The Royal Wolverhampton NHS Trust

Children & Young People in Care (CYPiC) Annual Assurance Report – 2018/19
6 November 2019

Agenda Item No: 9.2

Safe & Effective | Kind & Caring | Exceeding Expectation

Trust Board Report

Meeting Date:	6th November 2019
Title:	The Royal Wolverhampton NHS Trust Children & Young People in Care (CYPiC) Annual Assurance Report – 2018/19
Executive Summary:	The RWT Children and Young People in Care Annual Assurance Report 2018-19 is presented to the Trust Board to provide assurance that the organisation is fulfilling its CYPiC obligations as defined within the assurance framework (Appendix 1, number 7). In addition the report is to provide assurance to the Board and regulators (CQC and NHSI) that the activity of the CYPiC service has developed over the year and to appraise the Board regarding the activity and function of the service and the support it provides to operational and clinical service delivery.
Action Requested:	For the Board to receive the report and note its contents
For the attention of the Board	
Assure	• There have been significant positive changes made by the CYPiC service over this time period, as described in the policy, including the increase in staffing levels of all staff groups, the ability to undertake review health assessments of Wolverhampton children and young people who are placed up to 50 miles out of the Wolverhampton area, phase 1 of the introduction of a robust database to capture information more accurately, improved quality initial and review health assessments being undertaken in a more timely manner and the introduction of health passports for young people leaving care.
Advise	• Due to the number of CYPiC with high level needs, towards the end of this time period there has been a slight decline in the overall performance, coupled with an increase in the number of CYPiC being admitted to the paediatric and adult areas of the Trust. This has led to a significant increase in the demand for specialist support of the CYPiC team, which has resulted in prioritisation of service provision and the need to expand the workforce in line with service demand.
Alert	• Due to the increase in demand for the CYPiC service, risk assessments relating to demand have been completed and progressed in line with Trust governance processes. In addition, the key issues have been discussed with the CCG and local authority. A business case has been written which is currently following Trust processes; this recommends an increase in workforce of various grades. In particular, this would ensure that the CYPiC who are out of Wolverhampton residents, but are placed in Wolverhampton and who become inpatients are afforded appropriate care and support, and for their length of stay and therapeutic care to be significantly improved, and also for staff who support these CYPiC to have a robust training to deliver improved care to this vulnerable group of children and young people.
Author + Contact Details:	julieplant@nhs.net Senior Matron Tel 01902 695148 Dr Latha Tirupatikumara – Named Doctor for Children and Young People in Care Emma Allan-Smith – Named Nurse for Children & Young People in Care Danuta Buick – Named Nurse for Children & Young People in Care Tel: 01902 444351 rwh-tr-LookedAfterChildren@nhs.net
Links to Trust Strategic Objectives	1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services 6. Be in the top 25% of all key performance indicators

Resource Implications:	This report refers to the expansion of the CYPiC Team for which a business case is currently in progress. This will require an expansion of the current workforce for which support from the Trust and CCG for additional revenue will be required.
Report Data Caveats	This is an annual report using the previous year's data and additionally qualitative data in the form of case studies and testimonials is provided on pages 13-15.

CQC Domains	**Safe:** patients, staff and the public are protected from abuse and avoidable harm. **Effective:** care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence. **Caring:** staff involve and treat everyone with compassion, kindness, dignity and respect. **Responsive:** services are organised so that they meet people's needs. **Well-led:** the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
Equality and Diversity Impact	No equality impact – CYPiC Service provides equality in care of all CYPiC.
Risks: BAF/ TRR	The current risk associated with capacity and demand of the CYPiC team is risk number 4812. Additionally, a further risk assessment associated with activity and workforce was presented to the Children's Services Directorate Governance Meeting on 25th October 2019 and is being uploaded to the TRR.
Risk: Appetite	Development of service will reduce risks identified.
Public or Private:	Public as no patient identifiable factors are noted.
Other formal bodies involved:	Items raised previously at: Children and Young People in Care monthly meetings Children's Services Directorate meetings 2018/19 Children's Services Governance meetings 2018/19 Trust Safeguarding Operational Group throughout 2018/19 Wolverhampton Clinical Commissioning Group Children and Young People in Care Steering Group – bi-monthly Children and Young People in Care Operational Meeting
References	Appendix 1 – Assurance Framework Appendix 2 - Children and Young People in Care Team 2018/2019 Appendix 3 – Annex H Appendix 4 - Pathways
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Contents

Introduction

The Trust is commissioned to undertake initial health assessments (IHA), review health assessments (RHA) and adoption medicals for Children and Young People in Care (CYPiC) within the following categories;

- Those placed by Wolverhampton Local Authority in Wolverhampton.
- Those placed by Wolverhampton Local Authority up to 50 miles of Wolverhampton city centre.
- Those children placed within Wolverhampton by other Local Authorities when requested.

Statutory guidance states that IHAs are completed within 28 days of the child or young person entering care, which includes the report being available in time for the first statutory review by the Independent Reviewing Officer (IRO). IHAs are completed by Community Paediatricians.

RHAs are completed by CYPiC Named Nurses, Paediatric Advanced Nurse Practitioners and the 0-19 service practitioners. These are completed every 6 months for children under 5 years of age and every year for those over 5 years. The resulting health plan must always be in date and 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.

Appendix 1 – Assurance Framework

Named Nurse & Named Doctor for CYPiC Roles

All CYPiC Nurses are registered nurses with additional experience and additional nursing qualifications including health visiting, school nursing, sexual health, community practice teaching and counselling.

The Named Doctor is a Consultant Community Paediatrician (Team Structure - Appendix 2) who, together with the administration team, is the additional member of the CYPiC team.

In addition to the CYPiC Nurses and Doctors role to assess needs, significant additional activity is undertaken. The additional roles include the following, although this is not an exhaustive list:-

1. Participation at CYPiC reviews, professional meetings and network meetings.
2. Attend, support and participate in education health care plans
3. Determining packages of care for individual children and young people.
4. Working with other agencies both within and outside of health services.
5. Making direct referrals to GP and other specialities.
6. Safeguarding responsibilities.
7. Attendance at local foster carer support groups.
8. Attendance at Multi Agency Sexual Exploitation (MASE) meetings.
9. Delivery of training to 0-19 service, acute paediatric ward practitioners, social workers and foster carers.
10. Educational opportunities - placements and shadowing experiences for RWT staff.
11. Attendance of CYPiC City of Wolverhampton Council and CCG events.
12. Compilation of Leaving Care Health Summaries (LCHSs).
13. Ensuring clinical governance and audit measures are in place throughout service delivery.
14. Provision of clinical supervision for professionals with any CYPiC related concerns.
15. Provision of medical advice to the Local Authority Adoption Panel
16. Completion of adoption medicals and report writing.

Performance Report April 2018 to March 2019

How has the service improved

In 2015 the CQC review of health services for Children Looked After and Safeguarding in Wolverhampton identified the following recommendations:

- *Initial health assessments to be undertaken by appropriately qualified clinicians (Doctors) in line with statutory guidance and in a timely way.* All IHAs are now completed by medical staff.
- *Ensure that IHAs and RHAs of unaccompanied asylum seeking children (UASC) have appropriate interpreting support and are undertaken by appropriately qualified practitioners who have undertaken specific training on the asylum seeking experience.* The CYPiC policy was updated and this highlights all UASCs are seen by the CYPiC Team who have accessed specific UASC training, which includes the provision of interpreting support for asylum seeking young people at each consultation.
- *All health assessments are subject to effective quality assurance* – 100% of health assessments are now quality assured against Annex H (Appendix 3) – this is also a measured key performance indicator.
- *Ensure that relevant health professionals involved with CYPiC are invited to contribute to inform the child's health assessment and that the resultant assessment and health plan is shared appropriately.* GP summaries are all being requested, CAMHS professional meeting minutes are shared with practitioners and a new administration Standard Operating Procedure (SOP) is in place.
- *Care leavers to be offered a Leaving Care Health Summary.* A pathway is in place and is reviewed at the steering group and added to KPI's. Health passports have been introduced.
- *Ensure that there are robust supervision arrangements in place for clinicians and practitioners including those involved in assessing and meeting the health needs of CYPiC.* 0-19 service has been offered formal supervision sessions via team meetings, opportunistic supervision offered and advice logs have been introduced.

In addition and as a result of reviewing the service needs the following issues were also identified and addressed.

- *Inadequate levels of administration staff* - Administration staffing levels have increased from 1.5 WTE to 3 WTE.
- *Adoption administration and CYPiC administration working in isolation* – Adoption administrator (0.75 WTE) has joined the CYPiC team and processes have been aligned.

- *No Named Doctor* – A Named Doctor is now in post and the amalgamation of adoption and IHA clinics have taken place to improve capacity.
- *Lack of standardised escalation processes* - Standardised operational procedures have been produced, the CYPiC policy has been ratified, weekly allocation meetings and monthly team meetings have been introduced, as has the introduction of a team action log.
- *Three data spreadsheets in use to collate data, not GDPR compliant* – A new database devised and implemented combining all previous data.
- *Limited previous representation of the needs of CYPiC within RWT* - Named CYPiC professional's attendance at all Trust Safeguarding Operational Group (TSOG) and Directorate Operational and Governance meetings. Training has been delivered to Trust Board and CYPiC council training facilitated.
- *Absence of training being delivered to staff* – A training package has been developed and reviewed, an annual training schedule is now in place, training sessions have been delivered to Trust Board, medical staff, foster carers and 0-19 service.
- *A need to improve CYPiC health staff accessibility and joint working* – development of inter-agency pathways, e.g. MASE, Youth Offending Team and Local Authority drop-in (for Pathways see Appendix's 4).

Key Performance Indicator (KPI) Data

Initial Health Assessments:

The total of IHA's completed during this period was consistent with last year's requests at 110.

KPI	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Total IHAs completed	13	36	36	25
Total of requests completed within 13 working days	6	20	18	6
Number of completed IHA's QA'd	100%	100%	100%	100%

Review Health Assessments:

KPI	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Total RHA's completed	145	143	122	129
% of above RHA requests received on time	54%	78%	75%	74%
%of the above requests seen by due date	63%	84%	78%	92%
% of all RHA's QA within 5 working days	81%	85%	96%	86%

The final KPI is the percentage of all completed health assessments which are returned to all parties within 5 working days; Q1 - 86%, Q2 - 99% and this has remained at 100% for the last 2 quarters.

A total of 628 RHAs were recorded as being completed on the CYPiC database between April 2017 and March 2018. The CYPiC team completed 141 (22%) of these.

Between April 2018 and March 2019, a total of 677 RHAs are shown as completed of which 364 (54%) were completed by the CYPiC team, which is an increase of 32%.

Quality Assurance

All health assessments are quality assured (QA'd) by a named or designated professional against the Annex H tool and, in addition to this, a bi-annual dip sampling audit has been introduced to ensure robustness of the QA process and completion of health care plans.

The key findings from the dip sample audit in October 2018 for IHA's were:

- 20% of IHA's were completed within statutory timescales compared to 0% in 2017.
- The average number of working days from receipt of request to the return of the completed paperwork has reduced from 55.4 (2017) to 20.9.
- All health actions were evidenced and cross referenced.
- Areas that were noted for improvement were accuracy in documentation and improved referencing to emotional wellbeing and health promotion.

The key findings for RHAs were:

- 100% of RHAs reviewed had documented that all previous health actions had been completed compared to 35% in 2017.
- Evidence that emotional health had been considered was documented in 90% of RHAs reviewed and 85% of the health care plans were SMART (specific, measurable, achievable, relevant, timely) compared to 80% in 2017.
- The children and young people's wishes and feelings were evidenced in 100% of the RHAs reviewed, which has improved from 70% in 2017.
- Evidence that health promotion discussions has improved from 75% in 2017 to 95% in 2018.
- The amount of RHAs reviewed that were QA'd within 5 working days increased from 50% in 2017 to 85% with none being shown to take over 10 working days to complete.

The Named Doctor completed an audit of the NICE Quality Standards for Looked After Children and Young People https://www.nice.org.uk/Guidance/QS31.

- The aim was to audit the doctors' current practice against NICE quality standards that are relevant for health providers within the IHAs, and also to identify areas for quality improvement while working within agreed timescales. Key recommendations included: make all effort to provide paternal parental health (PH) forms, maternal obstetric history forms and GP summaries with the IHA for a holistic assessment.

- Every child should be given the opportunity to be seen alone without the carer if the clinician feels this is age appropriate (all CYP above 5 years).
- Social workers should complete life story work with CYP in such a way that CYP should develop an active interest in knowing/understanding health issues within their birth family.
- Improving health transition service so that confidence for self-referral to GP can be developed in the CYP especially regarding mental health issues.
- Professionals to read health passports, health action plans and accompanying forms/referrals rather than asking the CYP to repeat their health history again.

Service Development

There have been significant positive changes reflected within this report, however, with the expansion of the service and shifts in practice staffing levels, particularly nursing time, remains a significant issue. The team increased from 1 to 2 WTE Named Nurses to address the expansion, however, the volume of RHAs completed has more than doubled. The out of area assessments include travel of up to 50 miles from Wolverhampton City centre and addressing the needs which arise in areas out of Wolverhampton where services are not as robust as within our City.

Over the past 12 months there has been an increased number of CYPiC admitted to Ward A21. A piece of work has commenced to analyse length of stay of children over 2 days and to assess how many of these are CYPiC. A business case has commenced but is on hold awaiting the results of this. Also, there is an increase in the number of 16-18 year old CYPiC placed on adult wards who require additional training.

A recent team review of both NICE guidance (https://www.nice.org.uk/Guidance/QS31) and the Looked after Children Intercollegiate framework (RCPCH 2015) (https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge_skills_and_competence_of_healthcare_staff.pdf) has been undertaken and the gaps in service highlighted within a risk assessment.

Areas for improvement over the next 12 months include:

- Business case to be written to include additional nursing staff.
- Phase 2 of the database development to be devised.
- Increase the Named Nurse availability to carers and SW's through more frequent drop-in sessions, targeted contacts, more frequent reviews of health care plans if identified in the CYPiCs' RHA.
- Improved liaison with local residential children's homes.
- Named Nurses to offer specific case management and more intensive support for complex cases, particularly where there is limited engagement with other services, increased risk of placement breakdown or inappropriate use of acute services, e.g. A&E attendances, extended/frequent hospital admissions.
- To improve collaborative working with CAMHS.
- To support the Trust to address the gap in CYPiC awareness training.
- Actively work with those transitioning (16-18yrs) by providing more comprehensive leaving care health summaries, and improving engagement with transitioning YP.
- Monitor trends, quality and appropriateness of referrals and identify gaps, duplications, and blockages to systems and take appropriate actions.

- Be able to identify unmet health needs/gaps in service provision and promote innovative service solutions.
- To address DNA rates.
- Ratification of KPIs as discussed in Quarter 3 2018.

Case Studies & Professional Testimonials

CHILD A

Background: Child A is a 17 year old girl with learning difficulties, attachment disorder and attention deficit disorder. She has recently returned to her family in Wolverhampton having previously been placed at a residential unit out of area and is subject to a full care order. She came to the attention of the CYPiC team initially as a result of numerous attendances in the Emergency Department (ED), mainly for emotional difficulties.

Intervention: In May 2018 following 10 ED notifications the CYPiC team contacted the Social Worker to offer support for Child A. Support was not accessed at this time and concerns continued to be raised with the team via the paediatric liaison team. In October 2018 following numerous conversations and discussions with LA staff, concerns were raised by the CYPiC nurse to the social worker, the line manager and independent reviewing officer and a professionals meeting was held. The CYPiC nurse liaised with both A&E staff and safeguarding prior to the meeting and was able to share key health information to both CAMHS and LA staff which empowered them to implement alternative strategies and management plans with carers and Child A.

Following the professionals meeting, the CYPiC nurse completed a home visit with the intention of completing a RHA. Support and advice was offered to the carer and, whilst Child A refused her RHA she did engage a little whilst remaining in bed. The CYPiC review was attended to support Child A, following which she agreed to see the Named Nurse again for her RHA. In November 2018 a second home visit was undertaken; this was a 2 hour visit which incorporated her RHA. As a result of information shared and consent from both the carer and Child A, the GP was contacted and concerns shared to help overcome the barriers to attendance. SW and CAMHS liaison continued and multi-agency support and care plan was instigated.

Outcome: Child A has now returned to school part-time, is taking her medication as prescribed and is attending therapeutic CAMHS appointments. As a result, her ED attendances have reduced. During the 5 months prior to October 2018 there were 18 ED attendances recorded and only 4 in the past 6 months. A leaving care health summary has been issued.

Moving forward: Child A continues to have CAMHS and Local Authority support, however, the current CYPiC Named Nurse capacity prevents the team from offering ongoing support. The CYPiC team will continue to be notified of all ED attendances and the SW has access to advice at the weekly nurse drop-in sessions should further intervention be required. The next routine contact for Child A and her carer

will be November 2019 for her RHA, at which point she will be discharged to the care of her GP.

CHILD B

Background: Child B is 14 years of age, was living with her maternal grandmother in Wolverhampton who had given notice on the placement due to her inability to keep Child B safe and frustrations that the LA had identified the need for Child B to be placed in foster care and after 7 months no placement had been identified. Child B was not in education, employment or training (NEET) therefore she did not have a school nurse allocated to her. The health overview responsibility remained with the CYPiC team.

Intervention: CYPiC team were requested to attend a MASE meeting. Significantly high concerns were raised in relation to child sexual abuse (CSE) and the need to continue to aim to disrupt the relationship with the perpetrator by building a relationship with Child B was key. Child B had identified health needs including cannabis use, poor sleep, delayed immunisations and back pain, which to date had not been explored thoroughly. There had been weekly attempts to engage with Child B.

What was key to note at the MASE review was that there had been a delay in finding Child B a placement – the courts had identified the need for a therapeutic placement with access to education. It was escalated via the CYPiC team to heads of service that there was a significant delay which increased the risk of further harm to Child B by the perpetrator. The CYPiC team supported the social worker to arrange a multi-agency meeting to prepare for the External Placement Panel (EPP). The CYPiC nurse attended the EPP to share concerns once more and represented health in the absence of a health worker.

Outcome: Child B was placed in a secure placement out of area within a month of the meeting.

It is key to note it was felt that the escalation of concerns to heads of service and supporting the social work team with the process of EPP and MASE, aided B to be placed. Child B had not received any consistent education for a number of years, since commencement of her placement, Child B is attending education provision 75% of the time. No further concerns regarding the perpetrator have been highlighted which has resulted in the MASE plan being closed.

"Thank you for the training today it refreshed my enthusiasm and encouraged me to ensure correct practice"

"I feel really supported and that I can call for advice and support from the CYPiC Nurses. Thank you"

0-19 Service Feedback

"The training sessions have been thoroughly enjoyable and informative"

Local Authority and CCG Feedback

"Just wanted to say thank you to you and your colleagues for the way you are completing the LAC medicals papers. I have noted of late they are robust and comprehensive, but importantly for me I can sense the child is at the centre of the process and his/her views are sought, the child is put at ease by the practitioner and time and effort is put in to complete the form to reflect the meeting".

They are lovely to read from this end… Please let your colleagues know….

Independent Reviewing Officer/Child Protection Conference Chair

"Excellent support as ever" CYPiC Social Worker.

Appendix 1 – Assurance Framework

Assurance Framework for Services commissioned by Wolverhampton Clinical Commissioning Group

RE:

Safeguarding Children and Adults with Care and Support Needs

Wolverhampton Clinical Commissioning Group (WCCG) as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place (Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework 2015).

Safeguarding forms part of the NHS standard contract (service condition 32) and commissioners need to agree with their providers, through local negotiation, what contracting monitoring processes are used to demonstrate compliance with safeguarding duties.

WCCG must gain assurance from all its commissioned services throughout the year to ensure continuous improvement. Assurance may consist of assurance visits, section 11 audits, formal reports, dashboards and attendance at provider safeguarding committees.

The following framework has been developed by WCCG Safeguarding Team in collaboration with the Quality Coordinators (WCCG) and the Heads of Safeguarding for RWT & BCPFT.

The aim is to enable all providers of services commissioned by WCCG to provide assurances to WCCG on their safeguarding arrangements in a way that:

- Provides consistency of reporting
- Eliminates duplication
- Identifies timings for the provision of information

This assurance tool outlines the safeguarding compliance from health organisations as required by NHS England and WCCG. The evidence collected will provide a portfolio of evidence for the CQC and Monitor/TDA.

1 Health providers are required to demonstrate clear governance arrangements, that they have safeguarding leadership, expertise and commitment at all levels of their organisation and that they are fully engaged and in support of local accountability and assurance structures, the LSCBs and SABs priorities, and in regular monitoring meetings with commissioners.
How: Review of organisations accountability and assurance structure. **Frequency**: Annual submission.

2 All health providers are required to have effective arrangements in place to safeguarding children and adults at risk of abuse or neglect; are compliant with the Counter-Terrorism and Security Act 2015, and to assure themselves, regulators and their commissioner that these are working. These arrangements include: ➢ Safe recruitment practices and arrangements for dealing with allegations against people who work with children or vulnerable children as appropriate. ➢ A suite of safeguarding policies. ➢ Effective arrangements for engaging and working in partnership with other agencies. ➢ Identification of a Named Doctor and Named Nurse (and a Named Midwife if the organisation provides maternity services) for safeguarding children. In the case of out of hours services, ambulance trusts and independent providers, this could be a named professional from any relevant health or social care background. ➢ Named professionals for Looked After Children. ➢ Identification of a Named Lead for Adult Safeguarding. ➢ MCA lead – this must include the statutory role for managing adult safeguarding allegations against staff. ➢ Prevent Lead. ➢ Developing an organisational culture such that all staff are aware of their personal responsibility to report concerns and to ensure that poor practice is identified and tackled. ➢ Policies, arrangements and records to ensure consent to care and treatment is obtained in line with legislation and guidance including the MCA 2005 and Children Acts 1989/2004.
How: Review of the organisations safeguarding arrangements using an appropriate tool to be agreed by the individual provider and WCCG. Safeguarding Assurance Visit **Frequency**: Annual submission

3 Health providers must ensure the effective training of all staff commensurate with their role and in accordance with updated intercollegiate competencies relating to: ➢ Safeguarding Adults ➢ Safeguarding Children ➢ Looked After Children ➢ Prevent ➢ Domestic Violence ➢ MCA and DOLS
How: Safeguarding Dashboard. Report exceptions/non-compliance through CQRM **Frequency**: Quarterly

4 Safeguarding Named Doctor/Nurse/Midwife/Named Professionals have access to advice and support and a minimum of quarterly supervision with Designated Professionals.
How: Safeguarding Dashboard. Report exceptions/non-compliance through CQRM **Frequency**: Quarterly

5 Professionals supervising staff or working on a day to day basis with children and families should have child and adult protection supervision available to them appropriate to their role and responsibility in order to promote good standards of practice.
How: Safeguarding Dashboard **Frequency**: Recorded Monthly Reported Quarterly CQRM

6a Health providers are required to provide chronologies and reports for SCRs, DHRs, SARs on time and in line with WSCB, WSAB and Wolverhampton Safer Working Partnership Board Terms of Reference and templates. Resulting organisational action plans must be addressed as agreed by the WSCB/WSABs/DHR Standing Panel.
How: Annual review of the organisations arrangements to achieve compliance. **Frequency**: Annual submission
6b Health providers are required to demonstrate that recommendations and learning from all types of learning reviews are distributed to relevant staff and there is evidence of practice change.
How: Updates against individual action plans. **Frequency**: Annual submission to provide evidence of how learning is disseminated to relevant staff and evidence of change of practice following completion of recommendations. Quarterly - CQRM

7 Health providers are required to demonstrate they have effective arrangements for engaging and working in partnership with other agencies to ensure that Looked After Children receive quality health services in a timely way in line with their peers.
How: Report the numbers of requests for Initial and Review Health Assessments; the Percentage of those completed within statutory timescales Safeguarding Dashboard; and compliant against Annex H quality assurance tool. **Frequency**: Quarterly

8 Health providers are required to provide evidence that staff are aware of the importance of listening to children, young people and adults with care and support needs.
How: Evidence that the voice of the child; experience of the Service User has been sought. Evidence that the principles that underpin the Care Act (2014) are applied – promotion of well-being and putting service users at the centre of all adult safeguarding by making

safeguarding personal to each individual. **Frequency**: Annual Submission

9 Health providers are required to provide evidence that patient assessment processes within the organisation identify appropriate risk and need, and result in an appropriate response; including where the criteria for statutory enquiries are not met.
How: Through internal audit/ numbers of Early Help Assessments where a health professional is the lead professional. **Frequency**: Quarterly - CQRM

10 Health providers are required to provide evidence of incremental improvement of processes over time through; regular evaluation through audit, leading to required improvements in light of their efficiency, effectiveness and flexibility.
How: Reporting of findings of safeguarding audits and updates against resulting action plans. **Frequency**: Quarterly submission CQRM

11 Health providers are required to provide evidence and assurance that they are responding to National Reports and Inquiries.
How: Reporting on the implications of recommendations made in the Inquiries on their specific organisation and the resulting action plan with subsequent updates. **Frequency**: Quarterly submission CQRM

Appendix 2 – CYPiC Health Team

Wolverhampton Clinical Commissioning Group

Designated Professionals:

Stephanie Simon – Designated Doctor CYPiC – 01902 445575

stephaniesimon@nhs.net

Fiona Brennan – Designated Named Nurse CYPiC – 01902 442702

f.brennan@nhs.net

Commissions all Review and Initial Health Assessments for Wolverhampton Children; up to 50 miles - RWT. Over 50 miles - hosting area. Quality assures those placed outside of the City.

Royal Wolverhampton Hospital Trust

Emma Allan-Smith – Named Nurse for CYPiC

Emma oversees the Review Health Assessments for CYPiC placed within Wolverhampton and bordering counties. Quality assures those placed in City.

emma.allan-smith12@nhs.net

01902 444349

07825125459

Danny Buick – Named Nurse for CYPiC

Danny oversees the Review Health Assessments for CYPiC placed 20-50miles from Wolverhampton. Quality assures those placed in City.

danuta.buick@nhs.net

01902 444349

07770825708

Latha Tirupatikumara – Named Doctor for CYPiC - 01902 446316

latha.tirupatikumara@nhs.net

Appendix 3 – Annex H

Annex H: Health Assessment for Looked after children checklist tool

This should be completed by the health assessor and sent to the **responsible commissioner / designated professional.** The checklist will be reviewed by the **responsible commissioner / designated professional** to support payment against the agreed quality.

For additional guidance on roles, competences of healthcare staff please see: Looked after children, Knowledge, skills and competence of health care staff. Intercollegiate role framework, Published by the Royal College of Nursing and the Royal College of Paediatrics and Child Health - May 2012

http://www.rcpch.ac.uk/system/files/protected/page/RCPCH_RCN_LAC_2012.pdf

Child's Name			
NHS Number			
Date of Health Assessment[168]			
Date of request for Health Assessment			
Assessment completed by: .			
Qualification: Nurse, Midwife, Doctor			
Competent to level 3 of the Intercollegiate Competency Framework	Yes	No	Please delete as appropriate
Section 2			
The Summary Report and Recommendations should be typed and include: • Pre-exisiting health issues • Any newly identified health issues			
• Recommendations with clear time scales and identified responsible person			
• Evidence that referrals to appropriate services have been made.			
• A chronology or medical history including identified risk factors.			
• An up to date Immunisation summary			
• Summary of Child Health Screening			
• Any outstanding Health Appointments			
Section 3			
Child or Young Person's Consent for Assessment (where appropriate)			
Where the Young Person is over 16years written consent has been obtained for release of GP summary records, including immunisations and screening to a third party.			
Evidence that the child or young person was offered the opportunity to be seen alone.			
Evidence that child or young person's concerns/comments have been sought and			

[168] This should be within 28 days of the request.

recorded			
Evidence that Carer's concerns/comments have been sought and recorded.			
Evidence that information has been gathered to inform the Assessment from from the placing Social Worker other health professionals providing care eg (CAMHS, Therapies, Hospital services, GP)			
Is the child or young person is registered with a GP in the area			
The child or young person is registered with a Dentist or has access to dental treatment. .			
Date of most recent Dental check or if the subject has refused this intervention			
The child or young person has been seen by an optician Date of most recent eye test or if the subject has refused this intervention.			
Any developmental or learning needs have been assessed and any identified concerns documented			
Emotional, behavioral needs have been assessed and any identified concerns documented			
Lifestyle issues discussed and health promotion information given.			
Recommendations have clear time scales and identified responsible person (s)			
Signed			
Dated:			

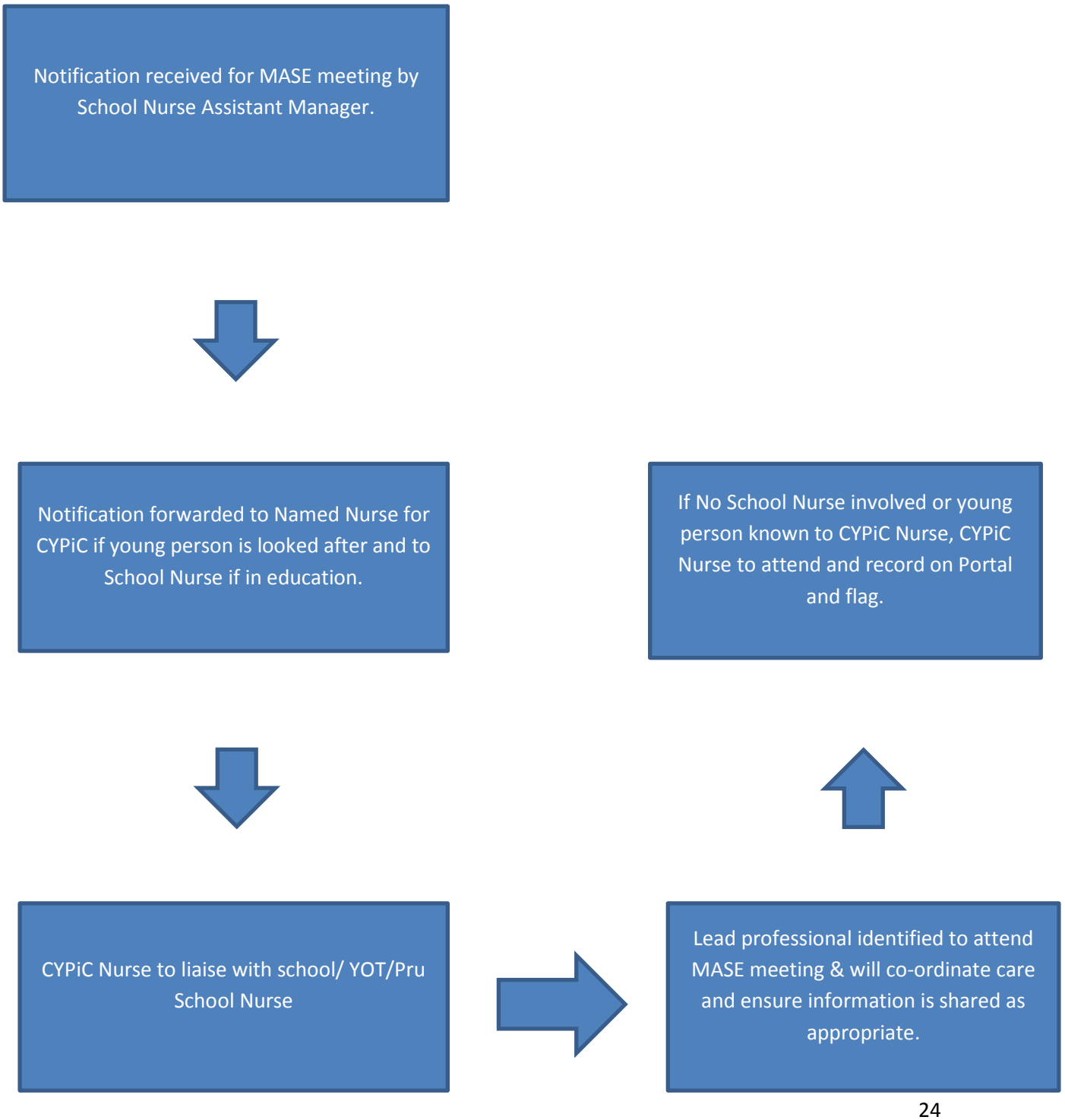
Please also see the following guidance

1) Promoting the health and wellbeing of looked after children - revised statutory guidance
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108501

2) Who pays? Determining responsibility for payment to providers
http://www.commissioningboard.nhs.uk/files/2012/12/who-pays.pdf

Appendix 4 – CYPiC Pathways

Children and Young People in Care Based in Wolverhampton Multi-Agency Sexual Exploitation Pathway



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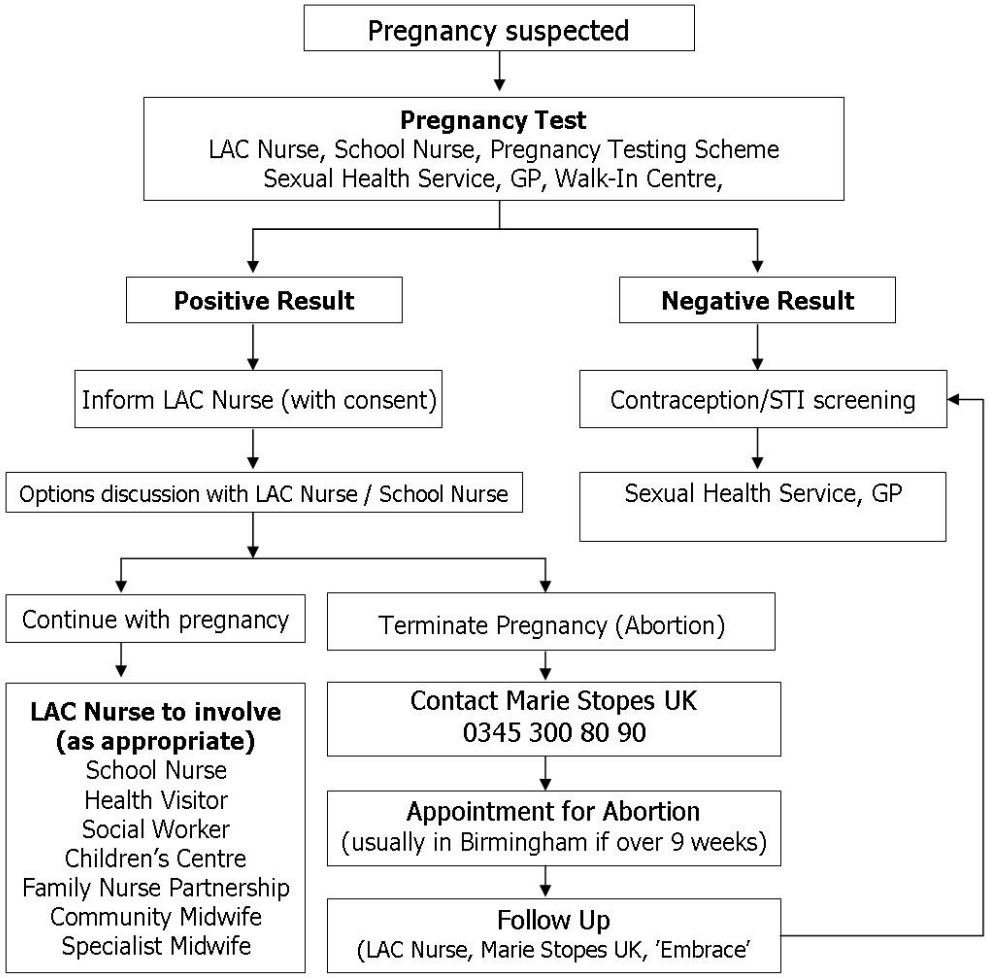
NHS Trust

PREGNANCY PATHWAY FOR LOOKED AFTER CHILDREN (LAC)



Contact Details

LAC Nurse - 01902 444351

'Embrace' Sexual Health Service - 01902 444444

Walk In Centre - Phoenix Health Centre, Parkfield Road, Parkfields, WV4 6ED

Community Midwife - Via GP surgery.

Health Visitor, Vulnerable Families - Based at The Gem Centre 01902 442536

Family Nurse Partnership - The Gem Centre 01902 446288

Marie Stopes UK - 0345 300 80 90

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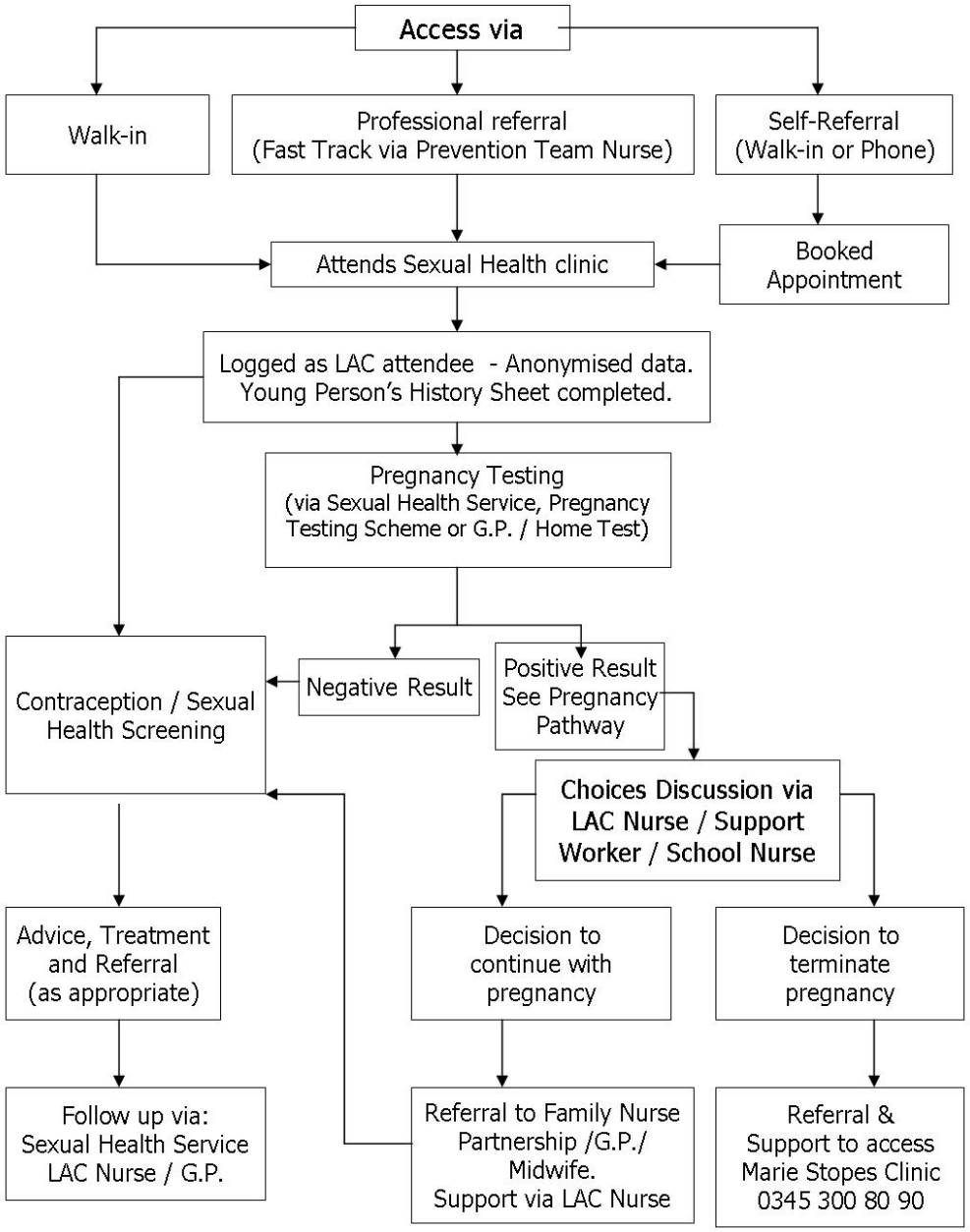
The Royal Wolverhampton NHS
NHS Trust

INTEGRATED SEXUAL HEALTH PATHWAY FOR LOOKED AFTER CHILDREN (LAC)

ATTENDING 'Embrace' WOLVERHAMPTON SEXUAL HEALTH SERVICE.
MAIN CLINIC - THE FOWLER CENTRE, BUILDING 3, NEW CROSS HOSPITAL
Tel. 01902 444444



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Children and Young People in Care YOT/PRU Pathway