

REPORT TO: Cheshire East Health and Wellbeing Board

Date of Meeting: 31st January, 2017
Report of: Sheila Williams Designated Nurse Cared for Children
Subject/Title: **The Health of Cared for Children and Young People
Annual Report for the period September 2015-2016**

Executive Summary

1. Purpose

The purpose of this report is to inform the Cheshire East Health and Wellbeing Board in their role as corporate parents of the health and well-being of the children in their care. It is important to recognise both the statutory responsibilities for this vulnerable group of children and young people, and the role of agencies working together as corporate parents, in having “high aspirations”:

“Parents want their child to be healthy and happy and to reach their full potential.” (DfE & DoH, 2015).

This report is to provide assurance to the Board and to highlight any potential areas for service improvement. Feedback on the content of this report would be most welcome.

In Cheshire East, Looked after Children are referred to as Cared for Children. For the purposes of this report the terms are synonymous.

Multi agency partnerships are being strengthening by the developing via the corporate parenting operational group which reports to the Corporate Parenting Committee. This will enable greater scrutiny of how the local authority and health services work together in relation to Cared for Children's health.

Staffing:

- In light of national statutory guidance ‘Promoting the health and well-being of looked after children Statutory Guidance’ (DoH & DfE, 2015) together with an updated intercollegiate role framework (RCN & RCPCH, 2015), Eastern and NHS South CCGs have increased the funding for the Designated Nurse post during 2015/16. The Designated Nurse has been in post since August 2015 and is employed 22.5hrs per week directly by the CCG.

- The Designated Doctor Cared for Children is also medical advisor to Cheshire East foster panel and is employed for 1 session per week for this role by Mid Cheshire Hospitals Foundation Trust.
- The Cheshire East Cared for Children's Health Team continues to be co-located with social care at Cledford House and is currently provided by East Cheshire NHS Trust.
- A further review of Cared for Children's health provision is being undertaken at regional level with the support of NHS England in order to meet the recommendations of statutory guidance and secure a sustainable model for the future which follows the children's pathway/journey. This will include arrangements for a Named Nurse Cared for Children.
- There is increasing recognition of the health needs of care leavers and their vulnerability as young adults. The 16+ Nurse vacancy has been realigned to a Nurse Specialist 16+ and transition and the post has been filled. The Nurse is establishing her in role whilst carrying out the statutory responsibilities for 16-18 year olds and also developing the health provision for 18-25 year olds. This will enable the implementation of a more holistic approach to the health needs of care leavers; improvements to transitional health care planning; provision of health information to young people as they leave care and the development of health related training for personal advisors.
- There is a commitment to working with 0-19 children's services in order to provide training and supervision for health visitors and school nurses working with Cared for Children. Shared record keeping between the two organisations has been slow to develop. There is now a commitment from Wirral Community Trust to shared access to SystmOne electronic record keeping for the Cared for Children's Health Team.
- The Children and Social Work Bill currently being considered by parliament will put greater emphasis on the need for local authorities and clinical commissioning groups to work together in relation to the assessment of cared for children's emotional and mental health.

Population:

- Numbers of Cheshire East Cared for Children have remained stable over the past year at around 400. It is notable that a greater proportion of Cared for Children now originate from NHS South Cheshire CCG (250) than NHS Eastern Cheshire CCG (150).
- Of the 401 children cared for by Cheshire East Council at 31st July Council, 236 reside within Cheshire East boundaries and 165 reside outside those boundaries.

- Of the 185 children placed within Cheshire East by other authorities a greater number of children were placed within NHS Eastern Cheshire area (102) compared to NHS South Cheshire CCG (83).

Health indicators:

- There continue to be difficulties in meeting the statutory timescales for initial health assessments although these are improving. Due to effective joint working and the introduction of improved administration processes significant progress has been made in the timely receipt of requests. A shared process of monitoring IHA compliance has now been developed and actions taken. There are early signs of improvement and this situation will be tracked closely in the forthcoming year.
- The numbers of statutory review health assessments have shown a drop in compliance from 95.9% (31/03/15) to 73.9% (31/03/16). There are three reasons for this: improvements in the accuracy of information; some delay in the receipt of requests from social care and limited capacity both in East Cheshire Trust Cared for Children's Health Team and Wirral Community Trust School Nursing service. A shared process for the monitoring and tracking of this data is developing with a view to 100% compliance by March 2017. There are similar reasons for the apparent deterioration in compliance for immunisations and dental care. This will also be addressed by improved methods of recording, reporting and monitoring using Liquid Logic (the local authority electronic recording system).
- Child developmental checks are an important part of the universal health provision for under-fives. Cared For Children's developmental checks are, where possible, combined with their 6 monthly review health assessment. This includes information from the ages and stages questionnaires (ASQ) which health visitors undertake on all children which provides a good opportunity for multi-agency working as it enables us to share this useful indicator with the Early Years Educational Consultant for Cheshire East Virtual School who track and monitor the educational development of Cheshire East Cared for Children.
- Looked After Children are known to be an at risk group in relation to substance misuse, sexual health and teenage pregnancy. This is recognised locally services are commissioned from Catch 22 in relation preventative substance misuse work and from Body Positive in relation to sexual health promotion. School Nurses and Specialist Nurses Cared for Children also have an important public health role in providing education around personal health, sex and relationships.
- The Cared for Children's Health Team regularly participates in training and awareness raising for foster carers in order that they are in a position to promote the health of children in their care. We are fortunate in Cheshire East to have a Children and Families Support Team (C&FST) with a linked mental health practitioner. This team is co-located with the Cared For health team at Cledford House. Strengths and difficulties questionnaires (SDQ) are managed via the C&FST and this information is shared with the Cared for Nurses in relation to

health care planning. The average SDQ scores remain high. In common with national statistics around 50% of Cared for Children locally appear to have an identified mental health need. A recent government report (House of Commons, 2016) has not only recommended the completion of SDQ on entry into care but has also suggested that all looked after children should have their mental health assessed by a qualified mental health professional. Designated professionals across Cheshire are working together in order to develop a pathway for this. In Cheshire East we will be making use of the established processes within the C&FST in order to roll this out by Jan 2017.

- The regionalisation of adoption services and the availability of prospective adopters in Cheshire East means it is extremely important that the health, especially emotional and mental health needs are addressed at the point of placement in order to ensure that the children and their families receive adequate adoption support and, where necessary, therapeutic support for their long term wellbeing. NHS Eastern and NHS South Cheshire CCGs therefore commissioned research into this area with the aim of ensuring that Children placed for adoption in Cheshire East receive appropriate services in relation to their emotional and mental health. The report which has recently been published (Michael Lloyd Research & Associates, 2016). This will be reported to the Health and Wellbeing Board. Actions required as a result of this research are being developed in conjunction with the Cheshire East Adoption Team.
- An exciting project is being undertaken during 2016-17 in relation to the emotional and mental health needs of Cared for Children. This project will involve the participation of Cared for Children in activities related to positive mental health and in a multi-agency conference in spring 2017. This project is important in giving children a voice and raising the awareness of multi-agency managers, practitioners, councilors and carers regarding the emotional and mental health needs of Cared for Children.
- NHS Eastern & NHS South Cheshire CCG's are working together locally to reduce unwarranted variation (NHS- E, 2016) across services with the intention of sharing good practice and allowing a more seamless transition of health provision. For example, shared service specifications have been established and work is ongoing to consider the most effective methods of service delivery in the light of both statutory (DoH & DfE, 2015) and professional guidance (RCN & RCPCH, 2015).
- The Care Quality Commission inspected Safeguarding and Looked After Children's Services in July 2016. The initial feedback was positive with areas of good practice highlighted along with areas for development known to the service and leadership. It is anticipated that the full report will highlight recommendations which will be related to known areas for development.
- The New Belongings Project has now concluded, however practice in this area continues to develop. There is now a greater understanding of vulnerabilities which care leavers experience and a great willingness to work together locally.

A number of professionals had the privilege of attending The North West Care Leavers Festival (facilitated by The Children's Society) in March this year. Health was an important focus for this event which brought the cared for children and young people together in an energetic and productive manner. A refreshing reminder of the purpose of our work.

Recommendation/Actions for 2016/2017

A detailed action plan will be produced following the publication of the recent Care Quality Commission inspection report which is anticipated by late September 2016 and is likely to be based on the priorities and actions identified below:

1. Work with colleagues to develop shared processes across Cheshire in order to ensure that corporate parenting responsibilities in relation to Cared for Children's health are effectively addressed and unwarranted variation is avoided.
2. Ensure effective shared child record keeping between Cared for Children's Team and Cheshire East 0-19 services.
3. Continue to monitor and improve the compliance with timeliness of initial health assessments.
4. Ensure high quality initial health assessments including the development of emotional and mental health assessments and an increased awareness of child sexual exploitation.
5. Improve the timeliness of Review Health Assessments by 31/03/17. By undertaking a monthly review of compliance and joint actions between health and social care and developing a robust electronic record and reporting system.
6. Ensure that young people have access to health information as they leave care.
7. Develop training for personal advisors in relation to the health needs of care leavers.
8. Work with Social Care colleagues to ensure effective transition of health services in preparation for leaving care.
9. Work with colleagues toward the local implementation of the National Child Protection Information Sharing Project.
10. Work with Cheshire East Adoption Team to develop a strategy regarding the emotional and mental health needs of adopted children.
11. Increase awareness amongst multi agency colleagues regarding the effects of developmental trauma amongst Cared for Children and Young People using a participatory approach and including a conference/ workshop Spring 2017.

Annual Report:

The Health of Cared For Children and Young People NHS Eastern and NHS South Cheshire Clinical Commissioning Groups

Background

Numbers of Cared for Children and young people:

In England the number of children looked after is 60 per 10,000 children, in Cheshire East this figure is 49.4 per 10,000 children.

As at 31 July 2016 – 401 Children were cared for by Cheshire East Council including 66 cared for young people 16+.

Of these 236 reside within Cheshire East Boundaries.

165 reside outside Cheshire East boundaries. Cheshire East Council, in common with many other local authorities, is working to increase the number of foster placements within area in order to reduce the number of out of area placements.

The proportion of Cared for Children originating from NHS South Cheshire CCG is now significantly higher (250) than the number originating from NHS Eastern CCG (150).

At 31 July 2016 there were approximately 185 children currently placed within Cheshire East by other authorities. Of these a significantly high number (102) are placed in NHS Eastern Cheshire CCG compared to the number (83) placed within NHS South Cheshire CCG. The Cared For Children's health team have been working with the local authority in order to improve the accuracy of this information by sharing information.

There are an increasing number of private provider children's homes within the Cheshire East footprint (particularly in NHS Eastern CCG) and a wealth of prospective adopters with children being placed by a wide range of local authorities.

Staffing

Since August 2015 the Designated Nurse post has been hosted directly by NHS Eastern Cheshire CCG to cover both Eastern and South Cheshire CCG's. This is in line with Statutory Guidance (DfE & DoH, 2015). The hours have increased from 7.5 to 22.5 hours per week, which remains below the recommended time of 37.5 hrs suggested for an area the size of Cheshire East (RCN & RCPCH, 2015).

The Designated Doctor continues to be employed by Mid Cheshire NHS Foundation Trust (one session per week). Medical Advice to Cheshire East Adoption and

Fostering Panels is also provided via paediatricians from Mid Cheshire NHS Foundation Trust.

Statutory initial health assessments within NHS Eastern Cheshire CCG are currently provided by East Cheshire NHS Trust and within NHS South Cheshire CCG by Mid Cheshire Hospitals NHS Foundation Trust.

A Named Doctor and Named Nurse Cared for Children are not currently in post. This is currently being considered in line with 2015 intercollegiate guidance.

A successful business case has resulted in the Associate Nurse Specialist 16-18 years post being realigned to a Nurse Specialist 16+ and Transition (up to 25 year). This exciting development will enable:

1. Improvements to the provision of health information as young people leave care.
2. Provision of training and advice for personal advisors.
3. A greater focus on the health needs of young people in transition to leaving care.

The Cared for Children's Health Team is currently provided by East Cheshire NHS Trust and is co-located with Social Care colleagues at: Cledford House, Middlewich. This team comprises:

1.6 WTE administrators

1.8 Nurse Specialist Nurses Cared for Children

0.8 WTE Nurse Specialist 16+ and Transition

Service specifications for the Cared for Children's Health Team have been developed by NHS Eastern Cheshire and NHS South Cheshire CCG's as part of a pan-Cheshire partnership during 2016.

In the autumn of 2015, commissioning arrangements for 0-19 services became the responsibility of East Cheshire Council Public Health Department and the provider of this service changed from East Cheshire NHS Trust to Wirral Community Trust.

Quality and Performance

During a recent Local Authority inspection (Ofsted, 2015) it was identified that mechanisms for recording and monitoring health assessments were not robust. Joint health and social care processes for health assessment recording and reporting have been developed during the past year using Liquid Logic (Local Authority electronic record keeping system) and are starting to become established in practice.

Initial health assessments are a statutory requirement for all children within 20 days of entering care. There has been a long-standing difficulty with compliance regarding initial health assessments which was two-fold; slow receipt of requests for health assessment from social care, and delays related to lack of timely paediatric clinic availability. This has been monitored via Cheshire East Local Safeguarding Children

Board during 2015/16, with little improvement. During the first quarter of 2016/17 progress has been made.

As a direct result of the involvement of local authority business administration in the process, the number of requests for health assessment received within 48 hrs of the child entering care has increased from 19% in Quarter 4 2015/6 to a total of 69% for Quarter 1 and subsequently 66% in Quarter 2. There is work to be done in improving this further but it does represent good progress.

Quarter 4 IHA Jan – March 2016

Number of children new into care Jan-Mar 16	Require IHA	Request received with 2 working days	Child seen with 20 working days
31	25*	19%	12%
Eastern CCG	10		10%
South CCG	15		13.3%

* Three children left home within a very short period of time and did not require IHA

Quarter one IHA March – May 2016

Number of children new into care March-May '16	Require Initial health assessment	Request received within 2 working days	Child seen within 20 working days
Total: 57	48 *	69%	38%
Eastern CCG	21		48%
South CCG	27		30%

* Note: Nine children did not require an initial health assessment completion due to one transferring from another local authority with a completed IHA, two had Special Guardianship orders made and six returned home within 20 days of entering care.

Quarter two IHA data

Number of children new into care June – Sept 2016	Require Initial health assessment	Request received with 2 working days	Child seen within 20 working days
Total: 34	31 *	66%	18 (58%)
Eastern CCG 15	13		5
South CCG 19	18		12

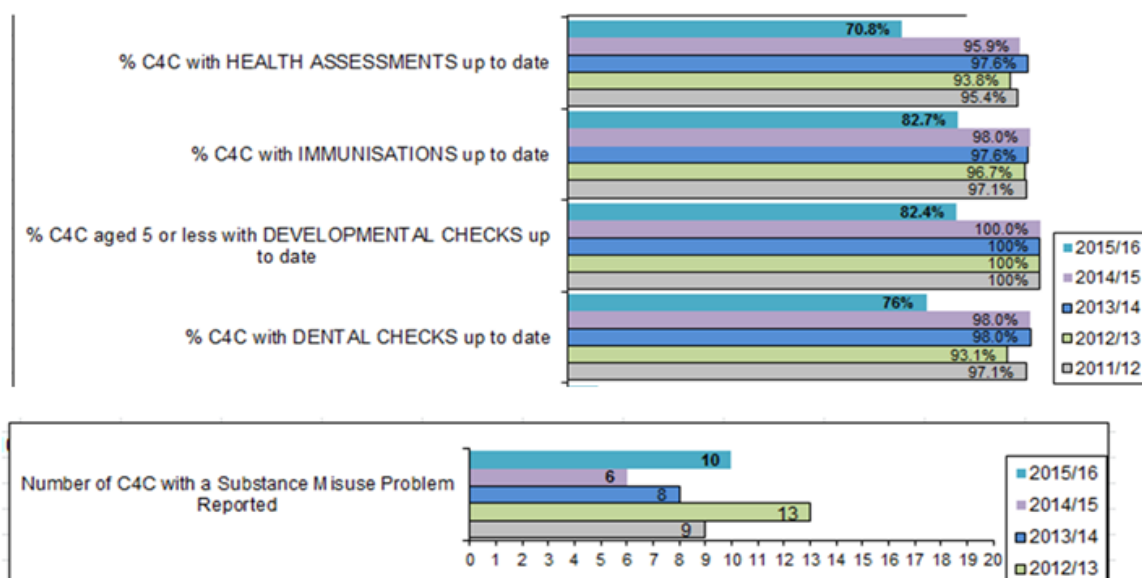
* Note three did not require IHA as they left care within a very short time.

The tables above illustrate significant improvement in children actually being seen for initial health assessment within timescales largely due to the improvement in timeliness of requests. There is further work to be done in improving timeliness of initial health assessments and close monitoring is required. The Designated Doctor is also working to ensure the quality of initial health assessments.

Review health assessments

All local authorities are required to submit annual returns to Government in respect of the health of children who have been in care for more than one year. This information has been reported annually but until recently the electronic reporting systems health and social care have not been sufficiently robust to ensure the accuracy of this information. For the annual in respect of review health assessments this year Liquid Logic reporting mechanisms were used. This has resulted in a reported deterioration with review health assessments. There are a number of reasons for this. Firstly the improved recording mechanisms require are more accurate and do not allow leeway if a health assessment is late, requests have been received later than is realistic to achieve compliance and there have been some difficulties with staffing within public health – particularly namely school nursing following commissioning changes. The 16+ Nurse post was also vacant for most of that time.

4.7 OC2 Cohort – Health and Offending



Of those with a substance misuse problem reported, 5 received intervention, and 4 were offered intervention but refused.

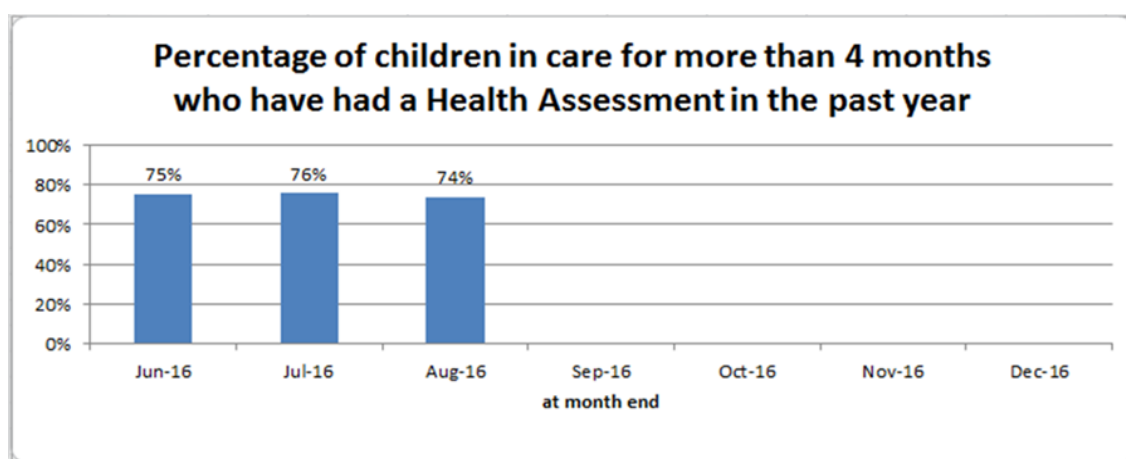
Strength and Difficulty Questionnaires

The DfE band SDQ scores in the following way: a score of under 14 is considered normal, 14-16 is borderline cause for concern and 17 or over is a cause for concern.

Reporting Year	Average SDQ score	Banded SDQ Score ⁴		
		Percentage		
		Normal	Borderline	Concern
2012	14.1	46%	18%	36%
2013	14.4	47%	12%	42%
2014	14.2	45%	14%	41%
2015	13.4	50%	15%	34%
2016	14.6	46%	10%	45%

SDQ's are discussed further on page 13.

In order to improve the compliance with review health assessments a system monthly reporting has been established. The Cared for Health Team have visited social work teams to highlight the processes involved. Social Care Managers have supported the need for improvement and administration processes similar to those for review health assessments are becoming established practice. The table below indicates that progress to date has been limited. There is a clear need to track and monitor this situation in the year ahead.



Review health assessments undertaken for Cheshire East Children by CCG

	Eastern CCG	South CCG
Initial health assessment	57	104
Review health assessment	122	194

Immunisations and dental care status Cheshire East Children at review health assessment

	Number of RHAs completed	Not up to date with Immunisations	Not seen dentist	Recorded vision problem
Eastern CCG	122	10	6	23 (included 2 registered blind)
South CCG	194	15	9	43

Where children are placed out of area arrangements are put in place to ensure that children's health needs are met. With this in mind the table below illustrates numbers of **health assessments completed within Cheshire East on behalf of other CCGs.**

	Initial health assessments	Review health assessments
Eastern CCG	12	58
South CCG	7	105

Analysis of health data:

- The actions taken to improve the timeliness of initial health assessments during 2015/16 are demonstrating very early signs of improvement. Quarterly reporting to the Local Safeguarding Board will continue. At the present time we cannot be confident that Cared for Children's health needs will be assessed and a health care plan agreed within the statutory 20 working days, potentially resulting in unmet health needs. A clear plan for progressing this is now in place and will be closely monitored in the year ahead. Alongside this, attention is being given to ensuring that the quality of health assessments is consistently good. This will include improvements to the routine assessment of emotional and mental health including increasing the number of strengths and difficulties questionnaires completed at the time of initial health assessment. It is also important that paediatricians completing the initial health assessment have an awareness of children who may have been sexually exploited and their resulting health needs.
- Compliance with statutory review health assessment and health care plans for children who have been in care more than one year has fallen from 95.9% at 31 March 2015 to 70.8% at 31 March 2016. There are a number of reasons for this reduction in compliance. Firstly, there was the introduction and establishment of a more accurate recording system. These initial difficulties have now been overcome and the improved reporting and recording system will enable monthly tracking in the forthcoming year. Secondly, staffing levels amongst the School Nursing Service and the Cared for Children's health team have presented challenges. Staffing levels are now showing signs of improvement. There is a need to further develop shared administrative processes between health and social care in order to improve compliance. The Cared for Nurse Specialists have met with social work managers to raise this matter. Reporting to date has shown a small improvement in compliance for review health assessment, 76% at 31 July, and perhaps not surprisingly, a slight dip during the school summer holidays. There is also a very clear need to ensure that all Cared for Children have a lead health professional contributing to their health care planning and that

the health needs of these most vulnerable children are effectively met. The recommendations of “Seen but, not heard” (CQC, 2016) highlight the need to listen to children, regularly review health outcomes to ensure that progress is being made, identify risk and ensure access to emotional wellbeing and mental health support - all of which are related to this theme. Completion of a health assessment by a practitioner with little knowledge of the child is not enough and must be challenged.

- The emotional and mental health of children 0-16 years who have been in care for more than one year is measured at least annually for government returns using Goodman’s Strengths and Difficulties Questionnaire screening tool. Carer compliance with completing this locally is excellent with 94% of carers completing the questionnaire. National statistics (House of Commons, 2016) suggest that around 50% of children in care experience poor mental health. Unfortunately Cheshire East Cared for Children also experience poor emotional and mental health with 45% of children falling into the high scoring SDQ level. A further 10% are in the borderline area and 46% have an SDQ score indicating a normal result. A mental health practitioner employed by CAMHS is available to assess Cheshire East Cared for Children and young people’s mental health and refer to more specialist services where appropriate within a timescale of 1-2 weeks. Cheshire East’s Children and Families Support Team provide services to Cared for Children and their carers where this practical. Indicators are that the C&FST are involved with 59 of the children and young people who have very high SDQ scores. 85% of those children had been actively involved with the C&FST and the potential need for involvement had been considered for the remaining 9 children. There can be difficulties accessing specialist CAMHS services when children are placed out of area and for children placed by other areas within Cheshire East. This is due to unwarranted variation in service provision and is an important area for consideration prior to placing children out of area “Leading Change Adding Value” (NHS E, 2015)
- The emotional and mental health needs of Cared For Children and care leavers at times of transition continue to be a priority area. With this in mind the commissioning of research (Michael Lloyd and Associates Research, 1986) into adopted children’s mental health needs is timely and a multi-agency action plan is being developed. Adopted children remain the responsibility of their placing authority/CCG for three years following legal adoption. It is in the long term interests of adopted children and young people to ensure that their emotional and mental health needs are addressed as early as possible in order to prevent potential long term emotional and mental health difficulties. The appointment of a 16+ and Transition Nurse is an important step in relation to the mental health needs of carer leavers.

Trends:

- At the present time there are a very small number of unaccompanied asylum seeking children cared for by Cheshire East Council. This number is likely to

increase in the forthcoming year as unaccompanied children seeking asylum are dispersed throughout the country. This will have implications for health provision.

- The regionalisation of adoption services means that we are likely to see increases in the number of children placed for adoption within Cheshire East. With this in mind, research into the emotional and mental health needs of adopted children has been commissioned by NHS Eastern and South Cheshire CCG's. The result of this research has now been published and will be reported to the Health and Well-being Board during autumn 2016. The immediate priorities identified include: improving the accuracy of data regarding children currently placed for adoption within Cheshire East, ensuring that effective assessment of their emotional and mental health needs is undertaken and the development of a forum in which the voices of adoptive children can be heard and used to inform service development.

Challenges:

- Changes to commissioning arrangements for school nurses and health visitors have led to a number of challenges in relation to arrangements for training and supervision which have been addressed via shared arrangements. Access to child health records continues to present a challenge. Negotiations are underway in order to ensure that the Cared for Children's Specialist Nurses have access to SystmOne electronic child health records this will be resolved with the planned changes to commissioning arrangements.

Innovations:

- The appointment of a Nurse Specialist 16+ and Transition is an exciting development. This will enable improvements to the provision for care leavers in a multi-agency manner.
- The 'Cared 4 Health' APP is available. It provides an excellent resource for young people and their carers as well as an opportunity for communication with the Cared for Health team. The APP will be updated and developed by the 16+ and Transition nurse in communication with Cheshire East Council Care Leavers Team.
- Patient passports have been developed in response to the needs of young people attending Macclesfield District General Hospital and have now been expanded across Cheshire East. This provides an excellent opportunity to enhance communications with young people who have significant health needs which would be assisted by planned communication during attendances at healthcare settings. This information is completed by the young person's carers, updated when required and made available at each attendance. The use of patient passports has been promoted with residential care settings. It is anticipated that these will also be used in foster care settings where appropriate.
- NHS Eastern and NHS South Cheshire CCG's are supporting a young person's participation project with a focus on emotional and mental health. It is anticipated

that this project will have direct benefits for children and young people as well as providing training opportunities for staff in spring 2017.

Recommendation/Actions for 2016/2017

A detailed action plan will be produced following the publication of the recent Care Quality Commission inspection report which is anticipated by late September 2016 and is likely to be based on the priorities and actions identified below:

- 1. Work with colleagues to develop shared processes across Cheshire in order to ensure that corporate parenting responsibilities in relation to Cared for Children's health are effectively addressed and unwarranted variation is avoided.**
- 2. Ensure effective shared child record keeping between Cared for Children's Team and Cheshire East 0-19 services.**
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- 4. Ensure high quality initial health assessments including the development of emotional and mental health assessments and an increased awareness of child sexual exploitation.**
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- 6. Ensure that young people have access to health information as they leave care.**
- 7. Develop training for personal advisors in relation to the health needs of care leavers.**
- 8. Work with Social Care colleagues to ensure effective transition of health services in preparation for leaving care.**
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- 11. Increase awareness amongst multi agency colleagues regarding the effects of developmental trauma amongst Cared for Children and Young People**

using a participatory approach and including a conference/ workshop Spring 2017.

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7th November, 2016