

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:9.....

Date of Meeting:12th February 2021.....

TITLE OF REPORT:	Looked After Children Annual Report 2019-2020	
AUTHOR:	Christine Dixon, Head of Safeguarding Children (Designated Nurse for Safeguarding Children and Looked After Children) Bolton CCG Clare Atherton, Deputy Designated Nurse for Safeguarding Children and Looked After Children Dr Charlotte Mackinnon, Designated Doctor for Looked After Children, Bolton CCG	
PRESENTED BY:	Clare Atherton	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	For the Board to receive and review the Looked After Children Annual Report for 2019-2020	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Deliver the outcomes in the Bolton Joint Health and Care Plan.	
	Ensure compliance with the NHS statutory duties and NHS Constitution.	X
	Deliver financial balance.	
	Regulatory Requirement.	X
Standing Item.		
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	The Board is asked to review and approve the Looked After Children 2019-2020 Annual Report	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:		
REVIEW OF CONFLICTS OF INTEREST:		
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:		
OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:		

1 Executive Summary

The NHS has a major role in ensuring the timely and effective delivery of health services for looked after children. The purpose of this report is to provide NHS Bolton Clinical Commissioning Group (CCG) with an overview of the progress and challenges in supporting and improving the health of children looked after by Bolton Council and those children looked after by other authorities who are living in Bolton. It is produced in line with duties and responsibilities outlined in the '*Statutory Guidance on Promoting the Health of Looked After Children: Statutory Guidance for local authorities, clinical commissioning groups and NHS England*' (2015). This report covers the period from 1 April 2019 until 31 March 2020.

Looked after children need a number of factors to be in place to give them the best possible chance to be happy, healthy and achieve their full potential.

2 Introduction and Background

NHS Bolton CCG retains responsibility for commissioning health services for those children placed out of area. The designated professionals for looked after children have an important role influencing the commissioning cycle in both the CCG and the wider health economy. Statutory guidance states that CCGs and officers in the local authority who are responsible for looked after children services should recognise and give due account to the greater physical, mental and emotional health needs of looked after children in their planning and practice and that the Joint Strategic Needs Assessment (JSNA) should be the starting point for commissioning decisions.

As of March 2020, 207 Bolton children (32%) were placed out of area which is an increase from March 2019 when the figure was 28% however it still compares favourably to the national average of 38% and the NW average of 41%. This is a reflection of Bolton's continued commitment to looking after our children closer to home. As at March 2020 there were 287 children and young people placed within Bolton by other authorities for whom our local health providers have a duty to provide care. This means that at any one time we have around 712 looked after children living in Bolton and this continues the historical trend of Bolton receiving more children from out of borough than the numbers we place out of area.

Most children become looked after as a result of abuse or neglect and they are one of the most vulnerable groups in society. Although they may have the same health issues as their peers the extent of these is often greater because of their past experiences and it is recognised that children in care have significantly higher levels of health needs than children and young people from comparable socio-economic backgrounds who have not been looked after. Past experiences, a range of Adverse Childhood Experiences (ACEs), a poor start in life, care processes, looked after children placement moves and transitions can mean that children are often at risk of having inequitable access to both universal and specialist health services.

Nationally almost half the children in care have a diagnosable mental health issue (45% rising to 72% for those in residential care) this is compared to 10% of the general population. 11% are reported to be on the autistic spectrum and many others have developmental problems. Two thirds of looked after children have been found to have at least one physical health complaint such as speech and language problems, bedwetting, coordination difficulties or sight problems. There are generally higher levels of teenage pregnancy and drug and/or alcohol use.

3 Further Information etc.

NHS Bolton CCG and BFT continue to work collaboratively with Bolton Council and the Voice 4 U group (Children in Care Council) and Next Steps (Care leavers group). Voice 4 U is a group for children and young people who are looked after and they represent all looked after children in Bolton and Next Steps is a group for young adults who are care experienced. A Bolton pledge has been written by Voice 4 U to give a clear standard of expectations within Bolton and this has been taken further to promote positive outcomes within General Practice. Engagement with both groups has been positive in terms of exploring what they would like from health professionals involved in their care and this has informed our delivery in terms of training, accessibility and enhanced communication.

Working in collaboration with the Voice 4 U group, a training video has been co-produced to raise awareness for health professionals around effective communication and the use of Language that Cares¹. It is hoped that this will inform and change practice. This was shared at the biannual GP Safeguarding event in February 2020 and was evaluated most positively. 31 GP practices have pledged to send the looked after children registered at their practice a birthday card on their 16th birthday with information of health services they can access.

Permanence is about having a 'family for life' (Sinclair et al, 2007)² and a sense of belonging and connectedness (Schofield et al, 2012)³. Bolton Council facilitates a twice monthly 'Gateway and Permanence Panel' for looked after children to ensure that decisions are being made in the best interests of the child as soon as possible. The Deputy Designated Nurse from Bolton CCG contributes to this panel advising on all aspects of health for children and young people placed out of borough who are on the edge of care, looked after or care leavers. Health advice is prepared and offered using evidence based best practice and involves liaison with the appropriate health providers, CCG's and commissioners. This enhances the offer for looked after children and ensures advocacy for the child. There have been 216 children heard at permanence panel in the reporting period, and out of those, there were 173 with existing health needs. Health needs identified include enuresis, encopresis, contraception, sexually transmitted infections, thoracic abnormality, cardiac anomaly, delayed speech, developmental delay and outstanding immunisations. Many of the children had mental health issues including anxiety, depression and self-harm.

4 Additional Headings

Care Leavers

The Department of Education have highlighted the significant challenges facing many Care Leavers. Young people in care have often had difficult lives and have to start living independently much earlier than their peers. In 2013 in the UK, 50% of young people were still living with their parents at the age of 22; however, young people have to leave care by their 18th birthday and some move straight into independent living, some are in supported living and some remain supported through staying put within their previous foster homes. Many care leavers feel they leave care too early.

Bolton CCG has completed a piece of work with partners to look at transitions for care leavers from child to adult mental services and map the wider services that are available – this has resulted in the development of a pathway which has now been ratified. This is in addition to the birthday pledge many GPs have signed up to with the highlighting of accessible health services. Bolton CCG has supported the Bolton Looked After Supported Employment (LASE) Scheme by providing a work experience opportunity to a young person who was a care leaver.

Quality of Health Assessments

In 2019-2020 the annual audit of statutory health assessments was carried out by Bolton CCG with BFT. All of the health assessments audited, contained concise summaries and demonstrated a deeper level of analysis of the health needs of the children/young people. This audit demonstrated a year on year improvement in capturing the voice of the child. This has been improved through the sharing of best practice, completion of recommendations from last year's audits and training with health professionals. A piece of work was completed with the Voice 4 U group to inform health professionals where they would like their health assessments to be completed and the 0-19 service has acted on this wherever possible.

5 Recommendations

5.1 NHS Bolton Clinical Commissioning Group Governing Body Board is asked to:-
Review and approve the Looked After Children 2019-2020 Annual Report

Name of person presenting the paper: Clare Atherton

Title: Deputy Designated Nurse for Safeguarding Children & LAC

Date: 12.2.21



Bolton NHS Clinical Commissioning Group

Looked After Children Annual Report 2019-20

Authors

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1.0 Introduction

The NHS has a major role in ensuring the timely and effective delivery of health services for looked after children. The purpose of this report is to provide NHS Bolton Clinical Commissioning Group (CCG) with an overview of the progress and challenges in supporting and improving the health of children looked after by Bolton Council and those children looked after by other authorities who are living in Bolton. It is produced in line with duties and responsibilities outlined in the '*Statutory Guidance on Promoting the Health of Looked After Children: Statutory Guidance for local authorities, clinical commissioning groups and NHS England*' (2015). This report covers the period from 1 April 2019 until 31 March 2020.

Looked after children need a number of factors to be in place to give them the best possible chance to be happy, healthy and achieve their full potential. These are highlighted in the graphic below and will be considered throughout this report.





2.0 Definitions

Throughout this report “child” refers to anyone who has not reached their 18th birthday.

2.1 Looked After Child

A child is defined as being looked after by the local authority if s/he is in their care or is provided with accommodation for a continuous period of more than 24 hours by the local authority.

2.2 Care Leaver

A care leaver is defined as a person aged 25 or under, who has been looked after by a local authority for at least 13 weeks since the age of 14; and who was looked after by the local authority at school-leaving age or after that date.

Those who are aged 16 or 17 are ‘eligible’ (still looked after) or ‘relevant’ (no longer looked after) children. Those aged 18-25 are ‘former relevant children’.

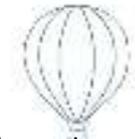
The Care Leavers Society defines a care leaver as anyone who has been in care as this acknowledges that the impact of care stays with a person throughout adulthood (i.e. the impact of adverse childhood experiences).

2.3 Corporate Parent

Corporate parenting is about doing things you would do for your own children. The Children and Social Work Act (2017) extended the duty of the corporate parenting role and says that when a child or young person comes into the care of the local authority, or is under 25 and was a former relevant child, the authority becomes their corporate parent. The Children Act (2004) highlights that corporate parenting is a ‘task [that] must be shared by the whole local authority and partner agencies’. Councils should consider how their partners including health partners can help them to deliver their corporate parenting role.

2.4 Adverse Childhood Experiences (ACEs)

These are stressful experiences occurring in childhood (under 18 years) that affect a child either directly (e.g. child abuse and neglect) or indirectly through the environment in which they live (e.g. exposure to domestic abuse, parental mental illness, substance misuse or incarceration). Parents who have been exposed to ACEs may be more likely to expose their own children to ACEs and this becomes a cycle of disadvantage within some families.



3.0 Statutory Framework, Legislation and Guidance

There are a number of pieces of legislation, statutory guidance and recommended practice guidance which inform responsibilities and requirements with regard to working with looked after children and the key documents are listed below:

- Promoting the Health and Wellbeing of Looked after children (Department of Education and Department of Health, 2015)
- Looked After Children: Knowledge, Skills and Competence of Healthcare Staff (Intercollegiate Role Framework, 2015)
- NICE Guideline NG26: Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care (2015)
- NICE Guideline PH28: Looked After Children and Young People (2010 updated 2015)
- NICE Quality Standard QS31: Looked after children & young people (2013)
- Who Pays? Determining responsibility for payments to providers (NHS England, 2013)
- The Care Planning, Looked After Children and Case Review (England) Regulations (2010)
- Children Act (1989 & 2004)
- Children and Social Work Act (2017)

4.0 Leadership

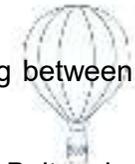
Statutory guidance states that CCGs should have access to Designated Doctors and Nurses for looked after children whose role is to assist commissioners in fulfilling their responsibilities to improve the health of looked after children. Providers of health services are expected to identify a Named Doctor and Named Nurse for looked after children to coordinate the provision of services for individual children and provide advice and expertise for fellow professionals. Roles and responsibilities around looked after children and the recommended hours for key posts are laid out in the Intercollegiate Document¹ and the NHS² also defines the responsibilities for Designated Professionals within the CCG and wider local health system.

4.1 Designated Nurse and Doctor for Looked After Children

Bolton CCG employs a full time Head of Safeguarding Children (Including Designated Nurse for Safeguarding Children and Designated Nurse for Looked After Children) and a Deputy Designated Nurse for Safeguarding Children and Looked After Children. Having two roles provides some flexibility, business continuity and an opportunity for staff development. The Designated Doctor for Looked After Children post provides one session per week and the post holder is employed by Bolton NHS Foundation Trust (BFT) as part of a service level agreement with Bolton CCG. This one

¹ Intercollegiate Role Framework (2015) Looked After Children: Knowledge, Skills and Competencies of Health Care Staff

² Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (NHSE 2019)



session is less than the recommended two sessions per 400 looked after children however this is mitigated by the strong joint working between the Designated Nurses and Doctor towards a clear action plan.

The Designated Professionals for Looked after Children in Bolton CCG take a strategic and professional lead across the whole Bolton health community on all aspects of looked after children. They provide clinical expertise to Bolton CCG and partner agencies on the specific health needs and service requirements for looked after children. They regularly advocate on behalf of looked after children who may be struggling to access services in particular those looked after children placed out of borough. They oversee quality assurance of healthcare for looked after children and seek assurance annually from local providers around statutory requirements in relation to looked after children. As an example of our assurance, in 2019 the CCG and BFT visited all the residential homes in Bolton with the aim to improve liaison and access to services for looked after children. Two of the residential homes in Bolton are registered with the Care Quality Commission (CQC) and both completed the safeguarding quality assurance tool and provided appropriate evidence. The CCG assessed this and was assured both residential homes met the specified safeguarding standards.

In 2019-2020 Bolton CCG moved from one multiagency Looked After Children Health Development Group to two groups - one with a more strategic focus and the other with a provider focus. The reason for the change was to ensure that strategic leaders are engaged in the looked after children health agenda, to review resourcing of care for looked after children and to support and challenge providers to deliver against their service specifications.

The Designated Doctor for Looked After Children participates in the Greater Manchester Medical Network and the Bolton CCG Designated Nurse for Looked After Children continues to chair the Greater Manchester (GM) Designated Nurses for Looked After Children Network. This group provides an additional forum to influence care for looked after children as there are some challenges which are GM wide due to the wide variation in commissioning arrangements across GM. Both the medical and nursing networks frequently receive reports from representatives from British Association or Adoption and Fostering (BAAF) and other National organisations relating to changes in national guidance, policy and issues.

4.2 Leadership within Provider Health Services

There are dedicated leadership posts for looked after children within NHS Bolton Foundation Trust (BFT) as follows:

- Named Nurse for Safeguarding Children and Looked After Children
- Named Doctor for Looked After Children
- Medical Advisors for adoption panel and fostering panel
- Specialist Nurse for Looked After Children

The posts within Bolton providers are not fully in line with the recommended hours and bandings as laid out in the Intercollegiate Document and this is consistent with the picture across most of GM where there are a variety of local arrangements in place. Local providers have demonstrated however that looked after children are considered within their internal governance and assurance arrangements and they have shown commitment to multiagency working in order to develop high quality practice across Bolton.



5.0 Figures and Trends for Looked After Children

It is important to understand the data around looked after children in order to plan services effectively. Bolton Council has kindly provided the data tables for section 5 which are still to be validated at the time of the writing of this report.

5.1 Numbers of Looked After Children in Bolton

Figure 1 highlights the upward trend in the numbers of looked after children in Bolton over the past 11 years which is in line with a national increase and at March 2020 there were 632 Bolton children in care. Figure 2 compares Bolton 2020 data with Bolton, North West and England 2019 data and this highlights that Bolton has similar numbers of looked after children to North West averages (94 per 10000 in March 2020 and 95 per 10000 in March 2019) but the rates are higher than the national average of 57 per 10,000.

Figure 1: Bolton looked after children by year

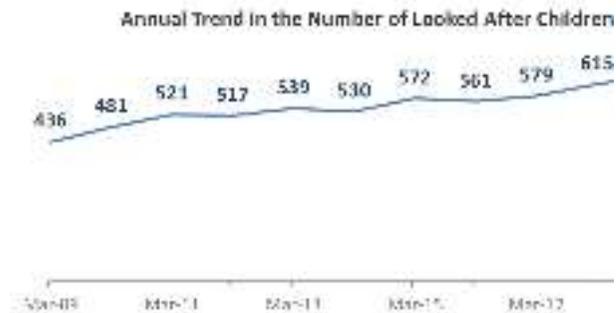
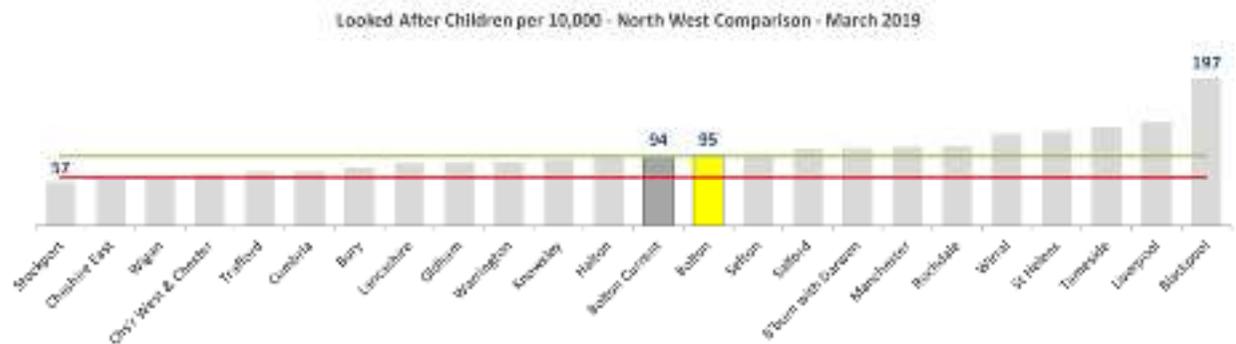


Figure 2: Bolton looked after children per 10,000



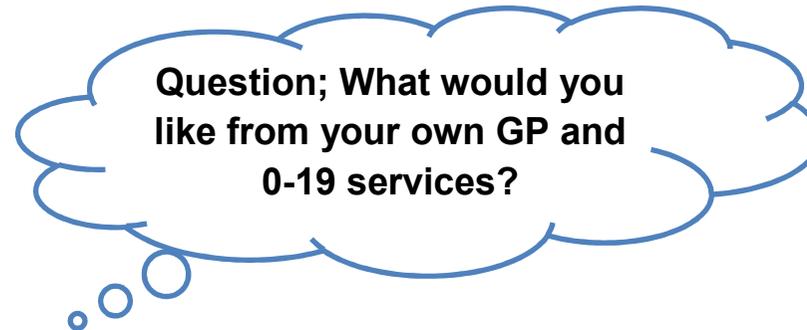
5.2 Numbers of Bolton children placed in and out of area

NHS Bolton CCG retains responsibility for commissioning health services for those children placed out of area. As at March 2020, 207 Bolton children (32%) were placed out of area which is an increase from March 2019 when the figure was 28% however it still compares favourably to the national average of 38% and the NW average of 41%. This is a reflection of Bolton's continued commitment to looking after our children closer to home. As at March 2020 there were 287 children and young people placed within Bolton by other authorities for whom our local health providers have a duty to provide care. This means that at any one time we have around 712 looked after children living in Bolton and this continues the historical trend of Bolton receiving more children from out of borough than the numbers we place out of area.



6.0 Involvement of Young People

NHS Bolton CCG and BFT continue to work collaboratively with Bolton Council and the Voice 4 U group (Children in Care Council) and Next Steps (Care leavers group). Voice 4 U is a group for children and young people who are looked after and they represent all looked after children in Bolton and Next Steps is a group for young adults who are care experienced. A Bolton pledge has been written by Voice 4 U to give a clear standard of expectations within Bolton and this has been taken further to promote positive outcomes within General Practice. Engagement with both groups has been positive in terms of exploring what they would like from health professionals involved in their care and this has informed our delivery in terms of training, accessibility and enhanced communication.



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Can I always see you as I like you and you know my story?

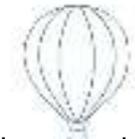
Could you tell me what health services I can receive from you? (In terms of smoking and sexual health advice).

Ask ME questions and not the person who has brought me!

Please could you send me a birthday card on my 16th birthday? (I would put it on my fireplace).

Working in collaboration with the Voice 4 U group, a training video has been co-produced to raise awareness for health professionals around effective communication and the use of Language that Cares³. It is hoped that this will inform and change practice. This was shared at the biannual GP Safeguarding event in February 2020 and was evaluated most positively. 31 GP practices have pledged to send the looked after children registered at their practice a birthday card on their 16th birthday.

³ Language that cares (2019) TACT Fostering & Adoption



7.0 Health Needs of Looked After Children

Most children become looked after as a result of abuse or neglect and they are one of the most vulnerable groups in society. Although they may have the same health issues as their peers the extent of these is often greater because of their past experiences and it is recognised that children in care have significantly higher levels of health needs than children and young people from comparable socio- economic backgrounds who have not been looked after. Past experiences, a range of ACEs, a poor start in life, care processes, looked after children placement moves and transitions can mean that children are often at risk of having inequitable access to both universal and specialist health services.⁴

Nationally almost half the children in care have a diagnosable mental health issue (45% rising to 72% for those in residential care) this is compared to 10% of the general population.⁵ 11% are reported to be on the autistic spectrum and many others have developmental problems. Two thirds of looked after children have been found to have at least one physical health complaint such as speech and language problems, bedwetting, coordination difficulties or sight problems. There are generally higher levels of teenage pregnancy and drug and/or alcohol use.⁶

All Local Authorities in England are required to provide information on the emotional and behavioural health of children and young people aged 4-17 years, in their care for more than one year. This information is collected using the strengths and difficulties questionnaire (SDQ) which is a short behavioural screening questionnaire, which covers details of emotional symptoms, conduct problems, hyperactivity or inattention, peer relationships and also positive behaviour. The questionnaire is completed with the main carer around the time of the child's health assessment.

The SDQ scores are collated by Bolton Council. The scoring range is between 0-40. On an individual basis, a score of 13 or below is normal, 17 or above is a cause for concern and a score between 14-16 is border-line. Figure 3 highlights the return rates and score averages for Bolton and England. Bolton has historically had a higher return rate compared to England with the score averages being broadly the same however the return rate has dropped considerably in 2019-2020. There is ongoing work in Bolton to strengthen the existing SDQ pathway and this will continue through 2020-2021.

Figure 3: Strengths and Difficulties Questionnaires (England in brackets)

Year	% SDQ completed	% normal scores	% borderline scores	% high scores
2016-2017	83.6% (76%)	54% (50%)	11% (12%)	35% (38%)
2017-2018	79.8% (78%)	50% (49%)	14% (12%)	36% (39%)
2018-2019	84% (78%)	51% (49%)	11% (13%)	38% (39%)
2019 - 2020	68%			

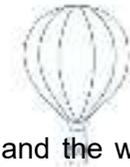
Source: DFE ⁷ and Bolton Council (2019 – 2020 figures to be validated)

⁴ Bolton JSNA (2013)

⁵ Melzer et al (2003) The Mental Health of Children Looked After by Local Authorities in England. London, Stationary office

⁶ Intercollegiate Role Framework (2015) Looked After Children: Knowledge, Skills and Competencies of Health Care Staff

⁷ file:///N:/Safeguarding/Safeguarding%20and%20LAC/LAC/Data%20LAC/SSDA903%20guidance%20notes%20and%20annual%20data/Children_looked_after_in_England_2019_Text.pdf



8.0 Commissioning

The designated professionals for looked after children have an important role influencing the commissioning cycle in both the CCG and the wider health economy. Statutory guidance states that CCGs and officers in the local authority who are responsible for looked after children services should recognise and give due account to the greater physical, mental and emotional health needs of looked after children in their planning and practice and that the Joint Strategic Needs Assessment (JSNA) should be the starting point for commissioning decisions.⁸ In Bolton a current JSNA in relation to looked after children is an information gap which is due to be addressed over the coming year.

The looked after children health data nationally and locally is relatively old as is highlighted in section 7. Across Greater Manchester (GM) this lack of data has been identified as a significant gap. Moving forward, a weighting tool will be used by BFT to capture the health needs of looked after children at their initial health assessment and subsequent review health assessments. This will enable BFT to review outcomes for individual children and inform commissioning.

8.1 Looked After Children Commissioned Services in Bolton

In Bolton there are a number of service specifications which include the provision for looked after children which are outlined in the table below. The 0-19 contract was awarded to BFT in January 2019 and commenced in April 2019 and whilst many of the elements of this specification are being met there are still some gaps i.e. around the introduction of a weighting tool for looked after children and clarity on the offer for care leavers up to 25 years. There was also an aim for an outcomes framework to be developed by public health in conjunction with BFT which still hasn't happened.

Specification	Commissioner	Provider	Includes
CAMHS Specification	Bolton CCG	Greater Manchester NHS Mental health Trust	Specific interventions for looked after and vulnerable children within the wider CAMHS provision for all children.
Community Paediatric Specification	Bolton CCG	BFT	Initial health assessments, the medical advisor for fostering and adoption panels, provision of a Named Nurse for Looked after Children
0-19 Service Specification	Public Health at Bolton Council with Bolton CCG for LAC elements	BFT	The provision of review health assessments and follow up care allowing some choice for children and young people, management of processes for out of borough children, provision up to 25 for care leavers and the offer of a care leaver summary for all relevant young people.

⁸ Department of Education and Department of Health (2015) Promoting the Health and Wellbeing of Looked After Children



We are very fortunate in Bolton to have our statutory health provision provided by one provider i.e. BFT however as this is commissioned via two different specifications this still operates as two different services which has not enabled us to realise the benefits of this one provider and one Looked After Children Health Service for Bolton.

8.2 Emotional Health and Wellbeing (EHWB) Provision for Looked After Children

The EHWB provision for looked after children needs to be considered within the context of the wider CAMHS and Thrive Model in Bolton – this offer has really developed throughout 2019-2020 with a range of services delivered by statutory and the voluntary and community sector. Bolton CAMHS continues to work intensively with a considerable number of looked after children and provides a highly valued consultation service to social workers and foster carers in the management of care for children with very complex emotional needs. The CAMHS Clinical Lead also works with commissioners and designated professionals within Bolton CCG to provide clinical expertise in relation to funding and placement planning for looked after children in particular those children placed out of borough. Throughout 2019-2020 CAMHS have continued to strengthen their offer to looked after children for example they have increased their dedicated psychology resource to work alongside young people, foster carers and professionals, however there remain elements of the CAMHS looked after children specification which are not being delivered such as the development of a clear emotional health and wellbeing pathway for looked after children.

Two additional clinical psychologists have joined Bolton CAMHS, each contributing 0.6WTE of clinical time to work with Looked After Children. This extra clinical time has created more capacity for Looked After Children to access care coordination, along with psychological assessment, formulation, and intervention. Such work can be completed either directly with the young person, or with the system around the child, as per the needs and preferences of the child. This increased capacity should positively impact on waiting times for Looked After Children accessing input from CAMHS.

CAMHS have also been able to adapt their existing looked after children consultation offer to Bolton’s Looked After Children Social Care Team. Additional to the monthly consultation opportunities for discussing referred children and young people, CAMHS have introduced two appointments each month for discussing young people who are not open to the service. This is something requested by the Looked After Children Social Care Team and feedback to date has suggested that this has felt useful and informative.

This additional capacity has also created opportunities for training about attachment and the PACE (Playfulness – Acceptance – Curiosity – Empathy) approach to be delivered both internally and externally. A CPD training session was completed internally with clinicians from our core pathway and plans are in place to deliver this training to professionals from schools, to increase their understanding of specific young people under our care.



8.3 Looked after Children and Specialist Placements

In 2019-2020 there has been an ongoing issue which was raised in the 2018-2019 Bolton CCG Looked After Children Annual Report around the provision of suitable placements for some of our looked after children with more complex emotional & behavioural needs and attachment difficulties. On occasion this has led to children being inappropriately cared for on hospital wards. The Greater Manchester Designated Nurses carried out a piece of work in 2019-2020 to highlight instances where this had occurred across GM in order to provide evidence to GM commissioners of the nature and scale of the issue. This mapping exercise confirmed that this is a GM wide issue and conversations in national looked after children forum have highlighted that this also occurs across England. There is no immediate solution to this issue as there are insufficient suitable looked after children placements available to meet the needs of these very vulnerable children. Bolton CCG will continue to work closely with Bolton Council to manage these complex situations as they arise and GM Commissioners are also considering if there could be a GM solution through the development of some specialist provision.

8.4 Funding Decisions for Looked After Children with Unmet Health Needs

The work which commenced in 2018-2019 to develop a shared understanding between Bolton CCG and Bolton Council around funding decisions where there is no provision available to meet a child's unmet health needs has not progressed further in this reporting period and the pathways remain in draft format. This will remain a priority to address in 2020-2021 with plans to implement a joint Complex Case Panel between health, education and children's services at Bolton Council.

8.5 Greater Manchester Looked after Children Health Review

The Bolton Designated Nurse for Looked After Children and the Bolton Deputy Chief Officer/ Director of Commissioning (GM Commissioning Lead for Children) have played a key role in GM Health Review of Provision for Looked After Children, Care Leavers and Adopted Children which was undertaken in 2019-2020. The review was commissioned to provide some recommendations to enable us to address unwarranted variation across Greater Manchester. From an EHWP perspective this review also incorporated some of the findings of the benchmarking of GM looked after children therapeutic standards undertaken in 2018-2019 (as reported in the Bolton LAC Report 2018-2019)



The final report made four overarching recommendations each with its own more practical, tangible recommended actions within⁹:

Improve understanding of health needs and work to understand improvement in outcomes rather than outputs (number of assessments).

As joint corporate parents, prioritise health needs of LAC and Care Leavers into adulthood.

Provide a consistent and stable workforce which has sufficient capacity to both intervene early and treat health needs when they arise.

Work with CYP and their families (foster, adoptive or otherwise) to promote good mental health and treat poor mental health quickly.

A Programme Board is developing a response to the report however this will be delayed due to COVID19.

A significant theme in all four of these strands was around EHWP provision and training to raise awareness about the EHWP/ trauma needs and care of looked after children. From a Bolton perspective it will be positive for this to be considered on a GM footprint as it has been difficult to progress this work locally. In January 2020 the Designated Nurse presented a proposal to the Bolton Children and Young People's Partnership Board around the development of a shared approach to the care of looked after children in relation to understanding of trauma and trauma informed responses. This approach came with investment from Bolton CCG in order to train foster carers and staff across health, social care and education however this proposal was not approved due to other training and development commitments across the borough at the time.

9.0 Permanency

Permanence is about having a 'family for life' (Sinclair et al, 2007)¹⁰ and a sense of belonging and connectedness (Schofield et al, 2012)¹¹. Bolton Council facilitates a twice monthly 'Gateway and Permanence Panel' for looked after children to ensure that decisions are being made in the best interests of the child as soon as possible. The Deputy Designated Nurse from Bolton CCG contributes to this panel advising on all aspects of health for children and young people placed out of borough who are on the edge of care, looked after or care leavers. Health advice is prepared and offered using evidence based best practice and involves liaison with the appropriate health providers, CCG's and commissioners. This enhances the offer for looked after children and ensures advocacy for the child. There have been 216 children heard at permanence panel in the reporting period, and out of

⁹ GM Health Review of provision for Looked After Children, Care Leavers and Adopted Children (Nov, 2019)

¹⁰ Schofield G, Beek M and Ward E (2012) Part of the Family: Planning for permanence in long-term family foster care. Children and Youth Services Review, 34 (1) 244-253

¹¹ Sinclair I, Baker C, Lee J and Gibbs I (2007) The Pursuit of Permanence: A study of the English child care system. Jessica Kingsley Publishers



those, there were 173 with existing health needs. Health needs identified include enuresis, encopresis, contraception, sexually transmitted infections, thoracic abnormality, cardiac anomaly, delayed speech, developmental delay and outstanding immunisations. Many of the children had mental health issues including anxiety, depression and self-harm.

Callum's Story

Callum is aged 13 years. He is a Bolton Looked After Child and has experienced significant trauma and loss which has had an impact on his mental health. Callum has autism and ADHD and lives out of borough in a residential setting.

Callum was discussed at Permanency Panel and his social worker shared how services had not been able to maintain engagement with him, he had become angry and withdrawn and was seemingly uninterested in his education. Callum was under his local CAMHS service and his next appointment was in four months' time. During the permanency panel meeting, Bolton CCG explored why this was so, as the description of Callum was in contrast to what had been heard before when he was presented at panel previously and he sounded 'lost'. It became apparent during this conversation that Callum had suffered further loss as his best friend had died six months previously and he had not received any offer of bereavement support following this. Some symptoms of loss and bereavement are shock, numbness, overwhelming sadness, tiredness, exhaustion, anger and guilt (Child Bereavement UK, 2020)¹². Following the panel meeting, Bolton CCG contacted the out of borough's CCG Looked After Children Team to explain about Callum's appointment and queried if it could be brought forward. The voice of the child was used to highlight how vulnerable Callum was in terms of experiencing further loss and grief in his life. A conversation took place between Bolton CCG and the out of borough CCG and following this, the out of borough CCG with the manager of CAMHS and the appointment was brought forward for Callum to attend two weeks later. Callum attended this appointment with his key worker from the residential setting and is now engaging with services and has aspirations once again. It is most important to be an advocate for the child, to listen what they are saying, or not saying (NSPCC, 2020)¹³ and act on this. Communication was most effective between Bolton CCG, Bolton Children's Social Care and liaison with another CCG in sharing the same vision as corporate parents for Callum.

¹² Child Bereavement UK (2020) Supporting bereaved children and young people

¹³ NSPCC (2020) Let children know you are listening.



10. Core Work

Bolton NHS Foundation Trust undertakes all statutory health assessments for Bolton looked after children placed in area and children placed in Bolton from other areas. All children in Bolton are managed with the same priority irrespective of placing authority – this is not the case in all areas within England.

10.1 Statutory Initial Health Assessments (IHA)

Children coming into care should receive an IHA which is available for the 1st statutory review at 20 working days after becoming looked after and this should be undertaken by a registered medical practitioner. BFT is responsible for completing IHA's for looked after children within Bolton. The local target for IHA is 95% however there is no national data collected to draw comparisons of this target with other areas. 70% of Bolton children placed in Bolton received their IHA on time in 2019-2020 (see trends in figure 4). There were 27 children requiring an IHA from out of borough (OOB) and 17 (63%) of these were seen on time.

There are a number of reasons why IHA are not completed on time and this is often due to wider system issues rather than issues specific to BFT as highlighted in Figure 5. In order to improve timeliness, BFT utilise robust systems to chase missing information and missed appointments with Bolton Council. There are also plans for key health staff to have access to the Bolton Council Liquid Logic system which will enable some information to be viewed directly at source. There has however been considerable delay in this access being granted.

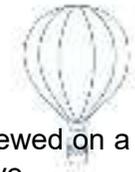
Figure 4: IHA for Bolton children living in Bolton

Date	Percentage on time	Number on time	Completed in month out of time
April 2019 - March 2020	70%	98/141	85%
April 2018 - March 2019	74%	105/142	
April 2017 - March 2018	62%	96/154	

Note: Data provided by Bolton NHS Foundation Trust

Figure 5: Reasons IHA not completed on time (2019-2020)

Reasons	Bolton Children in Bolton	Children placed in Bolton
Delayed information from the council	12 (28%)	5 (50%)
Child not brought or appointment cancelled	22 (51%)	5 (50%)
Staffing within BFT	7 (16%)	
No reason given	1 (2.5%)	
Other	1 (2.5%)	



9.2 Statutory Review Health Assessments (RHA)

The review health assessment must be carried out by an appropriately qualified registered nurse/midwife. The assessment must be reviewed on a six-monthly basis until the child attains the age of 5 years and then be completed annually for all looked after children aged 5 years and above.

The Local Authority collects data in relation to RHA according to the national annual data set. This specifically reports every child who has been in care for 12 months and the numbers of these children who have had a RHA within the past year. In the period 2019-2020, Bolton Council recorded that 91% of children had their RHA (noting this figure is awaiting validation). In the period 2018-2019, 95% of Bolton looked after children were recorded as having their RHA in the year compared to an England average of 90%. The majority of children who did not have a health assessment completed within the year are children placed out of borough despite the fact that Bolton CCG has systems in place for oversight of these children.

The Local Authority figures do not report on timeliness of RHA and this information is collected by BFT which is highlighted in figure 6. For Bolton children living in Bolton, there has been a year on year improvement in the timeliness of health assessments. For children placed in Bolton from other Local Authorities, 70% (105/150) received their RHA on time compared to 74% (107/145) in 2018-2019. The reasons for delays are noted in Figure 7.

Figure 6: RHA for Bolton children living in Bolton

Date	Percentage	Number
April 2019 - March 2020	89.1%	375/423
April 2018 - March 2019	85%	415/486
April 2017 - March 2018	67.5%	360/533

Figure 7: Reasons RHA not completed on time (2019-2020)

Reasons	Bolton Children in Bolton	Children from out of area
Delay/missing paperwork	9 18.6%	19 (42.2%)
No access visits/ cancelled visit	5 10.5%	1 (2.2%)
Health admin error	2 4.2%	4 (8.8%)
Staff absence	5 10.4%	5 (11.2%)
Other/ no reason given	27 56.3%	16 (35.6%)

9.4 Immunisations and Dental Health

Childhood vaccination rates and dental attendance are monitored for all children. Within Bolton the uptake for both is consistently high (See Figure 8).

Figure 8: Immunisations and dental for children in care for 12 months or more

	Bol 2017	Eng 2017	Bol 2018	Eng 2018	Bol 2019	Eng 2019	Bol 2020
Children looked after more than 12 months	430	49750	445	52180	483	54590	468
Percentage with up to date vaccinations	95%	84%	98%	85%	96%	87%	97%
Percentage who had their teeth checked by a dentist in the past year	97%	83%	96%	84%	96%	85%	95%



9.5 Quality of Health Assessments

In 2019-2020 the annual audit of statutory health assessments was carried out by Bolton CCG with BFT. All of the health assessments audited contained concise summaries and demonstrated a deep level of analysis of the health needs of the children/young people. This audit demonstrated a year on year improvement in capturing the voice of the child. This has been improved through the sharing of best practice, completion of recommendations from last year's audits and training with health professionals. A piece of work was completed with the Voice 4 U group to inform health professionals where they would like their health assessments to be completed and the 0-19 service has acted on this wherever possible.

10.0 Care Leavers

The Department of Education have highlighted the significant challenges facing many Care Leavers¹⁴. Young people in care have often had difficult lives and have to start living independently much earlier than their peers. In 2013 in the UK, 50% of young people were still living with their parents at the age of 22; however, young people have to leave care by their 18th birthday and some move straight into independent living, some are in supported living and some remain supported through staying put within their previous foster homes. Many care leavers feel they leave care too early.

There have been a number of pieces of work in relation to Care Leavers in 2019 – 2020:

- Bolton CCG has completed a piece of work with partners to look at transitions for care leavers from child to adult mental services and map the wider services that are available – this has resulted in the development of a pathway which will be ratified in 2019-2020
- A local GP practice worked with Bolton CCG to pilot a scheme of work to enhance the transitions of care leavers within primary care and there are plans to roll this out to a further 30 practices following a presentation at the CCG Annual GP Safeguarding Annual Event.
- Bolton CCG has supported the Bolton Looked After Supported Employment (LASE) Scheme by providing a work experience opportunity to a young person and her experience of the scheme is noted below in her own words:

“My name is Sara, and at age 18 I came out of foster care and joined the Looked After Supported Employment (LASE) Scheme. This scheme is run by Bolton Council and provides paid work experience for young looked after people in a setting of their choice. As I wanted to become a healthcare assistant, I asked to work for the NHS, and thus joined the Bolton NHS Clinical Commissioning Group in an admin role within the governance team. The CCG were very supportive, and teamed up with my LASE manager to help me get a work placement shadowing a Health Care Assistant at the Royal Bolton Hospital. This gave me experience unlike any previous and valuable insight of that career. Unfortunately, this ended due to the arrival of COVID-19. I appreciated my work experience tremendously. My colleagues were very helpful and never seemed too busy to teach me new things. They included me in everything, and gave me so many opportunities to learn more and see how every part of the CCG works. Thanks to them and the LASE Scheme, I am now a member of the Clerical Bank Staff for the NHS, and currently enjoying supporting the CCG. I am truly grateful for all the support and help I have been given.”

¹⁴ Care leavers' Transition to Adulthood. (Department for Education (2015).



11.0 Review of Action Plan (2018- 2020)

Area of Practice	Lead responsibility	RAG	Comments
To continue to work with Voice 4 U to enable them to contribute to the development of services and staff training	Deputy Designated Nurse for Looked After Children	Green	Achieved. This is ongoing work which was expanded in 2020 to include work with a new Care Leavers Participation group
To implement a Strategic Looked After Children Health Group	Designated Nurse for Looked After Children	Green	Strategic Group commenced and this will be further strengthened in 2020-2021
To consider the findings from the GM Looked After Children Review and the implications for Bolton	Senior Children's Commissioning Manager/ Des Nurse for LAC	Green	Bolton personnel are fully engaged and playing a lead role in taking forwards the recommendations from this review from a GM perspective – this will in turn benefit Bolton
To develop a Looked After Children health outcomes framework as per 0-19 Service Specification	Public Health, Bolton Council	Red	Not achieved as Bolton were waiting for the outcome of the GM LAC Review however there are plans in 2020-2021 for Bolton to participate in a piece of work to develop an outcomes framework for GM
To ensure that the Looked After Children elements of the 0-19 (25) Service Specification are being implemented in practice	Associate Director, Public Health, Bolton Council	Yellow	Work ongoing – many elements of the specification met but some areas remain outstanding as described in this report
To ensure that the Looked After Children elements of the CAMHS specification are being implemented in practice	Senior Children's Commissioning Manager, Bolton CCG	Yellow	Work ongoing – many elements of the specification met but some areas remain outstanding as described in this report
To develop a local action plan to address the findings of the benchmarking of the GM Looked After Children therapeutic standards	Designated Nurse for Looked After Children	Yellow	These actions to be picked up as part of the GM LAC Review
To develop specific pieces of work in relation to transitions for Care Leavers i.e. mental health pathway and GP pilot	Deputy Designated Nurse for Looked After Children	Green	Both achieved
To agree the funding pathway where there are unmet health needs for Looked After Children	Senior Children's Commissioning Manager	Yellow	Pathway in draft form. Plan to develop a Complex Case Panel in 2020
To fully implement a tracking system for Looked After Children health assessments and provide assurance to Bolton CCG that issues are being addressed in a timely manner	Bolton NHS Foundation Trust	Yellow	Systems in place however some issues remain around the timely escalation of missing health assessments for out of borough children
To commence work on a tool for ongoing profiling of health needs (Note: learning from the GM Review also)	Deputy Designated Nurse for Looked After Children.	Red	Not achieved as Bolton were waiting for the outcome of the GM LAC Review as this identified as a GM gap.



12.0 Next Steps in 2020-2021/ 2022

Set up complex case
Panel

Continue to review
service delivery against
the service
specifications

Roll out free
prescriptions for care
leavers

Review SDQ pathways

Contribute to the
delivery of the action
plan for the GM LAC
Review

To look at creative ways
to increase the timely
return of out of
borough health
assessments