

Report of the Director of Nursing and Quality - West Yorkshire Integrated Care Board (Bradford)– Annual Report for Children Looked After and Care Leavers April 2022 – March 2023.

Bradford Metropolitan District Council Children's Services Overview & Scrutiny - Wednesday 29th November 2023.

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Subject:

Annual Report for Children Looked After and Care Leavers April 2022 – March 2023.

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 2022 - March 2023.

This report provides the third annual report for Children and Looked After (CLA) for the period of April 2022 - March 2023. This report identifies the progress made in relation to the wider determinants of safeguarding children and the support for those Children Looked After. The report highlights the key aims of the Children Looked After and care leavers team and information on initial health assessment and reviews. The report highlights both key successes and ongoing challenges which includes the provision of care, the statutory requirements and capacity limitations in context of the year-on-year increases in the growth of children looked after across the Bradford District.

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Portfolio:

[Insert where appropriate]

Overview & Scrutiny Area:

[Insert where appropriate]

EQUALITY & DIVERSITY:

WY Health Care Partnership ensures that no individual or group is discriminated against based on race, gender disability, religion or belief.

The report contributes to the objectives to ensure that every child receives the highest standard of protection and care regardless to their background or identity and that they all have access to physical health monitoring to enable equal opportunities to services.

1. SUMMARY

The report in Appendix 1 is the third annual report written by the Designated Doctor for Children Looked After (CLA) for the period April 2022 - March 2023. 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 2023/24.

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.

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 can 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 must 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 much improved from last year. This was a total of 60 (11.7% of those offered, last year

116 were missed). However, this does still equate to 60 hours of clinician wasted time, plus 60 further appointments needing to be re-allocated.

- Initial health assessments require consent before a medical slot can be appointed. Delays in obtaining consent therefore causes a delay in the children having their appointment. Missed medical appointments also wastes valuable clinician time. Both are an improving picture with social workers supporting attendance and ongoing work around consent.
- The Bradford council had many temporary and changing staff, at both an operational and strategic level, whilst they committed to establish the Bradford Children and families Trust to stabilise, recover and improve Children's services. This was launched and became into effect on 1st April 2023.

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. Unfortunately, both BTHFT and AGH are short of paediatricians who would normally undertake IHAs. BDCFT have both recruited a GP and had a vacancy become available in this reporting year. BDCFT do have a paediatrician who is highly skilled and undertakes many of the more complex initial health assessments on a regular basis.
- The weekly triage meetings are attended by system partners (Designated Doctor for Children Looked After, or Consultant Paediatrician from BDCFT, 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 one day Waiting List Initiative, was supported by 2 paediatricians and the children looked after nurses.
- Focus on complex children and pathways to support them as part of the Children and Families Health Board and strategic oversight through the SEND monitoring visits.

3. OTHER CONSIDERATIONS

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Other achievements for 2023:

- 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.

- Commitment from BDCFT to increase nursing hours and develop a business case to retain this level of staffing. The funding for this will need to be sought within the system and will be presented to the system finance committee in early 2024.
- The paperwork for review health assessments has changed and is more robust and user friendly, ensuring that it is also easier for care leavers to obtain information from their medical records in the future.
- Appointment of a dedicated children looked after nurse who undertakes RHAs for children placed out of area in Wakefield, Kirklees and Calderdale.
- The beginning of the development of robust oversight of children awaiting their initial health assessments.
- Dedicated practitioners continue to work with Bevan healthcare supporting unaccompanied asylum-seeking children
- The considerable improvement in children and young people attending their initial health assessments. This was achieved by close partnership working.
- Anecdotally, more social workers attending the initial health assessments, ensuring more effective communication between the partners regarding the children and young people.

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. FINANCIAL & RESOURCE APPRAISAL

- If there are no financial issues arising this should be stated, but only on advice from the Assistant Director Finance and Procurement.

5. 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 main themes and trends are 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. Also, the significant improvement in numbers of children and young people attending their initial health assessments. This has been achieved by partnership working.

The total number of children awaiting an IHA has risen across the year from 78 in April 2022 to 123 in March 2023. The reason for this 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, and although significantly

improved the number of children who were not brought to the appointments, as these appointments have to be re-appointed.

The delay in obtaining consent for an initial health assessment to be arranged, continues to be an ongoing problem, with 45 out of the 123 (37%) children and young people awaiting an IHA in March 23 not having consent. A person cannot be booked for an IHA without consent, so even a few days delay can make a difference to the statutory target. It is expected that as a child enters the care system, they should have consent for medical treatment and examination immediately. Each child is discussed at the weekly triage meeting after they have entered care. They are risk rated according to the medical needs and placement of the child or young person, consent is checked and reminders sent by the social care team if it has not been received. From Jan 2023, BDCFT children looked after nursing team ensure that a nurse has robust oversight of the health of each child that enters the care system whether consent is available or not, For those that have consent, they are able to be booked more efficiently into an appointment slot for an initial health assessment, ensuring that as many as possible of the children who have consent are seen within the statutory timeframe. This is reflected in the figures of March 23, where 17 children were seen for their initial health assessment within the recommended 20 working days of entering care.

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.

6. LEGAL APPRAISAL

- If there are no legal issues arising this should be stated, but only on advice from the City Solicitor.

7. 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 39 of the annual report sets out our key priorities for 2023-2024. 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.

7.1 SUSTAINABILITY IMPLICATIONS

N/A

7.2.1 TACKLING THE CLIMATE EMERGENCY IMPLICATIONS

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 LOCALITY PLAN IMPLICATIONS

N/A

7.8 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

N/A

7.9 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

N/A

8. NOT FOR PUBLICATION DOCUMENTS

N/A

9. OPTIONS

N/A

10. 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>

11. APPENDICES

Appendix 1: Children Looked After and Care Leavers Annual Report. April 2022-March 2023.



Annual Report
22-23 -V2_for OSC.p

Acronyms and Abbreviations Explained

ANHSFT- Airedale NHS Foundation Trust
BDCFT - Bradford District Care Foundations Trust
BTHFT - Bradford Teaching Hospital Foundation Trust
CAMHS - Child and Adolescent Mental Health Services
CLA - Children Looked After
CPP - Corporate Parenting Panel
CYP - Children and Young People
EHCP - Education, Health and Care Plan
IHA – Initial Health Assessments
RHA- Review Health Assessments
SDQ - Strength and Difficulty Questionnaires
SEND – Special Educational Needs and Disabilities
UASC - Unaccompanied Asylum Seeking Children
WYICB - West Yorkshire Integrated Care Board

12. BACKGROUND DOCUMENTS

N/A