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<td>6.</td>
<td>Designated Doctor for CICA Report</td>
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</tr>
</tbody>
</table>
Appendices/links:

- Following the CQC outcome in 2011-12, an audit of the timeliness of Statutory IHAs was conducted from November 2012 which was presented at the Children’s Audit Showcase in June 2012.

- Patient satisfaction survey of statutory RHA carried out by LAC Nurses from June 2011 to March 2012. Presented at the Children’s Audit Showcase in June 2012.

- A survey of prospective adoptive parents was also conducted and presented at the Children’s Audit Showcase in June 2012.

- GP VTS training evaluation about Children In Care (conducted in 2011) - see previous report.

- CICA Promoting Health minutes 2012-13

- CICA Operational Team minutes 2012-13

- CICA Commissioning group minutes (not attached but available)
## Staff list as follows as of April 2012

<table>
<thead>
<tr>
<th>NAME</th>
<th>JOB TITLE/CONTACT DETAILS</th>
<th>HOURS/WTE SESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administration</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Joann Atton      | Children in Care & Adoption Co-ordinator  
Sinfin Health Centre  
Arleston Lane, Sinfin, Derby, DE24 3DS  
Tel: 01332 888043 (direct line) | 18.75 hours       |
| Gail Thomas      | CIC Administrator  
Sinfin Health Centre  
Tel: 01332 888040 ext. 88519 | 15 hours          |
| Alex Kopec       | Adoption Administrator  
Sinfin Health Centre  
Tel No: 01332 888040 ext. 88518  
(on secondment from June 2012) | 35 hours  
Change of hours as of April 2011 |
| Sally Otim-Oyet  | Adoption Admin  
Sinfin Health Centre  
Tel No: 01332 888040 ext. 88518  
(temporary staff to cover secondment) | 35 hours          |
| Penny May        | Clerical Officer  
Sinfin Health Centre  
Tel No: 01332 888040 ext. 88042 | 20 hours  
Change of hours as of April 2011 |
| **Direct Line for the CIC Team** | Sinfin Health Centre  
Tel No: 01332 888042 |                   |
| **LAC Nurses**   |                                                                                           |                   |
| Lesley Smales    | Designated Nurse from September  
Sept 2012  
Named Nurse for CIC – City  
Sinfin Health Centre, Arleston Lane,  
Derby, DE24 3DS  
Tel No: 01332 888040 ext. 88530 | 34 hours  
since September 2012 |
| Wendy Barnes     | Specialist Nurse for CIC – City  
Sinfin Health Centre  
Tel No: 01332 888040 ext. 88531 | 30 hours  
Change of hours as of April 2012 |
| Heather Royston  | Specialist Nurse for CIC – City  
Sinfin Health Centre  
Tel No: 01332 888040 ext. 88529 | 32.75 hours  
term time only |
| Beverley Wilcockson | Specialist Nurse for CIC – City  
Sinfin Health Centre  
Tel No: 01332 888040 ext. 88520  
(new in post from July 2012) | 14 hours          |
<table>
<thead>
<tr>
<th>Doctors</th>
<th>Designation</th>
<th>Based at</th>
<th>Tel No:</th>
<th>WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Corina Teh</td>
<td>Designated Doctor for LAC</td>
<td>Kingsmead Clinic, Kedleston Street, Derby, DE1 3SX</td>
<td>01332 292152</td>
<td>0.2</td>
</tr>
<tr>
<td>Dr Vinita Kapoor (City)</td>
<td>Adoption &amp; Fostering Medical Advisor</td>
<td>Sinfin Health Centre</td>
<td>01332 888040 ext. 88545</td>
<td>0.5</td>
</tr>
<tr>
<td>Dr Archana Marudkar (City)</td>
<td>Adoption &amp; Fostering Medical Advisor</td>
<td>Sinfin Health Centre</td>
<td>01332 888040 ext. 88544</td>
<td>0.7</td>
</tr>
<tr>
<td>Dr Sally Moss (County)</td>
<td>Adoption &amp; Fostering Medical Advisor</td>
<td>Sinfin Health Centre</td>
<td>01332 888040 ext. 88544</td>
<td>0.3</td>
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</table>
It is widely acknowledged that "Looked After Children" (LAC) experience significant inequalities in terms of health, lifestyles and social inclusion.

National statistics 2002 and 2007 found that among young people aged 5-17 years looked after by local authorities, 45% were assessed as having a mental disorder, 35% had an incomplete immunisation record and there was also a higher incidence of asthma and other physical conditions and access to dental services was much more difficult for these LAC.


An updated version of the Statutory Guidance of “Promoting the Health of Looked After Children” was issued in December 2009. The NICE/SCIE “Promoting the Emotional and Physical Health of Looked After Children” was also launched in summer 2010. A further NICE Health and Wellbeing of LAC is in progress with definitive publication imminent.

From 2010 to 2011 I chaired a working group to look at competencies of health staff working with LAC. This has culminated in the production of the RCPCH led “Intercollegiate Knowledge, Skills and Competencies for LAC health staff” document. (http://www.rcpch.ac.uk/system/files/protected/page/RCPCH_RCN_LAC 2012.pdf)

A CQC inspection of the safeguarding and CIC service took place in May 2011 for Derby City. The inspection provided an overall adequate outcome for LAC services identifying that the majority of the health provision is sound (see CQC Ofsted preparation and outcome appendix c). Two areas within health were highlighted:

1) Timeliness of statutory IHAs - An audit was proposed (see appendix d) for two quarters commencing 01/10/11 with feedback of which areas of the current process is required to improve this aspect of the inspection.

2) Health histories for care leavers – this was felt to be not available at present but a plan has been put in place to secure funding for BAAF Blue Health Books (Health Red Books) to give to care leavers. Young people in residential care were issued with these books as a pilot study in September 2012. However after consultation with the young people these were stopped as the young people felt they made them feel very different to their peers.

A health history has now been developed in conjunction with the young people who receive this on leaving care.
A later fostering inspection took place in November 2011 which was issued as Good overall for Derby City local authority.

It remains important we aim to work as closely together as possible with our local authority and education counterparts to continue to strive together to improve the outcome of future CQC(Ofsted) inspections despite on-going significant challenges of national reductions of local authority and health budgets.

Another area of need locally is to ensure a clear emotional health identification and support package for LAC and the incorporation of the use of the SDQ tool in the statutory RHAs as per the statutory guidance. A clear process needs to be worked out with our health colleagues namely Clinical Psychologists and CAMHS for this to be effective.
### 3 Aims and Objectives

Our local aims and objectives are as follows (remains unchanged):

- To ensure that CIC health needs are met in accordance to the Department of Health) guidance.

- To ensure that CIC health assessments are timely, useful and efficient.

- All health assessments should result in a useful Health Care Plan (HCP).

- To ensure that the CIC Health team act as a resource for providing relevant health advice to other health professionals, education, social services and foster carers.

- To ensure that relevant training is provided for health professionals undertaking CIC health assessments.

- To ensure that CIC health team are actively involved in health promotion.

- To ensure that adequate resources are available to meet the health needs of CIC.

- To work in conjunction with our local authorities of Derby City to the standards set by the Statutory Guidance and NICE/SCIE recommendations.
The Health Profile of Children in Care

Children in care experience the same health issues and risk taking behaviours as their peers. However the Department of Health (2009) states that 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. Furthermore, longer term outcomes for children in care remain worse than their peers.

Young people leaving care are likewise a vulnerable group, the National Children’s Bureau (2008) affirm that the health and wellbeing of this group of young people is poorer when compared with young people that have never been in the care system. The areas in which a young person’s health deteriorate within the first year of leaving care include higher misuse of drugs and alcohol, mental health problems, self-harm, weight loss, higher pregnancy rates in young women, with both young men and women more likely becoming teenage parents than their peers.

The Children in Care Nurses

Derby City has a dedicated Children in Care nursing team; the team consists of:

0.9 wte Designated Nurse

2.05 wte Specialist Nurses

The team have backgrounds in adult and children’s nursing, school health and health visiting. We work closely with social care teams, residential care workers, carers and other statutory and voluntary agencies to promote children and young people’s health and meet the health needs of children in care.

Review Health Assessments

Following an initial health assessment a child should have a review health assessment every six months up to their 5th birthday and annually after their 5th birthday. The annual review health assessments of Derby city children placed in Derby City are completed by the children in care nurses. Appointments are arranged by the children in care admin team and the child/young person and their carers are invited to attend at Sinfin Health Centre. We also offer other venues depending on the child or young person’s needs and wishes as advocated by the Department of Health (2009). Having this flexibility has increased the uptake of the assessments.

Children with special needs who are under a Community Paediatrician have their review health assessments completed by their Community Paediatrician.

Children and young people place outside of Derby city have their assessments completed by their local GP, the local children in care nursing team or local School Nurses and Health Visitors depending on the arrangements in that area.

From the assessments health plans are developed with concerns and actions highlighted with named professionals and carers identified to address them.
**Monitoring of Review Health Assessments**

The health care plan should not be seen in isolation, but part of a continuous process, with emphasis being put on ensuring actions in the health plan are being taken forward.

The health care plans are reviewed by the Children in Care Nurses in conjunction with the minutes from the Looked after Children review that is chaired by the Independent Reviewing Officer. This ensures a robust scrutiny is in place and health actions from the health care plan have been addressed or amended as appropriate. The Children in Care Nurses receive on average 90 sets of minutes per month. This scrutiny ensures that all children and young people have their health issues addressed including the children and young people when placed outside of Derby city.

**Health Promotion**

Health promotion is an essential part of all health assessments. The Children in Care nursing team have a variety of useful resources that are used on an individual basis and within group settings in residential children’s homes. The team have also developed a leaflet for children and young people detailing what our service does and also explains the review health assessment to the young person.
Sexual Health

Children in care in Derby city have very good access to sexual health services. A Contraception and Sexual Health (CASH) Nurse offers a domiciliary full sexual health service to the young people and the Children in Care Nurses have excellent liaison with this service. All Children in Care Nurses have been trained in enhanced sexual health and are able to issue emergency contraception, undertake pregnancy testing and issue condoms. Support is also offered to carers and residential staff when working with young people around sexual health issues.

16 to 18 year olds

Over the last 12 months a nursing role from the Children in Care Nursing team has been developed to support 16 to 18 year olds and their transition into leaving care. This role was developed to ensure equity of service for this age group. It is well documented that the health outcomes for young people worsens in the year after leaving care. There is a rise in drug and alcohol related problems, an increase from 18% to 32% in mental health problems and general health issues rise from 28% to 44%. In addition to this 50% of female care leavers become pregnant within 24 months (DH 2009). Statistically the number of young people preparing to leave care has risen each year from 8,170 in 2007 to 10,000 in 2012. Our local figures in Derby reflect this rise too.

We have developed a flow chart for School Nurses to ensure timely transfer of the child health record when they leave school in year 11. The dedicated Children in Care Nurse then reviews the child health record and negotiates with the young person any interventions or support needed. The review health assessments are then completed by the Children in Care Nurse and she also attends the LAC reviews chaired by the Independent Reviewing Officer. The main aim of the role of this nurse is to promote enablement not dependency to be able to access universal adult services for a healthy life.

Review health assessments for the children under 5 years

In July 2012 the Children in Care Nursing adjusted their hours of employment to enable the team to employ a Specialist Children in Care Nurse with a background in Health Visiting who would undertake the review health assessments of the children under 5 years of age.

Previously these had been completed by local GP’s. However there were challenges to this system that had been highlighted to us by carers and Social Workers. These included availability of double GP appointments, the timeliness of returning the relevant paperwork and continuity for children and carers. In September 2012 we began offering all children under 5 who live in Derby city an appointment at Sinfin Health Centre for their review health assessment to be undertaken by the Specialist Nurse. Carers were also informed that if they preferred to continue to see their GP this service would still be available. The uptake and timeliness in the first six months of this service has risen to 80%. This is a significant improvement and the comments from the carers have all been very positive. We will continue to evaluate this service and review our findings after one year.
The Children in Care administration team have worked extremely hard with us to take this new service forward and ensure its success. The administration team book all review health appointments and ensure appropriate rooms are available at Sinfin Health Centre. Furthermore they hold a waiting list on Systm One, this allows appointments to be booked, the assessment to be undertaken and relevant paperwork to be completed within timescales.

**Annual health assessments**

**Immunisations**

Derby in 2011-12 was 92.8% - for 2012-13 are 95.6%
National in 2011-12 was 83.1%
Comparator authority average in 2011-12 was 91.2%

**Dental Checks**

Derby in 2011-12 was 75.4% - for 2012-13 are 93.6%
National in 2011-12 was 82.4%
Comparator authority average in 2011-12 was 80.2%

**Annual Health Assessments**

Derby in 2011-12 was 73.9% - for 2012-13 are 87.4%
National in 2011-12 was 86.3%
Comparator authority average in 2011-12 was 85.1%

**6 monthly development health checks (aged five and under)**

Derby in 2011-12 was 38.5% - for 2012-13 are 68.0%
National in 2011-12 was 80.2%
Comparator authority average in 2011-12 was 75.4%

**Training**

All Children in Care Nurses attend mandatory training and other appropriate training to update their knowledge regarding children in care. All nurses have level 3 safeguarding training which they update annually.

This year 3 nurses attended a conference on the subject of the mental health needs of children in care. One nurse has attended a tier 2 leadership programme and 2 nurses have shadowed a Paediatrician, looking at the development of the new born baby. All nurses have received training on Strengths and Difficulties Questionnaires (SDQ’s)

The Designated Nurse is a member of the training team for Derby city safeguarding board and has co-delivered training on sexual exploitation and neglect. Additionally the Designated Nurse also delivers training at Derby University to student School Nurses and Health Visitors.
The nurses also deliver a 2 day training health programme to foster carers and residential care workers biannually. From the feedback we have received from the evaluation forms this has been very successful. Furthermore ‘a journey through care’ training session has been developed for health professionals; again this has been evaluated as very good. Moreover we are also invited to the annual Social Workers training and development day to deliver a session around health topics.

Children in Care Nurses attend School Nurses and Health Visitors professional meetings to share professional information thus keeping the health needs of children in care at the forefront due to their vulnerability.

**Evaluation of the 2 day training health programme for foster carers and residential care workers**

![Bar chart showing evaluation results](chart1.png)

**Evaluation of Journey through care training for student Health visitors and School Nurses at the University of Derby**

![Bar chart showing evaluation results](chart2.png)
**Next Steps**

<table>
<thead>
<tr>
<th>Actions</th>
<th>How this will be achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>To continue to improve the uptake of review health assessments.</td>
<td>Through quarterly audits</td>
</tr>
<tr>
<td>Each child to have a named health professional from the children in care nursing team to ensure equity of service.</td>
<td>Create and allocate named caseloads on ‘systemone’</td>
</tr>
<tr>
<td>To create strong pathways for children and young people placed out of Derby City to have their review health assessments completed within timescales.</td>
<td>Work with commissioners to agree pathways.</td>
</tr>
<tr>
<td>Accuracy of reporting</td>
<td>Work closely with ‘systmone’ teams to improve the accuracy of reporting</td>
</tr>
<tr>
<td>To ensure that the Training ‘A Journey Through Care’ is embedded once ratified within the DCSB Training Programme</td>
<td>Work with Training Co-coordinator from Derby Safeguarding Children’s Board to develop multi-agency training, have training ratified. A trainer to be identified and the training rolled out.</td>
</tr>
</tbody>
</table>
COMMENTS

**Training**
I thoroughly enjoyed the course, highly recommended. I shall be recommending it to other carers.

**Residential home**
Being invited to tea regularly as enhanced relationships with the young people and care staff. I have been able to introduce different health promotion and education topics.

**Young person**
A card was received thanking a nurse for all her help and support during a very difficult time.

**Training**
Excellent speaker, incredibly knowledgeable, as a student Health Visitor I now feel more confident about having looked after children on my caseload.

**Young person (17 years)**
After talking to the nurse I agreed to have a review health assessment as I chose where it should be.

**Child (7 years)**
I was a bit scared about having a health assessment but the nurse was very kind and friendly.
1) Most Initial Health Assessments (IHA) and some adoption medical examinations (which accompany IHA) in Derby City are carried out by two medical advisers and one or two Community Paediatric trainees. IHA’s of some complex cases which are already known to community paediatricians are carried out in local clinics. Also IHA’s of children attending special schools are sometimes carried out by local patch community paediatricians. Other adoption medical examinations (not accompanied by IHA are performed by local community paediatricians.

2) Stringent initial booking processes for IHA specially ensuring receipt of consent from parents or social care for initial health assessment prior to booking continues to have a positive effect on reduction of last minute cancellations and non-attendances at Initial health assessment clinic. DNA rate between 1st April 2012 - 31st March 2013 has been 3.25% compared to 5.7% last year.

3) A detailed breakdown of IHA clinic activity is available for last year with a monthly report provided by CIC Co-ordinator. This has shown that there are significantly more clinic slots available and offered for IHA. The timeliness of IHA has been audited and is regularly monitored.

4) Consent procedures to arrange testing for blood borne infections in children are approved by City Social Care legal department and working effectively.

5) There have been some significant changes in the adoption panel process and the children suitable to be placed for adoption (SPA) are no longer discussed at adoption panel, but decision is made by Agency Decision maker (ADM) through separate process.

In the City, Medical Advisers provide medical reports to ADM and also provide matching update reports for children coming to adoption panel for matching as recommended by OFSTED. This year, the total number of adoption panels was 22 out of regular 24 (2 being cancelled).

6) In City the prospective adopters are offered consultations with the medical adviser prior to matching panel in accordance with recommendation of OFSTED. These consultations focus upon discussions regarding child’s physical and emotional health and development. Future implications are discussed taking into consideration birth families, physical and mental health, learning status and lifestyle issues.
7) In the City Intra-agency (CICA team and specialist nurses) and inter-agency (CICA team with social services) team meetings are continuing on a regular basis to ensure good communication and team working.

8) The City medical advisers attend Adoption Panel Training days twice a year which are organised by Social Care Adoption Team.

9) Medical Advisers attend Regional Meetings regularly (every 3 months) which are now formally known as Regional Clinical Network meetings. Derby medical advisers host this meeting once a year, last held on 1st May 2013.

   Guest speaker was Dr Milind Pant, Consultant Psychiatrist who talked about (Mental Health Problems in Adults).

10) We take part in GPVTS 3 day training course annually held at Derby delivering training on issues related to Children in Care.

11) The Review health assessments for school aged children with Derby City Social Services continue to be undertaken by CICA specialist nurses.

12) The medical advisers also provide comprehensive summary reports on adult health assessments of prospective adoptees, foster carers and other alternative carers.

   We continue to aim for the highest standards of care of children to ensure a smooth journey through CICA Pathway.
Since April 2005, the CICA Annual Report has been put together as one report for Derby City and Southern Derbyshire. This is the first year that the CICA Annual Health Report has been split between Derby City and Southern Derbyshire counties.

Our main objectives from last year were as follows:

1) Continuation of Annual Report but to split reporting in to Derby City and Southern Derbyshire counties.

2) To try and improve and update the TPP database for administration quantitative and qualitative data collection.

3) On-going monitoring of CQC action plans for Derby City.

Administration Team
From May 2012 to December 2012 our CIC co-ordinator went on maternity leave. Her post was ably covered by Chlinder Jandhu. From June 2012, our adoption administrator, Alex Kopec, went on secondment and is due to return to the post in October 2013. Her post is being covered by Sally Otim-Oyet. The rest of the administration team has remained unchanged. Both Chlinder and Sally stepped in to their respective posts admirably and ensured that the considerable daily influx and output of administration continued with no significant interruption or incident.

Nursing Team
From July 2012, we welcomed the two day input from Beverly Wilcockson, to the Children in Care nurse team as a specialist nurse. At the same time we saw the departure of our Designated Nurse, Liz Webster. However, with the foresight of the
DHCFT management team, Lesley Smales was appointed as interim Designated Nurse for Children in Care from September 2012, and definitive from December 2012.

Since June 2011 the Children in Care nursing team having firmly established their input in to conducting most of the review health assessments for children who originate from Derby City and writing individual health care plans from the health assessments. They also continue to review action points from the Health Care Plans and ensure they are adhered to (see Children in Care Nurse Report). The nursing team have also established an excellent training programme to Derby University student school nurses and health visitors about Children in Care and have also run a bi-annual health training programme for foster carers and residential workers with excellent feedback.

Medical Staff
Medical staffing has remained unchanged for this financial year.

CICA IHA Clinic

- Total no of slots = 315
- Total no of uptake = 271 = 86%
- Total no of DNA = 16 = 5.9%
  (previous year = 5 = 2.2%)
- City = 162, County = 101

The above figures are for all the clinic slots available for Derby City and Southern Derbyshire Counties as we have traditionally seen children from both areas in all the available clinics. This year, for children originating from Derby City, the team has seen 162 children and the clinic non-attendance rate was 3.25% (previous year 5.9%).

As of the next financial year, the plan is to collect the data for Derby City and Southern Derbyshire completely separately.
Timeliness

- Stat IHA – varies from within 28 days to 4 month backlog (dependent on flux of intake of CIC). Needs closer monitoring - improved TPP data entry.

- Stat RHA – CIC nurses doing over 5s from June 2011.

- Adoption – reduced duplicity with good IHAs/utility of BAAF forms consistently.

<table>
<thead>
<tr>
<th>Timeliness</th>
<th>Average</th>
<th>Median</th>
<th>From</th>
<th>To</th>
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<tr>
<td>Social Services</td>
<td>5</td>
<td>4</td>
<td>0</td>
<td>49</td>
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<tr>
<td>CIC</td>
<td>37</td>
<td>35</td>
<td>0</td>
<td>253</td>
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<table>
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<tr>
<th>IHA’s seen</th>
<th>Calendar</th>
<th>Working</th>
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</thead>
<tbody>
<tr>
<td>&lt; 28 days</td>
<td>40.2%</td>
<td>53.3%</td>
</tr>
<tr>
<td>&gt; 28 days</td>
<td>59.8%</td>
<td>46.7%</td>
</tr>
</tbody>
</table>

Data extracted from systmOne indicates that within our current referral process social workers are taking an average of five days to inform us when the child enters care (range 0-49) and that on average it’s taking us 37 calendar days before we are able to slot them to a clinic appointment. We appear to be managing about 50% within a 28 day time frame.

An audit was conducted from November 2011 to April 2012 (see enclosed appendix) which was presented at the Children’s Audit Showcase in June 2012. This indicated that there is a significant lag period from the time a child enters care to informing health services and hence the delay (see attached audit).

FOR 2013/14 A CLEAR PROCESS NEEDS TO BE DELINEATED WITH DERBY CITY SOCIAL SERVICES TEAM TO IMPROVE THIS FIGURE TO TRY TO KEEP IT WITHIN THE STATUTORY 28 DAYS.
Perception of CICA service

- User survey of IHAs for LAC. November 2009 – April 2010 (Dr's audit).- due repeat Autumn 2013
- Children and Young People’s Evaluation of RHAs. April 2011 (LAC Nurses audit).- presented June 2012
- Prospective Adoptive Parents feedback. Commenced 01/05/11 (VK) presented Children’s audit June 2012
- GP VTS training evaluation in Nov 2011. presented July 2012 at LAC A& T

The Derby City Nurses presented an audit of an evaluation of the review health assessments by the children and young people which was presented in June 2012 at the Children’s Audit Showcase (see appendix).

The analysis from a prospective adopted parent’s feedback was also presented in the June 2012 which indicates excellent feedback for the service (see attached appendix)

An evaluation of the quality of our GP VTS training about Children In Care was also conducted in 2011 and presented in 2012 which again indicated high quality teaching with added value (see previous year annual report).
We continue to run quarterly steering group meetings (see appendix for minutes), ad hoc and task group meetings with social services. The relationship remains a good one. Since January 2013, with the commencement of a new joint health and social care commissioner, Frank McGhee, there have been bi-monthly multi-agency commissioning meetings.

I anticipate clear and focused objectives will emerge as the CIC commissioners align themselves with the emergent Health and Well Being boards and Clinical Commissioning Groups (CCG).
Training/supervision/support

- Ongoing ¾ CICA ops meeting with clinical issues discussed.

- Ongoing induction/training for medical ST3 & SPR (every 6/12) for learning about CICA issues

- LAC nurse/doctor supervision x 3 and ad hoc at Sinfin HC.

- GP VTS CICA training (VK took over in 2010).

We continue to run quarterly in-house Children In Care operational meetings between the administration, nursing and medical team to ensure clinical processes and in-house issues are actioned. We continue to train paediatric trainees every six months who conduct a weekly statutory Initial Health Assessment Clinic. The feedback remains very positive for the training we provide to paediatric trainees. We also continue to run an annual CICA audit and training CPD session in-house for our community paediatric team.

I expect this to continue with regular evaluation of our training.
Over the course of this financial year, there has been significant transition within Derby City social care and wider organisational changes from the dissolution of PCTs to emerging CCGs (Clinical Commissioning Groups). This has impacted on the direction for continuously striving to improve children in care services. In-house, the team has also had to make some adjustments to the changes of health staff, but this has generally been successful. Since January 2013 there has been a new joint health and social care commissioner, Frank McGhee, and Lesley and I have continued to engage with commissioners and relevant CICA staff within social care.

I feel strongly that we are likely to make better in-roads once relevant personnel are in place within clinical commissioning groups and social care.

Leadership “capability”

- Excellent working relationship with growing LAC nurse team, lead by Lesley Smales.
- Part of corporate parenting leadership team.
- Working closely with commissioners - mtg every 2/12
The following several slides are self-explanatory with regards to health outcomes for the local children in care population that we cover.

**Productivity**

- Health outcomes of local CICA population.
- Improved skills and skill mix of health team and children’s workforce.
- Reduce duplication eg CAMHS, improved clarity of roles.
Immunisations

Derby City: LAC RHA 12/13 - Immunisations

- [Green] Up to date with immunisations
- [Red] Not up to date with immunisation
Access to services

Derby City: LAC RHA - 0-4 Years Old

Derby City: LAC IHA - 5-16 Years Old

Body weight

Derby City: CIC IHA 12/13 - Body Weight Appraisal
Substance misuse

Physical health
The LAC mental health pathway continues to lack clarity as engagement with mental health providers, such as our local clinical psychology service and CAMHS, remain elusive.

We have to continue to strive to have further clarity of input with this.
The whole team continue to strive to improve efficiency, outcome and productivity of our CICA health service locally. I have strived to engage with The Department of Health since 2010 and this has culminated in the production of the Intercollegiate Framework of Competence of Children In Care Health Staff, published by RCPCH in May 2012. This piece of work was chaired and led by myself.

I plan to continue to support local and national innovation to continue to improve children in care health services.
Objectives for 2013/2014

1) On-going production of Derby City Annual Report.

2) On-going improvement and update of the systmOne database for administration, quantitative and qualitative data collection and analysis.

3) To liaise closer with emerging Clinical Commissioning Groups (CCG) and health and Well Being board and working with Derby City commissioners.

4) Improve clarity of mental health input for looked after children in Derby City.

5) To try and achieve as many of the above aims (highlighted in bold).