


*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.

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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