

Item No. 6.	Classification: Open	Date: 21 April 2021	Meeting Name: Corporate Parenting Committee
Report title:		Annual Report on the Health of Looked After Children (LAC): 2019-2020	
Ward(s) or groups affected:		Children in Care of LB Southwark	
From:		Dr. Stacy John-Legere, Designated Dr for Looked After Children (LAC), Southwark and Michele Sault Designated Nurse for Safeguarding Children, Looked After Children & Care Leavers	

RECOMMENDATIONS

1. To note the report contents.
2. Further updates provided via:
 - Southwark Corporate Parenting panel – March 2021
 - Southwark Borough Based Board – quarterly.

BACKGROUND INFORMATION

3. The Designated Professionals for Looked After Children (CLA) provide, on behalf of the CCG, an annual report to inform the GSTT NHS Foundation Trust/ Evelina London (provider) board and the Southwark commissioners.¹
4. The purpose of the CLA annual report includes the following:²
 - 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.

¹

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/276500/promoting_health_of_looked_after_children.pdf

² ibid

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.
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 Head Teacher – Southwark Virtual School
 - Independent Reviewing Officer (IRO) Annual Report.

KEY ISSUES FOR CONSIDERATION

7. 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.³

8. Key Points

- Children looked after continued to have their health needs met including access to health assessments during the Covid-19 pandemic restrictions. There is a lag in resumption of access to dental services.
- 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.
 - Multi-pronged approach consisting of revising method of gaining parental consent as well as regular updates to social work teams
- The Southwark LAC health team, Carelink CAMHS and SCS Clinical team contribute to 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.

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

- 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.
- Southwark's looked after children remain vulnerable to wider issues of contextual and specific safeguarding.
- Southwark's Medical Advisor for Adoption contributes to the Adopt South London Regional Adoption Panel.

9. Statutory reporting measures 2015-2020

	31 March	2015	2016	2017	2018	2019	2020
	CLA at 31 March	503	477	498	491	461	459
	CLA looked after for 12 months continuously at March 31	365	340	341	348	343	307
Key performance Indicators	Health Assessments up to date	92%	96%	91%	91%	94%	98%
	Immunisations up to date	74%	69%	85%	71%	90%	91%
	Dental Assessments up to date	85%	83%	89%	80%	79%	82%
	Developmental assessments up to date	100% (n=50/50)	80% (n=20/25)	93% (n=14/15)	92% (n= 11/12)	82% (n= 9/11)	100% (n= 9/9)
	Substance abuse problem	6%	3.5% (n=17)	6.7% (n=23)	6% (N = 21)	4%	5%
	SDQ % completed	68%	75%	82%	71%	86%	86%
	SDQ average score	14.5	14.8	14.9	13.9	13.9	14.1

Analysis

10. 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 SEL CCG priority
- There is a robust system in place across the partnership for constructive challenge, scrutiny and learning around 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.

11. 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.
- The Covid-19 pandemic and resulting national response has posed a challenge to delivery of services. The impact of social distancing restrictions on health and education will become more apparent in the future.

12. Opportunities

- The Southwark Children in Care and Careleaver's Strategy 2016-2019 is due for refresh. This is an opportunity to embed strategic links with adult services in health; education and social care to optimise transition and care across sectors to age 25years.
- Children's Social Services have established multi-agency panels to enhance care planning and delivery for looked after children and careleavers
- The Sufficiency Strategy and refreshed momentum of the steering group to promote delivery of improved outcomes for Southwark children looked after.
- Delivery of the NHS Long-term Plan goals and post-Covid recovery plans
- Embedding the principles of contextual safeguarding through utilisation of the Harm Reduction Hub
- Southwark Clinical Service project to create a system of recording mental health provision that our children and young people are receiving in order to allow us to monitor issues around access and outcomes.

13. 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.

14. 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

15. 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.

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 2019-2020
Appendix 2	Slides for presentation

AUDIT TRAIL

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Officer Title	Comments Sought	Comments Included
Director of Law and Governance	No	No
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Cabinet Member	No	No
Date final report sent to Constitutional Team		
2 February 2021		

APPENDIX 1

Health of LB Southwark's Children in Care

Annual Report 2019 – 2020

Edited by: Dr Stacy John-Legere
Designated Dr for LAC Southwark

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Carelink CAMHS
Southwark CSC – Care & Careleaver service
Southwark CSC – Clinical Service
Adoption Service

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2 Introduction

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.⁴

The purpose of the LAC annual report includes the following:⁵

- 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:

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- Report of the Headteacher – Southwark Virtual School
- IRO Annual Report

Southwark CCG operates in line with the most current statutory guidance⁶. It has ensured access to the expertise of a designated doctor and nurse for looked-after children.

3 Background

3.1 Who is a looked after child (LAC)?

Children Act (1989)⁷, 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

“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.

⁴

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/276500/promoting_health_of_looked_after_children.pdf

⁵ ibid

⁶

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

⁷ <http://www.legislation.gov.uk/ukpga/1989/41/section/22>

Children are looked after by the local authority until the attainment of their 18th 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 2000⁸ and Children and Social care Act 2017.⁹

3.1.1 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 18¹⁰

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) require 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.

3.2 Designated Professionals

3.2.1 Roles and responsibilities

The roles of the designated doctor and nurse are defined in the statutory guidance as well as the intercollegiate framework.¹¹

The role is:

- 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).
- The Designated Doctor and Nurse for Looked After Children and Care Leavers roles are pivotal to strategic planning, quality assurance and performance monitoring and is essential in advising on the

⁸ <http://www.legislation.gov.uk/ukpga/2000/35/introduction>

⁹ <http://services.parliament.uk/bills/2016-17/childrenandsocialwork.html>

¹⁰ http://trixresources.proceduresonline.com/nat_key/keywords/eligible_youth_people.html

¹¹ 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>

provision of services for vulnerable Looked After Children and Care Leavers within the health economy. Further to this, key elements of this essential role are preventing further harm to Looked After Children and Care Leavers and ensuring that the complex needs of this transient group of vulnerable children and young people are understood across the health and social care economy

3.2.2 Designated Dr for LAC

Dr. Stacy John-Legere, Designated Doctor for LAC is a consultant community paediatrician. The Designated Dr is commissioned for 0.2WTE activity within the CCG.

3.2.3 Designated Nurse for LAC

Michele Sault is the Designated Nurse for Child Safeguarding, Looked after Children and Careleavers

4 NATIONAL GUIDANCE/ DOCUMENTS AND POLICY UPDATES 2018/2019

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.

- ADCS Discussion Paper : Serious Youth Violence and Knife Crime July 2019
- Commons Briefing Support for Care leavers 28th October 2019
- Pass the Parcel – Children Posted around the care system : Children’s Commissioner December 2019
- Child Safeguarding Practice Review Panel : Annual Report 2018 to 2019
- Looked After Children with Mental Health Support Needs Demonstrator Project, Final Learning Report January 2020
- It was hard to escape - Safeguarding children at risk from criminal exploitation 2020

The Nice Guidance for Looked after children and young people (PH 28) is being updated with expected publication in 2021

5 NOVEL CORONAVIRUS PANDEMIC RESPONSE ; COVID-19

The provider services compiled with NHSE prioritisation services within Community

Community Paediatric Services

Stop except:

- Services/interventions deemed clinical priority
- Child protection medicals
- Telephone advice to families
- Risk stratify Initial Health Assessments (urgent referrals need to continue however some routine referrals may be delayed with appropriate support e.g. initial basic advice to parents/carers

Looked after Children teams

Stop except:

- Segmentation to prioritise needs (e.g. increased risk of harm from social isolation)
- Safeguarding work- case review not routine checks
- Telephone advice – could be undertaken regionally
- Initial assessments

Continuing care Packages

- Continue (whilst considering delay to routine reviews of CHC packages)
- Move CC CCG teams to provision where possible
- Write to parents with support to develop contingency

Emotional health and wellbeing /mental health support

Continue

Southwark specific Covid-19 actions included:

- Enhanced support provided by CSC to careleavers
- Provisions of laptops via the Virtual school prior to national roll-out
- Carelink CAMHS sessions provided by virtual platforms
- Multi-agency participation in Covid-19 risk panels to prioritise CYP in need of face to face social work visits or other intervention by the partnership
- Information letter circulated to foster carers and placements
- Information letter and social story about coronavirus circulated to all LAC
- Provider service offered information letters about Shielding for children and young people that are LAC and fit criteria
- Attendance at CoramBAAF HGAC to ensure national learning escalated locally
- Interim Arrangements for health assessments and adoption activity circulated to CSC
- SEL Arrangements for AH assessments agreed and circulated – coordinated by DDLAC Lambeth
- Arrangements for convalescent testing made with GSTT for young man
- Southwark specific Zoom meeting for CSC with Public Health

6 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:

6.1 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.

6.2 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

Strategic priorities

- 5. Increase the focus on physical and mental health and social and emotional wellbeing through the development and delivery of our services
- 6. Foster carers, adoptive parents and special guardians feel well supported to deliver the best care

- 7. More children and young people make good educational progress and achieve the best possible outcomes at Key Stage 2 and 4
- 8. Continue to safeguard children and young people who are risk of CSE, missing, criminal activity and radicalisation

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

6.2.1 Delivery on the Strategy

Southwark health, education and social care partners have delivered on the strategy by

- Building in commissioned service flexibility – where Southwark LAC can access Southwark services regardless of GP registration or address
- Services such as FNP, HYP, Free Swim and Gym, SLaM CAMHS services, GSTT and KCH contain provisions for Southwark LAC
- Use of Who Pays Commissioning Framework to provide mental health support for Southwark LAC placed outside of the LA boundaries and who are unable to access Carelink CAMHS. This includes CCG funding for assessment and recommended input
- Use of Who Pays Commissioning Framework to provide funding for aids e.g. wheelchairs
- An extensive training offer is in place - foster carers, social workers, GPs, health staff, IROs

The strategy is due for renewal. This offers a great opportunity to embed the results of the joint and provider specific initiatives thus far; as well as knowledge gained from national and local context.

Transition through to adult services in education, care and health should be a primary area of focus. The results of the Brightspots survey; Speakerbox campaigns and collated feedback from health assessments; LAC reviews, pathway planning and PEP reviews should also be used to inform future strategic priorities.

Key areas to be considered for inclusion are:

- Support for vulnerable care leavers : housing/employment/ access to health and education
- Making systems easier to access for young people : applications for EHCPs, benefits,
- Innovative Mental health provision
- Support for care leavers in contact with youth justice
- Planning to reverse the negative impact of Covid-19 social distancing restrictions

6.2.2 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.

The forum monitors progress against the action plan included in this report.

6.3 Southwark Corporate Parenting Panel

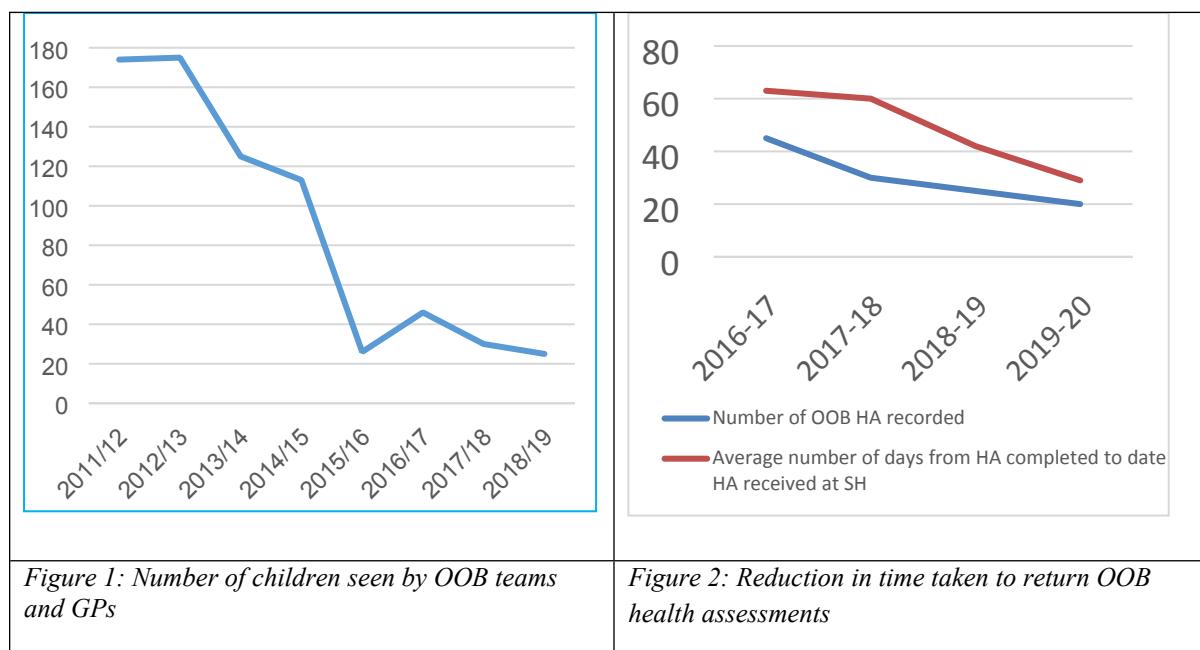
The designated professionals for LAC regularly attend Corporate Parenting Panel. During this reporting year, they have presented papers the 2016/2017 LAC health annual report and facilitated an update to the panel on the work carried out by CYPHP on behalf of Southwark's looked after children. The mental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

In 2019/2020, the panel considered

- School exclusions of which the health needs of this cohort will be considered.
- NEET and housing
- Health needs of careleavers and children in care

6.4 Sufficiency Strategy

A steering group is co-chaired by the director of commissioning and director of children's social care. Representatives include senior stakeholders including commissioning, finance, children's social care, public health, clinical commissioning group (CCG) and clinical health colleagues from the looked after child (LAC) health service at Guy's and St Thomas's (GST), education (Virtual School), youth offending service (YOS) and Speakerbox



6.4.1 What this means for our children and young people

- knowledge of children: allow GP to write prescription whilst awaiting transfer to local services
- assessment in SLaM for FASD after years of concerns raised by foster carer
- assessment by specialist service at Evelina for FASD and learning needs - incorporated into school
- advice on acute hospital admissions and aftercare including discharge against medical advice
- multidisciplinary meeting allowing the preferred death
- follow up of families : monitor progress; hear concerns that aren't heard locally, diagnosis

6.5 the Southwark Children and Young People's Partnership (SCYPP)

The work of the partnership is to ensure there is a strong and sustained focus on improving the health and wellbeing outcomes for Southwark's children, young people and their families.

6.6 Engagement with children/ young people and carers

Southwark health, education and social care colleagues view engagement with service users and associated professionals as core to service 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, Speakerbox representatives form part of the Corporate Parenting Panel and participate actively in seeking assurance on quality and service provision.

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.

7 POPULATION OVERVIEW SOUTHWARK LOOKED AFTER CHILDREN¹²

The figures below illustrate Southwark's year-end position 2019/2020 (where available – **provisional until August 2020**) related to its statistical neighbours (SNs) as well as the other London boroughs included in the SEL CCG

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.

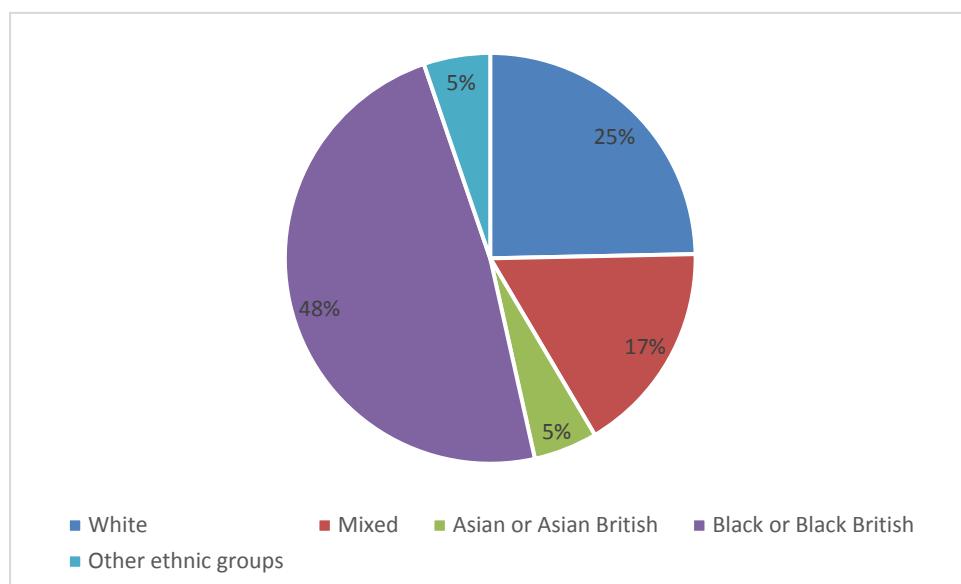


Figure 3: Ethnicity of children in care at March 2020

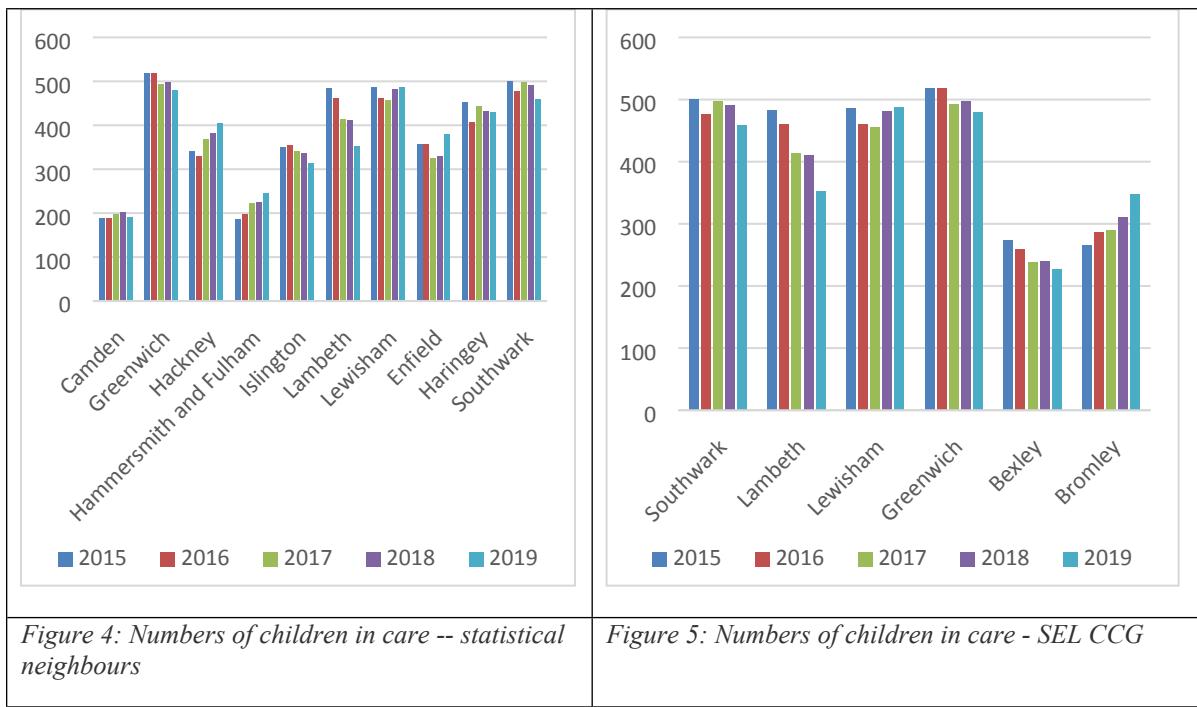
Whilst overall numbers of children in care for 12 months or more have decreased, they remain above the local and national average as illustrated in the figure below.

There were 459 looked after children at 31st March 2020. There were 227 children entering care and 220 ceasing to be looked after from April 2019 to March 2020. 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.

CSC and its partners have also been focused on children entering care who have had a previous episode of care. A position paper on this was presented to corporate parenting in 2018

	2017/18	2018/19	2019/20
Number of children who started to be looked after	229	209	227
Rate of children who started to be looked after	35.6	32	35
CLA starters with previous LAC episode	39	49	63
% CLA starters with previous LAC episodes	17%	23%	28%

¹² <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2017-to-2018>



Children are looked after under different legal entities as seen in the table below.

Table 1 legal entity of accommodation - children in care March 2020

Care Orders:	Interim	46
	Full	282
Voluntary agreements under S.20 (single period of accommodation)		110
Placement Order		15
On remand, committed for trial, or detained		5
Emergency orders or police protection		0

Children in the care of LB Southwark are allocated to one of a few social work teams; including the All Age Disability Team. The health teams maintain effective working relationships and partnerships with differing social work teams.

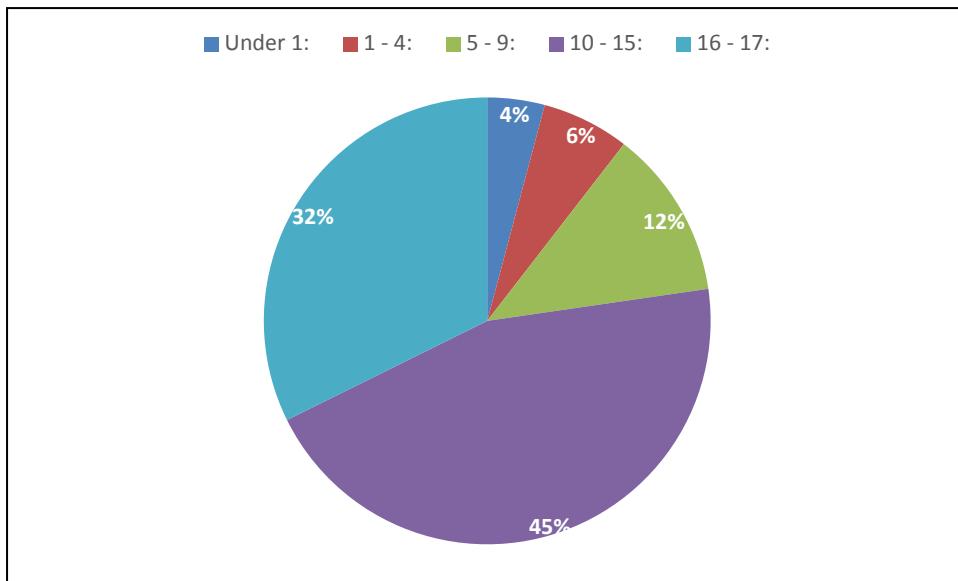


Figure 6: Ages of children in care March 2020

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.

7.1 Children who ceased to be looked after

220 children left care in 2019/2020. The majority (36%) return home to live with their parents. 2% were adopted and 10% placed under Special Guardianship order (SGOs). A significant percentage ceased to be looked after by virtue of attaining their 18th birthday. The figure below illustrates the trend over the last 3 reporting years – less adoptions; and more use of SGOs. It also highlights that the majority of children are returned to the care of their parents. This needs to be taken into account to ensure continuity of health care plans as well as ensuring parents remain as involved as possible in the lives of their children whilst they are looked after.

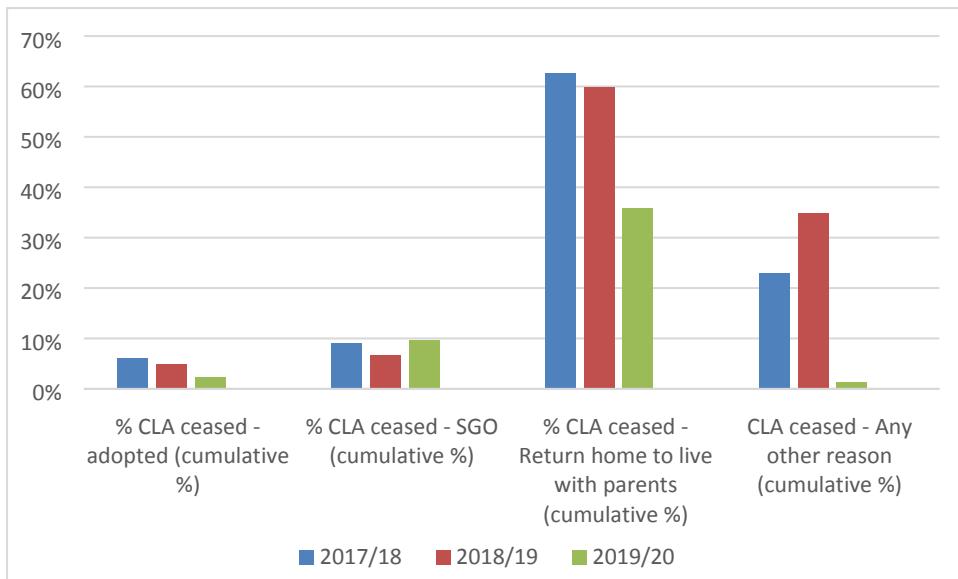


Figure 7: Destination on leaving care

7.1.1 Care leavers

The numbers of care leavers in receipt of services from the Local authority has increased steadily 395 (2017/18) 464 (2018/2019) to 528 (2019/2020) – of which 131 were former UASC.

The Southwark LAC health service has increased provision of care leaver health summaries to this cohort. They are offered support from the LAC health team 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.

Care leaver data	2017/18	2018/19	2019/20
NEET due to Pregnancy or parenting	4	10	21
NEET due to Illness/disability	4	13	15

Figure 8: Care leavers NEET due to health or parenting reasons

The local authority has prioritised the needs of care leavers in its overarching strategy published in 2016. SCS commissioned a deep-dive review of NEET; presented to Corporate Parenting in 2019. Of particular importance is the rising number of care leaver NEET due to pregnancy/parenting and illness/disability. This is a focus of work with the LAC health team in 2020/2021. An in depth analysis of this work was presented to the Corporate Parenting panel of March 2020.

7.2 Placement overviews

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) as illustrated below . 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.

	2017/18	2018/19	2019/20
LAC placed out of borough	376	340	345
% LAC placed out of borough	77%	74%	75%
LAC placed out of borough and 20+ miles from home	124	98	98
% LAC OOB & 20+ miles from home	25%	21%	21%

Table 2: Placement Distance

8 Health of looked after children

8.1 Statutory returns

The statutory reporting figures for this year are available in the table below.

Table 3: Summary Statutory performance figures YTD 2020

	31 st March	2015	2016	2017	2018	2019	2020
	CLA at 31st March	503	477	498	491	461	459
	CLA looked after for 12 months continuously at March 31st	365	340	341	348	343	307
Indicators	Health Assessments up to date	92%	96%	91% (n=311)	91% (N = 315)	94%	98%
	Immunisations up to date	74%	69%	85% (n=291)	71% (N=246)	90%	91%
	Dental Assessments up to date	85%	83%	89% (n=294)	80% (N=278)	79%	82%
	Developmental assessments up to date	100% (n=50/50)	80% (n=20/25)	93% (n=14/15)	92%	82%	100%
	Substance abuse problem	6%	3.5% (n=17)	6.7%	6%	4%	5%

			(n=23)	(N = 21)		
SDQ % completed	68%	75%	82%	71%	86%	86%
SDQ average score	14.5	14.8	14.9	13.9	13.9	14.1

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 Screeing Tool (DUST) and its integration with the health assessment.

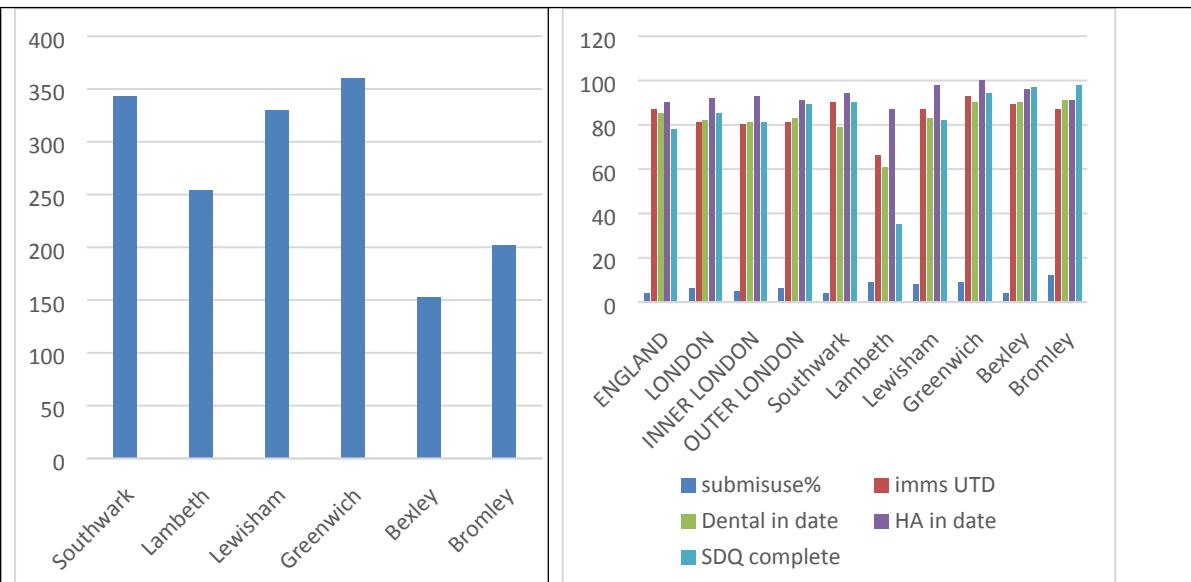


Figure 9 : No of children in care 12 months or more

Figure 10- Health Indicators March 2019 – SEL CCG

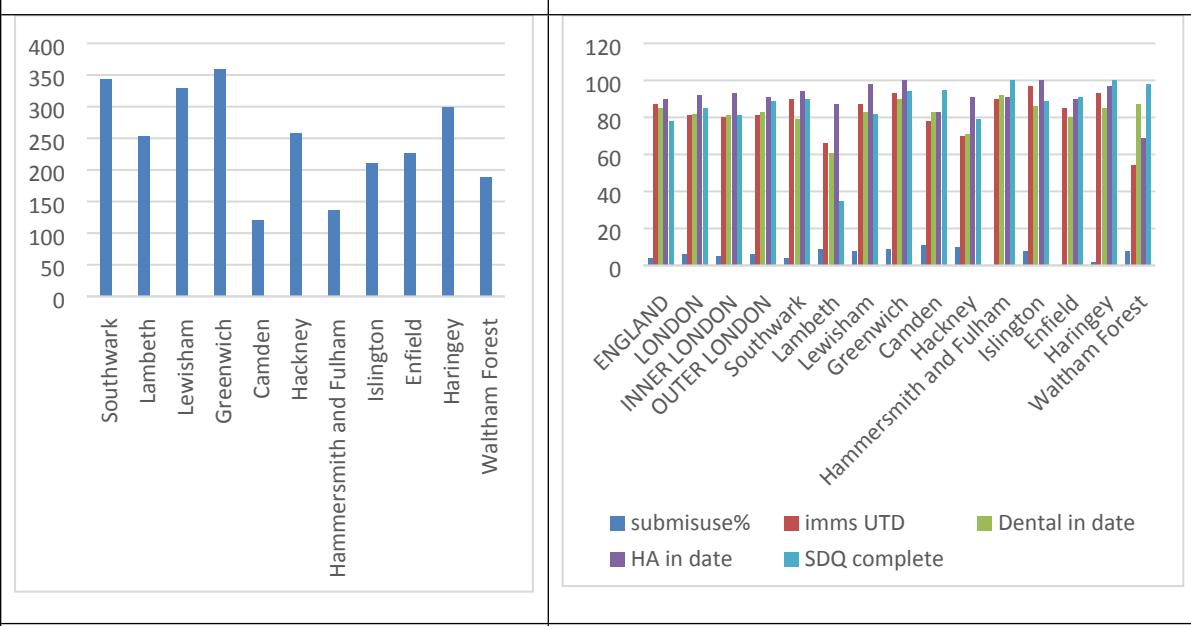


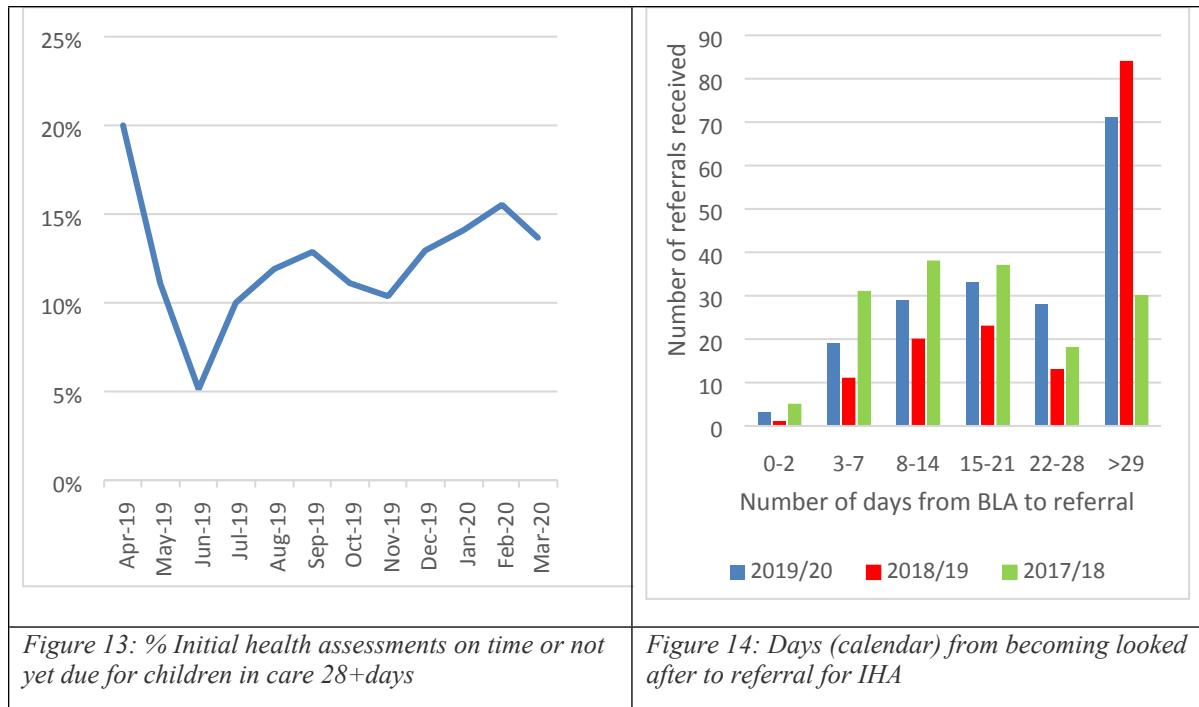
Figure 11 : Children in care for 12 months or more

Figure 12: Health Indicators March 2019 – Statistical neighbours

8.2 Additional performance returns

8.2.1 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 practitioner¹³.



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.

8.2.2 Review health assessment performance

98% 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.

8.2.3 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.

8.2.4 Immunisations

91% of children in care for >12 months are up to date with their immunisations. The main age range for incomplete immunisations is 13 to 17 years.

¹³

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

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.

There is an 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.

8.2.5 Dental Checks

Dental check returns continue to hover around 80% despite active review of records and reminders. A bespoke deep dive will occur in 2020/2021 Improvement in real-time recording of dental visits is an area of focus.

8.2.6 Substance Misuse

Looked after children placed in Southwark and those that are more local can access the HYP service. Southwark returns are in line with statistical neighbours as well as the SEL CCG areas.

8.3 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.

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.

Physical health needs of the cohort include childhood obesity, epilepsy. Asthma, sickle cell disease and diabetes. Identified neurodevelopmental conditions include ASD, ADHD and learning difficulties.

8.4 Special educational Needs and Disability

Identified special educational needs of this cohort – a greater proportion is an emotional and behavioural need, in contrast with the general paediatric population of Southwark where the greater need was social communication autism.

31% of Southwark looked after children of school age at end of March 2020 had a statement of special educational needs or an EHCP (Education Health and Care Plan).

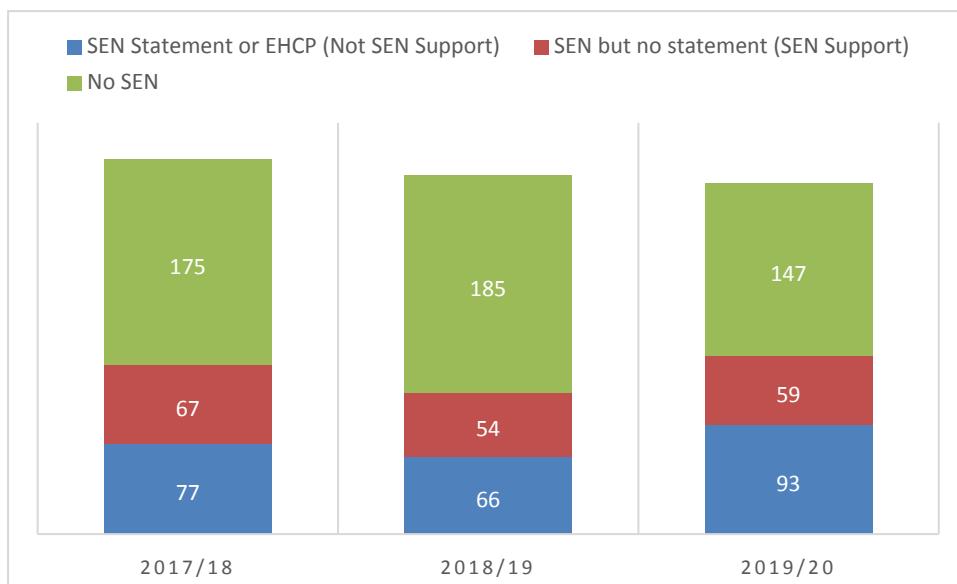


Figure 15: CLA with EHCP - Southwark

The higher representation of social, emotional and mental health (SEMH) 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.

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.

Southwark SEN are actively awarding EHCPs for post-18 requests that fulfil the criteria. In 2019/2020 these finalised EHCPs; included primary needs of SEMH, learning disability and ASD.

9 Mental health and emotional wellbeing

On 21 November 2018, Southwark's Health and Wellbeing Board's local ambition was set that, by 2020, '100% of Southwark children and young people get access emotional wellbeing or mental health services so that the need (and waiting times) for specialist services is reduced and to ensure that children and young people (and their families) who must wait for specialist services are well supported'.

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.

9.1 Carelink CAMHS

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.

9.1.1 Interventions offered by Carelink

- Consultations to network and carers
- Individual psychoanalytic psychotherapy
- Cognitive behaviour therapy
- Specialist Under 5 Parent-child therapy
- Drama therapy, art therapy and creative therapies
- Family and Systemic psychotherapy
- Sibling work
- Work with carers and adopters, with children or separately looking at attachment issues
- Short-term solution focused work
- Group work
- Trauma focused interventions
- Parent/child therapy
- As part of South London and Maudsley can also access specialised teams e.g. FCAMHS, Neurodevelopmental teams

9.1.2 Outcome measures

- We collect routine outcome measures on each child and young person assessed in the team. They include
- CGAS- with paired CGAS 79% showed an improvement
- SDQ
- BAC- 94% of CYP assessed are over the clinical cut off, scores are lower for UASC as don't have contextual information.
- We also collect disorder specific measures depending on the child or young persons presentation e.g. MFQ, SCARED, CRIES-13
- Disorder specific measures are used in conjunction with contextual measures e.g. ACE, Life Events Scale to get a better understanding of need

9.1.3 Responding to feedback

- Feedback is responded to on a regular basis and necessary changes made e.g. leaflets outlining the assessment and treatment offered, improving resources available in waiting room.
- Feedback collected on an on-going basis using IAPT measures and other measures specifically for LAC population.
- Focus groups for foster and adoptive parents and Social Workers across the CSC teams and on-going links with SpeakerBox - LAC CYP user group.
- The team generally receive positive feedback and we view the feedback process as an organic process in our work with parents/carers and SWs e.g. consultations are requested by the wider network at an earlier stage.
- More recently clinical practice has evolved to include more birth parents as this is a current need.

9.2 Southwark Children's Social care Clinical Service

The Southwark CSC Clinical Service provides psychological consultation, assessment and treatment in relation to children and families involved with Southwark Children's Social Care. Our team is made up of registered systemic psychotherapists, clinical psychologists, and experienced CAMHS practitioners.

The service works at three levels within Children's Social Care

- firstly "working via the system", the bulk of our work;
- secondly ensuring access to clinical assessments and interventions needed to achieve CSC aims
- Thirdly being part of intensive multi-modal teams for particular high need groups.

Importantly, we are not a child mental health service - our work is aimed at achieving social care outcomes, such as supporting a family in need to manage without children's social care, or supporting a family to parent a child safely so that they no longer needed to be subject to a child protection plan, or reducing the risk of re-offending, or supporting placement stability, rather than being aimed at improving child mental health outcomes. As such we work in a variety of ways, including targeting adult mental health problems, if these are key to achieving the social work aim.

9.2.1.1 *Interface with SLAM NHS core mental health services (CAMHS, AMHS)*

- Level 1 work - Where NHS services are already involved with a particular child/family/carers, we would always encourage our social work colleagues to liaise directly with those services
- Level 2: When specific clinical assessments or interventions are indicated, we would always look initially at these being accessed via existing NHS services where available, for example by supporting referrals to CAMH or AMH services. Delivery of clinical assessments or interventions by Southwark's clinical service therefore typically only take place where the intervention/assessment required to create the social care outcomes doesn't fit with the NHS service remit or referral criteria, where the wait would impact on the child protection concerns, or where the child/family are not able to be engaged by NHS services.

9.2.1.2 *Interface with SLAM Services specially commissioned to work with the local authority*

- Level 1 work (consultation and advice): Wherever Carelink are already involved with a child, we would always encourage our social work colleagues to liaise directly with the relevant Carelink worker for consultation or advice regarding that child, as they are likely to be in a better position to provide this input if they are already working directly with the child. In terms of broader systemic work, not aimed at a particular child (e.g. foster carer or social worker training around particular clinical issues), this will be discussed between the two services to ensure the most useful and timely delivery of such work, and may include joint delivery of training.
- Level 2 work: The clinical service only provide such work if it didn't fit with Carelink's criteria or if in discussion there was as a clinical reason for the in-house service to provide that work / work in collaboration with Carelink. The most common reasons for direct work being offered by the in-house clinical service are that the young people are aged 18 or over (Careleavers) and we have not been able to link them in with a suitable adult service, or where the plan for children is rehabilitation home (as Carelink's focus is on children where the plan is for them to remain in care).
- The local authority funds a Clinical Lead (a consultant clinical psychologist) for its Children & Families Service, Dr. Jenny Taylor, whose role it is to work with the Director of Children's Social care and the Assistant Directors to think about how we meet the needs of all our children, including our LAC and Careleavers.
- In the Care & Permanence and Careleavers section of the service, there is a Senior Clinical Practitioner who works with the Heads of Service for Care and Careleavers and their management teams to support a multi-disciplinary approach to the welfare of each and every one of our looked after children and careleavers.
- Each team in care and careleavers as well as the Access to Resources and Fostering teams all also have a named clinical practitioner linked to their teams, who again is there to provide a multi-disciplinary approach to our work in accessing and supporting and monitoring the residential care and carers we provide for our looked after children

9.2.2 Additional sources of access to mental health support

- This open access service (mental wellbeing hub) will be a non-clinical intervention that provides early intervention and prevention. Where the service is unable to meet the needs, they will signpost or refer children and young people (and their families) accordingly
- Kooth is a transformational digital mental health support service. It gives children and young people easy access to an online community of peers and a team of experienced counsellors. Access is free of the typical barriers to support: no waiting lists, no thresholds, no cost and complete anonymity. Launched in 2004 and accredited by the BACP, more than 1,500 children and young people across the country login to Kooth every day. In Southwark it is commissioned for young people up to age 25 years and its use is promoted during each health contact.

9.2.3 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.

9.2.4 Mental Health - Current Challenges

- **Chronicity and complexity of the clinical population;** high % of Adverse Childhood Experiences (ACE), children and young people (CYP) often present in crisis and need immediate response.
- High levels of support is needed to staff in order to **manage risk and engage CYP** and their carers/parents e.g. CSE, suicide, gangs, teenage pregnancy, missing from care.
- The need to **respond to emergencies** and attend strategy or safeguarding meetings for CSC at short notice.
- **High levels of risk in birth families** which impacts on LAC e.g. parental death, forensic/criminality, severe parental and child mental health problems. **Improving relationships between our children and their birth families and other connected people** – this is key to good mental health for our looked after children but again often benefits from clinical input given the complexity of these relationships
- **Complex assessments** and time consuming to deliver and write up. Often there is a tight deadline as information needed for care planning, court, siblings together or apart decisions etc.
- **Challenges of placement stability** alongside complex and frequently changing networks around the child. **Placement instability** – this is a key risk to our children's mental health and requires a complex multi-pronged approach including clinical expertise
- **Need for longer term interventions** and capacity for team to provide this necessary treatment.
- **Transition to Adult Mental Health and other CAMHS teams.** A high proportion of our population are outside of borough and long distances away so makes liaison difficult.
- Children placed too far away for either them to travel to Southwark OR for us travel regularly to them – whilst Carelink is very proactive in trying to secure provision from local CAMHS, this is rarely of the non-diagnosis-based specialist type that they are able to provide for our more local children
- **18-25 year olds** – the only non-diagnosis-based specialist provision for this group is what our in-house clinical service is able to provide via our 1wte equivalent clinical practitioner allocated to these young people, which is far from sufficient
- **Rehabilitation home** – where we are looking to return children home to their birth family there is often a need for clinical support as part of the plan
- **Support for social workers** in managing and understanding the impact of this work on them – this is a key part of the work of the in-house service, but demand far outstrips supply
- **Flexible assertive outreach mental health provision** – many of our children and careleavers have no model of trusting relationships that would allow them to believe in and make use of formal psychological therapy sessions, but this work is often more resource-expensive than traditional approaches and a struggle for both Carelink and ourselves to deliver to the extent that it is needed

10 Care leaver health

10.1 Improving the health outcomes for Care leavers

There are 508 care leavers aged 16-25 open to Southwark, 228 (45%) of whom reside in Southwark. Care Leavers Residing in Southwark Of those residing in Southwark 77 (34%) are recorded as NEET based on their most recent contact. 43 (56%) of those NEET residing in Southwark are shown to be engaged with NEET support.

10.2 Care leaver local offer

All local authorities have a legal obligation to support young people making the transition to independence. The Southwark local offer can be found a www.southwarkcareleavers.co.uk

The local offer provides advice and signposting on many aspects of health and wellbeing including help with GP registration as well as information on sexual health services.

Advice is provided for young parents as well as access to mentoring and support schemes. There is access to face to face counselling as well as referral and support services for LGBT.

10.3 Components of the care leaver service

The partnership with Catch-22 has resulted in a sea-change in the social care offer for careleavers as well as better co-ordination and joint work with local partners.

There are experienced practitioners embedded within the teams specialise in – substance misuse, social capital, housing, EET,

Through these various initiatives, many aspects of group work have been undertaken or are planned in the next reporting year. This includes a young women Supergroup, gym and cooking classes

Clinical practitioners offer support to PAs and social workers and directly to young people

Children's Social care, health and education colleagues have utilised the results of the Brightspots survey in planning and delivery of services for care leavers. This includes working with housing and local GPs to flag and support vulnerable care leavers.

NEET research and the importance of mental health is embedded in the delivery of service, pathway planning and reviews.

Areas of focus in the upcoming year include the offer to care leavers in prison, out of borough, and evaluation of preparation for independent living opportunities

10.4 Care leaver health summaries (CLHS)

CLHS are completed following the last statutory health assessment conducted at age 17years and are plain language summaries of the young person's health history as available to the LAC health team. They include a summary of immunisations. Young people leaving care should be able to continue to obtain health advice and services, and know how to do

Information needs to be given to care leavers sensitively and with support, with an opportunity to discuss it with health professionals. The LAC health team and social workers have been focussed on getting this right for our care leavers.

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

11 Local Provider Services Pertinent to the Health and Wellbeing to LAC

11.1 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 extended the FNP programme to include more of the vulnerable cohort.

11.1.1 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 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 a robust training and education programme across GSTT, the wider heath 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.

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.

11.1.2 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.

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.

Using the "Who Pays"¹⁴ 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.

11.1.3 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.. The Southwark LAC heath team provide support and advice as required by the KCH safeguarding team. All LAC attending ED are notified to the Southwark LAC health team.

¹⁴ <https://www.england.nhs.uk/wp-content/uploads/2014/05/who-pays.pdf>

11.1.4 Haven's SARC

Safeguarding assessments carried out at the Haven are routinely copied to the Designated Dr for LAC to ensure continuity of care for the young person and integration of any recommendations into their health care plan.

11.1.5 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 annual review was sent to all GP practice in Southwark for submission at the end of January 2020. The results were presented to the March Safeguarding GP leads Forum.
- Response rate 83%, included the federation team responsible for Care Home.
- Of note 3 practices closed March 2020 due to partner retirement

Table 4: No of patients identified as "Looked after Child" in Southwark GP practices 2019

No of patients identified from search	Recorded as Active problem in following number of practices	Recorded as past problem in following number of practices
0	7*	10
1-5	10	12
6-10	9	4**
11-15	3	0
16-30	0	0
30+	1	0

7 practices reported having no patients aged 18 recorded as being a current 'Looked after Child'. 4 practices reported having between 6-10 patients under 18 recorded as being a past 'Looked after child'.

GP practices are also being encouraged to code care leavers using the SNOMED code; allowing practices to recognise where additional considerations may be required. This work was initiated as part of the careleaver service redesign carried out by the local authority; with input from Southwark careleavers.

5 practices reported receiving notification letters of children leaving care. This is an area of improvement for the next reporting year.

11.1.6 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.

12 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. Southwark is in one of the top five highest boroughs for youth violence and robbery. Development of contextual safeguarding across the borough is pertinent to Southwark's children in care; and are actively considered in the overall strategy and service development in this area.

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.

12.1 Adverse Childhood Experiences

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 imprisonment¹⁵ 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.

For children looked after who have been assessed by Carelink CAMHS

- For the past 7 years we have been collecting ACE scores on each child assessed by the team.
- There are high levels of adversity in our population and currently 92% of open cases have 4 or more ACEs.
- In the general population 6.2% have 4 or more ACEs

12.1.1 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 professionals also attend the SSCB Partnership Board meeting.

12.1.2 Serious case reviews (SCRs) and concise reviews

During the reporting YTD, there were no SCRs for Southwark children looked after. An independent thematic review related to youth violence was undertaken. One of the cases considered is a young person looked after by LB Southwark.

12.1.3 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.

13 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 Drs 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.

13.1 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

¹⁵ <https://www.adversechildhoodexperiences.co.uk/aces>

- 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) launched in September 2019 and changed the delivery of adoption matching across several South London boroughs.

	<i>End of March 2020</i>	<i>End of March 2019</i>	<i>End of March 2018</i>	<i>End of March 2017</i>	<i>End of March 2016</i>	<i>End of March 2015</i>
Children Waiting for Adoption	<i>15 (3 plan changing to long term fostering)</i>	7	8	8	9	14
Children placed for adoption	1	3	10	11	12	26
Children adopted	5	13	14	20	32	39

Table 5: Adoption activity 2015 to 2020

13.2 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.

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 a new NHS number. This has proven a challenge with regard to retention of health information from their previous record. National guidance on managing this is awaited; in the meantime, local protocols are being developed.

14 Joint priorities 2018/2019

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
 - 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.

15 Action Plan 2019-2020 – Final Reporting to Corporate Parenting Panel and CCG governance

Key Priorities	How	Lead responsible (LAC)	When by	Comments	Where monitored
Maintain a robust reporting framework against quality and statutory objectives Identification and support for additional needs	Regular interrogation of LAC reporting dashboard Ensure health participation in appropriate Panel meetings where individual children discussed Provide support and advice to provider service with respect to achieving statutory health outcomes <ul style="list-style-type: none"> • Completion of health assessments • Immunisations • Developmental checks • Dental reviews • Contribution to EHCPs 	Designated Dr. for LAC GSTT LAC Health Service Designated Dr. for LAC GSTT LAC Health Service	Ongoing Ongoing	Provider assurance framework to be reviewed in August 2020 Regular review with Children's Social Care Regular review with Children's Social Care	CCG safeguarding executive Health and Social care Forum 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 Monitor access to OOB mental health services	Carelink CAMHS, CAMHS commissioner DNSLAC	March 2021 Ongoing		Health and Social care Forum CYP Commissioning Development Group
Further development of a holistic offer to Care leavers	Act on recommendations of NEET analysis Health participation in post-18 panels	Designated Professionals for LAC GSTT LAC health team	Ongoing		Health and Social Care Forum Health and Social

Key Priorities	How	Lead responsible (LAC)	When by	Comments	Where monitored
	<p>Ensure access to post-18 EHCP applications as needed</p> <p>Link with adult social care and All age disability teams to clarify offer available and routes to access services</p>	<p>GSTT LAC health team, CSC</p> <p>CSC, Designated Health professionals</p>			<p>Care Forum</p> <p>Corporate Parenting Panel</p>