

Report of the Director of Quality and Nursing - West Yorkshire Integrated Care Board (Bradford)– Annual Report for Children Looked After and Care Leavers April 2020 – March 2021 to Corporate Parenting Panel – 8 February 2023

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Subject:

Subject: Annual Report for Children Looked After and Care Leavers April 2021 – March 2022.

Summary statement:

The annual report (appendix 1) has been written by the Designated Doctor for Children Looked after on behalf of the West Yorkshire Integrated Care Board for the period of April 2021 - March 2022.

The General Manager of Community Services, responsible for the (health) Children Looked After team at BDCT has provided an up-to-date position, working in partnership with BTHFT and ANHSFT, (appendix 2).

Michelle Turner
Director of Quality and Nursing

Portfolio:

Children and Families

Report Contacts: Dr Catherine Murray
Designated Doctor for Children Looked
after Catherine Murry
Phone: 01274 237523
E-mail: Catheirne.Murray@bradford.nhs.uk

**Overview & Scrutiny Area:
Children's Services**

1. SUMMARY

The report in Appendix 1 is the second annual report written by the Designated Doctor for Children Looked After (CLA) for the period April 2021 - March 2022. The role of the Designated Doctor and the team within the WY ICB (Bradford) team is a strategic one, and is separate from any provider 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.

This report highlights the key aims, matters of legislation, the scope of the Children Looked After and Care leavers team and compares the numbers of children looked after per 10,000 with Bradford's statistical neighbours. This report also provides some information about initial health assessments and review health assessments and provides some key areas of focus for 2022/23.

The report highlights some successes in the delivery of a health service to Children Looked After and Care leavers and refers to 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.

The second report in Appendix 2 is an update on the latest position, provided by BDCT.

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).

The Annual Report is part of the West Yorkshire Integrated Care Board (ICC) assurance arrangements in relation to Children Looked After and wider Safeguarding Children arrangements in Bradford.

There are many challenges in delivering this service both nationally and also within Bradford. These include:

- Only doctors are able to undertake an Initial health assessment (IHA), with the nursing team providing the follow up appointments, the review health assessments (RHAs). The medical assessments cannot be delegated to another health practitioner.
- There is a national shortage of paediatricians who also have to balance the need of rising waiting lists and increasing demands within the NHS as a whole.
- The IHAs are lengthy health appointments, usually taking an hour or longer per appointment, for children who often have complex health needs.
- A significant challenge for Bradford is that the total number of children coming into care is continuing to rise.
- 'Medical complexity' and life limiting diseases for all children in Bradford is the highest in the country (along with Luton and Hyndburn), and some of these children will be becoming 'children looked after'
- The number of children who were not brought to planned appointments was very high this year. This has a knock on impact on clinical time that is therefore wasted

but also further appointments then need to be made (116 appointments were missed in the year, 275 IHAs were completed).

Some of our local Solutions have included:

- IHAs are historically routinely undertaken by community paediatricians. In May 2021, a new clinical model was adopted sharing the responsibility of IHAs with some GPs who gained the skills and expertise to undertake some of these assessments.
- Due to the demands within the NHS, the number of paediatricians and GPs who have been available to deliver the appointments has fluctuated over the year. Both BTHFT and BDCFT have recently been successful in appointing a paediatrician and a GP respectively to fill the vacancies that have occurred in this reporting year.
 - The weekly triage meetings are attended by system partners (Designated Doctor Children Looked After, Named Nurse Children Looked After/Nursing team leaders, 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. It helps to mitigate the risk of the delayed time in seeing the children by prioritising the need of the children at triage, according to their clinical need and their placement. This also gives an opportunity to try and obtain missing consent.
- A weekend Waiting List Initiative, which was well supported by multi-professional clinical teams, and ensured 27 children were assessed on one day. Discussions are underway on options to repeat this.

3. OTHER CONSIDERATIONS

Other achievements for 2022:

- Recruitment to the post of substantive Designated Doctor for Children Looked After was appointed in January 2022.
- The total number of children awaiting an IHA has reduced from 115 in April 21, to 75 in March 2022. The new clinical model which was introduced in May 21 has reduced the backlog.
- The monthly data set developed by colleagues within BDCFT Bradford is scrutinised to recognise drift and highlights have been reported to the System Quality Committee. The data set is routinely shared with the Children's Improvement Board and informs the dashboard.
- Recruitment and retention of additional nursing capacity to complete RHAs and respond to the, often complex, health needs.
- Dedicated practitioner with oversight of Bradford children placed across West Yorkshire.
- Recruitment of a clinical lead nurse, responsible for CLA.
- Deployment of a Risk and Vulnerability Rating Tool across the whole caseload, which enables all high-risk young people to be rated according to greatest need and visible to the team.
- Dedicated practitioners working with Bevan healthcare supporting unaccompanied asylum-seeking children

The Annual Report was written in the context of the commitment of the 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

The Annual report has been written by the Designated Doctor for Children Looked After and Care Leavers from WY ICB - Bradford. The General Manager of BDCT has provided a progress report.

The main themes and trend for the successful and continuous sustainability of the clinical model led by BDCT and supported by paediatricians in Bradford Teaching Hospital Foundation Trust and Airedale NHS Foundation Trust, is the reduction in the total number of children awaiting an IHA, reducing from 115 in April 2021, to 75 in March 2022.

The difficulty in reducing the statutory waiting times further is multifactorial; it is influenced by the complexity of the cases, the increasing number of children entering the care system, the national shortage of medical practitioners who can undertake the IHAs, a delayed time in obtaining consent to undertake the medicals providing further delay in timescales, and the large number of children who were not brought to the appointments.

All of these difficulties have led to a system wide focus on these issues. The main focus on the reduction in waiting times for a child to receive an Initial Health Assessment has proved successful. This has been due to the provision of additional ICB funding support the new clinical model coupled with additional funding from BDCT to support the nursing staff. Providing a sustainable system staffing model is challenging.

Strategic oversight of progress is provided by the new Children's and Young Peoples Priority programme and the Bradford District and Cravens Partnership Board via the System Quality Committee. A placed based report for Bradford is also shared with the West Yorkshire Quality Committee and partnership. The Children's Improvement Board (BMDC) will continue to receive regular updates. The Annual report will also be received by the Bradford Children's Safeguarding Partnership and System Leadership Group.

5. OTHER IMPLICATIONS

The success of the new clinical model has demonstrated 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 (WY ICB Bradford) will maintain a strategic focus, supporting encouraging, and influencing other areas of the Children Looked After agenda that would improve the practice and service given to children to ensure that the quality of care for this vulnerable group is not compromised.

Slide 38 of the annual report sets out our key priorities for 2022-2023. 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.

7.1 SUSTAINABILITY IMPLICATIONS

N/A

7.2 GREENHOUSE GAS EMISSIONS IMPACTS

N/A

7.3 COMMUNITY SAFETY IMPLICATIONS

N/A

7.4 HUMAN RIGHTS ACT

N/A

7.5 TRADE UNION

N/A

7.6 WARD IMPLICATIONS

N/A

7.7 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

N/A

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

This report is to be presented at Corporate Parenting Panel in early 2023.

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

N/A

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

N/A

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.

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

Royal College of Nursing (2020). **Looked after Children: roles and competencies of healthcare staff.** [online] London: RCN. Available from:
<https://www.rcn.org.uk/professional-development/publications/rcn-looked-after-children-roles-and-competencies-of-healthcare-staff-uk-pub-009486>

APPENDICES

Appendix 1: Children Looked After and Care Leavers Annual Report. April 2021-March 2022

Appendix 2: The current position of health assessments October 2021.

12. BACKGROUND DOCUMENTS

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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