours and the STP.

#### 4.2 Additional performance returns

##### 4.2.1 Initial health assessments

All children and young people entering care should have an initial health assessment within 20 working days of becoming looked after (BLA) – in order to inform the first LAC review. These assessments must be carried out by a medical practitioner<sup>19</sup>.

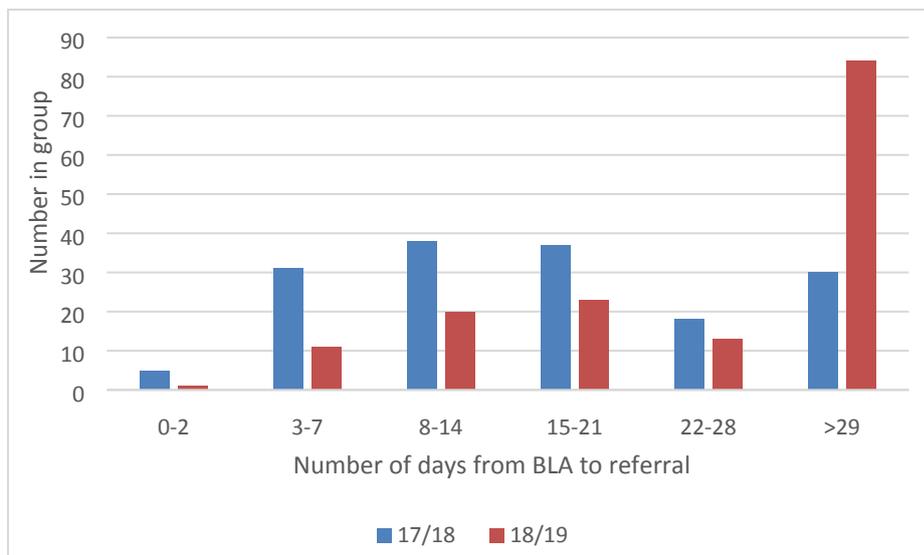


Figure 13: Days (calendar) from becoming looked after to referral for IHA

19

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/413368/Promoting\\_the\\_health\\_and\\_well-being\\_of\\_looked-after\\_children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf)

Improving performance related to IHAs remains a priority for children's services and the CCG. This is currently a standing agenda item for review and monitoring at the health and Social care looked after children and care leaver's forum.

An escalation pathway has been jointly implemented at SCS and the GSTT LAC health team; with ongoing monitoring and challenge at the Performance boards of both institutions.

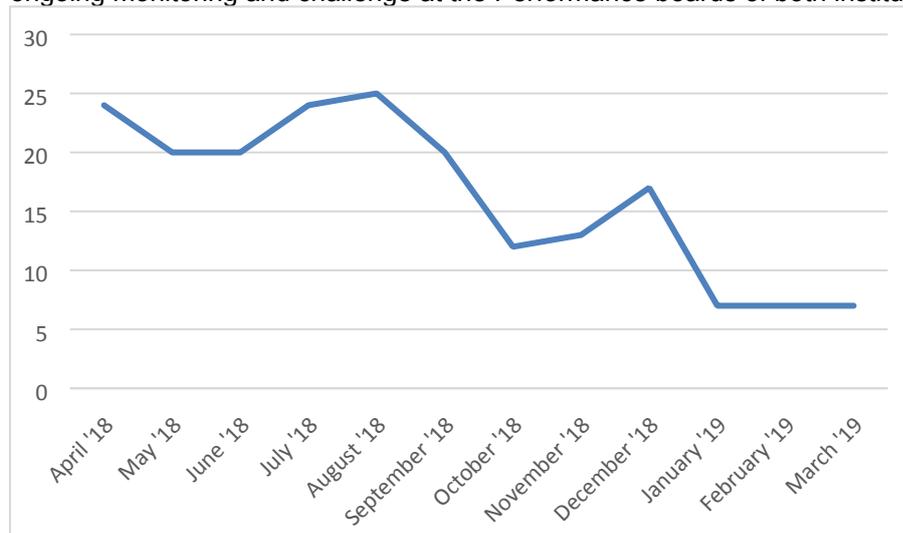


Figure 14: Average days (calendar) from referral to appointment

The figure above illustrates the time in calendar days from a referral being received to the child/young person being seen for their IHA. There is a direct correlation with the implementation of the escalation plan in January 2019.

Additionally, delays in the IHA were, in most cases, due to the child/young person not attending the appointment being made or cancelled. For those children placed further away from Sunshine House, it remains a challenge for them to be seen within 20 working days by another medical professional.

#### 4.2.2 Review health assessment performance

94% of statutory health assessments, for children in care for 12 months or more, were completed at YTD. This figure is better to the year before. The provider service is working with the local authority on ways to improve the pick-up of health assessments; particularly for those young people who refuse. With the local authority, the LAC health service has targeted early completion of review health assessments for this reporting year; allowing greater lee-way for changes to appointments, ongoing availability of appointments for children/young people who may initially refuse to attend and increased availability of opportunity to travel to those who are placed further away.

Improving timeliness of completion of assessments and return to social workers has been a focus of this year. The figure below illustrates the reduction in turnaround time for completed health assessments from appointment to return to social care.

#### 4.2.3 Immunisations

90% of children in care for >12 months are up to date with their immunisations. This is a significant improvement on the previous reporting years. The main age range for incomplete immunisations is 13 to 17 years.

There is no reporting system available to report immunisation for LAC due to IT issues since 2015. There is an Immunisation Coordinator in post to monitor the immunisation of looked after children. This involves liaising with GP's and Nurses in and out of borough to obtain immunisation reports and uploading them to the electronic record system. This is reported manually.

LAC Nurses run Immunisation clinics during school holiday breaks and social workers are informed of LAC who have immunisation outstanding. Nurses provide immunisation at clinic appointments as necessary. This is to be reviewed to increase the uptake of immunisations by targeting, unaccompanied minors, LAC with late entry into care, those under 5 years and those 11-17 years.

A joint plan between health and social care is in place to address this. It includes a review of training offered to social workers and foster carers. It also includes escalation pathway to the fostering team so that supervising social workers can also review immunisations and any barriers to access that the

children/young people may experience. Links have also been made with the provider services of school immunisations which has led to improved immunisation uptake data. The Designated Nurse LAC has contributed to Southwark Public Health Immunisation Action plan. A poster presentation highlighting good practice in Southwark improving the uptake of immunisation was part of Coram BAAF Conference in 2019.

#### **4.2.4 Dental Checks**

The YTD figure for dental checks is below the expected trajectory. This is being actively reviewed as it appears a data quality element as opposed to true lack of access to the dentist. Visits to the dentist are recorded at the time of the review health assessments and noted during looked after children (LAC) reviews. Improvement in real-time recording of dental visits is an area of focus.

#### **4.2.5 Substance Misuse**

Looked after children placed in Southwark and those that are more local can access the HYP service. CSC have established a joint partnership forum in this year with substance misuse services. A focus on issues related to looked after children is expected.

### **4.3 Health Needs of Looked After Children**

The Southwark LAC health team tracks the health needs of Southwark's LAC to inform appropriate access to services for the children. This is regularly updated using the information available to the health team; with greater detail available in the attached provider service report.

A significant proportion of children were receiving mental health support from SLAM CAMHS teams, Carelink, and external providers. More than half of those identified with self-harm, depression or anger issues were actively receiving support

Difficulties with sleep is also a significant issue noted and children young people are offered referral to the Sunshine House Community Sleep clinic as appropriate.

### **4.4 Mental health and emotional wellbeing**

Carelink work with Southwark Looked after Children both in and out of Borough. At any one time up to 60% of open cases are Children who are looked after by Southwark but live outside of the Borough. Where possible they aim to work with Southwark children irrespective of address so that they can offer continuity of service should there be a change of placement and to support better collaboration with the network given our close links with the CLA social workers. Where children and young people live too far to travel to Southwark for appointments Carelink will broker referral to other CAMHS teams in their locality as requested.

Carelink also provide support for adopted children, foster carers and the multi-professional team working with the child/young person.

Mental health needs of looked after children remains increasingly complex as children who have experienced abuse and neglect, do not necessarily meet the criteria for an ICD10/DSM5 diagnosis; but present with significant need severely impacting on their daily life.

Meeting the mental health needs of those with learning disabilities and/or autism remains difficult in some circumstances. There were 4 CETRs (aimed at ensuring inpatient admission is the most appropriate) held for Southwark LAC in the last year.

#### **4.4.1 Strength and Difficulties Questionnaire (SDQ)**

The Government only requires that the foster carers complete an SDQ and does not state what the Department should do with this information. For the SDQ to be interpreted reliably there needs to be at least two informants (three if the child is 11+). To make the information clinically useful in Southwark we have agreed the following:

- On a given date once a year all foster carers are asked to complete an SDQ for all Southwark children in their care.
- The SDQ is returned centrally and forwarded to the Carelink team where they are reviewed.
- When the SDQ is reviewed if there are concerns we complete the rest of the screening and where indicated ensure that a clinical service is offered to all children and young people with identified mental health need.
- The CSC Department will continue to ensure foster carers complete the SDQs annually and the Carelink team will clinically review to ensure early identification of need and accessibility of service to children in care to Southwark.

The SDQ rating profile in Southwark fits with the national profile and is expected owing to the pre-care experiences of looked-after children.

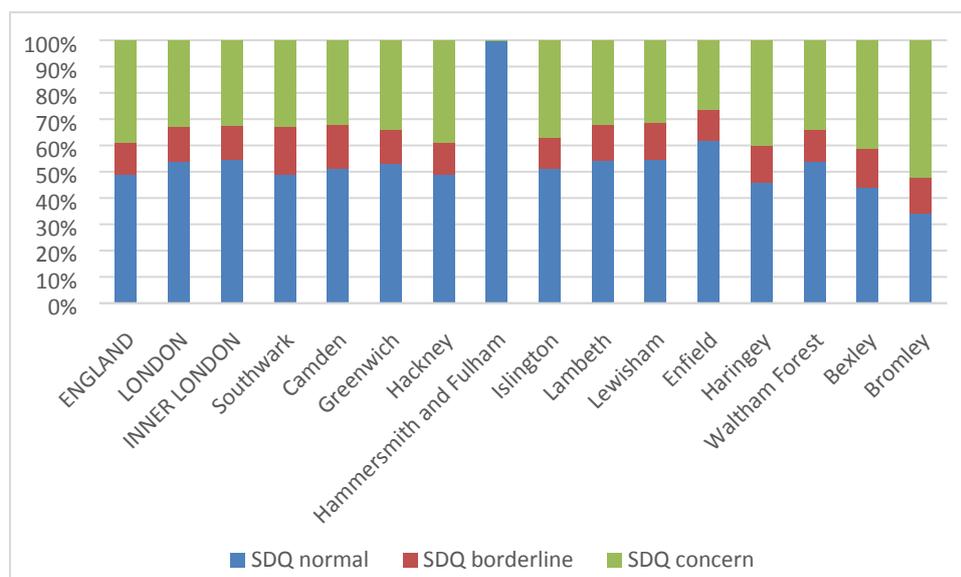


Figure 15: SDQ profile March 2018

#### 4.4.2 Outcome measures (2018)

Measure	Mean pre-score	SD pre-score	Mean post-score	SD post-score	Mean score change	SD score change <sup>20</sup>
CGAS	50.56 (n=197)	8.79	55.63 (n=163)	10.05	5.28 (n=159)	8.60
SDQ (self-report)	14.47 (n=51)	7.23	17.19 (n=16)	7.76	-2.50 (n=12)	5.62
SDQ (carer-report)	17.76 (n=167)	6.58	17.04 (n=97)	6.72	-1.74 (n=96)	6.55

The table above demonstrates that the mean CGAS score for individuals have increased with a mean change score per child or young person of a 5.28-point increase. The CGAS rating indicates the level of adaptive functioning demonstrated by a young person as judged by a treating clinician. Therefore, this score indicates an increase in the adaptive functioning of young people in this audit sample on average. A one-sample t-test revealed that this score is significantly different to 0 taking into account standard deviation of change scores ( $t(159)=7.75$ ,  $p < .001$ ) suggesting this finding of an increase in adaptive functioning is statistically robust.

## 5 Local Provider Services Pertinent to the Health and Wellbeing to LAC

### 5.1.1 GSTT NHS Foundation Trust

The Southwark Looked after Children's Health Service is commissioned and funded by NHS Southwark Clinical Commissioning Group (CCG) from Guys and St Thomas' NHS Trust (as the provider) and lies within the Trust's Vulnerable Person's Assurance Group with direct reporting into

<sup>20</sup> The reason for a mean change score not equating to the difference between the mean pre-score and the mean post-score is largely due to the effects of outliers on the pre- and post- means and also the exclusion of cases where either a pre- or post-score was missing for the calculation of change scores. This principle applies to the calculation of change scores for each of these measures. This is significant as we are interested in tracking changes in individual scores over time so pre- and post-scores must be matched for participants.

the Children's Safeguarding Executive at Guys and St Thomas'. It designates the professionals for LAC. The Service Specification was amended to reflect the additional resource allocated. The service undertakes statutory health assessments on behalf of the local authority, provides enhanced clinical assessments and support for LAC and, when needed, careleavers. The team supports training and education across GSTT, the wider health economy and across sectors.

The Looked After Children's Health Team follows a robust audit plan and implements learning and recommendations arising out of Serious Case Reviews, and management reviews. The Looked after Children's Team actively participate in safeguarding activities, they attend strategy meetings, follow up referrals from Social Care, as well as carrying out joint visits where appropriate. The team attend care plan meetings as well CPAs for vulnerable Looked after Children, attend Match Panel as needed and professional meetings. The LAC Health Team participate in LAC peer review.

The Medical Advisor for Adoption and the Designated Doctor for LAC also provide advice, based on assessments carried out by their local GP, regarding any physical or mental health issues that may impact on the adult's capacity (prospective adopters, prospective carers under an SGO or foster carer) to look after the challenging and vulnerable children who need fostering and adoption. Children's Universal Services are offered supervision and training regarding LAC. They communicate directly with the LAC health team for expert advice and co-ordination of health care plans.

LAC are prioritised for services wherever possible. Services are offered regardless of local GPs. The LAC health team are notified of all ED (emergency department) attendances of Southwark LAC.

The Named Dr for LAC and the Designated Dr for LAC provide advice for individual children to social workers, foster carers and independent reviewing officers. They also liaise with local hospital teams as necessary. This includes offering a view on planned operations/procedures and medication – particularly for children placed out of the borough where their local hospital teams may not have access to their whole health record. This ensures co-ordination and joint understanding of the child's health needs and planned interventions, with a reduction in delay of receipt of service.

### **5.1.2 South London and the Maudsley NHS Trust (SLAM)**

Carelink is part of South London & Maudsley NHS Foundation Trust. Southwark LAC access a specialist NHS team who offer a specialist Child and Adolescent Mental Health Service (CAMHS) for Southwark Looked After Children and Adopted children. The team work in very close partnership with Children's Social Care, Child Health and other agencies working with children and young people in Care.

During the year the team caseload usually fluctuates between 182-220 open cases. Children and young people are referred with a wide variety of problems including; emotional disorders, low mood, depression, self-harm, suicidal thoughts, post-traumatic stress disorder, eating problems, anxiety, attachment disorder and difficulties, thought disorders, behavioural and conduct problems and neuro-developmental problems. There are significant needs within this population including the need for specialist provision and episodes of in-patient psychiatric care. The Carelink team co-ordinate with other CAMHS services regarding local access for Southwark LAC as far as is possible.

There is good awareness of looked after children across SLAM. Strong communication links exist between commissioning and the provider services. Access to appropriate services remains a challenge for some children and young people and this is a focused area of work for local CAMHS services, Carelink and the LAC designated professionals.

This work is likely to be impacted on the CAMHS review undertaken by Southwark CCG on behalf of the Integrated Commissioning (CCG and LA) Team. A working group and implementation board have been established with remit of assessing and implementing the recommendations of the review. Using the "Who Pays"<sup>21</sup> Commissioning guidance, Southwark CCG CAMHS Commissioner and Carelink work closely to ensure that those placed outside the borough boundaries are able to access local CAMHS services for assessment and treatment as provided.

<sup>21</sup> <https://www.england.nhs.uk/wp-content/uploads/2014/05/who-pays.pdf>

### **5.1.3 Kings College Hospital NHS Trust**

Looked after children, their vulnerabilities and the role of health professionals in promoting their health and wellbeing are embedded in safeguarding training delivered within the Trust. Additional specialist training and staff workshops, supported by the Designated Professionals, are planned for the first quarter of 2017/2018. The Southwark LAC health team provide support and advice as required by the KCH safeguarding team. Moreover, the Designated professionals will be working with the named professionals on further development of the LAC component of the Level 3 safeguarding training offer. All LAC attending ED are notified to the Southwark LAC health team.

### **5.1.4 Primary health care**

GPs are the custodian of a child/young person's entire health record. The LAC health team ensure all GPs receive a copy of the health assessment carried out for a child/young person registered at their practice.

The Southwark Primary Care Annual Review (2016) attracted responses from 36 of 41 Southwark GP practices (88%). 32 practices felt confident that they identify LAC by use of a specific read code. 16 practices include a question about a current social worker for the child /family on the child registration form. This is now a recommendation for all practices. The re-audit in 2017 highlighted further embedding of this.

### **5.1.5 Southwark HYP (Healthy Young People) - Integrated Health and Wellbeing Service**

BROOK/CGL offers a combined integrated wellbeing service commissioned by Public Health Southwark. This service offers sexual and reproductive health as well as substance misuse services. It is open to all Southwark residents and Southwark looked after children regardless of residence. They offer both in-reach and outreach clinics, via a fixed clinical service offered at Cambridge House and satellite clinics throughout Southwark at various venues to ensure maximum possible reach. These services work in concert with the other commissioned sexual and reproductive health services as well as the more specialist services available at King's College Hospital and Guy's and St Thomas' NHS Trust.

The practitioners with HYP have started working with Southwark looked after children and care leavers including joint assessments and visits with the LAC nurses.

## **5.2 Children's safeguarding and additional vulnerability factors**

Children looked after by the London Borough of Southwark are also over-represented in the population of children who are either known or suspected to have vulnerabilities regarding child sexual exploitation and/or missing from home. Direct support to this cohort is provided by the Designated Nurse who attends the CSE Operational meeting and contributes knowledge of the cases, involved in decision making, planning and information sharing. Overall the health needs of Looked after Children within this vulnerable cohort are managed in accordance with the wider Southwark Child Safeguarding CSE strategy.

Southwark is in one of the top five highest boroughs for youth violence and robbery. The designated professionals have also met with colleagues from the Youth Offending Service to clarify pathways for ensuring that health needs are identified and appropriate referrals sort and specialist advice made available.

The safeguarding aspects of FGM form part of regular training for all professionals working with children and young people, including those who work with looked after children.

Prevent training is also mandatory for all health professionals, including those who work with looked after children.

### **5.2.1 SOUTHWARK SAFEGUARDING CHILDREN'S BOARD (SSCB) EXECUTIVE**

The designated professionals have presented the LAC annual report to the board executive. They have contributed to the self-assessment Section 11 audit. The Designated Nurse is part of the Vulnerable Women and Girls' (VAWG) subgroup. The designated professionals also attend the SSCB Partnership Board meeting.

### **5.2.2 Serious case reviews (SCRs) and concise reviews**

During the reporting YTD, there were no SCRs for Southwark children looked after. The Designated Dr participated in a management review for a child subject to a Deprivation of Liberty (DOL). The learning identified was shared via learning events. There is a commissioned independently chaired learning review regarding a young person in care who was stabbed. This review forms part of a wider review.

An independent thematic review related to youth violence is being undertaken. One of the cases considered is a young person looked after by LB Southwark.

### **5.2.3 Understanding Vulnerabilities**

The Ofsted SIF in 2017 highlighted the need to identify the health needs and those LAC at risk. SCCG has thus commissioned from GSTT LAC health service a system for ongoing monitoring of those LAC at risk of CSE, Missing and with specific health needs including disability. Letters have been sent to provider authorities where LAC have been placed. The aim is to notify provider organisations of LAC placed out of borough of the originating borough (Southwark) to contact Southwark LAC health team if there are any concerns/risk regarding LAC placed in their borough. This will be ongoing as LAC change placements and notifications are received from LA. The LAC health team monitor monthly any changes to safeguarding status and vulnerabilities for all LAC; instituting appropriate actions to address any needs or emerging vulnerabilities including access to assessment, treatment or sharing of information within the professional network. They receive ED (Emergency Department) notifications, invitations to strategy and network meetings as well as ad hoc professional updates. These are actioned and prioritised for attendance. The LAC health team attend the Missing Network meetings. There is a health component of the return interviews and any identified needs are flagged to the Designated Nurse for LAC.

### **5.3 Audit and learning**

The provider services regularly participate in audit. The learning from these are brought to the bi-monthly safeguarding executive meetings. The designated professionals also conduct and participate in audit on behalf of the CCG as well as the provider services in which they work.

#### **5.3.1 Stability Audit**

This dip sample audit was completed in May 2018 using files identified by children's social care. The findings for health were disseminated and include areas already identified regarding timeliness of health assessments.

#### **5.3.2 Placement Audit 2018**

This audit was carried out by children's social care and looked at 14 new entrants into care and 11 children/young people who experienced placement moves. This audit revealed that of the new entrants into care, all but one had a completed IHA; however, 2 were done within timescales with the rest completed outside this.

8/11 children who experienced placement moves had good summaries of their health needs and referenced health assessments in the care plan. 7/11 children were receiving treatment or referenced referral to Carelink/CAMHS in their care plans.

#### **5.3.3 Quality of health Assessments**

The GSTT LAC health team regularly audit the quality of health assessments and make changes based on the findings. These occur every 2-3 years and are used to inform practice. The most recent audit was completed in January 2019. The health assessments were found to regularly include the voice of the child, information from social care and carers; as well as a robust analysis of health needs and their implications; in addition to details on immunisations and health needs. Areas for improvement include ensuring health plans are fully SMART. Recording of lifestyle and health promotion given has also been identified as an area for improvement. This represents a general improvement over the quality audit complete in 2016.

### **5.4 Special educational Needs and Disability**

44% of the Looked after Children cohort as at 31 March 2019 had an identified special educational need of which the greater proportion was an emotional and behavioural need, in contrast with the general paediatric population of Southwark where the greater need was social communication autism. 22% of Southwark looked after children of school age at end of March 2019 had a statement of special educational needs or an EHCP (Education Health and Care Plan).

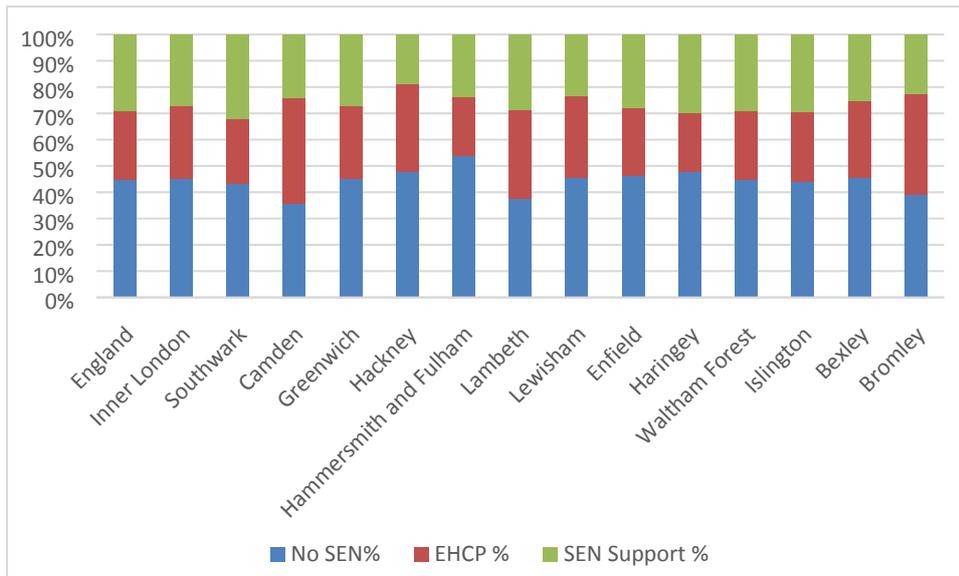


Figure 16: Looked after children with Special Educational Needs - March 2019

The designated professionals and the provider services (GSTT Southwark LAC Health service and Carelink) contribute to the health and social care agenda regarding LAC and SEND. They, in their roles for individual children, also directly contribute to the assessment of children and young people as well as the formation of EHCPs. The designated professionals provide expert advice as required and work to ensure the LAC with SEND placed outside the borough boundaries can access the health support required.

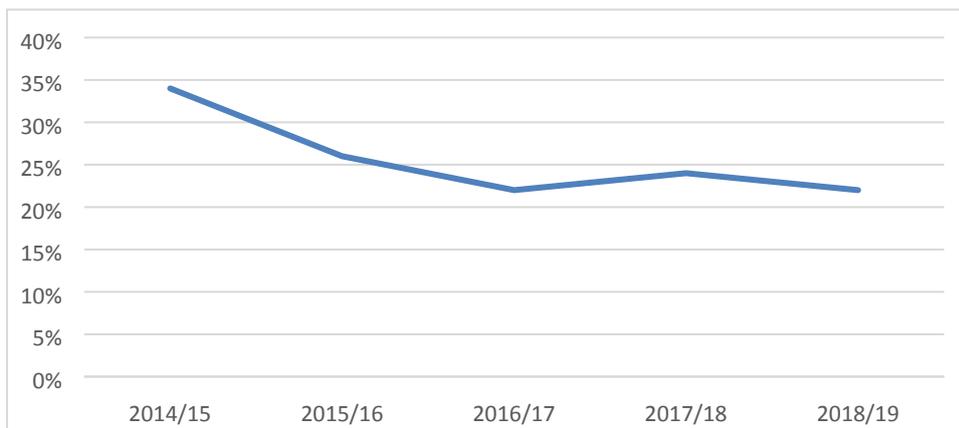


Figure 17: Percentage of LAC with EHCP - Southwark

Discussion regarding the fall in percentages of LAC with a statement/EHCP was covered in the Virtual School Annual Report. We know that traditionally, looked after children have required additional support mainly around emotional and behavioural needs, compared to their peer population where the greater need is related to a diagnosis of autism.

The higher representation of social, emotional and mental health need as a primary area requiring support amongst the looked after children cohort is taken into account, in order to determine the most appropriate support so as to ensure the children and young people are able to meet their academic potential.

Additionally, social, emotional and mental health needs are more likely to fluctuate over time for each child. These needs are more difficult to categorise broadly and therefore commission for in block, as the needs of a child/young person within this group are likely more heterogenous.

The Designated professionals for LAC, the CAMHS Carelink team and the Designated officers for SEND, are working with the Virtual school to ensure that health needs impacting on education are more readily identified and accounted for within personal education plans and EHCPs for all Southwark looked after children and young people. The Virtual School has commissioned educational psychology support as well as additional speech and language provision.

### **5.5 Looked after children and young people placed outside of Southwark**

The added vulnerability of living outside of the local area is well recognised by the health (CCG – GSTT and Carelink CAMHS) and social care teams. Southwark strives to ensure equity of access for all Southwark’s looked after children – no matter where they are placed.

The commissioned LAC health service (paediatricians and nurses) will travel out to the vast majority of children and young people looked after by Southwark LAC to ensure they receive a high quality assessment; to this end far fewer health assessments are carried out by other LAC teams or local GPs.

At January 2019, there were 89 children/young people living over 20 miles, and in care for over 12 months. 86 (96.6%) are up to date with their health assessments, one of these is overdue but has an appointment booked, and one is overdue. This compares with 213/229 (93%) of children/young people in care for 12 months or more and placed within 20 miles of Southwark.

We ensure that appointments are offered at times and venue the children/young people are more likely to attend. The Carelink CAMHS service provides expertise, assessment and support. Whilst primarily based in Southwark, they will travel to schools and placements outside of Southwark to ensure the needs

Enhanced appointments are offered for any new/emerging health needs including neurodevelopmental needs, emotional support, lifestyle and sexual and reproductive health (for those who cannot travel in to access the HYP service). The LAC health team will also travel out to see looked after children who are pregnant in order to ensure they are accessing appropriate services and to provide a bridge until they become established with local services.

The health team (Carelink and GSTT) also support the multi-professional network around children placed >20 miles. This includes provision of background information to ensure their entire health history is appreciated, contribution to local assessments or plan updates, expertise around planned treatments or planned placements.

A large proportion of the children seen by Carelink are residing in placements within Southwark Local Authority (49.0%). However, there are large numbers of children and young people seen by the service who currently reside outside of Southwark (51%). The most common out of borough Local Authorities in which children and young people seen by Carelink are placed are Lewisham (10.1%), Croydon (9.7%) and Kent (7.8%) with moderate proportions of young people also placed in Bromley (3.1%), Greenwich (3.1%) and Lambeth (3.1%).

There are small numbers of children and young people in placements in other Local Authorities such as Cambridge (0.4%), Cumbria (0.4%), Derbyshire (0.8%), Essex (1.6%), Ealing (0.8%), Eltham (0.8%), Hackney (1.2%), Hampshire (0.4%), Kingston (0.4%), Lancashire (0.8%), Leicestershire (0.4%), Lincolnshire (0.4%), Manchester (0.4%), Norfolk (0.4%), Nottingham (0.4%), Shropshire (0.8%), Southport (0.4%), Surrey (0.8%), Sussex (1.2%), Thames Mead (0.4%) and West Sussex (0.4%). There were also two cases of young people missing in the long term with their current locations unknown (0.8%).

## **6 Adoption**

The CCG works with the local Authority in finding and supporting secure stable and happy placements for looked after and relinquished children. The health services supporting adoption are an integral part of the LAC Health service and the community paediatric service.

The team consists of a Medical Advisor for Adoption (currently Dr Luca Molinari, Consultant Community Paediatrician), and administrative assistance. All doctors and other health care professionals seeing looked after children are a part of the team; for example, local therapists prioritise Southwark looked after children and work very closely with the paediatricians to assess and understand the needs of looked after children and those going for adoption.

Accountability is to the Designated Doctor for Looked after children and through her to GSTT, CCG Corporate Parenting Committee and SSCB.

Key relationships are with the Designated Dr for Looked After Children (Dr Stacy John-Legere), Safeguarding team of Drs and Nurses, CareLink CAMHS (dedicated service for looked after children), and Children’s Social Care teams - Adoption and Permanence teams, Safeguarding, pre-birth, Assessment and care teams.

## **6.1 Adoption activity**

The Health team contribute to the timeliness of adoptions and appropriateness of adoptive matches via their contributions to:

- 1- Presenting a full and thorough assessment of the child's health and developmental needs
- 2- Offering medical perspective on the health of prospective adopters regarding parenting – usually in the form of written reports made available to Panel
- 3- Meeting with prospective adopters regarding ongoing health needs and any implications to future health of the child's previous life experiences/identified health conditions
- 4- Teaching and training offered to prospective adopters

Additionally, we are seeing a small increase in children who were put forward for the agency decision maker whilst still at home and thus requiring an adoption medical and assessment by the medical advisor for adoption. The impact of the increase in these types of assessment is being assessed.

The Adoption Service provides a comprehensive annual report to the Corporate Parenting Panel which includes overall activity.

The Regional Adoption Agency (RAA) launches in September 2019 and will change the delivery of adoption matching across several South London boroughs. Southwark is the host of the RAA and its Medical Advisor and the CCG have been involved in the plans for implementation.

## **6.2 Key Issues and changes**

There is always the challenge of information sharing and tight timescales. Many of the children have complex genetic, antenatal, social and emotional difficulties even at a very young age. Every effort is made to offer appointments at short notice.

In Southwark the Adoption and Fostering Panels have merged. Government is proposing merging adoption agencies, and thus panels, across Boroughs. We are considering how best to support these panels.

There has been an increase in referrals of children adopted some time ago often presenting with complex developmental and behavioural problems. Many are referred by and assessed with Carelink, who have received some money from the Government for therapy for post-adoption therapeutic support. Children who are adopted are given an NHS number. This has proven a challenge regarding retention of health information from their previous record. National guidance on managing this is awaited; in the meantime, local protocols are being developed.

There have been disruptions of adoptive placements over the last 18 months, and there have been reports and learning from these.

There is an increasing recognition of the needs and vulnerabilities of children placed on SGOs. We offer to see prospective special guardians in a similar way to those being matched for adoption and we are meeting with social care to improve our work with this vulnerable group of children.

## **7 Care leaver health**

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### **7.1.1 Improving the health outcomes for Care leavers**

The Designated Nurse has met with the Care Leaver Manager and Team Managers at social care to discuss care leavers summaries and how they can be integrated into their Pathway Plans. We have identified areas for improvement e.g. liaising with social worker and making sure health information is sent out at the appropriate time to the current addresses.

### **7.1.2 Care leaver health summaries (CLHS)**

CLHS are completed following the last statutory health assessment conducted at age 17 years and are plain language summaries of the young person's health history as available to the LAC health team.

Care leavers are also given a leaflet which includes how to register at GP, local and national services and information on how to contact the LAC Health Team if they need further support and information. We also provide a printout of their immunisations. Some young people who have not engaged or refused health assessments have been sent care leavers summaries

The GSTT LAC Health Team completed 115 CLHS in this reporting year – a substantial increase from the year before.

The Designated Nurse attends the care leaver's forum and has planned an evaluation of the utility of the CLHS with Speakerbox.

## 8 STRATEGIC PRIORITIES

The health need of Southwark's looked after children remained a strong focus and priority of the CCG and local authority during the reporting year. Many initiatives were launched in 2015/2016. The paragraphs below examine the progress to date with respect to the health priorities detailed within each:

### 8.1 Update against the 2017 OFSTED single inspection framework (SIF)

Recommendations from the SIF with direct reference to the health of looked after children and care leavers included<sup>22</sup>:

*8: Ensure that children looked after who live outside of the local authority area are not disadvantaged through slower access to essential services, particularly child and adolescent mental health services, education support and regular health assessments.*

*43: Children's physical health needs are not always assessed quickly enough, and the quality of health assessments is not consistently strong.*

*52: Some plans do not adequately address issues such as health needs or the impact of a disability for the child*

*53: The learning and health needs of children who are looked after outside the local authority area are not always sufficiently considered when their placements change. This means that, for many of the large number of children living in other local authority areas, education and health services are secured only after they have moved into their new placements. Children living at a distance are also more likely than others to experience delays in having their care plans reviewed or their health needs assessed.*

The CCG and local authority have worked together to progress these recommendations. Focus has been on improving the experiences and outcomes for looked after children and care leavers by:

- Improving the systems around them – multi-agency working groups have been established
- Multi-agency contribution to health care plans and looked after children care plans
- Developing more robust quality assurance and monitoring around timely identification of needs
- Demonstrating improvement in the quality of the health assessments carried out by use of a self-assurance tool as well as overview by the designated professionals for LAC
- Establishing clearer pathways for review and assessment of identified health needs

### 8.2 Update against the 2018 joint OSTED/CQC SEND Inspection

Findings from the inspection with direct reference to the health of looked after children and care leavers included:

*For example, children looked after with an EHC plan who require multiple health assessments now benefit from coordinated health appointments, helping the 'tell it once' approach.*

*The designated doctor for children looked after is providing effective leadership of the specialist health service for this group of children and young people. A high number of children looked after are placed out of the borough. The designated doctor and nurse have ensured that there are effective arrangements to allow health professionals to travel to children's placements. This ensures that both the initial and follow-up review health assessments are completed in accordance with statutory timescales.*

The inspection also noted the following with respect to CAMHS services

*The capacity at CAMHS is currently reduced due to staff vacancies. Waiting lists in the neuro-developmental team and the 'Carelink' (children looked after) team have recently been imposed, due to increases in demand and a reduction in staffing capacity. This means that vulnerable children and families' multiple and complex needs are not always being met in a timely way.*

A review of CAMHS services across Southwark was completed shortly following this and the recommendations made available in the latter part of 2018. Implementation of the recommendations is ongoing.

<sup>22</sup>

[https://reports.ofsted.gov.uk/sites/default/files/documents/local\\_authority\\_reports/southwark/052\\_Single%20Inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf](https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/southwark/052_Single%20Inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf)

One of the areas for improvement noted includes

*However, more work is needed to reduce the number of 16 to 19 year olds who are children looked after or who have an EHC plan and who are NEET.*

The health assessments for all children and young people include consideration of any neurodevelopmental, mental or physical health conditions that are likely to impact on their learning and access to education. Further assessment is carried out by teams based at Sunshine House as far as possible; or onward referrals to more local areas made. The health and social care teams are more proactive in applying for EHCP plans and are working together with the virtual school and the SEND teams to promote education/employment or training. The holistic needs of these young people are considered at the Complex needs Panel referenced below.

### **8.2.1 Update against the OFSTED Focused Visit January 2019<sup>23</sup>**

Inspectors looked at the local authority's arrangements for children in care, including disabled children. They looked at a range of evidence, including case discussions with social workers and managers. They also looked at local authority performance management and quality assurance information, and children's case records. In addition, they evaluated the effectiveness of supervision and support for social work staff.

*The physical and emotional needs of children in care are clearly identified and understood, and practice has improved since the last inspection. Health professionals are proactive and determined in ensuring that the health needs of children in care are met. Close working relationships and effective communication between health professionals and social workers are helping to ensure that children's needs are addressed holistically, whether children live within the borough or at a distance.*

*The needs of disabled children are well considered in most cases. Short breaks and transitions to adult services are managed well by a team that supports young people up to the age of 25. Good consideration is given to finding the right placement for each child. Most placement plans seen by inspectors were thorough and detailed. Contact with family members is sensitively managed, and children's wishes, and feelings are taken into account*

The findings of the focused inspection note the improvements made in practice related to physical and emotional needs. This was very positively received and maintaining the trajectory of improvement remains the basis for ongoing work.

### **8.3 Southwark Children and Young People's Wellbeing - Health, Education and Social Care Strategic Framework 2016-2021**

This strategic framework seeks to integrate a system of services for 0-25 year olds and families/households that improve their health and wellbeing outcomes and reduce inequalities across all education, health and social care.

This framework outlines the joint strategic approach of the CCG and Council to improving outcomes for children and young people who are living in Southwark; and for whom the Council has a statutory responsibility but are living elsewhere.

Progress against the overarching areas of the framework is monitored by the Corporate Parenting Panel. Scrutiny of the delivery of the objectives occurs in different fora including the Southwark Children and Young People Integrated Commissioning Group.

### **8.4 Southwark children in care and care leavers strategy 2016-2019**

One of the strategic aims within this strategy is to improve the health and wellbeing of children in care and care leavers. Core within this strategy is the commitment to partnership working with provider services. One of the strategic priorities key regarding the health of looked after children; is increasing the focus on physical and mental health; and social wellbeing through the development and delivery of services.

The strategic aims included

- Safely reduce the number of children in care
- Improve the health and wellbeing of children in care and care leavers
- Improve the quality of care and effectiveness of our workforce, leadership, management and governance

<sup>23</sup> <https://files.api.ofsted.gov.uk/v1/file/50054389>

As with the Strategic framework, progress is monitored via the Corporate Parenting Panel which also provides strategic oversight regarding delivery of the stated aims.

#### **8.4.1 Health and Social Care Forum**

This multi-agency forum was inaugurated in 2018 and assumes the function of the previous Children in Care board. It meets quarterly to provide multi-agency overview of issues pertaining to Southwark's looked after children. It assumes a holistic definition of the word "health" and thus considers all aspects of a looked after child's life that will influence their health and wellbeing. There are senior representatives from Children's Social Care, Southwark CCG, the Virtual school and the two specially commissioned looked after children's provider services – Carelink CAMHS and GSTT Southwark LAC health Service.

#### **8.4.2 Complex Needs Panel**

Closer scrutiny is being paid and will become further embedded in the mental health, physical health and education offer provided to Southwark looked after children - principally those residents out of the borough. This has been done through the recently inaugurated complex needs panel which feeds into the high cost panel.

Terms of reference of high cost panel include developing a multi-agency understanding of the highest need children, affording holistic and multi-agency input into the care planning process.

The panel forms part of the Access to Resources team (ART) and meets monthly. It is administered by ART and its membership includes commissioning, health, education and social care representatives.

#### **8.5 Southwark Corporate Parenting Panel**

The designated professionals for LAC regularly attend Corporate Parenting Panel. During this reporting year, they have presented papers the 2016/2017 LAC health annual report and facilitated an update to the panel on the work carried out by CYPHP on behalf of Southwark's looked after children. The mental health and physical health needs of UASC were also considered at Panel.

In July 2019, the panel will consider school exclusions of which the health needs of this cohort will be considered.

#### **8.6 Children and young People's Commissioning Development Group (CYP CDG)**

This is part of the wider integrated commissioning strategy of Southwark. The Children and Young People Commissioning Development Group progressed the development of a joint work stream to collectively improve outcomes of LAC and ensure they experience stable placements. The group commissioned a refreshed children's JSNA (joint strategic needs assessment) to inform commissioning intentions and direction. The group also served to bring together expertise across the CCG and the local authority – to allow delivery of a combined approach to commissioning services focused on achieving positive, and enduring outcomes for children and young people. The work of the CYP CDG will be built upon by the Southwark Children and Young People's Partnership (SCYPP). The group will ensure there is a strong and sustained focus on improving the health and wellbeing outcomes for Southwark's children, young people and their families.

#### **8.7 Southwark Public Health**

The Designated professionals work closely with public health colleagues on health matters related to looked after children. They have contributed to the directly concluded strategic needs analysis of children's, dental health and immunisations (final report to be published).

Southwark Public Health are the lead commissioners for the Southwark Healthy Weight Strategy which includes the Alive'n'Kicking program running. They are also the lead commissioners for the Integrated Wellbeing Service – Southwark HYP. This service is open to all Southwark LAC regardless of address and offers support until age 25 years.

The local authority has also extended its wellbeing offer to LAC and care leavers – they can now access Free Gym and Swim every day of the week.

Southwark Public Health in 2018 has also extended the FNP programme to include more of the vulnerable cohort.

##### **8.7.1 Joint Strategic Needs Assessments (JSNAs)**

- Public Health Southwark has completed a JSNA related to SEND which has informed the Southwark SEND self-assessment and future commissioning intentions. Since this work

related to children in Southwark /attending to Southwark schools, it related to a percentage of the looked after children population.

- Mental Wellbeing of Young People aged 0-25 years – April 2018: this JSNA included high-risk groups including looked after children and care leavers. It identified that only a small proportion of Southwark LAC are seen by support services. Children and young people with learning disability and autism are more likely to suffer from poor mental health.
- Oral health – June 2018: Southwark has the second highest rate of hospital admissions for dental caries. With regard to LAC, uptake of dental assessments is lower than London average. Foster carers have access to the Oral Health promotion team and are taught the basics of good hygiene
- Adverse Childhood Experiences (ACEs) – Factsheet September 2018. ACEs range from experiences that directly harm a child, such as physical, verbal or sexual abuse, and physical or emotional neglect, to those that affect the environments in which children grow up, such as parental separation, domestic violence, mental illness, alcohol abuse, drug use or imprisonment<sup>24</sup> If a child has experienced 4 ACEs or more, research has shown that they are 5x more likely to use illicit drugs, 7x more likely to be involved in violence, 4x more likely to have low levels of mental wellbeing and 12x more likely to attempt suicide. This understanding around ACEs is being further developed in Southwark to provide a framework for intervention and mitigation of the harms.
- Rough Sleeper – December 2018. Southwark published its Homelessness Strategy 2018-2022 in November 2018. 13% of rough sleepers identified in information collected by the outreach team were care experienced. The data illustrated the high mental health and physical health needs of rough sleepers. Substance misuse and communicable disease prevalence is high in this cohort. This underpins the need for timely and regular statutory health assessments for children and young people in care with early identification, referral, signposting and access to services for physical and mental health needs as well as targeted services for substance misuse.

### **8.8 Engagement with children/ young people and carers**

The designated professionals for LAC and the provider services view engagement with service users and associated professionals as core to services delivery. The Designated Professionals have led on integration of learning from the “My Voice Counts” consultation with Southwark youth into the service offer for LAC as well as teaching and training for carers and health professionals.

Additionally, the opinions of children, and young people were actively sought via anonymous feedback following their health assessments

Southwark Children’s Services engaged with Bright Spots in 2018 which offered insights from children and young people in care as well as care leavers with regard to the services they use and their experiences. This feedback was very valuable and will be integrated in future service development.

## **9 Joint priorities 2019/2020**

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The emerging strategic priorities for Southwark CCG and Southwark LA via the integrated commissioning group include:

- Development of recommendations from Southwark CAMHS review
- Contribution to the Southwark sufficiency strategy
- Development of provider network including available third sector resources
- Contribution to the local offer for care leavers and co-production of services for care leavers

Emerging themes include:

- Timely referral for initial health assessments
  - Review of the process
  - Learning from national and regional best practice
- Strengthening health contribution to placement planning
  - Ongoing availability of Carelink expertise and embedding this at times of placement moves

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<sup>24</sup> <https://www.adversechildhoodexperiences.co.uk/aces>

- Embedding health recommendations in placement plans
  - Ongoing health representation at multi-agency panels.
- Identification and support for additional needs
  - Ensuring continued early identification of needs for children at entry into care as well as those moving out of the local area
  - Joint working with youth offending services
  - Further development of health contribution to EHCP updates
- Commissioning the right support at the right time to maximise their achievement of life goals.
  - This includes early identification of care leavers likely to have care and support needs into adulthood and improving access to adult services
  - Ensuring placements support the complex needs of children and young people in care
- Increasing complexity of children and young people in care and the safeguarding vulnerabilities present.
  - This includes focus on knife crime, exploitation, contextual safeguarding and those who are missing from placement.
  - Ensuring services meet the needs of children and young people with mental health needs including those who may not fit traditional ICD- 10 diagnostic criteria.

**10 Action Plan 2019-2020 – Final Reporting to Corporate Parenting Panel and CCG IG&P**

<b>Key Priorities</b>	<b>How</b>	<b>Lead responsible (LAC)</b>	<b>When by</b>	<b>Comments</b>	<b>Where monitored</b>
Maintain a robust reporting framework against quality and statutory objectives	Regular interrogation of LAC reporting dashboard	Designated Dr. for LAC	Ongoing	Provider assurance framework to be reviewed in August 2019	CCG safeguarding executive
Identification and support for additional needs	Ensure health participation in appropriate Panel meetings where individual children discussed	GSTT LAC Health Service	Ongoing	Regular review with Children's Social Care	Health and Social care Forum
	Provide support and advice to provider service with respect to achieving statutory health outcomes <ul style="list-style-type: none"> <li>• Completion of health assessments</li> <li>• Immunisations</li> <li>• Developmental checks</li> <li>• Dental reviews</li> <li>• Contribution to EHCPs</li> </ul>	Designated Dr. for LAC GSTT LAC Health Service		Regular review with Children's Social Care	Health and Social care Forum
Ensuring services meet the needs of looked after children and young people with mental health needs	Implementing recommendations from CAMHS review as proposed by the Review Board/working group	Carelink CAMHS, CAMHS commissioner			Health and Social care Forum  CYP Commissioning Development Group
Demonstrate improvement in access to health services for children with disabilities	Ensure provider services engage with All age disability to improve planning of services	Designated Nurse LAC	On going	Review of health needs with CSC	Health and Social Care Forum

<b>Key Priorities</b>	<b>How</b>	<b>Lead responsible (LAC)</b>	<b>When by</b>	<b>Comments</b>	<b>Where monitored</b>
Demonstrate improved equity in the offer available to LAC placed out of borough compared to those placed in borough	Audit timeliness and quality of health assessments	Designated Nurse for LAC	Ongoing	Quarterly monitoring in place	CCG safeguarding executive
	Monitor access to Mental health Services – local and OOB	Carelink CAMHS, CAMHS commissioner	Ongoing	To be added to provider assurance framework	CCG safeguarding executive
Maintain an awareness of additional vulnerabilities and safeguarding needs of LAC	Attendance at relevant subgroups of LSCB	Designated Nurse for LAC	Ongoing		CCG safeguarding executive
	Quarterly review of commissioned vulnerability/need reporting system	Designated Nurse for LAC	December 2019		
Participate in development of a holistic offer to Care leavers	Participate in program development and delivery of Care leaver developments headed by the Care Leaving Partnership	Designated Professionals for LAC	Ongoing		Health and Social Care Forum

**GSTT Provider Service****Southwark LAC Health Annual Report 2018/2019**

By Dr Eleni Stathopulu, Named Doctor for LAC in Southwark

With contributions by:

Angela Brown, Designated Nurse LAC, Southwark

Dr Luca Molinari, Medical Advisor for Adoption

Dr Stacy John-Legere, Designated Doctor LAC, Southwark

Katherine Hill, Assistant Service Manager

Niamh Donnelly, Assistant Service Manager

**Abbreviations**

IHA Initial Health Assessment

RHA Review Health Assessment

LAC Looked After Children

CSC Children's Social Care

SLA Service Level Agreement

## Introduction

### Purpose of the report

The health and well-being of looked after children remains a local and national priority. This report outlines the achievement by the Southwark LAC Health Team in understanding and improving the health of Southwark's looked after children. It has been authored by the Named Doctor for Looked after Children with contributions from the members of the LAC Health Team based at Sunshine House.

It provides an overview of multiple areas of significance, continuing the theme of partnership working across the sectors and expanding on the looked after children and young people's experience. The report presents updates regarding the physical, emotional health and wellbeing of looked after children and their access to local services and indicators of need.

### Southwark Key Performance Indicators from Service Specification in 2018/19

IHA	Target	Southwark LAC achievement
Seen within 20 days of BLA	30%	17%
<b>(Yearly average BLA to receiving referral)</b>		48 days
Seen within 20 days of referral	60%	85%
Completed IHA Part C returned to social care within 10 days of being seen for assessment	40%	26%
% Reviewed by Senior Paediatrician/Consultant	100%	100%
<b>RHAs</b>		
Seen by due date	80%	92%
SSD 903 cohort (in care for > 12 months consecutively)	95%	94%
Reviewed by Senior Paediatrician/Nurse	100%	100%
% RHA returned to social care within 10 days of being seen for assessment	40%	32%
Quality of assessment report (Part C) % Final report good/excellent	90%	
% Registered with GP (SSD 903 cohort)	100%	
% UTD Immunisations	85%	90%
Out Of Borough health notifications	40%	
% CLHS for 17 year olds	50%	100%
<b>DNA Rates</b>		
The n/% of LAC appts not attended, without cancellation (DNA rate)	20%	15%
DNA (n%) - GSTT Comm paed appt	18%	10%
DNA (n%) - GSTT LAC nurse appt	30%	5%
Outreach visits arranged by LAC nurse within 1 week of referral	75%	

Figure 1: Southwark key performance indicators from service specification 2018/19

### Key achievements

1. Improvement of Initial Health Assessments (IHA) attended within 20 days of referrals (85%) against expected by Service Level Agreement (SLA) 2018/19 at 60%. In the final months of the year, the IHAs seen within 20 days of referral was at 95%.

2. Improvement of RHAs seen by due date (92%) against expected SLA 2018/19 at 80%.
3. Reduction of DNA rates from 15% to 9% in the final two months of the year. We have also had a reduction of the short notice cancellations (not part of the SLA).
4. Health assessment reports are consistently being reviewed by the Named Doctor and Nurse at 100% against expected by SLA 2018/19 at 100%.
5. Re-audit of our clinical assessment reports shows a significant improvement in the information recorded in our health assessment reports since 2016.
6. The health assessment audit showed that 100% of LAC are registered with a GP and 80% regularly see the dentist and optician.
7. We have increased the provision of Care Leavers Health Summaries (CLHS).
8. We have improved on immunisation uptake of the LAC who have been in care for over 12 months to 90% in the final quarter of the financial year after putting in place several new measures.
9. Ensuring the voice of the children and young people is integrated within all individual health assessments.
10. We continue to work closely with Children in Care Council, Speakerbox.
11. There was a strong presence of our department at the Evelina Hospital 2019 Quality Improvement Conference and several departmental audits by the LAC service were presented.
12. We continue to provide training to professionals in health and social care and the wider economy. The evaluation of LAC training has been assessed as good by participants.
13. Two successful Inspections; the SEND inspection in 2018 recognised the commitment of the LAC team who travel to see LAC OOB. The Focused inspection in January 2019 found that the health needs of LAC children are met, and the LAC team work well with the CSC.
14. Since the appointment of the Named Doctor for LAC there has been significant improvement in the return of the Part C and Health Care Plan to social workers. This was acknowledged at the termly Southwark Health and Social Care Forum dedicated to the health of LAC. We were roundly congratulated on several things:
  - The all-round improvement of our statutory returns.
  - The support given to the social care administrators.
  - Health assessments are on the social care site in time for the LAC reviews.
  - Health recommendations are available to the IROs who can challenge the social workers and carers if they haven't been done.
  - One of the social care team came up to us afterwards and said "I used to hate coming to these meetings as all we got told was how bad we were doing! Sunshine House has been so great – the team get back to you with queries and they do what they say they will."

### **Identified challenges**

Evaluation of our LAC service this year has shown that we need further improvement in the following areas:

1. The average percentage of IHA seen within 20 days of BLA is 17%, but throughout the year this has improved. This improvement was achieved through monthly discussions with the Social Care admin team. Our aim is to maintain the improvement in the coming year 2019/20. The time taken from a child becoming looked after (BLA) to our receipt of the referral is dependent on Social Care and we are working together to improve this.
2. Completed Part C returned to social care within 10 working days of being seen for the clinical assessment has improved since the appointment of the Named Doctor for LAC. We are working with the clinical and administrative staff to improve the process by reorganising clinics and administrative processes as well as the implementation of peer reviews.

3. Children and young people entering care have increasingly complex needs. Late entrants into care pose different health and educational challenges to those who enter care younger. This is evidenced by the number of refusals to attend health assessments, the increased risk of CSE, the use of judicial DOLS orders and the below-expected identification of SEND in this cohort.
4. The caseload is almost exclusively composed of children and young people who have experienced significant abuse and neglect. There is a potential psychological impact on staff resilience and possible effects on staff working ability. Staff well-being remains a priority for the team. Regular supervision and training is in place to support staff.
5. Administrative staff turnaround has delayed embedding of good practice.
6. Limitation of Carenotes navigability and availability of routine reporting. There is thus continued reliance on locally held spreadsheets and manual data entry. The risk inherent to this is acknowledged.
7. A significant challenge to maintain the continued delivery of high-quality care for all LAC is the equity of care delivered to those children who are placed outside the borough boundaries.

### **New/updated guidance influencing service configuration and delivery**

During the reporting year, several guidance documents and updates were produced which hold some relevance to looked after children. Listed below are some with main areas of relevance to looked after children and adoption.

- Working Together to Safeguard Children - updated 1st August 2018

The CCG determines assurance about new and updated guidance and policies related to the health of looked after children via the safeguarding executive attended by provider services.

The local authority receives this assurance via the Corporate Parenting Panel.

### **Service Outline**

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#### **Service configuration**

The Southwark LAC Service sits within the Community Paediatric Child Health Service based at Sunshine House, and is commissioned by Southwark CCG to provide statutory health services to children looked after by the London Borough of Southwark.

The service specification includes:

- Delivery of initial and review health assessments.
- Ensuring immunisations, dental and developmental checks are up to date.
- Delivery of teaching and training.
- Completion of adoption medical reports, and assessments of prospective adopter and foster carer (AH) health as it relates to parenting.
- Provision of advice to adoption and fostering panels

As noted in the statutory guidance, "The health practitioner carrying out the assessment has a duty of clinical care to the child". That includes making the necessary referrals for investigation and treatment of conditions identified at the assessment. Even if the placement is brief, the practitioner should follow up concerns and if the child returns home, every effort should be made to continue to implement the health plan". We are also committed to provide an enhanced health service to care leavers.

The multi-professional GSTT LAC health service allows for the likelihood of identification of unmet/new or emerging health needs and thus appropriate treatment /onward referral in a timely manner.

The GSTT LAC health team also provides an extended service to Southwark's looked after children with an offer far exceeding the provision of statutory health assessments. We named this service 'enhanced LAC reviews'. The clinical support available ensures identification, assessment and management of physical health needs possible special educational needs,

neurodevelopmental needs as well as some emotional health needs. We have also implemented a central database that tracks identified health needs and provides a visual reminder of need, and prompts for review.

### **Paediatricians**

Designated Doctor for Looked After Children – Dr. Stacy John-Legere

Named Doctor for Looked After Children – Dr. Eleni Stathopulu

Medical Advisor for Adoption – Dr. Luca Molinari

Permanence service – Dr. Beatrice Cooper

### **Nursing**

Designated and Named Nurse for Looked After Children (0.6 WTE GSTT / 0.4 WTE CCG) – Angela Brown

Specialist Nurse for Looked After Children (Band 7, 1.0 WTE) – Helen Corry

Nurse for Looked After Children (Band 6, 0.5 WTE) – Recruited in post and will start in September 2019. There was a band 6 nurse in post from 29<sup>th</sup> October 2018 to April 2019.

### **Service relationships**

The Southwark LAC health service works closely with health professionals within Evelina London as well as the wider health economy.

A significant proportion of Southwark LAC are placed outside the borough boundaries. This places a great challenge to equitable service provision for all Southwark LAC. Co-ordination with health providers across the country is core to the function of the LAC health team.

1. South London and Maudsley NHS Trust (SLAM)
2. Kings College Hospital NHS Trust
3. Primary Health Care
4. Southwark HYP (Healthy Young People) - Integrated Health and Wellbeing Service
5. Southwark CCG
6. Southwark Social Care

### **Governance and reporting**

The medical professionals within the team report indirectly to the Clinical Director, Dr Bidisha Lahoti, via Dr Ann Lorek, Clinical Lead, and the nursing staff to the Janet Powell, Director of Nursing, Evelina London, via Debbie Saunders, the Head of Safeguarding, Evelina London. The Designated and Named professionals and Medical Advisor form part of the joint looked-after children's operational group across Lambeth and Southwark, and they meet quarterly one month prior to the Safeguarding Assurance Committee. The terms of reference allow for co-delivery of training, development of joint protocols and continuity of care across sites.

The health assessments are countersigned by the Named Doctor or the Named Nurse for LAC. There is peer review for LAC for all doctors and LAC nurses every 6 weeks and Safeguarding supervision for LAC health team every 8 weeks. There is close clinical supervision of the junior doctors when they start in the department.

Regular audits take place in the service to enable the monitoring of the quality of the service.

### **Supervision**

Supervision has been reviewed this reporting year. The Specialist LAC nurse receives one to one and individual case supervision from the Designated Nurse for LAC. The Designated Nurse, in her strategic CCG role, receives supervision from the Designated Nurse for Safeguarding Children and (in position as Named LAC nurse) receives 3 monthly supervision

by the Named Nurse for Safeguarding Children. This is now Group Supervision with LAC Health Team Dr's and Nurses.

This provides a combination of case management as well as an overview with respect to existing as well as new safeguarding issues coming to our attention for vulnerable LAC.

Opportunistic/ad hoc supervision takes place more often on an informal basis especially if there is new information which may need actioned or shared with the Social Care LAC team or in order to risk assess child with this new information.

The LAC Health Team participate in case supervision quarterly, LAC Peer Supervision bi-monthly with community Paediatricians. The LAC Team all take part in monthly triage meetings where cases are allocated to the appropriate clinician for statutory review health assessment.

The Child Safeguarding team supervise all the school nurses (SN) and health visitors (HV) 3 monthly. The practitioners bring looked after children for supervision if they have a safeguarding concern which they need to explore. They may be then signposted to the LAC team to share information, draw up a plan or for expert guidance re specific areas of support i.e. Carelink etc.

SN and HV regularly speak with the Designated Nurse LAC about any concerns. The SN need to be alerted to children placed in borough by other LAC by the school.

### Joint work with Lambeth and Southwark

The Designated and Named professionals and Medical Advisor form part of the joint looked-after children's operational group across Lambeth and Southwark, and they meet quarterly one month prior to the Safeguarding Assurance Committee. The terms of reference allow for co-delivery of training, development of joint protocols and continuity of care across sites.

The Southwark LAC Health team also attend the Safeguarding Operational Meeting bi-monthly at GSTT. The teams have worked on joint projects such as data sets and immunisation strategy.

### – Update against 2017/18 Action Plan

The action plan of 2017/2018 has been delivered within the reporting year 2018/2019 and achievements are detailed in the following sections.

#### Delivery of health assessments according to statutory timeframes

Initial health assessments are increasingly being carried out within 20 days of referral to the LAC health team. By March 2019 we saw 90-95% of the Initial health assessments within 20 days of referral to the LAC health team. The next step in this process is securing completion and return of initial health assessments within 20 working days of the child/young person entering care and we are working with Social Care to improve on this.

#### Monitor and improve quality of health assessments

An audit cycle has been completed with the initial audit performed in 2016 and the re-audit in January 2019. Significant improvement in quality has been demonstrated, as showed in the figure.

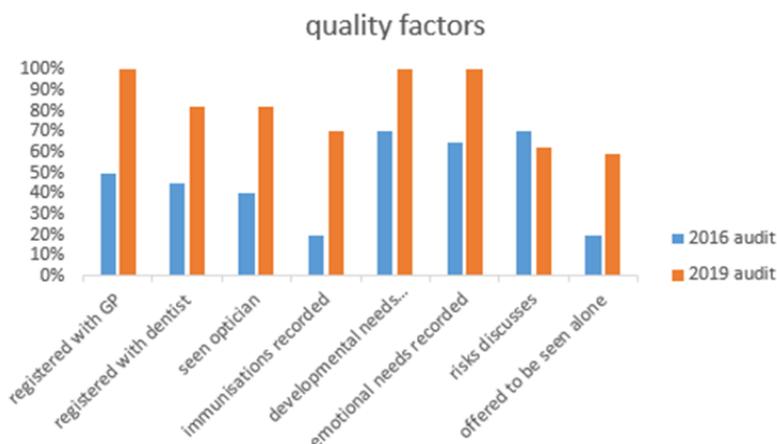


Figure 2: The quality factors assessed in the audit of 2016 and 2019 and the improvement seen

The table and the figure above detail the improvement in quality of the health assessments since 2016 following training of the staff and quality assurance of all health assessment reports by the designated LAC doctor and nurse initially and recently by the named LAC doctor and designated LAC nurse. It visually represents one of our main achievements over the last 3 years in the areas recommended by the audit tool of the Department of Health for the quality of the health assessments.

### **Maintain oversight on safeguarding and vulnerability issues pertinent to LAC**

Health needs tracking spreadsheet is utilised by the whole team and informs decision making and care planning. The LAC health team receive requests for strategy meetings via the single point of access. A significant proportion are attended.

### **Strategy meeting for LAC**

In 2018/19 the Southwark LAC health team has received 62 invitations of CP strategy meetings for LAC, via the single point of contact. This is a significant increase from 35 invitations in 2017/18. The main professionals attending were community paediatricians and LAC nurses.

The recurring reasons necessitating strategy meeting were missing episodes, peer and online abuse, criminal involvement and concerns related to child sexual exploitation (CSE). The age group of CSE cases was between 15-18 years.

### **Extension of services to care leavers**

The Designated Nurse has been part of the working group to define the extension of services to care leavers. The catch 22/LA service development is ongoing. The website for care leavers is in development with launch later in 2019. The Designated Nurse has attended meetings with care leaver managers and leads and has undertaken induction training for the care leavers team. A review of the care leavers health summary is planned. The Designated Nurse is planning with Care Leaver Project team to undertake a focus Group with care leavers with a focus on pathway plans and care leavers health summaries.

### **OFSTED Inspections**

The LAC Health team have seen improvements in the quality and of health assessments with majority of assessments being rated as "GOOD". We are working with our social care colleagues to identify and remove barriers to achieving quality of our health assessments and improving timeliness of those carried out for children placed outside the borough boundaries.

### **Quality improvement and audit – PDSA cycle**

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#### **Quality assurance**

All statutory health assessment completed by community paediatricians are quality assured by the Designated Dr for LAC and recently by the Named Dr for LAC. The Designated Nurse quality assures all health assessments completed by the Specialist LAC nurses. The Designated and Named Dr and Nurse have their health assessments quality assured by senior clinicians quarterly.

#### **Service user feedback**

There is ongoing feedback from health assessment and nurse led immunisation clinics. Young people have given positive feedback on immunisation clinics. The LAC health team take into consideration feedback from Bright Spots surveys in Southwark. The LAC Health team also attend events with Care leavers and Foster Carers. Feedback from foster care training is ongoing and has been very positive.

## Performance

### Clinical activity overview

Year	IHAs	RHAs (doctors)	RHAs (nurses)	Enhanced appointments (doctors)	Enhanced appointments (nurses)	Imms contacts	Immunisations given (Number)
2016/17	182	128	180	-	-	-	-
2017/18	186	149	171	-	-	98	176
2018/19	153	164	233	18	16	88	150

Figure 3: Overview of clinical activity

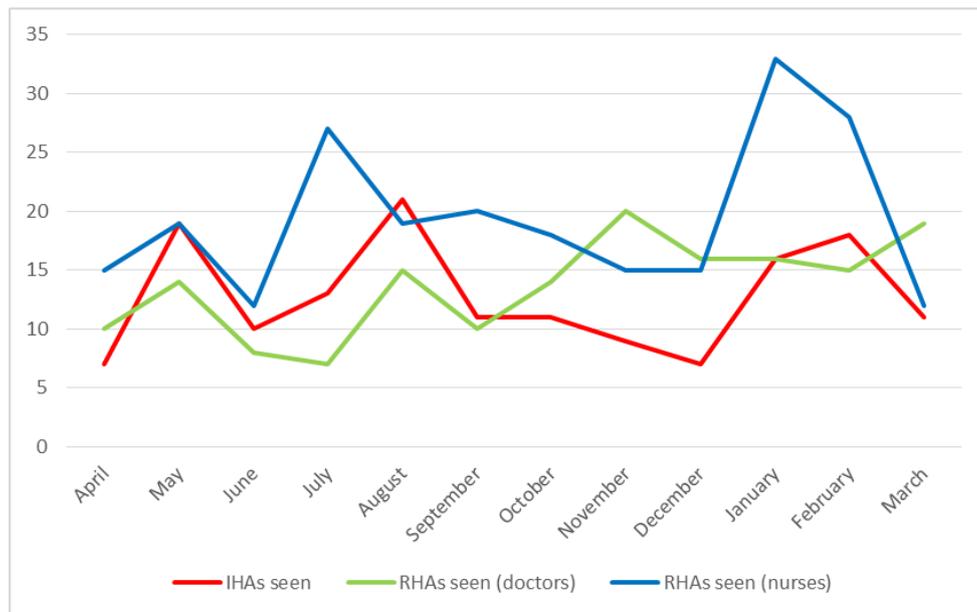


Figure 4: Monthly LAC activity in 2018/19

The above figures detail the activity of the service over the last year and comparison with the previous year. It visually shows how unpredictable is the timeliness of referral from the Local Authority for a LAC health assessment, and how well we responded to the increase of the referrals.

### Initial Health Assessments

During 2018/19 we carried out 153 IHAs.

As per the statutory guidance, initial health assessments should be carried out within 20 working days of the child/young person entering care, with the referral from Local Authority to Health being made within 5 days of the child/young person entering care.

The number of days between becoming looked after (BLA) to referral from Local Authority received by Sunshine House LAC team over the previous two years shows no improvement in Figure 6. This remains the biggest challenge for LAC in Southwark. The LAC team are working with the Local Authority to help them to improve this and there has been improvement in the recent months.

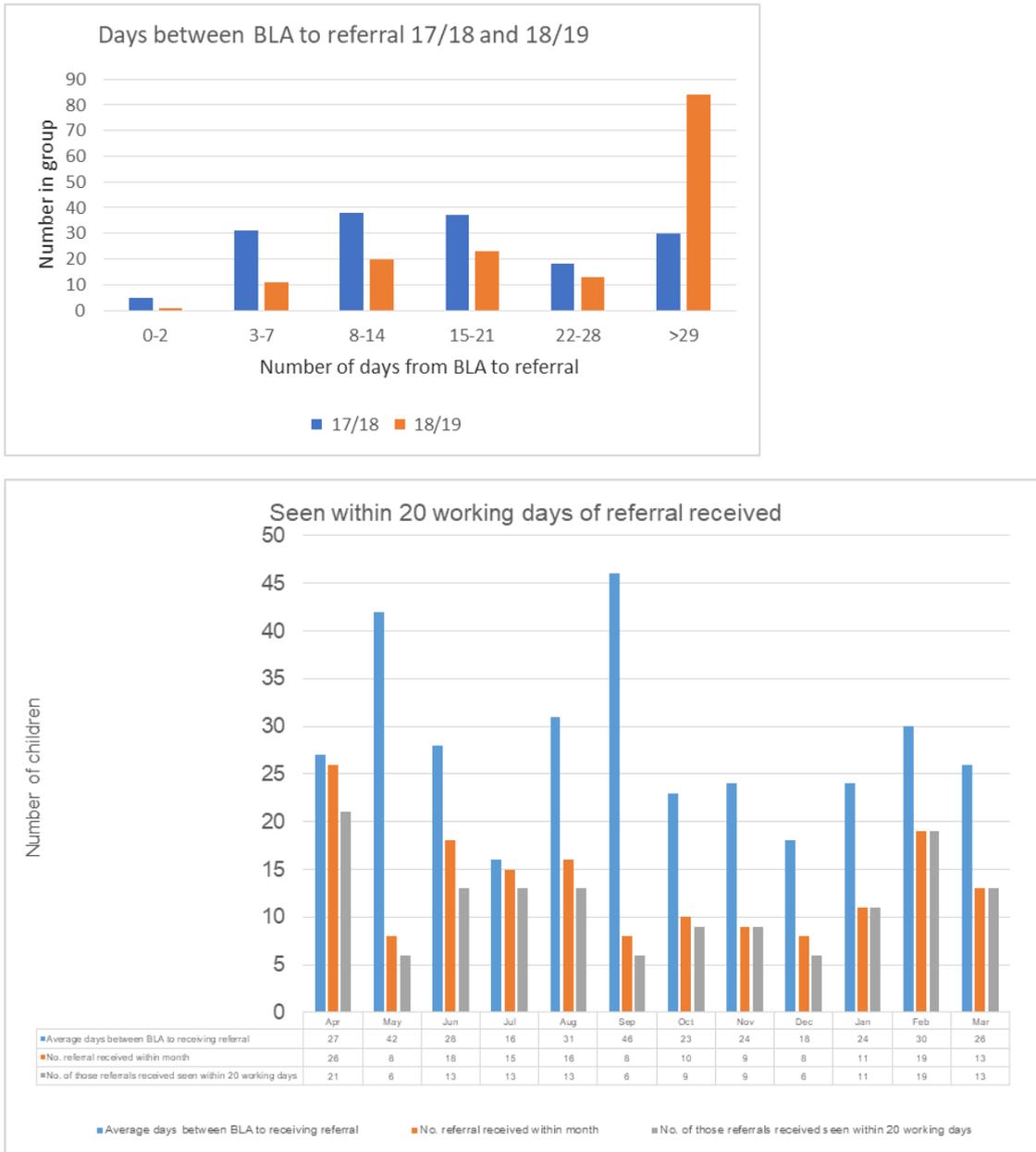


Figure 7: Analysis of all the IHA on a monthly basis in 2018/19

Recruitment to the Named Doctor post has considerably strengthened completion of IHAs. The service has been able to offer 100% appointment within 28 days of referral with a completion rate (being seen) of 95%.

Of the children who were not seen in time, 11 did not attend (DNA) the first appointment offered to them, 4 required out of borough (OOB) appointments, 1 had to be rebooked due to the initial appointment being booked on a bank holiday, 5 had to have their appointment changed due to the original clinic being cancelled and 3 were booked overdue.

**Review Health Assessments**

All children and young people in care should have a review health assessment carried out every 12 months (>5 years of age) or every 6 months (<5 years of age). The LAC health team offer great flexibility in completing these health assessments, putting a great effort to arrange those by the same doctor or LAC nurse to allow for continuity.

Owing to the number of refusals received, a Refuser Pathway has been incorporated into the DNA policy, where we try to see the refuser on 3 occasions and then we leave the appointment open and they can be seen as soon as possible when/if they change their mind.

### **Capturing the voice of the child**

The LAC health team have adopted an inclusive approach where the voice of the child is captured in health assessment and carers report information. The children and young people are encouraged to contribute to their health care plans. Young people aged 11 years and above complete a self-assessment screening tool known as a Strength and Difficulty Questionnaire (SDQ) at each health assessment.

Young people are consulted on where they want to have their health assessment. Children and young People are given the opportunity to be seen alone at health assessments as appropriate. LAC wishes and feeling are captured in statutory health assessments.

### **Enhanced appointments**

Enhanced appointments are offered outside the timescale of a statutory health assessments. They cover a wide range of health issues requiring medical or nursing input including further assessment for possible ADHD or ASD, review of enuresis/constipation/sleep difficulties/obesity as well as sexual/ reproductive health and advice regarding body image.

This is a strength of the multi-professional model since it offers an avenue for paediatric assessment and review outside initial health assessments.

### **Joint assessments**

The LAC nurses and doctors will facilitate and encourage participation in health appointments by offering joint assessments where required, these include joint home visits with social workers/FNP/sexual health team, joint clinical assessments with CAMHS, allied health professionals or other medical teams.

### **Sexual and reproductive health**

The LAC Health Team has established ongoing collaborative work with Brook HYP and local sexual health services to ensure that vulnerable looked after young people receive the services they need.

The LAC Health team have undergone sexual health training. The LAC Nurses have done Come Correct training and provide condoms to young people based on assessment. This includes provision of up to date information on services available to the young people and ongoing sex education and relationships work at health assessments and enhanced health reviews.

Where sexual health needs are identified at the initial health assessment, the LAC health team Paediatricians contacts the LAC nurses or sexual health team and facilitates attendance for individual consultations. Appropriate information sharing regarding sexual health risks is carried out. The LAC nurses offers individual sessions for looked after children attending mainstream school who have learning needs, with use of training materials to help them understand how the body works as well as sexual health and relationships education. As identified at the review health assessment, particular attention is paid to preventive interventions at critical periods of risk for LAC, such as those transitioning to secondary school, moving into semi-independent placements or leaving care. The LAC nurses provide individual and small group intervention sessions at placements as needed.

### **Increased Risk**

There are some children and young people in care who have an increased vulnerability profile which requires additional surveillance; action and higher levels of multi-agency work; in addition to intensive monitoring of the health plan to ensure that identified needs are being met.

The needs of this cohort have been highlighted to Southwark CCG Safeguarding executive in September 2018 as a substantive agenda item. There is ongoing tracking and reviewing of the children and young people via the Health Needs Spread sheet.

### **Children and young people placed out-of-borough**

The LAC Health Team travel out of borough more than 20 miles to undertake statutory health assessments and enhance contacts based on needs of LAC as appropriate. In the past there have been delays to the organisation and attendance of health assessments when LAC were placed more than 20 miles out of borough and were seen by the local LAC health team or their GP. When LAC have been placed out of borough, we receive, and quality assure their health assessments following their appointments.

Between April 2018 and March 2019, we saw 140 LAC from Southwark, who were placed more than 20 miles away from Sunshine House.

LAC nurses are commissioned to undertake statutory health assessments on an outreach basis for all LAC within reasonable travel distance. The outreach work of the Southwark LAC nurses has led to an improved timeliness and quality of health assessments because the health appointment is not dependent on capacity of other health services. Outreach visits provide continuity of care for vulnerable LAC who may move through several foster and residential placements both in and out of London. Anecdotal feedback from carers praises the value of the outreach service.

The quality of the health assessment received from out of borough provider services has improved. Of the 25 OOB Health Assessments completed within 2018 /19, 7 received 'Adequate' rating and 18 'Good'. None were excellent. This is a significant improvement from 2017/18. Health assessment that do not meet the quality standard are returned to the provider requesting more information. Where there is delay in the timeliness of health assessment the provider services are contacted by the Designated Nurse to influence and prioritise health assessment for Southwark child in care.

The majority of LAC attend Sunshine House for health assessments. There are some young people who live within travelling distance of Sunshine House and refuse to attend the clinic but are willing to have their health assessment at their home.

The LAC Sufficiency Action Plan has provided addition funding for a new specification which has been developed to enhance OOB health assessments for LAC. The LAC nurses visit most children who live over 20 miles away from Sunshine House at their homes, whilst the LAC doctors carry out the IHAs of these LAC children.

### **Unaccompanied minors**

Children and young people arriving into the UK without a delegated adult are accommodated by Children's Services. The majority of them have fled their homes and travelled across to the UK in harrowing conditions. Assessment of their physical and emotional health needs includes close and careful consideration of their life at home, the journey across to the UK and new and emerging needs on arrival.

Unaccompanied minors have a modified health assessment appropriate to their needs with an adapted BAAF health assessment with screening questions pertinent to PTSD, depression and anxiety symptoms. They are also offered screening for infectious diseases and ad-hoc immunisations.

They often require interpreters, and foster carers and social workers are usually present at their health assessments. Foster carers are provided with support to access health appointments and services. The LAC Nurses provide follow up support following health assessments, including sexual health discussion and telephone support if needed.

They are also supported to access the Refugee council, Red Cross and other voluntary groups as required.

Members of the LAC health team have delivered training on the health needs of unaccompanied minors to the multi-agency group in November 2018.

### **Care Leavers**

At 18 years of age, an increasing proportion of Looked after Children qualify for leaving care services (care leavers); the total number of which was 115 in 2018/19.

Care Leavers are provided with a health summary when they leave care at age 18. It is a summary of the young person's health history and immunisation based on information available while they have been in care. The team have increased this from 33 (2017/2018) to 65 (2018/2019).

Care leavers are also given a leaflet which includes information on how to register at a local GP, health services and how to contact the LAC health team if they need further support and advice. They have access to advice from the LAC Nurses via phone and referral from social workers.

The care leavers' health summary includes their past and current health information and health information with a number of websites which helps young people to help to register with GP, dentist, optician. Other information e.g. emotional health services and how to find the local sexual health services.

The GSTT LAC health team also contribute to professional meetings for the most at-risk or vulnerable care-leavers.

Care Leavers' needs are included in training for LAC at GSTT, Primary Care, CSC and wider economy.

### **Immunisations**

The percentage of Southwark LAC looked after for under 1 year who are up to date with immunisations has been low in previous years. In the last quarter of the year 2018/19, significant progress has been made in the uptake of immunisation due to information sharing between LAC health team and provider service for LAC immunisations Hounslow and Richmond Community Health. The LAC Immunisation Coordinator maintains responsibility for identification and recording of immunisations. Rigorous follow up ensures immunisations are given and there are regular telephone reminders to foster carers and key workers, liaison with GP practices and health promotion work with young people.

Some of difficulties in immunisation uptake is due to the high number of unaccompanied minors who require the full course of vaccinations as per the UK schedule and World Health Organisation protocol for vaccination of individuals with unknown previous immunisation status. This requires three appointments to complete the schedule. Refusals, non-attendance and insufficient key-working staff at residential units to accompany the UASC to their appointments all contribute to poor uptake. A number of measures are in place to improve immunisation uptake including: nurse led immunisation clinics in the school holidays where LAC can choose their appointment slots; immunisations offered at statutory health assessments and training for those that work with LAC so they can also offer support to access immunisations. A new strategy includes raising awareness of immunisation amongst partners (in conjunction with Public Health Team and the specific needs of LAC).

### LAC Nurse Immunisation Clinics

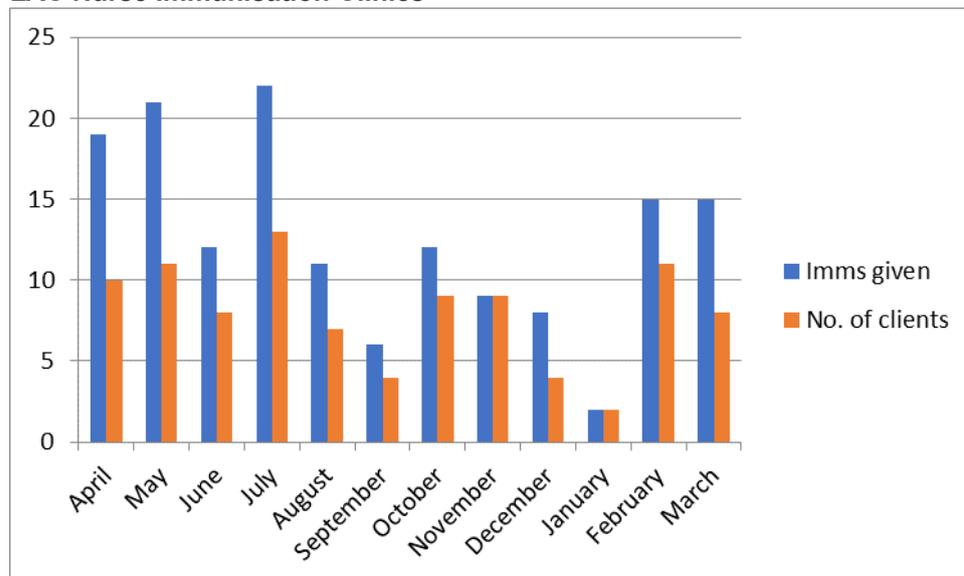


Figure 8: Immunisations given by LAC nurses in 2018/19

The immunisation catch up clinics have been very successful and there has been an increase in the number of LAC attending these clinics across the year. The clinics are also an opportunity for children/young people and their carers to ask questions and where health promotion take place. LAC and their carers have provided positive feedback in regard to these clinics.

- Good service, Staff are very Helpful
- Very satisfied
- 'Was anxious about having Jabs'.
- 'Both members of staff were wonderful and reassuring. They were patient.'
- 'Missions accomplished'.

The nurses also offer flexible appointments to LAC. There is a positive and friendly atmosphere to support and encourage LAC to have their immunisations from a familiar nurse that has knowledge of their health history.

#### Children placed in Southwark by Other Local Authorities

The Southwark LAC Health Service receives notifications of children placed in our borough. The team ensures the child's alert is updated appropriately. The appropriate health visiting/school nursing team is notified as they are most often required to fill the role of Lead health professional for the child/young person.

In some cases, we are requested to complete their statutory health assessments. There is a recharging system in place for this service.

#### – Adoption

The CCG works with the local Authority in finding and supporting secure stable and happy placements for looked after and relinquished children. The health services supporting adoption are an integral part of the LAC Health service and the community paediatric service.

The team consists of a Medical Advisor for Adoption (currently Dr Luca Molinari, Specialty Doctor Community Paediatrics), and administrative assistance. All Drs and other HCP seeing looked after children are a part of the team; for example, local therapists prioritise Southwark looked after children and work very closely with the paediatricians to assess and understand the needs of looked after children and those going for adoption.

Accountability is to the Designated Doctor for Looked after children and through her to GSTT, CCG Corporate Parenting Committee and LSCB

Key relationships are with Dr Eleni Stathopulu, Named Dr for Looked After Children, Stacy John-Legere, Designated Doctor for Looked After Children, Safeguarding team of Drs and Nurses, CareLink CAMHS (dedicated service for looked after children), and Children's Social Care teams - Adoption and Permanence teams, Safeguarding, pre-birth, Assessment and care teams.

### Adoption Activity

Over the last reporting year there have been changes in staffing to Southwark Social Services adoption team. The Health team contribute to the timeliness of adoptions and appropriateness of adoptive matches via their contributions to:

- Presenting a full and thorough assessment of the child's health and developmental needs
- Offering medical perspective on the health of prospective adopters regarding parenting – usually in the form of written reports made available to Panel
- Meeting with prospective adopters regarding ongoing health needs and any implications to future health of the child's previous life experiences/identified health conditions
- Teaching and training offered to prospective adopters
- Attending panel

### Summary report: Adoption Activity (Matches, Family Finding, Decisions, Orders) over the period 2018-03-01 to 2019-02-28 (last 12 months) Report updated 22<sup>nd</sup> February 2019

	End of March 2019 (projected)	End of March 2018	End of March 2017	End of March 2016	End of March 2015
Children waiting for adoption	8	8	8	9	14
Children placed for adoption	5	10	11	12	26
Children adopted	12	14	20	32	39

### Key issues and changes

#### Timescales

There is always the challenge of information sharing and tight timescales. Many of the children have complex genetic, antenatal, social and emotional difficulties even at a very young age. Every effort is made to offer appointments at short notice.

Prospective adopters are offered the opportunity to meet with the Medical Advisor to discuss the health needs of the child, prior to matching with the adoptive children at the Adoption Panel.

Review Health Assessments, usually completed by the Medical Advisor, continue until the child is formally adopted, to provide continuity and answer further questions the prospective adopters may have. Once adopted the child's care is transferred to their local services.

#### Post-adoption support

There has been an increase in referrals of children adopted some time ago often presenting with complex developmental and behavioural problems. Many are referred by and assessed with Carelink, who have received some money from the Government for therapy for post-adoption therapeutic support. A post permanency clinic is run by Dr Cooper.

There has been one disruption of adoptive placements over the last 18 months, and there have been reports and learning from this.

### Adult Health

There is an increasing request for AH assessments. Adult health assessments are completed by their GP for all prospective adopters and foster carers. Foster carers also have review health assessments.

Average time from GP completing assessment to receipt at Sunshine House (SH) = 22.1 days.

Average time from Sunshine House to SW=20.1 days

	2017/18	2018/19
Total Adult Health Forms	180	250
Adoption	34	52
Fostering	100	99
SGO	44	97
Kinship care	1	1

Figure 9: Adult Health Assessment requests received – comparison between 2017/18 and 2018/19

### New NHS numbers

We are currently in the process of signing off a protocol for managing records of adopted children. Current government practice is that children are issued with a new NHS number once an adoption order is legally granted. The old number is deprecated by the National Back Office who create the new NHS numbers and notify GPs. Organisations are then required to appropriately manage the past and live records.

There are a number of complexities relating to this, but we are hopeful that national guidance will be issued in 2020.

### Post-permanence offer

Nationally, there has been increasing recognition of the difficulties that some children and families face post-adoption. These children may have had very significant adverse experiences. Their difficulties have been mainly in mental health, emotional behavioural difficulties but also with an increased incidence of developmental disorders such as ADHD, ASD and Foetal Alcohol Syndrome, and physical health problems such as wetting, soiling, and asthma.

With the advent of the Adoption Support Fund, CAMHS Carelink has been able to take on several very troubled children who would otherwise have found it very difficult to find an appropriate service. Within this group of children there have been many whose behaviour and difficulties have given rise to requests for a developmental paediatric assessment.

There is an increasing recognition of the needs and vulnerabilities of children placed on SGOs. We offer to see prospective special guardians in a similar way to those being matched for adoption and we are meeting with social care to improve our work with this vulnerable group of children.

### Health needs of Southwark LAC

The Southwark LAC health team practices a holistic framework in assessing health of children and young people in care of the local authority. Health assessments consider the physical, developmental, emotional and social/lifestyle needs of the child or young person. The

completed report considers the implications of any identified issues and offers input regarding protective factors that may lead to improved health outcomes. The assessing clinicians apply evidence-based practice as far as is possible; demonstrating awareness of the impact of previous abuse and neglect on a child/young person's health as well as the impact of adverse childhood experiences (ACEs)

The clinicians adopt a "Think Family" approach that is evident in:

- Offering birth parents, the ability to attend and input into statutory health assessments, once this is in the best interests of the child/young person
- Seeing siblings together where possible
- Ensuring relevant family history is available in health assessment and care-leaver reports
- reviewing any health needs that may require ongoing input/surveillance/support should a child leave care and return to the family
- offering support /ongoing assessment for any identified health needs following permanence via a Special Guardianship Order (SGO)
- LAC health team and Carelink attendance and contribution at Placement, Transition, SEND panels contribute knowledge of physical and emotional health needs of LAC and future impact

### **Health Needs Tracking of LAC**

The sources of information used in the health needs tracking of the LAC have predominately come from the children's health assessments (IHAs and RHAs) but Child Protection notes, other services which the child may be referred to and mental health support information has also been utilised when available. This information is updated weekly by the specialist nurse and assistant service manager.

### **Themes**

These figures are representative of the 445 children tracked in Southwark as of 31st March 2019, 100 (21%) of these are placed OOB (20 miles or more) and 113 (23%) are placed in Southwark. 56% live outside the boundaries but within 20 miles of Southwark

CSE (4 at present and 3 of these are often missing from care), Missing, strategy meetings/CP Medicals and monthly complex cases are presented at team meeting monthly.

1. Behavioural Health
  - There are 106 (22%) children with anger and behavioural concerns.
  - 38 (8%) are known to use cannabis and smoke cigarettes.
  - 5 young people attend YOS and all of these have been previously missing and smoke cigarettes/cannabis. Of these, 3 filled in SDQs and scored between 15 and 21.
2. Education
  - 108 (22%) have EHCPs. Of the 108 children with EHCPs, 37 (8%) are placed OOB (20 miles or more away from Sunshine House).
  - There are 51 children (10%) who have global development delay and learning difficulties. Of the 51 children, 36 (70%) have EHCPs.
  - There are 25 children (5%) with ADHD, 8 with autism and 17 with ASD. Of these children, 35 have EHCPs.
  - There are 6 children who are NEET, 2 of these use cannabis, 1 attends YOS and 5 have been previously missing from care.
3. Pregnancy
  - There is 1 UASC who became pregnant before becoming looked after.
  - The parents of 1 baby are both Southwark LAC and were born in the UK and have been in care for more than 12 months.
  - 1 UASC LAC has had her baby but was pregnant before becoming looked after.

#### 4. Mental/Emotional Health

- There are 146 children receiving mental health support (30%), 37 from CAMHS, 71 from Carelink, 38 are from external providers and 1 in inpatient services.
- 11 children are known to have self-harmed and of these, 9 are receiving some sort of mental health support.
- 5 children are known to have depression or suicidal thoughts, 3 of these are receiving some form of mental health support.
- 22 children are known to have anger issues, 10 of these children are receiving some form of mental health support.
- 28 children are known to have sleep issues.
- There are 340 children over the age of 11 years, of these young people, 205 completed their SDQs and 68 of these children scored higher than 14 (20%). Of those 68 who scored higher than 14, 29 received mental health support.

#### 5. Physical Health

- There are 47 children with asthma (10%).
- There are 4 children with epilepsy.
- There are 3 children with sickle-cell disease.
- There are 2 children with diabetes; one child with type 1 and one child with type 2.
- There are 18 children who have enuresis.
- Of the 487 children tracked, there are BMIs for 380 children. Of these 380 children, 95 (25%) are overweight or obese and 20 (5%) are underweight. 265 children are of health weight (70%).

#### 6. Placement type

- 5 young people are placed in secure accommodation.

### **Special Education Needs and Disability (SEND)**

Children in care have higher special education and disability need than their peers. Early and appropriate recognition of need is a priority for the LAC health team. Identification of any SEND needs is integral to the statutory health assessment; along with explicit recommendations to support this from a health perspective.

They contribute to EHCP assessments as required and attend PEP reviews on request. During the next reporting year, closer links will be established with the Virtual School to ensure needs are met, and appropriately supported.

A formal pathway to ensure that LAC health care plans are integrated into the EHCPs is in development. In the meantime, the LAC health team are notified of ad-hoc requests. Contributions are co-ordinated with the SEND administrator and the designated medical Office (DMO) for SEND.

### **Youth offending**

Health assessments received via the local authority are reviewed and the health reports are uploaded to care records.

The local authority are requested to provide ongoing reports. The LAC Health Team have experienced issues in getting health reports. There is joint work between health team and CSC to improve the service and support given to young offenders.

### **Teenage pregnancy**

Pregnant children and young people are referred to Teenage Midwifery Teams at King's College Hospital Midwifery and Guy's and St Thomas' hospital and to the Family Nurse Partnership (FNP) team, if they meet the referral criteria. For pregnant young people placed out of borough the LAC health team liaise as appropriate with the Family Nurse Partnership teams, local midwives and the Early Intervention Health visitor (EIHV). The LAC health team

are in communication with these services and also provide follow up support and health assessments for pregnant LAC and young fathers.

### **Training**

All LAC Health team have received training in CSE, FGM, Domestic Violence and sexual health.

### **Child sexual exploitation**

The Designated LAC Nurse attends the MASE Group monthly where CSE cases are discussed. The Designated Nurse contributes to individual knowledge of cases and is involved in decision making and planning with the multi-agency group. The MASE also focuses on themes, disruptions, hotspots, training, community issues, information sharing and planning of initiatives for CSE prevention and support for victims

### **Care Leavers**

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Care leavers have been invited to a monthly hub at CSC. The LAC Health Team have attended the Drop in with multi-agency partners. This has been poorly attended and is to be reviewed with CSC. Catch 22 are leading and working with multi-agency partners to plan support for care leavers. The LAC health team are part of the forum.

### **Care leaver health offer – current and proposed**

The LAC health team offer for care leavers is included in the service specification. At present the offer includes:

- Health assessment and care plan at 17 years old.
- Care Leavers Health Summary at 17 years old.
- Care Leavers leaflet.
- Advice and training of SW/Foster Carers/PA's on health of LAC and care leavers.
- Health workshops.
- Signposting to national and local services.
- Contribution to transition planning.
- Advice to care leavers.

It is proposed that additional clinical capacity (once recruited to) will allow additional services such as assessment and contribution to post-18 EHCP assessments for young people previously in care; as well as an extension of the support provided around health issues.

### **Education and training**

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The LAC health Team provide a wide offer of training at GSTT, CSC, Primary Care and wider community. The training incorporates community induction of all staff. Training includes role of LAC health team, partnership work and health needs of LAC. The Designated Nurse has contributed to Level 1, 2 and 3 level Safeguarding training at GSTT. Also, LAC Level 3 training at KCH. The social care induction course is delivered by LAC health team in partnership with Carelink, and other health teams including FNP.

<b>Training</b>	<b>Participant Group</b>
LAC Level 3	GSTT
Community Paediatric Course	GP trainees, Paediatric trainees
Promoting Health of LAC	Foster carers

Sexual Health and Relationships	Foster carers
Health of Looked After Children	Social Worker Induction
Health of Looked After Children	Health visitor/School Nurses (SCPHN)
Health of Looked After Children	Student Specialist Child Public Health Nurses (SCPHN)

### **Conclusion**

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There is a strong culture of working together within the GSTT LAC Health service, across all professional groups, which is facilitated by an open-door policy and efficient communication channels. This has resulted in positive changes in activity including; the achievement of key performance indicators and the ability to provide the high-quality service to Southwark's looked after children and young people as recognised by OFSTED and within the Trust by the Fit for the Future Award. There remain areas of further work and development which are recognised and detailed within the enclosed action plan.

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**CORPORATE PARENTING DISTRIBUTION LIST (OPEN)****MUNICIPAL YEAR 2019-20**

**NOTE:** Original held by Constitutional Team; all amendments/queries to  
Paula Thornton/Beverley Olamijulo Tel: 020 7525 4395/7234

Name	No of copies	Name	No of copies
<b>Membership</b>		<b>Constitutional Team</b>	
Councillor Jasmine Ali (Chair)	1	Paula Thornton	10
Councillor Eliza Mann	1	Beverley Olamijulo	
<b>Electronic versions (No hard copy)</b>			16
Councillor Evelyn Akoto		<b>Total:</b>	
Councillor Bill Williams			
Councillor Maggie Browning		<b>Dated:</b> 3 March 2020	
Councillor Sunny Lambe			
Councillor Charlie Smith			
Councillor Anood Al-Samerai			
<b>Others</b>			
Florence Emakpose (external)			
Francis Turkson (email)			
Mark Kerr (email)			
Nicky Stoupe (email)			
<b>Children's Services</b>			
David Quirke-Thornton	1		
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Patricia Rowe	1		
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Sarah Feasey	1		