

**BLACK COUNTRY INTEGRATED CARE BOARD (BC ICB)
WOLVERHAMPTON PLACE**

Corporate Parenting Board

Health Services for Children and Young People in Care (CYPiC) Annual Report
(Aug 2022 – July 2023)

Date of Meeting: 23/11/2023 . Agenda item: ()

TITLE OF REPORT:	Health Services for Children and Young People in Care (CYPiC) Annual Report (Aug 2022 – July 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. Whilst also identifying the priorities for the next reporting period.
REPORT WRITTEN BY:	<ul style="list-style-type: none"> • Becky Grainger - Designated Nurse CYPiC (Black Country ICB)
REPORT PRESENTED BY:	<ul style="list-style-type: none"> • Becky Grainger (Designated Nurse CYPiC – Black Country ICB Wolverhampton Place) • Dr Stephanie Simon (Designated Doctor CYPiC – Black Country ICB Wolverhampton Place and Clinical Director for Community Paediatrics - RWT) • Dr Wendy Harrison Frazer - Lead for Children and Young People in Care CAMHS Teams (BCHFT)
EXECUTIVE RESPONSIBLE:	Sally Roberts, Chief Nurse and Director of Quality (Black Country ICB)
KEY POINTS:	Both Provider reports have been submitted as separate reports and will presented separately but provide an overarching health picture for CYPiC.
CORPORATE PARENTING BOARD ACTION REQUIRED:	Decision Approval ✓ Assurance

Implications on resources	
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Part 1: Black Country Integrated Care Board (ICB)

1 Purpose of the Report

- The purpose of this report is to inform and assure members of the Corporate Parenting Board around activity and performance in relation to the health care of our CYPiC wherever they are placed.
- The report outlines how the Black Country ICB work with provider and partner agencies in discharging statutory responsibilities to promote the health and wellbeing of CYPiC, who are the responsibility of Wolverhampton City Council.
- The report will identify challenges and risks that impact on us achieving the statutory responsibilities, whilst also highlighting the key achievements and our key priorities moving forwards.
- The report will provide assurance that we continue to strive to meet statutory requirements and will demonstrate a model of continuous improvement.

2 Black Country Integrated Care Board (ICB)

- Working Together to Safeguard Children 2018 states that Clinical Commissioning Groups (CCGs), as major commissioners of local health services, should employ or have in place a contractual agreement to secure the expertise of Designated professionals for CYPiC. Since July 2022 the statutory responsibilities formerly held by CCGs transferred to the ICB. A new version of Working Together to safeguard Children is currently anticipated.
- In line with intercollegiate guidance, Black Country ICB Wolverhampton Place employs a full time Designated Nurse for CYPiC (DN CYPiC), and a part time (1 day a week) Designated Doctor for CYPiC (DD CYPiC). They take a strategic and professional lead across the health community on all aspects of CYPiC, including provider organisations which are commissioned to undertake this service.

1.1 Statutory Responsibilities

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

- Initial Health Assessments (IHA)

From the date a child or young person comes into care, a statutory IHA should be undertaken within 20 working days. This is achieved through requests from local authorities to Providers to undertake the IHA's as commissioned within Wolverhampton. The IHA is a detailed health assessment and health care plan undertaken by a medical professional (Community Paediatrician), that is personal to the individual child ready for their first statutory review by the Independent Reviewing

Officer (IRO). Our Providers within Wolverhampton also offer provision for out of area (OOA) CYPiC placed within Wolverhampton.

- Review Health Assessments (RHA)

RHA's are a statutory requirement for all CYPiC, which are completed 6 monthly for children under the age of 5 and completed annually for young people over the age of 5. The RHA's are completed by the CYPiC team, alongside the school nursing/health visiting teams. Children placed outside of the commissioned area, will have their RHA's completed by the hosting health providers. Alongside OOA IHA's, the local health provider will also undertake OOA RHA's for children placed within Wolverhampton.

- Leaving Care Health Summaries (LCHS)

Care leavers (CL's) 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), with guidance on how to access a full copy if required.

- Adoption Reports

Within the provider are Community Paediatricians who function as medical advisors for adoption and fostering. The medical advisors regularly attend the adoption panels as part of the Black Country Regional Adoption Agency (Adoption@Heart), providing medical reports to support with the adoption process, ensuring all current health needs are identified as well as likely future implications dependant on the child's history. Adult health reports continue to be prepared and submitted for prospective adopters by the paediatricians.

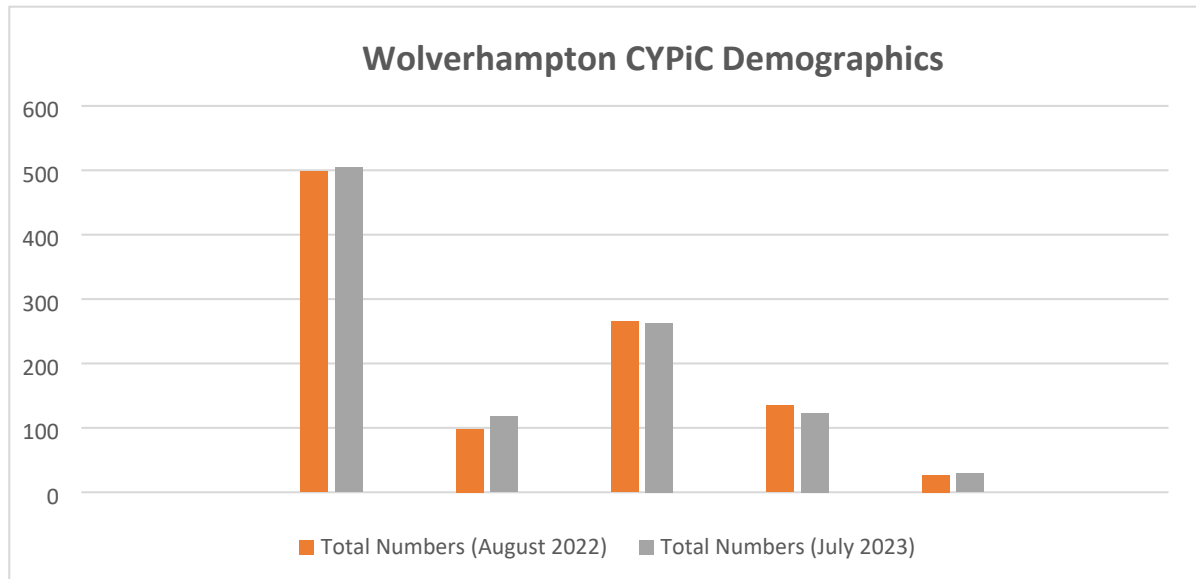
1.1 CYPiC Demographics and Current Commissioning Arrangements

Figure 1 and Figure 2 outline the demographics for Wolverhampton CYPiC

Figure 1

Total for Wolverhampton	August 2022 (% of Total)	July 2023 (% of Total)
Total Number of CYPiC	498	504
Number of CYPiC 0-5 years	98 (19.7%)	118 (23.4%)
Number of CYPiC 6-15 years	265 (53.2%)	263 (52.2%)
Number of CYPiC 16-17 years	135 (27.1%)	123 (24.4%)
Number of UASC	27 (5.4%)	29 (5.8%)
Number of CYPiC placed in City	207 (41.6%)	219 (43.4%)
Number of CYPiC placed in Adjoining Boroughs	136 (27.3%)	156 (31%)
Number of CYPiC placed 50 miles plus	29 (5.8%)	24 (4.8%)

Figure 2



- 4.8% of our children and young people are currently placed further than 50 miles away, a 1% decrease of the total number of CYPiC compared to the data reported in 2022, this is a positive as it improves consistency for the children and young people when they remain resident within the commissioned 50-mile radius. The ICB are responsible for the coordination and quality assurance of health assessments for this cohort.
- It is reassuring that Wolverhampton have 95.2% of their CYPiC living within the commissioned radius. Comparisons cannot be made with other areas within the Black Country this year as a fair comparison cannot be made due to variation in what is being measured.
- Our Provider health service is the Royal Wolverhampton NHS Trust (RWT). Their health care provision includes all children placed in and outside of Wolverhampton, within a 50-mile radius. This continues to ensure improved consistency and oversight.
- Black Country Healthcare Foundation NHS Trust are the commissioned Provider of Child and Adolescent Mental Health Service (CAMHS), offering a specialist therapeutic service to our CYPiC.

1.2 Quality, Governance and Performance

- 100% of Children and Young People (CYP) entering care are offered an IHA, it remains both a local and national challenge to achieve the 85% performance

compliance by achieving the 20 working day timeframe regarding these. There has however been a positive improvement, seen in the timeliness within this reporting period, whilst maintaining quality, with significant work in place locally to review exception reporting and action mitigation plans. Further details regarding this are discussed later in the report by The Provider (RWT).

- Data continues to be provided from the Local Provider (RWT) to Designated Nurses in the form of a dashboard each quarter against key performance indicators, as part of the contractual arrangements with the ICB. The data is scrutinised at local strategic health meetings (Health Operational Meeting and CYPiC Health Steering Group) which include Health Providers, Local Authority, Public Health, and the Designated Nurses/Doctors. Since September 2022, a single dashboard is now in place to report performance across the Black Country.
- As members of the regional and NHS England (NHSE) forums, we have the opportunity to share and bring back best practice to address issues locally and system wide across the Black Country.
- Health and Social Care colleagues supported the National Review led by the Child Safeguarding Practice Review Panel. The focus of the review was on children with disabilities and complex health needs who are CYPiC and who are currently placed in residential specialist schools which are registered as children's homes. Health colleagues led of specifically reviewing the CYP health within the review. This covered a variety of areas, an example ensuring if the CYP has prescribed medication that this is being administered and stored correctly and any medication errors recorded and acted upon appropriately. The findings of the report were shared by the Local Authority at Corporate Parenting Board.

3 Public Health (PH)

- Public Health hold the commissioning responsibilities for dental and optical health and immunisations, so will be able to present more detailed information if required on request.
- Results from the anonymous online Health Related Behaviour Survey (HRBS 2022), in which CYPiC status has been included as an identifier for the first year have now been published following a delay. The survey was completed during the spring term of 2022 and has been running since 2006. The survey was undertaken by both Key Stage 2 and secondary school age young people (which included 6th form and Wolverhampton College). Of the respondent's 1% self-identified as being in care, the small response rate may give us a useful indication of needs as they differ from the general population but may not be fully representative of that cohort because of the small numbers involved. The results however have suggested a range of Emotional Health and Wellbeing (EHWB) issues experienced by our CYPiC.
 1. Concerns regarding their mental health
 2. Emotional and Behavioural Difficulties (Identified on the Me and My Feelings Questionnaire)
 3. Feelings of loneliness
 4. Unhappiness and Anger

5. Issues with a sense of belonging in school.
6. Experiencing bullying
7. Relationship difficulties
8. Sexuality and Gender Identity

3.1 Dental Health

- During a quality assurance dip sampling audit completed by The Provider of 10 IHA's completed between September 2022 and July 2023, 60 % of the IHA's did not have a recorded last date of a dental health check recorded in comparison to 30% in the previous reporting period. However, out of the 6 IHA's 2 of the young people and foster parents were unable to recall the date of last dental review, 4 of the CYPiC were yet to be registered with the dentist. An action within the health plan was present in all these IHA's to ensure a dental health check was completed in a timely manner to be followed up by the social worker.
- The provider also undertook a quality assurance audit of RHA's by dip sampling 20 RHA's that were completed during the period of March 2023-August 2023. 1 out of the 20 RHA's reviewed did not have a last date of dental review recorded.
- Any issues that have arisen and in need of escalation have been addressed by the DN's CYPiC, who has liaised directly, and effectively, with dental practices.
- It is important to note that if our Care-leavers are referred to an orthodontist before their 18th birthday, this will be the key qualifying criteria for commencement of treatment into adulthood, and communication has taken place with the LA to ensure young people and carers are aware.

3.2 Immunisations

- Immunisation status was also included as part of the quality assurance audit undertaken by the Provider, it identified that 100% of the IHA's and RHA's audited, they had clearly documented the young person's immunisations status, noting in 3 young people were not up to date, one young person was a Unaccompanied Asylum Seeking Child (UASC), who had a detailed plan to ensure this young person was brought up to date, the other two young people had declined having any further immunisations.
 - UASC are at risk of infection with blood borne viruses (BBV). All UASC are seen by a doctor for their IHA and continue have routine testing for latent tuberculosis and a blood test for BBV screening.

4 Key Achievements for Black Country ICB

- We remain committed to working with stakeholders and commissioned services to ensure the health, safety, and well-being of our CYPiC, wherever they are

placed. Advocating for this cohort of children is a key part of our approach to commissioning, with a focus on quality.

- We recognise the importance of our CYP's voices and involving them in decision making within health is key. Quality assurance of both initial and review health assessments is based on how effectively we are capturing the CYP voice, and their feelings about health and the services offered to them.
- Face to face communication with our CYP is actively encouraged, however engagement with our CYP continues to be a hybrid approach, encompasses face to face and virtual appointments. This approach allows for greater flexibility and supports in engaging young people who can be difficult to reach and engage.
- Following approval of the free prescription proposal by the executive board within The Black Country ICB, this offer has now been available to all care leavers between the ages of 18 and 25 years who are a care leaver and eligible to receive a leaving care service from either Wolverhampton, Dudley, Sandwell, or Walsall Children's Services and not already exempt from prescription charges since 1st April 2023. Between April 2023 and July 2023 6 care leavers have benefited from applying for an exemption certificate. Engagement with this offer continues to be supported and encouraged by the CYPiC nursing team within The Provider at the young person final RHA and through the Young Person's Advisers (YPA's). The link below will direct you to the information and applications page for free prescriptions.

https://blackcountry.icb.nhs.uk/your-health/find-right-service-you/your-local-pharmacy/care-leaver-prescription-pre-payment-certificate?search_query=leavers

- In February 2023, The Black Country ICB signed The Care Leavers Covenant, which is a national inclusion programme through which organisations from the private, public, and voluntary sectors pledge to provide support for care leavers aged 16 to 25 to help them to live independently. A report identifying a joint approach to highlighting opportunities to work in health, as well as improving access to health for our care leavers is due to be presented at the Peoples Programme Delivery Group in September, looking at a system wide approach across the Black Country.
- The Local Authority have been successful in their bid for the Staying Close Model to be developed within Wolverhampton. As part of the bid the DN CYPiC and Team Leader CYPiC Team RWT provided support in relation to the health aspect of the bid specifically looking at engagement with health and health outcomes. Within the bid a Care Leavers Nurse position was proposed, and it is an exciting role to be able to offer support for our Care Leavers on a secondment opportunity until March 2025. This is a position that our Care Leavers have been requesting for a long period of time due to challenges in navigating the healthcare system. This position will provide support to address the current gap and risk in relation to transitional safeguarding.
- The DN CYPiC has a sound oversight of those who are placed over 50 miles, escalating to the hosting ICB's when health concerns are escalated. The communication with the hosting ICB's and local CYPiC teams allow for effective sharing of information including identified risks and ensuring access to health services for these young people are not delayed.

- Health provision with the daily Exploitation Hub is now supported jointly by The Providers (RWT and BCHFT), DN CYPiC and Assistant Designate Children and Adults. The purpose of the daily briefing is to review all those being exploited or at risk of exploitation, facilitate multi-agency information sharing and gathering, decision-making, disruption planning, and intervention/support required around those children/places whereby the concerns are around exploitation. The addition of Provider support allows for improved timely sharing of health information. Additional resource to fund an exploitation lead post within health is being scoped at system level.

5 Challenges

- As previously discussed in this report the compliance rates for Statutory Health Assessments continue to be a challenge. Health and the Local Authority continue to work closely together to review exception reporting and agree on appropriate action to continue to see improvements.
- There has been variance identified within the ICB regarding how the 4 commissioned areas are reporting the timeliness of their IHA's. The current guidance in promoting the health and wellbeing of looked after children states.

'The initial health assessment should result in a health plan, which is available in time for the first statutory review by the Independent Reviewing Officer (IRO) of the child's care plan. That case review must happen within 20 working days from when the child started to be looked after'.

To ensure all areas are recording the same data to provide accurate analysis and comparison to allow us to identify areas of concern that require action. The dashboard is to be amended that will request that all 4 areas provide 2 dates moving forward to allow analysis of timeliness.

1. The date of the IHA appointment
2. The date the IHA report was returned to the Local Authority

- There continues to be variance regarding service delivery within the 4 commissioned areas within the Black Country. This has arisen due to the arrangements for resourcing in the legacy CCGs (prior to the merger in April 2021). There is ongoing work within our CYPiC workstream within the ICB to produce a single service specification to improve the equity of service provision across the ICB, a draft version of this is currently being reviewed by our local CYPiC teams, children's commissioner and local CYPiC and Care leavers Councils.
- There remains significant unwarranted variation for CYPiC placed outside of their originating authority. Wolverhampton continue to see complex young people from other areas placed into Wolverhampton in unregulated accommodation.
- Increasing numbers of UASC's placed within Wolverhampton, impacts on capacity within RWT to provide IHA, RHA's and the bespoke UASC clinics. The DN CYPiC continues to raise individual cases with our multi-agency safeguarding leads across the partnership.

- The quality of information received from general practitioners to support the adult medical health form as part of the adoption process requires improvement. Plans to support this improvement are being led by the Designated Doctor CYPiC and Named Doctor for CYPiC, through education and example proformas.
- 2023 has seen NHS England (NHSE) launch the digitally enabled data collection that will provide data on the number of CYPiC who are placed, both within their receiving ICB area and in a location which is out of their ICB area, and whether they have received their statutory initial and review health assessments within the national statutory timescales. Any delay in notification and / or completion of health assessments can have a detrimental impact on that child's health and wellbeing. Quarter 1 data is due to be submitted in August 2023, this will have an impact on the CYPiC teams capacity due to the requirement for some of the data to be obtained manually due to limitation in data recording systems currently.

6 Key Priorities for Black County ICB (2023/2024)

- Continue to improve the compliance of statutory health assessments with the aim to achieve the 85% key performance indicator, through analysis of exception reporting and through working closely with partners to address the barriers.
- Implement new service specification and enhanced services for CYPiC across the Black Country. This will reduce the variation across the system and therefore improve equity.
- Continue to promote the free prescription offer to our care leavers and provide education/training as required to the Reach and Leaving Care Team, Health Colleagues (Including Primary care) and directly to the Care Leavers.
- To develop and launch a health app for care leavers to support in navigating the health system. The app will provide up to date guidance around accessing support and up to date information linking the Care Leaver to NHS webpages around a variety of topic areas for example, sexual health, neurodiversity, parenting and mental health.
- Develop and embed a Health profile Form to collate health data as part of IHA for children and young people entering care. Understanding the health profile of the CYPiC locally and system wide will enable us to understand what services/support is required to ensure the CYP have the right services available to them and can support future commissioning conversations.
- Develop advice to YPA's on Gender Dysphoria issues and appropriate referral pathways for care leavers, to ensure National Guidance is being followed and appropriate support accessed.
- Embed Dental Health Pathway within Wolverhampton, to improve and care planning and communication of dental needs of our CYPiC. The dental audit results identified that not all carers/young people can remember when they last saw the dentist and may not remember what the plan of care was following that appointment. The new dental pathway provides a document that is completed by the dentist and is returned to both the Local Authority and CYPiC Team. The information is then available prior

to the RHA and can also follow the CYP if a move to another home is required, so the next carer is fully aware of the ongoing dental plan.

- Continue to provide the quarterly CYPiC data to NHSE, to form the national data collection of IHA, RHA and notifications, whilst continuing to support The Provider in obtaining the data for submission.