

WOLVERHAMPTON CLINICAL COMMISSIONING GROUP

Corporate Parenting Board

Health Services for Looked After Children Annual Report September 2016 - August 2017

TITLE OF REPORT:	Health Services for Looked After Children Annual Report September 2016 - August 2017
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 S Simon Designated Doctor Looked After Children
REPORT PRESENTED BY:	Fiona Brennan and Dr Simon
KEY POINTS:	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. CAMHS provide a separate report, however all future contributions will be incorporated into this report.
RECOMMENDATIONS:	
CORPORATE PARENTING BOARD ACTION REQUIRED:	Decision Approval ✓ Assurance

Implications on resources

Legal implications

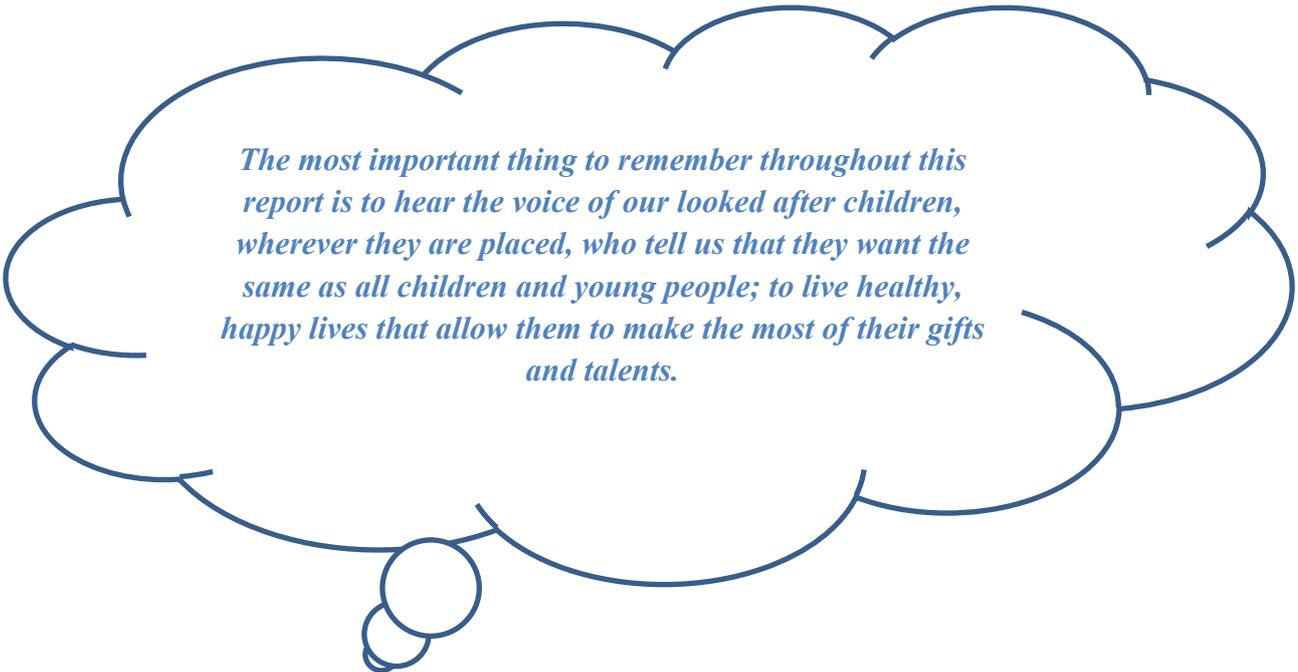
FOREWORD

Welcome to the Annual Health Report for Wolverhampton's Looked After Children (LAC).

Over the following pages it is hoped you will get a sense of the achievements, progress and challenges in meeting the health needs of our children in care. Partners across Wolverhampton are committed to improving the health and wellbeing of our LAC and young people whether they live in our city or further afield. We aim not just to meet these standards but to pursue excellence in order to give our children and young people the opportunities they need to grow and develop into adults with fulfilling lives.

PURPOSE OF THE REPORT IS:

- To provide an overview of the health and wellbeing of our LAC who are in the care of City of Wolverhampton Council placed either within City or further afield.
- To provide assurance to members of the Corporate Parenting Board that action is being taken to deliver on-going improvement to health outcomes for LAC and identify areas requiring improvement.
- To make appropriate recommendations for future developmental and joint commissioning needs in response to the review of health services for LAC and Safeguarding in Wolverhampton, Care Quality Commission (CQC) Inspection Report, published February 2017.



The most important thing to remember throughout this report is to hear the voice of our looked after children, wherever they are placed, who tell us that they want the same as all children and young people; to live healthy, happy lives that allow them to make the most of their gifts and talents.

1. Background and current situation

- 1.1 Experience and research has demonstrated repeatedly that our LAC are more likely to experience difficulties with their development, physical health and emotional wellbeing compared to a child or young person who is not looked after.

Children often enter the care system with a worse level of health than their peers, in part due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect. Longer term outcomes for looked after children also remain worse than their peers, with over 50% diagnosed with a mental health disorder and 2/3rds with special educational needs.

These difficulties are likely to be more significant and more difficult to treat the further away from their home a young person is placed.

2. Main body of report

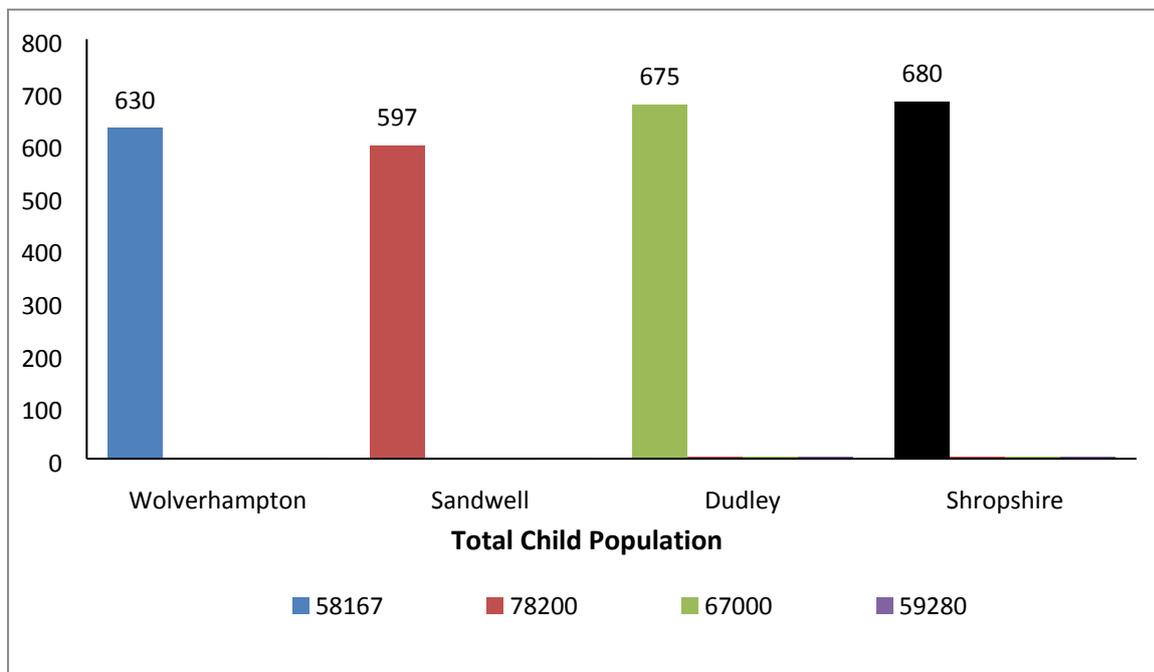
What are our statutory requirements?

- 2.1 Promoting the Health and Well-Being of Looked-After Children 2015, provides statutory guidance for local authorities, clinical commissioning groups and NHS England. The NHS contributes to meeting the health needs of Looked After Children by:
- Commissioning effective services.
 - Delivery through provider organisations.
 - Individual practitioners providing co-ordinated care for each child, young person and carer.
- 2.2 The core activities that require commissioning for LAC relating to statutory duties are:
- **Initial Health Assessments (IHA)** - The initial health assessment should take place in time to inform the child's first LAC review within 20 working days of entering care.
 - **Review Health Assessments (RHA)**- The review of the child's health plan must take place once every six months before a child's fifth birthday and once every 12 months after the child's fifth birthday.
 - **Care Leaver Summaries (LCS)** - 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), with guidance on how to access a full copy if required.
 - **Adoption Reports** - the collation of reports for adoption and fostering panel.

3. A local perspective

3.1 Wolverhampton continues to have a relatively high number of LAC, but comparable with neighbouring authorities as shown in the table below:

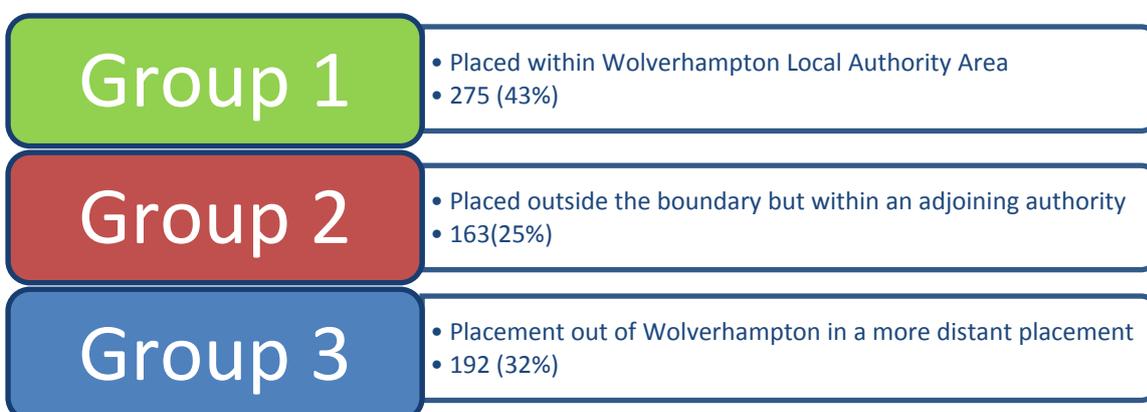
Table 1 – August 2017



3.2 Considerable work has taken place by the local authority, and as a result, the numbers have reduced from 804 in August 2015, to 636 in August 2016, to 630 in August 2017. They have remained relatively static over the reporting period. Capacity to place children within Wolverhampton remains a challenge, with almost 60% living outside of the City.

3.3 There are three groups of LAC as identified in 'Out of authority placement of looked after children – Supplement to Children Act 1989, as follows;

Table 2 – August 2017



4. **Current Commissioning Arrangements**

- 4.1 The Designated professionals for LAC recommend that Wolverhampton Clinical Commissioning Group (WCCG) commission a service that ensures appropriate arrangements and resources are in place to meet the physical and mental health needs of all Wolverhampton looked-after children regardless of where they are placed.
- 4.2 The current health provider service in Wolverhampton is commissioned, through the Royal Wolverhampton Trust (RWT), to deliver statutory health assessments for Wolverhampton LAC placed within the city. This does not include children placed here from other areas, who remain the responsibility of the originating local authority and clinical commissioning group.
- 4.3 The WCCG Designated Nurse LAC (DNLAC) completed health assessments for children placed in neighbouring boroughs at the Gem Centre in Wolverhampton up until June 2017. The DNLAC from June has focussed on its primary purpose with a strategic role, with RWT currently undertaking these clinics under a service level agreement.
- 4.4 WCCG commission health assessments for those LAC placed further afield. The reliance on other areas comes with some challenge, which include the timeliness and quality of interventions. All health assessments are quality assured by the DNLAC against the national screening tool before being approved and sent out.
- 4.5 A briefing paper was submitted to the commissioning committee in October 2016, recommending changes to the way we commission health services for our Wolverhampton LAC, wherever they are placed.
- 4.6 Approval was given, and as a result, the Provider Service will extend their geographical coverage, undertaking review health assessments for all our children placed within 50 miles of the City. Only 8% of our children are placed further than 50 miles away.
- 4.7 Within the reporting period there were:

Table 3

Group 2 (table 2)	Initial health assessments	Review health assessments
Number requested	0	145
Number completed	0	138 95%
Number Quality Assured	0	138 100%

Table 4

Group 3 (table 2)	Initial health assessments	Review health assessments
Number requested	0	188
Number completed	0	90 48%
Number not yet due	0	63 34%
Number Quality Assured	0	90 100%

- 4.8 Challenges remain around meeting statutory timescales, particularly for those children placed further afield.
- 4.9 Of the 98 in Group 3 not completed, 63 of those were not yet due by the end of August, all of these are booked in for completion within timescales.
- 4.10 The remaining 35 had not been completed due either the child moving placement, issues around capacity in the area the child was living, or late requests from the local authority meaning delays in assessment. DNLAC continues to monitor and escalate individual cases where there are significant delays by liaising with the LAC health team and Designated leads where the child is paced.
- 4.11 The new commissioning arrangements proposed by the WCCG (4.5) will support in reducing some of these challenges. A dedicated health professional within the Provider who will travel out to these young people, wherever they are placed to enable oversight
- 4.12 Following contractual negotiation between WCCG and RWT, key performance indicators are to be added to the RWT LAC dashboard in September 2017. This will enable us to better monitor, challenge, manage and identify common themes around compliance with statutory timescales for health assessments in order to improve outcomes for our LAC. This will be underpinned and supported by regional and national comparative through attendance at associated forums by Designated leads.

5. ***The Royal Wolverhampton Hospital Trust (RWT)***

- 5.1 The LAC health team within RWT is made up of the Named Doctor, the Named Nurse and LAC administrator.
- 5.2 Due to staff leaving the Trust, the Named Doctor post has been vacant since Jan 2017. Duties have been covered by senior medical staff and the Named Nurse. This is registered as a risk on both the Provider and the CCG register.
- 5.3 The Named professionals for LAC have the responsibility for coordinating provision of clinical services for children, providing advice and expertise for fellow professionals.

Duties include:

- Training and supervision for health care staff.
- Quality Assurance of health assessment.
- Audit and performance monitoring.
- Report writing and analysis.
- Development of key policies and pathways.

5.4 The Named Nurse attends weekly drop in sessions at The Way to engage harder to reach young people and works closely alongside:

- LA transitions team.
- The youth offending team health advisor.
- The pupil referral unit school nurse.
- The sexual health prevention co-ordinator.
- The multi-agency sexual exploitation team (MASE).
- Neonatal and maternity services.

5.5 The Named Doctor and Medical Advisor provide advice to prospective adopters, adult health reports for fostering and adoption, adoption medical reports, and attend adoption panel as expert health advisors.

5.6 Initial health assessments are undertaken by medical practitioners, and review health assessment by other health professionals, including school nurses and health visitors.

5.7 Within the reporting period there were:

Table 5

Group 1 (table 2)	IHA		RHA		Adoption reports		Adult health reports		Meeting with adoptors
Number requested	149		368		110		197		40
Number completed	120	81%	346	94%	110	100%	197	100%	40 100%
Number Quality Assured	120	100%	346	100%	110	100%	197	100%	N/A

- 5.8 The 19% of children who did not receive an IHA were either due to them leaving care prior to medical taking place, or the report being counted within adoption figures.
- 5.9 The 6% of children who did not receive a RHA were due to the children refusing, or moving out of area. For those who refuse, the Named Nurse will offer a telephone consultation.
- 5.10 Compliance with statutory timescales continues to be a challenge for both health and the LA, but a number of operational strategies are being implemented to address this, including:
- Development of enhanced LAC database to enable improved performance monitoring.
 - Electronic requesting of health assessments by the LA to improve timeliness.
 - Access to the LA database by LAC health team to improve information gathering.
 - IHA flowchart incorporated into LA health policy.

6. The Family Nurse Partnership

- 6.1 The Family Nurse Partnership consists of a nurse supervisor, four family nurses and quality support officer. They continue to have a small number of their overall client group who are LAC. The team are heavily involved in the care of these young people, and this includes the undertaking of statutory health assessments. They are also major contributors at LAC reviews.
- 6.2 Support offered focuses around attachment issues, abusive relationships and good sexual health.
- 6.3 In the reporting period they have had four clients that have been LAC and two babies – one of whom went into long term foster care.
- 6.4 Of these four clients; two are living with their partners and babies independently, one is in a mother and baby foster placement, and one has moved out of the area and no longer involved with the service.
- 6.5 The commissioning arrangements for Family Nurse Partnership are currently under review as part of the Healthy Child Programme. This is led by Public Health and will specify a new service model that supports what is working well and addresses areas that need improvement.
- 6.6 RWT are currently working to implement a new service model which will still include the intensive support currently provided under FNP. The new service will be called The Partnering Families Team.

7. *Wolverhampton Sexual Health Service*

Teenage Pregnancy

- 7.1 The latest under-18 conception figures (for 2015) were released by the Office for National Statistics in March 2017. The under 18 conception rate in Wolverhampton (2015), has risen slightly since 2014 (29.6 → 31.9), as has the maternity rate, whilst the abortion rate has dropped very slightly. The rate is the number of conceptions per 1000 females aged 15 – 17. Therefore, a rate of 31.9 is 3.19%
- 7.2 The percentage of conceptions leading to abortion has dropped from 45.3% in 2014 to 41.5% in 2015. This is still below the percentage for England as a whole (51.2%) Birmingham and Solihull are the other West Midlands areas which saw slight increases in the under 18 conception rate.

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 number of conceptions to under 16s in Wolverhampton (2015) has risen by from 24 to 25 which is a slight rise in the rate from 5.6 to 6.0. The abortion rate in under 16s has risen from 50% to 60%.

8 *'Embrace' Sexual Health Service*

- 8.1 There are currently 12 LAC registered with the service. The service has been involved in the development of the new Relationships and Sex Education curriculum which is delivered in schools. Other organisations can access the curriculum resources for delivery to young people, and can choose specific stand-alone modules which are relevant to their client group.
- 8.2 The Sexual Health Service 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. There are approximately 100 venues across the city. Kits can also be ordered online via the Embrace website.
- 8.3 The team 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.
- 8.4 The LAC Nurse offers sexual health advice and information and also signposts young people to Embrace clinic sessions such as The Way Youth Zone (Monday evenings). Individual referrals for sexual health services have been made to the Prevention Team by the CAMHS. The Prevention Team nurse has delivered sexual health awareness sessions and clinics at Upper Pendeford Farm and sees referrals on a needs-led basis.

- 8.5 The Embrace website is now fully functional and is the main source of up to date information about the service.
- 8.6 LAC have access to free condoms and pregnancy testing at venues across the City, via the C card (condom distribution) and pregnancy testing schemes. Between September 2016 and August 2017 30 condoms were issued to LAC via the C card scheme. This number is currently an estimate, due to the reliance on staff accurately recording the status of our children at time of collection. The team are currently revising the registration form in order to prompt staff into asking the question.
- 8.7 The Named Nurse offers 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 also offers condom distribution on the C card scheme and chlamydia screening kits.

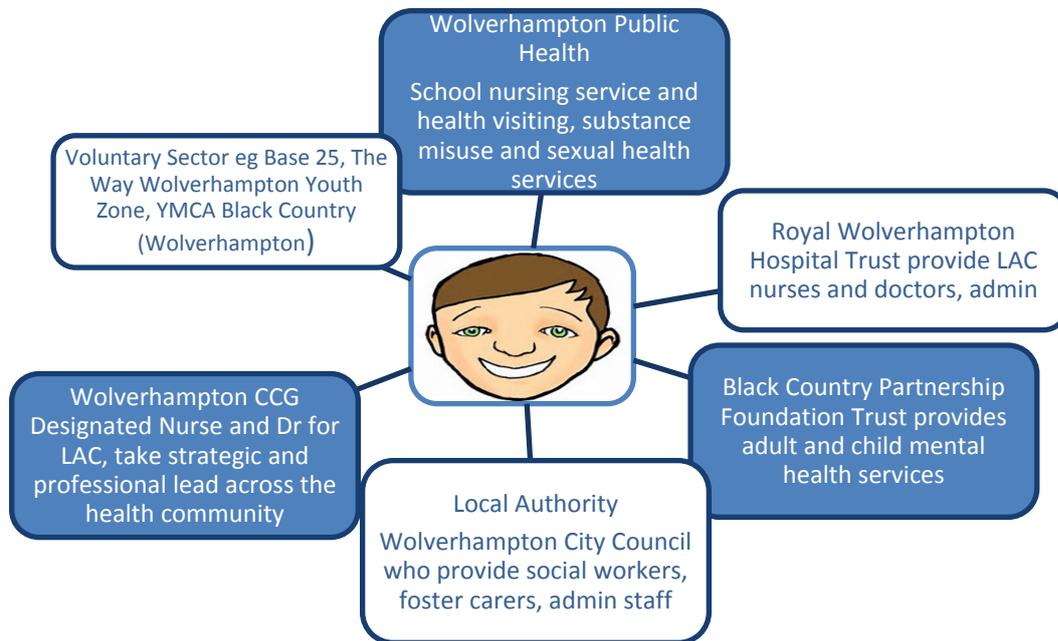
9. *Current messages in relation to sexual health.*

- Condoms should be promoted as sexually transmitted infection (STI) prevention rather than as contraception.
- Long Acting Reversible Contraception (LARC) methods should be promoted as the most effective contraception.
- Continued promotion of the 'delay' message to young people.
- Focus on 'relationships' in Relationships and Sex Education (R.S.E).
- Promotion of the importance of chlamydia screening amongst under 25 year olds in particular, as this is the age group which has the highest prevalence rate.

10. *Who is the Corporate Family and how well do these services work together?*

- 10.1 Those who contribute to the care of children and young people who are looked after can be regarded as 'the Corporate Family'. Those who are particularly important in meeting the health needs of our LAC and young people include:

Table 6



11 *Inspections; CQC and Ofsted*

- 11.1 In July 2016, The Care Quality Commission (CQC) conducted an inspection of health services for LAC and safeguarding in Wolverhampton to explore the effectiveness of health services we offer, and how we work together in partnership with other agencies. Their report was published in February 2017. Overall, they reported that services were well led by WCCG and that the health services provided in the City are adequate.
- 11.2 Ofsted arrived in Wolverhampton on the 16th January 2017 and the report was published on 31st March 2017. The judgement for LAC was 'good', however the report did highlight on-going challenges around inequality of care, including social, education and health provided to those children placed a distance from Wolverhampton.
- 11.3 Key recommendations from the inspections for LAC health have been effectively implemented, and will be monitored through the Health Steering Group.

12 *The CQC looked at:*

- The role of healthcare organisations in understanding risk factors, identifying needs, communicating effectively with children and families, and liaising with other agencies.

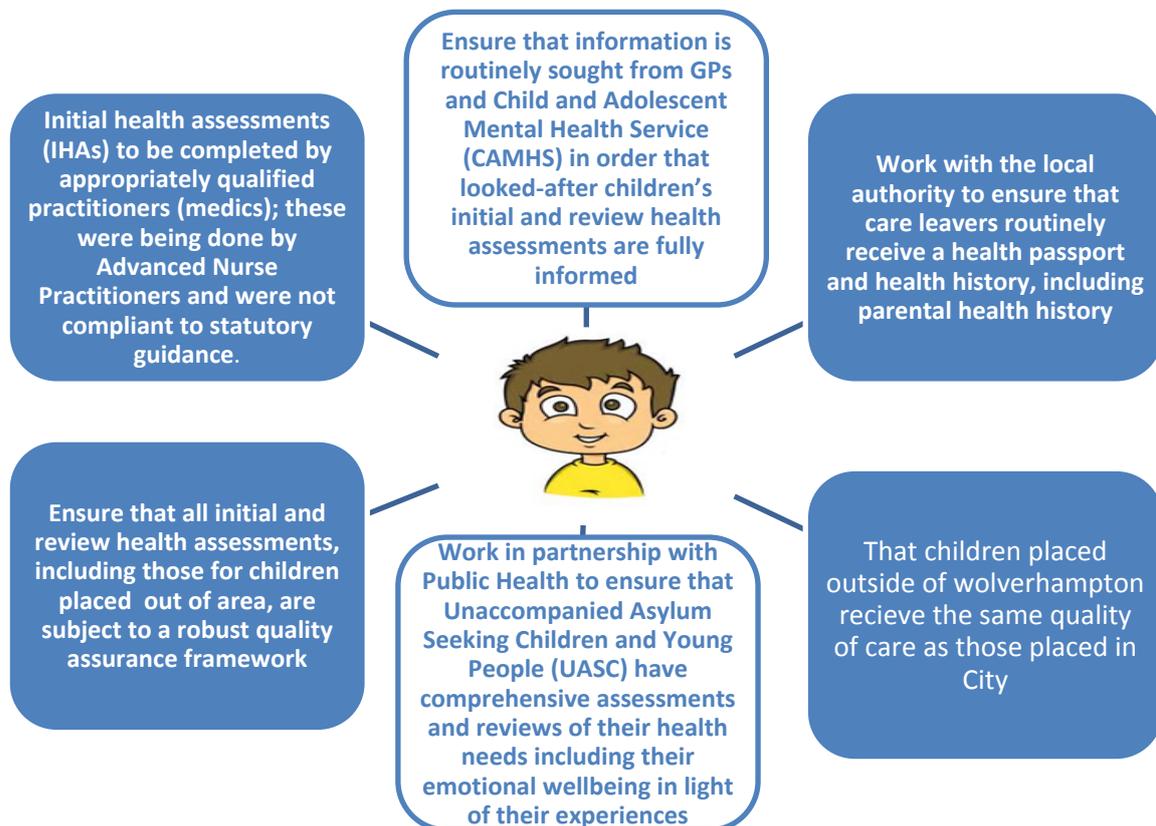
- The contribution of health services in promoting and improving the health and wellbeing of looked after children including carrying out health assessments and providing appropriate services.

13 What they told us we were doing well...

- In health there is strong leadership from the designated nurse for LAC.
- WCCG governance arrangements are in place and are effective.
- Health assessments effectively capture the voice of the child.
- The LAC steering group is an effective forum for the partnership to continue to take the service forward.

14. Recommendations for improvement included:

Table 7



15. What we are doing as a result:

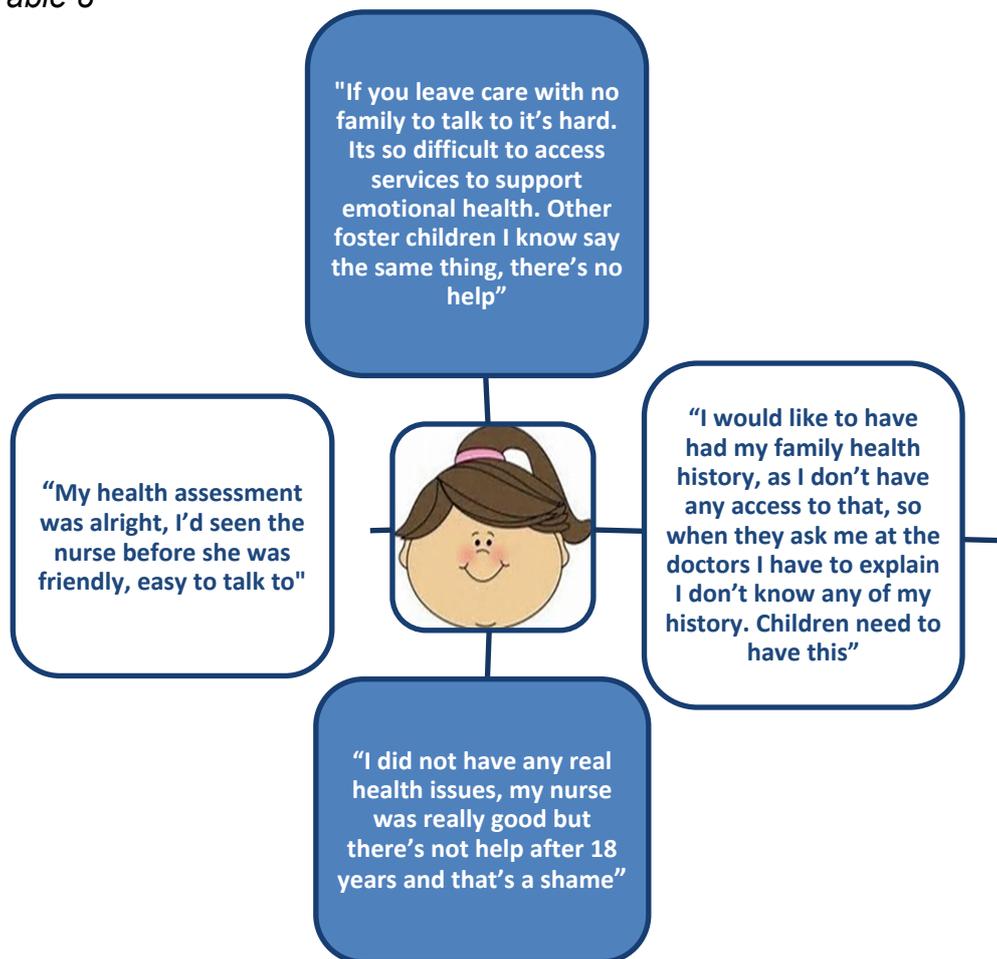
- Training programme delivered by Named Nurse has achieved 100% compliance within school nursing service and 81% within health visiting service. This includes training on the health needs of USAC

- WCCG safeguarding team have included a presentation on USAC in the level 3 safeguarding training for GP's and practise nurses. With 90 professionals booked onto Octobers training, it will be delivered by Designated Doctors at Wolverhampton Science Park.
- Health organise an interpreter to support all UASC during their health assessments to ensure good communication in order to accurately identify any physical or mental health needs
- All initial health assessments are undertaken by a medical professional.
- Business plan submitted by the DNLAC to ensure that we are able to offer those children placed outside of the City have a dedicated health professional to oversee their health needs, including those transitioning into adulthood. WCCG are leading a Strategic Group to receive assurance from each organisation of the implementation of the wider action plan.
- The Named Nurse LAC requests updates of interventions by the CAMHS to inform health assessments and LAC reviews where needed. For those placed further afield, the health professional undertaking the assessment will contact the DNLAC who will liaise directly with CAMHS, should more information be required.

15.1 All actions have been addressed and implemented and these will be monitored through the LAC Health Steering Group and Provider safeguarding forums, attended by Designated safeguarding leads.

16. What the young people told them...

Table 8

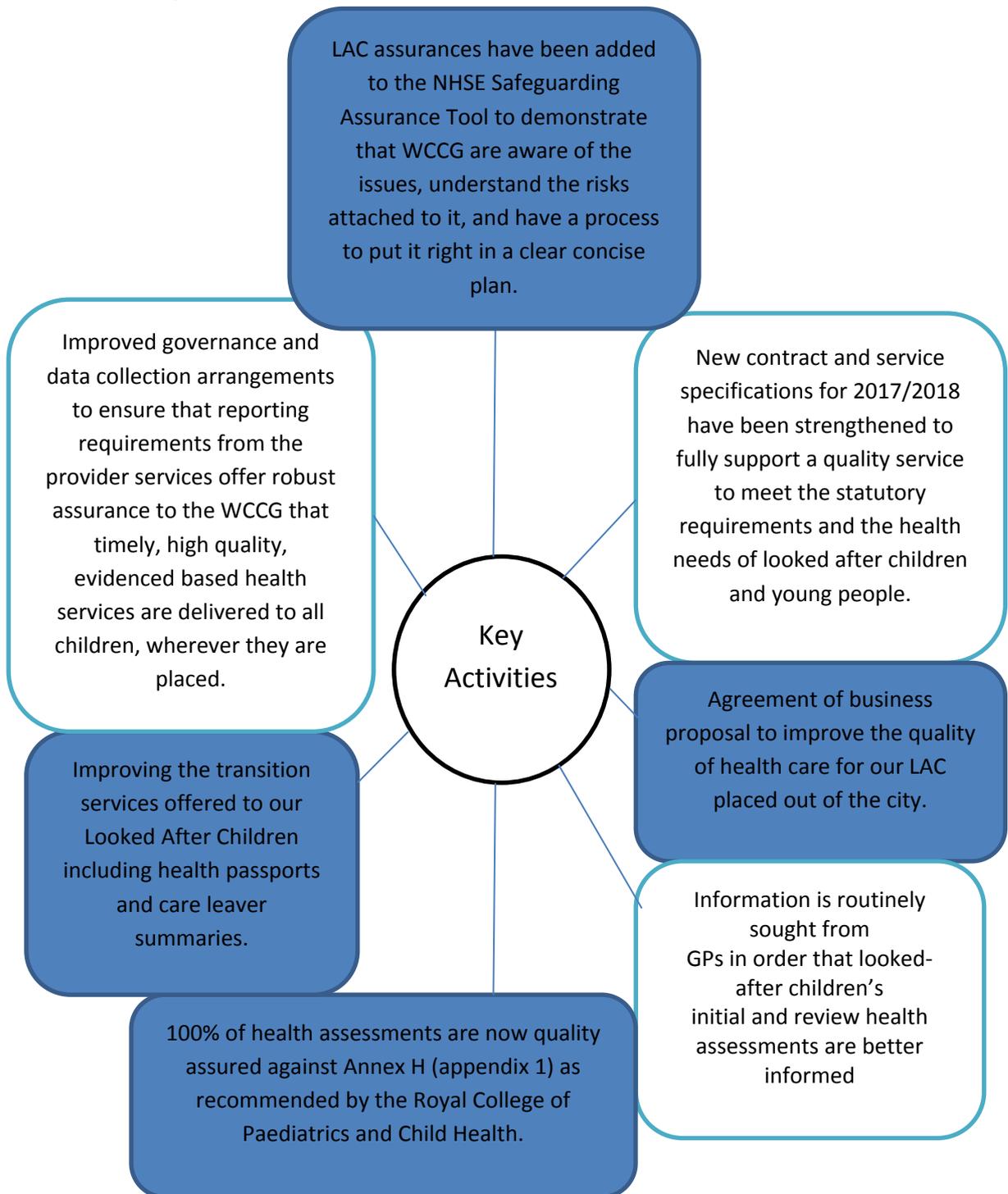


17. What we are doing as a result:

- Business proposal to the Provider includes more dedicated health support for those young people leaving care.
- All young people are offered a leaving care health summary including a GP summary.
- Implementation of health passports for all of our children in care.
- Quality assurance of health assessments continue to focus on the voice of the child, with action plans and summaries reflecting their wishes and feelings, evidencing that they are involved in decisions made about them.

18. Work activities completed between September 2016 and August 2017.

Table 9 - Key activities



19. 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.

20. *On-going pieces of work*

20.1 *Consistent high quality*

- Implementation of a national database containing exemplars of good practise to address the unwarranted variation for LAC. This has been led by NHSE, with input from Designated LAC professionals, and will inform the Standard Approach document.

20.2 *Provider assurance*

- In order to ensure robust reporting arrangements are in place, designated leads at WCCG continue to work with the Heads of Service in provider organisations and the LA.
- Improved governance and data collection arrangements to ensure that reporting requirements from the provider services offer robust assurance to the WCCG.
- A template has been developed by the WCCG Safeguarding Team which reflects the Safeguarding Assurance Framework for services commissioned by WCCG. This has been agreed to be used by the Heads of Safeguarding for RWT and BCPFT (CAMHS) prior to its inclusion in contracts 20017/18.

20.3 *Audit and Analysis*

- A more robust case file audit programme by Provider services, to focus on the quality of health assessments, waiting times, and therapeutic interventions to. offered to both children and carers. This will reflect the more robust reporting requirements, alongside issues identified through service user feedback, practitioner discussion and initial findings CQC.
- Findings will be discussed within the LAC steering groups, and included in future annual reports to the Corporate Parenting Board.

20.4 Policy

- A number of policies are being reviewed and 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.

21. Future Plans

- The Designated Nurse LAC is vice chair of the regional LAC forum, and a member of the national Group. She has also been asked by NHSE to represent the region at the newly developed national expert reference group.

Attendance at this forum will enable WCCG to:

- Participate in the decision-making process in clinical service planning and delivery for our LAC on a national level.
 - Debate and be involved in developing clinical recommendations that improve services for LAC nationally.
 - Be involved in innovate new models of care and service delivery.
 - Provide assurance and expert advice to WCCG and the Corporate Parenting Board.
- Implementation of the revised LAC service, to ensure that children placed outside of Wolverhampton receive a high quality, timely health service in line with those placed in City. This includes expansion of Provider health team.
 - 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.
 - WCCG to 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.
 - Electronic transfer of health assessment documentation to secure email addresses within the LA, and generic consent.
 - Robust, consistent quality assurance of therapeutic placements to ensure that children are appropriately placed.



Wolverhampton
Clinical Commissioning Group