

Rushcliffe Clinical Commissioning Group



Nottingham West Clinical Commissioning Group

Mansfield and Ashfield

Nottingham North and East Clinical Commissioning Group

Looked After Children/Children in Care

ANNUAL REPORT

1 APRIL 2018 - 31 MARCH 2019

A summary of key achievements and future plans for Nottinghamshire County CCGs (excluding Bassetlaw) and Nottingham City CCG to fulfil their duty to safeguard and promote the welfare of looked after children

CONTENTS

PAGE

1.	Introduction	4
2.	Background	5
3.	LAC/CIC Governance and Accountability arrangements	5
4.	Commissioning arrangements	6
5.	NHSE Safeguarding Assurance Tool (SAT)	8
6.	CIC placed Out of Area (OOA)	8
7.	Other Local Authority Children (OLAC)	9
8.	Nottinghamshire CIC Service Improvement Forum	10
9.	Outcomes Framework	10
10.	Quality Assurance	11
11.	Risk	11
12.	Nottinghamshire CIC data collection and reporting project	12
13.	Regional Adoption Agency	12
14.	Raising Awareness of CIC and Care Leavers	13
15.	Care Leavers	14
16.	Unaccompanied Asylum Seeking Children	14
17.	Inspections	15
18.	Voice of the Child	15
19.	National Influence/Academic presentations	15
20.	Work completed in 2018/19	15
21.	Priorities for 2019/20	16

CONTENTS (continued)

22.	Summary	17
23.	References	17
	Appendices	19

Looked After Children/Children in Care Annual Report 2018/2019

Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences.

The number of CIC has continued to rise and as of 31 March 2018 there were 75420 nationally a 3% increase since 2018 (previous 3% increase in 2017). In Nottinghamshire (including Bassetlaw) this number was 797 a slight increase (2.7%) on 775 in 2017. In Nottingham City this number was 618 remaining stable as 615 in 2017 (Local authority interactive tool).

The NHS has a major role in ensuring the timely and effective delivery of health services to looked after children (and, by extension, to care leavers) by commissioning effective services, delivering through provider organisations, and through individual practitioners providing coordinated care for each child (Promoting the health and well-being of looked after children 2015).

(Throughout this report Looked after Children [LAC] will be referred to as children in care - CIC).

1. Introduction

- 1.1. This report relates to 6 CCGs (five Nottinghamshire and Nottingham City)
 - Mansfield and Ashfield
 - Newark and Sherwood
 - Nottingham North and East
 - Nottingham West
 - Rushcliffe
 - Nottingham City
- 1.2. These 6 CCGs commission health services for the population of Nottinghamshire (excluding Bassetlaw). The purpose of this report is to provide assurance that the CCGs are fulfilling their responsibilities as commissioners to work in partnership with the Local Authorities and other agencies to promote the safety and welfare of children and adults in need of care and protection.
- 1.3 Key areas of priority for the CCGs that were identified in 2017 2018 originally from the Nottinghamshire County LAC Pathway review (2016) are now incorporated into a working action plan that is overseen by the Nottinghamshire CIC Service improvement forum (SIF).

1.4 This report will summarise achievements and activity undertaken in 2018 - 19 and highlights recommendations for 2019 - 20.

2. Background

This is the third CIC CCG annual report and for the first time has incorporated the Nottinghamshire 5 CCGs and Nottingham City CCG into one report (previously 2 separate reports). The report provides assurance that the 6 CCGs are fulfilling their statutory responsibilities to children as outlined in the Children Act 1989 and Promoting the health and well-being of looked after children (2015).

- 2.1 The CCGs work in partnership with health provider organisations, the two local authorities and other agencies including the Nottinghamshire safeguarding children partnerships and adult safeguarding boards. The designated CIC nurse is situated within the 6 CCGs in line with statutory guidance. The role is fully strategic with no clinical responsibilities, however will intervene in the delivery of clinical services/escalation and has a role in clinical audit and performance if required.
- 2.2 There are two designated CIC Doctors, one covering the mid County CCGs and the other the south County CCGs and City CCG. These posts have a combined clinical and strategic role and sit within Providers (as recommended by the intercollegiate document).

3. LAC/CIC Governance and Accountability arrangements

- 3.1 The CCG governance arrangements for CIC are monitored through the Nottingham Safeguarding Assurance Group. The Safeguarding Assurance Group monitors progress on national and local guidance and strategic priorities. The CCGs LAC/CIC executive leadership is through the Chief Nurses who represent the CCGs on Nottinghamshire safeguarding children and adult Boards and are members of the CCG Governing Bodies.
- 3.2 The designated CIC professionals contribute to the Nottingham Safeguarding Assurance Group, the two local authority Corporate Parenting Boards and are members of the regional NHS England safeguarding network.
- 3.3 Performance data relating to statutory health assessments undertaken by our health providers is reported to regular contract meetings with commissioners from within the CCGs. The designated CIC professionals have oversight. In addition, this data is currently shared with the County Local Safeguarding Children's Partnership and both Corporate local Parenting Boards.

4. Commissioning arrangements

- 4.1 Nottingham City and Nottinghamshire County CCGs are moving towards County-wide commissioning arrangements under Greater Nottinghamshire CCP in line with the move towards an ICS structure. Under these proposals commissioning services across City and County should be consistently planned, consistently held to account for outcomes and treated equitably in terms of funding; however these structures are not yet in place. All the Nottingham City and Nottinghamshire County CCGs are in consultation at this time about commissioning structures, currently CIC is commissioned by the Children's Integrated Commissioning Hub (on behalf County CCGs) and by Nottingham City CCG.
 - Nottingham University Hospitals NHS Trust provides medical input from community paediatricians for children and young people whose originating local authority is Nottinghamshire County (south) and Nottingham City. This includes initial health assessments and referrals to specialist services. For those children and young people placed too far out of Nottinghamshire boundaries, arrangements will be made with an external health provider to complete the assessment. The quality assurances of all assessments are currently overseen by the clinical team and Named CIC professionals and escalated to the designated CIC Doctor/Nurse if below expected quality. This service also provides medical advisers (MA) for adoption who fulfil the statutory duties for the city and county local authorities contributing to the health assessments and statutory reports for children and young people with an adoption plan and ensuring the local authority, (see section 13) and prospective adopters understand current and future health issues. The MAs also report on the health of prospective adopters for the regional adoption agency as well as attend adoption panels in their role as MA and as a panel member.
 - Sherwood Forest Hospitals NHS Foundation Trust provides the same medical input as above for CIC who live in County or are placed from out of County in the mid-Nottinghamshire area. This service also provides Medical Advisers for Adoption who fulfils the equivalent roles listed under NUH (see section 13 in addition).
 - Nottinghamshire Healthcare NHS Foundation Trust provides the CIC Nursing team. This team coordinates the pathway once a looked after child enters care, undertaking the majority of review health assessments following on from the Initial health assessment. For those children and young people placed too far out of Nottinghamshire boundaries, arrangements will be made with an external health provider to complete the assessment. The quality assurance of all health assessments are currently overseen by the team.
 - Public Health & Nottinghamshire County Local authority Public health in Nottinghamshire County Council commission the Healthy Families Programme, provided by Nottinghamshire Healthcare NHS Trust. Under this service 20 locally based skill mixed Healthy Family Teams who are led by Specialist Public Health Practitioners Health Visiting and School Nursing deliver the Department of Health's 'Healthy Child Programme' offering every child, young person and family a programme of screening tests, promotion of immunisations, developmental reviews and

information and guidance to support parenting and healthy lifestyle choices. The service works closely with the children in care nursing team to ensure that the universal and public health needs of children in care aged from 0 to 19 are met by appropriately skilled and knowledgeable practitioners.

- Public Health & Nottingham City Local authority Nottingham City Council commission public health services for children and young people including the 0 19 Programme which incorporates delivery of the Department of Health "healthy child programme". The service provided by CityCare, works with the CIC health teams to ensure that the Universal and Public Health needs of CIC are met by the appropriately skilled and knowledgeable practitioners.
- CAMHS LAC CIC continues to be a high priority area within the Joint Nottinghamshire City and Nottinghamshire Local Transformation Plan for children's emotional wellbeing and mental health. During 2018/19 work has been ongoing to ensure that the service has sufficient capacity to meet the needs of CIC within Nottinghamshire, as well as other area CIC placed in Nottingham and Nottinghamshire. A new model of delivery will be embedded throughout 2019/20 along with key reporting requirements, this will seek to strengthen the consultation model but also provide easier and timelier access to direct work with CIC and young people where appropriate including the option of self-referral for young people.
- 4.2 Integrated Personal Commissioning (IPC) Pilot for looked after children & care leavers with mental health needs In October 2016, NHS England (NHSE) launched a national pilot programme to test how IPC and personal health budgets (PHBs) could improve the mental health and wellbeing outcomes for CIC and care leavers. The pilot seeks to explore how the IPC model could be embedded within health and social care practice, with the aspiration of offering personal budgets to young people who would normally be referred to core commissioned CAMHS services. In August 2017, Nottinghamshire CCGs (excluding Bassetlaw CCG) were selected by NHSE to become a pilot site for this project, with Nottingham City CCG joining in April 2018.
- 4.3 Following consultation with CIC and Care Leavers the pilot has now been re-branded to ' You Know Your Mind'. The programme has gone from strength to strength, with partners agreeing the ongoing funding of the programme through 19/20 and business cases developed to recurrently fund following this.
- 4.4 The overall aim is for the child or young person to identify the health and wellbeing outcomes that are more important to them, and what need to be in place to achieve their desired goals; the young person with the support of their family, carers, friends and practitioner is encouraged to be creative about ways to improve their mental health and wellbeing moving away from traditional clinical approaches.
- .4.5 As of April 2019 183 Nottinghamshire CIC and Care Leavers and 55 Nottingham City CIC and Care Leavers have been referred into the programme, with 161 (Nottinghamshire) and 48 (Nottingham City) now in receipt of a personal budget. Their progress continues to be evaluated nationally and locally. The average personal budget allocated is £545

and is being used to purchase a range of activities and items including boxing classes, tree houses, music lessons and one young person having try outs for Nottingham Forest Football Academy.

5. NHSE Safeguarding Assurance Tool (SAT)

- 5.1 NHSE has the responsibility to ensure that CCGs are compliant with their safeguarding requirements. In 2018 the 6 CCGs contributed to a pilot of an NHSE assurance tool containing safeguarding standards, including several in relation to CIC.
- 5.2 The pilot had a positive impact in raising the profile of CIC within the CCGs which has previously had no detailed compliance framework.
- 5.3 Unfortunately the tool has been revised and now has minimal standards relating to CIC. The designated professionals will continue to work to statutory guidance and raise the profile of CIC with NHSE.

6. CIC placed out of area (OOA)

- 6.1 It has previously been recognised that the CCGs and both local authorities have only been partially compliant with the Statutory Guidance in ensuring a continuity of high quality, timely healthcare for CIC that move OOA.
- 6.2 In 2108 the designated professionals for CIC devised a CCG OOA pathway in accordance with statutory/NHSE guidance. This pathway includes a quality assurance process, a robust escalation process and clear financial pathways. The internal processes of each health provider will align to this pathway.
- 6.3 The designated professionals continue to support health providers to embed the pathway acknowledging many issues which are out of everyone's control including the impact of the whole system managing with areas of under resourced administrative support.
- 6.4 The pathway was implemented on 1 April 2019.
- 6.5 The designated professionals for CIC, alongside both local authorities reviewed and amended an East Midlands notification protocol (relating to a child or young person being placed in a different area) written in 2015 by our designated colleagues in Leicestershire, to ensure practice is in line with statutory guidance. This revised local guidance has been agreed by all our neighbouring CCGs and local authorities with the aim to promote consistent practice across the region. It is being used in conjunction with the new OOA pathway.
- 6.6 The LAC CAMHS element of the OOA pathway has been identified as a piece of work that needs further exploration in 2019/20.

7. Other Local Authority Children (OLAC)

- 7.1 In line with the work on the OOA pathway, the CCGs (designated professionals CIC) also reviewed the process for OLAC placed in Nottinghamshire, ensuring that all OLAC are offered primary and secondary care as any other child or young person would receive. A CCG pathway has been written and implemented on 1 September 2018, with an accompanying offer that is shared with local authorities/CCGs placing CIC in Nottinghamshire and Nottingham City.
- 7.2 Requests for Initial health assessments are undertaken by our commissioned health providers. The CCGs invoice the originating CCG as per the Responsible Commissioner guidance (2007). This money will then be redirected into the commissioned service to manage service provision.
- 7.3 Requests for review health assessments are undertaken by our commissioned health provider. Currently this money is invoiced by the commissioned provider and monies generated used to maintain the service. This will be changed with the new agreed pathways to enable finances to be managed at CCG level not provider.
- 7.4 The aim is to provide enough health capacity up front to meet the needs of all CIC in our area regardless of originating authority. The remuneration for this then sits, appropriately, in commissioning. It should be noted the number of requests for RHAs over the past two years appears to be increasing significantly.
- 7.5 The designated professionals continue to support health providers to embed the pathway acknowledging many issues which are out of everyone's control including the impact of the whole system managing with areas of under resourced administrative support.

	2016/17	2017/18	2018/19
Initial health assessments (Mid Notts)	Did not commence seeing consistently. No robust data collected.	19 requests	20 completed
Initial health assessments (South Notts)	Did not commence seeing consistently. No robust data collected.	5 completed (with 5 additional requests that did not lead to an IHA)	14 completed (with 12 additional requests that did not lead to an IHA)
Initial health assessments (City)	Did not commence seeing consistently. No robust data collected	12 completed (with 10 further requests which did not lead to IHA	27 completed (with 10 additional requests that did not lead to an IHA)
Review health assessments	67 completed (50 County and 17 City)	101 completed (82 County and 19 City)	164 completed (120 county and 44 city)

Table 1: OLAC

7.5 It must be acknowledged that additional time is needed for health providers to manage the process around OLAC. Some requests made for health assessments do not result in an assessment actually being undertaken. This may be due to lack of appropriate consent being shared by the originating authority meaning our commissioned health provider is unable to undertake the assessment, the young person moves placement prior to the assessment being arranged or that the young person is not brought to the assessment by their carer/local authority. This may involve substantial preparation work undertaken, especially in regard to Initial health assessments, that is not taken into account. This additional work does impact on service capacity.

8. Nottinghamshire CIC Service Improvement Forum

8.1 The Nottinghamshire CIC Service Improvement Forum was established in December 2016 to implement/continue the CIC health pathway review work/suggestions. The objective of the Service Improvement Forum is to be a system where partners hold themselves to account through an outcomes framework delivering care and meeting health needs of CIC. This forum continues to meet quarterly. A working action plan is overseen by the CIC health Commissioners and designated CIC professionals. This is a County wide forum with agreement to commitment from both the City and County Local Authorities, CCGs and health providers. Working groups have been established to help support the actions in the plan.

9. Outcomes Framework

- 9.1 Alongside the Service Improvement action plan, the Service Improvement Forum holds itself to account through an overarching Outcomes Framework. This framework sets out the following ambitions for the health of CIC locally:
 - 1. Health services for individual children in reflect their individual needs, issues and preferences
 - 2. The CIC health workforce are skilled and competent
 - 3. CIC experience warm, nurturing care
 - 4. CIC have good emotional health and wellbeing
 - 5. CIC live in stable placements that take account of their needs and preferences
 - 6. CIC receive specialist and dedicated services within agreed timescales
 - 7. Other Local Authority Children (OLAC) and children placed out of area (OOA) receive the services they need
 - 8. CIC are supported to fulfil their potential
 - 9. Care leavers are supported well to independence
 - 10. The health needs of CIC are understood and responded to
 - 11. CIC are safe

- 9.2 The content of this framework has been informed by national guidance. The framework consists of performance indicators measured against standards, evidence and assurance. It will respond to learning from inspections and local experiences of CIC. It is owned by the local authority care system including Nottingham city local authority, Nottinghamshire county local authority, CCGs and acute and community NHS health providers.
- 9.3 This framework requires review in 2019/20.

10. Quality Assurance

- 10.1 Alongside the Outcomes Framework a CCG Quality Assurance Framework has been written by the designated CIC professionals to assure the CCGs that the quality of services commissioned are to national standard.
- 10.2 Designated CIC professionals and health providers will be responsible for these measures and they will be assessed in different ways including data collection, audit and dip testing of the quality of health assessments and information given on leaving care and ensuring the voice of the child and young person is always captured.
- 10.3 In 2018 a dip test audit of 15 review health assessments chosen at random, was completed by the Designated Nurse CIC. This audit results were good, showing a high standard of assessments undertaken. Any recommendations were addressed.
- 10.4 In 2019/20 further quality assurance work is required with Initial health assessments and CAMHS interventions.

11. Risk

11.1 The risk registers within the County and City CCGs are currently being merged into one.

Currently on the revised risk register are the following risks;

- IHAs not being completed within statutory timescales
- The management of out of area placements (OOA pathway)
- The management of other local authority children placed here (OLAC pathway)

These risks are reviewed by the CCG with the input of the designated nurse for CIC.

12. Nottinghamshire CIC data collection and reporting

- 12.1 Accurate and reliable data in relation to the health needs of children in care has historically been very difficult to obtain as explained in previous reports. The 2017/18 (last) annual report did not contain data due to ongoing concerns that the systems collecting the data were not reliable and that the data was not accurate. Collecting health data is complicated and involves collecting data that tries to capture timescales of interventions but with many variables, which include factors out of the control of the health providers. It also involves three health provider organisations collecting separately. A lot of time and effort has been given previously to try to gather this information accurately.
- 12.2 As part of a project funded by NHS England a revised data set for the commissioned medical and nursing providers has now been agreed. This includes national and locally agreed timescales. It also includes additional data that will influence service planning and ultimately outcomes for children and young people. Plans are for the new data sets to be collected electronically within current clinical databases but this is not without difficulties. This is a national issue that other CCGs are also struggling with. Work continues to address this.
- 12.3 The aim is for our health providers to collect existing KPI data sets manually to Q2 2019/20 with the embedding of the new KPIs over quarter 3 and the aim of full electronic collection by Q4. It has to be acknowledged that obtaining the revised data requires a significant amount of work for the provider organisations and at the moment the new data set/outcomes is not a contractual obligation.
- 12.4 A Decliner pathway has been written by the designated CIC professionals and health providers and is awaiting agreement with by both local authorities. The pathway clarifies the process when young people refuse a health assessment to ensure everything possible has been attempted and that the young person's health needs are still addressed.

13. Regional Adoption Agency - Adoption East Midlands (AEM)

- 13.1 Adoption East Midlands is a newly formed shared adoption agency, hosted by Nottinghamshire County Council, on behalf of Nottingham City Council, Derbyshire County Council, and Derby City Council. It went live at the beginning of April 2019 and has taken over the assessment of prospective adoptive parents and adoption panels (previously this work was managed by each local authority).
- 13.2 Medical Advisers (MAs) for adoption are commissioned as part of the two Paediatric teams in Greater Nottingham/ Mid-Nottinghamshire to provide medical advice for adoption to the AEM and the local authorities. (The AEM also receives advice from the MAs commissioned for Derby/shire and Bassetlaw).

The AEM is not responsible for oversight of the children's pathway – this remains with each local authority. The medical advisers are responsible for undertaking statutory initial

health assessments where the local authority asks for an adoption medical report and ensuring the adoption medical reports / advice to the local authority remains up to date to inform key decisions.

The medical advisers are responsible for providing a report to AEM on any health issues that may affect prospective adopters ability to care for children throughout their life into adulthood. This is based on health information provided by the prospective adopter and a formal assessment by their GP.

13.3 Alongside the difficulties of a implementing a new way of working/communicating with AEM and other provider organisations in the region, there are currently additional challenges with meeting the needs of this service due to a commissioned provider organisation having vacancies in the Medical Advisor role.

14. Raising awareness of CIC and care leavers

- 14.1 **F12 function/TeamNet**: A previous project developing a website aimed at supporting GPs around safeguarding has been discontinued. Therefore "Looked after children" has now been included as a sub category under the safeguarding information on the F12/e-healthscope information easily accessible to GPs. Further work is underway in incorporating the same information to TeamNet, an additional system used by some GPs in Nottingham City. The information relates to our specialist provider organisations, information about statutory health assessments and their contact details.
- 14.2 **GP Standards**: 4 statements around CIC and care leavers (CL) are included in the GP safeguarding standards. These standards are included within each GP contract. Alongside the contract each GP receives a copy of the standards to which they will self-assess. These have been included to increase awareness of GPs around their responsibilities to CIC and care leavers
- 14.3 **Training events:** In 2018 three of the County GP Practice learning events (approximately 100-120 GPs covering south Notts CCGs) included presentations around CIC and care leavers. The remaining two events are planned for June 2019. No PLT sessions have yet been arranged for the City.
- 14.4 **NSCP training:** Three full day "LAC awareness training" multi-agency training days have been delivered in 2019 with the support of the County Safeguarding Children Partnerships. Further discussions are being had with the City Safeguarding Children Partnership.
- 14.5 **CCG newsletters:** Information is shared in relation CIC and care leavers within CCG newsletters and communications. These are cascaded to GPs and practice staff.
- 14.6 **Safeguarding adult board:** Discussions have been had with the County Safeguarding Adults Board around ways of increasing the awareness around CIC and care leavers within adult services. Training slides have been shared to incorporate within level one safeguarding adult training. An article raising awareness has been included within the

Safeguarding Adults Board newsletter. Consideration is being given to how care leavers may be included within the Safeguarding Adults Board Procedures when revised. Discussion has been had with the City Board and the same support offered.

15. Care leavers

- 15.1 All actions from a workshop held in July 2017 to review services currently commissioned, identify gaps and/or consider alternative ways of improving support around health for care leavers have now been fed into the Service Improvement Forum action plan. A further working group is being established to take additional actions forward.
- 15.2 A distribution of "important health information" pathway has been written by designated CIC professionals and agreed by health providers and both local authorities in 2018. This pathway was implemented on 1 October 2018. It was audited in May 2019. It has been identified that there remains a gap for those young people entering care after the age of 17 years, and only receiving an IHA, due to the commissioning of services. This is a priority piece of work for 2019/20.
- 15.3 Quality assurance of the "important health information" has been included within the regular audit will be considered later in the summer as part of the Quality assurance working group.
- 15.4 Care leaver offer: Designated professionals have contributed to the health element of both local authority care leaver offers. At the time of writing this report the County offer has been published. The City offer is yet to go live.

16. Unaccompanied Asylum Seeking Children (UASC)

- 16.1 Since the implementation of the National Transfer scheme in July 2016, alongside revised practice guidance, documentation and pathways the following work has been completed;
 - As part of the revised data set improvements to data collection and reporting on health assessments for UASC will be made in order to plan service delivery.
 - Information is being shared by designated CIC professionals with health providers in regard to training events and national guidance. UASC information is incorporated into the F12 function/TeamNet and all training events.
 - To note that NUH (covering South County and the city) undertake some IHAs for UASC originating from other local authorities. 4 of the 27 IHAs undertaken in 2018/19 were for UASC. They are usually aged over 17 years and only receive an IHA before leaving care. They then receive health services as would any other adult. Further discussion is required to understand the support that these young people receive, particularly on leaving care.

17. Inspections

17.1 In November 2018 there was an inspection of Nottingham City Children's Social Care Services resulting in "requires improvement to be good" There were no direct actions for Health and the local authority have not requested support.

18. Voice of the child

18.1 The CCGs continue to ensure that the voice of children and young people in care contributes to service planning and delivery. Work is ongoing and includes liaison with provider organisations to ensure the voice of the child is included in all audits and reports.

19. National influence/academic presentations

- 19.1 The final two out of a series of four articles written by the designated Dr (Mid County) and designated Nurse have been published within the British Association for Community Child Health journal.
- 19.2 The designated Nurse completed a Masters in Advanced Safeguarding with Distinction.
- 19.3 The designated Doctor (Greater Nottingham) has been successful in obtaining a place on the NICE (National Institute for Health and Care Excellence) committee that will result in influencing the changes to the revised NICE guidance around Looked After Children.
- 19.4 The designated Doctor (Mid Notts) has been appointed to the national role of RCPCH (Royal College of Paediatrics and Child Health Looked After Child representative, contributing to any discussion in relation to Looked After Children. This post also represents the RCPCH on NHSE, Coram BAAF and NNDHP (National Network of Designated Health Professionals) committees in relation to children in care.
- 19.5 The designated professionals remain part of the National Designated Professionals network and continue to contribute to national consultation on policy, guidance and practice.

20. Work undertaken for LAC/CIC in 2018/19:

- OOA CCG pathway implemented on 1 April 2019
- OLAC CCG pathway implemented on 1 September 2018
- "Important health" distribution pathway agreed and implemented on 1 Oct 2018
- Revised data set for the commissioned health providers (medical and nursing teams) agreed and preparation for reporting on from Q1
- Nottinghamshire CIC Service Improvement Forum further established with revised terms of reference and updated action plan

- Quality assurance audit undertaken of RHAs by the Designated Nurse
- Contributions by the Designated professionals to the health element of the local authorities care leaver offer
- Continued links with NHS England and the Midlands LAC sub group
- Close working relationships between the designated professionals have remained to ensure the work undertaken is relevant and replicable across the city and county
- Regular external supervision for the designated professionals has been implemented which supports working together with our colleagues in neighbouring CCGs
- Links and liaison with the designated nurse in Bassetlaw have continued
- Liaison and preparation for Adoption East Midlands

21. Priorities Identified for 2019/20 (in response to national priorities and key work streams identified by the Service Improvement Forum)

- 1. OOA pathway to be embedded and reviewed
- 2. CAMHS element of the OOA pathway to be included
- 3. OLAC pathway to be embedded and reviewed
- 4. CAMHS element to the OLAC pathway to be included
- Revised data sets to be embedded in contracts and reported upon by providers from Q1
- 6. Agree additional Medical Advisor/adoption data to be collected by health providers in 2020
- 7. Review and update the Service Improvement Forum's Outcome Framework
- 8. Quality Assurance processes to be further implemented and embedded in practice as per the agreed quality assurance framework
- 9. Agreement and implementation of the "Decliner pathway" for those young people refusing a health assessment
- 10. Further work to be undertaken to bring together physical and emotional health within all pathways and work streams
- 11. Further work to be undertaken to consider "hard to reach groups" such as those young people who do not engage, UASC and those in secure accommodation
- 12. Further work to be undertaken to review process for those children and young people categorised as CIC due to the time needed for respite/short breaks

- 13. Further work to be undertaken to review process for those children and young people categorised as CIC due to being on remand; linking with specialist nurse for the Youth Offending Team
- 14. Further work to be undertaken to establish and strengthen the interface between the specialist CIC medical and nursing teams and both 0 19 services. Including twice yearly joint meetings and a dedicated session delivered by designated professionals and commissioners.
- 15. The CCGs to support health providers in exploring opportunities to mitigate some of the current challenges in service provision
- 16. Consideration and planning to be given on the implementation of any additional priorities emerging from the NHS England Looked after Children Working group
- 17. Liaison and advocacy for LAC and care leavers to be considered as high priority during the merging of the CCGs and the formation of the Integrated Care System, Integrated Care Providers and Primary Care networks
- 18. Currently in terms of designated Dr and nurse capacity it is below that expected in statutory guidance. However the Nottinghamshire Integrated Care System is currently undergoing organisational transformation, and the shortfall in the LAC service provision will be taken into account and addressed as part of the reorganisation

22. Summary

- 22.1 Commissioning arrangements and funding have not changed for the children in care service during 2018/19 despite increasing numbers and new challenges. The designated CIC professionals have led progress in a number of areas particularly data collection, including management and reporting to CCGs and quality assurance of provider services, OOA and OLAC pathways. As stated in previous reports there is plenty of work still to do, however this report demonstrates how strengthened leadership across the health economy for CIC has identified priorities for improving the quality of the services, both CCGs commissioned and commissioned with partners.
- 22.2 Health Provider Annual Reports were not available at the time of writing this report however once available they will support the CCGs report as the information they provide may influence CCG priorities.

23. References

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Appendix 1

List of Strategic Partnership Meetings and Sub Groups attended by the CCG Designated Professionals for Looked After Children

- Nottingham Safeguarding Assurance Group representation by the designated Dr and nurse for looked after children
- County LAC and CL Partnership Board representation by the designated nurse for looked after children
- County Corporate Parenting Board representation by the designated Dr and nurse for looked after children
- City Corporate Parenting Board representation by the designated Dr and nurse for looked after children
- Nottinghamshire CIC Service Improvement forum representation by the designated Dr and nurse for looked after children
- Joint Nottinghamshire Safeguarding Children Forum
- Derbyshire and Nottinghamshire NHS England Safeguarding Forum representation by the designated Dr and nurse for looked after children
- Links to the NHS England National network (LAC subgroup) both designated Dr and nurse for looked after children

Additional relevant strategic meetings (LAC represented by the Designated Professionals for Safeguarding Children/Adult Safeguarding with liaison with Designated Professionals for LAC as required)

- Nottinghamshire City and County Safeguarding Children Boards (Subsequently NSCP & NCSCP)
- NSCP Executive Group
- NCSCP Business Management Group
- Joint NSCP Child Sexual Exploitation Strategic Steering Group
- NCSCP Quality Assurance and Performance Group
- NSCP Safeguarding Improvement and Assurance Group
- Nottinghamshire MARAC Strategic Steering Group

- NSCP/NCSP Policy Procedure and Learning and Improvement Group
- NSCB Audit Sub-Committee
- NSCP Child Safeguarding and Practice Review Group
- NCSCP Significant Incident Review Group
- NCSCP Standing Serious Case Review Panel
- Nottinghamshire Domestic and Sexual Abuse Executive
- Nottinghamshire MASH Strategic Governance Group
- Nottinghamshire MASH Operational Group
- MASH Health Partnership group
- Operation Equinox Strategic Management Board
- Operation Equinox Survivors Support Group
- Family Nurse Partnership Programme Management Board
- Safeguarding Adults and Children Regional Forum NHS England