

Paper for submission to the Corporate Parenting Board

Title of Report:	Health Services for Children and Young People in Care (CYPiC) Annual Report (Aug 2022 – July 2023)	Enc No:
Author:	Laura Powell CYPiC Team Lead (Royal Wolverhampton Trust)	
Presenter/Exec Lead:	Rebecca Grainger	

Action Required of the Board/Committee/Group

(Please remove action as appropriate)

Decision	Approval	Discussion	Other- Assurance
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Recommendations:			
The Board is asked to note the contents of the report and receive it for discussion and assurance.			

Implications of the Paper:

Risk Register Risk	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Description: Deliver a safe and high-quality service (Children and Young People in Care) On Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable) :		
Changes to BAF Risk(s) & TRR Risk(s) agreed	Risk Description: Deliver a safe and high-quality service (Children and Young People in Care) Is Risk on Risk Register: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Risk Score (if applicable): 6		
Resource Implications:	Workforce: Staying Close Bid for Care Leavers Nurse has been successful and will be recruited to. Funding Source: Local Authority.		
Report Data Caveats	This is a standard report using the previous month's data. It may be subject to cleansing and revision.		
Compliance and/or Lead Requirements	CQC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the Trust's compliance with CQC fundamental standards
	NHSE	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: : Contribution to the Trust's compliance with NHS Oversight Framework requirements.
	Health & Safety	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
	Legal	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the Trust's compliance with legal framework such as Children Act, Promoting the Health & Wellbeing of Looked after Children, NICE guidance for Looked After Children.

	NHS Constitution	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Details: Contribution to the NHS Constitution principles
	Other	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Details:
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieve good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Well-led: the leadership, management, and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>		

Equality and Diversity Impact	<p>In being awarded the Race Code mark, the Trust agreed to increase its awareness and action in relation to the impact of Board & Board Committee business on people with reserved characteristics. Therefore, the Committee must consider whether anything reviewed might result in disadvantaging anyone with one or more of those characteristics and ensure the discussion and outcome is recorded in the minutes and action taken to mitigate or address as appropriate.</p> <p>Please provide an example/demonstration: No adverse impact is anticipated as a result of the points articulated in this report.</p>		
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Report Journey/Destination or matters that may have been referred to other Board Committees	Working/Exec Group	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date: Shared with Trust Safeguarding Group 6/9/23.
	Board Committee	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Board of Directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
	Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:

Summary of Key Issues using Assure, Advise and Alert

Assure

Matters of concerns, gaps in assurance or key risks to escalate to the Board/Committee

- There has been an overall increase observed in relation to the IHA requests completed within 20 working days from entering care (within provider control).
- There has been an improvement in compliance in relation to the number of RHAs we have received on time from the Local Authority and which have been completed by the due date (within provider control).
- All UASC are allocated to a Named Nurse for CYPiC and intervention is tailored around their needs with a follow up at week 6 following their IHA and again at week 12.
- The compliance for the number of young people leaving care (age 18 years of age) that have received a leaving care health summary has steadily improved from 0% to 100% in 6 months with an average compliance across the year being 83%.
- There is currently work being undertaken with Adoption@Heart, Local Authority, Child Health and RWT to strengthen pathways and Standard Operating Procedures around the adoption processes.
- The Staying Close bid for a Care Leavers Nurse was successful and will be recruited to once signed off.

Advise

Areas that continue to be reported on and/or where some assurance has been noted/further assurance sought

- In April 2023, it was agreed that reporting should be aligned with the Local Authority in that IHA compliance would be reported from the month the child entered care rather than the month the IHA was returned to the Local Authority.
- The number of days the child entering care to the CYPiC health team being notified has reduced with both teams (RWT and Local Authority). Both are working together capturing the admissions to care, notifications and a change in process with consent forms being completed on the day of being placed. This continues to be addressed.
- Difficulties in booking IHAs and RHAs and the attendance of these has been escalated to the Local Authority with pathways in place to support this. A quarterly audit is undertaken by the CYPiC Lead and a joint action plan with Local Authority progressed.

Alert

- A risk register is maintained and reviewed on a monthly basis by the CYPiC Team Lead and Governance Officer to ensure all gaps are identified and controls in place to mitigate.
- Audits and analysis continue to take place to monitor and improve on performance and provide assurance against the NICE guidelines. This includes both IHAs and RHAs.

Links to Trust Strategic Aims & Objectives (Delete those not applicable)

Excel in the delivery of Care

- Embed a culture of learning and continuous improvement
- Prioritise the treatment of cancer patients
- Safe and responsive urgent and emergency care
- Deliver the priorities within the National Elective Care Strategy
- We will deliver financial sustainability by focusing investment on the areas that will have the biggest impact on our community and populations

Support our Colleagues

- Be in the top quartile for vacancy levels
- Improve in the percentage of staff who feel positive action has been taken on their health and wellbeing

	<ul style="list-style-type: none">• Improve overall staff engagement• Deliver improvement against the Workforce Equality Standards
<i>Improve the Healthcare of our Communities</i>	<ul style="list-style-type: none">• Develop a health inequalities strategy• Reduction in the carbon footprint of clinical services by 1 April 2025• Deliver improvements at PLACE in the health of our communities
<i>Effective Collaboration</i>	<ul style="list-style-type: none">• Improve population health outcomes through provider collaborative• Improve clinical service sustainability• Implement technological solutions that improve patient experience• Progress joint working across Wolverhampton and Walsall• Facilitate research that improves the quality of care

The RWT Children and Young People in Care Team

This report covers from August 2022 to July 2023. The team (managed by Head of Safeguarding) currently consists a skill mix of:

- Named Doctor for CYPiC (who is also one of two Medical Advisors for Adoption and Fostering) (Community Paediatricians with allocated hours for CYPiC)
- 2 Medical Advisors for Adoption and Fostering
- Speciality Paediatric Doctor
- GP with a Special Interest in Paediatrics
- Children and Young People in Care Team Lead (Band 8a)
- 2 Named Nurses for CYPiC (Band 7)
- 2 Specialist Nurses for CYPiC (Band 6)
- Administration team (including: 4 permanent members of staff) (3xBand 3 & 1xBand 4)

Statutory health activity

Statutory Health Assessments

- Initial Health Assessments (IHAs) are undertaken by the Community Paediatricians, Speciality Paediatric Doctor or GP with a Specialist Interest in Paediatrics.
- Review Health Assessments (RHAs) are undertaken by:
 - Named Nurses for CYPiC
 - Specialist Nurses for CYPiC
 - 0-19 Service including Health Visiting, School Nursing and Partnering Families and Health inclusion Team
- The team complete all RHAs for those children and young people placed up to the 50-mile radius.
- All RHAs are RAG rated to ensure the assessment is undertaken by the same practitioner for continuity for the child and in a setting to best meet the needs of the child.
- The team complete assessments for CYP placed within Wolverhampton under the care of out of area Local Authorities. For this report focus will be on those assessments undertaken for CYP looked after by Wolverhampton.
- All RHAs are undertaken face to face albeit virtual assessments are considered if there are significant difficulties engaging young people with the discussion and agreement with the Local Authority on an individual basis.

Initial Health Assessments (IHAs)

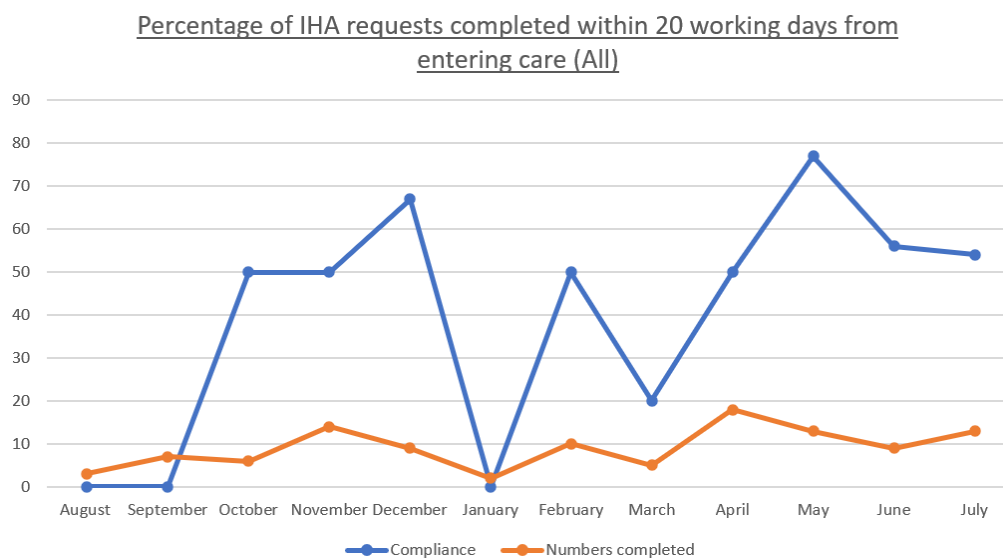
- Figure 1 shows the number of IHAs completed within the reporting period. A total of 109 assessments were completed. There were peaks noted in November and April with lower peaks noted in May and July. In addition, 33 IHAs were completed for CYP for children placed in Wolverhampton by other local authorities.

Figure 1 – Number of IHA requests completed and returned to the Local Authority



Figure 2a – Percentage of IHA requests completed within statutory timescales of within 20 working days from entering care (All)

The following graphs show compliance of IHAs completed within statutory timescales (within 20 working days from the child entering care). Figure 2a shows the compliance for the total number of IHAs whilst Figure 2b shows the compliance within provider control (those IHAs received within 5 working days of the child being placed into care).



This graph shows an overall increase in compliance across the reporting period albeit 2 reductions in compliance observed in January and March when the IHA referrals were lower. In April there was an increase noted in the number of referrals received however this was supported with Waiting List Initiative (WLI) clinics.

Figure 2b – Percentage of IHA requests completed within statutory timescales of within 20 working days from entering care (within provider control)

The following graph captures the compliance for IHAs received within 5 working days of the child entering care. Again, an overall increase has been observed. Exceptions around this include foster parent cancellation or declining the initial appointments and the child not being brought to their appointment.

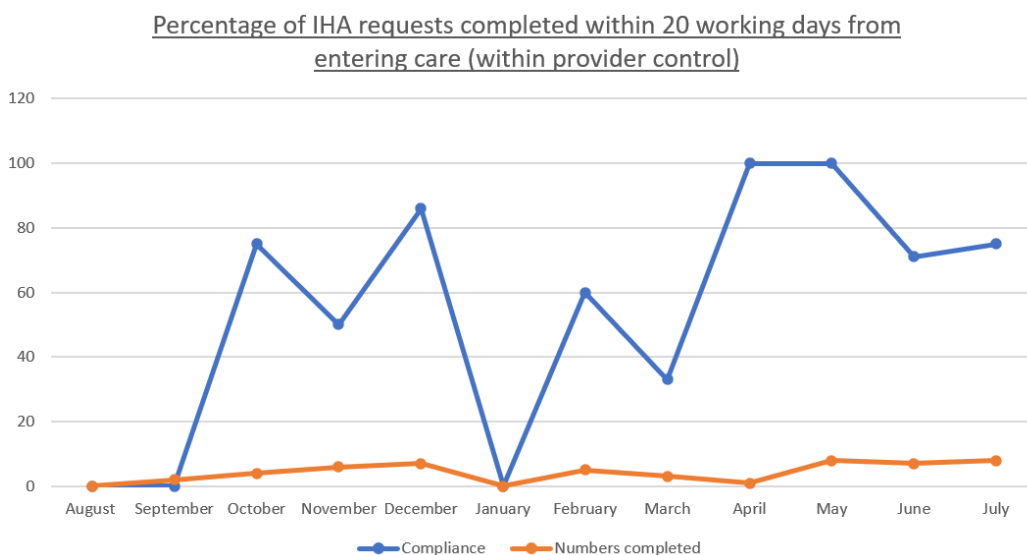
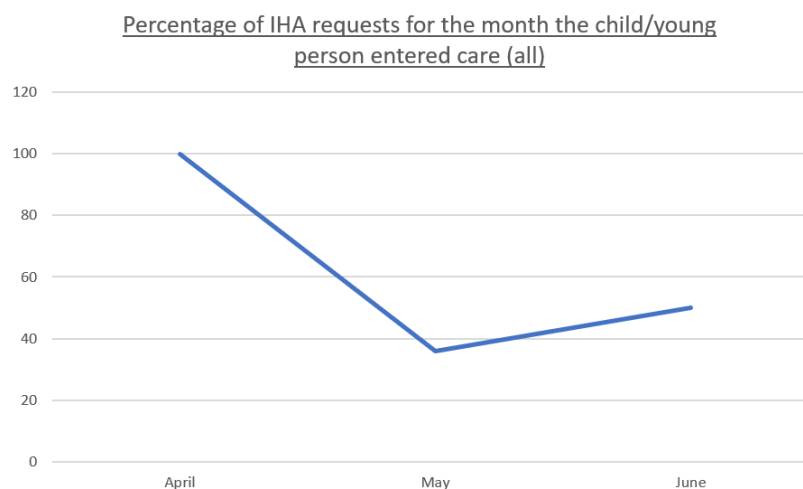


Figure 2c – Percentage of IHA requests for the month the child/young person entered care (all)

In April 2023, it was agreed that reporting should be aligned with the Local Authority in that IHA compliance would be reported from the month the child entered care rather than the month the IHA was returned to the Local Authority. Therefore, Figure 2c demonstrates this compliance since April 2023. This data presentation was only commenced in April whereby the compliance was 100% therefore shows a drop in compliance before rising to 50%.



- Due to the reduction in IHA compliance, a review was undertaken and thereafter changes were made.

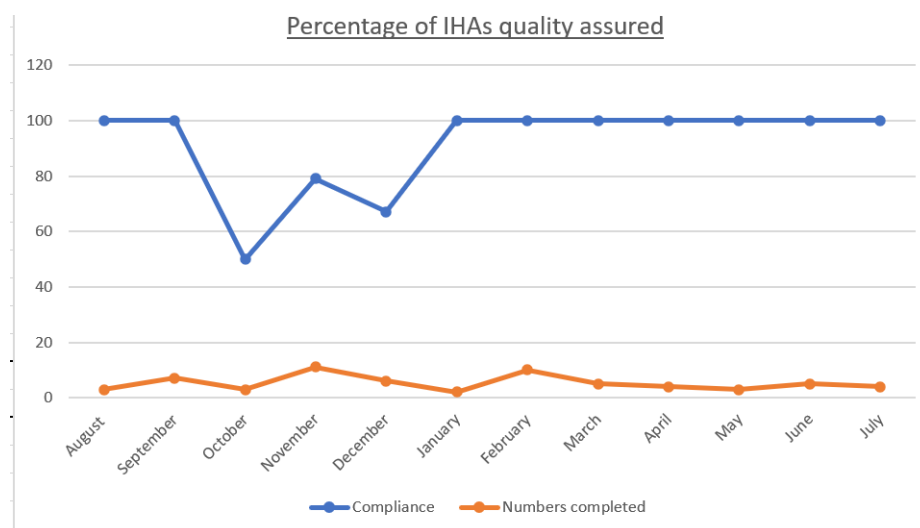
- Difficulties in booking IHAs and RHAs and the attendance of these has been escalated to the Local Authority with pathways in place to support this. A quarterly audit is undertaken by the CYPiC Lead and a joint action plan with Local Authority progressed.
- The number of days the child entering care to the CYPiC health team being notified has reduced with both teams (RWT and Local Authority) working together capturing the admissions to care, notifications and a change in process with consent forms being completed on the day of being placed. This has supported a timelier receipt of request and therefore booking a child's IHA. This continues to be addressed. Timeframes of assessments also forms part of the Health and Local Authority networking events to raise awareness around the importance of timeframes to be followed.
- Health passports continue to be issued to the child or young person at their IHA with a view these stay with the child or young person throughout their care journey and contribute towards their understanding of health, development, and wellbeing.

Percentage of IHAs quality assured within 5 working days of completion

- In February 2023, it was requested we review the quality assurance process as this was seen as a potential delay in the IHA being returned. It was agreed to trial 1 in 5 IHAs being quality assured. This has continued and is closely monitored by the Designated and Named Doctors for CYPiC and has positively contributed to the timely return of IHAs.

Figure 3

Figure 3 shows the percentage of and numbers for those IHAs quality assured. Whilst there was an evident dip in compliance in October, November and December due to capacity, this has been corrected with 100% compliance since.



Review Health Assessments (RHAs)

- All RHAs are undertaken face to face following the covid restrictions unless there are identified difficulties with engagement whereby a case-by-case decision will be made by the Nurse and Social Worker.
- The nursing team continue to RAG rate all RHA requests to ensure the most appropriate method of contact, environment and practitioner is selected to support continuity for the child or young person and to support engagement as well as identifying reasonable adjustments

required. Following this, the administration team contact the foster parent and/or young person to arrange an appointment convenient to meet their needs.

- The team offer 'out of school hours' appointments and flexibility to support with attendance at appointments.
- There was a total of 352 RHAs reportable to the ICB over the reporting period.

Figure 4

Figure 4 shows the number of RHAs which were received on time from the LA and completed by the due date (within provider control). As figure 4 demonstrates, there has been a further improvement in compliance with an average compliance rate of 78% in comparison to 71% for the last reporting period. These figures are continually monitored and provided for assurance within the monthly Trust Safeguarding Group. New processes of the CYPiC Health Administration team sending the lists 4 months ahead of the due date has supported this compliance.

Percentage of RHAs which were received on time from te LA and completed by the due date

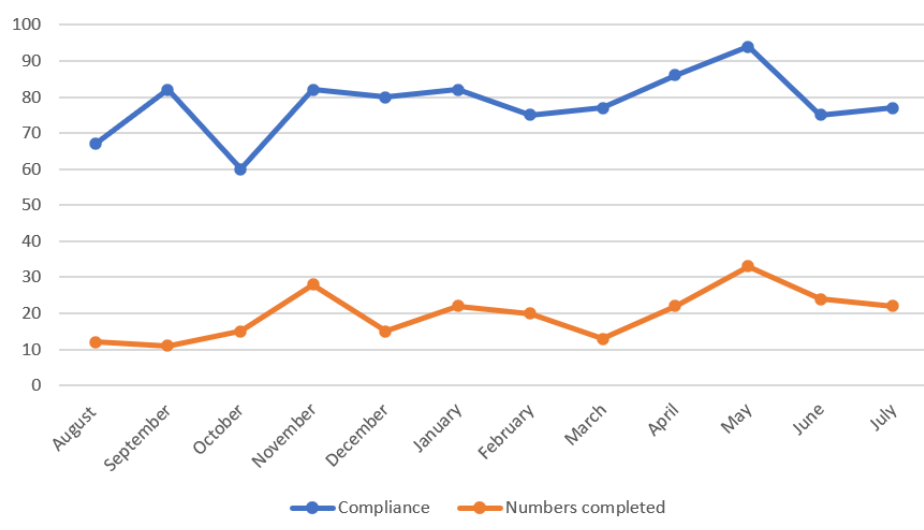
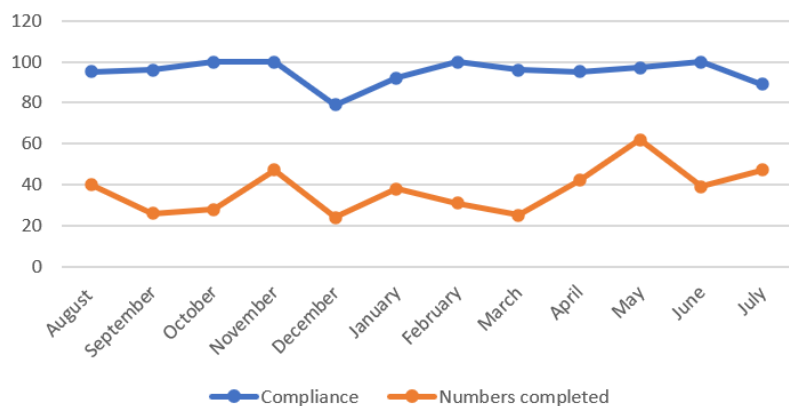


Figure 5

Figure 5 shows the percentage of RHAs quality assured within 5 working days of being returned by the practitioner. All RHAs completed outside of the nursing team are quality assured with only 1:5 of the CYPiC team quality assured. This shows a good steady compliance rate.

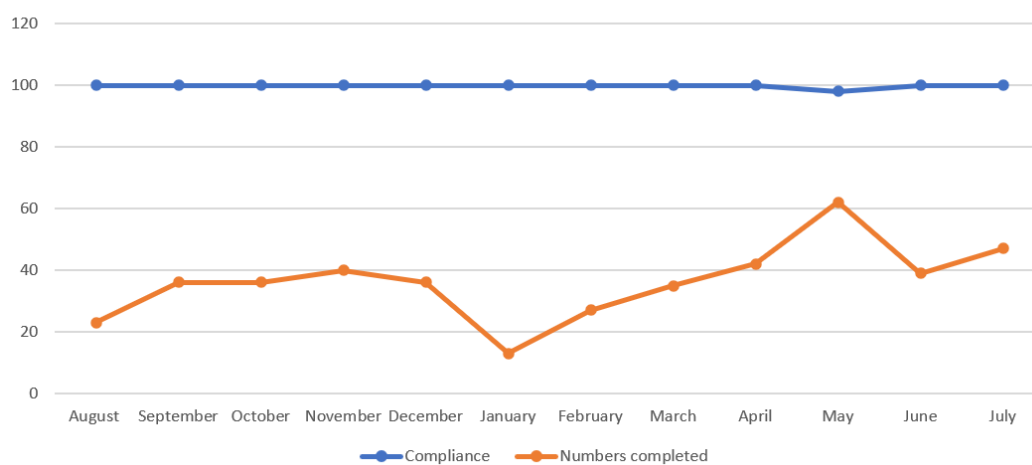


- The nursing team continue to complete training around completion of RHA monthly, directed towards 0-19 Service practitioners completing assessments to support with ongoing quality improvement. One to one sessions are also arranged if this is required as well as CYPiC supervision.

Figure 6

Figure 6 provides assurance of the sustained full compliance of RHAs being returned to the Local Authority within 5 working days of being quality assured. The team have maintained a 100% compliance throughout apart from the month of May where there was a significant increase in activity.

Percentage of RHAs returned to the Local Authority within 5 working days of being quality assured



Updates, controls, and mitigation

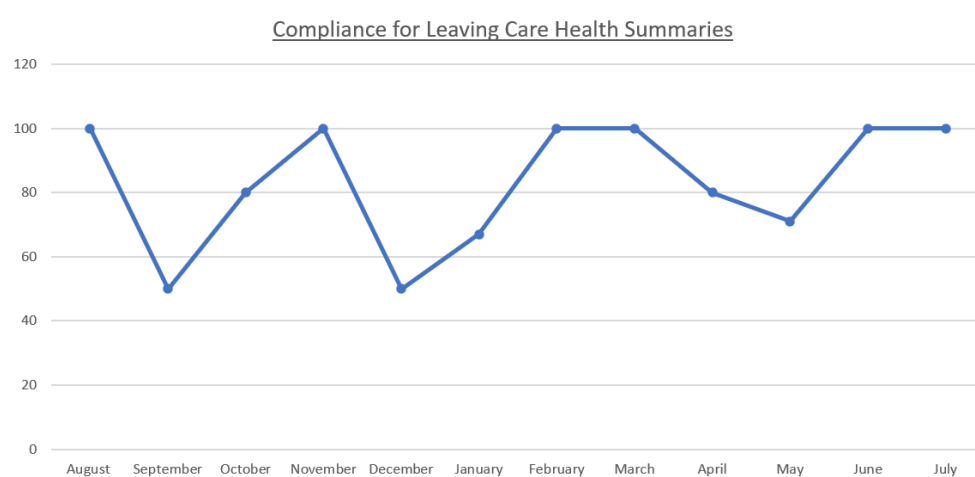
- Changes in process that was implemented as of 1st July 2022 whereby the CYPiC health team send a list of all children and young people pending their RHA 4 months ahead, requesting all paperwork is returned by 3 months prior to the due date. This has supported with proactive booking and seeing the children in a timely manner as well as reducing the risk of late requests which impact directly upon capacity. This has positively contributed towards the RHA compliance.

- The CYPiC nursing team continue to regularly deliver Local Authority training in relation to statutory health assessments and processes. These will continue to run on a 6 monthly basis and are mandated for all Social Workers to attend.
- A risk register is maintained and reviewed on a monthly basis by the CYPiC Team Lead and Governance Officer to ensure all gaps are identified and controls in place to mitigate.

Leaving care health summary (LCHS)

- It is a statutory requirement that a LCHS is completed by the time a young person turns 18 years of age providing a summary of their health information since the time they were placed in care to the day of their 18th birthday. It also provides advice around how to access health services and contact details to support them going forward. Given the nature of the sensitive health information shared, it is imperative this consent is obtained. If the young person does not wish to have a LCHS completed, it is documented within their records, and they are provided with the details of how to access copies of their health records in the future.
- Within this reporting period, a video was completed to be shared with the young people via social media, through their YPA's and Social Workers and the CYPiC team to support discussions and raise awareness around what a LCHS is. This has supported with the number of young people consenting to having a LCHS in addition to this forming the conversation at their final RHA.
- The backlog noted in the previous report has been addressed and the trajectory achieved. The compliance for the number of children leaving care (age 18 years of age) that have received a leavers summary has steadily improved from 0% to 100% in 6 months out of the reportable period with an average compliance across the year being 83%. Figure 7 shows the increase in compliance detailed.

Figure 7



Adoption

- There are two Paediatric Consultants who act as Medical Advisors in W-ton supported by a specialty paediatric doctor and a GP with a Special Interest in Paediatrics. The medical advisors regularly attend adoption panels as part of the Black Country Regional Adoption Agency, Adoption@Heart.

- The Medical Advisors and supporting team of doctors also complete adoption medical reports, providing advice on the health needs of individual children and young people in care, and advise on adult health assessments for prospective adopters and foster parents.
- Medical Advisors also have meetings with prospective adopters to discuss the child's health, development, emotional/behavioural presentation, past experiences, and in-utero exposure, to ensure they are aware of any past, current and potential future difficulties the children to be placed with them either have or may develop.
- There have been 23 prospective adopter meetings held over the reporting period. The number of adoption reports completed following IHAs and RHAs has totalled 128 (61 from IHAs and 67 from RHAs). This demonstrates an increase in prospective adopter meetings (14 the previous reporting period) however the number of adoption medical reports shows a slight reduction in numbers (148 the previous reporting period).
- Adoption medical reports are completed on a 6 monthly basis for children under the age of 5 years of age.
- The Medical Advisors have completed a Quality Improvement project to create standard impact statements for conditions such as ACES and FASD that is now being delivered across the ICB so that all Medical Advisors in the regional adoption agency could benefit from using.
- There were 98 adult health forms for fostering completed and 52 adult health forms for adoption completed totalling 150 showing a slight increase. It is important to note the increase was seen from adult health forms for adoption increasing from 28 in the last reporting period.
- The team are working with Adoption@Heart to improve timeliness of Adult Health reports but also by educating GPs on the importance of the health reports to the adoption process.
- There is currently work being undertaken with Adoption@Heart, Local Authority, Child Health and RWT to strengthen pathways and Standard Operating Procedures around the adoption processes.

RWT Key Activity and Progress

- There is governance oversight of the service as part of the safeguarding assurance framework. The service lead attends the Trust Safeguarding Group, local Governance meeting and Steering Group and provides assurance through the monthly dashboard, quarterly and annual reports as well as the Corporate Parenting Board report. The service lead has fortnightly meetings with the Designated Nurse for CYPiC to provide further updates and assurance. Monthly Health Operational meetings with the Local Authority are attended by the service lead.
- The Band 8a service lead is now in position.
- Audits and analysis continue to take place to monitor and improve on performance and provide assurance against the NICE guidelines. This includes both IHAs and RHAs.
- Due to issues with attendance to health assessments the DNA/WNB/Cancellation audit continues to be completed on a quarterly basis. This is then presented to the Health Operationals meeting and Steering Group so a collective response and action plan can be progressed.
- A pilot was undertaken for one of the Specialist Nurses for CYPiC to hold a caseload of the 16-18 year olds to support, within our commissioning capacity. This pilot took place from

November 2022 and was reviewed in June 2023 where it was decided for the role to be reabsorbed into the team in view of caseload management now being in place and the successful bid for a Care Leavers Nurse. Assurance can however be provided that all children and young people will have an allocated Nurse or lead Health Professional therefore supporting continuity of care.

- The Staying Close bid for a Care Leavers Nurse was successful and will be recruited to upon agreement from finance teams involved.
- The electronic database has been piloted, amended and is due to be launched in August 2023.
- Data reporting has changed over the reporting period. Furthermore, there has been a request from NHSE to provide additional data; Meta Data, which focuses on notifications and activity of children placed in and out of areas. This is currently being agreed with the Trust's and the ICB's contracts team. This will be included within the Corporate Parenting Board report going forward.
- The duty service which commenced in January 2021, providing support and guidance to practitioners Monday to Friday 09:00 – 17:00 has significantly increased in activity. Figure 8 demonstrates the activity of advice calls over the reporting period with additional activity from attendance at Strategy meetings, care planning meetings and MACE meetings. This is fantastic in terms of health's contribution to these meetings. This increase in advice appears to have increased since the increase in visibility in the acute setting and communication with the Local Authority.

Figure 8

Figure 8 shows the activity significantly increasing following communications last year through advice, support and guidance offered to practitioners within the Trust but also young people, carers, foster parents and Local Authority.



- The Duty Nurse continues to provide a drop-in service to the acute settings including Children's Ward, Paediatric Assessment Unit, Paediatric Surgical Unit, Children's Outpatient Department, Neonatal Unit and the Emergency Department (both children's and adults). The team also review a daily admission list and visit any wards across the hospital

that our young people may be admitted to and support staff as required. Liaison with other out of area teams then takes place if required.

- Peer review meetings have continued and provide opportunities for development a regional support as well as standardising practice across the region and improving communication.
- The Unaccompanied Asylum-Seeking Children service is now embedded and has received positive response on a regional level. All UASC are allocated to a Named Nurse for CYPiC and intervention is tailored around their needs with a follow up at week 6 following their IHA and again at week 12. This supports the progression of health care plans and support offered as well as contributing further information to the UASC panel meetings attended.
- There has been work undertaken around moving the service to using electronic records however due to the plans for a Trust wide system to be implemented over the next 3 years, this is currently on hold. Albeit plans to support the transition of this are in place and scanning projects are currently being reviewed.
- Drop ins continue on a monthly basis to the Oasis hub. Due to most of these young people being over the age of 18 years of age, this will be a role allocated to the Care Leavers Nurse when in post however currently the team provide advice, support and signpost to the appropriate services.
- The team have presented at Foster Parent Forums and the Foster Parent Conference in July 2023 to support the attendance to and engagement in health assessments. This was positively received.
- The team continue to provide 6 monthly updates and networking days with the Social Workers to support communication, transparency and address any potential issues that can be collaboratively addressed.
- The annual IHA and RHA record keeping audit and NICE audit are due to be completed in September by the Named Nurses and Named Doctor. Findings will be provided within the next bi-annual report.

Training

- CYPiC level 3 training forms part of the Safeguarding Children Level 3 training (eLearning) package. This is a national package to meet all standards required as per Intercollegiate Document (2020).
- Levels 1 and 2 have been developed and are currently in progress to be incorporated within the Safeguarding Children training packages. This is trajected to be completed by Q3.
- Teaching by Named Doctor for CYPiC is incorporated into regular teaching and induction programmes for doctors in training during their Community Paediatrics rotation and the trainees are given opportunity to attend bimonthly CYPiC peer review meetings. A joint Paediatric Departmental teaching was organised in June 2023 with CYPiC CAMHS regarding trauma informed models of care and understanding attachment styles in the context of working with children in care.
- The CYPiC nursing team continue to offer bespoke training as required across the trust. The team have commenced training within the Emergency Department for all Paediatric staff. This has been well received.

- The nursing team continue to complete training around completion of RHA on a monthly basis to support with ongoing quality improvement within the 0-19 service. The current compliance for this is 85%.
- The team have attended bespoke training sessions and national conferences to further enhance their knowledge base and skills.
- The CYPiC team are compliant with mandatory training required for their role and all nursing and medical staff are level 4 compliant.

Safeguarding Supervision

- All staff in the team receive safeguarding supervision on a quarterly basis and access supervision as required in addition to this.
- During this reporting period, the Safeguarding Children Supervision Policy has been amended to include CYPiC supervision. This is currently being embedded into practice with group supervision being provided to all caseload holders including 0-19 service. There will be further roll out in phase 2 to the Community Children's Nursing team and the Clinical Nurse Specialist Teams. Staff Trustwide can access supervision upon request.
- Peer review meetings with the CYPiC team and Named and Designated Doctor for CYPiC continue to take place, in addition to quarterly supervision accessed from a trained supervisor.
- Quarterly meetings with other Named and Specialist CYPiC teams within the ICB have been arranged by the team during this period. This enables reflection and sharing of practice.

Voice of Children / Young People & Engagement

- The feedback we receive and ensuring the voice of our children, young people and foster parents is imperative in our service. We continue to collate all service feedback from both IHAs and RHAs. This includes emails of recognition and the voice of our children and young people as part of their health assessments.
- A young person played an active role on the interview panel for the Named Nurse for CYPiC. Their views were imperative in the decision-making process.
- The CYPiC Team Lead and Named Nurse for CYPiC attended the Steering Group whereby the voice of our care leavers forum was heard, and actions taken from this around the development of a proposal for a Transition Nurse. This proposal was accepted, and the post was piloted for 7 months however due to a successful bid for a Care Leavers Nurse and the team now caseload managing, it was decided to bring this practitioner back into the team as of September 2023. Assurance can however be provided all of our 16–18-year-olds will have a Named or Specialist Nurse for CYPiC supporting continuity, trust and belonging.
- The CYPiC Team Lead attended the Children in Care Council meeting and Care Leavers Forum to hear the views around the development of a young person's guide. This feedback informed the amendments to best meet the needs of our young people.
- A survey was conducted following the School Nursing service providing feedback that young people do not wish to have termly reviews undertaken. This survey only received 1 response, even given it being sent out on two occasions and this response was in favour of termly reviews therefore they continue to be completed.

Feedback from CYPiC

- Service feedback is gathered to ensure we capture the views of our children, young people and foster parents in order to develop services further. This is undertaken through using service feedback forms which have recently been relaunched and through attending the children in care council and care leavers forum.
- Feedback captured through service feedback forms included all young people reporting the service as “excellent” and comments received including “I would say it went well, she was patient and understanding”.