

Black Country ICB – Walsall Place.

Corporate Parenting Board

**Health Services for Children in Care Assurance Report
April 2021 – March 2022**

Date of Meeting: Tuesday 10th January 2023

TITLE OF REPORT:	Health Services for Children in Care Assurance Report 2021/22
PURPOSE OF REPORT:	To provide assurance to members of the Corporate Parenting Board that action is being taken to deliver on-going statutory responsibilities health for Children in Care.
REPORT WRITTEN BY:	Alison Jones Designated Nurse Children in Care alisonjones10@nhs.net Dr Manju Kannath Designated Dr Children in Care manju.kannath@walsallhealthcare.nhs.uk
REPORT PRESENTED BY:	Alison Jones/ Dr Manju Kannath
KEY POINTS:	The report was collated with information provided by Walsall Healthcare Trust.
Report Purpose	An overview of the statutory health responsibilities of the ICB in relation to children in care, including performance of these responsibilities.
RECOMMENDATIONS:	
CORPORATE PARENTING BOARD ACTION REQUIRED:	Decision Approval ✓ Assurance

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 Children in Care (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 integrated Care Boards should have access to Designated Doctors and Nurses for Children in Care, whose role is to assist commissioners in fulfilling their responsibilities to improve the health of Children in Care. Providers of health services are expected to identify a Named Doctor and Named Nurse for Children in Care to coordinate the provision of services for individual children and provide advice and expertise for fellow professionals.

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

2.0 An overview of the statutory responsibilities of the ICB 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, ICB's 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 ICB for Children in Care relating to statutory duties are:

- **Initial Health Assessments** - The IHA should take place in time to inform the child's first CIC 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 CIC recommend that Black Country and West Birmingham Integrated Care Board, Walsall place, (BCICB) commission a service that ensures appropriate arrangements and resources are in place to meet the physical and mental health needs of all Walsall Children in Care, 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. (In some cases, the team will extend the radius up to 50 miles)

3.3

The ICB commission health assessments for those CIC 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 CIC health team and Designated Nurse who will contact the designated leads where the child is placed. In 2023, NHSE will be monitoring performance of teams who are picking up Out of Area children for health assessments to improve delays.

3.4

The CIC Health Team consists of a Named Nurse for CIC, 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 the ICB. 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 85% of IHA's and 85% 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 CIC Team coordinating requests and assuring quality.

4.1

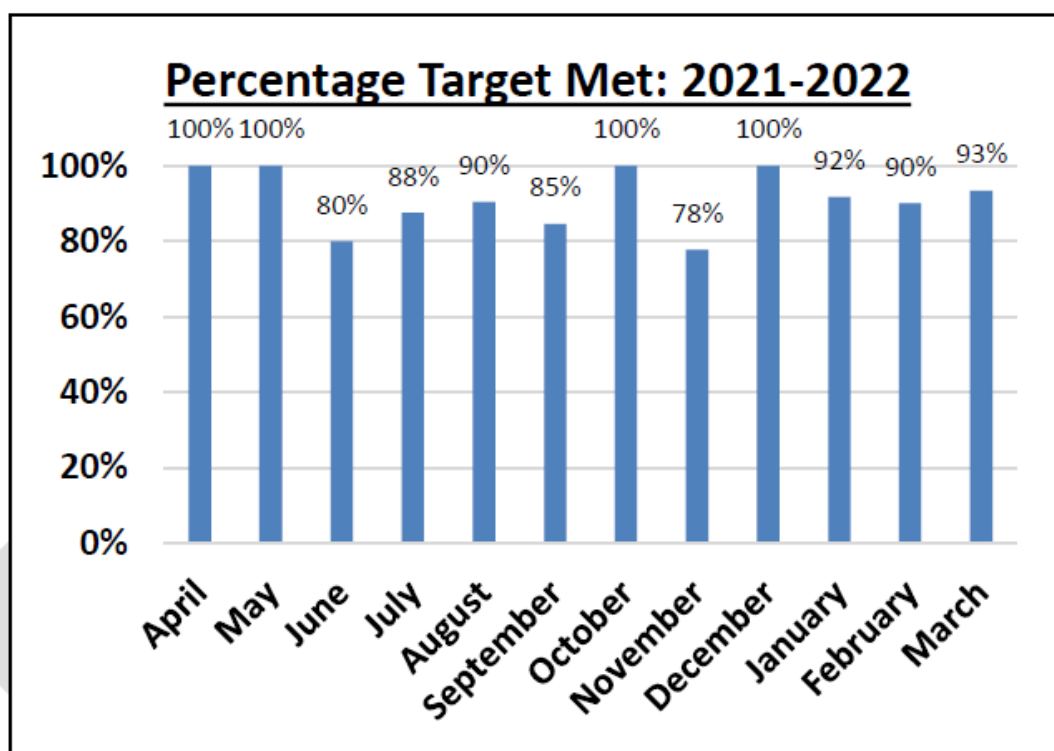
Numbers of Walsall Children Entering Care 2020-21

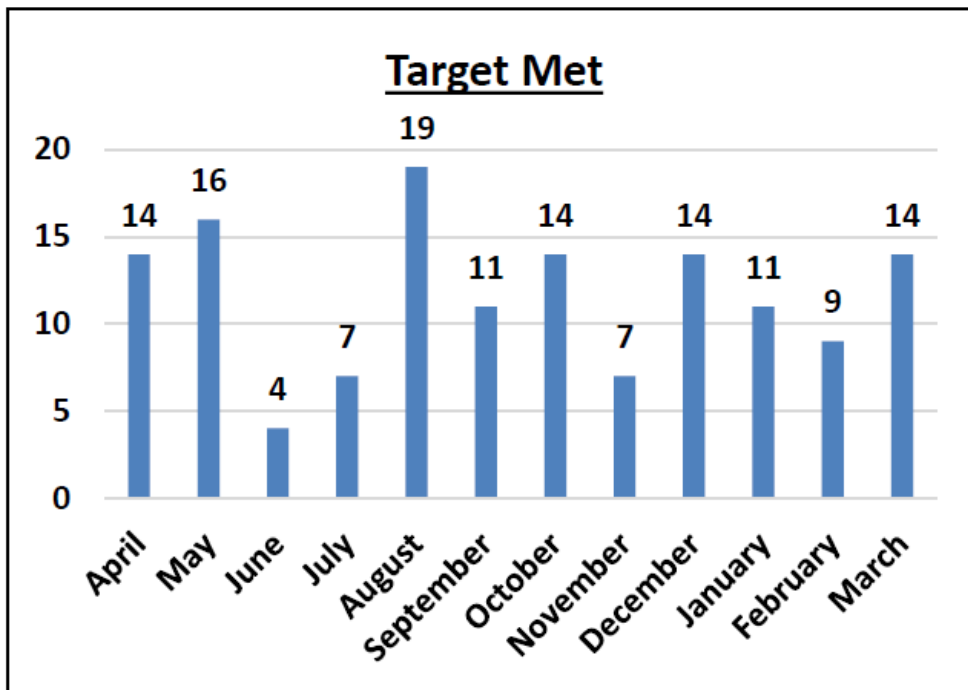
WHT CIC Health team were notified by Walsall Local Authority and other authorities of 151 children entering care from 1st April 2021 – 31st March 2022

4.2

IHA Data 20/21

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





As previously indicated, current commissioned requirements are targeted at 85% of the Initial health assessments, within 20 working days (28 days total of entering care), of coming into care, this target is was increased to 85% for 21/22 across the black country ICB. The cohort seen within 20 working days of entering care is at 92.7% over the year in Walsall.

Completion rates are reported monthly to the ICB via contract performance reports, and this is reviewed by the Designated Nurse for CIC. Exceptions are all reported to the ICB if children and young people are not seen within the 20-working day requirement, with full details 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 stays
- Children cancelled due to CV19 (originally booked within timescale)
- Increase in numbers of Children coming into care (20 clinic slots per month)

4.3

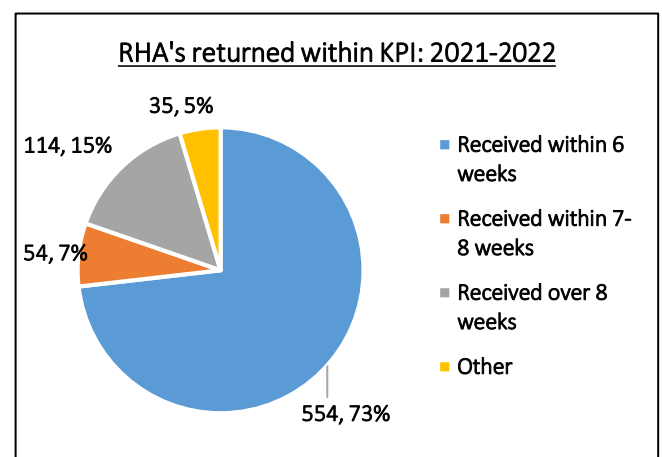
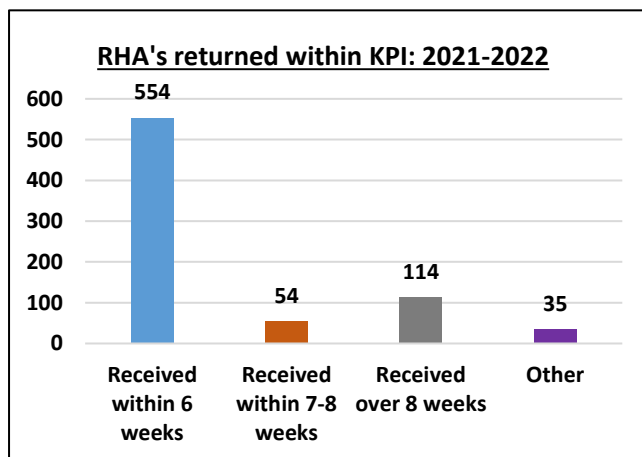
Review Health Assessments

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 CIC 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 is 85%. 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 out of area children not being picked up in a timely manner. Walsall CIC health team attempted to go further afield in some of these cases to prevent delays however this was not the case with all children. There were 757 review health assessments required in 2021/22.

A dashboard has been developed by the Black Country Designated Nurses for CIC, which reflects the KPI's for services commissioned by the ICB, this has been implemented for the purposes of reporting from 21/22 across the Black Country to standardise reporting and reduce variation.

4.4

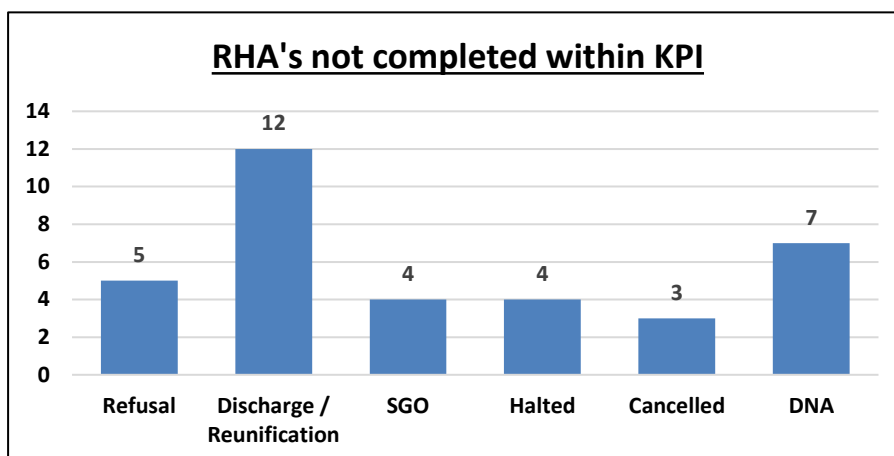
The table below demonstrates individual team activity in relation to RHA's during 2021-22



There were 554 completed Review health assessments returned within the six-week KPI equating to 73%.

There were 19 reviews were not required due to

- Cancellations from placing authorities/children moving out of the borough
- Special Guardianship Orders granted
- Children were discharged/ reunification back to family prior to RHA appointment date



There were 5 refusals to complete their assessment from children, in these instances the team advise the child we will notify the Local authority of the refusal and collate health information which is shared appropriately with the allocated social worker on their behalf.

5.0

Information sharing across the health economy

Data is collected on the input of health information from General Practitioners. The provider received completed requests from GPs of shared health information to inform the initial health assessment.

5.1

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 CIC health team to improve information gathering is in place.
- Health and Social Care have regular meetings to address reporting issues.
- The provider has given assurance to the ICB that there is capacity to be flexible if numbers of Children coming into care increase above the current allocated clinic slots.

6.0 Health of Children in Care 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 ICB 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 CIC 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 Children in Care. (Due to sickness, one meeting was cancelled.)

6.2

The Designated Doctor and Designated Nurse for Children in Care 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 CIC and Primary Care including support of medicals for fostering and adoption.
- 4- Development of Care leavers APP
- 5- Review access for neuro-developmental pathways.
- 6- Business case for free prescriptions for care leavers.

6.3

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

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

7.0 Covid-19 Pandemic

From the 1st of April 2021 Walsall healthcare Trust had Implemented a full restoration plan to get services back to face-to-face. All assessments are completed face to face now although we did learn new ways of engaging harder to reach children and young people.

8.0 Dental health

8.1 The percentage of up-to-date dentals checks completed had been declined because of Covid-19. Despite last year the proportion of CIC having had their teeth checked by a dentist fell substantially, this has begun to recover. 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 the Black Country ICB, who have liaised directly, and effectively, with dental practises. NHS England have been doing work around CIC pathways which will come into effect in 2022/23.

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.

10.0 Adoption/Fostering Medicals

10.1

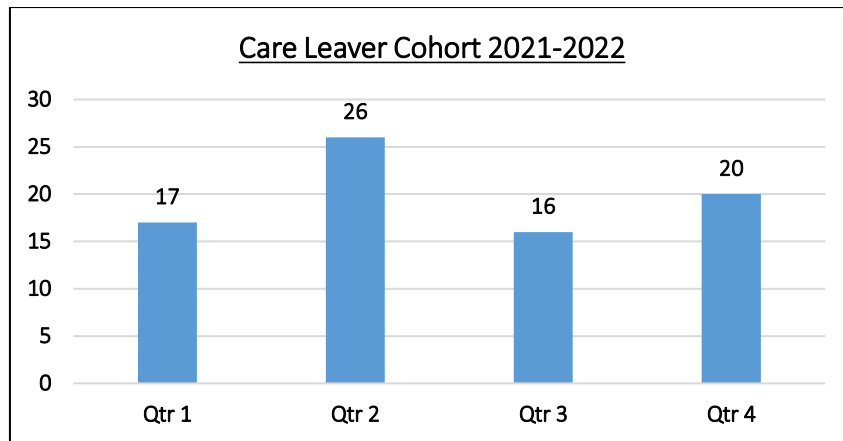
The Named Doctor and Designated Doctor for CIC are Medical Advisors and provide advice to prospective adopters, adult health reports for fostering and adoption, Child adoption medical reports, and attend adoption panel as expert health advisors.

General practitioner's 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 2021/22, a review audit was completed on the quality of these assessments, and this will be presented at the GP forum by the medical advisors

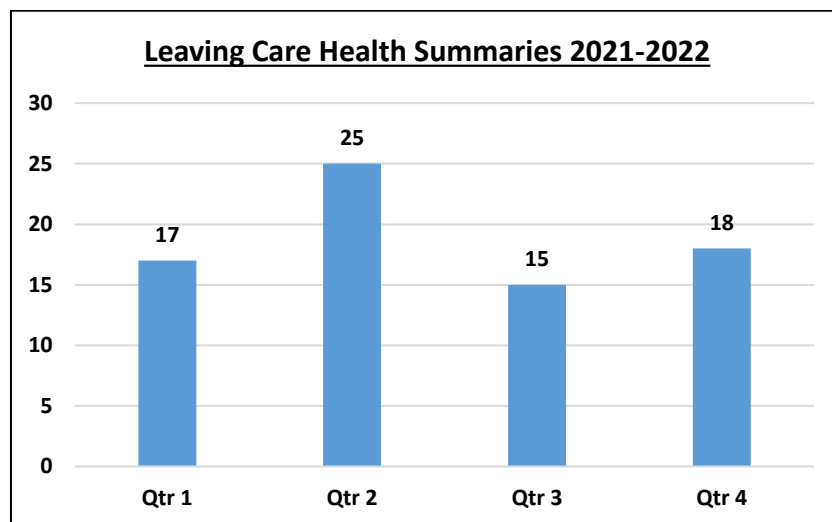
There remain some challenges in getting general practitioners to complete these forms as a priority. However, the ICB has worked closely with Adoption at heart and the local authority to ensure these processes have remained business as usual.

11.0 Leaving Care Health Summaries.

11.1 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 79 young people leave care in 21/22, the cohort has increased by 35% this year.



The 2021-22 Cohort has an 35% Increase from the previous Cohort 2021-2022. (51 Young People left care the previous year)



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.

12.0

Key Achievements 2021-22

- ✓ Maintenance of the robust delivery of the operational service ensuring the safe delivery of health assessments
- ✓ Refresh of care leavers health passport document – agreement to progress APP
- ✓ Strategic input into the Corporate Parenting Board.

- ✓ The Designated Nurse for CIC Chairs is the co-chair of Regional CIC 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.
- ✓ Development of film to prepare children to attend IHA's.
- ✓ Standardised practice across the Black Country to reduce variation.

18.1

Key health priorities for the coming year, 2022-2023 are:

- ✓ Delivery of ICB statutory duties as a commissioner and a host ICB for CIC in Walsall.
- ✓ Walsall Healthcare trust to continue to monitor any performance issues and to ensure partnership working and engagement with Commissioners (ICB and Public Health) to achieve mutual KPI's
- ✓ Review of current service specification of CIC teams across the Black Country and consider increase in team resource
- ✓ Delivery of all aspects of the Children in Care team Physical service specification by Walsall Healthcare Trust.
- ✓ Strengthening the Children in Care Health Assessment and Special Education Needs pathway (Education and Health Care Plan). Working with education to have health input on the pep system.
- ✓ Relaunch of Strategic Health of Children in Care Group.
- ✓ Develop adequate robust data regarding the health of Children in Care when they enter care to inform the appropriate commissioning decision making.
- ✓ Health Exploitation meeting – Continue to raise awareness of any themes and trends identified to specifically CIC cohort.
- ✓ 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- develop current pathway

19.0

Service user engagement and feedback – Health Champions.

The CIC health team are members the Mini Influencers and the Influencers group to offer their clinical support and advice to these children and young people. This feedback can help shape and develop health services for our children and young people.

