Agenda Item No. 8

NHS Black Country Integrated Care Board

TITLE OF REPORT:	Health of Children in Care Annual Report - April 1st 2022- March 31ST 2023
PURPOSE OF REPORT:	This report aims to summarise the key areas of development and outcomes achieved by local health service providers during the identified time frame.
AUTHOR(S) OF REPORT:	**Sharon George- Designated Nurse for Children in Care- Dudley**
CARE	
PUBLIC OR PRIVATE:	Private Report but will be presented to Corporate Parenting Board following approval
KEY POINTS:	• The report provides an overview of Statutory responsibilities of Clinical Commissioning and Governance arrangements for Children in Care. • Performance of data for these responsibilities is analysed and compared with National data
RECOMMENDATION:	That the group approves the report.
CONFLICTS OF INTEREST:	NA
LINKS TO CORPORATE OBJECTIVES:	
ACTION REQUIRED:	☒ Assurance ☒ Approval ☒ For Information
Possible implications identified in the paper:	
Financial	NA
Risk Assurance Framework	NA
Policy and Legal Obligations	NA
Health Inequalities	NA- The purpose of Statutory guidance for Children in Care is to reduce health inequalities
Workforce Inequalities	NA
Governance	NA
Other Implications (e.g. HR, Estates, IT, Quality)	NA

Corporate Parenting Board

Health of Children in Care Annual Report April 1st 2022- March 31st 2023

1 Introduction

This report covers the period from 1 April 2022 to 31 March 2023.The NHS has a significant role in ensuring the timely and effective delivery of health services for looked after children (DOE and DOH 2015 (section 22). The purpose of the report is to provide the local context around l children in care, to outline how Black Country Integrated Care Board (BCICB) statutory requirements are being assured, and to highlight the challenges relating to children in care and how these are being managed. NB Statutory Guidance refers to Looked After Children (LAC). Dudley uses the term Children in Care (CIC)

Most children become looked after because of abuse or neglect and they are one of the most vulnerable groups in society. Although they may have the same health issues as their peers the extent of these is often greater because of their past experiences and it is recognised that children in care have significantly higher levels of health needs than children and young people from comparable socio-economic backgrounds who have not been looked after. Past experiences, a poor start in life, care processes, placement moves, and transitions can mean that children are often at risk of having inequitable access to both universal and specialist health services.

Statutory Guidance for Local Authorities and Clinical commissioning groups and NHSE (2015) sets out the requirements health and social care to work together to improve the health outcomes for Children in Care.

An update of Q1 and Q2 2023 has not been possible for this report as reliable data has not been available.

2 Current Commissioning Arrangements

2.1Black Country Integrated Care Board (BCICB)

- Designated professionals work to ensure inter-agency safeguarding responsibilities are met across the Black Country footprint as well as ensuring local arrangements remain in place.

- BCICB in partnership with NHS England and local authority public health commissioners must ensure that the services they commission meet the needs of children in care and that these are of a high quality.

2.2 Core health activities

The core health activities that require commissioning for CIC relating to statutory duties are:

- **Initial Health Assessments (IHA)** - The Initial Health Assessment should take place in time to inform the child's first CIC review within 20 working days of entering care.
- **Review Health Assessments (RHA) -** 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- Dudley Care Leavers Passports** - Care leavers should be equipped to manage their own health needs wherever possible. They should have a summary of all health records (including genetic background and details of illness and treatments)

2.3 Service Model

- IHA'S are provided by Black Country Healthcare NHS Foundation Trust (BCHFT) and Dudley Group NHS Foundation Trust (DGFT)
- Review Health Assessments (0-5 years) are provided BCHFT Children in Care Nursing team and Health Visitors.
- Review health assessments (5-18 years) are provided by Dudley Integrated Health and Care NHS (DIHC) School Nurses.
- Children placed out of area, within 40 mile of child's originating address are provided by BCHFT Children in Care Nursing team.
- Leaving Care Passports (Care Leavers Summaries) are completed by the Children in Care Nurses within BCHFT

2.4 Internal review of arrangements for Children in Care

A review of Children in care's health service provision has been undertaken and has been benchmarked against the recommendations in the Intercollegiate document The Intercollegiate Document for Children (DOH 2015) sets out the expected statutory roles Current Service provision (see table 1)

Table 1

Professional Role	Current Establishment	Intercollegiate Establishment
Designated Doctor Looked after (NB title used in National Paperwork)	3 PA's (1.5 days)	0.2 whole time equivalent (WTE) per 400 Child in care (CIC) (excluding operational activity)=0.36 Whole Time equivalent (WTE)
Designated Nurse Looked After Children	1 WTE	1WTE per 70,000 (71,932 in Dudley)
Administration (ICB)	1 WTE (shared by 4 Nurses)	0.5 WTE
Named Doctor Looked After Children	Community Medical Officer (CMO) provides 2 PA x32 for Initial Health Assessments (IHA)	1 PA per 400 CIC =1.81 PA's per week
Named Nurse Looked After Children	0.8 WTE	Minimum of 1 WTE for each provider
Specialist Nurse	1.8 WTE	1 WTE per 100 CIC
Administration (Provider/s)	1 WTE (commissioned)	Minimum 0.5 WTE

2.4.1 Designated professionals for Children in Care**.**

They take a strategic and professional lead across the health community on all aspects of CIC, including provider organisations which are commissioned to undertake this service. The roles are separate from any clinical work.

2.4.2 Named professionals for Children in Care**.**

This post is a leadership role within the Provider organisation and works to ensure that statutory requirements are met. This Post is now 0.8 WTE and the other hours were taken up by one of the Specialist Nurse Posts.

2.4.3 Specialist Nurses

Specialist Nurses 1.8 WTE. These two posts support the completion of RHA's for children living outside of Dudley up to 40 miles and children who live in Dudley who do not have a School Nurse or Health Visitor

3 Governance Arrangements

3.1 Corporate Parenting Board

Corporate parenting is the term used to describe the responsibility of the local authority for Children in Care and young people (HMSO1989, 2004). This said all partners have a shared responsibility as a corporate parent and health services have a key role to ensure the best possible care for Children in care.
Dudley Council chairs a Corporate Parenting Board. The board is made up of elected members, Children's Social Care and other organisations including health and education. It is responsible for making sure that the Local Authority's Corporate Parenting Strategy is met. The Designated Nurse for Children in Care and Young people represents Dudley CCG on this board.

3.2 Health of Children in Care Strategic Group
The purpose of this group is to monitor and improve the delivery of health outcomes for Children in Care. To ensure Dudley Council, BCICB and Dudley Health Providers are meeting statutory duties under the 'Promoting the Health and Well-being of Looked-after Children' statutory guidance (2015). This meeting takes place on a quarterly basis and is responsible for the implementation of the "Health of Children in Care Action Plan".

3.3 Children in Care Workstream

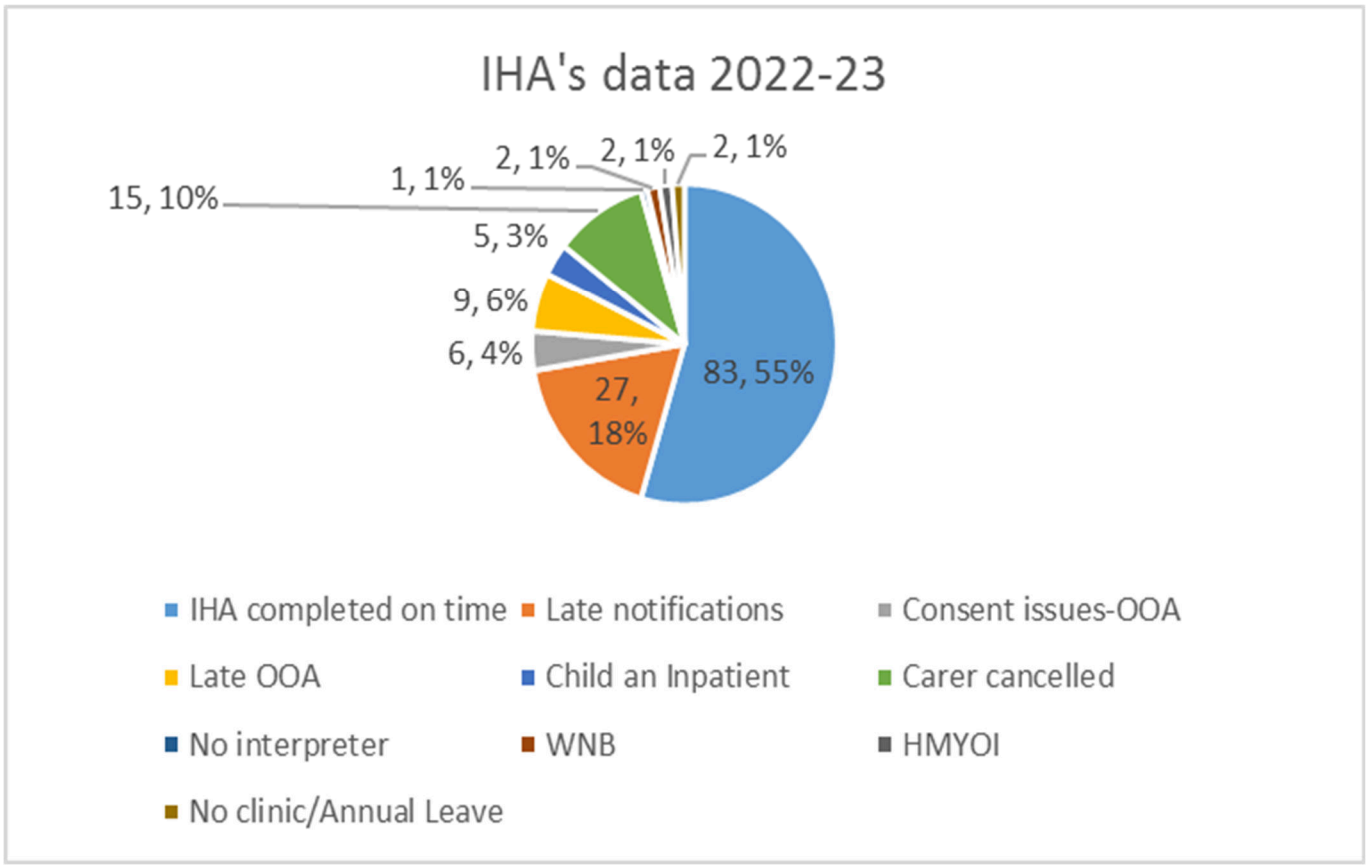
The purpose of this group across the Black Country Integrated Care Board (formally Clinical Commissioning Group) is reduce unwarranted variation relating to Children in Care ensuring a consistent approach and that safeguarding standards are integrated into all commissioning processes and service specifications. The group will also share appropriately information about CIC/ young people and examples of good practice will be shared. This Group reports to the Safeguarding Steering Group and Quality and Safety within BCICB

4 Statutory Health Care

The local authority has a responsibility to ensure that initial and review health assessments are carried out for every child they look after irrespective of where they live and that health care plans are made, reviewed and delivered. The assessment of children in care involves co-operative working between children's social care, health visitors, school nurses designated and named nurses, paediatricians and clerical staff (DOE, DOH 2015)

4.1 Statutory Initial Health Assessments (IHA)
All Initial Health assessments are booked into be seen in clinic within the statutory timescales of 20 working days from the date they are accommodated, providing notification is received in a timely way. Chart 1 shows the number and percentage of IHA's completed within the timescale of 20 working days.

Chart 1



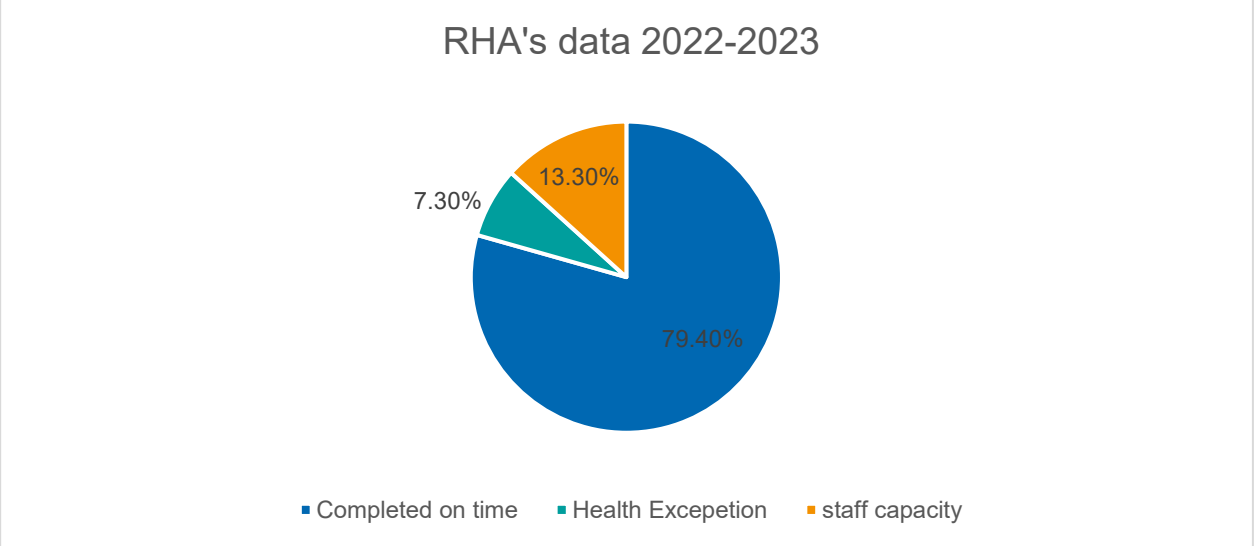
There were 155 IHA's completed for 2022-2023. The overall percentage of IHA's completed on time is **55% (41.3% last year)**. **Please note that this is the percentage of children seen within 20 working days from being in care. All children are offered a date to be seen at the earliest available appointment, which can be day 21,22 etc.** The percentage of late Notifications **27%** (**46.8%last year)** from the Local Authority was the main reason for IHA's not being completed in a timely way. The issue of late Notification was escalated to the Head of Service for CIC (LA) and work continues in the LA to improve the timeliness of Notifications. Only two **(1%)** IHA were completed late due to Dr/ clinic availability. In previous years there has been an issue with the Paediatrician cover for IHA clinic. Any gaps in clinic provision are escalated to the Paediatric Clinical Lead and the Directorate Management team to establish any cover for leave where possible. The number of IHA's cancelled by carers is **10%** this is a rise from last year when cancelled by carer did not feature and only 1% of the children and young people were not brought. This has been shared with Head of Service in the LA

The Named Nurse and Designated Nurses will continue to work with the Team Leaders and Service Leaders within the Local Authority to highlight any issues where performance can be improved. Any unresolved issues will be escalated from the Designated Nurse to the Head of Service for Children in Care.

4.2 Review Health assessments

4.2.1The review assessment may be carried out by an appropriately qualified registered nurse. The assessment must be reviewed on a six-monthly basis until the child attains the age of 5 years.
The review health assessment must then be completed annually for all Children in Care aged 5 years and above.

Chart 2



4.2.2 The percentage of RHA's completed on time is **79.4%** (74.2% last year). The majority of the RHA's are completed by the Children in Care team in Black Country Health Care. 261 of the 626 total number of RHA's. This is a small team of 3 staff members (2.6 whole time equivalents). There have been some issues with capacity due to vacant posts and some staff sickness which had an impact of the timeliness for some of the RHA's. At the End of March 2023, the percentage of Children in Care who had an up-to-date health plan was **86.5% (91.8 % December 23)** Exceptions are issues that are not within the control of health and include: - cancelled by the carer, Covid, Late information from LA (part A), child missing,

refusal and child was not brought. Health staff sickness equates to 6.4% RHA not completed within timescales. There are a number of RHA's where the reason for late completion is not given.

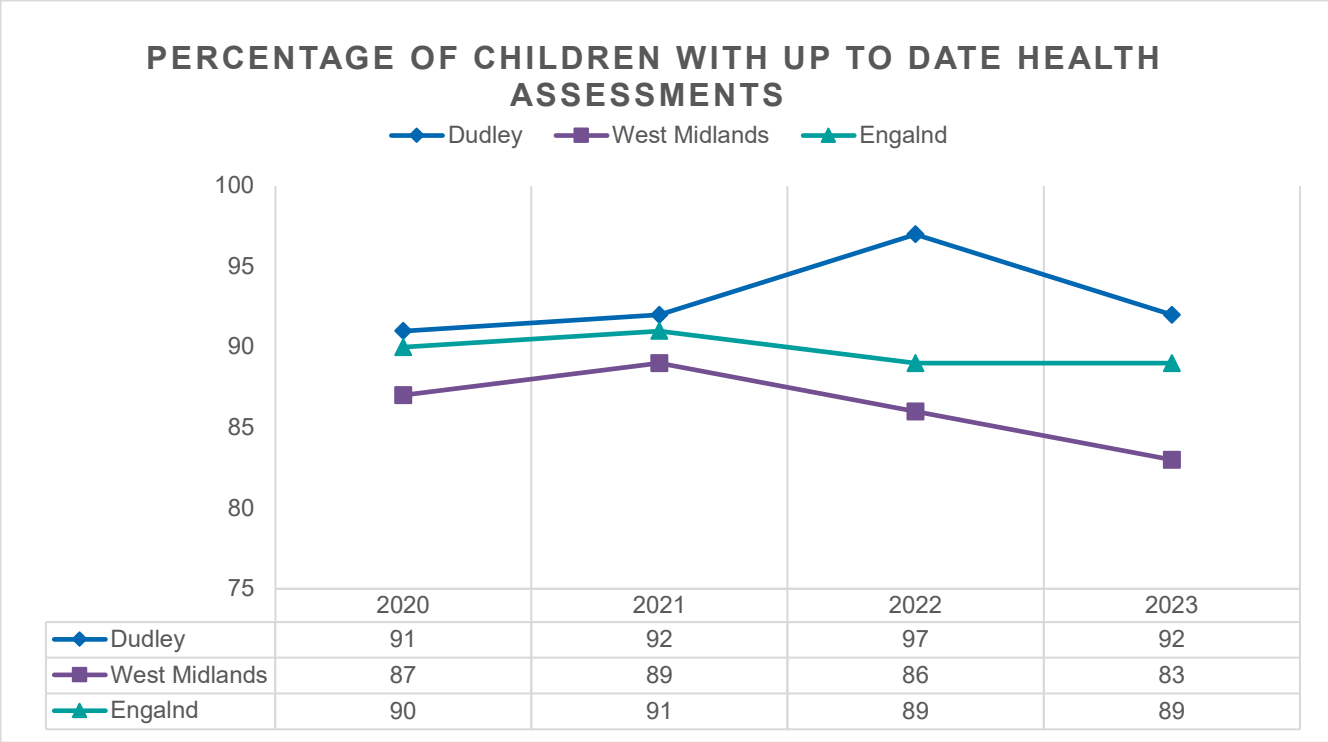
4.2.3 Out of Area (OOA) Placements
NHS service providers have a duty to comply with requests from local authorities in support of their statutory requirements. Where a looked-after child is placed out of area, the service is expected to cooperate with requests to undertake their health assessments on behalf of the originating CCG. Dudley CCG commissions BCPFT to implement the processes for RHA's of children placed out of area.

4.2.4 Children Placed in Dudley from other Areas.
Health Assessment requests for children placed into area are process by BCPFT and are completed by the Health team for Children in Care, Health Visitors and School Nurses as this is a requirement for their service specifications. Commissioning arrangements are in place for children that are placed in area are equitable to children that are cared for by Dudley Borough. There were **103** RHA requests in 2022-2023 for children placed in Dudley from other areas.

4.3 National Children in Care Return Data SSDA903 (updated 16/11/23)

This data return provides information regarding on the health of children who have been looked after continuously for 12 months.

Chart 3

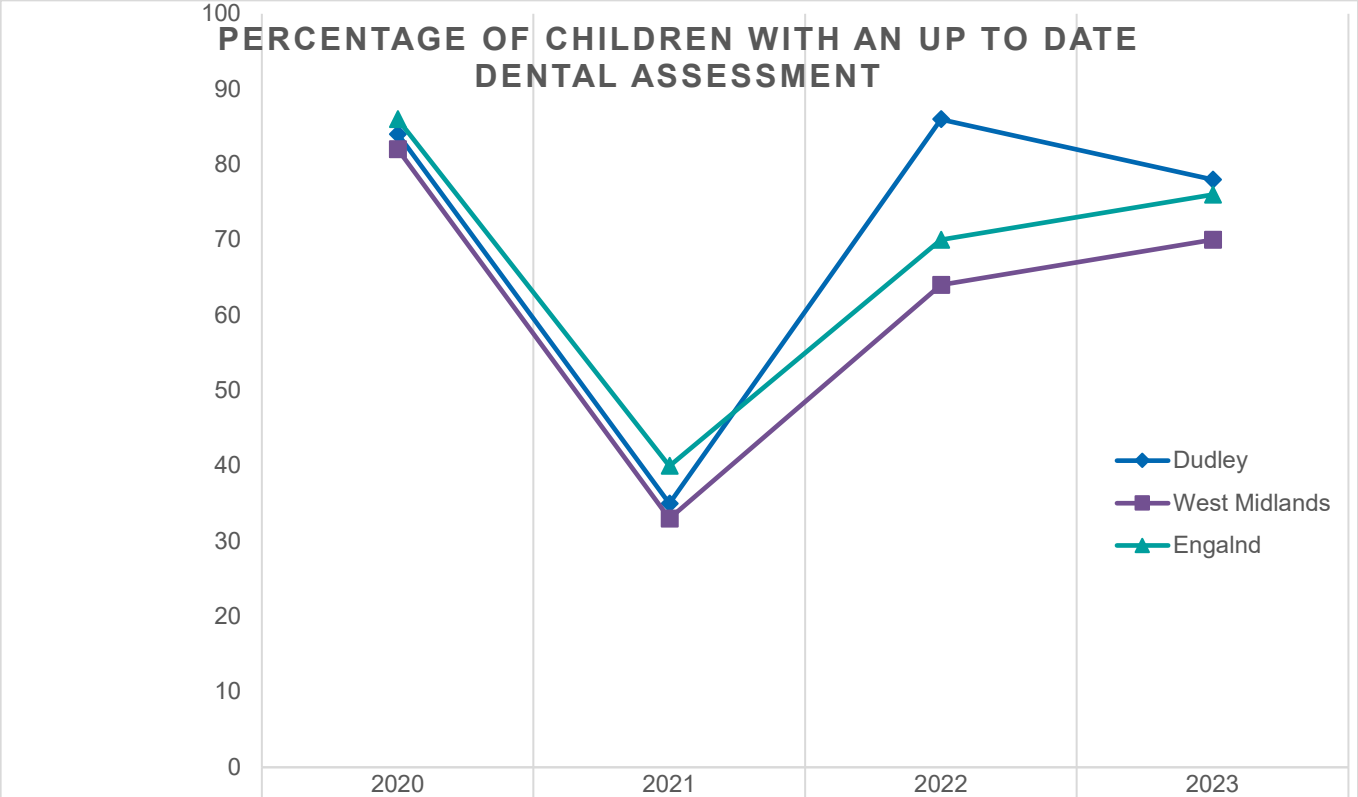


	2020	2021	2022	2023
Dudley	91	92	97	92
West Midlands	87	89	86	83
Engalnd	90	91	89	89

4.3.1Chart 3 shows the number of RHA completed in Dudley over the last 4 years in comparison to RHA's completed across the West Midlands and England. For 2023 Dudley had **92%** of this cohort of children with up-to-date Health Assessments. The provider team in BCHFT support the LA with providing this data. At the time of the data submission there was sickness within the team, and this may have impacted on the available data.

4.3.2 Dental

Chart 4



	2020	2021	2022	2023
Dudley	84	35	86	78
West Midlands	82	33	64	70
Engalnd	86	40	70	76

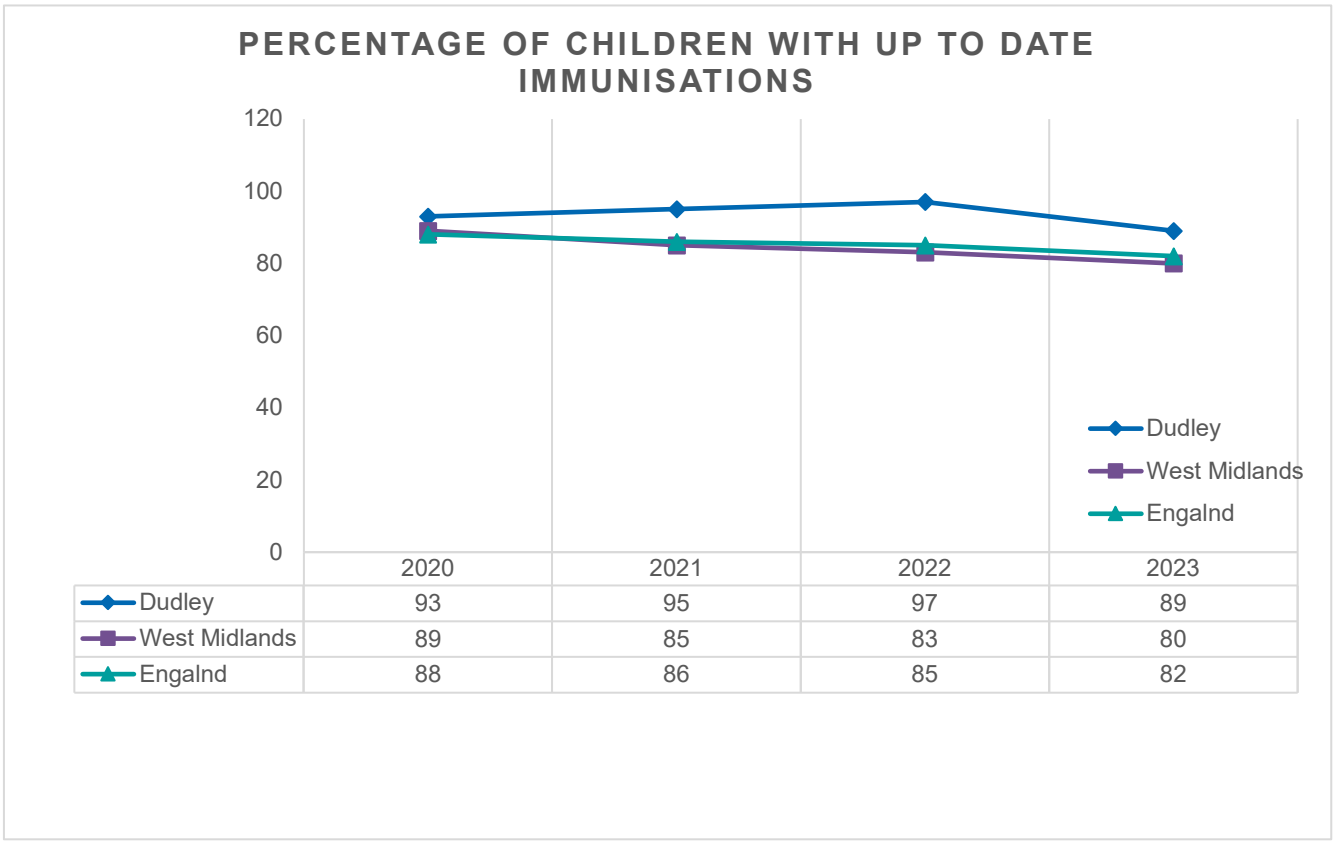
Chart 4 shows that due to Covid 19 there was a national issue for children's access to dental care. Dental Care is commissioned by NHSE Dental access and for our children has been raised with the Commissioning leads in NHSE. The percentage of children who had seen a dentist in this cohort of children in Dudley was **78%**

- This continues to be closely monitored through statutory health assessments, and where it is identified that a child needs a dental intervention are addressed and actioned within their health plan and Dudley are implementing a Dental Pathway
- No child should experience any discomfort and Carers should follow national guidance around when to seek help.

- Any issues that have arisen and in need of escalation have been addressed by the Designated Nurses for CIC across BCWB, who will have liaised directly with dental practises.
- A Dental Pathway has been devised and agreed to improve compliance and information about the child's dental health

4.3.3 Immunisations

Chart 5



	2020	2021	2022	2023
Dudley	93	95	97	89
West Midlands	89	85	83	80
Engalnd	88	86	85	82

The Percentage of Children with up-to-date immunisation (chart 5) in this cohort for Dudley was **89%**

5 Emotional Health and Wellbeing Provision

5.1 Dudley Lighthouse Links provided the Emotional Health and wellbeing service for. It is hosted by the Local Authority and jointly commissioned by health and the LA. Provision includes: -

- Emotional health and wellbeing service for Dudley Children that are in Care and Care leavers (0-25 years) up to 20-mile radius.
- Advise and Support via duty system (09.30- 13.00)
- Consultations to individuals belonging to the network around the child.
- Initial team around the child meetings.
- Direct therapeutic interventions.
- Group work.
- Special Guardianship Order support work.
- Scoring of Strengths and Difficulty Questionnaires.

5.2 CAMHS (Child and Adolescent Mental Health Services)

- CAMHS will aim to see any child needing the service within 18 weeks.
- Where there is an urgent need to see a child or young person appointments are available on the same/ next day.
- There is also a consultation service available for professionals and carers.

6 Care leavers

6.1The Designated Nurse and Named Nurse contributed the health information for the leaflet that was developed for the Care leavers when it was originally developed. The health section highlights and provides information about local health services including how to access the Specialist Nurses offer health advice and signposting as required to the Care Leavers Team.

6.2 A Care Leavers Passport has been designed and commissioned in collaboration with young people from the Care Leavers Forum. This will provide care leavers with a comprehensive health history. It also includes information about health services and organisations that can be accessed to support any future or ongoing health and wellbeing needs. The Process to implement the use of Care Leavers Passports started in March 2018

6.3 The Named Nurse has refreshed and updated the process for completion on the Care Leavers Passports. Due to reduced capacity within the team in 2021-2022, there had been a temporary halt to these being completed and because of this there was a backlog of Passports that needed to be completed. A plan was put into place and the backlog has been completed.

6.4 Care leavers health summaries are included in the dashboard that has been developed by the Black Country and West Birmingham Designated Nurses for CIC, which reflects the Key Performance Indicator's for services commissioned by the CCG, this has been implemented for the purposes of reporting in 22/23 across the Black Country to standardise reporting and reduce variation.

6.5 Funding has just been approved for a Care leavers App. The App will provide evidence-based information regarding health and staying healthy and will include a link to the NHS App (GP records). It will help young people to find a GP or dentist in their area and will be updated with new information as necessary. The App development will be done working with other health professionals, young people and social care.

7 Voice of the Child

7.1Engaging and listening to our CIC is essential and their voice should be heard throughout all aspects of their care. MacAlister, J (2022) highlights, that it is paramount that children and young people have a powerful voice within decisions that affect them. Children within the care system have a variety of professionals in their lives, but too few adults who are unequivocally on their side and can amplify the voice of the child.

7.2 All Designated Nurses have regular attendance at CIC and CL councils, at these we are able to present pieces of work such as the health app and obtain their feedback and any suggestions they may have and action appropriately. We listen to their priorities for future to support CIC and CL, an example of this has been the request for free prescriptions for CL, this was supported through a business case by the Designated nurses and was approved at executive board in the ICB and is now in place for our CL.

7.3All health assessments should include the voice of the young person, and this is actively reviewed as part of the quality assurance process of these assessments.

The powerful poem below is written by one of our care leavers from Sandwell and they have agreed it can be included within the annual report to highlight the statistical impact of being a care experienced person.

Stereotypical Statistical Care

Statistically speaking 40% of care leavers are NEET
We need to get them involved, not let them chill on the street
24% of prisoners have at some point been in care
When compared to the percentage in the population, is that fair
30% of care leavers have experienced being homeless
Let's give them a voice so they're no longer toneless
70% of sex workers were once looked after kids
This needs to be a well-known stat, not one that is hid
22% are parents before they themselves leave care
What an unfortunate situation what a disadvantaged pair
77% of care leavers say that they feel lonely
A community that cares is needed not one that is phoney
58% of care leavers suffer with mental health issues
This is knowledge that needs acting upon not knowledge to be misused
57% of care leavers are struggling and in debt
In order for us to overcome this, targets are what need to be set
Care leavers are four times more likely to commit suicide
Love and support is what they need their community to provide

8 Special Educational Needs and Disability (SEND)

Statutory guidance (2015) states that the health assessment should be integrated with any other assessments and plans such as the child's Core Assessment or an Education, Health and Care Plan (EHCP's) where the child has special educational needs. The SEND team, CIC health team, Designated Nurse, and Virtual school are now sharing relevant information regarding health assessments and EHCP's. The plan is to map out processes for CIC with EHCP's to ensure that there is a consistent approach to ensure the needs of the child are met and all agencies are aware of their responsibilities. The Designated Nurse is a member of the Send Assurance Group, which is a multi-agency meeting hosted by BCICB.

9 Staff training and Supervision

9.1 Training

Roles and responsibilities and associated training requirements around Children in Care are clearly outlined for NHS staff in the intercollegiate document for Looked After Children (2015). BCICB commission Safeguarding training and workshops which are also delivered to GPs, GP safeguarding leads, practice staff and other health providers.

All Safeguarding Training (level1, 2 and 3 intercollegiate framework 2015) includes information about Children in Care and their vulnerabilities.

9.2Training received

Bi annual Study days are provided regionally This is a forum for clinicians to share and examine practice experiences (positives and challenges), review of literature and guidance for Children in Care, feedback about conferences and training, identify training needs and improve links and liaison across the county and within the CIC arena. These study days provide certification to level 4 and 5 in line with the intercollegiate document (2015)

The Designated Nurse attended level 4 and 5 training in line with the intercollegiate framework (2015) including the national safeguarding conference for Designated Nurses.

9.3 Supervision

The Designated Nurse receives 1:1 supervision from a Designated Nurse who is a reginal lead in another area and peer supervision from a group of Designated Nurses for children in care on a quarterly basis.

The Designated Nurse provides offers supervision to the Specialist and Named Nurses.

10 Key Achievements

ICB has signed up to Care leavers covenant – plans in place to support care leavers working in NHS in Black country. The care leavers covenant is a national inclusion programme, which forms part of the governments keep on caring strategy, that provides support for care leavers aged 16-25 years to help them live

independently. The Black Country ICB offer for our care leavers is currently being developed, please find further information on the link below.

Local NHS pledges support for care leavers :: Black Country ICS

Free prescriptions for care leavers up to age 25 who are not already eligible- 16 requests since Launch in April 2023.

CIC Dental Pathway agreed for Dudley.

Ongoing development of the care leavers health app

Revised and agreed pathways with Local Authority for Adoption Medicals

The Named Nurse/ Designated Nurse and Head of Children in Care in Dudley LA have been working closely to reduce the number of late notifications. Having a single point of access in the LA appears to be helping and the Named Nurse & Designated Nurse have been working with team leaders to ensure that new social workers understand the process of notifications. Where late notifications are received there is a robust escalation process for this, and the Named Nurse keeps a database to monitor trends.

The nursing team have effectively been using the RIO EPR in the last year. It was identified by the Named Nurse that this was not being used to its maximum potential and work has been carried out amongst the team to improve compliance with this system. The team is now set up for text alerts for appointments. It has been noted by other teams that our documentation particularly in progress notes and the uploading of documents helps them when attending MDT meetings to be able to be fully informed and facilitate the voice of the child.

An informal audit of the Quality of RHA's was completed by the Named Nurse and it highlighted themes of where improvements were required by teams. Work has been done by the Named Nurse to feedback these issues to teams with an aim to continue to improve the quality of the health assessment and encourage professionals to move away from the idea of this being a paper exercise, so that Health assessments reflect the lived day to day experience of the child/YP with robust care plans that identify health needs and how these should be addressed.

The Named Nurse has worked with Dudley LA to offer health advice for Refugee and Asylum-Seeking Children at the point of entry into Dudley. Dudley LA have incorporated this information into a letter which is given to this group of children/YP

and carers by their social worker. This letter gives clear instructions of next steps to ensure health needs are met.

11 Key Challenges

Under resourced CIC team

Long term Sickness within the provider team has impacted on capacity and timeliness of RHAs allocated to the CIC team.

Sickness within the Designated team has impacted on capacity.

Late Notification of children new to care resulting in delay for IHA to be completed, although this is an improving picture.

12 Key priorities for 2023-2024

- To continue to work with colleagues in special educational needs and disability (SEND) to establish pathways that ensure that relevant information is shared to inform the Education Health and Care Plan (EHCP).
- Continue to work with Designated Colleagues across BCICB to reduce unwarranted variation with commissioned services for Children in care.
- Continue to work in partnership with the local authority and other providers to improve the health outcomes for children in care.
- Development of Health Passport in consultation with all professionals including foster carers and children, young people and care leavers.
- Work with Children in Care Council to ensure that the views of looked after children are considered to inform, influence and shape service provision.
- Develop the care leavers App with young people and other professionals.
- Implement Dental Pathway for all children in care in Dudley.

13 References

Children Act 1989, HMSO The Stationary Office, London

Children Act 2004, HMSO The Stationary Office, London

Children (Leaving Care) Act (2000), HMSO The Stationary Office, London

Department of Education and Department of Health (2015) Promoting the Health and Wellbeing of Looked After Children. Statutory Guidance for Local Authorities and Clinical commissioning groups and NHSE. DFE and DOH, London

RECOMMENDATION

The Commitee is asked: Acknowledge and Approve the Report

Sharon George

Designated Nurse for Children in Care- Dudley

February 2024

Additional information for Corporate Parenting

1 Gold Standard for a Child's Health Journey Through Care

Background:

Children that are in care share many of the health risks and challenges of their peers, but often the extent of these is at a greater degree (Department of Health, 2015). Children often enter the care system with a lower level of health than their peers, this in part is due to the adverse effects of some of the children's life experiences.

There is statutory guidance in place (Promoting the health and well-being of looked-after children, 2015) which set the standard timeframe by which these children and young people should engage with and receive timely and quality health services wherever the child or young person is living.
The Children in Care Strategic Health Group is a working group that feeds into the Corporate Parenting Board.

This document will outline Gold Standard of health interventions from the very beginning of the child's journey when they first enter care up until the age of 18 years as Statutory Guidance for completing Heath Assessment ends at this age. The Children in Care Health Team and Designated Nurse will offer support and guidance up to the age of 25 years and will signpost to adult health providers.
For any child who becomes looked after, the following basic actions, must be undertaken as a matter of priority:

- **Notification form sent to Health Team (by child's Social Worker) via email within 48 hours of child coming into care**

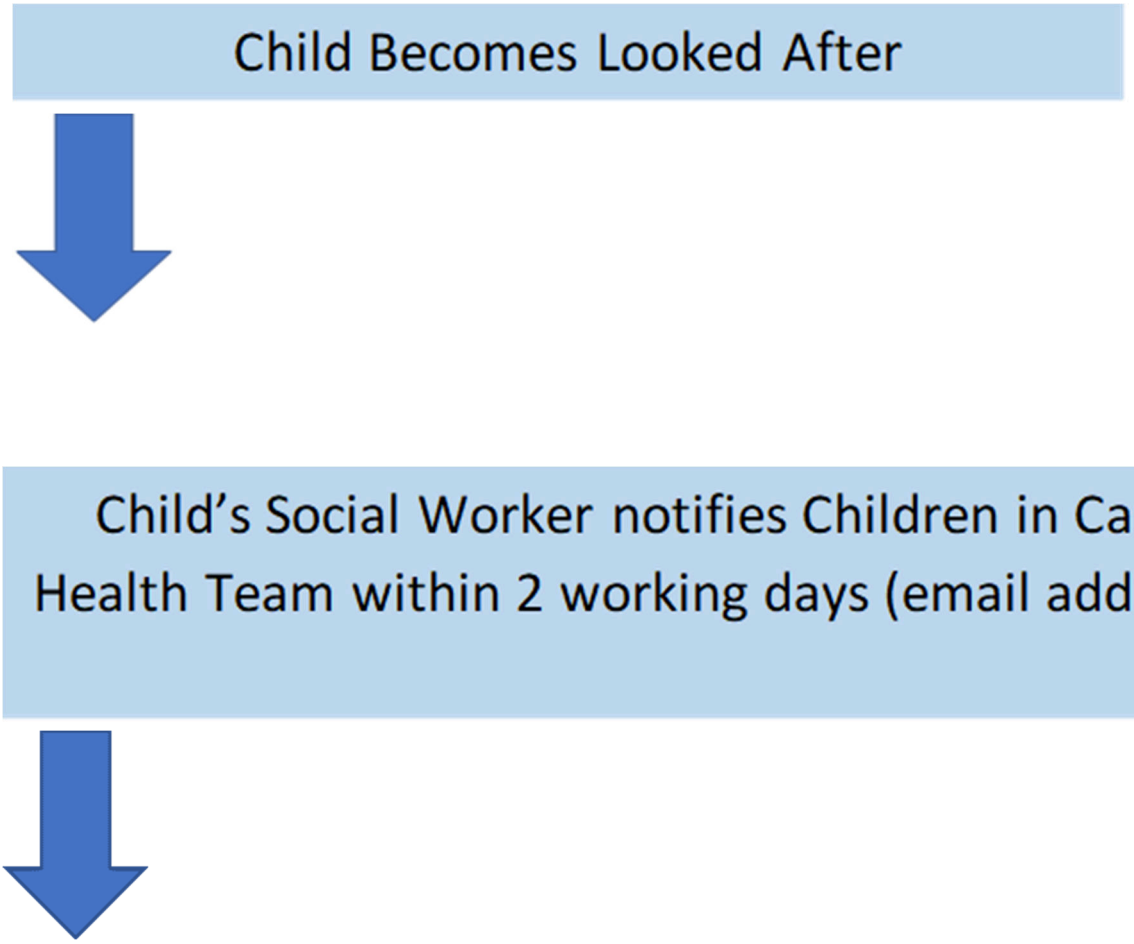
- **Part A of the Initial health Assessment (IHA) to be completed within 2 working days and sent to the Children in Care Health team via email. This includes any relevant demographics and consent for the IHA**

- **Children in Care Health Team should use a generic nhs.net account for transfer of Children in Care data between Health and the Dudley Local Authority social work team**

In accordance with statutory guidance, the child's Social Worker **must** make arrangement to ensure that every child in care has their **Physical, Emotional**, and

Mental Health needs assessed, and a Care Plan must be produced which sets out how these needs will be addressed.
An Initial Health Assessment (IHA) should be commissioned, and service delivery processes put in place in line with statutory guidance to ensure that the Initial Health Assessment and Health Care Plan is completed by a registered Medical Practitioner and returned to Dudley Children's and Family services for the LA (Local Authorities) in time to inform the first Children in Care Review Meeting which is scheduled at 28 days after the child comes into care.

The Health Care Plan should form part of the first Child in Care Review and form part of the first statutory review.



Part A for IHA-C or IHA-YP commenced by child's Social Worker prior to appointment and sent to Children in Care Health Team (Two working days)

Appointment given by

Children in Care Health Team

Appointment attended by child, with Social Worker, Carers, and Parents (as appropriate)

IHA completed and returned by Health Team to child's Social Worker with 20 working days

Child's review meeting held within 28 working days

Considerations to reduce unwarranted variations at the Initial Health Assessment Stage

- An accelerated vaccination programme should be instigated at the Initial Health Assessment for children identified with incomplete vaccinations, via liaison with Primary Care (practice nurse) and School Immunisation team. This should be in line with the delegated authority/heath consent obtained from persons with parental responsibility (PR) and/or the child if 16yr/Fraser competent

- An expedited Mental Health Assessment should be considered for children coming into care, especially for children that may be placed out of area and UASC (Unaccompanied Asylum Seeker Children).
- UASC should have an NHS number assigned on arrival to the UK (United Kingdom) and arrangements in place to register with a GP. If this has not been completed, this should not affect the Providers scheduling of the child's statutory Health Assessment, with liaison in place to ensure NHS numbers are assigned in time for the face-to-face assessment. Interpreters should be arranged via social care.
- A robust screening pathway for TB and Blood Borne virus should be in place, in partnership with Public Health
- Access to health records to allow analysis of the impacts to the child/young person.

Dental Health

- Carers should take the baby to the dentist when their first milk teeth appear or by the age of one at the latest. Children's teeth - NHS (www.nhs.uk) This will get them off to a healthy start and accustomed to dental practice visits from an early age. Health matters: child dental health - GOV.UK (www.gov.uk)

- The British Dental Association says that regular dental check-ups are the key to preventing tooth decay in children Guidelines recommend children should see a dentist at least once a year. Children that are in care are a priority group. How often should you take your child to the dentist? | Safe & Sound (safeandsound.uk.net)

Optical Health

- Children can have an eyesight test at any age even if they can't read or speak. Free NHS sight tests are also available at opticians for children under 16 and for young people under 19 in full-time education. Most people attend every two years. Your ophthalmic practitioner or optometrist may recommend you have an NHS sight test more often than every 2 years if you are a child wearing glasses Eye tests for children - NHS (www.nhs.uk)

- Once the child has had their eyes checked, the optician will let you know how often they need to visit. For many people, every two years is fine, but they may suggest the child visits every six months or every year, depending on their needs. Children's eyecare basics frequently asked question from eyecareFAQ (abdo.org.uk)

Strengths and Difficulty Questionnaire (SDQ 4-16 yrs.)

- Completed and scored SDQ should be available for all 4-16 yr. old Children who are in Care to inform the Review Health Assessment. Carers, Social Workers, and Independent Reviewing Officers should be aware of the impact to the child of the score, and any changes in the score.

Special Educational Needs (SEND)

- Two–thirds of children in that are care have Special Educational Needs and key legislation, including The Children and Families Act (2014), outlines the statutory duties of local authorities in meeting these needs. Of those, a significant proportion will have a statement or a learning difficulties assessment.
- Promoting the Health & Wellbeing Board (HWB) needs of children that are in are states that the EHCP (Education Health and Care Plan) should work in harmony with their Care Plan.
- When an Education Health and Care Plan is undertaken the plan writer will request the Review Health Assessment to ensure that the two work in harmony.

Speech and Language Therapy (SALT)

The aim for all children to be seen in Dudley is 8 weeks. Where it is known that the child is in care the SALT team will ensure that the child's appointment is a priority.

Lighthouse Links

- Emotional health and wellbeing service for Dudley Children that are in Care and Care leavers (0-25 years) up to 20-mile radius
- Advise and Support via duty system (09.30- 13.00)
- Consultations to individuals belonging to the network around the child
- Initial team around the child meetings
- Direct therapeutic interventions
- Group work
- SGO (Special Guardianship Order) support

CAMHS (Child and Adolescent Mental Health Services)

- CAMHS will aim to see any child needing the service within 18 weeks
- Where there is an urgent need to see a child or young person appointments are available on the same/ next day
- There is also a consultation service available for professionals and carers.

Children in Care Health Team

- The team will support the medical team responsible for completing the IHA.
- The team will undertake Review Health Assessments of those children and young people outside of Dudley Borough and within a 40-mile radius of Brierley Hill Health & Social Care Centre.
- The team will carry out RHA's of those not in education and care leavers aged 16-18 years old.
- It is a statutory requirement that all young people leaving care at 18 years should be given a leaving care summary. In Dudley this is called a Leaving Care Passport and it records the health history of the child whilst in care.
- The team will identify health needs and ensure a robust and detailed care plan of health recommendations is set out with clear actions and person responsible for meeting needs set out. The team should ensure any identified persons are aware of their responsibility to meet the child's needs.
- The team will aim to carry out face to face appointments for all RHA's to ensure the voice of the child is heard as well as that of the carer. Where face to face appointments cannot be completed for any reason, the level of health need will be risk assessed and arrangements made for a face to face follow up as necessary

School Nursing.

- The School Nursing Service will undertake a Review Health Assessment for school aged Children and Young People who are in care. This will include reviewing their Health Care Plan and updating this following the Assessment. Any issues requiring onward referrals to other services will be acted on as well as sign posting.
- Any Child & Young Person with identified Health needs requiring School Nursing intervention will be captured in their Health Care Plans.

- The Child or Young Person will be given the opportunity to be seen by themselves so that their voice is heard throughout the Assessment.
- The Carer will also be spoken to individually to give them the opportunity to voice any concerns.

Health Visiting.

- Following the referral of a child that is in care to the Health Visiting Service, the child is given a named Health Visitor and Universal Partnership Service (Targeted Service) is offered.
- The Children in Care Health team will send the request for a Health Assessment to be completed every 6 months to the Health Visitor. The Health Visitor will complete the Health Assessment for the child. This will include reviewing and updating the child's Health Care Plan and the voice of the child is heard throughout the health assessment.
- Any child that is in care with identified health needs requiring Health Visiting intervention or referring to other services will be captured in their Health Care Plans.
- The Copy of the Health assessment is then returned to the Children in Care Health team, GP and Social Worker
- Throughout the child's placement with the host family, the named Health Visitor will maintain communication with named Social Worker, providing an update of the child's health and well –being
- The health Visitor will support the Foster Carers with any identified needs
- Following the receipt of the invitation to the child's review, the Health Visitor will attend together with the named Social Worker and Foster Carers.
- The named Health Visitor to ensure a verbal handover is given to the New Health Visiting service when a child moves to live with a different family or carer or moves into another area. Handover to include if the child is currently receiving, or on a waiting list for health services to ensure that the child's treatment is not delayed.

Child moves to another carer or address

When a child moves to another carer, family member or moves into another area and are currently receiving, or on a waiting list for, health services, their treatment continues uninterrupted. The child should be seen without delay or wait no longer than a child in a local area with an equivalent need who needs an equivalent service. The child should not be at the bottom of the waiting list

and there should be consideration of the original referral date when placing on any waiting list.

Links

- NSPCC (2020) - https://learning.nspcc.org.uk/children-and-families-at-risk/looked-after-children
- Promoting the health and well-being of looked-after children, 2015 - https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2

- NICE Guidance Looked-after children and young people (nice.org.uk)