



NOTTINGHAM CITY COUNCIL
CORPORATE PARENTING BOARD

Date: Monday 3 June 2019

Time: 2:30pm

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham,
NG2 3NG

Councillors are requested to attend the above meeting to transact the following business

Corporate Director for Strategy and Resources

Governance Officer: Adrian Mann **Direct Dial:** 0115 876 4468

- | | | |
|----------|---|---------------|
| 1 | APOLOGIES FOR ABSENCE | |
| 2 | DECLARATIONS OF INTERESTS | |
| 3 | APPOINTMENT OF THE VICE CHAIR | |
| 4 | MINUTES | 3 - 8 |
| | Minutes of the meeting held on 18 March 2019, for confirmation | |
| 5 | QUALITY ASSURANCE VISITS OF REGULATED AND NON-REGULATED RESIDENTIAL PROVISION | 9 - 16 |
| | Report of the Director of Children's Integrated Services | |
| 6 | THE HEALTH OF CHILDREN IN THE CARE OF THE LOCAL AUTHORITY 2018/19 – NOTTINGHAM CITY UPDATE | 17 - 26 |
| | Report of the Director of Children's Integrated Services | |
| 7 | CHILDREN IN CARE COUNCIL | Verbal Report |
| | Verbal report | |
| 8 | OFSTEAD ACTION PLAN | Verbal Report |
| | Verbal report | |
| 9 | FORWARD PLANNER | 27 - 30 |
| | May 2019 – April 2020 | |

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT WWW.NOTTINGHAMCITY.GOV.UK. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

NOTTINGHAM CITY COUNCIL

CORPORATE PARENTING BOARD

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 18 March 2019 from 2:30pm to 3:44pm

Membership

Present

Councillor David Mellen (Chair)
Councillor Ginny Klein (Vice Chair)
Councillor Jim Armstrong
Councillor Glyn Jenkins
Councillor Neghat Khan
Councillor Wendy Smith (items 51-54)
Councillor Marcia Watson
Councillor Cate Woodward

Absent

Councillor Nicola Heaton
Councillor Sue Johnson

Colleagues, partners and others in attendance:

BB - Foster Carer
Clive Chambers - Head of Safeguarding and Quality Assurance
Sam Flint - Children in Care Police Officer
Adrian Mann - Governance Officer
Tracy Nurse - Head of Children's Social Work
Racheal Osborne - CSE Coordinator and Missing Children's Team Manager
Natalie Pink - Youth Justice Service Lead for Children in Care
Jordan Whatman - Project Officer, Children in Care

51 APOLOGIES FOR ABSENCE

Councillor Nicola Heaton - Work commitments
Councillor Sue Johnson - Council business

52 DECLARATIONS OF INTERESTS

None.

53 MINUTES

The minutes of the meeting held on 18 January 2019 were confirmed as a true record and signed by the Chair.

54 THE RESPONSE TO MISSING CHILDREN

Racheal Osborne, CSE Coordinator and Missing Children's Team Manager, presented a report on the local arrangements in place to respond to children who go missing from home or care. The following points were discussed:

- (a) the national guidance for dealing with missing children cases changed from March 2018. Children are now defined as either missing at a medium or high risk, or missing at no apparent risk. Missing with 'no apparent risk' is often used when a child has left their designated place of residence without authorisation, but has gone to a known location (such as the home of a friend or relative). The cases of children who do this regularly are re-assessed. The new system had some issues initially, but it is now working well. The new national guidance relates to a Police assessment of risk and the Council still has its own local protocols where approaches all instances of missing children in the same way, with the cases remaining open until the child is found and returned;
- (b) a definition of child criminal exploitation has been introduced due to instances of children going missing and being taken to other areas, but not for reasons of sexual exploitation. A toolkit is available to help workers identify potential cases, which are then screened by managers and discussed at strategy meetings. A Child Criminal Exploitation Panel meets once per month and takes a professional, multi-disciplinary approach to establish what is known about a child and to develop a profile to mitigate against the risk. The Multi-Agency Sexual Exploitation Panel continues to meet monthly. Monthly meetings are also held with the Police to discuss children who go missing repeatedly and the Police now have a coordinator for missing children cases, which provides a point of contact for swift liaison;
- (c) where children are known to gather at specific hotels or other venues, staff are given training on what warning signs to look out for. The hotels receive alerts about missing children and will report cases that concern them to the relevant authorities. A team can be deployed to disrupt these groups, working with the hotel management. Adults booking rooms at these hotels are not able to do so using cash, making the bookings easier to trace.

RESOLVED to note the report on the local arrangements in place to respond to children who go missing from home or care.

55 EDGE OF CARE SERVICES

Tracey Nurse, Head of Children's Social Work, presented a report on the effectiveness of services provided at the edge of care to help prevent family breakdown. The following points were discussed:

- (a) the Edge of Care Panel is a multi-agency meeting that occurs weekly and considers up to five cases where there is a risk of family breakdown. Emergency cases are dealt with through a child's line management system. The panel identifies if a particular service is required to work with a family to help prevent breakdown and has an evidence base to evaluate if the risk of breakdown is imminent, or likely to be at some point in the future, if a service is not provided. This supports the evaluation of the impact of the service;
- (b) of the services available:
 - (i) the Targeted Family Support Team provides an emergency response to families at imminent risk of breakdown. It carries out a brief intervention over

6-8 weeks and convenes wider family network meetings to seek solutions to the challenges facing children and their families. In establishing the networks, checks on the wider family members are carried out and care workers meet with them individually to try and resolve any points of conflict. People who represent a potential risk will not be involved in the network, which is tailored on a case-by-case basis to create the best possible environment for the impacted child;

- (ii) Safe Families for Children is a faith-based organisation that provides trained volunteers to support and befriend vulnerable families. It aims to prevent problems from escalating and provide support to families in crisis. It can provide children with overnight stays, along with mentoring support and resources, to help relieve family pressures;
 - (iii) Multi-Systemic Therapy (Standard) is an intensive family-based intervention that targets the multiple causes of serious antisocial behaviour in young. It operates 24 hours a day, seven days a week, and families can call their therapist at any time. Since 2013, it has worked with more than 200 families. During this financial year, it has helped 41 families with 61 children in total (40 whom were at immediate risk of coming into care) and achieved a 99.5% success rate;
 - (iv) Multi-Systemic Therapy Child Abuse and Neglect is an intensive service for families where children are subject to Child Protection Plans or within Public Law Outline. It also operates 24 hours a day, seven days a week, and families can call their therapist at any time. All families receive family safety planning and other forms of support/guidance. The children supported by this service are on the edge of coming into care through care proceedings and are deemed to be at risk of significant harm. During this financial year, it has helped 10 families with 40 children in total and achieved a 90% success rate (though strategic planning is carried out on the basis of a 40% failure rate);
 - (v) the Edge of Care Hub works with families with multiple complex issues including active and historic domestic violence, mental health, substance misuse, neglect and a range of other issues. The Hub has four years of evidence-based practice that demonstrates that it has been successful addressing many complex issues and in supporting children to remain at home where it is safe to do so. During this financial year, it has worked with 32 families with 71 children in total (40 of which were at imminent risk) and achieved a success rate of 90.4%;
- (c) family issues are in danger of escalating when it is not possible for them to make their rent payments, so there is a close working relationship with Housing Aid, which has a representative on the Edge of Care Panel, and related training is being provided to social care workers. Housing Aid also works positively with care leavers;
- (d) the local priority is to work hard to support children in their own homes so that they can remain with their parents whenever it is possible and safe;

- (e) interested Board members would be very welcome to observe a meeting of the Edge of Care Panel during the upcoming 2019/20 municipal year.

RESOLVED to note the important edge of care services being delivered and the need for new investment in the Edge of Care Hub from March 2020.

56 REDUCING OFFENDING BEHAVIOUR

Sam Flint and Natalie Pink, Children in Care Police Officer and Youth Justice Service Lead for Children in Care, presented a report on the measures in place and progress towards reducing offending behaviour within the Children in Care population, and for reducing the criminalisation of offenders. The following points were discussed:

- (a) the published data for 2017/18 shows that the rate of offending behaviour has been maintained at 6%. However, the aim is to reduce the figure further, with a focus on getting the right people involved with children who enter the care system with a pre-existing record of offending. Funding is provided from both the Police and Social Care services to ensure sustainable Children in Care Police Officer services. A multi-agency protocol to reduce offending is now embedded and stronger working links have been formed with the County Council, which is now also recruiting a Children in Care Police Officer;
- (b) 'The national protocol on reducing unnecessary criminalisation of looked-after children and care leavers' was published in November 2018 and the current local protocol mirrors many of its elements. Service providers met in March 2018 to discuss the new protocol and how best to support children in the criminal justice system through restorative approaches. Training on restorative approaches is being offered free to all Local Authority care homes and at a competitive fee to other private providers. Practitioner forums including Local Authorities, internal and private providers, and foster carers are in place to explore current and raised issues, with sessions so far focusing on managing weapon enabled offending and the effects of the recent General Data Protection Regulation;
- (c) multi-agency networking meetings are held every two months to discuss disruption strategies for child sexual exploitation and more funding has been secured to continue a free girls-only boxing club for female children at risk of this type of abuse;
- (d) there is a national focus on children held in Police cells, which is broader than just children who are in care. Significant work has been undertaken locally to address this issue.

RESOLVED to:

- (1) note the report on the data regarding offending behaviour, and the importance of early identification and intervention to achieve its reduction, within the Children in Care population;**
- (2) recognise the importance of sustaining the work of the Children in Care Police Officers and the benefits of diversification of the Youth Justice Service Lead role in safeguarding children in care.**

57 CHILDREN IN CARE COUNCIL

Nothing to report.

58 FORWARD PLANNER

The Chair introduced the Board's Forward Plan for the next municipal year, which could be subject to change following the outcomes of the full City Council elections in May.

RESOLVED to note the Forward Plan.

This page is intentionally left blank

CORPORATE PARENTING BOARD
3 JUNE 2019

Title of paper:	Quality Assurance Visits of Regulated and Non-Regulated Residential Provision	
Director(s)/ Corporate Director(s):	Helen Blackman – Director, Children’s Integrated Services	Wards affected: All
Report author(s) and contact details:	Kay Sutt – Service Manager, Residential Services kay.sutt@nottinghamcity.gov.uk	
Other colleagues who have provided input:	N/A	
Date of consultation with Portfolio Holder(s) (if relevant)	N/A	

Relevant Council Plan Key Theme:		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input type="checkbox"/>
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		<input type="checkbox"/>
Children, Early Intervention and Early Years		<input checked="" type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>

Summary of issues (including benefits to citizens/service users)

Regulation 44 of The Children’s Home (England) Regulations 2015 requires monthly visits to be completed to all children’s homes and units run by a local authority or independent registered children’s home provider, by a person referred to as a Regulation 44 visitor not employed at the home nor directly responsible for it.

The visitor must compile a written report of their findings, which must be submitted to the Registered Responsible Provider and Ofsted within 4 weeks of completion of the visit.

Since April 2011, Residential services have been configured into a Small Group Homes Model. In the last year there has been an increase from 13 to 15 settled beds in seven Children’s Homes, including a 4-bed home for children and young people with complex disabilities, 4 emergency beds in one home and an increase from 18 to 21 semi-independence beds within the last year. Our Short Breaks Unit continues to offer 11 beds for children and young adults with disabilities. All of our children’s homes but one are rated as ‘Good’ or ‘Outstanding’. Ofsted have recently rated three of our homes as ‘Outstanding’, three as ‘Good’ with an ‘Outstanding’ feature for Leadership and Management, one as ‘Requires Improvement’ and one as ‘Good’.

In April 2016, the Service Manager also created a rota for Nottingham City Council’s semi-

independent homes to be quality assured on a regular basis.	
For private providers of semi-independent accommodation for Nottingham City care leavers, our internal placement service carries out quality assurance and compliance visits.	
Recommendation(s):	
1	To support continued involvement and recruitment of relevant independent professionals to undertake Regulation 44 visits, and to welcome member's involvement in quality assurance visits of unregulated semi-independent homes for care leavers.
2	To continue to receive regular updates in respect of the outcomes of these visits.

1 REASONS FOR RECOMMENDATIONS

- 1.1 Young people in residential care and semi-independent provision are often highly vulnerable given their level of need and life experiences. It is imperative, therefore, that such provision is scrutinised independently to ensure it is improving outcomes for children in care and delivering cost-effective services. People carrying out Regulation 44 and quality assurance visits on our semi-independent homes undertake a key role in improving practice as well as ensuring that regulations and standards are being adhered to, that children are effectively safeguarded and that the homes are conducted in a way that promotes their well-being. Visits also ensure young people have access to someone independent, should they need to complain or disclose information about the care and service they are receiving.
- 1.2 Regulation 44 visits are also a legislative requirement and completed reports are sent to Ofsted on a monthly basis. Reports will also be sent to the Team Manager of a child who lives in the home.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 The purpose of the Regulation 44 visits is to ensure that all the children and young people within the placement are being appropriately cared for and that their individual assessed needs are being met in line with their care plans and the 2015 Regulations and standards.
- 2.2 This is achieved through a combination of:
 - Examination of all appropriate written records and reports, with particular reference to daily logs, significant event and notifiable incidents including any complaints or compliments received. Before an inspector can read a child or young person's file they must have written or verbal consent from the child or young person themselves. In the case of a child or young person with complex disabilities where communication is not possible, permission must be sought from parents/carers;

- Interviews with children/young people, parents, relatives other professionals and staff as they feel necessary to establish the standard of care being provided.
- 2.3 The independent person must produce a report about a visit and form an opinion as to whether the children/young people are effectively safeguarded and the conduct of the home promotes children's wellbeing.
 - 2.4 The independent persons report may recommend actions for the registered manager to take in order to improve the general running of the home.
 - 2.5 Members of the Corporate Parenting Board and other relevant professionals including colleagues from Human Resources, Service Managers, Local Councillors, Nottingham City Homes, Placements Service, Children's Strategy Team, Virtual School, Business Support, Children's Strategy and our Internal Commissioning Team are included on the rota managed by the Service Manager.
 - 2.6 Before people are recruited onto the Regulation 44 rota, the Service Manager establishes if they have the relevant experience, skills and qualifications to be on the rota. Once this is established they attend a training course to look in detail at the standards and regulations, and the role they are expected to perform. They are also given advice on who to contact and liaise with should they come across a serious safeguarding concern during the course of their inspection.

In April 2016, the Service Manager also created a rota for Nottingham City Council's semi-independent homes to be quality assured on a regular basis. These homes were specifically set up to support young people leaving the care of the Local Authority. They are not registered under Ofsted as there is no legal requirement to do so. We have a total of five semi-independent homes. In November 2017, some minor refurbishment to the Vivian Avenue semi-independent unit increased the beds from 6 to 8. Outcomes for young people have continued to improve in general, and young people have successfully been prepared to move into accommodation of their own.

Managers from within Nottingham City Council receive training refreshers by the Service Manager in order to carry out quality assurance visits on all five of the Council's semi-independent homes. During their quality assurance visits, Managers will check running records, health and safety compliance, reports, pathway plans as well as speaking to young people, social workers, parents/carers and personal advisors to ensure that they are receiving a good, safe and appropriate service. The visitor will also check the fabric and decor of the buildings and homes to ensure that they continue to be of excellent quality. Once the visit is concluded, a report is produced by the visitor and is passed to the Service Manager for Residential and Head of Service for Children in Care to scrutinize. The report also goes to the managers of the semi-independent homes as visitors can and will make recommendations for further improvement as well as commend what is working well. These visits take place on a quarterly basis.

- 2.7 Each visitor formulates an Action Plan, which is completed by the Registered Manager and checked by the visitor on the next visit. Recommendations/Action plans have continued to be varied due to having a good mix of visitors who are from different professional backgrounds, which has continued to improve how the homes operate.
- 2.8 Ofsted look closely at Regulation 44 reports and use the content during their inspections to check that action plans have been addressed. Regulation 44 reports continue to be very positive, with 44 visitors describing the Homes as generally small and cosy, well maintained, and nicely decorated with a very homely feel.

In the last three months, Regulation 44 Visitors have identified issues such as:

- Update the Residential Action Plan;
- Young People's meetings to be booked;
- Update Staff appraisals;
- Update the home's Children's guide.

Visitors also commented as follows:

- "All of the young people that we encountered at the unit had a support worker with them, and all appeared to be comfortable with these relationships."
- "All staff support young people to be ambitious and staff are very positive in their discussions about the young people placed."
- "Staff are very proactive in engaging the young people and they provide positive role modelling and encourage the young people to discuss their wishes and feelings."
- "The management team have developed a strong learning culture within the Unit and seek to encourage staff development in different ways."
- "The home is clean, tidy and nicely decorated."
- "Where appropriate, there is evidence of the home supporting young people to transition to adulthood and identify options for his ongoing education, employment or training."

As part of their role Regulation 44 visitors contact parents/carers, relatives and social workers for their views on the care their child is receiving from the home or short breaks unit. Parents overall are very complimentary about the care

their child receives. Visitors included some of the following comments from parents, social workers and carers in their reports:

- “Social Worker was on site at the time of the visit and agreed to speak with me. She is the social worker for ... and ... She stated that she felt the home offers brilliant care to all of the young people she supports and they are very approachable. The home is very homely and gives young people a sense of belonging – like members of a big family... They are very persistent in getting things right for their young people. They have children’s best interests at heart.”
- “Social Worker said, “I have worked with several young people who have lived at the home and each time it has been positive experience for them. The staff build great relationships with the young people and try hard to ensure a positive outcome.”
- “I spoke with ... older sister who has had regular contact with him. She was happy to speak with me even though she was full of a cold and had a poorly child to look after. She stated she thought the staff at Chippenham were brilliant – as ... could be a handful and they managed him very well. She believes the home is doing the best by him.”
- “I spoke to Janine Taylor-Blake (Trainee Social Worker) – she said that she works well with all of the staff at the home, they are all very proactive, excellent communicators and keep her very well informed, work collaboratively and are very child-centred.”

2.9 Young people are also very complimentary about the care they receive in the homes with hardly any complaints. Visitors included the following in their reports (young people’s initials are anonymised):

- “... joined AA and I in the office. It was not appropriate for me to meet with him in private but we took the opportunity to gain his views about his transition plan. ... was able to show me his file and was very proud of some of the photos in the file that showed him on holiday, etc. ... was able to talk to me about the days he had planned with Prince’s Trust and his work experience at the local Co-op. He was excited about moving into semi-independence. There was a clear rapport and relationship between ... and the staff at the home.”
- “... likes living at the home. He believes it is a good place and he gets on well with staff. He thinks the staff are supportive and listen to him. ... thinks the house is nice, clean and looks good.”
- “I chatted to ... very briefly during the visit both in the kitchen, the Lounge and again when he came to the office he seemed happy and comfortable; he acknowledged that he knew what Reg. 44 visitors do and why we were there and he knew that he could speak to us whenever he needed to.”

- “BB had lots of ideas about what she wanted to do – hairdressing was not one of them. She liked the idea of working with victims of assault – she had seen great programmes on TV about it. She asked what ‘forensic’ meant and how it was used. She said she was interested in biology and mental health – she thought this could help her look towards those sort of jobs. I asked her about volunteering and she said she had not thought about it yet. She looked forward to horse riding and to the 6 weeks summer holidays and going out with her friends – she said she had been on a day trip to Birmingham and enjoyed that the best.”
- “Spoke with CC. Whilst there were difficulties with the language, CC was able to confirm he felt safe in the home and that the food was good. He spoke of the good relationships he had made in the home with both staff and residents – particularly Imran Akhter. He was excited to be going out for the day (planned visit to Matlock) although he stated he was going ‘into town’. He stated he had no issues with his care.”
- I spoke to DD outside the home, playing basketball. He had been playing with Rachel and then I spoke to him alone. He said that he was getting on ‘OK’ and that he was still enjoying his college course. The college had been doing an ‘industry week’ where different businesses/experts come into college to talk about career options. He said that he wasn’t yet sure which career path to take but definitely wanted to do something related to his course and was looking at his options. DD said that he didn’t have any complaints about how things were at the home.
- “... was in the dining room with her support worker getting ready to go out into town. She was quite shy, but told me that she was staying at the unit for two nights, and she did like it there. Four other young people were excitedly on their way out to go to participate at ‘Bamboozle’.”

2.10 Managers receive regular supervision and operational management meetings take place on a monthly basis with development days taking place quarterly, where any current issues or relevant themes/ongoing issues are raised and discussed. The management team within residential have a vision for the next 12 months and beyond for both their individual homes and the Residential Service as a whole. As a team, they are united in their strong and passionate vision to further raise the standards of care they offer to the city’s most vulnerable children and young people.

2.11 All children and young people have access to education and employment all of which is recorded in the Regulation 44 Reports. A good proportion of our young people in our semi-independence homes and children’s homes are in some form of work or education. Staff continue to work very closely with the Virtual School Head in supporting our children and young people in school, and ensuring that educational packages are put in place for those children who do not currently have a school placement. The staff have high aspirations for the children and young people with achievements celebrated as a matter of high

priority. Nottingham City Council hold a celebration event each year in which most of the young people from residential care attend and receive a certificate of achievement, which they are always extremely proud of.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

3.1 None.

4 FINANCE COLLEAGUE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

4.1 Internal beds remain cost-effective in general with our more complex children and young people, and we have placed several young people in our homes whom private providers decline to take due to their complex and challenging behaviours. Also, the increase in internal beds prevents some young people from being placed outside of the city. It is good practice wherever possible to keep children and young people near their family, friends, school/ college and within the city they have grown up in and are familiar with.

5 LEGAL AND PROCUREMENT COLLEAGUE COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

5.1 Regulation 44 reports address legislative requirements (amended to meet new regulations and Standards, April 2015). They record and capture information in relation to young people's offending and anti-social behaviours. They also report as to whether young people's cultural and diversity needs are being met within their identified care plan.

6 STRATEGIC ASSETS & PROPERTY COLLEAGUE COMMENTS (FOR DECISION RELATING TO ALL PROPERTY ASSETS AND ASSOCIATED INFRASTRUCTURE) (AREA COMMITTEE REPORTS ONLY)

6.1 None.

7 EQUALITY IMPACT ASSESSMENT (EIA)

7.1 An EIA is not required because the report does not contain proposals or financial decisions.

8 LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

8.1 None.

9 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

9.1 None.

This page is intentionally left blank

CORPORATE PARENTING BOARD
3 JUNE 2019

Title of paper:	The Health of Children in Care of the Local Authority 2018/19 – Nottingham City Update	
Director(s)/ Corporate Director(s):	Nichola Bramhall – NHS Nottingham City Clinical Commissioning Group (Greater Nottingham Partnership) Helen Blackman – Director, Children’s Integrated Services	Wards affected: All
Report author(s) and contact details:	Kathryn Higgins – Designated Nurse for Children in Care kathryn.higgins2@nhs.net Melanie Bracewell – Designated Doctor for Children in Care / Medical Advisor for Adoption / Consultant Community Paediatrician melanie.bracewell@nuh.nhs.uk	
Other colleagues who have provided input:	N/A	
Date of consultation with Portfolio Holder(s) (if relevant)	N/A	
Relevant Council Plan Key Theme:		
Strategic Regeneration and Development		<input type="checkbox"/>
Schools		<input type="checkbox"/>
Planning and Housing		<input type="checkbox"/>
Community Services		<input type="checkbox"/>
Energy, Sustainability and Customer		<input type="checkbox"/>
Jobs, Growth and Transport		<input type="checkbox"/>
Adults, Health and Community Sector		<input type="checkbox"/>
Children, Early Intervention and Early Years		<input checked="" type="checkbox"/>
Leisure and Culture		<input type="checkbox"/>
Resources and Neighbourhood Regeneration		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users)		
<p>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.</p> <p>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. The attached document is a requested update around health data and outlining statutory health assessment data collected and relevant issues.</p>		

Recommendation(s):	
1	To note that health providers supported by the Designated Professionals will continue to work with the Service Improvement Forum and associated working groups with the aim to improve the health outcomes for Children in Care, including timeliness of statutory health assessments.
2	To note that revised data sets will be available from Q1/Q2, with more accurate data available for analysis.

1 REASONS FOR RECOMMENDATIONS

- 1.1 The Nottinghamshire Children in Care Service Improvement Forum is now an established group, which includes representation from Clinical Commissioning Groups (CCGs), health providers and the local authority, with the aim to improve all health outcomes for children and young people in care across Nottingham City and Nottinghamshire.
- 1.2 NHS Nottingham City CCG is responsible for all looked after children originating from Nottingham City placed outside of the area, and for ensuring the health provision is in place for those placements by other local authorities in the city.

2 BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 2.1 None.

3 OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

- 3.1 None.

4 FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

- 4.1 There are no direct financial implications or value for money issues arising from this report.

5 LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL, CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

- 5.1 None.

6 STRATEGIC ASSETS & PROPERTY COMMENTS (FOR DECISION RELATING TO ALL PROPERTY ASSETS AND ASSOCIATED INFRASTRUCTURE) (AREA COMMITTEE REPORTS ONLY)

- 6.1 None.

7 EQUALITY IMPACT ASSESSMENT (EIA)

7.1 An EIA is not required because the report does not contain financial proposals or decisions.

8 LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

8.1 Appendix 1: Looked after children in Nottingham City – Corporate Parenting Board health update – 3 June 2019.

9 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

9.1 Children Act 1989 HMSO.

9.2 Looked after Children: Knowledge, skills and competencies of healthcare staff. Intercollegiate Role Framework (RCGP, RCN & RCPCH) March 2015.

9.3 The Statutory Guidance on 'Promoting the Health and Wellbeing of Looked After Children' (2015) DH/DCSF.

This page is intentionally left blank

Looked after children in Nottingham City – Corporate Parenting Board health update – June 3rd 2019

Data collected

As part of funding received from NHS England in 2016 a working group has been in place and a revised data set has been agreed for our two health providers. This data set includes statutory key performance indicators and additional data that will hopefully improve outcomes for our looked after population. This data will include not only data around health assessments but also information about the numbers of unaccompanied asylum seeking children, care leavers, those with a disability and those in secure units. The first reporting of this new data set by health providers will be Q1 this year therefore we will not see the full benefits of this until 2020. This report contains data from previous KPIs (data sets) collected.

To note: the paper is not reflective of data and performance by the LAC CAMHS service. Work is underway as part of the Nottinghamshire CIC Service Improvement Forum to align the oversight of both the physical and emotional health needs of LAC.

Provider services are subject to regular service contract meeting where performance data is reviewed and mitigating factors recognised. In addition, areas requiring improvement are discussed and plans put in place and good areas of practice of celebrated. We recognise that these are challenging times for our provider services and that every effort is made by all to work collaboratively on areas that require improvement.

Initial Health Assessments

It has to be acknowledged that locally we currently report on the Initial Health assessments (IHA) being completed within 20 working days from correct consent rather than to sharing the report, as per statutory guidance. This was a commissioner led decision. It has to be acknowledged that the statutory timescales may not be achievable as an internal audit completed suggests that there is an average of 55 working days from a child entering care to the health provider receiving correct consent to instigate an IHA. This also impacts on the timeliness of the report being shared. We continue to work to work with the local authority to remedy this.

The data below demonstrates once the correct consent is received the number of IHAs completed within 20 working days continues to be excellent.

Table 1: Total and % CYP who receive an Initial Health Assessments within 20 working days of correct consent from Nottingham City LA (living in area)

Total number and % of IHAs for CYP placed in area seen within 20 days of receiving correct consent				
	2017/18		2018/19	
Q1	42/45	93%	33/34	97%
Q2	34/36	94%	40/41	98%
Q3	39/41	95%	39/42	93%
Q4	41/43	95%	Not available	Not available

Table 2: Total and % CYP who receive an Initial Health Assessments within 20 working days of correct consent from Nottingham City LA (living out of area)

Total number and % of IHAs for CYP placed out of area seen within 20 days of receiving correct consent (It has to be acknowledged that our health provider has limited control over the performance of an external organisation who can be requested to undertaken this IHA on our behalf)				
	2017/18		2018/19	
Q1	0	-	0/3	0%
Q2	2/3	67%	3/3	100%
Q3	1/2	50.0%	1/5	20%
Q4	3/6	50.0%	Not available	Not available

Exceptions - IHAs

The reason for non-compliance with the 20 day standard within statutory guidance, are numerous, and often not within the control of the provider. Not receiving the correct paperwork/consent from the local authority within timescales, placement changes occurring, discharges from care, carers or local authority cancelling appointments and young people refusing appointments are all reasons for non-compliance. In addition, IHAs are not the only clinical work undertaken for the local authority and urgency / demands for other work can affect capacity for IHAs. It should also be noted that the service provides an equivalent service for Nottinghamshire local authority for CYP originating from south Nottinghamshire CCGs. This data is not reported here but numbers have increased.

Review Health Assessments (RHA)

The data collected below is not entirely reflective of the overall specialist CIC service due to the following mitigating factors:

- Unlike for Initial health assessments the current data still does not separate the timescales for children and young people placed OOA which are often out of timescales due to the reliance on other areas to complete the assessments;
- For children with an adoption plan RHAs will be seen as a priority in time or early to accommodate the local authority/court deadlines. These children tend to be under 5 years of age;
- Not receiving the correct paperwork/consent from the local authority within timescales;
- Placement changes occurring;
- Discharges from care;
- Carers or local authority cancelling appointments;
- Young people refusing appointments.

Table 3: Review Health Assessments completed on time or up to a month early (under 5 years old)

	2017/18		2018/19	
Q1	17/39	44%	22/35	63%
Q2	12/25	29%	24/34	71%
Q3	28/31	90%	22/26	82%
Q4	28/35	80%	31/32	97%

Exceptions to 2018/19 data;

Q1 – Of the 13 RHAs breaching timescales 4 were placed OOA, 2 were due to the late receipt of paperwork from the local authority, 1 was cancelled and had to be rearranged and 5 were seen early to facilitate the children’s needs (if too early not captured as within timescales).

Q2 – Of the 10 RHAs breaching timescales 2 were due to the late receipt of paperwork from the local authority, 3 were cancelled and rearranged by the carer and 2 moved placement address delaying the assessment, leaving only 3 within the control of the team.

Q3 – Those breaching timescales were out of the control of the team due to being OOA or cancelled by the SW or carer.

Q4 – The one breach was due to the late receipt of paperwork from the local authority.

Table 4: Review Health Assessments completed on time or up to a month early (over 5 years old)

		2017/18		2018/19
Q1	36/72	39%	35/103	44%
Q2	63/126	64%	46/95	48%
Q3	83/120	69%	52/84	62%
Q4	25/57	44%	54/63	85.7%

Exceptions;

Q1 – Of the 68 RHAs that breached timescales, 6 were due to the late receipt of paperwork from the local authority, 14 were placed OOA, 2 were late to accommodate siblings, 3 were late to facilitate the needs of the child, 7 were cancelled and rearranged, 9 were refused by the young person and 3 seen too early therefore not captured).

Q2 – Of the 95 RHAs due 14 were out of timescales due to staff capacity. Exceptions were 3 refusals by young people, 18 placed out of area, some delayed to accommodate sibling’s appointments, several rearranged by carers and some delayed due to a change of placement address.

Q3 – All breached timescales were due to prioritising children with more need or rearranging an appointment for the carer.

Q4 – Of the 9 RHAs that breached timescales, 2 were due to the late receipt of paperwork from the local authority, 3 were seen early in order to support the children’s needs, 3 moved placement address delaying the assessment and 1 was due to no access at the first appointment.

During 2017/18 there were significant sickness and vacancies within the CIC nursing team which had impact on service delivery. This is reflected in the data above. The team were also managing a significant “back log” of RHAs needing completion; therefore despite working at full stretch many timescales were being breached. However the vacancies have now been recruited to and the team is working to capacity. Quarter 4 data evidences a significant improvement in the percentage of RHAs

being completed within timescales. In addition, the CIC nursing team have eliminated the “back log” and have completed a total of 51 additional RHAs over the past 3 months (8 for under 5 year olds and 43 for over 5 year olds).

We are anticipating a drop in statutory compliance for Q4 due to the CIC nursing team receiving a substantial amount of late referrals from the LA. These may not meet statutory timescales and will be reported as exceptions within Q1 data.

From Q1 this year the data set collected will separate out all issues identified above giving a much clearer picture of performance.

The designated professionals for looked after children, working on behalf of the city CCG, have an on-going active role in assuring the CCGs around performance and quality. Any risks are acknowledged and escalated appropriately to ensure the service is safe.

Decliner pathway

A pathway is currently being written that will be agreed by both the local authority and health providers. This pathway will support around how best to meet the health needs of LAC when they refuse their statutory health assessment. The pathway will include liaison with other health professionals and ensuring adequate discussion is had around health within the looked after review process.

Service Improvement 2-stage audit

The Nottinghamshire CIC Service Improvement forum has acknowledged that to give assurance that the health needs of LAC are being met we must ensure that the statutory health assessments and recommendations made within these are reviewed and outstanding health needs actioned as part of the local authority Looked after review process.

A 2-stage audit is being undertaken over the summer. The audit will review whether LAC health needs are discussed at looked after reviews, including recent statutory health assessments and recommendations.

This is ensuring that the statutory health assessments completed do not sit in isolation from the wider care pathway and support the children and young people receive.

Vaccination and Immunisations

As part of the NHSE data project, work is currently underway around capturing vaccination status on entering care and after being in care a year to reflect catch up programmes. This will be available after Q1 this year.

Immunisation status is reviewed at each statutory health assessment and recommendations made to the social worker to ensure these are actioned by the carers. For children under 5 years old the IHA or RHA will recommend booking with the GP. To support with older children we have a School age immunisation service that will be referred into.

Dental

As part of the NHSE data project work is currently underway around capturing dental status from birth in line with recommendations from Public Health England. This will be available after Q1 this year.

Kathryn Higgins (Designated Nurse LAC Greater Nottingham) and Dr Melanie Bracewell (Designated Dr CIC Greater Nottingham) 01.05.19



As above dental status is reviewed at each statutory health assessment and recommendations made to the social worker to ensure this is actioned by the carers.

Eyesight

As part of the NHSE data project work is currently underway around capturing sight status from 4 years of age, in line with recommendations from Public Health England. This data will be available after Q1 this year.

This page is intentionally left blank

Corporate Parenting Board

Reporting Schedule: Forward Planner

2019 - 2020

Report (Corresponding Strategic Priority Statement)	Report Lead	Draft Report submitted for Advice	Draft Report Submitted for Departmental Sign-off	Draft Report Submitted to Constitutional Services	Chair's Briefing	Final Report Submitted to Constitutional Services	Corporate Parenting Board
<ul style="list-style-type: none"> ▪ Quality Assurance Visits of Regulated and Non-regulated Residential Provision ▪ Physical Health ▪ Children in Care Council (Verbal Update) ▪ Ofsted Action Plan (Presentation) ▪ Report Forward Planner 	<ul style="list-style-type: none"> ▪ Kay Sutt ▪ Kathryn Higgins ▪ Jon Rea ▪ Sophie Russell ▪ Cllr Mellen 			7 May 2019	13 May 2019	21 May 2019	3 June 2019
<ul style="list-style-type: none"> ▪ Pathway Planning / Transitions ▪ Foster Carer Recruitment and Retention ▪ CiC Performance Report (Q3/Q4 18/19) ▪ Children in Care Council (Verbal Update) ▪ Report Forward Planner 	<ul style="list-style-type: none"> ▪ Sharon Clarke ▪ Audrey Taylor ▪ Clive Chambers ▪ Jon Rea ▪ Cllr Mellen 					3 July 2019	15 July 2019
<ul style="list-style-type: none"> ▪ Care Leavers' Service Annual Report ▪ Children in Care CAMHS Team Report ▪ Independent Reviewing Officer Service Annual Report ▪ Have Your Say Survey 2018 ▪ Children in Care Council (Verbal Update) ▪ Report Forward Planner 	<ul style="list-style-type: none"> ▪ Lynn Pearce / Your Voice ▪ Wilf Fearon TBC ▪ Alison Platkiw (Case Studies) ▪ Jon Rea ▪ Jon Rea ▪ Cllr Mellen 					4 September 2019	16 September 2019

Report (Corresponding Strategic Priority Statement)	Report Lead	Draft Report submitted for Advice	Draft Report Submitted for Departmental Sign-off	Draft Report Submitted to Constitutional Services	Chair's Briefing	Final Report Submitted to Constitutional Services	Corporate Parenting Board
<ul style="list-style-type: none"> ▪ Performance Report (Q1 and Q2 2019/20) ▪ Children in Care and Care Leavers Strategy Review ▪ Advocacy Annual Report ▪ Independent Visitor Annual Report ▪ Children in Care Council (Verbal Update) ▪ Report Forward Planner 	<ul style="list-style-type: none"> ▪ Clive Chambers ▪ Clive Chambers ▪ Children's Society ▪ SOVA ▪ Jon Rea ▪ Cllr Mellen 					6 November 2019	18 November 2019
<ul style="list-style-type: none"> ▪ Fostering and Adoption Panel Chairs Update ▪ Adoption and Permanency ▪ Complaints Service Report ▪ Educational Attainment of Children in Care ▪ Children in Care Council (Verbal Update) ▪ Report Forward Planner 	<ul style="list-style-type: none"> ▪ Audrey Taylor ▪ Audrey Taylor ▪ Patrick Skeet ▪ Jasmin Howell ▪ Jon Rea ▪ Cllr Mellen 					8 January 2020	20 January 2020
<ul style="list-style-type: none"> ▪ Edge of Care Provision ▪ Reducing Offending Behaviour ▪ Children in Care Council (Verbal Update) ▪ Report Forward Planner 	<ul style="list-style-type: none"> ▪ Tracey Nurse / Mark Ball ▪ Sam Flint / Natalie Pink ▪ Jon Rea / CiC-C Member ▪ Cllr Mellen 					4 March 2020	16 March 2020

- **SPS 1: Health**
- **SPS 2: Permanency**
- **SPS 3: Resilience and Independence**
- **SPS 4: Educational Attainment**
- **SPS 5: Suitable Accommodation**
- **SPS 6: Offending Behaviour**

ATTENTION: IMPORTANT NOTE ON REPORT SUBMISSION

All reports from City Council staff for presentation to the Board must be produced and submitted through the corporate report management system, here: <http://gossweb.nottinghamcity.gov.uk/nccextranet/index.aspx?articleid=10263>.

When submitting a report for advice, you will be prompted to select reviewers. You should select the following reviewers:

- Clive Chambers
- Jordan Whatman

When submitting a report for departmental sign-off, you should select the following reviewer:

- Helen Blackman

External partners should submit reports via email to jordan.whatman@nottinghamcity.gov.uk, no later than 10:00am on the date stated.

Please note that additional reports may be added to the schedule by request of the Chair or other Board Members. Reports May also be subject to schedule changes.

This page is intentionally left blank