CORPORATE PARENTING REPORT - LOOKED AFTER CHILDREN (LAC) HEALTHCARE UPDATE

Looked After Children South Yorkshire & Bassetlaw Multi-Agency Training Conference March 2020



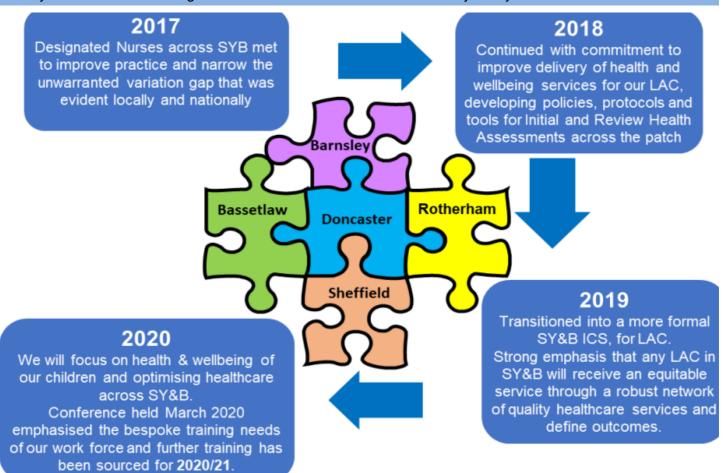






- The event was facilitated by NHS Rotherham CCG (NHS RCCG) Looked After Children Team (LAC) with funding from NHS England and Improvements (NHSE/I)(North). The full day session included some exceptional and inspiring speakers during the morning followed by interactive workshops in the afternoon. The purpose of the session was not only to increase our knowledge but to provide evidence of our future training and development need. Feedback from the day was very positive.
- 72 people attended the conference with representation from health and social care professionals who work with looked after children and care leavers across the SY&B footprint.
- Further "Total Respect" and "Hear Me" training has been commissioned from Rotherham and Doncaster LAC Young People's Councils along with a training package from Sheffield Children In Care Council. We were also in the process of arranging/considering an all SY&B LAC Health Staff forum prior to COVID-19.

We have been working tirelessly across the South Yorkshire and Bassetlaw (SY&B) patch as we are conscious that a significant number of our children live in a host area. We want assurance that the healthcare delivery in those areas is of a good standard. The table below shows that journey.



In addition to our work across SY&B, NHS RCCG LAC team published a 7 minute briefing on what it means to be a child in care. We wanted our healthcare staff to understand the wellbeing needs of our Rotherham population of children in care and care leavers; with the ultimate aim that as commissioners of healthcare in Rotherham they would better appreciate our corporate parenting role. 7 Minute Briefing: LAC & CL

In conjunction with RMBC Public Health, the CCG has commissioned a bespoke LAC Healthcare Delivery Team; this team consists of:

- Named Nurse for Looked After Children and Care Leavers
- Named Doctor Looked After Children
- 4 Specialist Nurses for Looked After Children and Care Leavers
- 3 Staff Nurses for Looked After Children and Care Leavers (Commencing July/August 2020)

The team of dedicated nurses commenced in September 2019, and will expand further in the coming weeks, to include a dedicated paediatrician. The main focus of the team is to provide high quality, consistent health intervention, advice and support to children, young people, their carers and involved professionals, therefore providing a 'golden thread' of continuity.

When the Designated Nurse LAC met with The LAC Council the young people highlighted that they didn't all know their school nurse, and said "it would be nice to see nurses if they gave useful information" and also, "It would be more ideal that you could keep the same person so that nothing gets lost or forgotten in the process of changing, and having the same person can help us gain trust with them". Our dedicated Looked After Children's nursing team will enable a more focussed person-centred approach. Dedicated practitioners will be responsible for core universal provision, specialist LAC statutory health assessments, and seeing the child on a more frequent basis; taking responsibility for identifying health needs, providing care delivery and sign posting to other services as required. This model reflects the requests of young people, and now promotes the continuity that the young people asked for and deserve.

Nursing staff are reporting building positive relationships with children, young people, carers, social workers and other involved professionals, some of which have provided feedback for nurses' revalidation.

The quality of Review Health Assessments (RHAs) has improved since the team was developed; therefore better meeting the needs of our Looked After Children. The new RHA paperwork was audited across the SY&B footprint at the beginning of 2020, where social workers, Independent Reviewing Officers (IROs), and Managers were asked for feedback. The collated information identified:

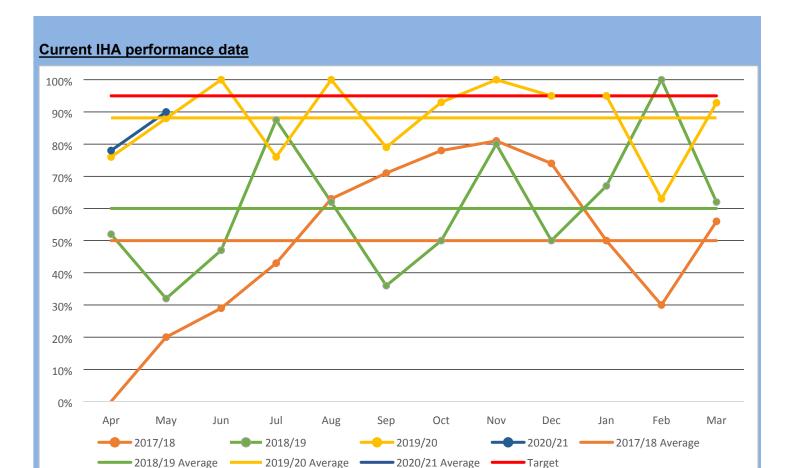
- 100% of respondents said it was clear and easy to read
- 88% said the level of information included was right, 9% said too much information, and 3% said too little.
- 73% said the format was better than before and 27% said it was neither better nor worse.

Current RHA performance data

RHA Compliance for Children placed in Rotherham					
	Total Children	Outstanding Assessment	No. Compliant	% Compliant	
Children under 5	58	4	54	93%	
Children aged 5-18	200	29	171	86%	

This is a cumulative figure, and the category of 5-18 years includes those young people who have declined their annual review health assessment, some of which will have multiple declines. Exceptions are included in these figures. Planned more sensitive data reporting and collection will mitigate inaccuracies in future figures.

From April 2020 a monthly breakdown of RHA compliance will be submitted to give a clearer picture. Any RHAs that do not meet target will be reviewed, and the associated narrative will be provided.



This graph shows both monthly and yearly data for IHA compliance against 20 working day target. Figures show the positive progress made since 2017 with the yearly averages increasing year upon year.

2017/18 - 50%	2018/19 - 60%	2019/20 – 88%
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Positive partnership working has significantly impacted on the sustained improvements made, and the investment from RCCG will support future development with increased medical and secretarial hours.

THEN COVID-19 PANDEMIC HIT THE COUNTRY

On 23rd March 2020 the country went into lockdown. The healthcare commitment to our LAC was sustained virtually with Designated and Named Professionals across the wider SY&B Integrated Care System (ICS) footprint stepping up to ensure equality of provision.

WHAT WE HAVE DONE

- Across SY&B weekly Zoom meetings took place, considering how best we continued to deliver effective
 care for our LAC. Rotherham Designated Nurse LAC Chairs these meetings; they were set up to ensure
 that as an ICS we worked together across the patch, taking stock of national and regional developments
 whilst ensuing we continued during these unprecedented times to support our children in care.
- End of May reduced to monthly meetings with an agreement that the SY&B group would be reinstated immediately if required; this was a pragmatic approach to support each other during the pandemic. In these meetings we have shared:
 - COVID-19 challenges, staffing, capacity issues and how does it feels locally. We are currently looking at how to manage a potential surge.
 - How we achieve Initial and Review Health Assessments (IHAs / RHAs) during lockdown, sharing ideas

- and professionally challenging assumptions;
- Adult Medicals including those for foster carers and prospective adopters, sharing ideas and ways to support Local Authorities in this crucial task.
- National and Regional Picture and disseminating the wealth of information being shared.
- Interim processes/working differently during the pandemic have been shared in these meetings and adopted across the footprint where this allows. We have looked at ways to include the voice of children.
- We have shared risk assessments and our RAG rating process to support children in care following National Guidance. We have looked for realistic and workable solutions to ensure that healthcare delivery continues to happen under some testing times. This work in each area has been with partners and a professional curiosity has been maintained to support children.
- Barnsley, Rotherham and Sheffield CCG Designated Nurses and the Medical Advisors have worked innovatively to deliver adult medicals for Foster Carers and prospective Adopters. The Sheffield Designated Professionals initally worked with Coram BAAF to adapt the process, due to the GP directive to stop non-urgent work. This change process is to be audited in Rotherham (first 20 cases) with results awaited. Sheffield and Barnsley will also audit their processes and feedback to SY&B and nationally.
- Mental wellbeing has been considered in each area, sharing tools and knowledge has been critical.

SOME OF THE PROBLEMS DISCUSSED

- Capacity issues in LAC teams where staff have been shielded or redeployed has resulted in supporting
 one another with health assessments across SY&B. The main challenge being that some areas have
 stopped undertaking Out of Area health assessments due to redeployment.
- Use of telephone, text, and social media to assess need when physical examinations not possible –
 potential for missed opportunities to provide health messages or note emerging issues.
- Placements appear to have been maintained with staff and organisations going the extra mile;
- Immunisation returns 903 have been completed, with a statement saying completed under COVID-19 rules.
- Considered children in care returning to school what their mental health support packages would need
 to take account of these are well advanced, consideration has included:
 - If foster carers are shielded and child wants to go back to school.
 - Different teachers and TA's? Impact of new people involved taken on board.
 - Support which was available before is it still the same? For example learning mentors? Support networks?
 - Siblings in different placements but in same school social distancing at school? How to manage when only seeing each other via Skype at present. Impact of seeing siblings?
- Preparing for post COVID-19 easing of lock down and the anticipated safeguarding surge.

WITH THE BENEFIT OF HINDSIGHT WHAT WE WOULD HAVE DONE DIFFERENTLY

- We would have highlighted the need for all professionals working with our children in care to have a clear
 understanding of their contact needs with their biological families. We would have wanted to be party to
 the risk assessment process and descion making with regard to contact and the building back of fractured
 relationships with birth families at a much earlier stage.
- During the pandemic agencies predominately learned to work differently, technology played a huge role and Rotherham was awarded 990 devices to support vulnerable children in maintaining electronic links to education etc. Partners together in Rotherham developed a tool to consider how we all made every contact count. This includes discussing with the child how they were coping during lockdown and what did a day in their life look like. Sharing of the tool developed in Rotherham to look at what a day looks like in lock down across all areas for comments, then adaptation and SY&B potential use at an even ealier stage would have supported and therfore benefitted more children.