

The Health of Cared for Children and Young People Annual Report April 2019 – March 2020

1. Introduction

- 1.1 This report covers the period from 1st April 2019 to 31st March 2020. It is written to provide assurance to the Governing Body and our partners that NHS South Cheshire Clinical Commissioning Group and NHS Eastern Cheshire Clinical Commissioning Group are meeting their 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, 2015).
- 1.2 NHS South Cheshire Clinical Commissioning Group and NHS Eastern Cheshire Clinical Commissioning Group are committed to working with partner agencies to ensure the safety, health and well-being of all the cared for children and care leavers in East Cheshire. 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 2020-21. We want to first recognise that at the end of this period the global pandemic COVID-19 affected everyone in the Cheshire community.

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.

3. The Responsible Commissioner

- 3.1 The two Cheshire Clinical Commissioning Groups are the responsible commissioners of health services for children and young people who are taken into the care of Cheshire East Local Authority. When children are placed out of area it is the responsibility of Local Authorities as lead agencies to notify NHS organisations to ensure that these children and young people maintain access to relevant health services. This includes the originating Clinical Commissioning Group and the receiving Clinical Commissioning Group in the area where the child or young person has been placed (Department of Health 2015).
- 3.2 In Cheshire East, whenever a child or young person is moved to an area outside the two Clinical Commissioning Group 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. Payment by Results

- 4.1 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. The Payment by Results tariff aims to improve both quality and access to services, and to ensure resources are available to meet local demand.
- 4.2 The two Cheshire Clinical Commissioning Groups have a process in place whereby prior to payment of invoices for children and young people placed out of area, assurance is gained through the provider service who quality assure all completed Review Health Assessments. All Looked After Children placed in Cheshire East from other Local Authorities have a health assessment completed upon request.

5. Numbers of Looked After Children

- 5.1 In Cheshire East on 31st March 2020 we had 533 children and young people in the care of Cheshire East Council, an increase of 10% from the previous year. **Table 1** demonstrates the comparison of cared for children across Cheshire East and total numbers Looked After Children in England since 2017. In addition we had approximately 170 cared for children placed in Cheshire East in the care of other Local Authorities.

Table 1: Comparison of Looked After Children numbers in Cheshire East and Cheshire West and Chester compared to England data

	2020	2019	2018	2017
England	Data not yet available	78,150	75,420	72,590
Cheshire East	533 (↑10%)	485(↑1.6%)	477 (↑11%)	428

- 5.2 There has been an increase of 24.5% in the numbers of children in the care of Cheshire East Council in the three years from March 2017 to March 2020, and of 10% since March 2019. The main reason for children and young people being brought into care remains abuse or neglect (63%).

6. Cheshire East Data

- 6.1 As previously mentioned, on 31st March 2020, 533 children and young people were being cared for by the Local Authority which represents an increase of 9.9% from the previous year.
- 22.7% lived outside the local authority area and over 20 miles from home;
 - 7% lived in residential children's homes;
 - 1% lived in residential specialist school;
 - 62% children and young people lived in foster placements (including friends and family approved foster placements).

- 6.2 In the last 12 months, a total of 132 children have ceased to be cared for by the Local Authority. Of these, 17 children have been adopted; 15 children became subject of special guardianship orders; 60 individuals left care due to turning 18 years of age.
- 6.3 The figures show a number of young people live out of the area; many of these live nearby but across Cheshire East's border. Extensive work is underway to ensure there are enough local foster carers in Cheshire East to ensure where possible local placements are made.

7. Reducing Unwarranted Variation for Looked After Children (LAC)

- 7.1 *'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).
- 7.2 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.
- 7.3 Throughout 2019-20, 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.

8. Cared for Children and Care Leaver Achievements against Priorities for April 2019 – March 2020

- 8.1 **Table 2** below demonstrates our actions and achievements against the 2019/2020 priorities including actions against those still in progress or not yet complete.

Table 2: Actions and achievements against the CCG 2019/2020 priorities

2019/20 Priorities	We have
To ensure that NHS South Cheshire and Eastern Cheshire Clinical Commissioning Groups continue to meet all the statutory responsibilities and are compliant with the Accountability and Assurance Framework.	<ul style="list-style-type: none"> • Updated the commissioning standards to include all new legislation and guidance and gained assurance that health providers are achieving the required looked after children and care leaver standards.

2019/20 Priorities	We have
<p>Review of 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.</p>	<ul style="list-style-type: none"> • Reviewed and updated the Initial Health Assessment processes for children coming into the care of Cheshire East. • Provider arrangements for the completion of Initial Health Assessments remain unchanged however this will be prioritised for review during 2020-21.
<p>Review of the Strengths and Difficulties Questionnaire strategy to ensure the completed scores inform the annual health assessment and care planning: Best practice requires the Strengths and Difficulties Questionnaire is completed to inform the annual health assessment process and inform individual care planning although the overall responsibility sits with local authorities to submit the data.</p>	<ul style="list-style-type: none"> • Working groups have been established to complete this work. • Meetings were suspended towards the end of 2019-20 due to the Covid-19 pandemic however will be re-started as soon as this is possible.
<p>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.</p>	<ul style="list-style-type: none"> • Quality Assurance visits were suspended due to the Designated Nurse being on sickness leave during the quarter that they were due. • To be completed during 2020-21.
<p>Development of a tool that can be used to measure health outcomes for Looked After Children: This is a piece of work being looked at across the North region by the Regional Looked After Children Designated Nurses Group which the Designated Nurse is a member of.</p>	<ul style="list-style-type: none"> • This work is ongoing and continues to be a task on the NHS England North Region Looked After Children Designated Nurses Group.
<p>Review of the health summary document, and pathway for completion for care leavers: This is a priority area for development during the first half of 2019-2020.</p>	<ul style="list-style-type: none"> • Care leavers health summary documents being used has been subject to a preliminary review and opinions of young people have been sought. • Further work on this will continue during 2020-21. Children and young people will be invited to participate in developing a new document and process.
<p>Strengthening of training arrangements: Undertake a training needs analysis of the multi-agency workforce to identify existing gaps in knowledge to promote delivery of statutory responsibilities and role as</p>	<ul style="list-style-type: none"> • The Specialist Nurse team has delivered training to the multiagency workforce around the health and health needs of our looked after children and care leavers.

2019/20 Priorities	We have
corporate parents. Develop a training strategy to develop interagency training across the health economy to improve the workforce knowledge and understanding of the Looked After Children and Care Leaver population.	<ul style="list-style-type: none"> • Further work to develop the training programme available to foster carers is ongoing.
<p>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): To increase the performance and quality of health input for children in care and care leavers by regularly monitoring the timeliness and quality of all health assessments. To ensure that NHS Eastern Cheshire and South Cheshire Clinical Commissioning Groups and commissioned health providers across the health economy continue to meet all statutory duties for cared for children and care leavers. In partnership with the Local Authority and key partners continue to ensure that Corporate Parenting principles and overarching strategy is embedded across NHS South Cheshire and Eastern Cheshire Clinical Commissioning Groups and the wider health economy.</p>	<ul style="list-style-type: none"> • Work has continued throughout 2019-20 to improve health services for our cared for children population. Timeliness of health assessments has been monitored closely, and concerns escalated when appropriate. • The Designated Nurse has been an active member of Cheshire East Corporate Parenting Committee. The Annual Report for the Health and Wellbeing of Cared for Children and Care Leavers has been presented at the Committee meeting. • The Designated Nurse contributed to a training programme for elected members of the Corporate Parenting Committee to further develop their knowledge and understanding of the particular health needs and statutory requirements for this group of children and young people. • Membership of the NHS England North Region Designated Nurse's Looked After Children Networking Group has been maintained. The work undertaken within this group has ensured the sharing of best practice across the region, and enabled service improvement. • Unwarranted variation in the level and quality of health service received by the Looked After Children population across the country continues to be an issue and will remain a core component of the regional and local work plan for 2020-21.

9. Key Performance Indicators: Initial Health Assessments

- 9.1 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.
- 9.2 Children in the care of Cheshire East Council originate from either NHS Eastern or NHS South Cheshire Clinical Commissioning Groups. Children originating from the South

Cheshire area are generally seen for their Initial Health Assessment at Mid Cheshire Hospital NHS Foundation Trust, and children originating from the Eastern Cheshire area are seen at NHS East Cheshire NHS Trust.

- 9.3 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.
- 9.4 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.
- 9.5 There continues to have been variable performance in the timeliness of requests by Cheshire East Council for the completion of Initial Health Assessments during 2019-2020 (although above 60% for each quarter which is significantly improved from 2 years ago) as evidenced in **Table 3**. 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.
- 9.6 Training for new Social Workers has been provided by the Specialist Nurse Team in order for them to understand both the statutory requirement and importance of an Initial Health Assessment within 20 days, and the process to be followed in order to request one. In addition, alternative ways of triggering Initial Health Assessments more efficiently through both councils' information systems, Liquid Logic, have been explored and will be considered further during the coming year.
- 9.7 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.
- 9.8 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.

- 9.9 During Quarter 4, 2019-20, there was a reduction in the timeliness of completion of Initial Health Assessments within Cheshire East. This was due to a number of factors including reduced clinic capacity due to sickness and medical staff self-isolating within Covid-19 requirements. In order to address this issue additional capacity was identified and the outstanding initial health assessments completed.

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

Cheshire East		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Percentage of Initial Health Assessments requested within 48 hours of entering care	2019-20	78%↑	64%↑	63%↓	68%↑
	2018-19	64%	16%	68%	64%
Percentage of Initial Health Assessments completed within 20 working days of entering care – children placed in area	2019-20	78%↓	73%↑	50%↓	37%↓
	2018-19	79.5%	54.5%	68%	80%

- 9.10 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 2020-21. 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.

10. Key Performance Indicators – Review Health Assessments

- 10.1 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.
- 10.2 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).

11. Training and Supervision

- 11.1 There is a requirement for all nurses undertaking Review Health Assessments to have the knowledge, skills and competence at the appropriate levels as stated in the intercollegiate competency framework.
https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge_skills_and_competence_of_healthcare_staff.pdf.
- 11.2 Single agency training is provided for the practitioners by Wirral Community Health and Care NHS Foundation Trust Specialist Nursing Team in Cheshire East. Clinical supervision is also mandatory for all practitioners who are working directly with cared for children and /or their carers.
- 11.3 **Table 5** below contains details of the percentage of staff trained and competent to Level 3 of 'Looked after children: Knowledge, skills and competences of healthcare staff' (March 2015) and the percentage of practitioners who had received 6 monthly supervision in line with Trust policy at the end of 2019-20.

Table 5: Percentage of practitioners across Wirral Community Health and Care NHS Foundation Trust trained in line with the intercollegiate level 3 requirements and received 6 monthly supervision

Practitioner Training and Supervision		Cheshire East
Percentage of staff trained and competent to Level 3 Intercollegiate Framework	2019-20	92.7%↑
	2018-19	90%
Percentage of practitioners who have received 6 monthly supervision in line with Trust Policy	2019-20	100%↑
	2018-19	90%

12. Timeliness of Review Health Assessments

- 12.1 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. The data

demonstrates that timeliness of the completion of Review Health Assessments has improved significantly for Cheshire East cared for children during almost every quarter year on year.

12.2 The data in **Table 6** demonstrates that during 2018-19, 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 a review of the escalation pathway halfway through 2018-19 was completed to address this issue. Through effective use of this pathway it can be seen that performance during 2019-20 was much improved and work will continue during 2020-21 to continue this improvement further. This will include close scrutiny and monitoring of this performance indicator to ensure that our cared for children are receiving timely, high quality statutory health assessments irrespective of where they are placed.

Table 6: Percentage of Review Health assessments completed within timescale in Cheshire East

Cheshire East Cared for Children		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Percentage Review Health Assessments completed in timescale for children placed <u>in area</u> .	2019-20	85%↑	87%↑	87%↑	83%↓
	2018-19	81.5%	84.5%	86.5%	85.6%
Percentage Review Health Assessments completed in timescale for children placed <u>out of area</u>	2019-20	81%↑	77%↑	72%↓	86%↑
	2018-19	31%	45%	74.5%	79%

13. Themes Identified During Health Assessments

13.1 Throughout 2019-20, 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

13.2 **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.

14. Dental Checks

- 15.1 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 8** below indicates the percentages of cared for children who were up to date with their dental check on 31st March 2020 and the 4 years before. Whilst it is evident that performance in this area has reduced compared to the previous year, it is probable that a proportion of this drop can be attributed to the reporting of this data. A more accurate and consistent method of reporting is being explored with Local Authority colleagues.

Table 8: Percentage Comparison from 2016 to 2020 of Looked After Children who have visited a Dentist

Date	Percentage of Cheshire East children who have visited a dentist	National data
31/03/2016	76%	84%
31/03/2017	80%	83%
31/03/2018	85.2%	84%
31/03/2019	75.7%	85%
31/03/2020	75.3%	Not yet published

15. Immunisations

- 15.1 National data relating to the year 2019-20 is not yet published. Local data analysis indicates that on 31st March 2020, 97.2% of cared for children in Cheshire East who had been in care for twelve months or more had received their age appropriate immunisations. This is an excellent achievement, and an improvement from 93.7% at the end of the previous year.
- 15.2 It is anticipated that there will be challenges during 2020-21 with maintaining performance at this level due to the COVID-19 pandemic which has seen a temporary halt to the National Childhood Immunisation Programme across the country.

16. Developmental Checks

- 16.1 Compliance with the healthy child programme is excellent and the performance indicator for the percentage of cared for children who have had a developmental check in line with national requirements was 98.1% in Cheshire East.

17. Care Leavers Health Summary

- 17.1 All young people who leave care when they reach their 18th birthday should receive a summary of their health history. During 2019-20 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 2019-20, there were 60 young people reaching their 18th birthday in Cheshire East and they all received a Care Leavers Health Summary.

18. Unaccompanied Asylum Seekers

- 18.1 During 2019-20 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.
- 18.2 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. During this year it has been given to young people as a printout as it requires further work such as graphics and translation. This work was suspended at the end of 2019-20 however will be addressed as a priority once there is a return to business as usual following the COVID-19 pandemic.
- 18.3 Concerns were identified during the previous year regarding the completion of immunisations and testing for blood borne viruses for this group of young people following initial health assessments. This is an action identified for GPs to complete however, on some occasions the young people are not registered with a GP at the time of the Initial Health Assessments and therefore this action is at risk of being missed. In Cheshire East an audit of all unaccompanied asylum seeking children who entered care during 2018-19 was completed during the second quarter of 2019-2020 to identify those who are still outstanding either immunisations or blood testing for Blood Borne Viruses. Of the 12 young people seen for an initial health assessment, information was received regarding 11 of them. Of the 11, only 2 young people had received the blood test for blood borne viruses (18%) and both were negative. 45% of the young people seen were not registered with a GP at the time of the health assessment which increased the risk of this action being missed. This has been identified as an action to be followed up at the statutory second care planning meeting which takes place 4 months from the date of entry to care. An audit to determine whether agreed actions were effective during the early part of 2020-21 will be required.

19. Children in Care Priorities April 2020 – March 2021

- 19.1 **Table 9** below demonstrates our Clinical Commissioning Group priorities as we go forward into 2020/2021 as a single NHS Cheshire Clinical Commissioning Group.

Table 9: NHS Cheshire Clinical Commissioning Group Cared for Children's Priorities 2019-2020

2020/21 Priorities	How we will do it
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	<ul style="list-style-type: none">• 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.• The Designated Nurse will develop a proposal for redesign of current Initial Health Assessment arrangements.

2020/21 Priorities	How we will do it
statutory timescales.	<ul style="list-style-type: none"> The Designated Nurse will track Initial Health Assessments for all children brought into care across Cheshire and challenge any issues regarding timeliness.
Review of the Strengths and Difficulties Questionnaire strategy to ensure the completed scores inform the annual health assessment and care planning: Best practice requires the Strengths and Difficulties Questionnaire is completed to inform the annual health assessment process and inform individual care planning although the overall responsibility sits with local authorities to submit the data.	<ul style="list-style-type: none"> Task and finish groups in both Local Authority areas to be re-established to develop a clear and reliable process for the completion and recording of strengths and difficulties scores. Referral pathway for scores that are cause for concern to be reviewed updated and re-launched across health and Local Authorities.
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"> The Designated Nurse will complete quality visits to specialist nursing teams in both providers. A report and action plan will be produced following quality visit which will be reviewed quarterly.
Development of an effective tool that can be used to measure health outcomes for cared for children	<ul style="list-style-type: none"> The Designated Nurse will work with colleagues across the North region within the Regional Looked After Children Designated Nurses Network Group. Introduction of a system to collect and record health information relating to individual children during the health assessment quality assurance process.
Review of the health summary document, and pathway for completion, for care leavers	<ul style="list-style-type: none"> A group to include children and young people to be established in both Local Authority areas to review current document and agree changes required.
Development of a robust system to ensure effective tracking and monitoring of both Cheshire cared for children placed out of area, and cared for children placed in Cheshire by other Local Authorities	<ul style="list-style-type: none"> Current notification systems across health and Local authorities to be reviewed. Pathway to be agreed which assists with identifying those children and young people at risk, and addressing risks identified.

20. Conclusion

20.1 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.