

WOLVERHAMPTON CITY CLINICAL COMMISSIONING GROUP

**Meeting:** Corporate Parenting Panel

**Subject:** Health Services for Looked After Children Annual Report  
September 2012-August 2013

**Report of:** Lorraine Millard Designated Senior Nurse Safeguarding and  
Looked After Children  
November 2013

**1. Purpose of report**

This report aims to summarise the key areas of development and outcomes achieved by local health service providers during the identified time frame.

**2. Recommendation**

1. The report be received and noted.

**3. Detail**

- 3.1 Looked after children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They often enter care with a worse level of health than their peers in part due to the impact of poverty, abuse and neglect. Longer term outcomes for looked after children remain worse than their peers.
- 3.2 The roles and responsibilities of the NHS regarding service provision for children and young people in care are defined in key legislation and statutory guidance. The NHS contributes to meeting the health needs of looked after children by;
  - Commissioning effective services
  - Delivery through provider organisations
  - Individual practitioners providing co-ordinated care for each child, young person and carer
- 3.3 Legislation, national directives and local needs and priorities determine the work of the Looked After Children Health Steering group, which operates as a multi-agency business forum to monitor and review the on-going provision of local health care services for children and young people in care and has established links with the Children In Care Council.

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- 3.4 The Looked After Children (LAC) Health Team is made up of the Designated Doctor, LAC Named Nurse and LAC administration officer. Their work programmes and activities are fundamental to influencing local health service provision for children and young people in care, and for the facilitation of health care delivery for individuals who are placed out of the city. Partnership working between the LAC Health Team and the Local Authority is well established at both an operational and strategic level.
- 3.5 Health care services engage in the Corporate Parenting agenda via membership of the Corporate Parenting Executive Group and via attendance at the Corporate Parenting Panel.
- 3.6 Since April 2013 the Designated Senior Nurse for Safeguarding Children (DSNSC) is employed by Wolverhampton Clinical Commissioning Group in line with Statutory Guidance Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (2013). The current post holder commenced in post early September 2013 and takes a strategic specialist role with the regard to the commissioning of services for Looked After Children and young people.
- 3.7 The report includes information on current and future work activities but does not include the activities of CAMHS.
- 3.8 Work activities competed during 2012/early 2013

The overall work programme objectives continue to be underpinned by the following principles:

- The health and wellbeing of children and young people are maximised
- Inequalities in health status are minimised
- Children and young people receive timely and appropriate health care provision according to need
- Care planning and health care service developments are informed by children and young people.

3.8.1 The key areas of work activity and outcomes in accordance with the 2012/13 Corporate Parenting Action Plan has been as follows:

TABLE 1

Work Activity	Outcome
1 Improve the sexual health behaviours of Looked After Children and Care Leavers.	Reduced conception rates regarding LAC and Care Leavers under 18yrs.
2 Improve the awareness of sexual health service availability and further develop ease of access to	Increased engagement of LAC and Care Leavers with sexual health services to support their sexual health and relationship needs.

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services for Looked After Children and Care Leavers.	
3 Improve liaison and information exchange systems between partner agency sites for Looked After Children and Care Leavers as residents of secure units.	Collaborative working between the LAC Name Nurse and YOT has improved liaison and information sharing for Looked After Children and Care Leavers as residents of secure units.
4 Continue to develop systems and services which enable timely and effective health care service delivery to children placed out of the city.	Wolverhampton CCG are working with the LAC team to develop an appropriate process to ensure Looked After children and young people receive timely and effective health service provision. In addition Wolverhampton CCG are recommending the expertise of the Designated Doctor for LAC is embedded in the CCG through a Service Level Agreement.
5 Further strengthen partnership working between local services to support the mental health needs of individual Looked After Children.	Improved access to regular and timely advice and guidance to support the mental health needs of LAC and Care Leavers.
6 Produce annual health reports which inform on health matters relating to Looked After Children.	Reports presented support an increased understanding of the health needs of LAC and Care Leavers and the services required to improve health outcomes.

### 3.8.2 Performance Activity-Statutory Health Assessments.

The production of monthly activity reports enables health care services to monitor the on-going performance of statutory health assessment activities and informs the business of the Looked After Children Health Steering group. To note: Initial Health Assessment should be completed within 28 days of the child or young person entering into care. Review Health Assessments take place six monthly for children under 5 years and annually thereafter. Chart 1 indicates the number of referrals received for completion of Statutory Health Assessments September 2012 to August 2013. Chart 2a & 2b indicates timescales for completion of the requested Statutory Health Assessments.

Chart 1

Referrals received

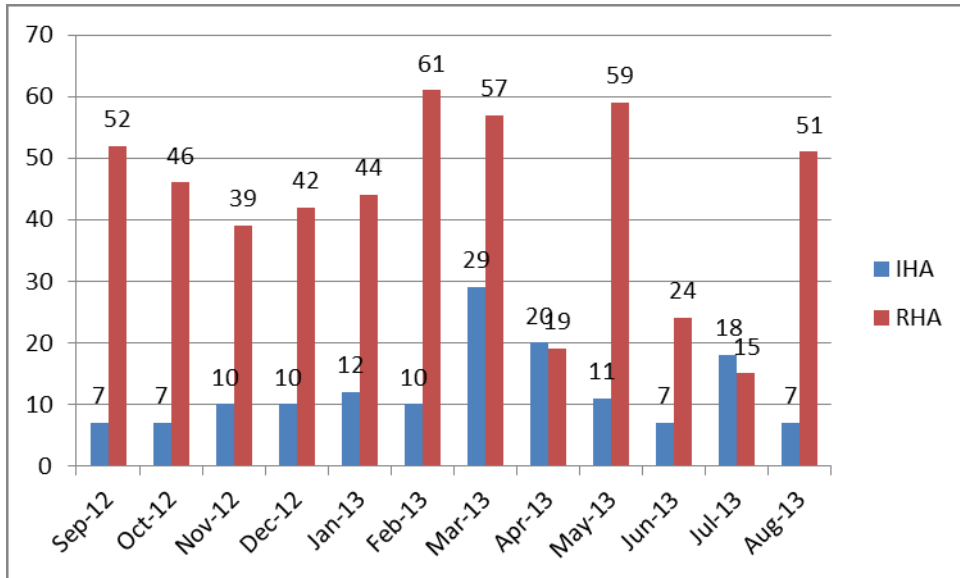


Chart 2a

Completion of Initial Health Assessments

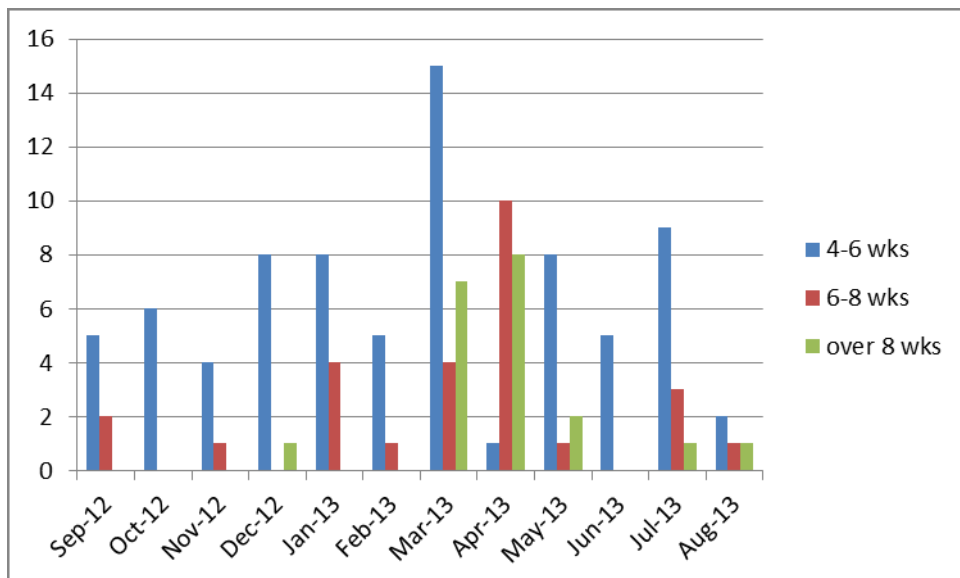
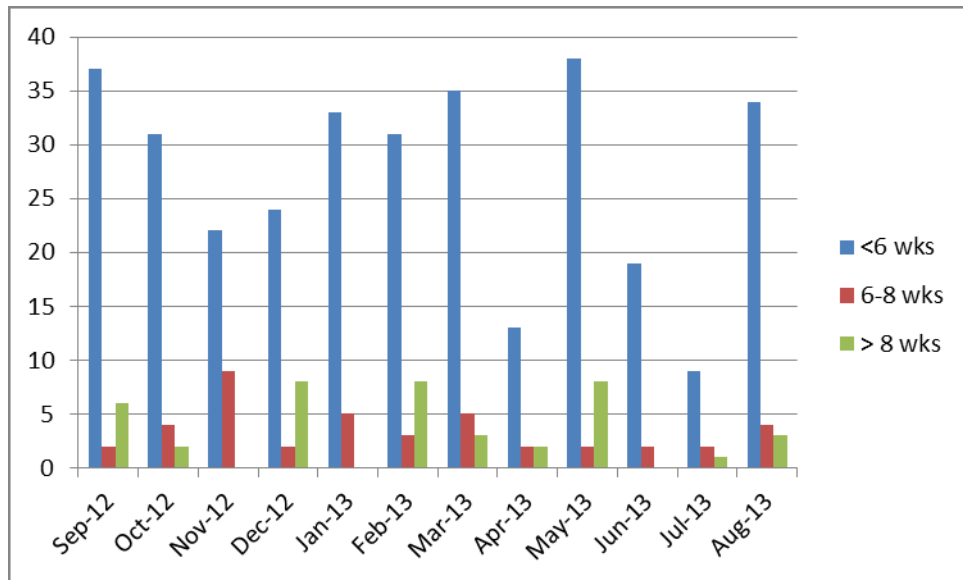


Chart 2b

Completion of Review Health Assessments



From September to December 2012 delays in completion of assessments were attributed to capacity at times with the Health Visiting and School Nurse service but predominantly difficulties arose for those placed out of the City. This has continued to be problematic to date. Wolverhampton Clinical Commissioning Group is due to meet with the LAC health team to formulate a pathway to ensure out of area health assessments are not delayed due to commissioning arrangements. Currently when new referrals for out of area are received by the LAC team the Designated Senior Nurse is informed for immediate action to be taken on a case by case basis. Within the same timeframe there was a discrepancy between the numbers of expected referrals for Initial Health Assessments and those received by the LAC Health team. This was reported through the Local Authority Service Leads and Lead officers within RWT for the appropriate action to be taken.

Since February 2013 a high number of referrals were received by the team resulting in additional clinics being provided to accommodate the high referral rate. Medical staff carry out 3 clinics per month and Advanced Nurse Practitioners (ANP) carry out weekly clinics, all continue to be running at full capacity. In addition the Named Nurse for LAC carried out additional clinics. The increasing trend of high referral numbers exceeding the capacity of the LAC Health team was compounded by the long term absence of a member of the team. The issues and risk was reviewed with the service manager and subsequently progressed by the clinical director.

### 3.8.3 Performance Activity- Dental checks and Immunisations.

The performance of local areas in meeting the health needs of Looked After Children is monitored in a number of ways. The DfE publish annual statistics on a number of key indicators. The LAC Named Nurse supports the Local Authority with this data by providing information detailing the numbers of up to date health assessments, dental checks and immunisations, and health surveillance checks for the under 5's.

#### Up-take rates for statutory Health Assessments and Dental Checks

Health Assessments	365:390	93.5% up to date
Dental Checks	365:390	93.5% up to date
Immunisations	370:390	95% up to date
Health surveillance Checks for under 5's	130:130	100% up to date – increase by 1% from last year

### 3.9 Additional Information

#### 3.9.1 Understanding and learning from the views and experiences of children and young people.

There is currently a consultation underway with children and young people regarding how they feel about their LAC health assessment. Completion date is due the end of October 2013. The findings will be acted upon and reported in subsequent meetings. The Named Nurse LAC attends the Children in Care Council meetings where the Children and young people report to be happy with the service they receive from health professionals.

#### 3.9.2 Supporting young people as they leave care.

The Named Nurse for LAC continues to provide weekly drop in sessions. The named nurse undertakes an exit health interview as the children leave care to provide them with the necessary information on their health needs and on general wellbeing. A leaflet has been developed in consultation with young people to provide Care Leavers with information and guidance. Action is being taken to ensure the leaflet is ratified by the appropriate governance department with the Royal Wolverhampton Trust to ensure its distribution can commence.

### 3.9.3 Accountability Framework NHS Commissioning Board

Wolverhampton Clinical Commissioning Group (WCCG) are statutorily responsible for ensuring the organisations from which they commission services provide a safe system that safeguards children and adults at risk of abuse or neglect. This includes specific responsibilities for looked after children. The Health and Social Care Act 2012 introduces a new framework for the NHS which took effect from April 2013. It also sets out a new responsibility for NICE to develop quality standards and other guidance for social care in England. Under this Act WCCG will be responsible for commissioning most health services for LAC, including co-operating with local authorities to commission statutory health assessments and reviews. The Designated Senior Nurse for Safeguarding Children with a strategic specialist role for Looked After Children is employed by the CCG as a source of advice and is expected to be embedded in the clinical decision making of the organisation. Discussions are underway regarding the development of a Service Level Agreement with the Designated Doctor, in order to secure the expertise of the Designated Doctor for Looked After Children.

### 3.9.4 Strengthening overall service provision

Since commencing in post the Designated Senior Nurse has raised the profile of LAC within WCCG in order to raise the awareness of the needs of LAC in order to ensure appropriate provision of services.

### 3.10 Current and future work activities.

The current Corporate Action Plan 2012/2013, will continue to be progressed until the formulation of an new Action Plan 2013/14.

In addition the Designated Senior Nurse Safeguarding Children and the Designated Doctor will be working with both WCCG and LAC Health team to ensure;

1. A pathway for out of city LAC Health assessments is in place.
2. Arrangements are in place to ensure the timescales for the completion of LAC Health Assessments are met.
3. LAC the knowledge, skills and competencies of health care staff are met through the review of the training programme delivered to all health care staff.
4. The LAC Health team have the appropriate processes/systems in place to support their function.

**4. Key Risks**

- 4.1 Due to the current lack of pathways regarding the commissioning of out of area health assessments, children and young people have not always received their health assessments in a timely manner with the potential for non-compliance with statutory timescales, inequality in access to services and the quality of services provided. Current short term arrangements are in place to address this issue until a long term solution can be reached.
- 4.2 The increasing trend of high referral numbers exceeds the capacity of the LAC health team. The issues and risk has been progressed by the clinical director through the appropriate channels within RWT, resulting in a business case to be presented in order to increase staffing and therefore the capacity to meet the needs of the local LAC population.