

Report on the Designated Team for Looked After Children - Bradford District and Craven Clinical Commissioning Group (CCG) – First Annual Report for Children Looked After and Care Leavers April 2020 – March 2021. To present at Bradford Metropolitan District Council Children's Services Overview & Scrutiny - Wednesday 15 December 2021.

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Subject: Annual Report for Children Looked After and Care Leavers April 2020 – March 2021.

Summary statement: This paper provides a summary statement on the first annual report for Children Looked After and Care Leavers to include background, content – successes and challenges - and future focus.

Michelle Turner
Strategic Director of Quality and Nursing.
Report Contact: Dr Kate Ward – Interim Designated Doctor for Children Looked After and Care Leavers.

Portfolio: Children and Families

Phone: 07985378532
E-mail: Kate.Ward@bradford.nhs.uk

1. SUMMARY

This report is the first of its kind to be written by the Designated Team for Children Looked After (CLA) and outlines activity during the period March 2020- March 2021; the report evidences the successes in delivery of a high-quality service to Children Looked After and the challenges of provision of care, in meeting statutory timescales and of capacity limitations within the context of the year-on-year growth of children becoming looked after across the Bradford District.

This report provides a baseline overview of the progress made via the provision of a new clinical model and is the foundation to produce an annual yearly report.

The role of the Designated Team within the CCG is a strategic one, separate from any responsibilities for individual children and young people who are Looked After or Care leavers. The explicit independent nature of the Designated team allows for the freedom of advice, influence, and provision of guidance to be shared with service planners and commissioners.

2. BACKGROUND

Providing support for children in care is a statutory requirement with responsibilities for organisations outlined in 'Promoting the health and well-being of looked-after children' (2015).

Local challenges have included:

- The increasing number and complexities of children coming into care and the demand this brings to the resources across the system.
- Health service delivery is fragmented across a range of health providers e.g., Bradford District Care NHS Foundation Trust, Bradford Teaching Hospital Foundation Trust, Airedale NHS Foundation Trust, General Practitioners.
- The impact of the reduction in face-to-face working during the COVID-19 pandemic restrictions

This Annual Report covers the time of April 2020 – March 2021. This period has seen high levels of activity following the review of Children Looked After which led to a systems approach to develop new, innovative, and cost-effective methods to maximise capacity, reduce backlog of waiting times, meet statutory timescales and ensure provision of high-quality care for this group of vulnerable and complex children and young people.

Local Solutions

A clear need for the 'Health' system to refocus was evident requiring a new clinical approach given the **rising numbers** and **complexities** of Children Looked After across Bradford district. A new clinical model was developed collectively and implemented in April 2021 through provision of specialist GPs undertaking initial health assessments within Bradford

District Care NHS Foundation Trust (BDCFT), rapid development of enhanced data collection systems against which progress can be tracked.

The model has also supported improvements to the statutory timescales for the completion of Initial Health Assessments, Improvement in the coordination of health services for Children Looked After across the system, and the growing ability to ensure children, young people, parents, and carers across “place” were able to navigate an improved service.

A systems delivery group is in operation to ensure robust implementation and identify and review any challenges which may arise which will be reported through the system governance processes.

A collaborative approach has allowed flexibility in designing the new model, greater system understanding and more targeted system responses to challenges that are identified.

3. OTHER CONSIDERATIONS

Brief Examples of Achievements:

- Commencement of weekly triage meeting attended by system partners (Designated Doctor Children Looked After, Named Nurse Children Looked After, and administration support from Children looked after health team and managers from Children’s Social Care). The purpose is to allow for timely discussion between health and social care on operational issues such as provision of health assessment for children, young people placed out of area and consent issues.
- The issue of receiving timely consent for a child to be seen for their initial health assessment has been an ongoing issue. However, there is a continual willingness in the system to continue to make strides to resolve this. For example, consent is now an agenda item on the weekly triage meeting held between health and Children’s Social Care. The triage meeting has elevated the development of trusting relationships with increased positive outcomes for system/ process improvement.
- Capacity is continuously monitored in line with ‘The Intercollegiate Document’ for Children Looked After (2020). From this it was recognised that the Designated Doctor hours for Children Looked After was not in line with the recommendations. Therefore, as a CCG commissioned role, funding and recruitment were prioritised, and the post has been successfully filled with a starting date of January 2022.
- The new model and development of Bradford District Care NHS Foundation Trust (BDCFT) data collection processes have evidenced that the focus on reducing the backlog of Initial health Assessments is steadily continuing with an increase in the numbers of children receiving their review in a timelier way.
- The monthly data set developed by colleagues within BDCFT Bradford is scrutinised to avoid drift and actions developed via operational group and highlights reported to System Quality Committee.

The Annual Report was written in the context of the commitment of the CCG and system partners to improving health outcomes for Children Looked After and Care Leavers. It was recognised that no single agency could solve the issues within the system and across the partnership there has been a willingness to sustain a consistency in the quality of the service delivered and to ensure that children within the Bradford area receive what they need at the time they need it.

4. RISK MANAGEMENT AND GOVERNANCE ISSUES

This report has been written by the Designated Team for Children Looked After within the CCG. The main theme and trend for the successful and continuous sustainability of the new clinical model and the progress made to reduce statutory waiting times is the ability within the entire system to respond in a timely way to the year-on-year growth of children who are becoming looked after. This is including the evidenced increase in the number of children with severe and enduring complexity requiring crisis and/or longer-term specialist support. This has led to a system wide focus and discussion about the adequacy of placement provision within the Bradford area.

The complexity of Children looked After has increased nationally; this is a significant problem in Bradford and includes:

- Lack or delay in immunisations, severely limited dental care capacity, higher incidence of learning, emotional, behavioural issues due to the trauma experienced in the lives of our children and young people resulting in an increase of Adverse Childhood Experiences and mental health issues.

The need to have initially focused on the reduction in waiting times for a child to receive an Initial health Assessment has proved successful. This has been due to the major investment by both the nursing staff of BDCFT and the GP's/paediatricians including "catch up" sessions over weekends. This will have the inevitable consequence of adding strain to the work loads of these professionals for example, a reduction in the amount of Review health assessments possibly being undertaken by the nursing staff due to their commitment to support the statutory compliance with the Initial health assessment. The need for robust narrative and supportive mitigations is highly developed within the health system.

5. OTHER IMPLICATIONS

The success of the new clinical model has evidenced the need to continue to drive forward the Children Looked After and Care Leavers health service provision to include work across the health system. The Designated Team for CLA will work with the CCG to take the lead on supporting, encouraging, and influencing other areas of the Children Looked After agenda that would improve the practice and service given to children. For example, continuing to have dialogue with health providers within the acute sector regarding the lack of provision for the role of Named Doctor for Children Looked After which is a key requirement within the Intercollegiate document.

The Annual Report also evidences the need to improve the number of hours of Designated Nurse for Children Looked After resource as currently this provision falls outside of the

recommendations within the Intercollegiate Document.

Page 23 of The Annual Report clearly sets out Key Priorities for 2021- 2022. The report will assist in providing benchmarks to identify areas of need and to assist in the robust management of any actions needed to improve performance and outcomes such as timely and effective initial health assessment and adoption medicals.

6. RECOMMENDATIONS

- Members are asked to consider the information provided within the report.
- Members are welcome to ask a question or raise a comment at the meeting to gain clarity or for assurance.

7. References:

Department for Education (2015). **Promoting the health and well-being of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England.** [online] London: HM Government.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf

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