BLMK
Integrated Care System

NHS
Bedfordshire, Luton and Milton Keynes
Clinical Commissioning Group

Children In Care Annual Report 2020-2021

Mandy Park Designated Nurse Safeguarding Children and Looked After Children

ITEM 9

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Collaborative working

During this exceptional time of adversity Children's Social Care, the CCG and our health providers worked collaboratively, ensuring at the time of most need our children in care had a quality service.

During this year we have:

- built upon our previous successes
- relationships have been strengthened
- ensured collaboration is at the core of our work
- nurtured mutual support to secure professional resilience
- moved to virtual training including GP's in MK
- practiced from the stance that child safeguarding and children in care is our core business

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Changes to working practice due to the Covid Pandemic

The utmost priority of our providers was to continue service delivery ensuring all children in care had their statutory assessments completed and that LAC health teams were able to continue to support and advise Children's Social Care, foster carers, schools, and all other agencies that may require guidance.

- All meetings took place via video-link or telephone consultation
- A RAG rated Covid Risk Assessment Tool was devised to identify health risks for looked after children
- A Covid Risk Assessment Tool for Foster Carers was devised for any child/young person who would require a face-to-face appointment either in clinic or a home visit
- Any child or young person of concern was raised with appropriate universal services and Children's Social Services and joint plans made where needed
- SDQ's and Carer Reports were emailed to foster carers to support information gathering prior to a virtual health assessment
- Home visits were carried out by the nurses if the child required to be seen, or if uncomfortable to with video link assessment. Infection Prevention Control (IPC) government guidance followed.
- By Jan 2021 – all RHA appointments were face to face apart from ad-hoc appointments.

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Transition back to face-to-face appointments

Health assessments have been gradually transitioned back to face to face following Infection Prevention Control (IPC) government guidance.

Where needed RHA completed in two parts with the assessment completed in partnership with the foster carer via video-link, followed up by an additional 15-minute clinic/home visit if needed to 'see' and complete the child's height and weight.

All under 5's placed with birth parents on LAC plans, were seen face to face. If the client/carer requests a face to face for an over 5 then this will be facilitated.

Growth monitoring: if a medical need to do this then a face-to-face health assessment would be undertaken to assess the growth. For those just wishing to have their growth completed, the health teams have been using the growth clinics or signposting.

Ways of working during Covid have given experience in delivering services in a different way.

Moving forward health teams are considering using a blended approach of face to face and virtual assessments. Anecdotally, many of the older Children / teenagers have engaged better with virtual assessments.

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Initial Health Assessment

144 IHA's Due

89 IHA's Completed

62% Within timescale timescale

All children within Milton Keynes received an Initial Health Assessment; however, 55 children were seen outside of the statutory timescales.

Delay in statutory timescales:

- Delayed consent and paperwork inaccuracies impacting on progress of appointment booking
- Placement moves
- Appointments not attended
- Communication issues with foster carers

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Appointments not attended

- 20 Initial Health Assessments were not attended and required re-booking.
- A common area for non-attendance is within the teenage age group, who at times can be complex to engage. This year 8 young people over the age of 14 years declined to attend for an IHA.
- Additional issues affecting completion relates to young people going missing from placement, placement moves and foster carers cancelling the appointment.
- If the appointment has not been attended due to the foster carer forgetting or cancelling last minute, the fostering Social Worker will review reasons for cancellation directly with the foster carer.
- At all times the team around the child will be notified of non-attendance including Designated Doctor, Named Nurse, Social Worker & Manager, Independent Reviewing Officer and CSC Management.

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Review Health Assessment

259 completed RHA's

88% within timescale

Delay in statutory timescale:

- non-attendances to their first booked appointment.
- placement moves
- carers isolating due to covid contact
- young people going missing.

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Unattended appointments for RHA

The biggest impact on overall performance was managing the DNA rate of booked appointments.

- Some CYP were 'hard to reach' young people
- Carers forgetting/cancelling at short notice
- Appointments are offered at a time to suit and outreach in terms of where they are most comfortable, home, school, clinic, or a more casual space of their choice. This has been more difficult to provide due to the restrictions of the covid pandemic.
- All non-attendances are recorded and reported to the child's Social Worker, the Fostering Social Worker, the Independent Reviewing Officer (IRO) and CSC Manager.
- Foster carers to liaise with SW Manager if cancel

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SDQ Scores

During the pandemic the LAC health team and Corporate Parenting Team made efforts to maintain gaining a child's SDQ score:

- SDQ questionnaires were emailed out for all assessments to enable information gathering
- BLMK CCG led on monthly meetings with the provider Named Nurse Looked After Children to ensure any cases raising risk and requiring additional monitoring were flagged and jointly discussed
- Children and young people with needs of additional complexity such as autism spectrum disorder, attention deficit disorder, significant learning need or mental health difficulties may be at increased risk and require additional support.
- The Primary Mental Health Worker guided complex cases signposted to appropriate resources and offering direct work where needed.
- Children are supported by the Primary Mental Health Worker in CAMHS, CNWL CAMHS Specialist services and Kooth

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Immunisation and Dental Performance

Immunisation and vaccination 88%

Dental checks 69%

Performance and compliance to statutory timescales in this area has been significantly impacted upon due to the pandemic. The Designated Nurse and Head of Corporate Parenting remain to scrutinise performance.

*currently compliance has risen to 69% with a projection for 80% by the close of November 2021. Children in need of dental treatment have accessing this with ease; children in need of an annual appointment are now being progressed at pace.

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Case study

General anesthetic for a child with learning disabilities and autism requiring urgent dental care.

The LAC Health Team worked collaboratively with the Children with Disabilities Team, specialist placement staff and dental staff in securing treatment under general anesthetic for a young person aged 17 years who was experiencing significant dental pain. This young person has autism and limited verbal communication, which made it difficult to fully ascertain where his pain was originating. Assessment and management involved extensive discussion and planning by the dental team with a 'Team Around the Child' approach. The Community Dental Service and the young person's specialist dentist liaised with placement, LAC health Nurse Team, CWD Team and co-ordinated an extremely successful hospital admission. Despite the complexity around covid management and risk within a hospital setting, the planning, management and co-ordination of care gained access for general anaesthetic for this young person. The whole team approach resulted in a safe dental operation and involved multiple specialists all with covid safety plans in place. Essential additional care such as podiatry was pre-planned and completed by the hospital team whilst the young person had his general anaesthetic. Post hospital discharge, the young person chose to go to school the next day and was described as having significantly reduced behavioural distress was markedly less and low analgesia use required.

The above evidenced the care from the 'team around the child' working in partnership with an excellent outcome for this young man.

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Case study

Young person who had not had a face-to-face IHA due to living out of area. There were concerns around fabricated illness. RHA referral was received, and an appointment booked but there were some concerns identified regarding mum being present at the appointment and ongoing safeguarding concerns. LAC Team took the case to safeguarding supervision and agreed it would be more appropriate for the YP to be seen by the paediatrician involved in their care:Email sent requesting YP seen by a paediatrician for their RHA for the following reasons:Baseline assessment required to identify health needs.Paediatrician already involved in YP's care and had been identified as the best placed health professional to undertake the assessment. Paediatrician had already been involved in LAC reviews.

Email from YP's social worker advised that court proceedings would only be shared with Paediatricians and GP, not other professionals so risk of LAC team not having all relevant information.

As concerns around fabricated illness, it would be advisable to limit the number of professionals involved with YP to try and ensure any issues are not diluted.

Paediatrician agreed to undertake LAC RHA and YP seen by the Paediatrician already involved in their care.

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BLMK achievements for 2020-2021

- Named and Designates Forum in place, meeting bi-monthly. Sharing best practice, standardising health policy, streamlining processes and addressing challenges
- Recruitment of two Safeguarding Looked After Children's Nurses to work with the Designated professionals across BLMK to provide extra resource for Children in Care
- Escalation pathways have been developed

BLMK Work plan / priorities for 2021/22

- Ongoing monitoring of recovery plans post pandemic and provision of face to face health assessments
- Designated Professionals to undertake quality audits of health assessments and Care Leaver passports
- Organise a BLMK Children in Care conference
- Further work on the transition from child to adult health services