

NHS Cheshire and Merseyside System Oversight Board/Quality and Performance Committee

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Children in Care Annual Report 2022-23

Agenda Item No	
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Report approved by (sponsoring Director)	Sarah Martin (Head of Safeguarding)
Responsible Officer to take actions forward	Sarah Martin (Head of Safeguarding)

Cheshire and Merseyside ICB System Oversight Board/ QPC

Children in Care Annual Report 2022-23

Executive Summary	<p>The purpose of this report is to provide NHS Cheshire and Merseyside Integrated Care Board (ICB) System Oversight Board and Quality and Performance Committee with an overview of the progress and challenges in supporting and improving the health of looked after children across the 9 Places within the ICB footprint. The ICB responsibility is for those children and young people who are in the care of Liverpool, Sefton, St Helens, Warrington, Knowsley, Halton, Wirral, Cheshire East and Cheshire West and Chester Local Authorities (LAs) and those who have been placed into these areas by other local authorities. The report is produced in line with duties and responsibilities outlined in the 'Statutory Guidance on Promoting the Health and well-being of Looked After Children: Statutory Guidance for local authorities, clinical commissioning groups and NHS England' (2015). This report sets out the range of activities, developments, achievements, and challenges that our cared for children team have been involved in across Cheshire and Merseyside and identifies key service priorities for 2023-24.</p>			
Key issues	<p><i>This report covers the period from 1st July 2022 to 31st March 2023. It is written to provide assurance to the ICB Executives and our partners that NHS Cheshire and Merseyside ICB is meeting the statutory requirements in commissioning services to identify and meet the health needs of the Cared for Children population across each Place across C&M. 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, 2020).</i></p>			
Key risks	<p>NHS Cheshire and Merseyside ICB are committed to collaborating with partner agencies to ensure the safety, health, and well-being of all the cared for children and care leavers across Cheshire and Merseyside. 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.</p>			
Impact (x) (further detail to be provided in body of paper)	Financial	IM &T	Workforce	Estate
	X	X	X	
	Legal	Health Inequalities	EDI	Sustainability
	X	X	X	X
Management of Conflicts of Interest	N/A			
Patient and Public Engagement	<p>There is engagement with children in care at each Place via the children in care councils. Views from children in care and care leavers are actively sought through a variety of forums during and after their health assessments.</p>			
Equality, Diversity, and Inclusion	N/A			

Cheshire and Merseyside ICB System Oversight Board/QPC

Health inequalities	<p><i>“Children and young people who grow up in care are up to four times more likely to suffer poor health 30 years later than those who grew up with their parents.”</i></p> <p><i>The NHS Long Term Plan recognised the impact that the most vulnerable children, who need extra help from the state to safeguard their wellbeing, do not reliably get the support or access to the services that their needs demand. This results in poorer health outcomes, particularly for children in care and care leavers.</i></p> <p><i>This report supports the work our Designated Nurses for Children in Care have undertaken with partners across C&M to reduce health inequalities for this vulnerable cohort</i></p>
Next Steps	<p><i>Following ratification and approval at Safeguarding Oversight Group, this report will be presented to the ICB System Oversight Board. The report will also be shared at each C&M Place Corporate Parenting Board as per our children in care Statutory accountability</i></p>
Appendices	N/A

Glossary of Terms	Explanation or clarification of abbreviations used in this paper
CiC	Children in Care
LAC	Looked After Children
C4C	Cared for Children
UASC	Unaccompanied Asylum-Seeking Children
CICOLA's	Children in the care of other local authorities
CYP	Children and Young People
IHA	Initial Health Assessment
RHA	Review Health Assessment
CoramBAAF	Membership organisation for professionals working to improve outcomes for children and young people in care.
SDQ(s)	Strengths and Difficulties Questionnaires

Cheshire and Merseyside ICB System Oversight Board/QPC

Children in Care Annual Report (2022-23)

1. Introduction / Background

- 1.1** This is the first Children in Care (CiC) annual report for NHS Cheshire and Merseyside Integrated Care Board (ICB) which was established on 1st July 2022. The purpose of the report is to provide assurance in relation to the ICB's statutory duties for Children in Care and an overview of the progress and challenges in supporting and improving their health outcomes.
- 1.2** The report covers the period from 1st July 2022 to 31st March 2023 and sets out the range of activities and developments that our children in care services across the ICB footprint have been involved in.
- 1.3** The report is produced in line with duties and responsibilities outlined in the 'Statutory Guidance on Promoting the Health and well-being of Looked After Children: Statutory Guidance for local authorities, clinical commissioning groups and NHS England' (2015).
- 1.4** The report provides detail for the 9 places within the ICB: Cheshire East, Cheshire West, Halton, Knowsley Liverpool, Sefton, St Helens, Warrington, and Wirral.
- 1.5** CiC are referred to in legal terms as 'Looked After Children'. In England and Wales, the term 'Looked After Children' is defined in law under the Children Act 1989. A child is Looked After by a Local Authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority. Looked After Children into four main groups:
 - a. Children who are accommodated under voluntary agreement with their parents.
 - b. Children who are the subject of a care order or interim care order.
 - c. Children who are the subject of emergency orders for their protection.
 - d. Children who are compulsorily accommodated; this includes children remanded to the local authority or subject to a criminal justice supervision order with a residence requirement.
- 1.6** The term 'Looked After Children' includes unaccompanied asylum-seeking children (UASC), children in friends and family placements, and those children where the agency has authority to place the child for adoption. It does not include those children who have been permanently adopted or who are subject to a special guardianship, supervision, or child arrangement order.
- 1.7** Care leavers are young people aged 16-25 years old who have been in care at some point since they were 14-years old and were in care on or after their sixteenth birthday. These young people are statutorily entitled to some ongoing help and support from the local authority after they leave care but for the purpose of this report to avoid duplication care leavers numbers reported are aged 18-25 years.

Cheshire and Merseyside ICB System Oversight Board/QPC

- 1.8** Feedback from Looked After Children often indicates that they find it hard to relate to the term 'Looked After Children' and its abbreviated form of 'LAC'. Some have stated they find it derogatory to be defined in such a way, often saying that the phrase may be misinterpreted as one that infers they are 'lacking' as individuals. It has also been highlighted that every child should be 'looked after' by someone and as such the phrase does not define the uniqueness of their situation when being parented by the State. Although it is acknowledged that the 9 place areas use the terms Cared for Children, Children Looked After, Children We Look After and Children in Care, the remainder of this report will use the term Children in Care (CiC) for consistency; the term 'Looked After Children' will only be used in a legislative context.
- 1.9** CiC share many of the same health risks as their peers, although often, to a greater degree than their peers, with many CiC continuing to experience significant health inequalities once they have entered the care system. Meeting the health needs of these children and young people requires a clear focus on access to services. This approach can be assisted by commissioning effective health services, delivery through provider organisations and ensuring availability of individual practitioners to provide and co-ordinated care. It is also assisted by partnership working with children's social care. Under the Children Act 1989, we have a duty to comply with requests from a local authority to help them provide support and services to meet physical and mental health needs for children and young people experiencing care or leaving care and includes transition to adult services. To undertake this role effectively the team, collaborate closely with commissioned providers and the local authority.
- 1.10** NHS C&M ICB has a statutory responsibility to ensure that children in care have an initial health assessment and depending on age a six monthly or annual review health assessment. Services have been commissioned with our acute providers and community services to ensure this responsibility is met.
- 1.11** To gain assurance that health assessments are undertaken and effectively meet the needs of our children and young people, the Designated Nurse for children in care meets regularly with our Designated Doctors for Looked After Children, providers, and local authorities, providing a forum to proactively seek solutions where challenges within the system are identified. This is report back by exception through our Quality, Safeguarding and Performance Committee as well as both the Local Authority Corporate Parenting meetings.
- 1.12** Initial Health Assessments must be completed within 20 days of the child or young person entering care and be conducted by a suitable registered medical practitioner. The Initial Health Assessment identifies existing health problems and deficits in previous healthcare and provides a baseline for managing the child's future health needs.
- 1.13** The purpose of a Review Health Assessment is to promote children's physical and mental health and to inform the child's health action plan. Assessments are required to be completed twice yearly for children up to 5 years of age and annually for children aged 5 years and above. The timescale is measured from the Review Health Assessment being completed in the month it is due.

Cheshire and Merseyside ICB System Oversight Board/QPC

2. Key Priorities for the Establishment of NHS Cheshire and Merseyside ICB

- 2.1** Prior to the establishment of NHS C&M ICB in July 2022, a benchmarking exercise took place to identify commissioning arrangements and service delivery models across the 9 Places. In addition, work was completed within the Safeguarding Steering Group work to identify key priorities to be addressed from July 2022 to March 2023. **Table 1** demonstrates the priorities, and we also provided an update in how we have achieved them.

Table 1 ICB CiC Priorities for 2022-23

2022-23 Priorities	Update
Ensure that the CiC Agenda is included in Policy Documents	On July 1st, 2022, statutory responsibilities previously held by the region's clinical commissioning groups regarding safeguarding children, safeguarding adults at risk, child death and children in care were transferred to NHS Cheshire and Merseyside. The Safeguarding Children, Adults at risk and Children in Care Policy was updated and approved in July 2022 and references Children in Care throughout.
Align the CiC Key Performance Indicators for 2023-24	The KPI's for Children in Care have been reviewed and aligned across the 9 place areas. They have been shared with all providers and will be used from Q1 2023/24
Establish a Mechanism for Collating CiC Performance Data	A mechanism for reporting Children in Care Performance Data has been established for Initial and Review Health assessments. This has been reported to the ICB and NHSE quarterly throughout 2022/2023.
Consider Viability of Commissioning a Dedicated Service for CiC Living Outside of Cheshire and Merseyside	This was considered through the safeguarding steering group and was not considered to be a viable option and therefore has not been progressed.
Re-establish the C&M Designated Professionals CiC Network	The C&M Designated Professionals Children in Care network was re-established in September 2022 and has representation from all Designated Professionals for Children in Care. The group considers best practice, learning from Place areas and Children in Care Policy and processes.
Contribute to the NHSE Children in Care Assurance Tracker Pilot	The Designated Nurse for Children in Care for Sefton Place contributed to the Children in Care Assurance Tracker and provided feedback to NHSE. It is anticipated that the feedback will be considered and reflected when the tracker becomes live.
Maintain Oversight of the NHSE Children in Care Dental Referral Pathway Pilot	The NHSE Children in Care Dental Referral Pathway Pilot has continued throughout 2022/23. There have been approximately 440 referrals made across the 9

Cheshire and Merseyside ICB System Oversight Board/QPC

	place areas since the Pathway commenced in June 2021. The Designated Nurses have been represented at and contributed to the Pathway meetings to support improved dental outcomes for Children in Care. It has been confirmed that the Pathway will continue for 2023/24 to support our Children in Care.
Respond to National Guidance Related to Payment of Children in Care Healthcare	National guidance has been considered and the ICB have agreed that there will be no charging and recharging for statutory health assessments as per the guidance. There are exceptions to this (discussed within the guidance), all place areas are aware of the changes made and a letter has been drafted to share with Providers at Place.
Develop a Response to the NHS Universal Family (Care Leaver Covenant) Programme	On 27 October 2022 NHS Chief Executive Amanda Pritchard made a commitment to supporting care experienced young people announcing that NHSE would be signing the Care Leavers Covenant on behalf of all NHS organisations. ICBs and NHS Trusts do not have to wait for the national roll out of the NHS Universal Family (Care Leavers Covenant) Programme. A paper was approved by the NHS Cheshire and Merseyside Executive Board in January 2023, that agreed to the progression of the NHS Universal Family (Care Leavers Covenant) Programme in 2023-24 although NHS Cheshire and Merseyside is not a pathfinder ICB. It is anticipated that our offer will be published on the Care Leaver Covenant website by October 2023 to coincide with Care Leaver week.

3. Governance and Accountability Arrangements

- 3.1** Professionals responsible for ensuring the ICB effectively discharges its statutory duties are located within the Quality and Safety Improvement teams in each of the 9 Places across the ICB, under the central Nursing and Care Directorate. The safeguarding reporting and accountability structures for 2022/2023 are highlighted below in **Tables 2** and **Table 3**.
- 3.2** As clinical experts and strategic leaders, the Associate Director for Quality and Safety Improvement, Heads of Quality and Safety Improvement, Head of Safeguarding and the Designated Nurses and Doctors for Children in Care provide a vital source of advice for our organisation, NHS England, Local Authorities, Cheshire and Merseyside Constabularies and our Local Safeguarding Children Partnerships in each of the 9 Places. They also provide advice and support for health professionals in provider organisations and are available to independent providers within the area.

Cheshire and Merseyside ICB System Oversight Board/QPC

- 3.3** The team provide advice to the organisations in the health economy in relation to planning, strategy and commissioning, including advising on performance indicators and quality measures specific to children in care and are part of the Designated Professionals and Named GP Network to provide leadership, accountability, and assurance.

Table 2: NHS C&M ICB Safeguarding reporting structure 22/23

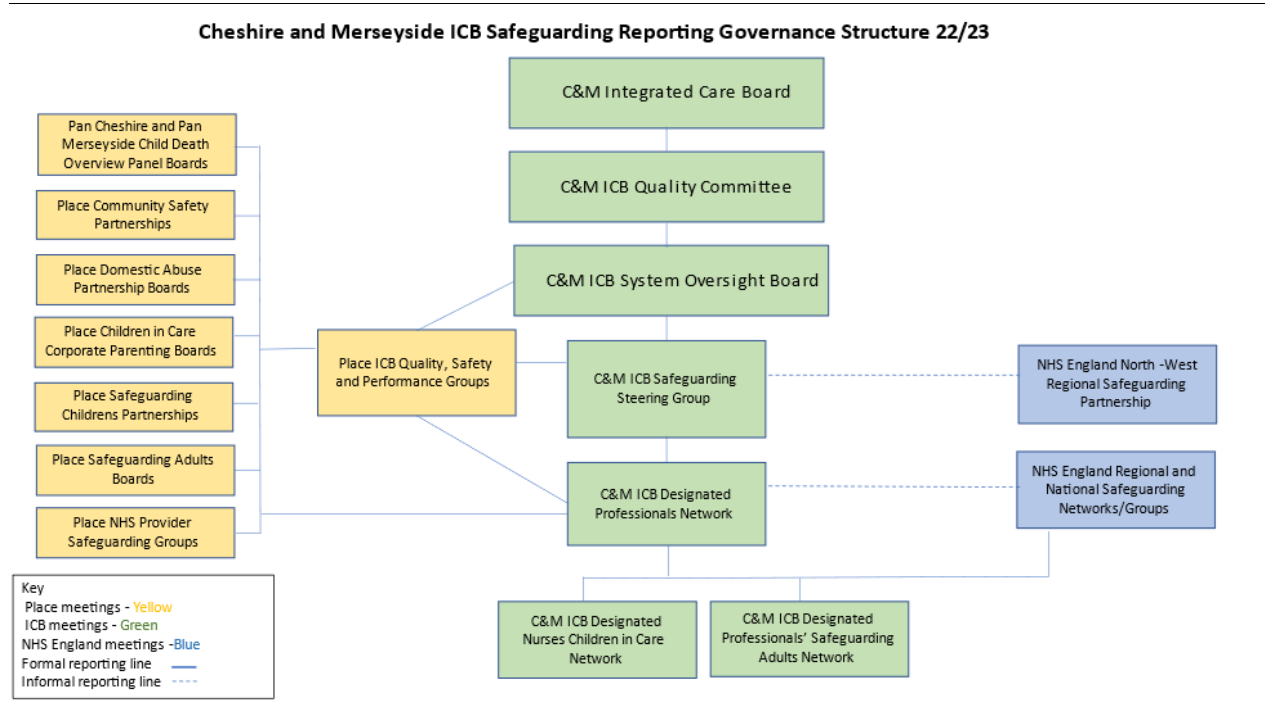
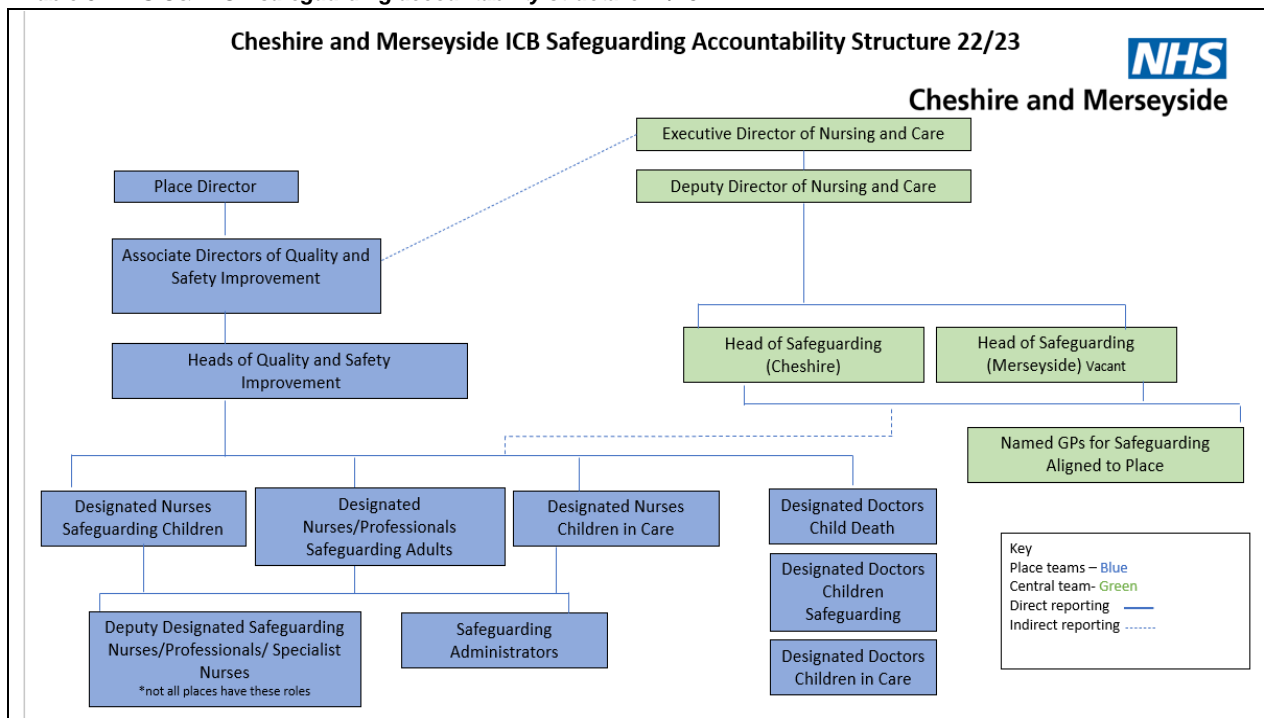


Table 3: NHS C&M ICB safeguarding accountability structure 22/23



Cheshire and Merseyside ICB System Oversight Board/QPC

4. National Profile of Children in Care

- 4.1** The number of children in the care of local authorities in England has continued to increase year on year since 2008. Data regarding the national profile of children in care is released in December of each year therefore the figures for March 2023 are not available at the time of writing this report. The following information relates to data published for 31st March 2022:
- The number of children in the care of local authorities in England was 82,170 which was an increase of 2% from 2021.
 - The number of children who were unaccompanied asylum-seeking children (UASC) was 5,570 which was an increase of 34% from 2021.
 - The number of children who entered care during that year was 31,010, an increase of 9% on the previous year.
 - The number of children who left care during that year was 30,070, an increase of 7% on the previous year.
 - The number of children who were adopted during that year was 2,950, an increase of 2% on the previous year.

5. Local Profile of Children in Care

- 5.1** **Table 4** shows the Cheshire and Merseyside local profile of the numbers of CiC, Care Leavers, Unaccompanied Asylum-Seeking Children and Children in Care of Other Local Authorities of across the 9 place areas as of 31st of March 2023.

Table 4: Local profile of children in care

Place	Children in Care	Care Leavers	UASC	CICOLA's
Halton	387	94	19	141
Cheshire East	576	325	57	212
Cheshire West and Chester	607	206	25	189
Knowsley	342	50	20	164
Liverpool	1477	1016	178	298
Sefton	617	248	12	270
St Helens	469	150	12	150
Warrington	331	130	19	150

Cheshire and Merseyside ICB System Oversight Board/QPC

Wirral	772	176	18	296
C&M Total	5578	2395	360	1720

6. Commissioning Arrangements

6.1 **Table 5** below provides detail on the commissioning arrangements for children in care health services in each of our 9 places. It is evidenced within the table that commissioning arrangements and service models vary across the ICB footprint.

Table 5: C&M Commissioning arrangements for children in care health services across NHS C&M ICB

	Provider commissioned to undertake statutory Initial Health Assessments	Provider commissioned to undertake statutory Review Health Assessments and associated health activity
Liverpool	Alder Hey Children's NHS Foundation Trust – commissioned by Liverpool, Sefton, and Knowsley Places to complete IHAs for children placed in those areas.	Mersey Care NHS Foundation Trust. Children in Care Health Team coordinate health assessments for all children in care. Specialist Children in Care Nurses within the team complete RHAs/health interventions for young people 16 and over. The 0-19 service completes RHAs/health interventions for preschool and school age children.
Cheshire East	East Cheshire NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust	Wirral Community Health and Care NHS Foundation Trust. Cared for Children Health Team coordinate health assessments for all cared for children and complete RHAs/health interventions for young people 16 and over. The team includes a 1+ and Transitions Nurse who will support young people up to the age of 25 years. The 0-19 service completes RHAs/health interventions for preschool and school age children.
Cheshire West	Countess of Chester Hospital and Mid Cheshire Hospital	Cheshire and Wirral Partnership Trust. Children in Care Health Team coordinate health assessments for all cared for children and complete RHAs/health interventions for young people 16 and over. The 0-19 service completed RHAs/health interventions for preschool and school age children.
Warrington	Bridgewater Community Healthcare NHS Trust	Bridgewater Community Healthcare NHS Trust.

Cheshire and Merseyside ICB System Oversight Board/QPC

	Provider commissioned to undertake statutory Initial Health Assessments	Provider commissioned to undertake statutory Review Health Assessments and associated health activity
		An enhanced Children in Care Team undertake RHA and specific interventions for children aged 5-19. RHAs for children under 5 years are completed by the Health Visitors in the 0-19 service.
Halton	Bridgewater Community Healthcare NHS Trust	Bridgewater Community Healthcare NHS Trust. An enhanced Children in Care Team undertake RHA and specific interventions for children aged 5-19. RHAs for children under 5 years are completed by the Health Visitors in the 0-19 service.
St Helens	St Helens and Knowsley Hospital Teaching Trust	Mersey Care Foundation NHS Trust. An enhanced Children in Care Team undertake RHA and specific interventions for children aged 0-19. They are commissioned to review children and young people within a 20-mile radius.
Knowsley	Alder Hey Children's NHS Foundation Trust	Mersey Care NHS Foundation Trust. An enhanced Children in Care Team undertake RHA and specific interventions for children aged 0-19.
Wirral	Wirral University Teaching Hospital (Arrowe Park)	Wirral Community Health Care NHS Trust. The Children Looked After Health Team coordinate health assessments for all children looked after, and Specialist Children Looked After Nurses within the team complete RHAs/health interventions for young people aged 16 and over. Health Assessments for children under 5 years are completed by the Health Visitor or Family Nurse and children aged 5-15 years health assessments are completed by the child's School Nurse or CLA Nurse.
Sefton	Alder Hey Children's NHS Foundation Trust	Mersey Care NHS Foundation NHS Trust. An enhanced Children in Care Team undertake RHA and specific interventions for children aged 4-18. The 0-19 service completes RHAs/health interventions for preschool children.

7. The Difference and Impact We Have Made

- 7.1** Across our 9 Places there has been a strong focus on partnership working and quality improvement throughout the year. In addition, each Place has identified specific areas where they have been able to demonstrate the difference, they have made to health outcomes and services for children in care:

7.2. Cheshire West

- a. Pathways for initial health assessments have been reviewed and work with multi agency colleagues to improve statutory timescale compliance has been successful. Guidance for Doctors completing the assessments has been produced and the Designated Doctor for Children in Care provides training and oversight/supervision. Liaison between providers and the local authority has been strengthened and clear escalation processes have been developed to address delays.
- b. A trauma informed review health assessment which is child focused and captures the voice of the child has been created and introduced across Cheshire West and Chester.
- c. Work with mental health and acute providers within Cheshire West and Chester has been completed to ensure that children in care and care leavers are identified within referrals. This has ensured that children are not disadvantaged by moving area and their care experiences are considered in the triage of referrals.
- d. A contribution from Health to the Cheshire West Corporate parenting strategy has been provided, partnership working has been strengthened to improve outcomes for children in care has continued.

7.3. Knowsley

- a. In collaboration with Knowsley Local Authority, Knowsley Children's Looked After service have developed a Care Leavers Offer as well as provision of Free Prescriptions for Care Leavers. Free Prescriptions are available for all Care Experienced Young People up to age 25 when registered to a Knowsley GP. We are seeking to ensure that as care experienced young people there is access to essential medications without financial burden. The exemption applies for all prescription charges, including those for long-term conditions, and is available regardless of income.
- b. The Care Leavers Offer includes providing a "health passport" for all care leavers (aged 16 to 18). Care Experienced young people will receive a final health assessment and be provided with a 'Health Passport' which will include a summary of all their health records including genetic background, details of illness and treatments, whether placed in or out of borough, information will be given to Care Leavers with an opportunity to discuss it with health professionals. The Health Passport will help care leavers understand their health needs.

7.4. Cheshire East

- a. Initial Health Assessment processes within local paediatric services have been reviewed and streamlined to improve the timeliness of the return of completed IHA reports to the local authority resulting in an improvement in statutory timescale compliance.
- b. Promotion of the annual dental checks and the NHS England dentistry scheme has resulted in a significant improvement in the number of children and young people accessing their annual dental review, now 74.5% up from 51% the previous year.

Cheshire and Merseyside ICB System Oversight Board/QPC

7.5. Wirral

a. A Children

Looked After Nurse Specialist has been identified to maintain oversight of children placed out of area which promotes continuity of care for children and young people.

- b. Robust quality assurance processes for both Initial and Review Health Assessments have been established ensuring that assessments are child centred and evidence the voice of the child. There is a system in place to address issues if health assessment quality standards are not met and standards are now consistently high for both Initial Health Assessments and Review Health Assessments.
- c. A decliner pathway has been developed so that if a young person declines their health assessment the provider health team will work proactively and complete the Part C (summary and care plan). This ensures that the Local Authority and GP continue to be informed of the child's health status and advised of the plan to address any unmet health needs.
- d. The timeliness of providing health passports to care experienced young people transitioning into adulthood has been improved. A Wirral Place 'Improving Health Outcomes for CLA' group has been developed which includes membership of the commissioned health providers and Local Authority Leads - chaired by the Designated Nurse.

7.6. Sefton

- a. The funding into the community children in care health team has been increased meaning that there are now more children in care nurses in Sefton. This means that more review health assessments for our children are being completed in a timely way. In addition, review health assessments are written in a more child focused and child friendly way, meaning that children can better understand their health plans.
- b. The completion of Strengths and Difficulties Questionnaires has been audited. Assurance that children living in Sefton are having Strengths and Difficulties Questionnaires completed alongside their review health assessments has been provided and that the analysis of them is informing their health care plans leading to better emotional health outcomes for our children.
- c. The health offer for those young people who are about to or have transitioned into adulthood has been strengthened by identifying a children in care nurse to lead on next steps and transitions. The timeliness of providing health passports to care experienced young people transitioning into adulthood has been improved.
- d. Support for the Sefton children's improvement journey has been provided which has helped to strengthen partnership working to improve outcomes for children in care.

7.7. Warrington

- a. The Children in Care Team have access to the LA Mosaic System which allows them to review information when needed and input specific data in relation to the 903 data returns i.e., SDQ, dental, health assessment and immunisations. This reduces time, waste, and enables information to be accessed in a timely manner across both the health and social care system.

Cheshire and Merseyside ICB System Oversight Board/QPC

b. The Children in Care Nursing

Team visit all children in a place of their choice (usually home) when they come into care to commence the IHA. The child is then seen by a paediatrician who completes the assessment. This means that children are seen outside of the clinical setting and have their immediate needs assessed with a plan quickly put in place to address which is helpful if there are occasional delays in seeing a paediatrician. It also provides an opportunity to allay any fears or anxieties that the child may have related to the IHA and gives them the opportunity to ask questions.

- c. Pure Insight report back to corporate parenting on a regular basis. They extended their offer in 2022 to include a mentoring service to further support and prepare young people for independent living. The service is a trauma informed model of delivery, feedback from the young people is extremely positive and has made a significant impact on outcomes for this cohort.

7.8. St Helens

- a. Where a young person declines their health assessment the provider health team are working proactively to complete the Part C (summary and care plan) which ensures that the Local Authority and GP continue to be informed of the child's health status and advised of the plan to address any unmet health needs. All health assessments are written to the child/ young person, and they receive a copy of their health plan on request.
- b. The Designated Nurse has led the health and wellbeing workstream for the Corporate Parenting Forum to improve health outcomes for Children in Care.
- c. The team have received funding to recruit additional nurses to the team. This will increase capacity to allow greater oversight of children placed out of borough.

7.9. Liverpool

- a. Processes for improving the sharing of information and maintaining oversight of health plans have been developed within the Children in Care team for the children who are placed out of area. This has resulted in better communication between areas and early identification of issues accessing healthcare. Further development of this process is intended to improve timeliness of completion of health assessments.
- b. Funding has been made available to recruit an additional 3 specialist children in care nurses and 2 administrators which has increased team capacity and scope for further process development. This has also impacted on the delivery of training to health professionals and improved the quality assurance of health assessments.
- c. Relationships between health and local authority colleagues has been strengthened which has resulted in improved information sharing and access to relevant services.

8. Challenges

Cheshire and Merseyside ICB System Oversight Board/QPC

Cheshire and Merseyside

8.1 There are challenges which

have affected all Places within the ICB, as well as on a both regional and national footprint. These include:

- Placement sufficiency
- increasing complexity of cases
- lack of placements within the secure estate, Tier 4 mental health services and specialist therapeutic provision.
- Compliance with statutory timescales for initial health assessments has been challenging due to multiple issues.
- Timeliness of review health assessments has been challenging for children placed out of their local authority area.

9. Performance

9.1. **Table 6** below highlights the Initial Health Assessments percentage overview of our CiC in area, placed out of area and children in the care of other local authorities completed within the 20-working day statutory timeframe during each quarter of 2022/2023

Table 6: Percentage of IHAs completed at each Place and returned to the Local Authority within 20 working days.

Initial Health Assessments		Quarter 1 22/23	Quarter 2 22/23	Quarter 3 22/23	Quarter 4 22/23
Cheshire West	CiC placed in area	9%	33%	83%	81%
	CiC placed out		18%	6%	15%
	CiCOLAs	50%	27%	100%	90%
Cheshire East	CiC placed in area	23%	25%	73%	71%
	CiC placed out		10%	50%	50%
	CiCOLAs	50%	25%	20%	0%
Wirral	CiC placed in area	81%	25%	67%	67%
	CiC placed out	0%	0%	0%	0%
	CiCOLAs	60%	0%	45%	0%
Liverpool	CiC placed in area	16.6%	7.5%	30%	4.9%
	CiC placed out	8.7%	8%	9%	9.5%
	CiCOLAs	4.3%	0%	16%	0%
Sefton	CiC placed in area	21%	17%	24%	21%
	CiC placed out	0%	12.5%	40%	0%
	CiCOLAs	0%	0%	11%	20%

Cheshire and Merseyside ICB System Oversight Board/QPC

Warrington	CiC placed in area	66.7%	68%	30%	42%
	CiC placed out				
	CiCOLAs	Not available	Not available	50%	33%
Halton	CiC placed in area	40%	36.4%	27.3%	51.5%
	CiC placed out	Not available	Not available	Not available	Not available
	CiCOLAs	50%	66.7%	28.6%	66.7%
Knowsley	CiC placed in area	28.5%	17%	43%	0%
	CiC placed out	N/A	18%	22%	N/A
	CiCOLAs	0%	21%	0%	-
St Helens	CiC placed in area	59%	52%	44%	52%
	CiC placed out	0%	0%	20%	0%
	CiCOLAs	44%	0%	29%	30%

9.2. Table 7 demonstrates each Place 2022/2023 quarterly completion percentages of review health assessments for our CiC in area, placed out of area and children in the care of other local authorities completed within the month they were due.

Table 7: Percentage of RHAs completed within the month that they were due.

Review Health Assessments		Quarter 1 22/23	Quarter 2 22/23	Quarter 3 22/23	Quarter 4 22/23	Year total
Cheshire West	CiC placed in area	86%	95%	95%	90%	91.5%
	CiC placed out	48%	52%	51%	56%	51.8%
	CiCOLAs	88%	89%	91%	90%	89.5%
Cheshire East	CiC placed in area	82%	87%	90%	90%	87.3%
	CiC placed out	68%	72%	47%	61%	62%
	CiCOLAs	69%	73%	79%	84%	76.3%
Wirral	CiC placed in area	79%	65%	69%	80%	73.3%
	CiC placed out	57%	61%	100%	48%	66.5%
	CiCOLAs	58%	50%	82%	73%	65.8%
Liverpool	CiC placed in area	93.6%	95%	94%	97%	94.9%
	CiC placed out	64%	51%	47%	63.7%	56.4%
	CiCOLAs	91.8%	91%	86%	89.4%	89.6%

Cheshire and Merseyside ICB System Oversight Board/QPC

Review Health Assessments		Quarter 1 22/23	Quarter 2 22/23	Quarter 3 22/23	Quarter 4 22/23	Year total
Sefton	CiC placed in area	77%	86%	90%	95%	87.4%
	CiC placed out	80%	77%	83%	77.5%	80%
	CiCOLAs	67%	64%	91%	98.5%	83%
Warrington	CiC placed in area	86.7%	97.3%	89.7%	89.6%	90%
	CiC	69.4%	75.6%	71.4%	80.6%	74.8%
	CiCOLAs	79.3%	92.6%	96.4%	90.9%	89.7%
Halton	CiC placed in area	84.4%	86.7%	74%	69%	78.5%
	CiC placed out	66.7%	82.9%	66.7%	-	54%
	CiCOLAs	90%	95.2%	94.9%	75.9%	89%
Knowsley	CiC placed in area	50%	88%	81%	100%	79.6%
	CiC placed out	74%	0%	53%	100%	56.8%
	CiCOLAs	67%	100%	100%	100%	91.8%
St Helens	CiC placed in area	97%	96%	100%	97%	98%
	CiC placed out	67%	87%	69%	82%	76%
	CiCOLAs	95%	89%	93%	100%	95%

10. Contribution from Designated Doctors Children in Care

- 10.1** As Designated Doctors within the Cheshire and Merseyside region, we contribute to local and regional safeguarding and children in care meetings including the Cheshire and Merseyside designated professionals CiC network.
- 10.2** All are members of the Northwest Looked After Children medical advisors and designated Drs group which meets to provide essential teaching, sharing of information, standardisation of processes and case discussion. One of the Drs is the Northwest representative for the national CoramBAAF health specialist interest group, so contributes to the understanding of health matters, the development of training, national guidelines, and government policies.
- 10.3** We provide advice and training within the regional adoption agencies. We also offer training for paediatric colleagues as well as social care, GPs, and other health professionals on topics pertinent to children in care. We contribute to quality assurance for IHAs and provide a link within the individual departments to ensure that the needs of children in care are met and where appropriate prioritised.

11. Children in Care Key Priorities for 2023-24

- 11.1.** As a team we have developed a set of Cheshire and Merseyside ICB key priorities for

Cheshire and Merseyside ICB System Oversight Board/QPC

priorities for
2023/2024. These

include:

- a. Improve Performance in relation to Initial and review health assessments.
- b. Evaluate the CiC Key Performance Indicators for 2023-24 and revise as required.
- c. Establish the NHS Universal Family (Care Leaver Covenant) Programme and advertise the offer on the Care Leaver Covenant by October 2023.
- d. To standardise the care leaver, offer across the ICB to include provision of pre-payment prescription certificates and Health Passports.
- e. To support the NHSE data collection for Children in Care to ascertain an ICB overview of children in care.
- f. To continue to support the Dental Pathway Pilot Program.
- g. To consider further standardisation of terminology i.e., Care Experienced.

12. Conclusion

- 12.1** This 2023-2023 annual report provides a summary of progress of work within the Children in Care services since the formation of the ICB. It demonstrates the contribution to multi agency partnerships across the 9 places and provides assurance that NHS Cheshire and Merseyside ICB is fully committed to meeting the statutory duties and responsibilities for Children in Care and Care Leavers. The information contained in this report demonstrates that we continued to ensure robust commissioning arrangements are in place for children in care and the important work with partners to support service development, delivery, and governance arrangements.