

NHS Bromley Clinical Commissioning Group

Children Looked After Annual Report

April 2019 – March 2020



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Summary:

The 2019/2020 Children Looked After Annual report provides an overview of services and outcomes which contributed to improving the lives and ensured the safeguarding of this cohort across NHS-provided and funded services. The aim of this report is to offer assurance on how Bromley Clinical Commissioning Group (BCCG) met its statutory functions over the period and before its transition from April 1st 2020 into the NHS South East London Clinical Commissioning Group.

Keys areas covered in the report:

- The context for Children Looked After (CLA) in Bromley
- An overview of the arrangements in place to ensure the health and wellbeing of CLA in Bromley.
- How NHS Bromley Clinical Commissioning Group (BCCG) is fulfilling its statutory responsibilities in relation to CLA as outlined within the statutory guidance: “Promoting the health and well-being of looked after children” (2015).
- Report on governance and accountability arrangements within BCCG and the provider health organisations including representation to and involvement in the Bromley Safeguarding Children Partnership (BSCP) (previously the BSCB).
- Highlighting service developments and significant
- issues and report on the progress of BCCG 2019/20 Objectives for Children Looked After.
- Key priorities and Objectives for NHS South East London CCG (Bromley) Children for 2020/21.

Glossary of Terms

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autistic Spectrum Disorder
BCCG	Bromley Clinical Commissioning Group
BHC	Bromley Healthcare
BSCB	Bromley Safeguarding Children Board
BSCP	Bromley Safeguarding Children Partnership
CCG	Clinical Commissioning Group
CL	Care Leavers
CLA	Children Looked After
CPB	Corporate Parenting Board
CSC	Children's Social Care
CSCE	Child at Risk of Sexual and Criminal Exploitation
CYP	Children and Young People
FAS	Foetal Alcohol Syndrome
FNP	Family Nurse Partnership
IHA	Initial Health Assessment
KPI	Key Performance Indicator
LBB	London Borough Bromley
MEGA	Missing, Exploitation and Gang Affiliation
NHSE	NHS England
OOB	Out of Borough
PTSD	Post Traumatic Stress Disorder
RHA	Review Health Assessment
SDQ	Strengths and Difficulties Questionnaire
SEND	Special Educational Needs & Disability
STP	Strategic Transformation Partnership
UASC	Unaccompanied Asylum Seeking Child
WTE	Whole Time Equivalent
YOS	Youth Offending Service

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1. Introduction

BCCG currently commissions services to promote the health and well-being of CLA and Care Leavers up to the age of 18. Under section 22 of the Children Act 1989¹, a child is legally defined as ‘**looked after**’ if they are subject to a care order (or interim care order), residence order, or if they are accommodated by the local authority for a period of more than 24 hours. This applies to children under the age of 18.

The Children (Leaving Care) Act (2000) states that a Care Leaver is someone who has been in the care of the Local Authority for a period of 13 weeks or more spanning their 16th birthday. The Children and Social Work Act 2017 (the Act) is intended to improve support for looked after children and care leavers up to age 25, including their health and wellbeing.

Bromley CCG continues to be extremely committed to improving health outcomes for CLA and recognises the importance of having high quality, responsive services in order to achieve this through close working with health providers, London Borough of Bromley (LBB), NHS England and other key partners. Bromley CCG commissions Bromley Healthcare (BHC) to coordinate and undertake initial and review health assessments, within statutory timeframes, for all children looked after by LBB.

The purpose of this annual report is to:

- Set the context for Children Looked After (CLA) in Bromley
- Provide an overview of the arrangements in place to ensure the health and wellbeing of CLA in Bromley
- Demonstrate how Bromley CCG (BCCG) is fulfilling its statutory responsibilities in relation to CLA as outlined within the statutory guidance: “Promoting the health and well-being of looked after children” (2015).
- Report on governance and accountability arrangements within the BCCG and the provider health organisations including representation to and involvement in the Bromley Safeguarding Children Board (BSCB) BSCP
- Highlight service developments and significant issues and report on the progress of BCCG 2019/20 Objectives for Children Looked After
- Agree the NHS South East London CCG (Bromley) Children Looked After Priorities and Objectives for 2020/21.

¹ HM Government (1989)

2. National Drivers and Statutory Guidance

2.1 Background

CLA share many of the same health issues and problems as their peers but it is often in a greater degree. Children frequently enter the care system with a worse level of physical health, in part due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect. Almost half of children placed in care have a mental health issue and two thirds are assessed as having special educational needs. Delays in identifying and meeting the needs of emotional and physical health and wellbeing can have consequences on all aspects of these children's lives and impacts on their ability to reach their maximum potential.

Care Leavers are more likely to be at risk of:

- poor educational outcomes
- unemployment
- being homeless
- drug and alcohol dependency
- offending
- mental health issues

2.2 Legislation and Guidance

- ***Section 11 of the Children Act (1989, 2004)***²

Bromley CCG has a statutory responsibility to ensure its safeguarding arrangements are robust with a view to safeguarding and promoting the welfare of children and young people. The CCG has the ultimate strategic responsibility for ensuring this statutory duty is carried out and its functions are discharged across the local health economy through its commissioning arrangements. This includes children and young people resident or temporarily living in the Borough of Bromley.

- ***Promoting the health and well-being of looked after children: Statutory guidance for LAs, CCGs and NHS - March 2015***³

All Commissioners of health services should have appropriate arrangements and recourses in place to meet the physical and mental health needs of children looked after CCG's must be able to access the expertise of a designated doctor and nurse for children looked after; the CCG must retain responsibility for children looked after who are placed out of area to ensure that their care continues uninterrupted and that arrangements are in place for smooth transitions for adulthood.

² HM Government (1989,2004)

³ DOH/DFE (2015)

- **Looked after children: Knowledge, skills and competences of health care staff - Intercollegiate Role Framework March 2015⁴**

This document was revised in March 2015 to ensure that healthcare staff working with this cohort have the right knowledge, skills, attitudes and values to be able to identify health issues that may impact on these children fulfilling their potential and improving their health outcomes.

- **Special educational needs and disability code of practice: 0-25 years - Department of Education and Department of Health & Social Care 2015⁵**

The statutory code of practice which outlines the duties of local authorities, health bodies, schools and colleges to provide special educational need (SEN) under part 3 of the Children and Families Act 2014. Children who are looked after are nine times more likely to have some form of educational need than children outside the care system.

- **The Children and Social Work Act 2017⁶**

Introduces seven principles of corporate parenting which local authorities must have regard to for children looked after or care leavers, whether or not they are or were the local authority looking after the child. This includes the principle of promoting the health and wellbeing of relevant children and young people. The extent of health intervention has not been detailed and may have commissioning implications in the future.

3. Governance and Accountability

There is a clear safeguarding structure and reporting arrangement within Bromley CCG: the Designated Professionals chairing the multi-agency CLA Health Forum, and report directly to the London Borough of Bromley Corporate Parenting Board and the Bromley CCG Safeguarding Executive Group.

Based on the recommendations in Looked after children: Knowledge, skills and competences of health care staff: Intercollegiate Role Framework (2015) there should be a minimum of 1 dedicated WTE Designated Nurse for CLA per child population of 70,000. In 2016 there were 76,500 children in Bromley (JSNA 2016) with the child population figure in Bromley is projected to rise to 83,600 by 2022.

⁴ HM Government (2015)

⁵ HM Government (2015)

⁶ HM Government (2017)

Fig.1: The BCCG CLA Team is comprised of:

Children Looked After Designates (CLA)	Post Details
Designated Doctor	0.2 WTE Sonia Shetty
Designated Nurse (This role also has oversight of Care leavers 18-25 yrs)	0.6 WTE Claire Graham
Admin Support (role split between CLA & Safeguarding Children on a nominal 50/50 basis)	0.5 WTE

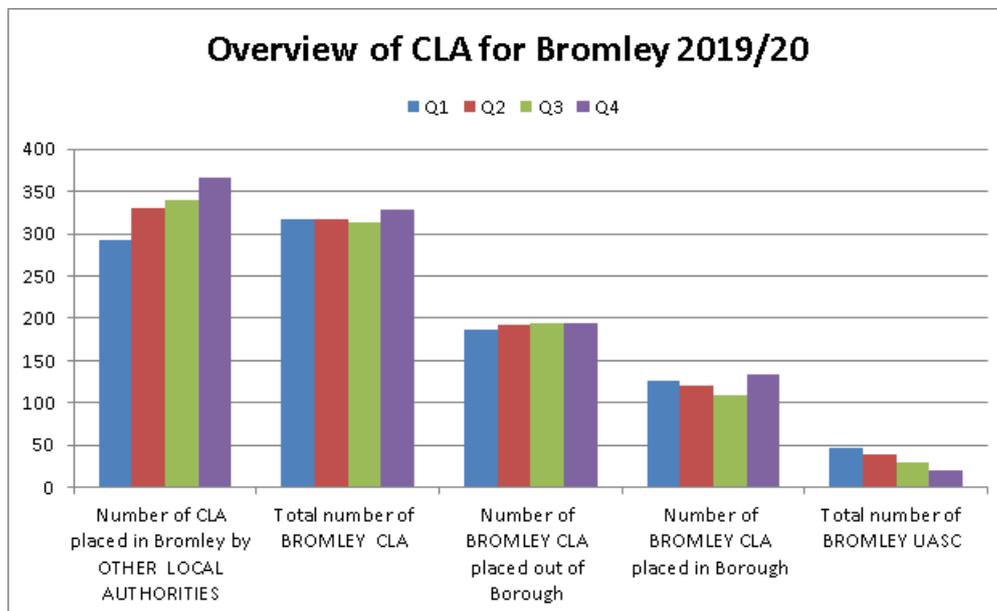
4. CLA Demographics

The CLA demographics as at end March 2020 were as follows:

- There were 328 Bromley Children Looked After in 2019/20. This compares to 348 Bromley CLA at end March 2019 and 310 at end March 2018.
- In 2019/20 8 Children were placed for adoption and 35 adoption or special guardianship orders were granted during the year.
- In 2019/20 63 CLA ceased to be looked after by virtue of turning 18 and in total 120 children ceased to be looked after.
- 39.6% of CLA are from Black and Minority Ethnic backgrounds, up 1.6 % over the previous year and remains comparable to the general population average for London boroughs.
- The majority of Bromley's CLA continue to be placed out of Borough and the number has been reasonably static through the year. At the end of March 2020 this was 179 children equating to 55% of placements. Of those children placed out of borough 55 were placed over 20 miles away, 27 placed more than 50 miles away, and 16 were placed over 100 miles away
- By the end of March 2020 there were 21 unaccompanied asylum-seeking children (UASC). This number has more than halved since the beginning of the year as Bromley reached its agreed quota under the National Transfer Scheme. There was a mix of originating countries, however, the majority of those presenting were of a Vietnamese background.

- 83% of the CLA cohort are in foster placements and of these, 42% are with in-house carers, 41% with independent fostering agencies and 17% are in connected persons placements.
- At the end of March 2020 there were more CLA placed in Bromley by other boroughs than the total of Bromley's own CLA population (366 vs 328), (see Fig.2). This equates to 2.75 times more CLA placed in Bromley by other Local Authorities than by Bromley itself (366 vs 133). The health needs of these children are unknown and may potentially impact on the availability of specialist services for our own CLA who remain in Bromley. (*Clarification of this is to be one of the priorities for the coming year, to ensure more accurate and effective information and guidance is available to integrated commissioning*).

Fig 2: Overview of Bromley's CLA population for 2019/20



5. Bromley CLA Dataset

5.1 Introduction

The CLA Dataset is used to collect quarterly data from providers and partners relating to both KPIs and local priorities for CLA. It covers access to core services such as initial and review health assessments, immunisation, eye tests and dental services as well as wider issues indicating vulnerabilities such as presentation at Emergency Departments and Urgent Care Centres, substance misuse and involvement with Youth Offending Services (YOS) and those discussed at Missing, Exploitation and Gang Affiliation (MEGA) panels.

5.2 Timeliness of assessments

In 2019/20 the number of CLA who have been seen within the statutory timeframe for health assessments has fluctuated during the year. Performance relating to completing IHAs and RHAs within the timescale remains a challenge and is subject to fluctuation (see Fig. 3).

Completion of RHAs within timeframe for children over 5 has consistently hit target throughout the year. This contrasts with IHAs for under 5s within the time frame, which has been below target for the last 3 quarters, however, even with this the percentage has improved in 3 out of 4 quarters over last year.

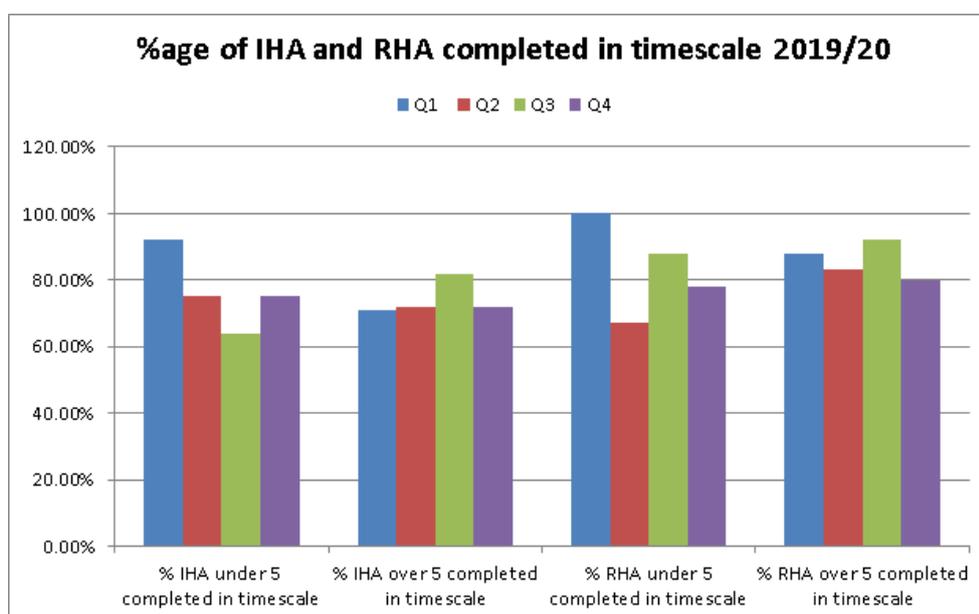
It is also positive that targets have been achieved or exceeded in 50% of quarters during the year and of those where the target has been missed, a further 4 show

improvement over the previous year. It should be noted that the cohorts can often be relatively small numbers in each quarter and therefore percentage changes are noticeable but may relate to only a very small number of children.

BHC provided a quarterly data base, including reasons for the breaches in compliance with statutory timescales. There are a variety of reasons, including:

- Late submission of paperwork from the Local Authority
- Unexpected placement changes
- Carer/child illness
- Cancellations
- DNA's

Fig 3: Health Assessments compliance during 2019/20



5.3. Health Data for the 903 report

Our Health Provider liaises with the Local Authority Performance team to provide health data as part of the annual statutory Children Looked After data collection report (also known as the SSDA903 return), submitted by each Local Authority to the Department of Education. This report includes information on the health of children who have been looked after continuously for 12 months. It should be noted that the deadline for submission of this data for 2019/20 has been delayed due to the impact of Covid-19.

For 2019/20, the data showed that 95% of those Bromley CLA who have been in care for 1+ years, are up to date with immunisations and 88% are up to date with their dental checks.

The numbers of children up to date with their vision checks (within previous 2 years) do not form part of the SSDA903 return, but is recorded within the quarterly data set provided to us by Bromley Healthcare. There were some issues during the year with the reporting mechanism as extracted from the EMIS IT system, but this has now been resolved.

5.4 Monitoring and governance

Regular meetings between the Designated Professionals and the Assistant Director for Operations in Bromley Healthcare, together with the Named Nurse for CLA provides an opportunity to discuss issues relating to breaches, and joint meetings are progressing with the Local Authority to address the delays in paperwork submission, improve the systems and processes used by the Local Authority in order to improve the timeliness of paperwork submission to health. The Designated Doctor for CLA provides quarterly supervision (or more frequently if required) to the Named Nurse for CLA for Bromley Healthcare.

The dataset was monitored on a quarterly basis through the BCCG Safeguarding Executive Group (SEG), with BCCG working with providers to strengthen the completion and submission of the data required, and also the narrative to ensure effective exception reporting to enable better clarity of providers' plans to reach compliance and increased assurance of the effectiveness and impact of providers' safeguarding children arrangements.

5.5 Service Specification

The Service Specification for CLA was reviewed in December 2019 as part of the ongoing performance monitoring and management arrangements, only minimal changes were made to the dataset.

The particular difficulties in ensuring compliance with statutory timescales for Initial and Review Health Assessments have been recognized by the Designated Doctor

and Nurse and therefore the targets as shown within the Service Specification were reduced for 2019/20 (see Fig. 4).

One of the priorities for 2020/21 is to work with the Health Provider and Local Authority to reduce the barriers affecting the timeliness of health assessments for all our Children Looked After.

Fig 4: Local defined outcomes

Indicator	Target
The percentage of children and young people coming into care to have an initial health assessment within 20 working days	80%
The percentage of children looked after continuously for at least 12 months, who had their teeth checked by a dentist during the previous 12 months	80%
The percentage of children looked after continuously for at least 12 months, who had their eyes checked by an optician during the previous two years	90%
The percentage of children looked after continuously for at least 12 months who had an annual health assessment during the previous 12 months (6 months if aged under 5)	80%
The percentage of children and young people who have been in care continuously for at least a year who have an up to date childhood immunisation schedule appropriate for their age	90%

5.6 Review Health Assessment process

Bromley Healthcare CLA nurses routinely offer review health assessments to all CLA who are placed in Bromley and those who are placed up to 20 miles outside of Bromley. For those CLA placed further than 20 miles, a request will be sent to the local CLA nursing team to undertake the assessment. This is likely to have a cost implication for the CCG as Providers routinely (but not always) charge CCG's for this service. The Designated Nurse for CLA will quality assure the returned completed health assessments to provide reassurance to the CCG that any changes in the healthcare provider do not affect the quality of care for the CLA. They should not be disadvantaged by being placed out of Borough.

During the review health assessment, the nurses will discuss a range of health issues with the Child Looked After, and any required actions are indicated in the health recommendations. This information is used to inform the Social Worker and Carer and should be referred to at the CLA review for the child. It is expected that where there are urgent concerns noted during the assessment, the CLA nurse will liaise promptly with the appropriate Social Worker or health professional.

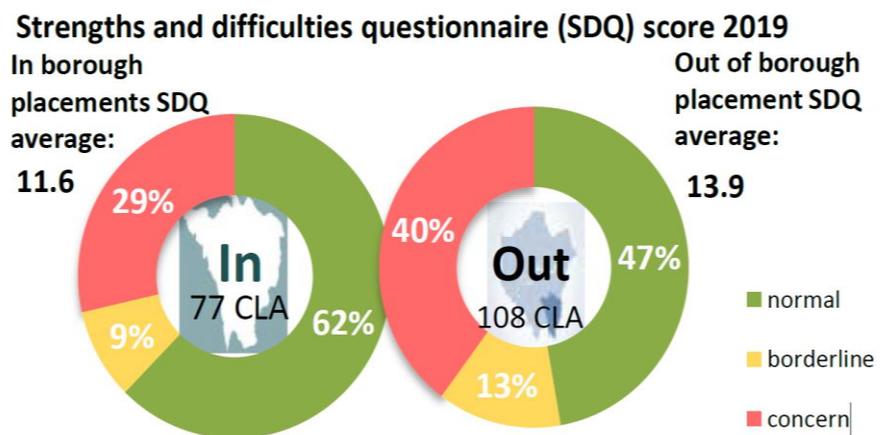
At the end of March 2020, England went into lockdown due to Covid-19. Therefore 'face to face' initial and review health assessments were immediately suspended, following Government guidance. Virtual contact with CLA and Social Care via telephone or other methods continued and further guidance awaited from the Royal College of Paediatrics and Child Health.

5.7 The Strengths and Difficulties Questionnaire

The SDQ is an emotional and behavioural screening questionnaire for 4 -16 year olds. There are versions for the parent/carer to complete, the child/young person and the school to complete. The process is managed by Children's Social Care and should be completed annually for each CLA and made available to the CLA nurses as part of the Review Health Assessment process.

One of the priorities for 2020-2021 will be to obtain assurance from our health providers that the SDQ is incorporated into their decision making when supporting the emotional wellbeing of our CLA and evidence how this has contributed to improved outcomes for CLA.

Fig. 5: SDQ scores 2019



(Reproduced from the Corporate Parenting Board Dashboard)

5.8 Care Leavers

The Children and Social Work Act 2017 extended support for care leavers by:

- Clarifying in law the role of corporate parents. This includes the principle of promoting the health and wellbeing of relevant children and young people.
- Giving Care Leavers access to their personal advisers until the age of 25,
- Legislating for the publication of local offers to make sure every Care Leaver (CL) knows what help and support they can get.

Whilst the extent of health intervention has not been detailed, BCCG has an ongoing obligation to work in partnership with the LBB to ensure that there is access to health support and that health needs are being met for this cohort.

When a young person is a Care Leaver, the nurses, in addition to offering a Review Health Assessment at aged 17, also provide a Leaving Care Health Summary, which should include a comprehensive health history including birth details and immunisation history where available, as well as health promotion and signposting to local health services. The nurses will liaise with the Care Leaver's GP to obtain health information as appropriate and the health summary is then provided in the Young Person's preferred format eg hard copy or email. Work is continuing to improve the quality and effectiveness of these health summaries.

KOOTH is a safe, confidential and anonymous mental health and emotional well-being on-line platform for children and young people. It provides dynamic and age appropriate support which can be accessed by Bromley CYP without the need for health intervention or professional referral. KOOTH services have been available to Bromley CYP from age 11 up to 18th Birthday during 2019/20. In recognition of the Mental Health and Wellbeing issues often felt at a time of transition and beyond, BCCG has commissioned extended services with KOOTH to include 18-25 year olds to start from 1st April 2020.

6. Examples of good practice through the year

6.1 Joint Partnership Working

6.1.1 Social Care/Virtual School/CAMHS

Concerns were raised to the Designated Nurse by a social worker and the Virtual School, regarding the outcome of a CAMHS assessment of a young Child Looked After, placed out of Borough, who has significant emotional concerns and a traumatic family history, which had led to him being excluded from his primary school.

Following a review of the circumstances, the Designated Nurse contacted the CAMHS team and asked them to review their decision not to offer any therapeutic support. Further communications with Virtual School, the Local Authority and Bromley CAMHS added to the evidence that there were significant concerns that needed to be addressed. The Designated Nurse continued to liaise with the Social Worker and the CAMHS team to monitor progress, with the result that a new assessment was undertaken, which recognised the needs of the young person and he was offered ongoing support from the local CAMHS service. This will hopefully improve his behaviour at school, as well as contribute to the placement stability.

6.1.2 Designated Nurse Attendance at Placement Panel

The Designated Nurse continues to attend the weekly Placement Panel, chaired by Social Care. The Associate Director of Integrated Commissioning for Bromley CCG also attends. This provides an

opportunity for the CCG to gain a greater understanding of the issues affecting CLA and their placements. Liaison between the CCG and Social Workers is improved and funding decisions where CCG contributions are requested are more informed and can be made more quickly. It is hoped that a CAMHS and an SEN representative will also join this panel to add to the depth of discussion and contribute expert informed decision- making regarding placements, therefore improving outcomes for the CLA as well as ensuring that spending is appropriate.

6.1.3 CLA Health Forum

Meetings are held quarterly and jointly chaired by the CCG CLA Designated professionals. Members include the CCG SEND Commissioner, CLA colleagues from Bromley Social Care, Operational Managers for CAMHS and Bromley Y, representative from Youth Offending Service, Named GP for Children's Safeguarding, CLA Nursing Team from Bromley Healthcare and Family Nurse Partnership, Oxleas.

Standing agenda items include SEND, UASC and Care Leavers. Sharing of audits and good practice are encouraged, as well as providing an opportunity to discuss concerns, themes and trends relating to CLA and Care Leavers. In the January 2020 meeting, both Bromley Y and Bromley CAMHS presented their annual reports which provided a useful insight into their work and achievements over the past year.

A sub group of the Forum addresses the health and emotional wellbeing of CLA and CL. This group feeds into the quarterly Corporate Parenting Board, providing an update on the health provision in Bromley for CLA and how that contributes to the Local Authority's Corporate Parenting Strategy. Challenge is made to the sub group's contribution where necessary by the young people of the Living in Care Council and is a useful way of highlighting concerns that directly affect the CLA and CL.

6.1.4 Designated Professionals across SEL

The Designated Professionals contribute to the Designated CLA Professionals forum within the SEL Sustainability and Transformation Partnership. The aim is to review SEL CLA/LAC statutory responsibilities in order to:

- identify gaps in provision, mitigations and actions,
- identify themes and trends and

- share good practice.

This will begin the journey of ensuring that all CLA/LAC across the partnership have access to an equitable health provision. It will be developing a work plan that all members will contribute to. *A priority for 2020/21 is to continue to contribute to work streams that embed best practice for Children Looked After throughout the whole NHS SEL CCG service.*

6.1.5 SEND Inspection

We have been working towards ensuring that the SEND reforms within the revised SEND Code of Practice (2015) are embedded within CLA Health practice and policies, working closely with Providers, the Local Authority and the CCG Designated Officer and Commissioners. We contributed effectively with the SEND joint inspection held in September 2019 and received positive feedback (“Established systems that identify the needs of the most vulnerable children and young people including those who are looked after”)

6.1.6 Systems and Processes meetings

Throughout 2019/20, a cross-agency service improvement working group, consisting of the LBB Quality Improvement team, BHC and BCCG Designates, have been working to improve joint working between agencies through greater understanding of processes and the barriers to effective and timely information sharing.

6.2 Examples of good practice undertaken by the CLA Health Team:

The CLA Health team have provided some examples where their influence and input has supported the health and emotional needs of Children Looked After:

- The CLA nurse attended a professionals meeting regarding a nine year old girl with learning needs, where there were concerns that there were likely to be other undiagnosed learning difficulties, but no progress with investigating these. The nurse was able to clarify the health needs and advise on referral pathways. She completed a referral jointly with social care with the result that the young girl is now on the waiting list for the correct services.
- The CLA nurse attended a Strategy meeting relating to a 17 year old young woman who is at risk of child sexual exploitation. The nurse acted as an advocate for her and raised concerns that existing strategies were failing the young woman. She challenged multi-agency colleagues to consider other ways to support the CLA. There was an acknowledgement that changes were needed and further meetings by concerned agencies resulted in improved

attendance at CAMHS, so that a diagnosis could be made, leading to more awareness of her learning needs which enabled professionals to support the young person more effectively and better manage her risk taking behaviour.

- After discussion with a young person and her Carer at a Review Health Assessment, the CLA Nurse noted that due to a change of placement, management of health needs and contact with health professionals was difficult. The CLA nurse emailed the GP requesting a case discussion to support the young person. Following this telephone contact between the GP and the CLA nurse, referrals were made to the required services, as well as further contact between the young person with her GP, and a review of progress planned. Social worker informed by CLA nurse of plan.
- A baby aged 1 year required follow up by cardiology, audiology and a previous paediatric appointment report had not been received by the carers or the social worker and was required for the adoption medical. The CLA nurse liaised with the various departments and cardiology and audiology appointments were offered and a paediatric appointment outcome letter received. The CLA nurse and carer continue to have regular email contact regarding health needs and outcomes of appointments.

6.3 Training

6.3.1 Foster Carer training

This took place in January 2020 and there were more than 40 foster carers booked on the training. The training included a speaker from MENCAP and training on ADHD – from both a medical and a young person's perspective.

The training was well received by the attendees, who also indicated that they would like further training on drugs, effects and support, ADHD, FAS, ASD, Mental trauma and PTSD in young people, Sexual health, Autism.

6.3.2 GP Academic Half Day (Safeguarding Children & Young People)

This was held in January 2020. The Designated Doctor and a member of the CLA Nursing team jointly presented a talk on Mental Health Difficulties in Children Looked After and Care Leavers.

6.3.3 Young Person's Advisers (YPA) training day

This also took place January 2020. This training was facilitated by the CLA Nursing Team. It focused on raising the profile of leaving care health summaries to contribute to pathway planning for Care Leavers and how recommendations should be followed up. Sessions were also presented

by Bromley Drug and Alcohol service, Family Nurse Partnership and Bromley Y.

It was noted that the YPA's would like further training, especially on adult mental health support, it is hoped to arrange this during the coming year.

7. Review of CLA Health Team Priorities for 2019/20 and outcomes

7.1 *Ensure that the SEND Reforms are embedded in all practice and policies relating to CLA within both the Commissioning and Provider services:*

Ongoing collaboration with the SEND Reforms Project Manager from the local authority and with support from the Designated Clinical Officer from the CCG to encourage closer working relationships between CLA Health and the EHCP coordinators within the LA. The Designated Nurse for CLA attended EHC Needs Assessment Training to gain a better understanding of the process and implications for CLA health.

7.2 *Develop and progress the action plan to address the three chosen priorities within the Health and Wellbeing element of the Corporate Parenting Strategy and report progress to members of the Corporate Parenting Board and LINCC:*

Ongoing monitoring and challenge to improve the health provision for CLA, through the health sub group, CLA Forum and attendance at the Corporate Parenting Board.

7.3 *Define the level of health need and health support required to provide appropriate support for Care Leavers up to aged 25 – working with Commissioning colleagues within the CCG, health providers and the Local Authority:*

We are aware of the need to identify the health support for Care Leavers aged 18-25 as indicated within the Children and Social Work Act (2017); and through the Health and Wellbeing sub-group, chaired by the Designated Nurse, and attended by our health provider, Social Care and mental health partners, we are continuing to challenge them to develop new initiatives to support this vulnerable group, in order to offer improved services to both CLA and Care Leavers, reporting into the quarterly Corporate Parenting Board.

As part of the preparation for becoming SEL CCG, meetings held with the other CLA Designated Professionals indicate that the lack of support and funding for 18-25 Care Leavers is across SE London.

7.4 *Continue to monitor the timeliness of health assessments undertaken by the Provider compared to the targets set within the Service Specification, through scrutiny of quarterly data provision and liaising with Social Care to ensure that effective systems and processes are in place:*

Data submitted by providers with appropriate exception reporting included (indicated within body of this report).

7.5 *Continue to report to the Corporate Parenting Board and Bromley Safeguarding Children Board and provide progress reports to the Quality Assurance Subcommittee and Safeguarding Executive Group meetings.*

Undertaken and ongoing as planned.

7.6 *Annual review of the CLA Health Service Specification:*

Completed in December 2019.

8. CLA Designated Professionals Priorities for 2020/21

The CLA Designated Professionals Priorities for the years 2020-2021 are to:

- Continue to challenge Commissioning colleagues within health and social care to include provision for the physical and emotional health needs of Care Leavers aged 18-25 when commissioning services.
- To assess the impact on specialist health services, such as Bromley CAMHS, by the increasing numbers of Children Looked After from other Boroughs placed in Bromley.
- To audit the current Strengths and Difficulties Questionnaire process and effectiveness for Bromley Children Looked After.
- Work with the Health Provider and Local Authority to remove the barriers affecting the timeliness of health assessments for all our Children Looked After.
- Continue to work closely with the Designated CLA Professionals within NHS SEL CCG to ensure all current legislation and best practice for Children Looked After is implemented throughout South East London.
- Make sure that Bromley's Children Looked After continue to receive a high standard of care from commissioned services, during the Covid-19 pandemic.

Appendix 1 Child Looked after Service data set template for 2019-20

Indicator	Provider	Number / %age
8.01	LBB	Total number of Bromley Children Looked After (CLA)
8.02	LBB	Number of new Bromley Children Looked After (CLA)
8.03	LBB	Total number of Children Looked After (CLA) placed out of Borough
8.03a	LBB	Number of Children Looked After (CLA) placed out of Borough (more than 20 miles)
8.03b	LBB	% of Children Looked After (CLA) placed out of Borough (more than 20 miles)
8.04	LBB	Number of Children Looked After (CLA) placed in Borough
8.05	LBB	Total number of Unaccompanied Asylum Seeking Children (UASC)
8.05a	LBB	Number of new Unaccompanied Asylum Seeking Children (UASC) this quarter
8.06	LBB	Total number of other borough Children Looked After (CLA) currently placed in Bromley
8.07	LBB	Number of other borough Children Looked After (CLA) placed in Bromley in this quarter

8.08	BHC	Number of Initial Health Assessments requested for OOB children placed in Bromley
8.09	BHC	Number of Initial Health Assessments undertaken on OOB children placed in Bromley
8.10	BHC	Number of Review Health Assessments requested on OOB children placed in Bromley
8.11	BHC	Number of Review Health Assessments undertaken for OOB children placed in Bromley
8.12	BHC	Number of Initial Health Assessments (IHA) for Children Looked After (CLA) (under 5) undertaken within statutory timeframe (20 working days)
8.12a	BHC	% of Initial Health Assessments (IHA) for Children Looked After (CLA) (under 5) undertaken within statutory timeframe (20 working days)

8.13	BHC	Number of IHA for Children Looked After (CLA) (Under 5's) undertaken outside of statutory timeframe
8.13a	BHC	% of IHA for Children Looked After (CLA) (Under 5's) undertaken outside of statutory timeframe
8.14	BHC	Number of IHA's for Children Looked After (CLA) (5 and over) undertaken within statutory timeframe (20 working days)
8.14a	BHC	% of IHA's for Children Looked After (CLA) (5 and over) undertaken within statutory timeframe (20 working days)

8.15	BHC	Number of IHA's for CLA (5 and over) undertaken outside statutory timeframe (20 working days)
8.15a	BHC	% of IHA's for CLA (5 and over) undertaken outside statutory timeframe (20 working days)
8.16	BHC	Number of Review Health Assessments (RHA) undertaken for children under 5 within Statutory timeframe (every 6 months)
8.16a	BHC	% of Review Health Assessments (RHA) undertaken for children under 5 within Statutory timeframe (every 6 months)

8.17	BHC	Number of Review Health Assessments (RHA) undertaken for children under 5 outside Statutory timeframe
8.17a	BHC	% of Review Health Assessments (RHA) undertaken for children under 5 outside Statutory timeframe
8.18	BHC	Number of Review Health Assessments undertaken for children over 5 within Statutory timeframe (annually)
8.18a	BHC	% of Review Health Assessments undertaken for children over 5 within Statutory timeframe (annually)

8.19	BHC	Number of Review Health Assessments undertaken for children over 5 outside Statutory timeframe
8.19a	BHC	% of Review Health Assessments undertaken for children over 5 outside Statutory timeframe
8.20	BHC	Number of training sessions delivered
8.22	BHC	Number of statutory reviews attended where there is an identified health need
8.23	BHC	Number of Children Looked After (CLA) seen by service in addition to the IHA / RHA
8.24	BHC	Number of Bromley cases that ceased to be Children Looked After (CLA)
8.25	BHC	Number of CLA that ceased to be Looked After because they turn 18
8.26	BHC	Number of Care Leavers who get a health summary
8.28	Bromley Wellbeing / Bromley Y	Number of CLA identified by service with EBD based on SDQ
8.29	BHC	Number of Children Looked After (CLA) identified by service with developmental delay of LD
8.30	Bromley Wellbeing / Bromley Y	Number of Children Looked After (CLA) receiving Bromley Y service (tier 1 and 2)
8.30a	BHC	Number of CLA seen for RHA who have a completed SDQ
8.31	Oxleas	Number of Children Looked After (CLA) receiving CAMHS service (tier 3 and 4)

8.32	LBB	Number of Children Looked After (CLA) identified with EHCP
8.33	BHC	Number of CLA requiring other referrals by CLA Health team
8.34	BHC	Number of CLA who are pregnant
8.35	BHC	Number of CLA who are parents
8.36	BHC	Number of Children Looked After (CLA) identified by service who smoke tobacco
8.37	BHC	Number of Children Looked After (CLA) identified by service who have substance misuse
8.38	BHC	Number of Children Looked After (CLA) identified by service who have alcohol misuse
8.39	YOS	Number of CLA with YOS involvement
8.40	BHC	Number of CLA at risk of CSE discussed at MEGA
8.40a	BHC	Number of CLA at risk of FGM discussed at MEGA
8.41	BHC	Number of CLA seen for IHA/RHA up to date with dental care (within last 12 months)
8.41a	BHC	% of CLA seen for IHA/RHA up to date with dental care (within last 12 months)

8.42	BHC	Number of CLA seen for IHA/RHA up to date with immunisations
8.42a	BHC	% of CLA seen for IHA/RHA up to date with immunisations
8.43	BHC	Number of CLA seen for IHA/RHA up to date with vision screening (within past two years)
8.43a	BHC	% of CLA seen for IHA/RHA up to date with vision screening (within past two years)