

# Cared For Children and Care Leavers Committee

## Agenda

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**Date:** Tuesday, 4th March, 2025  
**Time:** 2.00 pm  
**Venue:** The Capesthorne Room - Town Hall, Macclesfield SK10 1EA

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The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

It should be noted that Part 1 items of Cheshire East Council decision making meetings are audio recorded and the recordings will be uploaded to the Council's website

### **PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT**

**1. Apologies for Absence**

To note any apologies for absence from Members.

**2. Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary interests, other registerable interests, and non-registerable interests in any item on the agenda.

**3. Minutes of Previous Meeting (Pages 3 - 6)**

To approve the minutes of the meeting held on 3 December 2024.

**4. Update from the Shadow Cared for Children and Care Leavers Committee (Pages 7 - 14)**

To receive a presentation on the work of the shadow committee.

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For requests for further information

**Contact:** Josie Lloyd

**Tel:** 01270 686466

**E-Mail:** [josie.lloyd@cheshireeast.gov.uk](mailto:josie.lloyd@cheshireeast.gov.uk) with any apologies

5. **Update from the Corporate Parenting Executive Board** (Pages 15 - 16)

To receive an update from the February 2025 meeting of the Corporate Parenting Executive Board.

6. **Children in Care Annual Report** (Pages 17 - 36)

To receive the Children in Care Annual Report for 2023-24.

7. **Health Outcomes for Cheshire East Cared for Children and Care Experienced Young People** (Pages 37 - 40)

To receive the NHS Cheshire and Merseyside report on health outcomes.

8. **Independent Reviewing Officer Annual Report** (Pages 41 - 58)

To receive the Independent Reviewing Officers Annual Report for 2023-24.

9. **Cared for Children and Care Leavers Committee Quarter 3 Scorecard** (Pages 59 - 68)

To receive the Cared for Children and Care Leavers Committee Q3 scorecard for 2024-25.

10. **Health Report for Cheshire East Cared for Children and Care Leavers Committee** (Pages 69 - 72)

To receive the NHS Cheshire and Merseyside quarter 3 report for 2024/25.

**Membership:** Councillors M Beanland, S Bennett-Wake, J Bird, C Bulman (Chair), D Clark, E Gilman, G Hayes, S Holland, B Posnett, B Puddicombe and J Saunders (Vice-Chair)

**CHESHIRE EAST COUNCIL****Minutes of a meeting of the Cared For Children and Care Leavers Committee**

held on Tuesday, 3rd December, 2024 in the The Capesthorne Room - Town Hall, Macclesfield SK10 1EA

**PRESENT**

Councillor C Bulman (Chair)  
Councillor J Saunders (Vice-Chair)

Councillors M Beanland, S Bennett-Wake, E Gilman, G Hayes, S Holland, B Posnett, B Puddicombe and L Braithwaite

**OFFICERS IN ATTENDANCE**

Theresa Leavy - Interim Executive Director of Children's Services  
Lisa Davies, - Interim Improvement Director Children's Services  
Richard Nash, - Interim Director of Family Help and Children's Social Care  
Jessica Hillman - Team Manager, Cared for Children  
Laura McCloughlin – Service Manager, Cared for Children  
Laura Rogerson - Head of Service Inclusion  
Annemarie Parker - Head of Service Cared for Children and Care Leavers  
Josette Niyokindi - Associate Director of Quality & Safety Improvement, Integrated Care Board  
Annie Britton - Participation Lead  
Mimoza Gashi - North West Area Manager, The Children's Society (joined remotely via Microsoft Teams)  
Karen Shuker - Democratic Services Officer

**19 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr D Clark. Cllr L Braithwaite attended as a substitute.

**20 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**21 MINUTES OF PREVIOUS MEETING****RESOLVED:**

That the minutes of the meeting held on 3 December 2024 be agreed as a correct record.

## **22 UPDATE FROM THE SHADOW COMMITTEE**

The committee received a presentation from the Care Leaver Ambassadors on the local offer. The presentation focused on feedback and recommendations following the local offer review event which took place on 13 November 2024.

Some of the feedback and recommendations from the event included:

- The need to expand out of hours support
- The leisure pass could instead be offered as a leisure budget to widen the scope of available activities
- The need for financial support with childcare for care leavers who were parents to secure work or training
- Support with gaining qualifications in English and maths, including online or at Care Leaver Hubs
- 'Starter kits' for young people moving into their own homes
- More support with the Homechoice process, such as a dedicated Housing Officer who could work with the Care Leavers Service
- The Setting up Home Allowance to be standardised regardless of age
- More emotional support and social events to build networks
- The need for laundry and personal hygiene facilities in Hubs
- Independence preparation to be gradual and begin before the age of 16 to allow for sufficient support in advance of independent living. Also to consider the ASDAN model for independence packs

The committee thanked the Care Leaver Ambassadors for sharing this feedback and recommendations and asked for assurances from officers that work would be undertaken in response. Officers advised that an update on the progress and impact of the implementation of these suggestions would be provided at subsequent meetings.

## **23 UPDATE FROM THE CORPORATE PARENTING STRATEGIC BOARD (VERBAL UPDATE)**

The committee received a verbal update from the Executive Director of Children's Services on the Corporate Parenting Strategic Board. New terms of reference had been agreed to ensure clarity around the work of the board and how it reports into the Cared for Children and Care Leavers Committee for scrutiny. Work streams were due to go live in January. There would be formal reporting into this committee on the progress of the work streams.

## **24 VIRTUAL SCHOOL HEADTEACHERS ANNUAL REPORT 2023-24**

The committee received the Virtual School Headteacher Annual Report 2023/24. The report presented an overview of the operation and impact of the virtual school during 2023/24.

The committee raised a number of queries including highlighting a scheme in Scotland to ensure that cared for children who received the required grades would be guaranteed a place at university. It was suggested that the Council have a discussion with MPs to lobby on this being extended to England.

**RESOLVED:**

That the report be noted.

**25 CARE LEAVERS ANNUAL REPORT 2024**

The committee received the Care Leavers Service Annual Report 2024. The report highlighted the progress since the Ofsted inspection which concluded in March 2024.

Members asked for a progress update on the recruitment of social workers as concerns were regularly raised around recruitment challenges and high caseloads. The committee were advised that the issue was being addressed as part of the improvement plan and this included looking at international recruitment, converting agency social workers and looking at the retainment offer. It was noted that the Department for Education had recently raised its risk assessment from moderate to critical in relation to the number of social workers nationally.

**RESOLVED:**

That the report be noted.

**26 CHESHIRE EAST ADVOCACY AND INDEPENDENT VISITOR SERVICE - THE CHILDREN'S SOCIETY ANNUAL REPORT**

The committee considered the Cheshire East Advocacy and Independent Visitor Service Annual Report 2023-24 which provided an overview of the work undertaken between 1 October 2023 – 30 September 2024.

**RESOLVED:**

That the report be noted.

**27 CARED FOR CHILDREN AND CARE LEAVERS COMMITTEE QUARTER 2 SCORECARD 2024-25**

The committee considered the Cared for Children and Care Leavers Scorecard which set out the performance of the service for quarter 2 of 2024-25.

**RESOLVED:**

That the report be noted.

The meeting commenced at 2.05 pm and concluded at 4.00 pm

Councillor C Bulman (Chair)



# Cheshire East Shadow Cared For Children and Care Leavers Committee March 2025



OFFICIAL

# Participation and the Children's Services Improvement Plan

Actions include:

- Develop, review and improve Pathway Plans
- Young people's voices to inform the Supported Accommodation Recommission
- Review the local offer and feedback from the Care Leaver Survey with young people
- Develop, launch and promote the Junction 16+ app with young people



# Care Leavers

## Pathway Plans

The Care Leaver Ambassadors have reviewed the Pathway Plan.

The ambassadors went through each section and reviewed the updated format, providing feedback to the Care Leaver Service.

Suggestions and feedback included:

- Easily understandable
- Helps you and the people you live with understand you better
- Make the questions relevant to the young person
- Might help with deciding whether to live somewhere different
- People need to listen to young people and their pathway plans
- Ask young people who they would like to attend their review

# Care Leavers

## Supported Accommodation

The Care Leaver Ambassadors have been working with the commissioning team to gather the views of care experienced young people about supported accommodation to be included in the upcoming service contract tender process.

Care Leavers attending groups and forums such as the Pureinsight café, Care Leavers Hub, and the monthly cooking sessions have participated so far, completing a survey and sharing their views.

Feedback so far includes:

- Flexible housing options led by the needs of young people
- A range of support options
- The most popular support options so far are Tenancy ready support – support to apply for Cheshire Homes Choice, how to pay bills, budgeting etc, Independent living skills and scheduled visits from support staff.

# Care Leavers

## Care Leaver App Development

The Ambassadors met with Peter Cartledge to discuss the Junction 16+ App. The App is designed to communicate and provide information and support to Care Leavers in Cheshire East.

The Ambassadors discussed different aspects of the app and made suggestions to enhance the experience for the Care Leaver cohort.

Suggestions and feedback included:

- 'How to' videos, such as DIY, how to repair items, and reading meters etc.
- Out of Hours support and resources, such as useful links and contact details for support agencies.
- Information about housing and legislation.
- Digital offer for those who are 'offline' and perhaps don't have access to a phone or the internet.
- Creating a desktop shortcut to the Local Offer page on public computers in Cheshire East buildings such as the library.

# Cared For Children and Young People

Young people have participated in the supported accommodation feedback survey.

Fostering panel – developing questions for kinship carers.

Taking part in the national Coram Voice competition where they can share poetry and creative writing about their experiences of being cared for.

Cared For activity day focussed on Independent Visitor and Advocacy service recommission.



# Any Questions?



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## **Cared 4 and Care Leavers Committee Update – Key Takeaways & Messages from the Corporate Parenting Executive Board**

### **Overview**

The most recent Corporate Parenting Executive Board meeting took place on 5th February 2025, with a refreshed terms of reference and updated attendee list. These meetings will now occur every two months to track progress and guide future initiatives aimed at improving outcomes for cared-for children and care leavers in Cheshire East.

The meeting covered key performance data, emerging challenges, and next steps for improvement. Discussions focused on education, placement stability, and support for care leavers, highlighting both progress and areas requiring further attention. There was a particular focus on increasing opportunities for young people, ensuring stability in placements, and improving access to key services. A series of three workstreams and associated action plans are being established to address these priorities, with Care Leaver Ambassadors playing a crucial role in shaping and delivering these action plans.

Ahead of the next Corporate Parenting Executive Board, work will continue to develop the newly established workstreams, refine performance monitoring scorecards, and strengthen our understanding of key issues highlighted at the Board.

### **Workstreams Overview**

Following feedback from young people, care leavers, and Care Leaver Ambassadors, three key areas have been identified, leading to the creation of dedicated workstreams. Each workstream has a specific focus, a budget for development and implementation, and an assigned Care Leaver Ambassador to ensure young people's perspectives remain at the heart of decision-making.

1. **Good Homes for All** – Chaired by CEC Head of Housing, Karen Carsberg. Focused on improving housing support for care leavers, ensuring they have access to appropriate services, including emergency support for urgent issues such as problems with utilities.
2. **Good Health and Well-being** – Chaired by Designated Nurse Safeguarding and Children in Care - Cheshire East Place NHS, Nicola Wycherly. Addressing concerns such as increased drug and alcohol use among care leavers, with a focus on prevention, early intervention, and access to health services.
3. **Good Education and Skills** – chaired by CEC Director of Education, Strong Start and Integration - Claire Williamson. Aiming to improve educational outcomes, create more training and work experience opportunities, and expand accessible pathways into employment, including apprenticeships within local organisations.

### **Key Data Exceptions & Next Steps**

The meeting reviewed two key scorecards – the Virtual School Scorecard and the Corporate Parenting Scorecard – to assess service performance and outcomes for children and young people.

| Scorecard | Key Highlights / Risks | Next Steps |
|-----------|------------------------|------------|
|-----------|------------------------|------------|

|                               |  |  |
|-------------------------------|--|--|
| Virtual School Scorecard      | PEP Completion: 86% of PEPs rated as good or outstanding, with a successful pilot improving child feedback.                    | Continue monitoring PEP quality and ensure consistency across all cases.                                       |
|                               | NEET Data: Increase in care leavers classified as NEET, rising from 14 to 18, highlighting the need for more support.          | Link with the Good Education and Skills workstream to develop more opportunities outside mainstream education. |
|                               | Attendance: Primary school attendance remains higher than secondary, but attendance below 50% is a concern.                    | A detailed report on low attendance reasons will be provided at the next meeting.                              |
|                               | Early Years Provision: 60% of children are not accessing early years provision, impacting school readiness.                    | Further analysis on barriers to early years provision will be presented at the next update.                    |
| Corporate Parenting Scorecard | Placement with Parents: 37 children placed with parents in Q3 24/25, identified as a significant risk.                         | Review the Placement with Parents policy to assess associated risks and long-term impact.                      |
|                               | Children Living Out of Borough: Out-of-borough placements continue to be a challenge.  | A geographic map will be created to understand the extent of out-of-borough placements.                        |
|                               | Placement Moves: 107 placement moves for 91 individuals in a quarter, highlighting instability for some children.              | Conduct a deep dive into multiple placement moves to assess impacts and identify solutions.                    |
|                               | Long-Term Matched Placements: Need to confirm if Special Guardianship Orders (SGOs) and adoption placements improve education. | Investigate whether these placements positively impact educational outcomes and report findings.               |
|                               | Reviews for Children in Care: 3.14% of children in care for over one month have not had a review in the last six months.       | Investigate why the 10% target for reviews was not met and explore solutions to improve oversight.             |
|                               | Secure/Remand Placements: Concerns raised over children in secure/remand placements.   | Future reports will include data on secure/remand placements to improve tracking and oversight.                |

#### Key Next Steps for the next Corporate Parenting Executive Board (1<sup>st</sup> April)

1. Initial scoping meetings for each workstream to define membership, set priorities, and align actions with ongoing work.
2. Refinement of scorecards to ensure they capture relevant data and track progress against priority areas.
3. Further data analysis to better understand the needs and experiences of cared-for children, particularly regarding placement stability and educational outcomes.



## Nursing and Care : System Oversight Board

Title: Children in Care Annual Report (2023-24)

Date: December 2024

| Agenda Item No                              |   |
|---|---|
| Report author & contact details             | <p><b>Helen Case</b> (Designated Nurse Children in Care Sefton Place)<br/><b>Hayley McCulloch</b> (Designated Nurse Safeguarding Children and Children in Care - Halton Place)<br/><b>Nicola Wycherley</b> (Designated Nurse Safeguarding Children and Children in Care – Cheshire East Place)</p> <p>With support from the NHS C&amp;M ICB Designated Children in Care Network</p> |
| Report approved by (sponsoring Director)    |   |
| Responsible Officer to take actions forward | <b>Sarah Martin</b> (Head of Safeguarding)  |

## Children in Care Annual Report 2023-24

|   |   |                                |                           |                              |                        |
|---|---|--------------------------------|---------------------------|------------------------------|------------------------|
| <b>Executive Summary</b>  | <p>This is the Children in Care (CiC) annual report for NHS Cheshire and Merseyside Integrated Care Board (ICB). The report covers the period from 1 April 2023 to 31 March 2024.</p> <p>This report sets out the range of activities, developments, achievements, and challenges that our cared for children team have been involved in across Cheshire and Merseyside and identifies key service priorities for 2024-25.</p> <p>The purpose of the report is to :</p> <ul style="list-style-type: none"> <li>• provide assurance in relation to the ICB's statutory duties for Children in Care</li> <li>• overview of the progress and challenges in supporting and improving health outcomes</li> <li>• provide assurance to the ICB Board that we are meeting the statutory requirements statutory requirements in commissioning services to identify and meet the health needs of the Cared for Children</li> <li>• offer assurance to our partners that NHS Cheshire and Merseyside ICB is meeting the statutory duty</li> </ul> |                                |                           |                              |                        |
| <b>Purpose (x)</b>  | <b>For information / note</b><br>X  | <b>For decision / approval</b> | <b>For assurance</b><br>X | <b>For ratification</b><br>X | <b>For endorsement</b> |
| <b>Recommendation</b>   | <p><b>The Committee is asked to:</b></p> <ul style="list-style-type: none"> <li>• <b>Note</b> the contents of the report and the assurance of how the ICB have met the statutory responsibilities for Children in Care</li> <li>• <b>Ratification:</b> Ratify and approve the key priorities for 2024/2025.</li> <li>• <b>Ratification:</b> Ratify and approve the Children in Care annual report so it can be shared with each place Corporate Parenting Board</li> </ul>  |                                |                           |                              |                        |
| <b>Key issues</b>   | <ul style="list-style-type: none"> <li>• Initial Health Assessment performance is significantly below where we would like it to be and will remain a focus for 24/25</li> <li>• The development of the NHS Cheshire and Merseyside Children in Care and Care Experienced Young People strategy has commenced but not completed (will therefore carry over to 2024/25 workplan)</li> </ul>   |                                |                           |                              |                        |
| <b>Key risks</b>  | <ul style="list-style-type: none"> <li>• Compliance with statutory timescales for initial health assessments (IHA)</li> <li>• Placed-based challenges related to equity of provision (Designated workforce)</li> </ul>  |                                |                           |                              |                        |
| <b>Impact (x)</b><br>(further detail to be provided in body of paper) | <b>Financial</b>  | <b>IM &amp; T</b>              | <b>Workforce</b>          | <b>Estate</b>                |                        |
|   | X   | X                              | X                         |                              |                        |
|   | <b>Legal</b>  | <b>Health Inequalities</b>     | <b>EDI</b>                | <b>Sustainability</b>        |                        |
|   | X   | X                              | X                         | X                            |                        |
| <b>Management of Conflicts of Interest</b>                            | N/A   |                                |                           |                              |                        |
| <b>Patient and Public Engagement</b>                                  | <p>There is engagement with children in care at each Place via the children in care councils. Views from children in care and care leavers are sought, heard, and acted on through a variety of forums during and after their health assessments.</p>   |                                |                           |                              |                        |

|   |   |
|---|---|
| <b>Equality, Diversity, and Inclusion</b> | Every child deserves to be recognized and celebrated for who they are. Through building the foundations of equality, equity, diversity, and inclusion in the children in care and care experienced young people communities, we can better support all children and young people in care to have the opportunities they deserve.  |
| <b>Health inequalities</b>                | <p>“Children and young people who grow up in care are up to four times more likely to suffer poor health 30 years later than those who grew up with their parents.”</p> <p>The NHS Long Term Plan recognised the impact that the most vulnerable children, who need extra help from the state to safeguard their wellbeing, do not reliably get the support or access to the services that their needs demand. This results in poorer health outcomes, particularly for children in care and care experienced young people.</p> <p>This report supports the work our Designated Nurses for Children in Care have undertaken with partners across C&amp;M to reduce health inequalities for this vulnerable cohort</p> |
| <b>Next Steps</b>                         | Following ratification and approval at the System Oversight Board. The report will also be shared at each C&M Place Corporate Parenting Board as per our children in care statutory responsibility  |
| <b>Appendices</b>                         | N/A   |

| <b>Glossary of Terms</b>      | <b>Explanation or clarification of abbreviations used in this paper</b>                                      |
|-------------------------------|--|
| CiC                           | Children in Care   |
| LAC                           | Looked After Children  |
| C4C                           | Cared for Children   |
| UASC                          | Unaccompanied Asylum-Seeking Children sometimes referred to as unaccompanied migrant children                |
| CICOLA's                      | Children in the care of other local authorities  |
| CYP                           | Children and Young People  |
| IHA                           | Initial Health Assessment  |
| RHA                           | Review Health Assessment   |
| CoramBAAF                     | Membership organisation for professionals working to improve outcomes for children and young people in care. |
| SDQ(s)                        | Strengths and Difficulties Questionnaires  |
| Care Experienced Young People | An alternative name for Care Leavers   |

## Children in Care Annual Report (2023-24)

### 1.0 Introduction / Background

- 1.1** This is the Children in Care (CiC) annual report for NHS Cheshire and Merseyside Integrated Care Board (ICB). The purpose of the report is to provide assurance in relation to the ICB's statutory duties for Children in Care and an overview of the progress and challenges in supporting and improving their health outcomes.
- 1.2** The report covers the period from 1 April 2023 to 31 March 2024 and sets out the range of activities and developments that our children in care services across the ICB footprint have been involved in.
- 1.3** The report is produced in line with duties and responsibilities outlined in the 'Statutory Guidance on Promoting the Health and well-being of Looked After Children: Statutory Guidance for local authorities, clinical commissioning groups and NHS England' (2015).
- 1.4** The report provides detail for the 9 places within the ICB: Cheshire East, Cheshire West, Halton, Knowsley Liverpool, Sefton, St Helens, Warrington, and Wirral.
- 1.5** CiC are referred to in legal terms as 'Looked After Children'. In England and Wales, the term 'Looked After Children' is defined in law under the Children Act 1989. A child is Looked After by a Local Authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority. Looked After Children into four main groups:
  - a. Children who are accommodated under voluntary agreement with their parents.
  - b. Children who are the subject of a care order or interim care order.
  - c. Children who are the subject of emergency orders for their protection.
  - d. Children who are compulsorily accommodated; this includes children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement.
- 1.6** The term 'Looked After Children' includes unaccompanied asylum-seeking children (UASC), children in friends and family placements, and those children where the agency has authority to place the child for adoption. It does not include those children who have been permanently adopted or who are subject to a special guardianship, supervision, or child arrangement order.
- 1.7** Care Leavers are young people aged 16-25 years old who have been in care at some point since they were 14-years old and were in care on or after their sixteenth birthday. These young people are statutorily entitled to some ongoing help and support from the local authority after they leave care but for the purpose of this report to avoid duplication care leavers numbers reported are aged 18-25 years. Locally we prefer to use the term Care Experienced Young People.
- 1.8** Feedback from Looked After Children often indicates that they find it hard to relate to the term 'Looked After Children' and its abbreviated form of 'LAC'. Some have stated they find it derogatory to be defined in such a way, often saying that the phrase may be misinterpreted as one that infers they are 'lacking' as individuals. It has also been highlighted that every child should be 'looked after' by someone and as such the phrase does not define the uniqueness of their situation when being parented by the State.

Although it is acknowledged that the 9 place areas use the terms Cared for Children, Children Looked After, Children We Look After and Children in Care, the remainder of this report will use the term Children in Care (CiC) for consistency; the term 'Looked After Children' will only be used in a legislative context.

- 1.9** CiC share many of the same health risks as their peers, although often, to a greater degree than their peers, with many CiC continuing to experience significant health inequalities once they have entered the care system. Meeting the health needs of these children and young people requires a clear focus on access to services. This approach can be assisted by the ICB in commissioning effective health services, delivery through provider organisations and ensuring availability of individual practitioners to provide and co-ordinated care. It is also assisted by partnership working with children's social care.
- 1.10** Under the Children Act 1989, the ICB have a duty to comply with requests from a local authority to help them provide support and services to meet physical and mental health needs for children and young people experiencing care or leaving care and includes transition to adult services. To undertake this role effectively the ICB CiC team collaborate closely with commissioned providers and the relevant local authorities.
- 1.11** NHS C&M ICB has a statutory responsibility to commission health services so that children in care have an initial health assessment and depending on age a six monthly or annual review health assessment.
- 1.12** To gain assurance that health assessments are undertaken and effectively meet the needs of our children and young people, the Designated Nurse for children in care meets regularly with our Designated Doctors for Looked After Children, providers, and local authorities, providing a forum to proactively seek solutions where challenges within the system are identified. This is reported back by exception to the ICB System Oversight Board and Quality and Performance Committee as well as to the Local Authority Corporate Parenting meetings across Cheshire and Merseyside.
- 1.13** Initial Health Assessments must be available within 20 working days of the child or young person entering care and be conducted by a suitable registered medical practitioner. The Initial Health Assessment identifies existing health problems and deficits in previous healthcare and provides a baseline for managing the child's future health needs.
- 1.14** The purpose of a Review Health Assessment is to promote children's physical and mental health and to inform the child's health action plan. Assessments are required to be completed twice yearly for children up to 5 years of age and annually for children aged 5 years and above. The timescale is measured from the Review Health Assessment being completed in the month it is due.

## 2.0 Key Priorities for the NHS Cheshire and Merseyside ICB 2023-24

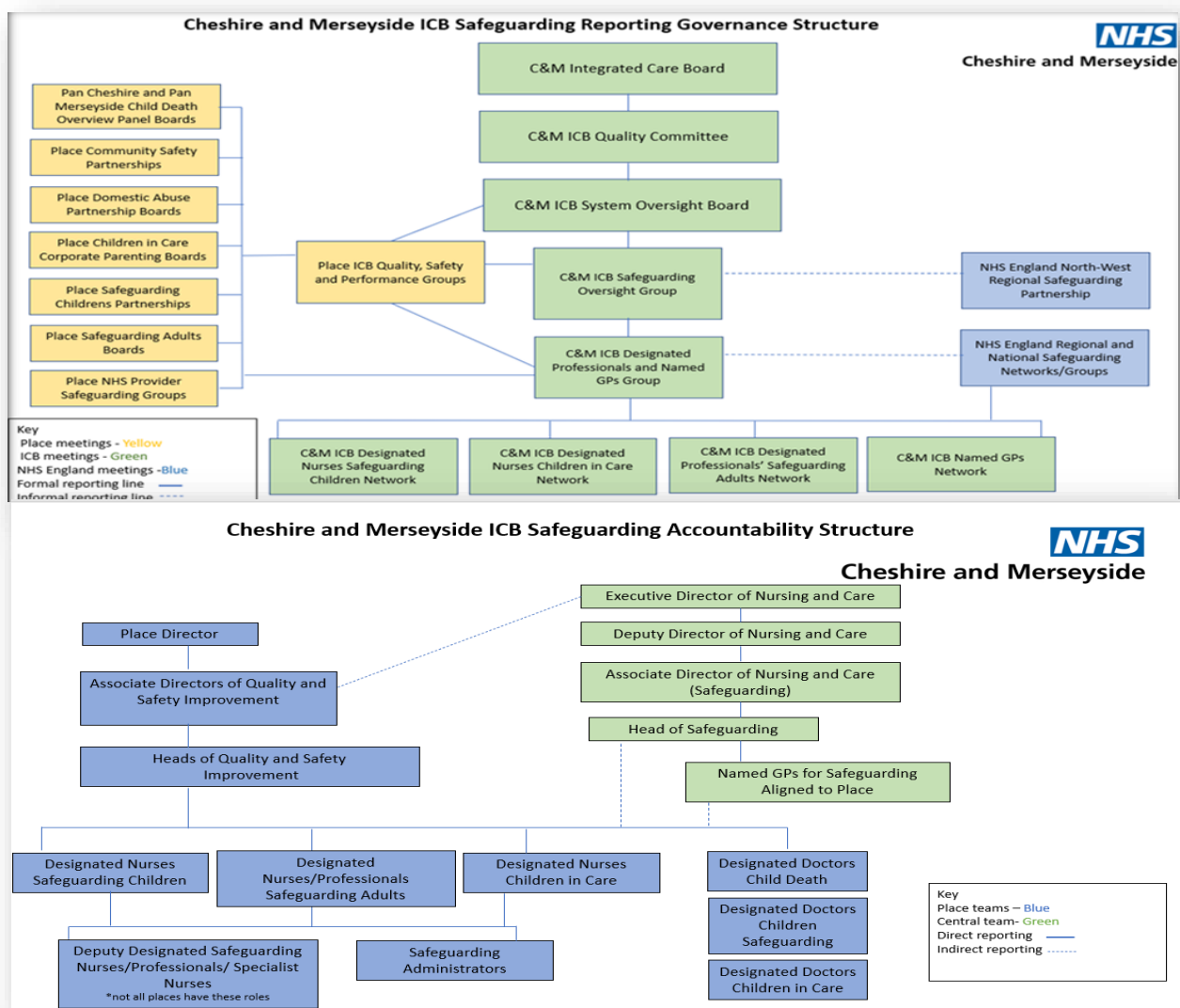
In the 2022-23 Annual Report several priorities were identified (position update is as follows):

| 2023-24 Priorities   | Update   |
|--|--|
| Improve performance in relation to Initial and Review Health Assessments.  | <ul style="list-style-type: none"> <li>Several initiatives have been undertaken across places to try and improve compliance with health assessment timescales, including a hybrid model with Alder Hey utilising GPs to support Initial Health Assessments and improved escalation pathways.</li> <li>The impact of some of this transformational work is not expected to be seen until 24/25.</li> <li>Whilst there have been improvements in performance since 22/23, this is not consistent across the ICB. <b>IHA performance is significantly below where we would like it to be and will remain a focus for 24/25. We continue to experience delays for children placed out of area and issues with children not being brought to appointments.</b></li> </ul> |
| Evaluate the CiC Key Performance Indicators for 2023-24 and revise as required   | <ul style="list-style-type: none"> <li>The KPI's for Children in Care were aligned across the 9 place areas for the first time in 23/24.</li> <li><b>An annual review has taken place, and it has been agreed that the KPIs will remain unchanged for 24/25 with a view to refresh in 25/26 in line with our commissioning standards review cycle.</b></li> </ul>  |
| Establish the NHS Universal Family (Care Leaver Covenant) Programme and advertise the offer on the Care Leaver Covenant by October 2023. | <ul style="list-style-type: none"> <li>A care leavers careers event was held in October 2023 with care experienced young people from across the nine places in attendance. The event was co-delivered by a CMICB employee who was also a care experienced adult. There was good engagement from the young people attendance and feedback was gained to support future events.</li> <li>Alder Hey have been commissioned to support this work. The Director of Academy is undertaking a scoping exercise of all C &amp; M providers to produce a cohesive offer for care experienced young people across the ICB footprint.</li> <li>Feedback from the 10 national pathfinder ICBs is awaited, any learning will be considered.</li> </ul>                            |
| Standardise the care leaver offer across the ICB to include provision of pre-paid prescription and Health Passports.                     | <ul style="list-style-type: none"> <li>The development of the NHS Cheshire and Merseyside Children in Care and Care Experienced Young People strategy has commenced. <b>This has not yet been finalised and ratified and will therefore be a key priority for 2024-25.</b></li> </ul>  |
| To support the NHSE data collection for Children in Care to ascertain an ICB overview of children in care                                | <ul style="list-style-type: none"> <li>Designated Nurses have contributed to the Children in Care Assurance Tracker. The tracker went live in Q1 23/24 and the ICB has submitted data from each place, based on the information shared by providers. <b>The tracker will be simplified for 24/25, and providers will submit data directly to NHSE.</b></li> </ul>  |
| To continue to support the Dental Pathway Pilot Program. (600 referrals made since the Pathway commenced in June 2021).                  | <ul style="list-style-type: none"> <li>The NHSE Children in Care Dental Referral Pathway Pilot has continued throughout 2023/24.</li> <li>There have been approximately</li> <li>The Designated Nurses have been represented at and contributed to the Pathway meetings to support improved dental outcomes for Children in Care.</li> </ul>   |
| To consider further standardisation of terminology i.e., Care Experienced.   | <ul style="list-style-type: none"> <li>The standardisation of terminology has been discussed within the Designated Professionals for Children in Care network meeting and included in the NHS Cheshire and Merseyside Children in Care and Care Experienced Young People Strategy <b>which is due to be finalised in 2024-25.</b></li> </ul>   |



### 3.0 Governance and Accountability Arrangements

- 3.1 Professionals responsible for ensuring the ICB effectively discharges its statutory duties are located within the Quality and Safety Improvement teams in each of the 9 Places across the ICB, under the central Nursing and Care Directorate. The safeguarding reporting and accountability structures for 2023/2024 are highlighted below
- 3.2 As clinical experts and strategic leaders, the Associate Directors for Quality and Safety Improvement, Heads of Quality and Safety Improvement, Associate Director of Safeguarding, Head of Safeguarding and the Designated Nurses and Doctors for Children in Care provide a vital source of advice for our organisation, NHS England, Local Authorities, Cheshire and Merseyside Constabularies and our Local Safeguarding Children Partnerships in each of the 9 Places. They also provide advice and support for health professionals in provider organisations and are available to independent providers within the area.
- 3.3 The ICB team provide advice to the organisations in the health economy in relation to planning, strategy and commissioning, including advising on performance indicators and quality measures specific to children in care and are part of the Designated Professionals and Named GP Network to provide leadership, accountability, and assurance.

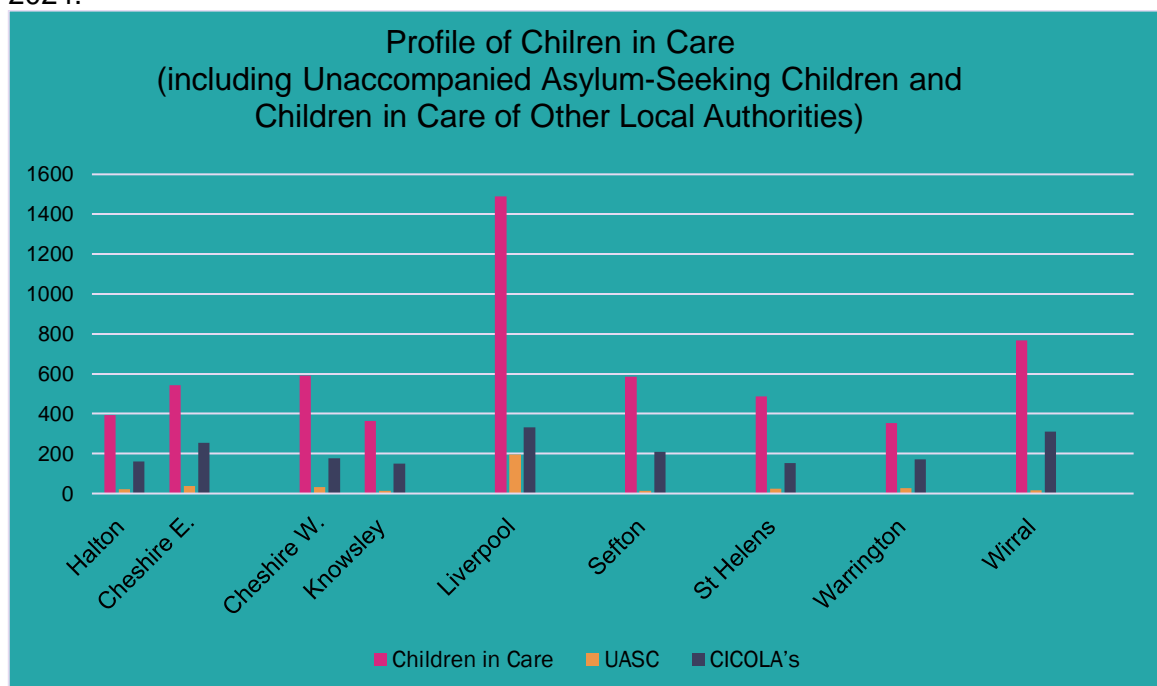


## 4.0 National Profile of Children in Care

- 4.1 The number of children in the care of local authorities in England has continued to increase year on year since 2008. Data regarding the national profile of children in care is released in December of each year therefore the figures for March 2024 are not available at the time of writing this report. The following information relates to data published for 31st March 2023:
- The number of children in the care of local authorities in England rose to 83,840 which was an increase of 2% from 2022. This is a rate of 71 children per 10,000 children which is up from 70 from the previous year.
  - The number of children who entered care during that year was 33,000, an increase of 6% on 2022.
  - The number of children who left care during that year was 31,680, an increase of 5% on 2022.
  - The number of children who were unaccompanied asylum-seeking children (UASC) was 7,290 which is 1,630 more than 2022 and an increase of 29%. This follows a 37% increase in the year prior, meaning a 42% increase on pre-pandemic 2019 figures.
  - The number of children adopted was down 2% to 2,960.

## 5.0 Local Profile of Children in Care

- 5.1 **Table 4** shows the Cheshire and Merseyside local profile of the numbers of CiC (5,574), Care Leavers (3,000), Unaccompanied Asylum-Seeking Children (384) and Children in Care of Other Local Authorities (1918) across the 9 place areas as of 31st of March 2024.



**Caveat:** due to variance in reporting care leavers by the nine local authorities, it is not possible to break this down by place.



## 6.0 Commissioning Arrangements

6.1 **Table 5** below provides detail on the commissioning arrangements ,including variation in commissioning across the ICB footprint and service models within each Place

|              | Provider commissioned to undertake statutory IHA                           | Provider commissioned to undertake statutory Review Health Assessments and associated health activity  |
|--------------|--|--|
| Liverpool    | Alder Hey commissioned by Liverpool, Sefton, and Knowsley to complete IHAs | <b>Mersey Care NHS Foundation Trust.</b> <ul style="list-style-type: none"> <li>Children in Care Health Team coordinate health assessments for all children in care. Specialist Children in Care Nurses within the team complete RHAs/health interventions for young people 16 and over.</li> <li>The 0-19 service completes RHAs/health interventions for preschool and school age children.</li> </ul>   |
| Cheshire (E) | East Cheshire NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust    | <b>Wirral Community Health and Care NHS Foundation Trust.</b> <ul style="list-style-type: none"> <li>Cared for Children Health Team coordinate health assessments for all cared for children and complete RHAs/health interventions for young people 16 and over and complex children under 16. The team includes a 16+ and Transitions Nurse who will support young people up to the age of 25 years.</li> <li>The 0-19 service completes RHAs/health interventions for preschool and school age children.</li> </ul>                   |
| Cheshire (W) | Countess of Chester Hospital and Mid Cheshire Hospital                     | <b>Cheshire and Wirral Partnership Trust.</b> <ul style="list-style-type: none"> <li>Children in Care Health Team coordinate health assessments for all cared for children and complete RHAs/health interventions for 16+yrs</li> <li>The 0-19 service completed RHAs/health interventions for preschool and school age children.</li> </ul>   |
| Warrington   | Bridgewater Community Healthcare NHS Trust                                 | <b>Bridgewater Community Healthcare NHS Trust.</b> <ul style="list-style-type: none"> <li>An enhanced Children in Care Team undertake RHA and specific interventions for children aged 5-19.</li> <li>RHAs for children under 5 years are completed by the Health Visitors in the 0-19 service.</li> </ul>   |
| Halton       | Bridgewater Community Healthcare NHS Trust                                 | <b>Bridgewater Community Healthcare NHS Trust.</b> <ul style="list-style-type: none"> <li>An enhanced Children in Care Team undertake RHA and specific interventions for children aged 5-19.</li> <li>RHAs for children under 5 years are completed by the Health Visitors in the 0-19 service.</li> </ul>   |
| St Helens    | Mersey and West Lancashire Teaching Hospitals NHS Trust                    | <b>Mersey Care Foundation NHS Trust.</b> <ul style="list-style-type: none"> <li>An enhanced Children in Care Team undertake RHA and specific interventions for children aged 0-19. They are commissioned to review children and young people within a 20-mile radius.</li> </ul>   |
| Knowsley     | Alder Hey Children's NHS Foundation Trust                                  | <b>Mersey Care NHS Foundation Trust.</b> <ul style="list-style-type: none"> <li>The Children in Care Team undertake RHA and specific interventions for children aged 0-19 in collaboration with Wirral Community Health &amp; Care Trust 0-25 service.</li> </ul>  |
| Wirral       | Wirral University Teaching Hospital (Arrowe Park)                          | <b>Wirral Community Health &amp; Care NHS Trust.</b> <ul style="list-style-type: none"> <li>The Children Looked After Health Team coordinate health assessments for all children looked after, and Specialist Children Looked After Nurses within the team complete RHAs/health interventions for 16 +yrs.</li> <li>Health Assessments for children under 5 years are completed by the Health Visitor or Family Nurse and children aged 5-15 years health assessments are completed by the child's School Nurse or CLA Nurse.</li> </ul> |
| Sefton       | Alder Hey Children's NHS Foundation Trust                                  | <b>Mersey Care NHS Foundation NHS Trust.</b> <ul style="list-style-type: none"> <li>An enhanced Children in Care Team undertake RHA and specific interventions for children aged 4-18.</li> <li>The 0-19 service completes RHAs/health interventions for preschool children.</li> </ul>  |

## 7.0 The Difference and Impact We Have Made

- 7.1 Across Cheshire and Merseyside, there has been a strong focus on partnership working and quality improvement throughout the year. In addition, each Place has identified specific areas where they have been able to demonstrate the difference, they have made to health outcomes and services for children in care:

### 7.2 Cheshire West

- a. The Care leaver passport has been reviewed and the views of children in care sought from the Children in Care Council, a separate care leaver passport has also been developed for UASC. There has been an increase in compliance with the care leaver passport. The pathway has been revised and passports are received in a timely manner.
- b. The Designated Doctor for Children in Care has hosted a suit of lunch and learn sessions over the last year, these have been multi agency and have been well supported and attended. Due to their popularity these lunch and learn sessions will continue into the next year. This has provided multi agency staff with the knowledge and skills to support children in care.
- c. A mental health plan on a page has been developed and has been shared with all agencies enabling children in care to have early access to emotional health and wellbeing services. A professional consultation line has been established with mental health services to allow professionals concerned about a child to access advice and support.

### 7.3 Knowsley

- a. The CiC team have revisited the QR code “rate your health assessment” to capture feedback from children at RHAs to promote children and young people’s engagement, their voice and “you said we did”. The QR code has been redeveloped with input and support from children and young people to promote a user-friendly approach. All four CiC teams across the Mersey Care footprint and now using the QR code to capture feedback from CiC.
- b. The Designated Nurse has led the health and wellbeing workstream for the Corporate Parenting Forum to improve health outcomes for Children in Care. A work plan is in place and one of the priorities is Mental Health and Emotional Wellbeing.
- c. The CiC teams have received training from Change, Grow, Live (CGL) regarding the use and risks of substance misuse. The local authority has asked for the CiC team to introduce the alcohol and drug screening tool. This aims to promote discussions with young people and carers to deliver key messages, including the risks along with signposting for advice and support if required and supports KPI data.

#### 7.4 Cheshire East

- a. The Cared for Children Specialist Nurses have established a link nurse program to support the Special School Nurses who are employed by a different provider. The link nurse supports with increasing the knowledge and skills of the school nurses to support Cared for Children and complete high quality review health assessments for children in their special schools who often have complex health needs.
- b. To ensure the voice of the young person is captured in the Review Health Assessments (RHA's) the cared for team have now adopted a new style of writing RHA's. Incorporating voices is a vital part of this work and allows the service to be responsive to the needs of the young people providing a good basis for engagement and help achieve better outcomes. Children should be seen and listened to and included throughout the assessment process. Their ways of communicating should be understood in the context of the family and community as well as their behaviour and developmental stage.
- c. The 16+years nurse provides a monthly drop-in session at several local supported accommodation provisions in Cheshire East for young people transitioning into adult services post 16. This drop-in service is a place young people can go by themselves at any time and talk about any health worries they have, no appointments, waiting lists or referrals are required and the session is based on what young people want. Using the drop-in clinics the young people have access to timely information, advice, and support.
- d. A recent Ofsted inspection of local authority children's services found that children who have more complex health needs have timely and effective multi-agency plans to ensure their health needs are met and care leavers with complex mental health difficulties are provided with effective planning and support by relevant agencies.

#### 7.5 Wirral

- a. The Children Looked After Nurse Specialist continues to maintain oversight of children placed out of area therefore promoting continuity of care during periods of transition and timely handover and information sharing for children looked after who live outside of Wirral.
- b. A decliner pathway has been developed to support engagement should a young person decline their health assessment. The provider health team adopt a proactive approach and complete the Part C (summary and care plan). This ensures that the Local Authority and GP continue to be informed of the child's health status and are advised of the plan to address any unmet health needs.
- c. Mental Health Gateways meetings weekly are held weekly, a Multi-Disciplinary Team from across Health, Children's Social Care and Education proactively working to support complex cases with young people requiring a multiagency support.
- d. The timeliness of providing health passports to care experienced young people transitioning into adulthood has been improved. An electronic health passport has been developed by the health provider which is used for all children looked after placed in Wirral and those placed out of area. Health Passports are now offered at age 17 years alongside the offer to complete the Review Health Assessment which has seen an increase in young people engaging in the health passport.

## 7.6 Sefton

- a. In response to feedback from Sefton's children via the annual survey, work has been ongoing throughout the year to promote the Sefton Children in Care Nursing team so that more children know who their allocated children in care nurse is and how to contact them. This work has included the nursing team:
  - Writing to children to let them know about the team and their allocated nurse when they come into care and when they move back to Sefton after living in another area.
  - Developing a team business card that is shared with children and their carers.
  - Publishing a team webpage.
  - Promoting the team with partner agencies.
  - Although the annual survey for 2024 has not yet been completed at the time of writing this annual report, it is hoped that this year's survey will evidence that more children know who their allocated children in care nurse is and how to contact them.
- b. In partnership with Sefton Children's Social Care, we have introduced a Strengths and Difficulties Questionnaire (SDQ) panel that focuses on children with high SDQ scores and children who are overdue their annual SDQ. The panel provides social workers with the opportunity to discuss with a multiagency panel experts the child's emotional wellbeing, the existing support, and any gaps in service. The panel has been positively evaluated by social workers and has been seen as one of several activities that have helped to increase the numbers of children with an annual SDQ. Initial predilections are that 98% of children who have been in care for the full year 2023-24 have had an annual SDQ. This is up from 82% the previous year.
- c. Support for the Sefton children's improvement journey has continued which has helped to further strengthen partnership working to improve outcomes for children in care and care experienced young people.
- d. There has been a focus this year on increasing the medical workforce available to complete IHAs. This has included engaging NHSE in a proposal to implement a GP workforce model. The impact of this work is evidence by improved IHA performance from April 2024 and will be referenced further in next year's annual report.

## 7.7 Warrington

- a. The CiC Strategic Group in Warrington has benchmarked CiC therapeutic care using a tool from Greater Manchester. The results of this have informed the development of the CiC Circle of change model, which is being used as a framework for ongoing CiC quality improvements within the partnership.
- b. There is continued work between the ICB, Warrington Borough Council and Mersey care to develop a Complex Care Hub, to ensure we can meet the needs of our most vulnerable children in care. The model will be a mixture of residential (4 beds with 2 beds move on accommodation) and outreach services. The aim is to fundamentally change the way partners work with children to deliver a locally based multi-agency, short/medium term care and therapeutic outreach model for some of our most complex children and young people. Thus, reducing the requirement to access and place young people into out of area placements. The ICB team believe the Complex Care Hub will provide a much better experience for our most complex CiC and improve outcomes.

- c. The Warrington Children in Care and Care Leavers Strategy 2022-25 is the framework by which agencies and services in Warrington contribute to ensuring that children in care have the same opportunities as their peers to enable them to fulfil their potential and make a good transition into adult life. The Care leaver covenant is being developed by the Warrington workforce committee (which includes Health, the LA, and other partners). As part of this there has been independently led workshops to agree next steps. A Warrington care leaver ambassador has a key focus on ensuring young people's voices are heard and wants to help improve the relationship of young people and the social sector. The ambassador attends the Corporate Parenting Forum, bringing a unique perspective and constructive challenge, to improve the lives of our children in care & care leavers.
- d. In addition to improving services when children come into care, Warrington are focused on improving their early intervention strategy, to prevent children, young people and families reaching crisis point through a range of innovative services. The No Wrong Door model is a pioneering approach to edge of care provision first developed by North Yorkshire County Council. The model supports adolescents who are in or on the edge of care. It integrates residential care, foster care, speech and language support, mental health services and the police into a single hub that is based in a residential home.

## 7.8 St Helens

- a. Due to low IHA compliance, the Designated Nurse worked closely with St Helens CiC Team Manager, MWL and Merseycare to increase the knowledge, roles, and responsibilities of each provider to support the effectiveness of the IHA pathway and increase compliance, which resulted in a trajectory of compliance from Q2 to Q4 (29% to 52.6%).
- b. After securing additional funding of £20,000 from presenting a bid to the Mersey Care Dragon's Den to fund resources for children in care, the CiC nurses have now been provided IPAD's to use with children and carers to support health education and promotion, using visual aids such as videos and pictures that are evidence based and appropriate, along with learning packs, books, comfort teddies, stickers, and visual equipment.
- c. Feedback from young people in relation to the Merseycare CiC nurses' visits and interventions provided to them has been 100% positive for all domains. In addition, the Merseycare 'Friends and Family test', feedback from carers in relation to the CiC nursing service has also been 100% positive for all domains questioned.
- d. The CiC nursing team continue to promote health and wellbeing at all contacts with children and young people. There have been examples of two unaccompanied asylum-seeking children who did not know each other and felt isolated but had enjoyed sport prior to arriving in the UK. The CiC nurse supported the young people to meet each other, have bus passes and gym memberships provided. The two young people now access the gym regularly together and have reported improvements in their confidence and wellbeing.

## 7.9 **Liverpool**

- a. During 2022-23, processes for improving the sharing of information and maintaining oversight of health plans was developed within the Children in Care team for the children who are placed out of area. Further development of this process continued during 2023-24 to include a robust escalation pathway intended to improve the timeliness of completion of health assessments for this cohort of children and young people. This has had a positive impact on performance and has ensured prompt escalation to the Designated Nurse when issues regarding out of area placements and completion of health assessments cannot be resolved by the Children in Care Health Team
- b. Access to the Friends and Family Test reporting system has now been re-established for CiC to obtain vital feedback following completion of health assessments. This feedback is used to further improve how health assessments are delivered to children.
- c. Extensive work has been undertaken within Alder Hey Children's Hospital reviewing the full Blood Borne Infection screening process and making significant changes to the process to improve timeliness and increase uptake. This has also improved the experience of initial health assessments for children and young people because in most cases, screening for blood borne infections can now take place on the day of the IHA instead of the child/young person needing to return for another appointment.
- d. Extensive work has been undertaken within Alder Hey Children's Hospital reviewing the full Blood Borne Infection screening process and making significant changes to the process to improve timeliness and increase uptake. This has also improved the experience of initial health assessments for children and young people because in most cases, screening for blood borne infections can now take place on the day of the IHA instead of the child/young person needing to return for another appointment.

## 7.10 **Halton**

- a. Pathways for initial health assessments have been reviewed and work with multi agency colleagues has occurred to improve statutory timescales and better communication in relation to consent. Liaison between providers and the local authority has been strengthened and a clear escalation process has been developed to address delays. Additional Specialist Nursing Support to Initial Health Assessment clinics to uplift capacity. The impact of this change is evidenced by improved IHA performance by Quarter 4.
- b. The Emotional Health and Well-being panel is now attended by the Lead and Specialist Nurse from the commissioned service and Mental Health Services. Attendance was historically limited to the Lead Nurse for Children in Care. As the Specialist Nurses work directly with the Children and Young People the information available to panel is enhanced, which has resulted in improved decision making and improved outcomes for children.
- c. The commissioned service has extensively sought the views and wishes of the Children and Young People. This is gained from one-to-one work, Children in Care Council attendance, and newly formed drop-ins for Care Experience Young People. This activity and voice are reported quarterly. This will be used to change service provision in the next reporting year.



- d. In collaboration with Halton Local Authority, ICB Halton Place and the commissioned service work has commenced to develop a Care Leavers Offer for Care Experienced Young People. This work is in its infancy and will continue in the next reporting year.

## 8.0 Challenges

8.1 There are challenges which have affected all Places within the ICB, as well as on a both regional and national footprint. These include:

- a. Compliance with statutory timescales for initial health assessments. This has been challenging due to multiple issues across the multiagency IHA pathways including:
  - the medical workforce available to complete IHAs
  - children not being brought to appointments.
  - IHA appointments cancelled at short notice.
  - Teenagers who do not wish to attend for IHAs.
- b. Timeliness of initial and review health assessments for children living outside of the Cheshire and Merseyside footprint.
- c. Increasing complexity of cases, particularly in relation to children who have experienced multiple adverse childhood experiences (ACEs), have developmental trauma, neurodiversity and/or special educational needs or disability (SEND) requirements, and those with significant mental health issues.
- d. Lack of placements within the secure estate, Tier 4 mental health services and specialist therapeutic provision.

8.2 In addition, there have been some Placed-based challenges related to Designated Doctor CiC provision during 2023/24 including:

- a. Due to absence and a subsequent vacancy, there has been no provision for Liverpool Place during the year.
- b. Due to illness, the provision has been limited to Knowsley Place.
- c. Due to retirement, there has been no provision in Q4 to St Helens Place.

## 9.0 Emotional Wellbeing and Mental Health

9.1 It is recognised that the CiC are at much greater risk of poor mental health than their non-cared for peers. Many children who enter care have been abused, neglected, or experienced other forms of trauma. For example, unaccompanied asylum-seeking children have often experienced trauma in their home country and/or during their journey to the UK. These experiences can leave children with complex emotional and mental health needs, which can increase their vulnerability to abuse.

9.2 Relationships between family members, including siblings, are among children's most enduring and significant relationships. However, contact with the care system can lead to separation and estrangement from siblings for many children. Events such as moving to a new home, new area or new school can also significantly disrupt friendships and other support networks, impacting on a child's emotional wellbeing.

- 9.3** Unfortunately, children move repeatedly in and out of care, or between placements. Placement breakdowns can have a detrimental impact on a child's emotional wellbeing and mental health. It can also prevent them forming stable relationships with the adults who could help protect them.
- 9.4** Many children in care have previous experiences of violence, abuse, or neglect. This can lead to them displaying challenging behaviour and having problems forming secure relationships. Children in care and care experienced young people can find it hard to develop positive peer relationships. The care system can struggle to provide effective management and interventions to address these problems.
- 9.5** Across Cheshire and Merseyside mental health support is available for all children and young people including CiC. The ICB Children and Young People's Mental Health Plan sets out outcomes that the organisation want to achieve to improve the mental health and wellbeing of our children and young people.

These include:

- Expanding the workforce to increase and enhance mental health service provision and significantly reduce waiting times,
  - Working in partnership with a wide range of stakeholders to think innovatively and collaboratively about service delivery,
  - Reducing health inequalities of our younger population.
- 9.6** Improving Children and Young People's mental health is a priority within our Health Care Partnership, All Together Fairer Strategy and our Joint Forward Plan. We want to make sure that our new Children's Mental Health plan enables us to fully achieve these shared goals, with real focus on prevention and early intervention. On 31 October 2023, the NHS Cheshire and Merseyside ICBs transformation plan was published to include information about the new Mental Health Support Teams, Place-based Gateway meetings and crisis-care support. The Children and Young People's Mental Health Transformation Plan Update can be accessed at: [nhs-cheshire-and-merseyside-cyp-mh-transformation-plan-update-final-pdf.pdf](https://cheshireandmerseyside.nhs.uk/nhs-cheshire-and-merseyside-cyp-mh-transformation-plan-update-final-pdf.pdf) ([cheshireandmerseyside.nhs.uk](https://cheshireandmerseyside.nhs.uk))



## 10. Performance

10.1 **Table 6 below** highlights the Initial Health Assessments percentage overview of our CiC in area, placed out of area and children in the care of other local authorities completed within the 20-working day statutory timeframe during each quarter of 2023/2024.

| Table 6: INITIAL HEALTH ASSESSMENT - percentage and breakdown of returned to the local authority within 20 working days of the child entering care |                        |                    |                    |                    |                    |                    |
|--|------------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Place  |                        | Quarter 1<br>23/24 | Quarter 2<br>23/24 | Quarter 3<br>23/24 | Quarter 4<br>23/24 | Full Year<br>23/24 |
| Liverpool  | CiC placed IN Area     | 1.40%              | 11%                | 9%                 | 9%                 | 7.50%              |
|  |                        | N= 1 .Den 71       | N= 7. Den 64       | N= 6. Den 69       | N= 9.Den 100       | N= 23.Den 304      |
|  | CiC placed OUT of area | 10%                | 0%                 | 0%                 | 10%                | 5.10%              |
|  |                        | N= 1. Den 10       | N= 0 .Den17        | N= 0.Den 21        | N= 3. Den29        | N= 4.Den 77        |
| Cheshire East  | CiC placed IN Area     | 78%                | 68%                | 94%                | 62%                | 76%                |
|  |                        | N=42.Den 54        | N=25.Den 37        | N=33.Den 35        | N=1.Den34          | N=121.Den160       |
|  | CiC placed OUT of area | 17%                | 67%                | 60%                | 14%                | 44%                |
|  |                        | N=1 .Den 6         | N= 6. Den 9        | N=6. Den 10        | N=1. Den 7         | N=14.Den 32        |
| Cheshire West  | CiC placed IN Area     | 91%                | 85%                | 85%                | 85%                | 86%                |
|  |                        | N=20.Den 22        | N=28.Den 33        | N=22.Den 26        | N=18.Den21         | N=88.Den 102       |
|  | CiC placed OUT of area | 15%                | 17%                | 29%                | 3%                 | 18%                |
|  |                        | N=5. Den 34        | N=2. Den 12        | N= 4. Den 14       | N=1.Den 7          | N=12.Den 67        |
| Halton   | CiC placed IN Area     | 70%                | 6.30%              | 29.20%             | 43%                | 27.50%             |
|  |                        | N=7. Den 10        | N=2.Den 32         | N= 7 Den 24        | N= 6.Den 14        | N=22.Den 80        |
|  | CiC placed OUT of area | 0%                 | 0%                 | 0%                 | 50%                | 8.30%              |
|  |                        | N=0 . Den 6        | N=0. Den 18        | N= 0. Den 6        | N= 3.Den 6         | N=3.Den 36         |
| Warrington   | CiC placed IN Area     | 100%               | 60%                | 21.40%             | 10%                | 45%                |
|  |                        | N=12.Den 12        | N=15.Den 25        | N=3.Den 14         | N= 2.Den 20        | N=32. Den 71       |
|  | CiC placed OUT of area | 0%                 | 17.60%             | 42.90%             | 25%                | 18%                |
|  |                        | N=0. Den 15        | N= 3.Den17         | N=3. Den 7         | N= 3 Den 12        | N=9. Den 51        |
| Sefton   | CiC placed IN Area     | 7.70%              | 8.30%              | 6.50%              | 17.90%             | 9.80%              |
|  |                        | N=2.Den 26         | N=4.Den 48         | N=2.Den 31         | N=5. Den 28        | N=13.Den 133       |
|  | CiC placed OUT of area | 16.70%             | 0%                 | 25%                | 0%                 | 16.70%             |
|  |                        | N=1.Den 6          | N=0.Den 1          | N=1.Den = 4        | N= 0. Den 1        | N=2.Den = 12       |
| St Helens  | CiC placed IN Area     | 74%                | 29%                | 37.50%             | 52.60%             | 48%                |
|  |                        | N=28.Den 38        | N=13.Den 44        | N=15.Den 40        | N=30.Den 57        | N=86.Den 179       |
|  | CiC placed OUT of area | 0%                 | n/a                | n/a                | 0%                 | 0%                 |
|  |                        | N=0.Den 3          | N=0.Den 0          | N=0.Den = 0        | N=0.Den 9          | N=0.Den 12         |
| Knowsley   | CiC placed IN Area     | 27.30%             | 14%                | 21.70%             | 11.80%             | 19%                |
|  |                        | N= 6.Den 22        | N= 3.Den21         | N= 5.Den 23        | N=2.Den 17         | N=16.Den 83        |
|  | CiC placed OUT of area | 0.00%              | 0.00%              | n/a                | 0.00%              | 0.00%              |
|  |                        | N= 0.Den 3         | N= 0.Den = 3       | N= 0.Den 0         | N= 0. Den 5        | N= 0.Den 11        |
| Wirral   | CiC placed IN Area     | 0%                 | 3.80%              | 13%                | 24.30%             | 12.50%             |
|  |                        | N= 0. Den 19       | N=1.Den26          | N= 6.Den46         | N=9.Den37          | N=16.Den128        |
|  | CiC placed OUT of area | 16.70%             | 0%                 | 0%                 | 0%                 | 33.50%             |
|  |                        | N=1. Den 6         | N=0. Den 6         | N= 0.Den7          | N=0. Den 10        | N=1. Den 29        |

**10.2 Table 7** demonstrates each Place 2023/24 quarterly completion percentages of review health assessments for our CiC in area, placed out of area and children in the care of other local authorities completed within the month they were due.

| Table 7: Review Health Assessments<br>(Percentage / breakdown completed) within date |                        |                                 |                                |                                 |                                 |                                 |
|--|------------------------|---------------------------------|--------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Place  |                        | Quarter 1 `23/24                | Quarter 2 `23/24               | Quarter 3 `23/24                | Quarter 4 `23/24                | Full Year 23/24                 |
| Liverpool  | CiC placed IN Area     | <b>96%</b><br>N =226. Den236    | <b>87%</b><br>N=163.Den 187    | <b>93%</b><br>N=212. Den227     | <b>94%</b><br>N=187.Den199      | <b>92.80%</b><br>N=788. Den849  |
|  | CiC placed OUT of area | <b>78%</b><br>N=118.Den151      | <b>82%</b><br>N=109.Den133     | <b>73%</b><br>N=88. Den120      | <b>76%</b><br>N=122.Den161      | <b>77.30%</b><br>N=437.Den 565  |
|  | CICOLAs                | <b>85%</b><br>N=50. Den59       | <b>81%</b><br>N=47. Den 58     | <b>85%</b><br>N=51.Den 60       | <b>88%</b><br>N=56.Den 64       | <b>84.60%</b><br>N=204.Den 241  |
|  |                        |                                 |                                |                                 |                                 |                                 |
| Cheshire East  | CiC placed IN Area     | <b>87%</b><br>N=69. Den79       | <b>93%</b><br>N=64. Den69      | <b>92%</b><br>N=75. Den82       | <b>92.60%</b><br>N= 63. Den 68  | <b>91%</b><br>N=271. Den298     |
|  | CiC placed OUT of area | <b>60%</b><br>N=37. Den62       | <b>59%</b><br>N=30.Den51       | <b>55%</b><br>N=21. Den 38      | <b>58.70%</b><br>N=37. Den 63   | <b>58.40%</b><br>N=125.Den214   |
|  | CICOLAs                | <b>87%</b><br>N=26. Den 30      | <b>90%</b><br>N=46. Den51      | <b>86%</b><br>N=36. Den42       | <b>89.10%</b><br>N=41. Den 46   | <b>88%</b><br>N=149. Den 169    |
|  |                        |                                 |                                |                                 |                                 |                                 |
| Cheshire West  | CiC placed IN Area     | <b>87%</b><br>N=71. Den 82      | <b>82%</b><br>N= 67. Den82     | <b>86%</b><br>N=55. Den 64      | <b>82%</b><br>N=97. Den 118     | <b>89%</b><br>N=346. Den385     |
|  | CiC placed OUT of area | <b>56%</b><br>N=27.Den 48       | <b>69%</b><br>N=37. Den 53     | <b>77%</b><br>N=40. Den52       | <b>58%</b><br>N=27. Den 47      | <b>66%</b><br>N=131. Den 200    |
|  | CICOLAs                | <b>91%</b><br>N=45. Den 49      | <b>87%</b><br>N=40. Den46      | <b>90%</b><br>N=27. Den 30      | <b>87%</b><br>N =23 .Den 29     | <b>88%</b><br>N =141.Den 161    |
|  |                        |                                 |                                |                                 |                                 |                                 |
| Halton   | CiC placed IN Area     | <b>95.90%</b><br>N=71.Den 74    | <b>81.30%</b><br>N=39. Den 48  | <b>50%</b><br>N=28.Den 56       | <b>58.50%</b><br>N=38. Den 65   | <b>72.40%</b><br>N=176. Den243  |
|  | CiC placed OUT of area | <b>87%</b><br>N=20. Den 23      | <b>47.50%</b><br>N=19. Den 40  | <b>56.30%</b><br>N =18 Den 32   | <b>94.70%</b><br>N= 36. Den 38  | <b>70%</b><br>N=93. Den 133     |
|  | CICOLAs                | <b>92.30%</b><br>N=24. Den 26   | <b>92.30%</b><br>N=24. Den 26  | <b>53.80%</b><br>N=14. Den 26   | <b>68.40%</b><br>N=26. Den 38   | <b>76%</b><br>N=88. Den 116     |
|  |                        |                                 |                                |                                 |                                 |                                 |
| Warrington   | CiC placed IN Area     | <b>95%</b><br>N =38. Den 40     | <b>83.30%</b><br>N=35. Den 42  | <b>93.20%</b><br>N=41. Den 44   | <b>78%</b><br>N=32. Den 41      | <b>87.40%</b><br>N=146. Den167  |
|  | CiC placed OUT of area | <b>73.75%</b><br>N=28. Den 38   | <b>71.90%</b><br>N=23. Den 32  | <b>87.90%</b><br>N=29. Den 33   | <b>73%</b><br>N=32. Den 44      | <b>76%</b><br>N=112. Den 147    |
|  | CICOLAs                | <b>65.40%</b><br>N=17. Den 26   | <b>82.60%</b><br>N=19. Den 23  | <b>87.10%</b><br>N=27. Den 31   | <b>91%</b><br>N=30. Den 33      | <b>82%</b><br>N=93.Den 113      |
|  |                        |                                 |                                |                                 |                                 |                                 |
| Sefton   | CiC placed IN Area     | <b>94.30%</b><br>N=100. Den106  | <b>95.50%</b><br>N=106. Den111 | <b>95.90%</b><br>N=93. Den 97   | <b>96.60%</b><br>N=115. Den 119 | <b>95.60%</b><br>N=414. Den 433 |
|  | CiC placed OUT of area | <b>68.40%</b><br>N=39. Den 57   | <b>75%</b><br>N=33. Den 44     | <b>78%</b><br>N=39. Den 50      | <b>84.30%</b><br>N=43. Den 51   | <b>76.20%</b><br>N=154. Den 202 |
|  | CICOLAs                | <b>100%</b><br>N=52. Den 52     | <b>93.30%</b><br>N=56. Den 60  | <b>94.60%</b><br>N=53. Den 56   | <b>95%</b><br>N=76. Den 80      | <b>95.60%</b><br>N=237. Den248  |
|  |                        |                                 |                                |                                 |                                 |                                 |
| St Helens  | CiC placed IN Area     | <b>97%</b><br>N=74. Den 75      | <b>98%</b><br>N=96. Den 98     | <b>95.70%</b><br>N=66. Den 69   | <b>100%</b><br>N =83. Den 83    | <b>98.10%</b><br>N=319. Den 325 |
|  | CiC placed OUT of area | <b>63%</b><br>N=20. Den 32      | <b>69%</b><br>N=18. Den 26     | <b>69.20%</b><br>N=27. Den 39   | <b>82%</b><br>N=23. Den 28      | <b>70.40%</b><br>N= 88. Den 125 |
|  | CICOLAs                | <b>96%</b><br>N= 48. Den 50     | <b>97%</b><br>N= 37. Den 38    | <b>96.70%</b><br>N=29. Den 30   | <b>100%</b><br>N=47 .Den 47     | <b>97.50%</b><br>N=161. Den 165 |
|  |                        |                                 |                                |                                 |                                 |                                 |
| Knowsley   | CiC placed IN Area     | <b>89.50%</b><br>N=51. Den 57   | <b>88%</b><br>N=40. Den 45     | <b>94.30%</b><br>N=53. Den 50   | <b>90.20%</b><br>N=46. Den 51   | <b>93.50%</b><br>N=190. Den 203 |
|  | CiC placed OUT of area | <b>85.70%</b><br>N=18.Den 21    | <b>77%</b><br>N=17. Den 22     | <b>47.20%</b><br>N=17. Den 36   | <b>55.30%</b><br>N= 21. Den 38  | <b>62.30%</b><br>N=73. Den 117  |
|  | CICOLAs                | <b>86.50%</b><br>N=32. Den 37   | <b>92.30%</b><br>N=24. Den 26  | <b>95.20%</b><br>N=20. Den 21   | <b>95.50%</b><br>N=42. Den 44   | <b>92%</b><br>N=118. Den 128    |
|  |                        |                                 |                                |                                 |                                 |                                 |
| Wirral   | CiC placed IN Area     | <b>91.10%</b><br>N=113. Den 124 | <b>93%</b><br>N=106. Den 118   | <b>90.60%</b><br>N=106. Den 117 | <b>93.60%</b><br>N=162. Den 173 | <b>91.50%</b><br>N=487.Den 532  |
|  | CiC placed OUT of area | <b>82.60%</b><br>N=19. Den 23   | <b>67.50%</b><br>N=25.Den 38   | <b>78.60%</b><br>N=22. Den 28   | <b>67.70%</b><br>N= 21. Den 31  | <b>72.50%</b><br>N= 87. Den 120 |
|  | CICOLAs                | <b>84.20%</b><br>N=32 Den 38    | <b>87.20%</b><br>N=44. Den 55  | <b>81.50%</b><br>N=67. Den 70   | <b>94.40%</b><br>N=51. Den 54   | <b>89.40%</b><br>N=194. Den 217 |
|  |                        |                                 |                                |                                 |                                 |                                 |

## 11. Contribution from Designated Doctors Children in Care

- 11.1 The Designated Doctors for children in care within the Cheshire and Merseyside region, contribute to local and regional safeguarding and children in care meetings including the Cheshire and Merseyside designated professionals CiC network.
- 11.2 The Designated Doctors are members of the Northwest Looked After Children medical advisors and designated doctors' group which meets to provide essential teaching, sharing of information, standardisation of processes and case discussion. The ICB is represented at the national CoramBAAF health specialist interest group by a C&M Designated doctor, who also attends from a regional standpoint. This enables inclusion and contribution to the understanding of current health matters, the development of training, national guidelines, and government policies.
- 11.3 The ICB Designated doctor team also provide advice and training within the regional adoption agencies. There is also offer training for paediatric colleagues as well as social care, GPs, and other health professionals on topics pertinent to children in care. The team contribute to quality assurance for IHAs and provide a link within the individual departments to ensure that the needs of children in care are met and where appropriate prioritised.

## 12. Children in Care Key Priorities for 2024-25

- 12.1 The ICB CiC team have developed a set of Cheshire and Merseyside ICB key priorities for priorities for 2024/2025. These include:
  - a. Improve performance in relation to initial and review health assessments. Include a focused programme to drive forward improvements to initial and review health assessment performance.
  - b. Evaluate the CiC Key Performance Indicators introduced 2023-24 and revise if required for 2025-26.
  - c. Finalise and publish NHS Cheshire and Merseyside Children in Care and Care Experience Young People Strategy.
  - d. Focus on care experienced young people across Cheshire and Merseyside including sharing learning from inspections and raising the profile of the care experienced population.
  - e. Work with dental commissioners to extend the NHS Cheshire and Merseyside Children in Care dental referral pathway to care experienced young people.

## 13. Conclusion

- 13.1** This annual report provides a summary of progress of work within the Children in Care services for the period 1 April 2023 and 31 March 2024. It demonstrates the contribution to multi agency partnerships across the 9 places and provides assurance that NHS Cheshire and Merseyside ICB is fully committed to meeting the statutory duties and responsibilities for Children in Care and Care Experience Young People. The information contained in this report demonstrates that we continued to ensure robust commissioning arrangements are in place for children in care and the important work with partners to support service development, delivery, and governance arrangements.

## 14. Recommendations

### The Committee is asked to:

- **Note** *the contents of the report and the assurance of how the ICB have met the statutory responsibilities for Children in Care*
- **Ratification:** Ratify and approve the key priorities for 2024/2025.
- **Ratification:** *Ratify and approve the Children in Care annual report so it can be shared with each place Corporate Parenting Board*

**NHS Cheshire and Merseyside**

**Children in Care Annual Report  
2023-24**

**Supplementary Report – Health Outcomes  
for Cheshire East Cared for Children &  
Care Experienced Young People**

Nicola Wycherley

Designated Nurse Safeguarding Children and Cared for Children (Cheshire East)

## Cheshire and Merseyside ICB

# Children in Care Annual Report (2023-24)

### Supplementary Report – Health of Cheshire East Cared for Children and Care Experienced Young People

## 1. Introduction / Background

- 1.1 This is a supplementary report to the NHS Cheshire and Merseyside Integrated Care Board (ICB) Children in Care (CiC) annual report 2023-24 and seeks to provide further information regarding Cheshire East Cared for Children and Care Experienced Young People.
- 1.2 The purpose of the report is to provide assurance in relation to the statutory duties of NHS Cheshire and Merseyside ICB and Cheshire East Council for Cared for Children and an overview of the progress and challenges in supporting and improving their health outcomes.
- 1.3 The report covers the period from 1 April 2023 to 31 March 2024 and sets out the Cheshire East performance against the mandatory health outcomes for Cared for Children comparative to the national performance and that of the closest statistical neighbours as per the Department of Education annual statistical release 'Children looked after in England' (Nov 24).
- 1.4 The report is produced in line with duties and responsibilities outlined in the 'Statutory Guidance on Promoting the Health and well-being of Looked After Children: Statutory Guidance for local authorities, clinical commissioning groups and NHS England' (2015).

## 2. Health Outcomes for Cared for Children

- 2.1 All data is summarised in Table 1.
- 2.2 **Annual Health Assessments.**  
91% of children underwent an annual health assessment in the previous 12 months. This is an improvement on the previous year's performance of 2% and better than the national performance of 89% and performance of the closest statistical neighbour at 86%.
- 2.3 **Immunisations**  
98% of children were up-to-date with their immunisations as per the national childhood immunisation schedule. This is an improvement of 5% on the 22/23 performance and better than the national performance of 82% and the performance of the closest statistical neighbour at 96%.
- 2.4 **Dental Checks**  
87% of children had their teeth checked by a dentist in the previous 12 months. Not only is this a significant improvement of 13% on the previous year, it is also better than pre-pandemic performances. The national performance was 79% and the performance of the closest statistical neighbour was 61%.

**2.5 Developmental Assessments (0-4)**

100% of children aged 0-4 were up to date with their developmental assessments as per the Healthy Child Programme. This is an improvement of 3% on the previous year's performance and better than the national performance of 88%.

**2.6 Strengths and Difficulties Questionnaire (5-16)**

Only 73% of children aged 5-16 had an SDQ completed in the previous 12 months. This is a drop in performance of 6% on the previous 12 months and is below both the national performance and that of our closest statistical neighbour at 77% and 85% respectively. The SDQ process has been identified as a key priority of the iTHRIVE implementation and seeks to develop a new multiagency pathway, which aims to improve not just compliance but also outcomes.

**2.7 Care Leaver Health Summaries**

97% of care leavers turning 18 in this year, opted to receive a copy of their health summary around the time of their birthday. This is a significant improvement on the previous year's uptake of 57%.

**Table 1: Health Outcomes for Cheshire East Cared for Children 2023-24**

|  | Cheshire East<br>2023/24 | England<br>2023/24 | Statistical Neighbour<br>2023/24 | Cheshire East<br>2022/23 |
|--|--------------------------|--------------------|----------------------------------|--------------------------|
| Children who had their annual health assessment %  | 91% ↑                    | 89%                | 86%                              | 89%                      |
| Children who are up-to-date with their immunisations %                                   | 98% ↑                    | 82%                | 96%                              | 93%                      |
| Children who had their teeth checked by a dentist in the past 12 months %                | 87% ↑                    | 79%                | 61%                              | 74%                      |
| Children (0-5) who are up-to-date with the development checks                            | 100% ↑                   | 88%                | 100%                             | 87%                      |
| % of 4-16 in care for 3 months or more with a completed SDQ score in the past 12 months. | 73% ↓                    | 77%                | 85%                              | 79%                      |
| Care leavers who received a summary of their health by their 18 <sup>th</sup> birthday % | 97% ↑                    | Not Available      | Not Available                    | 57%                      |

**3. Summary**

**3.1** In 2023-24 there was an improved performance against statutory health outcomes for cared for children and care experienced young people in Cheshire East. With the exception of the SDQ process there was an improvement in performance against all indicators compared to the previous reporting year.

**3.2** Similarly, Cheshire East performed better against these indicators than both the England performance and that of our closest statistical neighbours. Most significantly was an improvement in dental checks, in which performance is now better than pre-pandemic figures.

- 3.3** Improvement is required around the uptake of Strength and Difficulty Questionnaires, and this is being looked at as part of the iTHRIVE implementation process.





Cheshire East

**TOGETHER for Children  
and Young People**

*Together we will make Cheshire East a great place to be young*

# INDEPENDENT REVIEWING OFFICERS (IRO) ANNUAL REPORT FOR CHILDREN IN CARE AND CARE LEAVERS 2023/2024



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## Introduction

The annual report will present a reflective overview of the activity undertaken in Cheshire East in respect of our cared for children/young people and care leavers. It covers the period 1 April 2023 to 31 March 2024 and provides information on the role and the responsibilities of the safeguarding service, specifically the Independent Reviewing Officer (IRO). The report will provide information from both a qualitative and quantitative perspective, and how this supports positive outcomes for our children.

As cited in the IRO Handbook the primary focus *'is to quality assure the care planning and review process for each child and to ensure that his/her current wishes and feelings are given full consideration'*.

The IRO's work collaboratively with our Participation team, Corporate Parenting Board and Cheshire East Safeguarding Children Partnership. Our journey continues to model a relational approach based on 'high support and high challenge' to support achieving the aspirations we have for our children, young people, and care leavers.

The IRO's utilise the structures that are in place including informal and formal escalations to support both the improvement of children in care's lived experiences and to better their outcomes.

In line with the IRO's quality assurance role there are a range of activities and performance measures that support care planning for Children in Care. Our performance to deliver timely and effective reviews has stayed fairly static from the previous year which means we continue to look to improve our performance in this area. The report will provide an overview of the performance data including key performance indicators such as timeliness of reviews and children and young people's participation and feedback of their experiences alongside the current profile of our children in care and details around the 'dispute resolution' process and the impact of this.

IRO's performance around completing recommendations from the review within the 5 days has in this reporting year remained static however this is not where we wish practice to be. The IRO practice standards provides benchmarking to support an improvement in this area for 24/25.

Our performance to deliver timely and effective reviews has stayed static which highlights that this is an area for improvement in 24/25. within time this reporting year with there being an increase in participation which stands at 98%. Escalations have continued throughout this reporting year where we have seen a slight increase in informal alerts where improvements have been identified with service delivery. This has been balanced with an increase in the identification of good practice which supports the learning culture service wide.

Alongside our cared for children the IRO's have continued to have responsibility for reviewing all care leavers 18-21yrs. The IRO's successfully reviewed 86% of Pathway Plan reviews within timescale which is an upward trend of 15% from the previous year. And are continuing to



further improve this for 24/25. 61% of care leavers attended their reviews which continues to be a key focus.

The report will highlight the progress on the action set from the previous year and set out our aims and objectives for the next 12 months.

## Purpose of Service and Legal Context

The appointment by local authorities of an IRO is a statutory requirement. Their purpose is to ensure that the care plan for a cared for child fully reflects the child's needs, that each child's wishes and feelings are given full and due consideration, and that the actions set out in the plan are consistent with the local authority's statutory responsibilities towards them.

The Children and Young Person's Act 2008, followed by revised care planning regulations and guidance which came into force in April 2011, strengthened the role of the IRO. The statutory duties of the IRO are to [section 25B (1) -1989 Act]:

- monitor the performance by the local authority of their functions in relation to the child's case;
- participate in any review of the child's case;
- ensure that any ascertained wishes and feelings of the child concerning the case are given due consideration by the appropriate authority; and
- perform any other function which is prescribed in regulations.

As corporate parents, each local authority, through their officers and Members, should act for the children they care for as a responsible and conscientious parent would act. There are two clear and separate aspects to the function of an IRO:

- chairing the child's review; and
- monitoring the child's case on an ongoing basis.

The IRO Handbook sets out the statutory roles and duties as well as the strategic and managerial responsibilities of local authorities in establishing an effective IRO service.

The legislative framework regulating services of IROs (Children and Adoption Act 2002, Children and Young People Act 2008, IRO Handbook 2010 and Care Planning, Placement and Case Review Regulations 2010) imposes a specific set of statutory duties which all IROs are expected to execute to improve outcomes for cared for children. It specifies that IROs should:

- be social work professionals with at least five years post-qualifying frontline practice and supervisory/managerial experience;



- ensure that children's views are heard, they are aware of their rights and entitlements and receive relevant services and support;
- consult children before reviews to keep their views and input central to the whole review process (particularly during the review meeting);
- maintain overview and promote meaningful consultation with parents, carers and others with significant involvement with the child and ensure they are involved, and that their views have been considered in relation to the care planning and review;
- monitor the local authority's management of the child's case at any time;
- attend any significant meeting or other type of review for the child;
- identify and challenge drift, delay and underperformance and make attempts to resolve them in a timely manner.





## Profile of the IRO Service and Workload

The management of the safeguarding service consists of a Director of Children's Social Care, Head of Service and Service Manager, at the time of reporting all the positions were permanent.

This year the team has seen the service maintain ten FTE cared for IROs along with a part-time fostering IRO (FIRO), who have been in post ranging from 18 months to 8 years. The Service Manager has direct line management responsibility for the IROs who reports to the Head of Service. The background of IRO experience is varied ranging from CAFCASS, Child Protection, Permanence, Adoption, Fostering and Frontline management.

We continue to pride ourselves in recruiting internally, where possible, to support career progression within the workforce. Maintaining this level of stability within the team provides a sense of security for our children and young people and ensures minimal impact when changes occur with the operational teams.

Caseloads have varied across the year; however, they have remained between 50-60 in line with the IRO handbook which suggests a case load of 50-70. Where possible we aim to keep sibling groups allocated to the same IRO to ensure consistency. Where a child or young person has articulated that they do not wish for this to happen we have in the main supported this view and offered an alternative IRO. In such cases both IRO's are in regular communication to ensure they are working collaboratively.

The IRO's have access to independent legal advice that is commissioned out to a local legal firm. When this has been used it has been effective and supported the IRO to be confident in their challenge and ensure the best possible outcome for our children and young people. Within this reporting year this has not been accessed with resolutions being sought at an earlier stage.

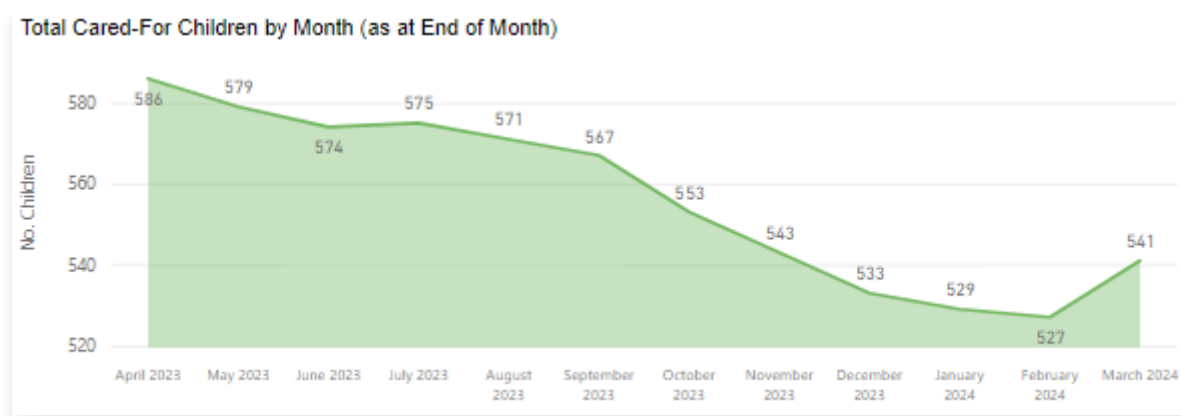
IRO's have links to different service areas such as cared for, care leavers, children with disabilities, adoption, education, and fostering. IRO's attend service meetings for their service on a quarterly basis which allows for the relational based practice to continue and support conversations around themes from both the individual work of an IRO to the collective QA activities that they undertake. This approach also supports timely resolutions especially in relation to care planning.

The IRO's receive regular supervision and covers personal, performance and practice issues. Within this reporting period there have been monthly team meetings that have taken place which has involved a variety of guest speakers and peer observations to aid learning and strengthen consistency.



As part of our quality assurance role, we have enhanced our oversight of children in privately fostered arrangements through a dedicated IRO who holds this work. The IRO is alerted when private fostering arrangements have been identified to ensure this is a suitable arrangement. For the duration of the arrangement the IRO will attend regular Child in Need Meetings and complete a quarterly report which is shared with senior leaders at an extended senior leadership meeting to keep them sighted on the current data and any emerging themes.

## Profile of our cared for children



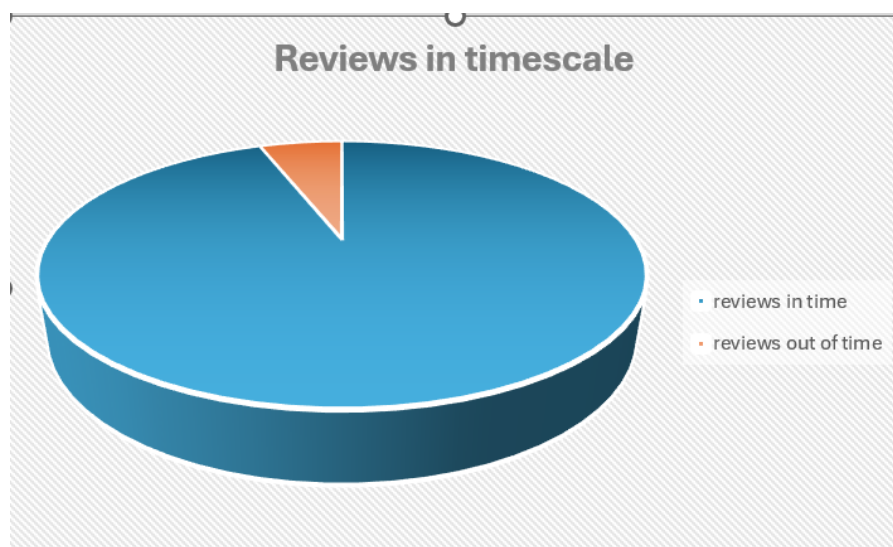
This is the current profile of our cared for children within 2023/2024 which highlights the increase in our cared for population at the start of the year in comparison to the figures at the close of the reporting year. The momentum of children leaving care was significantly less than the rate at which children were coming into care which was contributable to the rise in cared for numbers in quarter one however in quarter two and three there was evidence that children leaving care was increasing and children entering care at a slower rate. We are continuing to strengthen this with our business intelligence colleagues to support our understanding of key themes.



## Performance data for Cared for Reviews

The IRO's have chaired 1233 cared for reviews in this reporting period. Although there has been a reduction in our cared for population the number of reviews held has seen a slight increase which has in the main been attributed to additional reviews to support changes in care plan. The cared for reviews undertaken within this year has seen 94% undertaken within timescales. This is something that remains a key focus area. To support timeliness and evidence oversight the IRO's make use of 'series of meetings' when they are met with unavoidable delay. As a service, we have built in a process to support the improvement of timeliness, and this will continue to be reviewed. There are some operational challenges to ensure care plans are recorded in timescale to support timely cared for reviews taking place and the IROs are working with services to support practice improvement in this area.

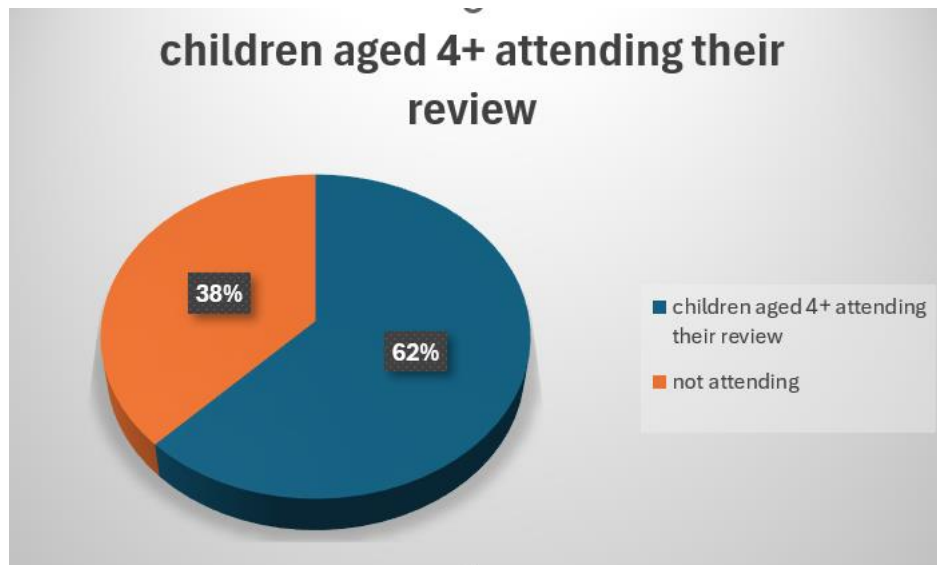
IRO's understand the importance of the timeliness of recording and work to be flexible where possible. As a service we recognise the need to ensure reviews are booked in to allow flex in the system if changes are required especially around court timetables or challenges within the workforce. Over the year 531 reviews were rearranged equating to 44%. This is an increase of 11% and is reflective of some of the challenges the service has faced with the instability in the workforce and the impact on operational work. The IROs work hard to keep any rearranged reviews within timescales.



The IRO service work with our children and young people to encourage their attendance at their Cared for Review. In the reporting period, we had 62% of children over the age of 4 attending their review.



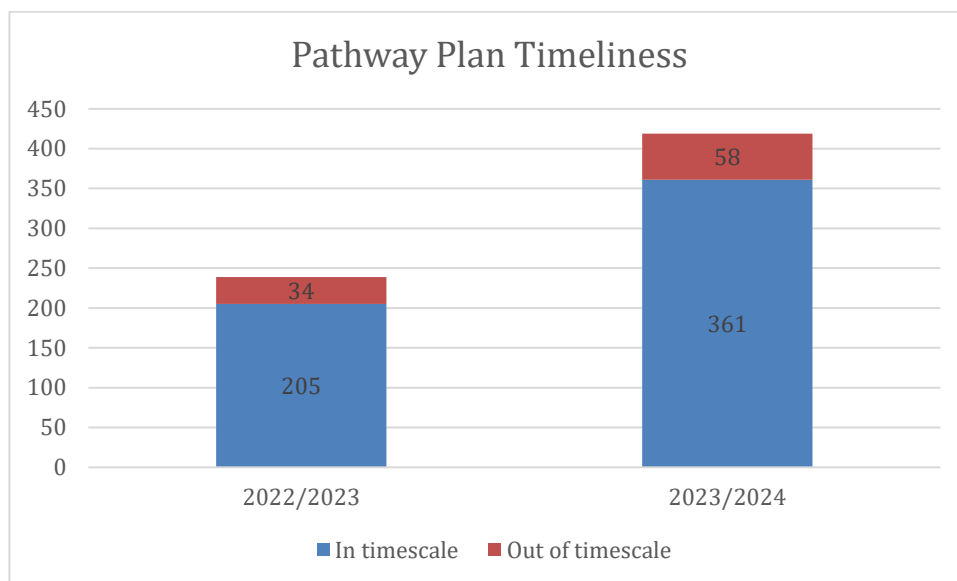







## Performance data for Pathway Plan Reviews 18-21yrs

IRO's continue to support care leavers within Cheshire East and have this year completed 419 Pathway Plan Reviews. During this reporting period the service has continued to see an upward trend of reviews taking place within timescale with a 15% increase from last year taking the final figure to 86%. This highlights the positive impact that the safeguarding service has had on overseeing the Pathway Plan reviews. Like the cared for reviews there are times that Pathway Plan Reviews will fall out of timescale; there remains a focus for IRO's to ensure they book reviews in with enough time should the date need to be changed last minute.





## Annual data for Key Performance Indicators

| Task   | Total Number | Percentage | Comparison to 22/23  |
|--|--------------|------------|--|
| Cared for reviews taken place  | 1233         |            | 1175   |
| Cared for reviews held in timescale                                    | 1033         | 94%        | <br>Up from 87% |
| Cared for reviews with recommendations completed within 5 working days | 683          | 55%        |                 |
| Cared for reviews with minutes completed within 15 working days        | 573          | 46%        | <br>Up from 41% |

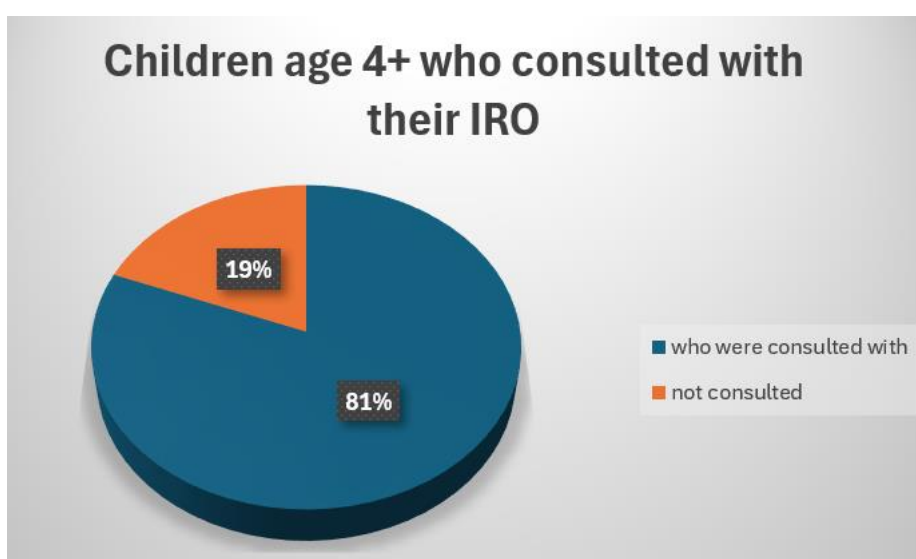
There will be some variation to the figures from the monthly performance data that is scrutinised with the IRO's; where the recording of the reviews on the child or young person's records has not been completed, this will not be reflected within the snapshot above. Performance clinics with the IROs continue to address timeliness of IRO recording.



## Participation

Children and young people sharing their views for cared for reviews has continued to increase this year and currently stands at 98%. This is something the safeguarding service are incredibly proud of and highlights the efforts that go into building positive relationships with our children and young people.

The IRO's remain committed to support children and young people in attending their reviews; with this year showing that 81% were consulted by their IRO. We do have to acknowledge that some children and young people may not wish to participate as they are settled and do not want to be identified as being different from their peers. Furthermore, a proportion of reviews that took place were for children under 4 years old where it was felt it would not be suitable for them to participate in this way, however there is an expectation the IRO's use alternative methods in a manner best suited to the children's needs and abilities to ensure a greater understanding of the children's lived experiences. This is generally through direct observation in home or education settings or through discussion with professionals working with them.



## Attendance

The IRO's have continued to work hard to ensure children and young people attend their reviews with them consulting or visiting their children and young people prior to the review. While this is still not where it needs to be this year has continued to see improvements in this area with 62% now attending their cared for reviews. What we see is high levels of engagement with the review, but young people aren't always wanting to attend their reviews.



For our Care Leavers, this reporting year shows that 61% attended their pathway plan review, having a stable IRO and Personal Advisor has aided young people's attendance and the aspiration is that this figure will grow in the next financial year.

To support these relationships, any children and young people who are new into care receive an IRO passport which has a picture and small narrative about the IRO along with some information regarding the review. This continues to be well received. Alongside this, consultation forms are also sent to provide our children and young people with the opportunity to express how they wish their review to be conducted and how we can support them to attend.

## Feedback about the service

During this reporting year, there was feedback provided from the Cared for Children's Survey which took place between November 2023 and April 2024, this has enabled views to be gathered from our children and young people to understand what they gain from attending their reviews. Some feedback is shown below:



As a service we are always seeking feedback into how improvements can be made, and it was reassuring to hear from our children and young people who shared the following:

- When asked what they want to change - "nothing" "K is brilliant"
- When asked about their IRO - "They are very good", "My previous one was amazing", "Just had a new one and she is fantastic" and "We've just had a new one – again inconsistencies"



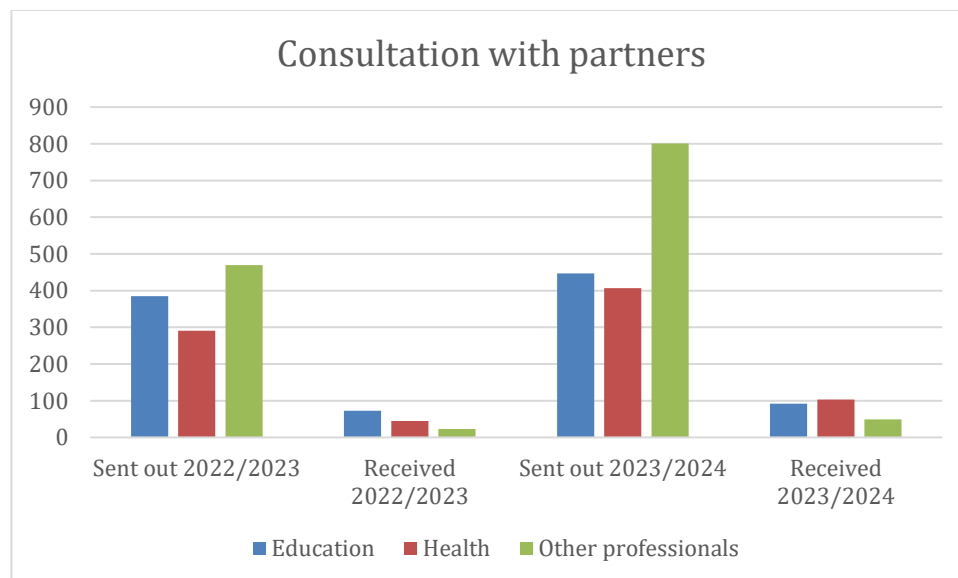
- When asked about how to improve their review - “Make them face to face”, “Don’t let my social worker change things when things are working for me” and “Sometimes communicate more”

As a service we acknowledge that we don’t always get it right for our children, this feedback is invaluable in supporting the improvement of service delivery.

## Consultation with partner agencies

Consultation with partners is important to triangulate information for young people and ensure we have the right information to support planning. The Safeguarding Service endeavours to consult with all key professionals supporting the child or young person. One of the ways we do this is through consultation forms for partners. One of the ways we do this is through consultation forms for partners. Whilst the data shows a slight improvement of partners sending back consultations in preparation for the reviews, this is not where we would like it to be. Children and young people often voice that they wish for just a select few professionals to attend their review, however it is still important that the IROs consult with wider networks to inform future recommendations and to support plans being progressed. This remains a key focus for 2024/2025.

As a service we have in recent months started to share this data with our partners so they can also aid the strengthening of this.



IRO’s are also proactive in liaising with professionals outside of the consultation process, often through telephone calls to ensure that they are capturing their views and key information that can be fed into the review and support recommendations and forward planning.





## Dispute Resolution and Quality Assurance Alerts

One of the key functions of the statutory role of the IRO is to seek resolution to any problem or disagreement arising out of the care planning process. It is a core part of their role to scrutinise practice and challenge the local authority to ensure good and timely outcomes for children. To do this, IROs must establish good working relationships with social workers and their managers to ensure the dispute resolution process is effective. This also requires senior managers to positively support this process. Alongside this responsibility, IRO's in Cheshire East are committed to identifying good practice to support the system to learn from what works well for children and young people so that it can be understood and replicated across services.

In line with legislation, and guidance around the planning for cared for children, local authorities are required to have a formal dispute resolution process in place. Whilst this may look different in each local authority, all systems must have a 20-day maximum time limit to resolve any disagreement from the beginning of the process to its conclusion. In Cheshire East, this commences with an Informal Quality Assurance Alert being raised by the IRO with resolution at this level within five working days with the team manager. If this is not achieved, then the IRO will escalate to a formal alert, allowing a further ten days to reach resolution with a senior manager. If there is still no resolution after 15 days, then the IRO may escalate concern to CAFCASS.

Within this reporting year there has been a slight increase in informal alerts and a decrease in formal which is indicative of the relationships that IROs continue to build with social work teams to resolve challenges at a much earlier stage. The data also highlights the growth of good practice that is being identified by the IROs with a significant increase from the previous year. The IRO service tracks all escalations and challenges on a quarterly basis to consider any common themes or trends over time. This supports wider learning across all service areas.

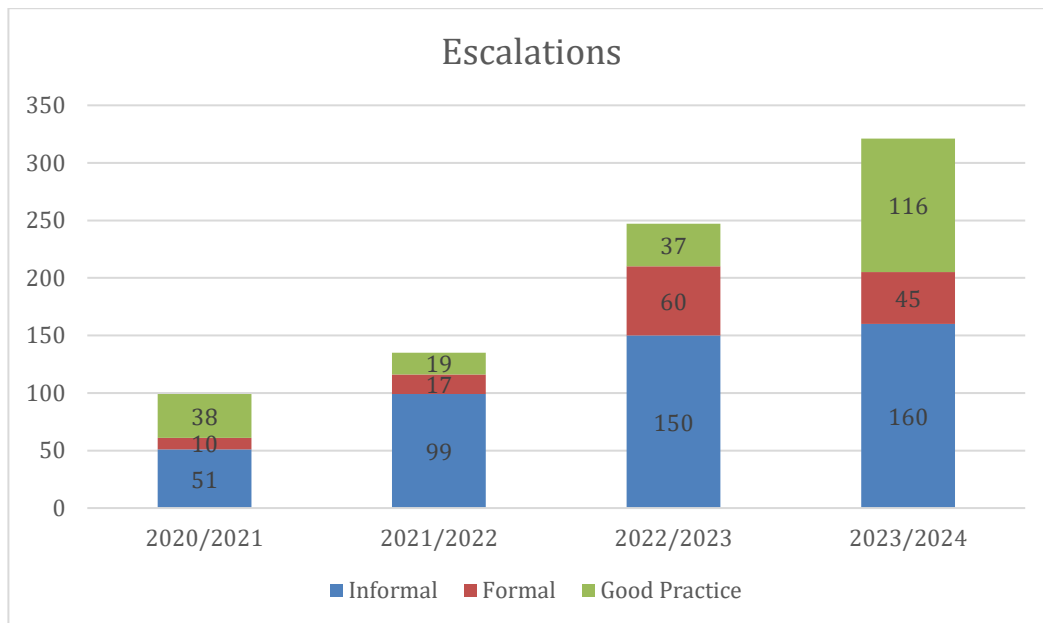
The themes identified within the report completed at the end of this year saw an increase in escalations around noncompliance challenges which as a result saw a positive impact for our children and young people, with more robust planning, less delay, and increased visits/management oversight being evident. What has been recognised is that practice in our system is still not consistently where it needs to be to support good outcomes for children and young people in our care. We are working with our IROs to come alongside teams and social workers to support practice improvement at an earlier stage to prevent drift and delay.

The IROs have highlighted good practice throughout the year where robust and detailed assessments have been completed/where children and young people achieved good outcomes in a timely manner, and if the development of positive relationships with both children/families and partners have been evidenced.

IROs are also expected to provide escalation to partner agencies as it is recognised that drift in planning does not always sit with the social work teams. In the year 2023/2024 there were 27 partner escalations raised which in the main were across health, education, police and adult services. The key themes for the escalations were around delay in transition planning and adult needs assessments, expediting allocation of health professionals for children placed out of



area, suitability of accommodation to support progressing permanence plans for our children and the restrictions that bail condition can have on planning. Partnership escalations are cited within the IRO practice standards as a key strand of IRO practice to ensure positive outcomes and we will focus on the impact of such escalations in the coming year.



## Progress against targets 2022/2023

| <u><b>Actions</b></u>   | <u><b>Progress</b></u>   |
|---|--|
| <b>1.</b> IRO's will ensure timely distribution of the children and young people's letters.   | IRO's continue to write letters to children and young people, and we have seen an increase in letters being completed within the 15 days, however this is still an area for development. |
| <b>2.</b> Consistent IRO footprint/scrutiny to support progression of children and young people's plans, this will include the completion of mid-point reviews.     | We have started to see a more consistent approach to IRO footprint and the completion of Mid-Point reviews however this needs to remain a key focus into 2024/2025.                      |
| <b>3.</b> IRO practice standards will be developed to support service delivery.   | IRO Practice Standards have been developed and shared with the IRO's.  |
| <b>4.</b> Practice will be standardised with the Safeguarding Service for the Fostering Independent Reviewing Officer to align with child protection and cared for. | Practice Standards have been developed and are awaiting sign off.  |





## Key priority areas 2024/2025

### 1. Strengthen the timeliness of reviews, recommendations and letters to children/young people

Whilst there has been an increase in this area of focus within this reporting year, it is still not where we would like it to be. As a service we recognise the importance of children, families and their networks receiving timely recordings of the review to ensure they understand the expectations and requirements needed to progress plans.

### 2. Embed the IRO practice standards

It is reassuring that IRO practice standards were developed at the latter end of this reporting year; however, we need to ensure that focus is given to fully embedding them into everyday practice.

### 3. Improve challenge around drift and delay

The IROs will be consistent in completing mid-point reviews as highlighted in the practice standards to ensure oversight and tracking of recommendations to avoid any delay. Escalations will continue to be a consistent feature with the themes from these being pulled together in a quarterly report and shared service wide to aid learning and strengthen practice.

### 4. Increase the focus on consultations from partner agencies

As a service we routinely send out consultations and invite our partner agencies to feedback and inform our children and young people's reviews. Whilst there has been an increase, we are keen to strengthen this further as sharing information and working collaboratively not only ensures plans are progressed but ensures identified needs are being met and supported by the right people. We will continue to share the data with colleagues on a regular basis and highlight any barriers at the earliest opportunity to seek a resolution.



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*Working for a brighter future together*

## **Cared For Children and Care Leavers Committee**

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**Date of Meeting:** 4 March 2025

**Report Title:** Cared For Children and Care Leaver's Q3 score card  
2024/25  
Executive Director of Children's Services

**Report of:**

**Report Reference No:**

**Ward(s) Affected:** All Wards

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### **1 Purpose of Report**

1.1 This report sets out the performance for the Cared For Children and Care Leaver's service for quarter 3 of 2024/25 (1 October 2024 – 31 December 2024). The cared for children and care leavers committee is asked to note the performance for quarter 3 and to provide support and challenge in relation to performance in relation to cared for children and care leavers.

### **2 Executive Summary**

2.1 This report provides an overview of quarter 3 performance for children and families services for the relevant indicators for the reporting year of 2024-25

### **3 Recommendations**

3.1 The Cared For Children and Care Leaver's Committee is asked to:

3.2 note the performance of children's services for quarter 3.

3.3 provide scrutiny in relation to performance in relation to cared for children and care leavers.

### **4 Reasons for Recommendations**

4.1 One of the key areas of focus for the cared for children and care leavers committee is to review performance and scrutinise the effectiveness of services for cared for children and young people and care leavers.

## **5 Other Options Considered**

5.1 Not applicable

## **6 Background**

6.1 This quarterly report provides the committee with an overview of performance across cared for children and care leaver's service. This report relates to quarter 3 of 2024-25 (1 October 2024 – 31 December 2024).

6.2 The following indicators have been highlighted for consideration

## **7 Briefing information**

7.1 Cheshire East Council were responsible for 551 cared for children at the end of quarter 3. This is a decrease from 557 at the end of quarter 2. The cared for children population changes daily as children enter and leave care. Children cease to be cared for due to several reasons, these include turning 18, returning to their birth family, adoption, and special guardianship. The latest comparable data we have across the region shows that Cheshire East's rate of 68 per 10,000 is slightly below the national average of 70 per 10,000 and is above that of 60 for statistical neighbours.

7.2 We are constantly monitoring the numbers of cared for children and looking at ways to ensure that we are reviewing plans for children to achieve permanence at the earliest opportunity. Positively, the number of children who are discharged from care continues to increase, since April 24, 105 children have ceased to be cared for (in addition to the 86 who have turned 18). We have several applications currently before the court so we are hopeful that this positive progress will continue. We are demonstrating a commitment to not intervening in children's lives when this is not necessary.

7.4 The timeliness of cared for children's reviews needs some improvement, as performance has not improved from Q2 where it dipped to 72%. Overall, in 2023/24 the performance was at 94%. We know that most reviews were re-scheduled within a few days and were therefore only marginally out of timescale. However, this decline is not acceptable. There has been some sickness within the safeguarding service which has impacted upon timeliness. Some additional recruitment of Independent Reviewing Officers is underway to ensure that there is sufficient capacity within the service. However, we also know that some reviews were cancelled because social workers had not prepared the report in time for the review to take place. This is now an area of focus for weekly performance sessions. Positively, 92% of children were involved in their reviews. It is important that children and young people are involved in their plan, and we are always looking at how we can develop and improve their participation.

7.5 Q3 data shows that the number of children placed with in-house foster carers has remained stable at 116. Positively, the number of children placed with connected carers continues to be high and is 125 in Q3. This means that children are living with someone they have an existing relationship with. We are constantly looking at how we can increase recruitment of foster carers, which will mean that we can place

more of our children with Cheshire East foster carers. Generally, we want children to remain local and within Cheshire East where possible. For some children, they may live out of the area because they need a specialist placement, or they want to be close to birth family who have moved away. Arrangements for any child who lives at a distance are reviewed on a regular basis to ensure this remains appropriate.

7.6 It is our ambition to have as few children placed in residential care as possible and where they are, this is a matched placement to improve their outcomes.

Unfortunately, number of children living in residential care has increased to 45, from 40 in Q2. We remain committed to ensuring that children have the opportunity of living within a family wherever possible and continue to review children's placements to see if there are alternatives.

7.7 The number of adoptions continues to increase with 21 children already adopted since April 2024. In 2023/24 we had a total of 24 children adopted and we are confident that we will improve on this number in 2024/25. We have a further 14 children living in their adoption placements including two children who are placed with fostering to adopt carers. Of the 24 children legally adopted in 2023/24, unfortunately the number of days from entering care to moving into placement with an adoptive family is skewed by a small number of children where there has been delay. Q3 data shows that it took on average 624 days, compared to a national average of 376. We understand the delay involved for some of these children but have remained ambitious in terms of continuing to search for an adoptive family for them. Some of this delay relates to an older sibling group who have now been able to move to their adoptive placement and so the outcome is positive in terms of the fact that they will not remain cared for throughout their childhood. Locally and nationally the timescales for placing children within their adoptive families is monitored to avoid unnecessary delay for children. For those children where delay was experienced, their individual circumstances are well understood, and we continue to scrutinise planning to ensure that children do not experience unnecessary delay.

7.8 A number of our most vulnerable Care Leaver's continue to be supported under Staying Close as a result of funding from the DFE. Staying Close is a model which provides an enhanced support package for young people leaving care from children's homes and supported accommodation and is designed to be a comparable offer to the option to Stay Put, which supports young people in foster care to remain with their former foster carers until age 21. These bespoke packages of support help young people to develop their confidence and skills for independent living, and for their emotional health and wellbeing. The current funding for Staying Close ceases at the end of March 2025. However, the Children's Wellbeing and Schools Bill introduces a new provision in the Children Act 1989 to require each local authority to consider whether each former relevant child (up to age 25) requires "staying close support" and where their welfare requires it, to offer that support. We await details of further funding to support this area of work, but we are continuing to offer support to those young people who need this.

Placement stability for cared for children has improved but further work is required to ensure that social workers are prioritising long term matching of children. Q3 data shows 67% of cared for children in care for at least 2.5yrs at the end of the period have been living in their current placement for at least 2 years. We have developed a permanence tracker which is assisting in monitoring and driving forward children's plans and ensures that children exit care if possible.

Positively, the number of children with 3 or more placements within a 12-month period has decreased in Q3 to 61 (75 children in Q2) Sometimes, moves for children can be positive, such a move to an adoptive placement. However, work continues to ensure that we understand the narrative for each of these children.

7.9 The NEET data in Q3 for our 19 to 21-year-old young people shows that 34% of this cohort are not engaged in education, employment, or training. This is an improvement from 45% in Q2. The national average for 2023/24 was 38% with statistical neighbours being 37%. We continue to look closely at this data and the circumstances for these young adults which include pregnancy, parenting, or illness, but are not exclusive to this. Within the Staying Close project there are dedicated EET workers and an apprenticeship coordinator, which is positively assisting in terms of supporting our care leavers to access education and employment.

The number of young people who are accessing higher education has increased from, 25 in Q2 to 29 in Q3. Additionally, the number of care experienced adults who are in apprenticeships is also steadily increasing and in Q3 this was 13 (9 in Q2).

7.10 The number of children who had their annual health assessments within timescales within Q3 was 89%. Positively this is an increase from 85% in Q2. Some of the delay relates to children who are placed out of area and where we are reliant on other health services to undertake these assessments.

7.11 Positively 100% of Care Leavers had Health Passports by the time they left care. Progress in this area is now being sustained.

7.12 Q3 data shows that 70% of cared for children saw a dentist within the last 12 months. Nationally, the average is 70% and our statistical neighbour average is 65%. This continues to be an area of focus, and we are looking at ways to ensure that this data is captured. This includes the IRO's recording the dates of dental checks within Cared For Reviews.

7.13 Q3 data shows that 97% of our care leavers (aged 19 to 21) are in appropriate accommodation. This is an improvement from the previous quarter and reflects a period. This is not 100% because we have a small number of young people who are in prison, and this is never recorded as being appropriate.

7.14 The number of young people living in emergency accommodation varies on a day-to-day basis. Members will be aware that at the time of the Ofsted inspection there were 3 young people living in hotels. Through intensive work with housing colleagues, we have reduced this to 1 young person. Accommodation continues to be our greatest challenge. Young people who end up in hotels are usually our most vulnerable and complex young people and have exhausted all other options. They

often present with issues such as criminality and substance misuse. We know that when a young person has accommodation stability, it is much easier to support them with their complex needs. Work is ongoing in respect of widening our offer of accommodation options to young people aged 16 to 25. This work is part of the Improvement Plan and updates are provided to the Improvement and Impact Board monthly and to each Children and Families Committee. Positively there has been an increase in provision with some of our commissioned providers and this has reduced the number of young people in emergency accommodation.

7.15 75% of care leavers have up-to-date pathway plans, this is a decline from Q2 when it was at 82%. At the time of writing this report, 95% of young people aged 18 to 21 have an up-to-date Pathway Plan. There needs to be a focus on ensuring that our 16- and 17-year-olds have an up-to-date Pathway Plan. This will be a focus of the performance challenge sessions going forwards.

7.16 Plans are being developed now to enable the Care Leaving service to have greater accessibility to our young people. This includes:

- Setting up a dedicated phone line that will be available to care leavers in the evenings and weekend.
- Increasing the community presence of the care leaver service by utilising the Youth Hub in Macclesfield and developing an equivalent resource in Crewe.

The time frame for roll out of the above is being prepared at time of writing.

## **8 Consultation and Engagement**

8.1 Not applicable.

## **9 Implications**

### **10 Legal**

10.1 There are no direct legal implications.

### **11 Finance**

11.1 There are no direct financial implications or changes to the MTFS because of this briefing paper.

### **12 Policy**

12.1 There are no direct policy implications.

### **13 Equality**

13.1 Members may want to use the information from the performance indicators to ensure that services are targeted at more vulnerable children and young people.

### **14 Human Resources**

14.1 There are no direct human resources implications.

**15 Risk Management**

15.1 There are risks associated with some performance measures, e.g. increases in demand and timeliness of services.

**16 Rural Communities**

16.1 There are no direct implications for rural communities.

**17 Children and Young People/Cared for Children**

17.1 Performance reports enable members to identify areas of good performance and areas for improvement in relation to children and young people, including cared for children.

**18 Public Health**

18.1 There are no direct implications for public health.

**19 Climate Change**

19.1 This report does not impact on climate change.

| <b>Access to Information</b> |                                   |
|------------------------------|-----------------------------------|
| Contact Officer:             | Annemarie Parker                  |
| Appendices:                  | Corporate Parenting Score Card Q3 |
| Background Papers:           | None                              |



Sept 2024 - Cared for and Care Leavers Scorecard - This contains a rolling 4 quarters for comparison

Notes: The boxes that are grayed out are where national data is not applicable or data isn't available.

Notes: The column highlighted in blue reflects the most recent quarter being reported on

Notes: Rates from Q1 24/25 are calculated using the new 2023 ONS mid year population estimate 0-17 of 81,634 (Office of National Statistics) and are calculated as a rate per 10,000 children aged 0-17. This enables the local authority to be compared on a like for like basis with different local authorities or groups of authorities.

| Priority  | Indicator | Indicator name   | 23/24<br>outturn        | Q4 23/24 | Q1 24/25 | Q2 24/25 | Q3 24/25 | 24/25<br>outturn | Benchmark<br>National<br>(most recent<br>available) | Benchmark<br>Stat N'bour<br>(most recent<br>available) | Corporate<br>Plan Aim | Acronym   |
|---|-----------|--|-------------------------|----------|----------|----------|----------|------------------|---|--|-----------------------|---|
| General   | G1        | Number of cared for children   | 541                     | 541      | 536      | 557      | 551      |                  |   |  | Fair                  |   |
|   | G2        | Rate per 10,000 cared for children   | 69                      | 69       | 63       | 68       | 68       |                  | 70  | 60   | Fair                  |   |
|   | G3        | Number of care leavers (aged 16-21)  |                         | 312      | 335      | 332      | 345      |                  |   |  | Fair                  |   |
| Priority 1 - We will care for<br>our Children and Young<br>People as any good parent<br>would | 1.1       | % cared for children reviews in timescales                                   | 94%                     | 79%      | 76%      | 72%      | 72%      |                  |   |  | Fair                  |   |
|   | 1.2       | % of children and young people involved in their reviews                     | 98%                     | 98%      | 94%      | 93%      | 92%      |                  |   |  | Fair                  |   |
| Priority 2 - Improved Education,<br>Employment and Training outcomes                          | 2.1       | Number of 16-18 year old care leavers that are NEET                          |                         | 11       | 13       | 1        | 7        |                  |   |  | Fair                  | NEET - Not in Education,<br>Employment or Training  |
|   | 2.2       | Number of care leavers accessing higher education<br>(University)            |                         | 21       | 23       | 25       | 29       |                  |   |  | Fair                  |   |
|   | 2.3       | Number of Cheshire East care leavers in apprenticeships<br>(18+)             |                         | 6        | 9        | 9        | 13       |                  |   |  | Fair                  |   |
|   | 2.4       | % 19-21 year care leavers that are NEET (as per national reporting)          | 47% NEET<br>at birthday | 47%      | 38%      | 45%      | 34%      |                  | 38% NEET at<br>birthday                             | 37% NEET at<br>birthday                                | Fair                  | NEET - Not in Education,<br>Employment or Training. |
| em safe   | 3.1       | Number of cared for children in external foster care                         |                         | 124      | 119      | 115      | 114      |                  |   |  | Fair                  |   |
|   | 3.2       | Number of cared for children in internal foster care                         |                         | 126      | 126      | 116      | 116      |                  |   |  | Fair                  |   |
|   | 3.3       | Number of children in care living with relatives and<br>friends (inc reg 24) |                         | 102      | 116      | 130      | 125      |                  |   |  | Fair                  | Reg 24 -Regulation 24                               |
|   | 3.4       | Number of children placed with parents                                       |                         | 35       | 31       | 34       | 37       |                  |   |  | Fair                  |   |
|   | 3.5       | Number of children and young people in residential<br>care                   |                         | 46       | 46       | 40       | 45       |                  |   |  | Fair                  |   |

| Priority  | Indicator | Indicator name   | 23/24<br>outturn | Q4 23/24            | Q1 24/25            | Q2 24/25             | Q3 24/25             | 24/25<br>outturn | Benchmark<br>National<br>(most recent<br>available) | Benchmark<br>Stat N'bour<br>(most recent<br>available) | Corporate<br>Plan Aim | Acronym                          |
|---|-----------|--|------------------|---------------------|---------------------|----------------------|----------------------|------------------|---|--|-----------------------|----------------------------------|
| Priority 3 - We will work to give all children and young people a forever home and keep them safe | 3.6       | Number of individuals with 3 or more placements (rolling 12mth figure)   | 66               | 66                  | 65                  | 75                   | 61                   |                  |   |  | Fair                  |                                  |
|   | 3.7       | % cared for children in care for at least 2.5yrs at the end of the period and living in their current placement for at least 2 years | 66%              | 66%                 | 61%                 | 63%                  | 67%                  |                  | 71%   | 72%  | Fair                  | #NAME?                           |
|   | 3.8       | Number of cared for children placed over 20 miles from home address (Cheshire East and out of borough)                               |                  | 152                 | 134                 | 146                  | 145                  |                  |   |  | Fair                  |                                  |
|   | 3.9       | Number of children living out of borough   |                  | 212                 | 201                 | 209                  | 204                  |                  |   |  | Fair                  |                                  |
|   | 3.10      | Number of cared for children who have been missing in the quarter  |                  | 41                  | 36                  | 36                   | 38                   |                  |   |  | Fair                  |                                  |
|   | 3.11      | Number of children who have a long term matched placement  |                  | 138                 | 127                 | 127                  | 123                  |                  |   |  | Fair                  |                                  |
|   | 3.12      | Number of placement moves in the quarter   |                  | 88 (73 individuals) | 72 (60 individuals) | 120 (88 individuals) | 107 (91 individuals) |                  |   |  | Fair                  |                                  |
|   | 3.13      | % of currently cared for children who have had a C&F assessment in the last 12 mths  |                  | 72%                 | 75%                 | 72%                  | 65%                  |                  |   |  | Fair                  | C&F - Children and Family        |
|   | 3.14      | % of Cared for Children in care for more than 1 mth who have had a review in the last 6 mths   |                  | 90%                 | 90%                 | 92%                  | 90%                  |                  |   |  | Fair                  |                                  |
|   | 3.15      | % of children ceased to be looked after due to granting of special guardianship order (SGO) - year to date figure                    | 12%              | 12%                 | 8%                  | 6%                   | 10%                  |                  | 13%   | 12%  | Fair                  | SGO - Special Guardianship Order |
|   | 3.16      | % of children ceased to be looked after due to adoption - year to date figure  | 9%               | 9%                  | 11%                 | 10%                  | 11%                  |                  | 10%   | 11%  | Fair                  |                                  |
|   | 3.17      | Number of children with an adoption decision   |                  | 37                  | 36                  | 38                   | 39                   |                  |   |  | Fair                  |                                  |
|   | 3.18      | Average number of days between entering care and moving in with adoptive family (A10 national indicator) - yearly figure             |                  | 498                 | 519                 | 631                  | 614                  |                  | 376   |  | Fair                  |                                  |
|   | 3.19      | Average number of days between placement order and match with adoptive family (A2 national indicator) - yearly figure                |                  | 133                 | 167                 | 244                  | 236                  |                  | 185   |  | Fair                  |                                  |
|   | 4.1       | Children looked after who had their annual health assessment (%)   | 91% (OC2 cohort) | 91%                 | 83%                 | 85%                  | 89%                  |                  | 89% (OC2 cohort)                                    | 86% (OC2 cohort)                                       | Fair                  |                                  |
|   | 4.2       | Children looked after who had their teeth checked by a dentist in the last 12 months (%)   | 87% (OC2 cohort) | 87%                 | 82%                 | 74%                  | 70%                  |                  | 70% (OC2 cohort)                                    | 65% (OC2 cohort)                                       | Fair                  |                                  |

| Priority  | Indicator | Indicator name  | 23/24<br>outturn | Q4 23/24   | Q1 24/25   | Q2 24/25   | Q3 24/25   | 24/25<br>outturn | Benchmark<br>National<br>(most recent<br>available) | Benchmark<br>Stat N'bour<br>(most recent<br>available) | Corporate<br>Plan Aim | Acronym   |
|---|-----------|---|------------------|------------|------------|------------|------------|------------------|---|--|-----------------------|---|
|   | 4.3       | % of 4-16 in care for 3 months or more with a completed SDQ score in the last 12 mths             | 63% (OC2 cohort) | 63%        | 58%        | 68%        | 46%        |                  | 77% (OC2 cohort)                                    | 75% (OC2 cohort)                                       | Fair                  | SDQ - Strenghts and Difficulties Questionnaire. T |
|   | 4.4       | % of young people with a SDQ score of 20 or above   | 26% (OC2 cohort) | 26%        | 30%        | 33%        | 31%        |                  | 37% (OC2 cohort)                                    | 40% (OC2 cohort)                                       | Fair                  | SDQ - Strenghts and Difficulties Questionnaire.   |
|   | 4.5       | Number of care leavers with a health passport   |                  | 21/21 100% | 34/34 100% | 18/18 100% | 24/24 100% |                  |   |  | Fair                  |   |
| Priority 5 - We will prepare young people for Adulthood | 5.1       | % of care leavers aged 16-21 with an up to date pathway plan in the last 6 mths                   |                  | 89%        | 88%        | 82%        | 75%        |                  |   |  | Fair                  |   |
|   | 5.2       | % of pathway plan reviews completed in timescales in the quarter                                  |                  | 88%        | 92%        | 84%        | 68%        |                  |   |  | Fair                  |   |
|   | 5.3       | % of pathway plan reviews completed in the quarter where Young persons view were not sent/ gained |                  | 5%         | 7%         | 3%         | 10%        |                  |   |  | Fair                  |   |
|   | 5.4       | % of former relevant care leaver aged 18-21 that we are in touch with                             |                  | 98%        | 97%        | 94%        | 95%        |                  |   |  | Fair                  |   |
|   | 5.5       | % of 16-17 years old currently cared for with a PA allocated                                      |                  |            |            | 45%        | 30%        |                  |   |  | Fair                  | PA - Personal Advisor                             |
|   | 5.6       | % of 17-18 former relevant care leavers in suitable accommodation                                 | 95%              | 95%        | 95%        | 93%        | 97%        |                  | 90% at yp birthday                                  | 88% at yp birthday                                     | Fair                  |   |
|   | 5.7       | % of 19-21 former relevant care leavers in suitable accommodation                                 | 96%              | 96%        | 92%        | 86%        | 97%        |                  | 88% at yp birthday                                  | 88% at yp birthday                                     | Fair                  |   |
|   | 5.8       | Number current UASC being cared for   | 38               | 38         | 38         | 34         | 32         |                  |   |  | Fair                  | UASC - Unaccompanied Asylum Seeker                |
|   | 5.9       | Number current/ former UASC care leavers (aged 18-24)   |                  | 104        | 114        | 116        | 123        |                  |   |  | Fair                  | UASC - Unaccompanied Asylum Seeker                |
|   | 5.10      | Number of individuals in staying put arrangement  |                  | 41         | 42         | 43         | 45         |                  |   |  | Fair                  |   |

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**Health Report for Cheshire East Cared for Children and Care Leavers Committee.****Quarter Three 2024/2025****Purpose of Report**

1. This report seeks to provide further detail to the health section of the Cared for Children and Care Leavers scorecard in order to enable the Cared for Children and Care Leavers Committee to have greater scrutiny of performance in relation to the Local Authority and Integrated Care Boards statutory responsibilities in meeting the health needs of Cared for Children

**Initial Health Assessments**

2. Care planning regulations require the local authority that looks after them to arrange for a registered medical practitioner to carry out an initial assessment of the child's state of health and provide a written report of the assessment within 20 working days of the child becoming cared for. Integrated Care Boards (ICBs) and NHS service providers have a duty to comply with requests from local authorities in support of their statutory requirements.
3. NHS Cheshire and Merseyside ICB commission Mid Cheshire Hospitals Foundation NHS Trust and East Cheshire NHS Trust to complete Initial Health Assessments for children living within Cheshire East these are completed by paediatricians who have undertaken additional training.
4. There has been a significant decline in the timeliness of initial health assessments from quarter one.
5. In quarter three 40 requests were made for initial health assessments (IHAs) for cared for children placed in Cheshire East. Of these, only 16 children (40%) were seen for their IHA within the 20-working day timescale. This is a decrease on quarter of 44%.
6. Additionally, 19 requests were received for IHAs for Cared for Children placed outside of Cheshire East. IHA's were completed within the 20-day timescales for 8 (42%) of these children.
7. The main reason for delay continues to be children not being brought to appointments. Between April and December 24, a total of 62 appointments have been missed. In quarter 3 this had the additional impact that due to the number of missed appointments not all children could be offered their first appointment within the required timescales.
8. Other reasons for delay include delays with out of area health providers, interpreter issues and not receiving necessary legal paperwork within timescales

9. Weekly meetings chaired by the Deputy Designated Nurse Cared for Children, take place between social care and health providers to review each child awaiting a health assessment and seek to identify and resolve any issues that may impact on a timely assessment.
10. Monthly escalation meetings take place between service managers to consider issues that cannot be resolved through the weekly meetings. Where themes are identified, health and social care are working together to find solutions and improve practice. Actions identified are captured through the ILACS Improvement Plan.
11. Initial data shows an improvement with timescale compliance for the month of January, this will continue to be monitored and responded to.

### **Review Health Assessments**

12. The local authority should arrange for a review of the child's health assessment to take place at least once every six months for children aged under five and at least once every twelve months after the child's fifth birthday by either a medical practitioner or registered nurse/midwife.
13. In most cases this review will be undertaken by a health visitor or school nurse. For some children who may have more complex health or social needs this review may be undertaken by a specialist nurse for cared for children. For children living in Cheshire East both these services are provided by Wirral Community Health and Care NHS Foundation Trust.
14. In quarter three 66 requests were made for review health assessments for cared for children placed within Cheshire East. Of these, 59 children (89%) were seen for their RHA within the month their assessment was due. This is a slight decrease on the previous quarter of 5.2% due to some capacity issues within the local 0-19 teams, which is being monitored. It is noted that the 7 late RHAs were all due in December which can be a difficult time to access school aged children due to the Christmas holidays.
15. Additionally, 40 requests were made for children living outside of Cheshire East, 34 children (85%) were seen within the month their assessment was due. This is an increase of 28% on the previous quarter

### **Annual Health Assessment**

16. Local Authorities are required to report on the number and percentage of children who have been in care for 12 months or more that have received a health assessment within the past 12 months. This could be an initial or review health assessment and is reported as 4.1 in the scorecard.
17. The 23/24 outturn was 91% which is an improvement of 2% on the 22/23 performance of 89% and is the best performance since the covid pandemic.

18. As per 4.1 on the scorecard Q3 data demonstrates a continuing high compliance at 89%.

### **Annual Dental Check**

19. Cared for Children are required to have their teeth checked by a dentist at least once every 12 months. For very young children who do not yet have teeth, this may be an oral examination by a paediatrician or other health professional such as a midwife or health visitor.
20. As per 4.2 in the scorecard the overall 23/24 performance was 87% which an improvement of 13% on the 22/23 performance of 74%. Compliance now exceeds pre-pandemic performance, and the recently published national statistical release confirms that this performance was significantly higher than England as a whole and our statistical neighbours.
21. Q3 data is currently showing that 70% of children have had a dental check, however due to way the data is recorded it is normal to appear lower at this time of year and will improve for year end. Work is ongoing to try and improve the reporting around dental checks, with the aim of ensuring that accurate data is available throughout the year.
22. A dental referral scheme was established in 2021 to ensure that any cared for child living within Cheshire and Merseyside can access a dentist. Any child or is unable to register with a dental practice in the area can be referred into the scheme. Uptake of the scheme has significantly reduced - this is reflective of the fact that most children are currently able to register with for NHS dental care through high street dental surgeries.
23. As a result of this NHS Cheshire and Merseyside ICB have currently expanded the scheme to include care leavers as well as under 18s for a trial period. The trial is taking place over a 3month period, Jan-Mar, and will be evaluated by dental commissioners in April.

### **Care Leaver Health Summaries**

24. Care Leaver Health Summaries (also referred to as Care Leaver Health Passports) are provided to young people in the month of their 18<sup>th</sup> birthday. They contain a summary of their health records and aim to equip them to manage their own health needs in adulthood. The 2024 ILACS inspection noted that not all care leavers have access to their health summaries.
25. In 23/24 97% of care leavers received their health passports when they turned 18, the remaining 3% declined this to receive one. In 24/25 so far (Q1-3) 100% of care leavers turning 18 have received a care leaver health summary.

26. As part of the improvement work the ICB care leavers health group have consulted with our 16+ young people around what they would like to see included within their health summaries and we are in the process of implementing the changes they have requested.

### **Strengths and Difficulties Questionnaires (SDQs)**

27. The strengths and difficulties questionnaire is a clinically validated behavioural screening questionnaire which is used as a means of measuring on a regular basis the emotional and behavioural difficulties experienced by cared for children at a national level.
28. For children aged 5-16 local authorities should ensure that the child's main carer completed the carer version of the SDQ for the child in time to inform their health assessment. Uptake of the SDQ in Cheshire East is significantly lower than other local authorities and is an identified area for improvement.
29. An SDQ working group was established earlier this year to look at improving uptake and quality of the SDQ process. Including ensuring that where the carer completed SDQ suggests a child's total difficulties score is outside the normal range that the child themselves and their teacher complete a questionnaire, and the scores are triangulated. The implementation of iTHRIVE has now commenced within Cheshire East and the Cared for Children SDQ process has been identified as a priority for this project. The iTHRIVE implementation is being monitored through the Family Hubs Steering Group.

**Nicola Wycherley, Designated Nurse Safeguarding Children and Cared for Children  
February 2025**