

Care experience as a protected characteristic

CHILDREN'S COMMISSIONER

EQUALITY EQUITY

CARE LEAVER COVENANT

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

Target population: Children and young people aged 0-17

CORE20 PLUS 5

By shared areas of health inequalities

Improving Lives Together

What Can Health Services Do To Improve Health Outcomes?

Pan Sussex Complaints Data
August 2022 – April 2024

- 28 Complaints received relating to Children & Young People
- Only 1 related to a Child In Care & was submitted by a professional

Improving Lives Together

Involving Care Experienced Children & Adults

“ “

“...Stop talking about us, without us”

17yr old Care Leaver in Sussex

” ”

Improving Lives Together



Sharing Feedback to Shape Services

The platform can be used as an alternate to the Friends & Family Test

It has been shared with patient experience and community engagement leads across Sussex

The Children In Care local authority leads have shared the platform within their teams and with social workers

Encouraging Specialist Nurse & Doctor teams to embed within correspondence to children in care

Posters developed for provider sites and services Care Leavers have asked for e.g youth centres

A social media 'reef' aimed at young people is being finalised for Tick Tock and Instagram

Want to find information about health and care services in your area, or share your experiences?

VISIT OUR WEBSITE

Are you a Child in Care or Care Leaver? Are you a Foster Carer or Professional working with care-experienced children and young people?

Take a look at our new health information website! It includes access to health websites and services in one place.

bit.ly/YourHealthLinks

HAVE YOUR SAY

We'd love to hear your thoughts on how we can make health services better for you.

Please share your feedback with us so we can continue to improve.

bit.ly/YourCareYourSay

SCAN ME

SCAN ME

Feedback Received...

13-18yr old Child In Care:

'Very Happy' with service received at a Childrens Ward

Liked: 'where I was were seen'

'The amount of time I waited to be seen' – could have been better

"...they told me what was going on."

Foster Carer / Professional Feedback:

Child aged: 5-11yrs old

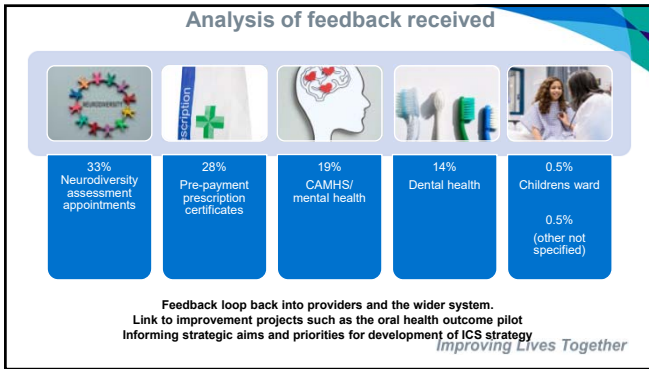
'Very happy' with service received at a Dental Practice

'The dental team were very helpful in arranging a registration and appointment...'

What could have been better: 'Nothing'

Would you recommend this service: 'Yes'

Improving Lives Together




Please Share...

[Have Your Say - Children In Care & Care Leavers | Sussex Health and Care Your Say \(engagementhq.com\)](#)

If you would like any more information, please contact the Sussex Designate team for Children In Care.
sussex.designate@hscbs.nhs.uk

Improving Lives Together





Leicester, Leicestershire and Rutland Integrated Care Board

An Oral Health Pathway for Looked After Children Living in Leicester, Leicestershire or Rutland

A proud partner in the
Leicester, Leicestershire and Rutland Health and Wellbeing Partnership



Leicester, Leicestershire and Rutland Integrated Care Board

NHSE Midlands Oral Health Pathway

AIMS

- Every child in care (CIC) undergoes an oral health assessment by a dentist as part of their initial and review health assessments
- Every child in care has an oral health plan as part of their wider care plan

A proud partner in the
Leicester, Leicestershire and Rutland Health and Wellbeing Partnership



Leicester, Leicestershire and Rutland Integrated Care Board

OBJECTIVES

- To promote information sharing across health and social care teams
- To support access to dental care, resources and oral health promotion for children, foster carers and health and social care professionals
- Allow access to previous dental health assessment form when moving placements or as a care leaver
- To evaluate oral health pathways and support further development as required

A proud partner in the
Leicester, Leicestershire and Rutland Health and Wellbeing Partnership

Two Strands in LLR

A: Ease of Access to an NHS dentist for routine care and / or treatment for Children in Care

B: NHSE Midlands Children in Care Pathway

A: Access to an NHS Dentist


- Longstanding issue for children in care, exacerbated by pandemic and increased waiting lists.
- NHSE funding for enhanced dental practices to support lower level work previously undertaken by Specialist Community Dental Services, to ease backlog and waiting lists.
- Within LLR:
 - One enhanced dental practice
 - Single point of referral via Looked After Children's Nursing Team
 - Filter process for referrals
 - Allows for audit (SNOMED codes on S1)
 - Simple pathway for referral

B: NHSE Pathway

Dental care pathway for Children in Care (CIC)

```

graph TD
    A[Child enters care] --> B[Dental Assessment Form sent to CiC/Carer]
    B --> C[Dentist completes form and returns to carer]
    C --> D[Carer takes form to IHA or returns to CiC Health Team]
    D --> E[Findings incorporated into IHA report or health update report]
    E --> F[At three-month LAC review, check that dental care required has been/is being provided]
    F --> G[Prior to next health assessment carer arranges a new dental appointment. Pathway continues]
  
```




Leicester, Leicestershire and Rutland Integrated Care Board

Part B Considerations


- should this be a health role to collate information as part of statutory assessments?
- How will this information be collated and stored?
- Should action be taken to address lack of handover between dental practices?
- Evidence to show benefit to the health of all Looked After Children?
- Should this be targeted at certain Looked After Children with known oral health needs or should we more proactive?
- Resources to process this work
- Who is responsible for ensuring actions take place as identified in the package?

A special purpose vehicle in the form of a Limited Liability Partnership





coramBAAF
adoption • fostering • kinship



GP trainees
within the
Looked After
Children Team

Dr Rosaleen O'Doherty
Deputy Designate Doctor for Looked After Children,
Kent and Medway
ICB
Salaried GP Whitstable Medical Practice

Background and initiation

- Personal experience of CLICP
- Work in both roles helps with overlap
- Looked after children have unique needs, recognition of shared learning needs
- Limited exposure to an ICB role or looked after children for GP trainees and subsequently GP's!
- Opportunity to collaborate with the local GP training programme
- Help shape the local primary care landscape going forward
- High proportion of international medical graduates in East Kent VTS.
- CLICP: Clinical leadership in commissioning programme
- Still good working relationship with previous TFF's which allowed initial trainee role
- Programme then accredited by the VTS scheme
- Trainees spend 1 day a week for a 4month period
- Specific learning outcomes need to be achieved
- Focus on any relevant areas of interest for the trainee
- QIP project, audit or presentation produced by the end of placement

Learning Outcomes

Learning Outcomes for trainees



Unexpected gains for us

- Projects produced are beneficial given time and resources limitations within our team
- Encourages less siloed working
- Insight into others professional and personal experiences
- Emotional journey for trainees
- Opportunity to develop training in conjunction with primary care going forward
- More diversity in the team with different cultural experiences

Projects




Going forward

Challenges

- Safeguarding experience
- Organisational time
- Clinical supervision
- Induction plan variable
- Projects have been varied

Plan

- Joint working with PCN safeguarding teams
- More flexibility on days and therefore clinics/panels
- Clinical supervision from a named GP trainer
- Direct clinical relevance to practicing GP
- Interprofessional, interagency focus encourages holistic and ethical thinking.



Questions?
Thank you!



adoption • fostering • kinship

Blitz Presentation
Overcoming Capacity challenges within Looked After Nursing Team

- John Scaysbrook
- Named Nurse/ Service Manager : Looked After Children
- Leicestershire Partnership Trust

How bad did things get?

- 24 week wait for Review Health Assessment (RHA)
- Increased Risks on Directorate and Organisational Risk Register
- Risks raised at ICB level
- Prioritised Model of working implemented
- Nursing capacity fell to 2.6 WTE against a 7WTE model.

So what have we done (So Far)? -Internal

- Review of Skills mix
- Think outside of the box with RHA completion
- Update of essential criteria for Band 6 Nurses
- Full Competency framework and Assessment Tool
- Full Process mapping session
- Prioritisation model
- transparency and honesty with staff and service leads
- breakdown to commissioned

So what have we done (So Far)?- System /External

- ICB /Designated Nurse was fully onboard and supportive
- Ceased holding stagnant cases
- Understood Statutory function of Health and Local Authorities – What is OUR role?
- Raised Risk as System and partnership level
- Raised a Business case to the ICB
- Open and Transparency with Local Corporate Parent Boards

Where are we today?

- 6 week wait from point of referral
- No Outstanding LCHS
- Offering Virtual , Face to Face and Telephone RHAs
- No Risks on local Register
- Reduced risk on Directorial register
- No longer in prioritisation
- 12.8 WTE Nurses
 - 1 WTE CTL
 - 1 o.6 PDN
 - 2 WTE Practitioners
- 6 Bank Nurses (Various Hours)



coramBAAF
adoption • fostering • kinship
