

## **Children and Young People's Committee**

**Monday, 17 December 2018 at 10:30**

**County Hall, West Bridgford, Nottingham, NG2 7QP**

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### **AGENDA**

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|----|--|---------|
| 1  | Minutes of the last meeting held on 19 November 2018   | 3 - 8   |
| 2  | Apologies for Absence  |         |
| 3  | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4  | Annual Refresh of Local Transformation Plan for Children and Young People's Emotional and Mental Health  | 9 - 16  |
| 5  | Elective Home Education - Update   | 17 - 28 |
| 6  | Update on Supporting Improvements in Children's Social Care  | 29 - 34 |
| 7  | Proposed Changes to Staffing Structures Arising from the Establishment of the Regional Adoption Agency, Adoption East Midlands                                     | 35 - 38 |
| 8  | Local Authority Governor Appointments to School Governing Bodies During the Period 1 September to 31 December 2018   | 39 - 42 |
| 9  | Promoting and Improving the Health of Looked After Children  | 43 - 72 |
| 10 | Work Programme   | 73 - 78 |

## **Notes**

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Martin Gately (Tel. 0115 977 2826) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting CHILDREN & YOUNG PEOPLE'S COMMITTEE

Date 19 November 2018 (commencing at 10.30am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

Philip Owen (Chairman)  
Boyd Elliott (Vice-Chairman)  
Tracey Taylor (Vice-Chairman)

Errol Henry JP  
Paul Henshaw  
Roger Jackson  
John Handley

Rachel Madden  
John Peck JP  
Liz Plant  
Sue Saddington

**CO-OPTED MEMBERS (NON-VOTING)**

4 Vacancies

**OFFICERS IN ATTENDANCE**

Steve Edwards	Service Director Young Families & Social Work
Laurence Jones	Service Director, Children Families and Cultural Services
Karen Hughman	Group Manager, Support to Schools Service
Irene Kakoullis	Group Manager for Early Childhood Services
Natasha Wrezesinki	Public Health and Commissioning Manager
Philippa Milbourne	Children, Families and Cultural Services
Martin Gately	Democratic Services Officer

**1. MINUTES OF THE LAST MEETING**

The minutes of the meeting held on 15 October 2018 having been circulated to all Members, were taken as read and were signed by the Chairman.

**2. APOLOGIES FOR ABSENCE**

None.

**3. DECLARATIONS OF INTEREST**

None

#### **4. CHILDREN AND YOUNG PEOPLE CORE DATA SET FOR QUARTER 2**

The Chairman introduced the report and responded to questions and comments from Members.

##### **RESOLVED 2018/083**

That the committee consider whether any actions are required in relation to the performance information on the Council's services for children and young people for the period 1 July to 30 September 2018.

#### **5. YOUR NOTTINGHAMSHIRE YOUR FUTURE – DEPARTMENTAL STRATEGY SIX MONTH REVIEW OF PROGRESS (APRIL – SEPTEMBER 2018)**

The Chairman introduced the report and responded to questions and comments from Members.

##### **RESOLVED 2018/084**

That the Committee considers the performance issues outlined in the report and whether any additional information or actions are required in relation to them.

#### **6. SCHOOLS CAPITAL PROGRAMME PROGRESS REPORT**

The Chairman introduced the report and responded to questions and comments from Members.

##### **RESOLVED 2018/085**

That:

- 1) the progress being made on the delivery of the Schools Capital Programme be considered, and any further issues they wish to be considered be identified.

#### **7. SCHOOLS REQUIRING EXPANSION BY 25% OR MORE PUPIL PLACES**

The Chairman introduced the report and responded to questions and comments from Members.

##### **RESOLVED 2018/086**

That:

- 1) the outcomes of the Section 19 Notices published under the provisions of the Education and Inspections Act 2006 concerning the proposals referred to in the report be considered.

2) the implementation of the of the proposals be agreed, subject to appropriate planning permissions being granted, with effect from 1 September 2019 to:-

- expand Lambley Community Primary School in newly built premises on its existing site, thereby increasing the school's net capacity by a further 53 permanent pupils from the current 157 places to 210 places and increasing the Published Admission Number from 25 to 30.
- expand East Markham Community Primary School in newly built premises on its existing site, thereby increasing the school's net capacity by a further 66 pupils from the current 144 places to 210 places and increasing the Published Admission number from 20 to 30.

#### **8. CHANGE OF AGE RANGE OF SCHOOLS: RELOCATION OF CHRIST CHURCH INFANT VOLUNTARY AIDED (VA) SCHOOL, NEWARK AND EXTENSION OF ALL SAINTS CHURCH OF ENGLAND INFANT (VA) SCHOOL, ASHFIELD**

The Chairman introduced the report and responded to questions and comments from Members.

#### **RESOLVED 2018/087**

That:

- 1) approval be given to renegotiate the existing Section 106 agreements in relation to land south of Newark to replace the triggers for two schools to one primary school for up to 630 pupils.
- 2) the proposal to consult with Christ Church Infant School Governing Body, the Southwell Diocese and the community to extend the age range and to become a primary school be approved.
- 3) the proposal to relocate Christ Church Primary School and to rebuild it on land south of Newark (to be agreed) to meet the needs of the new housing development from 2019-2026 initially.
- 4) gives approval to consult on changing the age range of All Saints CE Infant School in order for it to become a one form entry primary school.
- 5) gives approval to consult on changing the admission arrangements which formally link All Saints CE Infant School with Woodland View Primary School.

#### **9. FUTURE PLACE PLANNING IN HARWORTH AND BIRCOTES ARISING FROM HOUSING DEVELOPMENTS**

The Chairman introduced the report and responded to questions and comments from Members.

#### **RESOLVED 2018/088**

That:

- 1) approval and endorsement be given of the preferred approach by Nottinghamshire County Council Planning to Bassetlaw District Council, for the provision of primary and secondary places arising from housing in the Bircotes area.

#### **10. RETFORD POST 16 CENTRE – REVISED MANAGEMENT AND GOVERNANCE**

The Chairman introduced the report and responded questions and comments from Members.

#### **RESOLVED 2018/089**

That:

- 1) the principle of varying the Retford Post 16 Centre Management and Governance Agreement (MAGA) to remove any responsibilities for management and operation of the site from the Elizabethan Trust and Rotherham North Notts College be approved, and those responsibilities allocated to the Diverse Academies Trust.
- 2) the details of the Deed of Variation to the MAGA be approved, being agreed by the Service Director, Place and Communities, the Service Director, Education Learning and Skills, the Group Manager, Legal, Democratic and Complaints, and the Section 151 Officer in consultation with the Chairman of the Children and Young People's Committee, subject to the cost and risk to the County Council not being increased as a result of the variation.
- 3) completion of the Deed of Variation be agreed as required.

#### **11. URGENT CHIEF EXECUTIVE'S DECISION: NOTTINGHAMSHIRE SCHOOL ADMISSION ARRANGMENTS 2019-2020 – VARIATION TO ABBEY ROAD PRIMARY SCHOOL ARRANGEMENTS**

#### **RESOLVED 2018/090**

The Chairman introduced the report and responded to questions and comments from Members.

That:

- 1) the urgent approval given by the Chief Executive on 26<sup>th</sup> October 2018 to revise the admission arrangements for 2019-2020 for the Abbey Road Primary School, as directed by the Office of the Schools Adjudicator (OSA), to include additional priority within criterion 2 for children who have a displaced older sibling attending the school, as attached at Appendix 1, be noted.

#### **12. NOTTINGHAMSHIRE'S CONSULTATION ON ADMISSION ARRANGEMENTS**

## **RESOLVED 2018/091**

The Chairman introduced the report and responded to questions and comments from Members.

That:

- 1) approval be given to consult, between 21<sup>st</sup> November 2018 and 15<sup>th</sup> January 2019, on the arrangements for the admission of pupils to Nottinghamshire community and voluntary controlled schools for 2020-2021
- 2) the consultation seek views on two options, as detailed in paragraph 12, to give additional priority to children who have a displaced older sibling attending the school.

### **13. NOTTINGHAMSHIRE SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) ACCOUNTABILITY BOARD'S CO-PRODUCTION CHARTER**

## **RESOLVED 2018/092**

The Chairman introduced the report and responded to questions and comments from Members.

That:

- 1) the Nottinghamshire Special Educational Needs and Disability Accountability Board's Co-production Charter, attached as Appendix A be endorsed.

### **14. COMMUNICATION ON THE SUCCESS OF ANTI-BULLYING WORK IN SCHOOLS**

## **RESOLVED 2018/093**

The Chairman introduced the report and responded to questions and comments from Members.

That:

- 1) approval be given to publicise the success of Nottinghamshire schools in relation to their anti-bullying work, including participation in a nationally accredited programme.

### **15. UPDATE ON THE PERMANENT IMPLEMENTATION OF THE TRANSITIONAL PERSONAL ADVISORS**

## **RESOLVED 2018/094**

The Chairman introduced the report and responded to questions and comments from Members.

That:

- 1) further action required with regard to progress on the permanent implementation of the Transitional Personal Advisor pilot, including the establishment of 3 FTE Personal Advisor posts be considered.

**16. RECRUITMENT OF CARE LEAVERS INTO APPRENTICESHIP POSITIONS**

**RESOLVED 2018/095**

The Chairman introduced the report and responded to questions and comments from Members.

That:

- 1) the promotional work and publicity of apprenticeships for care leavers, as detailed in paragraph 6, in order to encourage more care leavers into apprenticeship positions be approved.

**17. WORK PROGRAMME**

The Chairman introduced the report.

**RESOLVED 2018/096**

That emerging threats to children be included on the work programme.

The meeting closed at 11:06 am.

CHAIRMAN



**17 December 2018****Agenda Item: 4****REPORT OF THE CONSULTANT IN PUBLIC HEALTH****ANNUAL REFRESH OF LOCAL TRANSFORMATION PLAN FOR CHILDREN  
AND YOUNG PEOPLE'S EMOTIONAL AND MENTAL HEALTH****Purpose of the Report**

1. To advise the Committee on the refreshed local transformation plan for children and young people's emotional and mental health and seek approval to bring an update report on progress with implementing the plan in six months' time.
2. The report also seeks the nomination of a member of the Children and Young People's Committee to the Children and Young People's Mental Health Executive, which has responsibility for the delivery of the Local Transformation Plan and Action Plan.

**Information**

3. Local areas, led by clinical commissioning groups (CCGs), have been required to have a system-wide local transformation plan (LTP) for children and young people's emotional and mental health since 2015. The full LTP is available as a background paper to this report. This plan, which covers the period 2015 to 2021, is the fourth iteration, covering Nottingham and Nottinghamshire (including Bassetlaw), in line with the Sustainability and Transformation Plan. Progress in implementing the plan was last reported to the Children and Young People's Committee in February 2018. The LTP has been signed off by NHS England as 'partially compliant' in line with their assurance process. Children's commissioners will be working with the NHS East Midlands Clinical Network and local stakeholders throughout 2018/19 and 2019/2020 to work towards achieving compliance where possible. The refreshed LTP is currently being taken through CCG governance processes for board level approval, in line with NHS England requirements, and will be published on CCG websites and the Nottinghamshire Children and Families Alliance website once approved.
4. A detailed delivery plan for this transformation plan is reviewed by Nottinghamshire Children and Young People's Mental Health Executive, which is responsible for:
  - reviewing and monitoring delivery of the plan, including considering the impact on outcomes for children and young people
  - monitoring the risks and issues to ensure appropriate mitigating actions are undertaken, or escalate as necessary

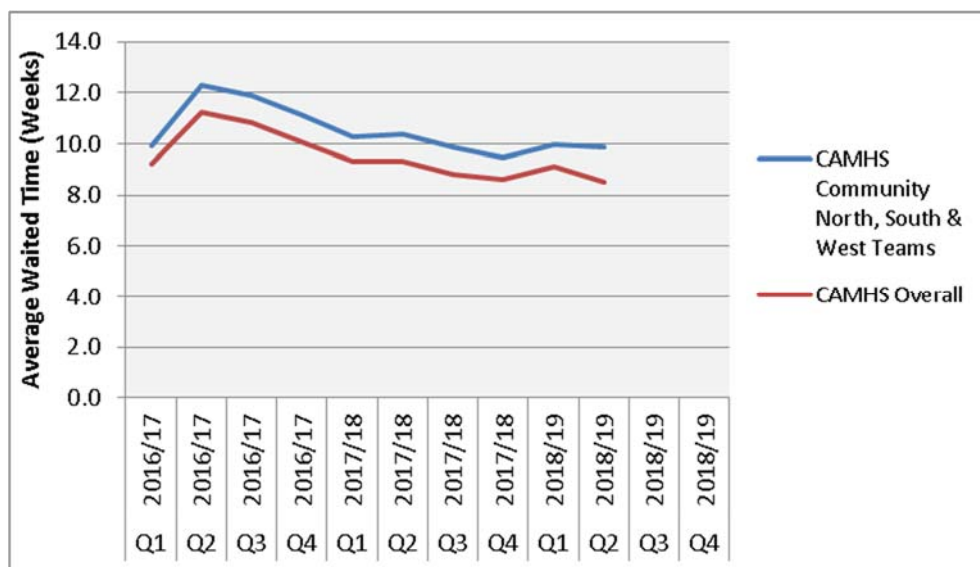
- ensuring that commissioning of children and young people's mental health services is undertaken in a collaborative and joined up way and that commissioning and contractual mechanisms are utilised to ensure improvements are achieved
  - ensuring that the interdependencies between the strategy and other strategies being implemented are considered and managed.
5. The Nottinghamshire Children and Young People's Mental Health Executive includes representatives from CCGs, Local Authority Children's Services, Public Health, local NHS providers and NHS England. Update reports from this Executive are provided to the Health and Wellbeing Board.
  6. The plan is system-wide and as such covers services commissioned and provided by the two local authorities (public health and children's services functions), local clinical commissioning groups and NHS England. Progress in implementing the plan is reported to Children and Young People's Committee in the context of the Local Authority's role in relation to safeguarding children and young people.
  7. Achievements made over the last year in implementing the plan to improve children and young people's emotional and mental health include:
    - the Primary Mental Health team within Nottinghamshire Healthcare NHS Foundation Trust (NHFT) CAMHS (Child and Adolescent Mental Health Service) continue to work with GPs, Healthy Family Teams and schools across Nottinghamshire providing consultation, advice and training. During 2017/18 the team delivered 701 case consultations. By offering case consultation there has been an increase in the number of appropriate referrals received by CAMHS, with approximately 55% accepted in 2016/17, 80% accepted in 2017/18 and, as of September 2018, 83% accepted.
    - NHFT CAMHS now offers self-referral for all CAMH services including specialist services such as CAMHS Eating Disorder Service and CAMHS Crisis Resolution, Home Treatment and Liaison. Young people and their parents and carers can now complete an online self-referral form giving them direct access to the service without seeing a GP in the first instance. Self-referrers can also contact the Single Point of Access for advice and guidance prior to completing a referral.
    - to ensure that the CAMHS Eating Disorder Service can achieve the access and waiting time standard by 2020, CCGs have committed additional recurrent funding to increase the capacity within the service. This will allow the service to remodel and offer a same day 'assess and treat' model to ensure young people start treatment at the earliest opportunity.
    - during 2017/18 the CAMHS Crisis Resolution and Home Treatment Service was enhanced to include a CAMHS liaison function which is for those young people attending emergency departments in emotional or mental health crisis. The CAMHS liaison function has been rolled out across the two main acute settings, Queen's Medical Centre and King's Mill Hospital, with the aim of reducing admissions where safe, and ensuring appropriate, joined up follow-up support in the community.
    - during 2017/18 and continuing through 2018/19 the Council has taken part in a national pilot, Integrated Personal Commissioning (IPC) CAMHS Looked After, the aim of the

pilot is to support and improve the care on offer for the looked after and care leaver population by offering a personalised approach to support planning and personal budgets. A target of 50 young people offered a personal budget by March 2019 was set by NHS England. As of October 2018 111 young people have been referred to the pilot of which 79 have a personal budget allocated and 32 have an indicative budget waiting to be allocated. Young people have been using their personal budget to purchase a number of creative ways to manage their emotional wellbeing and mental health needs including bike and bike safety equipment, cookery classes, photography equipment, ballet workshop at the Royal Academy of Dance and football coaching. A youth worker and apprentice care leaver have also been recruited to help evaluate the pilot. Work will continue to develop a business case to enable commissioners understand how this could be embedded within current commissioning and contracting processes with the aspiration to be able to offer a personal budget to young people who would normally access CAMHS services.

- across the last year there has been continued focus on strengthening the perinatal mental health pathway across the STP footprint driven by a multi-agency steering group. The capacity of the Perinatal Psychiatry Service has increased including peer support, nursery nurse, mother infant therapist and speciality doctor posts recruited and additional patients now being supported by the service.
- from an academic resilience perspective, 30 schools from across Nottinghamshire have been taking part in the Take 5 at School Programme (North and West Nottinghamshire) and Young Minds Academic Resilience Programme (South Nottinghamshire). The full evaluation of these programmes is due in September 2019.
- Nottinghamshire was successful in being selected to take part in the Mental Health Services and Schools Link Programme facilitated by the Anna Freud National Centre for Children and Families. The programme is a ground breaking initiative to help CCGs, other services providers and local authorities work together with schools and colleges to provide timely mental health support to children and young people. It works to empower professionals and support staff by brokering contact, sharing expertise and developing a joint vision for children and young people's mental health and emotional wellbeing in each locality. 107 schools from Nottinghamshire signed up to the programme, with 177 colleagues working within schools and colleges taking part along with 48 professionals from a range of services including CAMHS, Healthy Families Teams, Family Service and Youth Justice. A full evaluation is expected in early 2019.
- a large scale engagement programme (MH:2K) with children and young people was undertaken during 2017/18 and 2018/19. MH:2K is a powerful new model of engaging young people in conversations about mental health and emotional wellbeing in the local area. The programme recruited 31 diverse young people as the project's Citizen Researchers, who through a number of roadshows across Nottinghamshire engaged with 647 other young people, collecting a wealth of information which identified their views on the mental health challenges they face and their ideas for solutions. A 'Findings and Recommendations' report has been produced and this will help to inform future transformation of children and young people's emotional and mental health services and support.

8. As demand increases challenges remain in ensuring that all children and young people in need of support have timely access to an appropriate level of emotional or mental health service. **Table 1** below shows waited time to treatment (weeks) for all CAMHS services, including specialist services, and the Community CAMHS teams.

**Table 1. CAMHS average waited times (weeks) – Nottinghamshire Healthcare NHS Foundation Trust**



9. Whilst waited times for CAMHS Community Teams are reducing as a whole, when looking at the CAMHS Community Teams individually, there is a slight disparity between South, North and West. Current average waited times (weeks) for treatment (as of September 2018) for CAMHS South is 10.9, CAMHS North 9.1 and CAMHS West 7.5. The longer waited time in the CAMHS South team is partly due to long term vacancies and sick leave and partly due to the delivery model.
10. The provider currently co-locates south County and City teams together, though they operate different models. County commissioners are working to ensure the current operational model does not have an adverse effect on County children. This is being addressed via CCG contract routes in order to ensure an equitable delivery model is in place across Nottinghamshire County and Nottingham City.
11. Improving waiting times continues to be a key focus over the next year. The recent Transforming Children and Young People's Mental Health Provision: a Green Paper invited areas to take part as 'Trailblazer' sites to pilot 4 weeks waiting times to specialist CAMHS treatment. Whilst Nottinghamshire is not taking part in this initiative, work is underway to develop an outcomes based payment framework with NHFT to ensure that by March 2019 no child or young person will wait longer than 10 weeks from referral to treatment.
12. There are a number of ongoing developments taking place during 2018/19 and through the remainder of the lifespan of the LTP:
- work to embed the recommendations of the recent green paper. Two CCGs within Nottinghamshire County have been pre-selected to apply as 'trailblazer' sites. If

successful they will work to embed Mental Health Support Teams linked to groups of primary and secondary schools. The purpose of these new teams is to provide interventions to support those young people with mild to moderate needs.

- phase 2 of the concerning behaviours pathway review will take place. This will include a review of the multi-agency pathways Nottinghamshire has for children with complex behavioural needs and identify whether one multi-agency pathway can be embedded across education, social care and health. During this time a review of the Adult Social Care and ADHD assessment process will take place.
- two new pilots will be initiated during 2018/19 funded through the NHS England CAMHS Transformation Innovation Project. One will see a speech and language therapist embedded within the CAMHS Head2Head team working alongside City and County Youth Offending teams. The focus of these projects will be to measure and evaluate the skills and knowledge of youth offending teams around identifying and supporting young people with speech, language and communication needs and/or Special Educational Needs & Disability (SEND), evaluate the impact of SLCN screening tools and staff training on the experience of young people in contact with youth offending teams and offering 1:1 direct work with young people with a high level of needs or complexities. The second pilot will see a full time specialist psychologist embedded within the CAMHS Head2Head team. This will be a training and consultation model to enable Youth Offending Team case managers and others working in the youth justice system to develop a better understanding of trauma, including the use of trauma informed practice and psychologically informed work to support young people who are already in contact with the police and are at risk of continued, escalating offending behaviour.
- alongside the HealthforTeens website, the Health for Kids website will also be released. This will offer a mix of clinically assured interactive content, co-designed with children and young people. The website aims to be a one stop shop for young people to seek universal health information that is safe and from a trusted source, via quality assured content that is fit for the smartphone generation.

### **Other Options Considered**

13. No other options have been considered. This plan is line with NHS England planning requirements.

### **Reason/s for Recommendation/s**

14. Children and young people's emotional and mental health is an issue for all services working with children and young people across local government, health, schools, police and voluntary, community and independent sectors. This is reflected in the content of the local transformation plan. It also falls within the Council's statutory duties in relation to safeguarding children and young people.

### **Statutory and Policy Implications**

15. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human

rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Crime and Disorder Implications**

16. Implementation of this plan will contribute to reducing health inequalities for vulnerable children and young people.

### **Financial Implications**

17. The services outlined in the plan are funded by individual partner and service budgets. There are no additional financial implications arising directly from this report.
18. It is a requirement of the Local Transformation Plan to publish each partners' spend. These figures can be found in the 'Accountability and Transparency' section on page 44 of the LTP which is available as a background paper.

### **Implications in relation to the NHS Constitution**

19. Implementation of this plan is in line with the NHS Constitutional Standards.

### **Public Sector Equality Duty implications**

20. Implementation of this plan will contribute to reducing health inequalities for vulnerable children and young people.

### **Safeguarding of Children and Adults at Risk Implications**

21. Implementation of this plan will contribute to reducing the risk of harm to children and young people with emotional or mental health needs.

### **Implications for Service Users**

22. Implementation of this plan will improve the response of services to children and young people with mental health needs and thus improve outcomes.

## **RECOMMENDATION/S**

That Committee:

- 1) considers whether there are any actions it requires in relation to the issues contained with the Local Transformation Plan.
- 2) agrees to receive an update report on progress with implementing the plan in six months' time and that this be included in the work programme.



- 3) nominates a member of the Children and Young People's Committee to be a member of the Children and Young People's Mental Health Executive, which has responsibility for the delivery of the Local Transformation Plan and Action Plan.

**Dr Kate Allen**  
**Consultant in Public Health**

**For any enquiries about this report please contact:**

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E: [rachel.clark@nottsccl.gov.uk](mailto:rachel.clark@nottsccl.gov.uk)

### **Constitutional Comments (LM 28/11/18)**

23. The Children and Young People's Committee is the appropriate body to consider the contents of the report.

### **Financial Comments (SAS 28/11/18)**

24. There are no financial implications arising directly from this report.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Nottinghamshire CAMHS Pathway Review update – report to Children and Young People's Committee on 12 January 2015

Children and Young People's Mental Health and Wellbeing Transformation Plan – report to Children and Young People's Committee on 20 February 2017

Children and Young People's Mental Health and Wellbeing Transformation Plan – report to Children and Young People's Committee on 12 February 2018

Future in Mind. Department of Health. March 2015  
<https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

Five Year Forward View for Mental Health – Mental Health Taskforce Strategy. NHS England. February 2016  
<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

Transforming Children and Young People's Mental Health Provision: a Green Paper. Department of Health. Department for Education. December 2017

<https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

Nottinghamshire City and Nottinghamshire Joint Local Transformation Plan Children and Young People's Emotional and Mental Health 2016-2021: October 2018

<https://www.mansfieldandashfieldccg.nhs.uk/MANewsItem?id=5598>

**Electoral Division(s) and Member(s) Affected**

All.

C1180



**17 December 2018****Agenda Item: 5****REPORT OF THE SERVICE DIRECTOR, EDUCATION, LEARNING AND  
SKILLS****ELECTIVE HOME EDUCATION - UPDATE****Purpose of the Report**

1. The report provides the second six monthly report on electively home educated (EHE) pupils to enable Committee to monitor trends in numbers and reasons for elective home education.
2. The report also seeks the approval to continue to report to the Committee on a six monthly Basis.
3. The report additionally seeks approval for the Service Director, Education, Learning and Skills, to commission a university to commission a piece of post graduate research into the academic outcomes achieved, and the employment secured, by young people who have been electively home educated.

**Information**

4. Parents' legal rights and duties are set out in the Education Act 1996. The parent of every child of compulsory school age must ensure that he/she receives an efficient, full-time education, suitable to his/her age, ability and aptitude and any special educational needs that he/she may have, either by regular attendance at school or otherwise.
5. A parent/carers has the legal right to withdraw a child from school by delivering written notification of that fact to the school. The school then has a duty to notify the local authority (LA) and to remove the child's name from the school register. The local authority registers the child as EHE. Once registered, parents/carers can choose whether or not to engage with the LA. On 2<sup>nd</sup> November 2018, 500 (of the 699 children in Nottinghamshire registered as EHE) were receiving adviser visits, while parents/carers of 199 children refused Local Authority involvement.
6. From that point, a child acquires elective home educated status and the parents/carers are elective home educators. The parent/carers then becomes completely responsible for the costs, provision and management and delivery of the education of that child, while the LA ceases involvement. There are no curricular or other requirements incumbent on elective home educators, who are free from any educational regulation.

7. All parents registered as elective home educators in Nottinghamshire are offered regular EHE adviser visits and are able to be reconnected to LA and other services should they wish to stop elective home education, or where there is evidence of a safeguarding concern or education is deemed to be unsuitable by the EHE adviser. If no engagement is chosen, parents/carers are under no legal obligation to see an EHE adviser, to allow their educational provision to be monitored or to provide written reports of their provision. They are free from any regulation.
8. The LA fulfils its duty to ensure that all children of compulsory school age in its area are being suitably educated and to act if it appears that any child is not receiving such an education through these well-established working practices. These are generally very well received because they have been influenced by the views of electively home educating families in Nottinghamshire. The details of these arrangements were included in the report to Committee on EHE on 23<sup>rd</sup> April 2018.
9. It should be noted that there is an unknown number of parents who have always electively home educated and never enrolled their child/ren on a school roll. These children are not registered with the LA.
10. The Council's EHE associate adviser team meets termly with the EHE Programme Manager. The purpose of this meeting is to ensure that all EHE advisers access relevant training to fulfil their role effectively, in line with the Council's policies and procedures. At the last meeting, on 25<sup>th</sup> September, the Programme Manager invited 2 members of the EHE parent community in Nottinghamshire to attend and begin work on establishing effective links between the EHE parental community and the advisers providing support to home educating families. This meeting was welcomed by all parties. It was agreed that this will become a standard agenda item at each termly meeting as it will ensure regular opportunities for consultation and feedback, which it is hoped will benefit EHE learners.
11. The EHE team of associate advisers has been increased by 6 advisers, through the Council's procurement process, to ensure that the team's capacity is sustainable. New advisers will benefit from the experience of shadowing existing, experienced advisers.
12. The Association of Directors of Children's Services (ADCS) conducts an annual survey of Elective Home Education. Nationally, 106 (of 152) LAs recorded a total of 40,359 children and young people known to be electively home schooled in their localities on school census day, 4<sup>th</sup> October 2018. The ADCS estimates that there were 57,873 children and young people being home schooled across the 152 LAs in England on 4 October 2018. This represents an increase of approximately 27% from 5 October 2017.
13. In Nottinghamshire 699 children were registered as EHE on 2<sup>nd</sup> November 2018, an increase of 150 since the same time in 2017. It is expected that by June 2019, before Year 11 students leave the cohort, the EHE population may reach the high 700s, based on previous patterns of registration.
14. The dashboard for EHE (**Appendix 1**) identifies groups of electively home educated children and the reasons behind the parental decision to become EHE. The EHE Programme Manager uses the dashboard to inform discussions and decisions taken by a local authority multi-agency panel, the 'Vulnerable Children in Education Commissioning'

Panel (VCEC). This group ensures rapid action is taken by appropriate services to return these vulnerable children to a suitable education as quickly as possible.

15. Of the 699 children registered EHE in Nottinghamshire on 2nd November 2018, numbers were virtually equally divided between male and female. 219 were of primary school age and 480 were of secondary school age. Of the secondary age pupils, 239 were in Years 10 & 11.
16. The age at which children became EHE shows that there is a small spike at age 5, when pupils enter primary education. Of the 219 primary age children, 29 became EHE by age 5. This number remains fairly constant in each year group, until just before transition into secondary school, i.e. Year 5/Year 6. Parents/carers of this group often report 'inability' of school to meet their child's Special Educational Needs, with autism frequently cited as a common factor in the decision to EHE. Primary schools will almost always work very effectively with parents, agencies and the EHE team to secure an appropriate solution for the child during this phase. A significant proportion of primary aged EHE children will return to school at some point before age 12.
17. Much higher spikes occur from age 11, as children enter secondary phase, with 59 children registered as EHE in the Year 7 cohort of 2018/19. These peaks tend to increase with age, with 123 students in Year 10 and 116 students in Year 11 electively home educated on 2<sup>nd</sup> November 2018.
18. 482 were White British and 56 were of Gypsy, Roma or Traveller ethnicity, with the remainder being either from other ethnic groups or unknown. 3 children were on a Child Protection Plan and 5 had Children In Need status. 30 children had an Education Health and Care Plan (EHCP) indicating a significant level of identified Special Educational Need (SEN).
19. Reasons for withdrawal from school to home educate as stated by the parent or the school at the time of withdrawal were:
  - 7 - school phobic or refuser
  - 14 - response to legal attendance proceedings or prosecution
  - 34 - bullying at or around school
  - 49 - dissatisfaction or conflict with school
  - 199 - unknown reasons
  - 109 - emotional reasons, e.g. anxiety and mental health issues
  - 287 - preferred method – i.e. parental choice.
20. The number of children recorded as withdrawn from school by Year 7, i.e. the first year of secondary school, continues to exceed those registered as EHE for each of Years 1, 2 and 3. The secondary school number rises considerably during Years 8 and 9. Parents or carers of children withdrawn in Years 7, 8 and 9 often report 'lack of understanding' of school in meeting their child's Special Educational Needs as the reason for EHE. Autism (by this stage usually diagnosed) is frequently quoted as a major contributor; 'bullying' and associated low attendance and behavioural issues are often mentioned; while 'anxiety' and mental health conditions are increasingly described as influential. Safeguarding concerns, often within a family or social context of domestic violence, addiction, adult mental health needs and sexualised behaviour are prominent as children advance through their early

and mid-teens. Young people displaying symptoms of disengagement from an academic, as opposed to a vocational, education sometimes refuse to attend school. A large proportion of secondary aged EHE children will not return to school if they are withdrawn after the age of 12. There is evidence that some secondary academies encourage or persuade parents/carers, unlawfully, to remove a child to home educate. This is challenged by the EHE team, whenever the team becomes aware. In such circumstances, senior officers intervene directly with academies to ensure that such children are not lawfully removed from roll.

21. A final impetus towards EHE appears in the final year of secondary education, during Years 10 & 11, where numbers have been consistently the highest in the total cohort for several years. Here, as well as the causal factors above, an academic, GCSE-based curriculum is often described by parents/carers and young people themselves as too 'hard', 'rigorous' and 'demanding' as the final intensity of the exam year is reached. Elective home education is sometimes chosen as a solution and some parents then take up the offer from FE colleges in Nottingham, Mansfield and Worksop of part-time, pre-16 courses for home educated students.
22. All Year 11 EHE students who engage with EHE advisers were offered a summer term meeting to discuss and identify post-16 provision to ensure continuity of provision at Year 12. Those EHE students who have no post-16 destination were referred to the NEET (Not in Education, Employment or Training) Team within the Family Service.
23. Currently the Council does not hold quantified data on the academic outcomes and career pathways for EHE children post-16 or later. This is a critical area that would justify further investigation, since information on the outcomes for home educated children might have a significant influence on future decisions to withdraw from school made by parents and carers.
24. EHE adviser visits and reports in the financial year 2018/19 to date (1<sup>st</sup> April 2018 – 2<sup>nd</sup> November 2018) show that there were 550 adviser visits to children registered as EHE. In 40 of these, the education was deemed to be unsuitable, requiring LA intervention and a return to school. 510 adviser visits deemed education to be suitable. A further 62 adviser visits were made to clarify reasons for withdrawal from school, prior to possible registration of child(ren) as EHE or remaining in a school provision.
25. At the start of November 2018, there were 435 Nottinghamshire students, aged between 5 and 16 years, on roll at a school or alternative provision, who had at some point previously been registered as electively home educated.

### **Other Options Considered**

26. The Council remains statutorily responsible for ensuring that all children and young people of statutory school age access full time education. Therefore, the Children Missing Education Strategy endorsed by the Children and Young People's Committee on 23 April 2014 and Policy Committee on 7 May 2014 continues to be implemented to ensure that every school aged child should be on a school roll, with the exception of those who are electively home educated. No other options have been considered.

## **Reason/s for Recommendation/s**

27. Members will wish to be assured that the Council's statutory duty to provide full-time education for all children and young people of statutory school age is being fulfilled.

## **Statutory and Policy Implications**

28. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **Financial Implications**

29. It should be noted that the increasing number of electively home educated children means that the budget required to monitor the suitability of the education and to enable the LA to fulfil its statutory safeguarding duty is increasing. The £77,000 LA budget will be subsidised from the School Improvement grant in 2018/19. In the 2017/2018 financial year the subsidy required was £70,000.
30. Although the cost of the work to be commissioned is not yet known it is assumed to be relatively minor. This will be contained within the Education, Learning & Skills budget.

## **RECOMMENDATION/S**

That the Committee:

- 1) requests a further six monthly report on Elective Home Education.
- 2) gives approval for the Service Director, Education, Learning and Skills, to commission a university to commission a piece of post graduate research into the academic outcomes achieved, and the employment secured, by young people who have been electively home educated.

**Marion Clay**  
**Service Director, Education, Learning and Skills**

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### **Constitutional Comments (LM 16/11/18)**

31. The Children and Young People's Committee is the appropriate body to consider the contents of the report.

### **Financial Comments (SAS 19/11/18)**

32. The financial implications of the report are contained within paragraphs 29 and 30 above.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Association of Directors of Children's Services (ADCS) initial findings of the ACDS Elective Home Education Survey, October 2018

Children Missing Education Strategy – report to Policy Committee on 7 May 2014

Elective Home Education update – report to Children and Young People's Committee on 23 April 2018

### **Electoral Division(s) and Member(s) Affected**

All.

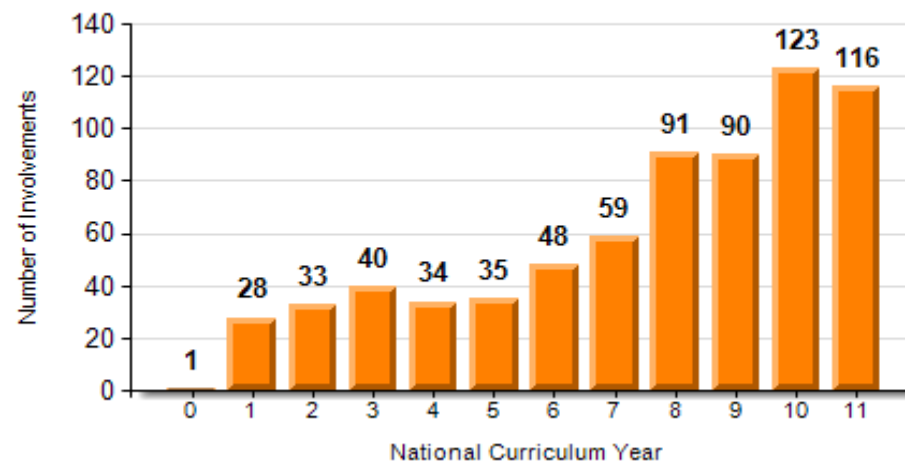
C1179

## Children with Current Active Elective Home Education Involvements

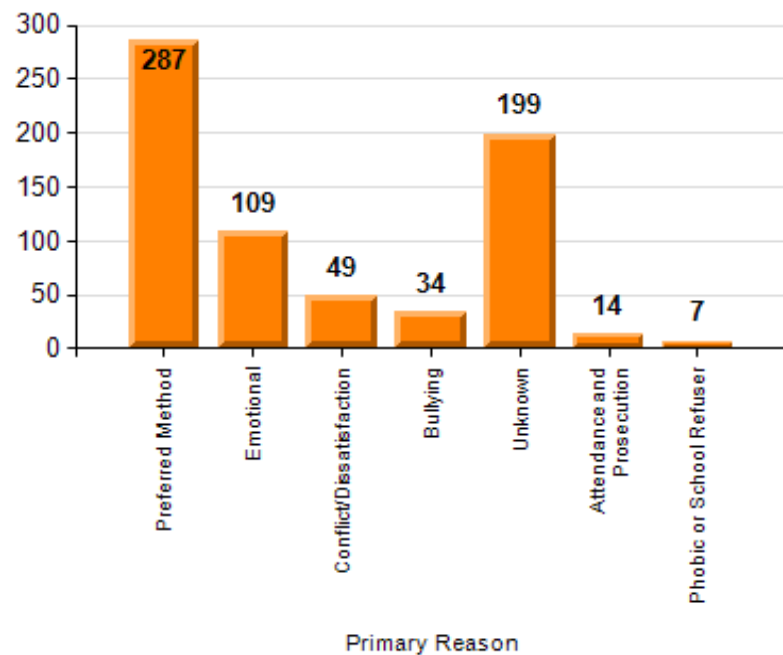
### Data Quality Checks:

<b><u>Current Number of Active EHE Involvements</u></b>	<b>699</b>
Number of EHE Children who are Looked After	0
Number of EHE Children who are on a Child Protection Plan	3
Number of EHE Children who are on a Child in Need Plan	5

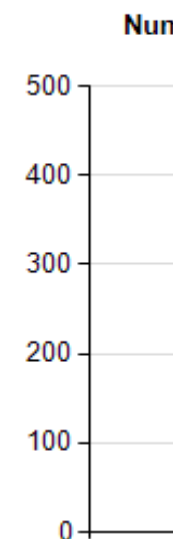
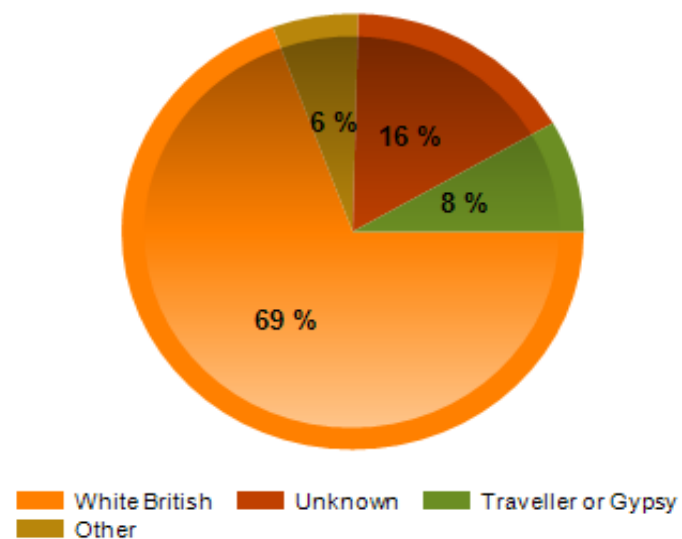
**Number of EHE Children by National Curriculum Year (NCY)**



### Number of EHE Children by Reason for Involvement

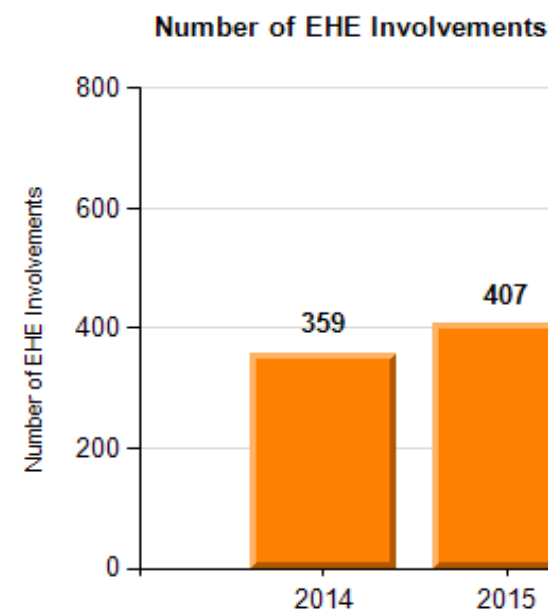
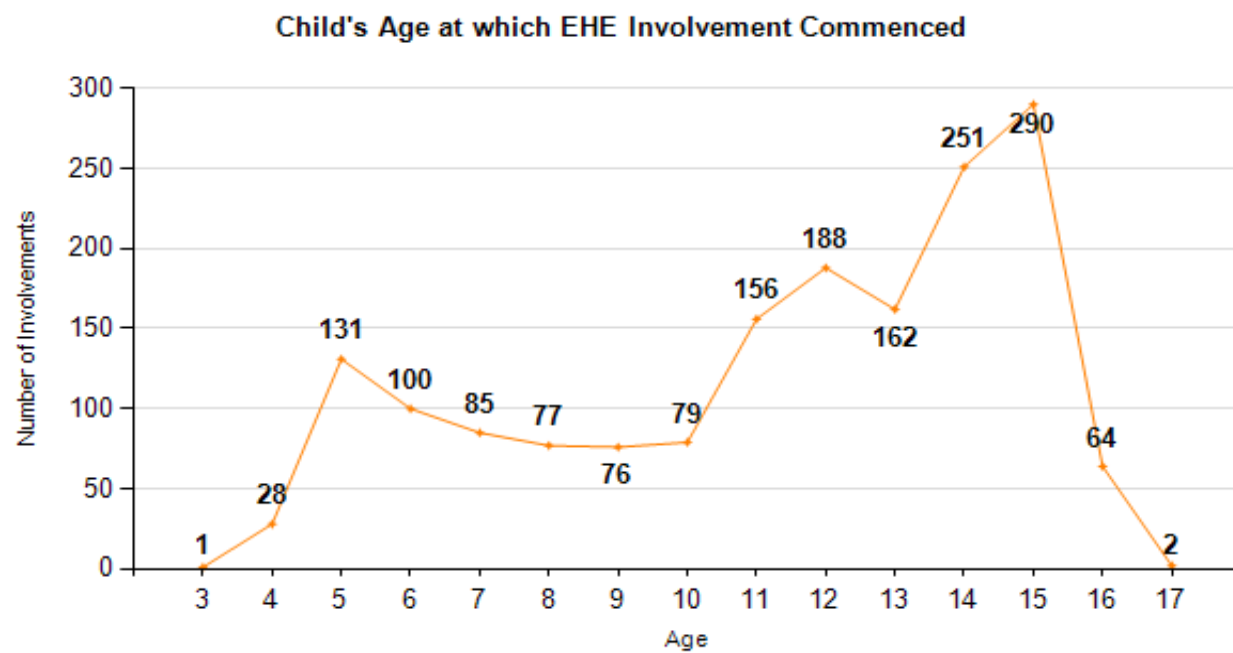


Percentage of EHE Children by Ethnicity



Number of Elective Home Education Involvements Over the Last Five Academic Years

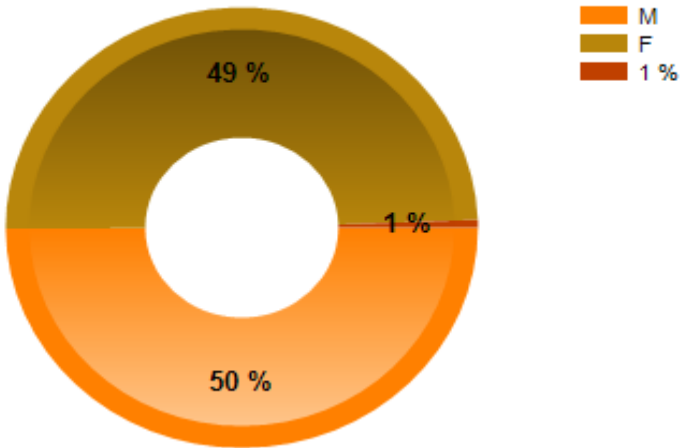




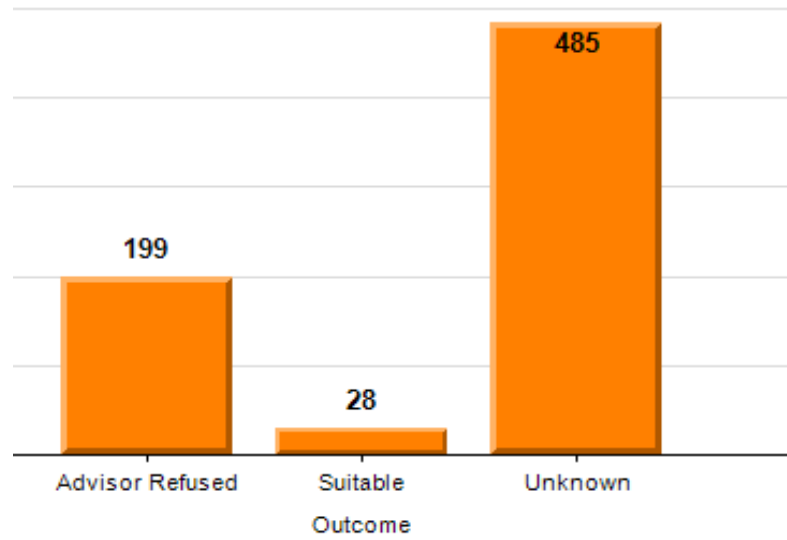
# HOME EDUCATION DASHBOARD



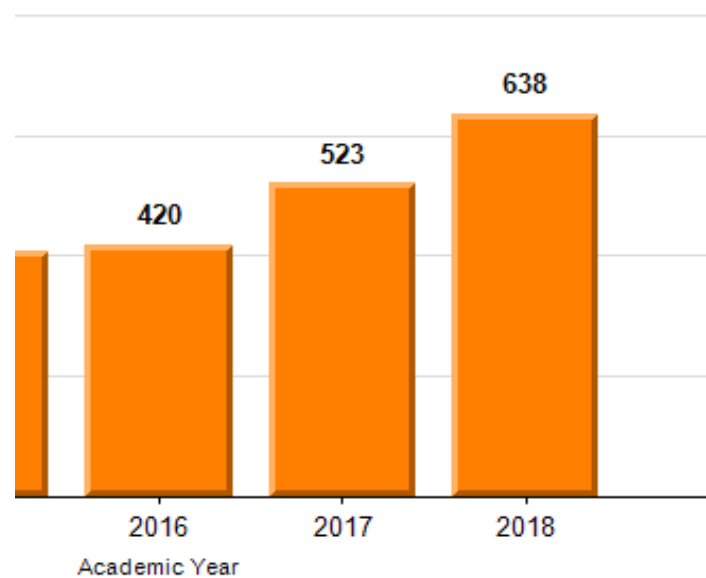
Percentage of EHE Children by Gender



Number of EHE Children by Outcome of Involvement



in the last 5 years on the 1st September



**17 December 2018****Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR, YOUTH, FAMILIES AND SOCIAL  
WORK****UPDATE ON SUPPORTING IMPROVEMENTS IN CHILDREN'S SOCIAL  
CARE****Purpose of the Report**

1. This report provides an update on the implementation and impact on the following measures which were approved by the Committee on 18<sup>th</sup> June 2018 to support improvements in the quality of social work practice:
  - a request from contingency made to Finance and Major Contracts Management Committee
  - the permanent establishment of current social work support officers and senior social work support officers posts
  - an increase in the permanent establishment of social work support officers and senior social work support officer posts
  - the establishment of a fixed term project team to embed new approaches to supporting improvements in social work practice including case progression.

**Information**

2. A request from contingency to fund the additional Social Work Support Officer posts was approved by Finance and Major Contracts Management Committee.
3. The existing 20.5 fte Social Work Support Officers (Grade 4) and 2 fte Senior Social Work Support Officer (Grade 5) posts have been given permanent contracts.
4. A recruitment process has been undertaken to the additional permanent 20.5 fte Social Work Support Officer (Grade 4) and 1 fte Senior Social Work Support Officer (Grade 5) posts. Preferred candidates have been identified for 16.5 fte Social Work Support Officer posts and it is planned that all new recruits will be in post by the beginning of December 2018. A full induction programme is being developed. The 1 fte Senior Social Work Support Officer has also been recruited and begun in post in November 2018. An evaluation of the impact of the additional Social Work Support Officers and Senior Social Work Support Officer will be undertaken in July 2019.
5. In relation to the remaining 4 fte Social Work Support Officer (Grade 4) posts which are currently vacant, work is being undertaken with the Assessment Service to plan how this support should be implemented. Through workshops with Social Care and Business

Support, it has been identified that whilst the Social Work Support Officer role successfully aligns with the support requirements of the majority of safeguarding teams, due to the nature of the tasks required by the Assessment Service, a designated Business Support role is more suited to their support requirements. Furthermore, having designated Business Support roles is likely to be more cost effective than Social Work Support Officers, reflecting a likely cost saving for the authority. A further report which will outline the rationale and recommendation regarding this will be presented to Committee in early 2019.

6. A recruitment process has been undertaken to establish a two year fixed term project team. 3 fte Practice Consultants (Band C), 1 fte Project Manager (Band D) and 1 fte Programme Officer (Band B) have been recruited and have all begun in post. The recruitment process for the Business Support Assistant (Grade 4) has commenced and the preferred candidate is anticipated to be in post in early 2019.
7. A programme of work entitled 'Remodelling Practice' has been established which is managed by the project team led by the Group Manager Service Improvement. The purpose of the Remodelling Practice programme is to create a sustainable delivery model for services for vulnerable children and families which is high quality and financially sustainable. The programme aims to develop a positive working environment and provide teams with the tools and support to do their jobs in the most effective and efficient way, enabling the improvement of outcomes for children and families.
8. The Programme consists of four projects: Framework for Practice, Staffing Model, Business Intelligence and Career Pathway.

## **Framework for Practice**

9. The Framework for Practice project seeks to develop a consistent Framework for Practice for case work with children and families, including identifying a model for addressing drift in case work, which complements practice in Nottinghamshire. The intention is that this Framework will support delivery of a revised vision for Youth, Families and Social Work:

*"We will work with children and young people, together with families and our partners, to give the consistent support and protection they need to be safe, secure and have opportunities to fulfil their potential."*

The vision is supported by the following principles:

- (1) We will put positive outcomes for children and young people at the heart of what we do*
- (2) We will focus on strengths within relationships and celebrate achievements*
- (3) We will promote a reflective learning culture which balances high support and high challenge*
- (4) We will empower the workforce to be creative and drive innovative and evidence based practice*
- (5) We will work effectively with partner agencies to provide coordinated planning and support*
- (6) We will keep children at home with families wherever possible or when needed provide alternative permanent placements as quickly as possible*

*(7) We will recognise and support individual needs, challenge inequality and celebrate diversity and inclusion*

*(8) We will seek to make best use of the resources available to us.*

10. The next steps for this project are to agree a theoretical model that aligns to the vision and principles, and then to agree the tools and approaches to embedding practice that will be adopted by workers in Nottinghamshire. The intention is for this to be agreed by March 2019, with implementation planning then being developed to cover training, Mosaic, and intranet developments required.

### **Staffing Model**

11. The Staffing Model project seeks to develop a sustainable staffing model within safeguarding teams so that outcomes for children and families are improved through timely, good quality practice that effectively addresses the issues identified through assessments.
12. The Staffing Model project has been split into four work areas: increasing the Social Work Support Officer establishment; piloting Social Work Assistant posts within district child protection teams that are having challenges recruiting sufficient permanent or agency social workers; reviewing the effectiveness of joint working between the Family Service and Children's Social Work for families receiving support as children in need or children on child protection plans; and considering options for introducing a multi-disciplinary approach to safeguarding teams.
13. Once these projects have been completed, a full review of the current staffing model will be undertaken, incorporating any recommendations from the staffing model work streams plus ensuring alignment with the agreed whole system practice framework.

### **Business Intelligence**

14. The Business Intelligence project seeks to develop business intelligence reporting so that frontline and strategic managers have access to easily accessible, accurate and up to date information about workforce, demand and performance thus informing performance monitoring and management.
15. Work is currently underway to develop the reporting solutions, with new performance dashboards scheduled to go live in January 2019. The project team are working closely with the Information Governance team to ensure compliance with the General Data Protection Regulations.

### **Career Pathway**

16. The social worker career pathway project seeks to develop a clear and informative career pathway ensuring that prospective and current social workers are fully informed of the career progression opportunities available, thus supporting recruitment and retention. This project will lead to improved digital content, both in terms of an external recruitment website and intranet content for current staff.

17. Work is also being undertaken to ensure that the Department for Education standards for children's social workers: the knowledge and skill statements, are appropriately implemented within Nottinghamshire, and that social workers are able to access targeted continuing professional development opportunities that support developing the competencies and expertise required by the statements.

### **Monitoring progress**

18. Progress against each of the projects listed above is monitored by the Remodelling Practice Board which meets on a monthly basis. This is attended by the Youth, Families and Social Work Leadership Team, in addition to representatives from Programmes and Projects, Finance, HR, IT and Business Support to ensure that all stakeholders are kept informed and engaged in decision making.

### **Statutory and Policy Implications**

19. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Data Protection and Information Governance**

20. A Data Protection Impact Assessment is being developed in relation to the Business Intelligence project. The implementation of any reporting solutions will be subject to the approval of the Data Protection Impact Assessment.

### **Financial Implications**

21. There are no financial implications arising from this report.

### **Human Resources Implications**

22. There are no human resources implications arising from this report.

### **Implications for Service Users**

23. Implementation of the projects within this report will improve the quality of service to vulnerable children and young people in need of safeguarding.

## **RECOMMENDATION/S**

- 1) That the Committee considers whether there is any further action it requires with regard to the progress and impact of the Remodelling Practice programme.

**Steve Edwards**  
**Service Director, Youth, Families and Social Work**



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**Constitutional Comments (LM 16/11/18)**

24. The Children and Young People's Committee is the appropriate body to consider the contents of the report. Members may wish to consider any actions they require in respect of the issues contained in the report.

**Financial Comments (SAS 03/12/18)**

25. There are no financial implications arising directly from this report.

**Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Supporting improvement in Children's Social Care – report to Children and Young People's Committee on 18 June 2018.

Financial monitoring report: Period 1 2018/19 – report to Finance and Major Contracts Management Committee on 18 June 2018

**Electoral Division(s) and Member(s) Affected**

All.

C1177



**17<sup>th</sup> December 2018****Agenda Item: 7****REPORT OF THE SERVICE DIRECTOR, YOUTH, FAMILIES AND SOCIAL  
WORK****PROPOSED CHANGES TO STAFFING STRUCTURES ARISING FROM THE  
ESTABLISHMENT OF THE REGIONAL ADOPTION AGENCY, ADOPTION  
EAST MIDLANDS****Purpose of the Report**

1. This report proposes the relocation of those posts currently managed by the Adoption service which deliver services that are not within scope of the Adoption East Midlands Regional Adoption Agency.
2. To support the development of the Adoption East Midlands Regional Adoption Agency proposal, approval is sought to establish a temporary Business Support (Grade 2) post funded by the Department for Education (DfE) grant.

**Information**

3. The government legislated to regionalise adoption services in the 2016 Education and Adoption Act, stating its intention that all individual local authority adoption agencies be combined into Regional Adoption Agencies by 2020. The rationale is that, with 180 adoption agencies placing children in England, the system is too fragmented, and this has led to delay for children. Regionalisation should improve outcomes for children, adopters and adoptive families.
4. To date twelve Regional Adoption Agencies have been established in England which provide services to 30 local authorities. The vast majority of local authorities in England are engaged with the funded programme for regionalising adoption. In the East Midlands, this has been through the Adoption East Midlands Regional Adoption Agency partnership comprising Lincolnshire County Council, Leicestershire County Council (also provides adoption services for Rutland Council), Leicester City Council, Derby City Council, Nottingham City Council, Derbyshire County Council, Nottinghamshire County Council.
5. It is planned that Nottinghamshire host adoption services on behalf of Derby City Council, Derbyshire County Council and Nottingham City Council. Only adoption services will be delivered through this Regional Adoption Agency.

6. Some posts currently managed within the Adoption Service deliver services which will not be within the Regional Adoption Agency service specification. The posts are as follows:

### **Agency Adviser Fostering Panels**

There are currently 3 FTE Agency Adviser posts (Band C, £50,180) providing agency advice to both fostering and adoption services. It is proposed that one FTE post remains in the Local Authority to manage fostering panels and advice on fostering matters. This post would be managed within the Fostering Service, by the Fostering Service Manager. This is a change to the duties – providing fostering advice only (currently each post holder provides fostering and adoption advice) and management.

### **Adoption Support Workers**

There are 2 FTE posts (Grade 5, £63,158 for two posts) who work with children who have adoption plans, to prepare them for placements and to support adoptive families after placement. Additionally they work with Nottinghamshire children, after adoption order where necessary. These posts will remain with the Local Authority as the majority of their work is with children being prepared for adoption. The statutory responsibility for children with adoption plans will remain with the Local Authority. These posts will be managed within the Permanence Team.

### **Welfare Rights Advisor**

This is 1 FTE post (Band A, £38,370), the function of which is to maximise adopters' access to welfare benefits, thus reducing the spend of the adoption financial support scheme. This advice is offered to adopters of Nottinghamshire children, or adopters living in Nottinghamshire who are three years post order.

7. The adoption financial support scheme will remain the responsibility of the Local Authority, and will be managed by the Permanence Service Manager who also manages the special guardianship financial support scheme. Welfare rights advice in connection with that scheme sits within the Family Service. It is proposed that the Welfare Rights Adviser adoption post is located with those similar post holders, within the Family Service, with no change to the job description.
8. There is no change proposed to the job descriptions, terms or conditions for any of these posts. It is a change of organisational structure, as to where the posts sit.
9. It is proposed that a Business Support (Grade 2) post be established on a temporary basis from 1<sup>st</sup> November 2018 to 31<sup>st</sup> March 2019 at a cost of £8,843. This will be managed by the Business Support Manager Adoption and funded by the DfE grant.
10. The function of the post is to support Adoption East Midlands in the next six months of development, providing services such as:
  - meeting arrangements
  - action logs
  - event organisation
  - document updates

- coordination of calendars, Adoption East Midlands
- to support the Adoption East Midlands service development.

### **Other Options Considered**

11. No other options for management of these posts are possible.

### **Reason/s for Recommendation/s**

12. The proposal for management of each post links the post to the relevant service area and is the least disruptive option for staff concerned. All managers have capacity to take on these additional posts.

### **Financial Implications**

13. The posts to be transferred to other service areas will have the associated budget provision transferred with them. The cost of the temporary Business Support post will be met from the DfE grant, which is held by Lincolnshire County Council on behalf of Adoption East Midlands.

### **Human Resources Implications**

14. Staff have been consulted regarding these changes, which do not impact on terms and conditions.

### **Implications for Service Users**

15. Services will be maintained with minimal disruption for Nottinghamshire children and families.

## **RECOMMENDATION/S**

That Committee gives approval for:

- 1) 1 FTE Agency Adviser Fostering (Band C) post to be managed within the Fostering Service.
- 2) 2 FTE Adoption Support Worker (Grade 5) posts to be managed within the Permanence Team.
- 3) 1 FTE Welfare Rights Adviser Adoption (Band A) post to be managed within the Family Service.
- 4) the establishment of a temporary 1 FTE Business Support (Grade 2) post within the Adoption Service, funded by the DfE grant, to support Adoption East Midlands development.

**Steve Edwards**  
**Service Director, Youth, Families and Social Work**

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**Constitutional Comments (KK 03/12/18)**

16. The proposals in this report are within the remit of the Children and Young People's Committee.

**Financial Comments (SAS 30/11/18)**

17. The financial implications of the report are contained within paragraph 13.

**HR Comments (BC 03/12/18)**

18. The staffing implications are contained within the body of this report. Staff, Trade Unions and the Business Support Service have been consulted on the proposed changes.

**Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

None.

**Electoral Division(s) and Member(s) Affected**

All.

C1178

17 December 2018

Agenda Item: 8

## **REPORT OF THE SERVICE DIRECTOR, EDUCATION LEARNING & SKILLS**

### **LOCAL AUTHORITY GOVERNOR APPOINTMENTS TO SCHOOL GOVERNING BODIES DURING THE PERIOD 1 SEPTEMBER TO 31 DECEMBER 2018**

#### **Purpose of the Report**

1. To note the appointment of Local Authority (LA) governors to school governing bodies for the period 1 September to 31 December 2018.

#### **Information**

2. Under the School Governance (Constitution) (England) Regulations 2012, as amended by the School Governance (Constitution and Federations) (England) Amendment Regulations 2014, governing bodies of maintained schools were required to reconstitute to a skills-based model of governance by September 2015, and are allowed one LA governor on the reconstituted governing body. For this model of governance, governing bodies may set eligibility criteria for, and appoint, the Local Authority governor.
3. Under these Regulations the County Council is responsible for nominating individuals as prospective governors. Nominations are made by the County Council, in accordance with the eligibility criteria provided by the governing body. When nominating new governors or re-nominating existing governors, the County Council must consider the skills and experience the governing body needs in order to be effective.
4. Local Authority governors nominated by the County Council and appointed by school governing bodies during the period 1 September to 31 December 2018 are as follows:

<b>BASSETLAW</b>	
Holy Family Catholic Primary	Mrs Karen Hunt <b>Existing governor. Now appointed to the category of LA on the same governing body</b>

St Augustine's	Councillor Glynn Gilfoyle <b>Previously a LA governor on this governing body. Following break in service has now been appointed to the category of LA governor</b>
Sturton le Steeple (Church of England) Voluntary Aided,	Mr David William Moore <b>Existing governor. Now appointed to the category of LA on the same governing body</b>
<b>BROXTOWE</b>	
Eskdale Junior	Mrs Kashmir Purewal <b>Existing governor. Now appointed to the category of LA on the same governing body</b>
<b>GEDLING</b>	
Bestwood Village Hawthorne Primary and Nursery	Mr Michael Thomas Pugh <b>New appointment to the category of LA governor</b>
Phoenix Infant and Nursery	Mr David Colyer <b>Existing governor. Now appointed to the category of LA on the same governing body</b>
<b>MANSFIELD</b>	
Heathlands Primary	Mrs Sally Ann Borrill <b>Existing governor. Now appointed to the category of LA on the same governing body</b>
<b>NEWARK</b>	
Chuter Ede Primary	Mrs Debbie Tinsley <b>New appointment to the category of LA governor.</b>
Edwinstowe St Mary's CofE (VA)	Mrs Sarah Jane Moore <b>Existing governor. Now appointed to the category of LA on the same governing body</b>
Winthorpe Primary	Mrs Michele Cammack <b>Existing governor. Now appointed to the category of LA on the same governing body</b>
<b>RUSHCLIFFE</b>	
Jesse Gray Primary	Mr James Silver <b>Existing governor. Now appointed to the category of LA on the same governing body</b>
Lantern Lane Primary	Mrs Jill Jennison <b>New appointment to the category of LA governor</b>



Normanton on Soar Primary	Mrs Jennifer Anne Burke <b>New appointment to the category of LA governor</b>
Pierrepont Gamston Primary School (VA Church School)	Mr Tej Paul Singh Kithoray <b>New appointment to the category of LA governor</b>
Radcliffe on Trent Infant and Nursery	Mr Michael James Powell <b>New appointment to the category of LA governor</b>
Sutton Bonington Primary School	Mr Elie Godsie <b>New appointment to the category of LA governor</b>
West Bridgford Junior	Mr Adam Hendry <b>New appointment to the category of LA governor</b>

### Other Options Considered

5. No other options have been considered.

### Reasons for Recommendation/s

6. The report is for noting only.

### Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### RECOMMENDATION/S

- 1) That the Committee notes the appointment of Local Authority governors to school governing bodies during the period 1 September to 31 December 2018, as listed in paragraph 4.

**Marion Clay**  
**Service Director, Education, Learning & Skills**

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## **Constitutional Comments**

8. As this report is for noting only, no Constitutional Comments are required.

## **Financial Comments (SAS 23/11/18)**

9. There are no financial implications arising directly from this report.

## **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

None.

## **Electoral Division(s) and Member(s) Affected**

Worksop South	Cllr Kevin Greaves
Worksop East	Cllr Glynn Gilfoyle
Tuxford	Cllr John Ogle
Toton, Chilwell and Attenborough	Cllr Richard Jackson and Cllr Eric Kerry
Newstead	Cllr Chris Barnfather
Carlton West	Cllr Jim Creamer and Cllr Errol Henry JP
Mansfield East	Cllr Vaughan Hopewell and Cllr Martin Wright
Newark East	Cllr Stuart Wallace
Sherwood Forest	Cllr John Peck
Collingham	Cllr Maureen Dobson
Leak and Ruddington	Cllr Reg Adair and Cllr Andrew Brown
West Bridgford South	Cllr Jonathan Wheeler
Radcliffe on Trent	Cllr Kay Cutts MBE

C1183

17 December 2018

Agenda Item: 9

## **REPORT OF THE SERVICE DIRECTOR, YOUTH, FAMILIES AND SOCIAL WORK**

### **PROMOTING AND IMPROVING THE HEALTH OF LOOKED AFTER CHILDREN**

#### **Purpose of the Report**

1. To update the Committee on efforts to promote and improve the health and wellbeing of Looked After Children, summarising key achievements and highlighting priorities for the year ahead.
2. The report also seeks approval to bring an update to the Committee on the progress in responding to the recommendation of the Child and Adolescent Mental Health Looked After Children Service review, incorporating a staffing update, in six months' time, and a six monthly update thereafter regarding efforts to promote and improve the health needs of Looked After Children.

#### **Information**

3. Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences.
4. Parents want their children to have the best start in life, to be healthy and happy and to reach their full potential. As corporate parents, Nottinghamshire County Council has the same high aspirations and works to ensure children receive the care and support they need in order to thrive. The Council, Nottinghamshire Clinical Commissioning Groups (CCGs) and health providers are committed to working in partnership to promote and improve the health of Looked After Children (LAC).
5. The NHS plays a key role in ensuring effective delivery of health services to LAC. Nottinghamshire CCGs commission services for LAC from the following NHS provider organisations:
  - Sherwood Forest University Hospitals NHS Foundation (SFHFT) Trust, Nottingham University Hospital NHS Trust (NUHT) and Doncaster and Bassetlaw Teaching Hospital NHS Trust (DBHT), all provide a LAC medical service, completing a

comprehensive initial health assessment to identify health needs and make referrals to specialist services, as well as a Medical Advisor to Adoption role.

- Nottinghamshire Healthcare NHS Foundation Trust (NHFT) provides a LAC and adoption nursing service, co-ordinating the pathway once a child or young person enters care and completing the majority of review health assessments following on from the initial health assessment; a Child and Adolescent Mental Health Service for Looked After Children (CAMHS LAC); and the Healthy Family Teams who deliver public health nursing in line with the Healthy Child Programme.
6. LAC also access the full range of NHS and public health commissioned services, which include primary healthcare services (GP's), secondary care, specialist and acute health services, emotional health and wellbeing services, and services to support weight management, smoking cessation, substance use, amongst others.
  7. Two Designated Nurses for LAC are situated in Nottinghamshire CCGs, one on behalf of both Mid Nottinghamshire CCGs and Greater Nottingham CCG, and one on behalf of Bassetlaw CCG. Designated Doctors for LAC are based in SFHFT, NUHT and DBHT. The designated professionals have produced annual reports for 2017-18 outlining the progress and key achievements, which can be found in **Appendix 1**.
  8. A multi-agency whole system review of pathways and service provision for LAC statutory health services was completed in 2016-17, and a multi-agency Service Improvement Forum for the health of LAC in Nottinghamshire and Nottingham drives implementation of these recommendations, working in close partnership to promote and improve the health and wellbeing of LAC.

## Health assessments

9. Statutory guidance<sup>1</sup> sets out timescales for the completion of health assessment, with accompanying health report and recommendations as follows: initial health assessment: 20 working days from when the child started to be looked after, and review health assessment: every 6 months before the child's fifth birthday and every 12 months after the child's fifth birthday.
10. In 2017-18, data collated locally within children's social care highlights that 23.4% of Nottinghamshire children received a health assessment within 20 working days of entering care, compared with 15% in the calendar year 2015. Data relating to timely initial health assessment is not collated nationally therefore performance cannot be compared with statistical neighbours. Health assessment within 20 working days is widely recognised as an ambitious target, however achieving a timely health assessment is strived for. Where health assessment falls outside of this timeframe, every effort is made to complete the assessment as quickly as possible. A child or young person has a network of support around them including their carer, their social worker and universal health services, who work together to meet any health needs that may arise before a health assessment is completed. A social worker usually attends the health assessment, and can respond swiftly to any recommendations that may emerge.

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<sup>1</sup> *Promoting the health and well-being of looked-after children, statutory guidance for local authorities, clinical commissioning groups and NHS England, DE and DH, 2015*

11. There are a number of reasons why an initial health assessment may not be completed within statutory timescales, including but not limited to:
  - challenges in seeking parental consent
  - a LAC being placed out of area, requiring assessment by a health provider local to that placement
  - non-attendance, cancellations, young people declining to be seen, or carers declining first available appointments.
12. In order to undertake an initial health assessment, correctly consented paperwork must be obtained by the child's social worker. In 2017-18, locally collated data shows that 30.6% of Nottinghamshire children had correctly consented paperwork sent to the local hospital trust to request health assessment within 5 working days of entering care, compared with 27% in the calendar year 2015. Since the pathway review concluded in 2016-17, a process to robustly monitor timeliness of seeking consent and referral for initial health assessment has been established across children's social care.
13. Where a child is placed out of the Nottinghamshire area, the health provider local to that placement will usually carry out the health assessment. A local pathway has been drafted to strengthen and formalise these arrangements, aiming to better and more consistently support the health needs of children placed out of area. This includes processes to track completion of health assessments, assure the quality of these assessments, and establish clear payment mechanisms, as well as escalation processes and is being agreed and implemented by Nottinghamshire health providers, CCGs, Nottinghamshire County Council and Nottingham City Council across 2018-19.

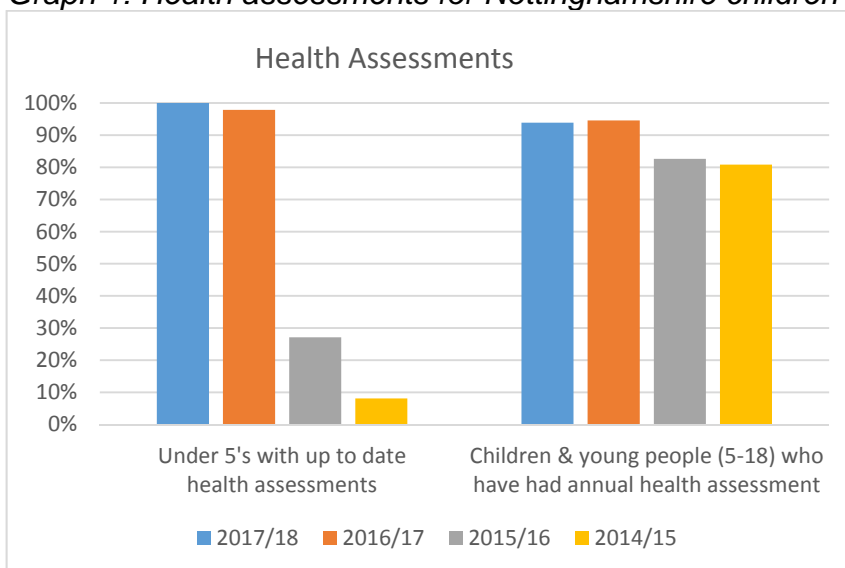
*Initial health assessments: delivered by local hospitals*

14. Contracts with local hospital trusts measure initial health assessment performance in relation to the receipt of correctly consented paperwork, however performance is currently measured differently at each hospital trust, and therefore cannot be compared.
15. Accurate and comparable data in relation to the health needs of LAC has been historically difficult to obtain due to the complexity of data requiring collection, and the number of health providers supporting Nottinghamshire's LAC. Non-recurrent funding from NHS England has supported the development of new IT systems, key performance indicators and information requirements which will vastly improve the information that can be reported and compared from 2019-20 onwards. Designated professionals and commissioners have worked together to ensure more meaningful and consistent data will be available, enabling organisations to work in partnership to drive up performance, plan services and improve health outcomes for LAC.
16. It is important to recognise that Nottinghamshire CCGs and health providers, when requested by the placing authority, are also responsible for meeting the health needs of other local authority children placed in the Nottinghamshire area, all of whom receive the same standard of care. The number of children from other local authorities requiring health assessment in Nottinghamshire is increasing significantly.

## Review health assessments

17. The aim of the review health assessment is to provide a holistic review of health development, gather information about emotional and physical health, engage the child or young person in their own healthcare, and provide information and advice to the child, their social worker and carers regarding their specific health needs. This is provided via a written report including health recommendations and an action plan, which is then discussed at each child's statutory looked after review.
18. In 2017-18, 94% of children and young people aged 5 to 18, who had been looked after continuously for more than 12 months have had an annual review assessment, and 100% of under 5's are up-to-date with their health assessment, as summarised in Graph 1.

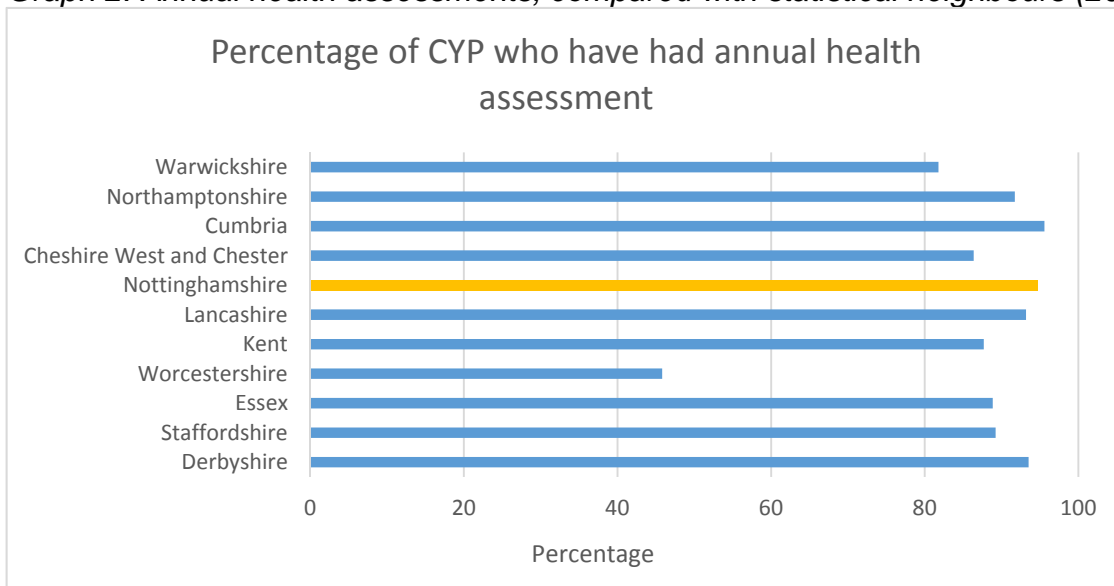
*Graph 1: Health assessments for Nottinghamshire children Looked After for <12 months*



Source: *Children Looked After Return for Department of Education (draft, 2018)*

19. The slight reduction in annual health assessments from 94.6% of children and young people in 2016-17 to 93.9% in 2017-18 (Graph 1) is attributed to capacity challenges in the children in care nursing service. This service has been affected by sickness and vacancies which has had an adverse impact on performance; these issues have recently been resolved and the situation is being monitored by commissioners.
20. These indicators are measured annually by the Department for Education, with performance benchmarked across authorities, as shown in Graph 2 (below), which highlights that Nottinghamshire compares well with statistical neighbours in 2016-17.

*Graph 2: Annual health assessments, compared with statistical neighbours (2016-17)*



*Source: Local Authority Interactive Tool, Department for Education*

### **Health assessments: quality**

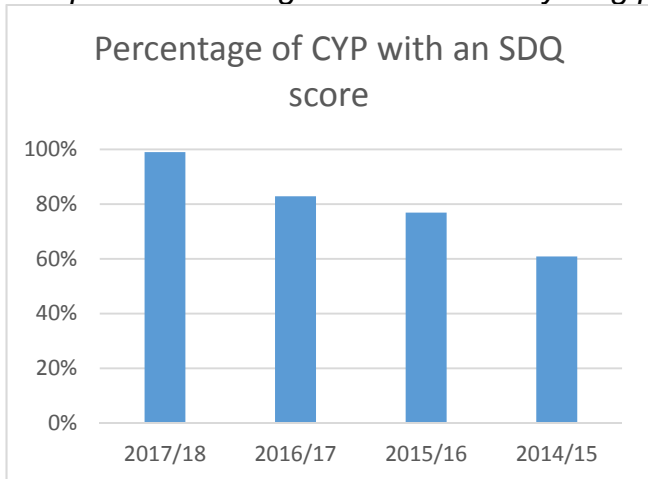
21. A quality assurance framework has been developed for Mid Nottinghamshire and Greater Nottingham CCGs by the Designated Professionals for LAC to assess the quality of healthcare delivered to LAC, this includes data collection, audit and dip-testing. The framework covers the quality of the health assessment, ensures the voice of the child or young person is always central, and includes information given on leaving care. This is further supported by an annual quality assurance visit, which in 2017-18 focused on the children in care nursing services and the Bassetlaw LAC medical service finding examples of excellent practice and making recommendations for improvement.
22. Where a child or young person declines a health assessment at any stage a robust pathway has been developed to ensure each child is appropriately supported to engage with the assessment and that health needs, where known, are met.

### **Emotional and mental health**

#### **Strengths and Difficulties Questionnaires**

23. Strengths and Difficulties Questionnaires (SDQs) are used to assess the emotional well-being of individual looked after children. The SDQ is a clinically validated brief behavioural screening questionnaire for use with 4-16 year olds, and supports social workers and health providers to form a view about the emotional wellbeing of individual LAC.
24. As Graph 3 below indicates, there has been a year-on-year increase in the number of children where an SDQ score has been completed, due to ongoing efforts to obtain and record this information. There remain challenges in SDQs being available to inform the annual review health assessment, which has been identified as a priority for improvement across partners.

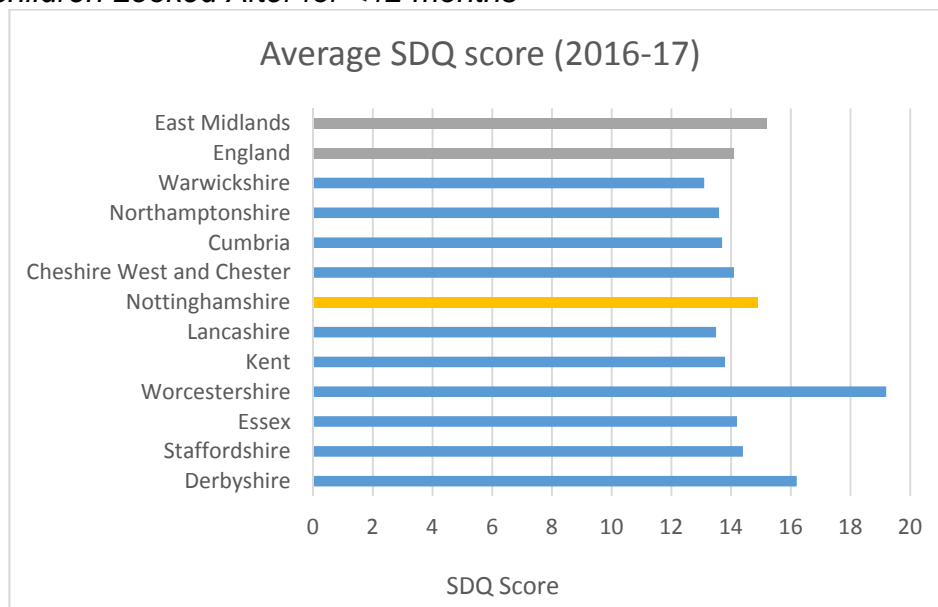
*Graph 3: Percentage of children and young people with an SDQ score, Nottinghamshire*



*Source: Children Looked After Return for Department of Education (draft, 2018)*

25. A score of 0-13 on the SDQ tool is considered normal, 14-17 borderline, and 17 plus a cause for concern; in 2016-17 the average score for Nottinghamshire was 14.9. As illustrated in Graph 4 below, this mean score was greater than most statistical neighbours and the England average, indicating comparably high emotional and mental health needs for Nottinghamshire LAC.

*Graph 4: Average SDQ score, compared with statistical neighbours (2016-17) Nottinghamshire children Looked After for <12 months*



*Source: Local Authority Interactive Tool, Department for Education*

### **Child and Adolescent Mental Health LAC Service**

26. A dedicated Child and Adolescent Mental Health Service (CAMHS) supports the mental health needs of LAC. It is a multi-disciplinary, multi-agency team comprised of social workers and health professionals whose purpose is to assess mental health needs and promote the psychological wellbeing and placement stability of children and young people who are Looked After or adopted.



27. The model of intervention is tailored to meet the individual needs of the child or young person and their network, based on the evidence base, the views and skills of the client and their family/foster carers. Care may be delivered via a consultation model or through a range of integrative interventions: fostering attachments group; therapeutic parenting or attachment focused family based interventions such as Theraplay; Dyadic Developmental Psychotherapy, Systemic Psychotherapy or Distress Tolerance Groups. The team can also provide specific diagnostic assessment, as well as the prescribing and reviewing of medication.
28. Over the last year, commissioning responsibility for the health professionals within the service has transferred from the Council to CCGs in line with statutory responsibilities. There have been significant capacity challenges over the period of this change, linked to staff turnover, leading to a temporary reduction in specialist mental health support available for children and young people. During this time children and young people with a diagnosable mental health need are prioritised and are being appropriately assessed and treated.
29. The team is now recruiting to additional social work, nursing and psychology posts in order to increase staffing capacity and commissioners are working with the provider, NHFT, to ensure the team is fully recruited to and working optimally.
30. An independent review of the service completed at the end of 2017 highlighted strengths and areas for improvement. Strengths include:
- the clear theoretical framework based on attachment and trauma informing the service's approach
  - the multi-agency/multi-disciplinary make-up of the service
  - the consultation provided by the service to partners including social workers, foster carers, residential children's homes
  - the strong links with other CAMHS teams such as Head 2 Head, Crisis and Eating Disorders, meaning that young people's needs are met in a joined up way.
31. Areas for improvement include:
- to improve parity of access for LAC placed in and out of the County, children with similar life experiences but different legal statuses (e.g. special guardianship or kinship) and LAC in different placement types (e.g. internal or external fostering or residential care)
  - to improve data collection regarding the service's work and impact on children and young people
  - to further involve young people in service developments moving forwards
  - to further clarify the framework to effectively support LAC with mental health needs, including the role of different professionals and the balance between consultation and direct therapeutic intervention within the service model.
32. Recruitment and increasing capacity is the current priority for the service; however progress has been made in relation to these recommendations, including the agreement of a new set of data reporting requirements and discussions with the Children in Care Council regarding their involvement in future service developments. In addition, initial scoping conversations have taken place regarding ensuring parity of access and clarifying the framework for supporting these children and young people. It is anticipated that this work will be completed by March 2019. The developments described are in line with the ambitions of

the local transformation plan for children's mental health, and progress is reported to the Children's Mental Health Executive.

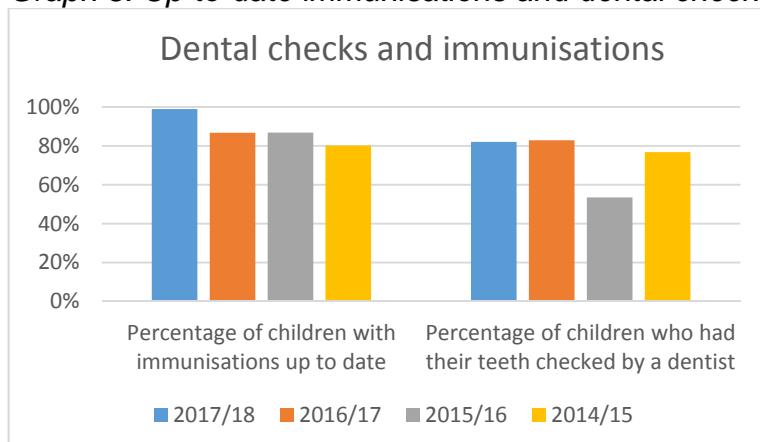
### ***Integrated personal commissioning pilot***

33. In Nottingham and Nottinghamshire a new way of working is being piloted to support the mental health needs of LAC and care leavers aged 0-25, via a model known as 'integrated personal commissioning'. The pilot programme, which is funded by NHS England up to 31<sup>st</sup> March 2019, seeks to test how mental health outcomes can be improved by allowing the child or young person to identify the support arrangements that will work for them. Through the use of a small personal health budget and support from social workers, personal advisors, youth workers and supported accommodation providers, personalised support arrangements can then be put in place.
34. Since the pilot was launched operationally in April 2018, 167 LAC and care leavers across Nottinghamshire have been accepted onto the pilot and have been allocated a small personal health budget. Support arrangements, as identified by the child or young person themselves, have included gym memberships, boxing clubs, and drama clubs.
35. General data / presenting needs of young people in the pilot include:
  - 51% present with anxiety, depression, stress or other mood disorders
  - 27% are reported as self-harming
  - 37% are reported as being socially isolated.

### **Dental checks and immunisations**

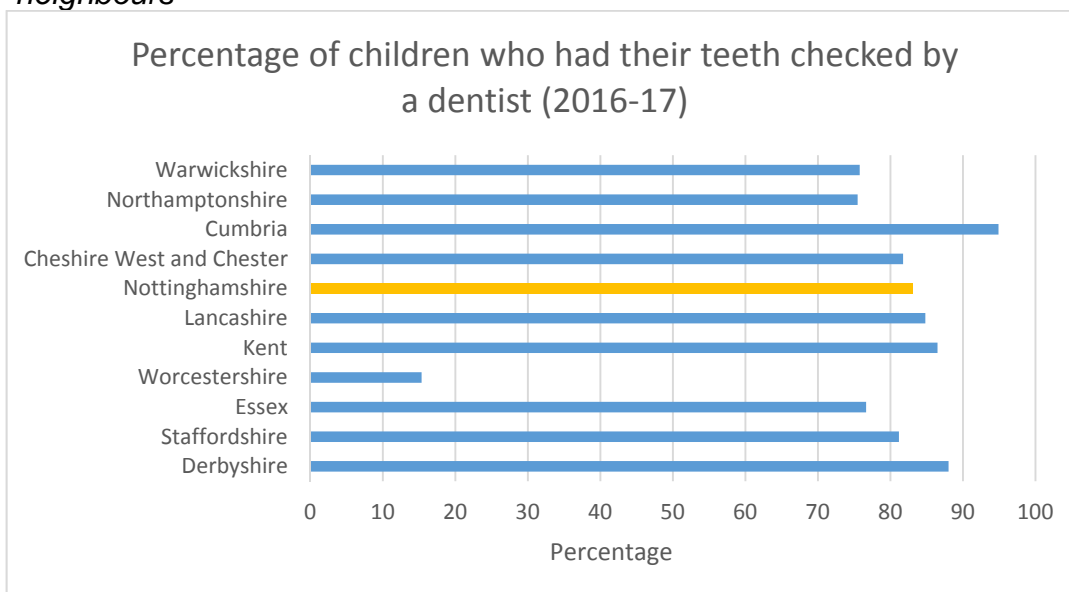
36. Social workers ensure LAC receive the healthcare services they require as set out in their health plan; this includes routine dental checks and immunisations. As Graph 5 below highlights, there has been a large increase in the number of children whose immunisations are recorded as being up-to-date in 2017-18 as a result of data quality work to ensure these were recorded correctly. Graph 6 below highlights that Nottinghamshire benchmarks well.

*Graph 5: Up-to-date immunisations and dental checks, for Nottinghamshire LAC <12 months*



Source: *Children Looked After Return for Department of Education (draft, 2018)*

*Graph 6: Percentage of LAC who have had teeth checked, compared with statistical neighbours*



*Source: Local Authority Interactive Tool, Department for Education*

## Leaving care

37. The pathway review highlighted that care leavers were not always given sufficient information in regard to their own health and have limited information about their family history. Support for care leavers is a priority under the Children and Social Work Act 2017, and identified by NHS England, and health support has been strengthened in a number of ways: important health information is now distributed to all care leavers, and a wealth of training and awareness raising regarding the specific needs of care leavers has been carried out including training events to all CCG GP practice learning events and information disseminated via newsletters and bulletins, on GP IT systems and a GP focused safeguarding website.
38. In partnership with the NSCB dedicated training, 'Meeting the needs of LAC: a multi-agency approach', is scheduled for early 2019. This training is available for all practitioners who work directly with children and young people and is delivered by trainers from health, children's social care, legal and education services. Designated professionals and health providers are also supporting the development of a care leaver local offer, to include a focus on the health and wellbeing of care leavers.

## Priorities

39. Priorities across partners for the year ahead include:
  - increasing capacity of the Child and Adolescent Mental Health LAC Service, including responding to the recommendations of the review
  - ongoing efforts to improve the timeliness of health assessment, including availability of the health report
  - improving the availability of SDQ score to inform annual health assessments
  - agreeing and implementing a pathway to manage health assessments for children placed out of area

- embedding the quality assurance framework
- strengthening support for care leavers
- implementing new data and monitoring arrangements for health providers.

40. These will be achieved by continuing to work in partnership across organisational boundaries to prioritise the health of LAC, and will be driven and monitored via the multi-agency Service Improvement Forum.

### **Other Options Considered**

41. No other options have been considered.

### **Reason/s for Recommendation/s**

42. To improve the health and wellbeing (physical, emotional and mental) of LAC wherever they are placed, and positively influence their life chances.

### **Statutory and Policy Implications**

43. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

44. There are no financial implications arising from this report.

## **RECOMMENDATION/S**

That Committee:

- 1) considers whether there are any further actions it requires in relation to efforts to promote and improve the health of Looked After Children.
- 2) receives an update on the progress in responding to the recommendation of the Child and Adolescent Mental Health Looked After Children Service review, incorporating a staffing update, in six months' time, and a six monthly update thereafter regarding efforts to promote and improve the health needs of Looked After Children.

**Steve Edwards**

**Service Director, Youth, Families and Social Work**

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**Constitutional Comments (LM 16/11/18)**

45. The Children and Young People's Committee is the appropriate body to consider the contents of the report. Members may wish to consider any actions they require in respect of the issues contained in the report.

**Financial Comments (SAS 19/11/18)**

46. There are no financial implications arising directly from this report.

**Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- [Additional Staffing to Support Children's Mental Health Pilot](#), report to Children and Young People's Committee on 16 July 2018
- [Improving the health outcomes for children and young people in the care of the local authority](#), report to Corporate Parenting Sub-Committee on 12 September 2016
- [County CAMHS Looked After and Adoption Team – service provision and developments 2016-17](#), report to Corporate Parenting Sub-Committee on 12 September 2016

**Electoral Division(s) and Member(s) Affected**

All.

C1181



  
**Newark and Sherwood  
Clinical Commissioning Group**

  
**Mansfield and Ashfield  
Clinical Commissioning Group**

  
**Nottingham North and East  
Clinical Commissioning Group**

  
**Nottingham West  
Clinical Commissioning Group**

  
**Rushcliffe  
Clinical Commissioning Group**

# **Looked After Children/Children in Care**

## **ANNUAL REPORT** **1 APRIL 2017 – 31 MARCH 2018**

***A summary of key achievements and future plans for  
Nottinghamshire County CCGs (excluding Bassetlaw) to fulfil  
their duty to safeguard and promote the welfare of looked after  
children***

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## **Looked After Children/Children in Care Annual Report 2017/2018**

Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences.

The number of CIC has continued to rise and as of 31 March 2017 there were 72,670 nationally a 3% increase since 2016. In Nottinghamshire (including Bassetlaw) this number was 775 a slight decrease on 830 in 2016 (Local authority interactive tool).

The NHS has a major role in ensuring the timely and effective delivery of health services to looked after children (and, by extension, to care leavers) by commissioning effective services, delivering through provider organisations, and through individual practitioners providing coordinated care for each child (Promoting the health and well-being of looked after children 2015).

(Throughout this report Looked after Children [LAC] will be referred to as children in care - CIC).

### **1. Introduction**

1.1. This report relates to five Nottinghamshire CCGs

- Mansfield and Ashfield
- Newark and Sherwood
- Nottingham North and East
- Nottingham West
- Rushcliffe

1.2. These five CCGs commission health services for the population of Nottinghamshire. The purpose of this report is to provide assurance that Nottinghamshire CCGs are fulfilling their responsibilities as commissioners to work in partnership with the Local Authority and other agencies to promote the safety and welfare of children and adults in need of care and protection.

1.3 Key areas of priority for the CCG that were identified in 2016 – 2017 from the Nottinghamshire County LAC Pathway review (2016), of which the city local authority were included, have now been incorporated into a working action plan that is overseen by the Nottinghamshire CIC Service improvement forum.

1.3. This report will summarise achievements and activity undertaken in 2017 - 18 and highlights recommendations for 2018 - 19.

## **2. Background**

- 2.1. This is the second CIC CCG annual report and provides assurance that the Nottinghamshire five CCGs are fulfilling their statutory responsibilities to children as outlined in the Children Act 1989 and Promoting the health and well-being of looked after children (2015).
- 2.2. The CCGs work in partnership with health provider organisations, the local authority and other agencies including the Nottinghamshire safeguarding children and adult boards. The designated CIC nurse is situated within the CCGs in line with statutory guidance. The role is fully strategic with no clinical responsibilities, however will intervene in the delivery of clinical services/escalation and has a role in clinical audit and performance. This role is also responsible for the City CCG and hosted by the City CCG (as part of the newly configured Greater Nottingham Clinical Commissioning Partnership).
- 2.3. There are two designated CIC Doctors, one covering the mid County CCGs and the other the south County CCGs (this post also includes the City CCG). These posts have a combined clinical and strategic role and sit within Providers (as recommended by the intercollegiate document).

## **3. LAC/CIC Governance and Accountability arrangements**

- 3.1 The CCG governance arrangements for CIC are now monitored through the newly formed Nottingham Safeguarding Assurance Group. This group replaces the previous County Safeguarding Committee following the creation of the Greater Nottingham Clinical Commissioning Partnership. The Safeguarding Assurance Group monitors progress on national and local guidance and strategic priorities. The CCGs LAC/CIC executive leadership is through the Chief Nurses who represent the CCGs on Nottinghamshire safeguarding children and adult Boards and are members of the CCG Governing Bodies.
- 3.2 The designated CIC professionals contribute to the Nottingham Safeguarding Assurance Group, the local authority Corporate Parenting Board and are members of the regional NHS England safeguarding network.
- 3.3 Performance data relating to statutory health assessments undertaken by our health providers is reported to regular contract meetings with commissioners from within the CCGs. The designated CIC professionals have oversight. In addition, this data is currently shared with the Local Safeguarding Board and Corporate local Parenting Board.

## **4. Commissioning arrangements**

- 4.1 The CCGs continue to commission the following providers to undertake statutory health assessments for CIC:

- **Nottingham University Hospitals NHS Trust** – provides medical input from community paediatricians for children and young people whose originating local authority is Nottinghamshire County (south) as well as Nottingham City. This includes initial health assessments and referrals to specialist services. For those children and young people placed too far out of Nottinghamshire boundaries, arrangements will be made with an external health provider to complete the assessment. The quality assurances of all assessments are currently overseen by the clinical team and Named CIC professional and escalated to the designated CIC Doctor/Nurse if below expected quality. This service is commissioned by Nottingham City CCG in addition to the 3 southern County CCGs as the health teams from different providers work across the entire county/city delivering services to the CIC population. In this report we refer only to the part of the service delivered by the 3 southern County areas. This service also provides medical advisers for adoption who fulfil the statutory duties for the county local authority and reports on the health of prospective adopters as well as contributing to the health assessments and statutory reports for children and young people with an adoption plan. The historical commissioning of County adoption panels does not include medical advisers from NUH. It is currently acknowledged that the majority of county adult health assessments are undertaken by NUH. This will be reviewed in line with capacity issues within the other provider of adoption health advice.
- **Sherwood Forest Hospitals NHS Foundation Trust** – provides the same medical input as above for CIC who live in County or are placed from out of County in the mid-Nottinghamshire area. This service is commissioned by the 2 mid Nottinghamshire CCGs. This service also provides Medical Advisers for Adoption who fulfil the statutory duties for the local authority around Adoption Panels, reports on the health of prospective adopters as well as contributing to the health assessments and statutory reports for children and young people with an adoption plan.
- **Nottinghamshire Healthcare NHS Foundation Trust** – provides the CIC Nursing team. This team coordinates the pathway once a looked after child enters care, undertaking the majority of review health assessments following on from the Initial health assessment. For those children and young people placed too far out of Nottinghamshire boundaries, arrangements will be made with an external health provider to complete the assessment. The quality assurance of all health assessments are currently overseen by the team. The service is jointly commissioned with Nottingham City CCG.
- **Public Health & Nottinghamshire County Local authority** - Public health in Nottinghamshire County Council commission the Healthy Families Programme, provided by Nottinghamshire Healthcare NHS Trust. Under this service 20 locally based Healthy Family Teams deliver the Department of Health's 'Healthy Child Programme' offering every child, young person and family a programme of screening tests, immunisations, developmental reviews and information and guidance to support parenting and healthy lifestyle choices. The service works closely with the children in care nursing team to ensure that the universal and public health needs of children in care aged from 0 to 19 are met by appropriately skilled and knowledgeable practitioners.

- **CAMHS LAC** – CIC continue to be a focus within the Joint Nottingham City and Nottinghamshire Local Transformation Plan for children's emotional wellbeing and mental health. During 17/18 CAMHS LAC had a full service review undertaken to establish the future model of service delivery. The recommendations from this review and also from the recently published SCIE report will be embedded within the CAMHS LAC team during 2018/19. This will include strengthening the consultation model and providing timelier access to direct work with CIC and young people where appropriate. The service also continues to review the support provided to CIC placed out of area, as well as other area CIC placed in Nottingham and Nottinghamshire.

- 4.2 **Integrated Personal Commissioning (IPC) Pilot for looked after children & care leavers with mental health needs** – In October 2016, NHS England (NHSE) launched a national pilot programme to test how IPC and personal health budgets (PHBs) could improve the mental health and wellbeing outcomes for CIC and care leavers. The pilot seeks to explore how the IPC model could be embedded within health and social care practice, with the aspiration of offering personal budgets to young people who would normally be referred to core commissioned CAMHS services. In August 2017, Nottinghamshire CCGs (excluding Bassetlaw CCG) were selected by NHSE to become a pilot site for this project, with Nottingham City CCG joining in April 2018. The pilot will run until 31 March 2019.
- 4.3 The overall aim is for the child or young person to identify the health and wellbeing outcomes that are more important to them, and what need to be in place to achieve their desired goals; the young person – with the support of their family, carers, friends and practitioner – is encouraged to be creative about ways to improve their mental health and wellbeing moving away from traditional clinical approaches.
- 4.4 As of June 2018 -19 Nottinghamshire CIC and Care Leavers are in receipt of a personal budget and their progress will continue to be evaluated. It is hoped that by March 2019 a minimum of 50 young people will have a personal budget in place to support their mental health and wellbeing needs. During 18/19 commissioners will work on the sustainability of this programme post March 2019.

## **5. NHSE Safeguarding Assurance Tool (SAT)**

- 5.1 NHSE has the responsibility to ensure that CCGs are compliant with their safeguarding requirements. Nottinghamshire county five CCGs have contributed to a pilot of an NHSE assurance tool containing safeguarding standards, including several in relation to CIC.
- 5.2 Despite there being some criticism of the tool itself, it has had a positive impact in raising the profile of CIC within the CCGs which has previously had no detailed compliance framework.

- 5.3 The standards are RAG rated and those red or amber (all with associated work plans) have been shared with the Chief Nurses within the CCGs.

## **6. CIC placed out of area (OOA)**

- 6.1 The Nottinghamshire County CIC Health Pathway Review identified that in 2016 the CCG was only partially compliant with the Statutory Guidance in ensuring a continuity of high quality, timely healthcare for CIC that move OOA.
- 6.2 A task and finish group was formed in 2016 and included the local authority CIC managers, local authority placement officers and health providers.
- 6.3 This group reviewed the pathways for children and young people placed out of area in relation to:
- The CIC medical teams
  - The CIC nursing team
  - LAC CAMHS
- 6.4 The designated professionals for CIC have devised a CCG OOA pathway that is in accordance with statutory/NHSE guidance. This pathway includes a quality assurance process, a robust escalation process and clear financial pathways. The internal processes of each health provider will align to this pathway.
- 6.5 The task and finish group will be resumed and the pathway implemented following the input of CCG administrative support. We are hoping this will be the summer of 2018.
- 6.6 The designated professionals for CIC, alongside the local authority reviewed and amended an East Midlands notification protocol (relating to a child or young person being placed in a different area) written in 2015 by our designated colleagues in Leicestershire, to ensure practice is in line with statutory guidance. This revised local guidance has been agreed by all our neighbouring CCGs and local authorities with the aim to promote consistent practice across the region. It will be used in conjunction with the new OOA/OLAC pathway.
- 6.7 The LAC CAMHS element of the OOA pathway has been identified as a piece of work that needs further exploration.

## **7. Other Local Authority Children (OLAC)**

- 7.1 In line with the task & finish group for OOA placements the CCG (designated professionals CIC) also reviewed the process for OLAC placed in Nottinghamshire, ensuring that all OLAC are offered primary and secondary care as any other child or young person would receive. A CCG pathway has been written and agreed by the CCG,

with an accompanying offer that will be shared with local authorities placing CIC in Nottinghamshire.

- 7.2 Requests for Initial health assessments are undertaken by our commissioned health provider. Plans are for the CCG to invoice the originating CCG as per the Responsible Commissioner guidance (2007). This money will then be redirected into the commissioned service to manage service provision.
- 7.3 Requests for review health assessments are undertaken by our commissioned health provider. Currently this money is invoiced by the commissioned provider and monies generated used to maintain the service. This will be changed with the new agreed pathways to enable finances to be managed at CCG level not provider.
- 7.4 The aim is to provide enough health capacity up front to meet the needs of all CIC in our area regardless of originating authority. The remuneration for this then sits, appropriately, in commissioning. It should be noted the number of requests for RHAs over the past two years appears to be increasing significantly.

**Table 1: OLAC**

	2015/16	2016/17	2017/18
Initial health assessments (Mid Notts)	Did not commence seeing consistently until 2017/18. No data collected on additional requests that did not lead to IHA		19 requests
Initial health assessments (South Notts)	Did not commence seeing consistently until 2017/18. No data collected on additional requests that did not lead to IHA		5 completed (with 5 additional requests that did not lead to an IHA)
Review health assessments	No data	50 completed	82 completed

- 7.5 It must be acknowledged that additional time is needed for health providers to manage the process around OLAC. Some requests made for health assessments do not result in an assessment actually being undertaken. This may be due to lack of appropriate consent being shared by the originating authority meaning our commissioned health provider is unable to undertake the assessment, the young person moves placement prior to the assessment being arranged or that the young person is not brought to the assessment by their carer/local authority. This may involve substantial preparation work undertaken, especially in regard to Initial health assessments, that is not taken into account. This additional work does impact on our commissioned services capacity.
- 7.6 The OLAC pathway requires implementation in 2018.

## **8. Nottinghamshire CIC Service Improvement Forum**

- 8.1 The Nottinghamshire CIC Service Improvement Forum was established in December 2016 to implement/continue the CIC health pathway review work/suggestions. This forum continues to meet regularly and the recommendations made within the Nottinghamshire County CIC Health Pathway review (2016) are now a working action plan that is overseen within this forum led by Commissioners. This is a County wide forum with agreement to commitment from both the City and County Local Authorities, CCGs and health providers. Several working groups have been established to help support the actions in the plan. The objective of the Service Improvement Forum is to be a system where partners hold themselves to account through an outcomes framework delivering care and meeting health needs of CIC.

## **9. Outcomes Framework**

- 9.1 Alongside the Service Improvement action plan, the Service Improvement Forum holds itself to account through an overarching Outcomes Framework. This framework sets out the following ambitions for the health of CIC locally:

1. Health services for individual children in reflect their individual needs, issues and preferences
2. The CIC health workforce are skilled and competent
3. CIC experience warm, nurturing care
4. CIC have good emotional health and wellbeing
5. CIC live in stable placements that take account of their needs and preferences
6. CIC receive specialist and dedicated services within agreed timescales
7. Other Local Authority Children (OLAC) and children placed out of area (OOA) receive the services they need
8. CIC are supported to fulfil their potential
9. Care leavers are supported well to independence
10. The health needs of CIC are understood and responded to
11. CIC are safe

- 9.2 The content of this framework has been informed by national guidance. The framework consists of performance indicators measured against standards, evidence and assurance. It will respond to learning from inspections and local experiences of CIC. It is owned by the local authority care system including Nottingham city local authority, Nottinghamshire county local authority, CCGs and acute and community NHS health providers.

## **10. Quality Assurance**

- 10.1 Alongside the Outcomes Framework a CCG Quality Assurance Framework is being devised by the designated CIC professionals to assure the CCGs that the quality of services commissioned are to national standard.



- 10.2 Designated CIC professionals and health providers will be responsible for these measures and they will be assessed in different ways including data collection, audit and dip testing of the quality of health assessments and information given on leaving care and ensuring the voice of the child and young person is always captured.
- 10.3 A CCG quality visit has been undertaken this year to the **CIC nursing service** provided by Nottinghamshire Healthcare Trust. This visit included commissioners and the designated CIC nurse speaking to the members of the nursing team and management. The visit comprised of key lines of enquiry including what was going well, challenges and areas for improvement, performance of the service, workforce planning, quality and partnership working. Examples of areas working well were identified plus areas for improvement.
- 10.4 **GP Standards:** In 2017/18 for the first time, 4 statements around CIC and care leavers (CL) were included in the GP safeguarding standards. These standards are included within each GP contract. Alongside the contract each GP receives a copy of the standards to which they will self-assess. These have been included to increase awareness of GPs around their responsibilities to CIC and care leavers.

## **11. Nottinghamshire CIC data collection and reporting project**

- 11.1 Accurate and reliable data in relation to the health needs of children in care has been historically very difficult to obtain as explained in previous reports. The 2016/7 (last) annual report did not contain data due to ongoing concerns that the systems collecting the data were not reliable and that the data was not accurate. Collecting health data is complicated and involves collecting data that tries to capture timescales of interventions but with many variables, which include factors out of the control of the health providers. It also involves two health provider organisations collecting separately. A lot of time and effort has been given previously to try to gather this information accurately.
- 11.2 Following a successful bid to NHS England for non-recurrent project funding in 2016 a project board and working group has been established, led by a project lead with the support of the designated CIC nurse. The aims of the project are:
1. To ensure accurate data is collected in line with national statutory Key Performance Indicators requested by Commissioners and held within service specifications and contracts
  2. To obtain additional health data that evidences outcomes of health interventions
  3. To obtain additional health data within caseload profiling to support with health needs assessments and future service planning.
- 11.3 As part of this project in 2018 a revised data set for the commissioned medical and nursing providers has now been agreed. This includes national and locally agreed timescales. It also includes additional data that will influence service planning and ultimately outcomes for children and young people. The existing key performance indicators (KPIs), including statutory health assessment timescales are currently being



collected manually which is time-consuming and onerous. Plans are for this data to be collected electronically within current clinical databases but this is not without difficulties. This is a national issue that other CCGs are also struggling with. Work continues to address this.

11.4 The aim is for our health providers to collect existing KPI data sets manually to Q2 with the embedding of the new KPIs over quarter 3 and the aim of full electronic collection by Q4. It has to be acknowledged that obtaining the revised data requires a significant amount of work for the provider organisations and at the moment the new data set/outcomes is not a contractual obligation.

11.5 A refusal pathway has been written by designated CIC professionals and health providers and is awaiting agreement with the local authority. This clarifies the process when young people refuse a health assessment to ensure everything possible has been attempted and that the young person's health needs are still addressed.

## **12. Raising awareness of CIC and care leavers**

12.1 **GP website:** Following a successful bid to NHS England monies are supporting the development of a website aimed to support GPs, (but accessible to all health professionals in Nottinghamshire), providing information, guidance and information about safeguarding including training events. The designated CIC professionals have contributed to the design of the website to ensure children in care and care leavers are given adequate attention. It is hopeful the website will be available by the end of 2018.

12.2 **F12 function:** "Looked after children" has now been included as a sub category under the safeguarding information on the F12/e-healthscope information easily accessible to GPs. The information relates to our specialist provider organisations, information about statutory health assessments and their contact details.

12.3 **Training events:** Three of the GP Practice learning events (approximately 100-120 GPs covering south Notts CCGs) this year have included presentations around CIC and care leavers. The remaining two sessions to support GPs from mid Notts CCG have yet to be completed.

12.4 **NSCB training:** Discussion is being had around including CIC and care leavers in the 2018/19 work plan for the NSCB training board.

12.5 **CCG newsletters:** Information is now being shared in relation CIC and care leavers within CCG newsletters and communications. These are cascaded to GPs and practice staff.

- 12.6 **Safeguarding adult board:** Discussions are being had with the Safeguarding Adults Board as to how we can increase awareness around CIC and care leavers within adult services.

### 13. Care leavers

- 13.1 Within the CIC health Pathway Review (2016) a key finding identified was that care leavers were not always given sufficient information in regard to their own health; there was limited information about their family history, and that one in three felt they needed more support accessing adult health services. It does have to be acknowledged that this may be due to issues around consent and confidentiality (birth parents not providing any health information or agreeing to it being shared).
- 13.2 A workshop was held in July 2017 to review services currently commissioned, identify gaps and/or consider alternative ways of improving support around health for this group of vulnerable young people. The workshop was a joint Nottingham City and Nottinghamshire County event and was attended by both health providers (including CAMHS) and local authorities. Key recommendations were identified from the workshop, including raising awareness around care leavers to all professionals in children and adult services, raising awareness with GPs, reviewing the “important health information” given and ensuring a robust pathway for distribution is in place.
- 13.3 A working group has updated the “important health information” to ensure it meets statutory requirements and is meaningful.
- 13.4 A distribution of “important health information” pathway is currently being written by designated CIC professionals that will be agreed by health providers and the local authority.
- 13.5 Quality assurance of the “important health information” will be considered later in the summer as part of the Quality assurance working group.
- 13.6 **Care leaver offer:** At the time of writing this report consideration is being given to what services support young people on leaving care. An offer will be published by the local authority later this year and the CCGs will contribute to this.

### 14. Unaccompanied Asylum Seeking Children (UASC)

- 14.1 Since the implementation of the National Transfer scheme in July 2016, alongside revised practice guidance, documentation and pathways the following work has been completed;
- Links are now in place between the designated CIC professionals and Nottinghamshire County local authority in relation to planning for future placements.

- As part of the revised data set improvements to data collection and reporting on health assessments for UASC are now being made in order to plan service delivery.
- Information is being shared by designated CIC professionals with health providers in regard to training events and national guidance. UASC information will be incorporated into the new GP website
- It is interesting to note that the NUH (covering South County and the city) undertakes many IHAs for UASC originating from other local authorities (25% of OLAC IHAs in 2017/18). Many of these young people are aged over 17 years and only receive an IHA before leaving care. They then receive health services as would any other adult. Further discussion is required to understand the support that these young people receive, particularly on leaving care.

## **15. Voice of the child**

- 15.1 The CCGs must ensure that the voice of children and young people in care contributes to service planning and delivery. Work is ongoing and includes liaison with provider organisations to ensure the voice of the child is included in all audits and reports.
- 15.2 In 2017 the designated CIC nurse met with the CIC Council to discuss what health meant to them. They identified health as an important issue. This information contributed to the Outcomes Framework.
- 15.3 As part of a Master's degree in Advanced safeguarding a recent study has been undertaken with a group of City care leavers by the designated nurse for looked after children to capture their personal experiences of support around their health on leaving care. The findings from this study have been shared with the local authority to support and inform service delivery.

## **16. Academic presentations**

- 16.1 Two articles written by the lead commissioner for CIC and designated Dr (Mid County) have been published within the British Association for Community Child Health journal in March and June 2018, as well as presented to the annual conference of the Royal College of Paediatrics and Child Health. These articles were a discussion about the evolution of the Nottinghamshire CIC Service Improvement forum. These are two of a series of 4 articles to which the designated CIC nurse and doctor for the City CCG will be contributing.

## **17. Work undertaken for LAC/CIC in 2017/18:**

- OOA CCG pathway agreed by the CCGs
- Revised East Midlands notification protocol agreed with the local authority and neighbouring East Midlands colleagues

- OLAC CCG pathway agreed by the CCGs
- Data collection and reporting project devised and a revised data set for the commissioned health providers (medical and nursing teams) agreed
- Nottinghamshire CIC Service Improvement Forum and working action plan further established
- Quality assurance tool for initial and review health assessments devised and agreed
- A Care leaver workshop was held in July 2017 to review support around health
- Care leaver working group to review and implement recommendations from the workshop
- Improved links with NHS England and the Midlands LAC sub group
- Participation in the NHSE SAT pilot
- Close working relationships between the designated professionals have remained to ensure the work undertaken is relevant and replicable across the city and county
- Regular external supervision for the designated professionals has been implemented which supports working together with our colleagues in neighbouring CCGs
- Links and liaison with the designated nurse in Bassetlaw have continued.

## **18. Priorities Identified 2018/19**

1. OOA pathway to be implemented and embedded
2. OLAC pathway to be implemented and embedded
3. Revised data sets to be reported upon
4. Recommendations from the care leaver workshop to be implemented
5. Quality Assurance processes to be implemented and embedded in practice within an agreed quality assurance framework
6. Agreement and implementation of the “refusal pathway” for those young people refusing a health assessment
7. Agreement from the CCGs on what can be offered as part of the “local authority offer” for care leavers
8. Further work to be undertaken to consider “hard to reach groups” such as those young people who do not engage, UASC and those in secure accommodation
9. Further work to be undertaken to review process for those children and young people categorised as CIC due to the time needed for respite/short breaks
10. Further work to be undertaken to review process for those children and young people categorised as CIC due to being on remand; linking with specialist nurse for the Youth Offending Team

11. The CCGs to support health providers in exploring opportunities to mitigate some of the current challenges in service provision
12. Review the CCGs responsibilities in the commissioning of the medical adoption service
13. Consideration and planning to be given on the implementation of any additional priorities emerging from the NHS England Looked after Children Working group.

## **19. Summary**

- 19.1 Commissioning arrangements and funding have not changed for the children in care service during 2017/18. The designated CIC professionals have led progress in a number of areas particularly data collection, including management and reporting to CCGs and quality assurance of provider services. There is plenty of work still to do, however this report demonstrates how strengthened leadership across the health economy for CIC has identified priorities for improving the quality of the services, both CCGs commissioned and commissioned with partners.
- 19.2 Health Provider Annual Reports were not available at the time of writing this report however once available they will support the CCGs report as the information they provide may influence CCG priorities.

## **20. References**

1. Children Act (1989) HMSO.
2. The Children and Social work Act (2017) HMSO
3. County Pathway Review, (Hamilton, 2016). Nottinghamshire County Council.
4. Local Authority Interactive tool accessed 18.04.18. [www.gov.uk](http://www.gov.uk)
5. Looked after Children: Knowledge, skills and competencies of healthcare staff. Intercollegiate Role Framework. (RCGP, RCN & RCPCH) March 2015.
6. Nottinghamshire Health Child and Public Health Nursing Programme for 0 – 19 year olds, (2017- 2020). Nottinghamshire County Council.
7. Promoting the health and well-being of looked-after children (2015). Department of Health. Crown copyright.
8. Who pays? Establishing the Responsible Commissioner (2007). HMSO. Crown copyright.

### **Authors of report**

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## **Appendix 1**

### **List of Strategic Partnership Meetings and Sub Groups attended by the CCG Designated Professionals for Looked After Children**

- Nottingham Safeguarding Assurance Group – representation by the designated Drs and nurse for looked after children
- County LAC and CL Partnership Board - representation by the designated nurse for looked after children
- County Corporate Parenting Board – representation by the designated Drs and nurse for looked after children
- Nottinghamshire CIC Service Improvement forum – representation by the designated Drs and nurse for looked after children
- Derbyshire and Nottinghamshire NHS England Safeguarding Forum – representation by the designated Drs and nurse for looked after children
- Links to the NHS England National network (LAC subgroup) – both designated Dr and nurse for looked after children

### **Additional relevant strategic meetings**

- Joint NSCB Child Sexual Exploitation Strategic Steering Group – represented by the designated nurse safeguarding
- MARAC Strategic Steering Group – represented by the designated nurse safeguarding
- Nottinghamshire County Safeguarding Children Board (NCSCB) – representation by the designated nurse safeguarding
- NSCB Audit Sub-Committee – representation by the designated nurse safeguarding
- NSCB Executive – representation by the designated nurse safeguarding
- NSCB Policy and Procedure Sub-Committee – representation by the designated nurse safeguarding
- NSCB Quality Assurance/Audit Sub-Committee – representation by the designated nurse safeguarding





**17 December 2018****Agenda Item: 10****REPORT OF CORPORATE DIRECTOR, RESOURCES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme for 2018-19.

**Information and Advice**

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chairman and Vice-Chairman, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.
4. As part of the transparency introduced by the new committee arrangements, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme. It may be that the presentations about activities in the committee's remit will help to inform this.

**Other Options Considered**

4. None.

**Reason for Recommendation**

5. To assist the committee in preparing its work programme.

## **Statutory and Policy Implications**

6. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION**

- 1) That the Committee considers whether any amendments are required to the Work Programme.

**Marje Toward**  
**Service Director, Governance & Employees**

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## **Constitutional Comments (HD)**

7. The Committee has authority to consider the matters set out in this report by virtue of its terms of reference.

## **Financial Comments (NS)**

8. There are no direct financial implications arising from the contents of this report. Any future reports to Committee on operational activities and officer working groups, will contain relevant financial information and comments.

## **Background Papers**

None

## **Electoral Division(s) and Member(s) Affected**

All.

## **CHILDREN & YOUNG PEOPLE'S COMMITTEE - WORK PROGRAMME 2018-19**

<b>REPORT TITLE</b>	<b>BRIEF SUMMARY OF AGENDA ITEM</b>	<b>LEAD OFFICER</b>	<b>REPORT AUTHOR</b>
<b>14 January 2019</b>			
Children Missing from home and care		Laurence Jones	Joe Foley
Children Missing Education		Marion Clay	Karen Hughman
Leaving Care Service update		Steve Edwards	Claire Sampson/ Holly Smitheman
Raising educational opportunities for all strategy		Marion Clay	Koni Rakhit
Temporary changes to the staffing establishment of the Virtual School		Marion Clay	Charles Savage
Nottinghamshire Outstanding Achievement 4Uth Award 2018	Annual update report	Laurence Jones	Pom Bhogal
Rota visits to children's homes: 2018	Six monthly update	Steve Edwards	Vonny Senogles
<b>11 February 2019</b>			
Fair Access Protocol – outcome of consultation		Marion Clay	Karen Hughman/ Sarah Whitby
Basic Need Programme 2019		Marion Clay	Bev Cameron
Nottinghamshire school admission arrangements 2020-21: determination		Marion Clay	Karen Hughman/ Mike Sharpe
First admissions applications to Nottinghamshire schools and academies – academic year 2018/19		Marion Clay	Mike Sharpe
Outcomes of Ofsted inspections of schools – termly update	Autumn term report	Marion Clay	Linda Foster
Young People's Service – remodelling proposal		Steve Edwards	Pom Bhogal
The Local Offer – Care Leavers		Steve Edwards	Amanda Collinson/ Jo Mathieson
Development of the Fostering Service		Steve Edwards	Tara Pasque
Implementation of the revised Short Breaks offer		Laurence Jones	Jill Norman

REPORT TITLE	BRIEF SUMMARY OF AGENDA ITEM	LEAD OFFICER	REPORT AUTHOR
Disabled Children's Access to Childcare (DCATCH)		Laurence Jones	Tara Pasque/ Stuart Turner
Troubled Families Programme in Nottinghamshire update	Six monthly update report	Steve Edwards	Rachel Miller
Improvement and change update		Laurence Jones	Irene Kakoullis/ Joe Foley/ Lucy Peel
<b>18 March 2019</b>			
Children and young people core data set - performance for Quarter 3 2018/19	Quarterly performance report	Celia Morris	Dave Gilbert
Child Sexual Exploitation and Children Missing from Home and Care: update	Six-monthly update	Laurence Jones	Joe Foley
Permanent changes to the staffing establishment in the Integrated Children's Disability Service and the Commissioning and Placements Group		Laurence Jones	Jill Norman/ Jon Hawketts
Local Authority governor appointments to school governing bodies	For information	Marion Clay	Jane Mansell
<b>Corporate Parenting items:</b>			
National Minimum Fostering Allowances and Fees to Foster Carers	Annual determination	Steve Edwards	Dawn Clark-Cain
Contact Service annual report		Steve Edwards	Denise Martin
Foster carers items			
<b>29 April 2019</b>			
School Capital Programme progress report	Six-monthly update	Derek Higton	Mick Allen
Early Years Improvement Plan		Laurence Jones	Irene Kakoullis
Children in Care Council report		Steve Edwards	Pom Bhogal
Schools Forum and Education Trust Board officer group report	Annual officer group report	Marion Clay	Linda Foster
<b>20 May 2019</b>			
Outcome of Ofsted inspections of schools – termly update	Spring term report	Marion Clay	Linda Foster
Elective Home Education update	Six-monthly update	Marion Clay	Linda Foster/ Karen Hughman

REPORT TITLE	BRIEF SUMMARY OF AGENDA ITEM	LEAD OFFICER	REPORT AUTHOR
Local Transformation Plan for children and young people's emotional and mental health	Six-monthly report	Kate Allen	Kate Allen/ Nic Reed
<b>17 June 2019</b>			
Children and young people core data set - performance for Quarter 4 2018/19	Quarterly performance report	Celia Morris	Dave Gilbert
Principal Child and Family Social Worker - annual report 2018/19		Steve Edwards	Diana Bentley
Work of the Children's Trust – annual report		Laurence Jones	Karen Talbot
Children's Workforce Health Check Survey 2018-19		Laurence Jones	Liz Maslen
Virtual School annual report		Marion Clay	Sue Denholm
Local Authority governor appointments to school governing bodies	For information	Marion Clay	Jane Mansell
<b>Corporate Parenting items:</b>			
Independent Reviewing Officer Service annual report		Steve Edwards	Izzy Martin
Fostering Service annual report		Steve Edwards	Dawn Clark-Cain
Adoption Service annual report		Steve Edwards	Tracey Coull
CAMHS Looked After and Adoption team annual report		Steve Edwards	Lucy Peel
Foster carers items			
<b>15 July 2019</b>			
Troubled Families Programme in Nottinghamshire update	Six-monthly update	Steve Edwards	Rachel Miller
Rota visits to children's homes: Spring 2019	Six-monthly update	Steve Edwards	Vonny Senogles

