Leicestershire Partnership NHS
NHS Trust

Annual Report

On the Health of Looked after Children, Including Adoption and Fostering

Leicester, Leicestershire & Rutland 2011-2012

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ABBREVIATIONS USED

- British Association Adoption Fostering - BAAF
- East Midland Strategic Health Authority - EMSHA
- Initial Health Assessments - IHA
- Review Health Assessments - RHA
- Whole Time Equivalent - WTE

DUE REGARD

A rigorous due regard process has been undertaken to ensure policies and procedurs meet our legal obligation under the Equality Act 2010 Public Sector Duty (PSED) to eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations.

The reports highlights the Trusts commitment to deliver best possible outcomes regardless of all protected characteristics and to proactively engage with stakeholders who are reflective of our diverse communities to help in service design. This is evidenced through improved stakeholder engagement with looked after children, parents and carers. In addition health inequalities in the area of sexual health and teenage pregance is a key priority area, service user feedback has been gained to help improve accessibility to contraceptive services. Audit findings have included a number of protected characteristics. This will be enhanced to include all relevant equality groups to help provide a more detailed overview of service user demographics. Support will be provided by the Trusts Integrated Equality Service.

EXECUTIVE SUMMARY

This report describes the achievements, progress and challenges of the Looked After Children (LAC) health service in meeting the health needs of children in care registered with the Local Authorities of Leicester City, Leicestershire County and Rutland during the period from 1st April 2011 - 31st March 2012.

The LAC health team includes a team of Specialist Looked After Children Nurses who co-ordinate health care for children in care age 5-19 years old. The focus for for the period 1st April - 31st March 2012 has been to deliver improved access to services and engagement with children in care.

Key developments for the period 1st April - 31st March 2012 are detailed in this annual report and include:

- In 2011/2012 Ofsted and the CQC Inspection of Safeguarding and Looked After Children Services took place across all three Local Authorities. The health of looked after children was awarded an Outstanding for all three inspections. Ofsted and the CQC acknowledged the partnerships across the health economy and with social care that contributed to the positive outcome of the inspection for the health and well being of children in care.

- Improved stakeholder engagement in shaping service delivery, including actively encouraging the involvement of looked after children and partners. This has resulted in consultations with children and young people about confidentiality and consent, the use of an Emotional Health Tool - developed in conjunction with CAMHS and an audit to evidence the impact of the information the children and young people discuss with their Specialist Looked After Children (LAC) Nurse. This work builds upon the 2010-2011 work to improve access for children, young people and carers to contact the LAC health team.

- Earlier intervention to support children and young people as they enter the care system is being achieved by reducing the initial contact from a Specialist LAC Nurse from one year to six weeks after notification by the local authority. This enables a timely response to health needs identified at the Initial Health Assessment, and a pro-active health promotion discussion with foster carers and young people.

- The establishment from April 2011 of service development to improve the quality of the data to identify the uptake of childhood immunisation for children in care
- Representatives from Leicester City, Leicestershire County and Rutland health and social care playing a significant role in the National drive to improve systems that notify Health services for Looked After Children and improve safeguarding.
- Partnership support from the three Local Authority looked after children social care teams, and the children's commissioners have continued to support the Leicester City, Leicestershire County and Rutland Strategic Group for Health and Well Being of Looked After Children. This group, the Designated Nurse for Looked After Children, membership of the Local Authorities Corporate Parenting Forum and the access to the Children in Care Council is informing and endorsing service development.

- The importance of the health of children and young people in care cannot be overstated. Many children in care are likely to have had their health needs neglected and unlike their peers have not been given the best start in life. The looked after children health team are taking every opportunity to reverse this situation, by providing and signposting children and young people in care to appropriate health care.

1. INTRODUCTION

Looked After Children and Young People share many of the same health risks and problems of their peers, but often to a greater degree. They can have greater challenges such as discord within their own families, frequent changes of home or school, and lack of access to the support and advice of trusted adults. Children often enter the care system with a worse level of health than their peers, in part due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect. Longer term outcomes for looked after children remain worse than their peers.

2. NATIONAL POLICIES AND LEGISLATION RELEVANT TO CHILDREN IN CARE

Statutory Guidance for Promoting the Health and Wellbeing of Looked After Children, DcSF (2009)

This was published jointly by the Department of Health and the Department for Children, Schools and Families. It replaces the guidance 'Promoting the health of looked after children' published by the Department of Health in 2002. The revised guidance issued under statutory guidance; under s10 s11 of Children Act 2004, November 2009 now applies to both health trusts and local authorities. The document details best practice guidance for providers of services and determines "responsible commissioner" requirements and arrangements across agencies for supporting health of looked after children

2.1 Children Act (1989)

Under the Children Act 1989, a child is defined as being "looked after" by a local authority if he or she is in their care or is provided with accommodation for a continuous period of more than 24 hours by the authority (section 22). These fall into four main groups:

- Children who are accommodated under a voluntary agreements with their parents (Children Act 1989 – section 20)
- Children who are subject to a care order (section 31), interim care order (section 38)
- Children who are the subject of emergency orders (sections 44 and 46); and
- Children who are compulsory accommodated. This includes children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement (section 21)

2.2 Adoption and Children Act (2002)

The Adoption and Children Act (2002) contains key provisions which align adoption law, with the relevant provisions of the Children Act 1989. This Act determines that agencies must ensure that the child's welfare is the paramount consideration in all decisions relating to adoption.

2.3 Adoption and Agency Regulations (2005)

Recognises the importance of medical contribution in the context of adoption and every Adoption Agency is required to make arrangements for the appointment of at least one medical practitioner to be the Agency's Medical Adviser, to sit on the panel and support appropriate decisions.

2.4 Care Matters: Time for Change, DfES (2007)

Communicates the previous government's intentions to improve outcomes for children in care. The White Paper addresses the gaps identified during the consultation and provides further details on the next steps for the proposed policies. Four independent working groups were established to look into best practice in supporting children in care and to explore in more detail some of the ideas put forward in the Green Paper. The reports of these working groups are published alongside this White Paper and this document presents the Government's response to their recommendations.

2.5 Care Standards Act (2000)

The main purpose of the Act is to reform the regulatory system for care services in England and Wales. Care services range from residential care homes and nursing homes, children's homes, domiciliary care agencies, fostering agencies and voluntary adoption agencies through to private and voluntary healthcare services (including private hospitals and clinics and private primary care premises). Local authorities are required to meet the same standards as independent sector providers.

2.6 The Children and Young Persons Act 2008

The Children and Young Persons Act 2008 amends the Children Act 1989, strengthening the legislative framework underpinning the care system and putting in place the structures to enable children and young people to receive high quality care and support. Amongst other provisions the amendments to the Children Act 1989 require local authorities to take steps that secure sufficient suitable accommodation within their area and improve care planning by strengthening the role of the Independent Reviewing Officer (IRO).

2.7 Friends and Family Care Statutory Guidance for Local Authorities (2011) Dept Education

This guidance sets out a framework for the provision of support to family and friends carers. In particular it provides guidance on the implementation of the duties in the Children Act 1989 in respect of children and young people who, because they are unable to live with their parents, are being brought up by members of their extended families, friends or other people who are connected with them.

3. LOCAL PARTNERSHIPS AND FORUMS TO SUPPORT HEALTH OF LOOKED AFTER CHILDREN

3.1 The Strategic Group for the Health and Well Being of Looked After Children

In January 2011 the Strategic Group for the Health and Well Being of Looked After Children in Leicester City, Leicestershire County and Rutland was re-launched and is chaired by the Designated Nurse for Looked After Children. The aim of the group is to provide effective coordination between health providers and partner agencies from Leicester City, Leicestershire County and Rutland Children and Young People Services. The group enables strategic level agreements to be reached to deliver Statutory Guidance for promoting the Health and Well Being of Looked After Children (DCSF 2009). This forum leads the future commissioning and service developments to improve health outcomes for children in care.

Minutes from the meetings are reported into the FYPS Safeguarding Children Divisional Groups and to the Safeguarding Committee and through the wider membership of the group to the Local Safeguarding Children Boards (LSCB) and Children's Trust Boards.

3.2 Corporate Parenting Boards

The corporate parenting role is defined within Statutory Guidance for Promoting Health DCSF (2009):

…As the corporate parent of children in care, the State has a special responsibility for their wellbeing. Like any good parent, it should put its own children first. That means being a powerful advocate for them to receive the best of everything and helping children to make a success of their lives'.

The Designated Nurse for Looked After Children is a member of the Leicester City and Leicestershire County Corporate Parenting Forum. Quantitative and qualitative health data has been presented at the forums, and there has been direct consultation and feedback from looked after children, foster carers, partners and elected councillors which has informed the delivery of services.

3.3 Safeguarding Children Groups & Governance Arrangements

The Designated Nurse for Looked After Children is a member of the FYPS Safeguarding Group and attends the LPT Safeguarding Committee on a quarterly basis to update on health of looked after children. Minutes from the Strategic Group for the Health and Wellbeing of Looked After Children are received by these forums and reported to Clinical Quality Governance Committee. The quality governance committee reports safeguarding areas to the board. The Designated Nurse for Looked After Children reports to the LPT Health Lead for the LSCBs, and to the NHS LLR (Leicester, Leicestershire and Rutland) Cluster Health Commissioning Lead for the Children's Trusts to ensure that both LSCB Boards and the Children's Trust are informed about risks and service progression to safeguard children and young people in care

4. LOOKED AFTER CHILDREN HEALTH TEAM

The members and establishment of the team are

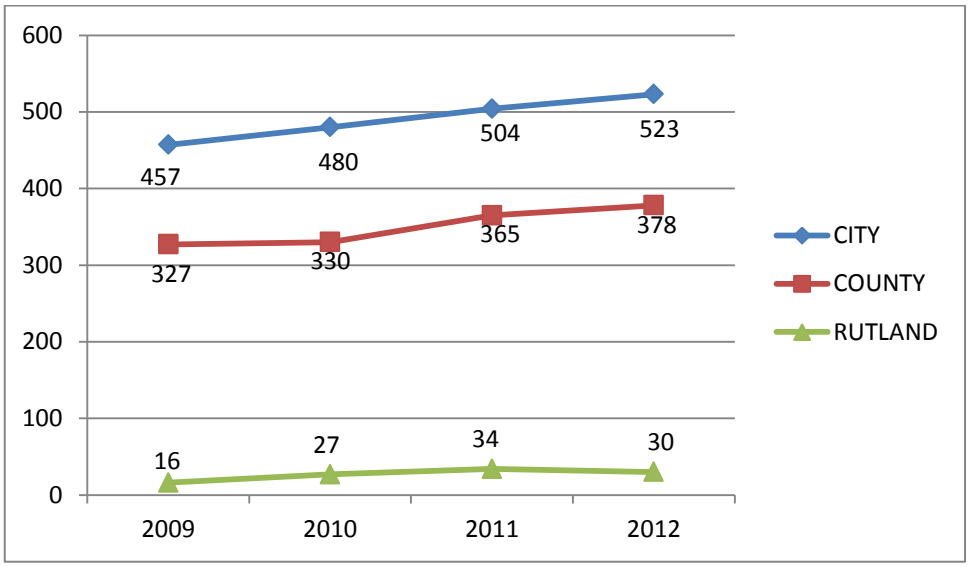
- Designated Doctor for Looked After Children (0.1 WTE)
- Named Doctor for Looked After Children-(0.3 WTE)
- Designated Nurse for Looked After Children (1.0 WTE)
- Specialist Looked After Children Nurses (4.6 WTE)
- Specialist Paediatric Registrars (variable WTE)
- Looked After Children Coordinator – A&C 3 (2.0 WTE)

4.1
The Statutory Guidance for Promoting the Health and Wellbeing of Looked After Children, DcSF (2009) defines the roles of designated professionals to be strategic separate from any responsibilities for individual children or young people who are looked after. These roles are to assist PCTs to fulfil their responsibilities as commissioners of services to improve the health of looked after children. A Designated Doctor was appointed to the team in March 2012. The team have a Named Doctor for children in care, who is also a general practitioner, who has provided dedicated time and expertise to support service developments with looked after children over a number of years.

4.2
The Specialist Looked After Children (LAC) Nurses are a team of 10 nurses who provide direct services for children and young people age 5-19 years old, foster carers and the 26 residential children's homes across Leicester City Leicestershire County and Rutland. Since 2010 they have managed geographical caseloads. The looked after children health team work closely with the looked after children social care teams from three local authorities across Leicester City, Leicestershire and Rutland. The Specialist LAC Nurses attend safeguarding case conferences, strategy and planning meetings for children and young people in response to local authority invitations.

5. LOCAL PROFILE OF CHILDREN IN CARE

Locally there is a year on year increase in the number of children and young people entering the care system. This is in line with National increase in the numbers of children and young people entering the care system.The graph and tables below illustrate this increase across Leicester City, Leicestershire County & Rutland. Health will continue to monitor the increase across all three local authorities, and the demographic details. This will support workforce planning and targeting to address emerging requirements. This will be discussed at the Health and Well-Being Strategic Group for Looked After Children, where there is representation from commissioners, and the Corporate Parenting Forums.



5.2

Tables 1, 2 & 3 below, detail the types of placements for children and young people in care across Leicester City, Leicestershire County and Rutland. In 2011 the Department of Education issued Friends and Family Care Statutory Guidance for Local Authorities.

The guidance outlines the responsibilities of local authorities to "give preference to" a placement with a person who is a relative, friend or other person connected with the child and who is also a local authority foster parent. Tables 1&3 illustrate a gradual increase in the arrangement to place children and young people with Friends and Family in Leicester City and Leicestershire County Councils.

TABLE 1: LEICESTER CITY: TYPES OF PLACEMENTS OF CHILDREN IN CARE

Type of placement	**Leicester City CYPS**		**Leicester City CYPS**	**Leicester City CYPS**
Year	2009	2010	2011	2012
Fostering	261	278	284	245
Friends and Family	89	90	93	103
Residential	47	55	32	29
Pre-adoptive	17	21	18	
With parents	33	28	32	20
Independently living	5	7	23	18
Other	5	1	3	9
Total number	**457**	**480**	**504**	**523**

TABLE 2: RUTLAND: TYPES OF PLACEMENTS OF CHILDREN IN CARE

Type of placement	Rutland	Rutland	Rutland	Rutland
Year	2009	2010	2011	2012
Fostering	9	21	22	18
Friends and Family	4	1	6	5
Residential	1	3	2	0
Pre-adoptive	0	0	0	5
With parents	1	2	4	2
Independently living	1	0	0	0
Other	0	0	0	0
Total number	**16**	**27**	**34**	**30**

TABLE 3: LEICESTERSHIRE COUNTY: TYPES OF PLACEMENTS OF CHILDREN IN CARE

Type of placement	Leicestershire County CYPS		Leicestershire County CYPS	Leicestershire County CYPS
Year	**2009**	**2010**	**2011**	**2012 Provisional**
Fostering	179	206	213	246
Friends and Family	26	34	45	52
Residential	54	48	38	35
Pre-adoptive	11	5	11	11
With parents	39	23	22	12
Independently living	17	14	24	11
Other	1	0	0	1
Total number	**327**	**330**	**353**	**378**

6. STATUTORY INITIAL AND REVIEW HEALTH ASSESSMENTS (IHA/RHA)

The Children Act Regulations (2002) and the Care Planning Placement and Case Review (England) Regulations (2010) identify that only Registered Medical and Nursing practitioners are to undertake Statutory Initial and Review Health Assessments (IHA/RHA) for children in care. Table 4 details how Leicestershire Partnership Trust (LPT) Families Young People & Children (FYPC) division meet these requirements.

TABLE 4: INITIAL & REVIEW HEALTH ASSESSMENTS

Health Assessment	Who undertakes the assessment?
Initial Health Assessments- undertaken within 28 days of children and young people coming into care	Specialist Registrars and the Named Doctor for Looked After Children
6 monthly Review Health Assessments for children 0-4 years	Health visitors
Annual RHA for children and young people 5-19 years old	Specialist LAC Nurses School nurses in negotiation with the LAC nurse
Review Health Assessments for children with complex communication difficulties	Specialist HV / specialist nurse in residential children's home in agreement and coordination with LAC nurse

6.1 Requests received by Health to undertake Initial and Review Health Assessments

Table 5 below shows the number of requests received by health from all three local authorities to undertake the Initial and Review Health Assessments in 2011/2012

TABLE 5: REQUESTS FOR IHA&RHA 2011/2012

Health Assessment	Leicester City	Leicestershire County and Rutland	Children and young people moving into LLR (included in total per area)	Total
Initial Health Assessments	168	175	21	343
Review Health Assessments	358	323	123	681

6.2

Table 6 below shows a comparison per year between 2008 and 2012 of the number of requests received by health from all three local authorities to undertake the Initial and Review Health Assessments.

This table shows an increase in the total number of IHA requested year on year, from all three local authorities, but a downward trend in the number of RHA requested.

TABLE 6: COMPARISON OF NUMBERS OF REQUESTS RECEIVED FOR IHA/RHA 2008-2012

Health Assessment	April 2008 – March 2009	April 2009-March 2010	April 2010-March 2011	April 2011-March 2012
IHA	252	250	303	343
RHA	626	735	941	681
IHA / out of area	10	13	12	21
RHA /out of area	82	51	56	123

6.3

Table 7 Shows the downward trend in the requests for RHA received by Health from the local authorities between 2010/2011 to 2011/2012.

The local authorities have been notified about the reduced number of requests received in 2011/2012, and are to confirm that the data reflects the actual number of children and young people who required RHAs, especially when data as illustrated on Tables 1&3 shows an increase in the numbers of children and young people entering the care system. This data comparison has been discussed at the Health and Well Being Strategic Group for Looked After Children, where the impact on workforce planning for health was acknowledged. The group have supported the measures introduced by health in 2011 to improve access for social care to book appointments for IHA and RHAs.

6.4

Quarterly data monitoring from April 2012 will enable discussions with the local authorities to take place at the Health and Well Being Strategic Group for Looked After Children, where any actions required addressing the issue will be endorsed.

TABLE 7: DOWNWARD TREND IN REQUESTS FOR RHA 2011/2012

Local Authority	RHA requests 2010/2011	RHA requests 2011/2012
Leicester City	538	358
Leicestershire County and Rutland	428	323

7. SERVICE DEVELOPMENTS HEALTH OF LOOKED AFTER CHILDREN 2011/12

There have been a number of significant developments within the service during 2011/12:

- The Ofsted/CQC Inspection of Looked After Children Services
- Improving information about Confidentiality
- CAMHS and Promoting Emotional Health
- Use of Motivational Interviewing
- Promoting the childhood Immunisation Programme
- Improving Services for Care Leavers

7.1 The Care Quality Commission Inspection of Looked After Children Services 2011/2012

In 2011/2012 Ofsted and the CQC Inspection of Safeguarding and Looked After Children Services took place across all three Local Authorities. The health of looked after children was awarded an Outstanding for all three inspections. Ofsted and the CQC acknowledged the partnerships across the health economy and with social care that contributed to the positive outcome of the inspection for the health and well being of children in care.

The Inspections noted the service developments within the Looked After Children Health Team that have taken place from 2010 to date as examples that contributed to the outstanding grade. These have included:

- The development of earlier intervention by contacting the carers within 4-6 weeks of the child or young person's Initial Health Assessment to advance the health care plan
- Improving access to the service, achieved by the named nurses managing geographical caseload areas
- The use of Motivational Interviewing techniques.

The inspectors also acknowledged the work of the Health and Well Being Strategic Group for Looked After Children in driving a clear shared approach to continuously improving outcomes and meeting the needs of children in care

7.2 Consent and Confidentiality

During 2011/2012 there has been a strengthening of the emphasis to ensure that children and young people understand that their health records are recorded electronically and available to appropriate health personnel on a 'need to know' basis, and that this would include the recording of any discussions about sexual health. To gain the views of young people this was subject to discussion during the Leicestershire Partnership Trust 'Hear by Rights' consultation. It was also discussed with the Caldecott Guardian. Both negotiations resulted in a positive response to use electronic records for all health consultations involving sexual health discussion. A Confidentiality Statement to be used with children and young people in care was approved by the LPT Families, Young People and Children Division. This has now been approved for use across all children's services in LPT. The CQC Inspection also acknowledged an internal audit of the health care records of children in care where matters relating to consent to care and treatment were clearly identified.

7.3 Child & Adolescent Mental Health Services for Children and Young People in Care

A dedicated Looked After Children CAMHS Team – the Young Peoples Team, support the emotional well being children and young people in care in Leicester City, Leicestershire County and Rutland In 2011 – 2012 there has been an average of 930 children and young people in care, age 0-18 years old, across all three local authorities. The Young Peoples CAMHS Team have received referrals for 152 (16%) children and young people as indicated in Table 8.

TABLE 8: REFERRALS TO THE YOUNG PEOPLES CAMHS TEAM 2011-2012

Referral area	Number of young people in care referred 2011-2012
Leicester City	59
Leicestershire County &Rutland	62
Children and young people transferred into LLR from out of area	31
TOTAL	**152**

The 2011-2012 Ofsted & CQC Inspection acknowledged the dedicated Young Person's CAMHS team and mental health workers for looked after children. Highlighted was the support for staff from the well used CAMHS helpline, and the success of the single point of access and fast tracking of children in care and children and young people who self harm. The Inspectors were able to find evidence of rigorous monitoring of children and young people placed out of area, and highly responsive support for children and young people whose placements were in of danger of breaking down.

Kinship Care and CAMHS

The CQC requested a report about the number of children and young people whose care arrangements were living with Friends and Family. This cohort of looked after children do not receive any CAHMS services from the Young Peoples/LAC CAMHS team but are referred instead to CAHMS universal services. A scoping exercise in response to the CQC request found that in 2011-2012 of 150 children and young people living with Friends and Families (79 City & 71 County) 11 (7%) had been referred to Universal CAMHS requiring support. Further investigation provided the reassurance that these children and young people were not disadvantaged by a referral to Universal CAMHS due to waiting times for treatment, or any complaints about the quality of the service provided. This information has been provided for the CQC and also to the NHS LLR Cluster Commissioning Team, who will decide the future arrangements for CAMHS service delivery for children and young people subject to Friends and Family care.

CAMHS Development For The Specialist LAC Nursing Team

The Specialist LAC Nurses have undertaken training by the Young Person's CAMHS Team to discuss emotional health issues with children and young people in care. During 2011-2012 the specialist LAC Nurses engaged 433 children and young people in an in-depth discussion about their emotional health. This was supported by the development of an Emotional Health Tool designed in conjunction with the Young Person's CAMHS Team. Between 1st October and 30th December 2011, 25 children and young people were consulted about the use of the tool during their Review Health Assessments. 20 responses supported the use of the tool acknowledging that it helped them to talk about how they were feeling. 5 respondents reported that they 'feel fine' and would not require using the tool at their assessment. The use of the tool will be closely monitored throughout 2012-2013 with an emphasis on identifying issues of emotional isolation. The Specialist LAC Nurses discuss issues arising from the discussions with the Young Peoples CAMHS Team in addition to making direct referrals.

7.4 Motivational Interviewing

During 2011-2012 the Specialist LAC Nurses have received training and consultation for Motivational Interviewing (MI) Techniques from the Educational Psychology Service.

MI focuses on resistance therapy and can equip practitioners to work with a child or young person's anger and resistance, and it can encourage earlier engagement. More effective management of the consultation and interaction with children and young people can empower staff, increasing job satisfaction and help to retain a skilled workforce.

In December 2011, 6 months after commencing MI Training, the specialist LAC Nurses completed a simple 0-10 scale and questionnaire to test whether MI techniques were proving useful in their communications with children and young people in care. All 10 members of staff were able to confirm they were using MI in their consultations. Table 9 illustrates how useful the Specialist LAC Nurses were finding the use of the techniques in consultation with children and young people.

TABLE 9: SPECIALIST LAC NURSES SELF ASSESSMENT OF USEFULNESS OF MI TRAINING

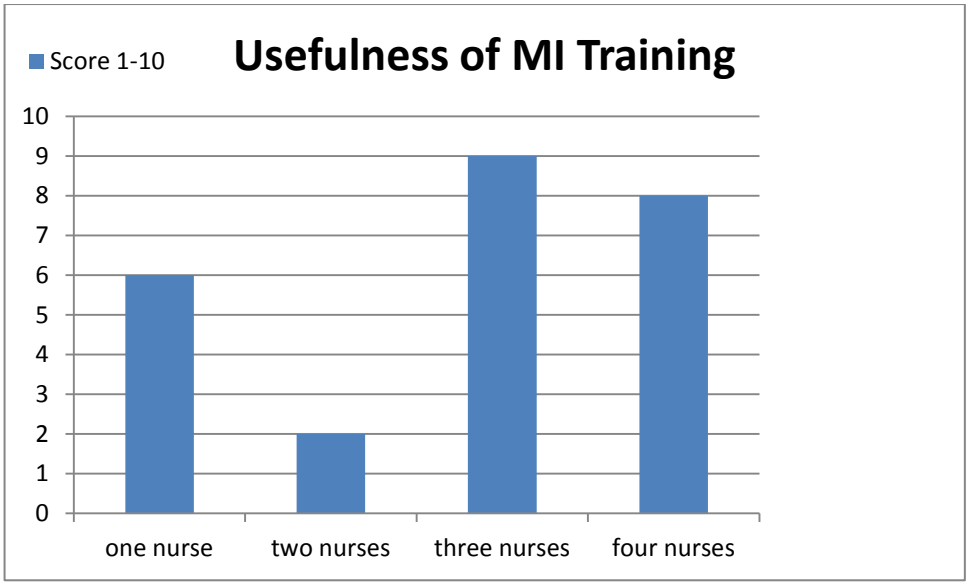


TABLE 10: SPECIALIST LAC NURSES COMMENTS RE USE OF MI

How useful have you found MI training?
Very useful skills taught; it's now up to me to make it work. Sometimes our YP are very resistant anddisinterested in attempting to engage.
Our YP are hard to reach so anything to assist us to engage positively is always greatly appreciated
It is a structured way of using skills that we already have but in a way that allows our clients to be more open and us more gently persuasive.
Do you have examples of any successful discussions?
I find that difficult to answer because MI is usually intermingled & I'm not always aware I'm using it at the time. I certainly feel that by using the technique I give as much opportunity as the YP wants to engage in conversation.
The scaling questions are very useful as the client is being more quantitive in their answers.
I have found it useful in some cases. I can get more of a discussion when used successfully.

7.5 Looked After Children & Uptake of the Childhood Immunisation Programme

During 2010/2011 the design of specific codes for children in care on SystmOne has improved the quality of the data identifying the uptake of the childhood immunisation for children in care. The new local reporting schedule commenced in April 2011. This was the first time a data monitoring system was able to report on uptake and compliance for children in care registered with GP practices across Leicester City, Leicestershire County and Rutland. The data does not provide reports dependant upon the local authority in which children in care are assigned to.

It is likely that there may be more completion of the immunisation programme than the data reflects. This is because children are only counted as achieved if they were immunised by the deadline immunisation date, to fall in line with the trust wide immunisation reporting criteria that receives the data from GP Practices. They delay in completion can be attributed in some instances to the children and young people registering with a number of GP practices as their foster placements change.

The Designated Nurse for Looked After Children receives quarterly reports of the immunisation status. Table 11 below details the 2011-2012 uptake of the programme by children in care in comparison to their peers in universal services across Leicester City, Leicestershire County and Rutland. The comparative data is taken from the most recent report from the NHS Information Centre for Health and Social Care National Statistics Immunisation Statistics 2010 -2011. The shortfall across some areas of the programme has been discussed with local authority representation at the Health and Well Being Strategic Group for Looked After Children, and the Specialist Nursing Team.

To address the shortfall and promote compliance, the Specialist Nursing Team have reinforced the positive benefits of the childhood immunisation programme during the telephone discussion with carers 4-6 weeks post IHA, and during the RHAs. Between April 2011 and March 2012 the LAC Nurses provided additional support to 205 carers whose children or young people had entered the care system unimmunised or incompletely immunised. The support the Specialist LAC Nurses offered enable the carers to navigate and access the programme, and coordinated the service with GP practice nurses. Additional support was offered to children and young people with learning difficulties or needle phobias. This involved one to one work with the children and young people, and, supporting the carers with behavioural advice. This particular work to improve the uptake of immunisations received acknowledgement by the CQC as part of the Leicester City 2011 CQC Inspection.

TABLE 11: LOOKED AFTER CHILDREN WHO HAVE COMPLETED RELEVANT CHILDHOOD IMMUNISATIONS April 2011 – March 2012

% England- NHS Information Centre for Health and Social Care National Statistics Immunisation Statistics 2010 -2011

Immunisation Type	Leicester City Children in Care	Leicester City	Leicestershire County & Rutland Children in Care	Leicestershire County & Rutland	% England
Immunisation rate for children aged 1 who have completed immunisation for diphtheria, tetanus, polio, pertussis, Haemophilus influenzae type b (Hib) - (i.e. all 3 doses of DTaP/IPV/Hib) - calculated	100	94.2	100	96.4	94.2
Immunisation rate for children aged 2 who have completed immunisation for pneumococcal infection (i.e. received Pneumococcal booster) (PCV) - calculated	100	90.1	76	92.8	89.3
Immunisation rate for children aged 2 who have completed immunisation for Haemophilus influenzae type b (Hib), meningitis C (MenC) - (i.e. received Hib/MenC booster) - calculated	100	93.2	88	95.6	91.6
Immunisation rate for children aged 2 who have completed immunisation for measles, mumps and rubella (MMR) - (i.e. 1 doses of MMR) - calculated	100	90.4	76	91.8	89.1
Immunisation rate for children aged 5 who have completed immunisation for diphtheria, tetanus, polio, pertussis (DTaP/IPV) (i.e. all 4 doses) - calculated	62	96.6	79	98.2	86.8
Immunisation rate for children aged 13 to 18 who have been immunised with a booster dose of tetanus, diphtheria and polio (Td/IPV) – calculated	65		49		No percentage available

7.6 Improving Services for Care Leavers

In spring 2012, a partnership bid between LPT,Leicester City YMCA and Social Care secured One Million Pound funding to support wrap around care for the most difficult to engage care leavers. Young people voted to name the project the 'YPod'
Successful recruitment of 12 young people who form the Young Person's Shadow Board, to ensure inclusive service development.
The project will be lead by the Leicester City YMCA, including the recruitment of a Project Lead and 3 case workers.

8. ENGAGEMENT WITH CHILDREN, YOUNG PEOPLE

8.1 Ofsted Focus Group of Children and Young People in Care

The Ofsted/CQC Inspection interviewed focus groups of young people in care who reported that they value highly the dedicated looked after children nurses and that the support provided improves their well-being and reduces their risk taking behaviour

8.2 Looked After Children Health Team- Service Evaluation and Evidencing Impact

From February 2012 concurrent service evaluation has taken place by the Specialist LAC Nurses engaging the children and young people in completing a questionnaire about the usefulness and impact health information discussions with the Specialist LAC Nurse.The questionnaire is used following two or more episodes of care (two or more consultations) with a child/young person. The Nurses aim to engage two children or young people a month in this discussion. Themes and responses from the questionnaire will be used in future service development.

During February/March 2012 there were 22 responses to the questionnaires, outlined in Table 12. The responses were shared with the CQC Inspector alongside the evidence of the discussion in the SystmOne record.

TABLE 12: CHILDREN AND YOUNG PEOPLES EVALUATION OF HEALTH DISCUSSIONS

Was this good information yes/no?	Can you tell me what you have learned from it?	Has it made you think more about your health?	In what way has it made you think about your health?
100% yes responses	Smoking damages the body Knowing how to use health services Need to protect myself when having sex Changes to boys and girls at puberty Difference between trust and respect I need to think about my behaviour if I have a girlfriend How important it is to use a condom I understand the changes ….and think about becoming a woman and what changes to expect. Growing up and keeping safe when out and about I know what's happening to my body	100% yes responses	Thought about giving up smoking Attending sexual health clinic I don't want an infection Need to protect myself when having sex Doing testicle checks for lumps and bumps every month in private

8.3 Leicester City Children in Care Council Review of the Be Healthy Pledge

In October 2011 the review of the first year of the Pledge for Children in Care was held between the Corporate Parent Forum and the Children In Care Council. Both parties had small group discussions regarding the themes of the Pledge - with regard to the theme 'Being Healthy' the following views were reported to Children in Care Officers taking part in the event:-

1. To ensure carers always encourage young people to eat, to do regular activities, teach cooking skills and at an earlier age to prepare young people for leaving care.
2. Young people felt counselling support was missing from the Pledge, at a time they wanted to access it themselves and not in the school environment.
3. To have gym memberships available as part of the leisure card for 16+ looked after young people.

Ofsted Care 4 Me Survey

In November 2011, 45 looked after children and young people from Leicester City took part in Ofsted Care 4 me survey. This was an online/mail-out questionnaire and included questioning children and young people age 6 – 17 years old. 28 of the children and young people were living in foster care, 11 in children's homes and 6 with relatives. Table 13 outlines the findings of the survey;

TABLE 13: OFSTED CARE 4 ME SURVEY

Question	Yes Responses	No Responses	Other comments
Do you have a healthy diet	38	1	6 reported their diet varies
Do you have enough exercise	30	4	11 reported it varies
Do you have a good choice of hobbies and activities	37	3	5 reported 'just ok'

The responses to the surveys and questionnaires are to be taken forward as part of the discussions at the Leicester City Corporate Parenting Executive. These include the issue of accessing counselling support and the promotion of the Leisure Card by the Specialist LAC Nurses and Social Workers.

9. SEXUAL HEALTH AND TEENAGE PREGNANCY

9.1

Reducing the incident of teenage pregnancy has been identified as a key target in the local Children and Young Person Plans and Joint Strategic Needs Assessments. Increased vulnerability and past life experiences of looked after children make them more likely than their peers to get pregnant.

9.2

For young people in the care system accessing contraceptive services can be a challenge. It can be difficult for some young people to form supportive relationships in which they feel

confident to discuss intimate issues. Some may have difficulty accessing local provision, particularly if they have moved to a new area following placement changes.

9.3
To begin to address these issues and improve access for young people to contraceptive services the Specialist LAC Nurses are able to offer contraceptive choices from a 'clinic in a box' service. Activity data reports show 243 young people accessed the service during 2011/12. In November 2012 data collection was put on hold whilst decisions were made within FYPC about the electronic recording of sexual health discussions on SystmOne. However the responses from young people as shown on Table 12 above provides further evidence that the aims of this service are being met. Furthermore, the 2011 Leicester City CQC Inspection has noted the quality and appropriateness of the use by the Specialist LAC Nurses of the 'baby think it over doll' that aims to encourage delay in the age at which a young woman becomes pregnant.

9.4
The overall aim of the services is to enable the young person to confidently discuss their sexual health needs and be able to access mainstream services.

9.5
From Autumn 2011 pregnany teenagers in care have had the opportunity to access the services of the Family Nurse Partnership in Leicester City and Early Start in Charnwood. Both are significant service developments providing holistic and intensive support to young pregnant women. The outcomes and benefits for the pregnant teenagers in care who have engaged with these services will be reported in the 2012/2013 Annual Report

10. NOTIFICATION OF TRANSFER OF LOOKED AFTER CHILDREN

When the local authority decides to place a child out of area, because there is no suitable accommodation within their area to meet the child's needs, the transferring PCT remains responsible for ensuring continuity of health care to ensure timely, quality services are in place. The Guidance for this is issued by the Department of Health (2007) in -Who Pays? Establishing the Responsible Commissioner. The document also recommends that as a matter of good practice the originating PCT should notify the PCT in which the child is being placed. Nationally, commissioners have raised a variety of charges for undertaking Initial and Review Health Assessments on behalf of other PCTs.

Nationally notification processes between social care departments and health are not always robust. The implications of this for safeguarding children have been recognised by Serious Case Reviews. If health is not aware that a child/young person is in their area, multi agency decision making cannot take place.

The NHS LLR Cluster Commissioner and the Designated Nurse for Looked After Children have engaged in National discussions at the Department of Health where there has been agreement to:

- Work towards an agreed transfer of budgets for IHA & RHAs
- Producing a Quality Standard to check the quality of the assessment prior to payment

- Explore the feasibility of using a NHS Mailbox system to ensure communication between local authorities and health

Further discussions to advance this work are taking place with the East Midlands Strategic Health Authority.

This includes supporting the Tier Two Regional Directors of Social Care in the design and management of an interim Regional Directory and Protocol.

The LSCBs and Leicester City & Leicestershire County and Rutland Clinical Commissioning Groups are being updated with the progress of this work.

11. TRAINING

During the period April 2011- March 2012 a total of 52 Foster Carers from across all three local authorities attended Health Training delivered by the Specialist LAC Nurses.

Discussions to redesign the training programme and improve uptake took place in January 2012 at the Supervising Social Worker and Health Group. The meetings are held quarterly between representatives from the Social Care Team who support foster carers and the Designated and a Named LAC Nurse. They aim to ensure that health work with fostering services takes forward the recommendations of the Statutory Guidance for Promoting the Health and Well-being of Looked After Children (DoH 2009) In 2012/2013 improve access to training is supported by foster carers being able to access training delivered at a venue closer to their home.

12. AUDIT

The CQC Inspections 2011/2012 noted that all LAC health records seen complied with statutory guidance and professional guidance and showed some exceptional work with the most vulnerable looked after young people especially those who have been sexually exploited.

During 2011-12 the development of a local tool to audit the health records against the delivery of services outlined in the Statutory Guidance for the Health and WellBeing of Looked After Children (2009) took place to support the health contribution to the Ofsted ‘mock inspection programmes’ across the three local authorities.

The final LAC Audit Tool that emerged from this work was agreed between the Designated Nurse and Designated and Named Doctor in November 2011. From November 2011- March 2012 the tool supported a total of 48 looked after children health files (5% of the caseload) as part of the Ofsted &CQC Inspections 2011/2012. The audits included Initial and Review Health Assessments and SystmOne records of the period from December 2010- March 2012, and covered the 0-18 age range.

Table 14 provides an overview of the audit findings. The records audited indicated that the health and well being needs of children and young people were being met. Key developments to improve the quality of the consultation and record keeping have taken place since December 2011 that will aim to address:

- Increasing the percentage of the 79% recording of who accompanies children and young people to health appointments
- Increase the percentage of 43.75% confidentiality explanations - supported by the new FYPC Confidentiality Statement
- Offer an (age appropriate) confidential discussion
- Increase the percentage of 75% recorded Ethnicity and Religion.

37% or 18 of the 48 files audited were of babies and children age 0-4, and therefore some items audited were not applicable to the children's age and development.

The 39.5% Not Applicable response to the offer of a confidential discussion arises from the age appropriateness of the child, and that some consultations with young people were already on a one to one basis with the Specialist LAC Nurse.

From April 2012 these items will be monitored through quarterly auditing of 10 files. Performance monitoring and will be reported to the Strategic Group for the Health and Well-being of Looked After Children.

TABLE 14: LOOKED AFTER CHILDREN HEALTH RECORD AUDIT

Audit Criteria	Percentage response Yes	Percentage response No	Percentage NA
Gender	100		
Religion	75	12.5	12.5
Ethnicity	75	25	
Child with disability	4	96	
Details of who accompanied LAC to assessment	79	21	
Confidentiality explained	43.75	14.5	41.75
Confidential discussion offered	37.5	22.9	39.5
Fully immunised	85.5	14.5	
GP	100		
Dentist	70.8	8.3	20.8
LAC language/cultural needs supported?	2		97.9
Living in environment where health is promoted?	95.8	2	2
Question re bullying?	47.9	14.5	37.5
Agreed health care plan in place?	100		
Discussion with others to advance health care plan	60.4	2	37.5
Appropriate services for identified mental health needs	10.4	2	87.5

Audit Criteria	Percentage response Yes	Percentage response No	Percentage NA
Appropriate services for identified health risk factors	12.5		87.5
Evidence of good outcomes for the care delivered?	52	4	43.75

13. CONCLUSION

2011/2012 has been an exceptionally busy period for looked after children's health services in meeting the preparation and demands of three Ofsted/CQC Inspection This annual report has described the progress made by the looked after children's health team to improve access and engagement with children in care and in partnership with carers and other agencies.Work has focussed on improving engagement of children and young people in the design of the service delivery. It has been very encouraging to receive the 2011/2012 Ofsted/CQC Inspection report from the focus groups of young people in care who reported that they value highly the dedicated looked after children nurses and that the support provided improves their well-being and reduces their risk taking behaviour.

In 2012/2013 the key challenge will be to for health to support the delivery of key issues raised by the children and young people to meet the be-healthy pledge, and to ensure wider participation captures the age and ability range of children and young people in care.

THE FUTURE PLANS FOR 2012/2013

The team will engage in the development of enabling projects and opportunities to improve the

provision of services that include the following;

Taking forward the learning and cross cutting themes from the health and partnership arrangements that are providing intensive support and wrap around care to the most vulnerable children and young people in care. These arrangements are;

- Leicester City 'Y-Pod' Big Lottery funding for a partnership approach to developing services for young people leaving care, and known to the Youth Offending Team.
- Leicestershire County Department of Health Funded Pathfinders Project –Diverting Young Offenders
- Family Nurse Partnership- Teenage Parents Project Leicester City
- Early Start Programme- Teenage Parents Project Leicestershire County

The British Adoption and Fostering Form (BAFF) is being reviewed to ensure that the assessment framework continues to be fit for purpose and meets the needs of the local looked after population.

FOSTERING MEDICAL SERVICE

Role of the Fostering Medical Adviser

- The role of the fostering Medical Adviser is to evaluate and provide advice on the health and lifestyles of prospective foster carers to the Fostering Panel.
- Health advice is given for adults going through the process of fostering.
- Provide teaching, training and updates to professionals on issues relating to fostering.
- Provide an annual report on the service.
- Represent health and be a member of the Fostering Panel.
- Close working with Designated Doctor/Nurse for Looked After Children and Adoption Service Colleagues.
- Ensure effective team work and liaison with colleagues in health, social care and education to the benefit of the child.

Service Delivery

The Medical Adviser for fostering reviews all the health reports on the applicants, which have been completed by the applicant and their GP - liaising with specialists when necessary.

The Medical Adviser evaluates the health information and advises Fostering Panel members about any implications in relation to the fostering role.

During the assessment by social services, if the social worker has identified any health problems likely to impact on the fostering role, they can liaise and discuss the case with the Medical Adviser.

Fostering Panel

Every month, the Fostering Panel meets to discuss the applications.

There are three Fostering Panels which cover Leicester City, Leicestershire and Rutland.

The current Fostering Medical Advisers are:

- Dr Goraya - Leicestershire and Rutland
- Dr Davies - Leicester City

Both are based at Bridge Park Plaza.

Leicester, Leicestershire and Rutland Fostering Medical Service Statistics For The Period January to December 2011

TABLE 3: New Case Activity – Fostering Medical Service

Description	2010	2011
City Panel - new cases	124	146
County Panel - new cases	95	136
Rutland Panel - new cases	3	6
Total new case activity for medical advisory team	**222**	**288**

TABLE 4: Review Case Activity – Fostering Medical Service

Description	2010	2011
City Panel - Review cases	145	220
County Panel - Review cases	148	15
Rutland Panel - Review cases	7	0
Total review case activity for medical advisory team	**300**	**235**

The total Fostering Medical Advisory activity during this period = 523 cases.

ADOPTION MEDICAL SERVICE

Adoption is the legal process by which parental responsibility for a child or young person is vested in a new parent or parents. It is a permanent and lifelong commitment.

The Adoption Agency Regulations 2005 recognise the importance of medical contribution in the context of adoption and every Adoption Agency is required to make arrangements for the appointment of at least one medical practitioner to be the Agency's Medical Adviser.

Role of the Adoption Medical Adviser

- Undertake pre-adoption medical assessments of the child moving to adoption.
- Prepare statutory medical reports on the child.
- Provide expert advice to the Adoption Team in relation to the child's identified present and lifelong health needs
- Collate medical information and advise of suitability on health grounds of prospective adoptive parents and report to the Adoption Team
- Counselling of prospective adoptive parents about health needs of the child.
- Represent Health and be a member of the Adoption Panel.
- Create policies and procedures within the healthcare setting to enhance the health provision to children looked after and those moving to Adoption.
- Monitor policies and procedures ensuring timescales are adhered to within the Adoption Framework.
- Provide an Annual Report on the service.
- Provide teaching, training and updates to Professionals on issues related to Adoption.
- Close working with Designated Doctor/Nurse for Looked After Children and Fostering Service colleagues.
- Ensure effective teamwork and liaison with colleagues in Health / Social Care Services / Education to the benefit of the child.
- Maintain lines of communication for and with the child/young person moving to adoption taking their views into account

Medical Advisers for Adoption for Leicester, Leicestershire and Rutland Adoption Agencies:

- Dr Anne Simpson
- Dr Sian Davies
- Dr Vesna Augustic

The Medical Advisers are Community Paediatricians and are based at Children's Services, Bridge Park Plaza

Service Delivery Over The Year 2011

There has been inconsistency in staffing during the year due to one of the medical advisers being on secondment for six months. This, together with increased workload in terms of increasing numbers of requests for medicals and additional panels has put significant added pressure on the service

Specific Issues addressed to date:-

All practice procedures and pathways receive on-going review by Medical Advisers, Adoption admin support and colleagues within SCS Adoption Team in order to enhance and maintain the efficiency and quality of the service.

Continuation of regular meetings between Medical Advisers with SCS Managers of the LLR Adoption Service to address operational, strategic and inter-agency issues.

A concerted attempt to set up a pathway for the completion and return of the M&B (Mother & Baby) Forms has not been totally successful for various reasons. It is however hoped that this issue will be resolved during 2011-2012 as it is felt vitally important to have the fullest possible information about a child in order to advise on present and future health needs.

A successful formal training programme is on-going with medical colleagues in Fostering and LAC services for training grade doctors - Senior House Officers and Specialist Registrars - within the Community Paediatric Department to ensure competencies are achieved.

Present standards have been evaluated and given targets have been exceeded they have been raised for the following year

Adoption Activity Statistics for the year January to December 2012

Data is collated on the children and young people moving to adoption and on prospective adoptive parents.

Number of children seen for pre-adoption medical assessments	**102**
Number of prospective adoptive parent assessments and reports	**96**
Number of Counselling sessions with prospective adoptive parents	**24**
Number of pre-adoption medical reports provided on children	**102**
Number of Adoption panels (City and County)	**27**

The demand on the service is significantly increasing in all aspects of the work. There is an increase in the number of children moving to adoption leading to an increase in medical assessments, an increase in the number of counselling sessions and Adoption Panel work. This is resulting in capacity issues for the Medical Advisors and admin staff.

Plans for Future Development

Medical reports on child moving to adoption.

The improvement of the quality of the medical report for the Adoption Team and Adoption Panel has been addressed and implemented. In addition a formal medical report regarding a child is now sent to adopters following matching. This has been well received by social workers and adoptive parents.

Blood Borne Virus Pathway.

A city and countywide pathway for screening looked after children for blood borne virus (Hepatitis B, C and HIV) infections if deemed at risk is proposed. At present many children are identified late for screening and there is no clear guidance for counselling and testing.

Standards/Audit.

The auditing of new clinical standards on SystmOne is being implemented and we aim to use it to help collate clinical information.

Examples of desired outcomes for the service that we could audit are :

- Identifying health needs and implications for the future of the child moving to adoption.
- Medical advice on the child moving to adoption and on prospective adoptive parents being communicated well to Adoption Panel.
- Medical advice communicated effectively to prospective adoptive parents to help plan for successful matching of the child.
- An audit is being proposed to look at the current blood borne virus screening process.

Adoption Awareness

Awareness of issues of adoption will be raised to professional colleagues via teaching and training.

Multidisciplinary Working

The integration of services particularly between paediatric colleagues and Looked After Children services for the benefit of the child/young person will be progressed.