



Lancashire and  
South Cumbria  
Integrated Care Board

# NHS Lancashire and South Cumbria Integrated Care Board Children in Care and Care Leavers Health Strategy

2024-2026



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## Introduction

Children in care and care leavers are identified as the most vulnerable cohort within our populations. This is in view of their adverse childhood experiences, trauma and subsequent increased vulnerability to harm and health inequalities. A plethora of research available to date evidence that this population often experience poorer outcomes and life chances than that of their peers. Children in care are 50% more likely to have a diagnosable mental health disorder. Children in care and care leavers are at increased risk of being exploited, experience substance misuse issues and are overrepresented in the criminal justice system.

The NHS has a significant role in ensuring the timely and effective delivery of health services to children in care as part of their statutory responsibilities. The NHS Constitution for England make clear the responsibilities of NHS Integrated Care Boards (ICBs) and NHS England to children in care and care leavers. The NHS must cooperate with NHSE/I, Public Health England, and Local Authorities to commission effective services.

The Children Act (2004), and further strengthened in the Children and Social Work Act (2017), outlines the corporate parenting responsibility of local authorities and creates a duty for relevant partners, including health, to cooperate with local authorities to improve the well-being of children in their local area. The corporate parenting principles include the requirements to act in the best interests, and promote the physical, mental health and wellbeing of children in care and as corporate parents ask, “whether this would be “good enough for my own child.” The government’s response to the UK Care Review ‘Stable Homes, built on love’ consultation, published in September 2023, outlines that strengthened corporate parenting responsibilities will also be extended to relevant public bodies which incorporates ICBs within the next 18 months. This strategy aims to take into consideration the future requirements of these duties.

This strategy outlines Lancashire and South Cumbria Integrated Care Board’s commitment and proposed activity in meeting our statutory responsibilities and corporate parenting duties. Each section of the strategy identifies the key priority areas required to support improved health outcomes for the children in care and care leavers population. The delivery of this strategy is aligned in recognition of the interdependencies with Local Authorities in their lead role as Corporate Parents for children in care and care leavers and their respective Corporate Parenting Strategies.

## Our Vision Statement

Our vision is to ensure all children in care and care leavers will be afforded the opportunity to achieve positive health outcomes. This will be facilitated by the effective commissioning and delivery of health services across the ICB to reduce any unwarranted variation in service offer, scope of service and equity of access. The ICB has pledge to move to a Trauma Informed system, which will continue to build health commissioned services that will deliver trauma practice, with a skilled workforce who are knowledgeable around their individual roles and responsibilities as corporate parents.

## Children in care and care leavers views

“Moving areas shouldn’t put you at the bottom of the list.”

“The nurse does help me understand my needs and tries to encourage me to go to the appointments that I should go to which shows me that she is bothered. She also listens to me when I say that I do not want to do that, and I feel this is because she respects what I have to say.”

“Talking based therapies aren’t for everyone.”

“The waiting times to be seen are too long.”

“Make sure I have all my own health information as I got no family to ask.”

“Not being struck off for missing an appointment.”

“Training for professionals to make the health experience better so it feels less like a tick box.”

“Being able to stick with someone who you have a relationship with.”

“I would like to have a number to contact if I need to talk to someone in confidence.”

“It would be better if services took into account how disorganised we are or how we do not always understand the need to attend appointments when we could be doing something we enjoy. I feel that they should give us more time to attend appointments before discharging us.”

# Safeguarding children in care and care leavers

“Children and young people in care, and those with safeguarding concerns, remain some of the most vulnerable in our society.”

Care Quality Commission (2016) ‘Not seen, Not Heard’.

## Outcomes – what are we trying to achieve.

- To understand the specific issues that children in care and care leavers face are known, and that they inform practice and increase quality of provision and experience.
- To ensure that experiences of health commissioned services will not re-traumatise children in care and care leavers.
- Young people can make informed decisions around risk, they recognise positive relationships.
- All health professionals are aware of children in care and care leavers increased vulnerabilities and risk of harm.
- There are consistent and robust information sharing arrangements within health, provider organisations and with our statutory safeguarding partners.
- Transitional safeguarding – that there are robust support plans into adult services for young people preparing to leave care.
- Children and young people report to living in homes and communities where they feel safe.
- To influence local safeguarding partnerships to have clear governance arrangements with policies and procedures specific to children in care and care leavers.
- Children in care will have access to timely, trauma informed statutory health assessments which will agree with the child a plan of care, identify any early vulnerability to risk, share key public health messages and access support from other services as required to keep them safe.

## Deliverables – how will we achieve our aim?

- Children in care and care leavers will be listened to and we can demonstrate how we take account of their views, according to their age and understanding in identifying and meeting physical, emotional, and mental health needs.
- We will as a statutory safeguarding partner, ensure that current safeguarding arrangements and safeguarding strategies reflect inequalities that impact children in care and care leavers.
- All health service delivery will be trauma informed.
- We will work with health partners to ensure there is effective delivery and uptake of mandatory safeguarding training and the impact of this measured.
- Ensure that there are effective communication and information sharing pathways between health and regulated / unregulated residential care providers.
- We will implement learning from missing from home episodes and use this to influence and changes health related practice where required.

- We will implement learning from national and local safeguarding reviews where children in care and care leavers are cited.

## Positive emotional health well-being

“Children in care are approximately four times more likely to have a mental disorder than children living in their birth families and there is a high prevalence of trauma in children in care and young people.”

NSPCC, (2015).

## Outcomes – what are we trying to achieve.

- We will be able to have a greater understanding of the emotional health of the ICB’s children in care and care leavers population and using this to inform commissioning of future provision.
- Children in care and care leavers report positive self-esteem and experience good emotional health and wellbeing.
- Children in care and care leavers have dedicated timely access and have good outcomes from dedicated specialist emotional health provision.
- We will minimise re-trauma of our children in care and care leavers by health services delivering trauma informed approaches.
- We will continue to demonstrate compliance with statutory requirements to support the positive emotional health and wellbeing of children in care and care leavers.
- There will be equity of access of mental health services for children in care and care leavers who live within our footprint.
- Strength and difficulty questionnaire annual scores will reflect an overall improved average demonstrating children and young people are experiencing good emotional health and wellbeing.

## Deliverables – how will we achieve our aim?

- Ensure all health services offer a trauma informed approach to prevent re-traumatisation and therefore promote future engagement with health services to access the right support at the right time.
- The specific health needs of children in care and care leavers are reflected in mental health strategies and policies across the ICB and are recognised as requiring priority access.
- We will ensure that the annual completion of the ‘strength and difficulty questionnaire,’ forms part of children in care key performance indicators.

- `Health` are embedded in care planning processes to facilitate seamless transfer of care to prevent any delays in provision.
- Ensure that all commissioned services capture and provide analysis of the specific mental health needs of our children in care and care leavers population to inform future commissioning.

## **We will aim to ensure that all children and young people will experience reduced health inequalities.**

“Improving the health outcomes and life chances of children in care is a matter of public health concern. On average, individuals who have been looked after face worse outcomes across a range of measures, throughout the life course”

Bywater’s (2015).

### **Outcomes – what are we trying to achieve.**

- We will be able to demonstrate that all our children in care have experience of timely and quality statutory health assessment and provision by services that understand their needs.
- Children in care and their support network and families will have the required skills and knowledge to effectively navigate health services without discrimination or unconscious bias.
- All children in care are given options, knowledge, details of benefits and risks to have fully informed access to immunisation programmes, routine dental care, and universal health services as and when required.
- All children in care, irrespective of their originating area, will have the same access to services and support. Living away from their originating authority will not disadvantage children in care.
- Our commissioned services understand, and their policies reflect children in care and care leaver’s additional vulnerabilities so they can receive the right support.

### **Deliverables – how will we achieve our aim?**

- Consultation and co-production with children in care and care leavers to ensure that we are getting it right.
- We will collaborate with key partners and stakeholders to support high quality residential provision for children in care to minimise breakdowns in these arrangements.
- We will include in the ICB joint forward plan our commitment to improve our response to conducting statutory health care assessments for children in care.

- Collaborate with local authorities to improve quality, timeliness of initial health assessments and associated pathways for the statutory health assessment co-ordination.
- All professionals supporting children in care and care leavers understand their specific health needs and vulnerabilities.
- Development of an ICB service specification built upon public health principles of health promotion, health protection and ill health prevention for delivery of an enhanced offer to support the children in care and care leaver population.
- Development of an ICB dashboard for system performance in respect of providing assurance around compliance with key performance indicators for children in care.
- We will work with local authority/receiving authority/residential providers to facilitate robust transfer of care processes, ensuring that health is involved in care planning arrangements.

## **We will ensure health services are commissioned to support the specific health needs of children in care and care leavers.**

“All commissioners of health services should have appropriate arrangements and resources to meet the physical and mental health needs of looked after children”.

Department of Health (2015), Promoting the Health of Looked After Children.

### **Outcomes – what are we trying to achieve.**

- Access to quality and timely services irrespective of where they live without any facing any barriers.
- Children in care and care leavers have positive experience of health services.
- They will experience effective transition from children to adult health services as deemed necessary.
- They will report positive relationships with health professionals who have a sound knowledge of their role as corporate parents.
- We will know the specific health needs of our children in care and care leavers population.
- Ensure that commissioned services design and delivery is informed by the specific health needs of children in care and care leaver population based on local need and in co-production with children and young people.

### **Deliverables – how will we achieve our aim?**

- Commissioning of all health services will include the requirement for contractual reporting of the service offer and uptake by children in care and care leavers.



- Undertake a health needs assessment of our ICB population and discuss and listen to children in care and care leavers to inform future integrated programmes of work, commissioning of services.
- Any identified gaps in service provision will be included in future commissioning intentions and activity.
- Care leaver health summaries will be reviewed in partnership with young people to provide them with the necessary tools and knowledge to navigate the health system.
- Ensure that there is robust information sharing agreements and systems in place for children in care and care leavers, so they do not have to repeat their life stories.

## Health is a Good Corporate Parent

“In order to thrive, children and young people have certain key needs that good parent meet. This principle is to act in the best interests and promote their physical and mental health and wellbeing”.

HM Government (2018).

## Outcomes – what are we trying to achieve.

- Corporate parenting principles are understood and embedded.
- Children in care and care leavers have a positive experience of accessing health services and professions that work collaboratively.
- We will strive to ensure there are access and opportunities for care leavers to enter work via apprenticeships pathways within health services.
- Care leavers on low incomes are fully aware and confident in their ability to access universal and specific services and are not disadvantaged due to the care experienced status.
- We will have a good understanding of all the specific health needs of children in care and care leavers.

## Deliverables – how will we achieve our aim?

- We will embed the corporate parenting principles and have corporate parent champions in each of our health settings.
- Children in care and care leavers will be actively supported as part of our participation offer to influence, inform, and shape pathways and improvement programmes.
- Children in care and care leavers participate in health recruitment processes of specialist roles within health.
- We will work to raise awareness to the wider health workforce of their role as a corporate parent, embedding a trauma informed approach e.g. use of language.

- We will work with NHSE/I colleagues and the ICB to develop opportunities to provide a care leaver apprenticeship scheme and work experiences.
- We will seek to develop an ICB offer for the provision of free prescriptions for care leavers age 18-25 specific to their needs, i.e. whether a student, low income, or condition management.
- Our corporate parenting responsibilities will be referenced in our ICB strategies and policies.
- We will deliver against the commitments as set out in the Care Leavers Covenant.

## **When young people leave care their additional health needs and vulnerabilities will be recognised.**

“Care leavers will have faced many challenges in their lives and are likely to need much more support than other young people as they make the transition to adulthood”.

Edward Timpson HM Government, Keep on Caring (2016).

### **Outcomes – what are we trying to achieve.**

- Care leavers will experience a co-ordinated transition from children health services to adult health services.
- Care leavers will be able to access dedicated support in addressing their emotional health and well-being.
- Our adult services will offer a trauma informed care approach and be aware of the specific vulnerabilities of care leavers.
- Health services will be able to identify care leavers in their care, so support them in receiving timely access to services.

### **Deliverables – how will we achieve our aim?**

- Inclusion of a training offer in future service delivery for the adult health workforce on the health of the specific needs of care leavers and corporate parenting responsibilities.
- We will provide voice and engagement/consultation opportunities to ensure that we are getting it right.
- We will ensure provision of a summary of previous health information and detailing support to how to access health services via a personal health passport to all care leavers.
- We will work with mental health and primary care commissioners to strengthen the offer for our care leavers population through a trauma informed approach, so that care leavers are able to be identified for receiving the right support at the right time.

## **We will seek to provide additional support to those children and young people who are in the process of or have secured permanence.**

“There is growing evidence that adopted and permanently children in care’s early experiences continue to have an impact on their outcomes long after they move to their adoptive families” Department for Education (2017).

### **Outcomes – what are we trying to achieve.**

- Children will continue to receive support from health services to support timely permanence arrangements.
- Children who have secured permanence via adoption will continue to receive a health offer to support their continued health needs.

### **Deliverables – how will we achieve our aim?**

- We will work in partnership with local authorities and regional adoption agencies to support timely and quality health information is available to inform permanence via adoption for children in care.
- Development of ICB wide health adoption policies and procedures to ensure there are robust frameworks in place.
- We will work with all commissioners of health services across the Integrated Care System to explore the universal offer to provide a continued health offer for supporting children and their families pre and post adoption and children reunified home.
- We will work in partnership with local authorities to develop shared adoption medical processes and procedures through a single health approach to reduce unwarranted variation.
- We will work with key stakeholders and statutory partners with corporate parenting responsibilities so that when children are reunified home, they do not experience any delays in health provision.

## Measures of Success

“A resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.”

World Health Organisation (1986).

To measure improved health outcomes for children in care and care leavers, the wider social determinants of health need to be included and form part of a shared outcome framework in conjunction with activity undertaken by statutory partners and key stakeholders. The ICB will implement a delivery action plan which underpins the strategy and outlines health’s contribution to supporting improved health outcomes as detailed below.

- Compliance with performance for the provision of timely and high-quality statutory health assessments for children in care.
- ICB consultation and engagement model with our children in care and care leavers, to co-produce and inform health service delivery and commissioning of services.
- The strengths and difficulties questionnaire average score demonstrates good emotional health for our children in care.
- There is no unwarranted variation in access to health services and children placed away from their originating area are not disadvantaged.
- Compliance with all statutory health responsibilities reported via an ICB dashboard.
- Positive feedback from children and young people around their experiences and access to health services that we are getting it right and providing a trauma informed approach.
- Health professionals and key stakeholders provide positive feedback regarding the health services afforded to children in care and care leavers and their accessibility.
- External regulatory activity identifies good and outstanding practice which can be evidenced as having an impact on reducing health inequalities.