

**Health Report for Cheshire East Cared for Children and Care Leavers Committee.****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. In quarter one 37 requests were made for initial health assessments (IHAs) for cared for children placed in Cheshire East. Of these, 31 children (84%) were seen for their IHA within the 20 working day timescale. This is an improvement on the previous quarter of 22%.
5. Additionally, 11 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 (72%) of these children.
6. Of the 6 children placed in area who did not receive the health assessment within the 20-day timescale, 2 children were delayed by one day due to a placement move, and 4 children were not brought to one or more appointments. The average delay in timescale was 5 working days. All children were offered a first appointment within timescales.
7. For the 3 children living outside of Cheshire East who experienced delay, 2 children were not brought to one or more appointments and one child's appointment was delayed due to both a delay in the legal paperwork being received by health and capacity within the out of area health provider.
8. In total children did not attend 12 appointments for their initial health assessments this quarter. This not only delays their health assessment but impacts on the capacity of the paediatric department to see other children.

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. Cheshire East children living in one of our neighbouring local authorities have been experiencing delays in receiving their health assessments for a sustained period of time. In Q1 this delay rose to 5 months for an initial health assessment. As a multi-agency group, a decision was taken to bring 4 children living in this area back into Cheshire East for their IHAs, which were undertaken at Mid Cheshire Hospitals. This has had a direct impact on the improvement with compliance with timescales in Q1.

### **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 one 91 requests were made for review health assessments for cared for children placed within Cheshire East. Of these, 80 children (88%) were seen for their RHA within the month their assessment was due. This is a slight decrease on the previous quarter of 4.9% due to some capacity issues within the local 0-19 teams. This has not been an issue previously and will be monitored going forward.
15. Additionally, 54 requests were made for children living outside of Cheshire East, 35 children (65%) were seen within the month their assessment was due. This is an increase of 6% on the previous quarter.
16. For the 11 children living in Cheshire East who did not have their health assessment within timescale, 3 children were unwell or on holiday, one was cancelled by the carer, 2 children declined the assessment 5 children were not seen in time due to the 0-19 capacity issues.

17. For the 19 children living in other areas, 2 children did not receive their assessment in time due to their placement cancelling their appointment and the remaining 17 children experienced delays due to capacity issues with out of area health providers. Some of these providers are completing health assessments up to 3 months late.

### **Annual Health Assessment**

18. 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.
19. 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.

### **Annual Dental Check**

20. 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.
21. As per 4.2 in the scorecard the overall 23/24 performance was 87% which an improvement of 12% on the 22/23 performance of 75%. As a result of the covid pandemic compliance dipped to just 35% in 20/21 due to the lockdown restrictions. However, compliance now exceeds pre-pandemic performance.
22. 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.
23. 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. In quarter one, just one child was from Cheshire East was referred and seen. This is reflective of the fact that most children are currently able to register with for NHS dental care through high street dental surgeries.
24. NHS Cheshire and Merseyside ICB are currently exploring whether this scheme can be opened up to include care leavers as well as under 18s. It is hoped that that a further update may be available at the December 24 Committee meeting.

### **Care Leaver Health Summaries**

25. 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.

26. In 23/24 98% of care leavers received their health passports when they turned 18, the remaining 2% declined this to receive one. In quarter one 100% of care leavers turning 18 received a care leaver health summary.
27. As part of the improvement work the ICB care leavers health group is currently consulting with our 16+ young people around what they would like to see included within their health summaries.

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

28. 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.
29. 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.
30. 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 suggest 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**

**September 24**