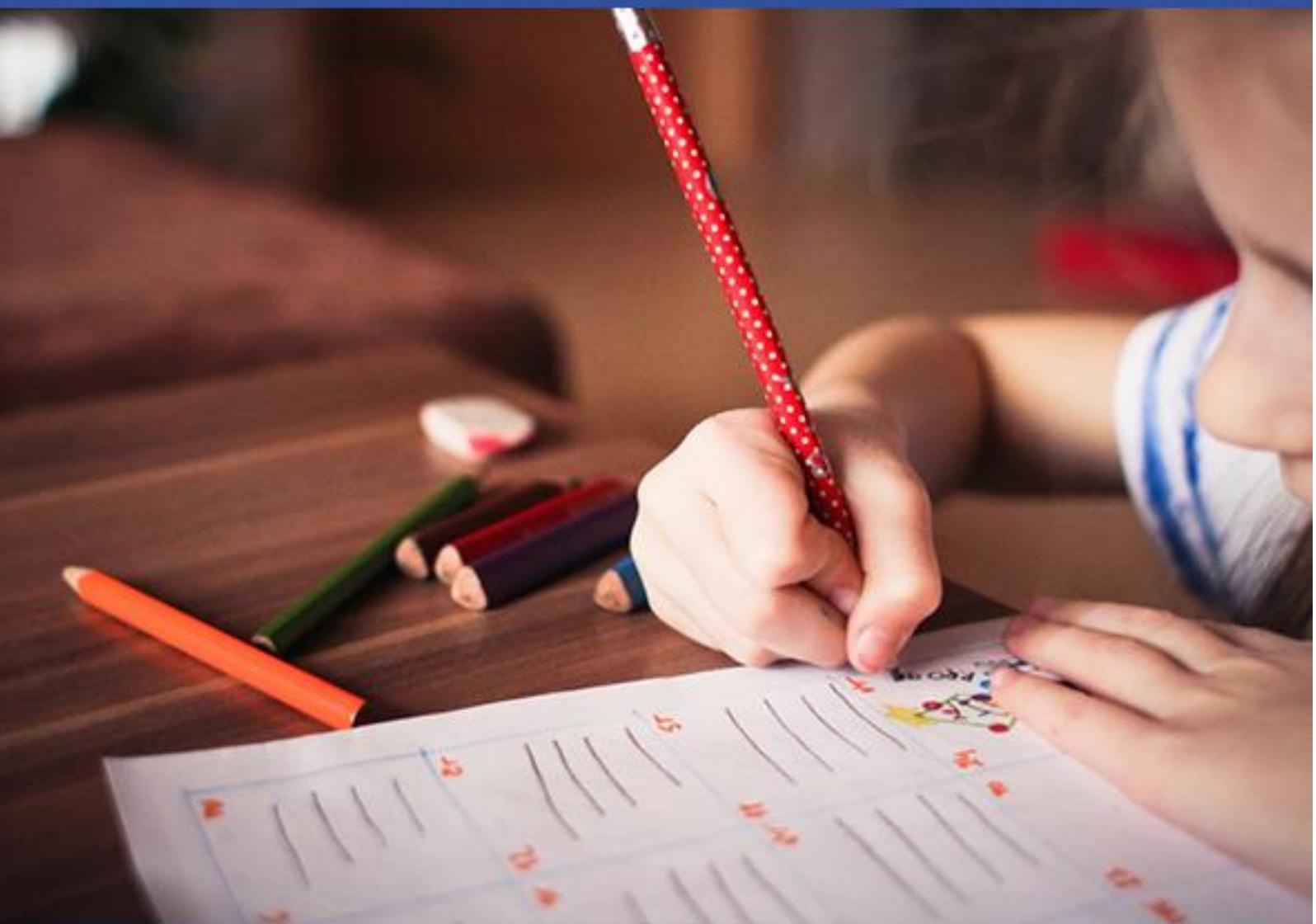


# Promoting the Health and Wellbeing of Looked after Children



**ANNUAL REPORT**  
**2018/19**

## Document revision history

Date	Version	Revision	Comment	Author/Editor
20.8.19	1.0			Korkor Ceasar
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## Document approval

Date	Version	Revision	Role of approver	Approver
22.10.19	2.2		Exec Lead for safeguarding	Chetan Vyas
8.11.19				Corporate Parenting Board
				NHS Waltham Forest CCG Governing Body

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## Executive Summary

The sixth Looked after children annual report covers the period of 1 April 2018 – 31 March 2019. It outlines how the NHS Waltham Forest Clinical Commissioning Group (WFCCG) has discharged its statutory obligations under section 10 and 11 of the Children Act 2004, Health and Social Care Act 2012 and Children and Social Work Act 2017. The Annual report for 2018-19 outlines how the CCG has prioritised safeguarding children and worked to improve the health and wellbeing of children looked after within the commissioning cycle and to fulfil its statutory obligations. In addition, the report provides an overview of safeguarding activity undertaken during the reporting period and includes the CCG's response to national and local priorities. It also sets out exemplars of good partnership working, areas requiring an additional focus and includes achievements for the CCG and local area.

It is also intended to provide assurance to the Governing Body that all commissioned providers are meeting their legislative safeguarding obligations and safeguarding performance indicators within their respective contracts. The WFCCG Performance and Quality committee and the Clinical Quality Review Meetings have been made aware of any gaps through quarterly and exception reporting.

There has been ongoing collaborative working with safeguarding partners within the borough footprint and also across the North East London Commissioning Alliance (NELCA). Waltham Forest and East London (WEL) incorporates Newham CCG, Tower Hamlets CCG and Waltham Forest CCG. The WEL Transition Programme, which is bringing together our three CCGs under a new operating model continues to progress well. Each CCG retains a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children & young people and to protect adults at risk from abuse or neglect in accordance with the Children Act 1989; Children Act 2004; Care Act 2014 and Children and Social Work Act 2017.

Services for children in Waltham Forest were graded as good during the Ofsted inspection which took place from 28 January 2019 – 8 February 2019. Inspectors commended the significant progress since the previous inspection in 2015 and recognised the strength of the partnership and the health contribution to this success.

Ofsted and the Care Quality Commission (CQC) revisited Waltham Forest for the SEND inspection between 25 and 26 March 2019. Inspectors concluded that the local area has made sufficient progress to improve all areas of the weaknesses identified during the initial inspection.

Other highlights of the year and WFCCG led initiatives included the development of the vision to improve the health outcomes of looked after children and care leavers for 2021; the extension of a social prescribing offer to care leavers aged 18-25 years as part of their health offer.

A significant programme of work was undertaken by Designated safeguarding professionals across NELCA to standardise policies and strategies where possible as part of a comprehensive work plan during the reporting period. The performance on some health indicators for looked after children continues to be an area of focus for improvement. The strategic partnership continues to focus on working collectively to improve outcomes for children looked after through the adoption of a system wide approach to address complex issues.

## 1.0 Introduction

- 1.1 The sixth Looked after children annual report covers the period of 1 April 2018 – 31 March 2019. It outlines how NHS Waltham Forest CCG has discharged its statutory obligations in accordance with relevant statutory guidance and legal frameworks guidance under section 10 and 11 of the Children Act 2004; Promoting the Health and wellbeing of Looked after Children (2015); Health and Social Care Act 2012 and Children and Social Work Act 2017.
- 1.2 Safeguarding is an integral part of the WFCCG's commissioning obligations that enables it to strengthen its leadership and ensure that services commissioned are safe, effective, caring and responsive to the needs of the local population. Our aim is to ensure that service users across the health economy are protected from neglect, abuse, exploitation and discrimination.

## 2.0 Purpose

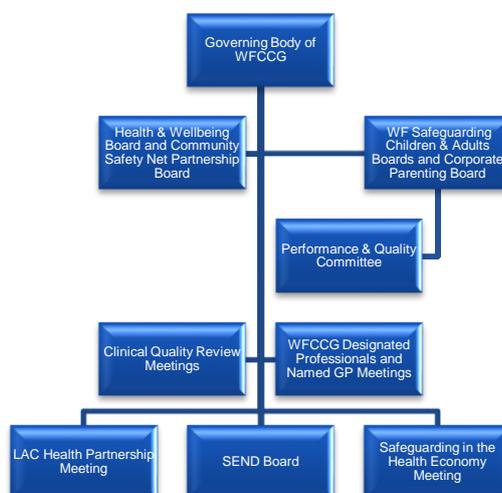
- 2.1 The report is also intended to provide assurance to the Governing Body of WFCCG that all commissioned providers are meeting their legislative safeguarding obligations and safeguarding performance indicators within their respective contracts. The WFCCG Performance and Quality Committee (P&Q) and the Clinical Quality Review Meetings (CQRM) have been made aware of any gaps and the organisations have been held to account through the CCGs governance processes and those of the Waltham Forest Safeguarding Children Board (WFSCB).
- 2.2 The report updates the Governing Body on progress with safeguarding activity undertaken and initiatives to improve the health and wellbeing of vulnerable children during the reporting period. This includes the CCG's response to local and national priorities, areas of challenge, good practice and collaborative working.
- 2.3 The CCG is actively involved in the work of the local strategic partnership Boards and the Corporate Parenting Board. The strategic priorities (Appendix 1) reflect the shared vision across the safeguarding partnership in Waltham Forest, that "safeguarding is everyone's responsibility" and that safeguarding children is safe.
- 2.4 As a health commissioning organisation the CCG is responsible for safeguarding quality assurance through its contractual arrangements with all its provider services.

## 3.0 Statutory Responsibilities

- 3.1 WFCCG has statutory obligations under section 10 and 11 of the Children Act 2004, Care Act 2014, Health and Social Care Act 2012 and Children and Social Work Act 2017 for ensuring the health contribution to safeguarding and promoting the welfare of children is effective.
- 3.2 The Accountable Officer for North East London CCG's has ultimate accountability for Safeguarding Children and Looked after Children (LAC) within the health system. The Director of Nursing, Quality and Governance has Executive responsibility for safeguarding and LAC in accordance with the Statutory guidance (DH & DfE, 2015) and the Accountability and Assurance Framework (NHSE, 2019) there are designated professionals for safeguarding children and LAC who provide the subject matter expertise and strategic oversight for the health economy.

- 3.3 The Designated professionals for safeguarding children, looked after children and child deaths provide support and expert advice to professionals in the CCG, acute, community, voluntary sector Health provider organisations, NHS England & Improvement ((NHSE&I), Local Authority and Local Safeguarding Children Board (LSCB).
- 3.4 The safeguarding oversight ensures that services commissioned are supported to uphold the NHS constitution by working together with patients in a way that respects their dignity, demonstrates a commitment to quality of care, prioritises compassion, improves lives and delivers a service where everyone counts. Consequently, safeguarding remains one of the key commissioning activities in measuring quality and safety outcomes in accordance with the relevant CQC domains and NICE Standards.

Figure 1 - Safeguarding Governance and Accountability



- 3.5 The WFCCG Safeguarding Children Team ensures that all providers are compliant with legislation and statutory guidance which includes:
- [Children Act \(1989 and 2004\)](#)
  - [Children and Social Work Act 2017](#)
  - [Working Together to Safeguard Children \(HM Government, 2018\)](#)
  - [Safeguarding children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework, 2019](#)
  - [Mental Capacity Act 2005](#)
  - [Mental Capacity Act and Deprivation of Liberty Safeguards 2007](#)
  - [Children's Homes Regulations, including Quality Standards: Guide \(2015\).](#)
  - [Children Looked After by Local Authorities in England. Guide to the SSSA903 collection 1 April 2016 to 31 March 2017.](#)
  - [House of Commons Education Committee Mental health and well-being of looked- after children Fourth Report of Session 2015–16.](#)
  - [Looked After Children: Knowledge, Skills and Competences of health care staff. Intercollegiate Role Framework, 2015\).](#)

- [National Tariff Payment System.](#)
- [NICE Quality Standard QS31 Looked after children and young people 2013 \(Hyperlink\).](#)
- [Not Seen Not Heard: A review of the arrangements for Child Safeguarding and health care of Looked After Children in England \(CQC, 2016\).](#)
- [Promoting the health and wellbeing of looked after children: Statutory Guidance for Local Authorities, Clinical Commissioning Groups and NHS England \(2015\).](#)

#### 4.0 National context

##### 4.1 Implementation of the national safeguarding reforms

Significant safeguarding legislation was enacted, during the reporting period following on from the recommendations of the Wood Review of 2017. The provisions of the [Children and Social Work Act 2017](#) came into force on 29 June 2018.

#### 5.0 Local context - Key Strategic developments

##### 5.1 Multi-agency Safeguarding Arrangements in Waltham Forest

Under the [Children and Social Work Act 2017](#), three safeguarding partners (local authorities, chief officers of police, and clinical commissioning groups) must make arrangements to work together with relevant agencies to safeguard and protect the welfare of children in the area. At the time of writing the report the new arrangements were published on 27 June 2019 on both WFCCG and Local authority websites ahead of the statutory timescales of 28 June 2019 and are due for implementation in September 2019.

##### 5.2 Implementation of new safeguarding arrangements – Waltham Forest, East London and the City (WELC) Child Death Review System Development

The [Children and Social Work Act 2017](#), Working Together (2018)<sup>1</sup> and the subsequent Child Death Review Statutory and Operational Guidance (2019)<sup>2</sup> outline how local authorities and clinical commissioning groups (CCGs) are required to work together as CDR Partners. In accordance with the nationally set timelines for transition to the new arrangements WELC CDR Partners published details of their new arrangements on 27 June 2019 ahead of the deadline of 29 June 2019. The CDR system should both be in place by September 2019.

#### 6.0 Waltham Forest and East London (WEL) Borough Context

- 6.1 WEL CCG is part of the North East London Commissioning Alliance (NELCA) which brings together the following seven CCGs – City and Hackney, Newham, Waltham Forest, Tower Hamlets, Barking and Dagenham, Havering and Redbridge with a single Accountable Officer. As the local populations within the WEL geographical area continue to grow and often have complex health needs, this collaborative working

<sup>1</sup> <https://www.gov.uk/government/consultations/working-together-to-safeguard-children-revisions-to-statutory-guidance>

<sup>2</sup> <https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england>

provides opportunities for innovation and transformation in service delivery and safeguarding initiatives within the resources available. This approach also enables a joint focus on improving health outcomes as outlined in the NHS Longterm plan. As we move forward with delivering the long-term plan and implementing strategic commissioning across WEL, there will be a continued need to build on the strong existing partnerships with providers, local authorities and the voluntary and community sector to improve services and safeguard the local populations.

- 6.2 Waltham Forest has a young age structure with a higher proportion of children and working-age residents compared to the UK. The average age of Waltham Forest residents is 34.5 years compared to the national average of 39.9 years. The young age structure in the borough has been driven by the high levels of international migration accompanied by high birth rates. GLA 2017-based population projections for 2019, estimates 72,000 people aged 0-18 are resident in Waltham Forest.

## 7.0 Local Inspections

### 7.1 Ofsted Inspection

Services for children in Waltham Forest were graded as good during the Ofsted inspection which took place from 28 January 2019 – 8 February 2019. Inspectors commended the significant progress made since the previous inspection. They recognised the strength of the partnership and the health contribution to this success.

- 7.2 A joint local area inspection of services for children with special educational needs (SEND) occurred between 25 and 26 March 2019. Ofsted and the Care Quality Commission (CQC) revisited Waltham Forest to determine whether the local area had made sufficient progress in addressing the areas of weakness detailed in the written statement of action issued. In March 2019, inspectors judged that the local area had made improved in all the areas identified at the previous inspection.

## 8.0 Statutory Functions

### 8.1 Safeguarding and Looked after children workforce, capacity and functions

The Team comprises of the following:

Table 1 – WFCCG Safeguarding Children and Looked after Children Team	
Role	Capacity
Designated Doctor for Safeguarding Children and Child Death	4.0 PAs
Designated Nurse for Safeguarding Children and looked after children	1.0 WTE
Designated Doctor for Looked after children	2.0 PAs
Medical Advisor Role	3.0 PAs
Named GP for safeguarding Children	2.0 PAs
Business Support	0.8 WTE

\*\*A "Programmed Activity (PA)" is equal to approximately 4 hours of work hours per week

\*\*\* WTE – whole time equivalent – 37.5

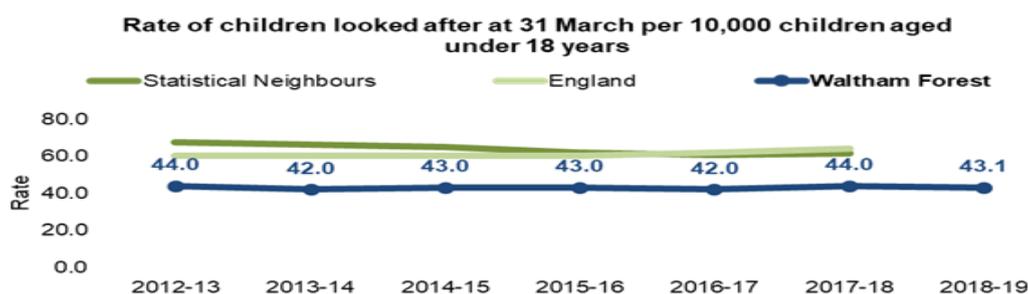
## 9.0 Health of Looked after children

### 9.1 Looked after children profile

Figure 2 demonstrates that nationally, there has been a steady increase over the last eight years in the number of LAC. In Waltham Forest this equates to 287 children in care and 223 Care Leavers for the 31 March 2018. The rate of children in care per

10,000 population in Waltham Forest remains lower than the national average and our statistical neighbours based on published data for 2015/16; 62 for similar areas and 60 for England compared with 42 per 10,000 for Waltham Forest. Waltham Forest is also a net importer of children in the care of other local authorities, this means that this cohort exceeds the total cohort of children in the care of the London Borough of Waltham Forest. This impacts on the planning and commissioning of services and also the capacity of the local provider to undertake health assessments for this cohort. Some of reasons for this trend is the number of residential and semi-residential provision in Waltham Forest and also Specialist schools for children with disability and complex needs.

Figure 2 – Children Looked After Profile



9.2 Waltham Forest has also seen an increase in the number of UASC entering care, which is not dissimilar to the national trend. In addition, unaccompanied asylum seeking children (UASC) continue to account for a significant proportion of the looked after children cohort, although the numbers of incoming UASC slowed during 2017/18 in comparison to previous years. UASC currently account for 17% of the 287 children in care and all but one of these are males.

9.3 The numbers of children adopted from care in the year has remained relatively consistent with the previous year during which 10 children achieved permanence through adoption in 2017/18 compared to 12 in 2016/17. This is consistent with the London and National picture, where adoption numbers remain low in comparison to children being placed with extended family and friends. However, the number of Special Guardianship Orders (SGO's) made in the year reduced considerably on the previous year to 9 in 2017/18 in comparison to 29 during 2016/17. This has led to a corresponding increase in the number of adult medicals required for carers and which are completed by the Designated LAC Doctor and the Medical Adviser. These professionals also provide input for the bi-monthly joint Adoption and Fostering panels. There is a move to regionalisation of adoption from September 2019. It is not clear as yet how this will impact on the role of the Medical Advisers who currently support local panels.

## 10.0 Progress of planned programme of work for 2018-19

10.1 Table 2 demonstrates shows that seven of the eight aspects of the programme of work for the period of 2018-19 have been successfully completed, with one in progress. At the time of writing the report this remaining work stream continues to be progressed.

Table 2 – Progress with programme work for 2018/19		
Work Stream	Progress	Status
To work with Strategic Partners and LAC to develop the vision for 2018-2020.	The vision has been developed and approved by both the Corporate Parenting Board and the Governing Body of WFCCG in September 2018.	Complete
The LAC Health Strategic Partnership Board is to schedule a visioning event in 2018 to enable LAC and professionals working with them to contribute to the local vision to improve LAC health outcomes. A key element of the visioning should include the emotional and mental health of children and young people.	Visioning event held in April 2018.	Completed.
To utilise the targeted piece of work undertaken by the LAC Health Strategic Partnership regarding the cohort of non-engaging children as a starting point to help the partnership to understand the cross-cutting themes and to enable services to meet their needs of children more effectively as part of the visioning work.	Audit completed and findings utilised.	Completed
Collaborate with Primary care commissioners to engage vulnerable groups with PPG's locally in response to feedback from LAC and Care Leavers in transition.	The PPGs are engaging with under-represented groups within their practice populations.	Completed
The Designated Doctor for LAC and WFCCG Designated Nurse to work with the Children's Commissioner to support the Development of a WFCCG Commissioning Strategy for Transitions	The strategy is in development and progress is being monitored by the SEND Board. Safeguarding and LAC expertise has been provided to support the commissioner.	Completed
Implementing the relevant aspects of Children and Social Work Act 2017 in developing the Health Offer for Care Leavers.	Relevant Health agencies contributed to the development of the Care Leavers offer.	Completed
To utilise the findings from the retrospective Health passport evaluation/audit to inform the implement phase 2 and 3 of the Health passport in relation to the development of a e-version in the form of a website or mobile application.	The updated health passport and refreshed care leavers offer both include links to accredited health apps that promote and support emotional and physical wellbeing. The option of app development remains under consideration.	Work in progress
Preliminary work between the Designated LAC doctor and CAMHS is to be undertaken to enable high risk and vulnerable children who require additional monitoring to be identified early during initial LAC medicals.	The designated LAC doctor has CAMHS expertise and works closely with CAMHS colleagues.	Completed.

## 11.0 Voice of Looked after children (LAC)

### 11.1 Looked after children Fun day - Children's voices

During the annual fun day held on 14 August 2018, the health stalls provided an opportunity for health promotion outreach in relation sexual health, oral health, healthy eating and awareness raising about health passports. The health contribution to the annual fun day event in August 2018, included oral health and sexual health promotion which included oral health packs, free condoms and the opportunity for c-cards.



Children and young people were also introduced to the health passport. 30 Children and young people aged from 9-21 years were interviewed, to capture their views on health provision and their health priorities. Consent was obtained for taking pictures in line with GDPR and best practice.

### 11.2 Health Pledge Theme – ‘Keeping Healthy’ – ‘You Said and We did’

Health Pledge	We did (Actions)	Evidence & Impact
<b>We will make sure you are encouraged to go to the doctors and dentists regularly.</b>	<p>Children are encouraged to attend all health appointments. This is a key message at health assessments and forms part of the health plan and recommendations following an assessment.</p> <p>Heads of service highlight to foster carers that bringing children to health appointments is a corporate parenting responsibility.</p>	<p>Foster carer training was provided by the LAC Team in Q3-4.</p> <p>The designated nurse delivered training to Fostering Providers regarding corporate parenting responsibilities on 7 November 2018.</p> <p>A list of local child friendly dentists was provided to carers.</p> <p>Oral health outreach was available on the LAC Fun Day.</p>
<b>We will provide you with information and advice about healthy eating, emotional wellbeing, exercise, smoking, drugs and sexual health.</b>	<p>This is provided during health assessments and engagement events are used for health promotion.</p>	<p>Health stalls during the LAC fun day provide access to health advice. Training was provided by the designated professionals to 51 GPs and Practice Nurses in December 2018.</p> <p>An update was provided to LAC &amp; Care Leavers on healthy relationships and sexual health in January 2019.</p>
<b>We will treat your emotional and mental health as importantly as your physical health.</b>	<p>Both physical and mental health are accessed during health assessments.</p>	<p>Children and carers are provided with appropriate therapeutic support.</p> <p>Social prescribing has been made available to care leavers.</p>



burden on the NHS and particularly on primary care. From a leaving care perspective it makes safeguarding personal.

This approach is potentially transferable to other groups of vulnerable children, as it also complements contextual safeguarding approaches and trauma informed practice through a strength based methodology.

### 12.3 Training

- o Delivery of 'Healthy relationship' and sexual health education for LAC and Care Leavers in January 2019.
- o Training was delivered to foster care providers by the Designated Nurse in conjunction with the Head of service for Fostering an Adoption in November 2018. The focus of the training was on raising awareness of the providers to the corporate parenting responsibilities in promoting the health and wellbeing of children looked after. This included bringing them to health appointments (health assessments, GP, immunisations, opticians and dental), bringing the health passports to health appointments and storing these securely for the children until adulthood or transition from care.

## 12.0 Promoting the physical and emotional wellbeing of LAC – Health outcomes

12.1 LAC Health Strategic Partnership Board has a performance monitoring and service improvement function and acts a sub-group of the Corporate Parenting Board (Figure 1). The Board is co-chaired by the Designated Nurse for Safeguarding children and Looked after children and meets on a bi-monthly basis. Bi-monthly progress reports are submitted to the WFCCG Performance and Quality (P&Q) Committee and twice yearly to the Corporate Parenting Board. There are bi-monthly operational meetings with the Provider (NELFT) and Clinical Quality Issues are raised at the monthly Clinical Quality Review Meeting (CQRM) which is chaired by the WFCCG Director of Quality Nursing and Governance. Contractual issues are managed by the Service Performance Review meetings which are held on a monthly basis. Monthly performance and activity reports are submitted to the WFCCG Director of Quality and Governance. Exception and issues reports are provided to the WFCCG Performance and Quality Committee as required.

### 12.2 Integrated LAC Dashboard

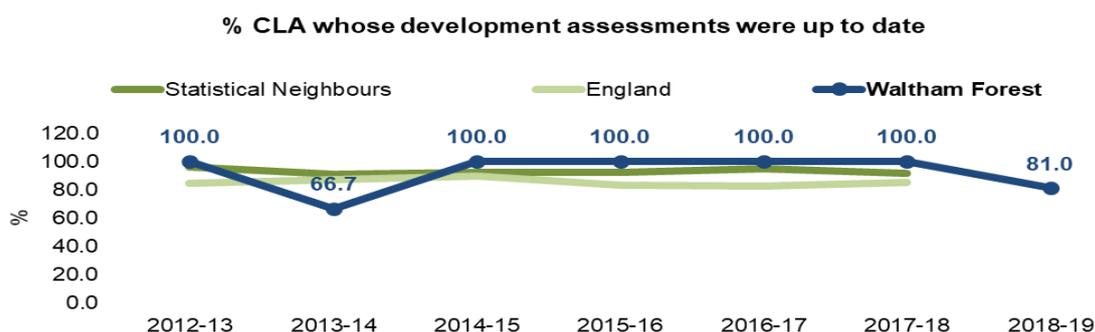
The integrated health, education and social care dashboard enables the monitoring of national and local indicators (see appendix 2). The revised statutory guidance for promoting the Health and wellbeing of Looked after children (DFE and DH, 2015) highlights that a team approach is required in relation to improving outcomes for LAC. This collaborative approach has been adopted by the LAC Health Partnership Strategic Group in relation to the health indicators.

### 12.3 Performance - Initial and Review Health Assessments (IHA & RHA)

Health assessments are commissioned from the North East London Foundation Trust (NELFT) as the Health Provider by WFCCG. However, the process requires close working between health and Local Authority colleagues in relation to information sharing, supporting attendance at appointments and reporting. The Service level

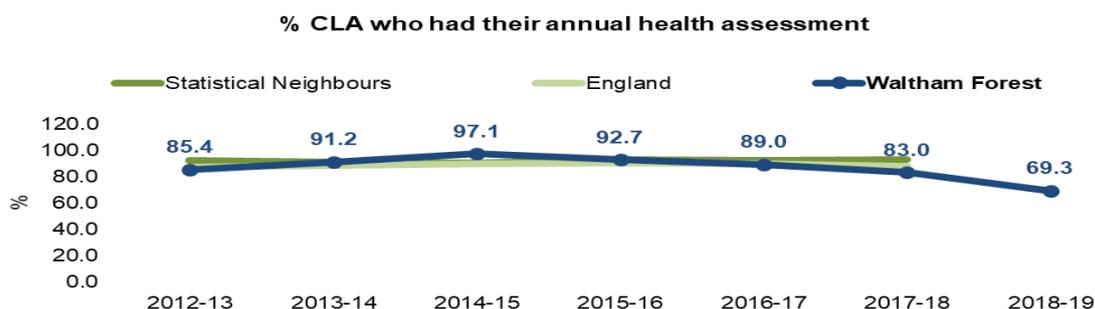
Agreement (SLA) with NELFT for 2018/19 stipulates the delivery of 80% of IHA and 90% of RHA within statutory timescale. RHA Service provision for children placed out of the borough is commissioned from external providers with the NELFT LAC Team coordinating requests and assuring quality. The Designated professionals also quality assure a cross section of assessments within their safeguarding assurance roles. Figure 5 demonstrates the trends for uptake of the developmental assessments provided to all children including LAC as part of the universal offer under the Healthy Child Programme. Although the performance remains the same, reporting has been impacted by recording issues which are being addressed by the partnership through the introduction of fortnightly joint data reconciliation exercises.

**Figure 5 - Developmental assessments for Children Looked After (CLA)**



The trend for RHA performance and service delivery against the commissioned target of 90% which was previously strong has shown a decline during 2017/18 and 2018/19. Although the quality of both IHA and RHA has remained high, the timeliness within which RHA has been performed against the statutory timescale of 6 months for 0-4 year olds and 12 months for 5-17 year olds has not been achieved. This has impacted on the cumulative performance for both IHA and RHA which are reported annually for children who have been looked after for a continuous 12 month period (see figure 6).

**Figure 6 – Performance on Initial & Review Health Assessments for Children Looked After (CLA)**



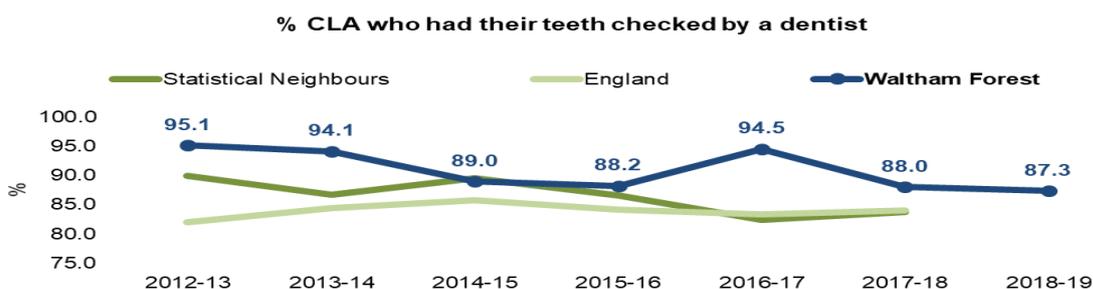
## 12.4 Service Improvement

A Task and Finish (T&F) Group chaired by the Director of Nursing, Quality and Governance, NHS Waltham Forest CCG, was convened over a six month period. This group completed a scoping exercise and a review of the current systems and reporting processes across the partnership. Further work was also undertaken by the LAC Health Partnership Board in Quarter 3 and 4 of 2018/19 to provide assurance that changes implemented achieved the desired impact for children.

## 12.5 Dental and Oral Health

Uptake of oral health assessments ( Figure 7) is better than that of similar areas and England, however importance is impacted by 9 of 187 (4.8%) eligible older children who declined. A programme of health promotion sessions for LAC and Foster carer training is in progress to address this issue and the oral health promotion activities offered during the annual fun day event elicited a lot of positive interest and raised awareness.

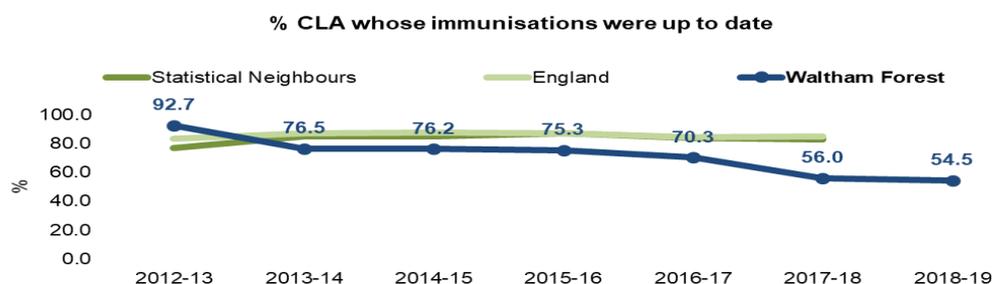
**Figure7- Uptake of Dental Appointments for Children Looked After (CLA)**



## 12.6 Immunisations

Performance on the immunisation indicator for children looked after has been an area of concern. Remedial actions have been undertaken by the local area partnership in tandem with key stakeholders including NHS England as the responsible commissioning organisation to improve immunisation uptake and reporting across the system.

**Figure 8 - Immunisation Trends for Children Looked After (CLA)**



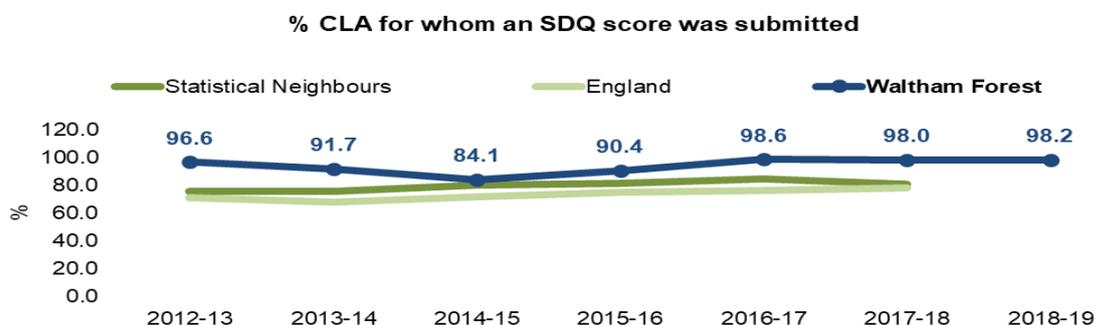
## 12.7 Mental Health

Uptake and completion of Strength and Difficulties Questionnaires (SDQ's) for eligible children continues to be strong (Figure 9). In Waltham Forest targeted evidence-based interventions to looked-after children with moderate to severe mental health difficulties (Quadrant 3); foster carer support; up-skilling social care work-force via mental health consultation to the safeguarding and family support team and practice support groups (PSGs) and development of a multi-agency training programme.

12.8 Interventions provided by the Consultant Clinical Psychologist included Face-to-face psychological interventions. These included a total of over 55 face-to-face therapy sessions attended by LBWF looked-after children with moderate to severe mental health problems. A total of 8 carer support sessions were delivered, 19 multiagency meetings were offered and Mental Health Consultations and in excess of 272 mental health consultations regarding LBWF LAC were offered. These sessions provide

training, support and expert advice to upskill social workers and foster carers working with looked after children to achieve the goal of capacity-building within the workforce in line with the aspirations of 'Future in Mind (DH, 2015).

**Figure 9 - Uptake of Strengths and Difficulties Questionnaires(SDQs)**



### 13.0 Children in Transition and Care Leavers offer - Health Passport

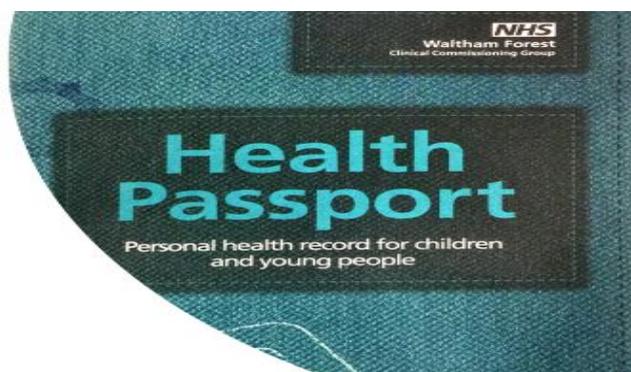
- 13.1 Children aged 15-17 years are offered a health passport as part of transition planning. The health passport contains the past medical history, immunisation history and also signposts LAC to local and national self-help, health promotion and emotional support resources. The uptake of the health passport is monitored as a metric which is monitored via the integrated LAC Health, Education and Social Care dashboard and reviewed at the bi-monthly LAC Health Strategic Partnership Board. In addition, all care leavers receive a report from their last LAC health medical as a form of discharge summary. Any health issues identified at this time would be followed up by carer/social worker and other agencies such as the Universal services (Health visitors/School nurses/ Family Nurse Partnership) would also receive a copy of the last Health summary and Health plan for those LAC that remain in the service. The uptake of the hand held health passport is monitored as a metric which is monitored via the integrated LAC Health, Education and Social Care dashboard (Appendix 2) and reviewed at the bi-monthly LAC Health Strategic Partnership Board. Unfortunately, uptake continues poor and Ofsted noted the need for an app to engage older children and care leavers.
- 13.2 However, the uptake of handheld passports remains poor in spite of the re-launch and the awareness raising activity. Putting a child's health information directly into their hands empowers them to become more active and engaged in their own health. The initial approach for Digital support was made by Waltham Forest CCG, in conjunction with NELFT. Putting a child's health information directly into their hands empowers them to become more active and engaged in their own health. The initial approach for Digital support for a Health passport app was made by Waltham Forest CCG, in conjunction with NELFT. An App based record would support the statutory requirement as children and carers would be less likely to misplace these and it would thereby maintain continuity of care. There is also scope for transferability to other settings if rolled out at scale across NEL and London potentially and this is currently being explored together with possible funding streams.
- 13.3 An engagement event was held at the Care Leavers Hub on 20 February 2019 this enabled a discussion between the NEL Digital Team and the Care Leavers present. A number of young people expressed an interest in being involved in both coding and

app development. There is a plan to reach out to younger age groups and the Head of Corporate Parenting Service is looking to work with Voice and Influence Team to

**Figure 10- WF Health Passport**

### Looked After Children in Waltham Forest - Health Passport

This primarily exists to ensure that the child has a complete copy of key information; necessary because of the itinerant nature of their situation. They frequently move from one carer to another and the sort of family memory and records that exist for most children are absent in these cases. Given the move to Apps on mobile phones for almost all other aspects of life, especially for this age group (5-25), expecting them to use a paper record is anachronistic. Putting a child's information directly into their hands empowers them to become more active and engaged in their own health.



progress this during the school holiday period. Plans are in place for Head of service for care Leavers and the voice and influence team to work with the designated doctor and nurse to establish a forum for children looked after and care leavers to be involved in shaping the features of the health passport app and also to be engaged in coding and app development should funding be secured.

#### **14.0 Looking forward to the future – planned work for 2019/20**

14.1 To collaborate with designated colleagues within the 7 CCGs that make up the North East London Commission Alliance (NELCA) to develop the safeguarding frameworks across the footprint and implement the new arrangements required under the Children and Social Work Act 2017 and the statutory guidance, Working Together 2018.

To work with colleagues across the WEL CCG footprint to achieve the objectives of the NHS Longterm Plan in respect of Looked after children and Care Leavers.

To support the LAC Health Strategic Partnership Board to continue to monitor the implementation of the delivery plan for the LAC Vision 2018-20 to improve health outcomes for children in the longterm.

To respond to the feedback from the Voice and Influence Survey for Looked after children and Care Leavers as a partnership to work with young people to better communicate the process of accessing their health history and develop a communication plan to support this.

To continue to work with partners to explore possible funding opportunities for the development of the health passport app for children looked after and care leavers

#### **15.0 Conclusion**

15.1 This report provides an overview of the work undertaken by NHS Waltham Forest CCG to discharge its statutory responsibilities to improve the health and wellbeing of Looked after children (LAC). Health of LAC remains a corporate parenting priority and area of focus for the strategic partnership in Waltham Forest. As such, the partnership has overseen a period of transformation for all areas of the child's journey through care, the impact of some of these changes may be immediately visible but others require an ongoing focus to achieve the desired outcomes for children looked after.

## Appendix 1 – Vision on a page for Improving the Health of Looked after children and Care Leavers 2018 -2020

LAC vision 2018 – 2020	Health Pledge
<p>Looked after children are happy and healthy</p> 	<p>We will make sure you are encouraged to go to the doctors and dentists regularly.</p>
 <p>Promoting healthy lifestyles for Looked after children</p>	<p>We will provide you with information and advice about healthy eating, emotional wellbeing, exercise, smoking, drugs and sexual health.</p>
 <p>Supporting children and young to develop resillience</p>	<p>We will treat your emotional and mental health as importantly as your physical health.</p>
 <p>Supporting looked after children into a successful adulthood</p>	<p>We will make sure you know important information about your health history</p>

## Appendix 2 – Integrated LAC Dashboard



## Keep in touch...

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