

Corporate Parenting Committee

Agenda

Date: Tuesday, 19th January, 2021
Time: 4.00 pm
Venue: Virtual Meeting

How to Watch the Meeting

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The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and in the report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

2. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

3. **Minutes of Previous meeting** (Pages 3 - 10)

To approve the minutes of the meeting held on 17 November 2020.

4. **Corporate Parenting Committee Update Report** (Pages 11 - 20)

To consider the Corporate Parenting Committee Update Report.

Contact: Helen Davies
Tel: 01270 685705
E-Mail: helen.davies@cheshireeast.gov.uk

5. **Health of Cared for Children and Young People Annual Report** (Pages 21 - 38)

To consider the Cared for Children and Young People Annual Report.

6. **Fostering Service Presentation**

To receive a presentation on the Fostering Service.

Membership: Councillors R Bailey, J Barber, M Beanland, J Buckley, C Bulman, P Butterill, S Edgar, K Flavell (Chairman), S Holland, J Saunders (Vice-Chairman) and M Warren

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Corporate Parenting Committee**
held on Tuesday, 17th November, 2020 as a Virtual meeting

PRESENT

Councillor K Flavell (Chairman)
Councillor J Saunders (Vice-Chairman)

Councillors R Bailey, J Barber, M Beanland, J Buckley, C Bulman, P Butterill,
S Edgar, S Holland and M Warren

ALSO PRESENT

Mark Palethorpe- Executive Director of People
Kerry Birtles- Director of Children's Social Care, Children in Need & Child
Protection
Laura Rogerson- Head of Service for Special Educational Needs and
Disability (SEND) and Virtual School Headteacher for Cared for Children
Keith Martin- Head of Service for Children with Disabilities and Fostering
Lauren Conway- Interim Head of Service: Children's Service Development
and Partnerships
Gail Spray- Head of Service, Adoption Counts
Nicola Booth- Operations Manager, Adoption Counts
Shan McParland- Designated Nurse Looked after Children and Care Leavers ,
NHS Cheshire Clinical Commissioning Group (CCG)
Helen Davies- Democratic Services Officer

18 APOLOGIES FOR ABSENCE

There were no apologies for absence.

19 DECLARATIONS OF INTEREST

There were no declarations of interest.

20 MINUTES OF PREVIOUS MEETING

Councillor Kathryn Flavell noted that whilst she had given apologies for the meeting, she had dialled in and was present however this was not reflected in the list of Members present.

RESOLVED-

That the minutes of the meeting 29 September 2020 be received and noted as a correct and accurate record.

21 CORPORATE PARENTING ANNUAL REPORT

Councillor Kathryn Flavell presented the Corporate Parenting Annual Report. The Committee noted that much progress had been made and joined up way of working was clear within the report. The voice of young people was clear to see and ran through all the work, this had been considered a strength by The Office for Standards in Education, Children's Services and Skills (Ofsted).

On the subject of education, there had been fantastic attendance and this had stayed strong throughout the pandemic. There were some issues with care leavers and the figures for those Not in Education, Employment or Training (NEET) improving.

Councillor Flavell noted that the engagement options for Members had not been fulfilled yet because of the pandemic, but most Members had signed up and by Spring 2021 front line visits should be returning.

The Committee noted good exam results, some being above the national average and congratulated students and teachers, especially when considering some young people had had a harder start in life.

RESOLVED- That:

- a) The report be received and noted;
- b) Those Members with an outstanding DBS Check ensure it is up to date in preparation for face to face visits.
- c) Helen and Lauren to liaise with Paul Mountford to ensure this report has an onward journey to Cabinet as well as Children and Families Overview and Scrutiny Committee and the Health and Well Being Board.

22 CORPORATE PARENTING UPDATE REPORT 2019-20

Kerry Birtles, Director of Children's Social Care presented this item to the Committee in the form of a presentation rather than just the raw scorecard data.

Kerry advised the Committee that, Children's Social Care had successfully navigated through the pandemic, enabling frontline practitioners to safely deliver services with the welfare of children and families as a top priority.

The current position for the service was recovery planning. There was some evidence where children and young people had been adversely affected at the beginning of the pandemic, however a return to business-as-usual could be seen on reflection of quarter 2 data.

Key headlines for Quarter 2 (1 July- 30 September 2020) data were:

- 32 children became cared for taking the total population to 537;

- The number of care leavers as of the end of Sept 2020 was 282;
- Statutory compliance in relation to virtual and face to face meetings was between 79% and 86%;
- Statutory compliance in relation to completing reviews for cared for children remained at 98%; and
- Statutory obligations in completing pathway plans for care leavers rose slightly from 97% to 99%.

Health monitoring and assessment had shown that the health needs of Children and Young People had not been compromised during the pandemic, during the first half of the year, the majority of work had been completed virtually unless there had been an identified need for face-to-face interaction.

The Committee heard it was crucial to support young people to achieve permanence as soon as possible. Permanency planning for Cared for Children had been affected mainly by:

- Children initially not being able to transition to their adoptive homes;
- Courts initially being unable to progress adoption hearings; and
- Care Leavers initially being unable to move to more permanent accommodation.

There had been two young people adopted but the number of those placed for adoption or transitioning to adoption remained high at 54.

There had been five adoptions this year which equated to a third of where those figures would be expected to be. The priority had been for those new into care but there were some delays. When children arrive into care, it is good practice for them to have a plan at four months, drift and delay is not good for young people.

Frontline services continued to be essential to safeguard and promote the welfare of children and young people.

This report had been collated pre-second lockdown, updated guidance was expected when the current guidance expired.

Those young people who were NEET were of most concern at the start of the pandemic, the impacts of the pandemic on the national economy are yet to be fully realised. The service invested in the NEET programme, eight NEET young people are now in Covid-bubbles.

There had been a small number of children discharged from care.

The retendering process had provided a strong offer from the provider in north and south of the borough resulting in excellent care for 16 and 17 year olds through a transitioning period of life.

Elected Members were engaged in front line activity which enabled the service to be better prepared for challenge.

Kerry finished by advising the Committee about Bespoke Children's Homes, there were four commissioned Homes in the borough however the Home in Macclesfield had experienced significant difficulties that related to staffing and infrastructure and as a result the children had to move out. Despite the unplanned change, the service had taken ownership and both children had been successfully transitioned into their next home. Kerry recognised that setting up a Children's Homes is complex work and the service will be keen to take learning away from this experience.

Before the Committee engaged in questions, the Chairman congratulated Kerry on behalf of the Committee on her new post as Director of Children's Social Care.

The Committee asked when the Macclesfield Bespoke Children's Home might be reopening. Kerry advised this could potentially be January 2021 following recruitment for a Manager and Staff Team.

RESOLVED- That:

- a) Kerry Birtles be thanked for her attendance and presentation to the Committee;
- b) The contents of the report be received and noted; and
- c) This Committee continue to provide challenge to the service

23 VIRTUAL SCHOOL HEAD TEACHER'S ANNUAL REPORT

Laura Rogerson, Head of Service for Special Educational Needs and Disability (SEND) and Virtual School Headteacher for Cared for Children attended the meeting and presented this report to the Committee.

The Committee heard that the Virtual School had continued to provide an effective service to Cared for Children within statutory duties throughout the pandemic. Laura noted that the Virtual School Headteacher had also provided an Interim role as Head of Service for SEND, so a Deputy had been appointed to help support the work.

The emphasis of this report was on case studies that outlined impact, there had been links with partners and direct quotes to add more depth to report.

In terms of staffing there had been an increase in core staffing, some of this was funded through the Pupil Premium. The service was committed to ensure all children and young people in care were in an education provision that was right for them.

Children, Carers and Families had been contacted in August to encourage a return to school in September and discuss any support that may have

been required. During the first term, there was a priority on the completion of Personal Education Plans for students to have clear targets on their return to school.

The Committee heard that the main use of the Pupil Premium funding had been used towards one to one or small group teaching, supporting the enhancement of social and emotional skills and the purchase of specific resources. There had been other uses for the funding which included:

- High cost support for children with particular needs;
- Exam preparation;
- Preparation for transition;
- Recreational activities;
- Support of post 16-year olds to enable the reduction of those Not in Education, Employment or Training (NEET) from 16% in 2019 to 6.3% this year; and
- An RSPCA programme where children got to work alongside staff to care for animals as part of their school day and bespoke school work.

In terms of attainment children have not missed out during the pandemic and have attained very well. There had been a 92% attendance since the return to school with 55% of Personal Education Plans completed. The service were aiming for this to get to 90% by Christmas.

The Committee were advised that since the start of this term, the Council had brokered a range of interventions to Support targeted work with vulnerable groups and to support catch up. Some were Cheshire East programmes where some were Government initiatives and included academic mentoring, the National Tutor Programme and the increased use of IT through the national 'EdTech' programme.

The Committee were given the opportunity to ask questions and give comment to the report.

The Chairman noted that the current percentage figures for those Not in Education, Employment or Training (NEET) had come down significantly to 6.3% and the service should be commended on that.

There was a query about how the quality of the teachers provided by Government was measured. Laura advised that the National Tutoring Programme contained a database of over 30 providers and the schools submit an expression of interest directly to the Department for Education (DFE) and from there a provider is assigned. Whilst the service is not directly involved in that there was a feeling that the service would be working more closely with schools to determine the needs of the school. Whereas with academic mentoring there was one specific provider which enabled the service to have more oversight on what the offer would be.

The Virtual School was funded to enable the service to procure tutors, impacts of this will be measured via the Personal Education Plans (PEP).

RESOLVED:

That Laura be thanked for her attendance and presentation and that the report be accepted and noted.

24 ADOPTION PANEL CHAIRS REPORT OCT 2019- MARCH 2020

Nicola Booth, Operations Manager at Adoption Counts attended the meeting and presented this report to the Committee.

Nicola advised the Committee that currently there were 52 active panel members, and that Adoption Counts were continuing to recruit with the aim of having a wide and diverse panel membership. Ideally there would be a preference for greater diversity to represent a wider range of the community.

Panel meeting were regular and the majority of feedback from those attending panels was positive.

The Committee were invited to ask questions that related to the report.

Panel Members were sourced and appointed often by word of mouth or if they had expressed an interest. The role was open to all especially those who had diversity of life experiences. Some had experience of working with families or had been adopted. If there were birth mothers who wanted to join the panel, Adoption Counts would be interested to hear from them.

Nicola stressed that adopters can come from all walks of life, not necessarily heterosexual couples.

The Committee agreed the report was positive to read considering the backdrop of the national pandemic.

RESOLVED- That:

Nicola be thanked for her attendance and presentation to the Committee and that the contents of the report be received and noted.

25 ADOPTION ANNUAL REPORT 2019-2020

Nicola Booth, Operations Manager and Gail Spray, Head of Service for Adoption Counts attended the Committee to present the Adoption Annual Report 1 April 2019- 31 March 2020.

Key highlights included:

- The strength of working relationships between Adoption Counts and Cheshire East Council; robust tracking systems in place for children and had a joint up working approach to care plans;
- Last year 16 children were adopted and 19 placed, this was consistent with year before (17 adopted and 16 placed);

- There had been an increase in timescales for children being adopted and placed, this had risen in comparison to years before; and
- It had been important to find adopters to meet the needs of often complex health or development needs of children over a life long period.

Nicola gave a case study of a six year old girl who had been registered blind and had suffered significant abuse and neglect during the first four years of her life. She needed a family to meet lifelong needs. Due to the importance placed on individual care plans, she has gone on to flourish with her adoptive family.

A1 figures related to the child coming into care and moving in with family.
A2 figures related to the time when court places order and Local Authority deciding on a match.

Both A1 and A2 figures were judged nationally.

A1 figures were 426 days. Currently the average was 486 days for England.

A2 figures were 121 days, current 201 days is national England average.

Adopters were approved by adoption counts, rather than nationwide. Lots of time was spent assessing families to get a good knowledge on strengths and weaknesses to be able to support where necessary. Placing inhouse gave a good outcome for children.

Two children had been placed in fostering for adoption, the children join the families at earlier point in their lives which is positive for children.

There had been a slight increase of those with a plan of adoption (23), 25 where the Court had given placement orders.

The quality of reports for adopted children had improved and contained much more detail of the journey of the child. Children could now see their history later in their life.

The Adoption support service had received feedback that people had chosen them as an agency because of the organisations reputation.

The ongoing developments for the service related attracting those from BAME communities as potential adoptive families.

Adoption Counts had organised Adoption picnics which had proved as a successful matching method, 76 children were able to be profiled and 85 adoptive families been to those.

There had been 110 adopters approved in last year, an increase from 85 in the previous year. However there was a recognised national adopter shortage.

The Committee were invited were pleased to see the reasons outlined in the report for why timescales may have taken longer in some instances.

There was some conversation about why Cheshire East Council had the highest number of applications for adoption support across a geography of Stockport, Manchester, Trafford and Salford. The Committee heard that Cheshire East were able to advocate successfully for the needs of their children.

The Committee were interested in peer support and were pleased to hear how adopters are supported (at times) organically through peer support and thought this was a positive outcome to reassure new parents.

RESOLVED-

That Nicola and Gail be thanked for their attendance and presentation and that the report be received and noted.

The meeting commenced at 4.00 pm and concluded at 5.33 pm

Councillor K Flavell (Chairman)



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Key Decision N

Date First
Published: N/A

DECISION REPORT

Corporate Parenting Committee

Date of Meeting: 19 January 2021

Report Title: Corporate Parenting Update Report

Portfolio Holder: Cllr Kathryn Flavell, Portfolio Holder for Children and Families

Senior Officer: Mark Palethorpe, Executive Director of People

1. Report Summary

- 1.1. This report will advise the Corporate Parenting Committee of how the service are delivering the priorities for cared for children and care leavers which are clearly set out in the Corporate Parenting Strategy.
- 1.2. This report will provide the fourth update to the Corporate Parenting Committee since the restrictions of Covid-19 came into force. Services for cared for children and care leavers embraced new ways of working in the initial stages of the pandemic. This report will outline any existing variations to our statutory service delivery and also highlight the progress in planning for children and young people as we approach 10 months into the pandemic.

2. Recommendation/s

- 2.1. Corporate Parenting Committee is asked to:
 - Note the contents of the report.
 - Provide support and challenge the local authority actions in respect of the report.

3. Reasons for Recommendation/s

- 3.1. The Corporate Parenting Committee is an advisory group to the Cabinet and, as such, needs to be aware of any national or local issues that are likely to impact on cared for children and care leavers. The Corporate Parenting Committee needs to be able to scrutinise and challenge performance to improve outcomes for cared for children and young people and care leavers.

4. Other Options Considered

- 4.1. None; this is an update report.

5. Background

- 5.1. The report provides an update to the Corporate Parenting Committee since the last report which was presented on the 17 November 2020. Frontline services, in line with the priorities set out in the Corporate Parenting Strategy, continue to deliver our statutory duties and 10 months into the pandemic we are able to see evidence of permanence for children within the Court arena, including children achieving adoption and where children and young people require a forever home in long term foster care. The tremendous efforts of our frontline colleagues, partners and children and young people themselves is testament to the resilience that exists within the services that we deliver and the children and families that we serve.
- 5.2. The Adoption and Children (Coronavirus) (Amendment) Regulations 2020 for Children's Social Care services continue to reflect the amendments authorised on the 25th September 2020. This ultimately means that frontline services have a statutory obligation to operate within a mainly business as usual model. There remains a small number of regulations in place to assist social care services in responsibly managing their statutory safeguarding responsibilities to children and young people whilst managing the risks of the virus to frontline practitioners. We have developed weekly reporting systems which identify how and where we are applying the amended regulation, in the main in relation to some Covid specific virtual visits, and regularly undertake quality assurance activity which provides reassurance around the appropriate use of the regulations. These regulations are currently in place until the 31st March 2021.
- 5.3. The service continues to use individual risk assessments to support safe service delivery for children, young people, their parents, carers and family members and also our frontline colleagues. These risk assessments include the physical risk management, and also the emotional impact of the prolonged period of alternative ways of working, where there are many

avenues available including mindfulness, the employee assistance programme and home-based risk assessments. The corporate response to promoting diversity, equality and inclusion throughout the pandemic for the families who access our services, and the frontline colleagues who deliver the service, has been well received.

6. Pledge 1 - Being a Good Corporate Parent

- 6.1 Cheshire East Council committed to the pledges of the Corporate Parenting Strategy at full council on the 13 December 2018. We are keen to truly understand the lived experience of our children and young people and like no other time before we must ensure that their views, wishes and feelings are captured and shape the way forward in how we continue to prioritise their needs. We rolled out a participation and engagement survey in December 2020 with the intention of truly understanding the lived experience of the broadest audience of children and young people. We also plan to subsequently shape our participation and engagement offer learning from the pandemic where alternative ways of working have been helpful for our children and young people.
- 6.2 We must, particularly at this time, look to prioritise our cared for children and young people and care leavers where we know they are likely to have experienced the pandemic in a detrimental way. Some of these known areas are in relation to access to employment, education and training, mental health services and where they are experiencing social isolation. Colleagues across the frontline and partner agencies are focused on how we offer services creatively across the council to ensure that these young people are prioritised as we move through the pandemic.
- 6.3 Corporate Parenting Committee will be aware of the plans in place for elected members to be much closer to frontline colleagues, engaging meaningfully with children and young people and embracing the challenge of becoming proactive members to a number of unique opportunities. These opportunities include attendance at our Corporate Parenting subgroups, one-to-one tutoring and virtual visits to our commissioned children's homes. Feedback from interactions has already demonstrated impact as members are reporting having a better understanding of the pressures faced by frontlines colleagues as well as a greater understanding of the complexity of need presented across the service.
- 6.4 We are ambitious corporate parents to our children and young people and care experienced adults and made the commitment in 2017 to embrace the 'New Burdens' that placed a statutory responsibility upon Local Authorities to extend their support to care experienced adults to age 25. Every six months, the care leavers service 'reach out' to our care experienced adults

who have chosen not to continue to access a service, and pre-Covid, we saw a relatively low response to our extended offer of support. We have however seen an increase in care experienced adults accepting the support offered during the pandemic and this has seen additional support provided in relation to emotional well-being, finances and support with employment. This is evidence of our corporate parenting commitment and we are now considering what the prolonged period of additional demand could mean for capacity within the service.

7. Pledge 2 – We Will Improve Education, Employment and Employment Outcomes

- 7.1. The educational experience of our cared for children has continued to be a priority as we transitioned back into the first academic term. Robust safeguarding measures remained in place to track vulnerable pupils not in education and electively home educated, and support made available to children and families in this situation.
- 7.2. The Virtual School and frontline teams continue to focus on frequency of PEP completion and quality related to targeted support to ensure that we continue to have high aspirations for our children and young people.
- 7.3. The Virtual School Governing Body will launch in January 2021 with the Chair of Governors being the Director of Children's Social Care and the governing body featuring the Children in Care Council and foster carer representatives. This governing body will allow the Virtual School to have the same level of support, scrutiny and challenge that would exist within mainstream and specialist provision and will provide an additional avenue to challenge our statutory responsibilities and outcomes for children and young people, as well as also monitor and support the longer term consequences of the pandemic.
- 7.4. The service and the broader council continue to be focused on young people who are not in education, employment or training (NEET) for our 16-18 year old cared for children and our care experienced adults. Our NEET figure for 16-18 years olds remains steady at around 4-6% on average. More targeted support is being put into supporting and prioritising our care experienced adults and, where opportunities for creative ways of furthering their skills and employment opportunities exist, that we action this for them.

8. Pledge 3 - Achieving Permanence and Keeping Children Safe

- 8.1 Achieving permanence for cared for children and care leavers is one of our service priorities and we have a clear plan to ensure that the children who do require Local Authority care receive this in a timely way, that the

care they receive is excellent, and for children who no longer need to be in care, that their plans are progressed without delay.

- 8.2 Corporate Parenting Committee will be familiar with the impact of Covid-19 in achieving permanence in a timely way and that the initial stages of the pandemic created a significant challenge. However, I am pleased to share that we are now seeing those delays reduce, with children achieving their permanent plans by way of adoption, special guardianship and discharges of care orders. We are faced with a smaller but still significant challenge of the cumulative backlog of Court progression work and continue to work closely with the Local Family Justice Board to progress this.
- 8.3 Throughout the pandemic our commissioned service to children who go missing from care has continued to operate and has seen success in maintaining an offer to children and young people that can respond in a timely way and disrupt this risky behaviour. The number of children missing can vary week by week, however every child who experiences a missing episode will be offered a return interview, where in-depth discussions take place to inform subsequent risk assessments from the social worker who can consider the bigger picture.
- 8.4 Our children who are living out of borough or 'at a distance' represent around 40% of our cared for population and includes children living with Cheshire East foster carers, children placed for adoption, with parent and family members, and children in independent residential and foster care. Our last inspection offered reassurance that our children who live outside of Cheshire East are at no detriment and our statutory service delivery throughout the pandemic has continued to ensure that our children are seen and plans progress. Our vision for children and young people is focused on children living in the borough where we believe their needs will be best met, and we continue to develop a range of sufficiency options including our Bespoke Children's Homes and our first Mockingbird constellation that launched in November 2020.

9. Pledge 4 – We will Improve Health and Wellbeing Outcomes

- 9.1 The Corporate Parenting Committee will receive the Annual Report of the Health of our Cared for Children during the committee meeting.
- 9.2 Overall the performance in relation to requests for initial health assessments, completion of initial health assessments and annual review health assessments continues to deliver timely and robust health assessments for children and young people.

- 9.3 There continues to be challenges in relation to access to routine dental appointments because of the impact of surgery availability and practices not taking new patients. However, it is positive that over the Cheshire footprint an additional four dental practices are being developed where cared for children will be prioritised.

10. Pledge 5 – We will prepare young people for Adulthood

- 10.1. The Care Leavers Service continues to be focused on supporting the needs of our care experienced adults in relation to accommodation, NEET, social isolation, emotional well-being and relationships.
- 10.2. The sustainability of dedicated emotional well-being support is currently being explored with the CCG. We have been able to introduce a fitness and well-being service (RAGE Fitness – see Appendix 1) to care experienced adults, which we are hopeful will offer an alternative to talk therapy and produce multiple outcomes, an offer that has been well received in different local authorities.

11. National or legislative changes

- 11.1. The Adoption and Children (Coronavirus) (Amendment) Regulations 2020 were introduced to provide flexibility in the statutory obligations of local government relating to cared for children, adoption and fostering. These regulations were reviewed on the 25 September 2020 by government and significantly reduced the flexibilities initially introduced.

12. Implications of the Recommendations

12.1. Policy Implications

- 12.1.1. Cheshire East is ambitious and committed to ensuring it is a great place to be young and every child has the best start in life. This is demonstrated through the Council's core priorities that people live well and for longer and have the life skills and education they need to thrive. These priorities are supported and driven through the Children and Young People's Plan and the Health and Wellbeing Strategic Plan. Our Corporate Parenting Strategy has a clear vision that our cared for children and care leavers are safe, happy, healthy and achieve their full potential.

12.2. Legal Implications

- 12.2.1. The Adoption and Children (Coronavirus) (Amendment) Regulations 2020 were introduced to provide flexibility in the statutory obligations of

local government relating to cared for children, adoption and fostering. These regulations were reviewed on the 25 September by government and significantly reduced the flexibilities initially introduced.

12.3. Financial Implications

- 12.3.1. There are no financial implications or changes as a result of the recommendations of this report.

12.4. Equality Implications

- 12.4.1. Cared for children and care leavers can be a vulnerable group because of their experiences and so the impact of Covid-19 could mean further marginalisation.

12.5. Human Resources Implications

- 12.5.1. HR and Public Health have been supportive of officers in ensuring that robust risk assessments are in place and available to staff in undertaking their duties.

12.6. Risk Management Implications

- 12.6.1. Cared for children and care leavers are a vulnerable group that are at risk of a number of factors, including poor education and training, health, safeguarding and transition into adulthood; the Corporate Parenting Strategy prioritises these areas.

12.7. Rural Communities Implications

- 12.7.1. There are no direct rural communities' implications of this report.

12.8. Implications for Children & Young People/Cared for Children

- 12.8.1. The contents of this report have implications for cared for children and care leavers, who are some of Cheshire East's most vulnerable children.

12.9. Public Health Implications

- 12.9.1. The impact of Covid-19 is well documented within this report.

12.10. Climate Change Implications

- 12.10.1. There is a commitment to ensure that Cheshire East cared for children live as close to their home community as possible, wherever this is safe to do so. This will ensure that children can continue to feel connected to their families and local community. It also reduces the geographical footprint of children, families and staff as travel is reduced.

13. Ward Members Affected

- 13.1. Although the number of Cheshire East cared for children and young people is relatively small, they are a vulnerable cohort, who live across Cheshire East and in other local authority areas.

14. Consultation & Engagement

- 14.1. My Voice, our cared for children council, continue to meet virtually on a weekly basis. They provide their views on topics that affect their lives and have been a key stakeholder, sharing their views with the Committee System.
- 14.2. The local authority is currently undertaking an annual participation survey that will help the service to continue to understand the needs of our children and young people and align any newly identified needs to the Corporate Parenting Strategy.

15. Access to Information

- 15.1. None.

16. Contact Information

- 16.1. Any questions relating to this report should be directed to the following officer:

Name: Kerry Birtles
Job Title: Director of Children's Social Care
Email: Kerry.Birtles@cheshireeast.gov.uk



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Key Decision N

Date First
Published: N/A

DECISION REPORT

Corporate Parenting Committee

Date of Meeting: 19 January 2021

Report Title: The Health of Cared for Children and Young People Annual Report, 2019-20

Portfolio Holder: Cllr Kathryn Flavell, Portfolio Holder for Children and Families

Senior Officer: Mark Palethorpe, Executive Director of People

1. Report summary

- 1.1. This report outlines the delivery of health services to children in the care of Cheshire East Council (CEC) during the period from 1 April 2019 to 31 March 2020, in line with National Statutory Guidance ('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, 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. Recommendation/s

2.1. The Corporate Parenting Committee is recommended to:

2.1.1. Note the contents of the report.

2.1.2. Scrutinise the Health of Cared for Children and Young People Annual Report set out at Appendix 1.

3. Reasons for Recommendation/s

3.1. The Corporate Parenting Committee is an advisory group to the Cabinet and, as such, needs to be aware of any national or local issues that are likely to impact on the health and wellbeing of cared for children and care leavers. The Corporate Parenting Committee need to be able to scrutinise and challenge performance to improve health outcomes for cared for children and young people.

4. Other Options Considered

4.1. None; this is an annual report.

5. Background

5.1. This annual report aligns with Pledge Four within the Corporate Parenting Strategy 2018-20, ***'We will improve health and wellbeing outcomes'***.

5.2. The Clinical Commissioning Group also has a statutory duty to comply with requests from a Local Authority to help them provide support and services to cared for children and young people which promote their health and well-being.

6. Implications of the Recommendations

6.1. Legal Implications

6.1.1. Legal advice will be sought, as appropriate, upon all relevant emerging issues.

6.2. Financial Implication

6.2.1. There are no direct financial implications of this report.

6.3. Equality Implications

6.3.1. There are no equality implications as a result of this paper.

6.4. Human Resources Implications

6.4.1. There are no direct human resource implications of this report.

6.5. Risk Management Implications

6.5.1. Cared for children and care leavers are a vulnerable group that are at risk of a number of factors – poor education and training, health, safeguarding and transition into adulthood.

6.6. Rural Communities Implications

6.6.1. There are no direct rural communities' implications of this report.

6.7. Implications for Children & Young People/Cared for Children

6.7.1. The contents of this report have implications for cared for children and care leavers, who are some of Cheshire East's most vulnerable children.

6.8. Public Health Implications

6.8.1. There are no direct implications for public health.

6.9. Climate Change Implications

6.9.1. There are no direct implications for climate change.

7. Ward Members Affected

7.1. Although the number of Cheshire East cared for children and young people is relatively small, they are a vulnerable cohort, who live across Cheshire East and in other local authority areas.

8. Consultation & Engagement

8.1. None.

9. Access to Information

9.1. Appendix 1 – The Health of Cared for Children and Young People Annual Report, 2019-20.

10. Contact Information

10.1. Any questions relating to this report should be directed to the following officer:

Name: Shan McParland

Job Title: Designated Nurse Looked After Children and Care Leavers

Email: shan.mcparland@nhs.net

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.

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