

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Corporate Parenting Board

Health Services for Looked After Children Annual Report September 2014 -August 2015

Date of Meeting: 23rd Feb 2016. Agenda item: (7)

TITLE OF REPORT:	Health Services for Looked After Children Annual Report September 2014 - August 2015
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:	Fiona Brennan Designated Nurse Looked After Children Dr C Ramalingam Designated Doctor Looked After Children
REPORT PRESENTED BY:	Fiona Brennan and Dr C Ramalingam
KEY POINTS:	The report was collated with information made available by the Designated Doctor and Nurse LAC, Named Doctor and Nurse LAC, the Prevention coordinator, Think - Wolverhampton Sexual Health Service, Family Nurse Partnership and Wolverhampton Clinical Commissioning Group (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.

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 – current arrangements.

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. Under the Health and Social Care Act 2012 Act WCCG will be responsible for commissioning most health services, 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 As per the revised guidance “Promoting the Health and Wellbeing of Looked After Children (2015)” Wolverhampton CCG has secured the expertise of designated professionals for Looked after children. The Designated Nurse (DNLAC) and Designated Dr LAC commenced in post in July 2015. On a positive note this has

meant that statutory duties and responsibilities within the guidance are now being addressed and implemented.

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.

4.6 **Current arrangements**

- Throughout the reporting timeframe a number of changes to working arrangements have occurred directly impacting on the coordination of RHA's for Wolverhampton Children placed outside of the City.
- 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.
- WCCG took the decision to coordinate the health assessments for all Wolverhampton children placed outside of the City 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. The DNLAC undertakes all of the

RHA's for those children placed in adjoining local authorities (Sandwell, Dudley, Walsall and parts of Birmingham), and commissions those further afield since July 2015.

- Health Care provision for our LAC placed in city is delivered by Royal Wolverhampton NHS Trust (RWT) as part of Community Paediatric Services and is funded via block contracts for Community Paediatrics (medical element), commissioned by WCCG.
- There was a delay in the health assessments for LAC placed in the surrounding areas and placed at a distance. The delay in the surrounding area assessments have improved since the appointment of Designated Nurse LAC. The WCCG works closely with Wolverhampton local authority and other authorities where our children are placed to ensure timeliness of health care assessments and review. However as we are relying on external area's to complete this assessments for children placed at a distance, it remains to some degree out of our control. There were delay in meeting the statutory timescales on health assessments for children placed in Wolverhampton, however this is improving.

4.7.1 The table below identifies the number of Wolverhampton LAC, and where they are placed showing that approximately 60% of Wolverhampton LAC are placed out of area.

	Number	%age
Wolverhampton City Council	265	39.3
Dudley Metropolitan Borough Council	43	6.4
Sandwell Metropolitan Borough Council	41	6.1
Walsall Metropolitan Borough Council	54	8.0
South Staffordshire Council	41	6.1
All in Adjoining LAs	179	26.6
Anywhere Else - not in W'ton or in Adjoining LAs	230	34.1
TOTAL LAC	674	100

4.8 Key activities

4.8.1 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 3 sessions on LAC as part of the Safeguarding Training during the reporting period. There will be an annual rolling programme.

4.8.2 Mental Health

- WCCG has commissioned an independent Child and Adolescent Mental Health Service (CAMHs) nurse to conduct a work to analyse and carry out review visits to children who are externally placed in June 2015. These visits included an

assessment of the child's emotional health needs, with recommendations for next steps including care pathways to be accessed and progressed. The Designated Nurse is working with the local authority to ensure that findings are incorporated into the children's care plans.

- Moving forward there is considerable work going on around ensuring that the mental health needs of our LAC are appropriately assessed, in a timely manner, and that as a result therapeutic interventions are streamlined to meet individual needs. This is particularly pertinent when we place children out of the city. 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. It is positive therefore that the CCG have approved funding for a CAMHS nurse therapist to support these arrangements over a 12 month period. The nominated clinician will ensure that when a child is placed out of area, there is a timely referral into local CAMHS and continued review and support is offered with involvement of the DNLAC as required.
- A referral pathway has been developed to ensure timeliness and consistency of CAMHS input, particularly when children move to out of area placements (appendix 1)
- Co-location within the local authority has proved invaluable in strengthening relationships and improving processes to support the delivery of services to LAC, particularly around identification of mental health needs, and the support of resulting referrals.

5 Delivery through provider organisations

5.1 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.

5.2 Legislation, national directives and local needs and priorities determine the work of the Looked After Children Health Steering group, the Terms of reference of which are currently under review. 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.

5.3 In addition the group records the activity and number of referrals received and seen within the statutory timeframe. From September 2014 to August 2015

- The total number of Initial Health Assessments done during this time was 107 and Review Health Assessments were 550.

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

- Regular meeting 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. Pathway for referrals were made and shared with social care.
- A locum doctor was appointed to report temporarily on prospective adopters and foster carers and this helped in improving the timeliness of the health reports.
- There had been on-going delays in addressing the review health assessments of children placed out of area and RWT arranged additional clinics to clear the outstanding reviews until June 15 when Designated Nurse Lac came into post.
- The new LAC database was set up by RWT and is in practise now.

5.4 Audit on health needs of looked after children conducted during this period to look at whether health issues are being identified and addressed with appropriate referrals made. It identified that LAC children can have a variety of different health needs highlighting the importance of timely health assessments, and that a large proportion of children have emotional and behavioural needs, and/or learning/developmental difficulties. It is positive to note that appropriate referrals were made and followed up.

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

Work activities completed between September 2014 and August 2015.

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 2014/15 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.

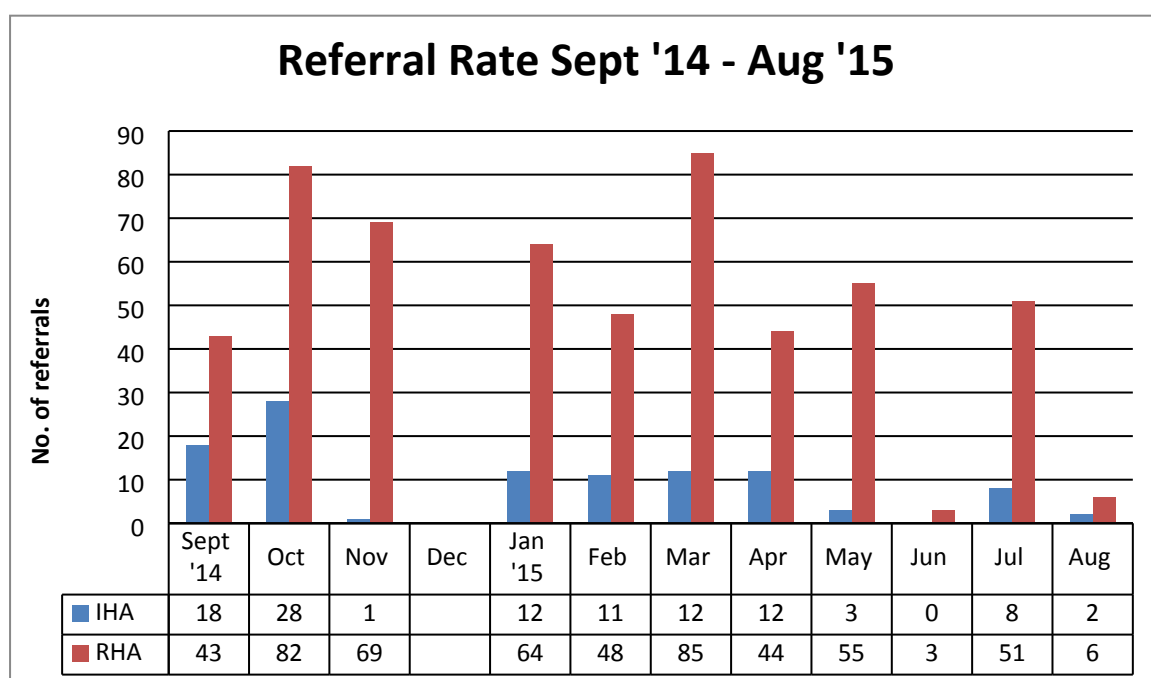
6.3 Named Dr LAC/ Medical Advisor for Adoption and Fostering

- The Named doctor for LAC has the responsibility for reviewing/quality assuring all LAC assessments carried out by medical staff (the named nurse overseeing those produced by school nurses/health visitors/nurse practitioners).
- 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.
In the 12 months, September '14 to August '15, there were 200 reports for fostering applicants and 49 for prospective adopters. All reports were quality assured by the medical advisor/named doctor.
- There are dedicated LAC clinics held at the Gem centre where children are seen mostly for IHAs but some also for RHAs. These are carried out by Paediatric Specialist Trainee doctors, Specialty Doctors and Advanced Nurse Practitioners. There are between 6 and 8 LAC clinics a month, run by Nurse Practitioners, Specialty Doctors and Specialty Trainees.
- An appointment is offered in clinic within a couple of weeks of the receipt of the request and paperwork from social care, and reports are sent within 3 weeks of being seen. All IHA/RHA summaries are now typed (with the exception of those carried out by school nurses currently) 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. The Named Doctor/Medical Advisor meets the prospective adopters to share the medical information on the children they are going to adopt.
- Between September'14 and August'15, 69 children were seen for pre-adoption medicals and 29 prospective adopters were seen 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 receives requests for adoption medicals for completion from IHA/RHAs from within Wolverhampton and those children placed elsewhere in the country.
- Adoption panels are now held once per month. A Medical Advisor attends each panel.

6.4 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.
- 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. She was awarded the RWT Clinical Audit award on this work.
- Initial health assessments continue to take place as home visits by our Named Nurse for our teenage cohort who does not want to attend clinic. This has played a part in reducing the non-attendance level. In terms of those placed out of City, the DNLAC works closely with social workers and carers to encourage older children to attend, and is flexible around where the young person is seen.
- In order for the Named Nurse LAC to carry out her roles and responsibilities, collaborative working is essential. There is close collaborative working with Youth Offending Team Health Advisor and PRU School Nurse to ensure LAC in these settings has their health needs met. Monthly meetings take place between Named Nurse LAC and YOT Nurse to review care provision. Named Nurse also works closely with Sexual Health Prevention Co-ordinator.



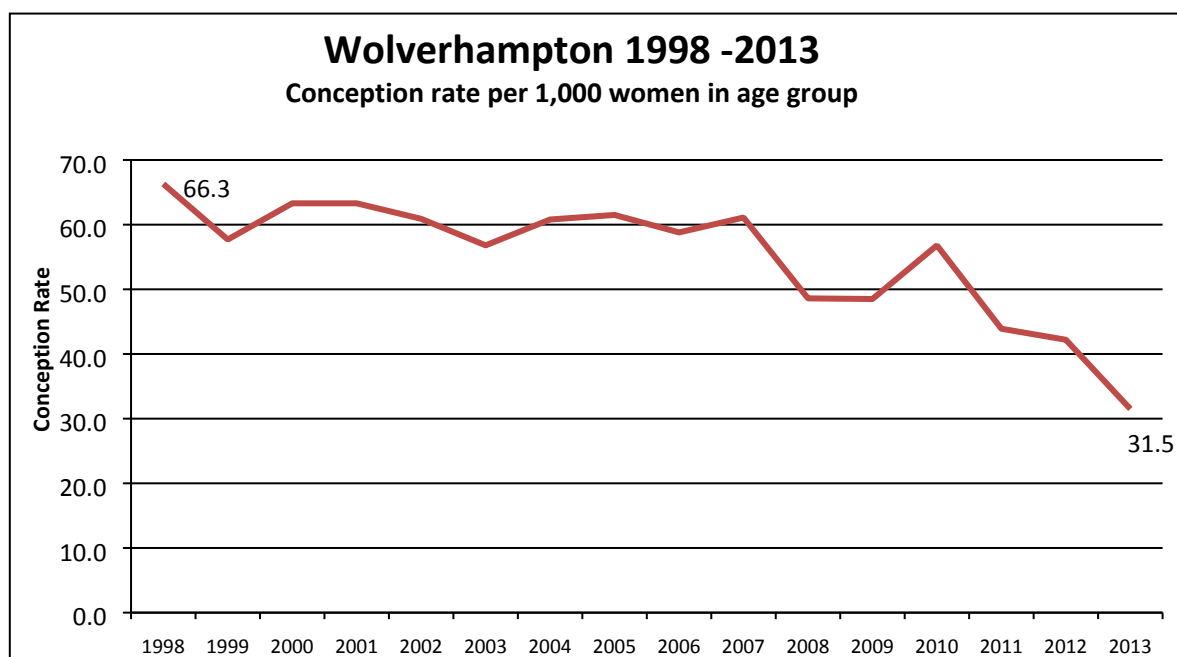
Total number of IHA 107 and RHA 550. The information for Dec 14 couldn't be obtained due to some initial difficulties in setting up the database.

6.5 Wolverhampton Sexual Health Service– Prevention Co-ordinator

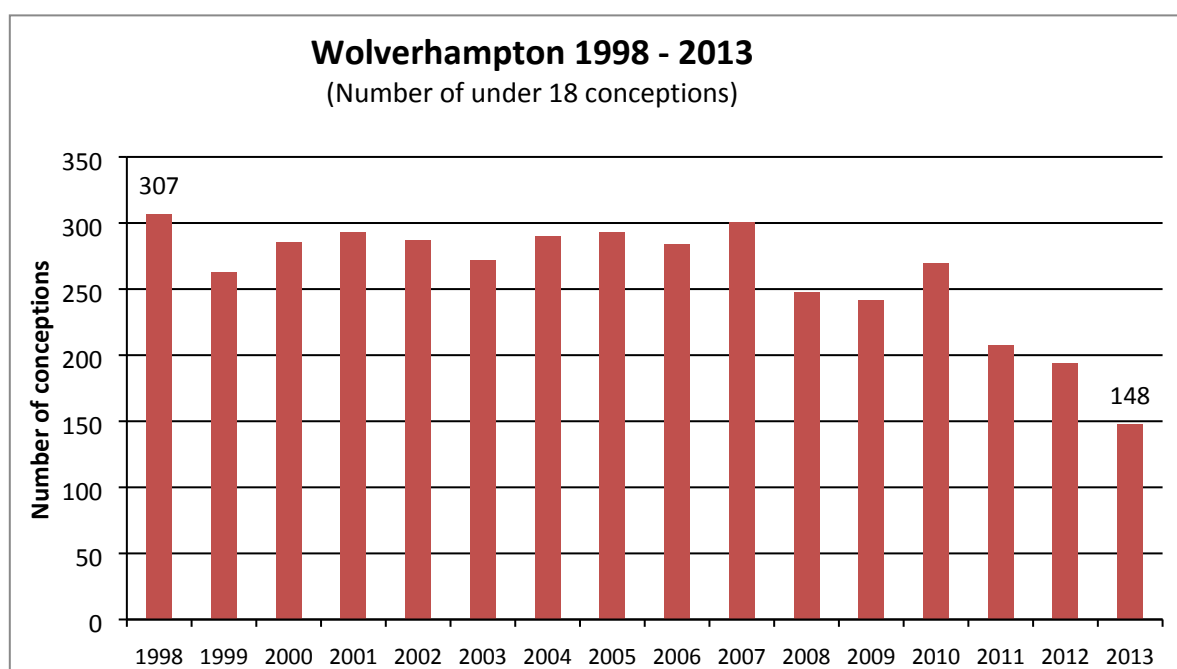
6.5.1 Teenage Pregnancy

The latest under-18 conception figures (for 2013) were released by the Office for National Statistics in February 2015. The rate in Wolverhampton is the lowest since the baseline year of 1998.

Wolverhampton achieved a 52.5% decrease in the rate of under 18 conceptions from 1998 - 2013



The number of under-18 conceptions has dropped by 51.7% since 1998



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 38 conceptions to under-16s in Wolverhampton in 2013, a rate of 8.6 (per 1000 females in age group). Of these, 44.7% were terminated.

6.5.2 Sexual Health Services

- The LAC Nurse and the Prevention Co-ordinator- Sexual Health Service work closely together to improve the awareness of sexual health amongst LAC. Pathways 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 arrangements in place to 'fast track' LAC to the service via the Senior Sisters, and the integrated service ensures that both contraception and Genito-Urinary Medicine (STI screening and treatment) needs can be covered.
- The service has recently started to record the number of LAC attendances for contraception, taken from the treatment codes. There have been 5 recorded from April – September 2015, but this figure is unlikely to show the full picture, as it relies on staff always recording the LAC status. It is hoped that recording will improve in future and will also include those attending for G.U.M services.
- 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 Fowler Centre for Sexual Health in Building 3, New Cross Hospital is the main sexual health clinic in Wolverhampton and this venue has recently gained the DH 'You're Welcome' Young People Friendly accreditation.

6.5.3 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)

6.6 Family Nurse Partnership (FNP)

- Over the last few months FNP has been working particularly closely with Local Authority support services, and with clients to prepare them for the birth of their babies. Intense work around attachment, appropriate other adults who are exposed to their babies, responsiveness to baby's needs and consistency is being delivered alongside relationship and sexual health advice. Despite high levels of risk, all of our clients are managing their babies safely and showing positive parenting signs. Our aim is to break the cycle of neglect and support mothers to keep their babies.
- Currently the team are working with 4 clients who are LAC. Their health assessments are completed by the Family Nurses for consistency; they also attend LAC health reviews as required. Support was also given by the team to Care Leavers Week, where sexual health session was delivered to a group of young care leavers, and pregnancy advice to the young women who were pregnant. This was a very successful session and resulted in the young people seeking out further information on local sexual health provision which was sent to them via their face book page.
- It has become apparent that clients in this cohort have a limited understanding of healthy relationships, and whilst they show very clear understanding of controlling and abusive relationships, this has little impact on the choices that they make. We also are struggling to access appropriate mental health services. The FNP supervisor has met with CAMHS to discuss a possible pathway and look at other therapeutic interventions which would be tolerated by the young client group.

Future Plans

1. To continue to monitor the timeliness of the health assessments and implementing electronic transfer of health assessment documentation to avoid delay in the reports.
2. To ensure all placement notifications/changes to be shared with the appropriate CCG health providers. When looked after children move from one CCG area to another, to ensure that their treatment continues uninterrupted.
3. A major gap in service provision in Wolverhampton includes the lack of a transitions nurse. For this reason a briefing paper proposing funding for this post will be presented by the DNLAC to the CCG, guided by the Care Leavers Strategy, to ensure that as a city this vulnerable cohort have timely access to mainstream and specialist health services, which meet their physical and mental health needs.
4. Support the LA in the completion of Strength and Difficulties Questionnaire for all looked-after children and ensure the outcomes of these are incorporated into their health care plan.
5. WCCG and provider services are working together to develop a robust and sustainable model of service for LAC in future.