

**The Health of Cared for  
Children and Young People  
Annual Report  
April 2020 – March 2021**

## **1. INTRODUCTION**

- 1.1 This report covers the period from 1st April 2020 to 31st March 2021. It is written to provide assurance to the Governing Body and our partners that NHS Cheshire Clinical Commissioning Group is meeting 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 Commissioning 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 NHS 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 2021-22.
- 1.4 We want to first recognise the global pandemic COVID-19 affected everyone in the Cheshire community. The harm caused by the pandemic has been profound and distressing, and this has been exacerbated by the effect of the lockdown on usual social activity – socialising, schooling, shopping, going on holiday, and going to work. The effect on the public services has, at times, been almost overwhelming as the capacity to manage the impact of the pandemic has been tested to breaking point.

## **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 NHS Cheshire Clinical Commissioning Group are the responsible commissioner 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 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 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 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. 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 2020-21, 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 2019 – MARCH 2020

5.1 **Table 1** below demonstrates our actions and achievements against the 2019/2020 priorities including actions against those still in progress or not yet complete.

**Table 1: Actions and achievements against the CCG 2019/2020 priorities**

2019/20 Priorities	We have
To ensure that NHS Clinical Commissioning Group continue to meet all the statutory responsibilities and are compliant with the Accountability and Assurance Framework.	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
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.	<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>• Provider arrangements for the completion of Initial Health Assessments remain unchanged however this will be prioritised for review during 2021-22.</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.</li> <li>• During this year monthly virtual meetings and quarterly reporting of key performance indicators has been maintained to gain assurance.</li> </ul>
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 2021-2022.	<ul style="list-style-type: none"> <li>• Care leavers health summary documents has been subject to a preliminary review and opinions of young people have been sought.</li> <li>• Further work on this will continue during 2021-22. Children and young people will be invited to participate in developing a new document and process.</li> </ul>

2019/20 Priorities	We have
<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 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 Cheshire Clinical Commissioning Groups and the wider health economy.</p>	<ul style="list-style-type: none"> <li>• Work has continued throughout 2020-21 to improve health services for our cared for children population. Timeliness of health assessments has been monitored closely, and concerns escalated when appropriate.</li> <li>• 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.</li> <li>• 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.</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 one to one 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 Requests within two working days received from Cheshire East Council for the completion of initial health assessments during 2020-2021 has been above 60% for each quarter which is significantly improved from previous years. 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.
- 6.7 During Quarter 3, 2020-21, 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. Also to note, this included a period where the country

returned to a national lockdown. In order to address this issue additional capacity was identified and the outstanding initial health assessments completed.

**Table 2: shows the comparison of completed initial health assessment percentages in Cheshire East**

	Initial Health Assessments completed within 20 days (100% target)			
	Quarter 1: 2020/21	Quarter 2: 2020/21	Quarter 3: 2020/21	Quarter 4: 2020/21
<b>Cheshire East</b>	90%	93%	47%	73%

6.8 We will continue to work collaboratively to achieve our aspiration 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 2021-22. 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.
- Central tracking within the Clinical Commissioning Group all Cheshire East children brought into care and monitoring of timescales from request to completion of initial health assessment.
- 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. 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.
- 8.2 The process for completion of review health assessments was reviewed in response to the social distancing requirements due to COVID-19. Health assessments were offered virtually as an option for young people and it was evident that this approach was preferred by some. Health assessment completion rates for young people age 16+ improved and virtual assessments will continue to be offered.
- 8.3 The data in **Table 3** demonstrates that during 2020-21, 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 2020-21 was completed to address this issue. Work to improve this performance indicator will include close scrutiny and monitoring to ensure that our cared for children are receiving timely, high quality statutory health assessments irrespective of where they are placed.

**Table 3: Percentage of Review Health assessments completed within timescale in Cheshire East**

Cheshire East	Quarter 1 2020-21	Quarter 2 2020-21	Quarter 3 2020-21	Quarter 4 2020-21
Children placed in area	92%	85%	93%	71%
Children placed out of area	82%	74%	64%	67%



## 9. THEMES IDENTIFIED DURING HEALTH ASSESSMENTS

9.1 Throughout 2020-21, 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 It has been recognised that access to dental checks has been a challenge nationally since the start of the COVID-19 pandemic. This has had a significant impact on the percentage of cared for children who have been seen by a dentist for their annual dental check. At the end of 2020-21, only 35% of our Cheshire East cared for children who had been in care for more than 12 months had been seen by a dentist compared to 75% reported the previous year.

10.2 In addition, 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. A more accurate and consistent method of reporting is being explored with local authority colleagues to address this issue.

10.3 **Table 4** below indicates the percentages of cared for children who were up to date with their dental check on 31 March 2021, and the four years before. Whilst it is

evident that performance in this area has reduced significantly compared to previous years, it is recognised that a large proportion of this drop can be attributed to the difficulties in accessing dental services due to the COVID-19 pandemic.

**Table 4: Percentage comparison from 2016 to 2020 of cared for children who have visited a Dentist**

Date	Cheshire East cared for children who have visited a dentist	National data
31/03/2017	80%	83%
31/03/2018	85.2%	84%
31/03/2019	75.7%	85%
31/03/2020	75.3%	86%
31/03/2021	38%	40%

## 11. IMMUNISATIONS

- 11.1 National data relating to the year 2019-20 for immunisations is 88%. Local data analysis indicates that on 31st March 2021, 94% of cared for children in Cheshire East who had been in care for twelve months or more had received their age appropriate immunisations.
- 11.2 It is anticipated that there will be challenges during 2021-22 with maintaining performance at this level as due to the COVID-19 pandemic there was a temporary halt to the National Childhood Immunisation Programme across the country.

## 12. DEVELOPMENTAL CHECKS

- 12.1 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 100% 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 2020-21 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 2020-21 there were 61 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 2020-21 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. During this year graphics and translation of this resource has been completed and it is being given to young people on their entry to care.

## 15. CHILDREN IN CARE PRIORITIES APRIL 2021 – MARCH 2022

15.1 **Table 5** below demonstrates our Clinical Commissioning Group priorities in 2021/2022.

2021/22 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> </ul>	June 2021
	<ul style="list-style-type: none"> <li>• The Designated Nurse will develop a proposal for redesign of current initial health assessment arrangements.</li> </ul>	December 2021
	<ul style="list-style-type: none"> <li>• The Designated Nurse will track initial health assessments for all children brought into care across Cheshire and challenge any issues regarding timeliness.</li> </ul>	May 2021
Annual quality assurance visit to provider services to be completed by Designated Nurse: This will serve to provide assurance	<ul style="list-style-type: none"> <li>• The Designated Nurse will complete quality visits to specialist nursing teams in both providers.</li> </ul>	January 2022

2021/22 Priorities	How we will do it	Timescale
to the Clinical Commissioning Groups that the services provided meet statutory requirements.	<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>	March 2022
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>	<p>March 2022</p> <p>March 2022</p>
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>	December 2021
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>• Current notification systems across health and local authorities to be reviewed.</li> <li>• Pathway to be agreed which assists with identifying those children and young people at risk, and addressing risks identified.</li> </ul>	<p>June 2021</p> <p>September 2021</p>

## 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 continued important work with partners to support service development, delivery and governance arrangements.