

## **ANNUAL REPORT TO: Cheshire East Corporate Parenting Committee FOR INFORMATION**

**Report of:** Shan McParland Designated Nurse Cared for Children  
**Subject/Title:** The Health of Cared for Children and Young People  
Annual Report: Apr 2017- 18

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*“Evidence from research, shows that looked after children and young people share many of the same health risks and problems of their peers, but often to a greater degree. They can have greater challenges such as discord within their own families, frequent changes of home or school, and lack of access to the support and advice of trusted adults. Children often enter the care system with a worse level of health than their peers, in part due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect. Longer term outcomes for looked after children remain worse than their peers, as they face greater challenges related to long-term health, social and educational needs.”*

(Statutory Guidance on ‘Promoting the Health and Well-being of Looked after Children, DFE, DH, 2015)

### **Purpose of the report**

This report outlines the delivery of health services to children in the care of Cheshire East Council (CEC) during the period from 1 April 2017 to 31 March 2018, in line with National Statutory Guidance (*‘Statutory Guidance on Promoting the Health of Looked after Children: Statutory Guidance for local authorities, clinical commissioning groups and NHS England.’ 2015*). It reviews performance indicators, clinical work undertaken by the Wirral Community NHS Trust Cared for Children Health Team, service improvements and plans for further development.

The aim of the Cared for Children Health Service is to ensure that children in the care of Cheshire East Council have their health needs identified and addressed. This includes the provision of a detailed, high quality initial health assessment (IHA) when received into care and a statutory review health assessment (RHA) annually for children over five years of age and 6 monthly for those under five years of age.

The team works in partnership with Cheshire East Council and local health providers to ensure that appropriate services are developed and maintained to continue meet the health needs and improve the health and wellbeing of all cared for children and young people originating from the South Cheshire Clinical Commissioning Group area.

In Cheshire East, Looked after Children are referred to as Cared for Children. For the purposes of this report the terms are synonymous.

Glossary/Acronyms	
C4C	Cared for Children
CCG	Clinical Commissioning Group
CEC	Cheshire East Council
IHA	Initial Health Assessment
RHA	Review Health Assessment
DoH	Department of Health
LAC	Looked After Children
DNA	Did Not Attend
SDQ	Strengths and Difficulties Questionnaire
UASC	Unaccompanied Asylum Seeking Children
CQC	Care Quality Commission
SEN	Special Educational Need

## Key Points

The population covered within the report is all Cared for Children and Care Leavers that live in, or originate from, the Cheshire East Local Authority footprint. The number of Looked after Children has continued to rise steadily over the last eight years. At 31 March 2017 there were 72,670 looked after children in England, an increase of 2,220 on 2016, and an increase of 4,600 on 2013. At 31 March 2017, 62 children per 10,000 of the population were looked after, up from 60 children per 10,000 in the previous four years. On 31st March 2018, 477 children were registered as cared for by Cheshire East Council compared to 429 children on 31st March 2017; therefore the total population has risen by 11% during the year. In addition there are 203 children placed in Cheshire East Local Authority area by other local authorities.

The team responsible for co-ordinating health services for Cheshire East Council Cared for Children are employed by Wirral Community NHS Foundation Trust and are co-located with local authority colleagues at Cledford House in Middlewich. The team consists of a Named Nurse for Safeguarding and Cared for Children, 2 Specialist Nurses Cared for Children, 1 Specialist Nurse 16+ and Transitions, and 2 Administrators.

A new Designated Nurse for Looked after Children and Care Leavers commenced in post in November 2017. This role is purely strategic and separate from any operational responsibilities within the Provider organisations. It is pivotal to strategic planning, quality assurance and performance monitoring and is essential in advising on the provision of services for vulnerable cared for children and care leavers within the health economy.

The post covers the four Cheshire CCGs and aims to standardise practice across all 4 areas to eliminate unwarranted variation in service delivery, and improve the health and wellbeing of all our cared for children.

## **The Responsible Commissioner**

NHS South Cheshire and Eastern Cheshire CCGs are the responsible commissioners of health services for cared for children who are taken into the care of Cheshire East Local Authority if they were registered with a GP within either NHS Eastern Cheshire or South Cheshire CCG at the time of entering care. They are the Originating CCG and they remain responsible for a child even when they are subsequently placed out of area.

When cared for children are placed out of area it is the responsibility of Cheshire East Local Authority as lead agency to notify health as stakeholders to ensure that children maintain access to relevant health services. This includes the Originating CCG (in this case either NHS Eastern Cheshire or South Cheshire CCG) and the Receiving CCG where the child or young person has been placed and registered with a GP (DOH 2015)

## **Payment by Results**

The Department of Health, with NHS England, Monitor, the Royal Colleges and other partners, has developed a mandatory national currency and tariff for statutory health assessments for looked-after children placed out of area. NHS Eastern and South Cheshire CCGs are charging for statutory health assessments in line with the national tariff.

The Payment by Results tariff is aimed at improving quality, access to services and providing resources into local areas to meet the demand. Further development and implementation of the Payment by Results tariff for statutory health assessments has been completed by the new Looked After Children and Care Leavers Administrator.

NHS Eastern and South Cheshire CCGs have a process in place whereby prior to payment of invoices for cared for children placed out of area, assurance is provided through the provider service who quality assure all completed Review Health Assessments (RHAs). All cared for children placed into the Cheshire East Council area from other authorities have a health assessment completed as priority and this is not delayed due to invoicing arrangements.

## **Corporate Parenting**

Accountability and scrutiny for the services provided to cared for children from multi-agency partners is directed through the Corporate Parenting Board. The Designated Nurse for Looked After Children and Care Leavers represents NHS Eastern Cheshire and South Cheshire CCGs on Cheshire East's Corporate Parenting Board and is a member of the local authority Corporate Parenting Strategy Group, as well as the chair of the Priority 'Help me to be healthy' Group. These meetings are currently held quarterly. This arrangement allows greater scrutiny of local partnership working in relation to Cared for Children's health and enables more effective relationships as Corporate Family members.

The following information provides assurance regarding the outcome indicators relating to health through the work of the Designated Nurse Looked After Children and Care Leavers, undertaken on behalf of NHS Eastern Cheshire and South Cheshire CCGs.

## Key Performance Indicators

### Initial Health Assessments

It is a regulatory requirement throughout England for each cared for child new into care to have a comprehensive health assessment and a health care plan in place prior to the first LAC review (which takes place at 20 working days from entry to care). Across Cheshire East there has been a continued focus on improving the timeliness of IHAs and RHAs over 2017-18. During Quarter 4, there were 64% of IHAs requested within 48 hours of coming into care, and 70% completed by paediatricians within the statutory requirement of 20 working days. This compares to 64% and 58% respectively, at the end of Quarter 4 2016-17. Close monitoring of this performance indicator is essential in order to improve performance in this area for the coming year.

**Table 1: Cheshire East Children requiring IHA**

Time frame	Request received with 48 hrs	IHA within 20 working days
Q4 2016-17	64%	58%
Q1 2017-18	57%	62%
Q2 2017-18	45%	43%
Q3 2017-18	63%	71%
Q4 2017-18	64%	70%

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 2018-19. The primary focus for action will be around:

- Review of the pathway to escalate late IHA requests which is shared across Cheshire.
- Greater scrutiny of cancelled and/or DNA appointments by senior children's social care managers.
- Programme of education and training for social care staff and carers by health practitioners in order to ensure the IHA process and pathway is understood, and the IHA forms, supporting information and referral letters are completed

### Review Health Assessments (RHAs)

For children under 5 years it is a statutory requirement that an RHA should be completed twice in a 12 month period. For children and young people 5 years and above, an RHA is required annually.

RHAs are completed for all Cheshire East cared for children, and also for children placed in the Cheshire East area by other Local Authorities.

Reporting of performance with regards to timeliness of assessments continues to be monitored on a quarterly basis and discussed at the 'Help me to be Healthy' Group meetings, a Sub group of the Corporate Parenting Strategic Group. A collaborative approach has resulted in a visible improvement in the timeliness of RHAs. True partnership working is yielding positive results and this will continue throughout 2018-19.

At the end of 2017-18, **87.7%** of children who had been in the care of Cheshire East Council for more than 12 months had an up to date RHA. For those that were not completed within timescale, analysis of the contributing factors that lead to the breach is carried out to identify the areas where further work is required.

**Table 2: Cheshire East children with an up to date health assessment**

Date	% of Cheshire East children with an up to date health assessment	National data
31.03.15	95.9%	90%
31.03.16	70.8%	90%
31.03.17	90.9%	89%
31.03.18	87.7%	No data

National data source: Department of Education: Children looked after in England (including adoption and care leavers), year ending 31 March 2017: additional tables: SFR 41/2016, December 2017

## Dental Checks

It is recognised that there can be some difficulties with obtaining and reporting on dental data due to both the number of dental practices that cared for children are registered with, and the lack of a single method for collecting the information. The table below indicates the percentages of cared for children who were up to date with their dental check on 31.03.2018 and the 3 years before.

**Table 3: Dental data**

Date	% of Cheshire East children who have visited a dentist	National data
31.03.15	98%	86%
31.03.16	76%	84%
31.03.17	80%	83%

31.03.18	85.2%	No data
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It is anticipated that the actual number of children who have attended their dentist will be higher than this however difficulties in obtaining data for reporting continues to exist. Discussions regarding more reliable and less time consuming methods of obtaining this data will be taking place between the Designated Nurse and NHS England during 2018-19.

A number of children who come into care are not registered with a dentist and have not had a dental review due to neglect. If this is the case it will be added to the health care plan foster carers to action immediately.

### **Immunisations**

National statistics indicate that at the end of 2017, slightly fewer children had their immunisations reported as up to date than in previous years (84% down from 87%).

Local data analysis indicates that on 31st March 2018, 95.5% of cared for children in Cheshire East had age appropriate immunisations. This is an excellent achievement and work will continue throughout 2018/19 to maintain such high performance in this area.

### **Developmental Checks**

Compliance with the healthy child programme is excellent and has performance has remained at 100% for cared for children who have had a developmental check.

### **Emotional Health and Wellbeing**

It is recognised that there is a higher level of emotional and mental health issues amongst children and young people in care. At the end of March 2017 in England, the percentage of children in care with emotional and behavioural health that was considered normal was 49%, borderline was 12% and cause for concern was 38%. These figures have remained fairly stable over recent years.

The Strengths and Difficulties Questionnaire (SDQ) is a clinically validated brief behavioural screening questionnaire for use with 4-17 year olds. It provides information to help Social Workers form a view about the emotional well-being of individual children in care, and is the outcome measure used for tracking the emotional and behavioural difficulties of children in care at a national level.

Statutory guidance states that all children aged 4-17 years old should have an SDQ completed annually and in Cheshire East the first SDQ should be completed when the child or young person enters care. A higher score on the SDQ indicates more emotional

difficulties, with a score of 0 to 13 being considered normal, a score of 14 to 16 considered borderline cause for concern, and 17 or more a cause for concern.

On completion of an SDQ, there is a pathway in place which provides clear guidance on the action required in the event of a borderline or concerning score. This action may take the form of monitoring, advice and support for carers, the child/young person or other professionals working with the child, or a referral into a specialist service.

The table below details the percentages of children with normal, borderline and concerning Goodman's (Goodman and Scott, 2012) strengths and difficulties questionnaires (SDQ) scores. These were completed by carers in relation to 96% of 4-16 year olds which is an excellent compliance rate.

**Table 4: SDQ scores**

Year end	Average score	Normal range (under 14)	Borderline (14-17)	Concern (17+)
2013/14	14.2	45%	14%	41%
2014/15	13.4	50%	15%	34%
2015/16	14.6	46%	10%	45%
2016/17	14.6	44%	3%	53%
2017/18	14.0	48%	14%	38%

## Substance Misuse

Nationally, 4% of children looked after were identified as having a substance misuse problem; the same as in both 2016 and 2015; 49% received an intervention (similar to previous years).

In Cheshire East there were 17 young people who were reported to have a substance misuse problem which represents 3.5% of the total cared for children population, slightly lower than the national figure. Of the 17 young people with a substance misuse problem reported, 4 received intervention (23.5%), 12 were offered intervention but refused (70.5%) and 1 was not offered intervention (6%).

## Care Leavers Health Passports

All young people who leave care when they reach their 18<sup>th</sup> birthday should receive a summary of their health history. During 2017-18 there has been extensive work completed by the Clinical Nurse Specialist 16+ in the Cared for Children's Team 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.

The current format of the Health Passport has been developed with the involvement of young people therefore there is confidence that this document is appropriate and what they want. At the end of 2017-8 there were 52 young people who reached 18 during that year and 61.5% had received a Health Passport, handed to them personally by the Nurse Specialist who completed it. Feedback regarding these documents has been consistently positive.

As this was a new process, issues regarding gaining consent from the young people were identified as causing some delay/difficulty in completing the Health Passports. For 2018-19 the 16+ Nurse Specialist has begun to request consent when completing review health assessments from 16 years of age thus increasing the opportunities to obtain the required consent in time for the health passport to be completed prior to the young person reaching 18.

## **Training and Supervision of Health Professionals**

*'Looked after children: Knowledge, skills and competences of healthcare staff' (March 2015)* is an Intercollegiate Role Framework written by the 'Royal College of General Practitioners', 'Royal College of Nursing' and 'Royal College of Paediatrics and Child Health' to provide a framework of competencies required for Health Professionals who work with Cared for Children.

Health Professionals responsible for completing Review Health Assessments are required to demonstrate competence to Level 3 of this framework and at the end of 2017-18, 91% of all Health Professionals had attended Level 3 training during that year. Also, as part of the Quality Assurance process, training needs may be identified on an ad hoc basis and feedback to practitioners is provided by the Specialist Nurses for Cared for Children when required to ensure health assessments are of a consistently high quality that remain child focussed.

All Health Practitioners who are named professionals for Cared for Children received supervision for the C4C Specialist Nursing Team on a 3 monthly basis. This is an opportunity to review practice and monitor outcomes of health interventions. During training and supervision cycles, identification of C4C with SEND is essential to ensure that both the Review Health Assessment and the Education and Health Care Plans are interlinked and used to inform each other.

## **Unaccompanied Asylum Seekers**

During 2017-18 the number of unaccompanied asylum seeking children (UASC) has increased within the Cheshire East area. 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 UK. The resulting physical, emotional and mental health needs

of this group of young people can be particularly complex and specialist support services may be required.

In recognition of the unique health and wellbeing needs of this group of young people, a group has been set up with membership from partner agencies, including Health. The purpose of this group is to develop effective pathways to ensure that health needs are identified promptly, and that referrals to appropriate support services are being made. NHS England has also recognised that this is a concerning issue nationwide and is providing guidance across Regional Networks to enable services to work effectively.

## **Family Nurse Partnership**

The Family Nurse Partnership helps local young parents to increase their confidence and gives them the guidance and support required to give their baby the best start in life. Young parents are paired with a specially trained family nurse who visits them regularly; from the early stages of pregnancy until their child is two. The offer was extended in 2017-18 to first time pregnant vulnerable young people in care/care leavers up to the age of 24 (it was previously age 19).

Over the last year the Family Nurse Partnership in Cheshire East has worked with 11 mothers who are care leavers, 9 of whom are still active on the caseload (9% of current caseload). They have worked with 7 fathers who are care leavers and 2 families where both parents are care leavers.

They have 1 one client who is a young parent and currently a looked after child and 3 infants who are looked after.

## **Quality and Patient Experience**

### **The voice of the child**

It is widely acknowledged that there is need for the universal service offer to take full consideration of the specific needs of the cared for children population and amend delivery to promote their engagement. For example there should be flexibility in terms of appointment times and venues, and the involvement of cared for children and young people in the review or development of services designed to meet their health needs.

Obtaining feedback from children and young people is key to understanding their needs and promoting their engagement. This is an area for further development during 2018-19 and will be implemented through closer working with the local authority Participation Officers and My Voice (the Children in Care Council)

## **Priorities for 2018-19**

- Review of the SDQ strategy to ensure the completed scores inform the annual health assessment and care planning
- Strengthen the process for maintaining oversight of all our children and young people placed out of area
- Completion of Self Audit by Provider teams in line with commissioning standards: This will be used to benchmark current services provided against commissioning standards and identify areas where improvement/development is required
- Twice yearly Quality visit to Provider services to be completed by Designated Nurse: This will serve to provide assurance to the CCG that the services provided meet statutory requirements
- Review of the reporting arrangements by the Provider teams to the CCG: To enable the collection of qualitative data to support numerical data already collected and improve the understanding of the unique needs of our children and young people in care.
- Strengthening of training arrangements: Undertake a training need analysis of the multi-agency workforce to identify existing gaps in knowledge to promote delivery of statutory responsibilities and role as corporate parents. Develop a training strategy to develop interagency training across the health economy to improve the workforce knowledge and understanding of the LAC and Care Leaver population.
- Improving Services for Looked After Children as required by Promoting the Health and Wellbeing of Looked after Children: Statutory Guidance for Local Authorities, Clinical Commissioning Groups and NHS England (2015):

## References:

Care Quality Commission “Review of health services for children looked after and safeguarding” (2016) [http://www.cqc.org.uk/sites/default/files/20161115\\_classcheshire\\_final.pdf](http://www.cqc.org.uk/sites/default/files/20161115_classcheshire_final.pdf)

NHS Digital Child Protection Information Sharing Project <https://digital.nhs.uk/child-protection-information-sharing>

DfE and DoH (2015) “Promoting the health and wellbeing of looked after children” <https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2>

RCN and RCPCH (2015) “Looked after children: knowledge, skills and competence of health care staff” <http://www.rcpch.ac.uk/LAC>

Goodman and Scott (2012) Child and Adolescent Psychiatry, 3rd Edition <http://www.youthinmind.info/py/yimininfo/GoodmanScott3.py>

Dept. of Education and Dept. of Health (2017) Health Professionals Guide to Send Code of Practice.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/502913/Health\\_Professional\\_Guide\\_to\\_the\\_Send\\_Code\\_of\\_Practice.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/502913/Health_Professional_Guide_to_the_Send_Code_of_Practice.pdf)

NHS England (2016) “Leading Change adding value” <https://www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf>