

**The Health of Cared for  
Children and Young People  
Annual Report  
April 2021 – March 2022**

## 1. INTRODUCTION

- 1.1 This report covers the period from 1st April 2021 to 31st March 2022. It is written to provide assurance that during the reporting period NHS Cheshire Clinical Commissioning Group met the statutory requirements in commissioning services to identify and meet the health needs of the Cared for Children population of Cheshire East. It is produced in line with duties and responsibilities outlined in the 'Statutory Guidance on Promoting the Health of Looked after Children (LAC): Statutory Guidance for Local Authorities, Clinical Commission Groups and NHS England' (2015); The Children Act (1989) and The Children Act update (2004); and Looked After Children: knowledge, skills and competence of healthcare staff (Intercollegiate Role Framework, 2020).
- 1.2 During the reporting period NHS Cheshire Clinical Commissioning Group were committed to working with partner agencies to ensure the safety, health and well-being of all the cared for children and care leavers in Cheshire East. Recognised as the most vulnerable in our society, it is essential that we ensure safe and effective services are delivered with a focus on quality and patient experience, and with the key priority of enabling every child to go on to achieve their full potential in adulthood.
- 1.3 This report sets out the range of activities, developments, achievements, and challenges that our cared for children team have been involved in across Cheshire East and identifies key service priorities for 2022-23. We want to first recognise the global pandemic COVID 19 affected everyone in the Cheshire community.
- 1.4 The Covid-19 pandemic continued to have global impact throughout 2021/22. In April 2021, the UK remained in lockdown status. As the lockdown levels gradually lifted throughout 2021 for the general population, health providers continued to work with ongoing Covid restrictions. A further peak in Covid cases in Winter 2021/2022 impacted on service delivery across the NHS due to both increased demand and Covid-related sickness within the NHS workforce.

## 2. CARED FOR CHILDREN AND CARE LEAVERS

2.1 Looked After Children are those that are looked after by the Local Authority, either voluntarily or through a statutory order granted in court. In Cheshire East, Looked After Children are referred to as 'Cared for Children', in line with their wishes.

2.2 **Table 1**, below, shows the numbers of cared for children in Cheshire East at the end of quarter 4 2021/2022 (*data as reported by health*):

Total number of Cheshire East Council cared for children placed in area	303
Total number of Cheshire East Council cared for children placed out of area	197
Number of children in care of other local authorities placed in Cheshire East.	205

### 3. THE RESPONSIBLE COMMISSIONER

- 3.1 During the reporting period NHS Cheshire Clinical Commissioning Group were the responsible commissioner of health services for children and young people who were taken into the care of Cheshire East Local Authority. When children are placed out of area it is the responsibility of the Local Authorities as lead agencies to notify NHS organisations to ensure that these children and young people maintain access to relevant health services. This included the originating Clinical Commissioning Group and the receiving Clinical Commissioning Group in the area where the child or young person is placed (Department of Health 2015).
- 3.2 In Cheshire East, whenever a child or young person is moved to an area outside the Clinical Commissioning Group (Integrated Care Board, from July 2022) boundaries, a formal transfer of information is completed by the Cared for Children Health Team and sent to the team with responsibility for the health of looked after children in the receiving area.
- 3.3 Responsibility for requesting, monitoring and quality assuring review health assessments for children and young people placed out of area remains with the Cared for Children Health Team in Cheshire East.

### 4. REDUCING UNWARRANTED VARIATION FOR LOOKED AFTER CHILDREN (LAC)

- 4.1 *'There is unwarranted variation across England in the quality of the arrangements in health services for child safeguarding and for looked after children. These are some of society's most vulnerable children'* (Not Seen, Not Heard. Care Quality Commission. 2016).
- 4.2 NHS England and NHS Improvement have identified reducing unwarranted variation for Looked After Children as a key area of focus. The primary areas of unwarranted variation are:
- Access to timely and quality health services regardless of where Looked After Children are placed in the United Kingdom.
  - Health commissioning pathways to meet the statutory duties for all Looked After Children are complex and there is no single service specification for delivery across the Regional and National footprint.
  - Access to mental health services for Looked After Children and Care Leavers.
  - Structures and systems to support healthcare teams are not always in place, and vary across the United Kingdom.

4.3 Throughout 2021-2022, work has continued across the Cheshire footprint to address these issues. The health system together with the Local Authorities as 'Corporate Parents' have high aspirations to improve outcomes for these children and young people.

## 5. CARED FOR CHILDREN AND CARE LEAVER ACHIEVEMENTS AGAINST PRIORITIES FOR APRIL 2021 – MARCH 2022

5.1 **Table 2** below demonstrates our actions and achievements against the 2021/2022 priorities including actions against those still in progress or not yet complete.

**Table 2: Actions and achievements against the Clinical Commissioning Group 2021/2022 priorities**

2021/22 Priorities	We have
Continue to review the arrangements for Initial Health Assessments: the current arrangements for the notification of a child entering care, requesting an initial health assessment and recording completion are fragmented due to the different processes in place with different providers. This needs to be reviewed and consideration given to streamlining the process to reduce the risk of breaches of statutory timescales.	<ul style="list-style-type: none"> <li>Reviewed and updated the Initial Health Assessment processes for children coming into the care of Cheshire East.</li> <li>The Designated Nurse regularly tracks Initial Health Assessments for all children brought into care across Cheshire and challenges any issues regarding timeliness.</li> </ul>
Annual Quality Assurance visit to Provider services to be completed by Designated Nurse: This will serve to provide assurance to the Clinical Commissioning Groups that the services provided meet statutory requirements.	<ul style="list-style-type: none"> <li>Quality Assurance visits were suspended due to Covid 19 restrictions, however regular virtual meetings were held with the provider and assurance was provided through annual submission of commissioning standards and quarterly quality reports.</li> <li>Face to face visits to be completed during 2022/23.</li> </ul>
Development of an effective tool that can be used to measure health outcomes for Cared for Children	<ul style="list-style-type: none"> <li>The Liverpool quality assurance tool was adopted by the provider service, which has an ability to collect and record health information relating to individual children during the health assessment quality assurance process.</li> <li>Work will continue in 2022/23 to review themes and trends recorded and how they can evidence health outcomes for children and inform service delivery.</li> </ul>
Review of the health summary document, and pathway for completion, for care leavers.	<ul style="list-style-type: none"> <li>Following an initial review the previous year, the following were implemented in 2021/22:  An Easy Read version was implemented for care leavers with additional needs, which can be personalised to individual level of need.  Care Leavers are provided with two copies of</li> </ul>

2021/22 Priorities	We have
	the health summary so that they can share a copy with another professional such as their Personal Advisor if they wish
Development of a robust system to ensure effective tracking and monitoring of both Cheshire Looked After Children placed out of area, and Looked After Children placed in Cheshire by other Local Authorities	<ul style="list-style-type: none"> <li>Reviewed and updated notification systems across health and Local authorities.</li> <li>The health Provider now has a dedicated Nurse Specialist who has oversight of Cheshire East children placed out of area.</li> </ul>

## 6. KEY PERFORMANCE INDICATORS: INITIAL HEALTH ASSESSMENTS

- 6.1 It is a regulatory requirement throughout England that each Looked After Child has a comprehensive health assessment (Initial Health Assessment) and a health care plan in place prior to the first Looked after Children Care Plan review which takes place at 20 working days from entry to care. The Initial Health Assessments are completed by Paediatricians.
- 6.2 The quality of completed Initial Health Assessments is monitored by the Designated Doctor for Cared for Children and any quality concerns are raised directly with the practitioner who completed the assessment. The Designated Doctor provides annual training for the doctors in the department and provides supervision on a 1:1 basis if needed. Any training grade doctors performing Initial Health Assessments will receive training and supervision before and after completion of the assessment to ensure a good quality assessment. The Designated Doctor has a requirement to receive Level 5 safeguarding training.
- 6.3 There has been a shared Initial Health Assessment pathway in place for use by health and social care practitioners since 2013. The pathway includes details of the timescales for notification by Children's Social Care to community paediatricians to ensure Initial Health Assessments are completed within statutory timescales. Timely notification to health services is crucial to support the completion of high-quality health assessments for children coming into care within statutory timescales. This pathway is continuously reviewed to ensure it remains relevant to the Local Authority and each provider.
- 6.4 There continues to have been improved performance in the timeliness of requests by Cheshire East Council for the completion of Initial Health Assessments during 2021/2022, within an average of 71% of requests being received in timescale over the course of the year. Requests are triggered by a notification that a child has entered care. In the event of a late request being received by either of the two providers, every effort is made to ensure

that the Initial Health Assessment is still completed within 20 working days. This will remain a priority area of focus and partnership working will continue throughout the coming year to identify and address the reasons for late Initial Health Assessment requests including escalation to the team managers within the Local Authority.

- 6.5 Prompt completion of an Initial Health Assessment is essential to ensure identification of a child or young person's health needs, and when delayed there is the risk that health issues remain unaddressed. There is a potential for this risk to increase when a child is placed a considerable distance outside the Cheshire East footprint. The Initial Health Assessment Pathway has been reviewed to ensure that there is clarity regarding the arrangements for requesting a health assessment for a Cheshire Cared for Child when they are placed out of area, and further work to strengthen this arrangement continues on an ongoing basis as processes adapt and change.
- 6.6 Themes have been identified by the Providers as reasons why Initial Health Assessments are completed outside the statutory timescale. In addition to late requests from the Local Authority, other reasons recorded include cancelled appointments because children have been unwell or on holiday, children declining appointments or not attending without explanation. The Designated Nurse escalates all issues relating to either late requests or children not being brought to appointments to the Child's Social Worker for action. If this is not actioned in a timely manner the Designated Nurse for Looked After Children will escalate to their manager so further action can be taken. Initial Health Assessment performance data is also a standing item on the agenda at the Health and Local Authority Partnership meetings which are held bi-monthly and provide opportunity to analyse data and identify areas where improvement is required.

Compliance of timescales for completion of Initial Health Assessments within Cheshire East has improved steadily over 2021/22 but has not yet returned to pre-pandemic levels. There continues to be significant issues with timescales for Cheshire East children placed out of area. The Designated Nurse continues to escalate with the receiving CCGs in these cases.

**Table 3: shows the comparison of completed IHA's percentages in Cheshire East**

Areas	Initial Health Assessments completed within 20 days (100% target)	Initial Health Assessments completed within 20 days (100%target)	Initial Health Assessments completed within 20 days (100%target)	Initial Health Assessments completed within 20 days (100%target)
	Quarter 1: 2021/22	Quarter 2: 2021/22	Quarter 3: 2021/22	Quarter 4: 2021/22
Cheshire East	44%	66%	76%	72%

- 6.7 There is further work to do to achieve aspirations of ensuring that all children entering care are supported to have their health care needs identified and met in a timely way and

this will continue to be a priority during 2022-23. The primary focus for action will be around:

- Review of the pathway to escalate late Initial Health Assessment requests which is shared across Cheshire East.
- Greater scrutiny of cancelled appointments or those that children are not brought to without explanation. Information regarding any missed appointments will be escalated to Senior Local Authority Managers.
- Programme of education and training for social care staff and carers by health practitioners in order to ensure the Initial Health Assessment process and pathway is understood, and the relevant documentation, supporting information and referral letters are completed.
- Exploration of new ways to arrange initial health assessments utilising a single point of contact within the Local Authority and the providers. This would help in reducing the number of teams handling and processing data, and the number of steps required to manage the whole process.

## 7. KEY PERFORMANCE INDICATORS - REVIEW HEALTH ASSESSMENTS

- 7.1 The Local Authority must ensure that every child and young person in their care has an up-to-date individual health plan, the development of which should be based on the written report of the health assessment. The health plan forms part of the child's overall care plan. Children under the age of 5 years must have a Review Health Assessment twice in a twelve month period, whilst children age 5 years and above have their health needs reviewed annually.
- 7.2 Review Health Assessments for Cheshire East Cared for Children are generally carried out by health visitors, school nurses, family nurses and sometimes by community paediatricians (if the child has complex health needs and is already under regular review by the community paediatrician).

## 8. TIMELINESS OF REVIEW HEALTH ASSESSMENTS

- 8.1 Statutory timescales are in place for the completion of Review Health Assessments. This is monitored via the data included in the quarterly Safeguarding Assurance Framework provided by Wirral Community Health and Care NHS Foundation Trust.
- 8.2 The data in **Table 4** demonstrates that during 2021/22, Cared for Children placed out of area were more likely to experience their Review Health Assessment being completed late. It is recognised that there is often some difficulty in influencing timescales for

completion of Review Health Assessments when a child is placed in another area, and many areas are experiencing continued capacity issues due to the ongoing pandemic response. Timeliness for Review Health Assessments for those Cared for Children placed within Cheshire East was better, although in Quarter performance did reduce due to impact of Covid related sickness absence within the provider workforce. Close scrutiny and monitoring of this performance indicator will continue I 2022/23 to ensure that our Cared for Children are receiving timely, high quality statutory health assessments irrespective of where they are placed.

**Table 4: Percentage of Review Health assessments completed within timescale in Cheshire East**

Cheshire East	Quarter 1 2021-22	Quarter 2 2021-22	Quarter 3 2021-22	Quarter 4 2021-22
Children placed <u>IN AREA</u>	73%	91%	82%	66%
Children placed <u>OUT OF AREA</u>	62%	48%	71%	63%
Children in the care of other Local Authorities	92%	96%	74%	70%

## 9. THEMES IDENTIFIED DURING HEALTH ASSESSMENTS

9.1 Throughout 2021-22, themes identified at health assessment have remained consistent with previous years and include:

- Emotional wellbeing, including difficulties relating to attachment and previous trauma
- Mental health disorders
- Attention Deficit Hyperactivity Disorder
- Sleep problems
- Smoking and substance use
- Complex physical health needs
- Social and communication difficulties
- Exploitation
- Missing from home episodes
- Self harm

### 9.2 Gaps/Risks identified

- Specialist support services for attachment difficulties
- Mental/emotional health support for care leavers up to age 25 years
- Accessing health services for our Cared for Children placed out of area
- Notification process for children placed in Cheshire East by other Local Authorities
- Engagement of some children and young people with the current health assessment process



## 10.DENTAL CHECKS

10.1 There can be difficulties with obtaining and reporting on dental data due to both the number of dental practices that cared for children are receiving treatment from, and the lack of a single method for collecting the information. **Table 5** below indicates the percentages of cared for children who were up to date with their dental check on 31.03.2022 and the 4 years before. Whilst performance has improved on the previous year, pre-pandemic attendance figures has not yet been reached. In conjunction with NHS England a local scheme has been developed whereby Cared for Children who are struggling to access a dentist due to lack of availability can be referred to a commissioned provider. This will help to improve performance for 2022/23 and dental checks will be a key priority for the coming year.

**Table 5: Percentage Comparison from 2018 to 2022 of Looked After Children who have visited a Dentist**

Date	Percentage of Cheshire East children who have visited a dentist	National data
31/03/2018	85.2%	84%
31/03/2019	75.7%	85%
31/03/2020	75.3%	86%
31/03/2021	38%	40%
31/03/2022	51%	70%

## 11. IMMUNISATIONS

11.1 National data relating to the year 2021/22 is 85% Local data analysis indicates that on 31st March 2022, 97% of Cared for Children in Cheshire East who had been in care for twelve months or more had received their age appropriate immunisations.

## 12. DEVELOPMENTAL CHECKS

12.1 Compliance with the healthy child programme is excellent and performance indicator for the percentage of Cared for Children who have had a developmental check in line with national requirements was 94% in Cheshire East.

## 13. CARE LEAVERS HEALTH SUMMARY

13.1 All young people who leave care when they reach their 18th birthday should receive a summary of their health history. During 2021/22 the Nurse Specialists have continued to develop an effective system for ensuring that young people are leaving care at the age of 18 years with a meaningful, relevant summary of their health history. Engagement has been

successful in a large proportion of cases and has involved an innovative and constantly evolving approach to access even the most hard to reach young people. At the end of 2021/22, there were 55 young people reaching their 18th birthday in Cheshire East and they all received a Care Leavers Health Summary.

## 14. UNACCOMPANIED ASYLUM SEEKERS

14.1 During 2021/2022 the number of unaccompanied asylum seeking children has remained relatively steady within Cheshire East. It is recognised that many of these young people have experienced significant adverse life events both within their countries of origin, and during their journeys to the United Kingdom. The resulting physical, emotional and mental health needs of this group of young people can be particularly complex and specialist support services are frequently required.

14.2 In Cheshire East a welcome pack was developed by the Specialist Nurse 16+ and Transitions last year which provides comprehensive health advice and guidance on accessing services. This year the welcome pack was professionally published into an A5 booklet and is now available in hard copy or electronically for professionals to use with unaccompanied asylum seeking children.

## 15. CHILDREN IN CARE PRIORITIES APRIL 22 – MARCH 23

15.1 **Table 6** below demonstrates the Clinical Commissioning Group (Integrated Care Board from July 2022) priorities for 2022/2023.

**Table 6: NHS Cheshire Clinical Commissioning Group (NHS Cheshire and Merseyside Integrated Care Board from July 2022) Looked After Children's Priorities of 2022-2023**

2022/23 Priorities	How we will do it	Timescale
Continue to review the arrangements for Initial Health Assessments: the current arrangements for the notification of a child entering care, requesting an initial health assessment and recording completion are fragmented due to the different processes in place with different providers. This needs to be reviewed and consideration given to streamlining the process to reduce the risk of breaches of statutory timescales.	<ul style="list-style-type: none"> <li>Work with Providers and Local Authorities to review current arrangements and develop processes which simplify and streamline, reducing opportunities for delay of notification or allocating appointments within statutory timescales.</li> <li>Continue to track Initial Health Assessments for all children brought into care across Cheshire and challenge any issues regarding timeliness.</li> </ul>	March 2023
Annual Quality Assurance visit to Provider services to be completed by Designated	<ul style="list-style-type: none"> <li>The Designated Nurse will complete quality visits to specialist nursing teams in both</li> </ul>	March 2023

2022/23 Priorities	How we will do it	Timescale
Nurse: This will serve to provide assurance to the Clinical Commissioning Groups that the services provided meet statutory requirements.	<p>providers.</p> <ul style="list-style-type: none"> <li>A report and action plan will be produced following quality visit which will be reviewed quarterly.</li> </ul>	
Development of an effective tool that can be used to measure health outcomes for Cared for Children	<ul style="list-style-type: none"> <li>The Designated Nurse will work with colleagues across the North region within the Regional Looked After Children Designated Nurses Network Group.</li> <li>Introduction of a system to collect and record health information relating to individual children during the health assessment quality assurance process.</li> </ul>	March 2023
Review of the health summary document, and pathway for completion, for care leavers	<ul style="list-style-type: none"> <li>A group to include children and young people to be established in both Local Authority areas to review current document and agree changes required.</li> </ul>	March 2023
Improve attendance for annual dental checks.	<ul style="list-style-type: none"> <li>Promotion of dental escalation pathway for those children who cannot access an NHS dentist locally amongst health and social care professionals.</li> <li>Routine review of dental attendance within Cared for Reviews</li> <li>Review of administration process for recording dental attendance within children's records.</li> <li>One page guide for carers to be developed , advising of routine health requirements for Cared for Children, including dental checks.</li> </ul>	March 2023

## 16. RECOMMENDATIONS

16.1 The information contained in this report demonstrates that we continued to ensure robust commissioning arrangements are in place for safeguarding and the important work with partners to support service development, delivery and governance arrangements.