

APPENDIX 1

SOUTHWARK ICB/ICS ANNUAL LOOKED AFTER CHILDREN AND CARE LEAVERS HEALTH REPORT 2022/2023

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Introduction

The following report aims to update Corporate Parenting Committee with an outline of the delivery of health services for Looked After Children (LAC) and Care Leavers for the period of the financial year 2022-2023

The annual report has been written at a time of change within community services. The implementation of the ICS/ICB's continues to progress across the landscape of Health commissioned services, Children's Social Care and other agencies.

Whilst health services continue to recover from the impact of the pandemic, the additional challenge of the current economic crisis will have the potential to impact on families, children and the agencies and organisations that deliver services to support the most vulnerable of our society. This potentially may impact on both the short and long-term health and well-being of families and the health of any future LAC that enter care.

The report will consider the delivery of services for children and young people looked after by the London Borough of Southwark, the effectiveness of health care planning for individual LAC and progress of national statutory requirements, relevant performance indicators and statutory requirements.

The report will include key priorities and focus areas for 2023-2024.

The report should be read in conjunction with the following reports:

Southwark ICB Safeguarding Children's Annual Report/Safeguarding Adult's Annual Report

Southwark Children's Services Report

Southwark Annual Looked After Children and Care Leavers Health report 2021/2022

Adopt London South Annual Report.

Fostering Annual Report.

Report of the Headteacher (Southwark Virtual School)

Independent Reviewing officer annual report.

Local Team Structure

The current allocation for Designated LAC professionals within Southwark ICB is as follows: Designated LAC Doctor (0.2 WTE) and a Designated LAC Nurse (0.4WTE).

Both the Designated Doctor and the Designated Nurse are employed to fulfil strategic roles in service planning and advising Southwark ICB in health service delivery for Children Looked After by seeking assurance and reassurance in line with current commissioned services and the provider services who deliver.

Both the Designated Doctor and Designated Nurse give advice and have a role in influencing commissioning arrangements for LAC. Reflecting local and national priorities, the voice of the child/their families and carers are sought wherever possible.

Both Designated LAC professionals have a reporting line to the Designated Safeguarding Children Lead, the area Director of Children's Commissioning and Community Safety and the Executive Safeguarding Lead. The Designated LAC Nurse is line managed by the Designated Nurse for Safeguarding Children.

The roles of the Designated LAC Doctor and Nurse are defined in the statutory guidance Promoting the Health of Looked After Children ¹ as well as the intercollegiate framework ².

The Designated LAC Doctor and Nurse have important roles in promoting the health and welfare of this cohort and are the strategic leads across the health economy. They assist the ICB and other commissioners of health services for Looked After Children in fulfilling their responsibilities to improve the health of looked after children and have a distinct role in strategic planning, assurance and reassurance of provision of health services to this cohort.

The roles offer expert and specialist advice, guidance and training to health and partner agencies to ensure that the identified vulnerabilities and the additional complexities that some children and care leavers may experience within any health domain are identified and responded to in a timely manner and with an effective response.

The Designated Doctor for LAC is a Community Paediatric Consultant and has wide ranging expertise within Paediatric Health Services, with extensive knowledge and experience of Safeguarding and Looked After Children. The Designated Nurse for

¹

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

² Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing (rcn.org.uk)

https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge__skills_and_competence_of_healthcare_staff.pdf

LAC is a Specialist Community Public Health Nurse and has extensive experience within LAC health services, both within provider settings and strategically.

Both roles are:

- Clinically competent in meeting the health needs of LAC.
- Effective at raising key issues at a strategic level with service planners, commissioners and service providers to ensure the needs of LAC are considered locally and includes ensuring the needs of children placed outside of area are met and seek professional resolution as required.
- Able to clearly articulate and provide sound policy advice across the interagency and Corporate Parenting partnership.

The responsibilities of the Designated LAC Doctor and Nurse include:

- Monitoring the quality of the health assessments, medical and nursing services available to LAC.
- Working with the Local Authority to improve the outcomes for LAC.
- Assisting Southwark ICB and commissioners of health services in fulfilling their responsibilities to improve the health of LAC.

The role of the Virtual Mental Health Lead for Looked After Children is identified in the 2017 SCIE Expert Working Group's report "Improving mental health support for our children and young people"³.

Their role is:

- maintaining oversight of the mental health needs of our looked after children
- maintaining oversight of the array of provision available to meet those needs and any gaps
- responsibility for working with all relevant stakeholders to ensure our looked after children's needs are appropriately met

This includes quarterly monitoring of the datasets of the CAMH services commissioned for our looked after children and young people and analysis of gaps and issues related to annual reports and development of relevant actions plans with key partner agencies.

The Virtual Mental Health Lead role in Southwark sits with the Assistant Director for Clinical Practice who reports directly to the Director for Children & Families within the local authority.

Governance and Accountability:

³ <https://www.scie.org.uk/children/care/mental-health/report>

The organisational managerial lead for Safeguarding and LAC is the Southwark ICB Director of Operations. The LAC Designates report to the Governing bodies within the ICB to assure, reassure and advise of potential risks. LAC Designates have oversight and scrutiny of key performance indicators and services specifications pertaining to LAC.

The role includes analysis, support, guidance and professional challenge in any areas that pertain to the requirement to promote the health and wellbeing of LAC.

The aim is to increase the profile of the distinct needs that this population may have and experience. It includes establishing an increased understanding of the needs of this population across the health economy and how these should be considered within any health service delivery.

The roles are pivotal in strategic planning, quality assurance and include advice and guidance on the health needs of this identified vulnerable cohort of children which includes the statutory requirement, identified national and local priorities.

The voice of the Children and those who support them in their care journey is imperative to ensuring that their views influence delivery of services and is regularly sought.

Key Messages:

- Designate professionals continue to promote the health and well-being of LAC across the health economy.
- Influencing commissioning, oversight and scrutiny of service specifications and key performance indicators are embedded in current practice.
- The voice of the child and those that support them is sought, thus ensuring that health services aimed at LAC develop and deliver a service that is influenced and reflects their views.

Strengths:

The Looked After Children's Health Service is Commissioned by the ICB and is delivered by GSTT NHS Foundation Trust. In addition to the statutory requirement for health assessments, the service aims to offer a bespoke service to all Looked After Children including UASC, Care Leavers and includes support and training for health professionals, partner agencies and Foster Carers.

The service is available for advice and guidance to Carers, Social Workers and young people at point of contact via email or telephone contact. Partnership working continues to progress and improve services for Looked After Children and Care Leavers across the health economy and local authority.

The recording systems within the ICB include scrutiny, constructive professional challenge and support which are embedded within current practice. In addition, provider services are supported to develop, improve and continually learn from identified areas that impact on Looked After Children within required monthly meetings, additional training and supervision and includes national or local serious safeguarding case reviews.

Monthly Microsoft teams' meetings take place with GSTT Named Nurse for CLA to seek updates and assurance in relation to current service delivery. Monthly meetings take place between the Designated professionals to establish strategic progress, development and both Designated professionals meet in between planned meetings to discuss any challenge or points of escalation as required.

The Designated Professionals for Looked After Children across Southeast London (SEL) meet regularly to drive forward the national agenda for LAC within Health, aiming towards a standardised quality assured practice across the health economy within the surrounding areas but recognising local need in each domain. Focussing on innovative practices, national and local priorities for LAC, UASC and Care Leavers, the Designated Professionals drive forward the national agenda to improve the health outcomes for our LAC population.

Current arrangements include a process of escalation for those children, families and their carers who are identified as experiencing challenges in accessing services or have significant vulnerabilities or needs is in place.

A complex case register is shared with the Designated Professionals to advise and seek guidance in relation to any challenges that children and their carers are experiencing in relation to accessing timely health services.

Children that are experiencing significant vulnerabilities or experiencing significant challenges or delay in resolving any identified health needs are escalated accordingly for information, guidance and oversight. Should there be significant concerns the Designated Professionals will ensure that oversight and management of the concerns, including risk management are in place and escalate accordingly to the Executive team for information or action as appropriate.

Any financial challenges for a child to access appropriate services are escalated to Executive Lead and Commissioners for an effective and timely resolution.

Embedded partnership working, including oversight and management of meeting the statutory requirements for health assessments is in place with Local Authority Partners.

Representation of LAC Health Professionals at the Complex Needs Panel organised by the Local Authority is embedded in practice.

Key Messages:

- Commissioned Looked After Childrens service which is available at point of contact during normal business hours.
- Commissioned for 0-19 years of age, the service also offers a point of contact for any health guidance for Care Leavers.
- Partnership working is embedded in practice.
- Designated Professionals are available for advice and guidance for any child. Including those with complex needs and those who are identified as needing additional support in accessing health services.

2021/2022 key ambitions update:

An initial meeting with Speaker box is planned for older young people to progress the video information pack, with the aim to increase understanding in the meaning and value of the health assessments. In addition, further work will progress in designing a care leaver digital health summary.

The electronic held red book will no longer be in use and further work progresses to ensure that the red book for Looked after Children under the age of five inform their looked after health care pathway.

Initial meetings are taking place to establish a trauma informed care approach in the care of Looked After Children.

Work continues to ensure equity of services for those children placed out of borough.

Further progression is required in how the Child and Adolescent strengths and needs measure (CANS) can supplement the SDQ and improve understanding of the needs of our children.

An NHS directive was received regarding access to Dental Provision for Looked After Children following the delays in accessing dental care post pandemic.

National Policies/Guidance and Reviews

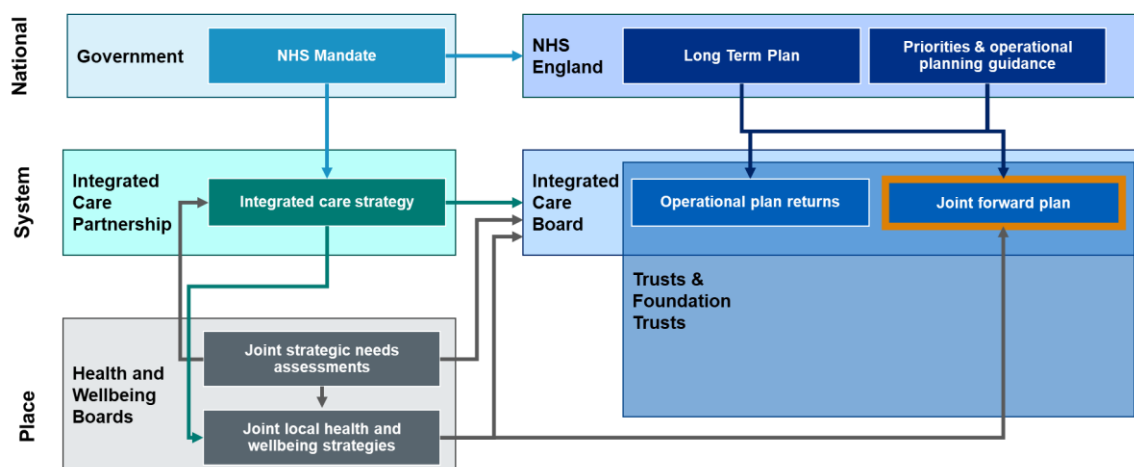
The local service delivery is influenced and informed by the national organisational strategic delivery.

As part of the role, Designated Professionals are required to align their work to the direction of the ICB/ICS (Diagram 1).

LAC Health services also have responsibility in maintaining the requirements within the statutory guidance and the key lines of enquiry within CQC and OFSTED.

In addition, work continues as outlined in the annual report (Southwark Health of Looked After Children 2021/2022).⁴

Diagram 1



Residential Special Schools in Doncaster:

A Child Safeguarding Practice review⁵ focussed on abuse and harm suffered by 108 children placed in three independent settings. The findings in the first phase identified a culture of harm including, physical abuse and violence, neglect, emotional abuse and sexual harm. Phase one (October 2022) of the report highlighted the appalling standards of care. Phase two (April 2023) draws on the learning and sets out a case

⁴ [SWK CLA Annual report update FINAL.doc](#)

⁵ <https://www.gov.uk/government/news/urgent-action-to-protect-children-with-disabilities-from-abuse>

for change in quality and oversight of all residential settings for children with disabilities and complex health needs.

As LAC are recognised as a vulnerable group, a priority for health is to act as an advocate to ensure best care and practice in the environment that they are being cared and preventing further impact on their health and emotional well-being.

Transitional Safeguarding

Following the briefing in June 2021⁶ work is progressing across the partnership with a focus on working closely with Southwark's adult and children's safeguarding leads and the children and young people's transformation team.

Whilst Transitional Safeguarding identifies a wide range of issues that affect a young person's safety and wellbeing, the main focus is that of child exploitation. This is in recognition of the significant harmful impact these have on young people's lives and the need to share effective and promising practice in this area across the country.

It is known that Looked After Children are particularly vulnerable during the adolescent years and it is imperative that their distinct needs and impact on adult transition is recognised and highlighted within any future arrangements and plans and is shared across the health economy.

Tackling violence against women and girls' strategy

The strategy was launched in 2021⁷ in recognition of the increased violence against women and girls, and includes rape and other sexual offences, stalking, domestic abuse, 'honour based' abuse (including female genital mutilation and forced marriage and 'honour' killings). Recognising that these areas of Safeguarding for children could directly and indirectly impact on our population, this area of work is progressing within Southwark and health is represented by the Adult Safeguarding Lead for the ICB with shared updates from LAC Designated Professionals.

Partnership Working

The role of the ICB is to: Improve outcomes in population health and healthcare. Tackle inequalities in outcomes, experience, and access. Enhance productivity and value for money. Help the NHS support broader social and economic development.

We continue to work closely with our partners to ensure that the Health and Well-being of LAC are highlighted within strategic delivery. The progression of work continues in line with previous and current practice and policy.

⁶ Bridging the gap: Transitional Safeguarding and the role of social work with adults (publishing.service.gov.uk)

⁷ Tackling violence against women and girls' strategy - GOV.UK (www.gov.uk)

In addition to previous strategies outlined in the annual health report 2021-2022 the following strategies, will also influence and drive the health and wellbeing agenda of our Looked After Population.

Southwark SEND Strategy 2022-2025

Southwark Joint Health and Wellbeing Strategy 2022 - 2027

Key Messages

The delivery of health services towards LAC are influenced by the national and local policy, practice, and guidance.

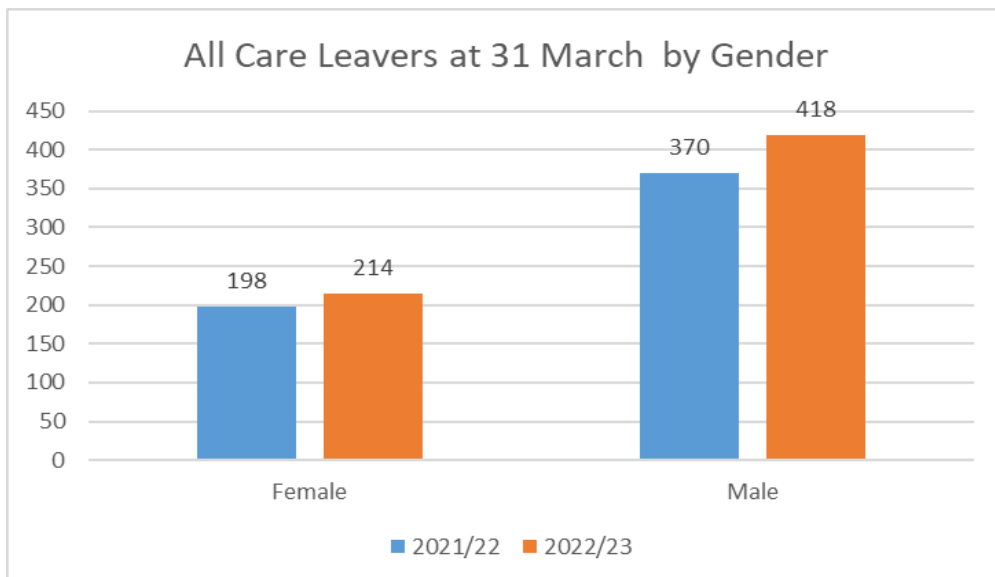
A key focus is that of delivering a service that meets local need and aligned to national reviews, evidence, and inspectorate requirements.

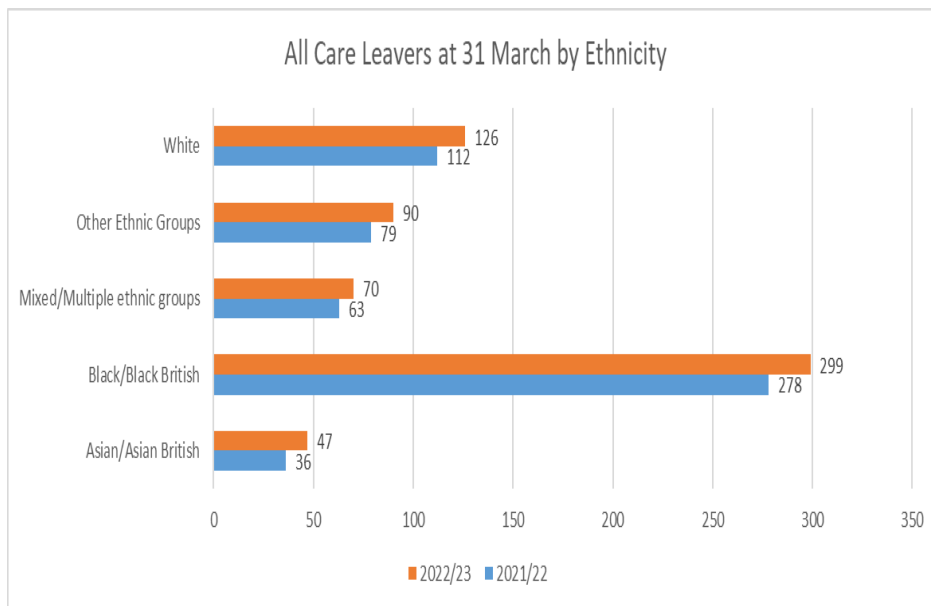
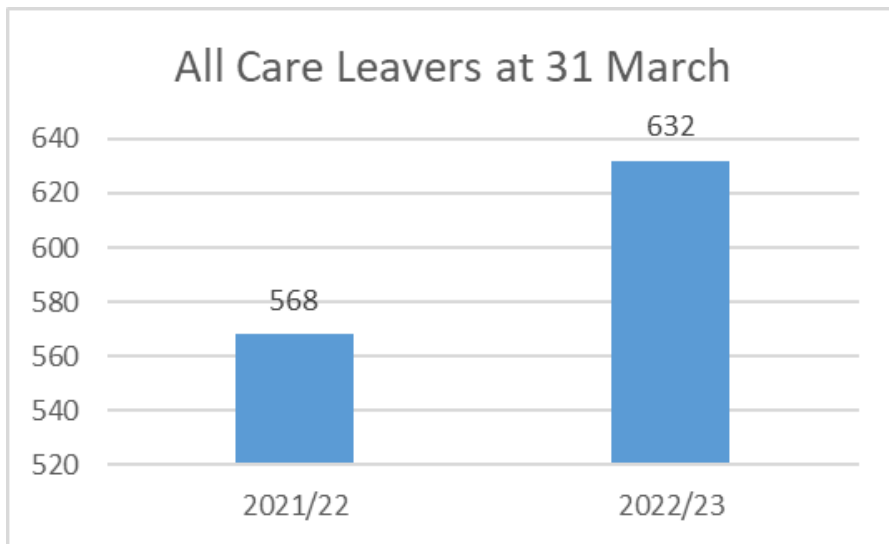
In partnership with Local Authority, Health will need to establish a more visible presence in the oversight and assurance of children placed in residential settings.

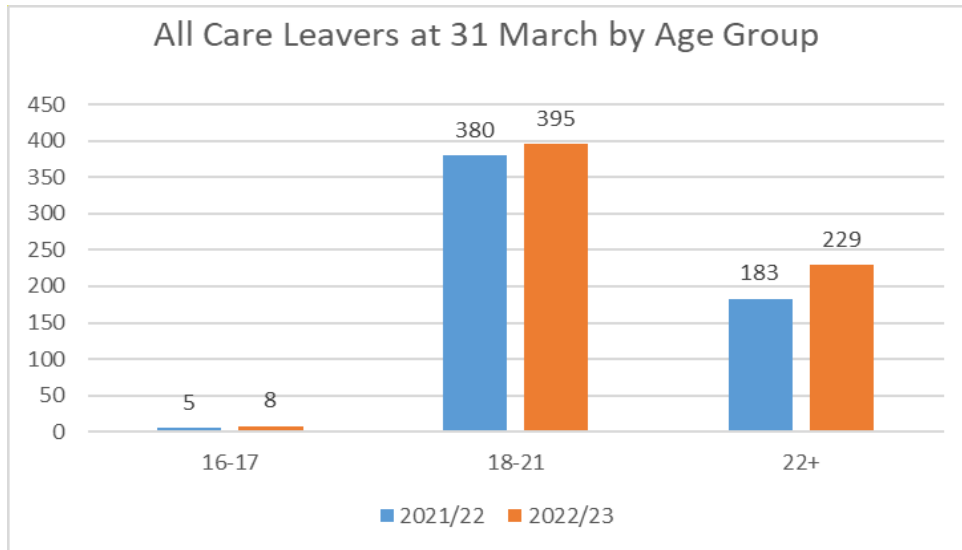
Work progresses to protect our Looked After Children and Young People as they move into adulthood.

Southwark CLA Cohort March 202 (Data Provided by Southwark Local Authority)

All Care Leavers:



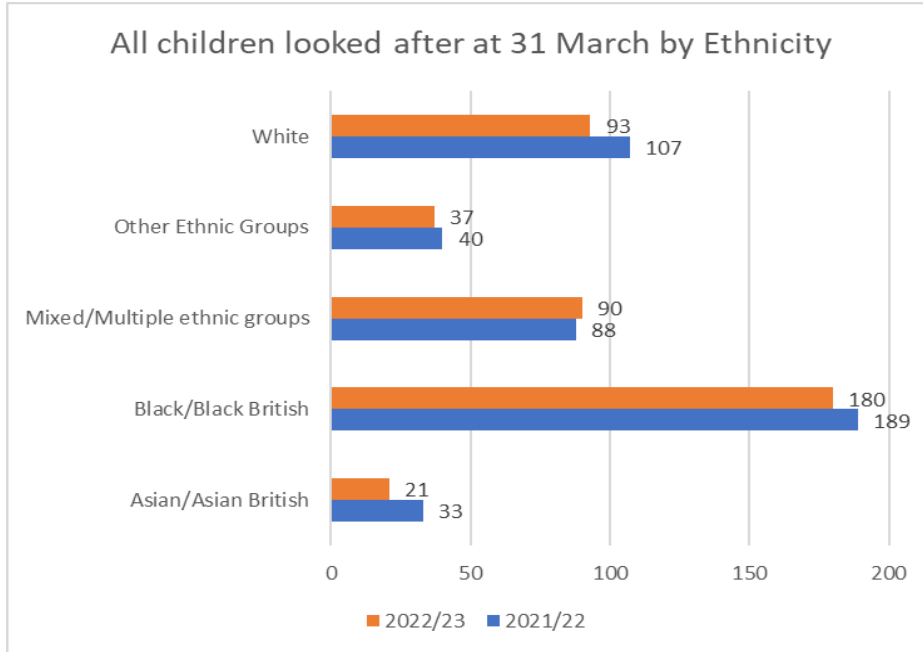




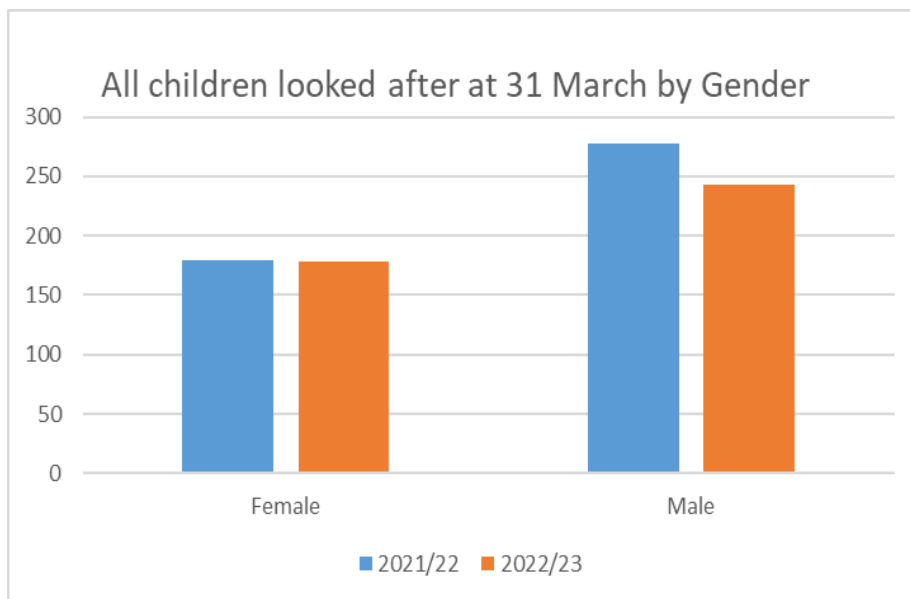
The NHS LAC health service is commissioned for children between the ages of 0-19 years in parallel with universal children’s services, and the mental health service provision commissioned by the local authority extends to Care Leavers up to the age of 25. At 18 years Looked After Children’s NHS healthcare is linked to adult health services. Early discussions within health are taking place in regarding to supporting Care Leavers until the age of 25 years. At time of reporting there are no plans to offer a separate commissioned service for Care Leavers.

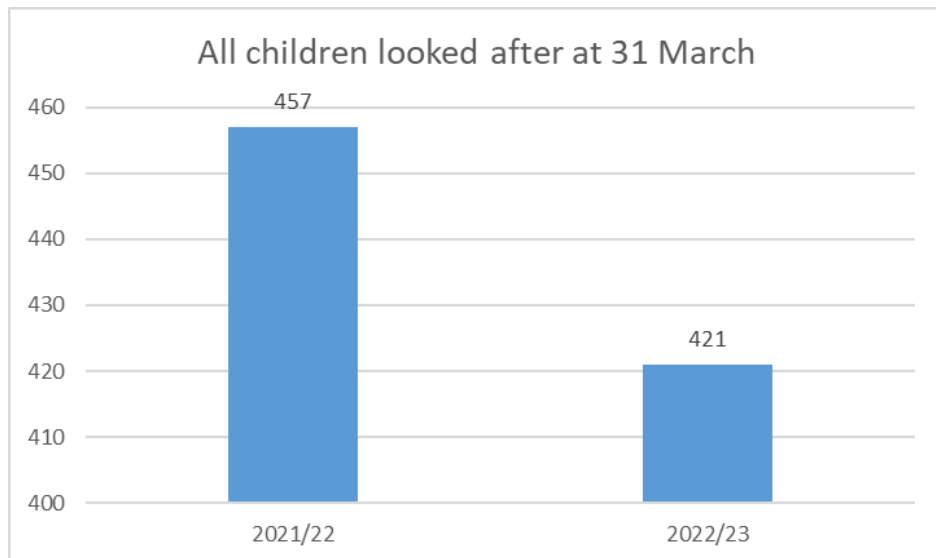
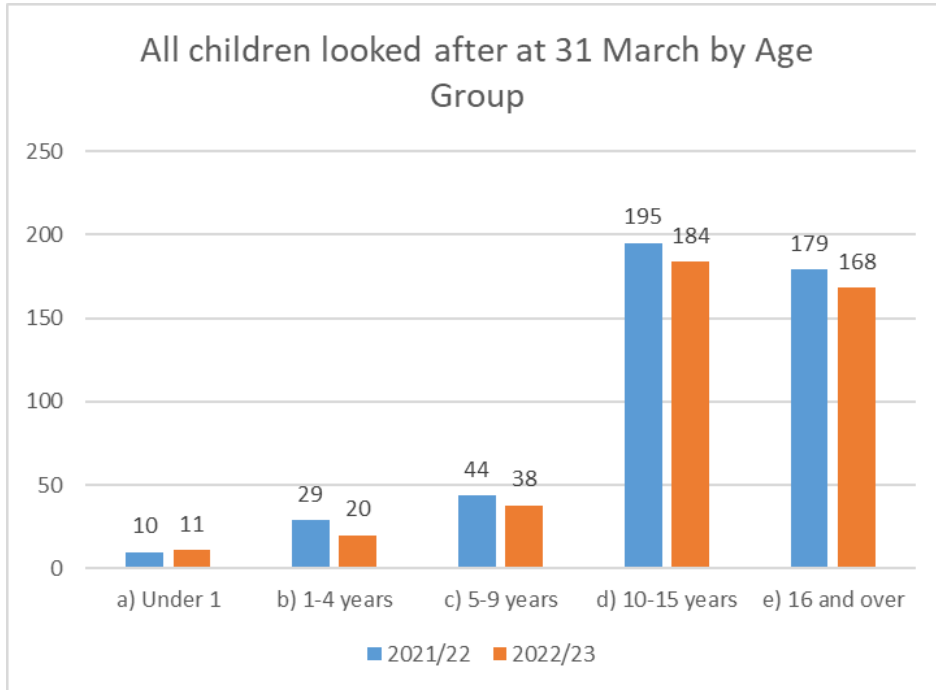
Work continues to increase the understanding of the distinct health needs and vulnerabilities that this population may present, and these are promoted across the health economy. Work is taking place in supporting Care Leavers to be enabled and empowered to access support and guidance within health settings and take a proactive approach in seeking adult health advise as required.

All Children Looked After



Recognising the ethnic diversity of our Looked After Children population, further analysis and work is required to establish how we support health needs when living out of area or establishing placements in areas that are able to meet any potential identified needs.



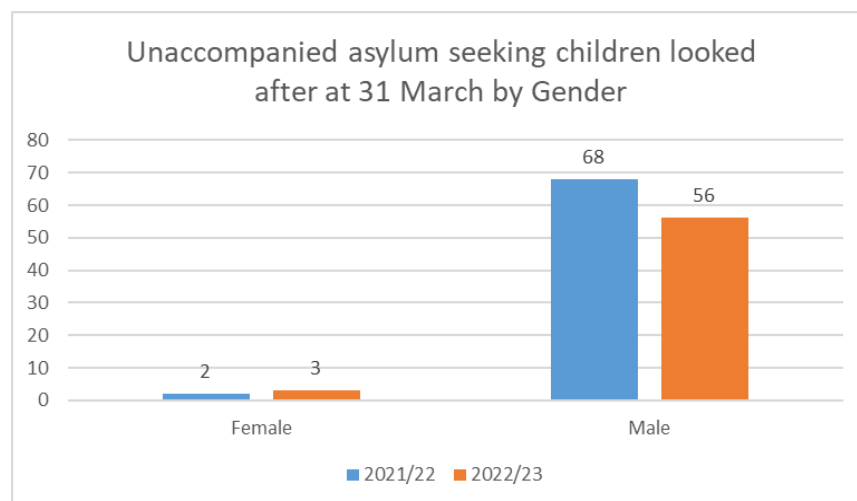
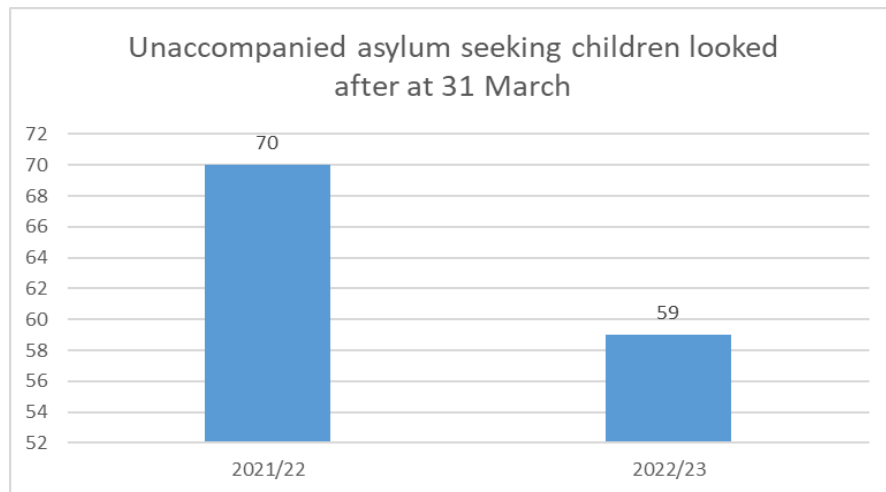


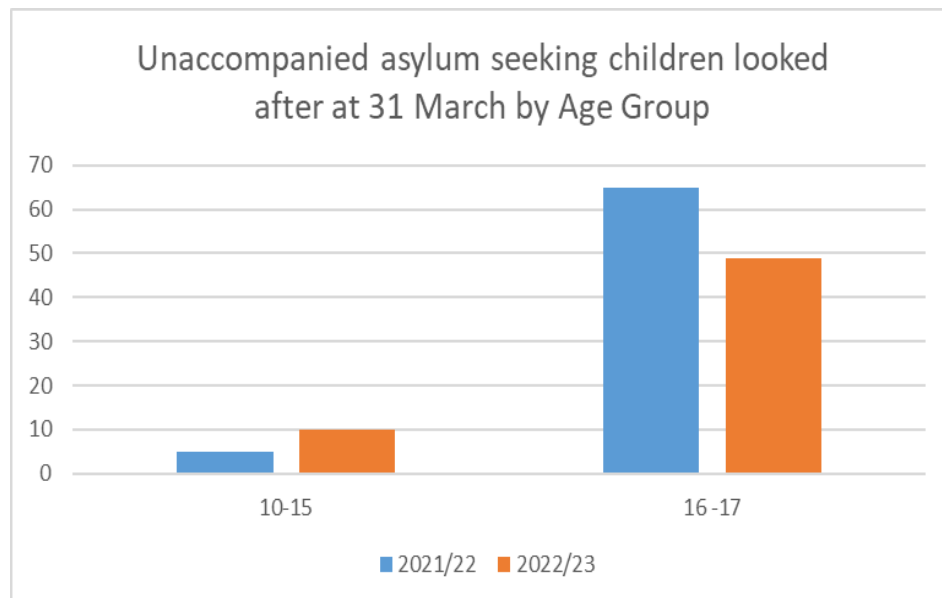
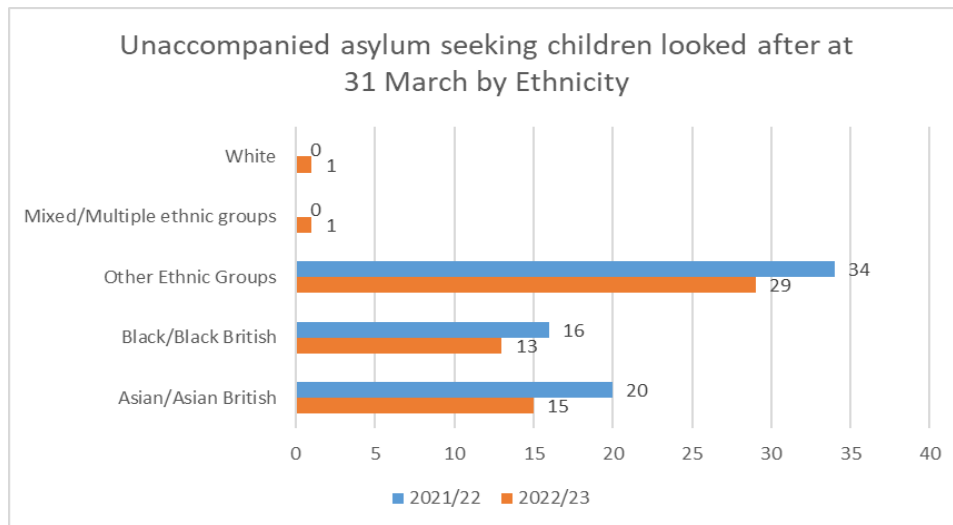
From the figures shared the number of children entering care has shown a slight decrease of 36 over the last 12 months.

This does not reflect those children that enter and leave care within the same reporting year, whom require a health assessment of point of entry to care as part of the statutory requirement and the processes that follow. Therefore it is predicted that the demand within LAC Health Services will remain unchanged.

A high percentage of this cohort are aged 10 and over. In recognition of this data further work is required to focus on developing services that support the needs of this population as outlined in the main body of the report.

Unaccompanied asylum-seeking Children





During the pandemic the numbers of children seeking asylum significantly reduced. Part of Looked After Children Cohort, UASC their identified health needs remain a priority and is reflected within current service delivery.

With the majority of UASC approaching leaving care, the approach to delivering services for care leavers will continue to be highlighted and include UASC.

Statutory requirements performance data:

The current commissioned service includes oversight, management, and delivery of the statutory requirements for initial health assessments (IHA) and review health assessments (RHA), set out in ⁸within the expected timescales.

During 2022/2023 financial year challenges within capacity and other external variables (e.g., administrative challenges, non-attendance of older young people, industrial action) have impacted on meeting the timescales set out within the requirement.

This is identified as a risk and escalated to the Executive team by the Designated Professionals. The timescales for the health assessments are seen as a high priority and have led to a joint root cause analysis between the Local Authority and Health providers to seek an action plan and subsequent resolution which is to be shared with the Executive team and Corporate Parenting Committee.

To date actions have included continuation of weekly meetings with Local Authority Deputy Director of Children's Services to establish current referrals for IHA, increased appointments, clinical triage and administrative oversight in prioritising, utilising available clinic time effectively and appointing within the required timescales.

Partnership working with Care Leavers and Speaker box is planned to identify how to promote the assessment and its value with young people. In addition, updates for Foster Carers on the importance of the health assessment and their professional responsibility in ensuring attendance is in place.

Latest data shows improvement, however, it is recognised that oversight, scrutiny and professional challenge are imperative to maintain momentum.

8

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

Key Messages:

- The statutory requirement for health reviews remains a priority and work continues to maintain recent improvements to improve upon the expected timescales.
- Capacity within service delivery has been reviewed and health providers have increased availability to appoint children and young people for the statutory health assessment.
- Additional clinics, triage and improved appointing systems are embedded in current practice.
- Scrutiny and professional challenge from the Designated Professionals continue.
- In partnership with the Local Authority a root cause analysis to establish areas of impact has been completed.

Care Leavers/Leaving Care

Health services directed to LAC are commissioned until the age of nineteen years in line with 0-19 Universal Children Services and statutory requirements relating to the health of Looked After Children.

Southwark statistical data indicates that the majority of our LAC cohort are aged 10 and over with a significant proportion of young people aged between 16 and 17 years old.

Nationally and locally⁹ it is recognised that young people leaving care and care leavers require additional support to become enabled and empowered to access relevant health services as they progress in adulthood.

The Designated Professionals continue to drive the health agenda for the LAC who are approaching leaving care or Care Leavers in line with the Southwark care leavers sufficiency strategy¹⁰.

In parallel with the priorities outlined within document, the strategic health offer will reflect a strong protective offer and build on the resilience and expertise for all those who are supporting young people as they progress towards independence. We will

⁹ <https://researchbriefings.files.parliament.uk/documents/CBP-8429/CBP-8429.pdf>

¹⁰ [APPENDIX 1 - CLA and CLS sufficiency Strategy 2023-26 final.docx](#)

continue to seek the views of young people and ensure that the voice of young people is visible and influences present and future health delivery.

It is important that we update Children and Young People in how their voice has made a difference to show that they are 'listened to and heard'.

Key Messages.

In partnership with the Local Authority the health offer will endeavour to reflect the priorities as outlined in the Southwark Care Leavers sufficiency strategy 2023 -2026.

GSTT offer health support and guidance to care leavers at point of contact.

Young people leaving care are given information regarding their health history, with an aim to empower and enable to access health services as they progress to adulthood.

Pre-paid prescription certificates will be available for Care Leavers up to the age of 25yrs who meet the threshold.

A training day titled " Promoting Positive Health and Signposting Health Support for Care Leavers" for Social Workers and Personal Assistants is planned for June 2023.

In addition, we will reflect the voice of young people, ensuring that is shared across all agencies to influence our health service delivery.

Care Leavers may require additional support as they progress to adulthood. The LAC Health Service at GSTT offers a point of contact for Care Leavers and Social Workers for any Care Leaver who may need additional advice, guidance and support in accessing health services and signpost to relevant adult services.

Strategic development of additional health support for care leavers progresses and includes:

- A commitment for Care Leavers who meet the threshold to have free access to a pre-paid prescription certificate.
- Training and development for those working with Care Leavers in relation to supporting them in accessing health services.
- Working closely with the Local Authority in establishing a health pathway guidance for young people moving to semi-independent living.

Unaccompanied Asylum-Seeking Children (UASC)

Recognised as a vulnerable group of children and young people, work continues in partnership with the local authority to ensure that any identified health need is met in a timely manner.

In addition to the health services directed towards Looked After Children and young people, it is recognised that as a cohort UASC may have additional health needs than that of their peers who are not UASC, and this is recognised within each individual care pathway.

UASC may have experienced additional emotional trauma and harm due to their history and asylum-seeking journey. In addition, they may also present with unidentified and unmet health needs and immunisations, separation anxiety and associated emotional well-being needs.

An established multi agency panel continues to meet to review needs of new UASC entrants into care, ensuring early access to their health assessment to establish any identified physical and mental health needs. Immunisations are reviewed and updated accordingly and a fast-track system is in place to ensure this is dealt with in a timely manner.

Recognising some of these distinct challenges for UASC a specific Carelink therapist will be working specifically with this population in the near future.

Key Messages

Identified health needs due to the potential trauma and neglect that UASC may have been exposed to during their asylum-seeking journey are referred to relevant services in a timely manner to seek early support and treatment.

Funding for a UASC specific Carelink Therapist has been approved. This professional will work specifically with the UASC population.

Health of Looked after children and young people

Statutory Performance - Southwark

Table 1: Statutory performance returns March 2019-2023¹¹

NB: In addition to the yearly dataset, data analysis is provided quarterly. Next reporting date due June 2023

	31st March	2019	2020	2021	2022	2023 (DRAFT)
	CLA at 31 st March	461	459	449	457	417
	CLA looked after for 12 months continuously as at March 31 st	343	307	337	317	346
Key performance Indicators	Health Assessments up to date	94%	98%	97%	94.6%	84%
	Immunisations up to date	90%	91%	86%	82.3%	46%
	Dental Assessments up to date	79%	82%	30%	57.4%	44%
	Developmental assessments up to date	82% N= 9/11	100% N= 9/9	72% N= 18/25	100% (22/22)	100% (30/30)
	Substance abuse problem	4%	5%	3%	5.4%	9.8%
	SDQ % completed	90%	86%	79.9%	79.1%	63%
	SDQ average score	13.9	14.1	13.3	13.3	12.6

NB: The SDQ data differs from those provided by Southwark Local Authority as outlined in the Mental Health update section. Data collected by GSTT report the SDQ's that are available at time of the statutory health assessment and inform the health assessment.

¹¹ <https://www.gov.uk/government/collections/statistics-looked-after-children>

Initial health assessments (IHA)

Of the 170 referrals received by GSTT LAC Health Service, 57 were received within five working days of the child becoming looked after (BLA). 75 (44%) children and young people were offered an appointment for IHA within 20 working days of BLA and all attended. 144 (85%) children and young people had an appointment within 20 working days of receipt of referral. All IHAs were completed by GSTT paediatricians.

Since January 2022 Social workers are invited to attend IHA's, to facilitate health recommendations being communicated at time of health assessment to people responsible so immediate actions can be taken.

A weekly meeting is also taking place chaired by the Assistant Director of Children's services to ensure the necessary steps are being taken for newly accommodated children, with early indications showing that this is helping to improve performance.

Review Health Assessments (RHA)

- 323 RHAs completed for Southwark's looked after children.
- 163 (50.4%) by LAC Nurses
- 155 (48%) by GSTT Paediatricians
- 5 (1%) by other LAC Teams

DNA Rate

- 14% - this rate would be higher without the flexibility of some appointments being carried out virtually. The DNA rate is marginally higher for paediatrician than nurse delivered assessments. The overall rate is similar to the previous reporting year.

Care leaver's Health Summaries:

In this reporting year 12% (6/52) of CLHS were completed for all young people rising 18 years old. This is an area of focus for the named professionals who are working closely with clinicians to understand the barriers for completing these summaries. This activity was seriously impacted by the IT and administrative challenges that the team have faced this year.

Health Needs

The table below illustrates the differential of diagnosed health conditions/identified health needs of children and young people in care.

This information underpins commissioning strategies as well as training content for social workers, foster carers and other professionals providing care to children and young people in care.

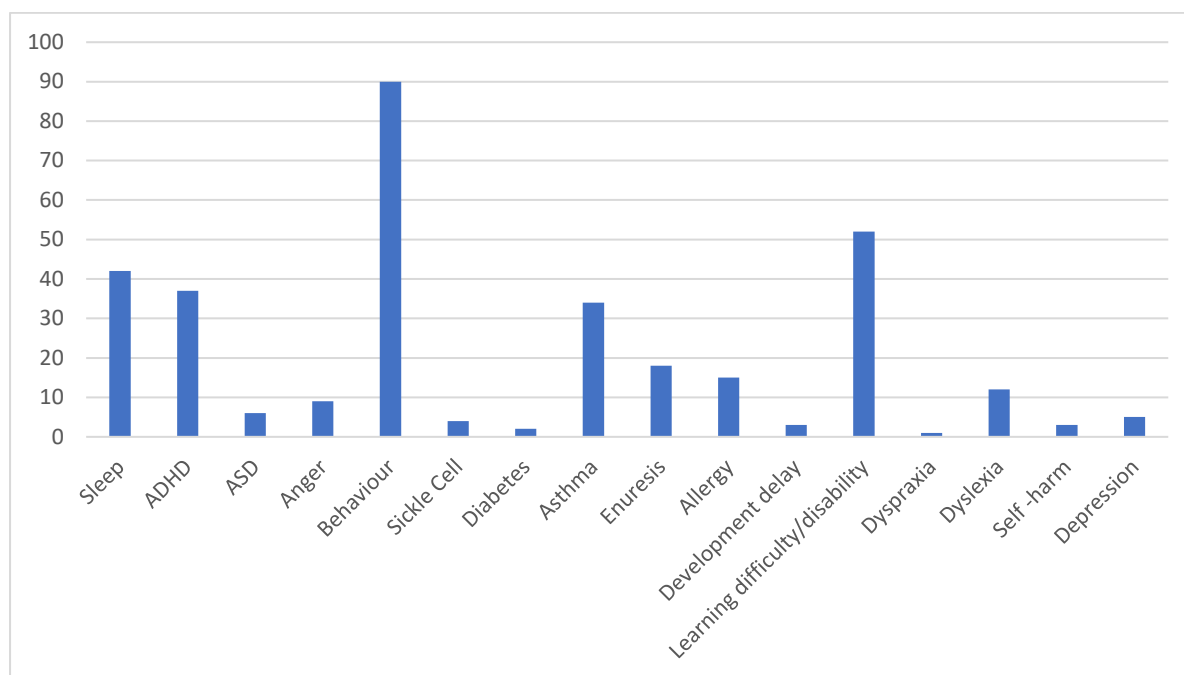


Figure 1 Most common health needs of Southwark looked after children at March 2023 – identified from statutory health assessments

Additionally, work is progressing apace to formalise a pathway for ensuring the appropriate commissioning of mental health services/bespoke assessments of children and young people who cannot access locally provided CAMHS services.

EHCP & Special Education needs

EHCP	115
SEN Support	77

Table 2 : Numbers of looked after children and young people with identified SEN requiring support - March 2023

Additional 2022-23 Challenges:

The CLA Team and Community Paediatric services were severely affected by two serious IT incidents in the Summer of 2022.

- In July 2022 there was a serious IT outage that affected all systems at GSTT, this affected access to patient records, patient booking systems and requests for investigations. This lasted for several weeks and was raised as a Trust Critical Incident.
- The national IT outage affecting Advanced, a company which provides software including Carenotes began on 4 August following a cyber-attack and severely affected services. The response to this incident had national implications and was led by NHS England working with the National Cyber Security Centre and Government Communication Headquarters (GCHQ). Whilst there was no Carenotes access we were unable to access patients' medical records, including their past medical history and current clinical interventions, and had no access to the scheduling function which allows appointments to be made and to know when other services have made appointments. Full access to this software was not restored until November 2022. This has had a significant impact on services and a reconciliation process remains in action to ensure no clinical information from the period of down-time is missed.

Key messages

- Despite significant IT and staffing challenges, 85% of children and young people were seen within 20 days of a referral to the LAC Health Team.
- A Pilot project running jointly with LAC Health and the Paediatric Infectious Diseases Team from Evelina - in a one stop service has started. This aims to improve the experience for the UASC population and streamline support and services.
- Funding for a UASC specific Carelink Therapist has been approved. This professional will work specifically with the UASC population.
- Recognising the fall in the number of fully immunised LAC children and young people – we now have 2 fully booked immunisation clinics as a pilot and there is a plan to make this a regular part of the LAC Health offer moving forward. With the support of the new Immunisation Coordinator in post.
- The number of completed SDQs available at the time of statutory health assessments has dropped as compared with last year – we will need to understand the reasons for this as having completed SDQs available provides valuable information to inform the health assessments
- To continue to seek the views and opinions of our LAC population.
- To continue to provide effective and efficient CLA health services which improve outcomes for CLA. To seek assurance that emotional health and mental health support is appropriate, accessible, and timely to improve outcomes for CLA.

Health Services for Looked after children

Guys & ST Thomas NHS Foundation Trust

The Southwark Looked after Children's Health Service is commissioned and funded by NHS Southwark ICB from Evelina London, Guys and St Thomas's NHS Trust (as the provider) and lies within the Trust's Vulnerable Person's Assurance Group with direct reporting into the Children's Safeguarding Executive at Guys and St Thomas'. It designates the doctor for looked after children. There are Named Professionals for looked after children (operational leads) based within GSTT NHS Trust.

The service undertakes statutory health assessments on behalf of the local authority, provides enhanced clinical assessments and support for LAC and, when needed, care leavers.

Child-specific triage is undertaken for all referrals. The LAC health team continue to liaise with OOB team and request health assessment to be done.

As per the legislation and Statutory guidance for Looked after Children (England) that Initial Health Assessments must be undertaken by a qualified medical practitioner - all IHA's are undertaken by a doctor. There is a robust induction process in place for all doctors and all reports for trainee doctors and OOB health assessments are quality assured.

The Named and Designated Doctor provide robust clinical supervision for the LAC health team.

The team supports a robust training and education programme across GSTT, the wider health economy and across sectors.

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 every two months.

The Medical Advisor for Adoption and the Named 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.

Looked after children 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 Looked after Children.

The Named and Designated nurses and doctors for looked after children 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.

Kings College Hospital NHS Trust (KCHT)

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. The Southwark LAC health team provide support and advice as required by the KCHT safeguarding team. All Looked after children attending ED are notified to the Southwark LAC health team.

Mental Health Services for Looked After Children

The carer scored SDQ (Strengths and difficulties questionnaire) is a mandatory measure collected annually for all children and young people in care. The below data includes all children with a carer SDQ completed in 2022-23 according to social care records. Whilst this is not the most sensitive measure for children and young people in care, one of its strengths is that it can provide a triangulated snapshot screen of a child/young person's presentation when the teacher, carer and self-reported questionnaires are used together.

Children looked after for at least 12 months aged 4 to 16 with an SDQ score: 190/240 (83%), slightly above the national average of 77%.

Proportion of children in each banding of the SDQ:

- Banded "Normal" – 52% - higher than the national average for LAC of 50%
- Banded "Borderline" – 10% - lower than the national average for LAC of 12%
- Banded "Cause for concern" – 38% - in line with the national average for LAC.

Southwark's looked after children continue to benefit from access to an array of mental health provision as detailed below.

Ongoing whole population monitoring and review.

The initial and annual holistic health assessments carried out by **GSTT** are early and regular opportunities to consider the child's psychological as well as physical well-

being. Clinicians meet with the child or young person, speak to their carer/s and review their SDQ scores, and can then access specialist mental health services as needed.

In addition, all of our children and young people are looked after by social work teams which benefit from **embedded mental health clinicians employed by the local authority**, so that their individual psychological needs, and the relational issues they face in their placements and with their birth families, can be considered without delay.

Clinical Assessments & Therapeutic work

Where children/young people up to the age of 18 would benefit from a clinical assessment or a therapeutic intervention, in most cases this can be accessed via our specialist multi-disciplinary **NHS CAMHS LAC provision** (SLAM's Carelink team). Should the child or young person prefer, they can alternatively access our **Open Access CAMHS** provision (The Nest).

Young people aged 18-25 are also able to access our **Open Access CAMHS provision** (The Nest), as well as **NHS AMHS provision**. Southwark local authority in partnership with SLAM AMHS have created an innovative 'Trusted Assessor' pathway that allows for young people aged 18-25 who have been assessed by our embedded clinicians to move straight to consideration for allocation by Southwark's NHS AMHS teams, rather than requiring re-assessment.

If the support required cannot be provided via any of the above routes **our embedded local authority mental health clinicians**, will provide it or work with colleagues to access alternative provision.

Arrangements for children living out-of-borough.

As described above, all our children, whether in or out-of-borough, have their psychological needs regularly reviewed and considered as part of their healthcare assessments and as part of the multi-disciplinary social work that the embedded clinicians provide to their social work teams. Should children out-of-borough need access to direct clinical work, Carelink are able to provide a service if the children/their carers are able to travel to Southwark or where they can benefit from therapeutic approaches which use video calls or telephone calls. If they are permanently residing further outside Southwark, using the "Who Pays" Commissioning guidance, Southwark CCG CAMHS Commissioner, SLAM NHS Trust and the local authority work closely to ensure that they **access local CAMHS services out-of-borough**. Should this not be possible due to issues around acceptance criteria, or because of placement instability, direct work can be provided by the **embedded local authority mental health clinicians**, or on occasion via **private providers**.

Access to other specialist mental health teams

In addition to the specialist LAC CAMHS team within SLAM (Carelink), all our Southwark children in care also have access to the South London & Maudsley National & Specialist (Tier 4) services with a variety of highly specialist interventions if required.

For instance, eating disorders, autism related disorders, forensic service (FCAMHS) and 'adolescent at risk' services.

Ongoing Impact of Covid 19 on service delivery

All these services adapted their input during the lockdown periods in order to provide clinical services online alongside face-to-face involvement where needed. The option for online work continues to be available where needed via all our services, which has facilitated greater accessibility. As a result of the pandemic an extended CAMHS Crisis Service was set up by SLAM to try and divert as many children as possible from Accident and Emergency departments. This team continues to operate extended hours in the evening and at weekends and can offer a short period of intensive follow up using home visits following presentation at A&E. The Crisis Service extended its operating hours to cover weekends and out of hours and developed a CAMHS Crisis phone line for immediate advice and triage with provision of emergency immediate appointments at a clinical site and some home visits.

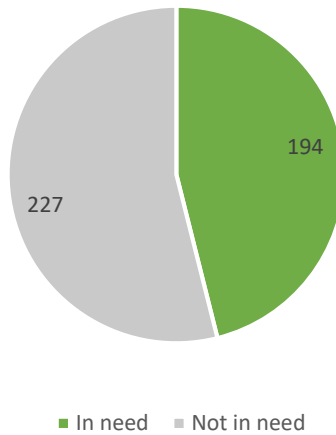
Working with and via the system

The local authority's embedded mental health staff are attached to each of the local authority looked after children and care leaver teams, and provide informal consultation, clinical input to weekly group supervision, accompany social workers on joint visits, and are part of panels and planning meetings regarding children where there are high levels of concern. CAMHS/Carelink senior staff are members of these key panels and relevant Carelink staff join multi-agency meetings and provide advice and consultation to the professional network regarding children they are working with. Carelink and the embedded mental health staff jointly provide training to both social workers and foster carers.

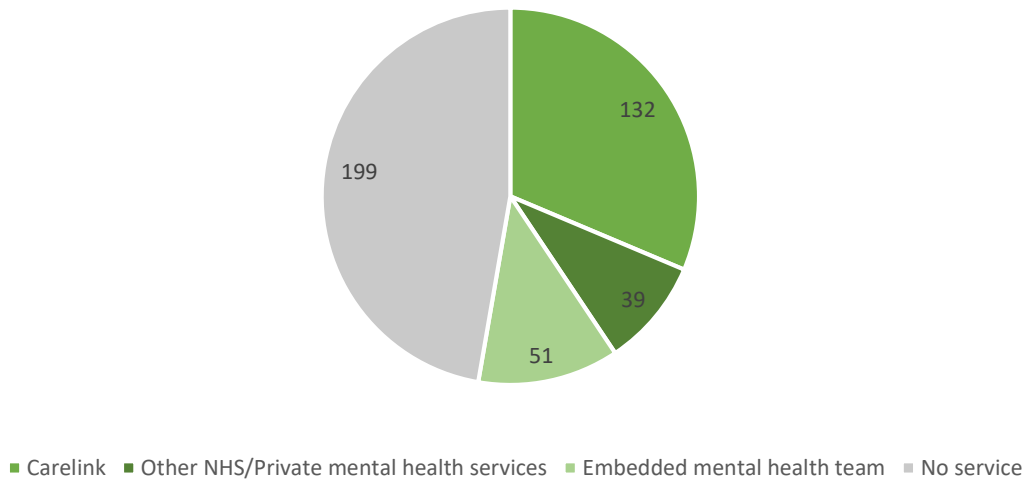
Mental Health Services Activity figures

Our data indicates that 222 of our 421 under 18-year-old looked after children (53%) received mental health services during 2022-3 via our local NHS Carelink team, other NHS CAMHS teams in other boroughs, private providers, or via the embedded mental health team. This number may be a slight over-estimate, as we are not yet able to check for children being seen by more than one of the above services so some children may be counted more than once (we are hoping to be able to address this in our data collection next year). The above figures strongly suggest that we are succeeding in providing services for all the approximately 46% of children that our SDQ scores indicate are likely to need mental health services.

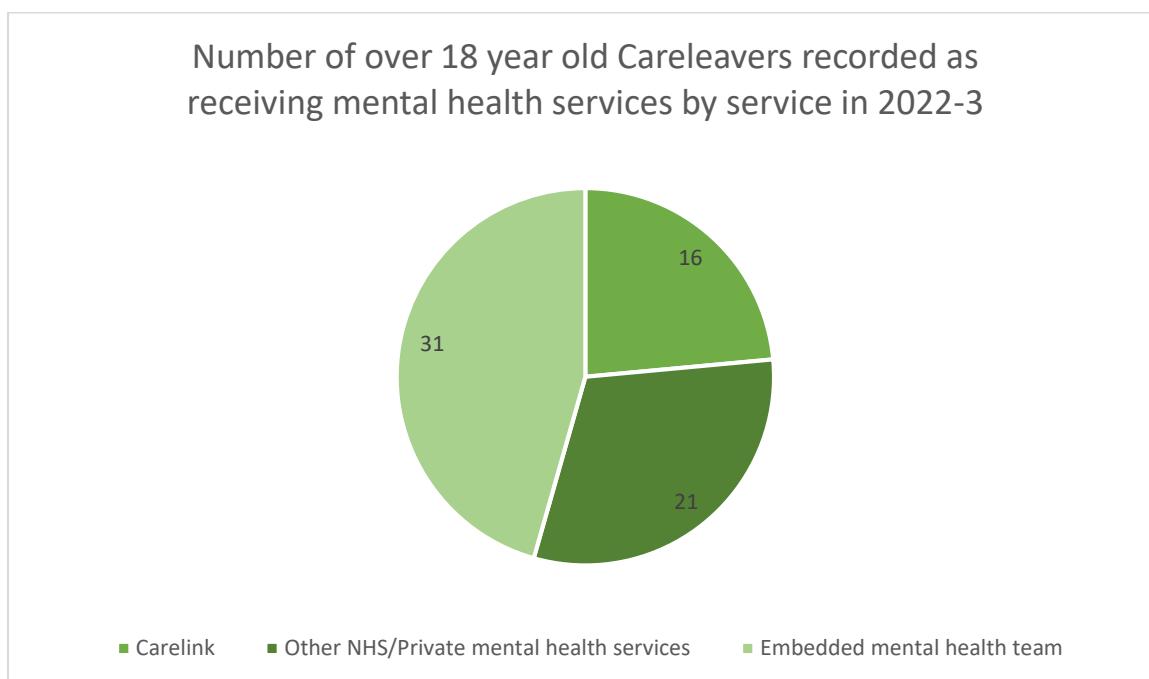
Estimated number of under 18 year old looked after children in need of mental health services (extrapolated from SDQ scores of borderline / cause for concern)



Number of children recorded as receiving mental health services in 2022-3 by service



In addition, we are aware that at least 68 of our over 18-year-old Care leavers who are currently in receipt of services, broken down by the following providers.



Demographic data and Equity of Access

The data indicates that our children of black ethnicity are not getting access to mental health services at the rate that we would expect given their proportion of our population, and that more of our children of white ethnicity are accessing services than we would expect given their proportion of the population. Access for children of mixed or asian heritage is in keeping with the numbers we would expect.

This is a cause for significant concern and needs further investigation. Carelink’s ethnicity distribution is closest to that of our looked after children population, with services from out of borough NHS CAMH services and private providers being most swayed towards white children – 48% of children seen by those providers were white, compared to 22% of our population.

Our data suggests that slightly more girls are getting access to services than boys, but this is not a significant difference.

In terms of age bands, our 16- & 17-year-olds are not getting access to mental health services at the rate that we would expect given their proportion of our population. This again is a cause of concern and indicates that we need to look more closely at making our services as accessible as possible for this age group.

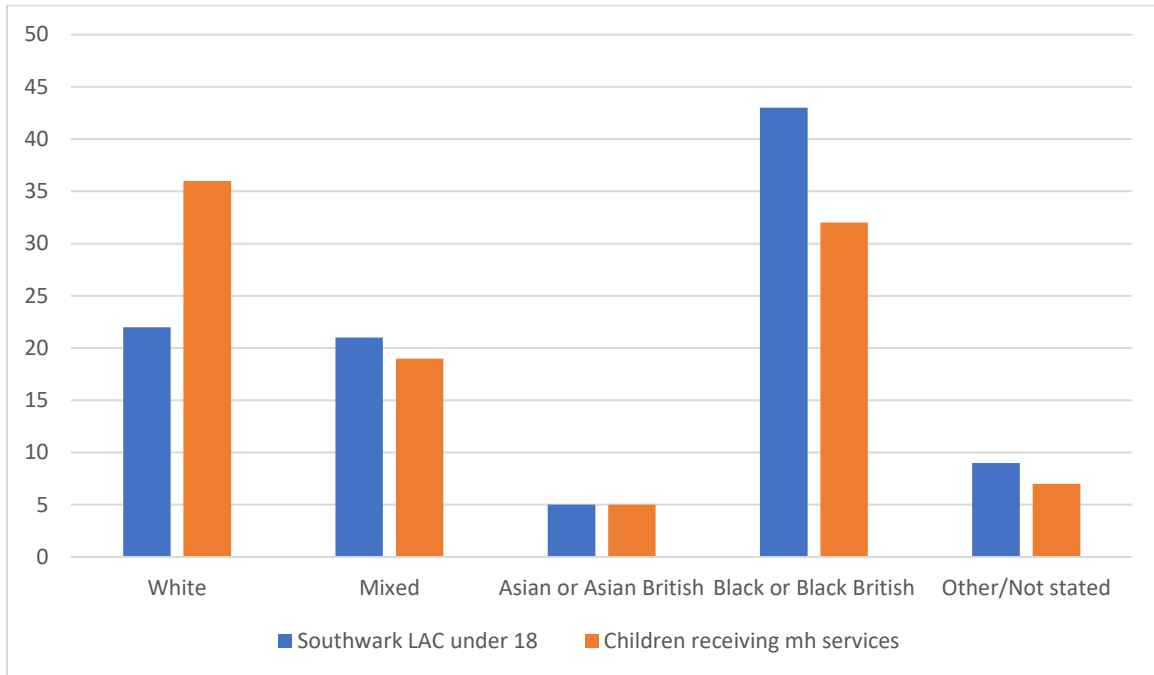


Figure 2: Ethnicity percentages for equity of access comparison

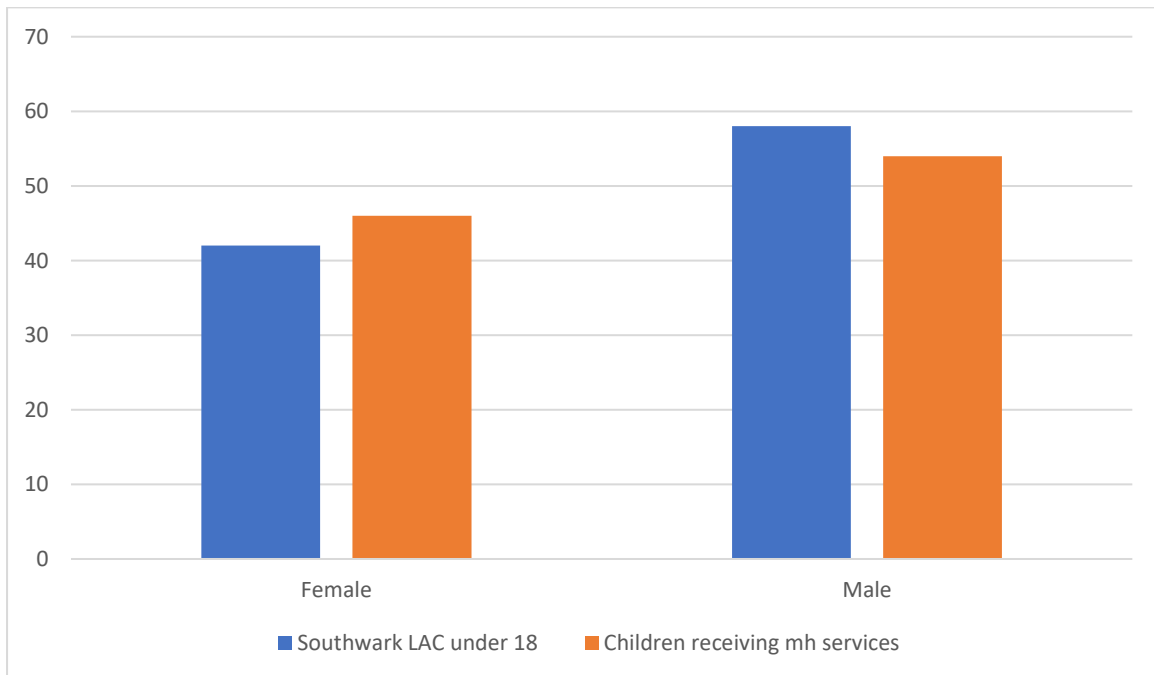


Figure 3: Gender percentages for equity of access comparison

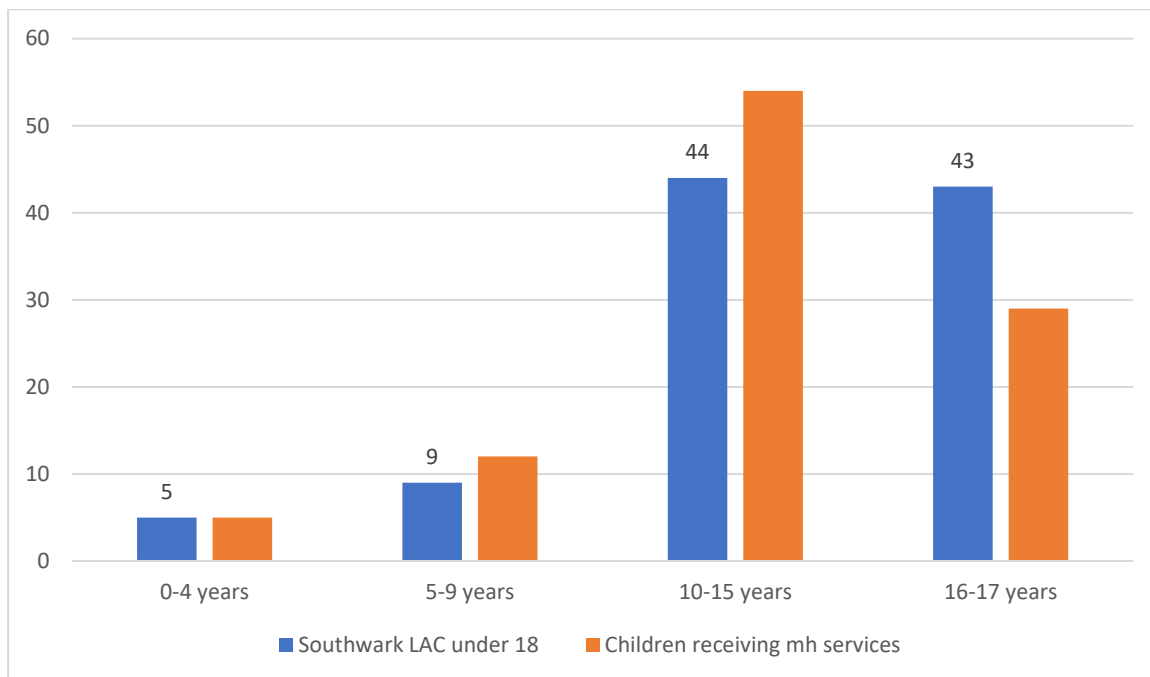


Figure 4: Age group percentages for equity of access comparison.

Mental Health Services Outcomes/ User satisfaction Dashboard

We are in the process of working with our NHS colleagues and other providers to create a unified dashboard of mental health service provision which will allow us to monitor outcomes and user satisfaction in relation to all mental health service provision for our looked after children. In the interim the Clinical Service Annual Dashboard 22-23 provides data across the embedded clinical service and indicates high levels of satisfaction and significant impact on outcomes for children worked with across Children’s Social Care, and the NHS Carelink Annual Report will be available shortly.

Key Messages:

- Southwark looked after children have access to a range of mental health services including a specially commissioned NHS Tier 3 CAMH service for looked after children (Carelink), an Open Access mental health service commissioned by the local authority for ALL children and young people in Southwark up to aged 25, and embedded mental health clinicians within the local authority, as well as out of borough CAMH services and private providers.
- 222 looked after children under 18 years old are recorded as having received support from mental health services during 2021-22, indicating that we are ensuring access to the estimated 46% of children likely to be in need of support.

- In terms of equity of access, our data suggests that we are not ensuring good enough access for our black children and our 16–17-year-olds. Both issues will be a priority for understanding and remedying over the year ahead.
- The local authority, SLAM NHS Trust, and The Nest are working together on the development of a unified dashboard of outcomes and user satisfaction, which will allow for better reporting of the overall picture in terms of outcomes and satisfaction going forward

Adoption

The ICB 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, ICB, Corporate Parenting Committee and LSCB

Key relationships are with the Stacy John-Legere, Designated Dr for Looked After Children, and Rachel Massey, Named Dr 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

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 and social workers.
- 5- Attending panel

1.1b Panel Chairs' Report for period 1st October 2021 – 31st March 2022

The second half of the year has continued to be fairly busy with cases distributed across both panels, so they are heard without delay. This has been possible due to the support provided by the panel advisors who quality assure reports and liaise with social workers to ensure all paperwork complies with regulations. Panel administrators continue to provide all round support by distributing paperwork within the required timescale, ensuring panel is quorate and providing good quality draft minutes. This support from the agency has greatly contributed to the smooth running of the panels during the second year of panels being conducted on a virtual platform.

The SE panel sat on 11 occasions when a total of 27 cases were considered, including 16 approvals, 2 of which included Early Permanence. There were 11 matches involving 12 children, one of which included a sibling group of two children. One match involved an adoption with a foreign element involving prospective adopters from the US. The panel made positive recommendations in all cases.

The SE panel considered and recommended the approval of 16 cases. Four were from White British households, three of which were same sex households, two male and one female. Five households included at least one person from other white backgrounds, and seven included at least one person from an ethnic minority background, two of which were single female households. All recommendations were upheld by the ADM.

Following the successful implementation of virtual panels which were introduced in response to the Covid-19 pandemic, a decision has been taken to continue to hold panels virtually for the foreseeable future. The logistical and cost savings benefits are clear, with advantages including the reduction in anxiety for the majority of applicants who are naturally more at ease joining panels from their home environments, as well as affording greater flexibility to panel members and presenting social workers in terms of being able to access meetings from home or their place of work in a much more convenient and time efficient way.

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.

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 or other LAC doctors, 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.

There has been an increase in referrals of children adopted 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 adoption clinic is run by Dr Massey.

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. The role of the Designated Dr and Medical Advisor is to advise the adoption or fostering panel on the implications of any health issues (physical or mental) for that person's capacity to look after the challenging and vulnerable children who need fostering and adoption. Sometimes the GP reports need follow up with the prospective carer, hospital specialists and GPs which can delay approval but there have been no delays because of that.

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.

There are issues around the SE MA contract and arrangements that have been escalated to Southwark leads, and around SW MAs not able to participate/attend panels as they are differently commissioned, and there have been sometimes cross coverage. The non-attendance of medical advisors at the SW panel continues to be an issue which needs to be resolved with urgency.

Appendix

**APPENDIX 1:
PANEL ACTIVITY
1st October 2021 - 31st March 2022**

	Southwest panel	Southeast panel	Total
No of panels	10	11	21
No of panels cancelled	1	0	1
No of cases	22	27	49
No of approvals	13	16	29
No of early permanence approvals	3	2	5
No of matches	12	11	23

No of relinquished babies	0	0	0
No of deferments	0	0	0
No of annual reviews	0	0	0
No of terminations of approval	0	0	0
No of negative recommendations of approval	0	0	0
No of resignations	0	0	0
No of recommendations ratified by ADMs	22	27	49
No of recommendations not ratified by ADMs	0	0	0

APPENDIX 2:
SOCIAL DEMOGRAPHICS
1st April 2021 - 30th September 2021

	Southwest panel	Southeast panel	Total
Ethnicity of adopter households seeking approval:			
White British	6	4	
White other+	2	5	
Ethnic minority *	6	7	
Ethnicity of adopter households being matched:			
White British	6	4	
White other +	1	2	

Ethnic minority*	6	5	
Ethnicity of children being matched:			
White British	6	3	
White other	0	3	
Ethnic minority	6	6	
Sexual orientation / family composition of adopter households seeking approval:			
Opposite sex couples	9	9	
Same sex female couples	0	2	
Same sex male couples	1	3	
Single females	3	2	
Single males	0	0	
With birth child(ren)	2	2	
With adopted child(ren)	0	1	
Sexual orientation / family composition of adopter households being matched:			
Opposite sex couples	8	10	
Same sex female couples	0	0	
Same sex male couples	1	1	
Single females	3	0	
Single males	0	0	
With birth child(ren)	0	0	

With child(ren)	adopted	2	1	
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- * Where at least one member of the household is from an ethnic minority group
 + Where at least one member of the household is from a non-white British ethnic group
 (including white Irish and white Australian)

Key Messages

Increased requests for adult health medicals for Fostering and Adoption.

Improved co-ordination of representation at panels has been escalated.

SGO support and guidance is increasing.

Post adoption health clinic is in place to offer additional support to adoptive families.

Prospective adopters can meet with the Medical Advisor.

Overall positive feedback relating to assessment process in 2021 included the following:

- *Very well, questions were articulated well and explained in a clear way.*
- *Our social worker was absolutely amazing and did a great job explaining the process and relevance of the questions asked. She also provided us with additional reading material and suggested webinars we could attend.*
- *We were guided throughout the assessment by our social workers and had a good understand of the questions asked and why.*

Key Achievements 2022/2023

Whilst recovery from the pandemic and its unknown long term effects continue, Looked After Children's Health services have returned to face to face service delivery and include home visits, should this be required within a twenty-mile radius.

Capacity within the LAC Health Service team has been reviewed with additional capacity and flexibility in place.

Embedded partnership working with the Local Authority to ensure processes and administration are collectively viewed on a weekly basis and continue to review the referral pathway and appointing system for both initial and review health assessments.

A distinct triage service is embedded in practice and continues to have oversight and management of the statutory health assessment for looked after children.

Face to face training and support for Social Care Staff, Foster Carers has been re-established post pandemic.

Current focus on Care Leavers and Leaving Care will continue to be developed. This will be progressed towards delivering a planned training programme relating to health for all CLA 0-19 years.

Continued health representation at the Local Authority Complex Case Panel that offers health support, advice and guidance from health professionals including representation of the Designated Doctor and Designated Nurse.

An escalation pathway for those children and carers who are experiencing challenges in accessing timely health services is in place.

Pre-paid prescription certificates for care leavers who meet the threshold, has been agreed with a launch planned for June 2023.

Implementation of a semi-independence health pathway guidance is to be progressed for Personal assistants and Social Workers for young people transitioning into semi-independence; with the aim to support young people in accessing relevant health service in the area that they are residing, prior to planned move.

Designated professionals across Southeast London (SEL) continue to work collectively to share innovation and practice that reflect both national and local priorities. Thus promoting the health needs of LAC across the health economies in surrounding local neighbourhoods.

Challenges

The current economic crisis and long-term effects of the pandemic and their effects remain unknown.

Nationally the capacity within the NHS continues to impact on services across the whole of the health economy.

Staff capacity and internal challenge with IT systems impacted on local LAC Health service delivery.

Equitable services for children placed outside of Southwark may create challenges in accessing services in a timely manner. **(NB Identified issues are escalated to Designated Professionals to seek timely resolution.)**

Our children continue to exhibit increased complex physical and mental health needs including increased recognition of learning disability.

Work continues to progress to implement the ICB/ICS.

Training and Development

In delivering services to LAC and their carers it is imperative to continue to increase understanding of the health needs of LAC and the importance of ensuring we strive to improve their health outcomes across both the health economy and partner agencies.

It is important that we continue to implement additional training opportunities for those working with our population to have the skills and understanding of the issues that can impact on our Children in reaching optimum health.

Working alongside all colleagues we will continue to develop and expand upon the training programmes that are in place.

Key Ambitions 2023/2024

Establish a visible health presence within the process of placement planning for residential and semi-independence provision for all children and young people who are identified with additional health needs and vulnerabilities.

Maintain current partnership working to ensure that the health assessment is undertaken in a timely manner.

Work with immunisation partners to deliver an extended offer of access to improve uptake of the immunisation programme for LAC.

Building on learning, the LAC professionals aim to increase the health training with relevant partners to continue to raise the profile and understanding across both the health economy and Local Authority.

Increasingly evidence that the voice of the child/young person is sought and influences current and future health services aimed towards them.

Continue to work across the South East London health footprint to develop a standardised approach with recognition of local need.

Progression of analysis and understanding of the data in relation to the areas identified within the CAMHS update.

Progress the Trusted Assessor pathway (details on p. 27) as being a promising avenue for expediting treatment for our care leavers.

Plans for embedded clinical staff to work with GSTT colleagues to support an increase in capacity for autism diagnostic assessments for our looked after children.

Expand and develop further training opportunities for those involved in the health and well-being of LAC.

Summary and Conclusion:

Work continues to progress, in line with national and local priorities, recognition of the distinct health needs and vulnerabilities for Looked After Children, Care Leavers and UASC.

It is recognised that for children placed in residential units, the need for increased influence in the oversight and assurance from health professionals is a priority.

The long-term effects of the pandemic and the current economic crisis are yet unknown, and it is imperative that this is considered for future planning and commissioning of health services towards this identified vulnerable cohort.

A review of the total cohort of LAC and the high percentage of older children entering care needs to be considered with commissioning and planning of services.

The voice of the children, young people, parents and their Carers is imperative in how we progress health services for LAC and must be visible in the delivery of future health services aimed and accessed by this cohort.