The Royal Wolverhampton NHS Trust

Trust Board Report

Meeting Date:	28th January 2013
Title:	Safeguarding Children: Progress Report
Executive Summary:	To present a Progress Report on key Safeguarding Children business
Action Requested:	- That the Board notes the details of the Report Accepts the Annual report
Report of:	Chief Nurse
Author: **Contact Details:**	Designated Senior Nurse for Safeguarding Children WCPCT/ RWT Tel. via 01902 444348
Resource Implications:	N/A
Public or Private: **(with reasons if private)**	Public Session
References: **(eg from/to other committees)**	Joint Health Safeguarding Children Committee (JHSCC) Wolverhampton Safeguarding Children Board (WSCB)
Appendices/ **References/** **Background Reading**	Appendix 1: Local health care services' combined contribution to the WSCB Annual Report 2011/2012 Appendix 2: Looked After Children: Health Care Service Annual Report 2011-2012, RWT Wolverhampton Safeguarding Children Board Annual Report 2011-2012 (www.wolvesscb.org.uk)
NHS Constitution: **(How it impacts on any decision-making)**	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

Background Details

1.	1.1 The Safeguarding Children business of local health care services continues to be steered by the Joint Health Safeguarding Children Committee (JHSCC) and is the forum which operates to inform and be informed on the business priorities and work activities of Wolverhampton Safeguarding Children Board (WSCB). The JHSCC serves to support local health care provider organisations (Royal Wolverhampton Trust and the Black Country Partnership Foundation Trust (local services) with their fulfilment of their corporate responsibilities to Safeguarding Children. JHSCC business is reported to the governance and Trust Boards of the respective health

organisations.

The Designated Safeguarding Children Health personnel (Designated Doctor and Designated Senior Nurse) currently lead this forum from a commissioning perspective.

1.2 The local JHSCC programme of work served to inform the local health services' contribution to the WSCB Annual Report 2011/2012 which was submitted to WSCB during May 2012. (Appendix 1; www.wolvesscb.org.uk)

1.3 The business of local health care service provision to Looked After children and young people was reported to the Corporate Parenting Panel during September 2012 and is included with this report as part of the overall up-date on Safeguarding Children affairs. (Appendix 2)

1.4 As reported to Trust Board January 2012 and as subsequently reflected in the local contribution to the WSCB Annual Report later that year, much of the work of the combined Safeguarding Children Ofsted/CQC Health Action Plan had been completed at the time of reporting. Any items remaining as 'work in progress' were transferred onto the 2012/2013 local RWT work programme.

1.5 The WSCB Annual Report details the key objectives for 2012 /2013 of partner organisations (ref. Annual Report 2011 - 2012, WSCB, 2012). In accordance with these objectives, local progress has been made as follows:

1.6 Ensure that, on establishment, the local Clinical Commissioning Group is engaged in the business of WSCB and that the Safeguarding Children responsibilities of this future commissioning organisation are explicitly understood and in operation during 2013 (ref. WCPCT).

1.6.1 A report on the '*Future commissioning arrangements of health care: safeguarding children accountabilities and responsibilities'* was presented to WSCB in November by the Executive Lead Nurse, Wolverhampton City Clinical Commissioning Group (WCCCG).

1.6.2 As WCCCG strategic lead officer for Safeguarding Children, the Executive Nurse member has become the CCG representative at WSCB and Chairperson of the local Child Death Overview Panel.

1.6.3 The monitoring and assurance of Safeguarding Children is undertaken by the Quality and Safety Committee (commissioning body), and serves to monitor and review the Safeguarding Children business and activities of local health services (eg. assurance of provider recruitment processes; annual report analysis; outcomes of Section 11 audits; monitoring of performance indicators, progression of work programmes and serious care review activities).

1.6.4 At the time of reporting reference was made to the 'Options Appraisal' which was near complete across the Black Country Cluster and which aimed to review and enable the employment arrangements of the local Designated Safeguarding Children Health personnel (Designated Senior Nurse and Designated Doctor) to align with the requirements of the CCG structure. This appraisal has since been completed and work is currently underway to re-structure the functioning of the roles of the Designated Safeguarding Children health personnel having regard for future commissioning arrangements.

1.7 Attend to the Safeguarding Children training and support needs of

General Practitioners and Primary Care Services (ref. WCPCT).

1.7.1 An appointment was made to the vacant post of Named General Practitioner for Safeguarding Children autumn 2012 and the associated work programme of the post has since gained momentum.

1.8 Continue to strengthen the local working arrangements and practice between the health care provider sites via the functioning of the Joint Health Safeguarding Children Committee (ref. WCPCT / RWT / BCPFT).

1.8.1 The form and functioning of the JHSCC has been described above (ref. para. 1.1). Progress reports in line with the RWT Performance Framework are presented at the JHSCC, enabling on-going monitoring and review of local activities. Performance monitoring items which feature relate to:

- Training Activity Data – Levels 1,2 & 3
- Outcome 7 Compliance
- Children's Liaison Service: Activity Report
- Child Protection Medical Examinations: Data
- Serious Case Review Action Plans: Progress Report
- Referral to Social Care: Activity Report
- Child Protection Case Conference Attendance: Activity Report
- Management of Domestic Abuse Notifications involving children: Activity Report
- Health Visiting Implementation Plan: Progress Report
- JHSCC Attendance Rate: Activity Report
- Annual Reports:
  Safeguarding Children Training
  Child Death Overview Panel
  Safeguarding Children

1.8.2 The combined business of the JHSCC includes progress reports on any related Task and Finish Groups. The Task and Finish Groups which formed in 2012 served to strengthen existing procedure and practice regarding the management of the presentation of deliberate self-harm by children and young people (accommodating Serious Case Review lessons learned) and to increase the awareness of and response to female genital mutilation (local consideration of a more recent national publication).

1.9 Ensure that health care services attend to local needs in light of the Munro Review and the publication (pending) of the revised statutory 'Working Together' document and in the context of multi-agency partnership working (ref. WCPCT / RWT / BCPFT).

1.9.1 Local health care services continue to engage in the strategic and operational multi-agency work programmes in response to the interpretation of the Munro Review and with particular regard for on-going development of integrated models of partnership working to support early intervention and response to children, young people and families who are vulnerable and in need.

1.9.2 The publication of the revised 'Working Together' document is awaited.

1.10 Ensure that the existing work programme across health care provider services maintains momentum and continues to reflect the on-going business priorities of WSCB and the needs of local service-users (ref. WCPCT / RWT / BCPFT).

1.10.1 The business of the JHSCC is informed by the work programme of WSCB as a standardised agenda item of the JHSCC meetings which

	are held every two months. 1.10.2 RWT engaged in the Section 11 Audit which was led by WSCB as a multi-agency exercise and concluded autumn 2012. The local findings have highlighted a number of areas for attention which have more recently been incorporated into the existing 2012/2013 work programme. 1.10.3 The items relate to: <u>Standard 3: Policies and Procedures</u> ➢ There is a need to review how to demonstrate the effectiveness of the publicity about the Trust's Safeguarding arrangements. ➢ Explicit details regarding corporate priorities for safeguarding children need to be incorporated into 2013 corporate strategic documents (ref. annual plan 2013/14). <u>Standard 5: Training</u> ➢ Progress needs to continue to support increasing compliance with the Royal College of Paediatrics and Child Health guidance relating to the Safeguarding Children knowledge, skill and competency of health care personnel (RCPCH, 2010). Further consideration needs to be given to understanding and evidencing the consolidation of learning as theory into practice. ➢ There is scope to increase staff awareness of the organisation's accountability framework and details of key officers, which will occur following the Safeguarding Children intranet page re-design and re-launch and which is work in progress. <u>Standard 6: Recruitment and Retention</u> ➢ A review of the needs of current personnel with regard to future engagement in the WSCB 'Safer Working Practices' training is required, particularly in light of changes to national 'Vetting and Barring' arrangements. <u>Standard 7: Inter-agency working</u> ➢ There is a need to continue developing user-friendly resources to enable staff and services to understand and adhere to local Safeguarding Children practice and procedural requirements. <u>Standard 8: The views of children and young people</u> ➢ The focus on consultation with children, young people and their carers, in order to gather their opinion on safeguarding as subject-specific enquiry, needs attention. Consideration needs to be given to improving the enquiry exercises that need to be undertaken with service-users to inform and influence service development in the related areas of practice. 1.11 The various Sub-committees of WSCB have continued to engage health care service representatives. As key corporate business, local Safeguarding Children health personnel have maintained membership of the following forums: WSCB (Main Board) WSCB Sub-committees: • Serious Cases • Child Death Overview Panel • Training • Performance and Quality

	• Policies and Good Practice • Missing and Compromised Children 1.12 As WSCB considers its business priorities at the Developmental Day which has been programmed to take place during April 2013, local health care services will need to adjust internal work programmes accordingly to ensure that as both strategic and operational Safeguarding Children concerns, the safety and welfare of children and young people continue to be maximised via robust partnership working and effective collaborative practice.
Recommendations	
2	– To support the programme of work for Safeguarding Children within the organisation.

Appendix I

Agency Contribution to Wolverhampton Safeguarding Children Board

Annual Report 2011/12

Name	Amanda Viggers
Position	Designated Senior Nurse for Safeguarding Children
Agency	This combined report has been submitted on behalf of health care services as member agencies of WSCB and in agreement with local Safeguarding Children strategic lead officers, namely: **Wolverhampton City Primary Care NHS Trust (WCPCT)** Ms S Roberts, Black Country Cluster Lead for Quality and Effectiveness **Royal Wolverhampton Hospitals NHS Trust (RWT)** Ms M Gay, Deputy Chief Nurse, Transformation and Workforce **Black Country Partnership NHS Foundation Trust (BCPFT)** Ms S Marshall, Executive Director for Children and Young People's Services **To note:** *During 2011/12 the structural changes in the NHS borne of the transforming community services national policy came to centre stage. This resulted in the Mental Health, Addiction and Learning Disabilities Service provided to people in Wolverhampton moving from being managed by Wolverhampton PCT to being managed and provided by the Black Country Partnership NHS Foundation Trust. The BCPFT contribution to this report therefore, covers the period August 2011 through to March 2012. Prior to this the responsibility for safeguarding children for the respective services was the responsibility of the provider arm of WCPCT.* **Wolverhampton City Primary Care NHS Trust & Royal Wolverhampton Hospitals NHS Trust** Dr C Thomas, Designated Doctor for Safeguarding Children Ms A Viggers, Designated Senior Nurse for Safeguarding Children

Objectives for 2011/12

1. To embed and strengthen the accountability infrastructure and any associated systems and processes across local services in light of change to the structure of health care service provision and in the context of re-organisation at regional level.

2. To attend to action planning requirements in response to the outcome of the performance review of Safeguarding Children arrangements (ref. Strategic Health Authority, 2011).

3. To attend to the local Safeguarding Children work programme as on-going business and as guided and monitored by the Joint Health Safeguarding Children Committee.

4. To attend to the findings and recommendations of external inspection and lessons learnt from case review.

5. To maintain and enhance health care services' engagement in inter-agency safeguarding activities as operational and strategic business in the interests of children and young people.

Achievements against the Objectives :-

1. To embed and strengthen the accountability infrastructure and any associated systems and processes across local services in light of change to the structure of health care service provision and in the context of re-organisation at regional level.

   WCPCT - Commitment to Safeguarding Children by the commissioning body has been maintained throughout the year via the engagement in the local business by Safeguarding Children strategic lead officers of the Black Country Cluster (BCC). This strategic lead by the BCC will continue to operate until the Safeguarding Children responsibilities of the commissioning body transfer to the local Clinical Commissioning Group during 2013. Appropriate membership of WSCB has been maintained.

   RWT - The accountability arrangements for Safeguarding Children are firmly established within the Trust and commitment to the business of Wolverhampton Safeguarding Children Board (WSCB) has been maintained throughout the year via the engagement of senior personnel who hold a range of strategic and clinical specialist responsibilities for Safeguarding Children.

   BCPFT - As a result of organisation re-structure, it was recognised that the resources previously identified to provide a Named Nurse role for local services which transferred into the Trust were insufficient. As no additional resources were available to support this need from the commissioners, the Trust agreed to internally funding a post. Appointment to the post occurred in August 2011 which was at the point when the services transferred to the partnership Trust. The establishment of the Named Nurse post coincided with the local multi-agency inspection of Safeguarding Children and services to Looked After Children as conducted by OFSTED and the Care Quality Commission (CQC). Membership of WSCB by a Safeguarding Children strategic lead officer for the Trust has been established in response to the re-organisation of services.

2. To attend to action planning requirements in response to the outcome of the performance review of Safeguarding Children arrangements (ref Strategic Health Authority, 2011).

   Three areas of work for local development had been identified from a past regional review and as such which related to: increasing the engagement of children and young people alongside WSCB, reviewing the system of 'flagging' which inform that a child is the subject of a Child Protection Plan within the Accident and Emergency Department and other out-of-hours services and thirdly, establishing the level of protected time for named staff engaged in Safeguarding Children activities. The progress of this work was acknowledged during the period of external Ofsted / CQC inspection mid-year 2011. Further review of the local Safeguarding Children Health-specific Action Plan (combining items of work in relation to both inspection and review findings / recommendations) took place early 2012. The rate of progress and outcomes achieved in response to these identified needs have, to date, been considered acceptable.

3. To attend to the local Safeguarding Children work programme as on-going business and as guided and monitored by the Joint Health Safeguarding Children Committee.

   The Safeguarding Children business of local health care services is steered by the Joint Health Safeguarding Children Committee and is a forum which operates to inform and be informed on the business priorities and work activities of WSCB. The forum serves to support local health care provider organisations (RWT and BCPFT) to fulfil their corporate responsibilities to Safeguarding Children. The terms of reference and membership of this forum were reviewed during the year and adjustments were made to accommodate needs in light of organisation re-structure and to take account of both the provider and commissioner elements of care provision to keeping children and young people safe from harm and abuse. The forum reports on its business to the governance and Trust Boards of the respective health organisations.

4. To attend to the findings and recommendations of external inspection and lessons learnt from case review.

   The external multi-agency inspection by Ofsted / CQC which took place mid-year 2011 incorporated a review of the existing arrangements and activities of health care provision for Safeguarding Children and service provision for Looked After Children across both children and adult services and in the context of both hospital and community settings. The contribution made by health services to keeping children and young people safe was rated as 'adequate'. It was assessed that effective safeguarding work was performed by health workers in the community. There were elements of safeguarding practice within the hospital setting which were considered to require attention and as such, were acknowledged by the Inspector as being addressed via a good action plan. Areas for development were identified with regard to Adult Mental Health and Addiction Services. All identified areas that required attention were incorporated into a combined Health Action Plan serving both to address local needs and to support the work that emerged from the overall inspection findings as led by Wolverhampton City Council.

RWT – The arrangements for local governance and performance management have been strengthened. Attention has been paid to the availability of the required level of paediatric-trained nursing workforce within the Accident and Emergency Department.

The system for 'flagging' details has been established, which informs clinicians having contact with a child or young person within the Accident and Emergency Department if the child or young person is the subject of a Child Protection Plan. The existing programme of training and supervision for local practitioners has been extended and enhanced. In-service training programmes continue to be tailored to accommodate the expectations of current national guidance with the aim of maximising the competences of the workforce across health care sites in support of safeguarding children and young people.

BCPFT - The inspection highlighted a number of weaknesses within the services as provided by the Trust in respect of Safeguarding Children. Transitions for young people into adult services were assessed as under-developed with particular reference to Mental Health Services, as noted. It was highlighted that systems were not sufficiently robust by which to ensure that Adult Mental Health Services were affording the required level of consideration to the safeguarding needs of the children of service-users. Partnership working was noted to be under-developed both at operational and strategic levels. All areas for development were included in the Safeguarding Children Health Action Plan. Significant progress has been made in response to the findings and work remains on-going in respect of achieving all required outcomes.

WCPCT / RWT / BCPFT – As either commissioners or providers of services, all three local health organisations fully engaged in the multi-agency activities which took place during the year with regard to individual case review and as directed and led by WSCB. The understanding and learning which has been gained from such review activities to date, have informed the actions plans serving to strengthen and enhance local practice in the interests of the safety and welfare of children and young people. Quality assurance processes operate within the respective organisations to enable the monitoring of progress and achievements of any resultant plans. Full engagement in the business of the WSCB Serious Case Review Sub-committee has been maintained by the relevant health personnel. Services have contributed to the fieldwork and business activities of the Child Death Overview Process on a needs-led basis throughout the year.

5. To maintain and enhance health care services' engagement in inter-agency safeguarding activities as operational and strategic business in the interests of children and young people.

   Local health care services have been represented by senior officers in the business of the main board activities of WSCB and have engaged accordingly. Representatives from local health care services have contributed to the range of work items of WSCB sub-committees and working groups throughout the year.

Improvement Plans where barriers have existed.

WCPCT – General Practitioners and Primary Care Services were supported during the year with their Safeguarding Children training and support needs via the role of a Named GP for Safeguarding Children. This post has more recently been vacated and work is in progress to attend to local needs via advertisement and new appointment to role.

RWT - The local work programme that existed prior to the Ofsted/ CQC Inspection was further strengthened by the resultant findings of the review of service activity and partnership working. Due attention has been paid to the specific areas of need and much of the work associated with the year's programme has been completed.

BCPFT - The Trust has a relative capacity issue which has resulted in slower progress in some of the action identified in both the Safeguarding Children Health Action Plan and pre-existing individual case review action plans. This has been compounded by the requirement of the Named Nurse to commit to compiling Independent Management Review reports within defined time-frames in accordance with WSCB directives. An appointment has recently been made to the newly-created post of Safeguarding Senior Nurse which will operate across the Trust. This investment will in part support some of the capacity issues.

Impact for Children and Young People

Local health care services are committed to safeguarding children and young people and to their fulfilment of statutory responsibilities as afforded in the context of strategic and operational business. The work that has been undertaken over the defined year has served to strengthen local Safeguarding Children arrangements in the interests of children, young people and their carers.

BCPFT - Through the implementation of the Ofsted / CQC report there should be improved joint working which should impact on the way that services are delivered by improving joint working and the contribution Mental Health and Addiction Services make to safeguarding. The number of referrals and queries made by Adult Mental Health and Addictions Services to the Named Nurse has increased during the last six months. These actions demonstrate an increase in awareness of Safeguarding Children by adult practitioners which can only be of benefit to children and young people in Wolverhampton.

Objectives for 2012/13

- Ensure that, on establishment, the local Clinical Commissioning Group is engaged in the business of WSCB and that the Safeguarding Children responsibilities of this future commissioning organisation are explicitly understood and in operation during 2013 (ref WCPCT).

- Attend to the Safeguarding Children training and support needs of General Practitioners and Primary Care Services (ref. WCPCT).

- Continue to strengthen the local working arrangements and practice between the health care provider sites via the functioning of the Joint Health Safeguarding Children Committee (ref. WCPCT / RWT / BCPFT).

- Ensure that health care services attend to local needs in light of the Munro Review and the publication (pending) of the revised statutory 'Working Together' document and in the context of multi-agency partnership working (ref. WCPCT / RWT / BCPFT).

- Ensure that the existing work programme across health care provider services maintains momentum and continues to reflect the on-going business priorities of WSCB and the needs of local service-users (ref. WCPCT / RWT / BCPFT).

Appendix II

Agenda Item No:

Wolverhampton City Council

Corporate Parenting Panel ……..

Originating Service Group Health Services for Looked After Children, Royal Wolverhampton Hospitals NHS Trust

Contact Officer	AJ Viggers, Designated Senior Nurse for Safeguarding Children S Arrowsmith, Looked After Children's Nurse
Telephone Number(s)	01902 444348 / 01902 444351
Title/Subject Matter	Health Care Service Annual Report 2011-2012

1.0 RECOMMENDATION

1.1 That members note the contents of this report.

2.0 INTRODUCTION

'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 can often enter care with a worse level of health than their peers in part due to the impact of poverty, abuse and neglect.'

(p1, Exec. Summary, Statutory Guidance on Promoting the Health and Well-being of Looked After Children, DfES, 2009)

2.1 Health care services' responsibilities regarding service provision for children and young people in care are clearly defined within key legislation and national documentation all of which serve to inform local business and service direction.

2.2 The on-going provision of local health care services for children and young people in care is considered, monitored and supported via the business of the Looked After Children Health Steering Group (LACHSG), which engages key personnel from local health providers and partner agencies (Appendix 1). Legislation, national directives and local needs and priorities determine the on-going work programme of this forum which has established links with the Children In Care Council.

2.3 The work programmes and activities of the Looked After Children (LAC) Health Team (Designated Doctor, LAC Nurse and LAC Administration Officer) are fundamental to influencing the outcomes and achievements of day- day local health service provision to children and young people in the context of hospital and community practices, and for the facilitation of health care delivery for individuals who are placed out of city. Partnership working between the LAC Health Team and the Local Authority is well-established in the context of both fieldwork and strategic activities. 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.

2.4 This report aims to summarise the key areas of development and outcomes achieved by local health service providers* during 2011 and early 2012 and includes information on current and future work activities.

* To note – This report does not include and take account of the activities of CAMHS.

3.0 Work activities completed during 2011 / early 2012

3.1 The overall work programme objectives continue to be underpinned by the following principles:

- The health and well-being 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.

3.2 The key areas of work activity and outcomes achieved in accordance with the 2011 Corporate Parenting Action Plan have been as follows:

TABLE 1 Key items of work activity and outcomes achieved during 2011 / early 2012

Work Activity	Outcome
1. To explore the possibility of a virtual LAC team to include LAC Nurse and CAMHS representation to facilitate more effective joint working.	Strong links well-established across key LAC partner agency sites and services. Integrated approaches to overall care planning and service delivery well-evidenced.
2. To increase the number of Looked After Children with an annual health, optician and dental assessment.	Consistent high rates of engagement in statutory health assessments maintained. Up-take and engagement with dental and optometry services improved. Performance monitored on a monthly basis and reported into the LACHSG.
3. To develop the skills and confidence of social workers, carers and other professionals to be able to discuss Sexual Relationship Education with Looked After Children.	Drop-in surgery being accessed by LAC Social Workers for advice. SRE teaching sessions have been offered for SW Teams LAC 1 and LAC 2. Arrangements yet to be confirmed.
4. To audit the Emotional Health Strength & Difficulties Questionnaire (SDQ) data to gain a greater understanding of the mental health of Looked After Children to inform future service delivery.	System well-established for processing, rating and care planning with regard to the use of SDQs.
5. To increase awareness of THINK service (Wolverhampton Sexual Health Service) to Looked After Children and Care Leavers including development of appropriate promotional material.	Information supplied for distribution to foster carers. THINK engaged in the local business of the Looked After Children Pregnancy Group.
6. To explore a Priority Pass for all Looked After Children to all Think venues for sexual health support.	Systems established to enable fast-tracking to Sexual Health Services for Looked After Children and Care Leavers.
7. To undertake an audit with Care Leavers regarding their health needs / health service needs	Service –user enquiry undertaken January 2012 onwards. Findings to be reported on by September 2012.

4 Findings from the Ofsted / Care Quality Commission Inspection of Services for Looked After Children and Care Leavers (Ofsted, 2011; CQC, 2011)

4.1 From the external joint inspection which took place June 2011 by Ofsted / CQC, the provision of support to ensure the health and well-being of young people in care was found to be 'good'. It was noted that there was good leadership from the Looked After Children's Nurse and that there was a strong emphasis on the health of Looked After children. The health needs of Looked After children were noted to be well understood. Looked After children and young people were considered to receive an excellent service from the Child and Adolescent Mental Health Service and from the Inspire Team (*at that time WCPCT hosted*).

4.2 The governance arrangements were considered to be good, having regard for the regular performance monitoring of local activities by the Looked After Children Health Steering Group. Consultant support for Looked After children and the adoption panel was noted to be effective.

4.3 Health records were seen to be child-centred and the voice of the child was evident from the findings of the small sample audit. The CQC Inspector acknowledged that the internal audit had been used proactively to identify areas for further development via the production of an action plan in response to the findings.

4.4 Foster carers were considered to be well supported and to receive good training on health matters relating to Looked After children. It was understood that Residential Staff were very well supported via the Pillars of Parenting programme serving to support the health of young people in their care. Close collaborative working between the Looked After Children's Nurse, the Sexual Health Service and Social Care Service for delivery of education and support to young people in care, was in evidence.

4.5 Care Leavers were found to be well supported with exit interviews enabling registration with GP and Dental Practices. Care Leavers were identified as having good support to live healthy lifestyles and as being actively encouraged to make regular use of primary health care services as well as specialist provision.

4.6 No specific areas for development and for action by health care services with regard to service provision to Looked After children and Care Leavers were identified within the Ofsted report. Two recommendations for health services were subsequently incorporated into the CQC report and served to enhance local engagement of children and young people within care settings in the business of recruitment and training and to increase the level of GP understanding on the 'Being Healthy' agenda for Looked After children.

5 Performance Activity – Statutory Health Assessments and Dental Checks

5.1 The production of monthly activity reports enables health care services to monitor the on-going performance of statutory health assessment activities and informs the business of the Looked After Children Health Steering Group. To note: The timing of Review Health Assessment is twice yearly for children aged under 5 years and annually thereafter. Charts 1 & 2 indicate the number of referrals received for completion of Initial (IHA) and Review (RHA) statutory Health Assessments during 2011 – 2012.

Chart 1

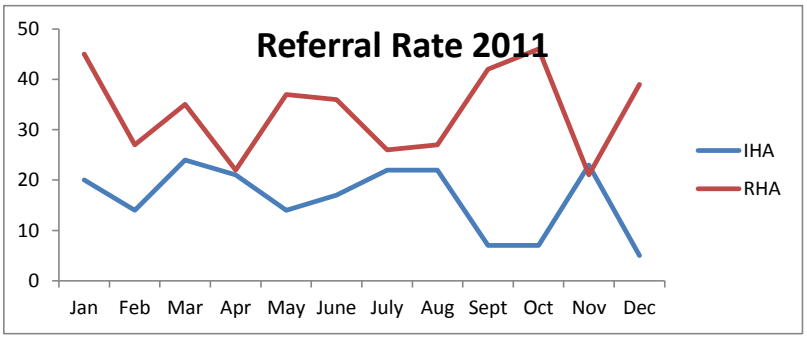
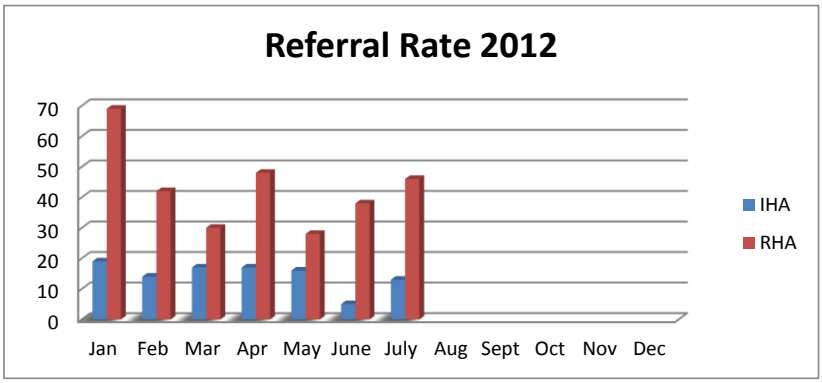


Chart 2



5.2 Time-scales for completion of statutory Health Assessments

January – December 2011

Number of IHA	189	with average 71% completed within 4 weeks
Number of RHA	372	with average 70% completed within 6 weeks

January – July 2012

Number of IHA	101
Number of RHA	301

5.2.1 Despite the increase in workload demands experienced as a result of the rise in local numbers of children and young people entering the care system, the overall performance of timeliness of health assessment completion has not been unduly affected. The potential impact of increased workload demands has been closely monitored. Monitoring of the timeliness of completion of health assessments for children and young people placed out of city has continued and the ability to influence service responses out of area has remained challenging at times.

5.3 Up-take rates for statutory Health Assessments and Dental Checks

Health Assessments	363:390	93% up to date – plateau since last year
Dental Checks		93% up to date – increase of 10% since last year
Immunisations	381:401	95% up to date – increase of 2% since last year
Health surveillance checks for under 5's	135:136	99% up to date

(Ref: 903 return for 2011/12)

6 Additional Information

6.1 Understanding and learning from the views and experiences of children and young people

6.1.1 A health survey was conducted between December 2011 and June 2012 engaging children and young people regarding their perspectives on their health and their individual experience of their statutory health assessments, the findings of which have recently been compiled. Fifty-five service-users aged 5-18 years took part in the survey. Overall children and young people rated their views of the health assessment as high. There was no indication that any health assessment was of poor quality from the service-users' perspective and findings indicated that children and young people were predominantly happy with their health and their assessment experience. Once ratified, the details will be shared in full with the Children In Care Council and partner agents within the City Council. The main areas that were identified for attention relate to the need to establish health pages on the dedicated website for children and young people in care and to focus health education on 'growing up' and 'pregnancy'.

6.1.2 The existing children and young people's leaflet which informs on health assessments has been revised in collaboration with the Children In Care Council and will be published once ratified by the Trust.

6.1.3 The Child In Care Council (CICC) has continued to be the main forum accessed for consultation with service –users on local health matters and as such, periodic attendance by key health personnel has been maintained. At the meeting held January 2012, which included attendance by a representative from the CAMHS, Council members reported that there were no apparent major health matters for change at that time.

6.2 **Supporting young people as they leave care**

6.2.1 The offer of Health Exit Interviews to all young people when leaving care has been established. During 2012, nine young people accepted the offer of a consultation: a sixty-four per cent up-take rate to date. Some young people have been opting to use their statutory health assessment as their exit interview and their closure of service involvement. Health literature is supplied on request and the LAC Nurse has continued to ensure that dental and GP registrations have been in place and that young people have known how to access local health care services.

6.2.2 A weekly Drop-In Surgery at the Beldray Building was established by the LAC Nurse during May 2012 and is operating well. On average five young people attend each week, predominantly comprised of17 – 18 year olds seeking advice on health matters. A small number of service-users aged >18yrs are beginning to access the surgery for general advice. The service offers condoms, pregnancy testing, chlamydia screening, sexual health advice, general health advice and counselling. Approximately three LAC Team Social Workers have been seeking case discussion or health advice for children and young people via the surgery each week. Discussions are due to take place with the Transitions Team during September 2012 to consider how health services for care leavers can be further enhanced.

6.3 **Raising the profile of the health needs of children and young people in care**

6.3.1 Health Visitors and School Nurses received training during 2011/12 with a focus on hearing the voice of the child. The learning from the sessions has been in evidence when the documentation associated with statutory Health Assessments has been routinely reviewed. The overall quality of the Health Assessments appears more enhanced. Training has been extended across the local hospital site to raise the profile of the health needs of children and young people in care settings(namely across the Accident and Emergency Department, Children's Ward and the Genito-Urinary Medicine Department (GUMD)). Discussions have recently taken place to undertake further training within the GUMD on the needs of 'Missing and Compromised' children for the purpose of awareness-raising and strengthening links with service-users and partner agencies.

6.4 **Strengthening overall service provision**

6.4.1 Fast-tracking practices for children's access to specific health services have remained well-supported and in particular by Dental Services for children resident in local Children's Homes. The examples of Physiotherapy and Dietetic Services providing outreach visits for emotionally, unsettled children unable to manage a hospital setting, evidence well the support that has been provided. Dental Services have continued to liaise well with the central LAC Health Team to identify and support non-attendance, thereby increasing children's ability to access treatment as opposed to discharge by the service.

6.4.2 The Looked After Children Pregnancy Steering Group became established to enable targeted service provision for Looked After young people as young parents. The forum engages THINK and the Prevention Co-Ordinator for Sexual Health Services. Working arrangements have remained strong between specialist health personnel in the context of fieldwork (LAC Nurse, Specialist Midwife, Specialist Health Visitor, Prevention Co-Ordinator). The rate of conception amongst the population of young people in care aged <18 years currently remains low.

6.4.3 The partnership arrangements between the LAC Health Team, the LAC CAMHS and the Social Care Teams continue to strengthen. Earlier intervention by the LAC Nurse at Tier 1 /2 (eg work around bereavement counselling, behaviour management, anger management, placement instability) has become established resulting in fewer direct referrals to CAMHS.

7 Current and future work activities

7.1 In accordance with the current Corporate Parenting Action Plan 2012 / 13, a number of work items will continue to be progressed over the forthcoming twelve months as indicated in Table 2.

TABLE 2

Key actions to achieve outcome	Who	By when	Measure of success (output)
Improve the sexual health behaviours of Looked After Children and Care Leavers	LAC Health Service/ Prevention Co-ordinator Young People's Sexual Health Services/ LAC Service	December 2012	Reduced conception rates regarding Looked After Children and Care Leavers aged under 18 years
Improve the awareness of sexual health service availability and further develop ease of access to services for Looked After Children and Care Leavers	LAC Health Service/ Prevention Co-ordinator Young People's Sexual Health Services/ LAC Service	December 2012	Increased engagement of Looked After Children and Care Leavers with sexual health services to support their sexual health and relationship needs
Improve liaison and information-exchange systems between partner agency sites for Looked After Children and Care Leavers as residents of secure units	LAC Service LAC Health Service	December 2012	Improved ability to effect communication and information-exchange across partner agency sites.
Continue to develop systems and services which enable timely and effective health care service delivery to children placed out of city.	LAC Service LAC Health Service CAMHS Commissioning Services	On-going Review December 2012	Timely health care service provision is enabled for children placed out of city
Further strengthen partnership working between local services to support the mental health needs of individual Looked After Children and Care Leavers	CAMHS LAC Health Service LAC Service	December 2012	Improved access to regular and timely advice and guidance to support the mental health needs of Looked After Children and Care Leavers
Produce Annual Health Reports which inform on health matters relating to Looked After Children and Care Leavers	LAC Health Service CAMHS	December 2012	Increased understanding on the health needs of Looked After Children and Care Leavers and the services delivered to improve health outcome

Appendix 1

Wolverhampton City Primary Care Trust*(formerly)*

Royal Wolverhampton Hospitals NHS Trust *(April 2011 onwards)*

Looked After Children Health Steering Group

Terms of Reference

1 Constitution

1.1 The constitution of the Looked After Children Health Steering Group serves to operate as a multi-agency business forum by which attention is given to supporting the form and function of local health care service provision to Looked After Children and to guide and assist the management and development of local activities which aim to address the on-going health needs of children and young people in care settings.

2 Membership

2.1 Active Membership (*2011 – 2012*)

- Designated Doctor for Looked After Children, RWT
- Looked After Children's Nurse, RWT
- Designated Senior Nurse for Safeguarding Children, WCPCT/RWT*(Chairperson)*
- CAMHS Lead for Looked After Children, BCPFT
- Deputy Head of Looked After Children Services, WCC
- Substance Misuse Lead Officer for Looked After Children, WCC
- Prevention Co-ordinator, Young People's Sexual Health Services, RWT*(2012 membership*)

2.2 Reading Membership

- Clinical Director for Children's Services, RWT
- Head of Service, CAMHS, BCPFT
- Head of Looked After Children Services, WCC

3 Frequency

3.1 Meetings are to be held bi-monthly with a minimum of five meetings to be held during any twelve month period.

4 Terms of Reference

4.1 To establish and maintain a forum by which operational and strategic health matters, as relating to Looked After Children can be monitored and reviewed.

4.2 To maintain a forum by which multi-agency working to positively affect health service provision to Looked After Children can be promoted.

4.3 To ensure local business and service development are informed by service user opinion and experience via established and maintained links with the Children in Care Council and via any other service user consultation arrangements as required.

4.4 To produce an annual work programme based upon national directives and local needs.

4.5 To establish and maintain a reporting system to relevant strategic forums by which to inform corporate business across local organisational sites.

5 Reporting

5.1 To produce an Annual Report as commissioned by WCPCT.

5.2 To produce up-date reports to inform the business of the Corporate Parenting Executive Group.

5.3 To produce reports to inform the business of the Corporate Parenting Panel on a needs-led basis and as a minimum once a year.

5.4 To provide up-date reports to inform the business of the Children, Young People and Families Directorate Management Team, RWT, as required.

5.5 To provide up-date reports for the Children in Care Council as required and twice a year as a minimum.