



Corporate Parenting Board

19 November 2014

Time 5.30 pm **Public Meeting?** YES **Type of meeting** Oversight
Venue Committee Room 4 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Membership

Chair Cllr Val Gibson (Lab)
Vice-chair

Labour

Cllr Paula Brookfield
Cllr Susan Constable
Cllr Jas Dehar
Cllr Dr Michael Hardacre
Cllr Julie Hodgkiss
Cllr Rita Potter
Cllr Martin Waite

Conservative

Cllr Christine Mills
Cllr Patricia Patten

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:

Contact Carl Craney
Tel/Email Tel: 01902 555046 or carl.craney@wolverhampton.gov.uk
Address Democratic Support, Civic Centre, 2nd floor, St Peter's Square,
Wolverhampton WV1 1RL

Copies of other agendas and reports are available from:

Website <http://wolverhampton.moderngov.co.uk>
email democratic.support@wolverhampton.gov.uk
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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.

Agenda

Part 1 – items open to the press and public

- | <i>Item No.</i> | <i>Title</i> |
|-----------------|---|
| 1 | Apologies for absence (if any) |
| 2 | Declarations of interests (if any) |
| 3 | Minutes of the previous meeting (23 October 2014) (Pages 1 - 6) [For approval] |
| 4 | Matters arising [To consider any matters arising from the minutes of the meeting held on 23 October 2014] |
| 5 | Looked After Children - Children and Adolescent Mental Health Service (CAMHS) Annual Report (Pages 7 - 12) [To receive the LAC CAMHS Annual Report] |
| 6 | Health Care Service for Looked After Children - Annual Report (Pages 13 - 24) [To receive the Health Care Service Annual Report] |
| 7 | Performance Monitoring - Looked After Children (LAC) (Pages 25 - 34) [To receive a report on Performance Monitoring data in respect of Looked After Children] |
| 8 | Exclusion of the public and press [To pass the following resolution: |

That in accordance with Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business as they involve the likely disclosure of exempt information on the grounds shown below]

Part 2 – items not open to the public and press

- | | |
|---|--|
| 9 | Councillors visits to establishments [To receive details of any visits to establishments undertaken by Councillors since the last meeting] |
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Corporate Parenting Board

Minutes - 23 October 2014

Attendance

Chair Cllr Val Gibson (Lab)

Labour

Cllr Paula Brookfield
Cllr Susan Constable

Cllr Dr Michael Hardacre
Cllr Julie Hodgkiss

Cllr Rita Potter
Cllr Martin Waite

Conservative

Employees

Daphne Atkinson
Emma Bennett
Carl Craney
Alison Hinds
Darren Martindale

Senior Consultant Social Worker, Community Directorate
Assistant Director - Children, Young People and Families
Democratic Support Officer
Head of Looked After Children
COPE Team Manager/Virtual School Head, Community Directorate

Item No. Title

1 Apologies for absence (if any)

Apologies for absence had been received from Cllrs Mrs Christine Mills and Mrs Patricia Patten.

2 Declarations of interests (if any)

Cllr Dr Michael Hardacre declared personal interests in any matters pertaining to Woodthorne School [Chair of Governors], Central Learning Partnership (Heath Park, Moseley Park and Woden Primary Schools) [Director], Catch 22 [Director], City of Wolverhampton College [Governor] and Graiseley Primary School [Governor].

3 Minutes of the previous meeting (11 September 2014)

Resolved:

That the minutes of the meeting held on 11 September 2014 be confirmed as a correct record and signed by the Chair subject to the following amendment:

Minute No. 6 – sixth paragraph of the preamble – delete “mean rather than median” and substitute “median rather than mean”.

4 Matters arising

With reference to Minute No. 4 insofar as it referred to the circulation of a Briefing Note being circulated to Members of the Board regarding arrangements for Health Checks for Looked After Children, the Chair, Cllr Val Gibson queried as to whether the Briefing Note had yet been circulated. Emma Bennett acknowledged that the Briefing Note had not yet been circulated but that the arrangements for the service were currently being reviewed by the Wolverhampton City Clinical Commissioning Group with the Royal Wolverhampton Hospitals NHS Trust. It was therefore agreed that the Briefing Note was no longer required. Cllr Paula Brookfield questioned the timeliness of health and dental checks for Looked After Children especially those residing out of the City. The Chair, Cllr Val Gibson reminded the Board that this information was included within the Performance Data report to be considered later in the meeting.

With reference to Minute No. 7 Cllr Martin Waite referred to the comment he had made with regard to anecdotal evidence of a Social Worker encouraging a care leaver to spend the accrued savings to prevent prejudicial treatment in respect of receipt of benefits. He advised that he did not feel that summed up accurately his comments which he believed had been made in stronger terms. In any event he suggested that consideration be given to lobbying the Local Government Association and the Department for Work and Pensions for the accrued savings of care leavers to be disregarded for the purpose of the calculation of entitlements to benefits.

Resolved:

That consideration be given to lobbying the Local Government Association and the Department for Work and Pensions for the accrued savings of care leavers to be disregarded for the purpose of the calculation of entitlements to benefits.

5 **Performance Monitoring - Looked After Children (LAC)**

Emma Bennett presented Performance Monitoring Information as at the end of September 2014.

Cllr Dr Michael Hardacre drew to the attention of the Board that the report had only been circulated to Members of the Board that day and, accordingly, he had not had sufficient time to consider the contents or for strategic oversight to be given to the contents. He requested that, in future, such information be circulated with the Agenda and supporting papers for the meeting seven days in advance in accordance with the Council's Constitution and statutory requirements. Emma Bennett explained the unavoidable reasons for the delay in circulation of the information and undertook to ensure that, in future, the information would be included with the supporting papers and circulated in advance of the meeting.

With reference to the information in connection with "Up to date reviews", Cllr Dr Michael Hardacre commented that the 95% performance appeared to be good but questioned the national position. Emma Bennett advised that she understood that the performance compared favourably with both similar Council's and the national position but undertook to check the position. She also undertook to ensure that comparative information was included in future reports. Cllr Paula Brookfield requested an assurance that the same children were not missing reviews on a repeat basis. Emma Bennett assured the Board that this was not the case and explained reasons behind reviews being missed. In response to a further question from Cllr Paula Brookfield in connection with the timeliness of health and dental checks for Looked After Children, especially those in Out of City placements, she reminded the Board of the arrangements for conducting such reviews. She reminded the Board that the Performance Monitoring Information was largely quantitative data but that qualitative data was included within the relevant Annual Reports, in this case that presented by the Independent Review Officers.

Cllr Rita Potter enquired as to whether Looked After Children were encouraged to take responsibility for their personal health and were informed of the problems which could occur later in life resulting from missing dental check appointments. Emma Bennett advised that in her opinion 86% take up was a good performance and was likely to surpass that of the non LAC population. Cllr Martin Waite suggested that the Council's performance with LAC should be benchmarked against that of the local population.

With reference to the information in connection with "PEP's up to Date", Cllr Dr Michael Hardacre queried as to whether these were now in place for Looked After Children up to the age of 18 years old. Darren Martindale explained the new statutory guidance and confirmed that education providers had been requested to make the necessary arrangements for PEP's to be in place for 16 to 18 year olds. Emma

Bennett commented that it might be that the newly included year groups were not yet included within the data in the report.

With reference to the information in connection with "School Attendance", Cllr Julie Hodgkiss enquired as to the reason for performance data not being included within the report. Darren Martindale commented that the information was collected but he was unsure why it had not been included within the report. Cllr Dr Michael Hardacre reported on the practice of the Department for Education in calculating attendance based on the position as at the summer half term and re-aggregating this figure over the school year. He enquired as to whether it would be possible for the Council to use a similar method of calculation. Emma Bennett reported that the Council analysed attendance data on a half termly basis thus enabling steps to be taken to address any issues at the earliest opportunity. She undertook to investigate the reasons behind the information not being included in the report.

Resolved:

That the report be received and noted and the thanks of the Board be extended to the relevant Officers for the improvements in performance.

6 **Fostering Service Annual Report**

Daphne Atkinson presented the Fostering Service Annual Report for the period from April 2013 to March 2014. The report was to assist the Board in having a clear understanding of the work undertaken by the Fostering Service. The Chair, Cllr Val Gibson together with Cllrs Dr Michael Hardacre and Rita Potter suggested some minor amendments to the report which make it more comprehensible to lay readers.

Cllr Rita Potter referred to paragraph 12.4 of the report insofar as it referred to the de-registration of three foster carers due to safeguarding issues and enquired as to why the potential unsuitability of these carers had not been identified at the point of recruitment. Daphne Atkinson outlined the robust screening procedures used at the point of recruitment but advised that it was not always possible to identify or predict how potential foster carers would respond once registered.

Cllr Rita Potter enquired as to the timescales from initial point of contact to registration as a foster carer. Alison Hinds advised that the timescale varied on an individual basis but that there was a target of 640 days.

In response to a question from Cllr Dr Michael Hardacre, Daphne Atkinson reported on the rigorous checks made in respect of potential "Family and Friends Carers (Connected Persons)" which were no different from the checks undertaken for mainstream foster carers.

Cllr Rita Potter enquired as to the responsibility for undertaking necessary and appropriate checks on those foster carers employed through Independent Fostering agencies. Alison Hinds reported that the checks were undertaken by the employing Fostering Agency and reminded the Board that regular Ofsted inspections were also undertaken.

Resolved:

1. That the report be received and noted;

2. That the thanks of the Board be extended to all those involved with the Fostering Service with particular thanks to those Social Workers involved in the recruitment campaign.

7 **To meet representatives of Foster Carers'**

The Chair, Cllr Val Gibson, welcomed to the meeting Craig Veasey, Elaine Homer and Samantha Cook. The representatives of the Foster Carers' responded to various questions from Members of the Board on topics including:

- Positive and negative aspects of fostering;
- Length of time as a foster carer and the number of children fostered;
- Whether fostering as a profession had been recommended to acquaintances/ friends/relatives;
- Whether a transition from fostering to adopting had been contemplated;
- Contact arrangements following cessation of fostering;
- Suggestions for recruitment initiatives;
- Criticisms of the existing arrangements;
- Level of contact and support from the Council;
- Experience with the education system;
- Differentials between mainstream and family and friends;
- Communication with the Council;
- Training requirements.

The representatives of the Foster Carers' advised that the invitation to attend this meeting had been publicised in the Fostering Newsletter and that no matters of concern had been raised to be drawn to the attention of the Board.

Resolved:

1. That the thanks of the Board be extended to Craig Veasey, Elaine Homer and Samantha Cook for attending the meeting and the contributions made;
2. That an appropriate article be placed in the next edition of the Fostering Newsletter providing feedback on the outcome of the discussions held.

8 **Exclusion of the public and press**

Resolved:

That in accordance with Section 100A(4) of the Local Government Act 1972 the press and public be excluded from the meeting for the following items of business as they involve the likely disclosure of exempt information contained in paragraph 1 of the Act, namely information relating to any individual.

Part 2 – items not open to the press and public

9 **Councillors visits to establishments**

Emma Bennett reported that she did not believe that any Councillor visits to establishments had been undertaken since the last meeting. Carl Craney advised the Board that Cllr Mrs Christine Mills had submitted an apology for absence for this meeting as she was recovering from an operation following the displacement of her retina but that she had been due to visit Brooklands on 19 September 2014.

[NOT PROTECTIVELY MARKED]

**BLACK COUNTRY PARTNERSHIP FOUNDATION NHS TRUST
(BCPFT)
CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)
LOOKED AFTER CHILDREN TEAM (LAC)**

Subject: CAMHS LAC Team Report

For the attention of: Looked after Children Health Steering Group

Submitted by: Dr Roberta Fry, Consultant Clinical Psychologist

Period Covered: April 2013 - March 2014

Date: 7th November 2014

Who are the CAMHS LAC Team and what do we do?

We are a multi-disciplinary team of Specialist Mental Health Practitioners who have been specially trained to work therapeutically with looked after children and their carers.

The LAC Team provides a therapeutic service to children, both looked after and adopted children.

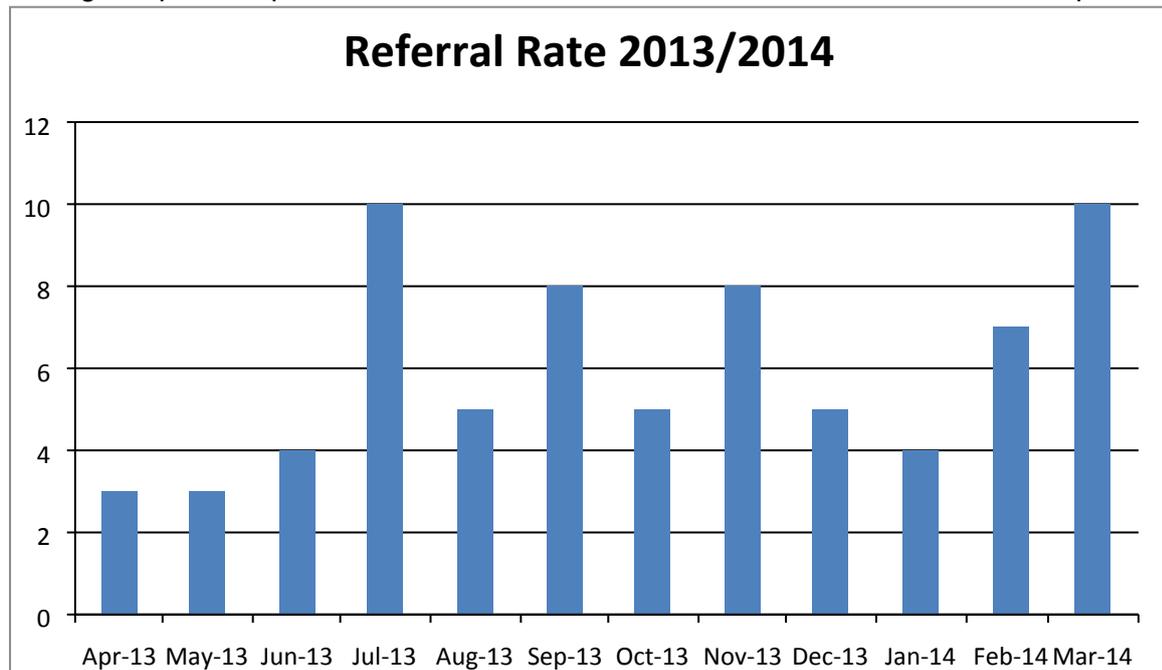
Typically these children have suffered considerable **trauma** and will present as **insecurely attached.** This insecure attachment style affects **all areas** of their lives and development; this includes their capacity to form and sustain relationships with others, to integrate and manage their behaviour, to “pay attention” at school and cope with the school environment and to empathise with others.

Current Composition of the Team:

| | | |
|---|----------------------------------|---------|
| Dr Roberta Fry | Consultant Clinical Psychologist | 0.2 WTE |
| Dr Sarah Bosworth | Counselling Psychologist | 0.5 WTE |
| Joginder Shoker-Kang | Social Worker | 1.0 WTE |
| Mark Fallon | Child Psychotherapist | 0.6 WTE |
| Kamaldip Kahlawan – Due to start Dec 2014 | Clinical Psychologist | 0.5 WTE |
| Dr Brigid Duffy | Clinical Psychologist | 0.2 WTE |

Data of Service Activity from April 2013 – March 2014

During the period April 2013 – March 2014 **72** new referrals were received and processed.



Regardless of who refers, we always contact the Social Worker to establish their view on the referral and invite all the relevant professionals to a Professionals Meeting, which is typed up and sent out.

This summarises as much as is known of their early history, number of placements, details of Carers etc. and helps to focus and prioritise any subsequent interventions.

If we are not going to be involved, an explanation is always given and as much thought can go into this decision as to the work that we take on.

Due to a change of data recording system, the support services are needing to double check all the cases have been transferred and are accurately updated. If there are any specific questions you would like answered, please let Roberta know and she will endeavour to find out and reply directly on an individual basis. Thank you for your patience and understanding with this.

Update of Current Activity:

- Ongoing clinical work

Our clinical interventions aim to integrate attachment, systemic, cognitive, psychodynamic and psychoanalytical traditions into our practice.

Our work includes:

- Working with the child individually
- Working with the child and carer simultaneously
- Working with child and carer separately
- Working with carer and/or professional system only

- Pillars of Parenting Consultations to Residential Units

We offer an average fortnightly consultation using the 'Pillars of Parenting' model to the following Residential Units:

- Upper Pendeford Farm (Local Authority)
- Red Gables (Local Authority) - Closed in October 2014
- Stafford Road (Advanced Childcare)
- Brooklands Parade (Advanced Childcare)
- The Wergs (Advanced Childcare)
(Service Decommissioned October 2014)
- Merridale Street (Advanced Childcare)

Each Unit has a named Practitioner who consults with staff on site. Where possible, cases of children residing at the Unit are brought by staff/staff groups for discussion.

All referrals to the Child and Family Service (CAMHS) for children in Residential Units are in the first instance discussed within the unit using the consultation model.

- Consultation to Social Work Teams

LAC-CAMHS has developed consultation surgeries for the following teams at Beldray Building (Social Services)

- Looked after Children Team 1
- Looked after Children Team 2
- Adoption Support Team and Fostering Team
- Transition Team 14+

Consultation is an activity in which one practitioner helps another through a process of joint enquiry and exploration. The work discussed remains the responsibility of the consultee, who retains control of its direction, decision making and methodologies. Consultation emphasises mutuality, requiring the consultant to adopt a 'collaborative' position with the consultee, rather than an expert one.

The advantage of Consultations to Social Work Teams is that:

- It is a mutual learning process
- It can contribute to the development of skills and knowledge of Social Work colleagues with a view to being more psychologically minded
- The skills developed are across a group of professionals rather than one individual
- It can prevent ongoing referrals, enabling the person or family to stay with their original 'front line' practitioner where appropriate
- It can speed up the process of accessing specialist services where appropriate
- It is an activity that helps build relationships between individuals, areas of service and agencies

Consultation is important because it:

- Enables us to offer timely support
- Helps prevent inappropriate referrals
- Can help reduce waiting times
- Helps develop across agency relationships
- Supports Social Workers in holding cases where children/young people refuse to access/attend CAMHS services
- Helps Social Workers to start to think differently about Mental Health
- Helps Social Workers to become aware, understand and manage their own professional anxieties

Ideas in the Pipeline:

An “agony aunt” type column on the website accessed by young people who may find this a more accessible format for initial contact with CAMHS.

A Group for Foster Carers (early discussion stage to ensure it does not duplicate existing provision).

Quotes from Adults and Children who have used the CAMHS – LAC Service

From Adoptive Parents:

“When we have come on our own, as individual parents that’s been useful, though not through planning. The strain it (difficult adoption relationships) places on the marriage is incredible.”

“This has always been a Safe place to come and share what’s happening, and to get a new way of reframing it. This has helped us cope with everyday life – the trauma of dealing with their trauma.”

“We’ve also had a lot of support with the school. The worker has attended meetings at school and explained the behaviour – obviously school work to a set criteria. Due to (son’s) poor attendance at school, the support was invaluable”.

“The opportunity to talk and to be understood without that, the adoption would likely have broken down; we’d have become a statistic.”

“We’ve found it invaluable, it’s a steep learning curve – the self-examination can be uncomfortable. Sticking with it makes you better parents, better able to deal with things and not afraid to use other services.”

From a Young Asian Boy:

“At first I was kind of shy; as time went on I was less shy. I could say a lot more things as time went on.”

“Don’t be scared, because I know I was when I first came, but then it helped me.”

From his Foster Carer:

“It was like a whole other dimension and she understood where I was coming from like a family member. She didn’t just tell him to stop – this helped.”

“I’ve let it all out so it’s a new life. A fresh start.”

From a 16 year old Girl:

“Even though you feel in the worst place, you will come out of it and be in a much better place. At the time you can’t imagine it, but it will happen.”

“Just stick to it. I was very reluctant at first, its nerve wracking at the time, but worth it for the benefits/skills that you gain.”

“Thank you for helping me and for not giving up and for sticking to it.”

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Corporate Parenting Board

Title of Report: Health Services for Looked After Children Annual Report
September 2013-August 2014

Date of Meeting: 19th November 2014

Agenda item: [6]

| | |
|---|--|
| TITLE OF REPORT: | Health Services for Looked After Children Annual Report September 2013-August 2014 |
| 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. |
| REPORT WRITTEN BY: | Lorraine Millard Designated Senior Nurse Safeguarding Children Dr C Ramalingam Designated Doctor Looked After Children |
| REPORT PRESENTED BY: | Lorraine Millard Designated Senior Nurse Safeguarding Children Dr C Ramalingam Designated Doctor Looked After Children |
| KEY POINTS: | The report was collated with information made available by the Designated Doctor LAC, Named Nurse LAC, the Prevention coordinator, Think - Wolverhampton Sexual Health Service and WCCG. |
| RECOMMENDATIONS: | |
| CORPORATE PARENTING BOARD ACTION REQUIRED: | <input type="checkbox"/> Decision <input checked="" type="checkbox"/> Approval <input type="checkbox"/> Assurance |

Implications on resources

The capacity of the LAC health team needs to be increased in order to meet the demands on the service.

Legal implications

Potential non-compliance with the Children Act 2004 specifically s10 (Co-operation to improve wellbeing) & s11 (Arrangements to Safeguard and Promote welfare).

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 but does not include the activities of CAMHS.

2 Recommendations

2.1 The report be received and noted.

3 Background

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;

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) came into force on 1st April 2013, and 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 (LAC). Under the Health and Social Care Act 2012 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. 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 Statutory Guidance working Together 2013 states that CCGs should employ, or have In place, a contractual agreement to secure the expertise of designated professionals i.e. designated doctors and nurses for safeguarding children and Looked after children.

- 4.3 Since April 2013, the role of the Designated Senior Nurse for Safeguarding Children (DSNSC) transferred from the provider organisation to the Clinical Commissioning Group. The DSNSC is required to take a strategic specialist role with regard to the commissioning of services for Looked After Children and young people by being a source of advice for the CCG and is expected to be embedded in the clinical decision making of the organisation. The role of the Designated Doctor for LAC did not transfer to the CCG. The duties of the Designated Doctor LAC are currently being undertaken by Dr Ramalingam, Consultant Paediatrician, but this position is unfunded.
- 4.4 Currently there is no Designated Nurse for LAC in Wolverhampton (this being a historical arrangement continuing to date), and no contractual agreement for the Designated Doctor LAC. Therefore the full range of statutory duties and responsibilities are not currently being fully implemented. In brief this means that key functions covering inter-agency responsibilities, leadership and advisory role, governance, monitoring and information management as identified in statutory guidance are not being fully delivered.
- 4.5 Discussions are underway to secure funding for the Designated Doctor for Looked After Children within the CCG. Funding is to be provided to recruit a Designated Nurse for Looked After Children to Wolverhampton.
- 4.6 The CCG are currently reviewing 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.
- 4.7 When children are placed out of area the originating CCG remains the responsible CCG for the services which CCGs have the responsibility for commissioning. 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.

5 Delivery through provider organisations

- 5.1 Health Care provision for the LAC service has historically been delivered by Royal Wolverhampton NHS Trust (RWT) as part of Community Paediatric Services and is funded via block contracts for Community Paediatrics (medical element) and Safeguarding Children (Nursing and administration elements) which are both commissioned by Wolverhampton CCG.
- 5.2 The Looked After Children health team employed by Royal Wolverhampton NHS Trust is made up of the Designated Doctor LAC, Named Nurse LAC and a LAC administration officer. This has been the position for a number of years and has not been increased in line with the increasing numbers of Looked After Children. The team have historically been responsible for managing the delivery of services for LAC placed within the city, with the Designated Senior Nurse Safeguarding Children who

sat in the provider organisation prior to April 2013, having a role to manage those Looked After Children placed out of city.

5.3 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. 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.

5.4 In addition the group records the activity and number of referrals received. From September 2013 to August 2014:

- 264 Initial Health Assessment referrals were received. 148 (56%) completed within 4 weeks of referral and 116 seen over 4 weeks.
- 548 Review Health Assessment referrals were received. 316(58%) completed within 6 weeks and 232 seen over 6 weeks.

5.5 Throughout the reporting timeframe RWT and the Joint health Steering Group identified a number of issues to be addressed. The actions taken to address the problems identified include:

- A LAC database was developed in July 2014 by Royal Wolverhampton Trust to help improve in the collection of the data. This is currently being monitored and updated.
- Plans are in place to liaise with social care to ensure the correct documents are consistently provided for medical examinations to prevent the delay in meeting the statutory timescales for the medical assessments. The referral process for the medical examinations highlighting the required forms has been shared with the social care to address the problem and ensure consistency.
- The Increase in the number of Looked After Children and the lack of increase in the staff to meet the increasing demands has been placed as a risk on the trust risk register.
- Negotiations with the Clinical Commissioning Group (CCG) are on-going. It is expected that future arrangements will be in place for the new financial year.
- The LAC clinics to carry out initial health assessments have been increased from 8 to 13 per month to meet the statutory timescales.
- As there had been on-going and significant delays in addressing the review health assessments of children placed out of area, temporary measures were implemented (RWT had arranged additional clinics to clear the outstanding reviews until June 14 and CCG arranging since July 14) until a definite process is commissioned.
- A locum doctor has been appointed temporarily to report on the prospective adopters and foster carers due to shorter timeframe given to complete the report based on the Children and Families Act 2014.

6 Individual practitioners providing coordinated care for each child, young person and carer.

Work activities completed September 2013 – August 2014.

6.1 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.

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

1. Improve the sexual health behaviours of Looked After Children and Care Leavers.
2. Improve the awareness of sexual health service availability and further develop ease of access to 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.
4. Continue to develop systems and services which enable timely and effective health care service delivery to children placed out of the city.
5. Further strengthen partnership working between local services to support the mental health needs of individual Looked After Children.
6. Produce annual health reports which inform on health matters relating to Looked After Children.

Medical Advisor to the Adoption and Fostering Panel

6.3 The Designated Doctor LAC has responsibility for meeting with prospective adoptive parents to assess their medical suitability for fostering/adoption following receipt of correspondence from the GP. With the increased volume of looked after children; the service has seen a corresponding increase of the volume of assessments required in order to work with partners to speed up the adoption process in line with Government guidelines.

6.4 Adoption Panel: The medical advisor attends adoption panel once a month in order to provide medical advice. Due to the increase in the number of Looked after Children and the Adoption reform, currently there are 2 adoption panels a month to meet the increased demand. The medical advisor is available to attend one panel per month. The medical advice to the fostering panel is provided by the senior safeguarding nurse from the trust.

- 6.5 Adoption Clinics: A weekly adoption clinic is held at the Gem centre. Adoption medical reports are provided on Looked After Children who await adoption. The medical advisor meets the prospective adopters in the clinics to share the medical information on the children they are going to adopt (this is in line with best practice). There has been an increase in the numbers of adoption medicals and prospective adopters seen.
- 6.6 Foster Carers and adopters reports: We have provided reports on 201 foster carers and 103 adopters in the last year.

Named Nurse LAC

- 6.7 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. The post holder was involved in jointly training the Transitions Team on the use of the LAC Pregnancy Pathway and sexual health updates. Student Health Visitors and 1 Paediatric Registrar have shadowed LAC Nurse as development / shadowing opportunity to improve their LAC awareness.

- 6.8 In October 2014 the Named Nurse LAC presented at the regional LAC Dr's and Nurses meeting regarding the consultation work carried out with LAC young people on their views of their LAC health assessments in Wolverhampton as this was seen as good practice.
- 6.9 The Named Nurse LAC ensures the voice of the child is heard and actions are taken to address the issues raised. As a result:
- LAC Nurse contact and drop in details on Facebook protected page for 14+ young people wishing to access the service
 - LAC is now a service option when young people call the Gem Centre wishing to speak to a member of the team. This was raised by a care leaver who wished for "LAC" to be an option when phoning in to make our service more accessible.
- 6.10 In order for the Named Nurse LAC to carry out her roles and responsibilities, collaborative working is essential. As a result:
- There is close collaborative working with Youth Offending Team Health Advisor and PRU School Nurse to ensure LAC in these settings have their health needs met.
 - Monthly meetings take place between Named Nurse LAC and YOT Nurse to review care provision.

Prevention coordinator, Think - Wolverhampton Sexual Health Service.

6.11 The under 18yrs conception data for 2012 (latest annual figures) was released in February 2014 (Table 1). Wolverhampton has seen a reduction of over a third in the rate of under 18yrs conceptions since the baseline year (1998). The rate in 2012 was 42.2 (194 conceptions) compared to a rate of 43.9 (208) in 2011 and 66.3 (307) in 1998. The rate is calculated per 1000 females aged 15 -17.

Table 1. Regional and National data 2012

| Area of usual Residence | Number of Conceptions | Conception Rate* | Maternity Rate* | Abortion Rate* | Percentage of conceptions leading to abortion |
|--------------------------------|------------------------------|-------------------------|------------------------|-----------------------|--|
| England | 26,157 | 27.7 | 14.1 | 13.6 | 49.1 |
| West Midlands | 1,851 | 34.6 | 19.2 | 15.4 | 44.6 |
| Birmingham | 655 | 30.0 | 16.1 | 13.9 | 46.4 |
| Coventry | 226 | 38.6 | 20.1 | 18.4 | 47.8 |
| Dudley | 203 | 34.6 | 17.4 | 17.2 | 49.8 |
| Sandwell | 231 | 38.5 | 26.6 | 11.8 | 30.7 |
| Solihull | 99 | 23.8 | 9.1 | 14.7 | 61.6 |
| Walsall | 243 | 46.9 | 28.0 | 18.9 | 40.3 |
| Wolverhampton | 194 | 42.2 | 24.3 | 17.8 | 42.3 |

*Per 1000 females in age group.

6.12 The majority of under 18yrs conceptions are to young people aged 16 and over. There were 117 (Rate 8.5) conceptions to under 16 yrs from 2010 – 2012 (3 year aggregate). The average % of under 16yrs conceptions leading to abortion is c.50% (Table 2).

Table 2. Under 16 conceptions: 3 year aggregate 2010 – 2012

| Area of usual residence | Number of conceptions | Conception Rate | Percentage of conceptions leading to abortion |
|--------------------------------|------------------------------|------------------------|--|
| England | 17,048 | 6.1 | 61.2 |
| West Midlands | 1,225 | 7.7 | 56.5 |
| Birmingham | 438 | 6.7 | 58.4 |
| Coventry | 157 | 9.3 | 59.9 |
| Dudley | 127 | 7.4 | 65.4 |
| Sandwell | 170 | 9.8 | 46.5 |
| Solihull | 57 | 4.7 | * |
| Walsall | 159 | 10.2 | 53.5 |
| Wolverhampton | 117 | 8.5 | * |

*For conceptions leading to abortion, rates based on fewer than 10 events have been suppressed.

6.12 Data for Q1 and Q2 2013 show a further drop in rate to 33.9 / 30.8. (Table 3). The percentage of under 18yrs conceptions leading to abortions has also dropped from 43.8% in 2011 to 42.3% in 2012.

Table 3. Under 18 conceptions – Quarter 1 and Quarter 2 - 2013.

| Area of usual Residence | Q1 2013 Number | Q1 2013 Rate | Q2 2013 Number | Q2 2013 Rate |
|-------------------------|----------------|--------------|----------------|--------------|
| England | 5,904 | 25.5 | 5,905 | 25.2 |
| West Midlands | 409 | 31.0 | 411 | 30.9 |
| Birmingham | 129 | 23.9 | 145 | 26.5 |
| Coventry | 51 | 35.7 | 58 | 40.3 |
| Dudley | 58 | 40.2 | 40 | 27.5 |
| Sandwell | 57 | 39.2 | 55 | 37.8 |
| Solihull | 22 | 21.6 | 23 | 22.4 |
| Walsall | 53 | 41.3 | 54 | 41.5 |
| Wolverhampton | 39 | 34.0 | 36 | 30.8 |

The continued reduction in the rates for Wolverhampton would indicate a corresponding reduction in conceptions to LAC / care leavers in the city.

6.13 A number of services are available for children and young people across the city. These include Free condoms, C card scheme and Pregnancy Testing.

6.14 Between September 2013 and September 2014,

- 5 LAC were registered and 54 condoms were distributed.
- There are currently 56 LAC registered on the C card scheme. The total distribution to LAC on the scheme is 234 condoms.
- 5 pregnancy tests were recorded for LAC via the pregnancy testing scheme.
- The continued promotion of the 'delay' message has been particularly effective with LAC.

6.15 Snow Hill Clinic was the first venue in the city to achieve 'You're Welcome' accreditation assessed against The Department of Health 'You're Welcome' quality standards for young people friendly health services. The Fowler Centre for Sexual Health is currently going through the accreditation process.

6.16 The Sexual Health Service (Think) will be targeting LAC / Care Leavers for planned group visits to the Fowler Centre for Sexual Health, to reduce the stigma of accessing the clinic and to encourage them to attend independently for screening. It is hoped that this will improve their sexual health behaviours, their awareness of sexual health service availability and further develop ease of access to services for Looked After Children and Care Leavers.

6.17 The service is working towards an integrated model of delivery, with access to contraception and STI screening at the main clinics (Snow Hill and Fowler Centre) and outreach venues (Bilston Health Centre and Wolverhampton College).

7 Performance Activity-Statutory Health Assessments.

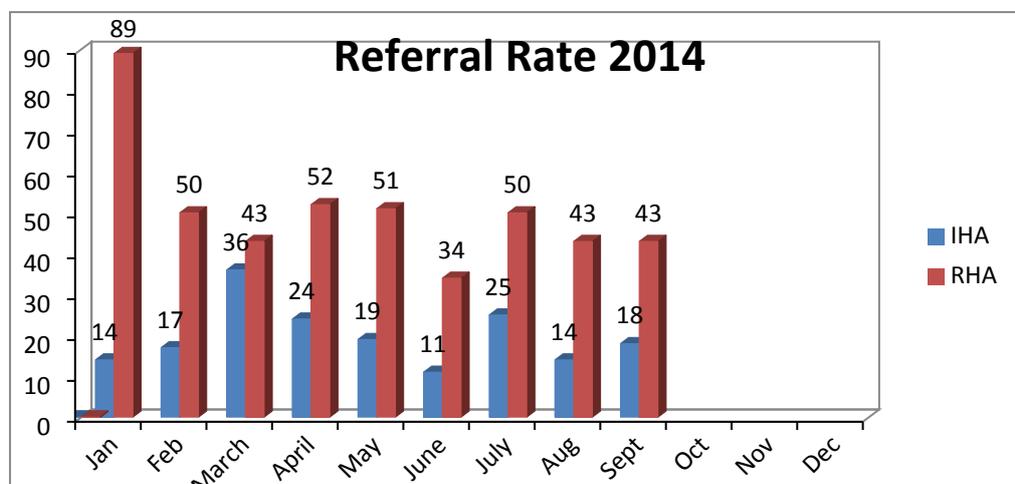
7.1 Throughout the reporting timeframe a number of changes to working arrangements have occurred directly impacting on the coordination of Review Health Assessment for Wolverhampton Children placed outside of Wolverhampton.

7.2 In November 2013 it was identified that due to the lack of pathways regarding the commissioning of out of area health assessments, children and young people were not receiving their health assessments in a timely manner resulting in non-compliance with statutory timescales, inequality in access to services and the quality of services provided.

7.3 As no long term plan has yet been agreed, WCCG have taken the decision to coordinate the health assessments for all Wolverhampton children placed outside of Wolverhampton until such a time that a review of the current LAC (including fostering and adoption) is complete and a robust and sustainable model of service can be developed.

7.7 Table 4 demonstrates the total number of referrals.

Table 4



8 Future Plans

8.1 The Looked After Children Steering Group have reviewed and updated the Health Items for the Corporate Parenting Action Plan. This will inform the focus of the work for 2014-2015 (see below).

8.2 WCCG and RWT are working together to develop a robust and sustainable model of service. Discussions are underway to ensure appropriate commissioning arrangements are in place in the future.

Royal Wolverhampton NHS Trust

Health Items: Corporate Parenting Action Plan 2014/15:

| Overall Aim | Action | Who | By when | Progress/Outcome |
|---|--|---|-----------------|--|
| 1. Maintain sexual health awareness and behaviours of Looked after Children and Care Leavers. | Provide information on Sexual health to every LAC. | LAC Health Service/ Prevention Co-ordinator Young People's Sexual Health Services/ LAC Service | March 2015 | Monitored through the LAC Health Steering Group |
| 2. Maintain reduced conception rates in looked after children and care leavers aged under 18. | To continue to support the partner agencies to manage the sexual health needs of LAC | LAC Health Service/ Prevention Co-ordinator Young People's Sexual Health Services | March 2015 | |
| 3. Service understands health experience of child. | Health and wellbeing questionnaire | LAC Health Service | April 2015 | Monitored through the LAC Health Steering Group |
| 4. Improve and maintain working relationships between partner agencies to ensure health assessments for children placed in city are done within the statutory time frame. | Develop communication pathway with the Local Authority due to restructuring and through LAC Health Steering group. | LAC Service LAC Health Service CAMHS Commissioning Services | April 2015 | Meeting with social care and health admin staff being arranged |
| 5. Continue to develop systems and services which enable timely and effective health care service delivery to children placed out of city. | Timely health care service provision is enabled for children placed out of city | LAC Service LAC Health Service CAMHS Commissioning Services | On-going Review | More challenging due to commissioning changes. CCG to coordinate review health assessments until definite longer term process. |
| 6. Ensure RWT staff are trained in compliance with the Intercollegiate framework | a) Develop Level 3 training package with the Learning and Development team. | Named LAC Nurse | Dec 2014 | To have started delivering the training |

| | | | | |
|--|---|--|------------|---|
| | b) Development of Competency framework to ensure practitioners are competent | | | |
| 7. Produce Annual Health Reports which inform on health matters relating to Looked After Children and Care Leavers | Increased understanding on the health needs of Looked After Children and Care Leavers and the services delivered to improve health outcome | LAC Health Service CAMHS | Nov 14 | Annual Report to be presented to Corporate Parenting Board |
| 8. "Voice of the Child" | Standing agenda item in the LAC steering group Meeting with CICC and the corporate parenting officer Incorporate the voice of the child and ensure is reflected in health assessments | LAC Health Team Named LAC Nurse | April 2015 | Review findings of consultation from Nov 14 Monitoring through the LAC Health Steering Group |

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Wolverhampton City Council



Corporate Parenting Board – October 2014

Performance Indicators

Performance as at the end of September 2014

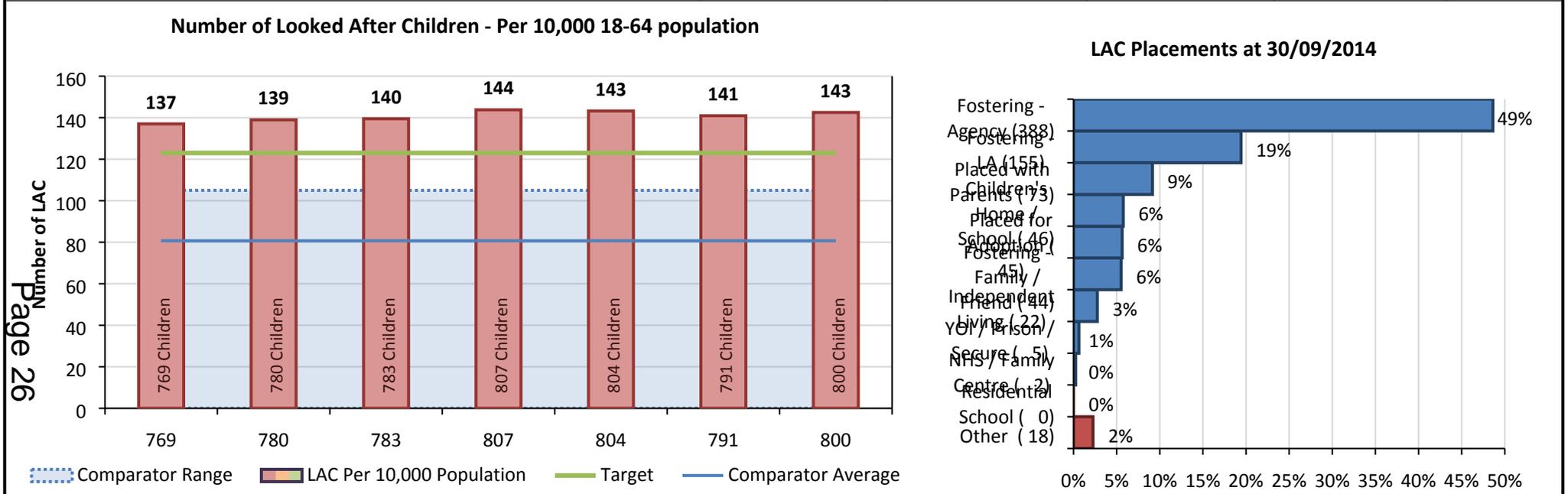
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**Business Intelligence Team (Community)
Office of the Chief Executive**

All of the indicators are taken from the Looked after Children's Service Balanced Scorecard while a specific report for the Corporate Parenting Board is being developed.

[NOT PROTECTIVELY MARKED]
Corporate Parenting Board – Performance Report

| Number of Looked after children at the end of each month per 10,000 under 18 population | 2013/14 Similar Councils | 2013/14 Wolverhampton | September 2014 Result | Target | RAG |
|---|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | 81 (453 children) | 137 (769 children) | 143 (800 children) | 123 (690 children) |



The number of looked after children has increased from 769 at year outturn to 800 at the end of September but has been relatively stable for the last four months remaining close to 800.

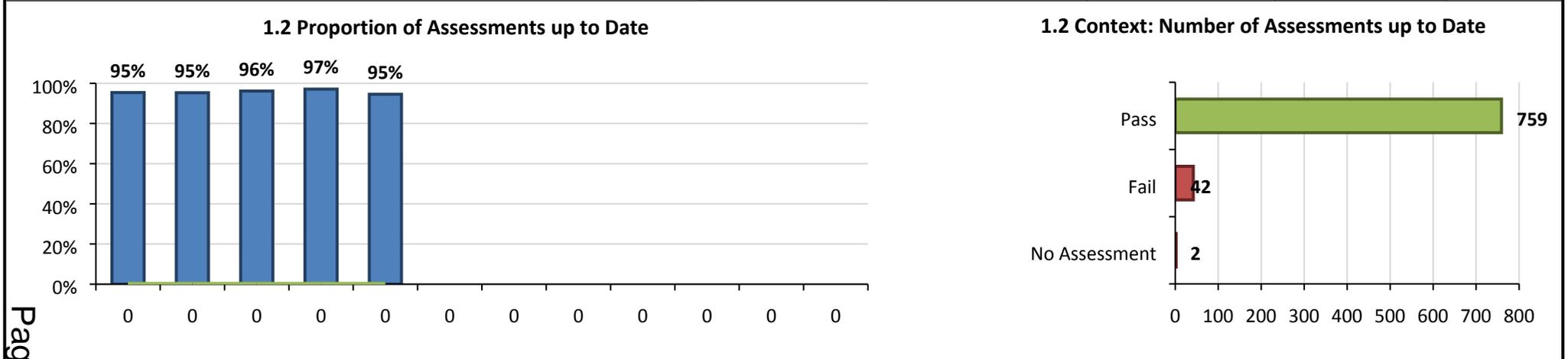
In relation to our comparators, Wolverhampton continues to have a significantly higher number of LAC with 143 per 10,000 population compared with a comparator average of 81. The comparator with the closest number of LAC is Southampton with 105 per 10,000 children which is still significantly less LAC than Wolverhampton.

The breakdown of current looked after children placements shows that 74% of LAC are fostered with 49% of all children placed through a fostering agency. A further 6% are placed for adoption.

The 2% of children who are placed in an 'Other' placement will be looked into to ascertain if other is the correct placement type.

[NOT PROTECTIVELY MARKED]
Corporate Parenting Board – Performance Report

| Looked After Children with up to date assessments | 2013/14 Similar Councils | 2013/14 Wolverhampton | September 2014 Result | Target | RAG |
|--|--------------------------|-----------------------|-----------------------|--------|-----|
| The proportion of current Looked after children whose most recent assessment was authorised within the last 6 months | Not Reported | 95% | 95% | | → |

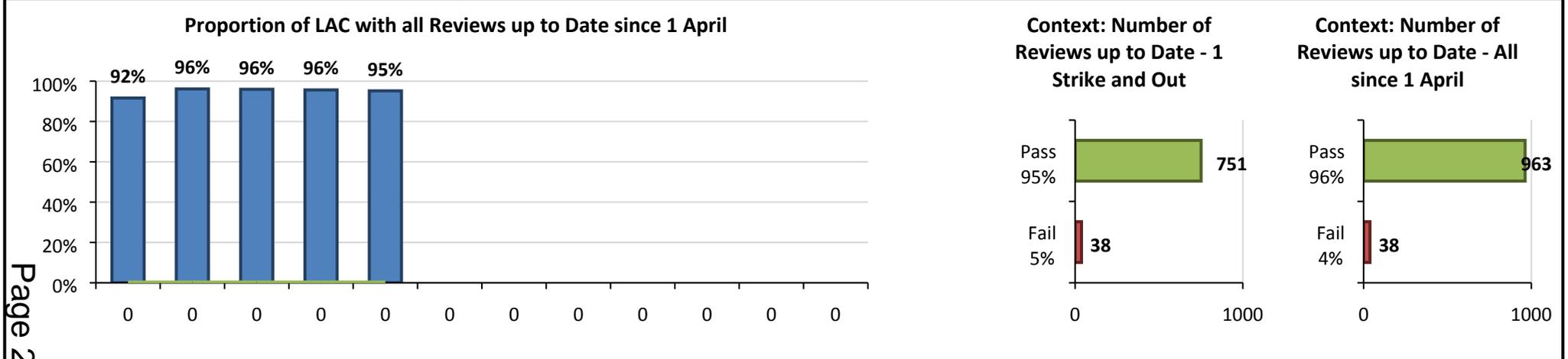


The proportion of LAC whose most recent assessment was authorised in the last 6 months has fallen from 97% in August to 95% in September but remains the same as the year out turn result of 95%. The list of cases where there is no up to date assessment has been shared with LAC managers.

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Corporate Parenting Board – Performance Report

| Looked After Children with up to date reviews | 2013/14 Similar Councils | 2013/14 Wolverhampton | September 2014 Result | Target | RAG |
|---|---------------------------------|------------------------------|------------------------------|---------------|------------|
| The proportion of current LAC whose reviews have all been up to date since 1 April 2014. One strike and out rule is used. First review is within 20 working days. Second review within 3 months. Third and subsequent reviews every 6 months. | Not Reported | 95% | 95% | | ↑ |



This indicator counts the up to date CLA review meetings.

At the end of September 95% of LAC had had all of their reviews completed on time since 1 April 2014. 38 LAC have had at least one review that was completed outside of timescales. 1001 reviews have been conducted so far this year. Of these just 38 (3.8%) have been completed outside of timescales.

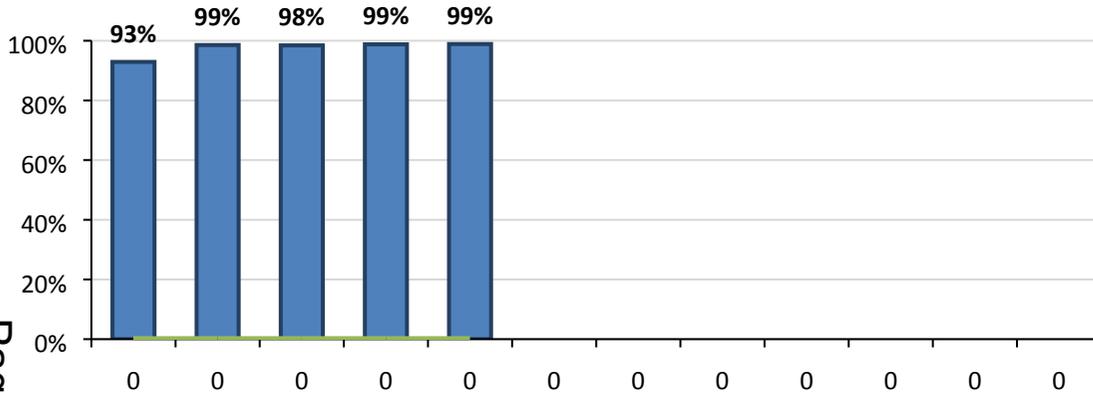
This is positive performance in this area, particularly in the context of high LAC numbers and increasing IRO caseloads.

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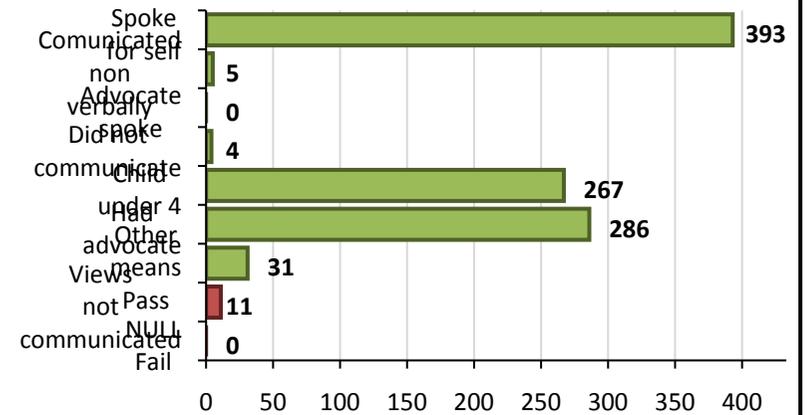
Corporate Parenting Board – Performance Report

| Participation of LAC in Reviews | 2013/14 Similar Councils | 2013/14 Wolverhampton | September 2014 Result | Target | RAG |
|--|--------------------------|-----------------------|-----------------------|--------|-----|
| The proportion of LAC reviews where the child was present or contributed by other means since 1 April 2014 | Not Reported | 93% | 99% | | ↑ |

Child Participation in Reviews since 1 April



Context: Full Answers for Participation

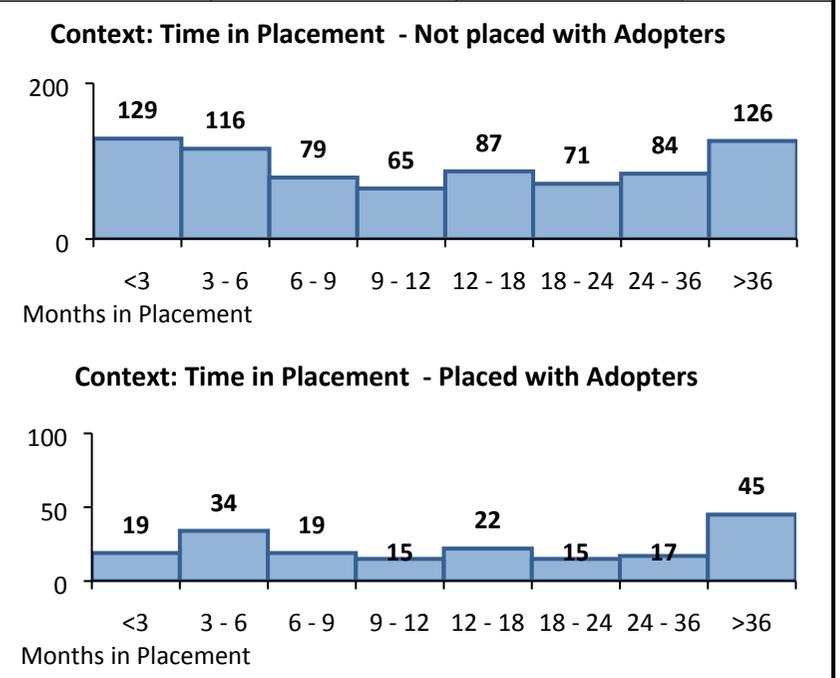
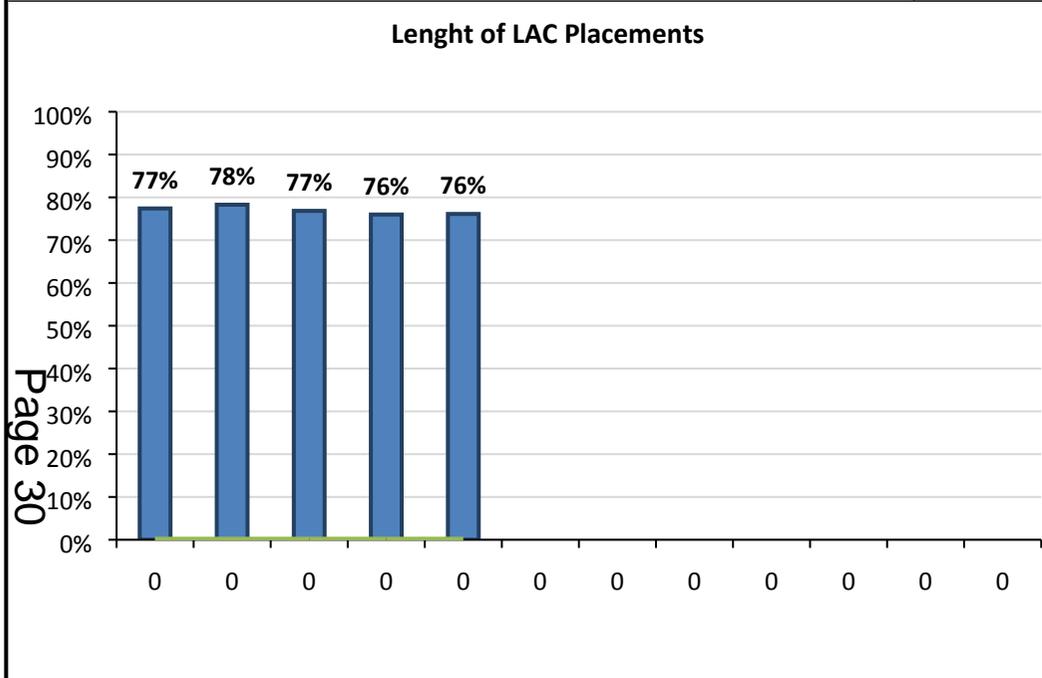


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Performance in this area continues to be really positive with 99% of children participating in their review, having an advocate speak on their behalf or are under the age of 4. Details of 11 cases where the child's view was not communicated will be explored further to understand the reasons why.

[NOT PROTECTIVELY MARKED]
Corporate Parenting Board – Performance Report

| Length of LAC Placements | 2013/14 Similar Councils | 2013/14 Wolverhampton | September 2014 Result | Target | RAG |
|--|---------------------------------|------------------------------|------------------------------|---------------|------------|
| The proportion of LAC who have been in their current placement for at least 6 months (only children who have been LAC for at least 6 months) | Not Reported | 63% | 66% | | ↓ |

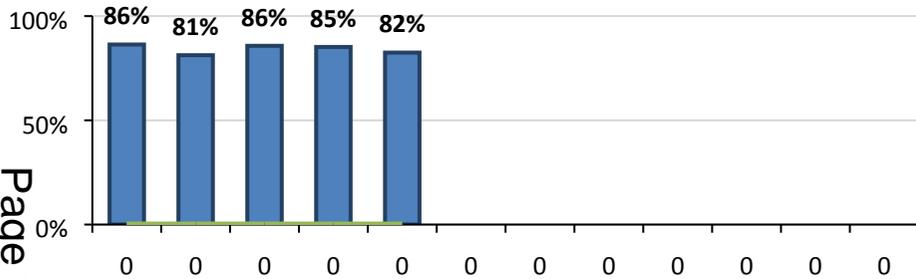


76% of children who have been looked after for at least 6 months have been in their current placement for 6 months or more. This is really positive and shows that generally looked after children in Wolverhampton benefit from stable placements.

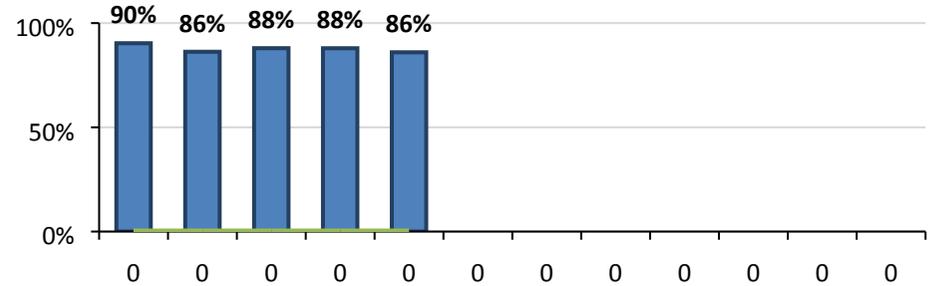
Corporate Parenting Board – Performance Report

| LAC Health Checks and Dental Checks | 2013/14 Similar Councils | 2013/14 Wolverhampton | September 2014 Result | Target | RAG |
|--|--------------------------|-----------------------|-----------------------|--------|-----|
| Health Checks: The proportion of LAC who have had a Health Check in the last 12 months (only children who have been LAC for over 12 months) | | 86% | 82% | | ↓ |
| Dental Checks: The proportion of LAC who have had a Dental Check in the last 12 months (only children who have been LAC for over 12 months) | | 90% | 86% | | ↓ |

Up to Date Health Checks



Up to Date Dental Checks



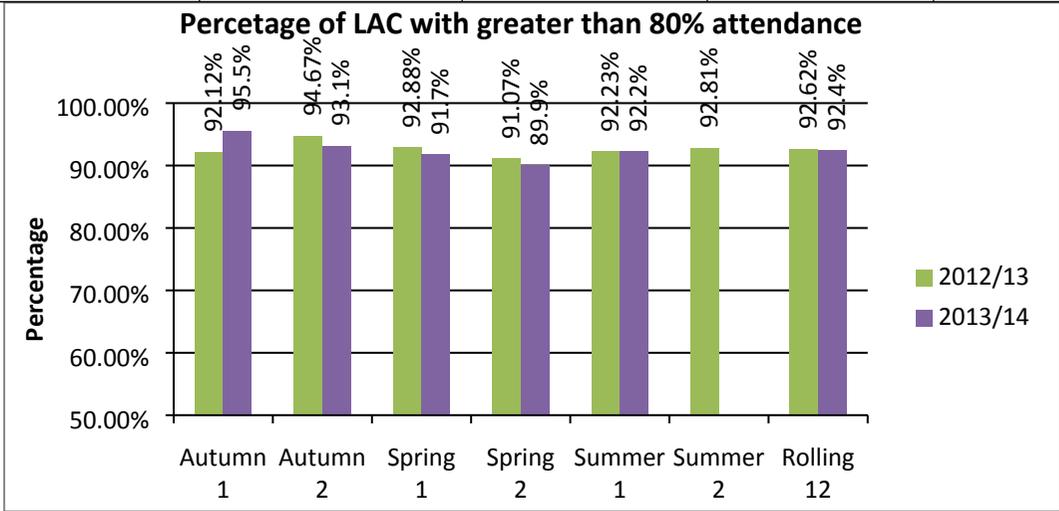
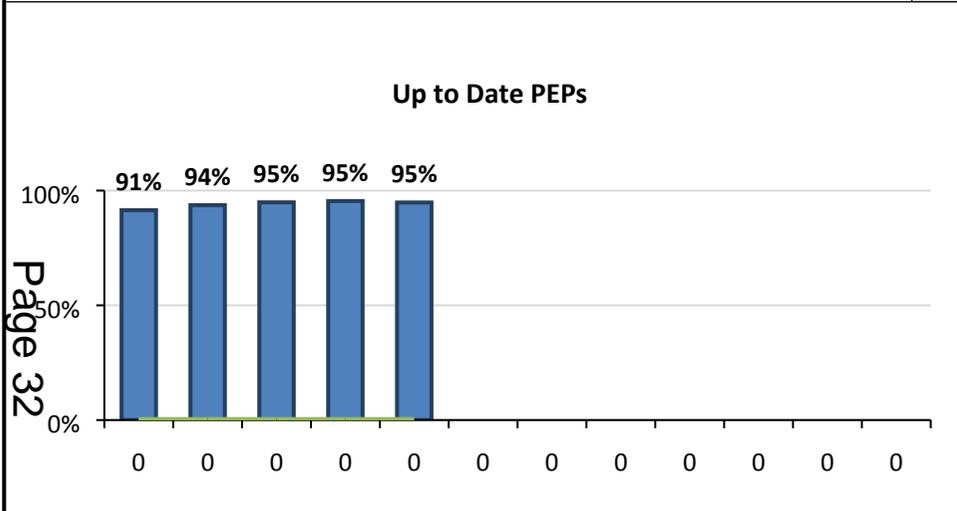
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The percentage of children with up to date health checks improved slightly in July and August but has fallen again in September. The percentage of children with up to date dental checks has also fallen.

The pressure on health services and funding issues is contributing to the fall in performance in this area. The CCG and RWHT have indicated that they are committed to resolving the issue and work is ongoing.

[NOT PROTECTIVELY MARKED]
Corporate Parenting Board – Performance Report

| Personal Education Plans (PEPs) and School Attendance | 2013/14 Similar Councils | 2013/14 Wolverhampton | September 2014 Result | Target | RAG |
|---|--------------------------|-----------------------|-----------------------|--------|-----|
| PEPs up to date: The proportion of LAC who have had a PEP in the last 12 months (only children who have been LAC for over 12 months) | | 91% | 95% | | ↑ |
| Average School Attendance: Average school attendance for LAC | | | | | |

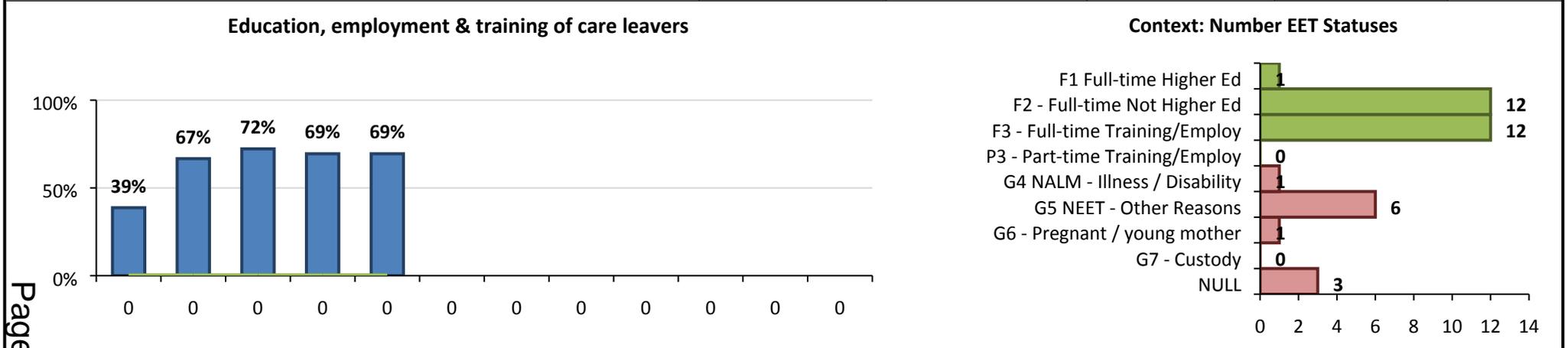


The proportion of LAC with an up to date PEP has improved and is now 95% which is the best result for some time. This is positive given the increase in LAC numbers. Following identification of a reduction in the quality of PEPs, the PEP form has been redesigned and the policy reviewed to take into account changes to the Pupil Premium and attainment and progress measures.

LAC attendance has been included in the report for the first time and is currently available up to Summer 1 2013/14. Attendance data for the City is being sought and will be included in the next report if available. Comparator data is not available for attendance.

Corporate Parenting Board – Performance Report

| | | | | | |
|--|--------------------------|-----------------------|-----------------------|--------|-----|
| Education, Employment and Training of Care Leavers The proportion of the care leavers in employment, education or training (EET) around their 19 th birthday. | 2013/14 Similar Councils | 2013/14 Wolverhampton | September 2014 Result | Target | RAG |
| | | 39% | 69% | | ↑ |



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Performance in this area has improved considerably compared with the 2013/14 out turn. Work is continuing to ensure that the correct data can be accurately captured.