ANNUAL REPORT FOR DERBY CITY LOOKED AFTER CHILDREN PROVISION

Year: 2016/17

Contributors:

Heather Peet (Designated Nurse for Looked after Children – SDCCG)
Kelly Thompson (Named Nurse for Looked after Children – DHcFT)
Dr C Teh (Designated Doctor 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 (2017/18) 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. Compiling this report has been challenging because the Named Nurse has been in post since August 2016 and Designated Nurse has only been in post since May 2017 this has led to some difficulties in gathering evidence for the report, being fully aware of all challenges and progress made within 2016/17. A significant amount of the data for the report has been gained retrospectively but the authors have endeavoured to provide the reader with a comprehensive update of the service provided for looked after children.

1.4 There has been some difficulty in gaining accurate data on the number of health assessments and timeliness of assessments undertaken. In light of this snapshot audits have been undertaken to give an indication of adherence to the statutory guidance for looked after children. The main 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 the Local Authority, they might be living with:

- 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)** become an act of parliament after receiving Royal Assent on 27th April 2017.This Act is intended to improve the support for looked after children and care leavers and promote the welfare and safeguarding of children. It also sets out corporate parenting principles for the Council as whole to be the best 'parent' it can be for looked after children.

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 seven years. There were 70,440 looked after children on 31 March 2016, an increase of 1.3%, compared to 31 March 2015 and an increase of 3% compared to 31 March 2013. The most up to date national figures for 2016/17 are not yet available from the Department for Education (Stats: Looked after Children, Department for Education, 2017)

3.2 Number of children looked after in England at 31 March 2013 to 2016

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

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

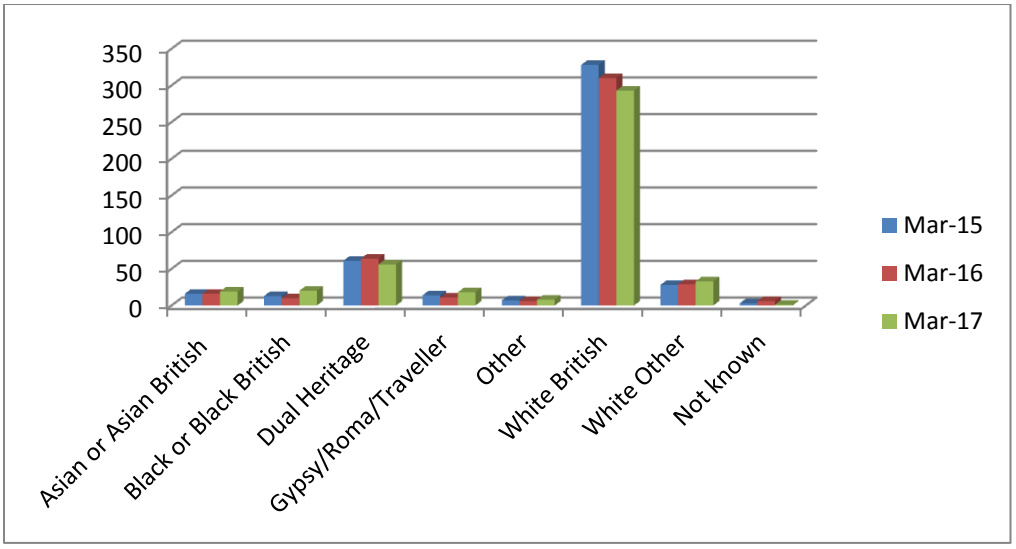
3.3 Number of children looked after in Derby at 31 March 2013 to 31 March 2017

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

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 three 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 and White Other 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, disciple 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 decreased over the past three years; again this may be reflection of the population changes within Derby City.

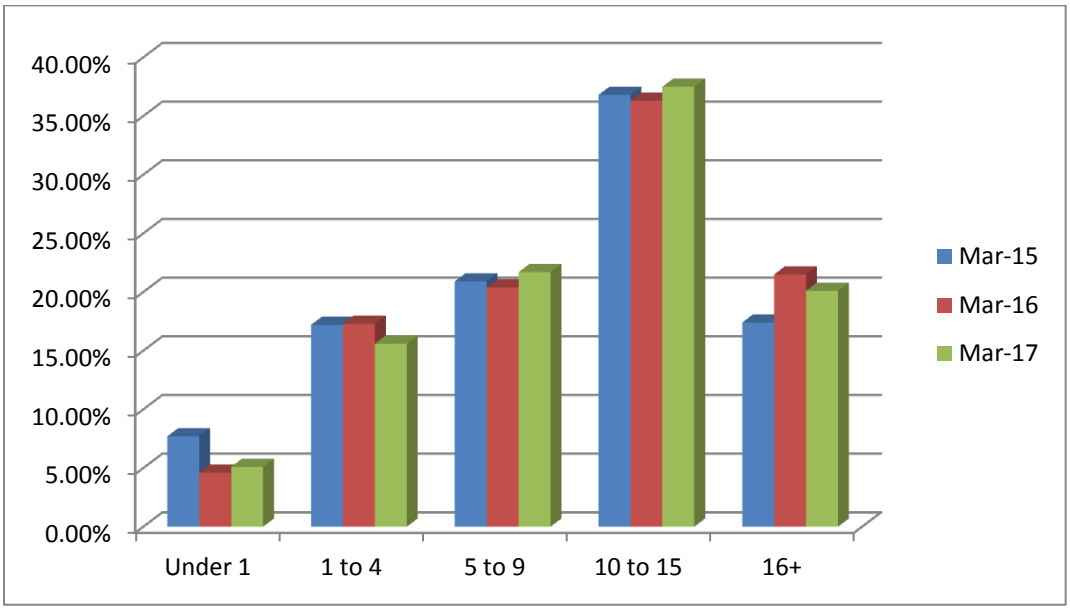
3.5 Gender of looked after children in March 2017

Gender	
Male	57.4%

Female	42.6%

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

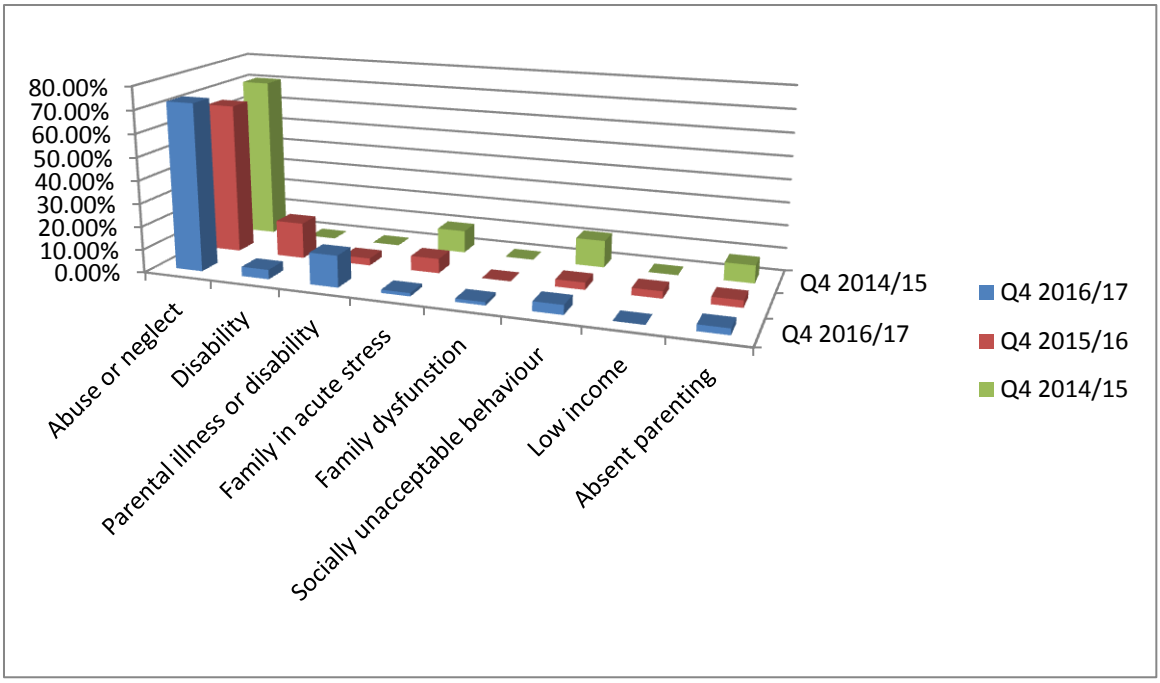
3.6 Age comparisons over the last three years:



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

In comparing the data for the past three 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 three 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 three years, there is a change in the overall trend with more children being taken into care due to homelessness, 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 2017	March 2016	March 2015
Within Derby City	38.6%	42%	46.2%
Outside of Derby City	61.4%	58%	53.8%

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

The Local Authority has acknowledged that the shift of Looked after Children placed out of Derby City is an 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. One element of the strategy is to hold Independent Sector

engagement events during Quarter 2 in 2017/18, which the Looked after Children health team plan to be involved in.

The Local Authority have agreed to provide more detail to health on the placements available for the year 2017/18 to indicate the proximity to Derby City (20/40 miles or at a distance), this is in line with the development of the Looked after Children health team now undertaking health assessments at a 20 mile radius of Derby City. This new arrangement will hopefully result in more children having an improved quality and timely health assessments which will be monitored and quality assured by the Designated Nurse for Looked after Children on an on-going basis. The progress and evaluation of this service development will be explored in detail within 2017/18 annual report.

Section 4: Summary of achievements in year 2016/17

4.1 During the period of 2016/17 the Specialist Looked after Children health team have undergone significant change and it has been acknowledged that they have struggled to achieve the statutory requirements during this timeframe. The team have had significant amount of sickness (some long term), staff retirement and leavers, despite this the team have had a number of positive achievements during the year.

4.2 Since September 2016 the Looked after Children team have integrated and become part of the Therapy and Complex Needs Service. This has resulted in improved partnership working with all the teams who are aligned to this service. . The Looked after Children team continue to maintain good working relationships with other services/ partner agencies for example, Social Workers, Residential Children's Homes, Foster Carers, the Designated Nurse, Community Paediatricians, Paediatric Liaison Nurse and Public Health Nurses.

4.3 The Paediatric Liaison Nurse who is based at Derby Teaching Hospital Foundation Trust (DTHFT) is aligned to the Looked after Children Service; this enables the team to have closer links with the hospital which is very important as the team are informed of looked after children who attend DTHFT in a timely manner. The Paediatric Liaison Nurse and the Named Nurse are looking at developing a more robust system alerting / sharing information between DTHFT and DHcFT regarding looked after children accessing Hospital services. This will also be strengthened by the implementation of the Child information Sharing Process (CP-IS) which is a NHS England / NHS Digital driven initiative of information sharing between Local Authority and unscheduled settings.

4.4 In March 2017 the Named Nurse for looked after children took part in the Derby City Ofsted Inspection alongside the previous Designated Nurse and Children Commissioners. Ofsted commented that:

"children are supported to improve or maintain their health by a specialist team of looked after children's nurses. Health assessments are completed in time for 88% of children, but nurses and commissioners report that improvements are needed to the timeliness of initial health assessments. When children are in neighbouring authority areas, their health needs are carefully co-ordinated and monitored through well-negotiated reciprocal arrangements."

Ref: Derby City Ofsted Report on Inspection of services for children in need of help and protection, children looked after and care leavers, inspection dates: 06/03/17-30/03/17, report published: 13/06/17

4.5 Being part of the Therapy and Complex Needs Service has enabled the deployment of experienced staff to support the looked after children team during the period when the team was struggling with capacity due to long term sickness, short term sickness and recruitment to fill a vacancy. During the beginning of 2017 the team were successful in recruiting two Specialist Nurses for the Looked after Children team. One post was to cover an on-going vacancy of the Specialist Nurse being successful in securing the post of Named Nurse and the other post was to replace the Specialist Nurse due to retire at the end of March 2017. Both successful applicants started in post during the period 23/01/17 and 06/03/17.

4.6 Having new staff to the team has enabled the nurses to review and develop parts of the service for example; the opportunity to redevelop the training programme for Foster Carers and Residential Care Workers, forge stronger links with Residential Children Homes and Social Workers and agree on team priorities for 2017/18.

4.7 Over the past year we have improved reporting / recording within SystmOne Child health record to help capture risk indicators for example; if a child/young person is at risk of child sexual exploitation or is a victim of child sexual exploitation. There has also been an alert added to SystmOne for clinicians to be aware if a child/young person is 'known to Child and Adolescent Mental Health Service (CAMHS)'; this has improved communications with other services such as CAMHS who use another recording system to the looked after children team.

4.8 Despite some of the challenges highlighted and experienced by the team, it is important to highlight that all the priority actions within the annual report 2015/16 have been achieved.

Highlights of the year are as follows:

- Developing the friends and family test to be age appropriate (see appendix 2)
- Acting on feedback from children/young people and carers
- Positive internal DHcFT quality visit undertaken on 05.07.2016. This quality visit resulted in the service being assessed in line with CQC key lines of enquiry and the findings as follows:

SAFE	CARING	EFFECTIVE	RESPONSIVE	WELL-LED
Good	Outstanding	Good	Outstanding	Outstanding

Section 5: Provider and Partnership Working

5.1 Historically the Designated Nurse and Named Nurse for Looked after children was integrated into one role and was directly employed by DHCFT, The role then evolved and became two separate roles of Designated Nurse and Named Nurse. Initially Southern Derbyshire Clinical Commissioning Group (SDCCG) had a memorandum of understanding with DHCFT for the Designated Nurse to spend a day a week at the CCG. In September 2016 the Designated Nurse was directly employed by Southern Derbyshire CCG and based within the CCG. During this period a new Named Nurse for Looked after Children was recruited by DHCFT the Health Provider for looked after children for Derby City.

5.2 Since the Named Nurse has been appointed into this the role; the initial focus has been building and maintaining good working relationships with other partner agencies/services.

5.3 In February 2017, it was acknowledged that communications between the Provider and the previous Designated Nurse reduced due to extended period of sickness. Since this time communications between the Provider, Local Authority and Southern Derbyshire CCG have improved and strong partnership working continues to develop between the Provider, SDCCG and Local Authority aiming to achieve the best outcomes for looked after children.
The plan over the next year is to ensure there is good health representation at relevant meetings lead by the Local Authority and/ or Commissioning Groups.

Section 6: DHcFT service provision for Looked after Children

Named and Specialist Professional roles

6.1 The DHcFT Looked after Children 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 plan to improve their offer for Looked after Children to include; 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.

6.3 As mentioned earlier in the report the team have undergone significant changes within 2016/17, at the end of the financial year (March 2017) the staffing levels were as follows:

Designation	Hours	WTE
Designated Doctor	4 hours (1 session)	
Designated Nurse (SDCCG)	30 hours	0.8 (From Sept 2016)
Named Nurse	30 hours	0.8 (From Jan 2017)
Specialist Nurse	14 hours	0.37
Specialist Nurse	22.5 hours	0.6
Specialist Nurse	30 hours	0.8

6.4 Recruitment is planned for the first quarter of 2017/18 to employ an additional Specialist Nurse to support the implementation of review health assessments to be completed for children

placed within the 20 mile radius (agreed with the Children's Commissioner/Local Authority under a contract variation agreement.

It is important to highlight that there has been increased investment into the DHCFT looked after children service by SDCCG to increase the capacity of the team in order to undertake health assessments and meet the needs of looked after children.

6.5 In 2016/17 it was recognised that the service specification for the Looked after Children health team did not reflect the service being provided by the team or that needed to be commissioned to reflect current statutory requirements. Therefore, the Children Commissioners, Designated Nurse and the Provider have and continue to work collaboratively to develop a new service specification, which is in line with statutory guidance. The service specification is now at the stage of final ratification and key performance indicators have been agreed as part of this process.

Administration Team

6.6 The Looked after Children Administration team consist of four members of staff, their hours equate to a total to 1.92 WTE. This number differs from the last annual report 2015/2016, however the hours have not increased over the year therefore it is assumed this was an error in the previous report. The team consists of an Administrator Co-ordinator and three Administrators. The purpose of all four roles is to provide a comprehensive administrative support service to the Looked after Children 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.

6.7 In addition, the team maintain the waiting list for referrals made to the service from Derby City and Derbyshire County Local Authorities requesting initial health assessments. An Excel database is also maintained to guarantee that accurate data is provided to health and other authorities. Once the referral is received, the statutory guidance states an appointment should be made within four weeks of the child entering the care system. The appointments for Derby City Local Authority and Derbyshire County Local authority looked after children are made with Medical Advisors or trainees. The contract for Derbyshire County ceased at the end of March 2017; as Derbyshire County Provider once again had sufficient capacity to deliver the service to children commencing in care in their area. This change will hopefully have a positive impact on the timeliness of initial health assessments during 2017/18.

6.8 The Administration staff are also responsible for arranging that appointments are made and paperwork is compiled for the Looked after Children Nurses who undertake the review health assessments for all Derby City Children who originate from Derby City and live in Derby City (and are placed within 20 mile radius from February 2017). Out of area review health assessments – for those children who originate from Derby City and are living outside Derby City a letter is sent to the authority where the child is living requesting they complete review health assessment paperwork. These review health assessments should be monitored by the Looked after Children administration team to ensure we receive these within a timely manner. The Designated Nurse undertakes quality assurance using dip samples of health assessments completed by the Looked after Children Nurses. This quality assurance

process ceased in February 2017 due to long term sickness of the previous Designated Nurse but was quickly reinstated when the new Designated Nurse was appointed.

6.9 The administration team also provide an efficient and effective administrative service to the medical advisors ensuring distribution of completed reports are sent to the relevant Local Authority, collate information with regards to adoption panels and maintain a database to ensure that the Provider, Clinical Commissioning Group and health professionals are provided with up to date accurate data where necessary.

6.10 It has been acknowledged that sickness within the Looked after Children administration team may have had an effect on data collection for this annual report.

6.11 Since the Named Nurse has been in post (August 2016) there are areas of improvements that have been identified and required to be made, in regard to improving systems and processes. Therefore, working with the team and the Designated Nurse in making improvements to systems, processes and pathways will be a priority over the next year to develop these processes to ensure robust systems are in place and implemented within the Looked after Children team within 2017/18.

Section 7: Strength and Difficulties Questionnaire (SDQ)

7.1 This questionnaire was introduced by the Department of Education's data collection for Looked after Children after 31 March 2008. This tool is an outcome measure that is used for tracking the emotional and behavioural difficulties of Looked after Children and Young People at a national level and its completion is a statutory requirement. The SDQ is a clinically validated behavioural screening questionnaire for use with 4 to 16 year olds. (Sample SDQ is available to view in Appendix 3)

7.2 Social Care has a statutory responsibility to send the questionnaire to carers and should be completed in time to support inform emotional health assessment element of the review health assessment and health care plan. The SDQ assists to inform the health professional's decisions about possible referrals to specialist mental health and psychological services.

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

Year	SDQ received	Percentage	Average score (higher the score = higher need)
2015-2016	183	70%	16.4
2016-2017	189	79%	16.2

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

7.3 Although there has been an increase in the number of Strengths and Difficulties Questionnaires received for the year 2016-2017 there is still a discrepancy in the time in which the SDQ are received by the Looked after Children team. It has been identified that the number of SDQ's received during the first half of the year was low; however towards the end of March 2017 this number increased significantly.

7.4 It is recognised as best practice to have sight of the completed SDQ at the point of the review health assessment, as this can aid evaluation of the child's emotional health and well-being. Despite the increase in SDQ completion rates, the SDQ was not available for the majority of health assessments and therefore not used as a contributor to the health care plan. This delay in submitting the SDQ's has been agreed by Local Authority and DHcFT as a priority action, in order to improve the timeliness of the forms being returned to the looked after team and will be a focus for the forthcoming year.

Section 8: 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

8.1 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.

Adoption activity:

8.2 From 1st July 2016, there has been a change in the Community Paediatrician staffing level with a reduction in number of Medical Advisers for adoption from two to one. Derby City Council now has only one adoption panel per month. Dr Kapoor now only has a role as Medical Adviser and Named Doctor for Looked after Children, but not for adoption work. Dr Marudkar remains the Medical Adviser for Looked after Children and Adoption as well as being Named Doctor for adoption. The adoption medical reports are provided at two stages now, for suitability for adoption and at matching stage.

1. The adoption medical ADM report is prepared for Agency Decision Maker (for child's suitability for adoption) incorporating information from Initial Health Assessment, any Review Health Assessments and Social Care document of Child Permanence report. (29 reports were prepared this year, as compared to 52 last year).

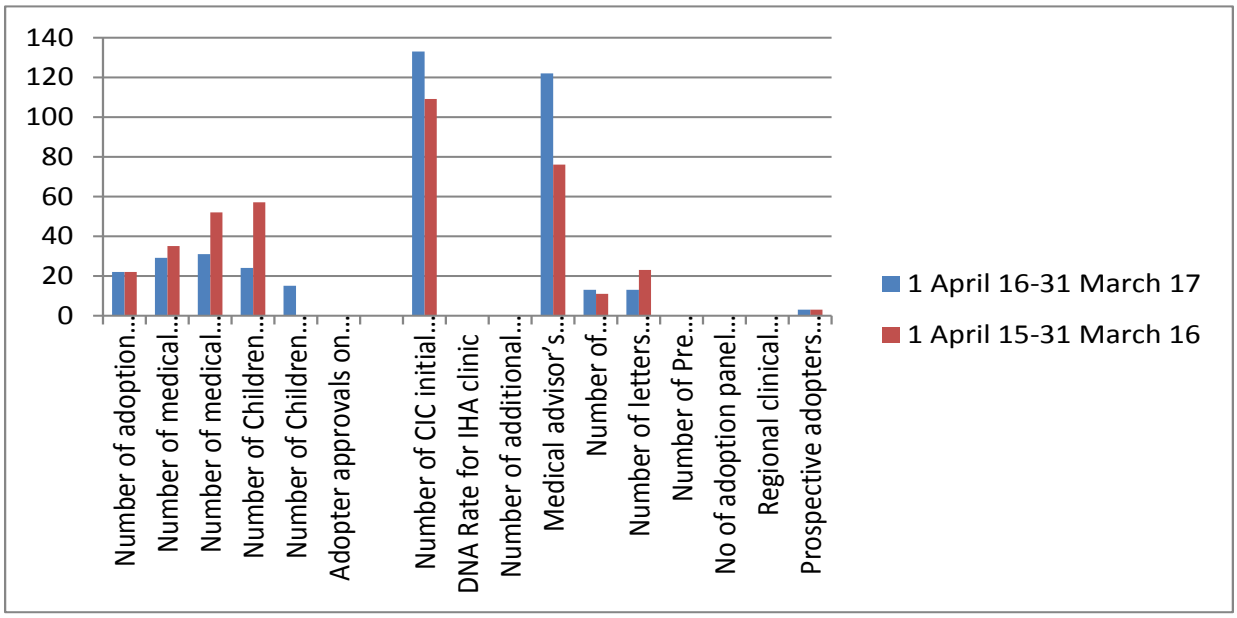
2. Matching update reports (for matching stage). This is further update of adoption ADM report, just before matching panel. 31 reports were prepared as compared to 61 last year.

3. The individualised letter for prospective adopters detailing health issues and implications is not provided any more, but the information is included in the ADM report in detail.

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 13 consultations this year in comparison to 11 last year).

5. Adult health assessment reports for prospective adopters and foster carers were completed by Specialist GP, Dr E Maclachlan. Total of 122 adult health reports were prepared until 31st March 2017, as compared to 76 last year.

8.3 Analysis of Adoption Activity



- Report preparation activity for suitability for adoption and matching has been more or less comparable to last year.
- The adult health reports activity has increased by about a third compared to last year.

8.4 Looked after Children activity:

1. The number of Initial Health Assessments requested appears to have dropped from 147 to 133, a reduction by about 10%. This reflects the overall reduced number of children coming into care. Paediatric medical trainees also provide supernumerary Initial Health Assessment clinics as they rotate their paediatric training into Community Paediatric services every 6 months.
2. Was not brought (formally did not attend) rate has unfortunately increased to 8.3% as compared to zero last year. The reasons included young people refusing to come to the appointment on that morning or social worker unavailability at last minute.

Section 9: Quality Assurance Processes

9.1 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 a ensuring the voice of the child is heard and acted upon in the relevant arena.

9.2 As previously stated, the Designated Nurse is now directly employed by SDCCG this 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.

9.3 To inform this report, snap shot audits have been completed retrospectively by the newly appointed Designated Nurse and are included within Appendix 4.

Areas noted for improvement are:

- Timeliness of requests for review health assessments (Born in, Lives Out – at a distance)
- Completing all areas of the coramBAAF forms (including number of placements, legal status)
- Robust health care plans with SMART objectives
- Continue the capturing of the voice of the child

Section 10: Voice of the child

10.1 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.

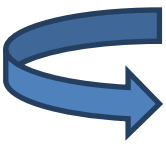
10.2 At every health assessment the child/young person is offered the opportunity where age appropriate to be seen alone. At each appointment confidentiality is explained to the child or young person. Every child/young person aged between 11 and 16 years of age is asked to complete an adolescent wellbeing questionnaire at their review health assessment; this information aids to inform their emotional wellbeing, by helping the young person demonstrate how they are feeling, and puts the individual in control of communicating any concerns or stresses they may have, their strengths and their needs.

10.3 The child's electronic health record has a dedicated free text space to record their wishes and feelings, it is important to record children's views in their own words. Where a child is not able to verbalise their wishes and feelings it is important to record attachment to the carer, containment, reciprocity and body language. Since February 2017 the new CoramBAAF forms have a section to record the child's/young person's wishes and feelings.

Friends and Family Test (FFT)

10.4 It is a DHcFT to gain feedback from service users to rate the provision received and whether they would recommend to friends and family; this is a national NHS campaign. Due to the nature of looked after children circumstances, it was felt not appropriate to request completion of this questionnaire and alternatives were sought to obtain their voice. The looked after children team devised an alternative to the FFT and developed a mechanism to gain feedback in a child friendly manner (see Appendix 2). This has resulted in the health team acting on feedback, for example to obtain additional toys at the health assessment venue. The plan is to re-evaluate the questionnaire during 2017/18 in conjunction with the Children in Care Council, in order to make it more child friendly.

10.5 The following flowchart diagram outlines the FFT process and the reasoning for the change:



Friends and Family Questionnaire

Used widely in the trust however not felt appropriate to use within looked after children due to questions being focused around family members, who looked after children do not typically live with; leading to an adaptation to better suit looked after children.

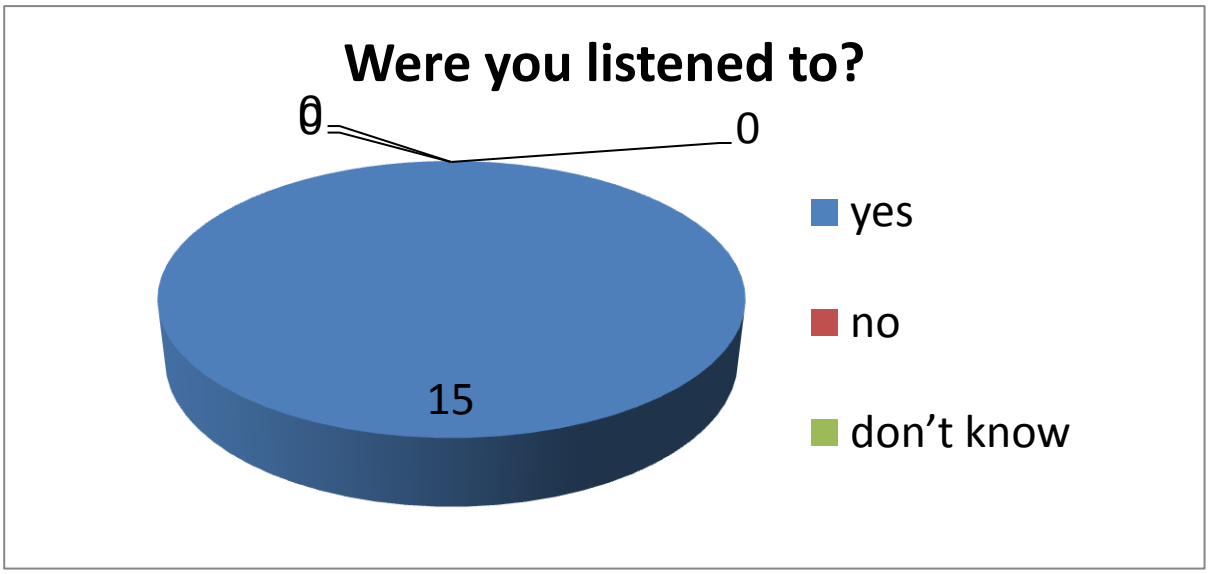
Who completes the questionnaire?

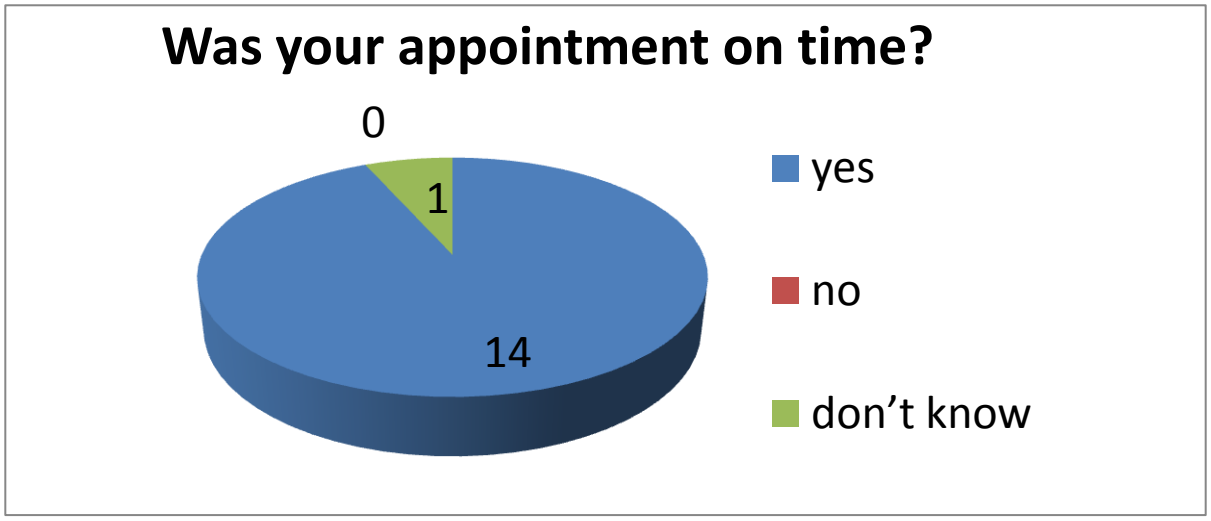
Questionnaires are completed at initial and review health assessments and are completed by the carer or the young person if appropriate.

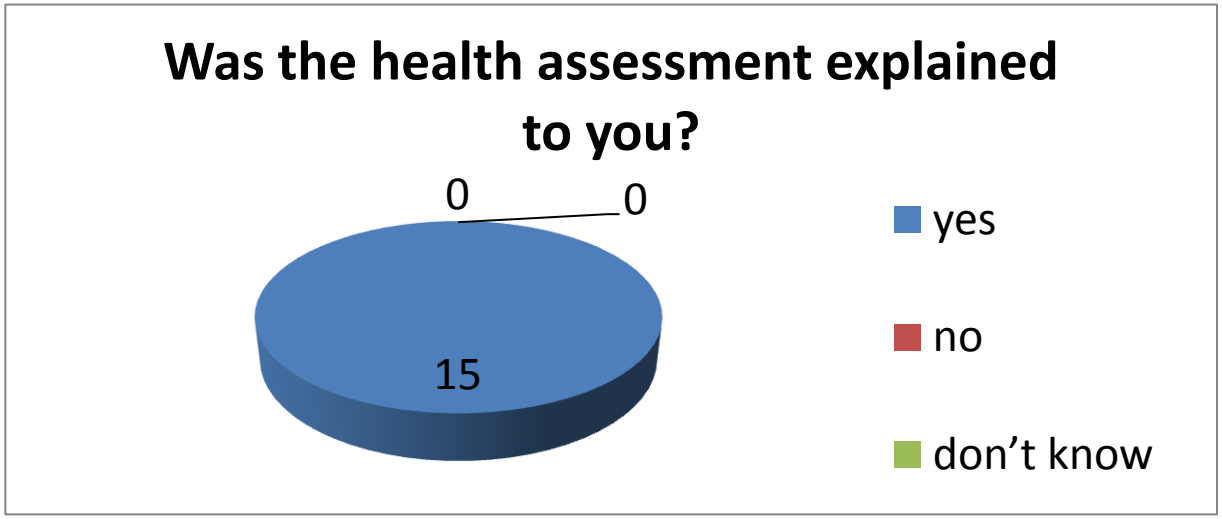
Why are they used?

The questionnaires are used to capture the voice of the child and the carer to identify the level of service provided and if they feel any improvements can be made to improve their assessment experience

10.6 Summary of feedback received on the trial of the questionnaire:







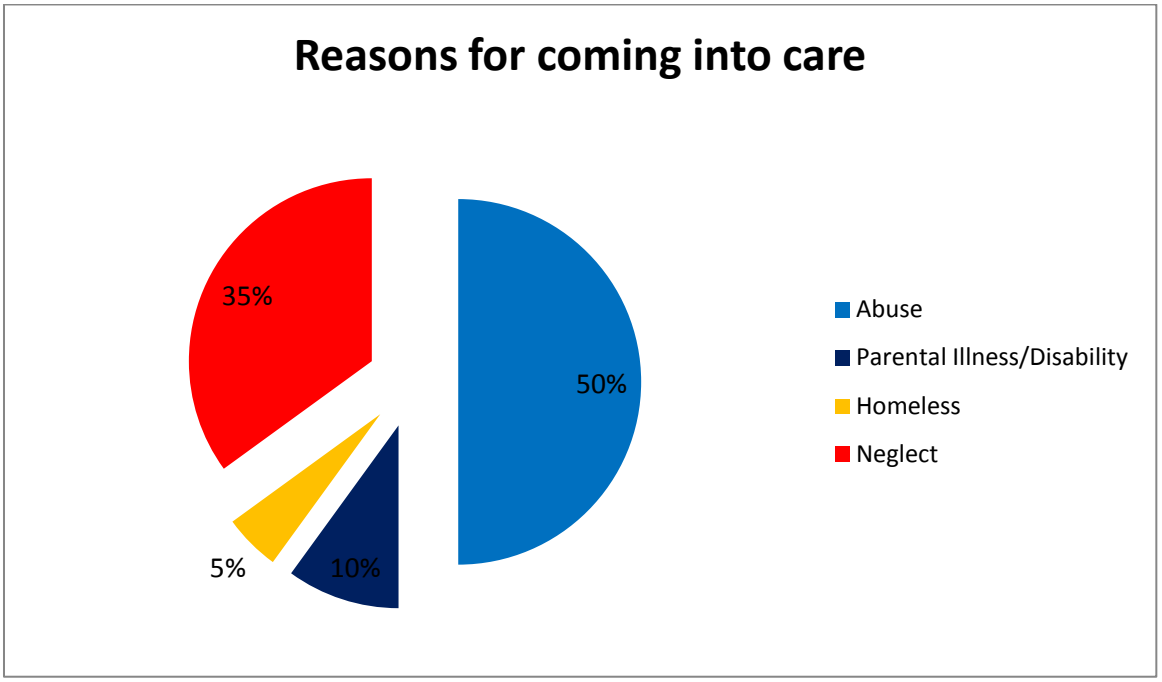
Section 11: The Looked after Children's Experience

(Summary of a small sample – 10 children under 5 years and 10 children/young people over 5 years)

11.1 An audit of a small sample of Looked after Children has been undertaken to explore the child's journey, ascertain the health outcomes and also focusing on whether the health care plans have been adhered to and achieved.

11.2 This audit explored the reasons for coming into care, timeliness, quality of assessments, referrals completed, stability of placement and health outcomes of twenty children/young people over a two year period (2015-2017). Despite the sample being small, the information gathered has been useful to ascertain whether unmet health needs have been addressed over a reasonable timeframe, also allowing reflection of the journey of these children. This information can be used to explore service improvements and opportunities for the future of the Looked after Children service.

11.3 Reasons for Coming into Care

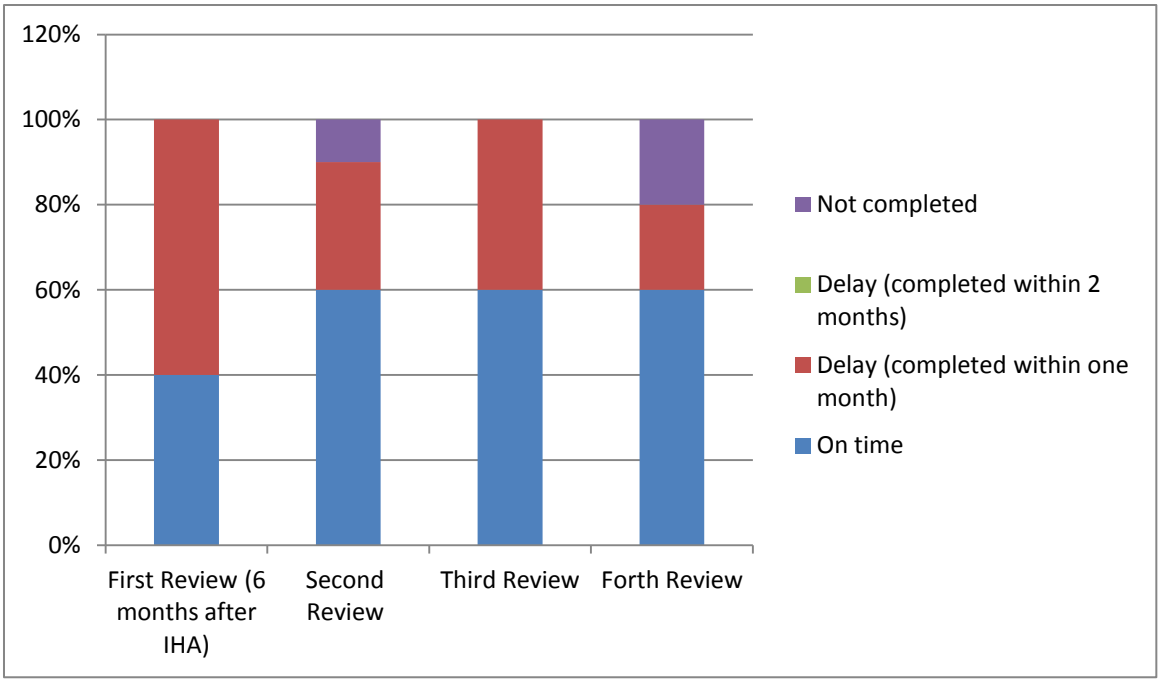


The distribution of reasons for the children coming into care reflects the usual distribution of reasons. The abuse category includes physical, emotional and sexual abuse and some of the children within the audit unfortunately suffered a variety of abuses.

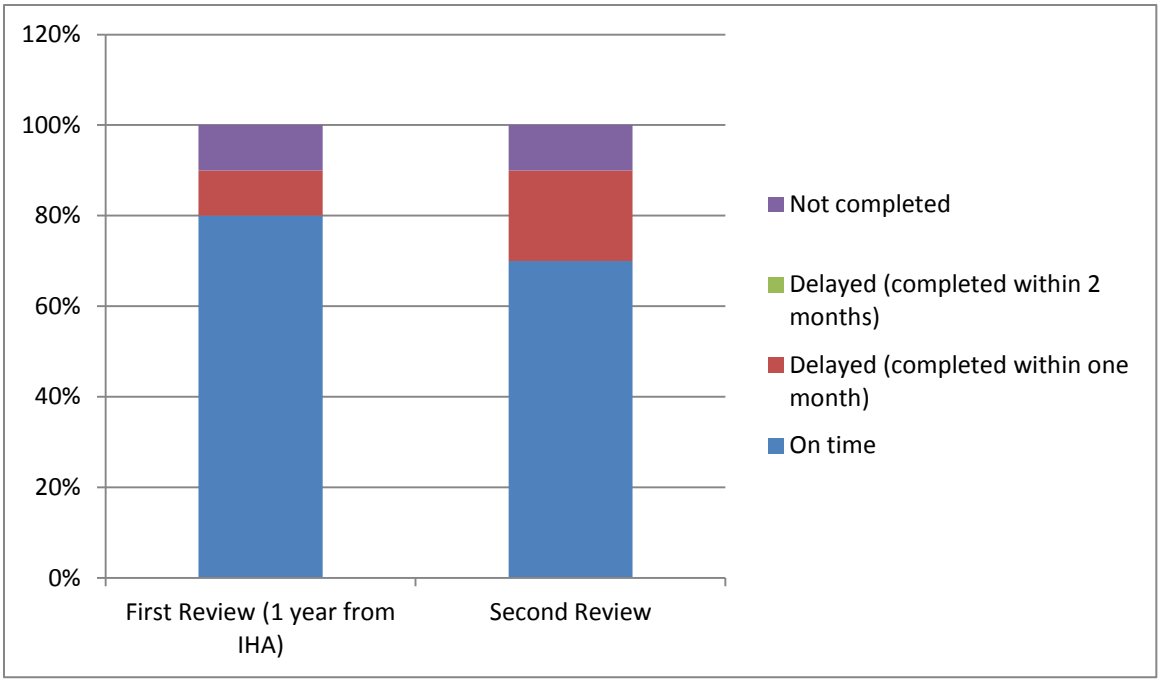
11.4 Health Assessment Compliance

The statutory requirement for completion of a health assessment for a child under the age of 5 years is every 6 months and over the age of 5 years annually.

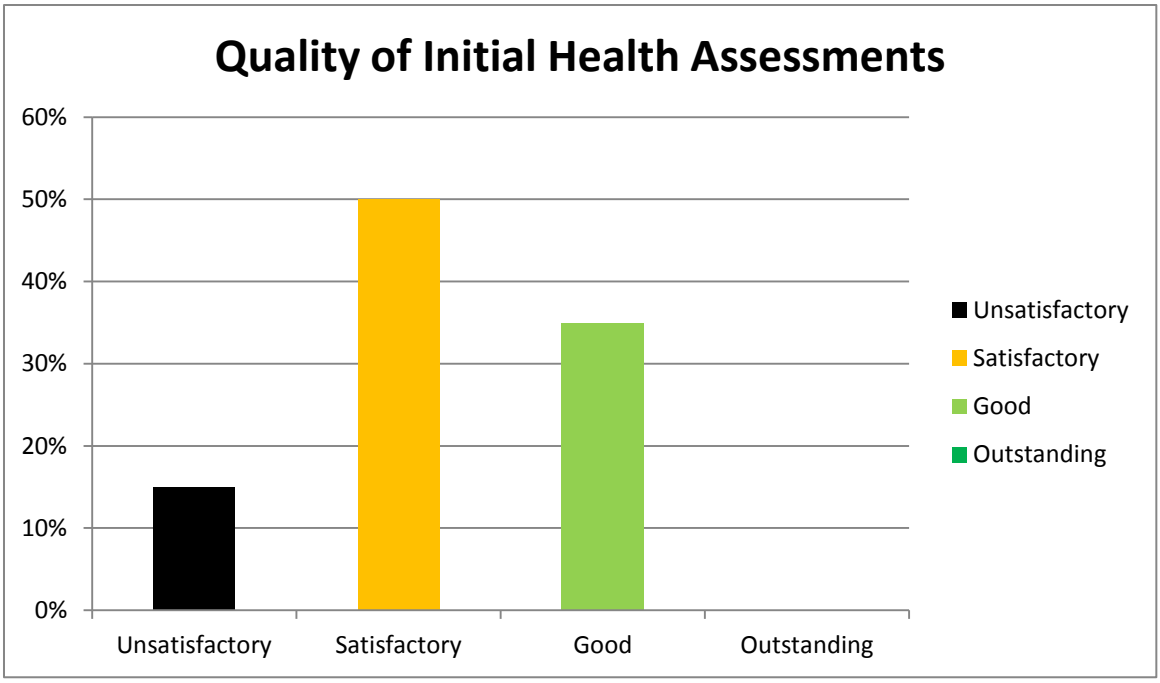
Under 5 years



Over 5 years old

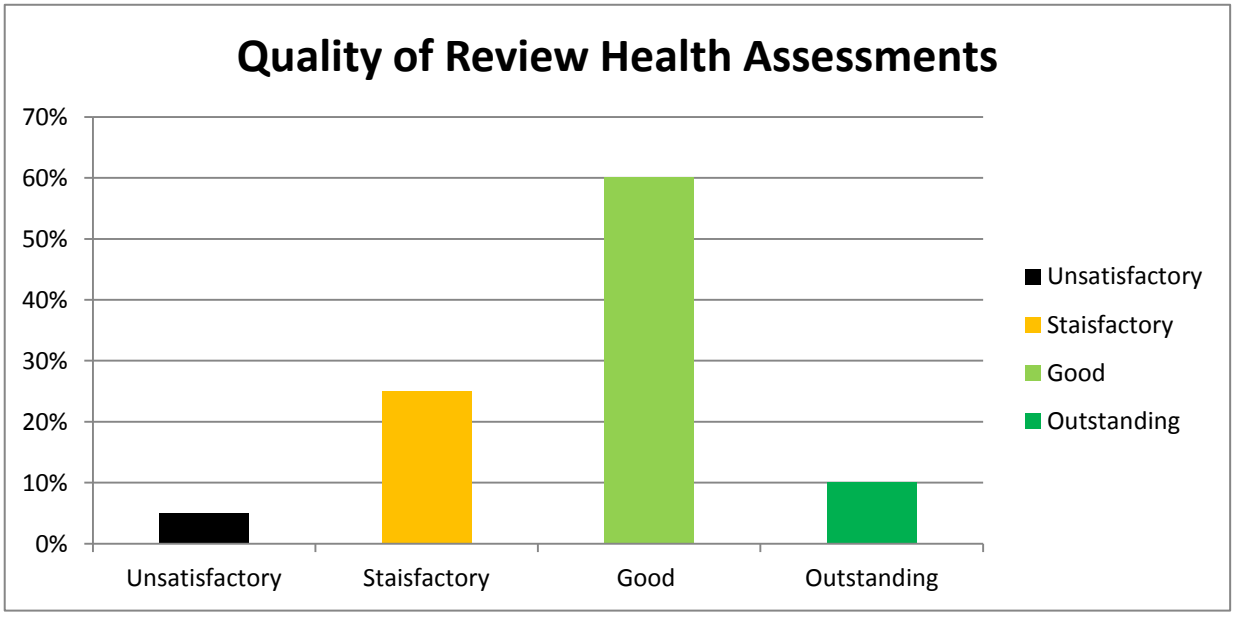


11.5 Quality of Health Assessments



The quality of the initial health assessments is a lesser standard overall than the reviews. Main reasons for the lesser quality:

- Poor quality health care plan (no SMART objectives)
- Minimal detail of family history within the assessment
- Voice of the child not evident
- Handwritten and unclear

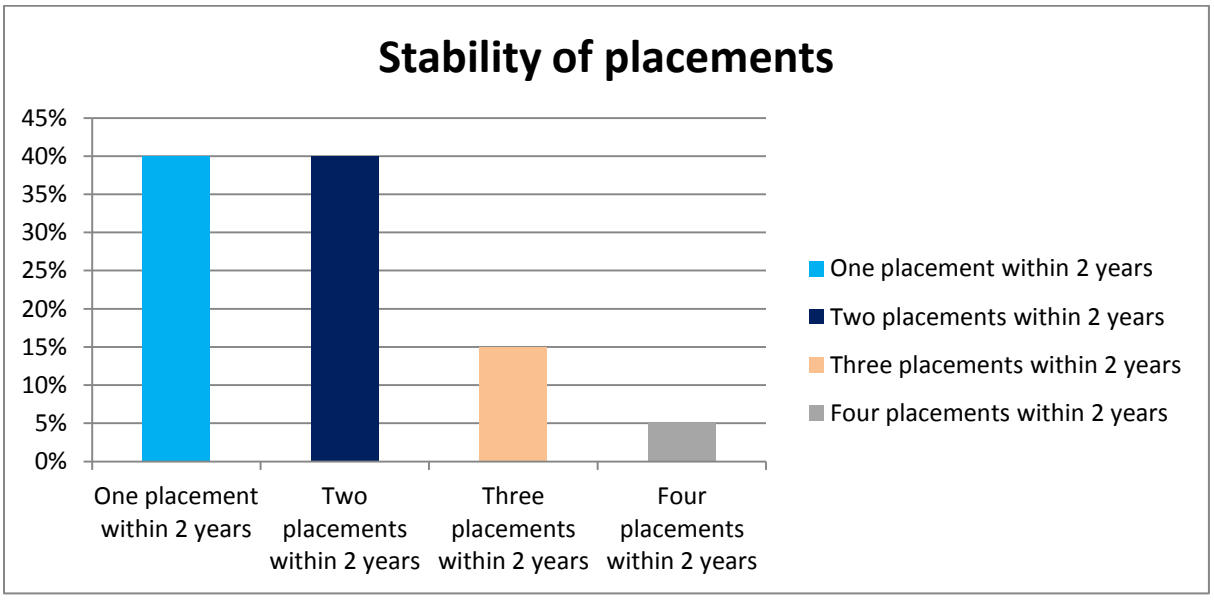


11.5 Referrals Completed:

Referral to: (at IHA)	Number referred:	Seen by the service (at 1st RHA):
CAMHS / The Keep	10	10
Dietician	2	2
Paediatrician	2	2
Audiology	1	1
GP	5	3
Ophthalmic	2	2
CSE (Safe and Sound)	1	1
Sexual Health services	1	1

The only referrals not followed up was for two children with the GP – one for weight management and one for skin condition.

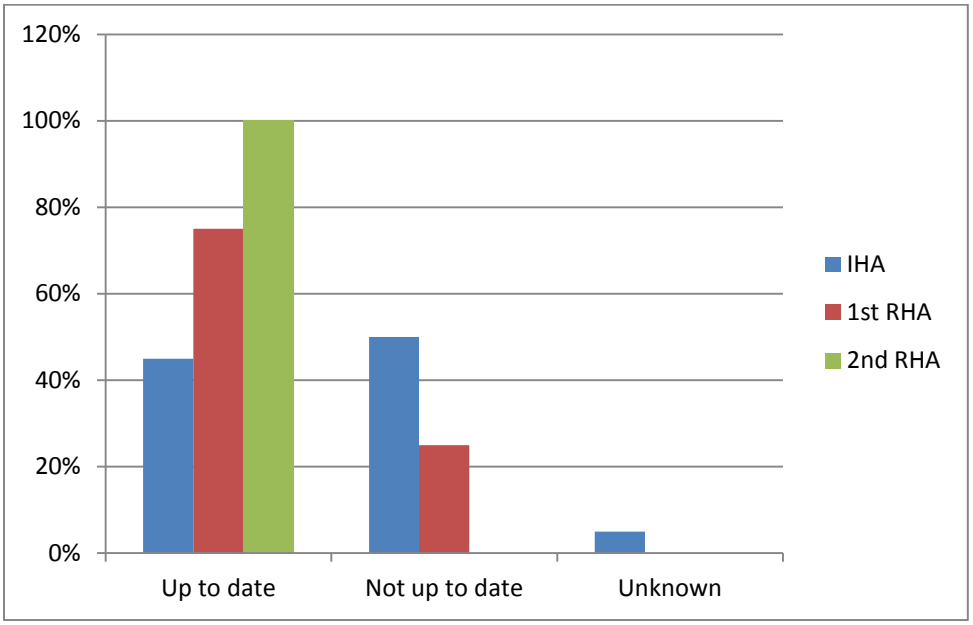
11.6 Stability of Placements:



Stability of placement for this cohort of children/young people could potentially have had a negative impact on their feeling of belonging, self-esteem, self-worth and emotional wellbeing. The Local Authority continually strives to ensure stability of placements but can be difficult due to availability, appropriateness and acknowledgment of the changing needs of the child.

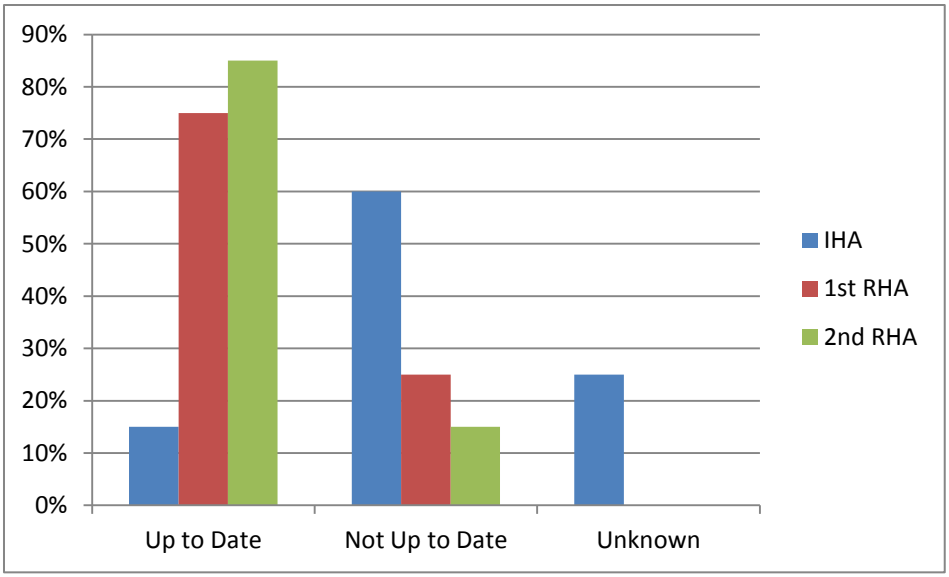
11.7 Immunisation Status:

Entry into care and comparison at review health assessments



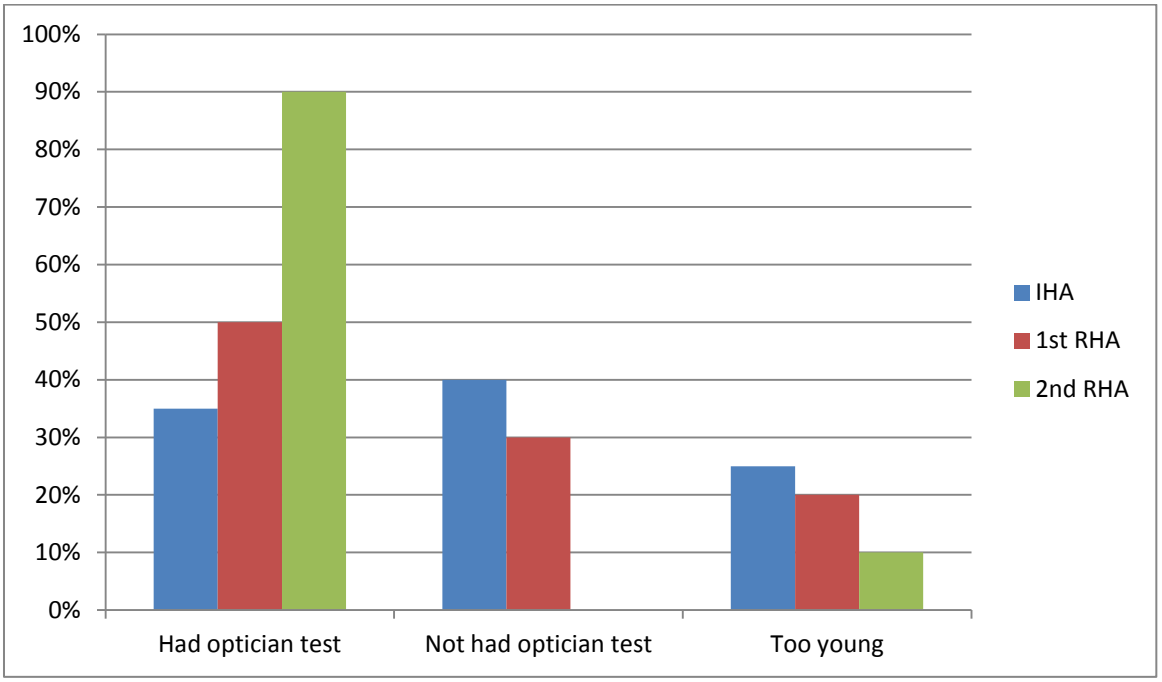
11.8 Dental Data:

For this audit, up to date for dental data is classed as a dental check within the last 8 months.



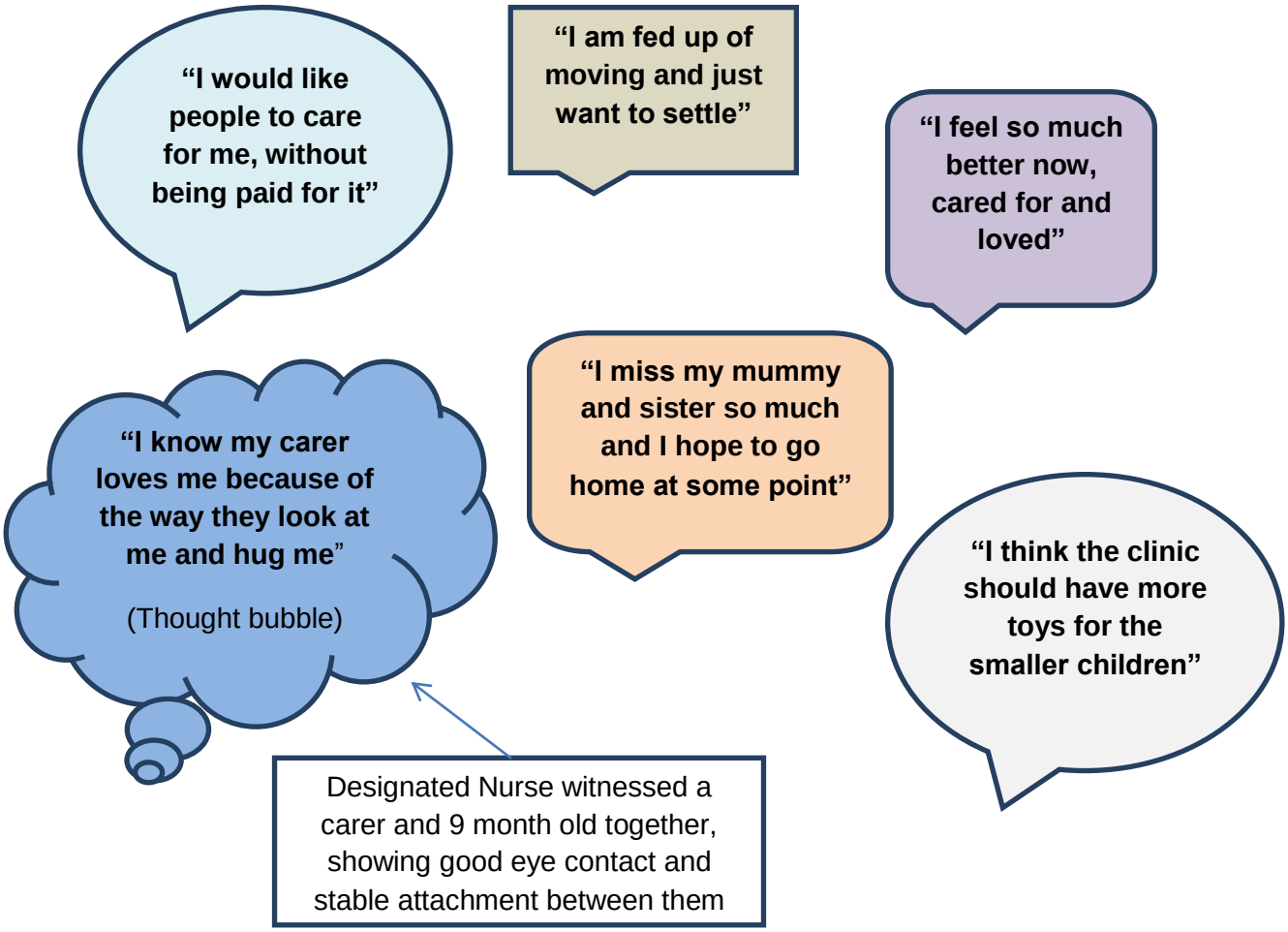
Analysis of the audit being; the majority of children within the cohort have had their dental needs met. There were reasonable reasons for the children who had not had their dental checks – placement moves, child/young person refused and too young.

11.9 Optician tests (within the previous year):



11.10 Quotes obtained from Looked after Children:

Following this audit quotes/feelings from Looked after Children were obtained opportunistically via Children in Care Council, face to face encounters and Care Leavers Improvement Board. The aim being to bring the true voice of the child/young person alive and to acknowledge what life must be like for them.



Section 12: Priorities for Year 2017/18

12.1 Designated Nurse key priorities for 2017/18:

- Networking and building relationships with key people, local partners and agencies
- Regular attendance at key Commissioning, Provider and Local Authority meetings ensuring the looked after child is considered, their voice heard and acted upon
- Work in collaboration with the Provider to improve and make efficiencies within the administration processes for the LAC health team
- Assurance that the LAC health team undertake required specialist training and maintain their skills and knowledge and receive regular clinical supervision
- Improve health data provided to the Local Authority in a timely manner
- Health pathways to be developed for : health assessment refusals, was not brought to appointment, SEND, missing children

- Health history booklet and process to be improved in partnership with the Provider, leaving care teams and gaining the opinion of looked after children (recommended in Ofsted inspection)

- To improve the reporting process to SDCCG Quality Assurance Committee

12.2 DHcFT Provider key priorities for 2017/18:

- Health pathways to be developed for : health assessment refusals, was not brought to appointment, SEND, missing children.

- Commence peer record keeping audits, to improve the standards, quality of documentation, completion of the coramBAAF forms and to share learning as a team

- Administration processes to be reviewed and improved to drive efficiencies
- Completion of the 'Markers of Good Practice' assurance framework and implement an improvement plan if required in collaboration with Designated Professionals.

- Implementation and fulfilment of the service specification and submission of key performance indicators as agreed.

- Development of a Specialist and Named Nurse 'biography' to be given to all looked after children new to care and to Derby City children's homes

12.3 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 2017/18

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 – Friends and Family Feedback

Review Health Assessment Questionnaire

1. Did you like the room where you had your assessment?

Yes No

2. Was your appointment on time?

Yes No

3. Were you able to ask questions about your health if you wanted to?

Yes No

4. Were your questions answered?

Yes No

5. Was your health assessment explained to you?

Yes No

6. Do you know what happens to the information?

Yes No

7. Is there anything we can do to make this assessment better?

……

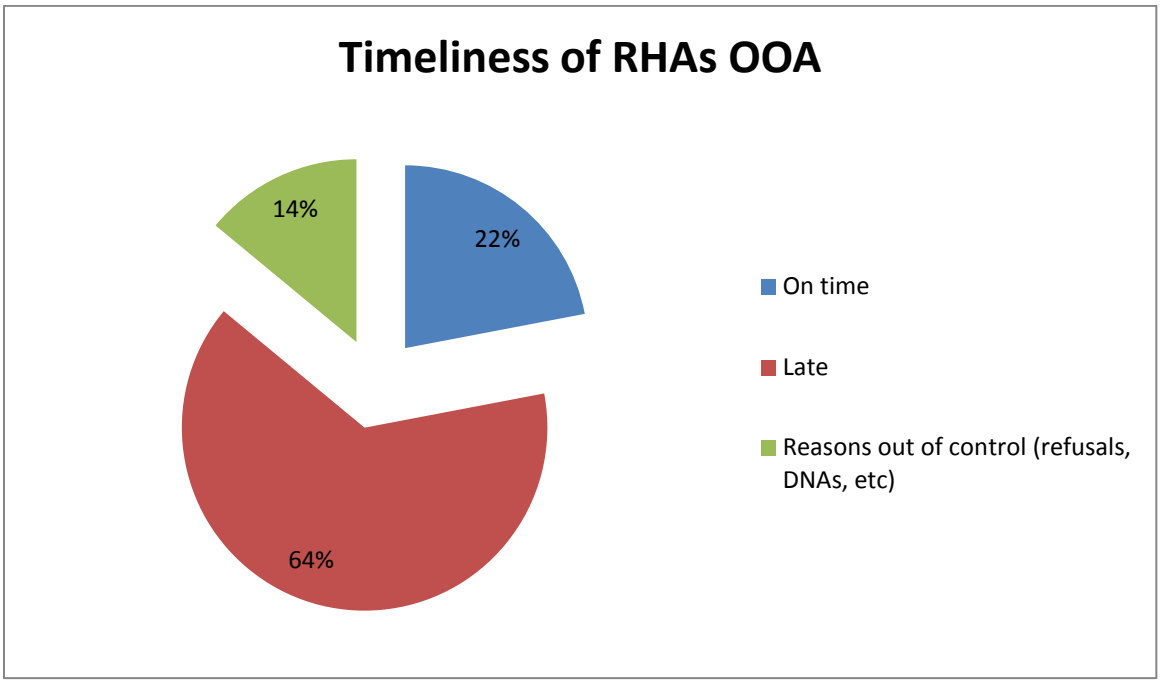
……

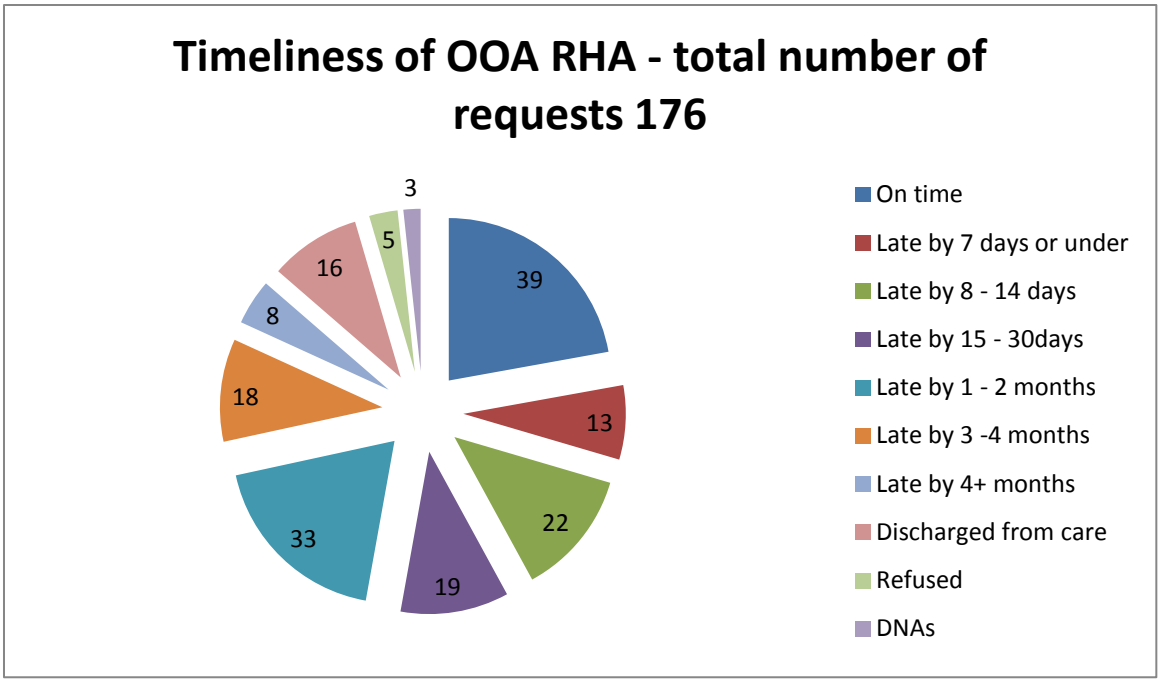
Appendix 3 – Strengths and Difficulties Questionnaire

SDQ_English(UK)_pt4 -17single.pdf

Appendix 4 - Analysis following Quality Assurance

Review Health Assessments Requested for Born In, Lives Out (at a distance)

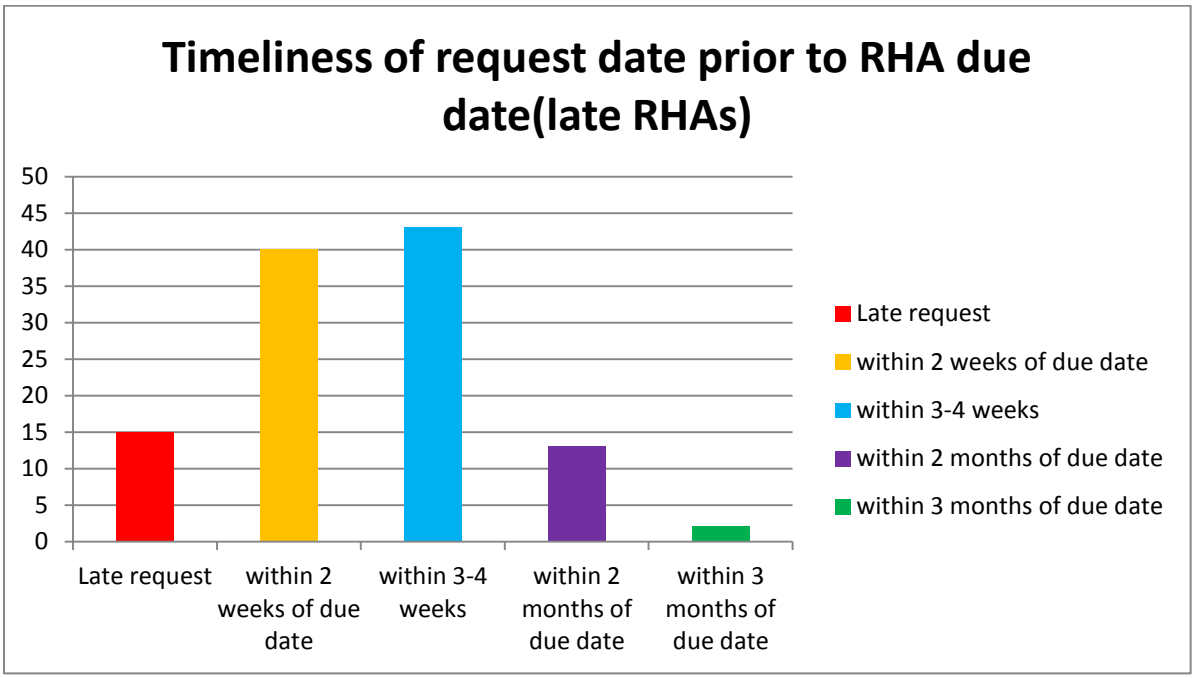


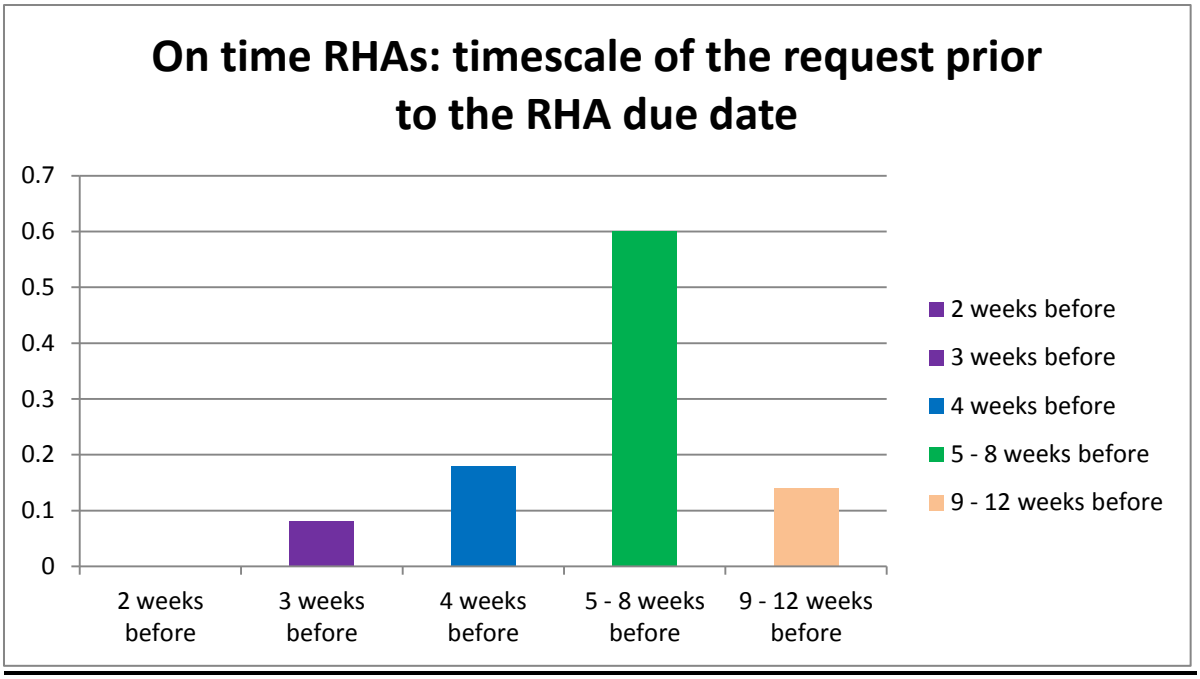


Reasons for late Review Health Assessments for OOA

- Child moved placement causing a delay in the request
- Delayed request by DHcFT to the external provider
- External providers delayed in undertaking the review health assessment

Analysis of timeliness from request to the RHA being undertaken:





It is clear on reviewing the data that if the out of area health assessments are requested at least 6 – 8 weeks prior to the due date, the likelihood of timely assessment increases significantly. It is clear following analysis that if the out of area health assessments are requested at least 6-8 weeks prior to the due date the probability of completion on time is highly likely. This should be reflected in the review of the process/pathway during 2017/18.

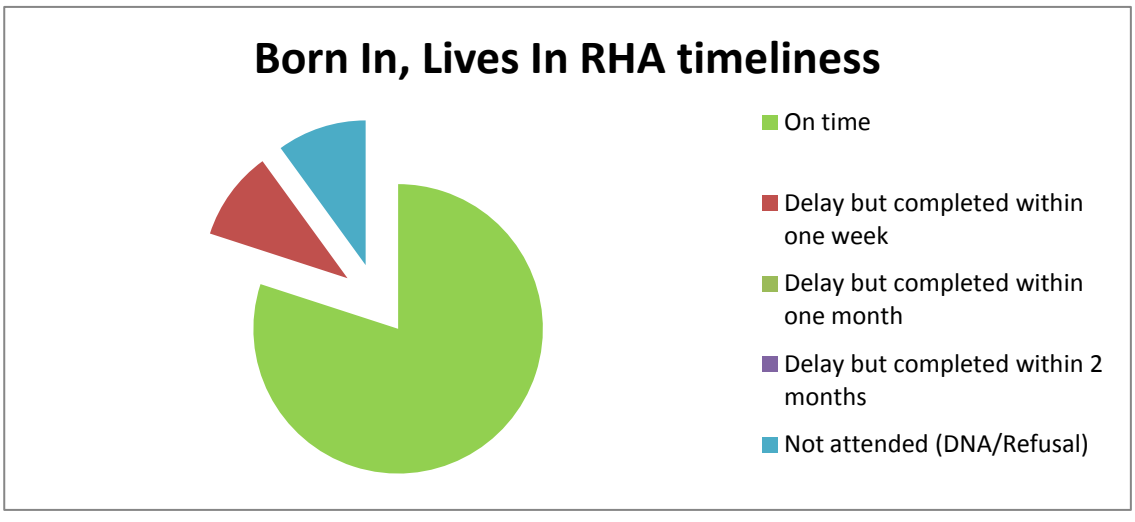
Quality of the Review Health Assessment (OOA)

Conclusion for the Out of Area RHAs: on evaluation of quality, timeliness and internal processes for the out of area review health assessments it is clear that this is an area for improvement and should be a focus for 2017/18. This unfortunately indicates that Looked after Children get a reduced level of health assessment in comparison to their peers living in the city (as the following audit shows).

Focus for 2017/18:

- Requesting the RHA from external provider at least 6-8 weeks before it is due
- Improving the admin processes and formalising/updating flow charts
- Improving the invoicing and tracking system between the Provider and SDCCG
- Quality matrix to be developed by the Designated Nurse to be used to 'grade' the RHAs consistently for all cohorts

Review Health Assessments for the Born In, Live In cohort (retrospective)



Quality of the RHAs for Born In, Lives In