

CLCH Clinical Quality Group

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Executive summary:

This report provides an annual review of the health assessments provided by Barnet Looked after Children's health team, covering the period from 1st April 2022 to 31st March 2023. The report forms part of the ICB's assurance arrangements, in relation to Looked after Children, as part of the wider Safeguarding Children Arrangements.

This report reviews the delivery of health services to Barnet's LAC, and discusses achievements made for the year in accordance with statutory guidance, as well as service improvements and plans for further developments. It reviews performance indicators and summarises the data in relation to Initial and Review health assessments, indicating where assessments have not been achieved and provides rationale for this.

It is the responsibility of the Specialist GPs in Barnet and the Community Paediatricians to complete all Initial health assessments (IHA) and for the LAC nurse to oversee the review health assessments (RHA). An Independent GP completes Out of Borough RHA for Children/Young people who are placed in Barnet area.

Whilst CLCH report on the Initial Health Assessment activity, the Community Paediatrician provision is provided by the Royal Free Hospital and the Specialist GPs are all independent from CLCH.

This report aims to assure the ICB that it is commissioning high quality services for Looked after Children and that statutory requirements are being met.

Key messages:

- The ICB can be assured that the statutory arrangements are in place for Barnet LAC population
- This report identifies the extent to which the organisation and the commissioned health services for LAC are effectively discharging their safeguarding functions for this population, working in partnership with Barnet Local Authority

- This report highlights areas where improvements are required, to better ensure that Barnet has effective systems in place to safeguard and promote the welfare of the LAC population and maintain oversight of the health of Barnet's LAC population

Assurance provided: Ongoing quarterly monitoring at CQG.

Report provenance: Quarterly reports to CLCH Safeguarding Committee

Report for: Decision Discussion Information

Recommendation: For information only.

Annual Report
2022/2023
Looked after Children's [LAC] Health Service
Barnet

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1. Introduction

1.1 The National Picture

Looked after Children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They often enter care with a worse level of health than their peers in part due to the impact of poverty, abuse and neglect.

A child who is looked after by a local authority is defined in Section 22 of The Children Act 1989 and means a child who is subject to a care order [or an interim care order] or who is accommodated by a local authority. DfE/DH [2015]

Local Authorities are responsible for making sure a health assessment of physical, emotional and mental health needs is carried out for every child they look after, regardless of where that child lives.

The local authority that looks after the child must arrange for a registered medical practitioner to carry out an initial assessment of the child's state of health and provide a written report of the assessment. The Initial Health Assessment [IHA] must happen within 20 working days from when the child starts to be looked after [Care Planning, Placement and Case Review Regulations 2010, Regulation 7]

The number of children entering care is at an all-time high nationally with 90 young people entering the system every day. The majority of cases are due to parental abuse and neglect, however, household issues, such as poverty, poor housing and substance misuse are significantly contributing to the figures. There are claims that austerity, changes within the benefits system with the introduction of Universal Credit and the slashing of essential children and family services are partly responsible for the record number of children now living in care. [Coram BAAF 2017]

There is growing awareness nationally of the Looked-after child agenda, with several key papers and policy drivers published in the past few years, these include:

- 'Pass the Parcel, Children Posted Around the Care System [Children's Commissioner 2019]
- 'Not Seen, Not Heard' [CQC 2016]
- Coram BAAF [2017]
- HM Govt. Working Together to Safeguard Children [2015]
- NICE PH28 Promoting the Quality of Life of Looked after Children and Young People [2021]

NICE PH28 Promoting the Quality of Life of Looked after Children and Young People [2021] highlights that as of 31st March 2022 there were 80,080 looked after children and young people in England with this number increasing every year since 2010. Most of these children are cared for in foster placements [72%], with 14% in connected care, 13% in residential care, secure units or semi-independent living and 7% placed with birth parents

1.2 National Profile of Unaccompanied Asylum-Seeking Children [UASC]

Overall, in the UK, UASC represent less than 10% of the looked after children population however In Barnet this figure is 36% (120 during this review period, information taken from Social care system). This group of young people often attend initial appointments without a registered GP or NHS number. This can mean that communication does not reach necessary professionals. The majority speak no English at all. This creates challenges in completing health encounters, it also means that in placements there is difficulty communicating – for example to explain the purpose of various appointments, and discussing the outcome of health appointments, to ensure a young person's understanding.

The commonest age at arrival is 17, meaning that, many young people have an initial health assessment only with no follow up assessment, thus the opportunity for this safety net of a review prior to discharge to routine adult care is not in place for many young people.

Studies show unaccompanied young people are at high risk of infectious diseases. This vulnerable group of young people are referred at Initial health Assessment to specialist clinic. Following screening by specialist clinic, a child/young person may be diagnosed with a significant infectious disease which they may struggle to understand the significance of, and additional health input will be required to understand these conditions and the need to complete the treatment course.

2. The Local Picture

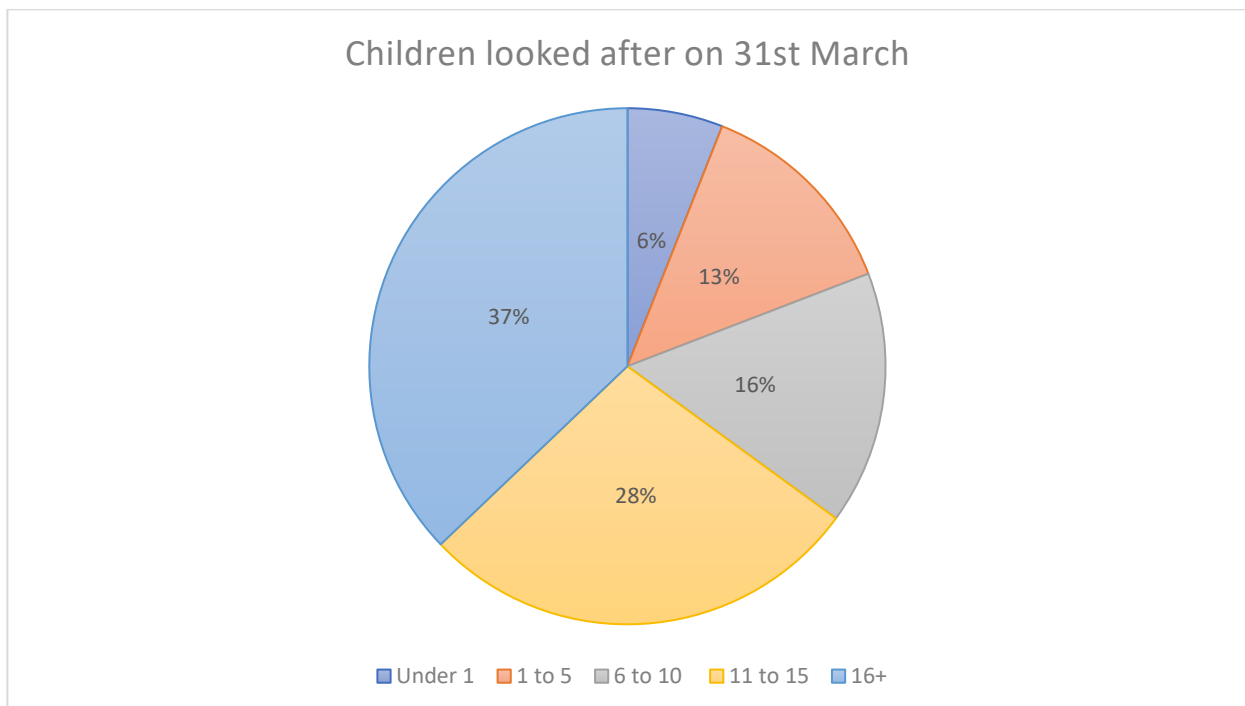
In total there were 334 (an increase of 4) children who were LAC at the end of the year as of 31st March 2023 (this figure also includes children who have recently entered carer and are therefore below 12 month).

Borough	Number 2021/2023	Number 2022/2023
Barnet	330	334

CLCH are commissioned to provide the LAC nursing service and Royal Free Hospital provide the LAC doctors.

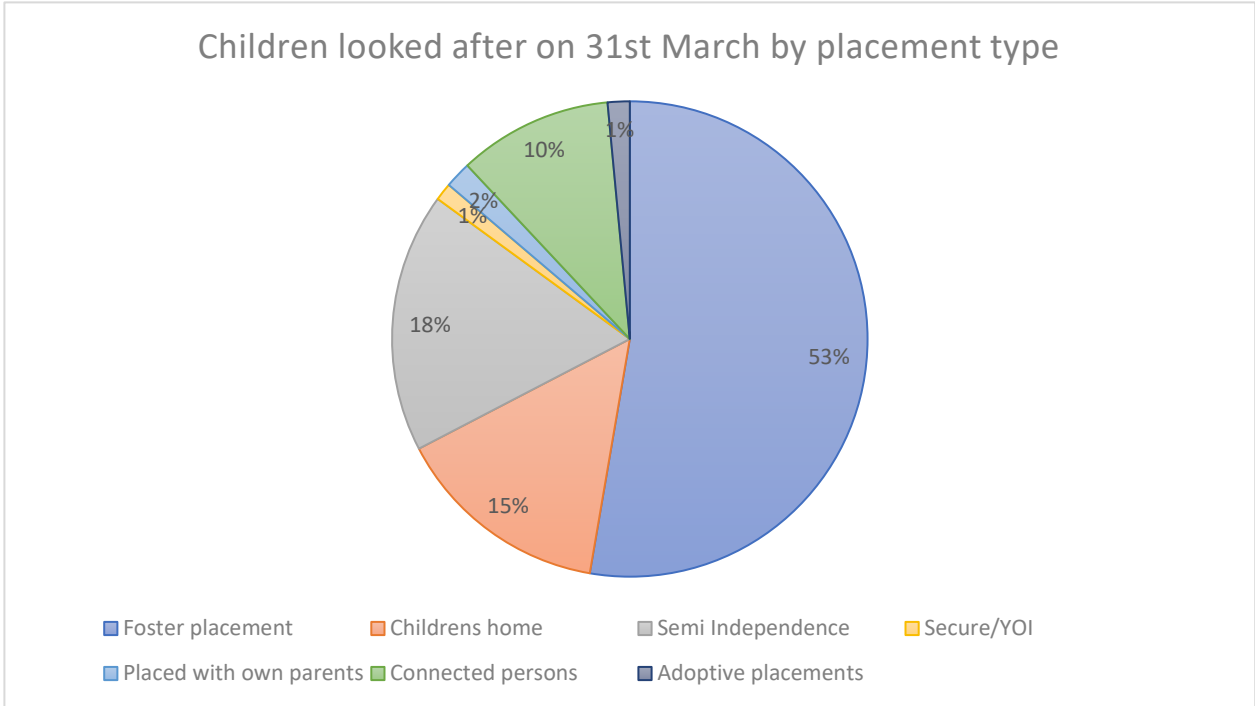
2.1 Barnet LAC by Population by age

At the 31/03/2023 37.1% of the cohort was age 16 and over and 60.7% were boys.

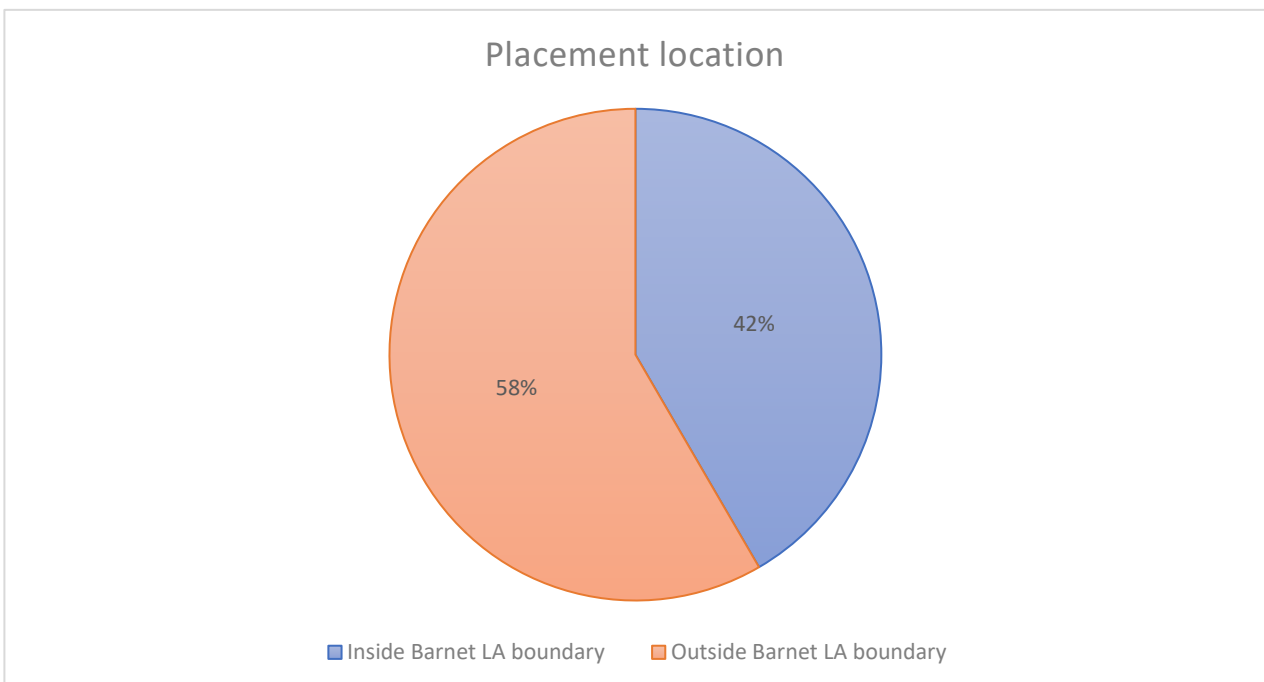


2.2 Barnet LAC by placement Type

Of the looked after children as at 31/03/2023, 53% were in foster placements.



More than half Barnet looked after children are placed outside of Barnet Local Authority boundary. The LAC health team continue to see all Barnet's LAC despite their location. Although this provides children with continuity of care and an allocated caseworker, it continues to have an impact on capacity and additional journey time.



3. LAC Health Team Clinical Activity

3.1. Health Assessments

The CLCH LAC health team is required by statutory guidance to ensure that all children looked after by the Barnet Local Authority have an initial health assessment (IHA) within 28 days of becoming looked after, and thereafter every 6 months (under 5 years) or annually (over 5 years).

The CLCH LAC Administrator is responsible for booking the IHA appointments, however getting this to work efficiently depends on working proactively with key stakeholders, to ensure notification of LAC and consent paperwork/information is received and sent for the children and young people in a timely fashion.

Initial Health Assessments (IHA) for Looked After Children aged 0-9 are performed by community paediatricians provided by the Royal Free Hospital, based at Edgware Hospital. North Central London Integrated Care System (ICS) commissions the Royal Free to complete IHA's for 42 weeks of the year. CLCH are responsible for the IHA administrative processes such as appointment management.

For Looked After Children aged 9-18 years old, the IHA's are completed by Specialist GPs based across Barnet. Currently there is one practice (Oak Lodge GP) and the agreement is that the ICS pay for each IHA completed.

The ICS also commissions a GP for 8 hours a week (equal to 3 slots every week not including annual leave). This GP completes all Unaccompanied Asylum-Seeking Children IHA's and Out of Borough Initial and Review Health Assessments that are requested through the CLCH Looked After Children Health team and funding is claimed by the ICS from the requesting Boroughs. We have recently seen an increase in out of borough health assessment which continues to have direct impact on admin capacity.

All review health assessments are completed by the CLCH LAC Health team, with some exceptions. The LAC health team do not complete health assessments for children who are placed out of the Borough and cannot be completed within 7.5 hours due to the distance.

3.2 Initial Health Assessment

A total of 190 requests for IHA's were received during the period 1st April 2022 and 31st March 2023, compared to 169 requests the previous year.

Table 1: Number of IHA's completed during the period 1st April 2022 to 31st March 2023

1st April 2022 to 31st March 2023	Total Number
Number of IHA requests	182
Number of children ceased to be LAC during 28 day period	27
Number of Initial health assessments due	155

Initial health assessments completed in timescale	55 (35%)
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We have seen a significant decline in the number of IHA's being completed within the 20-working day statutory requirement. There is not a robust process of how Barnet LAC team are informed children/young people are new into care. Within this review period 86 (55%) LAC IHA's breached due to late notification, paperwork not received within timeframe and incorrect consent resulting in a delay in children/young people being seen within timescales. This subsequently impacted on availability of IHA appointments, appointments gone unused, and not enough medical slots available to meet demands once 'batch' consents are received, as the medical team only cover 42 weeks of the year.

An IHA multi agency meeting has been set up between health, social care, and commissioners to discuss the ongoing challenges around timely assessments and develop a pathway to ensure all key partners agree regarding the IHA/RHA consent process. Further sessions are scheduled to improve joined up working and reduce fragmentation between providers.

Table 2: Comparative data IHA's 1st April 2022 to 31st March 2023

Month	Apr - 22	May - 22	June - 22	July 22	Aug 22	Sep - 22	Oct 22	Nov - 22	Dec 22	Jan - 23	Feb - 23	Mar - 23
No. of LAC due to be seen within month	16	8	7	24	10	19	14	21	15	20	21	7
No. of LAC who became no longer LAC during month	0	0	0	7	1	1	2	3	1	4	4	4
Total cohort	16	8	7	17	9	18	12	18	14	16	17	3
No. (%) seen in timescale s	7 (43%)	2 (25%)	4 (57%)	5 (29%)	4 (44%)	8 (44%)	3 (25%)	4 (22%)	2 (14%)	8 (50%)	6 (35%)	2 (66%)

No. breach exceptions	7	2	4	5	4	8	3	4	2	8	6	2
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3.3 Review Health Assessment

A total of 353 Review Health Assessments requests during the period 1st April 2022 and 31st March 2023, compared to 330 the previous year.

Table 3: Number of RHA's completed during the period 1st April 2022 to 31st March 2023

1st April 2022 to 31st March 2023	Total Number
Number of RHA requests	353
Number of children ceased to be LAC during the year	56
Review health assessments due	297
Review health assessments completed	283

Table 4: Comparative data RHA's 1st April 2022 to 31st March 2023

Month	Apr - 22	May - 22	June - 22	July - 22	Aug - 22	Sep - 22	Oct - 22	Nov - 22	Dec - 22	Jan - 23	Feb - 23	Mar - 23
No. of LAC due to be seen within month	32	18	24	22	31	28	25	26	23	18	17	33
No. (%) seen in timescales	31 (96%)	18 (100%)	23 (96%)	20 (90%)	30 (96%)	27 (96%)	25 (100%)	26 (100%)	22 (96%)	15 (83%)	17 (100%)	29 (87%)
No. (%) breach exceptions	1	0	1	2	1	1	0	0	1	3	0	4

Issues contributing to the overall performance:

- Refusal/non-engagement
- Missing from care
- Change of placement
- Did Not Attend (DNA)/Was not brought (WNB)
- OOB requests

4. Childhood Immunisations

The Local Authority [LA] should act as a ‘good parent’ in relation to the health of Looked after Children. Within that role it has the right to approve the immunisation of children within its care against vaccine preventable diseases as per the national immunisation schedule

The national immunisation schedule recommends that children should have received the following vaccinations:

- **By four months of age:** Three doses of Diphtheria, tetanus, pertussis [whooping cough], polio and Hib [DTaP/IPV/Hib]. Two doses of Rotavirus and Meningitis B [MenB] and one dose Pneumococcal [PCV]
- **By 14 months of age:** A booster dose of Hib/MenC and PCV and the first dose of measles, mumps and rubella [MMR] and Men B booster [MenB]
- **By school entry:** Fourth dose of Diphtheria, tetanus, pertussis [whooping cough], polio [DTaP/IPV or dTaP/IPV] and the second dose of MMR
- **Before leaving school:** Fifth dose of tetanus, diphtheria and polio [Td/IPV]. Two doses of Human Papillomavirus (6-24 months apart) and a Meningitis ACWY Booster

Table 5: Number and % of LAC with up-to-date immunisations

1 st April 2021 to 31 st March 2022	1 st April 2022 to 31 st March 2023
188/215 (87%)	180/206 (87%)

- The immunisation status of all LAC having health assessment is reviewed; information is requested from their GP and recommendations about outstanding immunisations are made
- A copy of the health recommendations is then shared with the GP, Carer and young person
- Health promotion is always given by the LAC health team regarding immunisations at every health assessment. Signposted to the relevant vaccinations at <https://www.nhs.uk/>
- The Lac health team also work closely with the Infectious Diseases Screening Clinic at University College London Hospital to implement a process for all unaccompanied asylum-seeking children with the introduction of Hepatitis B vaccinations to be offered to this group of young people due to high risk of exposure from journey to UK.

Reasons given for not having had immunisations in this year:

- Young people scared of needles
- Young person has refused

- All asylum seeking young people require immunisations as per HPA guidelines for 'Incomplete Immunisation Status'. This programme of immunisation is given over three-month period. Despite young people having this as a clear action on their health plans, not all are actioned by carer/social worker. Refusals, non-attendance and insufficient key worker staff at residential units to accompany the UASC to their appointments all contribute to poor uptake. As part of the Community Service Review funding has been granted for an additional Specialist Nurse with the view of following up any unactioned health needs from initial medicals. This will ensure any challenges with uptake of immunisations are addressed and supported.

5. Dental Care

Dental health is an integral part of the Health Assessment. The Local Authority and Central London Community Health Care NHS Trust are required to ensure that LAC receives regular check-ups with a dentist. Within the LAC health assessment, discussion routinely takes place to promote good oral hygiene and young people are advised to attend for regular dental checks as recommended by their dentist. The Community Dental service in Barnet supports the service where children/young people have difficulty engaging with dentist/high cost/cannot find a NHS dentist.

Table 6: Number and % of LAC with up-to-date dental

1st April 2021 to 31st March 2022	1st April 2022 to 31st March 2023
135/215 (62%)	144/206 (69.9%)

There has been an increase of 7% in dental attendance during the period 1st April 2022 – 31st March 2023. This correlates with the gradual opening of dental practices after the COVID-19 pandemic in addition to the launch of the Healthy Smiles Pilot. Social workers and health practitioners are now able to refer children and young people to dental practices within London for a routine check-up.

6. GP Registration

Central London Community Healthcare NHS Trust is required to implement systems to ensure children and young people who are looked after are registered with GPs and have access to dentists near to where they are living, even during temporary placements, and that primary care teams are supported where appropriate in fulfilling their responsibilities to Looked after Children.

Mechanisms are in place to ensure that all LAC are registered with a GP. Some young people over 16 years of age refuse to be registered and although this wish must be respected, the LAC health team continues to work with social services and the young people to help remove barriers and facilitate registration with GP in the long term. The LAC Health team advises social services that young people who refused to be registered with GP can access health services via walk in centres, pharmacies or accident and emergencies services.

On 31st March 2023 100% of LAC in Barnet were registered with a GP.

7. Other clinical activity

7.1 Emotional Health and Wellbeing

Due to the nature of their experiences prior to being placed in care many LAC will have poor mental health. This may be in the form of significant emotional, behavioural and/or mental health problems or attachment disorders or attention deficit disorder [ADHD].

Mental health services for children and young people are provided by either the in-house mental health team, Barnet Integrated Clinical Services (BIC's) or the local CAMHS [children and adolescent mental health services] teams if children are placed out of Borough.

Care for those with mental health problems continues over several months or years and for some even into adulthood. On average children and young people are under the care of CAMHS team for at least 18 months if they are in engaged psychological and psychotherapeutic intervention.

The number of unaccompanied minors is increasing. The emotional well-being of the unaccompanied minors is likely to be extraordinarily challenging and the likelihood of clinically significant disorders especially post-traumatic stress disorders, depression and anxiety very high. Many of the sources of stress are located outside of the young person including contact with the border agency, children's services and other state services. However, the impact may be primarily felt inside the young person and manifested in the kinds of disorders identified. Added to this complexity is the culturally situated construction of the causes and explanations of mental distress which may radically differ to that commonly used in Western and U.K. settings.

Due to the needs of this group of young people, Barnet are looking to offer the initial medical jointly with a clinical psychologist from BIC's to ensure the right support and help is identified from the offset. This ensures the young persons story is not repeated to numerous professionals which can bring about further deterioration and trauma. BIC's is yet to identify the lead clinician for this role.

Strengths and Difficulties Questionnaires [SDQ's] are completed by young people aged 11-18 years old. This process has slightly changed over the review period and Barnet no longer complete carer SDQ's but solely young people SDQ's. The child/young people's social worker continue to complete carer SDQ's and the Virtual School complete with education. The scores are then triangulated and used for the child's statutory health assessment. The scores also inform the below;

- To inform whether a child/young people requires a referral to BIC's
- To evaluate progress against emotional wellbeing outcomes as part of the overall health needs of looked after children
- To provide commissioners of services a better understanding of the emotional wellbeing needs of Barnet's LAC

The distribution and scoring of the strengths and difficulties questionnaires to children, young people and foster carers is dependent on the LAC health team.

In Barnet, the LAC nurse completes the SDQ at health assessment, scores this and uses the report to inform the health care plan, this is then shared with the Local Authority and uploaded to their recording systems. If a child/young person scores above 15 a referral is made into BICS' and the social worker informed. Within this review period 158 SDQ's were completed out of 173 (91%) compared to 148 out of 173 (85%) in the previous year.

7.2 Training

The LAC team supported training to other professionals, foster carers, key workers:

- Foster carer training around oral hygiene, medicine management, understanding basic health needs and first aid
- Social Worker training around the service we provide and health needs of LAC
- School Nurse training around the service we provide and health needs of LAC
- Designated Doctor for LAC delivered training on Schedule of Growing Skills (SOG's) to all of CLCH LAC nurses
- Designated Doctor for LAC delivered training to social workers covering the statutory requirements with regard to health when a child becomes looked after.
- Designated Doctor LAC delivered training for Royal Free NHS Trust (for the doctors who complete IHA's) on the health needs of care-experienced young people including the specific health needs and support for unaccompanied asylum-seeking young people

7.3 Working together in Partnership

- Quarterly interagency meetings are held to discuss joint business issues of service provision.
- Bi -Monthly Safeguarding Adolescents at Risk Panel
- Weekly tracker meetings with Local authority
- Bi-weekly meetings permanency panel with Local authority
- Monthly LAC Administrators and Nurses meetings
- Quarterly meetings with the LAC Nurses across CLCH
- Corporate Parent meeting
- Weekly allocation/team meetings
- 6 weekly meetings with Named Nurse, Designated Doctor and Designated Nurse

7.4 Staffing and Supervision

It is expected that all ICSs commission a Designated Doctor and a Designated Nurse for LAC. The Designated Doctor within the provider services provided by Royal Free Hospital and CLCH LAC nurses work very closely with them. The Designated Doctor is also the Medical Advisor to the adoption panel in Barnet. Monthly consultations take place with the LAC nurses and the Designated Doctor to provide service updates and discuss cases. Six weekly meetings continue between Named Nurse and Designated Nurse and Doctor to service plan and promote joint up working.

The Intercollegiate Framework outlines the role and capacity of LAC nurses [Intercollegiate Guidance: Knowledge, skills and competencies of healthcare staff, Intercollegiate Framework, March 2015]

- A minimum of 1 WTE* specialist nurse per 100 looked after children
- A minimum of 1 dedicated WTE Named Nurse for looked after children for each looked after children provider service
- If the Named Nurse has a caseload the maximum caseload should be no more than 50* looked after children in addition to the operational, training and education aspects of the role

The current staffing provision in Barnet LAC team is as below

- 1 WTE Named Nurse (holding average of 70 looked after children)
- 2 WTE Specialist Nurse (holding average of 125 looked after children each)
- 0.8 WTE Lac co-ordinator

During this review period the team have been extremely challenged due to staff shortage as one practitioner has been on a secondment with no substantive cover in the team. Despite this shortage, the

team has managed to complete more than 90% of RHA's within timescales with the support of bank staff.

Up until recently the LAC nursing service has been working with more children and young people every year with no increase in nursing hours to reflect this. As part of the Community Service Review Barnet additional funding has been granted for 1 WTE Band 7 Specialist Nurse and 0.4 WTE Band 4 Lac administrator. It is expected that once the posts are recruited into, the LAC nursing team will offer health assessments to all looked after children placed in Barnet from other Local Authorities and offer a 3 month telephone review to all new into care.

The current staffing provision is as below.

The LAC Health team has supervision as per NMC Guidelines and the team enjoys robust Safeguarding Supervision:

- Quarterly Safeguarding Supervision with the Named Nurse for Safeguarding, this is group supervision using the 'Voice of the Child' format where cases are brought for discussion with the wider team
- 1:1 Management supervision from both CLCH
- Clinical supervision

8. Service Improvements

8.1 Service improvements and team achievements

Despite the ongoing challenges faced by the LAC health team, we have demonstrated resilience and continue to ensure the health needs of all Barnet LAC are being met.

- The Local authority care homes are allocated aligned/link Specialist Nurse that offers bespoke support ranging from dental, contraceptives, diets etc to the young person
- Implementing the YP SDQ to capture their voice and emotional health
- Triangulation of SDQ scores with young persons, carers and education
- Quality assurance of health assessment to ensure health needs of LAC are captured and actioned
- Attendance at Interim Care Board Annual Learning Disability Forum health checks working group – plan to make reasonable adjustments to improve the experience of people with Learning Disabilities e.g., alerts of records, extra consultation time etc
- Continuum of needs now added to all LAC health records as Level 3
- Despite the ongoing challenges with timely notification the LAC co-ordinator has worked relentlessly to ensure all IHA's are being met within timescales

8.2 Challenges

- Intercollegiate Framework outlines the role and capacity of LAC nurses [Intercollegiate Guidance: Knowledge, skills and competencies of healthcare staff, Intercollegiate Framework, March 2015]
 - A minimum of 1 WTE* specialist nurse per 100 looked after children
 - A minimum of 1 dedicated WTE Named Nurse for looked after children for

each looked after children provider service

- If the Named Nurse has a caseload the maximum caseload should be no more than 50* looked after children in addition to the operational, training and education aspects of the role

The LAC nursing service continues to work with more children and young people every year with no increase in nursing hours to reflect this.

- Work is ongoing with the ICB, CLCH, the providers of the IHA service and the Local Authority to improve referrals and timeliness of IHA's. This continues to be a huge challenge, preventing CLCH to ensure IHA timescales are met.

8.3 Audits and Challenges

Designated nurse and Designated Doctor completed audit of Initial Health assessments completed by doctors on 11th May 2022. The audit noted continued high performance in terms of documentation, and considering emotional wellbeing concerns. The audit identified an area for development around identifying and responding to sexual health needs of care experienced people. This covered particular needs relating to unaccompanied asylum-seeking young people. The training was delivered by the whole Looked After Children's Health Team by Sarah McCarthy, Safeguarding Lead and Domestic Abuse Ambassador, Integrated Sexual Health & HIV Barnet & Camden CNWL - Central and North West London NHS Foundation Trust. The session was a brilliant training experience for the whole team and involved lots of team participation and support.

9 Forward Planning for 2023/3024

- To work with the placement and fostering teams to ensure that all children and young people are supported to attend the dentist, complete immunisations and register with a local GP
- Foster carers have identified a need for specific training around babies and their development. A training package will be delivered by Barnet LAC health team to cover safer sleep practices, current weaning guidance and safety in the home for babies and toddlers.
- To work with the ICB and other partners around care leavers and commissioning a care leavers health service that meets the needs of young people post 18 years of age and guidance suggests 0-25 service
- CLCH LAC health team to work alongside BICS to undertake joint initial health assessments with medical doctor and member of psychology support
- BICS and LAC health team to work together to deliver sleep support for young people
- As part of the Community Service Review Barnet LAC health team have received additional funding to recruit 1 WTE Specialist LAC nurse and 0.4 WTE administrator. It is proposed following this recruitment the CLCH LAC team will then complete all Care of other Local Authority review health assessment and offer a 3 month follow up review to look at the health care plans of all LAC and try to address unmet needs.
- It would also be good practice for LAC health team to be commissioned to provide a Care Experienced service, as guidance suggests 0-25 service.

- ICB to support LAC health team to receive monthly data of LAC cohort to allow cross-referencing between LA data and CLCH data to ensure all systems are kept up to date and accurate

Appendix 1- Glossary of Terms

BAAF- British Adoption and Fostering

BICS – Barnet Integrated Clinical Service

CAMHS- Child and Adolescent Mental Health Services

IHA- Initial Health Assessment

LAC- Looked after Child

LA- Local Authority

RHA- Review Health Assessment

SDQ- Strengths and Difficulties Questionnaire

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