

# **ANNUAL REPORT FOR DERBY CITY LOOKED AFTER CHILDREN PROVISION**

**Year 2021-2022**

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<b>Contents:</b>		<b>Page:</b>
<b>1.</b>	Introduction and context	3-4
<b>2.</b>	Statutory framework, legislation, and guidance	4-5
<b>3.</b>	Looked after Children data and profile	5-11
<b>4.</b>	DHcFT service provision for Looked after Children	11-13
<b>5.</b>	Children in Care and Adoption Administrators	13
<b>6.</b>	Covid Pandemic	13-14
<b>7.</b>	Health Data and Performance for Year 2021/22	14-16
<b>8.</b>	Analysis of Adoption and Medical Adviser Activity	16-18
<b>9.</b>	Derbyshire Integrated Sexual Health Service Accessibility and Engagement Fund	18-19
<b>10.</b>	Summary of achievements in year 2021/22	19-21
<b>11.</b>	Markers of Good Practice (MOGP)	21
<b>12.</b>	Priorities for Year 2022/23	22

## **Section 1: Introduction and context**

- 1.1. The purpose of this report is to provide Derbyshire Healthcare NHS Foundation Trust (DHcFT) an overview of the progress, challenges, opportunities and future plans to support and improve the health and wellbeing of looked after children in Derby City. This includes all cohorts of looked after children that Derby City Local Authority are responsible for, no matter where they live (see section 10 for explanation of the differing cohorts).
- 1.2. The report will outline how Commissioners, Designated Professionals, Local Authority and Health Providers have worked together in partnership to meet the health needs of children in care in Derby City; in line with the statutory guidance 'Promoting the health and wellbeing of looked after children' (DH, 2015).

It will summarise key improvements, service performance; along with setting out the objectives and priorities for the next financial year (2022/23) for looked after children in Derby City.

- 1.3. This report has been compiled in partnership with the Named Nurse for Children in Care; Designated Doctor for Looked after Children, the Medical Advisors and Specialist Children in Care Nurses and admin.
- 1.4. Within all national and local policies and guidance the service is known as Looked after Children, however within Derbyshire Healthcare NHS Foundation Trust the service is known as Children in Care.

### **Context**

#### **1.5. Definition of a looked after child/ child in care**

A child that is being looked after by the Local Authority; they might be living with:

- Foster parents
- At home with their parents under the supervision of Children's Social Care
- In Local Authority or private residential children's homes
- Other residential settings such as schools or secure units.

They might have been placed in care voluntarily by parents struggling to cope, or Children's Social Care may have intervened because a child was at significant risk of harm.

### **Health and wellbeing of looked after children**

- 1.6. It is well recognised that children's early experiences have a significant impact on their development and future life chances. As a result of their experiences and blended effects of poverty, poor parenting, chaotic lifestyles, abuse and neglect, looked after children often are at greater risk and have poorer health than their peers (DfE, DH, 2015).

**Ref: Promoting the health and well-being of looked-after children, March 2015, Department for Education and Department of Health**

- 1.7. The Royal College of Paediatrics and Child Health (2020) states that looked after children and young people have greater mental health problems, along with developmental and physical health concerns such as speech and language problems, bedwetting, coordination difficulties and sight problems. Furthermore, the Department for Education and Department of Health (2015) argue that almost half of children in care have a diagnosable mental health disorder and two thirds have special educational needs. When there are delays in identifying or meeting the emotional and mental health needs this can have a detrimental effect on all aspects of their lives leading to unhappy unhealthy lives as adults.

Ref: Promoting the health and well-being of looked-after children, March 2015, Department for Education and Department of Health

Ref: Looked after children: Knowledge, skills and competencies of health care staff, Intercollegiate Role Framework, December 2020, Royal College of Paediatrics and Child Health

## **Section 2: Statutory Framework, Legislation and Guidance**

The statutory guidance focused around Looked after Children is in abundance; the key documents and legislation are outlined as follows:

### **2.1 Children Act (1989)**

Under this Act a child is defined as being 'looked after' by the local authority if the child or young person is in their care for a continuous period of more than 24 hours by the authority.

There are four main groups:

- **Section 20** children who are accommodated under a voluntary agreement with their parents
- **Section 31 and 38** children who are subject to an interim care order or care order
- **Section 44 and 46** children are subject to emergency orders
- **Section 21** children who are compulsory accommodated including children remanded to the care of the local authority or subject to criminal justice supervision with a residence requirement.

### **2.2 Adoption and Children Act (2002)**

This Act modernised the law regarding adoptive parenting in the UK and international adoption. It also enabled more people to be considered by the adoption agency as prospective adoptive parents. This Act also places the needs of the child being adopted above all else.

### **2.3 Children and Young People's Act (2008)**

The purpose of the Act is to extend the statutory framework for children in care in England and Wales and to ensure that such young people receive high quality care and services which are focused on and tailored to their needs

### **2.4 Children and Families Act (2014)**

This Act strengthens the timeliness of processes in place to ensure children are adopted sooner. Due regard is given to the greater protection of vulnerable children including those with additional needs

### **2.5 Promoting the health and wellbeing of looked after children (March 2015)**

This guidance was issued by the Department of health and Education. It is published for Local Authorities, Clinical Commissioning Groups now Integrated Care Boards - ICB, Service Providers and NHS England.

## 2.6 Looked after children: Knowledge, skills and competences of health care staff intercollegiate role framework (December 2020)

This document sets out specific knowledge skills and competencies for professionals working in dedicated roles for looked after children

## 2.7 The Children and Social Work Act (2017)

Improves decision making and support for looked after and previously looked after children in England and Wales

- Improve joint work at local level to safeguard children and enabling enhanced learning to improve practice in child protection
- Enabling the establishment of new regulatory regime for the social work profession
- Improve the provision of relationship and sex education in schools

## Section 3: Looked after Children data and profile

### National and local data

3.1 The number of looked after children has increased steadily over the past eight years. There were 80,850 looked after children on 31 March 2021, an increase of 1%, compared to 31 March 2020. (Department for Education DfE, Department of Health DH, 2021).

### 3.2 Number of children looked after in England from 31 March 2015 to 2021

<b>2015</b>	<b>69,540</b>
<b>2016</b>	<b>70,440</b>
<b>2017</b>	<b>72,670</b>
<b>2018</b>	<b>75,420</b>
<b>2019</b>	<b>78,150</b>
<b>2020</b>	<b>80,080</b>
<b>2021</b>	<b>80,850</b>

Ref: Data made available from Derby City Local Authority Informatics Department

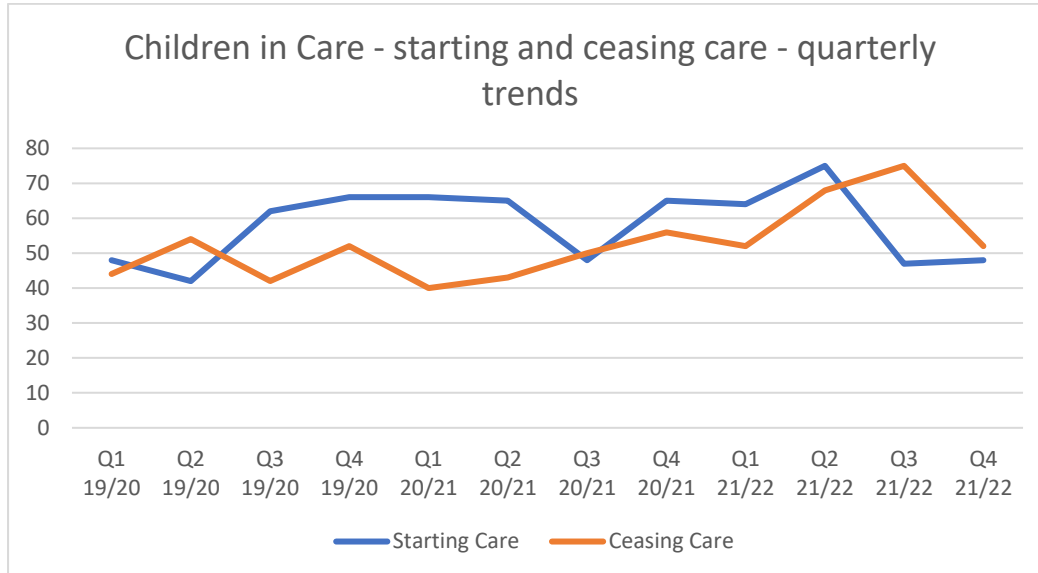
### 3.3 Number of children looked after in Derby from 31 March 2016 to 31 March 2022

<b>2016</b>	<b>452</b>	<b>4% decrease from 2015</b>
<b>2017</b>	<b>448</b>	<b>0.8% decrease from 2016</b>
<b>2018</b>	<b>491</b>	<b>8% increase from 2017</b>
<b>2019</b>	<b>562</b>	<b>12% increase from 2018</b>
<b>2020</b>	<b>588</b>	<b>4.6% increase from 2019</b>
<b>2021</b>	<b>642</b>	<b>9.4% increase from 2020</b>
<b>2022</b>	<b>627</b>	<b>2.3% decrease from 2021</b>

Ref: Data made available from Derby City Local Authority Informatics Department

### 3.4 Children in Care - starting and ceasing care - quarterly trends

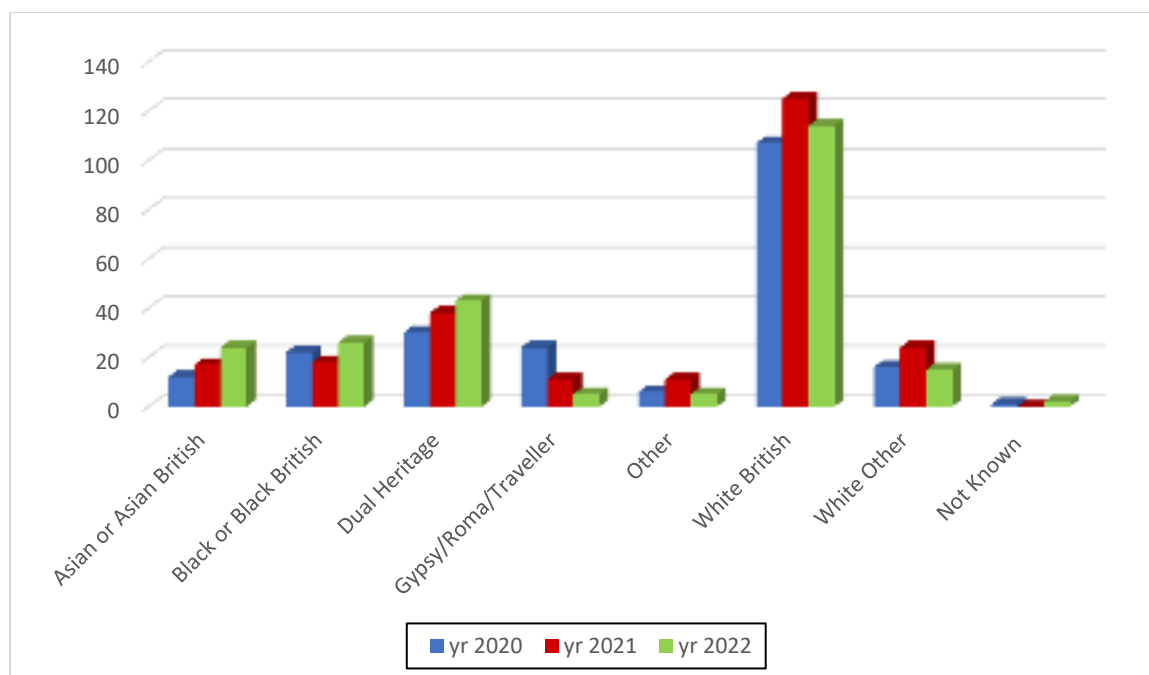
The number of Children in Care decreased by 24 cases during Q3 to 637. This is the biggest quarterly reduction seen over the past four financial years. The number of Children in Care decreased by 10 cases during Q4 to 627. This is a decrease of 15 cases compared to twelve months ago (31 March 2021) when we had 642 cases. This equates to a reduction of 2.3%.



On average there are around 60 entrants per quarter. There were 75 new entrants into care during Q2 2021-22, so this quarter is much higher than the current quarterly average. There were 47 new entrants into care during Q3 2021-22, so this quarter is much lower than the current quarterly average. There were 48 new entrants into care during Q4 2021-22, so this quarter is much lower than the current quarterly average. Previously Q4 had high numbers of entrants in Q4 2020 we had 66 and in Q4 2021 we had 65.

## **Profile of looked after children in Derby City**

### **3.5 Ethnicity comparisons over the last three years:**



**Ref: Data made available from Derby City Local Authority Informatics Department**

The Children in Care team acknowledge, adapt and respond to the many changes in demographics of children in care, and understand that different ethnicities are changing. The Children in Care team are dedicated to ensuring that the care offered is culturally adapted to each ethnicity demographic and offer a culturally competent service.

The placement team try to match ethnicity/culture where they can, however this is not always possible due to the balancing of availability and timings. Culture and identity are always discussed at Looked after Children reviews and plans are put in place to ensure the child's needs are being met and fulfilled. The Review Health Assessment pre-checklist has a section to prompt the nurses to confirm the ethnicity and to consider if care offered is culturally adapted and offers a culturally competent service

Unaccompanied Asylum-Seeking Children (UASC) leaflets (gender specific and general health) are available in different languages for our children in care.

Derby City Local Authority are linked to the East Midlands Migration group and the team manager attends the meetings. Any relevant information is distributed to the Designated Nurse for Looked after Children and shared with the Children in Care Team.

The Local Authority have employed a specific UASC team, in order, to support the continuity and cultural compatibility.

On analysing the above data, it is clear that there is an increase of children in care from the Asian/Asian British, Black/Black British and Dual Heritage ethnic groups; this reflects the diverse demographics within Derby City and the new emerging communities. The number of White British children coming into care has decreased within this financial year, after an increase over previous years.

### 3.6 Gender of looked after children in March 2022

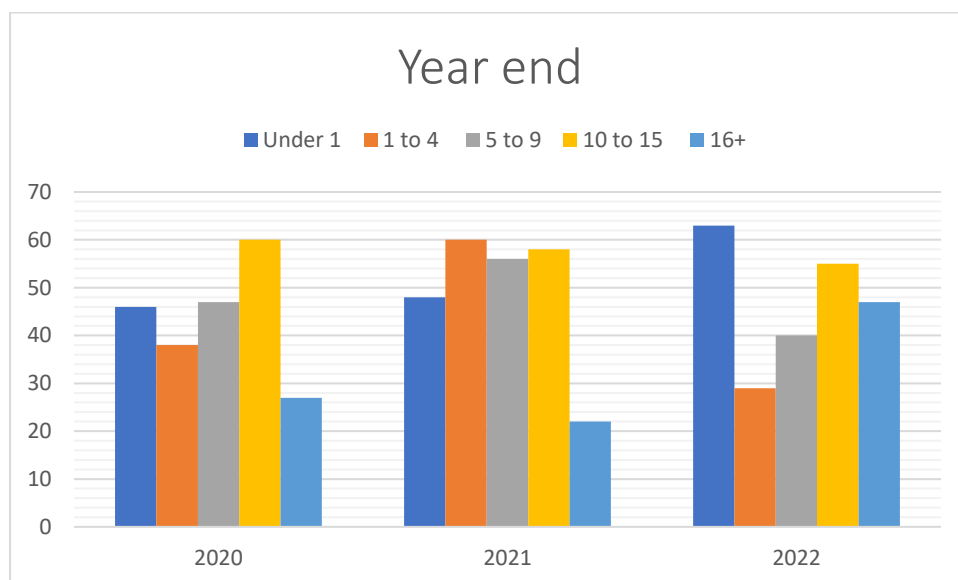
#### Gender

Male	55%
Female	45%

Ref: Data made available from Derby City Local Authority Informatics Department

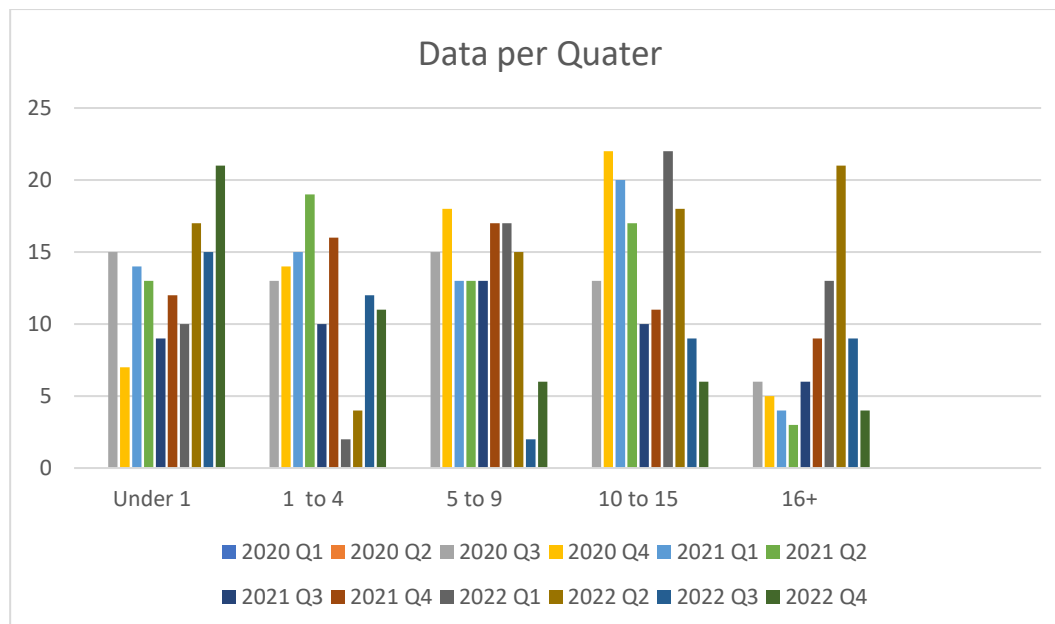
There were 343 males and 283 females in care on 31 March 2022. This equates to a split of 55% male versus 45% female. There were 60 more boys than girls in care on 31 March 2022.

### 3.7 Age comparisons over the last three years:



Ref: Data made available from Derby City Local Authority Informatics Department



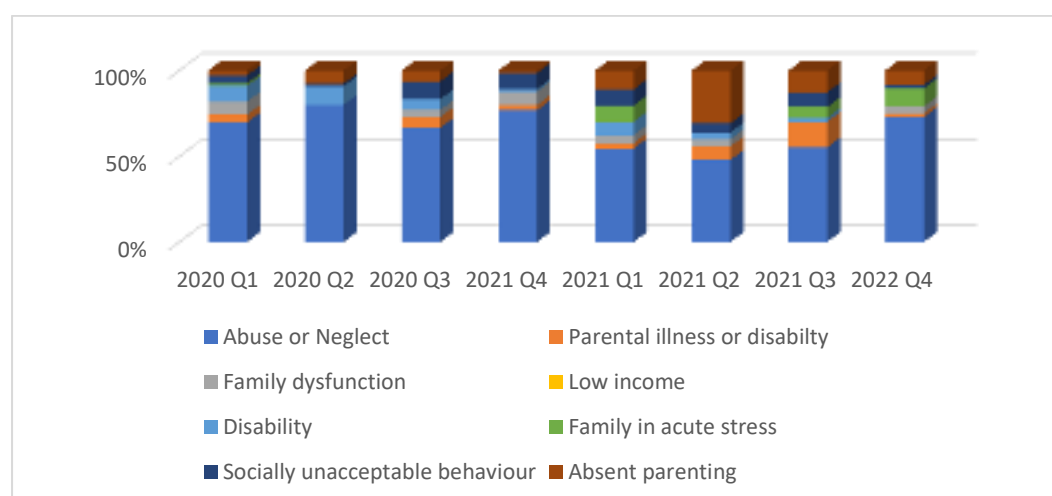


Ref: Data made available from Derby City Local Authority Informatics Department

In comparing the data over the last two years, the number of babies in care aged less than 1 years old is increasing over time showing a significant increase in quarter 4 2022. It is difficult to determine the definitive reasons for this but it may be linked to the increase in abuse/neglect, acute stress and family dysfunction within the family home.

Whereas there has been a decrease in children coming into care in the age group 5 – 9, 10 – 15 and 16+. There has been a slight increase in the number of children aged 1 – 4 years old. There is a steady increase in the number of 16+ children coming into care, which may be as a result of the increased unaccompanied asylum seeking children that are coming into care.

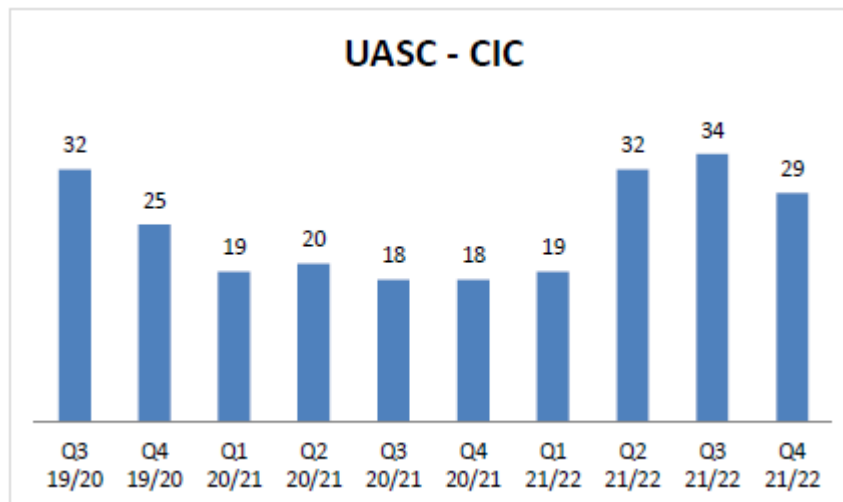
### 3.8 Reasons for children coming into care and ceasing care – comparison per quarter over the last two years:



Ref: Data made available from Derby City Local Authority Informatics Department

Abuse and neglect remains the most dominant reason for children/young people coming into care, with the percentages remaining relatively stable in reason categories reflected in the above data. In the first half of the year 2021 there was an increase in children coming into care due to absent parenting the figures tripled compared to the previous quarter, however these percentages have started to decrease towards the end of 2021/2022.

### 3.9 Unaccompanied Asylum Seeker Children 2021/22

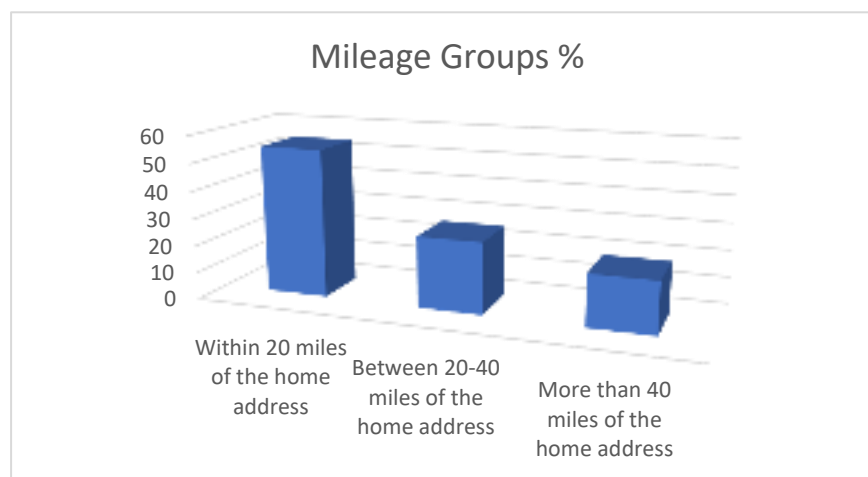


Ref: Data made available from Derby City Local Authority Informatics Department

There were 29 Unaccompanied Asylum Seeker Children (UASC) in care on 31<sup>st</sup> March 2022. This equates to 4.6% of the overall cohort. On the 31<sup>st</sup> March 2021 there were 18 Unaccompanied Asylum Seeker Children which equated to 2.8% of the overall cohort.

#### Location of placement

A total of 212 placements were located within the Derby City boundary on 31<sup>st</sup> March 2022. This equates to 33.8% of all placements. This shows an increase of placements within Derby City compared to 30.4% of all placements on the 31<sup>st</sup> March 2021.

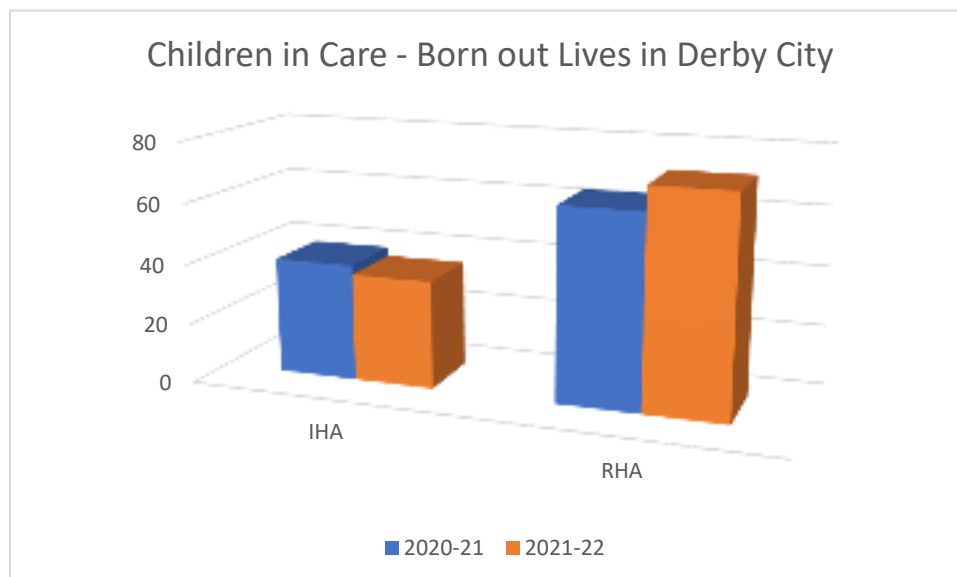


Ref: Data made available from Derby City Local Authority Informatics Department

120 children were placed more than 40 miles from their home address on 31 March 2022:

- 87 were in a foster placement (4 were DCC foster provision whilst 83 were IFA)
- (Independent Fostering Agency)
- 20 were in an agency residential home
- 7 were placed for adoption
- 2 were in Secure units, YOI or Prison
- 2 were in an Unregulated Placement with a family member
- 1 was in a semi-independent living placement
- 1 was placed with parents
- 

### 3.10 Children in Care – Born out Lives in Derby City



Ref: Data made available from Derby City Local Authority Informatics Department

**BORN OUT, LIVES IN** – Looked after Children that were born in another area outside of Derby City (or taken into care by an external Local Authority) but reside in Derby City. Children in Care placed in Derby City from other Local Authorities are supported by the 0-19 Service. Derby City Children in Care Team will undertake Health assessments on behalf of other Local Authorities upon request. In 2021-22 there was an increase in requests for Review Health Assessments to be completed by the Children in Care Nurses.

## **Section 4: DHcFT service provision for Looked after Children**

- 4.1 The DHcFT Children in Care health team have core competencies, specialist skills, knowledge and attitudes to act as advocates, undertake health assessments, identify and manage health needs and provide support/training to Foster Carers and Children's homes (in line with the Intercollegiate Role Framework, RCN, RCGP, 2020). The team also contribute to health care plans for all looked after children including children with special educational needs and/or disabilities.

4.2 The team continue to improve their offer for Children in Care by including the delivery of health promotion to children and young people, support for care leavers, development of a robust system to collate health histories for care leavers, improved identification of risk of child exploitation (including boys/young men) and provision for children who have special needs and/or disability.

4.3 The staffing levels for the health team at the end of the financial year (March 2022) were as follows:

Designation	Hours	WTE
Designated Doctor	4 hours (1 session)	0.1
Designated Nurse (DDCCG, now DDICB)	37.5 hours	1
Named Nurse	30 hours	0.8
Specialist Nurse	26 hours	0.7
Specialist Nurse	25 hours	0.67
Specialist Nurse	22.5 hours	0.6
Specialist Nurse	15 hours	0.2
Specialist Nurse	14 hours	0.37
Band 4 Admin Coordinator	30 hours	0.8
Band 3 Administrator	30 hours	0.8
Band 3 Administrator	26 hours	0.7

4.4 BORN IN, LIVES IN – Looked after Children born in Derby City (or taken into care by Derby City Local Authority) and reside within the City.

BORN IN, LIVES OUT (placed near home) – Looked after Children that were born in Derby City (or taken into care by Derby City Local Authority) but reside within approximately 20 miles away from Derby City in another Local Authority area.

BORN IN, LIVES OUT (at a distance) – Looked after Children that were born in Derby City (or taken into care by Derby City Local Authority) but reside in another Local Authority area over 20 miles away from Derby City.

BORN OUT, LIVES IN – Looked after Children that were born in another area outside of Derby City (or taken into care by an external Local Authority) but reside in Derby City. Children in Care placed in Derby City from other Local Authorities are supported by the 0-19 Service. Derby City Children in Care Team will undertake Health assessments on behalf of other Local Authorities upon request.

## **Section 5: Children in Care and Adoption Administrators**

- 5.1 The Children in Care administrative team consists of an Administrator Coordinator (Band 4) and two Administrators (two at Band 3). During Quarter 4 2021-22 the Children in Care Administrator Coordinator role had a vacancy due to the previous Administrator Coordinator leaving the service. A successful candidate was appointed in April 2022.
- 5.2 The purpose of all three roles is to provide a comprehensive administrative support service to the Children in Care Health team, ensuring that all administration needs are fully met and that the administrative processes and procedures run smoothly. Responding and making decisions where necessary and following up any actions from health professionals from local and external areas with confidentiality, discretion, and diplomacy due to the sensitive information being shared regarding these vulnerable children.
- 5.3 The Covid pandemic provided many challenges within the administration team. The team have continued to work incredibly hard whilst trying to provide some normality and stability to the way that our clinics now run following Covid to provide a strong support to the clinical staff and a safe and supportive environment for children and carers alike. The team are continually trying to make improvements to the way that they work and ensure robust administration systems and processors are in place. The Admin Co-ordinator has worked hard to maintain an oversight of compliance and has highlighted any issues or challenges to both the Operational Lead and Named Nurse/Clinical Lead. The Admin Co-ordinator, Named Nurse and Operational Lead have weekly compliance meetings to discuss any concerns (Consent issues, Initial health assessment compliance, Review health assessments, Local authority responses). We have improved the initial health assessment consent form allowing for verbal consent to be obtained by the social worker. This has helped to support the timeliness for consent ensuring compliance is met. The Admin Co-ordinator has updated the BBV testing process to ensure that the test and results are gathered in a timely manner. The Admin Coordinator and Team Administrators continue to dedicate time to ensure 'Groups and Relationships' within the patients electronic record are kept up to date.

## **Section 6: Covid 19 Pandemic**

- 6.1 The Covid 19 Pandemic resulted in changes to the way we delivered the statutory service, ensuring service users and practitioners were kept safe.
- 6.2 Following on from the COVID-19 pandemic the Children in Care Team have developed a new way of working. The children and young people may be reviewed either by face to face, video, or telephone contact as per clinical, digital, and social need dictates, with an appointment in a follow up clinic if required. A benchmark was agreed between the Named Nurse, Operational Lead and Designated Nurse for LAC as a guide for the Children in Care Nurses to follow when looking at offering a face-to-face appointment. Restoration is underway and flexed to the needs of the child/young person, depending on individual choice

and to capture those out of area when waiting lists are long or the out of area provider are unable to complete the Review Health Assessment within a timely manner.

IHA	Quarter 1 – Apr 21 - Jun 21	Quarter 2 – Jul 21 - Sept 21	Quarter 3 – Oct 21 - Dec 21	Quarter 4 – Jan 22 – Mar 22
Face to face	34	46	45	32
Telephone contact	9	4	1	4
Video Contact	0	0	0	0

RHA	Quarter 1 – Apr 21 - Jun 21	Quarter 2 – Jul 21 - Sept 21	Quarter 3 – Oct 21 - Dec 21	Quarter 4 – Jan 22 – Mar 22
Face to face	64	54	39	47
Telephone contact	41	43	47	45
Video Contact	8	20	2	3

- 6.3 Foster carer sessions were delivered virtually throughout 2021-22. The sessions are chosen by the foster carers and some of the topics covered were emotional wellbeing, minor ailments, behaviour, physical exercise, and adverse childhood experiences. The sessions are co-ordinated by the Designated Nurse LAC, Named Nurse for Children in Care and the Training and Education Office. The plan is to resume face to face sessions once Covid restrictions allow
- 6.4 The health history booklet and process has been improved in partnership with the Provider, Local Authority, leaving care teams (recommended in Ofsted inspection). The Designated Nurse for Looked after Children secured funding in 2018/19 to purchase Health History folders which will follow the child/young person through their time whilst in care. Throughout 2019/20 the Designated Nurse Looked after Children has worked closely with publishers to develop the Health History folders and with the Named Nurse for Children in Care in planning to roll these out from June 2021.

## **Section 7: Health Data and Performance for Year 2021/22**

- 7.1 Health data and Local Authority performance is a mandated submission to the Department for Education on a yearly basis and the table below summarises the performance over the last three years:

\*\* Please note all health data for 2021/22 is provisional until submitted to the Department for Education in July 2022 \*\*

Health Data Indicator	Year 2019/20	Year 2020/21	Year 2021/22
Annual health assessments	93.5%	93.8%	92.6%
Dental checks	92.3%	29.2%	77%
Immunisations up to date	92.3%	93.1%	94.1%
Development checks (two RHAs in the 12 months for under 5 years old)	90.2%	96.6%	86.9%

**NB: the data is only mandatory for those children/young people in care for a period of 12 months or more**

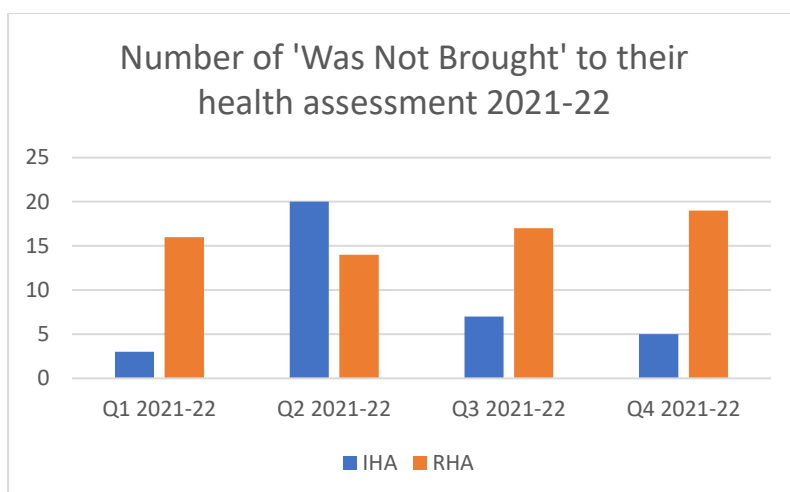
- 7.2 **Annual Health Assessments** – The performance for Health Assessments improved during Q4 increasing from 79.5% to 92.2%. The target for 2021-22 is 90% so the current performance is above the target.

**Dental Checks** - Derby's completion rate of dental checks has increase slightly during 2021-22. Dental practices have been recovering from the impact of the COVID-19 pandemic. The performance for Dental checks continued to improve during Q4 rising from 49.3% to 67.0%. The target for 2021-22 is 92%.

**Immunisations** - The performance for up-to-date Immunisations improved further during Q4 increasing from 89.3% to 94.1%. The target for 2021-22 is 92%.

**Development Checks** - The performance for Health Development Checks improved during Q4 increasing from 64.5% to 86.9% The target for 2021-22 is 87% so we are just below the target. This indicator is currently provisional and is likely to increase further during the year end data submission process.

- 7.3 Since the Children in Care team have access and the mechanism to update Liquid Logic (Local Authority IT system), the accuracy of heath data has significantly improved. The Named Nurse for Children in care and the Designated Nurse for Looked after Children meet on a quarterly basis to ensure all the correct information is recorded and any outstanding information is passed onto the Children in Care Nurses and admin to chase.
- 7.4 Shown in the table below are the number of children in care who were not brought to their health assessments during 2021-22.



Ref: Data made available from Derby City Local Authority Informatics Department

Some of the reasons for 'was not brought' to appointment are shown below:

- Young person refused to attend
- Foster carer not aware of the appointment – it is the responsibility of the social worker to inform the foster carer of the appointment date and time
- Foster carer forgot to cancel
- Child placed with parent

Any 'was not brought' or cancellation of the health assessment appointment, for whatever reason, can have a huge impact on our compliance.

## **Section 8: Analysis of Adoption and Medical Adviser Activity**

**This section is compiled by Derby City medical advisers  
Dr A. Marudkar and Dr P Vundela ,  
Children in Care and Adoption Team, Derby City**

This section of the report has been prepared based upon the information available from DHCFT data and data provided by the Local Authority regarding adoption related work,

### **ADOPTION ACTIVITY**

There have been some changes to the adoption activity during the Pandemic period from April 2020, which continued this year. These reflect the changes made nationally to the Adoption regulations by the Department of Health in liaison with Coram BAAF, to accommodate the unprecedented major changes in working patterns and the restricted capacity of the available medical workforce during the Pandemic, while still satisfying the requirements of Adoption regulations.

In addition to these, there were major changes nationally in the way medical reports are provided for the ADM (Agency decision Maker) following a court ruling (called Somerset ruling). This has affected the medical adviser's workload in an unprecedented way since



January 2022 requiring a large number of additional medical reports to be done within strict deadlines, which was achieved with making adjustments in the workforce resources.

- 8.1 There are two medical advisers contributing to the Adoption work for Derby city. This includes attending the Adoption panels and preparing the reports for the children coming up for adoption panel. The Adult Health Reports are prepared separately by a GP specialist. One adoption panel per month is attended by either medical adviser in role of panel member, on an alternate monthly basis.

There have been some temporary changes to this practice as agreed by Adoption East Midlands due to the limitations of physically attending the adoption panels as panel members. The medical reports for the children to be matched are still provided in the usual manner and panel advice is still given, based upon the paperwork provided by Adoption East Midlands. There are stricter timescales to this new process due to the inherent issues of remote working and technology.

- 8.2 The Regionalised Adoption service (Adoption East Midlands) continues to work incorporating four neighbouring regions of Derby City, Derbyshire, Nottingham City and Nottinghamshire. The cases for matching the Derby City children continue to be heard at any of the panels within the region, attended by different medical advisers. An efficient and timely liaison between different medical advisers is needed to explore and clarify any issues in advance of panel, which may get affected by the capacity issues, requiring Medical Advisers to be available all the times as queries may arise from any panel.

- 8.3 The following adoption activity data is provided by Adoption East Midlands (From 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022)

- Total number of adoption children's medical reports (Matching reports) – 73 (52 in 2020-2021, 27 in 2019-2020)
- Total number of ADM Reports – 18 (this is new additional work following Somerset ruling)
- Total number of Adult medical reports – 88 (93 in 2020-21, 98 in 2019-20)
- Total number of panels attended (advice provided by Derby City medical advisers) – 16 (11 in 2020-21, 12 in 2019-2020)
- Number of Prospective adopter consultations undertaken - 2 (none in 2020-21, 1 in 2019-20)

There has been a very significant increase of 39% in the numbers of matching reports provided for the year 2021-22 as compared to last year for Derby city, additionally 18 reports were made for ADM urgently within 3 months at short notice with minimal admin resources, to avoid children's permanency plans getting affected while complying with the adoption regulations. This has made a very significant impact on the medical adviser's capacity to provide these reports in a timely manner, further affected by the unprecedented periods of absences during the ongoing pandemic and the medical advisers covering other generic duties eg. safeguarding rota within the department. Lots of adjustments had to be made in the Medical Adviser's time tabled job plan, the flexibility offered by them has enabled the service to achieve this in a satisfactory manner.

The number of adult health reports has further reduced slightly (again by just under 5%), these figures have remained more or less stable over the last 2 years, indicating ongoing recruitment of adopters during the Pandemic.

There were 2 prospective adopter consultations undertaken formally (by telephone, none face to face) during this period, as the previously agreed regional process continued for prospective adopter consultations providing the preadoption advice in a targeted and formal way in writing. We continue to invite questions in writing from adopters via the social worker, which are responded to in writing, included on the report if possible, or separately if received later, also the report format is very comprehensive and includes any history and implications in detail. A telephonic consultation is only provided in selected cases, if requested, to answer any specific queries which remain or if the child has a very significant or complex medical condition. This process commenced at the start of AEM in April 2019 and a significant reduction in this activity was already noted since then.

- 8.4 The training sessions by medical advisers for prospective adopters, foster carers and social workers were re commenced this year, with the training provided virtually once in March 2022. This training was suspended in the previous year due to the pandemic pressures and restrictions These training sessions are aimed to be delivered 3 times a year, incorporating training on common clinical issues in an adoption scenario, i.e. impact of maternal smoking, alcohol and drug misuse in pregnancy and Blood Borne Infection screening in vulnerable and high-risk children and 2 further sessions are planned for this year.
- 8.5 Both the Medical Advisers attend regular quarterly AEM meetings with other Medical Advisers and panel advisors (plus commissioners if appropriate). They also attend panel training days twice a year. This training was suspended during COVID-19 Pandemic period., but has resumed by AEM and was attended once recently.
- 18.6 The Named Doctor for Children in Care and the Named Nurse for Children in Care also deliver a training lecture on Children in Care and Adoption as part of the GP vocational training course in Derby.

## **Section 9: Derbyshire Integrated Sexual Health Service Accessibility and Engagement Fund**

- 9.1 Children in care are one of the most vulnerable groups in our society, more at risk of health inequality and can be hard to reach as they do not always engage with professionals involved in their care.

It is recognised that young people are often reluctant to attend for sexual health screening, however, is it is acknowledged to be a very important key performance indicator within our service. Sexual health can be an 'embarrassing' subject for many of our vulnerable children and young people and 'myths' about what happens during sexual health screening can result in young people being either unaware or reluctant to seek testing. Some young people in the service may have experienced sexual abuse or trauma which may present as a barrier to access sexual health support. Many young people and their carers are unaware of the many different forms of contraception. Issues around body image and self-esteem, not helped by unrealistic, manipulated images on social media, can greatly impact on the young people our service supports.

The Named Nurse for Children in Care met with the Accredited Provider Lead for the Sexual Health Promotion Team in January 2021 to discuss the application for Derby City. Following on from this, as a team we decided to apply for the Sexual Health Community Funding for 2021-22. Our application was successful in March 2021.

The main reason for applying was because of the unmet health needs of this group of young people and difficulty accessing or engaging with services together with vulnerability factors that may place them at high risk of sexual health problems or infection. Also, to promote and normalise sexual health as part of everyday health care.

The team wanted to develop a training/resource pack to educate and support foster carers and residential children care workers to support children and young people with their sexual health. To produce a training resource for foster carers and residential children care workers to use when supporting children and young people. The training would take place directly with young people using a range of literature to be developed and resources such as contraception teaching packs. The content will include:

- Increased knowledge and understanding around sexual health and risks
- Knowing when and where to seek sexual health screening as part of 'normal' healthcare
- Understanding the many forms of contraceptive choices and where to seek these
- Confidence around managing their sexual health
- An understanding around consent
- Building positive relationships with health professional

We want to improve sexual health outcomes by:

- Educating children and young people to understand sexual health and the risks
- Supporting carers, residential care workers, foster carers and parents to educate some of the most vulnerable young people who are at risk of sexual health infections how to prevent and test for such infections
- Enhance professional's knowledge and understanding of sexual health within the Derby CICA team to ensure they are up to date with current knowledge around sexual health to ensure they are best equipped to support and signpost carers and young people.

## **Section 10: Summary of achievements in year 2021/22**

- 10.1 During the period of 2021/22 the Children in Care health team have continued to experience some changes and it has been acknowledged despite this the Specialist Nurses, Medical Advisors and Administration Team have shown innovation and marked improvements within their service delivery.

The following are an indication of the progress made and not an exhaustive list of achievements:

- 10.2 Improved compliance with initial health assessment statutory timescales and improved service delivery across administration and clinical areas.
- 10.3 Completion of the CCG now ICB 'Markers of Good Practice' assurance framework in quarter 4 (detailed in section 11, page 22/23).

- 10.4 The end of year Health Performance Data was positive as shown in section 7 considering the challenging year following on from the pandemic and vacancies within the team.
- 10.5 The Children in Care Team applied for the Sexual Health Community Funding and were successful as discussed in Section 8.
- 10.6 The Designated Nurse, Designated Doctor, Named Nurse, and the Administrator Coordinator have continued to strengthen existing relationships and networks with key professionals, local partners and agencies locally and regionally, which has facilitated information sharing, health outcomes and the voice of the child (including those out of area).
- 10.7 Health access to Liquid Logic Child Social Care system continues to improve information sharing between agencies (in the best interest of looked after children) and has a positive impact on the accuracy and validity of health data reportable to Department for Education. At the end of each quarter health information is uploaded onto Liquid Logic and any missing information is followed up by the Children in Care Team.
- 10.8 Reporting and assurance into the DDCCG (now DDICB) Quality and Performance Committee have been strengthened via quarterly reporting of performance and quality of the Children in Care service. This has allowed the Named Nurse for Children in Care the opportunity to access and interrogate health data more robustly internally within the Trust, using relevant and useful reporting systems. This in-depth provision of evidence has enabled a more robust way of working at both team and service level and influenced improvements.
- 10.9 Health performance although provisional until confirmed in November 2022 continues to remain high despite recovery from the Covid-19 Pandemic. Although there has been some improvement, due to dental practice restrictions, there continues to be a huge impact on the dental data for 2021/22.
- 10.10 Foster carer sessions have continued virtually over 2021-22. Some of the topic covered have included, emotional wellbeing, minor ailments, behaviour, physical exercise, and adverse childhood experiences. The foster carers choose the topics for the year, and these have been delivered by the Designated Nurse CiC, Named Nurse CiC, Specialist Nurses for CiC and the doctors within the CiC team.
- 10.11 The Named Nurse from Derby City and Derbyshire held a successful development day for both Children in care teams which was funded by Derby and Derbyshire Children's Commissioning Group.
- 10.12 The children in Care Team have provided opportunities for students to shadow the team throughout 2021-22.
- 10.13 The Children in Care Team have been nominated for Trust DEED awards both individually and as a team.
- 10.14 Access and training has been provided for all doctors on the Integrated Clinical Environment pathology system. This has improved internal systems and timeliness of Blood Born Infection screening and results.
- 10.15 Health meetings have continued between the children in care Nurses and the Residential Children's Homes Managers.

- 10.16 Enhanced Case Management meetings have continued. These are a multidisciplinary meeting focusing on certain topics appropriate to the young person using an outcomes-based tool.
- 10.17 Survey monkey questionnaire developed to capture feedback from children and young people and foster carers on their experience of having an Initial Health Assessment and Review Health Assessment.

### **Section 11: Markers of Good Practice (MOGP)**

- 11.1 In February 2022 the Children in Care team submitted the Markers of Good Practice action plan for 2021-2022 instead of the full self-assessment tool for Children in Care within Derby City, this was a joint agreement due to the Covid 19 Pandemic. The Markers of Good Practice Action Plan, which is 'RAG' rated, provides the Children in Care Team with a productive opportunity to showcase their service to the Clinical Commissioning Group and Designated Professionals.
- 11.2 With the submission of evidence and 'RAG' rating, the action plan supports the Children in Care team to highlight progress, any gaps or improvements that are required to assure the commissioners our service is working towards a 'gold standard' delivery and that the needs of the Children in Care are being met and identified in line with the statutory guidance.
- 11.3 Following the MOGP action plan submission, representatives from the Clinical Commissioning Group and Designated Professionals completed the feedback in written format due to the Covid-19 pandemic. A discussion was held between the commissioners from DDCCG (now DDICB). Each standard was discussed, and it was confirmed whether the 'RAG' rating provided by the Provider was in line with that of the commissioners' assessment.
- 11.4 Strengths and challenges were identified, agreed by both parties and an action plan developed for the provider to work through within the year 2021-2022 to achieve compliance in the areas that were not yet rated as green. The Markers of Good Practice action plan will be fed back to the Safeguarding Children's Committee by the Director of Nursing and Patient Experience, Lead Director for Infection, Prevention and Control, and at the Safeguarding Operational Leads meeting held by the organisation by the Named Nurse Children in Care. The action plan will continually be discussed at the Safeguarding Operational Leads Meeting and with the Designated Nurse for Looked after Children.
- 11.5 The Clinical Commissioning Group have been significantly assured that the Children in Care service provision is overall at a good standard and the Health Provider is working in partnership in all areas that have been identified as requiring further progression or improvement.
- 11.6 One of our Specialist Nurses for Children in Care had the opportunity to attend a funded Sleep Practitioner Course. This was delivered through the Sleep Charity and the Children in Care Nurse expressed a particular interest in this area. Once trained the Children in Care Nurse will be able to train and cascade knowledge and resources down to the rest of the team.

## **Section 12: Priorities for Year 2022/23**

### **12.1 DHcFT Provider key priorities for 2022/23:**

- To deliver health promotion within the Local Authority Residential Children's Homes focusing on Healthy Lifestyle and Sexual Health
- To continue to represent health at the Enhanced Case management Meetings and Health Meetings with the Local Authority Children's Residential Homes
- To resume foster carer sessions face to face
- To continue to provide health passports and health history summaries
- To continue to work closely with the County Children in Care Team working towards the Joined-up Care Derbyshire Approach
- To build relationships with the leaving care team to improve support around transition
- To continue to deliver quarterly action learning sets for all Children in Care Nurses in collaboration with the Designated Nurse for Looked after Children
- To roll out the training resource for foster carers and residential children care workers to use when supporting children and young people with sexual health.
- ICE system (Integrated Clinical Environment) – to allow access to the electronic pathology system to enable doctors to request Blood Born Virus tests and results electronically, this will be rolled out during 2022
- To submit the Markers of Good Practice Assurance Tool
- Access to LA to ensure up to date information is recorded in the health records
- To review and improve processes to ensure the service is robust, efficient, and effective
- Newly appointed Doctor for Adoption
- Continue to provide opportunities for students