NHS Herts Valleys Clinical Commissioning Group
Board Meeting in Public
November 5th 2015

Title	Safeguarding Children, Looked after Children and Care Leavers Annual Report 2014/2015	**Agenda Item: 10.1**
Purpose (tick one only)	Approval ☐ Discussion ☐ Information ☒ Consideration ☐ Noting ☐	
Responsible Director(s) and Job Title	Diane Curbishley Acting Director of Nursing and Quality	
Author and Job Title	Beverly Mukandi Deputy Designated Nurse Safeguarding Children Dr Carole-Anne Colford, Designated Doctor for Looked After Children Beaullah Madziwa-Chizimba, Looked After Children Nurse Commissioning	
Recommendations/ Action Required by the Committee	To note this report	
Classification *Is this report exempt from public disclosure? (ie FOIA or DPA)*	No	
Impact on Patients/Carers/Public	Not applicable	
Engagement with Stakeholders/Patient/Public	Not applicable	
Links to Strategic Objectives	1. We will continually improve engagement with patients, carers, the public and member practices so that they contribute to and influence our work and activities. 2. We will commission safe, high quality services that meet the needs of the population, reducing health inequalities and supporting local people to stay well and avoid ill health.	
Board Assurance Framework *Does this report provide evidence of assurance for the Board Assurance Framework?*	2.1 Risk that we do not deliver on all NHS Constitutional pledges, key national targets and priorities 2.2 Risk that we are unable to ensure high quality, safe and sustainable services for the population and patients of West Herts 2.3 Risk of poor health outcomes for our population, especially in areas of deprivation	
Does this report mitigate risk that is included in the Corporate Risk Register?	No	
Resource Implications	None	
Equality and Diversity (Has an Equality Analysis been completed?)	Not applicable	
Legal/Regulatory Implications	None	
Sustainability Implications	None	
NHS Constitution	N/A	
Report History	Quality and Performance Committee – 27th August 2015	
Appendices	1. Process for initial looked after children assessments. 2. Process for review looked after children assessments. 3. Health Outcome KPI Data	

Herts Valleys
Clinical Commissioning Group

East and North Hertfordshire
Clinical Commissioning Group

HERTFORDSHIRE CHILDREN'S SAFEGUARDING REPORT 2014/15

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Glossary of terms and abbreviations

CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CL	Care Leavers
CAMHS	Child and Adolescent Mental Health Service
CP-IS	Child Protection Information Sharing
CQC	Care Quality Commission
DfE	Department of Education
DHR	Domestic Homicide Review
ENHT	East and North Hertfordshire Trust
GP	General Practice
HCC	Hertfordshire County Council
HCT	Hertfordshire Community Trust
HPFT	Hertfordshire Partnership Foundation Trust
HSCB	Hertfordshire Safeguarding Children Board
IHA	Initial Health Assessment
LAC	Looked After Children
LSCB	Local Safeguarding Children Board
LA	Local Authority
LAC	Looked After Children
MASH	Multi-agency Safeguarding Hub
MARAC	Multi Agency Risk Assessment Conference
RHA	Review Health Assessment
SCR	Serious Case Review
SI	Serious Incident
SLAC	Safeguarding and Looked After Children
WHHT	West Hertfordshire Hospital Trust

1. Introduction

For the purposes of this report, East and North Herts and Herts Valley Clinical Commissioning Groups will be referred to as the “CCGs”.

This is the CCGs second year Safeguarding Children and Looked After Children (LAC) and Care Leavers Report. The purpose of this report is to provide East and North Herts and Herts Valley CCGs with the assurance and information regarding compliance with safeguarding children arrangements and duties as per section 11 of the Children Act 2004, Working Together to Safeguard Children 2013 (updated March 2015) and the Accountability Framework 2013 (updated July 2015). This report covers the period April 2014- March 2015.

2014/2015 key achievements

Last year’s annual Safeguarding Children Report set out 6 priorities for the year:

- A review and update of the Safeguarding Children Training Strategy will be carried out
  Achieved – the training strategy was reviewed and is line with the Intercollegiate Document 2014

- Implementation of the service model recommended by the Looked After Children (LAC) review
  Achieved – new LAC model went fully live end July 15

- Ensuring that Service Level Agreements are in place with all organisations providing Designated Professional functions
  Partially achieved – Formal agreements with providers are being finalised to ensure effective governance arrangements and delivery of the Designated Professional functions.

- CQC recommendations (2013 Review)
  Partially achieved – Four areas remain amber with full compliance expected by all providers by December 2015.

- Develop a more robust process to link and cross-reference learning from the Child Death Overview, Rapid Response, Serious Incident and Serious Case Review processes
  Partially achieved – Child Death Overview and Rapid Response processes review completed. Work to review health’s SCR processes has been instigated and is progressing.

- The quality schedule of all contracts will include an outcome based section (KPIs and metrics) on Safeguarding and Looked After Children
  Achieved

2. Local Context

The East and North Hertfordshire and Herts Valley Clinical Commissioning Groups (CCGs) commission health services for almost 250,000 children and young people across Hertfordshire. The CCGs share co-terminus boundaries with the Local Authority which supports a mutual focus on the welfare of children.

Table 1 and table 2 highlights the number of children in Hertfordshire subject to the Child Protection Plan, table 3 highlights the number of children in Hertfordshire by District Councils.

Table 1 - Number of children subject to Child Protection Plan by category

	Neglect	Emotional Abuse	Sexual Abuse	Physical Abuse	Multiple	
Q1 14/15	644	375	32	23	2	
Q2 14/15	672	350	29	10	4	
Q3 14/15	703	311	30	8	1	
Q4 14/15	627	221	18	12	3	
Data Source: LCS	2646	1257	109	53	10	*4075*

Table 2 - Number of children subject to Child Protection Plan by age

	Unborn	Under 1	1 to 4	5 to 9	10 to 15	16+	
Q1 14/15	53	154	288	337	230	14	
Q2 14/15	50	155	297	332	220	11	
Q3 14/15	60	147	304	320	203	19	
Q4 14/15	59	125	241	262	180	14	
Data Source: LCS	222	581	1130	1251	833	58	*4075*

Table 3 - Number of children subject to Child Protection Plan by District Council

District (Primary Postcode)	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15
Broxbourne	87	87	96	75
Dacorum	144	135	121	122
East Hertfordshire	73	70	51	44
Hertsmere	88	74	79	77
North Hertfordshire	96	86	92	69
St. Albans	116	106	106	83
Stevenage	132	126	102	97
Three Rivers	79	71	66	65
Watford	104	123	129	92
Welwyn Hatfield	113	133	134	92
Out of County/Unknown	44	54	77	65
Total	1076	1065	1053	881

Data Source: LCS

3. CCGs Governance Arrangements

The CCGs hold a statutory responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is carried out effectively. CCGs are required to employ or have in place a contractual agreement to secure the expertise of Designated Professionals to provide senior strategic leadership across the health economy. The Designated roles are defined in the statutory guidance 'Working Together to Safeguard Children' (HM Government 2015).

The CCGs have access to a safeguarding and LAC team made up of the following staff:

- Designated Safeguarding Children & Looked After Children Nurse
- Deputy Designated Nurse Safeguarding Children
- Looked After Children & Care Leavers Nurse Commissioning
- Designated Doctor for Safeguarding Children (4 Professional Advisors)
- Designated Doctor for Child Death (2 Professional Advisors)
- Designated Doctor for Looked After Children

To ensure compliance with section 11 of the Children's Act 1989, the CCGs have to ensure the staff they employ are trained, knowledgeable and competent in safeguarding children. For the reporting period Herts Valley CCG's training compliance for level one training[1] was 81.3% and East and North Herts CCG's level one compliance was 85.5%, this is below CCG internal target of 90%. Steps have been put into place to bring about the necessary improvement; these include working with HR to produce quarterly reports on training uptake by CCG staff.

4. NHS England

NHS England is responsible for ensuring that the health commissioning system as a whole is working effectively to safeguard and promote the welfare of children and adults. It is accountable for the services it directly commissions including general practice and health visiting. (From October 2015 commissioning responsibility for health visiting will transfer to the local authority). NHS England leads and defines improvement in safeguarding practice and outcomes. The CCGs work co-operatively and constructively with NHS England to fulfil their safeguarding statutory duties.

5. Hertfordshire Safeguarding Children Board (HSCB)

The Hertfordshire Safeguarding Children Board is the key statutory mechanism for agreeing how organisations co-operate to ensure effectiveness of what they do. The full engagement of health agencies in the work of the HSCB is a key section 11 responsibility of the CCGs.

[1] Level 1 safeguarding children training provides a baseline understanding of safeguarding principles and practice.

6. Health's Participation in HSCB and Local Partnership Arrangements

The CCGs and all of their NHS partners are fully committed to safeguarding children and take their responsibilities seriously in order that they fulfil their statutory duties, as outlined in Section 11 Children Act 2004 and Working Together 2013 (updated July 2015).

Assurances have, and continue to be provided to the HSCB by the submission of the annual Section 11 Audits, which illustrate the quality of safeguarding children practice in provider organisations.
The CCGs have a statutory requirement to be a partner member of the HSCB. The Directors of Nursing attend the Board as the CCGs representatives. The Designated Doctors and Designated Nurse are professional advisors and attend to provide expert advice related to the health aspects of child protection and safeguarding children. There is also Director representation at the HSCB from all CCG commissioned NHS providers who are also represented at the HSCB sub-groups.

The Designated Professionals are members of HSCB Serious Case Review Panel. The Designated Nurse is a member of the Child Death Overview panel subgroup and also chairs the Learning and development subgroup.

The CCGs together contribute £104,360 to the work of the HSCB. The CCGs also make a significant additional contribution through the work undertaken by Designated Professionals. Such work includes Chairing and contributing to the work of Board subgroups; leading and contributing to multi-agency audits and peer reviews as well as providing the health perspective into serious case reviews and learning reviews.

6.1 Serious Case Reviews (SCR's) Partnership Reviews (PCR)

HSCB recognises the importance of learning lessons from cases where failures in partnership working have resulted in adverse outcomes for a child.

The CCGs have a statutory duty to work in partnership with HSCB and/or any other Safeguarding Children Board in conducting Serious Case Reviews and other case reviews in accordance with Working Together to Safeguard Children 2013 (updated 2015).

When a child dies or is seriously harmed from abuse or neglect or there are concerns about how professionals worked together to protect the child, the Local Safeguarding Children's Board (LSCB) responsible for child protection conducts a review to identify how local professionals and organisations can improve the way they work together.

The CCGs designated professionals coordinate and evaluate the health services inputs into the SCR and provide professional scrutiny and challenge. The CCGs must ensure that the review and all actions following the review are carried out according to the timescale set out by the SCR panel.

During the reporting period, **seven** cases were discussed at the SCR panel with two cases progressing to SCR and with one case still pending. The remaining cases did not meet the SCR threshold.

During the period of this report two SCRs were published, child B and child X.

Child B 17 year old girl who committed suicide whilst in a Mental Health Unit, there were 2 recommendations for health providers:

1. *There should always be consideration of the need to make contact with Hertfordshire Children's Services when a young person presents with significant mental ill-health, especially in relation to self-harming and where there are concerns about the impact the family dynamics may have on the young person in terms of any risk or protective factors. This contact should include information gathering and discussion about whether there is a need to make a referral and how a full psychosocial assessment can be undertaken.*

   HPFT's action: Developed the Crisis Assessment and Treatment Team (CCATT), operating in both East and North Herts Hospital NHS Trust and West Herts Hospital NHS Trust A&E departments 9am-9pm Monday to Friday.

2. *It is important that A&E departments record decisions and recommendations made in respect of a young person's attendance with mental health issues, to ensure records are available to support future treatment decisions and for reference if there are repeat A&E attendances.*

   West Hertfordshire Hospital Trust's action: compliance was audited in April 2015 with satisfactory results, re-audit will be undertaken to ensure compliance continues.

   East and North Hertfordshire Hospital Trust's action: compliance was audited in May 2015 with satisfactory results, re-audit to be completed in October 2015.

Child X child killed by her father there was one recommendation for GPs.

Hertfordshire LSCB should monitor the way in which the learning points for GPs identified in this review will be addressed by NHS England, Hertfordshire and South Midlands Area Team." This 'learning point for GPs' is that *"safeguarding training for GPs should encourage safe, accurate, precise record keeping with use of codes.*

NHSE/CCGs action: A record keeping update was undertaken in 2014, a re-audit to be undertaken by end of 2015.

6.2 Developing Multi-Agency Working

The HSCB have been undertaking work to develop and improve multi-agency communications and working within Hertfordshire.

6.3 Multi-Agency Safeguarding Hub (MASH)

The Local Authority has worked with the CCGs; Police; Probation and partner agencies to develop the MASH. The MASH involves the co-location of a range of agencies who share pertinent information at the point of first contact to help inform decisions about safeguarding and risk to children. This is a significant achievement in Hertfordshire.

Despite an initial slow start MASH went live end July 2015 The CCGs have commissioned two health practitioners to be core members of the MASH team and have made a financial contribution to the role of the Service Manager.

6.4 Child Protection Information Sharing (CP-IS)

The Child Protection Information Sharing (CP-IS) is a joint health and social care national initiative giving the NHS a higher level of protection to children who visit unscheduled care settings such as emergency departments, walk in centres, minor injury. The secure web system allows access by appropriate heath staff to a cohort of children who are subject to a plan or who are looked after children.

This is an important initiative as previous serious case reviews have demonstrated that abusive and neglectful parents can mask this behaviour by moving between different healthcare services. CP-IS was rolled out in Hertfordshire in early April 2015.

6.5 Child Sexual Exploitation (CSE)

Whilst CSE is receiving a high level of media attention it can remain a hidden problem. Recently there have been several high profile cases in Oxford and Rochdale involving groups of men sexually exploiting vulnerable young girls. In July 2012 the government published a ministerial statement following the publication of two reports pertaining to sexual exploitation of children in gangs and groups of children going missing from care.

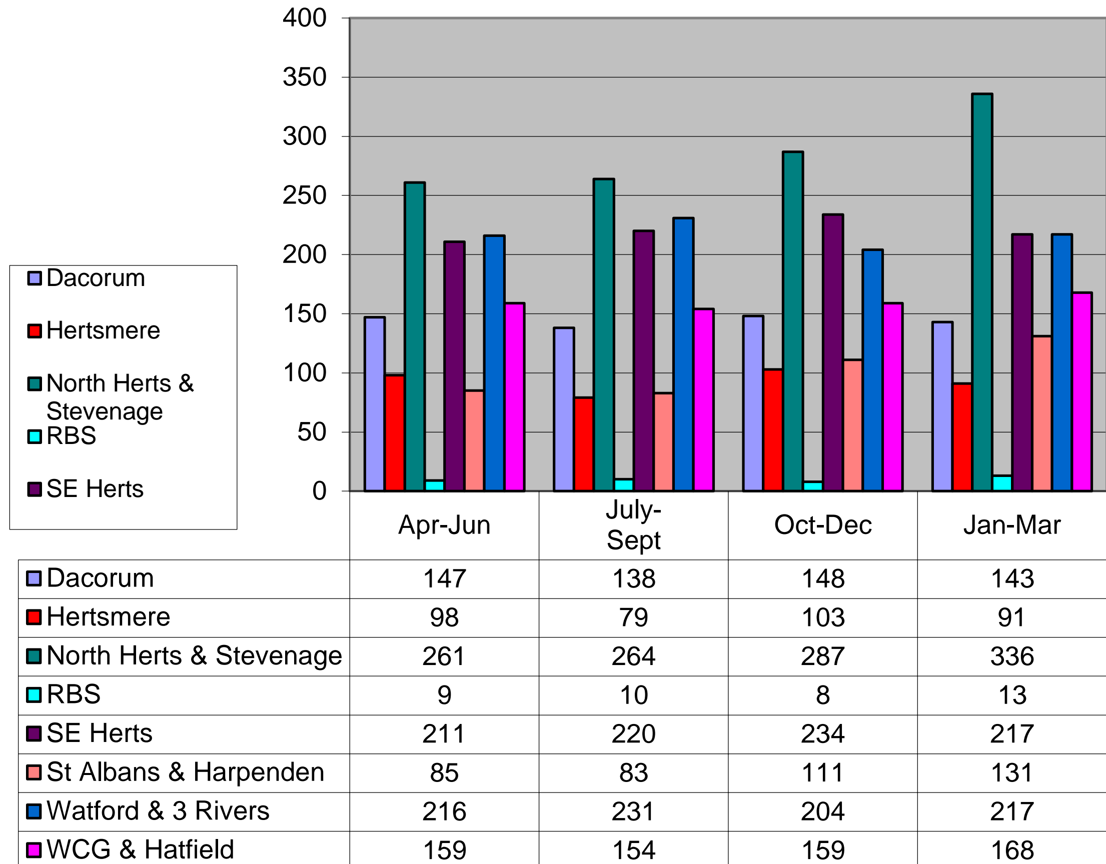
The HSCB directed that a CSE strategy be established to tackle the issue and manage risks to vulnerable young people who go missing, are sexually exploited or trafficked. There is an associated action plan which all partner agencies are signed up to.

The functions and actions of e-safety and the SEARCH Strategic Group have been consolidated into a new sub-group, the Strategic Safeguarding Adolescents Group (SSAG), the Designated Nurse will represent health on this subgroup.

6.6 Domestic Abuse (DA) and the Impact Upon Children

The impact that domestic abuse has upon children is widely known and well researched. The CCGs Safeguarding Team receives domestic abuse notifications from the police for all cases where there is child under the age of 5. Between April 2013 and March 2014 there were 4935 notifications for children under the age of 5 received by health from the police, this is an increase from 4009 for 2013/2014 period.

Table 4



	Apr-Jun	July-Sept	Oct-Dec	Jan-Mar
Dacorum	147	138	148	143
Hertsmere	98	79	103	91
North Herts & Stevenage	261	264	287	336
RBS	9	10	8	13
SE Herts	211	220	234	217
St Albans & Harpenden	85	83	111	131
Watford & 3 Rivers	216	231	204	217
WCG & Hatfield	159	154	159	168

A domestic homicide review (DHR) undertaken in 2014 following the murder of a 19 year old girl (AA) who had an under 5 year old child by her partner. The DHR was published in January 2015, there was one recommendation for Hertfordshire Community NHS Trust (HCT).

Hertfordshire Community NHS Trust should ensure health visitors carry out screening for domestic abuse in line with their existing best practice guidance.

Alongside the DHR recommendations, Hertfordshire Community NHS Trust, East and North Hertfordshire Hospital Trust and Hertfordshire Partnership Foundation NHS Trust identified recommendations as part of their Individual Management Review (IMR) process. Completion date for all recommendations is December 2015. Progress is monitored through their safeguarding committees.

6.7 <u>Multi-Agency Risk Assessment Conference (MARAC)</u>

MARAC is a process where a group of representatives from a number of agencies meet on a regular basis to share information about individuals who are considered to be at 'high risk' of homicide or serious harm. The aim of these meetings is to provide a forum for sharing information and taking action to reduce future harm to very high-risk victims of domestic abuse and their children. The Deputy Designated nurse for safeguarding sits on the MARAC steering group.

6.8 Child Death Overview Panel (CDOP)

The HSCB is responsible for ensuring that review of each death of a child normally resident in the Hertfordshire area is undertaken by the CDOP. The panel is chaired by the Deputy Director of Public Health. The functions of the CDOP include:

- reviewing all child deaths up to the age of 18, excluding those babies who are stillborn and planned terminations of pregnancy carried out within the law
- collecting and collating information on each child and seeking relevant information from professionals and, where appropriate, family members
- discussing each child's case, and providing relevant information or any specific actions related to individual families to those professionals who are involved directly with the family so that they, in turn, can convey this information in a sensitive manner to the family
- determining whether the death was deemed preventable, that is, those deaths in which modifiable factors may have contributed to the death and decide what, if any, actions could be taken to prevent future such deaths
- making recommendations to the LSCB or other relevant bodies promptly so that action can be taken to prevent such future deaths where possible

Between March 2014 and April 2015 a total of 45 cases were reviewed by the panel. There were no consistent trends identified from these deaths, there were 18 neonatal deaths (only 3 had modifiable factors), 14 deaths due to life limiting illness, 6 sudden unexpected infant deaths, 1 drowning 1 homicide, 1 suicide and 3 deaths listed as other for cause of death. The most common cause of child deaths for 2014/2015 was neonatal deaths, a more detailed CDOP report will be published in the Autumn 2015.

6.9 Rapid Response to a Child Death

The rapid response team in Hertfordshire is led by Hertfordshire Community Trust (HCT), and they respond to every unexpected child death in Hertfordshire under the guidance of a multi-agency protocol. The nature of the process is twofold, a forensic investigation of the child death, and also supportive in that it ensures a bereavement plan is in place for the family.

The table below illustrates the figures for the rapid response team for last 2 years.

Table 5

	2013/2014	2014/2015
Total number of unexpected child deaths reported to team	25	23
Number of unexpected child deaths managed as a Rapid Response	21	16
Deaths under 1-year of age	6	8

7. Safeguarding Monitoring of Commissioned services

Through monitoring of commissioned Services, the CCGs gain assurance that staff across all NHS provider organisations safeguard and protect children at risk of harm and ensure that processes are in place to support practitioners to respond to concerns. The providers are performance managed via Quality and Contract meetings and through monitoring of Service Level Agreements and Contract Schedules through Quality Committees;

In addition the following arrangements are in place to strengthen the CCGS's assurance processes:

- The Designated nurses are members of each providers trust's internal safeguarding committees
- Annual NHS provider section 11 visits with scrutiny of the self-assessment tools, followed by Section 11 dip sample audits
- All Serious Incidents regarding safeguarding children are notified to the Safeguarding Children Team.
- Supervision of provider Named Professionals by Designated Professionals
- Monitoring and reviewing action plans from Serious Case Reviews (SCR), Domestic Homicide Reviews (DHR) and other pertinent reviews
- Commissioned health providers safeguarding children performance data is collected quarterly via a dashboard which is part of the quality schedule, enabling the Designated team to monitor the quality of services and activity trends.
- In 2014/15 providers were also required to demonstrate compliance with the CQC action plan and this was monitored through CCG led Task and Finish groups.

7.1 Challenges in monitoring commissioned services 2014/2015

- Supervision to Named professionals not provided as should be by the Designated professionals due to sick leave in the team. **2015/2016** Designated Professionals now providing supervision to all Named professionals.
- Provider organisations not meeting the 95% training target compliance across level ;2 and 3. **2015/2016** Designated office will monitor provider's training quarterly via the dashboard and providers safeguarding committees to address poor compliance.
- Safeguarding Children dashboard not fully functional. **2015/2016** functionality complete and being monitored by Designated office.

7.2 Areas of good practice

- Introduction of section 11 dip sample audits
- Good working relationship between the Named professionals and Designated professionals now established through the Whole System Safeguarding Children Named professionals meeting

7.3 Single Agency Training

The CCGs routinely seek assurance that the services they commission have competent, skilled workforces who are able to respond to the safeguarding needs of children.

Provider organisations report training compliance to their safeguarding committees, quarterly to the CCGs via the dashboard and at quality review contract meetings.

The CCGs have safeguarding children standards in every contract and the providers are expected to achieve at least 95% compliance across levels one, two, three and four safeguarding children training. The table below highlights the trend in each organisation's training compliance across all levels during the reporting period.

Table 6 Provider Safeguarding Training Uptake

	HPFT				HCT				ENHT				WHHT			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Level One	92%				78%	80%	83%	87%	83%	85%	87%	91%	84%	84%	86%	85%
Level Two		93%	90%		97%	98%	99%	96%	81%	83%	86%	90%	80%	81%	83%	90%
Level Three					88%	93%	95%	100%	66%	65%	75%	71%	71%	68%	73%	91%

During the reporting period HFPT, did not report on their level three training compliance and for quarters two, three and four the level one and level two training was recorded as a single level.
During the next reporting period the CCGs will closely monitor HPFT's training activity to ensure ongoing compliance.

ENHT have been challenged on their Level 3 training compliance, early 2015/2016 figures shows an improvement from 71% to 79%. The Trust has an action plan in place to meet the 95% training target compliance which is being monitored closely by the Designated Nurse via the Dashboard and the Trusts safeguarding committee.

NHS England is responsible for ensuring GP's and other primary care professionals' access safeguarding training as part of their performance monitoring responsibilities.

7.4 Implementing CQC Recommendations

The CQC undertook a Review of Safeguarding Children and Looked After Children activities within Hertfordshire in November 2013. They made 37 recommendations as outlined in last year's Annual Safeguarding Children Report. To ensure robust monitoring of the recommendations, a Task and Finish group was set up. The group met six weekly.

Due to changes in the safeguarding teams within Provider organisations, there was a slow start in implementing the CQC action plans. The action plan has since made reasonable progress.

Training compliance remains outstanding for ENHT, WHHT and HPFT. HPFT have two areas where action has been taken but the impact of these requires assessment.

- Ensure that management oversight and supervision arrangements in adult mental health services and CAMHS are robust in ensuring practice is compliant with national guidance and demonstrates continuous improvement.
- Ensure that the needs of young people are fully reflected in CAMHS assessments and that young people have an opportunity to be seen alone when they are competent to choose.

Action plan to be fully completed by December 2015.

8. Looked After Children and Care Leavers (LAC)

8.1 Background and Statutory Responsibilities

Looked After Children and young people share many of the same health risks and problems as their peers, but often to a greater degree. Generally they have worse levels of health on entry to the care system and poorer longer term outcomes. (Statutory Guidance on promoting the health and wellbeing of Looked After Children, DCSF, 2009). Neglect and chaotic family circumstances may mean that children's basic health needs have not always been met consistently before coming in to care. The prevalence of emotional, behavioural and mental health difficulties is greatly increased in the LAC population, often as a long term consequence of abusive experiences.

East and North Herts CCG and Herts Valley CCG have the statutory responsibility for the commissioning of health services for Hertfordshire's Looked After Children from 1st April 2013. Both CCGs are also the responsible commissioner for Hertfordshire children who are placed outside the county.

The LAC and Care Leavers Health service is jointly commissioned by the CCGs and Hertfordshire County Council for social care. The CCGs take the lead on the commissioning of the provision and co-ordination of the LAC health assessments

8.2 Local Context

The numbers of children in care, placed out of County and care leavers remain relatively consistent. In addition, there are 231 Care leavers (16 -18 years of age).

Table 7 **The age of the Looked-after cohort in Hertfordshire as of 31 March for the given year**

Year	Under 1	1-4	5-9	10-15	16 +	Total LAC
2012	**55**	**175**	**180**	**370**	**275**	**1055**
2013	**60**	**169**	**184**	**359**	**265**	**1037**
2014	**50**	**159**	**183**	**352**	**297**	**1041**
2015	**54**	**141**	**200**	**346**	**283**	**1024**

CLA Source: SSDA903

8.3 Performance Indicators

National performance indicators are produced in partnership with Hertfordshire Children's Services. Data for health assessments is collected by the Department for Education (DfE) annually for all children looked after for a year or more on the 31st March. These figures do not reflect the actual workload as all children taken into care require an Initial Health Assessment (IHA) within 28 days of entering care, and there are children entering and leaving care throughout the year.

8.4 Comparative Data

These are the SSD 903 returns provided by Hertfordshire County Council to the Department for Education. It reports on the percentage of children looked after for 12 months or more who have had dental and health checks within the last financial year.

Table 8

Indicator	Herts 12/13	Herts 13/14	Herts 14/15
% LAC who had annual Health check	87.5	79.1	81.5
National Average %	87.0	88.0	Below national average
% LAC who had annual dental check	84.2	82.4	80.0
National Average %	82%	84.0	Below national average
% LAC with Immunisations up to date	91.7	90.5	88.8
National Average %	87.0	83.0	Above national average

8.5. Health Assessments

There are two different timescales in place for providers when completing Health Assessments:

- Initial Health Assessment (IHA) (Statutory) must be completed within 28 days of a child coming into care.
- Review Health Assessment (RHA) is required every 6 months for children under 5 years and annually thereafter.

8.5.1 Performance against IHA statutory 28 day time frame:

Table 9

Number of requests received within 1 week entering care	80
Number of requests received within 28 days entering care	272
Number of IHA's completed within 28 days entering care	49
% IHA's received and completed within 28 days entering care	18

The percentage completion within the 28 days statutory timeframe is disappointingly and unacceptably low and well below CCG comparator authorities. Although it should be noted 14/15 achievement was an improvement on the 13/14 figure which was 1.04%. Performance in 2015/2016 has improved further with introduction of the new model and currently stands at 38%.

8.5.2 IHA – Provider Performance

Health providers are allocated 10 working days to return completed health assessments to the LAC health team to meet these statutory requirements (see Appendix One). Children under 10 years or those with complex needs attending specialist schools are seen by community paediatricians from either HCT or East and North Herts NHS Trust (ENHT). Children and young people age 10-18 are seen by GPs. For those children who are difficult to engage the LAC Nurse Team will undertake the IHA.

Table 10 Provider Performance against allocated 10 day timescales

PROVIDERS	2014/2015		
	No of HA's Requiring Completion	No Returned within Timescales	% Completed Within Time Scales
E&N Herts Paeds	99	49	49
HCT Paeds	82	53	65
Out of County Paeds	26	1	4
GP E&N Herts	76	9	12
GP West Herts	73	7	10
Adoption Advisor E&N Herts	13	5	38
Adoption Advisor West Herts	26	20	77
GP Out of County	29	1	3
Herts LAC Health Team Nurses	6	4	67
LAC Nurses out of County	19	0	0
Total	**449**	**149**	**33**

8.5.3 Review Health Assessments (RHA)

RHAs to be completed by providers within 5 weeks of receipt of health assessment request from HCC by LAC health team (see Appendix Two). RHA's are undertaken by the health visitor or school nurse. Care Leavers (age 16-18yrs) are seen either by their GP or the LAC Nurses.

Table 11 Provider Performance against allocated 5 weeks (35 days) timescales:

PROVIDERS	2013/2014			2014/2015		
	No of HA's Requiring Completion	No Returned within Timescales	% Completed Within Time Scales	No of HA's Requiring Completion	No Returned within Timescales	% Completed Within Time Scales
Paediatrician - East & North	44	21	48	50	40	80
Paediatrician - West	20	9	45	14	7	50
Paediatrician - Out of County	7	1	14	5	0	0
General Practitioner - East & North	2	1	50	1	0	0
General Practitioner - West	3	0	0	1	0	0
General Practitioner Out of County	26	7	27	43	8	19
Adoption - East & North	108	59	55	82	64	78
Adoption - West	113	34	30	118	78	66
Adoption - Out of County	7	1	14	10	4	40
Health Visitors - East & North	4	2	50	3	0	0
Health Visitors - West	12	0	0	4	3	75
School Nurses - East & North	41	20	49	0	0	0
School Nurses - West	64	33	52	0	0	0
School Nurses - Out of County	10	2	20	5	2	40
CUS LAC Nurse	157	87	55	276	198	72
Herts LAC Nursing Team	109	87	80	107	89	83
LAC Nurses - Out of County	91	8	9	94	17	18
Total	**818**	**372**	**45**	**813**	**510**	**63**

37 % of RHAs completed by health providers missed the 5 week (35 days) timescale by between 1- 200 days.

In order to bring about improvements to the timescales and quality health assessments, a number of actions were employed by the CCG and its partners in health and social care:

- A joint partnership approach to meeting the 28 day national timescales for health assessments across health and Children's' Services was introduced to ensure a shared responsibility for outcomes.
- A single pathway referral system within the Children's' Services Brokerage Team for all initial health assessments was established to improve timescales and improve the interface between the LAC Health Team in HCT and Children Services.

- Achievement of the 10 working days timeframe has been added to all relevant providers Quality Schedules.
- Fostering of stronger engagement from Community Paediatric teams in HCT and E&N NHS Trust, standardised clinic provision and stronger contract monitoring.
- A new GP Service Model was commissioned and implemented in July 2015 to support the IHA pathway and build additional resilience. It is anticipated that this new delivery will further improve the performance. The evidence of impact will be seen from July clearance rates onwards
- Formation of LAC leadership group to drive forward the LAC agenda and improve health outcomes.
- Formal LAC contract monitoring meetings with all commissioned providers to ensure that providers meet their target performance and therefore improve overall performance against national timescales.
- Strengthening of escalation processes within and across partner organisations to ensure a rapid response to identifying risks and mitigating them.
- Quarterly deep dive audits by providers and the CCGs to review the quality of health assessments with the aim of improving the health outcomes for Looked After Children in Hertfordshire.

With these measures implemented, the early 2015/16 performance against timescales and quality of health assessments is showing consistent improvement each month and remains a key priority for the CCG and its partners.

8.6 Data Collection and Health Outcomes

The CQC review in 2013 recommended that the CCGs improve their awareness of the health needs of LAC. As a result during the reporting period a LAC Health Dashboard and Health Data Diagnostic Template was created for SystmOne users. A sample deep dive looking at the individual health needs of LAC in Hertfordshire using SystmOne information system was completed in March 2015 and a number of health needs were highlighted. (See Appendix Three)

9. Challenges within Safeguarding Children and LAC Team during 2014 – 2015

Due to long term sick leave the team has had at times to function using interim staffing arrangements which inevitably did cause a level of instability. The situation was managed and mitigated by close oversight from the senior team. The post of Deputy Designated nurse has now been recruited to substantially. This impacted on the delivery of objectives described in section 1.

In addition there were changes within the safeguarding teams for all statutory healthcare providers which resulted in the slow implementation of the CQC action plan and was a risk for the system.

10. LAC Priorities for 2015/2016

- To ensure a step change in performance against timeliness for the completion of both Initial and Review Health Assessments.
- To work with Hertfordshire Children Services and health providers to ensure a full dataset for attendance at dental appointments and immunisations are captured accurately.
- To work with Hertfordshire Children Services and health providers to ensure that Hertfordshire LAC have their emotional and mental health needs adequately assessed and timely support given through the Strengths and Difficulties (SDQ) process.
- To monitor the "You are Welcome" status of LAC providers and the results of audits and feedback from LAC and carers regarding service(s) received to ensure that their experiences are routinely sought and used to improve services.

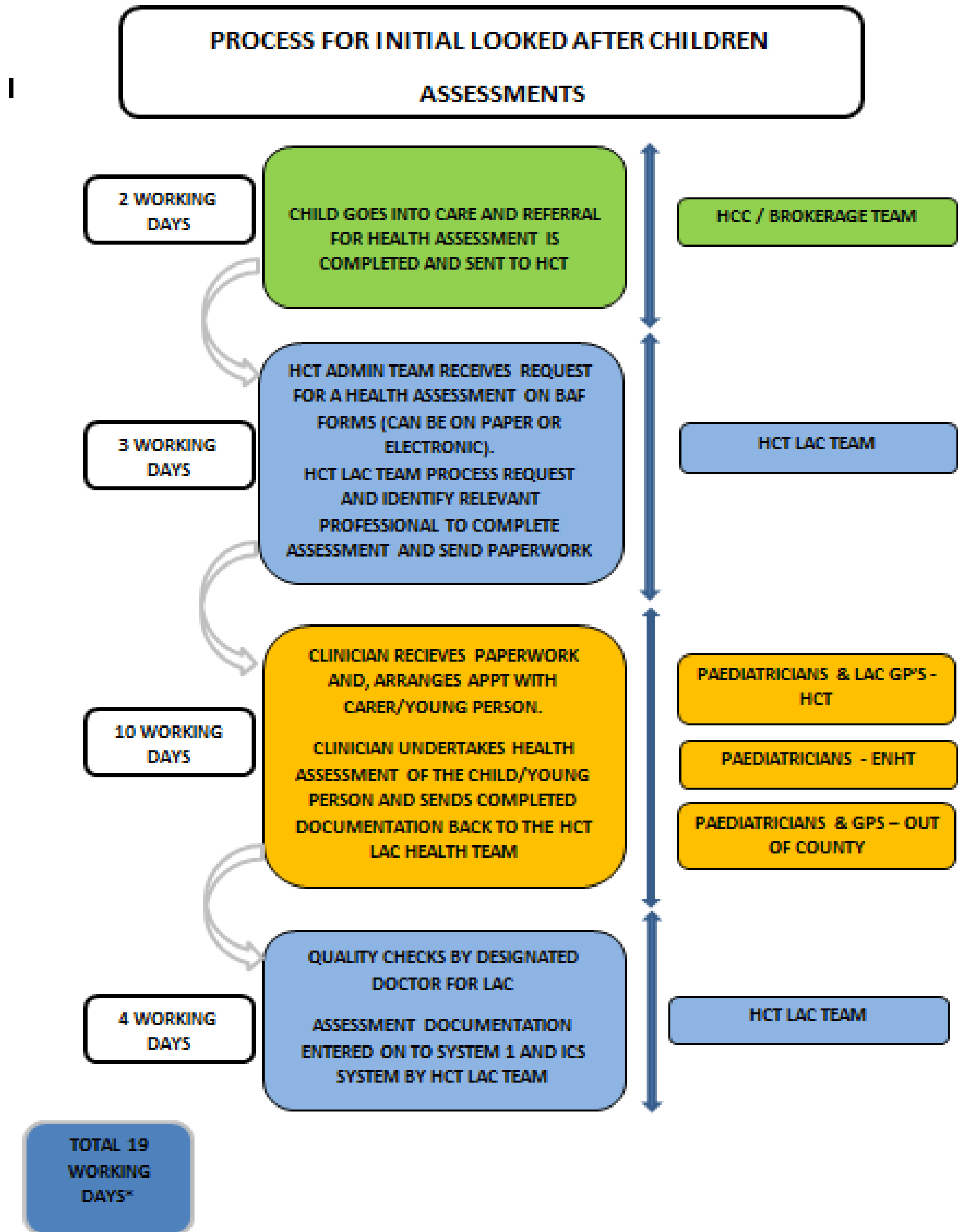
11. Safeguarding Children Priorities for 2015 – 2016

- Review the 3 year Safeguarding Strategy
- To further strengthen provider quality monitoring systems and processes as part of the quality
  and patient safety agenda
- To ensure that there is the same level of performance monitoring for General Practice Out of Hours Services (Herts Urgent Care - HUC)
- To evidence the impact of learning from serious case reviews across the health economy
- To review current Female Genital Mutilation activities and identify gaps developing a time limited action plan as appropriate
- To review current Child Sexual Exploitation (CSE) activities and identify gaps developing a time limited action plan as appropriate
- Ensure all CQC actions are completed

12. Conclusion

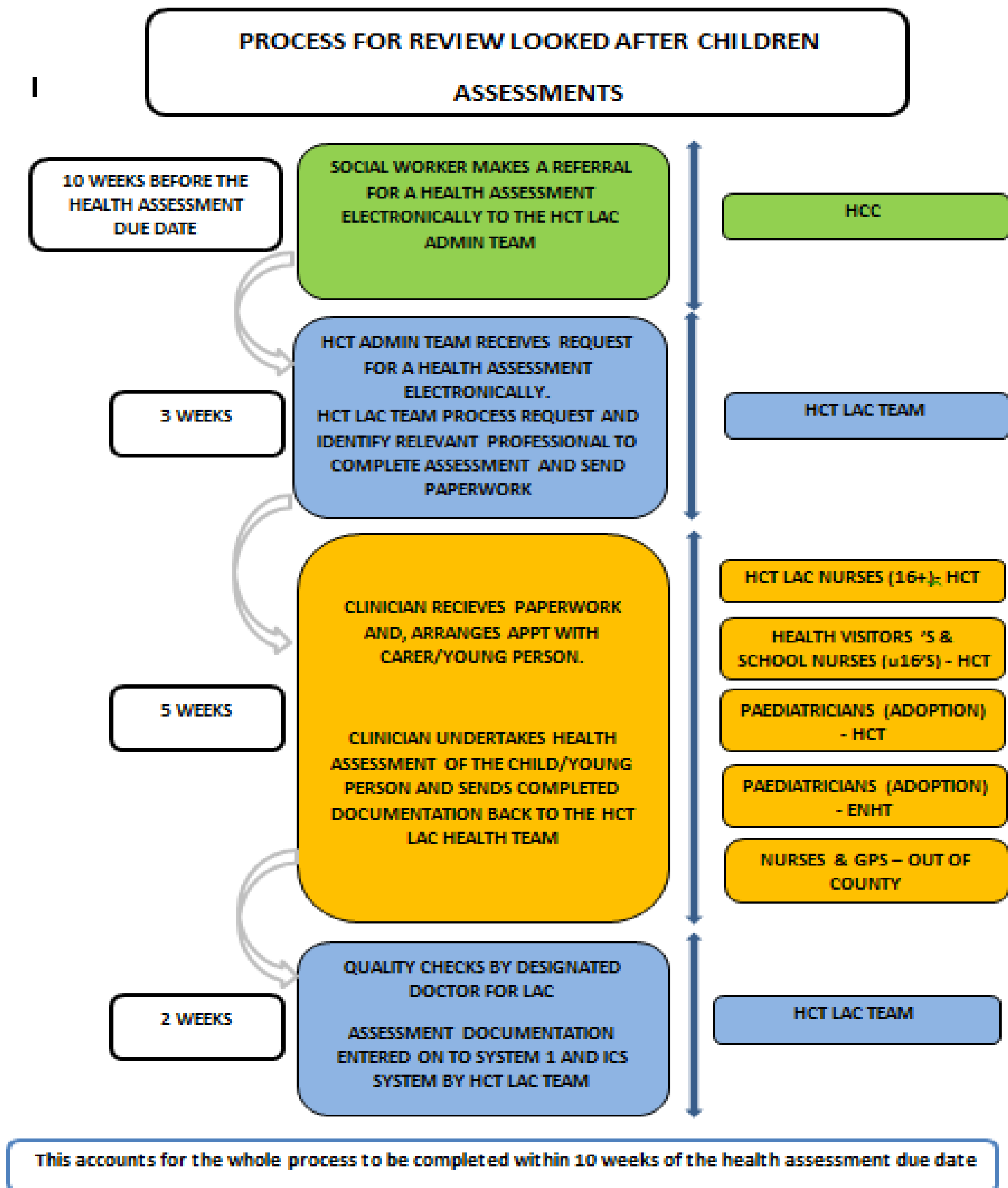
Whilst there were notable health and social care system achievements in 2014/15 including the newly commissioned GP led LAC Initial Health Assessment Service and the 'going live' of the Multi Agency Safeguarding Hun (MASH); there remains a number of key challenges for both the Safeguarding and LAC Team and health and social care system going into 2015/2016. These challenges are clearly outlined in the CCG priorities for 2015/16 and will require effective partnership working across the whole health and social care economy if we are to continue to support our most vulnerable children.

Appendix One



*This accounts for the whole process to be completed within 28 calendar days

Appendix Two



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Appendix Three:

LAC & CL Health Team – Health Outcome KPI Data from SystmOne (as of 17th March 2015)

DIAGNOSTIC CATEGORY	NUMBER	%
Allergic Disorder	49	2.2
ADHD	46	2.0
Autistic Spectrum Disorder	65	2.9
Bipolar disorder	2	0.1
Cerebral Palsy	20	0.9
Childhood Asthma	27	1.2
Congenital Heart Disease	8	0.4
Cystic Fibrosis	3	0.1
Depressed Mood	11	0.5
Disorder of Hearing	42	1.9
Epilepsy	32	1.4
Metabolic disorders	4	0.2
Ophthalmological disorder	119	5.3
Other Nervous System Disorder	0	0
Self-injurious behaviour	4	0.2
Sickle Cell Anaemia	1	0.0
Thalassaemia	0	0
Thyroid disorder	0	0
Type I Diabetes	6	0.3
Type II Diabetes	2	0.1
BMI > 98th Centile under 16 yrs	29	1.3
BMI > 98th Centile all ages	184	8.1
Smoker under 16 yrs	13	0.6
Smoking cessation under 16 yrs	2	0.1
Smoker > 16 yrs	256	11.3
Smoking cessation	29	1.3
C Card issued	52	2.3
Chlamydia Screen < 16 yrs	3	0.1
Chlamydia Screen >16 yrs	54	2.4
Pregnant < 18 yrs	10	0.4
Pregnant > 18 yrs	53	2.3