

## **INTERIM REPORT TO: Cheshire East Corporate Parenting Board FOR INFORMATION**

**Report of:** Shan McParland Designated Nurse Cared for Children and Care Leavers  
**Subject/Title:** The Health of Cared for Children and Young People  
Interim Report: Oct 2018 – March 2019

### **Purpose of the report**

This interim report outlines the delivery of NHS health services to children in the care of Cheshire East Council (CEC) during the period from 1 October 2018 to 31 March 2019. 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 Eastern and South Cheshire Clinical Commissioning Group areas.

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

<b>Glossary/Acronyms</b>	
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 nationally has continued to rise steadily over the last eight years, however in Cheshire East over the last twelve months have remained relatively stable. On 19<sup>th</sup> April 2019, 484 children were registered as cared for by Cheshire East Council compared to 477 children on 31<sup>st</sup> March 2018; therefore the total population has risen by 1.5% during the year. In addition there are approximately 259 children placed in Cheshire East Local Authority area by other local authorities who also receive health services from the Cared for Children Team.

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.

## Key Performance Indicators

### Initial Health Assessments

It is a regulatory requirement throughout England for each 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 continues to be a strong focus on improving the timeliness of IHAs and RHAs and a range of actions have been undertaken to achieve this. From 1<sup>st</sup> October 2018 to 31<sup>st</sup> March 2019, an improvement in timescales for both request and completion of IHAs has been noted in comparison to the same period last year. (see Table 1)

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

Time frame	Request received with 48 hrs	IHA within 20 working days
Q3 2017-18	63%	71%
Q4 2017-18	64%	70%
Q3 2018-19	78%	80%
Q4 2018-19	76%	76%

The primary focus for action during 2018-19 has been 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 following escalation by the Designated Nurse.

Whilst the work above has yielded demonstrable improvement in both the timeliness of notification and the completion of IHAs, it is recognized that this can be improved further during the coming year. This has been discussed in the Corporate Parenting Operational Group (Workstream 4), 'Help Me Be Healthy', and it has been agreed that a programme of education and training for social care staff and carers will be delivered by health practitioners. This will ensure that the IHA process and pathway is fully understood by LA partners, and that the IHA forms, supporting information and referral letters are completed correctly and promptly.

### **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.

In February 2018, a new process for requesting RHAs was developed which provides practitioners with an increased amount of time to arrange and complete the RHA. During 2018-19 this has proved to be effective in improving the timeliness of RHAs. The information within Tables 2 and 3 (below) provide information regarding the percentage of RHAs completed within the month they were due for each quarter, and demonstrate an upward trajectory in performance which can be partly attributed to the new practice of Social Workers requesting RHAs in a more timely manner.

For children who are placed out of area it can be difficult to influence the timescales of completion of their RHA as it is another Provider being asked to do this work. In response to this issue an escalation process was created which provides a clear line of action to follow in the event of an RHA being delayed. The process involves the Designated Nurse liaising with the Designated Nurse in the relevant area to raise awareness of concerns regarding their Provider's response to a Cheshire East request. Their support in ensuring that our child or young person receives health services in line with Statutory Guidance is requested, and that the completed RHA is returned without delay. During Quarters 3 and 4 2018-19, there have been 11 escalations to the CCG. As a result, 9 RHAs have been returned promptly, 1 remains outstanding due to the young person refusing to engage and 1 has been completed but failed quality assurance so has been returned to the practitioner for amendments.

**% RHA's Completed by the due month (Source Wirral Community Health and Care NHS Foundation Trust)**

**Table 2. RHAs completed within due month Quarter 3 2018-19**

	<b>Children placed in Cheshire East area</b>	<b>Children placed out of borough</b>
<b>Number of children requiring an RHA during Quarter 3</b>	129	51
<b>Number of RHAs completed within the month due</b>	105 (81%) ↑	38 (75%) ↑
<b>Number of RHAs outstanding</b>	29	13

**Table 3. RHAs completed within due month Quarter 4 2018-19**

	<b>Children placed in Cheshire East area</b>	<b>Children placed out of borough</b>
<b>Number of children requiring an RHA during Quarter 4</b>	129	51
<b>Number of RHAs completed within the month due</b>	105 (83%) ↑	38 (84%) ↑
<b>Number of RHAs outstanding</b>	19	7

## **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 2018-19 there has been continued work by the Clinical Nurse Specialist 16+ in the Cared for Children's Team to ensure that all 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. Further work which will involve the participation of young people is planned in summer 2019 to review the current format of the health summary and adapt if required using the views and comments of young people.

During Quarter 4, there were 14 young people who reached their 18<sup>th</sup> birthday and left care. Of the 14, 13 (93%) were offered and accepted a summary of their health history which is a significant improvement on previous quarters. The one young person who has not yet received a health summary during Quarter 4 has multiple complex health needs and requires the document to be presented in an adapted format. This has been arranged and is being completed by a nurse who knows the young person well and will therefore be best placed to deliver this piece of work in a way that the young person will find easy to understand.

## **Corporate Parenting Operational Group Workstream 4 – ‘Help Me Be Healthy’**

This group continues to meet bi-monthly and membership consists of Local Authority and Health Partners. An action log is maintained and priorities are reviewed and updated at each meeting. The following priorities for 2019-20 have been identified:

### **Priorities for 2019-20**

- 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
- 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): The performance and quality of health input for children in care and care leavers has been constantly monitored by reviewing the timeliness and quality of all health assessments, and by close partnership working with LA colleagues. There have been changes made to service delivery in some areas and plans for further improvements to continue into 2019-20. An area for particular focus will be around the use of the electronic information systems within both the LA and NHS organisations and ways to improve functionality and accuracy will be explored. Further areas for development during the coming year will be detailed in the annual report for 2018-19
- Completion of a Self-Audit by the Cared For Children’s Nursing Team team 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
- 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.