

Nursing and Care : System Oversight Board

Title: Children in Care Annual Report (2023-24)

Date: December 2024

Agenda Item No	
Report author & contact details	<p>Helen Case (Designated Nurse Children in Care Sefton Place) Hayley McCulloch (Designated Nurse Safeguarding Children and Children in Care - Halton Place) Nicola Wycherley (Designated Nurse Safeguarding Children and Children in Care - Cheshire East Place)</p> <p>With support from the NHS C&M ICB Designated Children in Care Network</p>
Report approved by (sponsoring Director)	
Responsible Officer to take actions forward	<p>Sarah Martin (Head of Safeguarding)</p>

Children in Care Annual Report 2023-24

<p>Executive Summary</p>	<p>This is the Children in Care (CiC) annual report for NHS Cheshire and Merseyside Integrated Care Board (ICB). The report covers the period from 1 April 2023 to 31 March 2024.</p> <p>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 2024-25.</p> <p>The purpose of the report is to :</p> <ul style="list-style-type: none"> • provide assurance in relation to the ICB’s statutory duties for Children in Care • overview of the progress and challenges in supporting and improving health outcomes • provide assurance to the ICB Board that we are meeting the statutory requirements statutory requirements in commissioning services to identify and meet the health needs of the Cared for Children • offer assurance to our partners that NHS Cheshire and Merseyside ICB is meeting the statutory duty 				
<p>Purpose (x)</p>	<p>For information / note</p>	<p>For decision / approval</p>	<p>For assurance</p>	<p>For ratification</p>	<p>For endorsement</p>
<p>Recommendation</p>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Note the contents of the report and the assurance of how the ICB have met the statutory responsibilities for Children in Care • Ratification: Ratify and approve the key priorities for 2024/2025. • Ratification: Ratify and approve the Children in Care annual report so it can be shared with each place Corporate Parenting Board 				
<p>Key issues</p>	<ul style="list-style-type: none"> • Initial Health Assessment performance is significantly below where we would like it to be and will remain a focus for 24/25 • The development of the NHS Cheshire and Merseyside Children in Care and Care Experienced Young People strategy has commenced but not completed (will therefore carry over to 2024/25 workplan) 				
<p>Key risks</p>	<ul style="list-style-type: none"> • Compliance with statutory timescales for initial health assessments (IHA) • Placed-based challenges related to equity of provision (Designated workforce) 				
<p>Impact (x) (further detail to be provided in body of paper)</p>	<p>Financial</p>	<p>IM & T</p>	<p>Workforce</p>	<p>Estate</p>	
	<p>X</p>	<p>X</p>	<p>X</p>		
	<p>Legal</p>	<p>Health Inequalities</p>	<p>EDI</p>	<p>Sustainability</p>	
	<p>X</p>	<p>X</p>	<p>X</p>		<p>X</p>
<p>Management of Conflicts of Interest</p>	<p>N/A</p>				
<p>Patient and Public Engagement</p>	<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 sought, heard, and acted on through a variety of forums during and after their health assessments.</p>				

Equality, Diversity, and Inclusion	Every child deserves to be recognized and celebrated for who they are. Through building the foundations of equality, equity, diversity, and inclusion in the children in care and care experienced young people communities, we can better support all children and young people in care to have the opportunities they deserve.
Health inequalities	<p>“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.”</p> <p>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 experienced young people.</p> <p>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</p>
Next Steps	Following ratification and approval at the System Oversight Board. The report will also be shared at each C&M Place Corporate Parenting Board as per our children in care statutory responsibility
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 sometimes referred to as unaccompanied migrant 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
Care Experienced Young People	An alternative name for Care Leavers

Children in Care Annual Report (2023-24)

1.0 Introduction / Background

- 1.1 This is the Children in Care (CiC) annual report for NHS Cheshire and Merseyside Integrated Care Board (ICB). 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 1 April 2023 to 31 March 2024 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. Locally we prefer to use the term Care Experienced Young People.
- 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 the ICB in 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.
- 1.10** Under the Children Act 1989, the ICB 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 ICB CiC team collaborate closely with commissioned providers and the relevant local authorities.
- 1.11** NHS C&M ICB has a statutory responsibility to commission health services so that children in care have an initial health assessment and depending on age a six monthly or annual review health assessment.
- 1.12** 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 reported back by exception to the ICB System Oversight Board and Quality and Performance Committee as well as to the Local Authority Corporate Parenting meetings across Cheshire and Merseyside.
- 1.13** Initial Health Assessments must be available within 20 working 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.
- 1.14** 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.

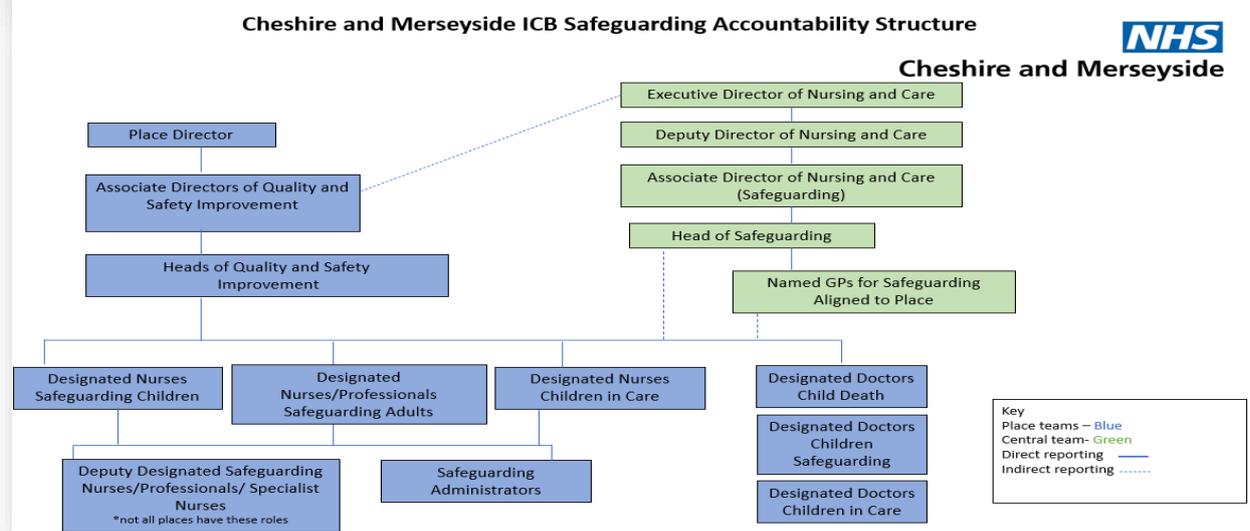
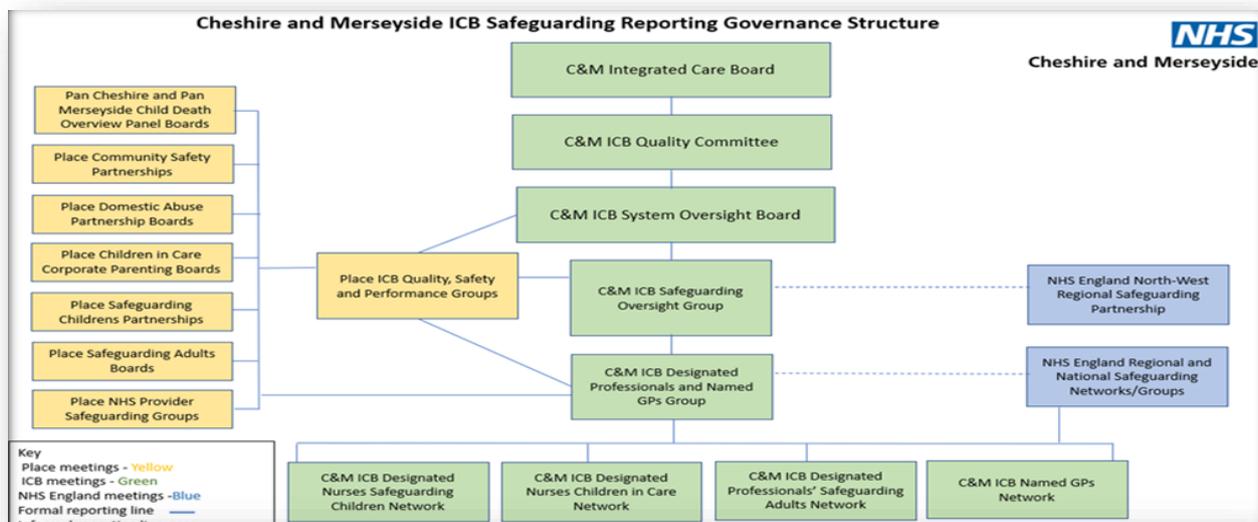
2.0 Key Priorities for the NHS Cheshire and Merseyside ICB 2023-24

In the 2022-23 Annual Report several priorities were identified (position update is as follows):

2023-24 Priorities	Update
Improve performance in relation to Initial and Review Health Assessments.	<ul style="list-style-type: none"> Several initiatives have been undertaken across places to try and improve compliance with health assessment timescales, including a hybrid model with Alder Hey utilising GPs to support Initial Health Assessments and improved escalation pathways. The impact of some of this transformational work is not expected to be seen until 24/25. Whilst there have been improvements in performance since 22/23, this is not consistent across the ICB. IHA performance is significantly below where we would like it to be and will remain a focus for 24/25. We continue to experience delays for children placed out of area and issues with children not being brought to appointments.
Evaluate the CiC Key Performance Indicators for 2023-24 and revise as required	<ul style="list-style-type: none"> The KPI's for Children in Care were aligned across the 9 place areas for the first time in 23/24. An annual review has taken place, and it has been agreed that the KPIs will remain unchanged for 24/25 with a view to refresh in 25/26 in line with our commissioning standards review cycle.
Establish the NHS Universal Family (Care Leaver Covenant) Programme and advertise the offer on the Care Leaver Covenant by October 2023.	<ul style="list-style-type: none"> A care leavers careers event was held in October 2023 with care experienced young people from across the nine places in attendance. The event was co-delivered by a CMICB employee who was also a care experienced adult. There was good engagement from the young people attendance and feedback was gained to support future events. Alder Hey have been commissioned to support this work. The Director of Academy is undertaking a scoping exercise of all C & M providers to produce a cohesive offer for care experienced young people across the ICB footprint. Feedback from the 10 national pathfinder ICBs is awaited, any learning will be considered.
Standardise the care leaver offer across the ICB to include provision of pre-paid prescription and Health Passports.	<ul style="list-style-type: none"> The development of the NHS Cheshire and Merseyside Children in Care and Care Experienced Young People strategy has commenced. This has not yet been finalised and ratified and will therefore be a key priority for 2024-25.
To support the NHSE data collection for Children in Care to ascertain an ICB overview of children in care	<ul style="list-style-type: none"> Designated Nurses have contributed to the Children in Care Assurance Tracker. The tracker went live in Q1 23/24 and the ICB has submitted data from each place, based on the information shared by providers. The tracker will be simplified for 24/25, and providers will submit data directly to NHSE.
To continue to support the Dental Pathway Pilot Program. (600 referrals made since the Pathway commenced in June 2021).	<ul style="list-style-type: none"> The NHSE Children in Care Dental Referral Pathway Pilot has continued throughout 2023/24. There have been approximately The Designated Nurses have been represented at and contributed to the Pathway meetings to support improved dental outcomes for Children in Care.
To consider further standardisation of terminology i.e., Care Experienced.	<ul style="list-style-type: none"> The standardisation of terminology has been discussed within the Designated Professionals for Children in Care network meeting and included in the NHS Cheshire and Merseyside Children in Care and Care Experienced Young People Strategy which is due to be finalised in 2024-25.

3.0 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 2023/2024 are highlighted below
- 3.2 As clinical experts and strategic leaders, the Associate Directors for Quality and Safety Improvement, Heads of Quality and Safety Improvement, Associate Director of Safeguarding, 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.
- 3.3 The ICB 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.



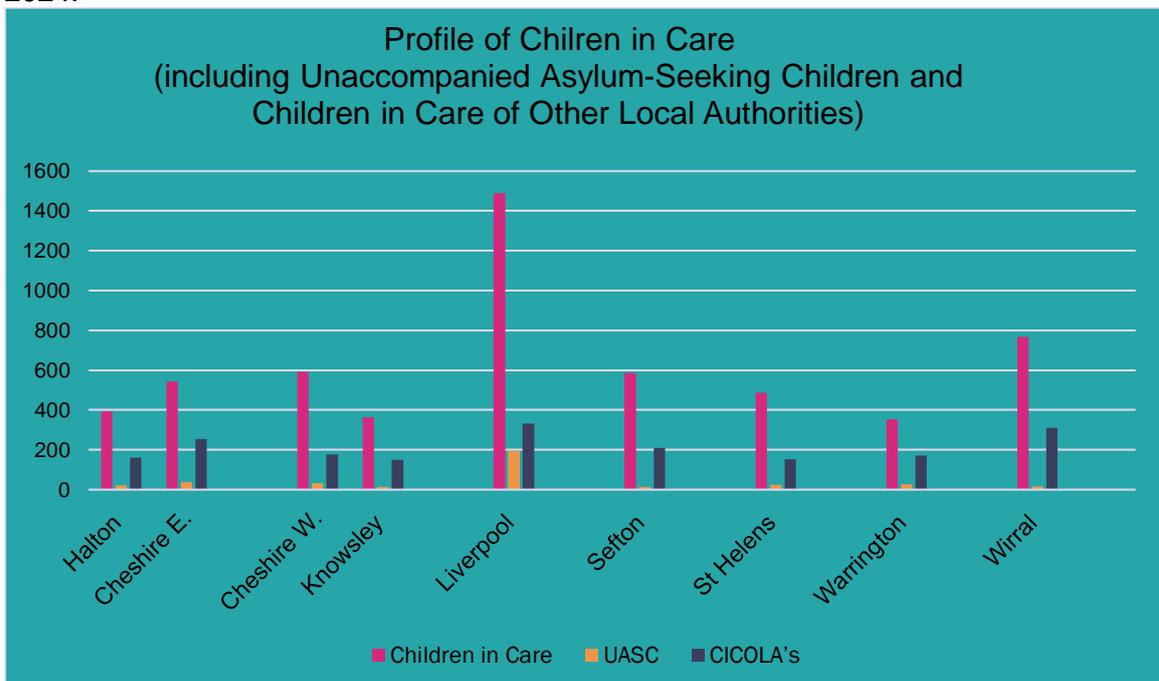
4.0 National Profile of Children in Care

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 2024 are not available at the time of writing this report. The following information relates to data published for 31st March 2023:

- a. The number of children in the care of local authorities in England rose to 83,840 which was an increase of 2% from 2022. This is a rate of 71 children per 10,000 children which is up from 70 from the previous year.
- b. The number of children who entered care during that year was 33,000, an increase of 6% on 2022.
- c. The number of children who left care during that year was 31,680, an increase of 5% on 2022.
- d. The number of children who were unaccompanied asylum-seeking children (UASC) was 7,290 which is 1,630 more than 2022 and an increase of 29%. This follows a 37% increase in the year prior, meaning a 42% increase on pre-pandemic 2019 figures.
- e. The number of children adopted was down 2% to 2,960.

5.0 Local Profile of Children in Care

5.1 **Table 4** shows the Cheshire and Merseyside local profile of the numbers of CiC (5,574), Care Leavers (3,000), Unaccompanied Asylum-Seeking Children (384) and Children in Care of Other Local Authorities (1918) across the 9 place areas as of 31st of March 2024.



Caveat: due to variance in reporting care leavers by the nine local authorities, it is not possible to break this down by place.

6.0 Commissioning Arrangements

6.1 **Table 5** below provides detail on the commissioning arrangements ,including variation in commissioning across the ICB footprint and service models within each Place

	Provider commissioned to undertake statutory IHA	Provider commissioned to undertake statutory Review Health Assessments and associated health activity
Liverpool	Alder Hey commissioned by Liverpool, Sefton, and Knowsley to complete IHAs	<p>Mersey Care NHS Foundation Trust.</p> <ul style="list-style-type: none"> • 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 (E)	East Cheshire NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust	<p>Wirral Community Health and Care NHS Foundation Trust.</p> <ul style="list-style-type: none"> • Cared for Children Health Team coordinate health assessments for all cared for children and complete RHAs/health interventions for young people 16 and over and complex children under 16. The team includes a 16+ 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 (W)	Countess of Chester Hospital and Mid Cheshire Hospital	<p>Cheshire and Wirral Partnership Trust.</p> <ul style="list-style-type: none"> • Children in Care Health Team coordinate health assessments for all cared for children and complete RHAs/health interventions for 16+yrs • The 0-19 service completed RHAs/health interventions for preschool and school age children.
Warrington	Bridgewater Community Healthcare NHS Trust	<p>Bridgewater Community Healthcare NHS Trust.</p> <ul style="list-style-type: none"> • 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	<p>Bridgewater Community Healthcare NHS Trust.</p> <ul style="list-style-type: none"> • 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	Mersey and West Lancashire Teaching Hospitals NHS Trust	<p>Mersey Care Foundation NHS Trust.</p> <ul style="list-style-type: none"> • 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	<p>Mersey Care NHS Foundation Trust.</p> <ul style="list-style-type: none"> • The Children in Care Team undertake RHA and specific interventions for children aged 0-19 in collaboration with Wirral Community Health & Care Trust 0-25 service.
Wirral	Wirral University Teaching Hospital (Arrowe Park)	<p>Wirral Community Health & Care NHS Trust.</p> <ul style="list-style-type: none"> • 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 16 +yrs. • 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	<p>Mersey Care NHS Foundation NHS Trust.</p> <ul style="list-style-type: none"> • 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.

7.0 The Difference and Impact We Have Made

7.1 Across Cheshire and Merseyside, 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. The Care leaver passport has been reviewed and the views of children in care sought from the Children in Care Council, a separate care leaver passport has also been developed for UASC. There has been an increase in compliance with the care leaver passport. The pathway has been revised and passports are received in a timely manner.
- b. The Designated Doctor for Children in Care has hosted a suit of lunch and learn sessions over the last year, these have been multi agency and have been well supported and attended. Due to their popularity these lunch and learn sessions will continue into the next year. This has provided multi agency staff with the knowledge and skills to support children in care.
- c. A mental health plan on a page has been developed and has been shared with all agencies enabling children in care to have early access to emotional health and wellbeing services. A professional consultation line has been established with mental health services to allow professionals concerned about a child to access advice and support.

7.3 Knowsley

- a. The CiC team have revisited the QR code “rate your health assessment” to capture feedback from children at RHAs to promote children and young people’s engagement, their voice and “you said we did”. The QR code has been redeveloped with input and support from children and young people to promote a user-friendly approach. All four CiC teams across the Mersey Care footprint and now using the QR code to capture feedback from CiC.
- b. The Designated Nurse has led the health and wellbeing workstream for the Corporate Parenting Forum to improve health outcomes for Children in Care. A work plan is in place and one of the priorities is Mental Health and Emotional Wellbeing.
- c. The CiC teams have received training from Change, Grow, Live (CGL) regarding the use and risks of substance misuse. The local authority has asked for the CiC team to introduce the alcohol and drug screening tool. This aims to promote discussions with young people and carers to deliver key messages, including the risks along with signposting for advice and support if required and supports KPI data.

7.4 Cheshire East

- a. The Cared for Children Specialist Nurses have established a link nurse program to support the Special School Nurses who are employed by a different provider. The link nurse supports with increasing the knowledge and skills of the school nurses to support Cared for Children and complete high quality review health assessments for children in their special schools who often have complex health needs.
- b. To ensure the voice of the young person is captured in the Review Health Assessments (RHA's) the cared for team have now adopted a new style of writing RHA's. Incorporating voices is a vital part of this work and allows the service to be responsive to the needs of the young people providing a good basis for engagement and help achieve better outcomes. Children should be seen and listened to and included throughout the assessment process. Their ways of communicating should be understood in the context of the family and community as well as their behaviour and developmental stage.
- c. The 16+years nurse provides a monthly drop-in session at several local supported accommodation provisions in Cheshire East for young people transitioning into adult services post 16. This drop-in service is a place young people can go by themselves at any time and talk about any health worries they have, no appointments, waiting lists or referrals are required and the session is based on what young people want. Using the drop-in clinics the young people have access to timely information, advice, and support.
- d. A recent Ofsted inspection of local authority children's services found that children who have more complex health needs have timely and effective multi-agency plans to ensure their health needs are met and care leavers with complex mental health difficulties are provided with effective planning and support by relevant agencies.

7.5 Wirral

- a. The Children Looked After Nurse Specialist continues to maintain oversight of children placed out of area therefore promoting continuity of care during periods of transition and timely handover and information sharing for children looked after who live outside of Wirral.
- b. A decliner pathway has been developed to support engagement should a young person decline their health assessment. The provider health team adopt a proactive approach 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 are advised of the plan to address any unmet health needs.
- c. Mental Health Gateways meetings weekly are held weekly, a Multi-Disciplinary Team from across Health, Children's Social Care and Education proactively working to support complex cases with young people requiring a multiagency support.
- d. The timeliness of providing health passports to care experienced young people transitioning into adulthood has been improved. An electronic health passport has been developed by the health provider which is used for all children looked after placed in Wirral and those placed out of area. Health Passports are now offered at age 17 years alongside the offer to complete the Review Health Assessment which has seen an increase in young people engaging in the health passport.

7.6 Sefton

- a. In response to feedback from Sefton's children via the annual survey, work has been ongoing throughout the year to promote the Sefton Children in Care Nursing team so that more children know who their allocated children in care nurse is and how to contact them. This work has included the nursing team:
 - Writing to children to let them know about the team and their allocated nurse when they come into care and when they move back to Sefton after living in another area.
 - Developing a team business card that is shared with children and their carers.
 - Publishing a team webpage.
 - Promoting the team with partner agencies.
 - Although the annual survey for 2024 has not yet been completed at the time of writing this annual report, it is hoped that this year's survey will evidence that more children know who their allocated children in care nurse is and how to contact them.
- b. In partnership with Sefton Children's Social Care, we have introduced a Strengths and Difficulties Questionnaire (SDQ) panel that focuses on children with high SDQ scores and children who are overdue their annual SDQ. The panel provides social workers with the opportunity to discuss with a multiagency panel experts the child's emotional wellbeing, the existing support, and any gaps in service. The panel has been positively evaluated by social workers and has been seen as one of several activities that have helped to increase the numbers of children with an annual SDQ. Initial predications are that 98% of children who have been in care for the full year 2023-24 have had an annual SDQ. This is up from 82% the previous year.
- c. Support for the Sefton children's improvement journey has continued which has helped to further strengthen partnership working to improve outcomes for children in care and care experienced young people.
- d. There has been a focus this year on increasing the medical workforce available to complete IHAs. This has included engaging NHSE in a proposal to implement a GP workforce model. The impact of this work is evidence by improved IHA performance from April 2024 and will be referenced further in next year's annual report.

7.7 Warrington

- a. The CiC Strategic Group in Warrington has benchmarked CiC therapeutic care using a tool from Greater Manchester. The results of this have informed the development of the CiC Circle of change model, which is being used as a framework for ongoing CiC quality improvements within the partnership.
- b. There is continued work between the ICB, Warrington Borough Council and Mersey care to develop a Complex Care Hub, to ensure we can meet the needs of our most vulnerable children in care. The model will be a mixture of residential (4 beds with 2 beds move on accommodation) and outreach services. The aim is to fundamentally change the way partners work with children to deliver a locally based multi-agency, short/medium term care and therapeutic outreach model for some our most complex children and young people. Thus, reducing the requirement to access and place young people into out of area placements. The ICB team believe the Complex Care Hub will provide a much better experience for our most complex CiC and improve outcomes.

- c. The Warrington Children in Care and Care Leavers Strategy 2022-25 is the framework by which agencies and services in Warrington contribute to ensuring that children in care have the same opportunities as their peers to enable them to fulfil their potential and make a good transition into adult life. The Care leaver covenant is being developed by the Warrington workforce committee (which includes Health, the LA, and other partners). As part of this there has been independently led workshops to agree next steps. A Warrington care leaver ambassador has a key focus on ensuring young people's voices are heard and wants to help improve the relationship of young people and the social sector. The ambassador attends the Corporate Parenting Forum, bringing a unique perspective and constructive challenge, to improve the lives of our children in care & care leavers.
- d. In addition to improving services when children come into care, Warrington are focused on improving their early intervention strategy, to prevent children, young people and families reaching crisis point through a range of innovative services. The No Wrong Door model is a pioneering approach to edge of care provision first developed by North Yorkshire County Council. The model supports adolescents who are in or on the edge of care. It integrates residential care, foster care, speech and language support, mental health services and the police into a single hub that is based in a residential home.

7.8 St Helens

- a. Due to low IHA compliance, the Designated Nurse worked closely with St Helens CiC Team Manager, MWL and Merseycare to increase the knowledge, roles, and responsibilities of each provider to support the effectiveness of the IHA pathway and increase compliance, which resulted in a trajectory of compliance from Q2 to Q4 (29% to 52.6%).
- b. After securing additional funding of £20,000 from presenting a bid to the Mersey Care Dragon's Den to fund resources for children in care, the CiC nurses have now been provided IPAD's to use with children and carers to support health education and promotion, using visual aids such as videos and pictures that are evidence based and appropriate, along with learning packs, books, comfort teddies, stickers, and visual equipment.
- c. Feedback from young people in relation to the Merseycare CiC nurses' visits and interventions provided to them has been 100% positive for all domains. In addition, the Merseycare 'Friends and Family test', feedback from carers in relation to the CiC nursing service has also been 100% positive for all domains questioned.
- d. The CiC nursing team continue to promote health and wellbeing at all contacts with children and young people. There have been examples of two unaccompanied asylum-seeking children who did not know each other and felt isolated but had enjoyed sport prior to arriving in the UK. The CiC nurse supported the young people to meet each other, have bus passes and gym memberships provided. The two young people now access the gym regularly together and have reported improvements in their confidence and wellbeing.

7.9 Liverpool

- a. During 2022-23, processes for improving the sharing of information and maintaining oversight of health plans was developed within the Children in Care team for the children who are placed out of area. Further development of this process continued during 2023-24 to include a robust escalation pathway intended to improve the timeliness of completion of health assessments for this cohort of children and young people. This has had a positive impact on performance and has ensured prompt escalation to the Designated Nurse when issues regarding out of area placements and completion of health assessments cannot be resolved by the Children in Care Health Team
- b. Access to the Friends and Family Test reporting system has now been re-established for CiC to obtain vital feedback following completion of health assessments. This feedback is used to further improve how health assessments are delivered to children.
- c. Extensive work has been undertaken within Alder Hey Children's Hospital reviewing the full Blood Borne Infection screening process and making significant changes to the process to improve timeliness and increase uptake. This has also improved the experience of initial health assessments for children and young people because in most cases, screening for blood borne infections can now take place on the day of the IHA instead of the child/young person needing to return for another appointment.
- d. Extensive work has been undertaken within Alder Hey Children's Hospital reviewing the full Blood Borne Infection screening process and making significant changes to the process to improve timeliness and increase uptake. This has also improved the experience of initial health assessments for children and young people because in most cases, screening for blood borne infections can now take place on the day of the IHA instead of the child/young person needing to return for another appointment.

7.10 Halton

- a. Pathways for initial health assessments have been reviewed and work with multi agency colleagues has occurred to improve statutory timescales and better communication in relation to consent. Liaison between providers and the local authority has been strengthened and a clear escalation process has been developed to address delays. Additional Specialist Nursing Support to Initial Health Assessment clinics to uplift capacity. The impact of this change is evidenced by improved IHA performance by Quarter 4.
- b. The Emotional Health and Well-being panel is now attended by the Lead and Specialist Nurse from the commissioned service and Mental Health Services. Attendance was historically limited to the Lead Nurse for Children in Care. As the Specialist Nurses work directly with the Children and Young People the information available to panel is enhanced, which has resulted in improved decision making and improved outcomes for children.
- c. The commissioned service has extensively sought the views and wishes of the Children and Young People. This is gained from one-to-one work, Children in Care Council attendance, and newly formed drop-ins for Care Experience Young People. This activity and voice are reported quarterly. This will be used to change service provision in the next reporting year.

- d. In collaboration with Halton Local Authority, ICB Halton Place and the commissioned service work has commenced to develop a Care Leavers Offer for Care Experienced Young People. This work is in its infancy and will continue in the next reporting year.

8.0 Challenges

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:

- a. Compliance with statutory timescales for initial health assessments. This has been challenging due to multiple issues across the multiagency IHA pathways including:
 - the medical workforce available to complete IHAs
 - children not being brought to appointments.
 - IHA appointments cancelled at short notice.
 - Teenagers who do not wish to attend for IHAs.
- b. Timeliness of initial and review health assessments for children living outside of the Cheshire and Merseyside footprint.
- c. Increasing complexity of cases, particularly in relation to children who have experienced multiple adverse childhood experiences (ACEs), have developmental trauma, neurodiversity and/or special educational needs or disability (SEND) requirements, and those with significant mental health issues.
- d. Lack of placements within the secure estate, Tier 4 mental health services and specialist therapeutic provision.

8.2 In addition, there have been some Placed-based challenges related to Designated Doctor CiC provision during 2023/24 including:

- a. Due to absence and a subsequent vacancy, there has been no provision for Liverpool Place during the year.
- b. Due to illness, the provision has been limited to Knowsley Place.
- c. Due to retirement, there has been no provision in Q4 to St Helens Place.

9.0 Emotional Wellbeing and Mental Health

9.1 It is recognised that the CiC are at much greater risk of poor mental health than their non-cared for peers. Many children who enter care have been abused, neglected, or experienced other forms of trauma. For example, unaccompanied asylum-seeking children have often experienced trauma in their home country and/or during their journey to the UK. These experiences can leave children with complex emotional and mental health needs, which can increase their vulnerability to abuse.

9.2 Relationships between family members, including siblings, are among children's most enduring and significant relationships. However, contact with the care system can lead to separation and estrangement from siblings for many children. Events such as moving to a new home, new area or new school can also significantly disrupt friendships and other support networks, impacting on a child's emotional wellbeing.

10. Performance

10.1 **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 2023/2024.

Table 6: INITIAL HEALTH ASSESSMENT - percentage and breakdown of returned to the local authority within 20 working days of the child entering care						
Place		Quarter 1 23/24	Quarter 2 23/24	Quarter 3 23/24	Quarter 4 23/24	Full Year 23/24
Liverpool	CiC placed IN Area	1.40% N= 1 .Den 71	11% N= 7. Den 64	9% N= 6. Den 69	9% N= 9.Den 100	7.50% N= 23.Den 304
	CiC placed OUT of area	10% N= 1. Den 10	0% N= 0 .Den17	0% N= 0.Den 21	10% N= 3. Den29	5.10% N= 4.Den 77
	CICOLAs	0% N= 0. Den 17	0% N=0. Den 47	0% N= 0. Den 7	0% N=0.Den 6	0% N=0.Den77
Cheshire East	CiC placed IN Area	78% N=42.Den 54	68% N=25.Den 37	94% N=33.Den 35	62% N=1.Den34	76% N=121.Den160
	CiC placed OUT of area	17% N=1 . Den 6	67% N= 6. Den 9	60% N=6. Den 10	14% N=1. Den 7	44% N=14.Den 32
	CICOLAs	50% N=1. Den 2	0% N= 0.Den 4	44% N=4. Den 9	57% N= 4. Den 7	41% N=9.Den 22
Cheshire West	CiC placed IN Area	91% N=20.Den 22	85% N=28.Den 33	85% N=22.Den 26	85% N=18.Den21	86% N=88.Den 102
	CiC placed OUT of area	15% N=5. Den 34	17% N=2. Den 12	29% N= 4. Den 14	3% N=1.Den 7	18% N=12.Den 67
	CICOLAs	N/A N= 0. Den 0	70% N=8.Den= 12	n/a N=0. Den 0	50% N= 1.Den 2	69% N= 9.Den 13
Halton	CiC placed IN Area	70% N=7. Den 10	6.30% N=2.Den 32	29.20% N= 7 Den 24	43% N= 6.Den 14	27.50% N=22.Den 80
	CiC placed OUT of area	0% N=0 . Den 6	0% N=0. Den 18	0% N= 0. Den 6	50% N= 3.Den 6	8.30% N=3.Den 36
	CICOLAs	0% N= 0.Den 8	0% N= 0. Den 3	0% N= 0. Den 4	75% Num 3.Den 4	15.80% N=3.Den 19
Warrington	CiC placed IN Area	100% N=12.Den 12	60% N=15.Den 25	21.40% N=3.Den 14	10% N= 2.Den 20	45% N=32. Den 71
	CiC placed OUT of area	0% N=0. Den 15	17.60% N= 3.Den17	42.90% N=3. Den 7	25% N= 3 Den 12	18% N=9. Den 51
	CICOLAs	75% N=3.Den = 4	100% N= 1.Den 1	0% N=0.Den 5	0% N= 0. Den 3	31% N=4.Den = 13
Sefton	CiC placed IN Area	7.70% N=2.Den 26	8.30% N=4.Den 48	6.50% N=2.Den 31	17.90% N=5. Den 28	9.80% N=13.Den 133
	CiC placed OUT of area	16.70% N=1.Den 6	0% N=0.Den 1	25% N=1.Den = 4	0% N= 0. Den 1	16.70% N=2.Den = 12
	CICOLAs	25% N=3.Den12	0% N= 0.Den 15	0% N=0.Den = 6	25% N=2.Den 8	12% N=5.Den = 41
St Helens	CiC placed IN Area	74% N=28.Den 38	29% N=13.Den 44	37.50% N=15.Den 40	52.60% N=30.Den 57	48% N=86.Den 179
	CiC placed OUT of area	0% N=0.Den 3	n/a N=0.Den 0	n/a N=0.Den = 0	0% N=0.Den 9	0% N=0.Den 12
	CICOLAs	43% N=3.Den 7	25% N=2.Den 8	40% N=2.Den 5	20% N=1.Den 5	32% N=8.Den = 25
Knowsley	CiC placed IN Area	27.30% N= 6.Den 22	14% N= 3.Den21	21.70% N= 5.Den 23	11.80% N=2.Den 17	19% N=16.Den 83
	CiC placed OUT of area	0.00% N= 0.Den 3	0.00% N= 0.Den = 3	n/a N= 0.Den 0	0.00% N= 0. Den 5	0.00% N= 0.Den 11
	CICOLAs	100% N=. Den1	0% N=0. Den 1	0.00% N= 0. Den 1	0.00% N=0. Den 1	25% N=1.Den 4
Wirral	CiC placed IN Area	0% N= 0. Den 19	3.80% N=1.Den26	13% N= 6.Den46	24.30% N=9.Den37	12.50% N=16.Den128
	CiC placed OUT of area	16.70% N=1. Den 6	0% N=0. Den 6	0% N= 0.Den7	0% N=0. Den 10	33.50% N=1. Den 29
	CICOLAs	33.30% N= 4. Den 12	0% N=0. Den 3	0% N=0. Den 4	0% N=0. Den 4	17.30% N = 4. Den 23

10.2 Table 7 demonstrates each Place 2023/24 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: Review Health Assessments (Percentage / breakdown completed) within date						
Place		Quarter 1 `23/24	Quarter 2 `23/24	Quarter 3 `23/24	Quarter 4 `23/24	Full Year 23/24
Liverpool	CiC placed IN Area	96% N =226. Den236	87% N=163.Den 187	93% N=212. Den227	94% N=187.Den199	92.80% N=788. Den849
	CiC placed OUT of area	78% N=118.Den151	82% N=109.Den133	73% N=88. Den120	76% N=122.Den161	77.30% N=437.Den 565
	CICOLAs	85% N=50. Den59	81% N=47. Den 58	85% N=51.Den 60	88% N=56.Den 64	84.60% N=204.Den 241
Cheshire East	CiC placed IN Area	87% N=69. Den79	93% N=64. Den69	92% N=75. Den82	92.60% N= 63. Den 68	91% N=271. Den298
	CiC placed OUT of area	60% N=37. Den62	59% N=30.Den51	55% N=21. Den 38	58.70% N=37. Den 63	58.40% N=125.Den214
	CICOLAs	87% N=26. Den 30	90% N=46. Den51	86% N=36. Den42	89.10% N=41. Den 46	88% N=149. Den 169
Cheshire West	CiC placed IN Area	87% N=71. Den 82	82% N= 67. Den82	86% N=55. Den 64	82% N=97. Den 118	89% N=346. Den385
	CiC placed OUT of area	56% N=27.Den 48	69% N=37. Den 53	77% N=40. Den52	58% N=27. Den 47	66% N=131. Den 200
	CICOLAs	91% N=45. Den 49	87% N=40. Den46	90% N=27. Den 30	87% N =23 .Den 29	88% N =141.Den 161
Halton	CiC placed IN Area	95.90% N=71.Den 74	81.30% N=39. Den 48	50% N=28.Den 56	58.50% N=38. Den 65	72.40% N=176. Den243
	CiC placed OUT of area	87% N=20. Den 23	47.50% N=19. Den 40	56.30% N =18 Den 32	94.70% N= 36. Den 38	70% N=93. Den 133
	CICOLAs	92.30% N=24. Den 26	92.30% N=24. Den 26	53.80% N=14. Den 26	68.40% N=26. Den 38	76% N=88. Den 116
Warrington	CiC placed IN Area	95% N =38. Den 40	83.30% N=35. Den 42	93.20% N=41. Den 44	78% N=32. Den 41	87.40% N=146. Den167
	CiC placed OUT of area	73.75% N=28. Den 38	71.90% N=23. Den 32	87.90% N=29. Den 33	73% N=32. Den 44	76% N=112. Den 147
	CICOLAs	65.40% N=17. Den 26	82.60% N=19. Den 23	87.10% N=27. Den 31	91% N=30. Den 33	82% N=93.Den 113
Sefton	CiC placed IN Area	94.30% N=100. Den106	95.50% N=106. Den111	95.90% N=93. Den 97	96.60% N=115. Den 119	95.60% N=414. Den 433
	CiC placed OUT of area	68.40% N=39. Den 57	75% N=33. Den 44	78% N=39. Den 50	84.30% N=43. Den 51	76.20% N=154. Den 202
	CICOLAs	100% N=52. Den 52	93.30% N=56. Den 60	94.60% N=53. Den 56	95% N=76. Den 80	95.60% N=237. Den248
St Helens	CiC placed IN Area	97% N=74. Den 75	98% N=96. Den 98	95.70% N=66. Den 69	100% N =83. Den 83	98.10% N=319. Den 325
	CiC placed OUT of area	63% N=20. Den 32	69% N=18. Den 26	69.20% N=27. Den 39	82% N=23. Den 28	70.40% N= 88. Den 125
	CICOLAs	96% N= 48. Den 50	97% N= 37. Den 38	96.70% N=29. Den 30	100% N=47 .Den 47	97.50% N=161. Den 165
Knowsley	CiC placed IN Area	89.50% N=51. Den 57	88% N=40. Den 45	94.30% N=53. Den 50	90.20% N=46. Den 51	93.50% N=190. Den 203
	CiC placed OUT of area	85.70% N=18.Den 21	77% N=17. Den 22	47.20% N=17. Den 36	55.30% N= 21. Den 38	62.30% N=73. Den 117
	CICOLAs	86.50% N=32. Den 37	92.30% N=24. Den 26	95.20% N=20. Den 21	95.50% N=42. Den 44	92% N=118. Den 128
Wirral	CiC placed IN Area	91.10% N=113. Den 124	93% N=106. Den 118	90.60% N=106. Den 117	93.60% N=162. Den 173	91.50% N=487.Den 532
	CiC placed OUT of area	82.60% N=19. Den 23	67.50% N=25.Den 38	78.60% N=22. Den 28	67.70% N= 21. Den 31	72.50% N= 87. Den 120
	CICOLAs	84.20% N=32 Den 38	87.20% N=44. Den 55	81.50% N=67. Den 70	94.40% N=51. Den 54	89.40% N=194. Den 217

11. Contribution from Designated Doctors Children in Care

- 11.1** The Designated Doctors for children in care within the Cheshire and Merseyside region, contribute to local and regional safeguarding and children in care meetings including the Cheshire and Merseyside designated professionals CiC network.
- 11.2** The Designated Doctors are members of the Northwest Looked After Children medical advisors and designated doctors' group which meets to provide essential teaching, sharing of information, standardisation of processes and case discussion. The ICB is represented at the national CoramBAAF health specialist interest group by a C&M Designated doctor, who also attends from a regional standpoint. This enables inclusion and contribution to the understanding of current health matters, the development of training, national guidelines, and government policies.
- 11.3** The ICB Designated doctor team also provide advice and training within the regional adoption agencies. There is also offer training for paediatric colleagues as well as social care, GPs, and other health professionals on topics pertinent to children in care. The team 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.

12. Children in Care Key Priorities for 2024-25

- 12.1** The ICB CiC team have developed a set of Cheshire and Merseyside ICB key priorities for priorities for 2024/2025. These include:
- a. Improve performance in relation to initial and review health assessments. Include a focused programme to drive forward improvements to initial and review health assessment performance.
 - b. Evaluate the CiC Key Performance Indicators introduced 2023-24 and revise if required for 2025-26.
 - c. Finalise and publish NHS Cheshire and Merseyside Children in Care and Care Experience Young People Strategy.
 - d. Focus on care experienced young people across Cheshire and Merseyside including sharing learning from inspections and raising the profile of the care experienced population.
 - e. Work with dental commissioners to extend the NHS Cheshire and Merseyside Children in Care dental referral pathway to care experienced young people.

13. Conclusion

- 13.1** This annual report provides a summary of progress of work within the Children in Care services for the period 1 April 2023 and 31 March 2024. 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 Experience Young People. 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.

14. Recommendations

The Committee is asked to:

- **Note** *the contents of the report and the assurance of how the ICB have met the statutory responsibilities for Children in Care*
- **Ratification:** Ratify and approve the key priorities for 2024/2025.
- **Ratification:** *Ratify and approve the Children in Care annual report so it can be shared with each place Corporate Parenting Board*