Derbyshire Healthcare
NHS Foundation Trust

ANNUAL REPORT FOR DERBY CITY LOOKED AFTER CHILDREN PROVISION

Year 2022-2023

Contributors:

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Section 1: Introduction and context

The purpose of this report is to provide Derbyshire Healthcare NHS Foundation Trust (DHcFT) an overview of the progress, challenges, opportunities, and future plans to support and improve the health and wellbeing of looked after children in Derby City. This includes all cohorts of looked after children that Derby City Local Authority are responsible for, no matter where they live (see section 4 for explanation of the differing cohorts).

1.1. 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 (2023/24) for Children in Care in Derby City.

1.2. This report has been compiled in partnership with the Named Nurse for Children in Care, the Medical Advisors and Specialist Children in Care Nurses and Admin.

1.3. Within all national and local policies and guidance the service is known as Looked after Children, however within Derbyshire Healthcare NHS Foundation Trust the service is known as Children in Care.

Context

1.4. **Definition of a looked after child/ child in care**

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

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

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

Health and wellbeing of looked after children

1.5. 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

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

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

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

Section 2: Statutory Framework, Legislation and Guidance

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

2.1 **Children Act (1989)**

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

There are four main groups:

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

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

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

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

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

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

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

2.5 **Promoting the health and wellbeing of looked after children (March 2015)**
This guidance was issued by the Department of health and Education. It is published for Local Authorities, Clinical Commissioning Groups now Integrated Care Boards - ICB, Service Providers and NHS England.

2.6 **Looked after children: Knowledge, skills and competences of health care staff intercollegiate role framework (December 2020)**
This document sets out specific knowledge skills and competencies for professionals working in dedicated roles for looked after children

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

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

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

Section 3: Looked after Children data and profile

National and local data

3.1 The number of looked after children has increased steadily over the past eight years. There were 82,170 Looked after Children on 31 March 2022, an increase of 1.6%, compared to 31 March 2021. (Department for Education DfE, Department of Health DH, 2021).

3.2 **Number of children looked after in England from 31 March 2015 to 2022**

2015	**69,540**
2016	**70,440**
2017	**72,670**
2018	**75,420**
2019	**78,150**
2020	**80,080**
2021	**80,850**
2022	**82,170**

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

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

2016	**452**	**4% decrease from 2015**
2017	448	0.8% decrease from 2016
2018	491	8% increase from 2017
2019	562	12% increase from 2018
2020	588	4.6% increase from 2019

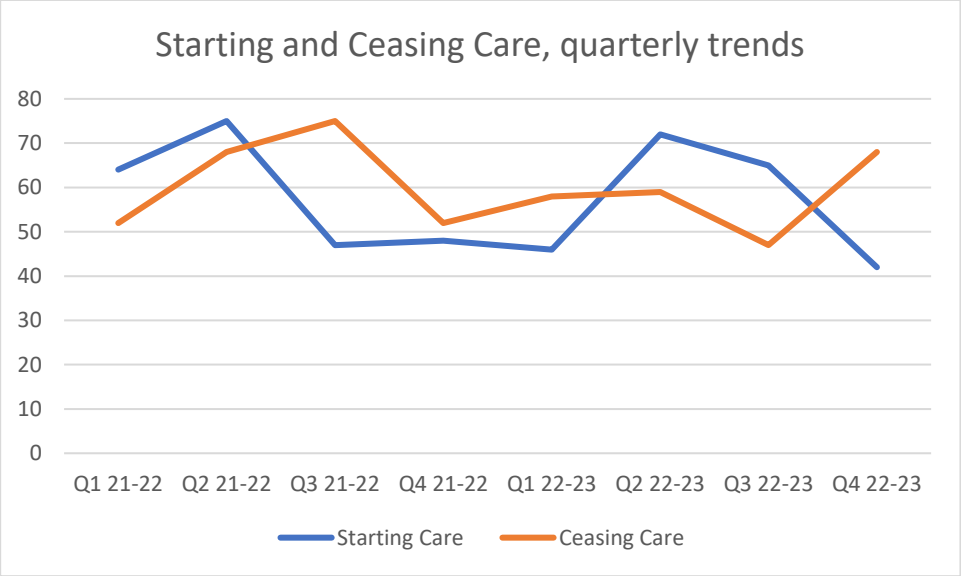
2021	642	9.4% increase from 2020
2022	627	2.3% decrease from 2021
2023	620	1.1% decrease from 2022

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

The number of Children in Care has decreased by 28 cases during Q4 to 620. This is a decrease of seven cases compared to twelve months ago (31 March 2022) when we had 627 cases. This equates to a decrease of 1.1%.

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

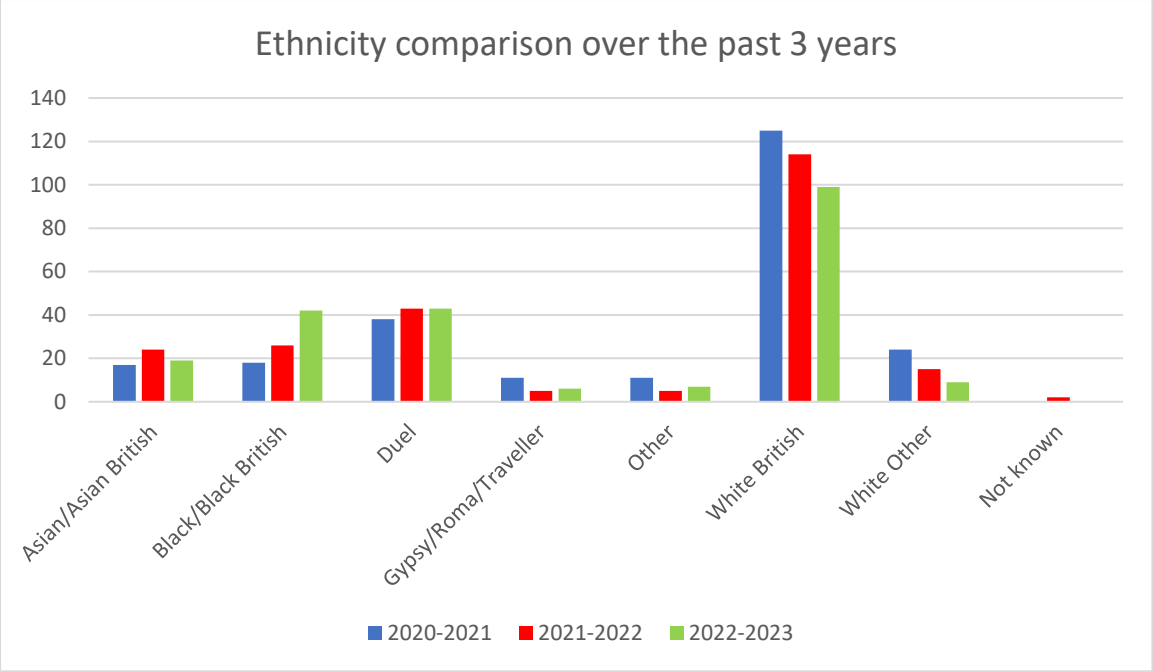
During Q2 and Q3 there was a higher level of children entering care compared to leaving care. There was a significant reduction in the number of entrants into care during Q4 2022-23. There was a total of 42 entrants into care compared to 65 seen in the previous quarter. (35% decrease)**.** On average there are around 57 new entrants per quarter, so this quarter is much lower than the current quarterly average**.** During Q4 there were more exits from care than entrants with a net reduction of 26 cases.



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

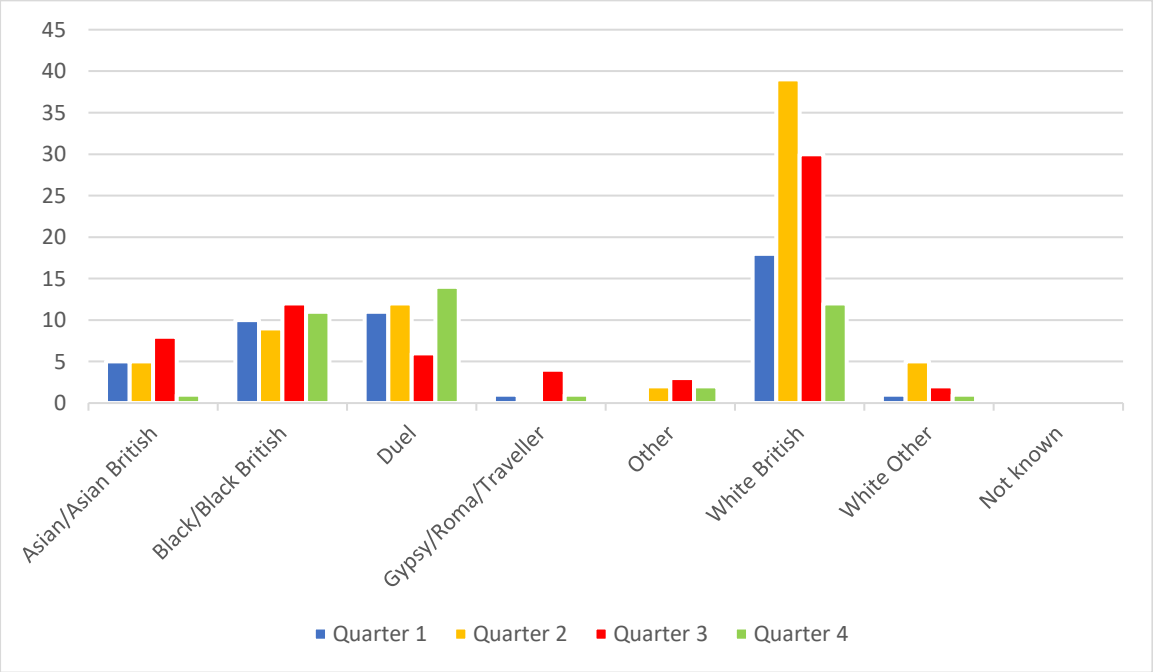
Profile of looked after children in Derby City

3.5 Ethnicity comparisons over the last three years:



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

Ethnicity comparisons over the last year per quarter:



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

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

The placement team try to match ethnicity/culture where they can, however this is not always possible due to the balancing of availability and timings. Culture and identity are always

discussed at Looked after Children reviews and plans are put in place to ensure the child's needs are being met and fulfilled. The Review Health Assessment pre-checklist has a section to prompt the nurses to confirm the ethnicity and to consider if care offered is culturally adapted and offers a culturally competent service.

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

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

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

As shown in the above data, there is an increase of children in care from the Black/Black British and Dual Heritage ethnic groups; this reflects the diverse demographics within Derby City and the new emerging communities. The number of White British children coming into care has continued to decrease within the last 3 financial years, and dual nationality children have steadily increased.

In the last financial year April 2022 – March 2023 White British children have been the dominating ethnicity to come into care in Derby. Black/Black British, Asian/Asian/British and the Gypsy/Roma/Traveller communities have also seen a steady increase of children coming into care also.

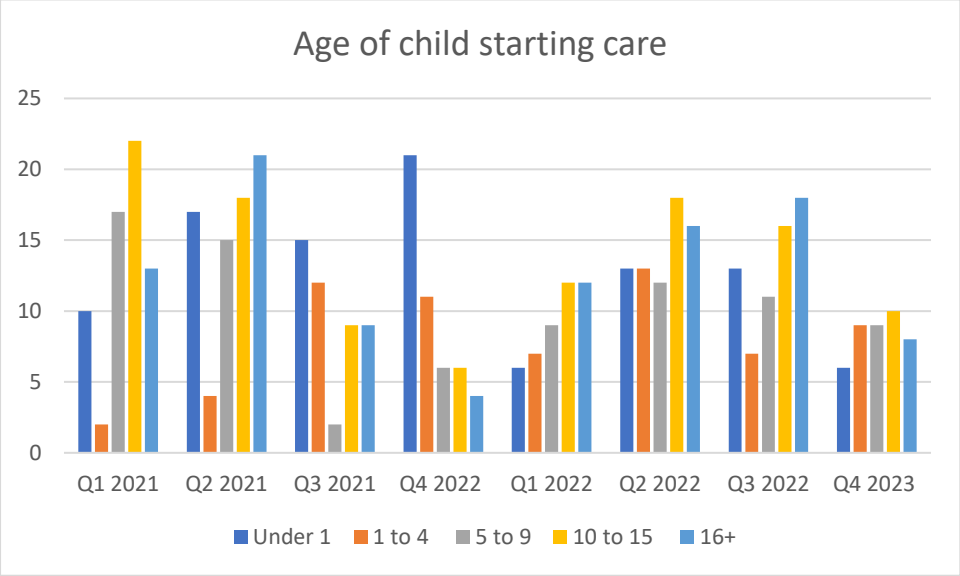
3.6 Gender of looked after children in March 2023

Gender	
Male	55%
Female	45%

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

There were 343 males and 274 females in care on 31 March 2023. This equates to a split of 55% male versus 45% female. There were 69 more boys than girls in care on 31 March 2023.

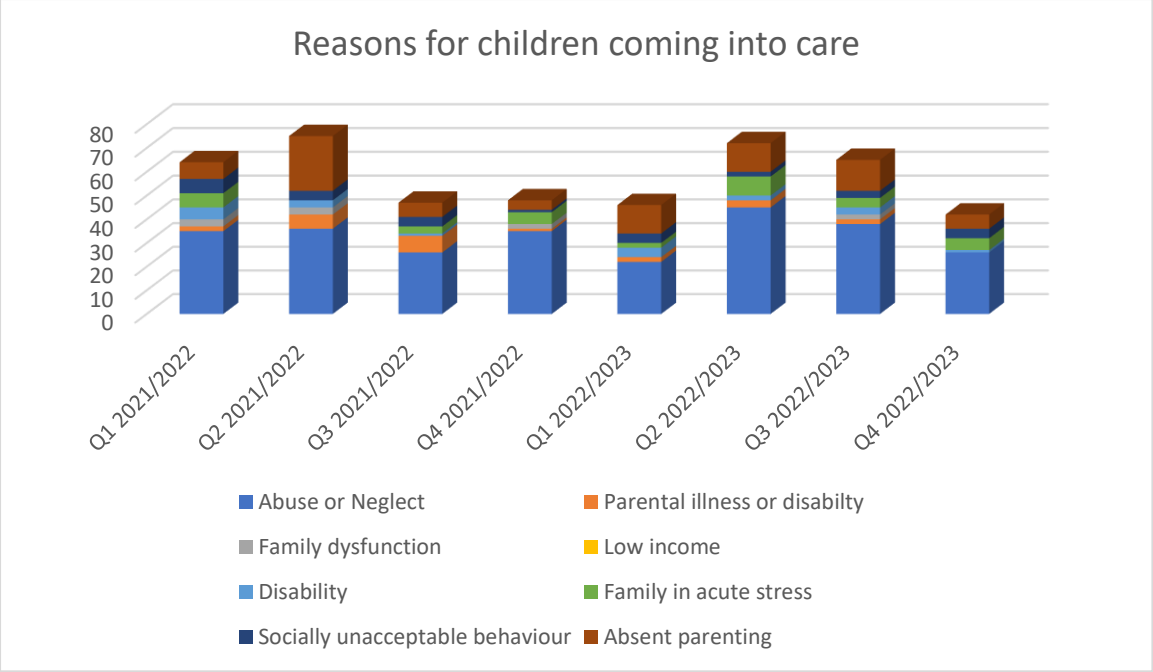
3.7 **Age comparisons over the last two years:**



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

There has been a slight increase in the number of children aged 1 to 4 years old, rising from 94 children on 31 December 2022 to 96 on 31 March 2023. This age group equates to 15.5% of the overall cohort.
The percentage of children aged 5 to 9 has continued to decrease during Q4, dropping from 18.7% in the previous quarter to 18.1% on 31 March 2023. There were 112 children in care in this age group on 31 March 2023 compared to 124 seen 12 months ago.
The 10-15 age group have the largest percentage of children with 40.2% in this age bracket (249 children).
The number of young people aged 16 or over has reduced from 146 to 134 since Q3. This equates to 21.6% of the overall cohort. Of the 134 young people in care aged 16 or over on 31 March 2023, 35 were UASC.

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

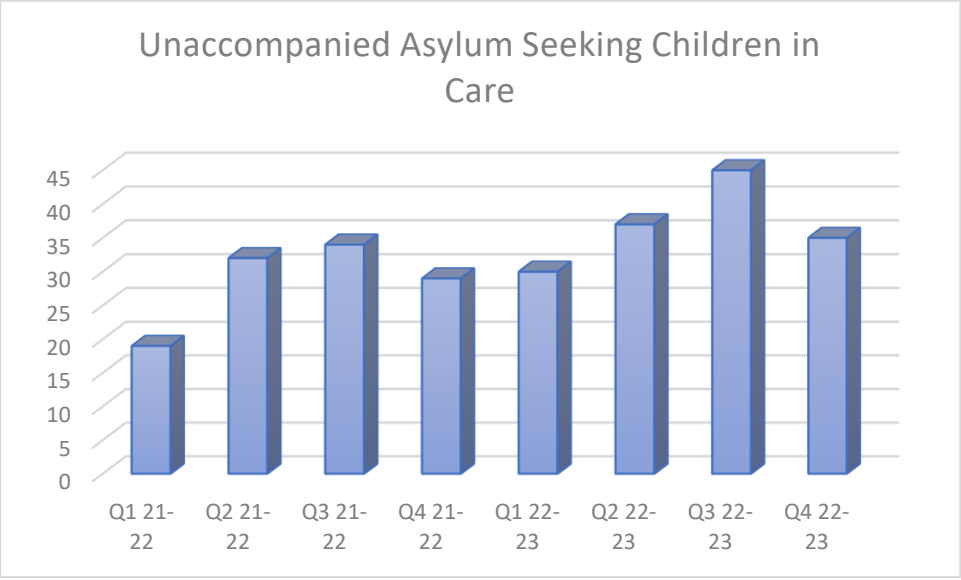


Ref: Data made available from Derby City Local Authority Informatics Department

Abuse and neglect remain the most dominant reason for children/young people coming into care, with the percentages remaining relatively stable in reason categories reflected in the above data. In the first half of the year 2021/2022 and 2022/2023 there was an increase in children coming into care due to absent parenting however these percentages have started to decrease towards the end of 2022/2023. Families in acute stress figures have steadily risen from 2021/2022 to 2022/2023.

3.9 Unaccompanied Asylum Seeker Children 2021/23

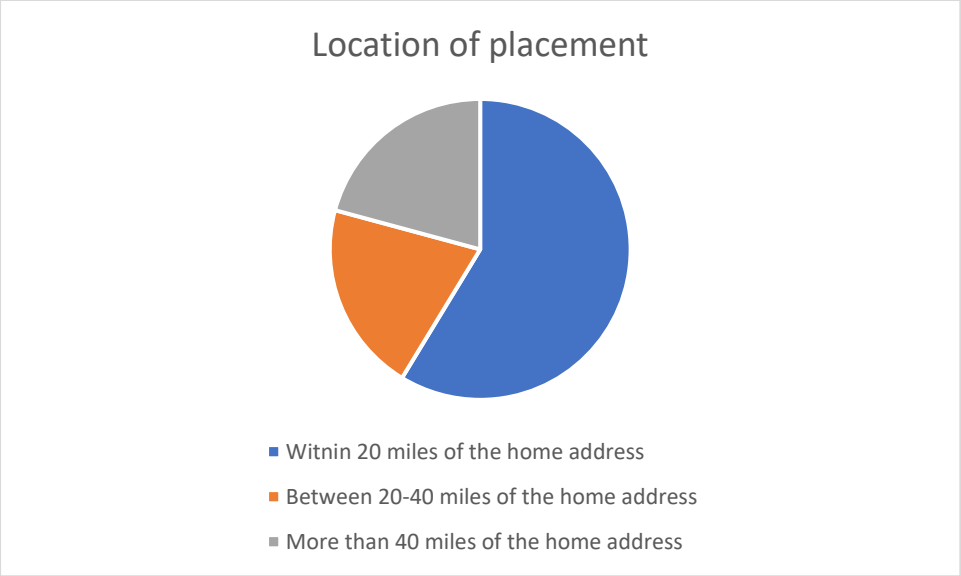
There were 35 UASC in care on 31 March 2023. This equates to 5.6% of the overall cohort. There were 29 UASC in care 12 months ago, 31 March 2022 (4.6% of the overall cohort).



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

3.9 Location of Placement

This is now the highest percentage seen for some time. The Children in Care Team undertake Initial and Review Health Assessments for children born in Derby City living within a 20-mile radius of their home address. A total of 237 placements were located within the Derby City boundary on 31 March 2023. This equates to 38.2% of all placements. This is an increase of 0.9% compared to the previous quarter

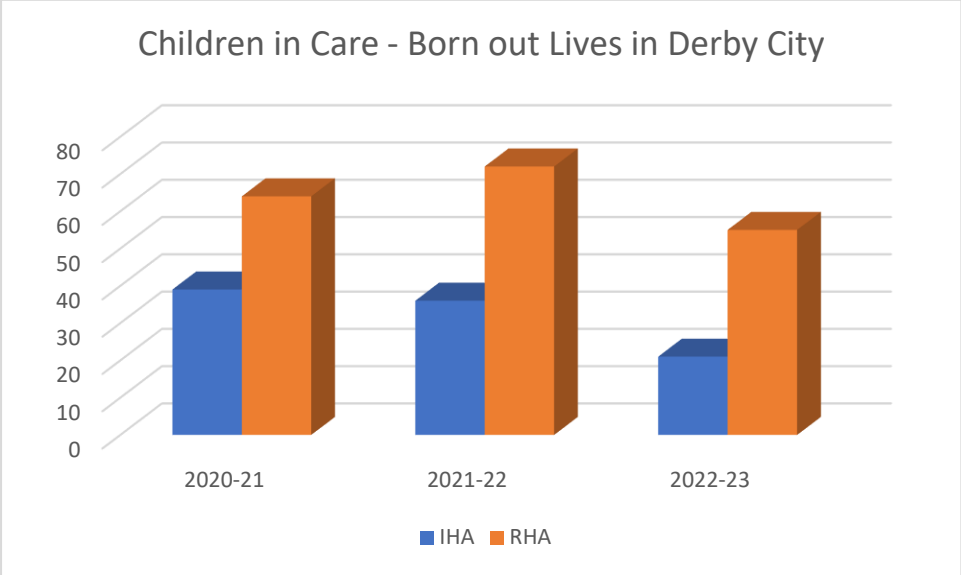


Ref: Data made available from Derby City Local Authority Informatics Department

- 58.7% of all placements are within 20 miles of the home address (364 out of 620)
- 20.5% of all placements are between 20 and 40 miles of the home address (127 out of 620)
- 20.8% of all placements are more than 40 miles of the home address (129 out of 620)

Children in Care – Born out Lives in Derby City

3.10



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

BORN OUT, LIVES IN – Looked after Children that were born in another area outside of Derby City (or taken into care by an external Local Authority) but reside in Derby City. Children in Care placed in Derby City from other Local Authorities are supported by the 0-19 Service. Derby City Children in Care Team will undertake Health assessments on behalf of other Local Authorities upon request. In 2022-23 there was a decrease in requests for both Initial Health Assessments and Review Health Assessments to be completed by the Children in Care Team.

Section 4: DHcFT service provision for Looked after Children

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

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

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

Designation	Hours	WTE
Designated Doctor	Vacancy	0.1
Designated Nurse (DDCCG, now DDICB)	37.5 hours	1

Named Nurse	30 hours	0.8
Specialist Nurse	30 hours	0.8
Specialist Nurse	26 hours	0.7
Specialist Nurse	22.5 hours	0.6
Specialist Nurse	22.5 hours	0.6
Band 4 Admin Coordinator	30 hours	0.8
Band 3 Administrator	30 hours	0.8
Band 3 Administrator	26 hours	0.7

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

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

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

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

Section 5: Children in Care and Adoption Administrators

5.1 The Children in Care administrative team consists of an Administrator Coordinator (Band 4) and two Administrators (two at Band 3). During Quarter 2,3 and 4 in 2022-2023 the Children in Care team had an Administrator on long term sickness leaving the team with just two staff members and ad hoc cover.

5.2 The purpose of all three roles is to provide a comprehensive administrative support service to the Children in Care Health Team, ensuring that all administration needs are fully met and that the administrative processes and procedures run smoothly. Responding and making decisions where necessary and following up any actions from health professionals from local and external areas with confidentiality, discretion, and diplomacy due to the sensitive information being shared regarding these vulnerable children.

5.3 The Covid pandemic has been progressively stepped down during the last financial year 2022 – 2023. The team have continued to follow improvements to the way that they work and ensure

robust administration systems and processors are in place following the COVID pandemic. The Admin Co-ordinator has worked hard to maintain an oversight of compliance and has highlighted any issues or challenges to both the Operational Lead and Named Nurse/Clinical Lead. The Admin Co-ordinator has introduced weekly compliance reports to ensure that any concerns are recognised early and will then communicate and discuss any concerns (Consent issues, Initial health assessment compliance, Review health assessments, Local authority responses) with the Operational Lead and Named Nurse as and when is needed. We have improved the Initial Health Assessment consent form to ensure that correct consent is obtained by the social worker in a timely manner to ensure compliance. The Admin Co-ordinator has updated the consent process and the Blood Born Infection testing process to ensure that information is gathered in a timely manner. The Admin Coordinator and Team Administrators continue to dedicate time to ensure 'Groups and Relationships' within the electronic patient record are kept up to date. The Admin Co-Ordinator has worked with the local authority to deliver training and information around the children in care process and consent to ensure all staff involved in delivering service are working to best practices and fully understand the processes and impact on the service.

Section 6: Health Data and Performance for Year 2022/23

6.1 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 four years:

** Please note all health data for 2022/23 is provisional until submitted to the Department for Education in July 2023 **

Health Data Indicator	Year 2019/20	Year 2020/21	Year 2021/22	Year 2022/23
Annual health assessments	93.5%	93.8%	92.6%	92.9%
Dental checks	92.3%	29.2%	77%	90.6
Immunisations up to date	92.3%	93.1%	94.1%	95.3%
Development checks (two RHAs in the 12 months for under 5 years old)	90.2%	96.6%	86.9%	98.6%

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

6.2 **Annual Health Assessments** – The performance for Health Assessments has increased during Q4 rising from 87.8% to 92.9%. The local target was 90%. Derby achieved 92.6% in 2021-22 so we're above last year's position. The comparator authority average for 2021-22 was 94% so Derby is slightly under this

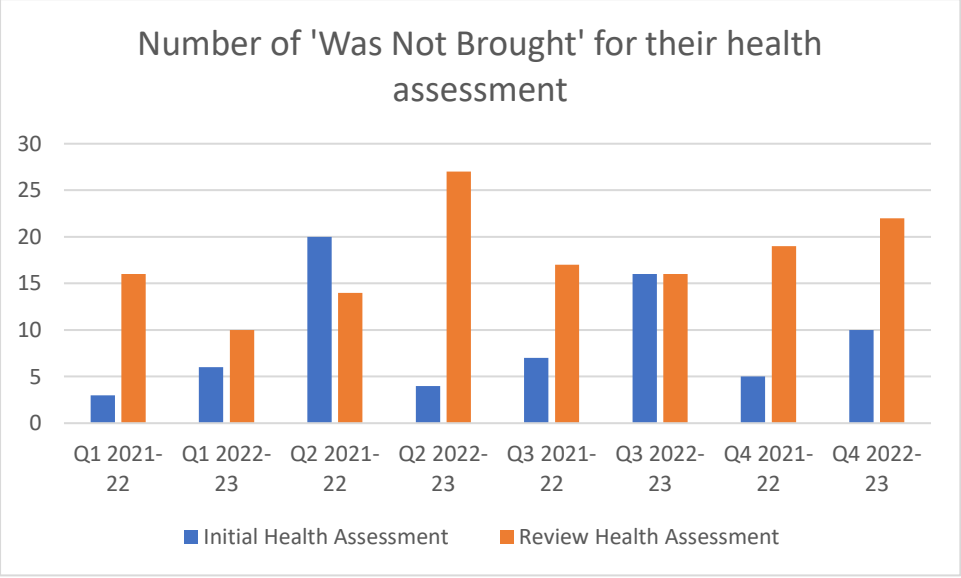
Dental Checks - The performance for Dental checks increased significantly during Q4 rising from 47.5% to 90.6% This is above than the 2021-22 comparator authority average of 82% and above our final figure of 77% seen in 2021-22.

Immunisations - The performance for up-to-date Immunisations has increased during Q4 rising from 91.0% to 95.3%. The local target was 92%. The comparator authority average for 2021-22 was 93% so Derby is above this.

Development Checks - The performance for Health Development Checks improved during Q4 rising from 86.4% to 98.6%. The local target was 87%. This is Derby's highest ever performance. Just one child under 5 did not receive their second health development check out of a total of 70 children. Derby City Children in Care Team pulled in some additional under 5s for those living out of area – in the best interests for the child/ren as they were progressing through the adoption pathway. This will indeed impact on these children being placed with their forever family sooner because of this work.

6.3 Since the Children in Care team have access and the mechanism to update Liquid Logic (Local Authority IT system), the accuracy of heath data has significantly improved. The Named Nurse for Children in care and the Designated Nurse for Looked after Children meet on a quarterly basis to ensure all the correct information is recorded and any outstanding information is passed onto the Children in Care Nurses and admin to chase.

6.4 Shown in the table below are the number of children in care who were not brought to their health assessments during 2021-22 and 2022-23.



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

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

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

- Foster carer mislaid the appointment letter

Any 'was not brought' or cancellation of the health assessment appointment, for whatever reason, can have a huge impact on our compliance. The Children in Care Team have a 'was not brought' pathway to follow if a child is not brought to their appointment.

Section 7: Analysis of Adoption and Medical Adviser Activity

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

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

ADOPTION ACTIVITY

There have been some changes to the adoption activity during the Pandemic period from April 2020, some being more permanent and have continued this year. These continue to reflect the changes made nationally to the Adoption regulations by the Department of Health in liaison with Coram BAAF, satisfying the requirements of Adoption regulations.

Last year, there were major changes nationally in the way medical reports are provided for the ADM (Agency decision Maker) following a court ruling (called Somerset ruling). This had affected the medical adviser's workload in an unprecedented way since January 2022 requiring a large number of additional medical reports to be done within strict deadlines, which was achieved with making adjustments in the workforce resources. This workload has now settled with making planned changes in the report format.

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

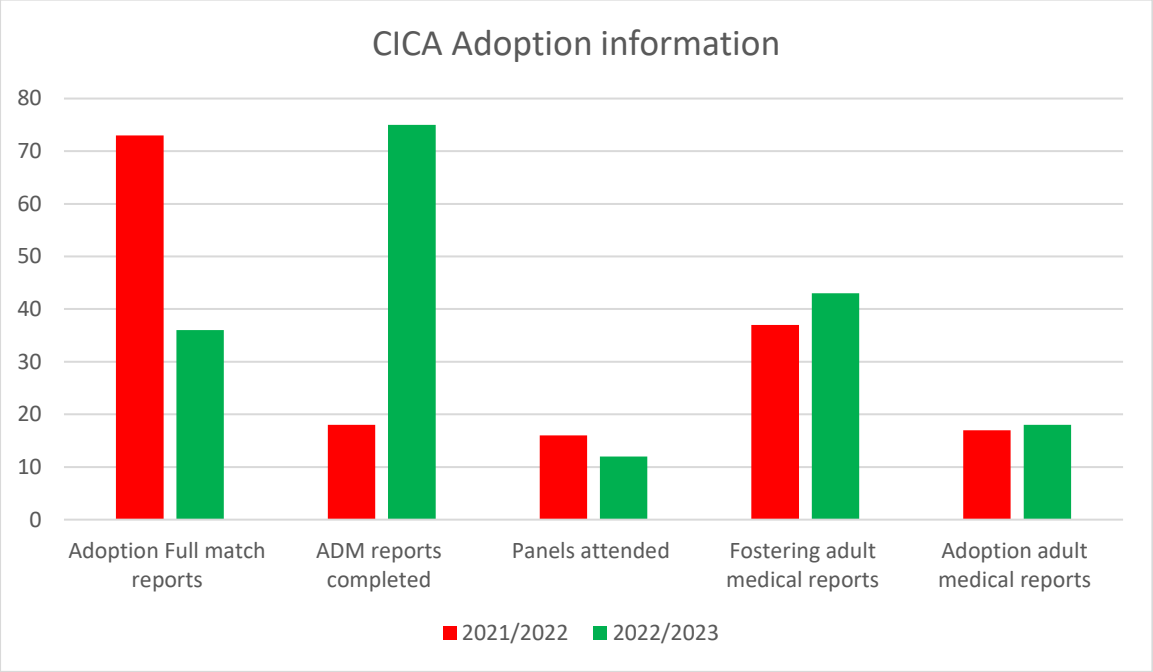
Medical adviser's attendance at Adoption panels is currently optional, with Derby medical advisers not attending at present due to their workload, but this is to be encouraged. The medical reports for the children to be matched are still provided in the usual manner and panel advice is still given, based upon the paperwork provided by Adoption East Midlands The panel are still happening remotely and medical adviser is available for advice if needed, but currently not actually attending.

7.2 The Regionalised Adoption service (Adoption East Midlands) continues to work incorporating four neighbouring regions of Derby City, Derbyshire, Nottingham City and Nottinghamshire. The cases for matching the Derby City children continue to be heard at any of the panels within the region, attended by different medical advisers. An efficient and timely liaison between different medical advisers is needed to explore and clarify any issues in advance of

panel, which may get affected by the capacity issues, requiring Medical Advisers to be available all the time as queries may arise from any panel.

7.3 The following adoption activity data is provided by Adoption East Midlands (From 1st April 2022 to 31st March 2023)

- Total number of adoption children's medical reports (Matching reports) – 36 (73 in 2021-22)
- Total number of ADM Reports – 75 (18 in 2021-22, this was new additional work following Somerset ruling since January 2022)
- Total number of adult medical reports – 61, which includes reports for fostering and adoptive parents, (54 in 2021-22)
- Total number of panels attended (advice provided by Derby City medical advisers) – 12 (16 in 2021-22)
- Number of Prospective adopter consultations undertaken - 5 (2 in 2021-22, none in 2020-21)



This reflects some unusually low number of children coming to panel for matching last year although this may be due to the clearing of COVID backlog of matching children in previous two years. A significant number of reports were made at the ADM stage, rolling them on and updating them at the matching stage.

The number of adult health reports has further reduced slightly, these figures have remained stable over the last 2 years, indicating ongoing recruitment of adopters during the Pandemic.

There were 5 prospective adopter consultations undertaken formally (by telephone, none face to face) during this period, as the previously agreed regional process continued for prospective adopter consultations providing the preadoption advice in a targeted and formal way in writing. We continue to invite questions in writing from adopters via the social worker, which are responded to in writing, included on the report if possible, or separately if received later, also the report format is very comprehensive and includes any history and implications in detail. A

telephonic consultation is only provided in selected cases, if requested, to answer any specific queries which remain or if the child has a very significant or complex medical condition

7.4 The training sessions by medical advisers for prospective adopters, foster carers and social workers were re commenced last year, with the training provided virtually 3 times during this period as agreed, incorporating training on common clinical issues in an adoption scenario, i.e., impact of maternal smoking, alcohol and drug misuse in pregnancy and Blood Borne Infection screening in vulnerable and high-risk children. It is hoped that this activity will continue.

7.5 Both the Medical Advisers attend regular quarterly AEM meetings with other Medical Advisers and panel advisors (plus commissioners if appropriate). They also attend panel training days twice a year.

7.6 The Named Doctor for Children in Care and the Named Nurse for Children in Care also deliver a training lecture on Children in Care and Adoption as part of the GP vocational training course in Derby.

Section 8: Sleep Practitioner Training

8.1 During 2022-23 the Children in Care Team were successful in securing funding for a Specialist Nurse for Children in Care to attend Sleep Practitioner training delivered by The Sleep Charity. The training provided evidence-based intervention for children aged 12 months upwards. The Specialist Nurse for Children in Care learnt about the significance sleep has on a body and brain and networked with other course attendees from a variety of backgrounds. This opportunity was in response to a request made by one of the Specialist Nurses for Children in Care to commit to supporting staff to continue the personal/professional development by the Trust. Children in Care often have issues with sleep whether this be related to trauma, undiagnosed medical conditions or from simply a disruption to routine when moved to a placement. The training helped the Specialist Nurse for Children in Care understand how professionals can better support our carers and young people to establish better sleep hygiene practices or just remind them of how to get back to what works best and then move forward.

The Specialist Nurse for Children in Care was able to share their learning with colleagues and with carers and a sleep pathway was established to ensure the correct referrals were made in a timely fashion. The Specialist Nurse for Children in Care has been able to continue to develop their learning through additional training by The Sleep Charity and will continue to share their learning with others.

Section 9: Derby and Derbyshire Development Day

9.1 The Named Nurses for Children in Care for Derby City and Derbyshire and the Designated Nurses for Children in Care for Derby and Derbyshire Integrated Care Board held a development day for Derby City and Derbyshire Children in Care Teams.

9.2 A Specialist Nurse for Children in Care from the Derby City Team delivered a session on Intellectual disabilities. The aims of the session were for the participants to understand the definitions of ‘What is a Learning disability’ and the definition of a Learning Difficulty. As part of the group activities set, role play was used on a case study to show and to demonstrate the difficulties a young person with an Intellectual Disability may face when attending a clinic appointment for a Review Health Assessment.

In groups, the participants were asked to identify what difficulties a young person with an Intellectual Disability may display before the clinic appointment and during the clinic appointment.

Following on from this, the participants in their groups discussed, what they, as practitioners could introduce into their clinical practice to help to put in to place the reasonable adjustments for the young person attending the clinic. A list of reasonable adjustments was created in which practitioners could introduce into their teams.

The communication needs of a young person with an Intellectual Disability was discussed as a group highlighting amongst others the delay in processing verbal language a young person may face.

A discussion was held with the groups around the challenges of communication with a young person if they have communication difficulties or may be non- verbal.

It was acknowledged the Children in Care Teams introduce themselves to young people when they attend clinic, however the Specialist Nurse for Children in Care wanted to take this further to address how the nurse would introduce themselves to a young person who has limited language but uses Makaton as a form of communication.

As a group we learnt how to use the finger spelling alphabet. The Children in Care Teams learnt how to sign in Makaton: 'What my name is'. To ask the young person, 'What is your name'? They learnt how to ask in Makaton, 'How are you'?

We made a pledge as a group to introduce these basic Makaton signs at future clinic appointments to increase our skills in communication with young people who have communication difficulties.

Section 10: Links to the Residential Children's Homes

A Specialist Nurse for the children in Care Team started in post in 2022, the nurse was keen to support colleagues with the drop-in sessions for the Local Authority Residential Children's Homes. The Children in Care Team decided to discuss with one of the home managers to look at re-starting the existing drop-in and offer sessions to the other Residential Children's homes as well. Being the new link nurse for one home and the associate link for another home the Specialist Nurse was pleased to have this opportunity to utilise their skills.

Over the last year, from discussion with the home managers about which topics they would like to be covered, sessions have been offered on; sleep, healthy eating, dental health, relationships, sexual health and contraception, puberty, alcohol awareness, and emotional health/refuelling. It was arranged for a worker from the Breakout service to join the link nurse for the session on alcohol awareness for their expertise and additional resources. This session was well received by one young person who had not joined one of the sessions previously. They were able to engage and openly discuss some of their personal experiences which was extremely positive. There are plans to continue the joint session on alcohol awareness at another Residential Children's Home.

Our young people are of various ages between 11 and 17 so the link Nurses must ensure that the sessions are tailored to fit with the needs of the children and young people. The Specialist Nurses have used various styles at the drop-in sessions; sometimes they have used a display board to talk about, used worksheets/quizzes, had group discussion using some prompts with visual information on cards and used flipchart paper for the young people to present their ideas from discussion. Some of the young people choose not to engage, some engage with parts of

the sessions, some fully engage, and some prefer to 'listen round the corner' rather than joining in directly, which the nurses still feel is of great benefit as they have stated they do not wish to join in the group activity but can still 'listen in' and gain knowledge and information.

In some sessions the young people have 'gone off topic' as they were not keen on talking about the subject for that day, so the nurses have tried to steer conversations towards a health topic that was related to what the young person wanted to talk about to continue to aim for health promotion.

Two of the homes are more engaging and receptive to the drop-in sessions and relationships are strong between the staff and the CIC link nurses. Home staff are encouraged to take part in the session if they are able, which can help to encourage the young people to engage. Where possible the link nurses also try to offer resources/handouts and leaflets (if appropriate) to leave with the staff about the topic that has been covered. This can be helpful to staff for their own awareness but also to support them in discussing further with the young people after the sessions or for those young people who might have been away from the home at the time or had declined to engage. As the link nurses have been visiting the homes more frequently, relationships with the young people are growing and it is lovely to see young people participating. The link nurses also welcome feedback from the young people about what topics being delivered.

The timing of the drop-in sessions has been adjusted to enable young people to return from school and the link nurses are also flexible with the times for the dates that fall during the school holidays. It has been appropriate intermittently to offer one of the care homes a more 'generic' drop-in so young people can access the Children in Care nurse in a more 'informal' way to enable them to raise any health issues they have with the nurse rather than it being a planned topic session. This has been positive in building up relationships with young people and for them to get to know the link nurses.

As well as information for the drop-in sessions, care home staff have also requested at times information/resources specifically for individual young people, for example: on hygiene and sexuality and 1:1 work has been offered to those individual young people at a later date.

Section 11 Summary of achievements in year 2022/23

11.1 During the period of 2022/23 the Children in Care health team have continued to experience some changes and it has been acknowledged despite this the Specialist Nurses, Medical Advisors and Administration Team have shown innovation and marked improvements within their service delivery.

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

11.2 Improved compliance with initial health assessment statutory timescales and improved service delivery across administration and clinical areas.

11.3 Completion of the CCG now ICB 'Markers of Good Practice' assurance framework. (Detailed in section 13, page 25/26).

11.4 The end of year Health Performance Data was positive as shown in section 6 considering vacancies within the team and two new starters.

11.5 The Designated Nurse for Children in Care was successful in securing some funding to develop animation videos to explain what a health assessment is. There are two animation videos available on You-Tube for younger and older children. The links for the animation videos have been shared and have been added to our appointment letters.

11.6 The Designated Nurse, Designated Doctor, Named Nurse, and the Administrator Coordinator have continued to strengthen existing relationships and networks with key professionals, local partners, and agencies locally and regionally, which has facilitated information sharing, health outcomes and the voice of the child (including those out of area).

11.7 Health access to Liquid Logic Child Social Care system continues to improve information sharing between agencies (in the best interest of looked after children) and has a positive impact on the accuracy and validity of health data reportable to Department for Education. At the end of each quarter health information is uploaded onto Liquid Logic and any missing information is followed up by the Children in Care Team.

11.8 Reporting and assurance into the DDICB Quality and Performance Committee have been strengthened via quarterly reporting of performance and quality of the Children in Care service. This has allowed the Named Nurse for Children in Care the opportunity to access and interrogate health data more robustly internally within the Trust, using relevant and useful reporting systems. This in-depth provision of evidence has enabled a more robust way of working at both team and service level and influenced improvements.

11.9 The Specialist Nurses for Children in Care are link nurses to the Local Authority Residential Children's Homes. There are two Specialist Nurses who link with each Local Authority Residential Children's Home. Over 2022-23 the link nurses have offered health drop-in sessions to each home on a variety of health topics chosen by each home depending on the health needs of the children and young people residing there. These have either been delivered by the Specialist Nurses for Children in Care or jointly with another health service, such as the drugs and alcohol service or the sexual health service. Topics have also included sleep and healthy/unhealthy relationships.

11.10 Foster carer sessions have been delivered face to face over 2022-23. Some of the topics covered have included, puberty, emotional resilience, development, preschool development, eating disorders, dental care, and sleep. The foster carers choose the topics for the year, and these have been delivered by the Designated Nurse CiC, Named Nurse CiC, Specialist Nurses for CiC and the doctors within the CiC team.

11.11 The Named Nurse from Derby City and Derbyshire held a successful development day for both Children in care teams which was funded by Derby and Derbyshire Integrated Care Board. There were a variety of presentations on the day covering, equality, diversion and inclusion, vitamin D, a session from the Tuberculosis Nurse, Oral Hygiene, and Learning Disability with a networking session at the end.

11.12 The children in Care Team have provided opportunities for students to shadow the team throughout 2022-23.

11.13 The Children in Care Team have been nominated for Trust DEED awards both individually and as a team.

11.14 Access and training has been provided for all doctors on the Integrated Clinical Environment pathology system. This has improved internal systems and timeliness of Blood Born Infection screening and results.

11.15 Health meetings have continued between the children in care Nurses and the Residential Children's Homes Managers.

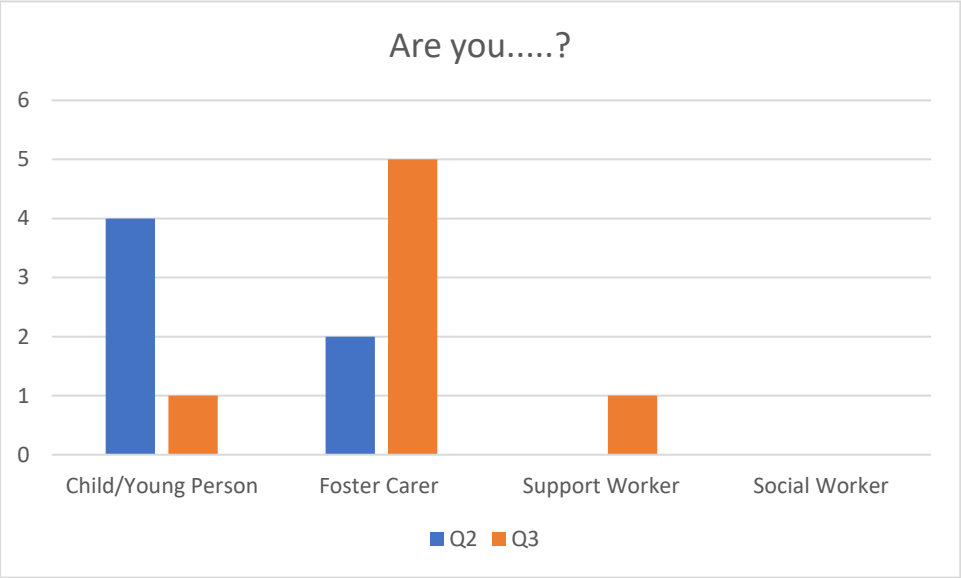
11.16 Enhanced Case Management meetings have continued. These are a multidisciplinary meeting focusing on certain topics appropriate to the young person using an outcomes-based tool.

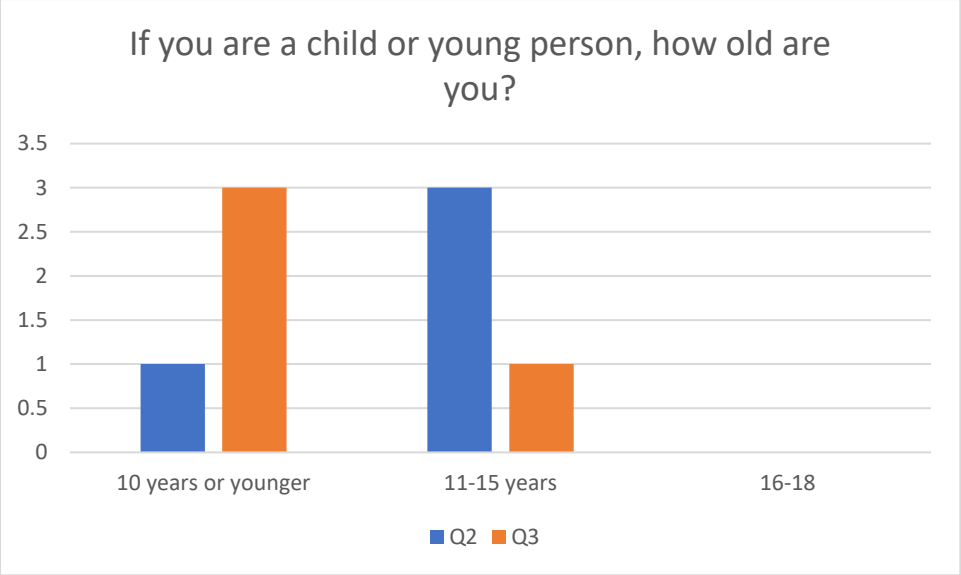
11.17 One of our Specialist Nurses for Children in Care had the opportunity to attend a funded Sleep Practitioner Course (see section 8). This was delivered through the Sleep Charity and the Children in Care Nurse expressed a particular interest in this area. The Children in Care Nurse will be able to train and cascade knowledge and resources down to the rest of the team.

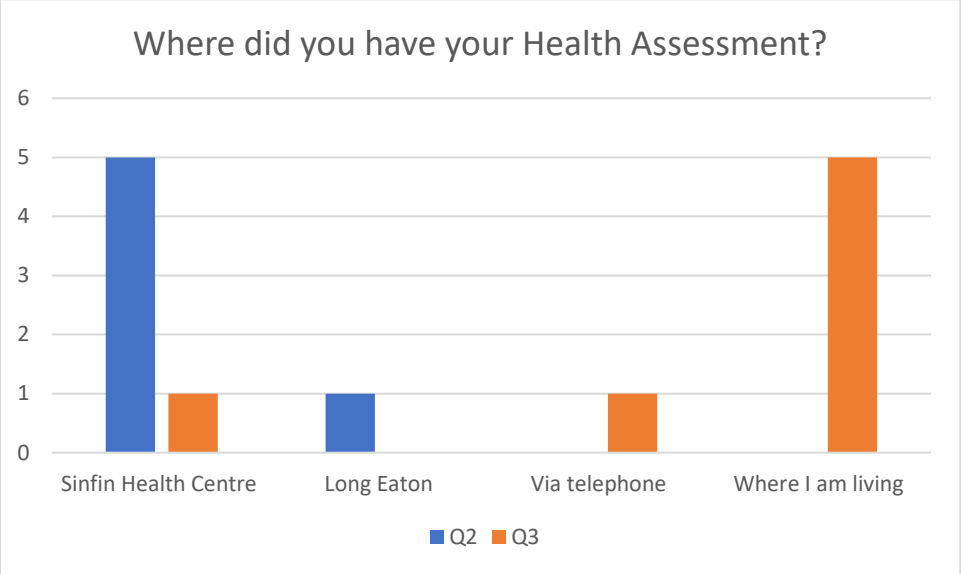
Section 12: The Survey Monkey Feedback

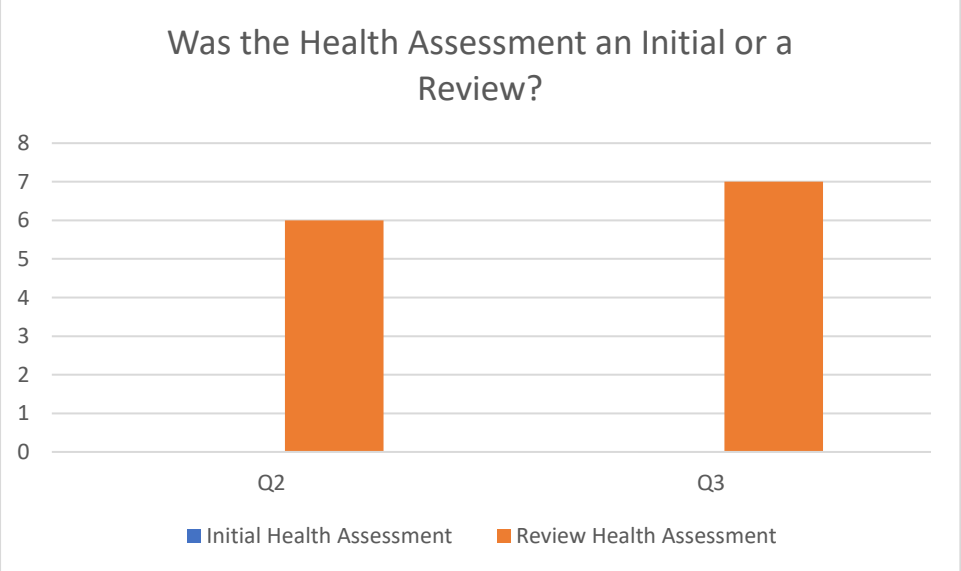
12.1 The Designated Nurse Children in Care supported the Named Nurse Children in Care to develop a survey monkey questionnaire to capture feedback from children, young people, and carers on their experience of having an Initial Health Assessment and Review Health Assessment

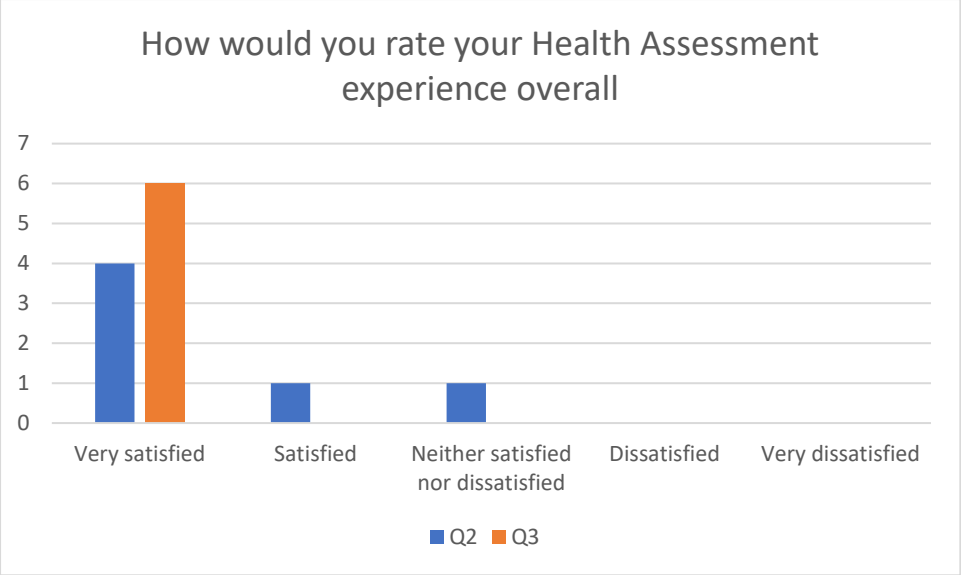
12.2 The results from the survey monkey questionnaires for quarter two and three are as follows:

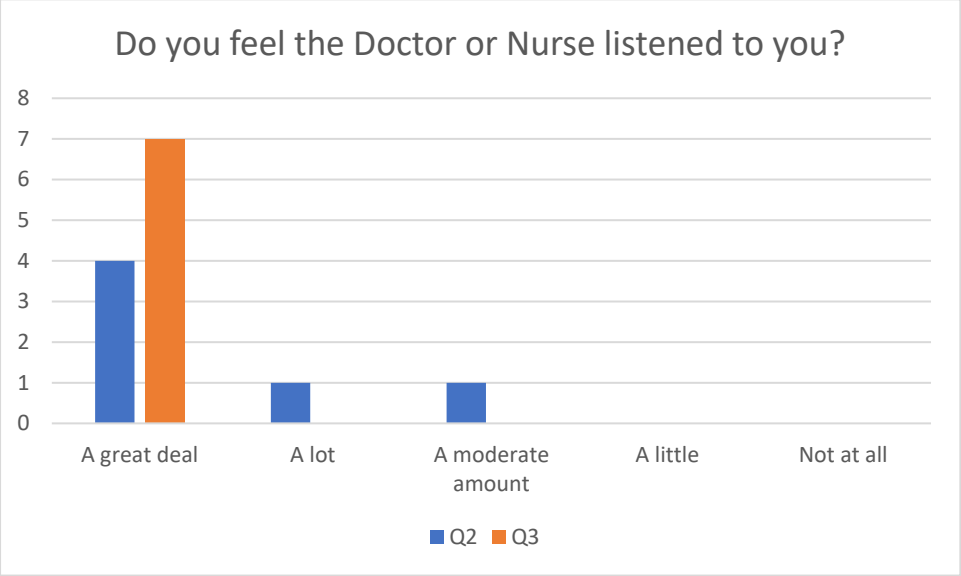


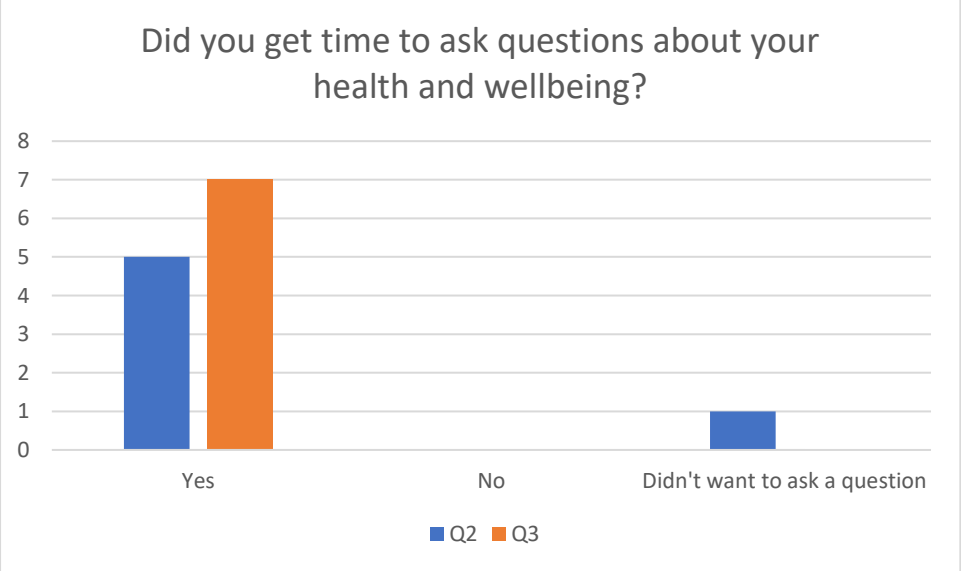

If you are a child or young person, how old are you?
3.5
3
2.5
2
1.5
1
0.5
0
10 years or younger
11-15 years
16-18
Q2
Q3

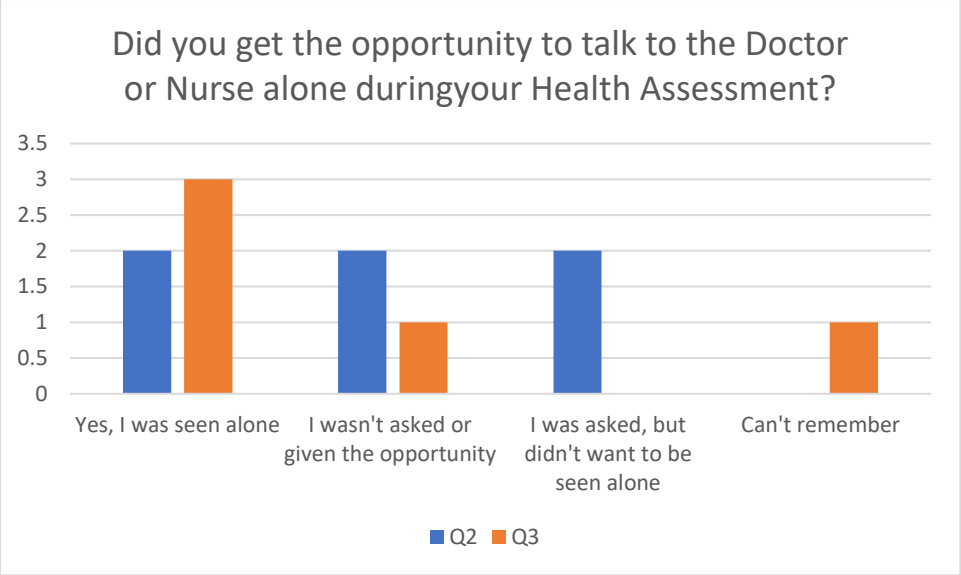

Where did you have your Health Assessment?
6
5
4
3
2
1
0
Sinfin Health Centre
Long Eaton
Via telephone
Where I am living
Q2
Q3

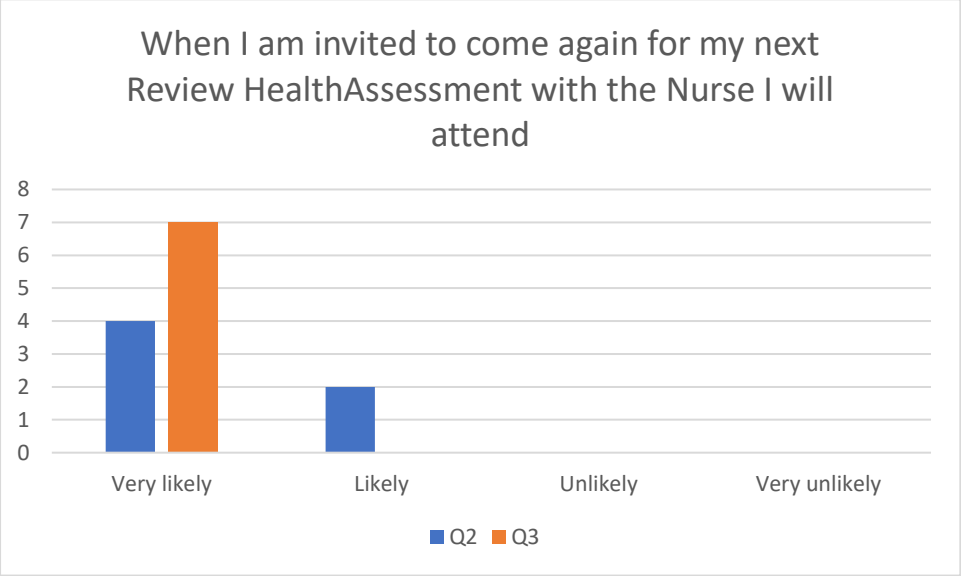

Was the Health Assessment an Initial or a Review?
8
7
6
5
4
3
2
1
0
Q2
Q3
Initial Health Assessment
Review Health Assessment


How would you rate your Health Assessment experience overall
7
6
5
4
3
2
1
0
Very satisfied
Satisfied
Neither satisfied nor dissatisfied
Dissatisfied
Very dissatisfied
Q2
Q3


Do you feel the Doctor or Nurse listened to you?
8
7
6
5
4
3
2
1
0
A great deal
A lot
A moderate amount
A little
Not at all
Q2
Q3


Did you get time to ask questions about your health and wellbeing?
8
7
6
5
4
3
2
1
0
Yes
No
Didn't want to ask a question
Q2
Q3





12.3 Some of the comments provided are shown below:

- Totally 'top-notch'
- Was great with the child. Lovely nature
- Excellent
- Very friendly, put the child at ease
- 'I am very satisfied because the nurse was extremely kind and understanding'

Section 13: Markers of Good Practice (MOGP)

13.1 In February 2023 the Children in Care team submitted the Markers of Good Practice assurance tool to the Integrated Care Board for Derby City and Derbyshire (DDICB). The

Markers of Good Practice assurance tool, which is 'RAG' rated, provides the Children in Care Team with a productive opportunity to showcase their service to the Integrated Care Board and Designated Professionals.

13.2 With the submission of evidence and 'RAG' rating, the assurance tool supports the Children in Care team to highlight progress, any gaps or improvements that are required to assure the Integrated Care Board 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.

13.3 Following the MOGP action plan submission, representatives from the Integrated Care Board and Designated Professionals completed the feedback in written format with a decision as to whether a meeting face to face with the provider is required. A discussion was held between the commissioners from DDICB. Each standard was discussed, and it was confirmed whether the 'RAG' rating provided by the Provider was in line with that of the commissioners' assessment.

13.4 Strengths and challenges were identified, agreed by both parties and an action plan will be developed by the provider to work through within the year 2023-2024 to achieve compliance in the areas that were not yet rated as green. The Markers of Good Practice action plan will be fed back to the Safeguarding Children's Committee by the Director of Nursing and Patient Experience, and at the Safeguarding Operational Leads meeting and the Childrens Clinical Refence Group held by the organisation by the Named Nurse Children in Care.

13.5 Derby and Derbyshire Integrated Care Board (DDICB) fed back that the evidence clearly demonstrates the organisation and team's commitment to meeting the needs of Children in Care at every stage of their journey in the care of the Local Authority and beyond. DDICB have been significantly assured about the quality of the service provision and appreciate the providers honesty whereby further progress is required.

Section 14: Priorities for Year 2023/24

14.1 **DHcFT Provider key priorities for 2023/24:**

- To continue to deliver health promotion within the Local Authority Residential Children's Homes
- To continue to represent health at the Enhanced Case management Meetings and Health Meetings with the Local Authority Children's Residential Homes
- To continue to deliver health sessions to foster carers sessions
- To continue to provide health passports and health history summaries
- To ensure the Service Action Plan is updated
- To continue to work closely with the County Children in Care Team working towards the Joined-up Care Derbyshire Approach
- To build relationships with the leaving care team to improve support around transition
- To ensure children and young people are aware of the animation videos to explain what a health assessment is
- To submit the Markers of Good Practice Assurance Tool
- To fill the Designated Doctor vacancy
- Continue to provide opportunities for students