

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.

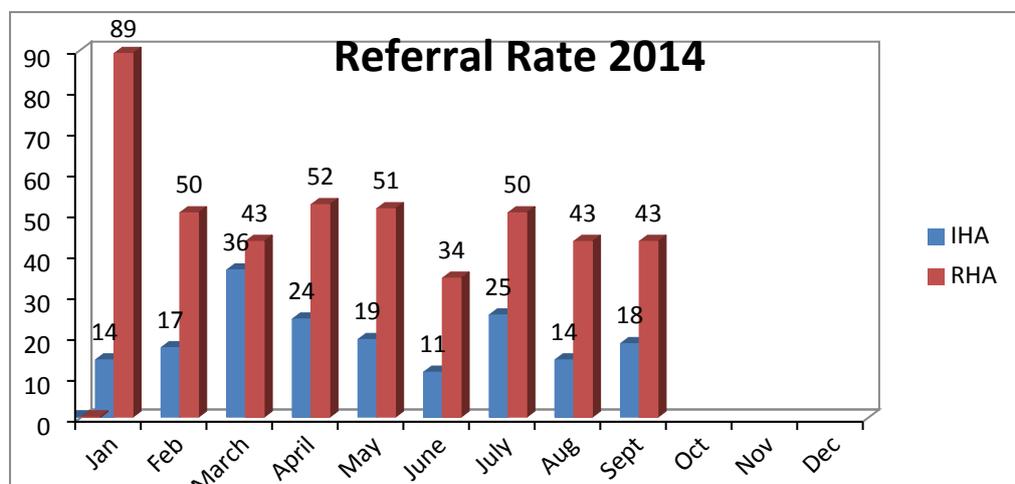
7.1 Throughout the reporting timeframe a number of changes to working arrangements have occurred directly impacting on the coordination of Review Health Assessment for Wolverhampton Children placed outside of Wolverhampton.

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