

**BLACK COUNTRY ICB**

**Corporate Parenting Board**

**Health Services for Children in Care (CIC) Assurance Report  
April 2022 – March 2023**

Date of Meeting: Tuesday, 9<sup>th</sup> January 2024

<b>TITLE OF REPORT:</b>	<b>Health Services Children in Care (CIC) Assurance Report 2022/23</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 of health for CIC.</b>
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<b>REPORT PRESENTED BY:</b>	Catherine Masterson/ 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 ICB 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 CIC.  To include: Adult and children’s medicals for Fostering and Adoption  Leaving Care Summaries/Health passports. Health Priorities 22/23



<b>RECOMMENDATIONS:</b>	To note the report and identify any further information required.
<b>CORPORATE PARENTING BOARD ACTION REQUIRED:</b>	Decision Approval <input checked="" type="checkbox"/> 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 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 ICBs 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 an active member of the regional Designated Nurses for Children in Care Forum. This group influences the care of Children in Care as there are some challenges which are regional issues in some of the 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, 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 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 health 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 Integrated Care Board Walsall place 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 below a 50-mile radius and hosted children from other areas.

#### 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 local CIC health team and Designated Nurse where the child is placed.



### 3.4

The Children in Care Health Team consists of a Named Nurse for Children in Care, 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 to 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.
- Work in collaboration with other safeguarding professionals within health

### 4.0 Statutory Responsibilities.

Initial and Review Health Assessments (IHA & RHA) are commissioned from Walsall Healthcare Trust (WHT) as the Health Provider by Black Country 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 are completed by other external providers over a 50-mile radius with the WHT CIC Team coordinating requests and assuring quality.

### Numbers of Walsall Children Entering Care 2022/23

WHT CIC Health team were notified by Walsall Local Authority of 151 children entering care from 1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023



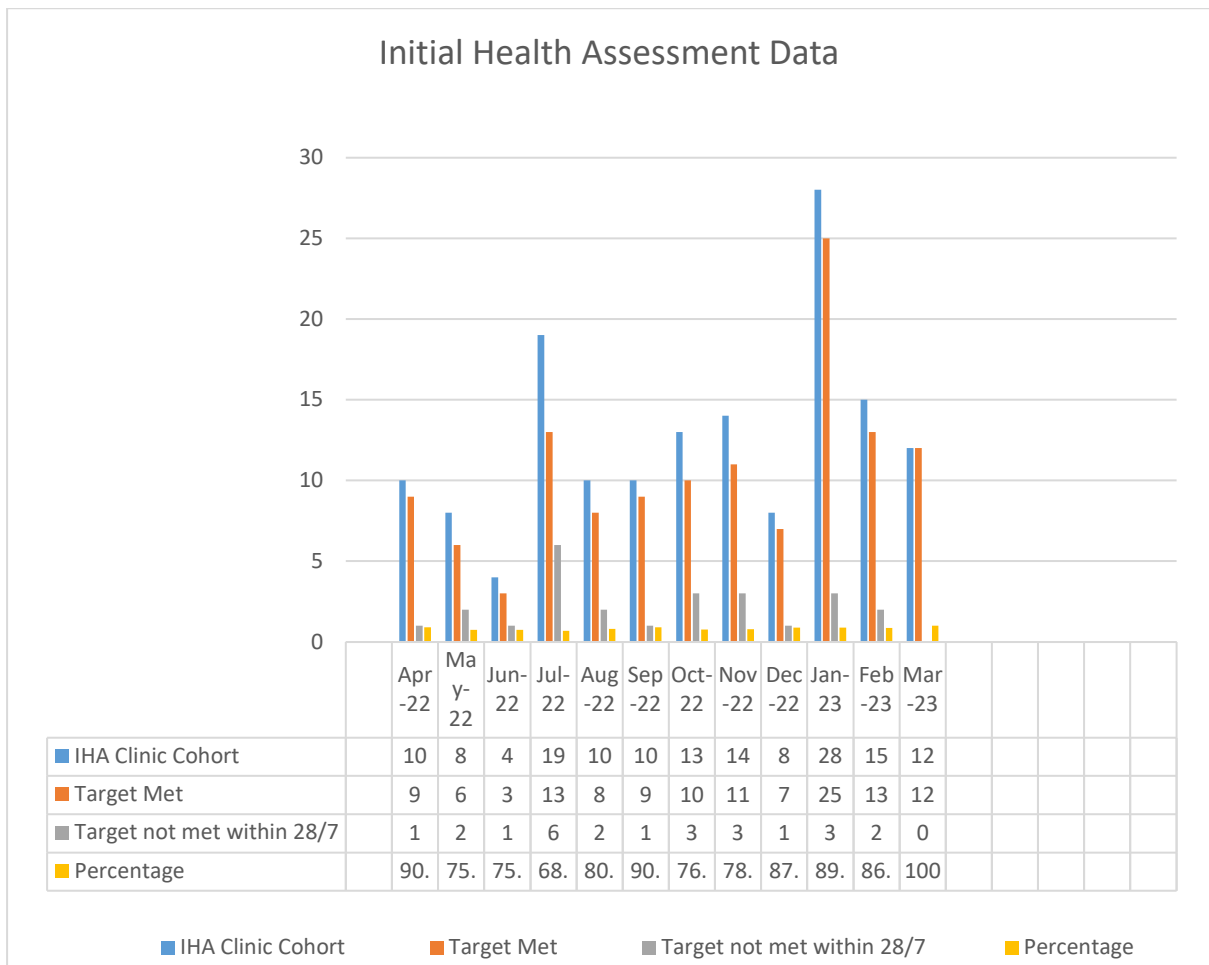
## IHA Data 22/3

### Numbers of children requiring an initial Health Assessment 2022-23 (WHT Data)

Month	IHA Clinic Cohort	Target Met	Target not met within 28/7	Percentage
Apr-22	10	9	1	90.0%
May-22	8	6	2	75.0%
Jun-22	4	3	1	75.0%
Jul-22	19	13	6	68.42%
Aug-22	10	8	2	80.00%
Sep-22	10	9	1	90.00%
Oct-22	13	10	3	76.92%
Nov-22	14	11	3	78.57%
Dec-22	8	7	1	87.50%
Jan-23	28	25	3	89.29%
Feb-23	15	13	2	86.67%
Mar -23	12	12	0	100.0%
<b>Total</b>	<b>151</b>	<b>126</b>	<b>25</b>	<b>83.44%</b>

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. The cohort seen within 20 working days of entering care is currently at 83.44% over the year in Walsall.

Completion rates are reported quarterly to the ICB via contract performance reports, and this is reviewed by the Designated Nurse for CIC and discussed at the WHT CQRM. Exceptions are also reported to the ICB if children and young people are not seen within the 20 working days 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.
- Increase in numbers of Children coming into care (20 clinic slots per month)

Concerns resolved locally on Individual case by case basis and seen at next available appointment.



## Review Health Assessments

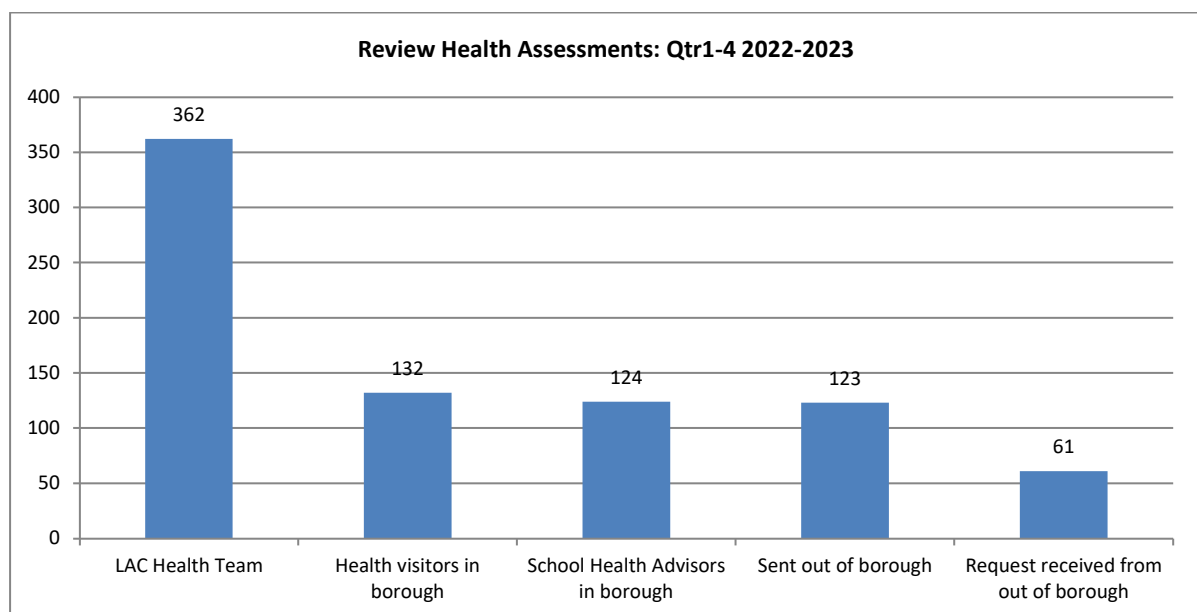
In Walsall, the model for Review Health Assessments(RHA's) is that children and young people of 5 years and over are seen annually by a School Health Advisor or Nurse Advisor from the CIC health Team. Children under the age of 5 years old are seen by a member of the health visiting service every 6 months. 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 is commissioned to reach a target of 85%, although the quality of both IHA and RHA has remained high, the timeliness within which RHAs are completed has not always been achieved. This has largely been related to children who are hosted in other areas and children who have multiple moves of placement. There were 730 review health assessments required in 2022/23, all were completed see data below.

The Walsall CIC team use a dashboard developed by the Black Country ICB Designated Nurses for CIC, which reflects the KPI's for services commissioned by the ICB, this has been implemented for the purposes of reporting across the Black Country to standardise reporting and reduce variation.

### National picture

Healthcare (for those in care 12 months on 31 March)	England	SNs	West Midlands	2020-21	2021-22	2022-23
Number of children who had their annual health assessment	89%	94%	86%	85.0%	91.0%	85.6%

The table below demonstrates individual team activity in relation to RHA's during 2022/3





The Walsall CIC team use a safeguarding dashboard developed by the Black Country ICB Designated CIC nurses which reflects the KPIs for services commissioned by the ICB, this has been implemented for the purposes of reporting across the Black Country.

The dashboards are recorded and reported to Quality leads at monthly governance meetings.

## **5.0 Information sharing across the health economy**

Data is collected on the input of health information from General Practitioners. The provider received 640 completed requests from GPs of shared health information to inform the health assessment. The GP information received was 95% GP and with timeframes to support the Childs IHA/RHA. This represented an increase compared to last year. Given the pressures in primary care following Covid this has been a positive input to the health assessments of the cohort.

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

- Continued working with the Local Authority to improve timeliness is in place.
- Good access to the Local Authority dashboards by CIC health team to improve information gathering.
- Health and Social Care have monthly meetings to address reporting issues
- ICB Dashboards for reporting data are now being utilised across the black country CIC providers.

## **6.0 Health of Children in Care Strategic Group.**

### **6.1**

This group meets to monitor and improve the delivery of health outcomes for Children in Care. Its aims to ensure the 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, to provide a holistic system for the provision of health care for Children in Care.

### **6.2**

The Designated Doctor and Designated Nurse for Children in Care have identified Priorities for the next 12 months 2022/2023 for consideration at this forum.

- 1- Review Pathways for transition to adult services for care leavers.
- 2- Implement the pathway to ensure young people placed in therapeutic care homes have 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 a creative and interactive Black country wide health APP for care leavers to be promoted to support the young person to access the appropriate health services.



- 5- Consider and review waiting times for children who require autism assessments and develop pathways.

### 6.3

The Designated Nurse CIC is an active member of the regional CIC forum, and a member of the NHSE National Group. Attendance at this forum will enable Walsall 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.
- Participate in regional workstreams to improve health service delivery.

## 7.0 Dental health

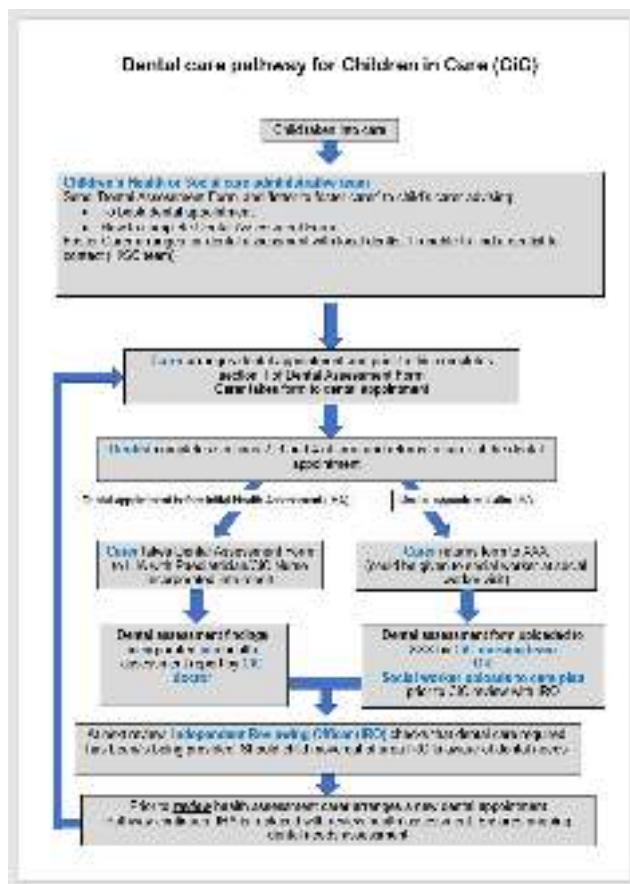
### 7.1

The percentage of up-to-date dentals checks completed has improved over the last year following the decline that was seen during the Covid pandemic. 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, who have liaised directly, and effectively, with dental practices.

#### National picture

Healthcare (for those in care 12 months on 31 March)	England	SNs	West Midlands	2020-21	2021-22	2022-23
Number of children who had their teeth checked by a dentist	70%	77%	64%	43.0%	88.0%	87.5%

The Designated Nurse for CIC has been liaising with NHS England who have developed dental pathways. The pathway will be implemented with the collaboration of local authority and CIC team see example pathway below:



## 8.0 Immunisations

8.1 All health assessments for children and young people will record immunisation status, immunisations have been completed for all children and young people.

Healthcare (for those in care 12 months on 31 March)	England	SNs	West Midlands	2020-21	2021-22	2022-23
Number of children whose immunisations were up to date	85%	92%	83%	92.0%	100.0%	100.0%

## 9.0 Adoption/Fostering Medicals

### 9.1

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.

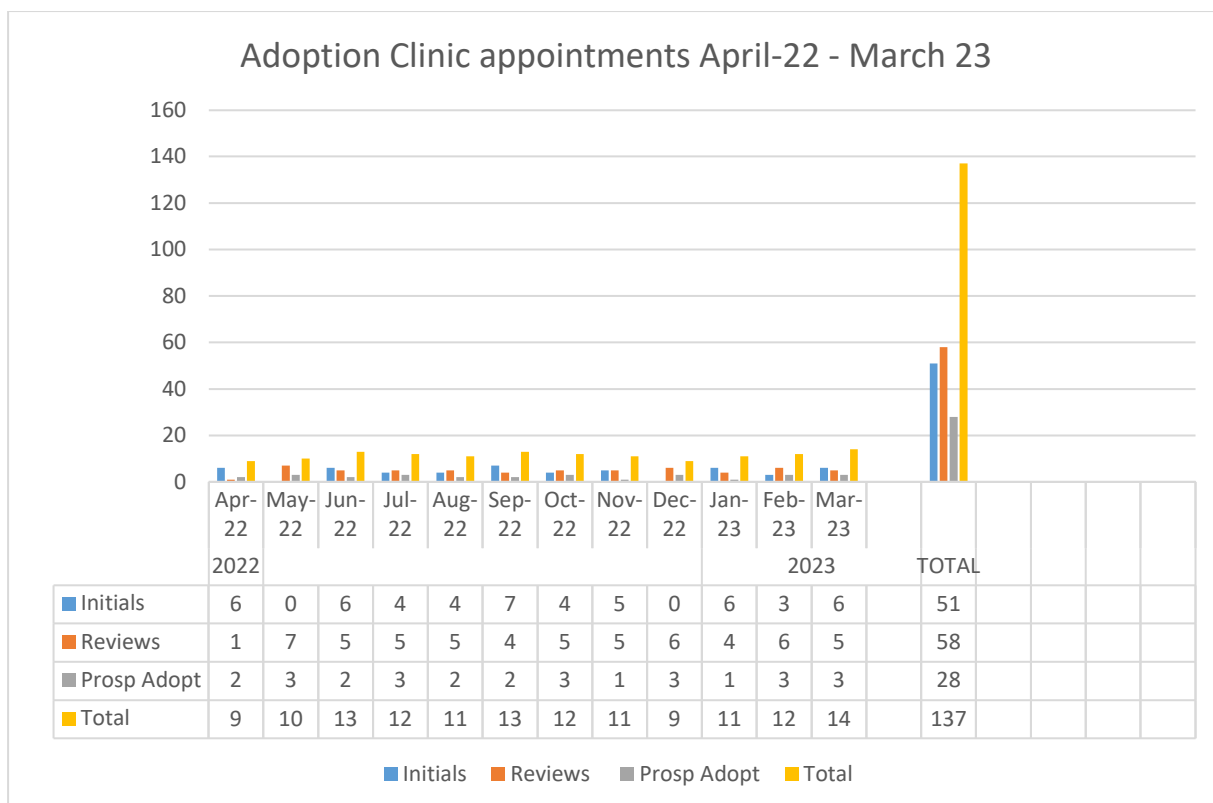
See below the current adoption reports to date for Initial medicals, reviews, and prospective adopter's discussions.

Adoption, Review Medicals & Prospective Adopter consultations April 2022 to March 2023

Current data –

	Month	Initials	Reviews	Prospective Adopter consultation	Total
<b>2022</b>	April	6	1	2	9
	May	0	7	3	10
	June	6	5	2	13
	July	4	5	3	12
	Aug	4	5	2	11
	Sept	7	4	2	13
	Oct	4	5	3	12
	Nov	5	5	1	11
	Dec	0	6	3	9
<b>2023</b>	Jan	6	4	1	11
	Feb	3	6	3	12
	Mar	6	5	3	14
<b>TOTAL</b>		<b>51</b>	<b>58</b>	<b>28</b>	<b>137</b>





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.

There have been some challenges in getting general practitioners to complete these forms. However, the ICB continues to work closely with Adoption at heart and the local authority to ensure these processes have remain business as usual.

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

### 10.1

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. Black country Mental health trust will report current support offered to Walsall CIC. The designated Nurse for CIC responds to any escalations for this cohort and will liaise with mental health commissioners as required.

The Designated Nurse for Children in care participates in discussions when children in care feature on the Transforming Care Programme (TCP) risk register to ensure this cohort have the support, they require by mental health services.

## **11.0 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.

## **12.0 Exploitation**

### **12.1**

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 ICB host the Health Exploitation group, the transition nurse from the CIC health team is a member of this group and attends other multi-agency meetings to promote the needs of Children in care. The Health Exploitation group has attendants from all areas of the health economy.

## **13.0 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 51 young people leave care in 22/23. 86% of this cohort received copies by the end of March 2023.

## **14.0 Care leavers Covenant**

The Chief people officer Shajeda Ahmed has signed the Care Leaver Covenant on behalf of the Black country Integrated Care system in January 2023.






Shajeda Ahmed, Chief People Officer for the Black Country Integrated Care Board, signing the Care Leaver Covenant on behalf of the Black Country Integrated Care System.

The care leaver covenant is a national inclusion programme through which organisations pledge to provide support for leavers aged 16-25 to help them live independently. Joining a workplace can be intimidating for any new starter but for care leavers, without the necessary report the experience can be overwhelming. That's why we want people leaving care to have better access to a career in the NHS. By signing the covenant, the ICB is committing that care leavers will have improved access to employment, education and training in a welcoming environment across the black country.

### **15.0 Care Leavers Health passport app**

The Care Leavers mobile app is a user -friendly Health information store for Care leavers which enables care leavers to keep important information about your health, appointments, health history, immunisations in one secure place making it accessible at the click of a button when you need it most. Created/Designed by young people leaving Care, the app gives care leavers instant access to the health information.





**Contacts** – Keep all your important Health and other contacts in one place makes appointments direct from your GP, Dentist, Optician or maybe your gym.

All your health information accessible and to hand – Important information including your:

**Health history** – Do you sometimes forget your medications, Medical History, Allergies?

This APP keeps all the information in one place. It is a useful tool if visiting the doctor and you want access to information quickly. This APP has the NHS APP embedded within it, and within the NHS APP you can check your symptoms, book and cancel appointments, order repeat prescriptions, view your medical record and secure access to your medical record. You can choose how the NHS uses your data – register your decision on whether it can be used for research and planning.

**Immunisations** - All your childhood Immunisations are in one place – it's great to keep track of your immunisations if you are due to go abroad, you can add an appointment with your clinic

## 16.0 Free Prescriptions

Care leavers in the Black Country, who are not entitled to free prescriptions, will soon be able to apply for a pre-payment certificate so they don't have to pay for prescribed medication. The ICB has provided this resource for as Care leavers as this was requested at Corporate Parenting Board. This will help care leavers get the best start to their adult lives.

Sally Roberts, Chief Nursing Officer for the NHS Black Country ICB, said:

“It’s fantastic that eligible young care leavers in the Black Country no longer will have to pay for any prescribed medication.

“We know that this cohort of young people are more likely to experience additional challenges in terms of both health and wellbeing, and financial hardship. Many do not have support from extended family who can help with daily living costs, and so the additional cost of a prescription may result in medication not being collected and health needs not being met. We believe that care leavers should have a fair start in life and providing free prescriptions for this vulnerable group will help support their access to healthcare and help reduce health inequalities.”







### **17.0 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 Children in care, with complex health and social needs placed in and out of Walsall, this has continued during 2022/23. System led operational and strategic panels are in place, designed to ensure the most appropriate decision is made regarding the health input to placements to meet the complex health needs of LAC.

### **18.0 EHCP to inform health assessments.**

Walsall Healthcare Trust have updated local forms that request for information about children coming into care. This now requests information on whether a children or young person has an Education Healthcare plan in place. The information can then be requested to support the completion of the Initial Health assessment.

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

- There are various local improvements and Black Country developments associated with different aspects of strengthening the autism offer and pathways for children and young people. These consider pre- and post-diagnosis, focus on the diagnostic assessment pathway with better information plus embedding co-



production and ensuring using and hearing the lived experience of children and adults with autism, those on the assessment journey and their families. (More details can be supplied).

## 20.0

### Key Achievements and Developments 2022/23

- Free prescriptions to be rolled out in 2023.
- Plan for implementation of dental pathway with NHSE support
- Joint production, funding, and preparation for care leavers app
- Development of enhanced service specification of CIC health team
- ✓ Maintenance of the robust delivery of the operational service ensuring the safe delivery of health assessments.
- ✓ Strategic input into the Corporate Parenting Board.
- ✓ Audits continued to be completed demonstrating high quality standardised practice.
- ✓ Continued Training and support to GP's.
- ✓ Maternity services now provide “The Not forgotten Boxes”, they are given to women who have had a child removed/potentially removed are offered a box, which contains items to support positive memories of their child.

## 21.0

### Key health priorities for the coming year, 2024/5 are:

- ✓ Delivery of ICB statutory duties as a commissioner and a host ICB for CIC in Walsall.
- ✓ The ICB will continue to monitor KPI's relating to the commissioning of Health care assessments for CIC.
- ✓ Delivery of all aspects of the Looked after Children's Physical service specification by Walsall Healthcare Trust. Participation in the vulnerable parent's pathway to ensure the health needs of children are known and to inform placement planning.
- ✓ Strengthening the Partnership meetings to improve the health outcomes of Looked after Children, Health of Looked After Children Strategic Group and Corporate Parenting Board.
- ✓ Health Exploitation meeting – Continue to raise awareness of any themes and trends identified to specifically CIC cohort.
- ✓ Facilitate and collate specific service user feedback regarding the health provision.
- ✓ 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.

- ✓ Support the specific needs of Unaccompanied Asylum-Seeking Children- to review current pathway with regional colleagues.

## 22.0 Voice of Child.

The CIC nurses use the “me and my health” visual tool to capture the child’s voice in review health assessments. This Tool has recently been adapted to meet the learning needs of children, following some feedback from a 12-year-old child who is Autistic who could not understand one of the questions.

The tool can be adapted for different age ranges under 5s and 5 – 16 years.

Some other comments from Children in care following health assessments -

- A six-year girl “I like the tool because I can see the questions, they are nicely coloured and people know what I want to say and what is important to me, it is good”.
- Her twin sibling commented “two questions mean the same” which was correct, and team immediately amended tool.
- A 16-year-old who has ADHD commented “I haven’t liked to complete any health assessments in the past because they are boring, at least I am in control of what is said this way, and you can get what’s in my head” On review of this young person’s previous health assessments he struggled to engage fully with the process. The team adapted the process and had a telephone consultation prior to his face-to-face consultation this improved engagement.



“Me and my health” visual tool



The CIC nurses identify health concerns as part of Review health assessments. A recent example of this was when a child with additional needs, attending a special school in Walsall was identified as doubly incontinent. The care giver was providing pull ups and managing this without any support. The Child in care nurse completed the assessment and referred to the community children’s nursing team and Walsall school nursing team for a full assessment of the child’s continence needs. This led to the correct products and treatment being prescribed.



## **Vision for the Future.**

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

