Sussex & East Surrey
Sustainability & Transformation Partnership

Sussex and East Surrey Sustainability and Transformation Partnership (STP) Looked After Children Policy

Version:	1.4
Summary:	This policy aims to ensure that Clinical Commissioning Groups (CCGS) within Sussex and East Surrey STP work together to drive continued improvement in practice and achieve better outcomes for looked after children and care leavers.
Ratified by:	
Date ratified:	
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Date issued:	
Review date:	
Target audience:	All staff employed within Sussex NHS Clinical Commissioning Groups East Surrey CCG will adopt Surrey-wide policy

Document History
Revisions:

Version	Created by	Date	Main Changes/Comments
1.0	H Lomas	July 2018	
1.1	K Hughes	July 2018	
1.2	G Wireko-Brobby	July 2018	
1.3	S Leather	July 2018	

Contents:

Abbreviations:

STP:	Sustainable Transformation Partnership
CCG:	Clinical Commissioning Group
IHA:	Initial Health Assessment
RHA:	Review Health Assessment
UASC:	Unaccompanied Asylum Seeking Children
SLA:	Service level Agreement
NHS:	National Health Service
UK:	United Kingdom
SGO:	Special Guardianship Order
JSNA:	Joint Strategic needs Assessment
JHWS:	Joint Health and Wellbeing Strategy
LSCB:	Local Safeguarding Children Board
CIC:	Children in Care
CLA:	Children Looked After
DOH:	Department of Health
DOE:	Department of Education
RCN:	Royal College of Nursing
RCPCH:	Royal College of Paediatrics and Child Health
NICE:	The National Institute for health and Clinical Excellence
LA:	Local Authority
AO:	Accountable Officer
SCR:	Serious Case review
CICC:	Children in Care Council
PTSD:	Posttraumatic Stress Disorder
KPI:	Key Performance Indicator
GP:	General Practitioner

1. Introduction

1.1 This policy only applies to the seven CCGs across Sussex as there is a separate Service Level Agreement (SLA) with the Surrey-Wide Looked After Children team to undertake all the responsibilities of the Looked After Children agenda on behalf of East Surrey CCG and therefore Surrey policy will apply to this CCG.

This document aims to promote effective inter-agency working for Looked After Children across Sussex and East Surrey STP and their partner agencies. Key arrangements and responsibilities for Looked After Children are set out demonstrating how corporate accountability will be met whilst adhering to statutory guidance to promote best practice.

Guidance is provided to ensure Sussex CCGs, in their commissioning roles, drive continuous improvement for children and young people who experience the care system in terms of equity, effectiveness, safety, timeliness, efficiency and child centeredness.

2. Context and legal framework

2.1 Most children enter the care system as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. For example, almost half the children in care have diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults (Department of Health DoH/ Department for Education DfE March 2015).

2.2 Ensuring high quality services for these children is central to the quality of care (National Health Service (NHS) Outcomes Framework 2015/16), particularly:
Domain 3 -Helping people to recover from episodes of ill health or following injury
Domain 4: Ensuring people have a positive experience of care.
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.

2.3 In UK law, children in care are referred to as “looked after children”. A child is “looked after” if they are in the care of the local authority for more than 24 hours. Legally this could be when they are:-

- Living in accommodation provided by the local authority with the parents’ agreement
- The subject of an interim or full care order
- The subject of an emergency legal order to remove them from immediate danger
- Detained in a secure children’s home, secure training centre or young offender institution
- Unaccompanied asylum seeking children

It does not include those children who have been permanently adopted or who are on a special guardianship order.

2.4 For the purposes of this document, as described in the Children Acts 1989 and 2004, a child or young person is anyone who has not reached their 18th birthday. A child ceases to be “looked after” when they are either adopted, returned home, placed on Special Guardianship Order (SGO) or reach 18 years of age.

2.5 The terms Children in Care (CIC) or Children Looked After (CLA) are often used interchangeably with the term Looked after Children as children have given feedback that they dislike the term Looked After Children, particularly when abbreviated to 'LAC'. However, for the purpose of this formal document the term 'Looked after Children' will be used as it is the legal term used in Children Act and Statutory Guidance so making clear the cohort of children that are included and those that are not.

2.6 As described in the statutory guidance "Promoting the health and well-being of looked after children" 2015 - the NHS has a major role in ensuring the timely and effective delivery of health services to Children Looked After. The Mandate to NHS England, Statutory Guidance on Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) and The NHS Constitution for England outline the responsibilities of CCGs and NHS England to Looked After Children (and, by extension, to Care Leavers). In fulfilling those responsibilities the NHS contributes to meeting the health needs of Looked-After Children in three ways:

- commissioning effective services,
- delivering through provider organisations
- through individual practitioners providing coordinated care for each child.

2.7 This policy applies to all employees and members of Sussex CCGs. It should be read and be followed by all staff and will be referred to in mandatory safeguarding/looked after children training. It should be read in conjunction with local and national policy (Appendix 1).

2.8 The policy should inform commissioning staff during the development of service level agreements (SLAs) and contracts with any provider of health services with which the CCG is engaged.

2.9 Sussex CCGs are each accountable for their own Looked After Children structures and processes and are accountable for obtaining assurance that there are appropriate arrangements in place in the agencies from which they commission services.

3. Policy Statement

3.1 Sussex and East Surrey STP has the following constituent organisations/ CCGs

- Brighton and Hove CCG
- Brighton and Hove City Council
- Brighton and Sussex University Hospitals NHS Trust
- Central Surrey Health
- Coastal West Sussex CCG
- Crawley CCG
- East Sussex County Council
- East Sussex Healthcare NHS Trust
- Eastbourne Hailsham and Seaford CCG
- First Community Health and Care
- Hastings and Rother CCG
- High Weald Lewes Havens CCG
- Horsham and Mid Sussex CCG
- Integrated Care 24
- Queen Victoria Hospital NHS Foundation Trust
- South East Coast Ambulance Service NHS Foundation Trust

- Surrey and Borders Partnership NHS Foundation Trust
- Surrey and Sussex Healthcare NHS Trust
- Surrey County Council

3.2 Sussex and East Surrey STP has the ambition to improve population health and wellbeing by working together as an STP footprint. Integration of mental and physical health is at the core of wider strategic thinking.

3.3 CCGs within STP are committed to all processes that promote and improve the health and wellbeing of Looked after Children and aim to commission services that will ensure equal access regardless of:

- Race, religion, first language or ethnicity
- Gender or sexuality
- Age
- Health status or disability
- Legal, Political or immigration status
- Placement Type

3.4 Sussex CCGs will fulfil this commitment by:

- having due regard to National and Local guidance for Looked After Children and Care Leavers.
- prioritising and promoting the health and well-being of Looked After Children at all stages of the commissioning process including those services provided by NHS Trusts, NHS Foundation Trusts, Third Sector, Social Enterprise, Private and Independent Providers
- securing sufficient capacity and expertise of Designated Doctors and Nurses for Looked After Children and ensuring that they are embedded in the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice.
- including clear specifications and service standards for Looked After Children in all commissioning arrangements which are fully compliant with the Children Acts 1989 and 2004, and in accordance with the requirements set out in Promoting the Health and well-being of Looked after Children (DoH, DfE 2015)
- monitoring provider compliance with the specifications and service standards through Contract Review Meetings
- working collaboratively with the local authorities at strategic and operational level to improve health outcomes of Looked After children; for example, through leading and involvement in Strategic and Operational Health of Looked After Children Forums
- forging and maintaining strong partnerships across STP and with Pan Sussex Local Safeguarding Children Boards, (LSCBs) and Corporate Parenting Boards
- aligning Looked After Children service specifications, frameworks, policies and procedures across Sussex to ensure that formal arrangements are in place to maintain effectiveness and compliance across all seven CCGs in Sussex.

4. Roles and Responsibilities

4.1 The roles and responsibilities of all organisations and staff groups regarding Looked after Children are laid out in statutory guidance. All staff and managers should be aware of these responsibilities.

4.2 Under **Section 10 of the Children Act 1989**, CCGs and NHS England have a duty to comply with requests from a LA to help them provide support and services to looked-after children to promote their health and well-being.

4.3 **Accountable Officer (AO) –** Sussex CCGs have one Accountable Officer (Chief Officer) who have responsibility for ensuring that the health service contribution to looked after children is discharged effectively across the whole health economy. This is operationally delivered through local commissioning arrangements.

4.4 **Executive Lead for Safeguarding -** The Executive Lead is the STP Chief Nurse who ensures the monitoring of commissioned services for Looked After Children. They report any relevant risks or achievements to the Accountable Officer and have responsibility for governance, systems and organisational focus on Looked After children.

4.5 **All Executive Directors & Lay Members -** Directors are responsible for embedding the statutory Looked After Children responsibilities by:

- ensuring a clear line of accountability for Looked After Children properly reflected in the CCGs/STP governance arrangements.
- maintaining community focused leadership for Looked After Children ensuring that their needs are at the forefront of local planning and service delivery
- ensuring that service plans/specifications/contracts/invitations to tender etc. include reference to the standards expected for Looked After Children as set out in Promoting the Health and Wellbeing of Looked After Children statutory guidance.
- providing high level senior clinical leadership, acting as a local champion and advocate for Looked After Children in CCG business and, in particular, in primary care.
- ensuring that their staff, and those in services contracted by the CCG, are trained and competent to the specific health needs of and confidentiality and consent issues relating to Looked After Children
- ensuring that all health providers from whom they commission services have a policy to promote the health and well-being of Looked After children informed by national and local standards, that is easily accessible to staff at all levels within each organisation and is embedded into mandatory safeguarding training
- ensuring the health needs of Looked After Children are integral to contracts and service level agreements
- ensuring that regular service level agreement monitoring arrangements with providers around Looked After children are robust and provide evidence that improved outcomes result from interventions
- ensuring that clear criteria for Looked After Children is written into all procurement and contracting documentation when appropriate. This should include a system of identifying Looked After Children to ensure additional needs are taken into account by the service.

- ensuring that all health agencies with which they have commissioning arrangements are linked into the relevant Corporate Parenting Board and that there is an appropriate level of seniority represented on the Board in line with Promoting the Health and Well-being of Looked after Children. (2015)
- ensuring that appropriate time, funding, supervision and support, including sufficient administration time, is in place to enable the Designated professionals for Looked After Children to meet their responsibilities effectively

4.6 **Commissioning and contracting managers -** There must a clearly identifiable commissioning lead with responsibility for Looked After Children for each CCG. Commissioning and contract managers will ensure that the service specifications of all health providers from whom services are commissioned include clear standards for promoting the health and wellbeing of Looked after Children consistent with statutory guidance and ensure there are appropriate arrangements and resources in place to meet the physical and mental health needs of Looked After Children.

4.7 **Responsibilities of CCG employees -** All CCG employees must be mindful of the health needs of Looked after Children. The depth of knowledge should be commensurate with their roles and responsibilities.

4.7.1 All staff must be up to date with the appropriate level of Looked After Children training as set out in the Intercollegiate Document and HR mandatory training guidance.

4.7.2 Staff should be aware that sharing information is vital to ensure that children are protected from abuse and neglect and that the safeguarding of children is paramount and can override a duty of confidentiality.

4.8 **Designated Professionals -** The terms **Designated Doctor and Designated Nurse for Looked after Children** denotes professionals with specific roles and responsibilities for Looked After Children including the provision of strategic advice and guidance to service planners and commissioning organisations. National guidance regarding these roles can be found in: Statutory guidance Promoting the Health and Well-being of Looked After Children (DoH, DfE 2015) and Looked After Children: Knowledge, skills and competences of health care staff Intercollegiate Role Framework (RCPCH, RCN 2015). Designated Professionals are a source of expertise for partner agencies including Children's Social Care, Police, Education and the Voluntary Sector.

4.9 **Governing Body -** The Governing Body has overall accountability for Looked after Children responsibilities laid out in legislation and statutory guidance.

5. Commissioning Arrangements

5.1 CCGs have commissioning arrangements in place with providers in the four Local Authority (LA) areas covered by the STP geographical footprint. These arrangements ensure:

- the security of a Designated Nurse and Designated Doctor function in each Local Authority (LA) area.
- every Looked After Child has the required initial (IHA) and review (RHA) health assessments and health plan in place within the statutory time frames.
- initial health assessments include a physical examination by a suitably qualified medical practitioner in line with statutory guidance.

- provision of Adoption Medical Advisor time so that Adoption medical assessments, reports and advice are given promptly to the LA Agency Decision Maker, and offered to all prospective adopters prior to matching, in respect of each child where a plan of adoption or permanence is being considered.
- provision of medical advice at the Adoption Panel and health representation at the Fostering Panel and provision of health assessments and written medical advice in respect of prospective adopters and foster carers.
- support and services for Looked After Children are provided without undue delay.
- if a Looked After Child moves across the STP area or out of Sussex arrangements are made, through discussion with the new health providers, to ensure continuity of healthcare.
- any changes in healthcare providers do not disrupt the objective of providing high quality, timely care.
- in liaison with local authorities (LAs) and providers the Designated professionals track Looked After Children placed out of area, and children placed in the area by another LA, ensuring that their health needs are met.

6. The Child's Voice and Experience

6.1 Sussex CCGs are strongly committed to listening to and acting upon the views of Looked After Children when commissioning services. They ensure a culture of engaging in dialogue with Looked After Children, taking account of their wishes and feelings, both in individual decisions and the establishment or development and improvement of services. Examples of how these views will be included through:

- provider organisations and their audit processes
- provider organisation surveys
- LSCB multi-agency case audits
- health management reviews
- Corporate Parenting Board audits
- involvement in Strategic Health of Looked After children or Healthy Outcomes Forum
- involvement where appropriate in Serious Case Reviews (SCRs)
- involvement with recruitment processes
- service redesign
- consultation with Children in Care Councils across the STP (CICC)

7. Adopted Children

7.1 Under current adoption legislation, an adopted child is given a new NHS number. All previous medical information relating to that child should be merged into a newly created health record ensuring continuity of healthcare. However, any information relating to the identity or whereabouts of the birth parents should not be included in the new record with particular care taken to ensure birthparents and previous carers details are removed as contacts or relationships. The change of name, NHS number and transfer of previous health information into a new health record should take place for General Practitioner (GP) records, other health provider and hospital records in a timely way. There should not therefore be any difficulty in obtaining information about

the child's early health history or previous treatment. Whilst changing or omitting information from medical records would usually be contrary to ethical and professional guidance, this is not the case for the records of adopted children as there is a legal requirement that it takes place. Sussex CCGs seek assurance from health providers that these key principles are followed and that when a child is adopted all health records held by that organisation are managed appropriately ensuring continuity of care.

8. Children placed out of area

8.1 Sussex CCGs commission providers with specific agreement that the Looked After Children Health Team continues to provide statutory health assessments and a health team contact for children placed out of area, if appropriate and deemed in the best interests of the child to do so. This provides consistency of health worker for Looked After Children and contributes to the quality assurance of the health assessment and scrutiny of the placement. If this is not possible or not appropriate due to distance, children placed out of Sussex will receive local health care aligned with the responsible commissioner guidance. The Designated Professionals ensure that there is a robust quality assurance process in place for all IHAs and RHAs completed so that the health information meets quality standards and the child's health needs.

9. Unaccompanied Asylum Seeking Children (UASC)

9.1 An Unaccompanied Asylum Seeking Child is a child who is applying for asylum in their own right; and is separated from both parents and is not being cared for by an adult who by law has responsibility to do so. They are Looked after Children and have the same rights to care as UK nationals. A child may move between the unaccompanied and accompanied categories whilst their asylum applications are under consideration, e.g. where a child arrives alone but is later united with other family members in the UK, or a child arrives with their parents or close relatives but is later abandoned, or a trafficked child, or one brought in on false papers with an adult claiming to be a relative. Other definitions include separated child, unaccompanied minor and the abbreviation UASC. For the purpose of this document the term *unaccompanied children* will be used throughout.

9.2 Unaccompanied children are outside their country of origin and are without the care and protection of their parents or legal guardian. Their status, age and circumstances may well be uncertain. Sometimes they may have witnessed or experienced traumatic events and they may be suffering the most extreme forms of loss. There are many reasons why children may leave their home country. Some of the reasons include:

- fear of persecution, due to their religion, nationality, ethnicity, political opinion or social group;
- parents having been killed, imprisoned or disappeared;
- in danger of being forced to fight or become a child soldier;
- war, conflict;
- poverty, deprivation;
- sent abroad by parents/family.

9.3 The majority of unaccompanied children are aged between 15-17 years, although a small proportion of these children are younger. Unaccompanied children may arrive via a number of routes and modes of travel. Children can arrive with adults who allege to be their carers or family but they may not be related and are essentially unaccompanied and therefore in a private fostering arrangement. Professionals

should not assume that children are safe within such arrangements and should refer to local private fostering arrangement procedures. If child protection concerns are raised then safeguarding protocols should be followed.

9.4 The literature suggests that unaccompanied children have significant physical and mental health needs. These are influenced by access to basic healthcare in their home country, their experience of hardship, including the witnessing and experiencing of traumatic events, and the duration of and conditions experienced on their journey to the UK. The most important physical health issues relate to:

- Communicable (infectious) Diseases (e.g. Tuberculosis screening and vaccination)
- Dental Health
- Nutrition (e.g. anaemia)
- Sexual and reproductive health
- Increased risk of mental health issues including Post-traumatic Stress Disorder
  (PTSD)

9.5 The Sussex CCGs should obtain assurance from providers undertaking statutory initial and review health assessments for unaccompanied asylum seeking children that they have a pathway taking these additional health issues into account, including clear screening and referral guidelines using available best practice, and are following confidentiality principles. The Sussex CCGs should obtain assurance from GPs that the unaccompanied asylum seeking children are promptly and properly registered for healthcare as any other Looked After child.

10. Private Arrangements for Fostering

10.1 Private fostering is when an individual who is not a close relative of the child looks after a child under the age of 16, or 18 if disabled for 28 days or more. This is known as a private arrangement and the Children (Private Arrangements for Fostering) Regulations 2005 apply.

10.2 By law the Local Authority must be notified of private fostering situations. This maybe by the child's parents, the private foster carer and or anyone else involved in the arrangements.

10.3 If an NHS employee in Sussex becomes aware of a child who is privately fostered, they have a statutory duty of care to inform the Local Authority. This is to ensure that arrangements are in place to provide the appropriate care and support to the child and the carer. This includes the placement of language students from overseas. Confidentiality will not be breached by informing the Local Authority. This legislation is in place to protect and safeguard children. This duty will be referred to in mandatory safeguarding/looked after children training.

10.4 The private foster carers should be informed that the Local Authority will be contacted unless this places the child at risk. If child protection concerns are raised then safeguarding protocols should be followed.

11. Quality Assurance and Monitoring

11.1 Sussex CCGs are the major commissioners of local health services and have a responsibility to ensure that all organisations with which they have a contract (including independent contractors) are carrying out their responsibilities to Looked After Children. Through contracting quality arrangements with the provider organisations from which it directly commissions services Sussex CCGs have a process for assuring health services that are specifically for Looked After Children (as well as those accessed by Looked After Children).

11.2 Providers must deliver the requirements and Key Performance Indicators (KPIs) set out in service specifications and national statutory guidance.

11.3 Providers must evidence compliance through the quarterly Contract Review meetings and contract leads should seek advice from Designated Professionals for Looked After Children if there are concerns around compliance.

11.4 Designated professionals for Looked After Children review monthly/quarterly performance and exception reporting for Looked After Children into the CCGs and escalate exception and risk as necessary.

11.5 The Designated professionals for Looked After Children have a scrutiny and monitoring role prior to the data being presented to the relevant Quality Committees.

11.6 There is a direct reporting structure into the Corporate Parenting Board which provides assurance and challenge on statutory responsibilities. This assures the CCG and other commissioners of health services that due regard is given to fulfilling their responsibilities to improve the health of Looked After Children within all commissioning cycles.

12. Governance

12.1 NHS organisations are expected to meet their statutory duties in respect of Looked After Children. External and Internal Audits are completed for Sussex CCGs, with monitoring of the associated action plans through the CCG Governing Bodies via the Quality Committee.

12.2 Looked After Children assurance reports including risks around services will be included quarterly in the Safeguarding Report to the CCGs Quality Committee and Nursing and Quality Directorate NHS England South (South East).

12.3 The Statutory annual report on the Health of Looked After Children will be presented to the CCG Governing bodies via the Quality Committee.

12.4 The Looked After Children STP Policy should be reviewed initially yearly by the Designated Professionals for Looked After Children, or sooner if there is significant local or national legislative change.

13. Training

13.1 In order to effectively promote the health and well-being of Looked After Children all staff who work in a healthcare setting must have the knowledge and skills to carry out their roles and responsibilities.

13.2 Sussex CCGs must ensure that staff within the organisation are trained commensurate to their roles, and identified through regular performance appraisal.

13.3 As a minimum all staff will receive level 1 awareness training and information at induction and thereafter as per competency requirement as set out in the Looked after children: Knowledge, skills and competences of health care staff, Intercollegiate Role Framework (RCPCH, RCN 2015)

13.4 CCG and Provider compliance will be monitored through quarterly reporting and included in the annual report

14. Supervision, Advice and Support

14.1 Supervision, advice and support in relation to Looked After Children is available for all Sussex CCG staff from the Designated Professionals for Looked After Children.

14.2 All provider organisations who are specifically commissioned to undertake statutory Looked After Children activity must have internal arrangements in place for ensuring that their staff receive Looked After Children supervision and have access to advice and support from Specialist Looked After Children professionals.

14.3 Designated professionals for Looked After Children will provide supervision, advice and support for provider Named Professionals for Looked After Children and the Designated Doctor to the Medical Advisor for Adoption and Fostering.

14.4 Designated Professionals for Looked After Children should receive one to one supervision on a quarterly basis and have access to peer support/supervision across STP footprint and via the NHS England South East Designated Professionals for Looked After Children Meeting.

14.5 Sussex CCG Designated Professionals for Looked After Children will provide advice and support across the STP health economy and to partner organisations.

Appendix 1

This policy should be read in conjunction with national and local guidance, primarily but not exclusively as listed below:

- Children Acts 1989 and 2004
- Health and Social Care Act 2012
- Children and Families Act 2014
- The Care Act – 2014
- Statutory Guidance on Promoting the Health and Well-being of Looked After children (DoH, DfE 2015)
- Looked After Children – knowledge, skills and competence of health care staff Intercollegiate Role Framework (RCN, RCPCH 2015)
- Looked After Children Evidence-based recommendations on promoting the quality of life of looked-after children and young people – NICE Quality Standard 28 Published 2010 Last updated 2015
- The health and wellbeing of looked-after children and young people-NICE Quality Standard 31 Published 2013
- Safeguarding Vulnerable People in the NHS -Accountability and Assurance Framework. National Commissioning Board (July 2015)
- Working Together to Safeguard Children (DfE2018)
- Pan Sussex Child Protection and Safeguarding Procedures 2018, Sussex Safeguarding Children Boards
- West Sussex, Brighton and Hove and East Sussex Joint Strategic Needs Assessment (JSNA)
- Information Governance
- Risk Management Strategy Policy & Procedures
- Whistle Blowing Policy
- Mental Capacity Act (2005)

Appendix 2 : STP Safeguarding Team Structure