

# Corporate Parenting Board

## 24 November 2016

**Time** 5.30 pm **Public Meeting?** YES **Type of meeting** Oversight

**Venue** Committee Room 4 - Civic Centre

### Membership

**Chair** Cllr Val Gibson (Lab)

#### Labour

Cllr Paula Brookfield  
Cllr Julie Hodgkiss  
Cllr Hazel Malcolm  
Cllr Lynne Moran  
Cllr Peter O'Neill  
Cllr Rita Potter  
Cllr Zee Russell  
Cllr Martin Waite

#### Conservative

Cllr Christine Mills

#### Liberal Democrat

Quorum for this meeting is three Councillors.

### Information for the Public

If you have any queries about this meeting, please contact the democratic support team:

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**Tel/Email** Tel: 01902 555046 or [carl.craney@wolverhampton.gov.uk](mailto:carl.craney@wolverhampton.gov.uk)  
**Address** Democratic Support, Civic Centre, 2<sup>nd</sup> floor, St Peter's Square,  
Wolverhampton WV1 1RL

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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

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# Agenda

## Part 1 – items open to the press and public

<i>Item No.</i>	<i>Title</i>
7	<b>Health - Annual Report Regarding the Health of Wolverhampton's Looked After Children</b> (Pages 3 - 20) [Fiona Brennan and Chitra Ramalingam, NHS, to present report]

**WOLVERHAMPTON CLINICAL COMMISSIONING GROUP**

**Corporate Parenting Board**

Annual Report Regarding the Health of Wolverhampton's Looked After Children  
 September 2015 – August 2016

<b>TITLE OF REPORT:</b>	Health Services for Looked After Children Annual Report September 2015 - August 2016
<b>PURPOSE OF REPORT:</b>	This report aims to summarise the key areas of development and outcomes achieved by local health service providers during the identified time frame.
<b>REPORT WRITTEN BY:</b>	Fiona Brennan Designated Nurse Looked After Children Dr C Ramalingam Designated Doctor Looked After Children
<b>REPORT PRESENTED BY:</b>	Fiona Brennan and Dr C Ramalingam
<b>KEY POINTS:</b>	The report was collated with information provided by Wolverhampton Clinical Commissioning Group (WCCG). The final copy presented to the Corporate Parenting Board will include Provider information.
<b>RECOMMENDATIONS:</b>	
<b>CORPORATE PARENTING BOARD ACTION REQUIRED:</b>	Decision Approval ✓ Assurance

**Implications on resources**

**Legal implications**

## **1. Purpose of the report**

1.1 This report aims to:

- Summarise the key areas of development and outcomes achieved by local health service providers during the identified time frame.
- To provide assurances that action is being taken to resolve on-going issues.
- Includes information on current and future work activities.

## **2 Recommendations**

2.1 The report be received and noted.

## **3 Background**

3.1 Looked After Children (LAC) 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;

1. Commissioning effective services
2. Delivery through provider organisations
3. Individual practitioners providing co-ordinated care for each child, young person and carer

## **4 Commissioning Effective Services**

4.1 Wolverhampton Clinical Commissioning Group (WCCG) are statutorily responsible for ensuring the organisations from which they commission services provide a sound system that safeguards vulnerable children and adults. This includes specific responsibilities for our LAC, wherever they are placed. CCGs, together with colleagues in local authority services and NHS England, should monitor and review arrangements and services against agreed quality standards, to ensure a robust service is in place.

4.2 As per the revised guidance “Promoting the Health and Wellbeing of Looked After Children (2015)” Wolverhampton CCG secured the expertise of a designated nurse and doctor for LAC.

4.3 The CCG are working closely with providers and the LA to review the service provision for Looked After Children along with the wider children commissioning arrangements in order to ensure new contracts and service specifications fully

support an appropriate service to meet the statutory requirements and the health needs of this vulnerable group of children and young people.

4.4 When children are placed out of area the originating CCG remains the responsible CCG for commissioning services. Guidance states that continuity of services for placements outside the local authority or health boundary identifies that LAC should not be disadvantaged when they move across local authority or health boundaries and should continue to receive the services they need.

4.5 Statutory Health Assessments.

- Local authorities are responsible for making sure a health assessment of physical, emotional and mental health needs is carried out for every child they look after, regardless of where that child lives. These are undertaken by specialist health professionals.
- **The initial health assessment (IHA)** should result in a health plan, which is available in time for the first statutory review by the Independent Reviewing Officer (IRO) of the child's care plan. That case review must happen within 20 working days from when the child started to be looked after.
- **The review health assessment (RHA)** of the child's plan must happen at least once every six months before a child's fifth birthday and at least once every 12 months after the child's fifth birthday. The child's social worker and IRO have a role to play in monitoring the implementation of the health plan, as part of the child's wider care plan.
- **Leaving care summary;** Care leavers should be equipped to manage their own health needs wherever possible. They should have a summary of all health records (including genetic background and details of illness and treatments), at the point they cease to be 'looked after'.

4.6 Current arrangements

4.6.1 The table overleaf identifies the number of Wolverhampton LAC Aug 2016, and where they are placed. Whilst there has been a decrease of almost 100 in the last 12 months (715 in Aug 2015), the percentage of those placed out of area remains similar at almost 60%.

	Number	%age
<b>Wolverhampton City Council</b>	<b>273</b>	<b>43.4</b>
Dudley Metropolitan Borough Council	38	6.0
Sandwell Metropolitan Borough Council	32	5.1
Walsall Metropolitan Borough Council	58	9.2
South Staffordshire Council	38	6.0
<b>All in Adjoining LAs</b>	<b>166</b>	<b>26.4</b>
<b>Anywhere Else - not in W'ton or in Adjoining LAs</b>	<b>190</b>	<b>30.2</b>
<b>TOTAL LAC</b>	<b>629</b>	<b>100</b>

4.7 The 3 groups of LAC as identified in 'Out of authority placement of looked after children – Supplement to Children Act 1989' are as follows:

4.7.1 *Table 1*

<b>Group 1:</b> Placed within Wolverhampton Local Authority area:	273 (43.4%)
<b>Group 2:</b> Placed outside the boundary but within an adjoining authority:	166 (26.4%)
<b>Group 3:</b> Placement out of Wolverhampton in a more distant placement:	190 (30.2%)

4.8 The table below outlines current arrangements around provision of health assessments:

4.8.1 *Table 2*

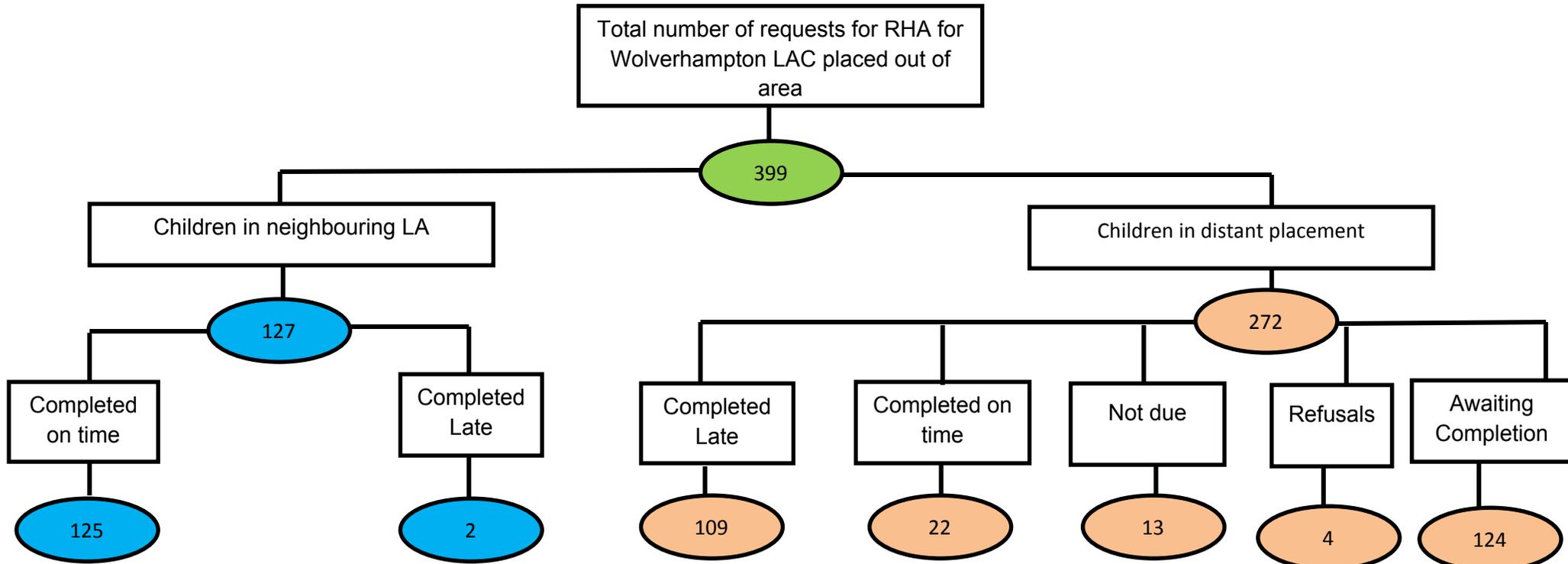
Initial Health Assessments (IHA)	All Initial health assessments are completed by medical practitioners within the Provider
Review Health Assessments (RHA)	
Group 1	Current Provider (Royal Wolverhampton Trust) completes review health assessments. NB; birth to school age children are seen by school nurses and health visitors who are employed by the provider but commissioned by public health
Group 2	The Designated Nurse LAC completes review health assessments for those in group 2

Group 3	WCCG coordinate and commission review health assessments
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- There continues to be a lack of continuity of care for young people placed out of city, with challenges in managing packages of care when transferring from one area to another. The reasons for this include other area's prioritising their own children; movement of placements and poor quality resulting in assessments being returned.
- This often results in significant delays in co-ordination and completion of health assessments (see below flow chart).
- There is currently no delay for those children in Group 1 and 2.

**Annual data on Review Health Assessments of Wolverhampton Looked After Children placed out of area between September 2015 and August 2016**

Page 8



**The above flowchart indicates that there is significant delay in the completion of health assessments for children in distant placements. NB those awaiting completion are out of date.**

## **5 Key activities**

### **5.1 CQC Review**

- From 11th to 15th July 2016 the CQC undertook a targeted review of how well local health services identify, help, protect and provide child-centred care in order to ensure that children's health needs are effectively met. Inspectors evaluated the quality and impact of local health arrangements for children who are looked after. This included mapping the child's journey at all stages – from pre-birth through to their transition to adulthood, and from the point of their entering to leaving care.
- Initial verbal feedback was provided to enable actions to be taken to improve services where concerns had been raised. A written report will be provided by the CQC with key findings from across the local health economy, and contain recommendations for improvement.
- WCCG are leading a Strategic Group to receive assurance from each organisation of the implementation of the action plan to address issues identified by CQC as needing improvement. These will be monitored through the working action plan and within the Citywide LAC Health Steering Group, with exceptions escalated to the Wolverhampton Safeguarding Board. The WCCG have had assurance that any issues requiring urgent attention have been appropriately addressed and implemented.

### **5.2 Section 11 audit**

- Section 11 of the Children Act 2004 places a duty on key persons and bodies to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of looked after children.
- Wolverhampton Safeguarding Children Board called for evidence from each partner organisation to be provided to demonstrate compliance with S.11. The CCG evidence was submitted on 22nd August 2016.

### **5.3 Providers**

- New contracts and service specifications for 2017/18 have been strengthened to fully support a quality service to meet the statutory requirements and the health needs of looked after children and young people.
- In order to ensure robust reporting arrangements are in place, designated leads continue to work with the Heads of Service in provider organisations and the LA.

- The Named Nurse commenced within RWT in September 2016 and has met with designated professionals WCCG to ensure a clear understanding of reporting requirements and areas in need of prioritising.

#### 5.4 Partnership working

- A number of policies are being reviewed / developed to ensure there is a joint approach to the way we work with children between health and the Local Authority. This includes hospital discharge policies and the LA fostering medical policy.

#### 5.5 Quality Assurance

- All health assessments (Initial and review) should be quality assured against Annex H (appendix 1) as recommended by the Royal College of Paediatrics and Child Health.
- Case file audit and analysis to be undertaken within CAMHS and RWT, focusing on the quality of health assessments, waiting times, and therapeutic interventions offered to both children and carers. This will reflect issues identified through service user feedback, practitioner discussion and initial findings CQC.

#### 5.6 Training

- Wolverhampton CCG is one of the first in the West Midlands to deliver teaching to the primary care health team (GP, Practice nurses, managers and other health professionals). We have delivered 9 sessions on LAC as part of the Safeguarding Training during the reporting period.

#### 5.7 Mental Health

- When a therapeutic placement is being requested for any child/young person, the nature of therapeutic input required must be specified as part of the multi-agency process and have been subject to specialist professional assessment by the approved CAMHS professional. Such care and placement provision often incurs high costs and will involve a major life change for the child/young person, their family and carers. These are the decisions that require the highest quality multidisciplinary assessments, robust governance, quality assurance and monitoring processes.
- WCCG approved funding for a CAMHS nurse therapist in January 2016, to support the assessment of mental health needs to ensure therapeutic interventions are streamlined to meet each child's individual needs. This will be particularly pertinent when we place children out of area. The post went out to advert in Aug 2016, but unfortunately no suitable candidate was found. The banding of the post is still under review with the CCG and will subsequently be re-advertised.

## 5.8 Strength and Difficulties Questionnaire (SDQ)

- The SDQ gives us some means of measuring, on a regular basis, the emotional and behavioural difficulties experienced by looked-after children at a national level. Ideally the form should be returned in time to inform the child's RHA to ensure any emotional difficulties have been captured and addressed appropriately.
- Following joint meetings with health and the LA a process to strengthen the pathways and raise the profile of the SDQ has been developed and used since Jan 2016.

## 6. Transition

- Statutory guidance 'Promoting the health and well-being of looked after children' (2015), requires local authorities, Clinical Commissioning Groups and NHS England to ensure that there are effective plans in place to enable looked-after children aged 16 or 17 to make a smooth transition to adulthood. The statutory guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies also require health and wellbeing boards to consider the needs of vulnerable groups (such as care leavers) in planning local services.
- To offer some National perspective;
  - Over half of young people leaving care suffer with a diagnosable mental health disorder.
  - A third of young people leaving care report problems with drugs or alcohol a year later.
  - A quarter of young women leaving care are pregnant, and nearly half become pregnant within 18 to 24 months.
- National research highlights that this cohort, along with care leavers (aged 18 – 21) are more likely to begin to disengage with health services, it appears that on a local level this is indeed the case.
- A young person begins their transition to adulthood within Wolverhampton local authority LAC service at the age of 15. Currently they have 132 within this cohort, their ages outlined below:
  - 41 young people aged 15 years
  - 40 young people aged 16 years
  - 51 young people aged 17years
- If a young person disengages there is currently not a dedicated health professional within the Provider service to re-engage them by building a meaningful relationship. This is particularly apparent for those placed out of area. This was an area of weakness that was identified within the recent CQC review in Wolverhampton in July 2016.

## 6.1 Leaving Care Summary

- Leaving Care Summaries are a statutory requirement alongside initial and review health assessments. This has not been taking place in Wolverhampton. This is currently being implemented by RWT and awaiting internal governance approval. Designated professionals are working on ensuring that this process occurs for those children placed out of City, and forms part of the WCCG action plan.

## 6.2 Health Passport

- The WCCG has agreed to fund the design of 900 health passports that will be given to children when they enter care.
- Whilst this is not a statutory requirement, it would be a valuable move in empowering children to take some ownership of their health, and gain an insight into health history, something that is often lost when children move placements.
- Multi agency briefing sessions will continue to take place to ensure that all agencies involved embed the passport into policies and processes to support the effective implementation

## 7. Royal Wolverhampton Hospital Trust

7.1 The Looked After Children health team employed by Royal Wolverhampton NHS Trust is made up of the Named Dr LAC, Named Nurse LAC and LAC administration officer. Paediatric advanced nurse practitioners, school nursing team, health visitors, speciality and junior doctors also complete LAC health assessments. Children are seen in clinics, at school, home or children's home. The School Nurse team continue to support the Looked After Children on their caseloads, liaising closely with education, monitoring emotional wellbeing and offering early intervention within this setting. They also offer the children and young people a termly review.

7.2 Legislation, national directives and local needs and priorities determine the work of the Looked After Children Health Steering Group. This group 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. 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.

7.3 The group records the activity and number of referrals received and seen within the statutory timeframe. **From September 2015 to August 2016:**

- The total number of Initial Health Assessments (IHAs) done during this time was **85** and Review Health Assessments (RHAs) were **390**.
- At the time of their Initial Health Assessment 48% of children and young people were fully immunised. At the review health assessment this increases to 66.6 %.

7.4 Throughout this period, a number of issues were identified and actions taken to address the problems identified include:

- A new permanent Named Nurse for LAC has been appointed and joined the team in September 2016. The post was vacant between March 2016 and September 2016.
- Regular meetings with social care admin team to ensure the correct documents are consistently provided for medical examinations to prevent the delay in meeting the statutory timescales for the medical assessments.
- A speciality doctor reports on prospective adopters and foster carers and this helped in improving the timeliness of the health reports.
- A LAC database set up by RWT and is in routine use to monitor progress of health assessments.
- All health assessments are quality assured. From July 2016 this was done against standards set out in Annex H.
- From June 2016 all children who required IHA were seen by medical staff only as set out in statutory guidance.
- LAC health admin have access to Care First (social care database) enabling improved information gathering.
- Most Part C health summaries and plans are now typed.
- Adult health reports and many adoption reports are now sent electronically to a secure LA address. This has improved timescales.

7.5 An Audit on Adult Health reports (AH/AH2) was completed during this time period to assess the quality of health assessments, documentation and reporting. This identified some areas of incomplete information which has been addressed with GPs completing the forms. Social Care has developed a consent form for applicants which has enabled the health team to gather information from other sources easily.

## **8. Work activities completed between September 2015 and August 2016.**

8.1 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.

8.2 The key areas of work activity and outcomes in accordance with the 2015/16 Corporate Parenting Action Plan has been as follows:

- To provide information on sexual health and improve the sexual health behaviours of Looked After Children and Care Leavers.
- Improve the transition services offered to our Looked After Children including health passports and care leaver summaries.
- Continue to develop systems and services which enable timely and effective health care service delivery to children placed in and out of the city.
- Further strengthen pathways and partnership working between mental health services, to support the therapeutic needs of individual Looked After Children.
- To review the accessibility of health assessments to minimise the amount of children who have to miss school to attend these assessments.

8.3 Named Dr LAC/ Medical Advisor for Adoption and Fostering

- The Named Doctor for LAC and the Named Nurse for LAC have the responsibility for coordinating provision of services for individual children, providing advice and expertise for fellow professionals.
- The Named Doctor for LAC has the responsibility for reviewing/quality assuring all LAC health assessments carried out by medical staff and Paediatric Advanced Nurse Practitioners (PANPs) against Annex H standards (the named nurse overseeing those produced by school nurses and health visitors).
- Prospective adoptive parents and foster carers are assessed for their medical suitability following the receipt of correspondence from the GP and or other health professionals, if applicable. The reports are prepared by a specialty doctor.

8.4 In the 12 months, September 2015 to August 2016, there were **148** reports for fostering applicants and **70** for prospective adopters. All reports were quality assured by the medical advisor/named doctor.

- Dedicated LAC Health Clinics are held at the Gem Centre. Children are seen here for IHAs and RHAs by doctors. PANPs and the Named Nurse also see children and young people for RHAs here. There are between 6 and 8 LAC clinics a month.

- An appointment is offered in clinic within 3-4 weeks of the receipt of the request and paperwork from social care. Reports are sent within 3 weeks of being seen. All IHA/RHA summaries are now typed (with the exception of those carried out by some school nurses currently due to difficulty with access to a computer) for distribution.
- There are now two medical advisors (Named Dr LAC is also one of the medical advisors) to the adoption panel and one specialty doctor who complete adoption medicals since August 2015. There are 4 adoption clinics per month. Children who are awaiting adoption and prospective adopters meetings are arranged within these clinics, but some review adoption medicals are prepared from LAC paperwork outside of these clinics. The Named Doctor/Medical Advisor meets the prospective adopters to share the medical information and answer any questions on the health of the children they are going to adopt.
- Between September 2015 and August 2016, **66** children were seen for pre-adoption medicals and there were **40** prospective adopter meetings in clinic. Reports are produced for all these meetings and are sent to social care by 2 weeks of the clinic appointment. The Named Doctor also completes adoption reports from IHA/RHA paperwork completed by other professionals for children placed in Wolverhampton or elsewhere in the country. There were 48 of these during the above time period.
- Adoption/Permanence panels are now held twice per month. A Medical Advisor attends each panel where possible.

#### 8.5 Named Nurse LAC

- The Named Nurse LAC has provided a number of services directly to children and young people, providing support for those who reside in children's homes, to care leavers, and for those who require emotional health support at tier 1 and tier 2.
- In addition the Named Nurse is responsible for providing advice and guidance to both front line staff and foster carers on request, and for the development and delivery of training to identified staff.
- Review health assessments continue to take place as home visits by our Named Nurse for our teenage cohort who do not want to attend clinic. This has played a part in reducing the non-attendance level.
- In order for the Named Nurse for LAC to carry out their role and responsibilities, collaborative working is essential. There is close

collaborative working with Youth Offending Team (YOT) Health Advisor and PRU (Pupil Referral Unit) School Nurse to ensure LAC in these settings has their health needs met. Monthly meetings take place between the Named Nurse for LAC and YOT Nurse to review care provision. The Named Nurse also works closely with Sexual Health Prevention Co-ordinator.

- The Named Nurse attends the LAC drop-in sessions weekly at The WAY, where she liaises with both young people and the transition team to provide access to health advice.

## 9 'Embrace' - Wolverhampton Sexual Health Service

### 9.1 Teenage Pregnancy

The latest under-18 conception figures (for 2014) were released by the Office for National Statistics in March 2016 (table overleaf). There has been a further reduction since 2013 and the rate in Wolverhampton is now the lowest since the baseline year of 1998.

#### Under 18 conception rates 2014.

Area of Usual Residence	Number of Conceptions	Conception Rate Per 1,000 women in age group	Maternity Rate Per 1,000 Women in Age Group	Abortion Rate Per 1,000 Women in Age Group	Percentage of Conceptions Leading to Abortion
<b>England</b>	<b>21,282</b>	<b>22.8</b>	<b>11.1</b>	<b>11.7</b>	<b>51.1</b>
<b>West Midlands (Met County)</b>	<b>1,501</b>	<b>28.6</b>	<b>15.1</b>	<b>13.5</b>	<b>47.2</b>
Birmingham	530	24.4	12.5	11.8	48.5
Coventry	186	33.8	18.6	15.3	45.2
Dudley	165	29.4	15.1	14.3	48.5
Sandwell	219	38.3	20.0	18.4	47.9
Solihull	66	16.7	4.8	11.9	71.2
Walsall	198	37.5	23.5	14.0	37.4
Wolverhampton	137	29.6	16.2	13.4	45.3
<b>Wolverhampton 2013</b>	<b>148</b>	<b>31.5</b>	<b>19.0</b>	<b>12.6</b>	<b>39.9</b>

- The Wolverhampton conception rate is now 6.8% higher than the England rate and 1% higher than the West Midlands rate however this has improved compared to the previous year.
- As the figures are retrospective, it is assumed that the rate amongst the LAC population decreased proportionately. It is difficult to obtain accurate figures for conceptions in LAC (as opposed to maternities) as termination data is anonymised and used only for statistical purposes.

- The majority of under-18 conceptions are to young people aged 16 and over. There were 24 conceptions to under-16s in Wolverhampton in 2014, a rate of 5.6 (per 1000 females in this age group). This is a reduction since 2013. Of these, 50% were terminated.

## 9.2 Sexual Health Services

- The new contract for sexual health services in Wolverhampton was awarded to The Royal Wolverhampton NHS Trust from June 2016 and the existing service was rebranded as 'Embrace', offering a fully integrated service from the main clinic at the Fowler Centre, New Cross Hospital and outreach clinics across the city. The focus is very much on prevention and particularly targeting vulnerable groups to reduce STIs and unplanned pregnancy.
- Information about the new service is on the LAC website via a link to the RWT website: [www.embracewolverhampton.nhs.uk](http://www.embracewolverhampton.nhs.uk). The Embrace service also has a Twitter account [twitter.com/EmbraceWton](https://twitter.com/EmbraceWton) and a Facebook page [www.facebook.com/embracewton](http://www.facebook.com/embracewton) and has developed a range of promotional information for distribution across the city and particularly to targeted areas and groups such as LAC. Staffs are available to attend events to offer advice and information. Campaigns will be developed around events such as Sexual Health Awareness week and HIV Awareness Week.
- The Sexual Health Service now manages the National Chlamydia Screening Programme for Wolverhampton and chlamydia screening kits are available at health and young people's venues across the city, including the LAC Nurse and the Transitions Team.
- The service also offers a Tier 1 sexual health service through the majority of pharmacies across the city. This consists of free Emergency Hormonal Contraception, with an offer of a chlamydia screening kit for those aged 15 – 24 years and condom distribution to any young people who present with a C card.
- The LAC Nurse and the Prevention Team within the 'Embrace' service work closely together to improve the awareness of sexual health amongst LAC. Pathways (attached) are in place to ensure the accessibility and availability of the service is streamlined for LAC. The LAC Nurse has the lead role in co-ordinating support for LAC in relation to sexual health and pregnancy. Promotion of the 'delay' message by the LAC nurse, in relation to sex and relationships, has been particularly successful with LAC / care

leavers. There are also plans to deliver sexual health awareness training to foster carers.

- There are arrangements in place to 'fast track' LAC to the service via the Prevention Team Nurse, and the integrated service ensures that both contraception and Genito-Urinary Medicine (STI screening and treatment) needs can be covered. The LAC Nurse also signposts LAC to Embrace Service clinic sessions such as The Way, Youth Zone.
- The service records the number of LAC attendances, taken from the registration forms. There have been 9 recorded from September 2015 – August 2016 but this figure is unlikely to show the full picture, as it relies on patients answering the question regarding LAC status. Recording is expected to be more accurate in future as LAC is recorded on the electronic patient records.
- LAC have access to free condoms and pregnancy testing at venues across the city, via the C card (condom distribution) and pregnancy testing schemes. Since January 2013 140 condoms have been issued to LAC via the C card scheme. However, as this data relies on workers across the city recording the LAC status of a young person on the C card registration form, it may not be complete. The LAC nurse will be offering C card registration and condom distribution on the C card scheme, pregnancy testing, and distribution of chlamydia screening kits under the National Chlamydia Screening Programme.
- The Transitions Team will also be offering condom distribution on the C card scheme and chlamydia screening kits.
- The Fowler Centre for Sexual Health in Building 3, New Cross Hospital is the main sexual health clinic in Wolverhampton and this venue has the DH 'You're Welcome' Young People Friendly accreditation.

### 9.3 Current messages in relation to sexual health.

- Condoms should be promoted as sexually transmitted infection (STI) prevention rather than contraception.
- Long Acting Reversible Contraception (LARC) methods should be promoted as the most effective contraception.
- Use of LARC method and condoms to prevent pregnancy and STIs.
- Continued promotion of the 'delay' message to young people.

- Focus on 'relationships' in Sex and Relationships Education (S.R.E)

## 10. Family Nurse Partnership (FNP)

- The Family Nurse Partnership continues to have a small number of their overall client group who are Looked After Children. FNP continue to be heavily involved and carry out their medical assessments and continue to play a major contributor at their LAC reviews. The big focus for FNP is the work that is offered to their clients on attachment, abusive relationships and good sexual health. They have had lots of positive outcomes.
- FNP work collaboratively with the Named Nurse LAC.
- The FNP service also took part in the CQC Looked after Children and Safeguarding inspection over the summer with case studies being presented. A number of LAC clients participated in the client feedback to the CQC.
- In the last 12 months FNP have had 7 clients and 1 baby who have been LAC with the current status being 4 clients and 0 babies.

Of those 7 clients;

- 3 clients were on LAC transition with one reaching the age of 21 over the summer. One of these has just started work 8 months after having her baby and has career aspirations to become a social worker.
- 1 got transferred out of the area to a mother and baby unit and went under the care of the health visiting service due to FNP not being available.
- 2 are still under 18 and have had their babies. They have both gone from living in looked after placements to living independently and their babies are more than meeting their developmental milestones. Both clients have career aspirations and want to break the cycle that they were both exposed to. The Child in need status has been removed.
- 1 client and her baby went into Looked After Care following the birth and were moved into a placement in Staffordshire. Due to the relationship with her Family Nurse we adjusted the FNP programme so that her nurse could remain involved and still visit her. As a result of this she went on and completed her GCSE, was determined to prove what a fantastic mother she could be and is now back living with family in Wolverhampton. Both she and her baby are now on Child in Need plans.

## 11. Future Plans

- A business case recommending changes in the way the CCG commission LAC health services in the future have been approved and discussions with Provider service around its implementation are in progress.

Recommendations will;

- Improve the health outcomes and timeliness of assessments of Wolverhampton LAC population placed out of city as the provider services will increase their geographical area coverage to 50 miles.
- Increase current resource to strengthen health support offered to our transitional cohort.
- All health assessments will be quality assured against Annex H screening tool, with audit and analysis of findings by Named and Designated Professionals to inform and improve practise.
- Improved governance and data collection arrangements to ensure that reporting requirements from Provider services offer robust assurance to WCCG that timely, high quality, evidenced based health services are delivered to all children, wherever they are placed.
- Stakeholder forums to engage independent fostering agencies in order to be assured that as a City we have a sound oversight, and a co-ordinated approach to supporting children placed here from other areas.
- Strengthen working relationship with colleagues in Public Health in order to mobilise and monitor the right health services to meet the needs of unaccompanied asylum seeking children who arrive in Wolverhampton.
- Ensure that all children entering care receive a health passport, and those leaving care, receive a comprehensive health summary, wherever they are placed.
- To continue to monitor the timeliness of the health assessments and implementing electronic transfer to secure email addresses within the LA of health assessment documentation to avoid delay in the reports.
- To receive health summaries from GPs for all children prior to their health assessments to aid review.
- To improve on BAAF health assessment forms – developing our own for use within Wolverhampton.