Appendix 1

ANNUAL REPORT FOR DERBY CITY LOOKED AFTER CHILDREN PROVISION

Year: 2017/18

Contributors:

Heather Peet (Designated Nurse for Looked after Children – SDCCG)
Kelly Thompson (Named Nurse for Looked after Children – DHcFT)
Dr A Marudkar (Medical Advisor for Looked after Children – DHcFT)
Dr V Kapoor (Medical Advisor for Looked after Children – DHcFT)

This annual report has been compiled through collaboration between Derbyshire Healthcare Foundation Trust and Southern Derbyshire Clinical Commissioning Group key staff members.

Section 1: Introduction and context

Introduction

1.1 The purpose of this report is to provide Southern Derbyshire Clinical Commissioning Group (SDCCG) and 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 appendix 1 for explanation of the differing cohorts). The report will also outline how DHcFT support looked after children who are placed in Derby City from other Local Authorities.

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 (2018/19) for looked after children in Derby City.

1.3 This report has been compiled in partnership with the Named Nurse for looked after children, Designated Nurse & Designated Doctor for looked after children and the Medical Advisors supporting looked after children.

1.4 The report contains and analyses the compliance to the statutory framework in respect of timeliness and quality of health assessments and is obtained by the use of snapshot audits. Another key objective of this report is to reflect the progress DHcFT have made in relation to obtaining the voice of the child and carer at health assessments and mechanisms to further improve the service delivery and scope to this most vulnerable group of children and young people.

1.5 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. This was a result of the previous Designated Nurse for looked after children asking the young people at the Children in Care Council in 2015/2016 their preference and the majority preferred to be called Children in Care.

Context

1.6 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 residential children's homes
- other residential settings like 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

1.7 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

1.8 The Royal College of Paediatrics and Child Health (2015) 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, March 2015, 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, Service Providers and NHS England.

2.6 Looked after children: Knowledge, skills and competences of health care staff intercollegiate role framework (March 2015)

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) New legislation which received Royal Assent in April 2017 aims to:

- Improve 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

The guidance documents for the finer detail have been published in June 2018 and are currently being implemented.

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 72,670 looked after children on 31 March 2017, an increase of 3%, compared to 31 March 2016 and an increase of 6% compared to 31 March 2013. The most up to date national figures for 2017/18 are not yet available from the Department for Education (Stats: Looked after Children, Department for Education, 2018), the usual publication date being December 2018.

3.2 Number of children looked after in England at 31 March 2013 to 2017

2013	**68,080**
2014	**68,800**
2015	**69,540**
2016	**70,440**
2017	**72,670**

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

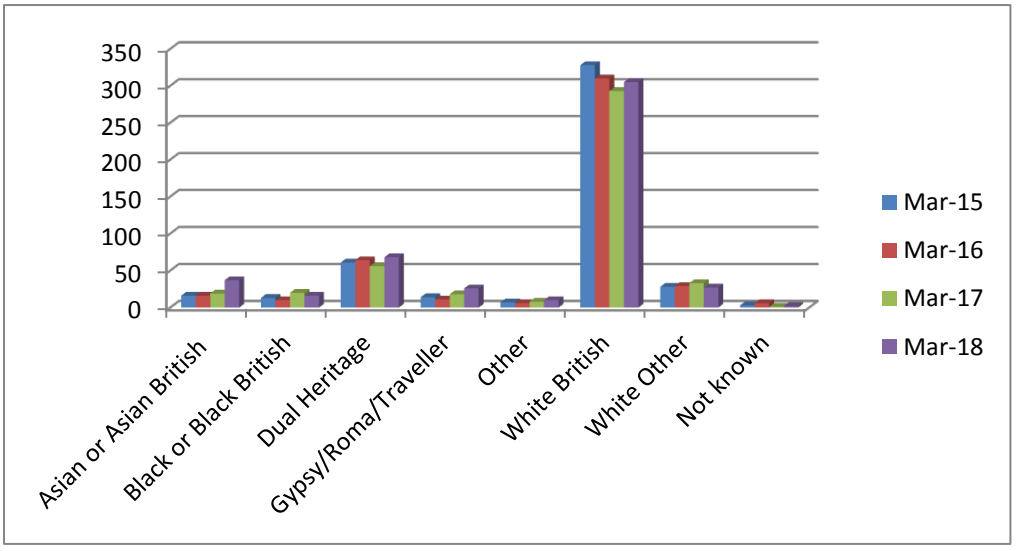
3.3 Number of children looked after in Derby at 31 March 2013 to 31 March 2018

2013	**465**
2014	445
2015	470
2016	452
2017	448
2018	491

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

Profile of looked after children in Derby City

3.4 Ethnicity comparisons over the last four years:



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

On analysing the data, it is clear that there is an increase of looked after children from the Gypsy/Roma/Traveller, Asian/Asian British and Dual Heritage ethnic group; this reflects the Derby City picture of a recent influx of new emerging communities. There have been significant cultural differences found in the new emerging communities, in relation to childcare, parenting, discipline and safety aspects. This has resulted in an increase of cases being referred to Children's Social Care and involvement at all levels of intervention; in some cases children/young people taken into care. The number of White British children coming

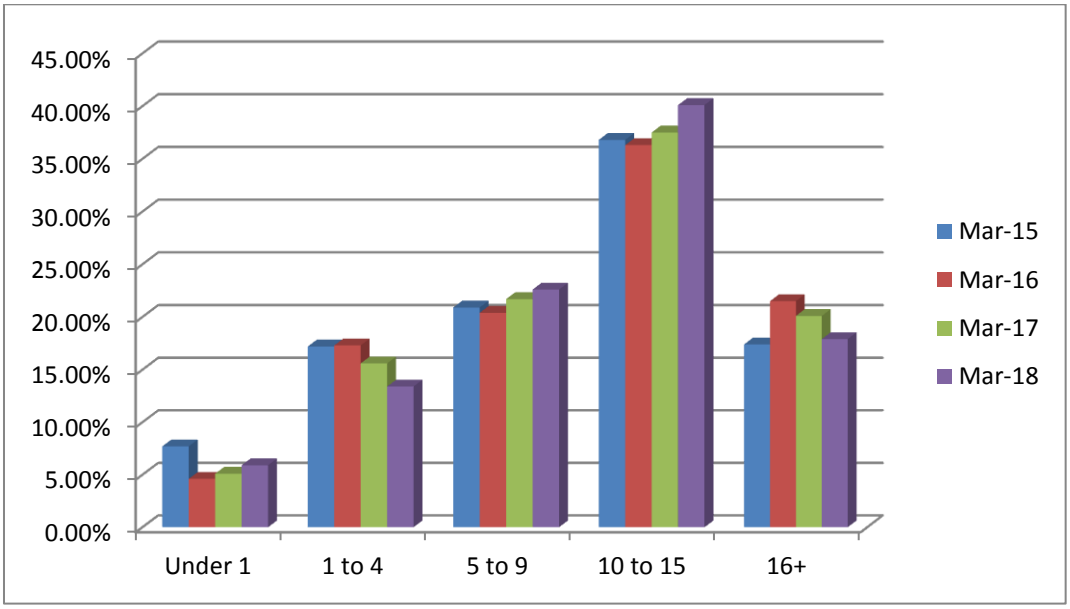
into care has increased, after a fall over the past three years; this may be reflection of the overall increased population changes within Derby City.

3.5 Gender of looked after children in March 2018

Gender	
Male	57.4%
Female	42.4%

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

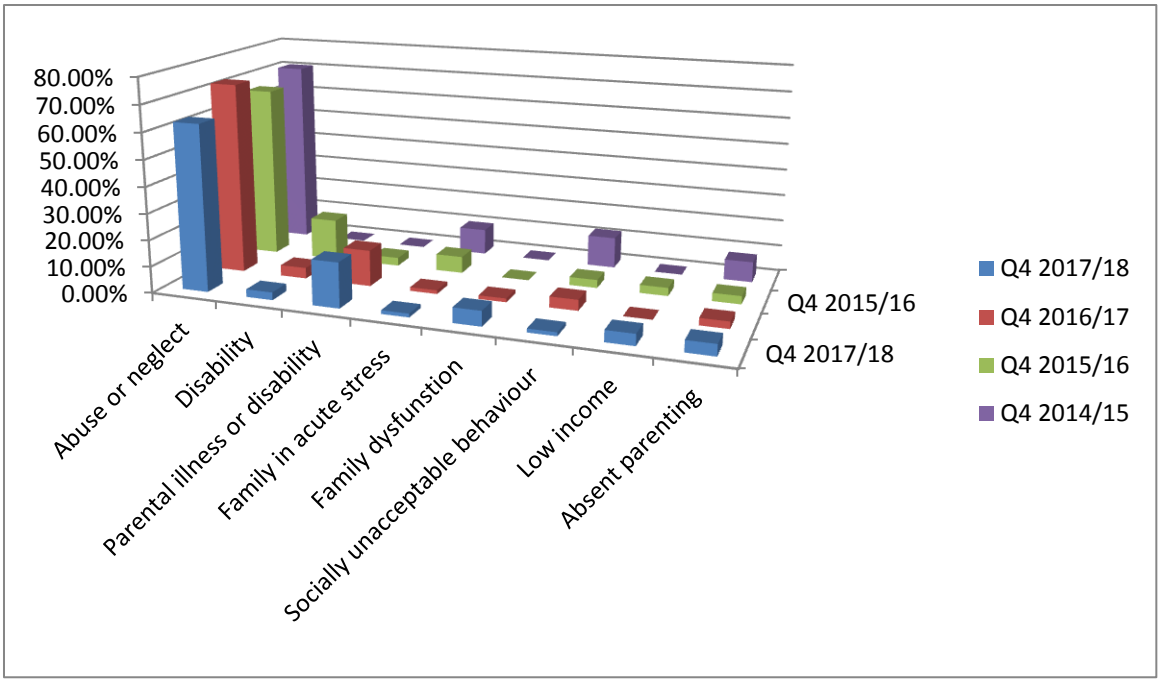
3.6 Age comparisons over the last four years:



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

In comparing the data for the past four years, the 10 to 15 year old age group consistently remain the highest number of children/young people coming into care. It is difficult to determine the definitive reasons for this but it may be linked to the increase in socially unacceptable behaviour, abuse/neglect, acute stress within the family home vocalised by children/young people and family dysfunction identified as a reason for coming into care.

3.7 Reasons for children coming into care – comparison in quarter 4 data over last four years



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

Abuse or 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. When making comparisons of a quarter by quarter basis over the past four years, there is a change in the overall trend with more children being taken into care due to homelessness (Local Authority category - low income), parental illness/disability and family in acute stress. This may in some circumstances be associated to the financial climate within England, changes in benefit systems which is then reflected in family pressures; this is difficult to confirm.

3.8 Distribution of Looked after Children placed In and Out of Derby City

	March 2018	March 2017	March 2016	March 2015
Within Derby City	36.3%	38.6%	42%	46.2%
Outside of Derby City	63.7%	61.4%	58%	53.8%

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

3.9 The Local Authority has acknowledged that the shift of Looked after Children placed out of Derby City is increasing; this is not always in the best interests of the child. Children placed out of Derby City can potentially not receive a timely service or have access to timely specialist services this is due to the child having to be referred to services in the area they are residing in; this clearly needs addressing and resolving as all looked after children should wherever they reside receive services they need in order to meet their individual identified needs. Derby City Local Authority are proactively working in partnership with Derby City Foster Carers and Independent Fostering Agencies, implementing a comprehensive strategy, in order to increase the level of Foster Carers /placements within the City or

placements close to Derby City. Within Quarter 2 in 2017/18 the Local Authority held an Independent Sector engagement event, with a vision to increase foster placement capacity within the City and the Looked after Children health team were actively involved in this event.

3.10 The Local Authority has made some progress in placements within a 20/40 mile radius of Derby City and indeed has approximately 75% of Derby City Looked after Children placed within that parameter. This is in line with the development of the Children in Care health team now undertaking health assessments at a 20 mile radius of Derby City, which has had a positive impact on improved quality and timely health assessments for those living within an approximate 30 mile radius.

Section 4: Summary of achievements in year 2017/18

4.1 During the period of 2017/18 the Children in Care health team have continued to experience significant change and it has been acknowledged despite this the Specialist Nurses and Medical Advisors have shown innovation and marked improvements within their service delivery. All the priority actions within the annual report 2016/17 have been achieved.

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

4.1.1 Several health pathways have been developed and successfully implemented, for example: health assessment refusals, was not brought to appointment, Specialist Nurse in-put for those children with special educational needs. These changes have resulted in more efficient working, improved compliance with statutory timescales and improved service delivery across administration and clinical

4.1.2 Peer record keeping audit template developed and implemented, with a vision to improve the standards, quality of documentation, completion of the coramBAAF forms and to share learning as a team. This will be further evaluated within the year 2018/19

4.1.3 Completion of the CCG 'Markers of Good Practice' assurance framework and the implementation of an improvement plan in collaboration with Designated Professionals (detailed in section 11, pages 14-15)

4.1.4 Implementation of the service specification and submission of key performance indicators as agreed

4.1.5 Redeveloped the training programme for Foster Carers and Residential Care Workers and this commenced in March 2018 and will continue within the year 2018/19

4.1.6 Action learning sets facilitated by the Designated and Named Nurse have been introduced within the service. Sessions have focussed on: Social Media and the impact on children and young people, smoking cessation, staff well-being and developing a compassionate team and has been demonstrated to increase the skills/knowledge of the team. This also acts as an assurance that the Children in Care health team undertake required specialist training and maintain their skills and knowledge

4.1.7 Development of a Specialist and Named Nurse 'biography' continues to be in working progress. The 'biography' is planned to be given to all looked after children new to care and to Derby City children's homes. Following consultation with the Children in Care Council the initial ideas and format was agreed and is due to be completed within 2018/19

4.1.8 Designated Nurse, Designated Doctor and Named Nurse have strengthened existing relationships and networks with key professional, 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)

4.1.9 Health access to Liquid Logic Child Social Care system has been established, which has been proven to improve information sharing between agencies (in the best interest of looked after children) and had a positive impact on the accuracy and validity of health data reportable to Department for Education

4.1.10 Health history booklet and process has been improved in partnership with the Provider, Local Authority, leaving care teams (recommended in Ofsted inspection)

4.1.11 Reporting and assurance into the SDCCG Quality Assurance Committee has been strengthened via quarterly reporting of performance and quality of the Children in Care service

Section 5: Provider and Partnership Working

5.1 Partnership working between DHcFT and SDCCG has further developed and become well established in Derby City over the year 2017/18. This has been as a result of the increased capacity (Designated Nurse), motivation and dedication of the Designated Nurse, Designated Doctor, Named Nurse, CiCA Nurses and the administration team. Collaboration and co-operation between the Provider and the Designated Nurse has proved essential in the ability to improve the health and well-being of Looked after Children in Derby City and those placed out of county.

5.2 DHcFT and SDCCG have liaised on a regular basis with the Local Authority, attended the relevant Looked after Children focussed meetings and always strive to achieve the best outcomes for looked after children.

Section 6: DHcFT service provision for Looked after Children

Named and Specialist Professional roles

6.1 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, 2015). The team also contribute to health care plans for all looked after children including children with special educational needs and/or disabilities.

6.2 The team have improved their offer for Looked after Children 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 sexual exploitation (including boys/young men) and provision for children who have special needs and/or disability (revised service specification during 2017/18).

6.3 The staffing levels for the health team at the end of the financial year (March 2018) were as follows:

Designation	Hours	WTE
Designated Doctor	4 hours (1 session)	
Designated Nurse (SDCCG)	37.5 hours	1 (From May 2017)
Named Nurse	30 hours	0.8
Specialist Nurses	94.5 hours	3.32

6.4 The staffing provision at the end of the financial year 2017/18 was WTE 3.32, which is almost in line with the recommendations within the Intercollegiate Document (March 2015). This is concluded as a result of approximately 75% of the Looked after Children cohort being placed within 40 miles of Derby City (equating to approx. 368), therefore the advised level of Specialist Nurse staffing would equate to WTE 3.6, consequently being short of WTE 0.3. The service has the facility to utilise bank Specialist Nurses to support completion of statutory health assessments during busy periods within the year; to further enhance the workforce. However, it has to be acknowledged that the intercollegiate document is the endorsed standard; this is the standard to which the CQC assess Childrens services. It is argued by the CCG that this may be a 'gold standard' not mandatory and is a practice guide that services should aspire and fulfil as much as possible; to ensure that looked after children receive the healthcare services they require by skilled competent staff and in a timely manner. Further benchmarking of how many regional counterparts are not complying with the required standard in 2018 will be undertaken. This will be at voluntary request, in line with best practice, to compare and contrast.

6.5 In 2017/18 the newly agreed service specification for the Children in Care health team was implemented to reflect current statutory requirements and completion of health assessments within a 20 mile radius. The Children Commissioners, Designated Nurse and the Provider have and continue to work collaboratively to monitor performance, in line with statutory guidance.

Administration Team

6.6 The Children in Care administrative team consists of an Administrator Coordinator (Band 4) and Administrators (Band 3 and Band 2). Their hours equate to a total of 1.92 WTE, however from December 2017 to March 2018 the Children in Care administrative team had a Band 4 vacancy due to the previous Administrator Coordinator leaving the service. In the interim period the administrative team were offered additional hours and an agency administrator was temporarily employed to support the team and cover the required work during this period.

6.7 The purpose of all four 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 follow 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.

6.8 Improvements have been made over the last year 2017/2018 to ensure robust administration systems are in place. The Designated Nurse, Named Nurse and Trust Admin Management have worked in conjunction to update and develop all administrative processes, some of which are discussed within this annual report.

6.9 The timeliness for requesting the out of area (at a distance) health assessments have significantly improved towards the end of the year. This was due to the agency administrator focusing on ensuring the requests were sent out at least eight weeks prior to the due date (following the newly implemented out of area at a distance flowchart) and being more proactive around chasing outstanding review health assessments completed by outside providers. This needs to be sustained moving forwards into 2018/19.

6.10 In October 2017 it was agreed between the Local Authority, SDCCG and the Provider that a list would be provided from the Local Authority on a weekly basis: to include new children placed in care, children and young people discharged from care and any placement changes. This has helped improve timeliness within the Children in Care Team in opening referrals, ending care and changing address details which has replaced relying on the CA6 change of circumstance form for this notification.

Section 7: Strength and Difficulties Questionnaire (SDQ)

7.1 During quarter two of year 2017/18, a new strengths and difficulties questionnaire (SDQ) process was developed and implemented, in order to increase the completion rate of the questionnaire (Appendix 2). This process ensures that the SDQ score provided by the Local Authority was in line with the review health assessment and supported the Specialist Nurse identifying any emotional or behavioural difficulties of the child/young person and assessing the impact of support provided (or if required).

7.2 If the score is not available at the time of the review health assessment the Specialist Nurse ensures the carer receives a blank copy of the SDQ form, provided by the Local Authority and requests it's submission via a stamped addressed envelope. Once the SDQ score is received by the Children in Care Health team, post review health assessment, the administration team follow a defined process, alerting the Specialist Nurses to high score SDQs. This allows the Children in Care Nurse to make a decision as to whether a referral on to another service is required or any other action is needed. This process is due to be reviewed in July 2018 (in conjunction with the Local Authority); in order to ascertain progress and to further develop the meaning/impact of the SDQ score for the child/young person.

7.3 Table showing number of SDQ's completed (eligible ages):

Year	SDQ received	Percentage of completion rate	Local Authority target for	Average score (higher the

			completion rate	score = higher need)
2015/2016	183	70%	75%	16.4
2016/2017	189	79%	75%	16.3
2017/2018	236	93.6%	80%	16.2

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

7.4 The completion rate of SDQs is significantly higher within year 2017/18 than previous years and this is a direct result of the newly implemented process and joint efforts from the Children in Care team and Local Authority Business Support Services.

7.5 As already identified, the meaningfulness of the score and impact for the child/young person and the vision to (reduce the scores of SDQ) improve the emotional health and well-being of Looked after Children will be a focused area of work for the forthcoming year/s.

Section 8: Missing Episodes/Incidents Notifications for Looked after Children

8.1 The Local Authority team responsible for monitoring and supporting children/young people who go missing from home, care or education, have worked in partnership with the Children in Care health team to improve the health input and relevant health interventions following incidents/episodes of missing of Children in Care.

8.2 The Local Authority have a responsibility to complete a 'return interview' (upon their return) with children/young people within 72 hours of any missing episode or incident. The compliance and standard of the interviews are monitored within the Local Authority, to ensure the timeliness, quality and significance of the missing episode is analysed in relation to risks and safety for the child/young person.

8.3 During quarter three an innovative process was agreed between SDCCG, the Provider and the Local Authority that a copy of all 'return interviews' for missing children and young people (Looked After) were sent to the Children in Care Health Team. The Designated Nurse and the Named Nurse developed a pathway for missing Looked after Children/Young People to support this process. A template has been developed within SystmOne to capture the information from the return interview in the child's electronic records using certain read codes to identify the following;

- Risk factors identified whilst missing
- Reasons for going missing
- Intervention offered
- Referrals on to any other services

8.4 The rationale for capturing this level of information enables the Children in Care Nurses to identify any health issues, risks potentially impacting on health and actions offered as

appropriate. The Children in Care team have a named 'champion' for missing children and young people who attends the multi-agency 'Missing Children's Monitoring Group' in order to share information between agencies regarding patterns of missing, risks and impact of interventions. Having these processes in place has strengthened the links between the Children in Care Team and the Local Authority with regards to missing children and young people to work together in partnership to reduce any health and safety risks.

8.5 An example of the impact of this newly implemented process:

The Children in Care team received a return interview for a missing episode on a young person where it was identified that this young person disclosed they had unprotected sexual intercourse with a male. With consent from the young person a Children in Care Nurse visited the young person (at a venue that suited the young person) and it was disclosed that the unprotected sexual intercourse was with a high risk male therefore support was given to attend the sexual health clinic and subsequent support offered.

8.6 Implemented missing Looked after Child pathway can be found in Appendix 3.

Section 9: Analysis of Adoption and Medical Advisor activity

This section compiled by Dr A. Marudkar (Named Doctor for Adoption) and Dr V. Kapoor, (Named Doctor for Children in Care) CICA-Derby City

9.1 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 provided by DHcFT service. This includes the data for relevant Looked after Children activity and Initial Health Assessments.

9.2 Quality improvement activities:

9.2.1 Both Medical Advisors deliver bespoke training three times a year for prospective adopters and Foster carers. This training highlights the impact of maternal smoking, alcohol and drug use during pregnancy on the unborn child, blood borne infections and indications for blood borne infection screening in high risk children. The feedback on training is collected and collated annually as part of appraisal paperwork and again evaluated positively within 2017/18.

9.2.2 As part of the annual GP vocational training course in Derby, a lecture was delivered on the Children in Care and Adoption service along with the Designated Nurse. This training evaluated by all attendees as showing increased learning and understanding about children in care and those adopted/being adopted.

9.2.3 Both Medical Advisors attend the Looked after Children Midland Regional Network meeting twice a year, which incorporates training on relevant topics and peer supervision of complex cases. This supports the Medical Advisors maintain and develop their specialist skills and competencies.

9.3 Analysis of Adoption Activity

9.3.1 The staffing for the adoption part of the service remains the same as previous years, with one medical advisor providing whole of the adoption service as the Named Doctor. The Named Doctor remains solely responsible for the completion of reports; for suitability for adoption and at matching stages of the adoption process

9.3.2 The adoption medical report is prepared for Agency Decision Maker (ADM) exploring the child's suitability for adoption, which incorporates information from Initial Health Assessment, any Review Health Assessments and Social Care document of Child Permanence report

53 ADM reports were prepared as compared to 29 last year (83% increase). 29 Children were matched, which was comparable to 31 from last year. This increase significantly impacted on the workload of the sole medical adviser. In light of the increased workload DHcFT plan to increase the Medical Advisor capacity to support the adoption process in year 2018/19

9.3.4 If individual consultations with prospective adopters were requested by Social Care, then a telephone or a face to face consultation was arranged with prospective adopters. A total of 14 consultations this year in comparison to 13 last year.

9.4 Looked after Children activity:

9.4.1 The staffing has remained the same during this year with two medical advisors undertaking all the Initial Health Assessments, with some done by trainees under supervision

9.4.2 This year the Initial Health Assessment (IHA) activity has increased significantly to total 231 from 184 last year. The last year's figure was inaccurately reported as 133, showing a 10% reduction in numbers from the previous year, but in fact it was a rise of 25% over previous year. There is further rise of 26% this year.-, overall 5% rise in two years. This has in turn significantly affected the timeliness of Initial Health Assessments, breaching the statutory timescale of completion within 20 working days

9.4.3 The unattended appointment (children not brought or refusing to attend) rate reduced from 8.3% last year to 6.9% this year overall, however the out of area 'was not brought' rate was still high at 12.5%.

Section 10: Health Data and Performance for Year 2017/18

10.1 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:

Health Data Indicator	Year 2015/16	Year 2016/17	Year 2016/17 Comparative Data for East Midlands	Year 2017/18	Year 2017/18 Local Authority Target

Annual health assessments	87.5%	91.2%	89.3%	92.7%	92.5%
Dental checks	80.0%	84.1%	85.7%	87.6%	86%
Immunisations up to date	100%	97.7%	89.3%	93.9%	95%
Development checks (two RHAs in the 12 months for under 5 years old)	83.3%	81.6%	92.5%	87.5%	88%

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

10.2 Overall performance of the Health Provider's provision continues to improve with the support of both the clinical and administration team and has been acknowledged within the Clinical Commissioning Group, DHcFT and Local Authority.

10.3 The immunisation uptake rate data is noted to have declined over the last three years, however it has been acknowledged that the data in 2015/16 and 2016/17 is likely to be inaccurate. The Local Authority informatics system had undergone a significant change just before 2015 and this may have had an impact on accuracy of the immunisation data. Since the Children in Care team have access and mechanism to update Liquid Logic (Local Authority IT system), the accuracy of heath data has significantly improved. The current immunisations uptake rate for 2017/18 is in line with the national immunisation uptake rates.

10.4 The Year 2017/18 comparative data is not yet available so the data has been RAG rated according to the Local Authority targets. While the immunisation uptake rate is not at the Local Authority target, it is worth noting that the uptake rate is higher than the East Midlands average and the National average of 84.4% for Looked after Children.

10.5 The completion of development checks for the under 5 years old is only 0.5% less than the Local Authority target, although the Provider has continued to improve performance. However, there are a significant number of under 5 years olds who are placed out of Derby and are reliant on other Health Providers completing the assessment on DHcFT's/CCG's behalf. In other neighbouring Health Providers the under 5 year old health assessments are completed as part of the Public Health 0-19 Universal contracts and this may have an influence on the comparative data.

10.6 The service specification is due to be reviewed, along with performance targets during the latter end of year 2018/19 with implementation in April 2019.

Section 11: Markers of Good Practice (MOGP)

11.1 In August 2017 the Children in Care Team submitted the Markers of Good Practice – self assessment tool for Children in Care within Derby City. The Markers of Good Practice tool, 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 tool supports the Children in Care team 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 on from the MOGP submission, representatives from the Clinical Commissioning Group and Designated Professionals completed a site visit to the Provider in October 2017. A discussion was held between key representatives from DHcFT and the commissioners both SDCCG and NDCCG. Each standard was discussed and it was confirmed whether or not the RAG rating provided by the Provider was in line with that of the commissioners' assessment.

11.4 During the MOGP process the following was identified by the provider:

- DHcFT found the MOGP self-assessment tool easy to understand and were clear around provision of relevant evidence to provide CCG assurance
- DHcFT felt that the tool aided them to be 'inspection ready' with regard to CQC
- DHcFT found the MOGP process to be an opportunity to reflect, evaluate progress and plan for future improvements
- DHcFT found the process to be fair, open, honest and a true reflection of the service.

11.5 Strengths and challenges were identified, agreed by both parties and an action plan developed for the organisation to work through within the year to achieve compliance in the areas that were not yet rated as green. The Markers of Good Practice action plan has been fedback to the Safeguarding Operational Meeting held by the organisation and is continually discussed with the Designated Nurse LAC.

11.6 The Clinical Commissioning Group have been 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.

Section 12: Quality Assurance Processes

12.1 The Designated Professional role for Looked after Children has a statutory responsibility to promote the health and welfare of looked after children (Statutory Guidance: Promoting the health and well-being of looked after children, March 2015). This role is intended to be strategic at a Commissioning level (working in partnership with the Local Authority) and ensuring the voice of the child is heard and acted upon in the relevant arena.

12.2 The Designated Nurse is directly employed by SDCCG, which enables a level of independence to the Health Provider. A key element of the Designated Nurse and Doctor roles is one of quality assuring the service provision of health assessments within Derby City and out of area, to ensure the placement for the child in no way disadvantages them in healthcare provision and outcomes; in comparison to those Looked after Children living in Derby City and provide assurance to the SDCCG that the service that it commissions is of a high standard.

12.3 To inform this report, snap shot audits have been completed by the Designated Nurse (for Born In, Lives In and Born In, Lives Out – close to home) and are summarised within Appendix 4.

Data for Year 2017/2018

Quality of assessment	Unsatisfactory	Satisfactory	Good	Outstanding	Total Number
Number	0	6	22	7	**35** included in snap shot audits
Percentage	0%	17.1%	62.8%	20%	

12.4 Areas noted to have improved over the year 2017/18, in comparison to year 2016/17 are:

- Timeliness and quality of the review health assessments (particularly for those living out of Derby City within 30/40 miles)
- The use of the tool 'Ages and Stages Questionnaires', including the social and emotional tool
- Improved capture of the emotional well-being of the child / young person
- Documented wishes and feelings of the child / young person
- Capturing of the voice of the child

12.5 Areas identified for further improvement in Year 2018/19:

- Completing all areas of the coramBAAF forms (including number of placements, legal status, venue, likes to be known as)
- Robust health care plans with SMART objectives
- Further improve the capture of the 'voice of the child'; particularly non-verbal young children and those with special educational needs/disability
- Stronger analysis on the health implications for the child / young person

12.6 The findings of the quality audits are fed-back to the Named Nurse and a plan of action discussed in order to improve the quality overall, with an aim to ensure all of the Review Health Assessments are of outstanding quality. The Named Nurse will discuss quality standards with each individual Specialist Nurse within monthly one to ones, team meetings, collate peer record keeping audits and develop a pre-health assessment checklist to aid the completion of documentation. The Designated Nurse and Named Nurse are planning to deliver a team workshop in July 2018, with a focus on quality and outstanding quality Review Health Assessments. The quality audit will be repeated in the Autumn of 2018 to ascertain the impact of this workshop.

12.7 Born In, Lives Out – At a distance:

All review health assessments for those Looked after Children placed by Derby City at a distance are quality assured by the Designated Nurse.

Data for Year 2017/2018

Quality of assessment	Unsatisfactory	Satisfactory	Good	Outstanding	Total Number
Number	9	24	60	22	**115**
Percentage	7.8%	20.8%	52.1%	19.1%	

All unsatisfactory Review Health Assessments are returned to the completing Health Provider with a request for improvement (specifically stating reasons for return) and monies

are not released until the Designated Nurse is in receipt of the improved quality health assessment documentation.

12.8 The Designated Professionals undertake an on-going audit programme throughout the year and findings are given as feedback to the Health Provider and Local Authority as appropriate. Any concerning issues found are escalated as appropriate via the contracting and quality routes within the relevant agency and within the Clinical Commissioning Group. The audit programme for the Designated Nurse can be found in Appendix 5.

12.9 Initial Health Assessment quality assurance process

The Designated Nurse has been working with the Children's Commissioner, Named Nurse, Designated Doctor and the Area Service Manager to improve the Looked after Children service specification key performance indicators submission and adherence to the statutory requirements in relation to Initial Health Assessments. Further improvements are required and have been identified as part of the Markers of Good Practice process and there is currently an outstanding action in regard to this matter. In the interim period the Designated Nurse has quality assured eight DHcFT Initial Health Assessments and has provided feedback to the Designated Doctor and Medical Advisors so remedial action can be taken and future improvements made. Quality assurance of the Initial Health Assessment is a requirement of the Designated Doctor and the provision of feedback as part of the service specification key performance indicators. In 2018/19 the Designated Doctor will explore health themes identified from audits and triangulation of data, in order to improve the quality of service provision and improve health outcomes of Looked after Children.

Section 13: Voice of the child

13.1 The voice of the child/young person should be embedded in all aspects of service development and delivery. It is essential that children and young people are listened to and their views responded to in order to promote and respect the rights of children.

13.2 The voice of the child is obtained through a variety of mechanisms (dependent on their age, capacity, levels of understanding, analysis of non-verbal cues and body language):

- The child/young person is offered the opportunity where age appropriate to be seen alone.
- At each appointment confidentiality is explained to the child or young person
- Identification in collaboration with the child/young person of their own strengths, wishes, feelings and their needs
- Use of the evaluation form after health assessments or any individual contact with a child or young person
- Clear documentation of the child's voice by using direct speech quotes or agreed summary of conversations

13.3 During the year 2017/18 the Named Nurse and Designated Nurse have attended the Children in Care Council by invitation, on a couple of occasions. The main purpose of the interactions was to:

- Explain the role of the Children in Care team, Named Nurse and Designated Nurse
- Provide the Council with some feedback of actions taken, following on from their previous input and suggestions (you said, we did)
- Introduce and gain comment on the staff biographies

13.4 Within the Corporate Parent Committee the Health Provider and Designated Nurse are held to account and asked to respond to any presentations, concerns raised or submissions to the Committee. There is always child representation at the Corporate Parent Committee meetings and any responses are given in a child's language. As a response to the annual report presentation last year, the Children in Care Council requested a child friendly version to be made available to cascade to Looked after Children and Young People.

13.5 The plan to re-evaluate the feedback questionnaire during 2017/18 in conjunction with the Children in Care Council has been completed. The aim was to ensure the form was in a child focused format, easy to understand and enables the child to express their thoughts and feelings about their health assessment and if they feel any improvements can be made to improve their assessment experience. The new style feedback form can be found in Appendix 6. All feedback received is collated by the Named Nurse, fedback into the Health Provider Governance structure and to the Children in Care team.

13.6 The Named Nurse consulted the Children in Care Council in the development of the feedback form and further improvements are planned during year 2018/19, following their views and comments. Children in Care Council comments can be found in Appendix 7.

13.7 The Named Nurse and Designated Nurse have supported the development and delivery of a study day led by the Local Safeguarding Childrens Board, in conjunction with Independent Reviewing Officers, Education, Emotional Health and Well-being Service and the Local Authority representatives. The study day focuses specifically on the voice of the Looked after Child, how professionals can support, change their practice and have a greater understanding of the complexities of children / young people's lives whilst being looked after and the potential impact on adulthood.

Section 14: Special Educational Needs / Disability

14.1 The Health Provider and Designated Nurse have worked exceptionally hard, in partnership with the Local Authority to improve the service provision for Looked after Children with additional needs and/or disability.

Changes and achievements over the year 2017/18 are:

14.2 Newly improved feedback forms for children with additional needs (several versions). The opinion and voice of the child/ren with special education needs/disability was sought in its development and acted upon.

14.3 Following the employment of a new Specialist Children in Care Nurse, the team had the capacity to provide a Link Nurse to the residential Local Authority home for children with complex needs. This has improved the continuity of the nurse completing the health assessments, knowing the child's method of communication and their individual needs.

14.4 Obtaining copies of Education, Health Care Plans (EHCPs) has been a historical issue and not been acted on previously. During the year there has been significant progress made, with the compliance of access to the EHCP within child's health record has gone up from 1% in August 2017 to 63% in February 2018. The Local Authority collaboration in ensuring compliance improves has been outstanding, even for those children living out of area and work continues to obtain 100% compliance.

14.5 Prior to a review health assessment the Specialist Nurse reviews the previous Review Health Assessment, letters from other health providers and EHCPs, to ensure the Review Health Assessment meets the needs of the child. An assessment of suitable methods of communication, obtaining appropriate resources, right venue for the child and who can support with relevant up to date information, also takes place prior to the health assessment.

14.6 Virtual School now send monthly reports to the Designated Nurse – indicating the support required for all school age looked after children. Any changes in between months have been noted and sent to the Named Nurse to amend the clinical child's health record accordingly.

14.7 Improved communication and clear pathways have been established between Special Educational Needs / Disability Clinical Lead and the Children in Care health team. This has resulted in the Children in Care team being made aware of when there is a request for health information to contribute to the Education Health Care Plan and liaison between professionals as appropriate.

Section 15: Children in Care Team Successes

On completion of the annual report the Children in Care team submitted feedback they had received during the year 2017/18 (via face to face, telephone, evaluation forms):

"The admin team were extremely helpful and efficient" – Social Worker that required an urgent report

"Named Nurse always keeps the child at the centre of all the team do" – Designated Nurse for LAC

"Nurse came to see me at the Childrens Home and she was far nicer than I thought….I'd definitely see her again" – Young person in care, aged 14yrs

"It was great to see the same nurse again for my review health assessment….I didn't have to retell my story" – Young person in care, aged 15yrs

"I enjoyed showing the nurse my new football and DVDs" – child in care, aged 8yrs. RHA undertaken at his placement

Foster carers who attended a focussed session on weaning / infant feeding gave feedback – "I like the informal delivery and that we can bring the children to the session". The foster carers also requested a community based venue which has been arranged for next planned session

Through collaboration with the CIC Nurse, Social Worker and foster carer, a young person (who had previous not engaged with local services) began to engage with services to support their emotional health and well-being

Section 16: Priorities for Year 2018/19

16.1 Designated Nurse key priorities for 2018/19:

- Support the Children in Care team to improve the quality of the Review Health Assessments undertaken for children Born In, Live In; Born In, Live Close to Home
- Continue to strive for improved quality for out of area health assessments, through standardised quality assurance processes and providing feedback as required
- Improve the quality, timeliness and quality assurance processes for Initial Health Assessments, in collaboration with the Designated Doctor and Medical Advisors
- Explore the possibilities of introducing 'My Health Passport' for Children in Care, in order for children to have a personal held health record and contribute to their healthcare and health assessments
- Review and renewal of the Children in Care service specification and support the Health Provider in meeting any improvements and changes
- Continue to support improvements with processes, systems and information sharing, in collaboration with the Health Provider and Local Authority

16.2 DHcFT Provider key priorities for 2018/19:

- Increase the compliance and completion of the Health History documentation for all Care Leavers prior to them turning 18 years old
- Improve the quality, timeliness and quality assurance processes for Initial Health Assessments, in collaboration with the Designated Nurse, Designated Doctor and Medical Advisors
- Enhance the use of information technology and the sharing of health information between Health and Local Authority IT systems. With a vision to improve administration processes, resulting in efficiencies for the administration, clinical teams, Social Workers and Local Authority
- Facilitate any improvements, suggestions and innovation from the Children in Care clinical and administration team, for the benefit of Looked after Children
- Greater focus on health promotion work to empower children and young people to make healthy life choices.

16.3 These key priorities are an overview of some of the on-going work and strong commitment to improving the health and welfare of looked after children. The vision is to ensure looked after children reach their natural potential through the interventions of competent, skilled, compassionate professionals and their drive to make a difference to this vulnerable group of children and young people.

The authors of the report request that DHCFT and SDCCG accept the annual report and agree on the key priorities set for 2018/19

References

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

Looked after children: Knowledge, skills and competencies of health care staff, Intercollegiate Role Framework, March 2015, Royal College of Paediatrics and Child Health

Stats: looked after children, Department for Education, 2017
https://www.gov.uk/government/collections/statistics-looked-after-children

APPENDICES

Appendix 1 – Looked after Children cohorts explanation

BORN IN, LIVES IN – Looked after Children born in Derby City and reside within the City.

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

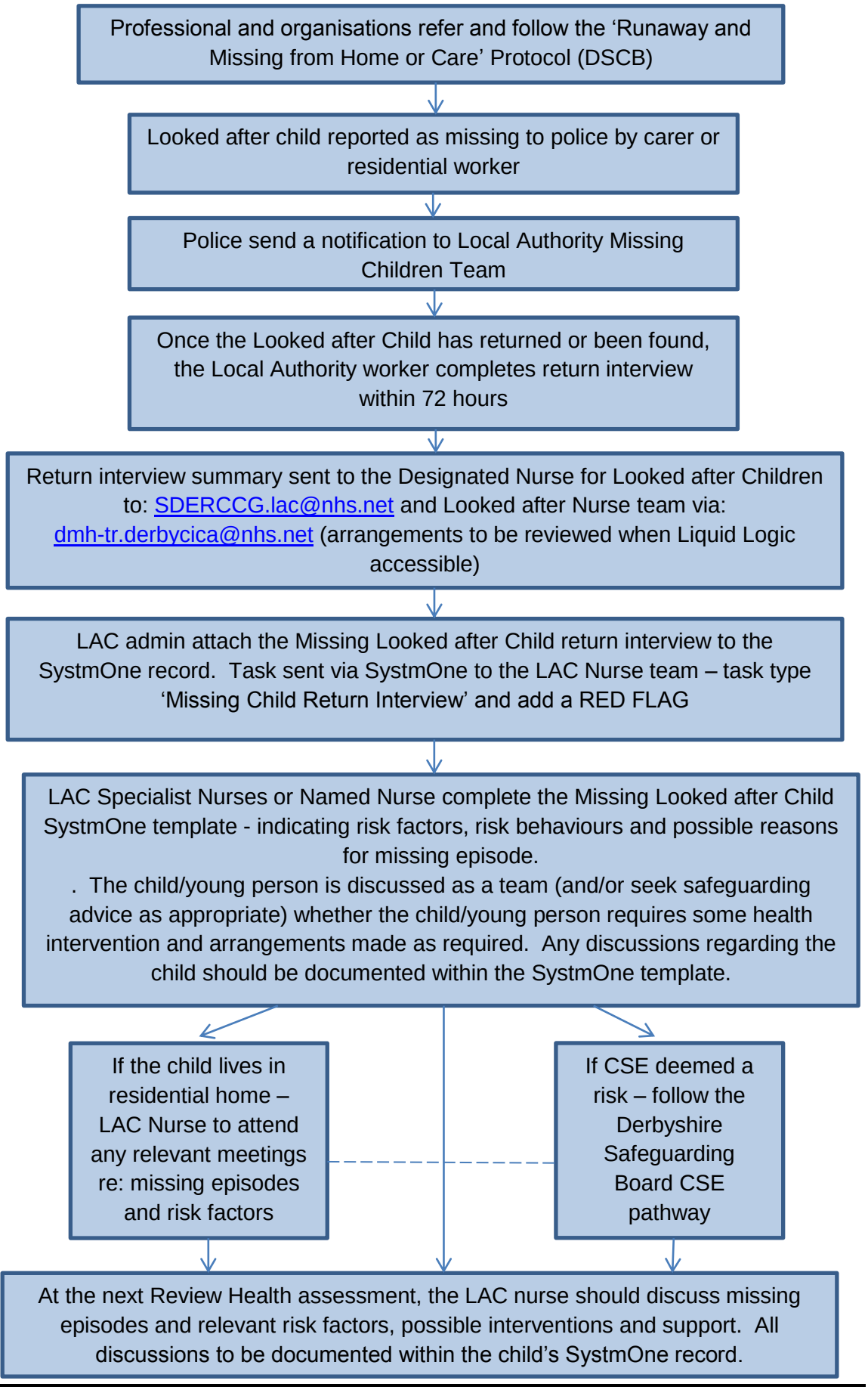
BORN IN, LIVES OUT (at a distance) – Looked after Children that were born in Derby City but reside in another Local Authority area over 20 miles away from Derby City.

BORN OUT, LIVES IN – Looked after Children that were born in another area outside of Derby City but reside in Derby City.

Appendix 2: Strengths and Difficulties Questionnaire Process

Appendix 3 – Missing Episodes / Incidents for Children in Care

Missing Looked after Child Pathway



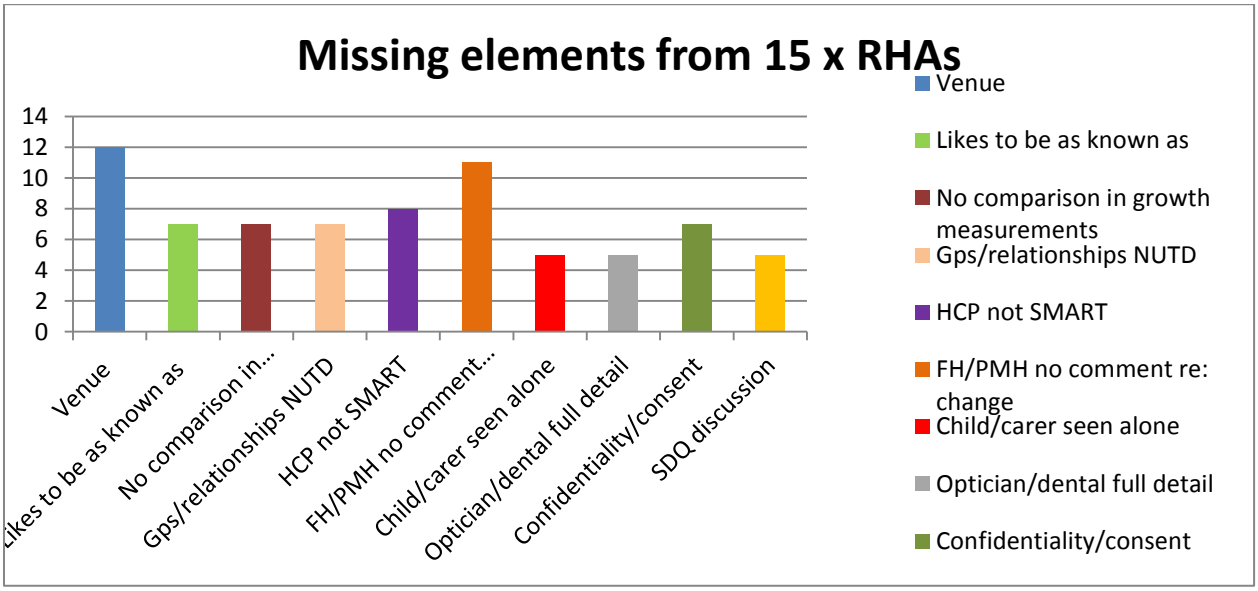
Appendix 4 – Quality assurance summary of audits

Timeliness: 80% of the review health assessments were within the statutory timescales; however there was a clear reason for the lateness within the clinical record. Reasons: previous was not brought, late cancellation of appointments by foster carers and appointment being rebooked and placement change.

Key missing elements or not documented within the review health assessments:

- Sections within the coramBAAF left blank (eg: 'likes to be called', dental dates, optician dates, family history, past medical history)
- Lack of voice of the child and carer
- Good analysis of implications for the future
- Poor SMART actions within the Health Care Plans
- Lack of analysis with SDQ scores and assessment of emotional health
- Impact of contact with birth family

Missing elements from a quality audit of 15 Review Health Assessments:



Excellence noted:

- Good analysis of SDQ and emotional health
- Impact of contact with birth family – and strategies given to foster carer to help the child cope
- Confidentiality and consent clearly documented
- Clear vision of the child's aspirations
- Analysis of routine and educational progress
- Voice of the child and carer
- Interactions noted with carer and LAC nurse
- Excellent description of child's appearance and body language at different points within the assessment

The quality of review health assessments should be at least of a 'good' standard as a minimum with a vision for 'outstanding' quality for all review health assessments that are within the remit of the Specialist Nurses at Derbyshire Healthcare NHS Foundation Trust.

Appendix 5 – Designated Nurse Audit Programme

Required to complete	
Establish a quality matrix to rank quality of health assessments in a standardised manner	Completed in June 2017
Quality assure all out of area review health assessments, escalate and/or return as necessary	On-going continual basis
Quality assure a snap shot of review health assessments completed by DHcFT LAC team	Completed in July 2017
Quality assure review health assessments carried out within the contract variation for completion within 20 mile radius and make comparison with the previous year/RHA	Completed in August 2017
Data quality for LAC who were on child protection plans – ensuring the read code for 'no longer on CP plan' has been applied to the SystmOne record	Completed in October 2017
Health representation and health report submission at LAC reviews	Completed in November 2017
Data quality for LAC who were child in need – ensuring the read code for 'no longer child in need' has been applied to the SystmOne record	Completed in December 2017
Visiting pattern of Health Visitor to LAC	Completed in December 2017
Data quality for LAC who have EHCP, Statement of Special Educational Need or require SEN support – clearly and correctly documented within SystmOne record	Completed in January 2018
Audit use of the peer record keeping audit, findings and resulted in any change in documentation quality	Completed in February 2018
Quality assure review health assessments carried out within the contract variation for completion within 20 mile radius and make comparison with the previous year/RHA	Completed in February 2018
Quality assure a snap shot of review health assessments completed by DHcFT LAC team	Completed in March 2018

Derbyshire Healthcare NHS Foundation Trust

Southern Derbyshire Clinical Commissioning Group

APPENDIX 6

Derbyshire Healthcare NHS Foundation Trust

YOUR HEALTH ASSESSMENT VIEWS

Tell us a little bit about you:

1. **Are you:**

☐ **A girl?** 

☐ **A boy?** 

2. **How old are you?**

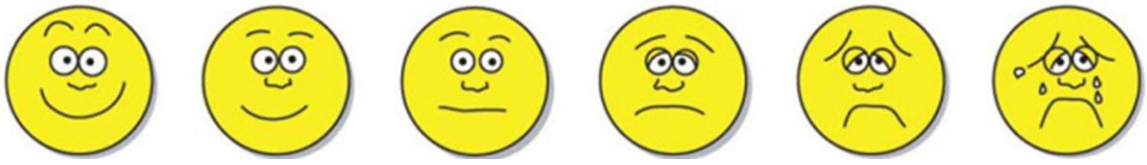
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19

Tell us about your visit today:

4. **Where did your health assessment take place?**

Hospital	☐	**Health Clinic**	☐
School	☐	**Home**	☐
Other	☐		

5. **Which smiley face best describes how you feel about your health assessment?**



6. What did you like and not like about your health assessment?

7. Were you seen by:

Doctor ☐ Nurse ☐

8. Did you feel you were listened to?

Yes ☐ No ☐

9. Did you have chance to ask questions?

Yes ☐ No ☐

10. Did you get an answer to your questions?

Yes ☐ No ☐

Appendix 7: Children In Care Council feedback

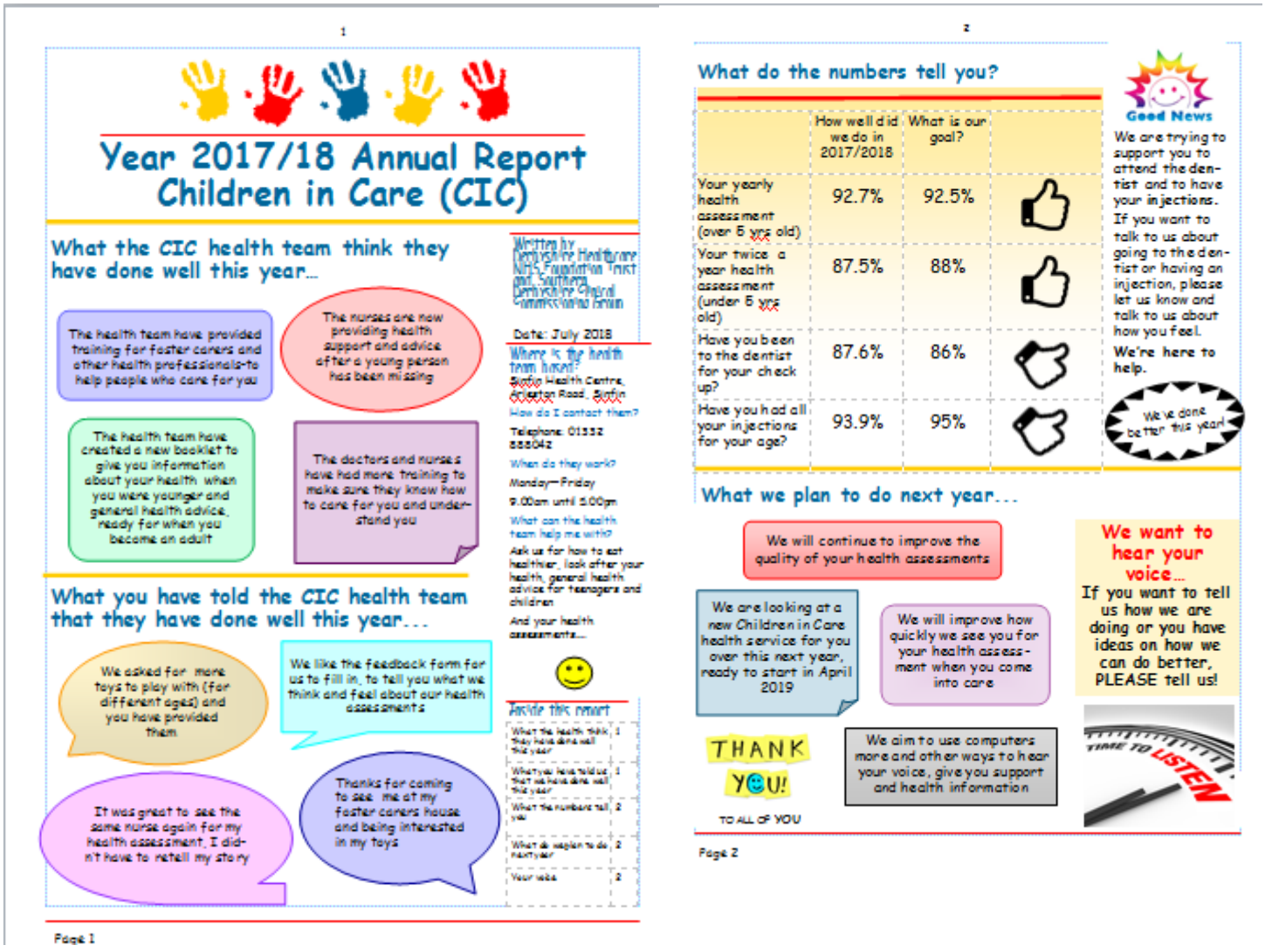
Liked

- The layout
- Not too long
- Simple and easy
- Smiley faces

Suggestions

- Tick boxes under the smiley faces
- Bigger writing
- Tick box for carer if completed by carer
- Question 4 tick boxes closer to the writing
- Question 7,8,9 and 10 'I don't know' option
- Comment box bigger
- Felt awkward if they had to give it back to the nurse if there was a negative comment

Appendix 8 – Child and Young Person Annual Report (2017/2018)



1

Year 2017/18 Annual Report Children in Care (CIC)

What the CIC health team think they have done well this year...

The health team have provided training for foster carers and other health professionals to help people who care for you

The nurses are now providing health support and advice after a young person has been missing

The health team have created a new booklet to give you information about your health when you were younger and general health advice, ready for when you become an adult

The doctors and nurses have had more training to make sure they know how to care for you and understand you

Written by Derbyshire Healthcare NHS Foundation Trust and Southern Derbyshire Clinical Commissioning Group

Date: July 2018

Where is the health team based?
Sadler Health Centre, Alvaston Road, Sadler

How do I contact them?
Telephone: 01332 888042

When do they work?
Monday–Friday
9.00am until 5.00pm

What can the health team help me with?
Ask us for how to eat healthier, look after your health, general health advice for teenagers and children
And your health assessments...

What you have told the CIC health team that they have done well this year...

We asked for more toys to play with (for different ages) and you have provided them

We like the feedback form for us to fill in, to tell you what we think and feel about our health assessments

It was great to see the same nurse again for my health assessment, I didn't have to retell my story

Thanks for coming to see me at my foster carers house and being interested in my toys

Inside this report

Page 1

2

What do the numbers tell you?

	How well did we do in 2017/2018	What is our goal?	
Your yearly health assessment (over 5 yrs old)	92.7%	92.5%	
Your twice a year health assessment (under 5 yrs old)	87.5%	88%	
Have you been to the dentist for your check up?	87.6%	86%	
Have you had all your injections for your age?	93.9%	95%	

Good News

We are trying to support you to attend the dentist and to have your injections. If you want to talk to us about going to the dentist or having an injection, please let us know and talk to us about how you feel.

We're here to help.

We've done better this year!

What we plan to do next year...

We will continue to improve the quality of your health assessments

We are looking at a new Children in Care health service for you over this next year, ready to start in April 2019

We will improve how quickly we see you for your health assessment when you come into care

We aim to use computers more and other ways to hear your voice, give you support and health information

THANK YOU!

TO ALL OF YOU

We want to hear your voice...

If you want to tell us how we are doing or you have ideas on how we can do better, PLEASE tell us!

TIME TO LISTEN

Page 2