

**Health Report for Cheshire East Cared for Children and Care Leavers Committee.****Quarter Three 2024/2025****Purpose of Report**

1. This report seeks to provide further detail to the health section of the Cared for Children and Care Leavers scorecard in order to enable the Cared for Children and Care Leavers Committee to have greater scrutiny of performance in relation to the Local Authority and Integrated Care Boards statutory responsibilities in meeting the health needs of Cared for Children

**Initial Health Assessments**

2. Care planning regulations require the local authority that looks after them to arrange for a registered medical practitioner to carry out an initial assessment of the child's state of health and provide a written report of the assessment within 20 working days of the child becoming cared for. Integrated Care Boards (ICBs) and NHS service providers have a duty to comply with requests from local authorities in support of their statutory requirements.
3. NHS Cheshire and Merseyside ICB commission Mid Cheshire Hospitals Foundation NHS Trust and East Cheshire NHS Trust to complete Initial Health Assessments for children living within Cheshire East these are completed by paediatricians who have undertaken additional training.
4. There has been a significant decline in the timeliness of initial health assessments from quarter one.
5. In quarter three 40 requests were made for initial health assessments (IHAs) for cared for children placed in Cheshire East. Of these, only 16 children (40%) were seen for their IHA within the 20-working day timescale. This is a decrease on quarter of 44%.
6. Additionally, 19 requests were received for IHAs for Cared for Children placed outside of Cheshire East. IHA's were completed within the 20-day timescales for 8 (42%) of these children.
7. The main reason for delay continues to be children not being brought to appointments. Between April and December 24, a total of 62 appointments have been missed. In quarter 3 this had the additional impact that due to the number of missed appointments not all children could be offered their first appointment within the required timescales.
8. Other reasons for delay include delays with out of area health providers, interpreter issues and not receiving necessary legal paperwork within timescales

9. Weekly meetings chaired by the Deputy Designated Nurse Cared for Children, take place between social care and health providers to review each child awaiting a health assessment and seek to identify and resolve any issues that may impact on a timely assessment.
10. Monthly escalation meetings take place between service managers to consider issues that cannot be resolved through the weekly meetings. Where themes are identified, health and social care are working together to find solutions and improve practice. Actions identified are captured through the ILACS Improvement Plan.
11. Initial data shows an improvement with timescale compliance for the month of January, this will continue to be monitored and responded to.

## Review Health Assessments

12. The local authority should arrange for a review of the child's health assessment to take place at least once every six months for children aged under five and at least once every twelve months after the child's fifth birthday by either a medical practitioner or registered nurse/midwife.
13. In most cases this review will be undertaken by a health visitor or school nurse. For some children who may have more complex health or social needs this review may be undertaken by a specialist nurse for cared for children. For children living in Cheshire East both these services are provided by Wirral Community Health and Care NHS Foundation Trust.
14. In quarter three 66 requests were made for review health assessments for cared for children placed within Cheshire East. Of these, 59 children (89%) were seen for their RHA within the month their assessment was due. This is a slight decrease on the previous quarter of 5.2% due to some capacity issues within the local 0-19 teams, which is being monitored. It is noted that the 7 late RHAs were all due in December which can be a difficult time to access school aged children due to the Christmas holidays.
15. Additionally, 40 requests were made for children living outside of Cheshire East, 34 children (85%) were seen within the month their assessment was due. This is an increase of 28% on the previous quarter

## Annual Health Assessment

16. Local Authorities are required to report on the number and percentage of children who have been in care for 12 months or more that have received a health assessment within the past 12 months. This could be an initial or review health assessment and is reported as 4.1 in the scorecard.
17. The 23/24 outturn was 91% which is an improvement of 2% on the 22/23 performance of 89% and is the best performance since the covid pandemic.

18. As per 4.1 on the scorecard Q3 data demonstrates a continuing high compliance at 89%.

## Annual Dental Check

19. Cared for Children are required to have their teeth checked by a dentist at least once every 12 months. For very young children who do not yet have teeth, this may be an oral examination by a paediatrician or other health professional such as a midwife or health visitor.
20. As per 4.2 in the scorecard the overall 23/24 performance was 87% which an improvement of 13% on the 22/23 performance of 74%. Compliance now exceeds pre-pandemic performance, and the recently published national statistical release confirms that this performance was significantly higher than England as a whole and our statistical neighbours.
21. Q3 data is currently showing that 70% of children have had a dental check, however due to way the data is recorded it is normal to appear lower at this time of year and will improve for year end. Work is ongoing to try and improve the reporting around dental checks, with the aim of ensuring that accurate data is available throughout the year.
22. A dental referral scheme was established in 2021 to ensure that any cared for child living within Cheshire and Merseyside can access a dentist. Any child or is unable to register with a dental practice in the area can be referred into the scheme. Uptake of the scheme has significantly reduced - this is reflective of the fact that most children are currently able to register with for NHS dental care through high street dental surgeries.
23. As a result of this NHS Cheshire and Merseyside ICB have currently expanded the scheme to include care leavers as well as under 18s for a trial period. The trial is taking place over a 3month period, Jan-Mar, and will be evaluated by dental commissioners in April.

## Care Leaver Health Summaries

24. Care Leaver Health Summaries (also referred to as Care Leaver Health Passports) are provided to young people in the month of their 18<sup>th</sup> birthday. They contain a summary of their health records and aim to equip them to manage their own health needs in adulthood. The 2024 ILACS inspection noted that not all care leavers have access to their health summaries.
25. In 23/24 97% of care leavers received their health passports when they turned 18, the remaining 3% declined this to receive one. In 24/25 so far (Q1-3) 100% of care leavers turning 18 have received a care leaver health summary.

26. As part of the improvement work the ICB care leavers health group have consulted with our 16+ young people around what they would like to see included within their health summaries and we are in the process of implementing the changes they have requested.

**Strengths and Difficulties Questionnaires (SDQs)**

27. The strengths and difficulties questionnaire is a clinically validated behavioural screening questionnaire which is used as a means of measuring on a regular basis the emotional and behavioural difficulties experienced by cared for children at a national level.
28. For children aged 5-16 local authorities should ensure that the child's main carer completed the carer version of the SDQ for the child in time to inform their health assessment. Uptake of the SDQ in Cheshire East is significantly lower than other local authorities and is an identified area for improvement.
29. An SDQ working group was established earlier this year to look at improving uptake and quality of the SDQ process. Including ensuring that where the carer completed SDQ suggests a child's total difficulties score is outside the normal range that the child themselves and their teacher complete a questionnaire, and the scores are triangulated. The implementation of iTHRIVE has now commenced within Cheshire East and the Cared for Children SDQ process has been identified as a priority for this project. The iTHRIVE implementation is being monitored through the Family Hubs Steering Group.

**Nicola Wycherley, Designated Nurse Safeguarding Children and Cared for Children**  
**February 2025**