



Mid and South Essex  
Integrated Care  
System



Mid and South Essex

# Thurrock Corporate Parenting Committee Health Report

03.2024

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# Executive Summary

This report has been written by the Designated Lead Safeguarding Nurse for Mid and South Essex (MSE) Integrated Care Board (ICB) to Thurrock Corporate Parenting Committee.

The report maps the landscape of the health services in Thurrock, focusing specifically on those aimed at supporting the needs of Children in Care. It also summarises the collaborative work of Designated Nurses across Southend, Essex and Thurrock (SET) through the delivery of the SET Looked After Children Health strategy (2022-24).

The report provides an update on the Task and Finish Group led by MSE ICB's Interim Director for Children, Mental Health & Neurodiversity, looking at the provision of Initial Health Assessments, especially focusing on the improvement of its completion within statutory timescales, which has remained a challenge, both locally and nationally.

Finally, the report focuses on North East London Foundation Trust (NELFT), as the Thurrock Health Provider of 0-19 services and Children Community Paediatric services, including the work being completed to promote the health and wellbeing of looked after children and service provision.

The report finalises with recommendations.

The author chose to present this report in Power Point, as a response to feedback from Children in Care, on the need to simplify reports as often they feel these are not accessible to them.

Note: The terms Children in Care (CiC), Children Looked After (CLA), and Looked After Children (LAC) are used interchangeably throughout the report.



# Structure of this report

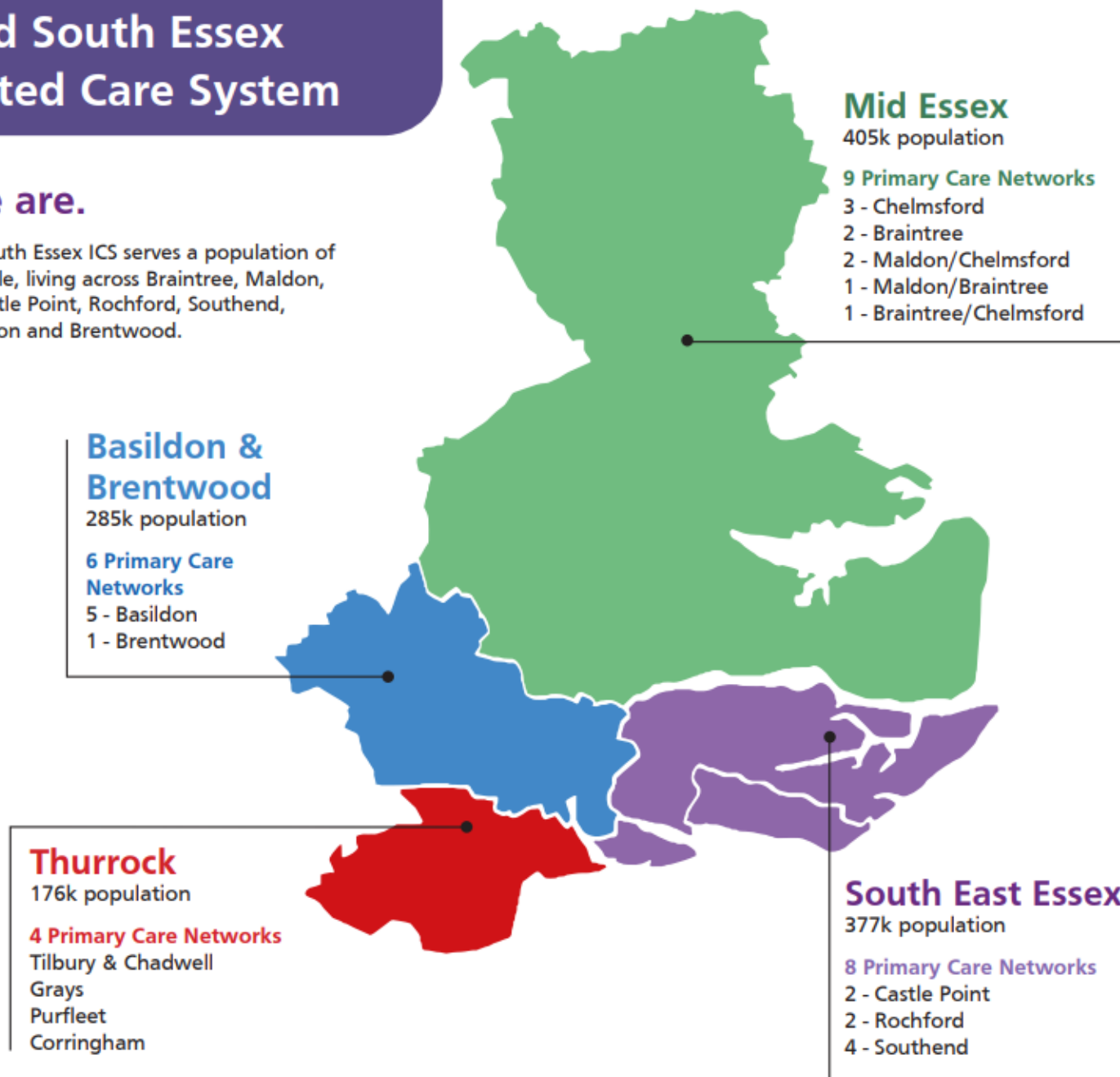
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# Mid and South Essex Integrated Care System

## Who we are.

The Mid and South Essex ICS serves a population of 1.2 million people, living across Braintree, Maldon, Chelmsford, Castle Point, Rochford, Southend, Thurrock, Basildon and Brentwood.



## Our partnership comprises the following:



**Three** top tier local authorities and seven district, borough and city councils



**Nine** voluntary and community sector associations



**One** hospital trust with main sites in Southend, Basildon and Chelmsford



**Three** main community and mental health service providers who work as a community collaborative



**One** ambulance trust



**Three** healthwatch organisations



Over **149** GP practices, operating from over **200** sites, forming **27** Primary Care Networks



**A range of other partners**, including Essex Police and our three local universities

# Health Services and Children in Care

## Commissioning of health services

Integrated Care Boards (ICBs) have a statutory role and responsibility (under the Children Acts 1989 & 2004) to ensure the timely and effective delivery of health services to Looked-after Children and Care Leavers. ICBs employ Designated Nurses and Doctors to support this function.

ICBs commission Initial Health Assessments for children in care and must ensure that the services commissioned can meet the particular needs of these children (able to access a range of universal and specialist services without undue delay).

## Delivery of health services

[Promoting the health and wellbeing of looked-after children](#) (2015 updated 2022) is statutory guidance for local authorities, ICBs and the NHS services and providers. It sets out that Local authorities take steps to ensure CiC receive the health care services they require, as set out in their health plan. Health providers will complete the reviews and deliver these services including general health and wellbeing (including mental health), preventative measures such as immunisations, hearing & vision screening, promoting health (including sexual health). All steps should be taken to prevent undue delays.

Duties on all Health providers to: have the appropriate training (set out in [Looked After Children: Intercollegiate document](#)).

The role of Primary care teams (GP Practices, Dentists, Pharmacy, Ophthalmology) in identifying and managing the individual health care needs of looked-after children.

NHS Providers have multiple recording systems. ICBs is supporting the implementation of [Child Protection Information Sharing Service My Care Record](#) – will soon be implemented across MSE.

## Coordination of health care

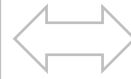
Named nurses and doctors for LAC are employed by health Providers and have an important role in promoting good professional practice within their organisation and providing advice and expertise.

0-19 Services (commissioned by Local Authorities Public Health) have LAC Health Teams, who coordinate the provision of local health services, act as a conduit or contact point for the child and the care providers, provide direct support to LAC or signpost to others services as required. They also carry out review health assessments or support Health Visitors and School Nurses in completing these assessments. Health Passports – provided at the last review health assessment and contains a summary of the young person's medical and health care history and useful health care contacts..

When there are concerns about the health needs and service provision for CiC within the MSE footprint (both originating from MSE or placed in MSE), there are escalation pathways to MSE ICB to facilitate liaison and support resolution.

# Safeguarding & Looked After Children Health interface across SET

Thurrock Safeguarding Children Partnership  
Thurrock Adult Safeguarding Board  
Essex Safeguarding Children Board  
Essex Safeguarding Adults Board  
Southend Safeguarding Partnership



## Health Executive Forum (HEF)

SET wide executive leads developing strategic vision and direction across the health economy.



## HEF – Operational Group

SET-wide safeguarding leads and professionals coming together to deliver the shared vision through effective, collaborative working.



## Local Operational Groups

Focus on the delivery of safeguarding across local areas.

## Safeguarding Clinical Network (SCN) & Designated Children, Looked After Children and Adult Groups

SET-wide ICB professionals for safeguarding adults, children and looked after children coming together to share and discuss learning, enable innovation and development in the strategic delivery of safeguarding services for vulnerable people and their families.

## Safeguarding & LAC Teams for Health Providers & Primary Care

Responsible for promoting good professional practice within their organisations and providing advice and expertise.

# SET Looked After Children and Care Leaver Health Strategy 2022-2024

**Aim:** To reduce unwarranted variation and improve outcomes for looked after children and care leavers across SET

THEME	Quality and Performance	Emotional health and wellbeing/ mental health	Voice of children/ young people and engagement	Commissioning of services	Children with Special Educational Needs and Disability
OUTCOMES	<ul style="list-style-type: none"> <li>High quality health assessments completed within statutory timeframes</li> <li>Health needs of children looked after are identified and met</li> <li>Placement stability</li> <li>Positive experiences of services and good engagement</li> <li>Improved process and information sharing for LAC and EHCP</li> </ul>	<ul style="list-style-type: none"> <li>Placement stability</li> <li>Positive relationships with peers and carers</li> <li>Improved overall wellbeing now and in the long term</li> <li>SDQ score informs health assessment</li> <li>Reduce impact of adverse childhood cumulative experience</li> </ul>	<ul style="list-style-type: none"> <li>Positive experience of services</li> <li>Positive transitions</li> <li>Responsive services</li> <li>Improved self esteem</li> <li>Improved engagement and accessibility</li> <li>Positive relationships with professionals</li> <li>Practice reflects the Corporate Parenting Board and Children in Care Partnership Strategies</li> </ul>	<ul style="list-style-type: none"> <li>Act on local health needs in planning and commissioning</li> <li>Equity of health service provision</li> <li>Reduce unwarranted variation</li> <li>Consistent offer across SET to meet identified need</li> <li>Positive experience of health services</li> <li>Continued access to speciality health services which support transition to adult services</li> </ul>	<ul style="list-style-type: none"> <li>The health needs of LAC with SEND are clearly identified and consistently supported across health, social care and education.</li> <li>The care plan is informed by the views and wishes of the child/ young person.</li> <li>Reduction in duplication/ repetition of assessments.</li> <li>Focus on what matters, here and now.</li> <li>Transition to adult services is seamless.</li> </ul>
ACHIEVED TO DATE 2022-2024	<ul style="list-style-type: none"> <li>IHA video being commissioned to inform CYP and carers of the IHA process to increase uptake and attendance.</li> <li>Information gathering taking place to inform a separate service for Separated Migrant Children across SET</li> <li>Designated Nurses attend relevant meetings to contribute to planning for complex discharges and placements</li> <li>National review of children with disability and complex health needs placements in residential homes showed that 1 out of 23 required additional oversight</li> <li>Training continues to be offered to GPs around LAC</li> <li>Looked After Children National Data Set Collection</li> <li>revised Blood born virus/infection screening pathway for Children and Young people</li> <li>LAC placement notification pathway – ensuring when children are placed outside their originating areas there is an ICB to ICB transfer, as well as health to health and social care to social care.</li> </ul>	<ul style="list-style-type: none"> <li>SETCAMHS audit completed on the service offer for LAC and includes the voice of the child</li> <li>SDQ are now linked on Systm1 for health providers to access and inform health settings</li> <li>Information on Trauma informed care training circulated to LAC Peer review group</li> <li>Training for carers is part of the Essex co-parenting strategy</li> </ul>	<ul style="list-style-type: none"> <li>Designated Doctor LAC has arranged to attend the Children in Care Council to engage with and gain the views of the children in care</li> <li>The IHA video will be co-produced with LAC</li> <li>A local IHA audit is in progress which includes ascertaining the platforms used to engage with the child and reflect their views on how best to engage with them</li> <li>Children are invited to contribute to CIC and corporate parenting meetings</li> <li>Designated nurses play an active part in the implementation of MCA and Deprivation of Liberty</li> <li>Gillick framework and MCA is advocated for children and young people at all times</li> </ul>	<ul style="list-style-type: none"> <li>A memorandum of understanding is in place to ensure all children across the local system and out of area receive an equitable service whilst also considering the inequality agenda and any additional requirements of being a corporate parent</li> <li>A robust escalation pathway for placement stability is in place</li> <li>Options appraisal in progress for pre-payment of prescriptions for care leavers</li> <li>Designated nurses take part in the procurement process to advocate for looked after children</li> <li>Actively engage with providers to ensure MCA is considered at the earliest opportunity and is robustly followed for 16-17 year olds and 18+</li> <li>Actively advocate for consideration of DoLS for LAC (under 18) via a court process</li> <li>CIC letter to professionals requesting they maintain their place on the waiting list – going through ICB governance approval</li> </ul>	<ul style="list-style-type: none"> <li>Designated nurses took part in the Post ASD service procurement process</li> <li>The escalation pathway for placement stability is in place and supports children with complex needs</li> <li>During procurement processes, the designated nurses look at transitional safeguarding and where appropriate, raise relevant questions and requirements</li> </ul>

# Mid and South Essex Integrated Care Board All-age Safeguarding team

## South West Essex (Basildon & Brentwood and Thurrock)

2 Alliances  
10 Primary care Networks

Team: Designated Lead Nurse (1), Associate Designate Nurse (2); Safeguarding Specialist Nurse (1); Designated Doctor (3 PAs); Child Death Review Doctor (2PAs); Named Professionals Adults & Children (3 PAs)

Thurrock Statutory Partnerships

Strategic / System lead:  
Community Collaborative;  
Primary Care; Children Portfolio

**Basildon & Brentwood**  
285k population

**Thurrock**  
176k population

LAC Dr 2 PA's

**Mid Essex**  
405k population

## Mid Essex

1 Alliance  
9 Primary care Networks

Team: Designated Lead Nurse (1), Associate Designate Nurse (2); Safeguarding Specialist Nurse (1); Designated Doctor (3 PAs across Mid, North and West Essex); Child Death Review Doctor (1.5 PAs); Named GP (3PAs)

Essex Statutory Boards

Strategic / System lead: Acute Hospital contract; Look After Children Portfolio

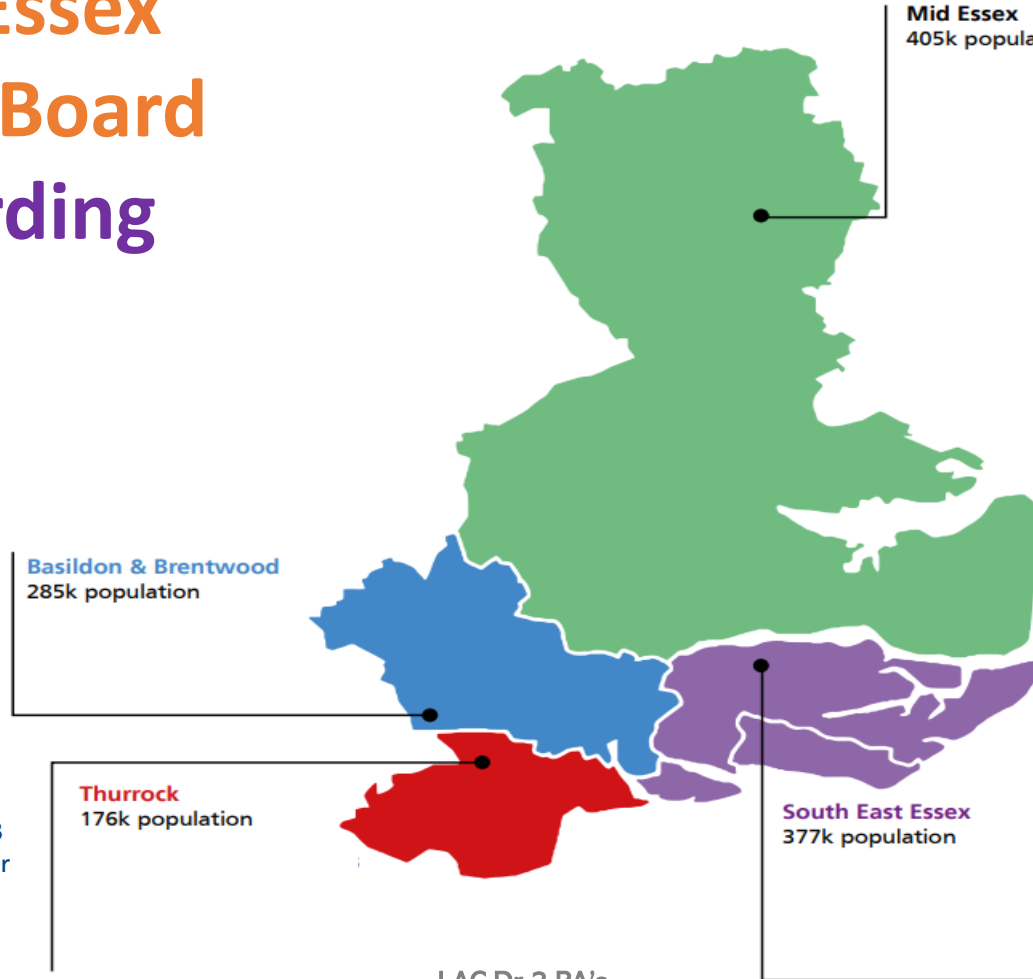
## South East Essex (Castlepoint & Rochford and Southend)

1 Alliance  
9 Primary care Networks

Team: Designated Lead Nurse (1), Associate Designate Nurse (2); Safeguarding Specialist Nurse (1); Designated Doctor (3 PAs); Child Death Review Doctor (2 PAs); Named GP (3PAs)

Southend Statutory Partnerships

Strategic / System lead: Care Homes, Continuing Health Care, Adult Portfolio

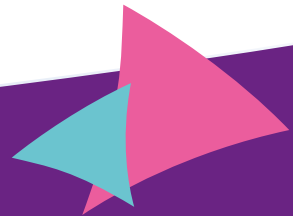




# MSE Initial Health Assessments

## Task and Finish (T&F) group – update from MSE ICB Interim Director for Children, Mental Health & Neurodiversity

- IHA Task and Finish group established and met for first time on 30<sup>th</sup> Jan 2024 to discuss IHAs delivery and significant risks raised via NELFT around the IHA timeframes across Basildon & Brentwood (BB) and Thurrock. IHAs is part of core provision by the providers in the Childrens Collaborative.
  - Membership includes MSE ICB – CYP and Safeguarding, NELFT, Thurrock Council
  - Draft Terms of reference in process of being finalised
- NELFT in consultation with members of the Task & Finish Group have completed an options paper for resolutions to address and mitigate the risks on delivery of this statutory requirement via Provider Collaborative.
- Commissioners are working closely with NELFT / Providers Collaborative on the resolutions and exploring what is required from a governance point of view internally
- A review meeting for the T&F group took place on 04/03; the outcome was for a paper to be escalated to MSE ICB executive to seek funding for immediate mitigation whilst further long-term solutions and funding are discussed. Of note, currently there are additional financial approval mechanisms that are required within the ICB.



# MSE GP Practices and Children in Care

## Learning and development strategy

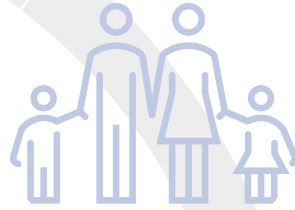
- **Themed Forums:** programme of bi-monthly forums focusing on themes from the Intercollegiate Documents, the national safeguarding priorities ([SAAF, 2022](#)) and learning from local and national safeguarding incidents and reviews. A Looked after children and adopted children forum (delivered on 20/12/2023 and its recording is available on the Primary Care Hub online). This session covered: (1) overview of LAC and adoption; (2) health of LAC, including statutory assessments and health plans; (3) care leavers; (4) fostering medicals; (5) learning from [Child Safeguarding Practice Review](#) (CSCP, 2022). The session was delivered by the Designated Doctor for LAC, Named GP for Safeguarding Children and the ICB Safeguarding Team.
- **All-age safeguarding learning and development session** – one of the 4 scenarios of this 3-hour session covered parental responsibility and consent, gender identity, LGBTQI+ and specifically Trans healthcare, mental capacity and deprivation of liberty in under 18s, CiC and transitional safeguarding.

## Safeguarding Assurance – All-age safeguarding audit

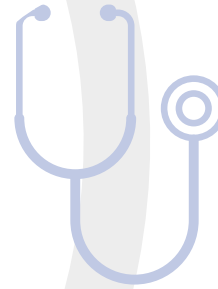
- Self-assessment audit completed by GP practices and shared with MSE ICB in November 2023.
- Overall compliance of 93%; for Thurrock this is 92% (24 out of 26 GP surgeries).
- The audit tool used has 3 sections (1) Learning and Development, which focuses on the compliance of GP surgery staff against the requirements of the Intercollegiate documents ([Children](#); [Adults](#); [LAC](#)), and learning from safeguarding incidents and reviews; (2) Safeguarding Processes, which looks at policies and procedures, safer recruitment, identification and management of vulnerable patients (specifically of looked after children, care leavers, foster carers, children with disabilities) and (3) Safeguarding culture, which targets safeguarding discussions and support at all levels at the surgery, multiagency work and the implementation of Think Family and Professional Curiosity.
- All audits have been reviewed and a response provided to the GP surgeries. Over the next 14 months, the surgeries will be expected to implement the action plans identified, with the ICB safeguarding team providing support when requested.



NELFT  
Thurrock



0-19 Brighter Futures Healthy Families service



Children's Community Health services



SET Children and Adolescent Mental Health (to be addressed in separate report from NELFT)



# NELFT Looked after Children Service

- NELFT-wide LAC service review and development plan has been ongoing since 2022; the initial 40 recommendations were divided into 11 workstreams and completed in January 2024.
- Next improvement plan has 9 confirmed workstreams and further workstreams will be developed:
  - **Workstream 1** – themes and recommendations from audit completed by one of the Designated Doctor for LAC
  - **Workstream 2** – Improvement to failed appointment pathways
  - **Workstream 3** – Care Leavers Pathway
  - **Workstream 4** – Audit Tools for RHA and IHA audits
  - **Workstream 5** – Recruitment, induction and Continuous Professional Development for specialist nurse posts
  - **Workstream 6** – LAC Training Strategy
  - **Workstream 7** – LAC Intranet
  - **Workstream 8** – Standardisation of Peer Supervision
  - **Workstream 9** – Children and Young People engagement and co-production.
- Looked After Children (LAC)\* / Children in Care (CIC) / Children Looked After (CLA)\* Delivery and Assurance Group – NELFT-wide interface with local Integrated Care Boards to (1) Give high level oversight to deliver improvement in the LAC / CIC / CLA services; (2) Hold the accountability to deliver the LAC / CIC / CLA development plan; (3) Monitor performance and data quality in LAC / CIC / CLA.

# NELFT Looked after Children structure

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## NELFT-wide

Dr Daisy Rolands – Lead Named Doctor for Looked After Children

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Victoria Winfield-Brown – Professional Lead for Looked After Children

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## Thurrock

Sharon Hall - Assistant Director, SET CAMHS and Children's Services for South Essex & Thurrock

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Michael Smith – Head of Children's Services Essex & Thurrock

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Amanda Burgess – Operational Lead 0-19 Service Thurrock and Children's Community Nursing

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LAC Specialist Nurses – Eugenia Luke & Anastasia Prakah-Asante

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# Statutory Health Assessments for Children in Care

- Mid and South Essex Integrated Care Board commissions **Initial Health Assessments** (IHAs) for Children in Care from NELFT; these are delivered by Community Paediatricians.
- **Review Health Assessments** are commissioned by Public Health Thurrock to NELFT. The NELFT team has two staff nurses who undertake the review health assessments for children placed in area and oversee children who are placed out of area.
- NELFT monitors activity with regards to: Initial and review health assessments-timeliness and quality; immunisation uptake; dental checks; optician checks; registration with GPs.

## **Health assessment outcomes:**

- Health assessments aim to identify and address health needs and include the formulation of a Health Action Plan, which is shared with the GP/ Independent Reviewing Officer/Social worker/Foster carer and young person dependent upon their age.
- The NELFT LAC team offer a range of other clinical services to support and improve the health of children in care. These include health promotion, provision of sexual health advice, facilitating access to smoking cessation programmes, referrals to and supporting young people at risk of Child Sexual Exploitation and those struggling with alcohol and substance misuse.

# Feedback from Thurrock Young People on their health assessments

I feel I can speak to the LAC nurse

I am more aware of healthy weight and nutrition

The LAC nurse got me involved in making plans about my health needs

The nurse gave me the opportunity to be seen alone

My physical and emotional health needs were discussed, and advice was provided by the LAC Nurse

The nurse done a thorough assessment

I was involved in making plans about your health needs



# What do Statutory Assessments tell us about the health of Thurrock Children in Care?

- 93.36% of the LAC population (that is LAC for more than a year) is up to date with Immunisations
- 97.65% of the LAC population (that is LAC for more than a year) has been seen by a dentist.
- The most common health diagnosis for Thurrock Children in Care are Neurodevelopmental Disorders, Epilepsy and Asthma.
- The next 3 slides explore these further





# Neurodevelopmental Disorders (ASD & ADHD)

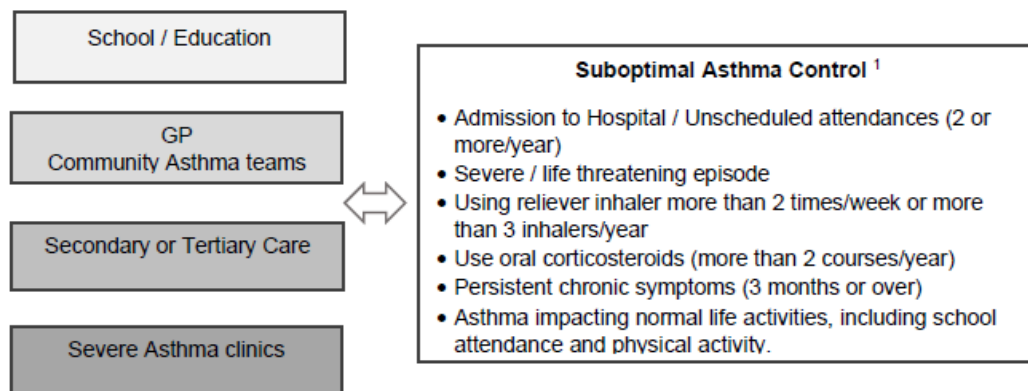
- Neurodevelopmental disorders is an umbrella term for diagnosis such as Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). ASD or ADHD can be diagnosed solely based on behaviour.
- The higher prevalence of mental disorders in LAC is well documented in research, often attributed to [Adverse Childhood Experiences](#) (ACEs) or poor socio-economic environments (Heady et al 2022)
- Unsupported, ASD and ADHD can lead to suboptimal health and social outcomes; and for LAC who are already vulnerable (and have already experienced complex ACEs) adding the complexity of these diagnosis could place these children at an even greater disadvantage.
- Diagnosing LAC with either of these diagnosis can be challenging, as clinicians have to unravel the child's complex social, emotional and behavioural symptoms, in light of behavioural responses associated with trauma and ACEs.
- Considerations ([Sage 2022](#)):
  - Challenges around medication (for example to reduce challenging behaviours, support sleep & concentration, regulation of emotional responses) – these may be related to prescription, usage, advantages vs disadvantages, engagement from the child, consent;
  - Access to service provision & waiting times;
  - Impact of residential and educational moves in the care received and the understanding of the child's behaviours by others around them.



# Epilepsy & Asthma

- [Epilepsy](#) & [Asthma](#) are both common long-term conditions for children and young people (CYP) in the UK. Both can impact significantly the CYP's quality of life and are both clinical areas within the [CYP Core20PLUS5 framework](#).
- CYP from the most deprived areas are more likely to have epilepsy and asthma than those in less deprived areas
- CYP with epilepsy have a higher prevalence of neuro-developmental disorders (e.g. learning disabilities and autism spectrum disorder) than in the general population ([NHS](#))
- Those from disadvantaged socio-economic groups are more likely to be exposed to the causes and triggers of asthma, such as smoking and air pollution. Asthma requires self-management, which is harder to embed in groups with lower health literacy. (Health inequality and asthma | Asthma UK)
- The consistency of care deeply impacts the management of both conditions. Therefore, some CYP entering care will need extensive support to understand the conditions, accept the diagnosis and be supported in improving management.

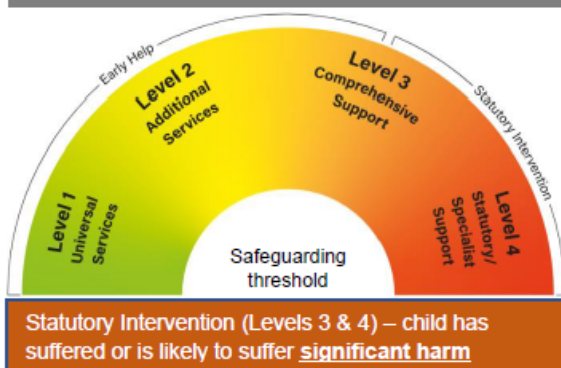




**Multidisciplinary Approach** – working together to develop management plans and supporting child and family. This should include consideration of:

- The impact of asthma and any other health conditions.
- Any mental health needs, psychological factors, learning needs & communication needs and language barriers.
- Family circumstances – including what agencies are involved.
- Adherence & compliance issues (i.e. frequent Was Not Brought / non-attendances / cancellations to asthma review appointments; poor compliance with medical treatment or medical advice)
- Poor indoor & outdoor air quality (including second hand smoke)
- What asthma education has been provided for child and carer / family and has this taken in consideration their needs.
- Social deprivation, housing conditions, neglect or others impacting on asthma
- Any unresolved parental / professional concerns.

Safeguarding Children & Young People and Identifying and supporting management of modifiable factors



**Medical Neglect<sup>2</sup>**: carers minimising or ignoring child's illness or health needs and failing to seek medical attention or administering medication and treatments.

**Perplexing presentation<sup>3</sup>** - discrepancies between reports, child presentation and independent observations, implausible descriptions and unexplained findings or parental behaviour.  
**Fabricated or Induced Illness<sup>3</sup>** - child is harmed due to parent's behaviour/action, carried out to convince that the child's physical and/or mental health or neurodevelopment is impaired (or more impaired) (emotional, physical abuse and neglect).

**All cases**

- Clear and explicit communication – what are the risks to the child?
- Quantify impact: what is like for the child? Impact on school attendance, daily activities, normal child development. Impact of *Was Not Brought* appointments
- Seek expert advice – including your organisation's safeguarding leads
- Seek and record the views of the child and the family
- Follow your local safeguarding Policy

- Clear asthma management plan that can be understood by all
- Are the expectations on the child for self-management realistic / appropriate to age / development?
- Compile evidence of poor adherence to management plan
- Be clear on the level of risk to the child – what is likely to happen to the child if asthma management is not improved?

- Ascertain child's state of health and daily functioning (chronologies, liaising with all other health professionals involved, verifying diagnoses)
- Compile evidence of discrepancies, implausible descriptions, unexplained findings, or parental fabrication / induction.
- Iatrogenic harm – only necessary investigations and medications are prescribed

Links: [SET Procedures](#) (p375)      [RCPCH guidance](#)

**Statutory Intervention (Levels 3 & 4) – significant harm**

**Urgent safeguarding risk:** referral to Police (999)

**Child has an allocated Social Worker** - they are aware of concerns and involved in management plans

**Links for Thresholds and Children's Social Care information:**

**Essex:** 0345 603 7627 / Out of Hours 0345 606 1212  
**Southend:** 01702 215 007 / Out of Hours 0845 606 1212  
**Thurrock:** 01375 652 802 / Out of Hours 01375 372 468  
**Suffolk:** 0808 800 4005  
**Hertfordshire:** 0300 123 4043

**Referrals to Children's Social Care, include:**

- Description of all the concerns
- Full description of the harm to the child (against local thresholds) and explicit level of risk
- Chronologies that evidence extent, pattern, and severity
- Explanations on diagnoses and functional implications.
- Description of the help offered to the child and the family and all Early Help / Multidisciplinary support

If you remain concerned or in case of Professional Disagreement, follow SET Safeguarding Escalation Pathway

<sup>1</sup> NHS Asthma Care pathway (draft)  
<sup>2</sup> Child Neglect: Identification and Assessment Horwath 2007  
<sup>3</sup> RCPCH 2021

# Separated Migrant Children

- **Specific health challenges** ([Lancet review](#))
  - Nutritional deficiencies, for example vitamin D deficiency and iron-deficiency anemia;
  - Dental caries, which was found with a prevalence as high as 65 per cent in some studies;
  - Skin, respiratory and gastrointestinal infections;
  - Low vaccination coverage; and
  - A high prevalence of mental health conditions such as post-traumatic stress disorder, depression and anxiety.
- **Considerations**
  - Booking of interpreters and setting up hybrid MS teams meetings between Dr and interpreter during IHA
  - Immunisations
  - Screening (ie Blood Born Virus, Tuberculosis)
  - Increased likelihood of young person not attending appointment (including potential change of placement). This leads to additional admin responsibilities to check young person is still in the same placement and to confirm they will be attending before the session
- [UASC Health – Unaccompanied asylum-seeking children's health](#)



# Recommendations

- The information contained within this report to be noted by Corporate Parenting Committee members.
- Corporate Parenting Committee will be provided assurance and updates on the work from the IHA Task and Finish group
- Corporate Parenting Committee will be provided information on the updated SET Health Looked after Children strategy & MSE ICB looked after children strategic portfolio
- Corporate Parenting Committee to request regular updates on the health to Thurrock Children in Care.
- Health to continue implementing strategies to listen, respond to and capture the voice of children and young people and involving them wherever possible in shaping and influencing their health offer.
- Further work to take place to understand the health needs of Separated Migrant Children, to ensure that services are in place to respond appropriately to their needs.





Mid and South Essex  
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# Thank you

[mseicb-bb.msesafeguardingadminsupport@nhs.net](mailto:mseicb-bb.msesafeguardingadminsupport@nhs.net)

[www.midandsouthessex.ics.nhs.uk](http://www.midandsouthessex.ics.nhs.uk)

