

Annual Report

The Health of Warwickshire's Looked After Children and Young People (1st April 2012 - 31st March 2013)

Completion Date: July 2013

1. Executive Summary

This report has been prepared in order to provide evidence of compliance with Section 11 of the Children Act (2004) which outlines the statutory responsibilities of Healthcare organisations towards safeguarding children. It is also produced in accordance with the Care Quality Commission (2009) Essential Standards of Quality and Safety national guidance which outlines requirements in order for healthcare organisations to achieve successful outcomes in safeguarding children.

The annual report contains the operational delivery by the Safeguarding Children Team within South Warwickshire NHS Foundation Trust (SWFT) and the Integrated and Community Care Division.

Implementation of the national drivers for safeguarding children is directed overall by the Warwickshire Safeguarding Children Board (WSCB). Locally, work directed at the health economy is led by the WSCB Health Sub Committee which is implemented and monitored within SWFT by its Operational Safeguarding Committees.

Following the review of child protection by Professor Eileen Munro during 2010-2011, national policy has directed practice towards a more effective provision of early help to struggling families. In response to Munro, The Warwickshire Safeguarding Children Board has set out its strategic aims which informs professional and agency practice. The key areas are: strengthening learning and accountability, promotion of effective practice and the promotion of early intervention and help to families. Other essential documents which inform and guide practice regarding Looked After Children include:

2009 Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children (DCSF).

2013 NICE (National Institute for Health and Clinical Excellence) Looked After Children and Young People

2013 NICE (National Institute for Health and Clinical Excellence) Quality Standard - Promoting the quality of life for Looked After Children and Young People

2012 Looked After Children: Knowledge, skills and competencies of health care staff. Intercollegiate Role Framework

The report is submitted to South Warwickshire Foundation Trust in July 2013 and produced for Warwickshire County Council – Safeguarding Business Unit that provides an overview of the health of Looked After Children in the care of Warwickshire County Council.

- There has been an overall increase in the number of Looked After Children in Warwickshire rising by 2.9 % from March 2012 to March 2013 with the largest numbers of looked after children being accommodated by Nuneaton and Bedworth children's teams and the smallest by Stratford. There has been a 7.2% rise in the number of unaccompanied asylum seeking young people. The largest numbers of children now coming into care are aged between 10 and 15 years. Nationally, there was an overall rise of 3% of Looked After Children year ending 31st March 2012 compared with the previous year and a 21% rise from 2008.
- The majority of Looked After Children are placed in foster care as follows:
 - 54% (378 of 699 in March 2013) of Warwickshire children are placed with Warwickshire County Council foster carers at any one time,
 - 69.5% (486 of 699 March 2013) are placed with Warwickshire or Warwickshire Agency approved foster carers
 - 78.4% (548 Of 699 March 2013) are placed with foster carers, including friends or family, who have been approved as foster carers by Warwickshire Local Authority..
- About one third of children are placed outside the county boundary in neighbouring areas. This figure is similar to the national profile.
- Overall, 76.3% of Health Assessments were completed in the period April 2011 – March 2012. Performance is best for children in North Warwickshire with an uptake of 90.5% of children and young people having their health assessments and is lowest for the Asylum Seeking Team with 65.3% of these young people having their annual health assessment. This may be due to the fact that these young people are generally older than the average age of children across the other teams. Thus greater numbers are living independently and are therefore more likely to make autonomous decisions.
- Due to a government drive to increase the number of adoptions and shorten the length of time for the adoption process, Adoption Medicals in the six months from June to December 2012 showed a 280% increase compared with the preceding 3 months. Although the rate of increase has since reduced, the number of children going through the adoption process continues to rise.
- Strengths and Difficulties Questionnaires (SDQs) are carried out at the same time as health assessments for all of Warwickshire's Looked After Children aged 4 yrs -16 yrs. The average score in 2011-2012 was just over 14. Nearly 100% of Looked After Children living in Warwickshire in 2012-2013 have had an SDQ at the time of their health assessment but national data is not yet available for this time period.

- Following a risk assessment, business plan and governance report submitted by the Designated Nurse in 2012, an additional 0.5 whole time equivalent Named Nurse 18 month seconded post and an additional 7.5 hours per week of substantive administrative time have recently been allocated to the Looked After Children's Health Team.

2. National drivers

The Care Quality Commission requires that all Healthcare organisations protect children following National Child Protection Guidance and local procedures.

Following the death of Baby Peter in 2008, all Provider Trusts have to place a Safeguarding Declaration of Compliance on their public website.

HM Government have reviewed and published a revised 'Working Together to Safeguard Children, A guide to interagency working to safeguard and promote the welfare of children' March 2013.

The coalition Government commissioned and Professor Eileen Munro has completed a review of child protection

Dartington Project – Warwickshire is a pilot site to develop a strategy to reduce the number of Looked After Children through the commissioning of evidence based interventions.

Children and Young Person's Act 2008 and Children Act 2004

NICE (National Institute for Health and Clinical Excellence) Looked after Children and Young People 2013

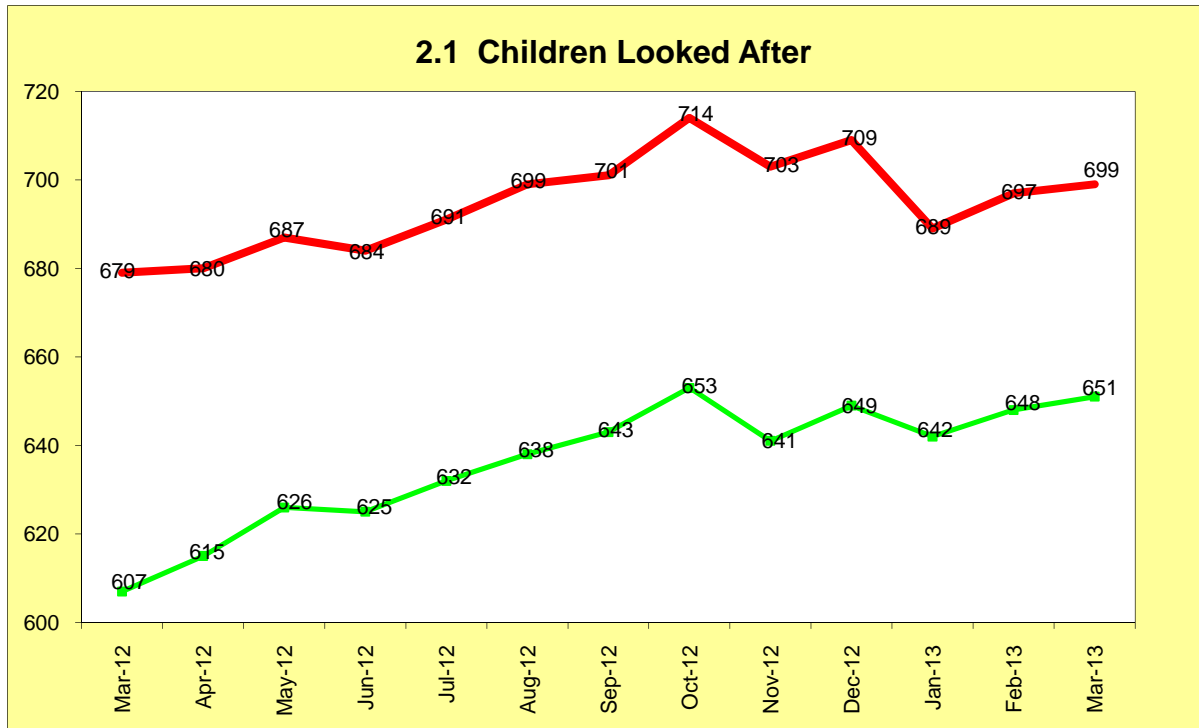
NICE (National Institute for Health and Clinical Excellence) Quality Standard - Promoting the quality of life for Looked after Children and Young People 2013

Care Planning Regulations and associated Guidance 2011

Statutory Guidance on Promoting the Health and Wellbeing of Looked After Children 2011

3. LAC data and trends

The following diagram shows the increasing rise in the number of Looked After Children and young people in Warwickshire showing an overall increase of 2.9% of Looked After Children placed by Warwickshire in the year March 2012 to March 2013 and a 7.2% rise in the number of unaccompanied asylum seeking young people.



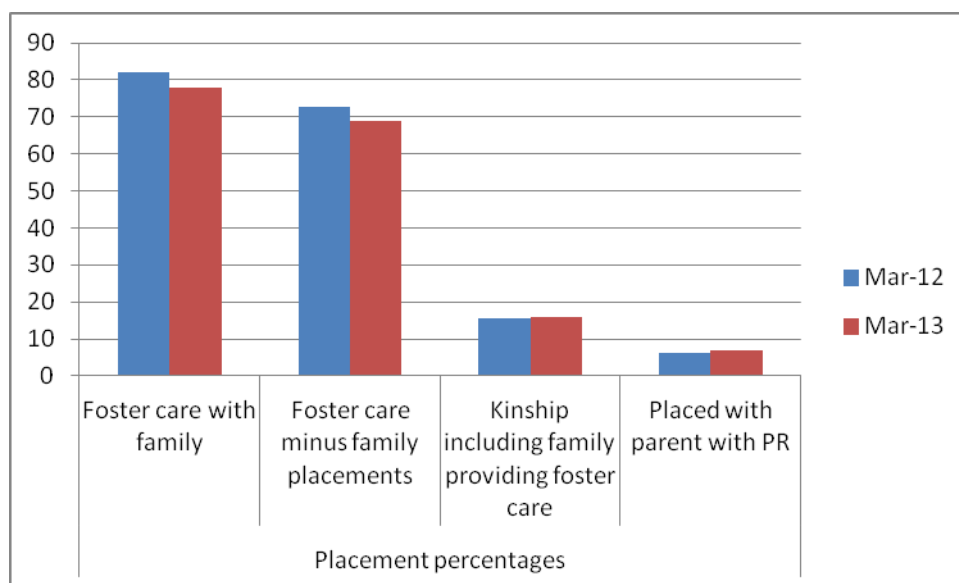
(a) Reasons for an increase in Looked After Children placed by Warwickshire:

- Young people who find themselves homeless at 16 yrs - 17 yrs are now assessed and regarded as vulnerable requiring care by the Local Authority following the Southwark Judgement (House of Lords ruling).
- High profile cases in the media have triggered greater numbers of referrals to Children's Safeguarding Services and there has been a corresponding increase in care proceedings.
- There has been a small overall rise in the number of unaccompanied asylum seeking young people. Whilst there can be some monthly fluctuation, overall there has been an increase.

(b) Strategy to address the needs of the increasing numbers

Warwickshire has volunteered as a pilot site with the Dartington Social Research Unit. This project involves agencies working together with the aim of reducing the numbers of children and young people coming into care using evidence based programmes as an alternative. These programmes are targeted towards older children and young people on the edge of care, specifically teenagers exhibiting more challenging behaviours. High fidelity of these programmes is essential in order to maximize effectiveness with the target to maintain young people within their families wherever possible and ensure they are safe if this is the agreed plan.

4. Placements

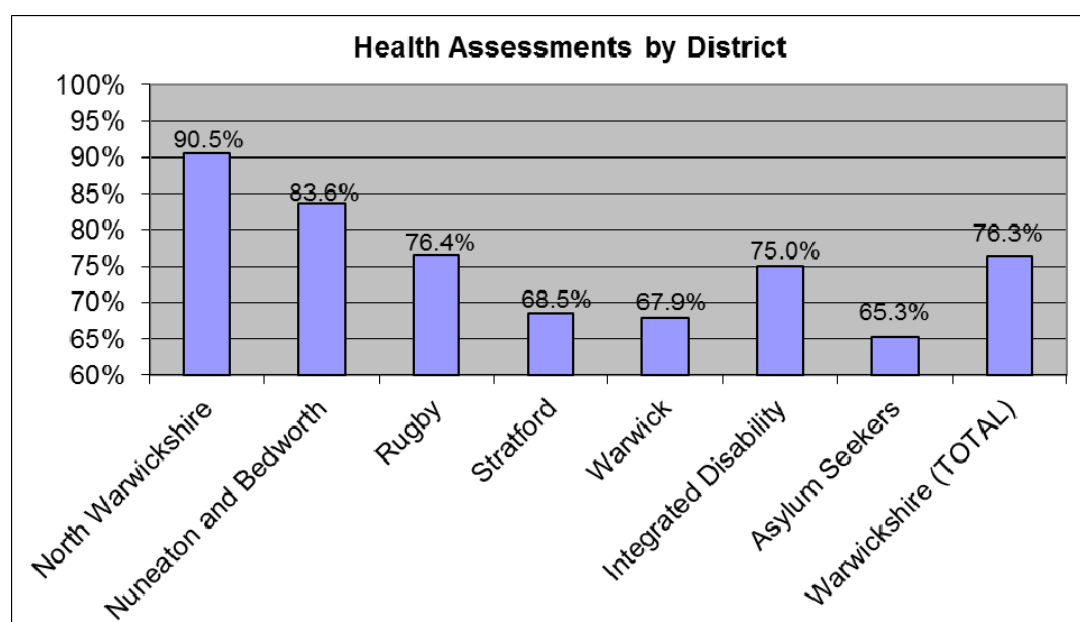


The above table demonstrates the reasonably steady rate of foster and kinship placements of children placed by Warwickshire from April 2012 until end March 2013 compared with the previous twelve months.

5. Adoptions

- A Government drive to both increase the number of children being adopted and reduce the time taken for the adoption process to be completed, has substantially increased the workload within the Looked after Children's Health Team. Nationally, there was a rise of 12% in 2012 compared with 2011.
- Numbers of Warwickshire children having Adoption Medicals were monitored from June 2012 and reveal the following increase:
- There were 10 Adoption Medicals in the four months June –September 2012 across county
- There were 38 Adoption Medicals in the three months October – December 2012 across county showing a 280% increase between these two time frames.
- A process has recently been agreed between the Looked After Children's Health Team and Children's Social Care. This is to ensure that time scales for Adoption Medicals to be completed can be met with sufficient opportunity for the reports to then be sanctioned by the Adoption Medical Advisor, forwarded to the Adoption Lead within the Local Authority and then to reach the Agency Decision Maker by the predetermined date. This has significantly improved interagency working and the ability to meet timescales.
- Using Warwickshire Local Authority data, there has been a 30.1% increase in the number of children placed for adoption from April 2012 until end March 2013 compared with the preceding twelve months.

6. Health assessments

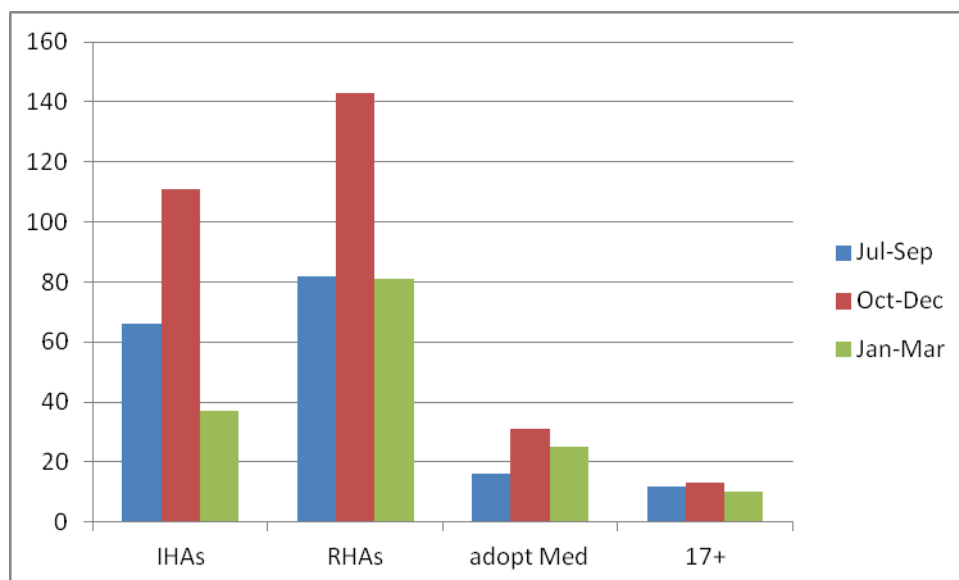


Team trends for health assessment uptake

	2010/11	2011/12
N. Warwickshire CT	40/41=97.6%	38/42=90.5%
N. Warwickshire District TOTAL	40/41=97.6%	38/42=90.5%
Bedworth CT	34/37=91.9%	77/87=88.5%
Nuneaton CT	83/98=84.7%	33/40=82.5%
Nuneaton District CT	n/a	7/13=53.8%
Nuneaton District TOTAL	117/135=86.7%	117/140=83.6%
Rugby Children's Services Team	52/57=91.2%	55/72=76.4%
Rugby District TOTAL	52/57=91.2%	55/72=76.4%
Stratford CT	26/36=72.2%	29/38=76.3%
Southam CT	11/16=68.8%	8/16=50%
Stratford District TOTAL	37/52=71.2%	37/54=68.5%
Warwick District CAT	n/a	n/a
Kenilworth/Warwick CT	28/30=93.3%	26/40=65%
Leamington CT	36/45=80.0%	27/38=71.1%
Warwick District TOTAL	64/75=85.3%	53/78=67.9%
N/W, Nun & Bed IDS	4/4=100%	4/5=80%
Rugby IDS	n/a	n/a
Stratford IDS	n/a	n/a
Warwick & Leam IDS	4/8=50.0%	6/8=75.0%
Autism IDS	2/2=100%	2/3=66.7%
IDS TOTAL	10/14=71.4%	12/16=75.0%
Asylum Seekers	24/55=43.6%	32/49=65.3%

Youth Offending Teams	n/a	n/a
WARWICKSHIRE TOTAL	344/429=80.2%	344/451=76.3%

Number of health assessment referrals from 1st July 2012 to 31st March 2013



Prior to July 2013, there was no effective means of monitoring the number of referrals received for Health Assessments. This changed from July 2013 with the employment of an administrator to the Looked After Children's Health Team who is line managed by the Designated Nurse.

7. Mental and Emotional Health

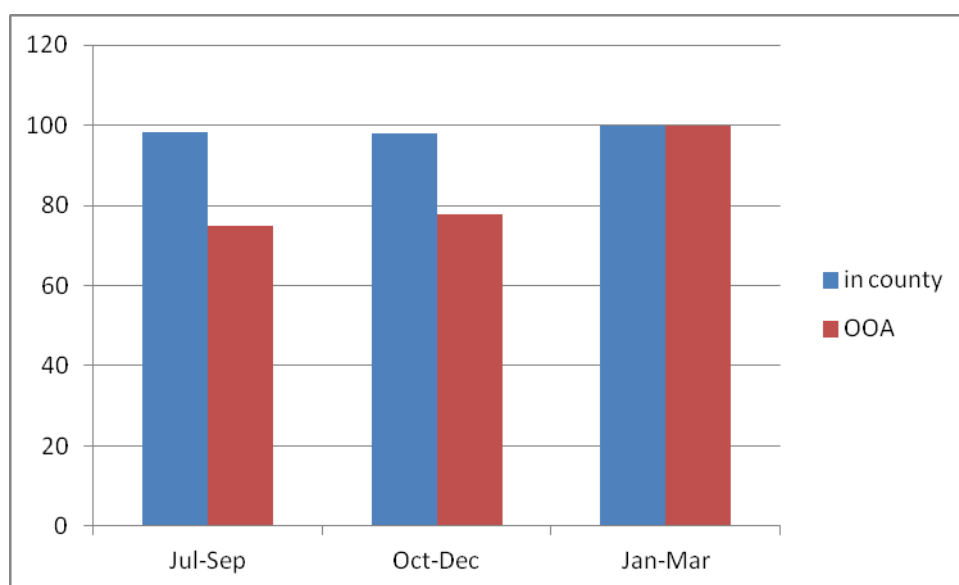
Nationally 45% of Looked After Children were assessed as having a mental health disorder (Department of Health, Statutory Guidance 2009, p.12). In order to assess mental health needs among Looked After Children placed by Warwickshire; each health assessment incorporates the SDQ in line with Warwickshire's Integrated Care Pathway (updated Autumn 2012) for children aged between 4 years and 16 years. Any score over 16 then requires a conversation with the young person, the foster carer and the social worker to consider how these needs can be best met and to signpost to local provision through Journeys (designated Emotional Health and Well-being Service for Looked After Children) or CAMHS (Child and Adolescent Mental Health Service) as appropriate. The Looked After Children's Health Team has developed very good professional relationships with staff from Journeys. As a result, Journeys regularly contribute to the Foster Carer Training provided by the Looked After Children's Nurses.

(a) Strengths and Difficulties Questionnaire (SDQ) - Desired Trajectory

The use of the SDQ is recommended in the 2009 Statutory Guidance (p.72). The scoring range of an SDQ is between 0-40. On an individual basis a score of 13 or below is normal, a score of between 14-16 is borderline and a score of 17 and above is a cause for concern. For Local Authorities, their overall average score will give an indication of the level of "concern" there is across the Local Authority. From a strategic point of view a high score will mean that more Looked After Children are displaying such problems. This is useful management information as it will give an indication of where resources may need to be allocated. Over time it will also give an indication of how effective services which have been put in place are at addressing these issues.

The health professional carrying out the health assessment ensures that the SDQ is completed for all Looked After Children aged 4 yrs -16 yrs. For children aged 4 yrs -11 yrs, this is completed by their foster carer. For young people aged 11 yrs -16 yrs, this is completed by both the young person and the foster carer using two separate forms so that comparisons between the carer's view and the young person's view can be made. Scores of over 16 are regarded as significant and require further discussion with the young person, their foster carer, social worker and parent (if appropriate) about whether services are required and how they can be accessed.

Percentage of SDQs for Warwickshire children in county and out of area



(b) Warwickshire Performance Summary (At 11/12 Year End)

Our overall score for 2011/12 indicates that the emotional & behavioural health of our Looked After population is 'borderline', with the average score being 14.1. Our score for 2011/12 is slightly above this year's national average but below our statistical neighbour average. It is also slightly above the 2010-2011 average score of 12.9

Performance against National Trends

	2008/9	2009/10	2010/11	2011/12
Warwickshire	12.8	13.9	12.3	14.1
Statistical Neighbours	15.7	14.8	14.9	14.3
England	13.9	14.2	13.9	13.8

District Performance

	2009/10	2010/11	2011/12
N. Warwickshire District	14.9	13.2	10.6
Nuneaton District	15.2	12.8	16.1
Rugby District	14.7	13.3	16.0
Stratford District	13.1	14.3	14.0
Warwick District	13.1	10.8	13.1
Integrated Disability	13.0	10.0	16.6
Asylum Seekers	7.8	7.5	9.8
WARWICKSHIRE TOTAL	13.9	12.3	14.1

NB. This is based on the average of those where an actual SDQ score had been recorded.

NB. Data for 2012-2013 will not be released until December 2013.

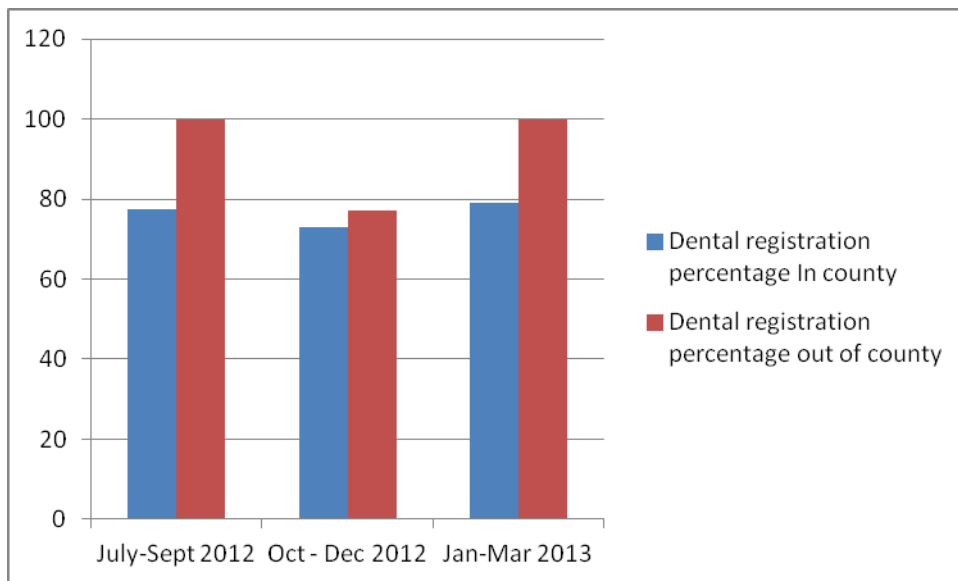
8. Levels of Health Needs

Looked After Children and Young People have difficult life histories and experiences which increase their health vulnerabilities. The long term health outcomes, particularly for care leavers, remain below that of their peers. Looked After "Children often enter the care system with a worse level of health than their peers, in part due to the impact of poverty, poor parenting, chaotic lifestyles and abuse and neglect," (Department of Health, Statutory Guidance, 2009, p.11). The health needs of Looked After Children and Young People, including the emotional difficulties and propensity for risky behaviours, cannot be underestimated.

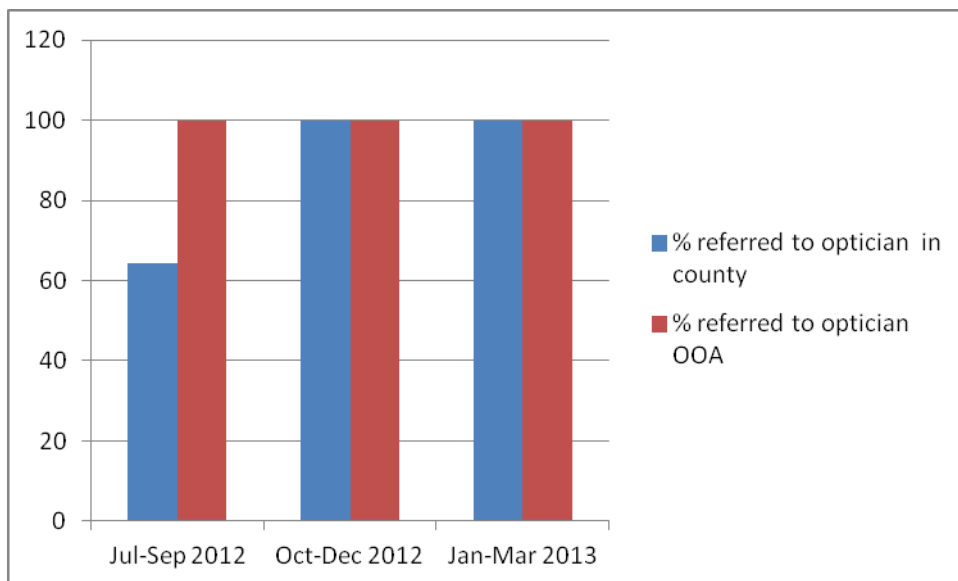
(a). Dental Health

All Looked After Children must be registered with a dentist. Looked After Children and Young People are routinely asked for the date of their last dental check at each health assessment. Dentists will advise on the frequency of dental checks for individuals but generally Looked After Children are encouraged to attend a dental check every six months. These dates are recorded on the BAAF Health Assessment Form and any deficits are identified on the Health Plan.

Percentage of Warwickshire children attending for their health assessment who are registered with a dentist



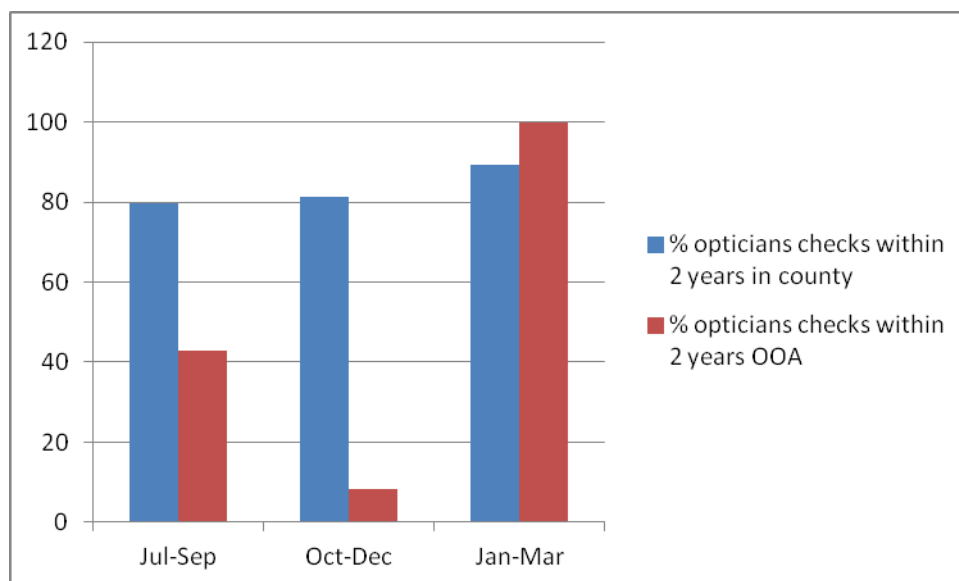
Percentage of children attending for a health assessment then referred to a dentist if not previously registered.



Where children were not registered with a dentist, 100% of those attending for a health assessment from October 2012 were recorded as then being referred to a dentist. Prior to this, data was either not available or incomplete.

(b). Opticians checks

Percentage of Warwickshire Looked after Children who have seen an optician in the past 2 years

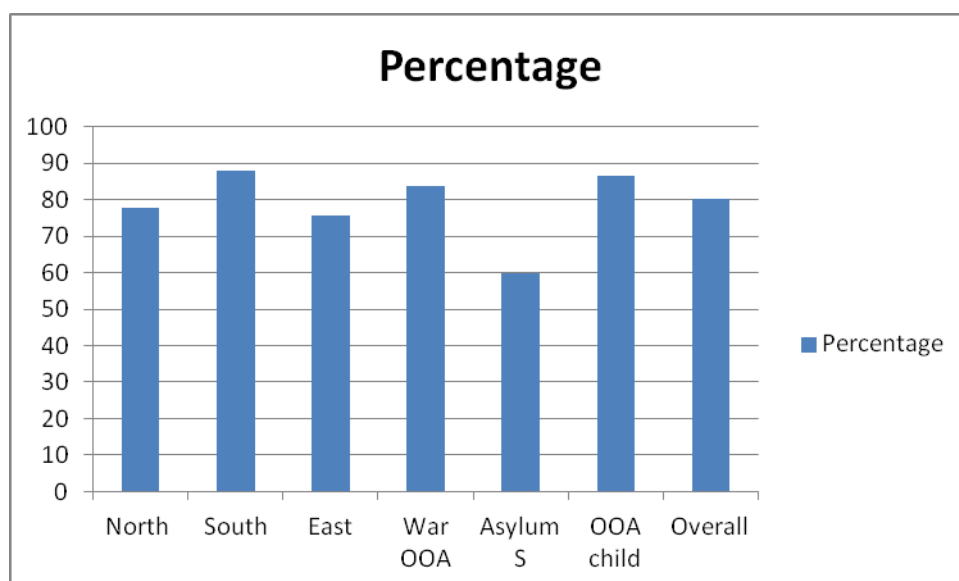


Due to the small numbers of children seen out of county for their health assessments between October and December 2012, the results were somewhat skewed.

(c). Immunisations

In 2011-12 Health Trusts reported that 94.7% of children reaching their first birthday had completed the primary immunisation courses compared with 94.2% in 2010-2011. MMR uptake in England 2011-2012 was 91.2% compared with 89.1% in 2010-2011 although the WHO (World Health Organisation) target is at least 95%. Pneumococcal uptake in 2011-12 was 91.5% compared with 89.3% in 2010-11

Warwickshire immunisation uptake 2013



The percentage of Looked After Children and Young People attending for all their immunisations is slightly lower than the national average. Where immunisations were incomplete, carers of children and young people have been advised to ensure that the children in their care attend their GP surgery to bring their immunisations up-to-date. This is recorded on the health assessment. The Designated Nurse also notifies children's panel where children discussed at panel have outstanding immunisations.

9. Audits

The Looked after Children's Health Team have an ongoing audit programme.

Two audits were carried out by this team during autumn 2012 as a direct result of the CQC inspection in November 2011.

- a) Audit to ensure that health visitors and school nurses are invited to statutory reviews where appropriate.
- b) Audit to ensure that copies of health assessments for Looked after Children are appropriately disseminated and received.

Both of these audits demonstrated very positive outcomes.

c) A third audit was undertaken in autumn 2012 to monitor the quality of health assessments undertaken by school nurses and paediatricians. This was a repeat of the audit completed in 2011 and was carried out to ascertain if there had been any improvements as a result of health assessment training to school nurses in 2011. The audit revealed significant improvements in the quality of health assessment paperwork across both disciplines.

10. Supervision

Following the CQC inspection in November 2011, an ongoing and successful group supervision programme has been set up and run by the Designated Nurse for Looked after Children from the beginning of 2012. The supervision

contains a training element which is recognised by the Learning and Development Unit within South Warwickshire NHS Foundation Trust. These supervision sessions have been well attended and very positively evaluated by school nurses and health visitors across Warwickshire. This supervision is also open to FNP (Family Nurse Partnership Nurses) and Children's Community Nurses.

11. Training

In the winter of 2012-2013, The Designated and Named Nurse provided eight comprehensive training sessions for health visitors and FNP nurses to undertake Review Health Assessments for Looked after Children. These trainings had the support of the Designated Doctor and received very positive evaluations. Those who completed the training have been able to undertake these health assessments since January 2013.

Following publication of the 2012 'Looked after Children: Knowledge, skills and competencies of health care staff. Intercollegiate Role Framework', the Designated Nurse and Doctor have set up a level 4 workshop programme for Paediatricians and Named Nurses who work primarily with Looked After Children. Trainings at levels 1-3 are already provided within the Child Protection training programme for the Trust.

Six training sessions were provided for foster carers in 2012 and all were very well attended and received. Where relevant, these trainings have also received valuable input from both Journey and COMPASS.

The Designated Nurse, together with a Team Manager from children's social care, now provide a regular training session to social care staff as part of their induction programme regarding the health assessment process for Looked After Children.

12. Service Specification

A service specification for the Looked After Children's Health Team has been agreed between the Looked After Children's Health Team and commissioners. As a result, the uptake and outcomes of health assessments have been recorded and monitored since July 2012 and three monthly data reports are now prepared by the Designated Nurse and submitted to commissioners.

13. Integrated Care Pathway (ICP)

Substantial additions and amendments have been made to the ICP to include flow charts to improve clarity. All amendments have been approved by members of HeLAC (Health of Looked After Children) multi-agency meetings and shared at the Children and Young People's Operational Meetings. The updated pathway was widely disseminated in October 2012.

14. Asylum Seekers

A joint health promotion session between Warwickshire and Coventry Looked After Children's Nurses was provided for Asylum Seeking young people in 2012. This was supported by the Asylum Seekers Social Care Team. Although attendance was small, attendees found the session extremely useful and it was very positively evaluated.

15. Cross border working

As a result of two meetings between Warwickshire and Coventry health representatives in 2012, a working agreement is now in place regarding provision of health visiting services for families living on the borders of Coventry and Warwickshire. Where there are Looked After Children in these areas with particular and specific issues relating to appropriate service provision, these have now been addressed.

16. Liaison with Accident and Emergency (A/E) Departments

Working agreements have now been made between the Looked After Children's Health Team and the liaison contacts for A/E departments within Warwick Hospital, George Eliot Hospital and University Hospital Coventry and Warwickshire. The agreements are that the Designated or Named Nurse for Looked After Children will now be informed of any Looked After Children from Warwickshire or living in Warwickshire who attend the Accident and Emergency Department.

17. Charges for health assessments

Warwickshire do not currently charge other Health Trusts who request health assessments for Looked After Children placed in this county. However, there are a significant and growing number of other Health Trusts who do charge for this service. This is having a significant impact on the workload and time pressures of the Looked After Children's Nurses within Warwickshire who are now requested to visit children for their health assessments in other counties if the area where they are placed charges for health assessments and depending on the distance to be travelled.

Several meetings have taken place between Health, Social Care and Commissioners to consider whether or not Warwickshire should charge for health assessments and if so, what that cost should be, what should be provided for that cost, who should provide the assessment and finally who should manage that cost. A National Tariff has recently been agreed but has not yet been adopted by Warwickshire although it is under discussion between commissioners and senior managers.

18. Public and user involvement

- **Happy.pies@nhs.net** is a confidential email address which was set up in 2011 and has since been widely publicised. The name was derived from a suggestion by the Children in Care Council and its primary function is to provide a forum for Looked After Children and Young People to ask health-related questions to the Looked After Children's Health Nurses.

Additionally, it provides a means for social care staff to notify the Looked After Children's Health Team of the demographic details of children who move in and out of care or who change placements.

This facility is monitored by the Named Nurse. Any changes to the looked after status or changes in placement are then amended by the Looked After Children's Health Administrator on the Child Health IT system.

- **A Patient Satisfaction Survey** regarding children's, young people's, parent's and carer's experiences of health assessments has been written by the Looked After Children's Health Team and approved by HeLAC members. It has been loaded onto palm tops and has recently been made available to the Looked After Children's Health Team to provide to service users at the health assessments they undertake for Looked After Children and Young People. We currently await the outcome of this.
- **Appointment Letters** for children were written by the Designated Nurse and approved by HeLAC members so that children can receive their own letter inviting them to their health assessment. This enables children to take ownership of the assessment from their earliest years. These letters have been adapted to an invitation format for children aged less than 5 years. All feedback has been positive.
- **Children and Young People's website** is currently being developed for the Trust. This will be available to the public and the Looked After Children's Health Team have submitted relevant information for this.
- **Looked after Children Information Group**
The Designated Nurse provided the Health input regarding a multi-disciplinary group which included a care leaver, to provide relevant and up-to-date information to Looked After Children and Young People. As a result, a pack of playing cards has been produced for 11-16 year olds. These cards include QR codes and website addresses for a wide variety of health and social information sites. The QR codes take the reader to the relevant website and therefore will continue to provide useful and relevant up-to-date information for these young people. They were formally launched in 2012 and have been widely disseminated.

19. College links

With the support of the Head of the Virtual School, the Designated and Named Nurse have established links with the main colleges within Warwickshire. This has included various meetings with college staff plus attendance at both a Fresher's Fair at Stratford College and an information morning at Nuneaton College. The purpose is to provide a point of liaison to promote the health and wellbeing of Looked After Young People attending college in Warwickshire, to raise the profile of these young people within the colleges and to provide health assessments more creatively and flexibly for this group of young people.

20. Summary of Influences and impacts on the Looked After Children's Health Team include:

- A steady but significant escalation of the overall number of Looked After Children placed by Warwickshire
- A significant increase in the number of requests for adoption medicals and the short time frames required to achieve them.
- Increased monitoring of the Looked After Children's Service by Commissioners and the need to set up systems to enable the requested reports to be produced.
- The emergence of the new CCGs and required assurances.
- The appointment of a Looked After Children's Health Administrator within the team has resulted in the health assessment processes being managed and monitored by the Designated Nurse rather than by Child Health. This has streamlined the provision of health assessments and enabled outcomes to be monitored.
- Long term staff sickness of a community paediatrician in the North resulted in the retirement of the post holder and funding for the post no longer made available to the team.
- Charging for health assessments by other areas has resulted in the Looked After Children's Nurses in Warwickshire travelling out of county to undertake a significant number of health assessments.
- Establishment of group supervision for health visitors, school nurses, FNP nurses and Children's Community Nurses has increased the skills, competencies and confidence of these staff groups in undertaking their work with Looked After Children and Young People.
- Provision of eight training sessions for health visitors across the Trust enabling them to undertake Review Health Assessments.
- Establishment of an agreed protocol for access to health visiting records by paediatricians undertaking Health Assessments for Looked After Children and in particular Initial Health Assessments and Adoption Medicals. This has a positive impact on the quality of information available to clinicians undertaking these assessments. However, it has increased the workload of the Looked After Children's Health Nurses and Administrator in managing this process.

21. Service pressures and resource implications

The Medical Team consists of a part-time Consultant Paediatrician for Looked After Children (appointed March 2011) and three further part-time Community Paediatricians. These clinicians undertake Initial Health Assessments and Adoption Medicals and provide adoption reports for the Agency Decision Maker within the Local Authority. One part-time Community Paediatrician also undertakes health assessments.

The Designated Doctor is aligned with the district offices of Warwickshire's Children Safeguarding Teams.

The Nursing Team at March 2013 consisted of one Designated Nurse (1 WTE) with line management responsibilities for one substantive Named Nurse (0.5 WTE), one part-time seconded Named Nurse and one substantive part-time administrator (0.8 WTE).

Health visitors undertake routine Review Health Assessments for children under 5 years and school nurses undertake routine Review Health Assessments for Looked After Children who attend Warwickshire schools until the end of Year 11. Leaving Care Health Assessments and leaving care letters are provided by the Designated and Named Nurses for Looked After Children or sometimes by the paediatricians.

An increase in the number of Looked After Children, additional and increasing monitoring by commissioners and by the WSCB Health Sub Committee as a result of the CQC inspection, charging by other areas for health assessments resulting in Warwickshire Looked After Children's Nurses undertaking some out of county health assessments and long term staff sickness has created additional work pressures within the team. As a result the Designated Nurse wrote and submitted:

- A Business Plan to the Head of Children's Services and to Commissioners in October 2012
- A Governance Report which was submitted to the Governance Board in November 2012
- A Risk Assessment which was added to the Risk Assessment in November 2012 under the category of Dark Amber.
- A stress assessment specifically for the Looked After Children's Health Team in November 2012.

As a consequence of these measures, approval was given in December 2012 for an 18 month 0.5wte Band 7 Named Nurse secondment to be funded from the health visiting service. This post has recently been appointed to and the Named Nurse was completing her induction in March 2013.

An additional 7.5 hours of administrative time has been approved due to the increasing workload from the escalating numbers of health assessment and adoption medicals plus the recently developed and now ongoing monitoring of these assessments. In March 2013, these additional hours were in the process of being appointed to.

Appropriate health support is offered and provided to staff members as required within the team to promote staff health and safety.

22. Future Plans

- Improve liaison with health and social care teams plus agreed links with children's residential homes within Warwickshire as a result of the additional Named Nurse post.
- Increase in the number of group supervision sessions for Health Visitors now that they are undertaking Review Health Assessments
- Further update to the Integrated Care Pathway to include the recently agreed process for Adoption Medicals and Adoption Reports.
- Establish an Action Plan in line with the recently published NICE guidelines regarding looked after children and young people (published April 2013).
- Improve liaison processes with other Looked After Children's Health Teams for looked after children and young people who move out of Warwickshire or move into Warwickshire from other areas.
- Designated Nurse to meet with the Youth Justice Team and improve liaison.
- Looked after Children's Nurses to meet with the Integrated Disability Service and improve liaison.
- Audit the quality of health assessments undertaken by Health Visitors in autumn 2013.
- Training student Health Visitors who will be employed by Warwickshire in undertaking Review Health Assessments for Looked After Children.
- Review and update trainings to Foster carers.
Continue to develop the Level 4 workshops

Report prepared by Rachel Webster - Designated Nurse for Looked After Children

South Warwickshire NHS Foundation Trust July 2013