

Milton Keynes Community Health Services  
Children in Care  
Annual Report

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1 April 2011 – 31 March 2012

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May 2012

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## 1. Introduction

This is the third annual report of the Children in Care Health Team, Milton Keynes Community Health Services. Milton Keynes Community Health Service is commissioned by NHS MK and Northamptonshire to provide a service that meets the requirements of the statutory guidance for NHS services to looked after children.

The annual report will be presented to the Milton Keynes Community Health Services Safeguarding Children Governance Sub Group, the Milton Keynes Corporate Parenting Panel, and the Multi-agency Children in Care Health Forum

## 2. Purpose and Scope

The purpose of this report is to provide information on the progress and work to improve health outcomes for children in care by Milton Keynes designated professionals, as outlined in the Statutory Guidance on Promoting the Health and Well-being of Looked After Children (**DOH 2009**) for the year 2011/2012.

It includes information on the background and agenda, current work and future priorities for the coming year.

## 3. Context

Milton Keynes comprises of a unitary Local Authority with one hospital and one community health provider.

Children and young people aged 0-19 make up 27% of the Milton Keynes population. Between 2010 and 2026 there will be growth of over 5% in the number of children aged younger than five in England and in Milton Keynes. The national trend shows the number of 13 to 19 year olds growing by only 4%, but this population is forecast to grow by over 28% in Milton Keynes (Milton Keynes Public Health Annual Report 2010).

Of this population approximately 280 children and young people are in the care of the Local Authority and are "Looked after Children" (LAC). Health Commissioners are responsible for the health care of these children, ensuring Looked After Children receive regular health assessments, including those placed out of area, as the provision of specialist care remains the responsibility of the commissioner.

Milton Keynes Community Health Services (MKCHS) is the main community health service provider and employs the designated professionals for children in care; and the specialist nurse to deliver the statutory health assessments of looked after children. There is a strong leadership commitment to ensure the health needs of looked after children are met. The Operational Director for

Children's Services and Secure Settings is the MKCHS Board lead member for safeguarding and looked after children.

The organisation is a member of the Milton Keynes Children and Family Partnership and the Milton Keynes Safeguarding Children Board

The health assessment team benefit from a good collaborative relationship with colleagues in the local authority.

## 4. Definitions

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

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

## 5. Policies, Procedures and Guidance

### 5.1 The Responsible Commissioner

Local commissioning arrangements have changed during this year following a merger between NHS Northamptonshire and NHS Milton Keynes who now as NHS MK and Northamptonshire commission health services for the Milton Keynes population. Following this change the designated nurse for safeguarding children now has children in care included as part of the remit of her role. Service level agreements for the children in care team are being developed along with Key Performance Indicators (KPIs) against which the service will be monitored; these are currently in draft status.

When children in care are placed outside of Milton Keynes, the originating PCT is responsible for health care and provision over and above primary care services.

"Where a PCT or a local authority, or a PCT and local authority acting jointly, arrange such accommodation, the "originating PCT" remains the responsible PCT for secondary healthcare type services, even where the child changes their GP practice. The "originating PCT" is the PCT that makes such an arrangement in the exercise of its functions, or the responsible PCT immediately before a local authority makes such an arrangement." (DOH 2007)

During the year requests for funding to the responsible commissioner have been passed by the designated nurse to NHS Mk and Northamptonshire commissioners and further work has been undertaken between Milton Keynes Council and NHS MK and Northamptonshire to improve joint funding arrangements.

## **5.2 Statutory Guidance on Promoting the Health and Well-being of Looked After Children (DOH 2009)**

The designated professionals' role, as outlined in the 2009 guidance is to work with PCTs to ensure the statutory requirements are met locally. Within the document the designated roles are defined as:-

The **designated doctor** will:

- be a senior paediatrician
- have undergone higher clinical/professional training in paediatrics and adolescent health.
- have substantial clinical experience of the health needs of looked after children.
- be likely to have worked or be working as a medical adviser to an adoption and/or fostering agency
- be clinically active in community paediatrics in at least part of the geographical location covered by the post.

The **designated nurse** will:

- be a senior nurse or health visitor;
- have undergone training in the specific needs of children and young people.
- have substantial clinical experience of the health and health care needs of children and young people.

Milton Keynes Community Health Services employs both a designated nurse and doctor for children in care. In addition, there was a new post of specialist nurse developed in 2010 to take the role of lead professional and undertake health assessments; that post was successfully filled in September 2010 and has now been part of the health team for 18 months.

## **5.3 Promoting the quality of life of looked after children and young people**

The National Institute for Clinical Excellence (NICE) and Social Care (SCIE) published this guidance in October 2010. It aims to improve quality of life for looked after children and young people ensuring organisations, professionals and carers work together. In producing the guidance a wide body of evidence was examined along with consultation with children and young people; it takes account of proposed future policy changes by using generic terms where possible i.e. "commissioners of health services"

The guidance has 52 recommendations; although not statutory, the guidance assists in ensuring services are meeting their obligations to improve health and well-being.

In July 2011 a meeting of key stakeholders was held to complete the NICE self assessment tool that was published alongside the guidance to highlight areas of local good practice alongside areas for improvement, Health led services fully met the majority of the recommendations. However, work with care leavers, health information, and improving awareness of mental health services were considered to be areas which could be further developed. An action plan was developed following this event to address areas where further improvements could be made (**Appendix 1**). Progress against this action plan will be monitored by the Safeguarding Children Governance Sub Group.

## **5.4 Local Guidance**

Milton Keynes has a Health Assessment Process for Children in Care, which is easily accessible on the community health services website. This document has been updated during the year and was approved in August 2011 to reflect the appointment of the specialist nurse, and resulting change in process for undertaking review health assessments.

[http://www.mkchs.nhs.uk/assets/\\_managed/editor/file/Safeguarding%20Children/Children%20in%20Care%20Approved%20Protocol%202011%202\\_.pdf](http://www.mkchs.nhs.uk/assets/_managed/editor/file/Safeguarding%20Children/Children%20in%20Care%20Approved%20Protocol%202011%202_.pdf)

## **6. Team Structure**

The Team Structure chart (**Appendix 2**) shows the management arrangements of the team

### **6.1 Designated Professionals**

The children in care designated professionals are provided by MKCHS Specialist Children's Health Services, commissioned by NHS MK and Northamptonshire

The Designated Doctor is a Consultant Paediatrician, who in addition undertakes the role of Medical Advisor for Adoption. The requirements of these roles are managed within a full time post.

The Designated Nurse is a full time senior nurse based within children's social care; the post is jointly funded with MKC.

### **6.2 Specialist Nurse**

This is a full time post, provided by MKCHS and funded by NHS MK and Northamptonshire, the post holder is based with MKC Children's Social Care. A nurse has been in this post from September 2010, who undertakes the role of lead professional, and completes review health assessments for children in care, including those living outside of the Milton Keynes boundary. This post

has ensured that consistency can be offered to children and young people, as they are seen by the same health professional for routine child in care health assessments, even if a placement move has taken place.

### **6.3 Administrative support**

A business support administrator is funded by Milton Keynes Council for 20 hours a week and supports the designated nurse in the organisation, scanning distribution, and recording of health assessments on ICS for children in care on behalf of MKC. The current post holder left at the beginning of February 2012 and this post is currently vacant<sup>1</sup>.

### **6.4 Mental Health Service Provision**

Milton Keynes Specialist Child and Adolescent Mental Health Services provide a dedicated service to foster carers providing support groups to Milton Keynes foster carers. This service is well established in Milton Keynes and is highly valued by the fostering service.

A jointly funded primary mental health worker post is based with the children in care team at MKC. The post holder provides consultations to social workers who have concerns regarding the emotional and mental health of children and young people they work with. There is also dedicated time available from a worker with particular expertise with children who displayed sexualised behaviours and also dedicated time from a clinical psychologist who provides assessment and advice to support placement stability.

## **7.0 Governance Arrangements**

### **7.1 Health Assessment Team Meetings**

The designated doctor and nurse meet weekly to review health assessments and health plans completed within the child health department, ensuring a consistent quality of health assessments for all looked after children. Once the plan is completed, the designated doctor countersigns the assessment, so that it can be identified as quality checked and be subsequently presented to adoption panel when required.

These meetings also offer a forum for the designated professionals to discuss practice issues and consider service requirements and improvements.

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<sup>1</sup> Subsequently filled in May 2012

## **7.2 Clinical Supervision**

Both the Designated and Specialist nurses have one to one supervision; this is an opportunity to discuss individual children and matters arising from assessments or on-going care where concerns are noted. In addition any service issues which cannot be resolved can be taken to supervision to explore fully, consider other solutions or rise within the organisation as required. The relationship between the children in care nurses and the community paediatricians is strong, enabling access to paediatricians for advice as needed.

## **7.3 Safeguarding Children's Governance Group**

The Safeguarding Children Governance group is a sub group of the MKCHS Clinical Governance Committee which reports directly to the MKCHS board. The group was initially set up to monitor safeguarding children activity within MKCHS. Last year the remit of the group broadened and children in care were included within the scope of this group. The Terms of Reference amended to reflect the change (**Appendix 3**).

The purpose of the group is to monitor safeguarding children and children in care activity, approve and ratify relevant documents and papers, agree terms of reference and scope of any required case reviews and to identify and monitor any risks for the services.

## **7.4 Compliments, Incidents and Complaints**

There have been no reported complaints about the service provided and positive feedback was received within the health element of the Adoption Team Ofsted inspection. Complimentary evaluation has also been received from foster carers who attended training.

There was one incident that met the criteria of being required to be reported through the MKCHS incident processes. This related to a request for a medical investigation. This was fully investigated and lessons which were learnt have been shared with the relevant individuals.

## **8. Partnership Working**

### **8.1 Parents, carers, children and young people**

The children in care team work with parents, carers, children and young people to ensure we are delivering and providing services that are relevant and appropriate for them. MKCHS have an organisational strategy for seeking the views of service users. The children in care team use evidence from published papers to help us develop and improve the service, and aim to develop this further in the coming year.



## **8.2 Local Authority Base**

The designated and specialist nurse posts in Milton Keynes are based alongside the children in care team at children's social care services. The advantages for Milton Keynes have been that there is an easily accessible health representative available for advice and support to social workers who work with children, foster carers and adopters. Working together in this way supports the development of good working relationships and improves communication between services. The nurses assist and support all workers in their understanding of appropriate information sharing to ensure the best outcomes for the children and young people can be achieved. Information including health information and details of children coming into care are covered in more depth on ICS, the children's services database, and the nurses are therefore alerted on that system of changes, placement moves and dates required for health reviews.

The primary mental health workers are also based alongside the children in care team at MKC, with the same advantages.

## **8.3 Foster and Adoption Panels**

The designated doctor and nurse continue to provide health contributions to adoption and fostering panels. The designated doctor as medical adviser is a member of the adoption panel which currently sits every 3 weeks. In addition a meeting is held before each panel between the medical adviser and the professional adviser to panel to ensure that all relevant health issues are discussed and plans in place before the panel meets and therefore avoid delays in recommendations that the panel makes to the decision maker at Milton Keynes Council.

The medical adviser offers meetings with potential adopters to clarify individual health needs of children being considered for adoption. During the year the health needs of 13 children were discussed with prospective adopters. In addition the medical adviser reviews GP health assessments of adopters and foster carers and provides written comments for consideration at the panel. During the 12 months to the end of March 2012, 227 medical opinions of adult applicants have been provided for panels.

The designated nurse is a member of the fostering panel which currently meets every 4 weeks. In addition advice is offered to social workers on the necessary recording of health information which is required for presentation at fostering and adoption panels. This ensures that, where required, the assessments are completed by the most appropriate health professional within the required timescale, and avoid unnecessary multiple examination of children. The statutory children in care health assessments are then of a high standard meeting the requirements for the adoption panel. The specialist nurse is an established fostering panel member, ensuring that health representation is available at each panel.

## **9. Service Developments**

### **9.1 Saturday Clinics**

The innovative Saturday clinic for Looked After Children continues with some new developments implemented through the year to meet identified changing needs. The clinic was developed to ensure timely and holistic assessments of looked after children in Milton Keynes. We have now extended the age range of children seen in the clinic to include the over fives. The increased volume of work means that the service is required to be flexible and so during times when the volume of requests is high, two doctors are available to undertake the assessments and so doubling the capacity of the appointments available to avoid delays in the assessments being offered and undertaken.

When reviewing the initial health assessments that were undertaken by GP's, it was noted that quality was variable and the required timescales were frequently breached due to delays in appointments being offered to conduct assessments. It was therefore considered a more equitable service to offer assessments to children of all ages at the Saturday clinic, whilst improving quality and timescales for completing this essential initial health assessment.

By offering a dedicated child in care clinic at the weekend, children can attend with minimal disruption to other important aspects of their lives such as education, as many children may have missed out on school before coming into care. The department can usually offer an appointment within 2 weeks, subject to the availability of the child and carer to attend.

Timely and comprehensive health plans are now available at Child Care Reviews, as these are completed at each assessment ensuring health needs can be considered as part of the care planning process.

During the year ending 31-03-2012 **190** children had their health assessments completed at the Saturday clinic compared to **129** children the previous year, reflecting the increase in the age range for which assessments were offered.

### **9.2 Delegated Responsibility for MKC foster carers**

The fostering service has been working to update foster carers of changing arrangements for delegated responsibilities and decisions that may be delegated to them as indicated by the needs of the individual child and agreed at placement planning meetings. A conference took place in 2011 where external speakers were invited to present information to foster carers. As part of this initiative, the team developed a medical consent card, outlining who can consent to which treatments for the child. A card is given to the foster carer for each child in placement, and this will aid carers and avoid delays for children when attending health appointments, both routine and emergency.

## **10. Communication**

### **10.1 Children in Care Health Forum**

The multi-agency Children in Care Health Forum meet once each term. 2 sub-groups have met this year to focus on key areas of work: a children in care policy and implementation sub-group and an emotional health sub group.

### **10.2 Health Promotion Information**

Health leaflets are displayed within children's social care that can be accessed by workers to pass to children, families and carers. During 2009, the "Who Cares about Health" booklets were purchased from the "Who Cares Trust", which are also available to be given to children and young people, offering a range of information in a concise format. The Children in Care website has been re-launched this year; a health page is available, including an outline of the nurse's role and links to appropriate on line health promotion resources.

### **10.3 RiO**

In January 2011, MKCHS implemented the "RiO" system. RiO is an electronic record system providing a comprehensive health record with minimal need for paper records. All members of the children in care health team contributed time and views to the transformation team prior to implementation of the system. There have been some initial challenges in implementation of the system across MKCHS and the organisation's RiO implementation board is actively working on solutions to overcome these challenges which will support more effective use of the system by the children in care team. It has been identified that the specialist nurse would benefit from mobile working technology, as her role can take her out of Milton Keynes and away from the office for several days at a time. This will be progressed as part of the mobile working project within MKCHS.

Further work has begun to identify ways that RiO may provide performance management reports to be used to monitor and develop the service as well as for use in reporting performance to our commissioners. This work is on-going and will be a priority during the coming year, as ensuring that data is accurate in a population of children that changes daily will be challenging.

## **11. Training**

### **11.1 Fostering Changes**

During this year, the specialist nurse was jointly funded to complete the training for trainers programme to deliver the 'Fostering Changes' course which looks at how to improve relationships and manage difficult behaviour. This was undertaken alongside social work colleagues within the fostering team. 'Fostering Changes' has been developed by the Conduct Disorder, Fostering and Adoption National and Specialist Team at the Maudsley Hospital, South London and is recommended in the NICE/scie 2010 guidance 'Promoting the Quality of Life of Looked After Children and Young People'. Following the successful completion of the training for trainers programme, alongside social work colleagues in the fostering service, the 12 week programme was delivered to foster carers from January to March 2012. A further course is now being advertised to commence in January 2013. The effectiveness of the course was measured by participant's feedback questionnaires. The benefits to children and young people are measured through the use of a behaviour rating scale of the child in placement with the foster carer at the time they attend the course. The scale is completed before and after the course allowing a comparison to be made.

### **11.2 On-going Training**

Training and updates continue to be offered to foster carers as part of their preparation to become approved as foster carers and as part of their training programme once approved. . The focus remains at present on 'fostering babies' as this is the need identified by the fostering team and foster carers. Updates are offered to all health professionals undertaking assessments for looked after children, covering topics such as emotional trauma, attachment disorders and Autistic Spectrum disorders in children in care, whilst the completion of health assessments and health plan is reviewed as part of the team meetings.

The designated nurse contributes to the newly qualified social worker (NQSW) development programme, providing a session to the programme covering the health needs of Looked After Children and health assessment process. The Children in Care Training Plan, which has been agreed by the Safeguarding Children Governance Sub Group outlines the sessions offered (Appendix 4).

## 12. Children in Care – Milton Keynes

### 12.1 Statistics

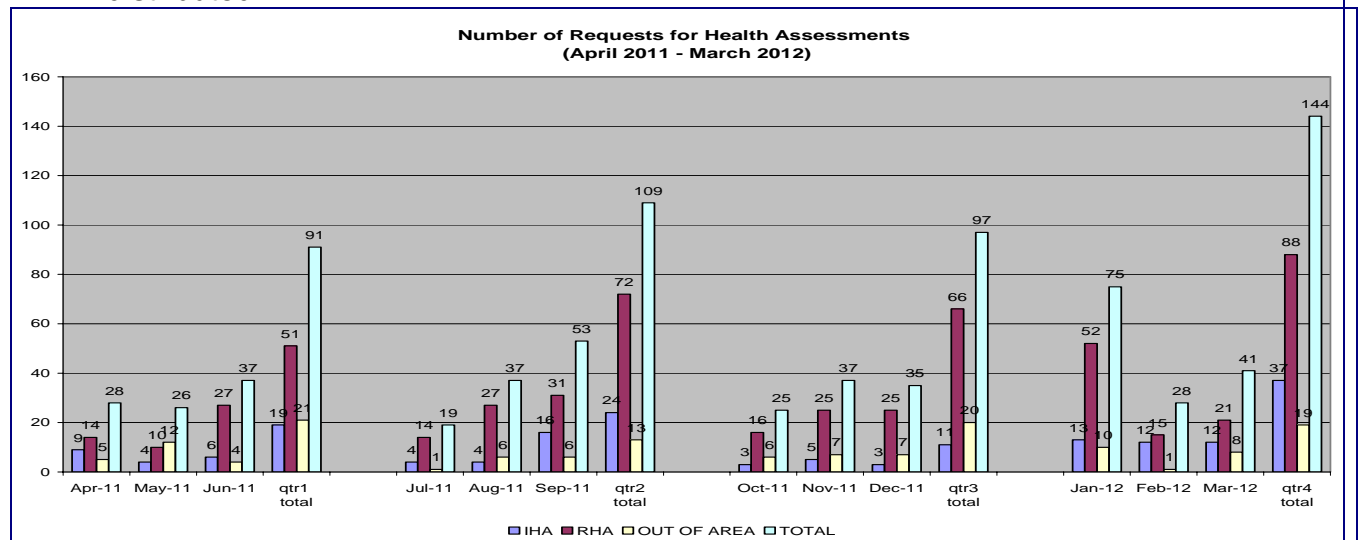
During the course of the year there were 461 children who were in care at some time and the responsibility of MKC/NHS MK and Northamptonshire compared to 447 the previous year.

192 children had been continuously looked after for 12 months or more (at 31/03/2012) compared to 183 the previous year, an increase of 5%.

At any one time there were on average 270 children in care.

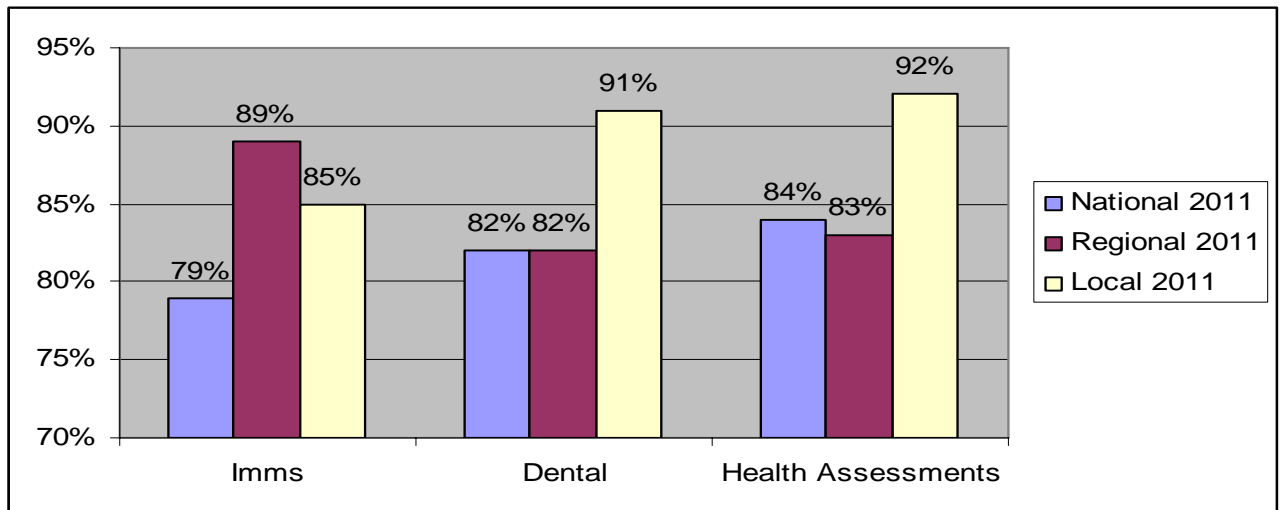
The number of health assessment requests received for the period from 1<sup>st</sup> April 2011 to 31<sup>st</sup> March 2012 was 441 compared to 390 the previous year, an increase of 13%.

The graph below demonstrates how the requests during the year were distributed.



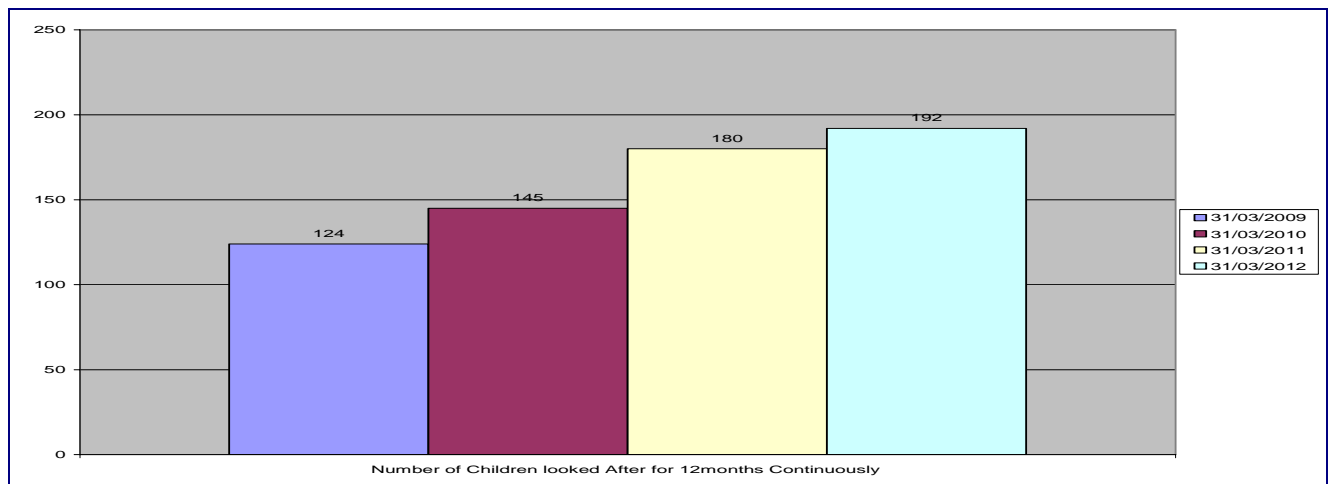
### 12.2 Key Performance Indicators – National

Milton Keynes compares favourably when reporting health outcomes for Looked After Children. Last year our health outcomes were higher than national averages in all areas, and higher than regional averages in all areas except immunisation uptake.



This year has seen an increase in all reported areas, and a comparison will be possible with regional and national indicators when these figures are published by the Department for Education in December 2012.

The team are pleased to note that outcome indicators have been either maintained or improved, when the number of children who have been looked after continuously for 12 months or more has increased each year.



Reporting for completed health assessments, for the year ending on 31/03/2012, identified that 96% had been completed compared to 92% the previous year, a 4% increase.

This increase could be attributed to the lead professional post being in place for the whole of the reporting year, so timescales can be better met without being dependent on other areas to complete assessments on our behalf. In addition, the dedicated administrator at MKC was able to identify in good time

assessments which would be due and alert social workers to the need for appropriate consent and request to be provided.

Limitations in achieving 100% are that a very small number of young people will decline the offer of a health assessment; the specialist nurse works flexibly with these young people, offering alternative venues, and times for appointments. In addition for children under 5 where assessments are required every 6 months, if the completed assessments within the year is only one day over the required 6 months it is reported as overdue. Work will continue in the coming year to identify not just the month an assessment is due, but also which date within the month when organising appointments.

Reporting for dental checks undertaken for year ending on 31/03/2011 were 92%, compared to 91% the previous year, a 1% increase.

A small increase, but greater emphasis to ensure current dental check information is recorded could see further increases in the coming year, as capturing the information is a limitation in achieving better outcomes here. Access to NHS dental services is not difficult in Milton Keynes, with many dental practices accepting children as new patients.

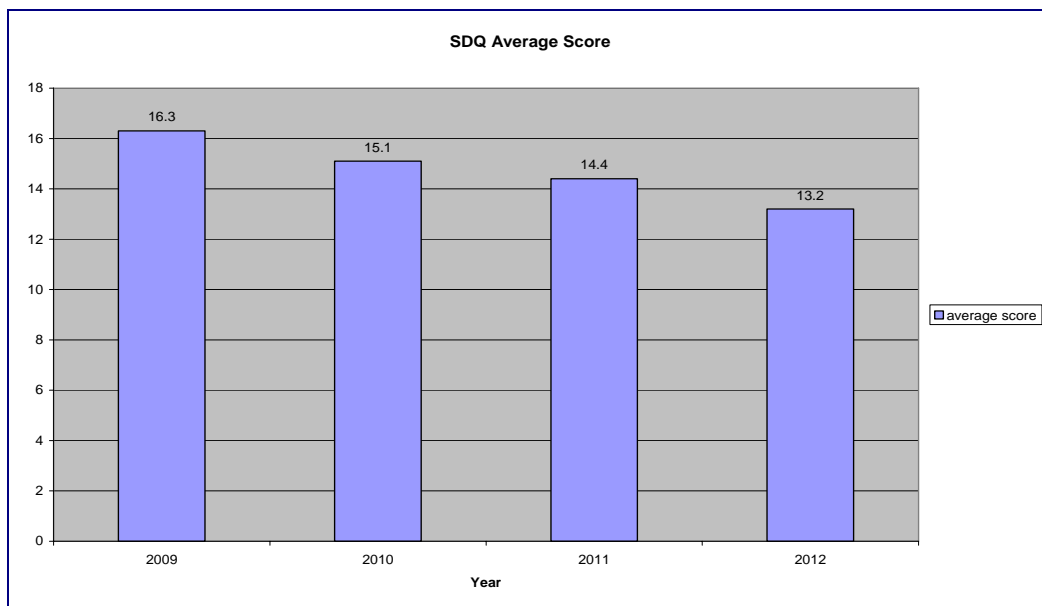
Immunisations rates for the year ending on 31/03/2011 were 93%, compared to 85% the previous year, an 8% increase.

This is a further increase that could be attributed to the implementation of the lead professional. Where immunisations are not up-to-date they are included in the health plan to follow the Health Protection Agency guidance (HPA 2010) for incomplete or unknown immunisations, ensuring the most appropriate schedule for immunisations is followed to provide good protection. In addition, a letter is also written to the child's GP to alert them to the need for this part of the plan to be implemented, and immunisation information has been entered as soon as received by the administrator who has worked closely with the team. In Milton Keynes we have a generally good uptake of immunisations, on some occasions parents may not consent to certain immunisations and delays have been noted where consent has not been available for an appointment. The introduction of the 'medical consent' card clearly highlighting consent and for which treatments consent can be given by the foster carer with delegated responsibility, should minimise this in the coming year.

Strengths and Difficulties Questionnaires (SDQs) are now completed as part of health assessments. The Strengths and Difficulties Questionnaire is a brief behavioural screening questionnaire about 3-16 year olds which enables the assessor to have a greater understanding of the child's strengths and needs as regards their emotional health and well-being. Carer questionnaires are completed, and for children over the age of 11, who are agreeable they too complete a questionnaire.

This is the 4<sup>th</sup> year that the SDQ carer score has been reported and there has been a decrease in the overall SDQ score each year. This is an improvement as a lower score indicates fewer identified concerns, 0-13 being normal, 14-16 borderline and 17+ abnormal (Youth in Mind 2000). During individual assessments when a high score is assessed, it is regularly noted that an intervention such as CAMHS is already in place, or a child is in a specialist placement to meet these identified needs. When a high score is assessed, and no intervention in place, further discussion takes place with the child's social worker and an agreed action, such as an appropriate referral is included in the child's health plan.

An increasing body of research confirms the high level of mental health needs amongst children in care (DOH 2009); therefore a greater emphasis within health assessments to identify needs and formulate health plans is of benefit to all children. This year there was approximately a 90% return of SDQs completed by carers, either during the health assessment or later via the child's social worker.



### 13. Audit

In February 2012 an audit was undertaken to collate information detailing the timescales from when a child comes into care and the request for the first assessment was received. This was conducted to assist us in identifying where delays occur in the health assessment process for the initial health assessment, as appointments can be offered in timescale at the Saturday clinic; however, it appeared that the assessments were still delayed. 48 children were included and the time was calculated from the date of entry into care to the date that a request with consent was received from the social worker.



45% of assessment requests were received after a child had already been in care for 4 weeks or more; therefore recommendations were made and disseminated to the children in care health forum, and service lead for children in care at MKC.

In addition, the license for electronic BAAF health assessment forms has been purchased by MKC, which will improve the completion of the request by the child's social worker who are more familiar with the use of electronic forms. Now that a baseline has been established through audit, a comparison through repeat audit can be undertaken in the coming year.

## 14. Key Priorities for 2012/2013

Priority Area	Local lead	Timescale
Agree a revised Service Level Agreement and associated Key Performance Indicators with NHS MK and Northamptonshire to ensure that there is a clear understanding of what commissioners require us to deliver to support children in care.	FW	July 2012
Ensure that actions are identified to meet the , 'Markers of Good Practice (MoGP) assurance framework for Looked After Children are implemented to provide assurance to commissioners about the service provided by MKCHS to meet the needs of children in care.	AV ML	March 2013
Work to ensure full implementation of the electronic health assessment forms to enable social workers to make requests in a more timely manner and therefore ensure children are offered health assessments within the required timescale.	ML	September 2012
Monitor and review of the health assessment process to ensure that children in care are consistently offered timely holistic assessments and have access to a consistent lead professional.	ML	<i>March 2013</i>
Secure more consistent feedback from children and young people on the services offered by the children in care health team to enable us to review service provision to better meet the needs of children in care.	ML	October 2012
FW –Fiona West AV – Adeola Vaughan ML – Mandy Lane		

## **15. Conclusion**

The children in care health team has a long established working partnership with children's services in Milton Keynes. Key posts are joint funded, and the importance of being based with the children in care team is valued, enabling the sharing of information to be undertaken promptly to avoid delays for children wherever possible.

Service delivery has changed during the year in response to identified needs and will continue to do so in the coming year. We aim to consistently deliver high quality care to looked after children and ensure the views of looked after children are incorporated into both their individual health plans and future service development.



Milton Keynes Community Health Services

**Promoting the quality of life of looked after children and young people.  
National Institute for Health and Clinical Excellence (NICE) &  
social care institute for excellence (scie)  
Health Action Plan**

The guidance published in October 2010 provided a comprehensive set of 52 recommendations across 16 broader themes to improve the quality of life of looked after children. The first jointly produced guidance between NICE and scie identifies actions for all agencies and the subject areas are summarised below.

	<b>Guidance Area</b>	<b>Recommendations</b>
<b>1</b>	Strategic leadership, planning and commissioning.	1-2
<b>2</b>	Audit and inspection	3-4
<b>3</b>	Care planning, placement and case review	5
<b>4</b>	Professional collaboration	6-7
<b>5</b>	Dedicated services to promote mental health and emotional wellbeing	8-11
<b>6</b>	Placements for children and Young people	12-14
<b>7</b>	Sibling placement and contact	15
<b>8</b>	Supporting babies and young children	16-19
<b>9</b>	Health assessments records and information	20-23
<b>10</b>	Personal quality of life	24-25

<b>11</b>	Diversity	26-34
<b>12</b>	Supporting foster and residential care	35-38
<b>13</b>	Care provided by family and friends	39-40
<b>14</b>	Improving education	41-45
<b>15</b>	Preparing for independence	46-49
<b>16</b>	Training for professionals	50-52

The guidance although not statutory, provides a framework for good practice ensuring that services are meeting their obligations to improve health and well-being for looked after children. A self assessment tool was published alongside the guidance and this was completed in Milton Keynes during 2011.

The designated nurse for children in care initially completed the self assessment and distributed the document to key professionals for their comments, a meeting was held on 5<sup>th</sup> July 2011 to collate those views and the determine the areas where the recommendations were met and identify those areas where improvements are required. The meeting was attended by team managers from children and young people's services, commissioners of health services, safeguarding and quality manager MKC, training and development officer MKC, CAMHS child psychotherapist, designated professionals and senior manager specialist children's health services.

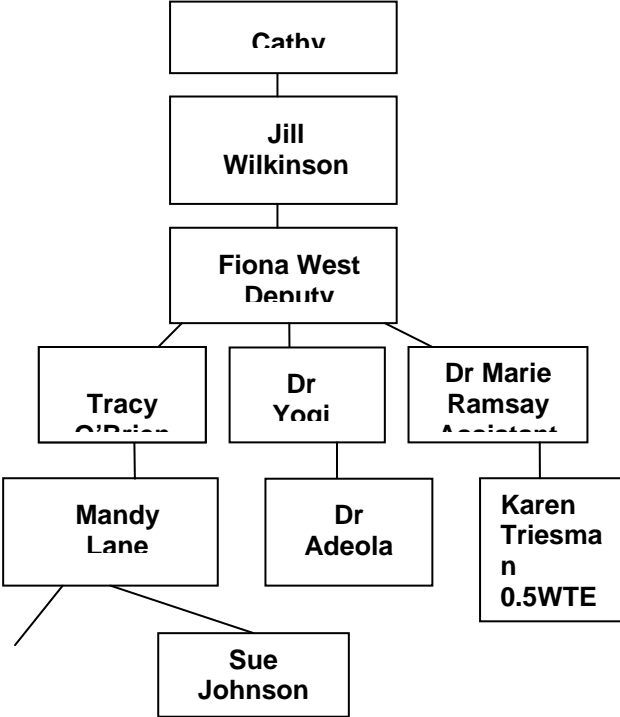
With many initiatives currently being implemented within Milton Keynes Council Children and Young Peoples services i.e. the implementation of the care planning regulations, sufficiency strategy, family and friends' policy, financial policy, recruitment strategy for foster carers and new role of placements officer, the group were confident that the recommendations relevant to MKC led provision were fully met. Special Guardianship Orders were not explicitly covered within the guidance; however it was raised by some that this is a growing area of need and increasing numbers of children in care secure permanency through this route.

Health led services fully met the majority of recommendations; where the recommendations are not met, or an improvement could be made the following plan proposes actions to meet recommendations.

Recommendation	Action required	Local Lead	Progress/ Actions
<p><b>1.</b> Create strong leadership and strategic partnerships to develop a vision and a corporate parenting strategy that:</p> <ul style="list-style-type: none"> <li>• focuses on effective partnership and multi-agency working</li> <li>• addresses health and educational inequalities for looked-after children and young people.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider which multi-agency group the LAC health forum should report to, now that the Children's Trust 'be health/stay safe' sub-group has disbanded.</li> <li>• Amend terms of reference to reflect the change.</li> </ul>	ML	Complete – October 2011 – next review of TOR July 2012.
<p><b>8 – 11.</b> Dedicated services to promote mental health and emotional wellbeing</p>	<ul style="list-style-type: none"> <li>• SpCAMHS team have reviewed the guidance and confirmed they meet the recommendations. They will now raise awareness of CAMHS thresholds with other services.</li> </ul>	ML/MR	Work commenced, discussed at emotional health sub-group 19/4/12
<p><b>12.</b> Use current statutory guidance on complex care funding to ensure there are pooled and aligned budgets for looked-after children and young people who are likely to require highly specialised care placements for a significant period.</p>	<ul style="list-style-type: none"> <li>• As there is no health representation on 'joint placements panel'. Identify appropriate representative.</li> </ul>	JB	Complete – commissioning arrangements now changed.
<p><b>22.</b> Ensure that if the original personal health record is lost or unavailable a new one is provided, and when it is reissued it should include as much information as possible; the issuer will need to look back and incorporate historic information.</p>	<ul style="list-style-type: none"> <li>• E-mail reminder to be sent to social workers to request a replacement when required and advise that replacement 'red books' are available from MK health visitors.</li> </ul>	ML	Complete – red books also available from LAC nurse.
<p><b>22.</b> Ensure that early health information is obtained, including obstetric and neonatal health information, on all children or young people entering care.</p>	<ul style="list-style-type: none"> <li>• Where BAAF forms are required the background history will be included in the health plan.</li> </ul>	AV	Implemented October 2011
<p><b>48.</b> Ensure that if a young person declines to attend their final statutory health assessment they are offered the choice of having a written copy of their basic medical history (such as immunisations and childhood illnesses) and that a health professional, in partnership with the young person's social worker, ensures that the young person knows how to obtain their social care and detailed health history.</p>	<ul style="list-style-type: none"> <li>• Attend care leaver team meeting to agree a process to implement this.</li> </ul>	ML	Completed 18/4/12 – leaflet to be devised by July 2012

The plan will be monitored by the children in care health forum's implementation sub-group and MKCHS safeguarding children governance sub-group. Mandy Lane - Designated Nurse – Children in Care – May 2012 update.

Children in Care – Team Structure



Vacant post  
Business Support  
Administrator  
(20 hours – MKC)  
funded)

## Appendix 3



### Milton Keynes Community Health Services

#### Safeguarding Children Governance Sub Group

<p><b>Structure</b></p>	<p>The Safeguarding Children Governance Sub Group reports directly to the Clinical Governance Committee, which in turn reports to MKCHS Provider Committee and the PCT Board.</p> <p>The Safeguarding Children Governance Sub Committee has links with:</p> <ul style="list-style-type: none"> <li>- MK Safeguarding Children Board The Operational Director will forward minutes from MKSCB to the group for information and agenda relevant items as appropriate.</li> <li>- Health Professionals Safeguarding Children Forum The Named Professionals and Specialist Nurse will agenda items from the forum as appropriate.</li> <li>- Safeguarding Children Team Meeting The Named Professionals and Specialist Nurse will agenda items from the team meeting as appropriate</li> <li>- Children in Care Health Forum The Designated Professionals for Children in Care will agenda items from the forum as appropriate.</li> </ul>
<p><b>Reporting arrangements to the Board</b></p>	<p>The Safeguarding Children Governance Sub Group will provide a six monthly report to MKCHS Provider Committee via the Clinical Governance Committee.</p> <p>Highlight and/or exception reports will be provided to the Clinical Governance Committee if required via the Operational Director for Children's and Secure Settings, chair of the Sub Group</p>
<p><b>Duties (Responsibilities) of the Committee</b></p>	<p>The purpose of the Safeguarding Children Governance Sub Group is to:</p> <ul style="list-style-type: none"> <li>- Monitor safeguarding children and children in care activity within MKCHS to assure responsible director; managing director; and provider committee that appropriate systems and processes are in place and the organisation is effectively able to meet its duty to safeguard and promote the welfare of</li> </ul>

	<p>children.</p> <ul style="list-style-type: none"> <li>- Approve and ratify relevant documents and papers to be submitted to Milton Keynes Safeguarding Children Board; NHS MK; MKCHS Provider Committee; Leadership Management Team; and other forums.</li> <li>- Agree the terms of reference / scope of MKCHS case reviews; consider and approve reports compiled for serious case reviews / individual management reviews and case reviews; agree findings and recommendations from reviews; and monitor implementation of resulting action plans.</li> <li>- Assess, monitor and review safeguarding children risks for the organisation.</li> </ul>
<b>Membership and quorum</b>	<p>Operational Director for Children's and Secure Settings (Chair)  Senior Manager, Specialist Children's Health Services.  Named Nurse for Child Protection  Named Doctor for Child Protection  Specialist Nurse for Child Protection  Designated Nurse for Children in Care  Designated Doctor for Children in Care  Clinical Effectiveness Team Manager</p> <p>Other members to co-opted / invited as required.</p> <p>For the meeting to be quorate 3 members should be present, including either the Operational Director for Children's and Secure Settings or the Senior Manager, Specialist Children's Health Services, who will deputise as Chair in her absence.</p> <p>If the meeting is not quorate, the agenda will be reviewed and items not requiring decisions; approval or ratification may still be discussed.</p>
<b>Responsibilities of members</b>	<p>Each member of the Safeguarding Children Governance Sub Group is required to:</p> <ul style="list-style-type: none"> <li>- attend each meeting or send a nominated deputy</li> <li>- provide information / reports as required</li> <li>- represent their area of the organisation</li> <li>- carry out any specific actions / duties allocated by the Sub Group</li> </ul>
<b>Information requirements</b>	<p>Each meeting the agenda will be prepared and members required to provide reports / actions plans or other information as requested.</p> <p>Each meeting the Sub Group will consider</p> <ul style="list-style-type: none"> <li>- Ongoing case reviews</li> <li>- Monitoring of training requirements</li> <li>- Audit activity</li> <li>- High risk issues for the organisation</li> </ul>



	<p>Every 6 months the Sub Group will consider the report for presentation to MKCHS Provider Committee</p> <p>As required and at least every six months the Sub group will review safeguarding children risks on the risk register.</p> <p>Papers requiring review and approval should be submitted to Senior Manager Specialist Children's Health Services one week prior to the meeting.</p> <p>Papers required to update progress on specific items / actions may be tabled.</p>
<b>Committee arrangements</b>	<p>Meetings will be bi-monthly. Exception meetings will be arranged if required. Timeframes of some items may require electronic approval / ratification</p>
<b>Monitoring arrangements</b>	<p>The Operational Director for Children's Health and Secure Settings is responsible for:</p> <ul style="list-style-type: none"> <li>- monitoring attendance at the group</li> <li>- ensuring the sub group is meeting the identified responsibilities</li> <li>- taking appropriate action to rectify</li> </ul>

April 2011  
Review date April 2013



**Milton Keynes Community Health Services  
Children in Care Health Team  
Training Plan 2011/2012**

The emphasis on training and development for professionals working with children in care is ensuring that those providing care have current, up-to-date information on the health needs of this vulnerable group of children. Children in care are reported as having a worse level of health than their peers as a result of abuse and neglect within their families. Once in care, this mobile group of children can be further disadvantaged if their health needs cannot be met quickly due to placement moves and gaps in their health histories.

'The Healthy Care programme', identified that whilst publications such as 'promoting the health and well-being of looked after children' (DOH 2009) provided a framework for improving health outcomes, the biggest impact on the health of the child would be the environment in which they lived and the opportunities provided for them. With this in mind, the primary emphasis for training is to increase the knowledge and skills of those foster carers who provide a home and family to the child during their time in care.

Training is incorporated into the MKC training programme and routinely offered at fostering preparation groups. During this year, the team specialist nurse is being jointly funded to complete the training for trainers programme to deliver the 'fostering changes' how to improve relationships and manage difficult behaviour, training alongside social work colleagues to MK foster carers. Fostering changes has been developed by conduct disorder, fostering and adoption national and specialist team at the Maudsley hospital, south London and is recommended in the NICE/scie 2010 guidance promoting the quality of life of looked after children and young people.

The table below summarises the training being offered during the academic year 2011/2012.

Mandy Lane  
Designated Nurse – Children in Care  
November 2011

<b>Term</b>	<b>Dates</b>	<b>Training</b>	<b>Lead professional</b>
<b>Autumn 2011</b>	September 29th	Community paediatricians' update – Attachment/ASD in children in care	AV + Guest speaker
	Nov 1 <sup>st</sup> , 8 <sup>th</sup> , 15 <sup>th</sup> , 22 <sup>nd</sup>	'Fostering Changes' training for trainers.	SJ
	September 20 <sup>th</sup> & Nov 24 <sup>th</sup>	Preparation for foster care Health session provided within training organised by fostering service.	ML + SJ
	December 8th	Community paediatricians update – health assessments	AV
<b>Winter 2012</b>	Jan 24th	Drug and Substance Abuse Awareness raising session aimed at foster carers and social workers.	ML + compass
	Feb 9th	Fostering Babies Update session on the specific needs of young children in foster care.	ML + experienced foster carer
	12 weekly sessions from Jan - March	'Fostering Changes' Delivery of the programme to 10 Milton Keynes foster carers.	SJ + 2 Fostering social workers
	29 <sup>th</sup> January	Preparation for foster care Health session provided within training organised by fostering service.	ML
<b>Summer 2012</b>	10 <sup>th</sup> May	Preparation for foster care Health session provided within training organised by fostering service.	SJ
	TBC	Sexual Health Awareness session aimed at foster carers	ML + brook
	TBC	Community paediatricians' update	AV

ML – Mandy Lane, Designated Nurse Children in Care  
 SJ – Sue Johnson, Specialist Nurse Children in Care  
 AV – Dr Adeola Vaughan, Designated Doctor Children in Care  
 Compass – Young Peoples Drug and Alcohol Service  
 Brook – Young Peoples Sexual Health Service

## References

DOH 2009, Statutory Guidance on Promoting the Health and Well-being of Looked After Children, Department of Health, November 2009.

DOH 2007, Who Pays? Establishing the Responsible Commissioner, Department of Health, September 2007

HPA 2010 , [http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1194947406156](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1194947406156)

NICE/scie 2010, Promoting the quality of life of looked after children and young people. Public Health Guidance 28. National Institute for Health and Clinical Excellence, October 2010.

The Children's Act 1989

Youth in Mind 2000 <http://www.sdqinfo.org/a0.html>