

**WALSALL CLINICAL COMMISSIONING GROUP**

**Corporate Parenting Board**

**Health Services for Looked After Children (LAC) Assurance Report  
April 2020 – March 2021**

Date of Meeting: Monday, 15<sup>th</sup> November 2021

<b>TITLE OF REPORT:</b>	<b>Health Services for Looked After Children Assurance Report 2020/21</b>
<b>PURPOSE OF REPORT:</b>	<b>To provide assurance to members of the Corporate Parenting Board that action is being taken to deliver on-going statutory responsibilities health for LAC.</b>
<b>REPORT WRITTEN BY:</b>	Alison Jones Designated Nurse Looked After Children <a href="mailto:alisonjones10@nhs.net">alisonjones10@nhs.net</a> Dr Manju Kannath Designated Dr Looked After Children <a href="mailto:manju.kannath@walsallhealthcare.nhs.uk">manju.kannath@walsallhealthcare.nhs.uk</a>
<b>REPORT PRESENTED BY:</b>	Alison Jones/ Dr Manju Kannath
<b>KEY POINTS:</b>	The report was collated with information provided by Walsall Healthcare Trust and Black Country Healthcare Trust.
<b>Report Purpose</b>	An overview of the statutory health responsibilities of the CCG in relation to children in care, including performance of these responsibilities.  To provide assurance to members of the Corporate Parenting Board that action is being taken to deliver on-going improvements to health outcomes for LAC.

	<p>To include:  Adult and children's medicals for Fostering and Adoption</p> <p>Leaving Care Summaries/Health passports.  Health Priorities 21/22</p>
<b>RECOMMENDATIONS:</b>	
<b>CORPORATE PARENTING BOARD ACTION REQUIRED:</b>	<p>Decision  Approval  ✓ Assurance</p>

## **Main Report**

### **1.0 Introduction**

Most children become looked after because of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their life experiences. The NHS has a major role in ensuring the timely and effective delivery of health services to looked after children (and, by extension, to care leavers) by commissioning effective services, delivering through provider organisations, and through individual practitioners providing coordinated care for each child (Promoting the health and well-being of looked after children 2015). There may be some use of interchangeable terms for Looked After Children/Children in Care in this report.

### **1.1 Leadership**

Statutory guidance states that CCGs should have access to Designated Doctors and Nurses for looked after children whose role is to assist commissioners in fulfilling their responsibilities to improve the health of looked after children. Providers of health services are expected to identify a Named Doctor and Named Nurse for Looked After Children to coordinate the provision of services for individual children and provide advice and expertise for fellow professionals.

The Designated Doctor for Looked After Children participates in Black Country wide Safeguarding forums and the Designated Nurse for Looked After Children is the deputy chair of the regional Designated Nurses for Looked After Children Forum. This group influences care of looked after children as there are some challenges which are regional issues in some commissioning arrangements.

## **2.0 An overview of the statutory responsibilities of the CCG in relation to children in care, and the performance of these responsibilities.**

### **2.1**

Promoting the Health and Well-Being of Looked-After Children (2015), provides statutory guidance for local authorities, clinical commissioning groups and NHS England.

The NHS contributes to meeting the health needs of Children in Care by:

- Commissioning effective services.
- Delivery through provider organisations.
- Individual practitioners providing co-ordinated care for each child, young person and carer.

The core activities that require commissioning from the CCG for Looked After Children relating to statutory duties are:

- **Initial Health Assessments** - The IHA should take place in time to inform the child's first LAC review within 20 working days of entering care.
- **Review Health Assessments** - The review of the child's health plan must take place once every six months before a child's fifth birthday and once every 12 months after the child's fifth birthday.
- **Care Leaver Summaries/Health History documents** - Care leavers should be equipped to manage their own health needs wherever possible. They should have a summary of health records (including genetic background and details of illness and treatments), with guidance how to access a full copy if required.
- **Adoption Reports** - the collation of reports for adoption and fostering panel.

### **3.0 Current Commissioning Arrangements**

#### **3.1**

The Designated professionals for LAC recommend that Black Country and West Birmingham Clinical Commissioning Group, Walsall place, (BCWBCCG) commission a service that ensures appropriate arrangements and resources are in place to meet the physical and mental health needs of all Walsall looked-after children regardless of where they are placed.

#### **3.2**

The current health provider service in Walsall is Walsall Healthcare Trust, the Trust delivers statutory health assessments for Walsall Children in Care placed within 20-mile radius and hosted children from other areas.

#### **3.3**

The CCG commission health assessments for those LAC placed further afield. The reliance on other areas comes with some challenge, which includes the timeliness and quality of interventions. All health assessments are quality assured by the Named Nurse/Designated Nurse against the national screening tool before being approved and shared with the local authority. Challenges remain around meeting statutory timescales, particularly for those children placed further afield. The Named Nurse continues to monitor and escalate individual cases where there are significant delays by liaising with the LAC health team and Designated Nurse who will contact the designated leads where the child is placed.

### **3.4**

The LAC Health Team consists of a Named Nurse for LAC, who has the responsibility for coordinating provision of clinical services for children, providing advice and expertise to fellow professionals. There are also two Nurse Advisors, one of which works with primarily supporting transition and leaving care.

The team not only complete and follow up on the health needs of children but some of their other duties include:

- Support training and supervision for health care staff on the needs of Children in care.
- Quality Assurance of health assessments.
- Audit and performance monitoring.
- Report writing and analysis.
- Development of key policies and pathways with multi-agency professional
- Support Children and young people to access health services
- Offer support to foster carers/residential settings
- Offer expert health advice and signposting
- Offer emotional health support programmes, and work in association with other health services, school health, sexual health and teen pregnancy advisors.

### **4.0 Statutory Responsibilities.**

Initial and Review Health Assessments (IHA & RHA) are commissioned from Walsall Healthcare Trust (WHT) as the Health Provider by Walsall CCG. However, the process requires close working between health and Local Authority colleagues in relation to information sharing, supporting attendance at appointments and reporting. The agreed Key Performance indicators with WHT stipulates the delivery of 80% of IHA's and 90% of RHA's within statutory timescales. RHA's service provision for children placed out of the borough is commissioned from external providers over a 20-mile radius with the WHT LAC Team coordinating requests and assuring quality.

## Numbers of Walsall Children Entering Care 2020-21

WHT LAC Health team were notified by Walsall Local Authority of 166 children entering care from 1<sup>st</sup> April 2020 – 31<sup>st</sup> March 2021

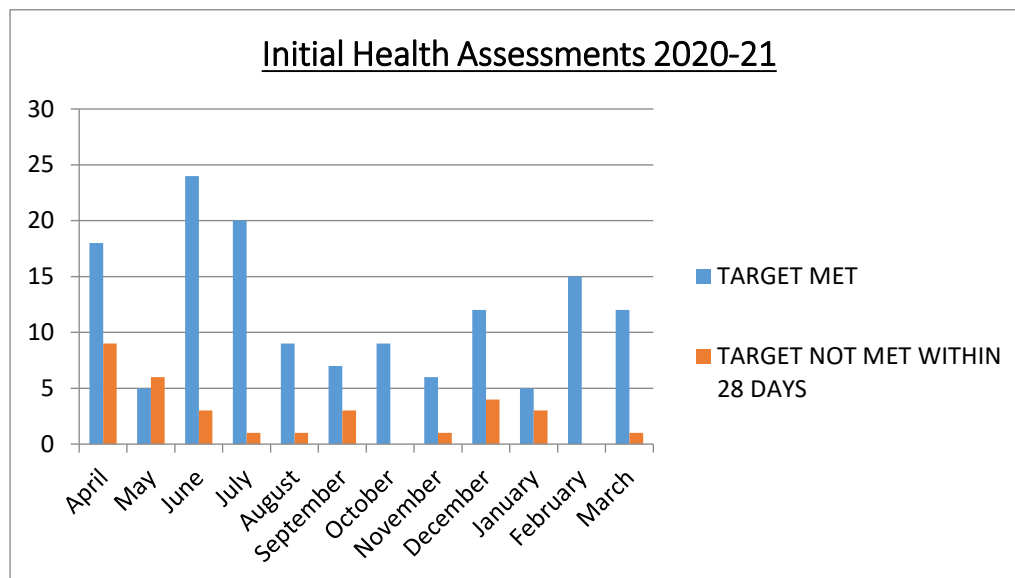
### IHA Data 20/21

#### Numbers of children requiring an initial Health Assessment 2020-21 (WHT Data)

Month	IHA Clinic Cohort	Target Met	Target not met within 28 day's	Percentage
Apr-20	27	18	9	66.67%
May-20	11	5	6	45.45%
Jun-20	27	24	3	88.89%
Jul-20	21	20	1	95.24%
Aug-20	10	9	1	90.00%
Sep-20	10	7	3	70.00%
Oct-20	9	9	0	100.00%
Nov-20	7	6	1	85.71%
Dec-20	16	12	4	75.00%
Jan-21	8	5	3	62.50%
Feb-21	15	15	0	100.00%
Mar -21	13	12	1	92.31%
Total	174	142	32	81.61%

As previously indicated, current commissioned requirements are targeted at 80% of the Initial health assessments within 20 working days (28 days total of entering care), of coming into care, this target is set to be increased to 85% for 21/22 across the black country CCG. The cohort seen within 20 working days of entering care is currently at 81.61% over the year in Walsall.

Completion rates are reported monthly to the CCG via contract performance reports and this is reviewed by the Designated Nurse for LAC. Exceptions are all reported to the CCG if children and young people are not seen within the 20 working day requirement with full detail of the reasons and any mitigation.



There were some children not seen with the timescales. There are sometimes challenges in meeting the requirements, this year to date this has included-

- late notifications of entering care (not within 5 days)
- Carers overlooked the appointment
- children absconded/missing/refused
- extended hospital stay
- children cancelled due to CV19 (originally booked within timescale)
- Increase in numbers of Children coming into care (20 clinic slots per month)

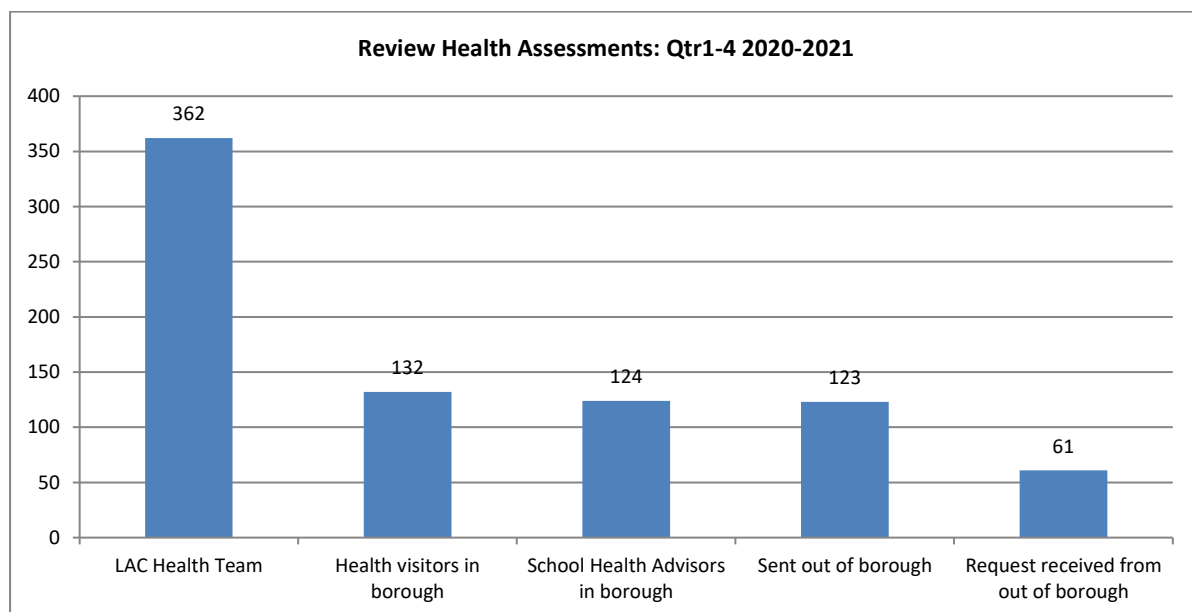
### **Review Health Assessments**

In Walsall, the model for Review Health Assessments(RHA's) is that children and young people of 5 years and over are seen annually by a School Health Advisor or Nurse Advisor from the LAC health Team. Children under the age of 5 years old are seen by a member of the health visiting service every 6 months. This provides a degree of choice for young people and assists in accessing some of the harder to reach and non-engaging children and young people. The RHA performance of the commissioned target of 90% previously strong has shown a decline during 20/21. Although the quality of both IHA and RHA has remained high, the timeliness within which RHA has not always been achieved. This has largely been related to the COVID Pandemic, where in some areas staff were redeployed, review health assessments were not completed. Walsall LAC health team completed the health assessments virtually in these instances. There were 802 review health assessments required in 2020/21, all were completed see data below.

A dashboard has been developed by the Black Country and West Birmingham Designated Nurses for LAC, which reflects the KPI's for services commissioned by the CCG, this has been implemented for the purposes of reporting in 21/22 across the Black Country in order to standardise reporting and reduce variation.

<b>Review Health Assessments (In care 12 months on 31 March)</b>	<b>England</b>	<b>SNs</b>	<b>West Midlands</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>
Number of children who had their annual health assessment	90%	91%	87%	83.0%	80.0%	84.7%

The table below demonstrates individual team activity in relation to RHA's during 2020-21



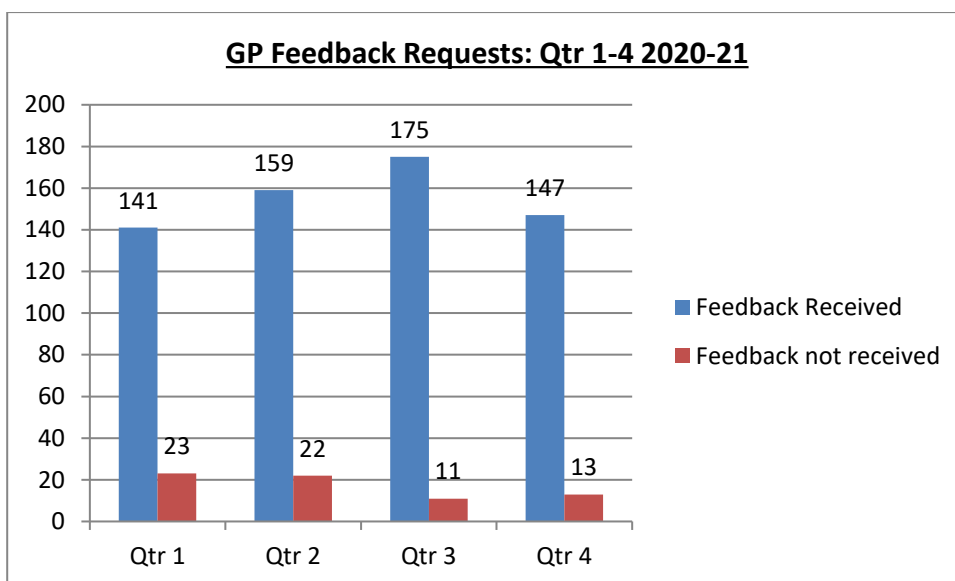
Due to the Covid 19 pandemic a number of Looked After Children Health Teams within surrounding areas have had reduced capacity to undertake health assessments for Walsall looked after children, WHT LAC health team have therefore used a proactive rather than reactive approach. The assessments have been recalled and WHT LAC health team have negotiated overtime payment with Walsall CCG to complete Walsall LAC RHA's for these assessments so as not to incur further delays in addressing health needs of Walsall LAC children placed out of borough. This is monitored to ensure that as capacity improves; health needs are assessed locally.



**NB:** 58 RHA's were recalled to WHT LAC Health team equating to 420 RHA's completed by the team over the year 2020-21. This was due to other areas redeploying staff and being unable to complete the RHA's.

### 5.0 Information sharing across the Health Economy

Data is collected on the input of health information from General Practitioners. The provider received 531 completed requests from GP's of shared health information to inform the health assessment. The feedback received was 89% which is a small decline compared to last year. However, with the pressures in primary care from Covid this has been a positive input to the health assessments of the cohort.



90% of GP information was received in timeframe to support the Childs IHA/RHA

#### Developments and improvements of processes in practice.

- Electronic requesting of health assessments by the Local Authority to improve timeliness is in place.
- Good access to the Local Authority dashboards by LAC health team to improve information gathering is in place.
- Health and Social Care have monthly meetings to address reporting issues -this has meant that even in lockdown and despite the restrictions numbers of children having IHA's within timescales are beginning to improve with joint processes being adapted.
- The provider has given assurance to the CCG that there is more capacity to be flexible if numbers of Children coming into care increase above the current allocated clinic slots.

## **6.0 Health of Looked After Children Strategic Group.**

### **6.1**

This group meets to monitor and improve the delivery of health outcomes for looked after children. Its aims to ensure Walsall CCG are meeting statutory duties under the 'Promoting the Health and Well-being of Looked-after Children' (2015) statutory guidance. It focuses, on not only children placed locally but also the health needs of LAC placed outside of area/borough and that their needs are being met. All partners, providers and relevant commissioners attend meetings as agreed, in order to provide a holistic system for the provision of health care for Looked after Children. Due to the Covid Pandemic and sickness, two meetings were cancelled.

### **6.2**

The Designated Doctor and Designated Nurse for Looked After Children have identified Priorities for the next 12 months 2021/2022 for consideration at this forum.

- 1- Review Pathways for transition to adult services for care leavers.
- 2- Develop a pathway with regards to young people placed in therapeutic care homes to assess the suitability of those placements from a health perspective.
- 3- Strengthening the relationship between LAC and Primary Care including support of medicals for fostering and adoption.
- 4- Development of creative and interactive health passport promoted and introduced at an earlier age to support the young person to access the appropriate health services. (Registration with Dentist, Optician, GP and Immunisations).
- 5- Strengthening the Looked after Children Health Assessment and Special Education Needs pathway (Education and Health Care Plan). Working with Education to have health inputting directly onto the PEP system.

### **6.3**

The Designated Nurse LAC is vice chair of the regional LAC forum, and a member of the NHSE National Group. Attendance at this forum will enable Walsall CCG to:

- Participate in clinical service planning and delivery for our LAC cohort on a national level.
- Debate and be involved in developing clinical recommendations that improve services for LAC nationally.
- Be involved in innovate new models of care and service delivery

## **7.0 Covid-19 Pandemic**

### **7.1**

The Covid-19 has had a significant impact on the way in which services across the whole health economy operate. With regards to Looked After Children, this has meant implementing virtual health assessments and finding new ways of engaging with and assessing young people.

### **7.2**

There have also been changes in guidance concerning fostering and adoption medicals, including the use of self-declaration health forms where required. Other than this, adoption and fostering processes within Walsall have remained the same. Adoption at Heart and the Black Country and West Birmingham CCG has produced some guidance for Gp's to advise on maintaining services as much as possible.

Professionals have had to work in dynamic and forward thinking ways to ensure the health needs of LAC in Walsall receive the health care they require.

### **7.3**

During the Covid-19 pandemic, the usual practice of face-to-face health assessments for Looked after Children (LAC) temporarily ceased. These were replaced with virtual health assessments that took place in a variety of forms – telephone, video calls and conference calls. Engagement with this process was good and health assessments continued to be completed to a high standard.

### **7.4**

Through Consultation with Designated and Named Doctors, any further assessment required was fast tracked into face-to-face clinics the following week.

### **7.5**

From the 1<sup>st</sup> of April 2021 Walsall healthcare Trust Implemented a full restoration plan to get services back to face-to-face. All initial health assessments are face to face, with recommencement of home visits and face to face review health assessments from the beginning of September 2021. Some out of borough areas have not had the capacity to complete RHA's due to redeployment of staff members. Whereas other areas are continuing to offer RHAs virtually, therefore there has been an inconsistent approach. Walsall LAC health team have maintained services for all children and young people in care whether a local child or hosted in the area. The CCG has also commissioned the team to see some Walsall children placed over the 20-mile radius to ensure assessments were completed in a timely manner and ensure all health needs are addressed.

## 8.0 Dental health

8.1 The percentage of up to date dentals checks completed has been declining as a result of the current situation regarding Covid-19. No child however should experience any discomfort and Carers should follow national guidance around when to seek help. This continues to be closely monitored through statutory health assessments, and 100% of cases identified where a child needs a dental intervention are addressed and actioned within their health plan. Any issues that have arisen and in need of escalation have been addressed by the Designate Nurses across BCWB, who have liaised directly, and effectively, with dental practises. NHS England have been doing work around LAC pathways generally, although access is still very challenged at present in both primary care and community services and they are still unable to prioritise routine check-ups over children in pain. NHSE have also been in communication with all Dentists to reiterate the importance of seeing Looked after children.

Dental checks(In care 12 months on 31 March 2021)	England	SNs	West Midlands	2018-19	2019-20	2020-21
Number of children who had their teeth checked by a dentist	86%	89%	82%	96.0%	92.0%	43.1%

## 9.0 Immunisations

9.1 All health assessments for children and young people will record immunisation status, any immunisations required will be chased with the relevant health agencies.

Immunisations (In care 12 months on 31 March 2021)	England	SNs	West Midlands	2018-19	2019-20	2020-21
Number of children whose immunisations were up to date	88%	93%	89%	86.0%	88.0%	91.5%

## 10.0 Adoption/Fostering Medicals

### 10.1

The Named Doctor and Designated Doctor for LAC are Medical Advisors and provide advice to prospective adopters, adult health reports for fostering and adoption, Child adoption medical reports, and attend adoption panel as expert health advisors.

See below the current adoption reports to date for Initial medicals, reviews, and prospective adopters discussions.

## Adoption, Review Medicals & Prospective Adopter consultations April 2020 to March 2021

Current data -

Date	Initial	Review	PA	Total
April 20	11	-	2	13
May 20	-	3	2	5
June 20	6	-	-	6
July 20	4	1	2	7
August 20	6	-	-	6
September 20	3	2	3	8
October 20	5	2	2	9
November 20	7	3	2	12
December 20	9	2	2	13
January 21	4	2	-	6
February 21	3	5	-	8
March 21	4	8		12
<b>Total</b>	<b>58</b>	<b>20</b>	<b>15</b>	<b>115</b>

General practitioners complete adult adoption and foster carer medical forms. Following completion of the medical forms, these are reviewed by the medical advisor and a summary report and recommendation for the suitability to become an Adopter/foster carer is made. In 2019/20, an audit was completed on the quality of these assessments and this was presented at the GP forum by the medical advisors. In 21/22 there will be a review audit will be undertaken.

There have been some challenges in getting general practitioners to complete these forms since the Covid Pandemic. However, the CCG has worked closely with Adoption at heart and the local authority to ensure these processes have remained business as usual. (Leaflet)

### 11.0 Mental Health Services Offer for Children and Young People in Care

#### 11.1

The emotional wellbeing and mental health of Children in Care is of paramount importance. It is widely documented that Children in care are likely to experience increased susceptibility to mental health difficulties other than the general population due to being exposed to early adverse childhood experiences.

Specialist and targeted mental health services for children and young people in Walsall are provided by Black Country Healthcare NHS Foundation Trust. This comprises of Core

CAMHS (Tier 3), iCAMHS (Tier 3 Crisis/Intensive Outreach service), Positive Steps (Targeted MH services at Tier 2 using the CYP IAPT approach), LD CAMHS (Specialist offer for CYP with Learning Difficulties and co-morbid mental health diagnosis), and Mental Health Support Teams in Schools (Targeted mental health and early intervention service). Mental health services are prioritised for those most in need, at risk and with moderate to severe mental health problem taking into account their vulnerability and personal/family circumstances. Children and young people at risk of being looked after or in care, along with other vulnerable group are be prioritised if they meet the threshold and are in need of targeted and specialist mental health services.

Please see CAMHS report.

## 12.0 Mental Health Outcomes (SDQ scores)

The SDQ (Strengths and Difficulties Questionnaire) is a brief behavioural screening questionnaire about 4-16 year olds. All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales: SDQs are completed by the local authority for Looked after Children aged between 4 and 16 to evidence that they are taking into account the potential emotional and behavioural difficulties of children. The higher the score, the more pronounced difficulties that child will face: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and behaviour. The SDQ generates a score and this can be used to inform Clinical assessments. It is recognised that a robust process for the completion of SDQs is required in order to improve the completion rate. There are plans to implement a joint pathway across health and social care to ensure SDQs are completed in preparation for health assessments.

Children looked after for at least 12 months aged 4 to 16 with an SDQ score	81%	81%	77%	92.0%	95.0%	96.6%
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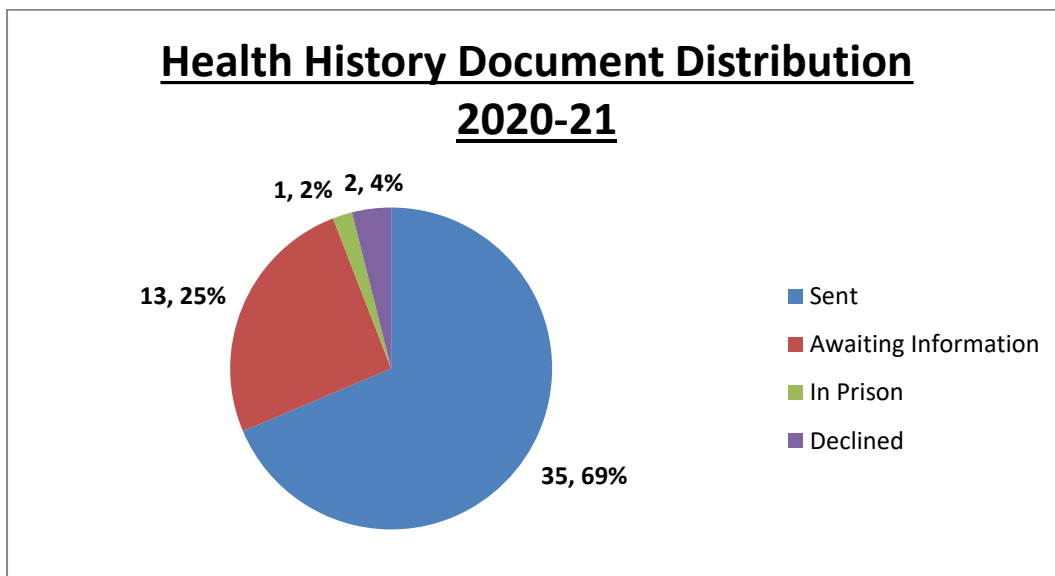
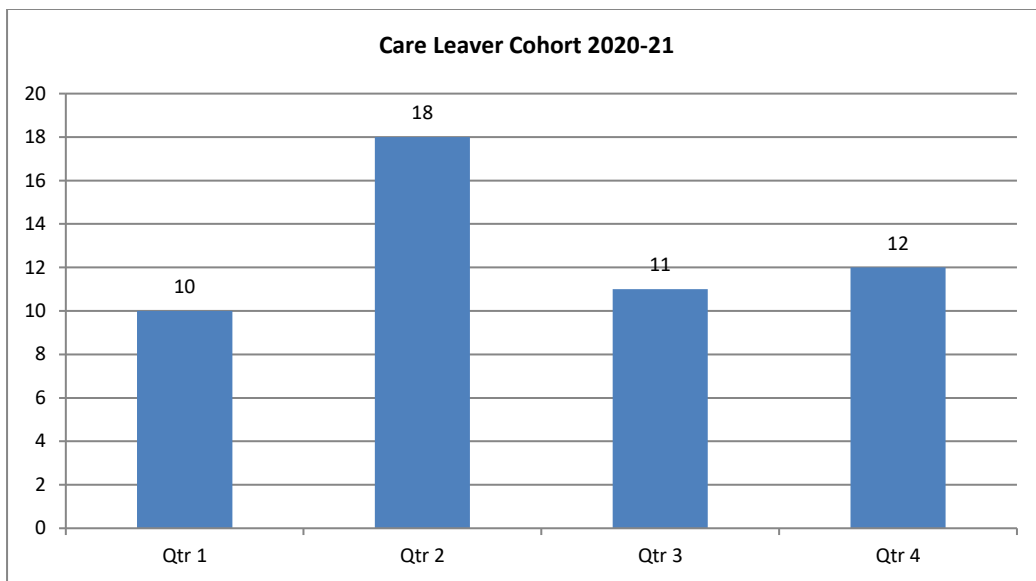
## 13.0 Exploitation

### 13.1

Looked after Children who have been taken into local authority care are at greater risk of becoming victims of Exploitation - Child Sexual Exploitation (CSE), Contextual Safeguarding including county lines, and association with substance misuse. The CCG host the Health Exploitation group, the transition nurse from the LAC health team is a member of this group and attends other multi-agency meetings to promote the needs of Looked After Children and young people. The Health Exploitation group has attendants from all areas of the health economy.

## 14.0 Leaving care Health Summaries.

**Care Leaver Summaries/Health History documents** - Care leavers should be equipped to manage their own health needs wherever possible. They should have a summary of health records (including genetic background and details of illness and treatments), with guidance how to access a full copy if required. Walsall had 57 young people leave care in 20/21, the cohort has increased by 11% this year.



## 15.0 Health History Document Distribution

- 35 Health history documents have been distributed to the cohort 2020-21 equating to 69% to date
- 13 Health history documents are in progress awaiting further information from the Child Health record, which is currently unavailable to view due to a current change in the record keeping systems. (This will be completed by the end of November.)
- There were 2 Health history documents declined
- One young Person has a completed health history document, which has not been distributed to date due to the Young Person serving a Prison sentence; this will be forwarded to the Young Person upon discharge from custody.

### 15.1

A report was shared with corporate parenting board in December 2020, following a service user audit with care experienced young people reviewing the Health History summary document. As a result, the provider have completed a three yearly review of the document and acknowledged the views of the young people.

### 15.2

The provision of leaving care summaries to all looked after young people prior to leaving care at 18 years of age is not currently monitored at a national level but is outlined in guidance. (Promoting the health and wellbeing of Looked after Children 2015) There is now a KPI added to the performance-reporting dashboard to gather this data for 21/22.

See PowerPoint presentation/Report WHT



Health%20History%20Powerpoint.pptx

## 16.0 Placement Provision for Children with complex health needs.

There continues to be ongoing work with the local authority in relation to joint funding for specialist placements for LAC with complex health and social needs placed in and out of Walsall, this has continued to be a focus during 2020-21. System led operational and strategic panels are in place, designed to ensure the most appropriate decision is made regarding placements to meet the complex health needs of LAC.



## **17.0 Send**

CCG with health partners embarked on SEND Health Review between November 2020 and March 2021 to inform the Ofsted/CQC Written Statement of Action (WSOA) judgement in February 2018 and future SEND Partnership. The areas of review covers joint commissioning, Health EHCP processes, clinical pathways, case management/coordination, SEND Designated Medical Officer (DMO) functions. The SEND Health Review highlighted where gaps in existing service provision have been identified plus recognising success and good practice progress. The analysis was completed through engagement, managed conversations and workshops with providers and clinical service leads.

Review findings were grouped into these thematic areas:

### **Partnership, Governance and Safeguarding**

- Ensuring SEND is a corporate priority for all organisations and has the appropriate reference and leadership throughout each organisation

### **Coordination and Case management**

- Partner organisations and pathways should consider improvements to multiagency case management and coordination

### **Data and Quality**

- Develop a SEND dashboard and agree common datasets

### **Outcomes and Impact**

- Ensuring there are Outcome orientated plans and reports

### **Coproduction**

- Revitalise coproduction plans and embed in organizational culture

### **Therapies**

- Specific service actions and care pathway improvements plus cross border arrangements

### **Paediatrics and Nursing**

- Specific service actions and care pathway improvements

### **Continuing Care (CC) and Palliative care**

- Harmonisation of CC policy and arrangements for clinical case management and coordination within Walsall and across the Black Country

### **Autism and Neurodevelopment (Area of Priory)**

- There are various local improvements and Black Country developments associated with different aspects of strengthening the autism offers and pathways for children and young people; pre- and post-diagnosis, focus on the diagnostic assessment pathway with better information plus embedding coproduction and at the heart using and hearing from the lived experience of children and adults with autism, those on the assessment journey and their families. (More details can be supplied).

#### **Mental health and emotional wellbeing** (Area of Priority)

- (Refer CAMHS/CYP Mental Health report)

#### **Transition**

- Renewed focus on post 16-25 pathways and health offers with adult health services

#### **Workforce and training**

- Improved Clinical and operational leadership in each organisation

#### **Commissioning**

- Development of Collaborative (joint) commissioning statement, plan and joint protocols

The review excluded but will take account of the following areas when considering any future strategic thinking and subsequent outcomes:-

- Review of accommodation options for CYP with SEND; residential, foster care or supported living
- Specific review of forensic and acute services commissioned by Specialist Commissioning, NHS England or Regional Provider Collaborative
- Health offer for people over 18 years
- Delivery of acute, inpatient health services for CYP with SEND

Furthermore, the CCG is establishing a SEND Assurance Board to review, monitor all aspects of SEND from health services/sector perspective as per our statutory responsibilities.

## 18.0

### Key Achievements 2020-21

- ✓ Maintenance of the robust delivery of the operational service ensuring the safe delivery of health assessments despite restrictions in place. No redeployment of the Lac health team occurred and this service was prioritised.
- ✓ Continuation of the service during coronavirus pandemic (March 2020).
- ✓ Refresh of care leavers health passport document.
- ✓ Strategic input into the Corporate Parenting Board.
- ✓ The Designated Nurse for LAC Chairs is the co-chair of Regional LAC Health Group and represents the Midlands Region at National Meetings.
- ✓ Audits continued to be completed demonstrating high quality standardised practice.
- ✓ Development of resources to support GP's.
- ✓ Maternity services to develop "The Not forgotten Boxes", they are provided to women who are having or are at risk of having their baby taken into care. It was the purpose of the initiative to positively acknowledge that the women have become mothers even without the presence of their child. The loss of a child by this means is not viewed as any other child loss. In order to help women mourn the loss of their child and support them the idea of the Not Forgotten Boxes was born. All women who have had a child removed/potentially removed are offered a box, which contains items to support positive memories of their child.

## 18.1

### Key health priorities for the coming year, 2021-2022 are:

- ✓ Delivery of CCG statutory duties as a Commissioner and a host CCG for LAC in Walsall.
- ✓ Walsall Healthcare trust to continue to monitor any performance issues and to ensure partnership working and engagement with Commissioners (CCG and Public Health) to achieve mutual KPI's
- ✓ Inform the Walsall Joint Strategic Needs Assessment (JSNA).
- ✓ Delivery of all aspects of the Looked after Children's Physical service specification by Walsall Healthcare Trust. Participation in the Pre-Looked after Children pathway/ vulnerable women's pathway to ensure the health needs of children are known and to inform placement planning.
- ✓ Strengthening the Looked after Children Health Assessment and Special Education Needs pathway (Education and Health Care Plan). Working with education to have health input on the pep system.
- ✓ Strengthening the Partnership meetings to improve the health outcomes of Looked after Children Health of Looked After Children Strategic Group and Corporate Parenting Board.

- ✓ Develop adequate robust data regarding the health needs of Looked after Children to inform the Joint Strategic Needs Assessment (JSNA) and appropriate commissioning decision making.
- ✓ Health Exploitation meeting – Continue to raise awareness of any themes and trends identified to specifically LAC cohort.
- ✓ Facilitate and collate specific service user feedback regarding the health provision for LAC and develop plans for health champions in partnership with the local authority.
- ✓ Embed the use of more SDQ's and make sure that they are considered as part of every child's annual health assessment, to assess and provide for mental health needs, including care leavers.
- ✓ All children to have health regularly checked, and continue to enhance our monitoring of emotional well-being and health trends to inform on-going healthcare provision.
- ✓ Continue to support the sexual health needs of children or inclusion of details regarding teenage pregnancy and teenage parenthood (girls and boys).
- ✓ Support the specific needs of Unaccompanied Asylum-Seeking Children- to review current pathway

## 19.0

### **Service user engagement and feedback – Health Champions**

The Designated Nurse for LAC is currently developing plans with the Children's Champion to create a health champions group. This group will focus on inspiring children and young people to develop aspirations to work in the NHS. The group will also be asked to support with service user feedback and direction when health services are looking to change current ways of working.

The LAC health team will be attending the Mini Influencers and the Influencers group on a monthly basis to offer their clinical support and advice to these children and young people.

The Designated Nurse for looked after children was recently able to attend a children in care council meeting where questions about health services were posed. The children and young people were able to answer and give anonymous feedback, see example below using the mentimeter. This feedback can help shape and develop health services for our children and young people.

The image shows a screenshot of a Mentimeter poll titled "How could we make health appointments better for young people?". The poll results are displayed in a grid of colored boxes over a background image of a hospital building. The Mentimeter logo is in the top right corner. The poll results are as follows:

- make them quicker always see the same person
- Send out a report or review to them of their appointment
- The queue can be long sometimes, so there should be things that could occupy their time.
- if they couldn't keep patient on hold
- make them more accessible or easier to access
- To make sure there is support if needed
- make sure the other people at the other end of the phone are welcoming as people can become unnerved when talking to a stranger
- seeing if they are confidential with sensitive information
- ask to have a follow up meeting if worried about the young person

A small "10" icon is visible in the bottom right corner of the poll interface.

**Vision for the Future.**

Health Partners across Walsall are committed to improving the health and wellbeing of our Looked After Children and young people whether they live in Walsall or further afield. We aim not just to meet these standards but also to pursue excellence in order to give our children and young people the opportunities they need to grow and develop into adults with fulfilling lives.

