

## **Corporate Parenting Committee**

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**Date of Meeting:** 21 January 2020

**Report Title:** The Health of Cared for Children and Young People Annual Report, 2018-19

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

**Senior Officer:** Mark Palethorpe, Acting Executive Director of People

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### **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 2018 to 31 March 2019, in line with National Statutory Guidance ('Statutory Guidance on Promoting the Health of Looked after Children: Statutory Guidance for local authorities, clinical commissioning groups and NHS England.' 2015). It reviews performance indicators, clinical work undertaken by the Wirral Community Health and Care NHS Foundation Trust Cared for Children Health Team, service improvements and plans for further development.
- 1.2. The aim of the Cared for Children Health Service is to ensure that children in the care of Cheshire East Council have their health needs identified and addressed. This includes the provision of a detailed, high quality initial health assessment (IHA) when received into care and a statutory review health assessment (RHA) annually for children over five years of age and 6 monthly for those under five years of age.
- 1.3. The team works in partnership with Cheshire East Council and local health providers to ensure that appropriate services are developed and maintained to continue meet the health needs and improve the health and wellbeing of all cared for children and young people originating from the South Cheshire Clinical Commissioning Group area. In Cheshire East, Looked after Children are referred to as Cared for Children. For the purposes of this report the terms are synonymous.

## **2. Recommendation/s**

### **2.1. Corporate Parenting Committee is recommended to:**

- 2.1.1. Note the contents of the report.
- 2.1.2. Scrutinise the Health 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 Groups 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, 2018-19.

## **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](mailto:shan.mcparland@nhs.net)

## **ANNUAL REPORT TO: Cheshire East Corporate Parenting Board FOR INFORMATION**

**Report of:** Shan McParland Designated Nurse Cared for Children  
**Subject/Title:** The Health of Cared for Children and Young People  
Annual Report: April 2018 – March 19

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*“Evidence from research, shows that looked after children and young people share many of the same health risks and problems of their peers, but often to a greater degree. They can have greater challenges such as discord within their own families, frequent changes of home or school, and lack of access to the support and advice of trusted adults. Children often enter the care system with a worse level of health than their peers, in part due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect. Longer term outcomes for looked after children remain worse than their peers, as they face greater challenges related to long-term health, social and educational needs.”*

(Statutory Guidance on ‘Promoting the Health and Well-being of Looked after Children, DFE, DH, 2015)

### **Purpose of the report**

This report outlines the delivery of health services to children in the care of Cheshire East Council (CEC) during the period from 1 April 2018 to 31 March 2019, in line with National Statutory Guidance (*‘Statutory Guidance on Promoting the Health of Looked after Children: Statutory Guidance for local authorities, clinical commissioning groups and NHS England.’ 2015*). It reviews performance indicators, clinical work undertaken by the Wirral Community Health and Care NHS Foundation Trust Cared for Children Health Team, service improvements and plans for further development.

The aim of the Cared for Children Health Service is to ensure that children in the care of Cheshire East Council have their health needs identified and addressed. This includes the provision of a detailed, high quality initial health assessment (IHA) when received into care and a statutory review health assessment (RHA) annually for children over five years of age and 6 monthly for those under five years of age.

The team works in partnership with Cheshire East Council and local health providers to ensure that appropriate services are developed and maintained to continue meet the health needs and improve the health and wellbeing of all cared

for children and young people originating from the South Cheshire Clinical Commissioning Group area.

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

**1. The Responsible Commissioner**

NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Groups are the responsible commissioners of health services for cared for children who are taken into the care of Cheshire East Local Authority. When cared for children are placed out of area it is the responsibility of Cheshire East Local Authority as lead agency to notify health as stakeholders 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 where the child or young person has been placed (Department of Health 2015).

**2. Payment by Results**

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. Further development and implementation of the Payment by Results tariff for statutory health assessments has been continued by the Looked After Children and Care Leavers Administrator during 2018-2019.

**3. NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Groups have a process in place whereby prior to payment of invoices for cared for children placed out of area, assurance is provided through the provider service who quality assure all completed Review Health Assessments (RHAs). All cared for children placed in Cheshire East from other local authorities have a health assessment completed upon request.**

**4. During 2018-2019 progress has been made in achieving the priorities set in last year's annual report and there will be a continued focus on further developing the service during the coming year. Priorities were identified as follows, with updated position in bold italics:**

- Review of the Strengths and Difficulties Questionnaire pathway to ensure the completed scores inform the annual health assessment and care planning. (<https://www.sdqinfo.com/>) (see Paragraph 64)  
***Update – this is a piece of work being undertaken jointly with Local Authority colleagues and a review and refresh of the Strength and Difficulties Questionnaire pathway is in progress.***

- Strengthen the process for maintaining oversight of all our children and young people placed out of area. ***Update – a database of all cared for children is now held within the Specialist Health team which identifies those children placed out of area. A system for maintaining oversight of these children and young people has been developed and will be further reviewed during 2019-2020.***
  - Completion of Self Audit by Provider teams in line with commissioning standards: This will be used to benchmark current services provided against commissioning standards and identify areas where improvement/development is required. ***Update – audit tool and commissioning standards completed for use during 2019-20***
  - Quality visit to Provider services to be completed by the Designated Nurse: This will serve to provide assurance to the Clinical Commissioning Groups that the services provided meet statutory requirements. ***Update – completed and further development of this process in line with updated commissioning standards to continue in 2019-20***
  - Review of the reporting arrangements by the Provider teams to the Clinical Commissioning Groups: To enable the collection of qualitative data to support numerical data already collected and improve the understanding of the unique needs of our children and young people in care. ***Update – A new quarterly report template has been created that requires submission of a range of qualitative data in addition to numerical data already submitted as part of the Safeguarding Assurance Framework. Reporting in this format will commence in Quarter 1, 2019-20.***
  - Strengthening of training arrangements: ***Update – ongoing action.***
  - 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): ***Update – ongoing action.***
5. The following information provides assurance regarding the outcome indicators relating to health through the work of the Designated Nurse Looked after Children and Care Leavers, undertaken on behalf of NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Groups.

## Key Performance Indicators

### 6. Initial Health Assessments

It is a regulatory requirement throughout England for each cared for child to have a comprehensive health assessment and a health care plan in place prior to the first Looked after Children Care Plan review (which takes place

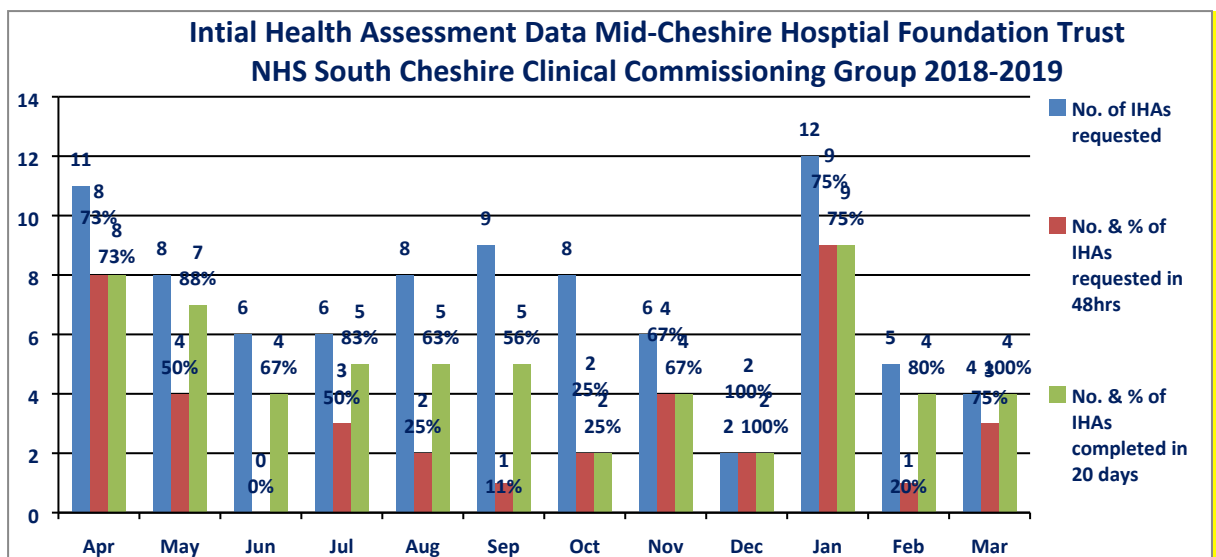
at 20 working days from entry to care). The Initial Health Assessments are completed by Paediatricians.

7. Children in the Care of Cheshire East Council originate from either NHS Eastern Cheshire Clinical Commissioning Group or NHS South Cheshire Clinical Commissioning Group area. Children originating from NHS South Cheshire are generally seen for their Initial Health Assessment at NHS Mid Cheshire Hospital NHS Foundation Trust, and children originating from NHS Eastern Cheshire are seen at NHS East Cheshire NHS Trust. 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.
8. 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 received Level 4/5 safeguarding training.
9. 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.
10. Monthly information relating to Initial Health Assessments has been submitted to the Clinical Commissioning Groups by both NHS Mid Cheshire Hospital Foundation Trust and NHS East Cheshire Trust as part of the Safeguarding Assurance Framework.
11. There continues to have been variable performance in the timeliness of requests by Cheshire East Council for the completion of Initial Health Assessments during 2018-2019 (triggered by a notification that a child has entered care). In the event of a late request being received by the Trust, every effort is made to ensure that the Initial Health Assessment is still completed within 20 working days (**see Graph 1 and 2**). 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.
12. Prompt completion of Initial Health Assessments is essential to ensure timely identification of a child/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 Cheshire East. Work has taken place to review the Initial Health Assessment Pathway to ensure that there is clarity regarding the arrangements for requesting a health assessment for East Cheshire cared

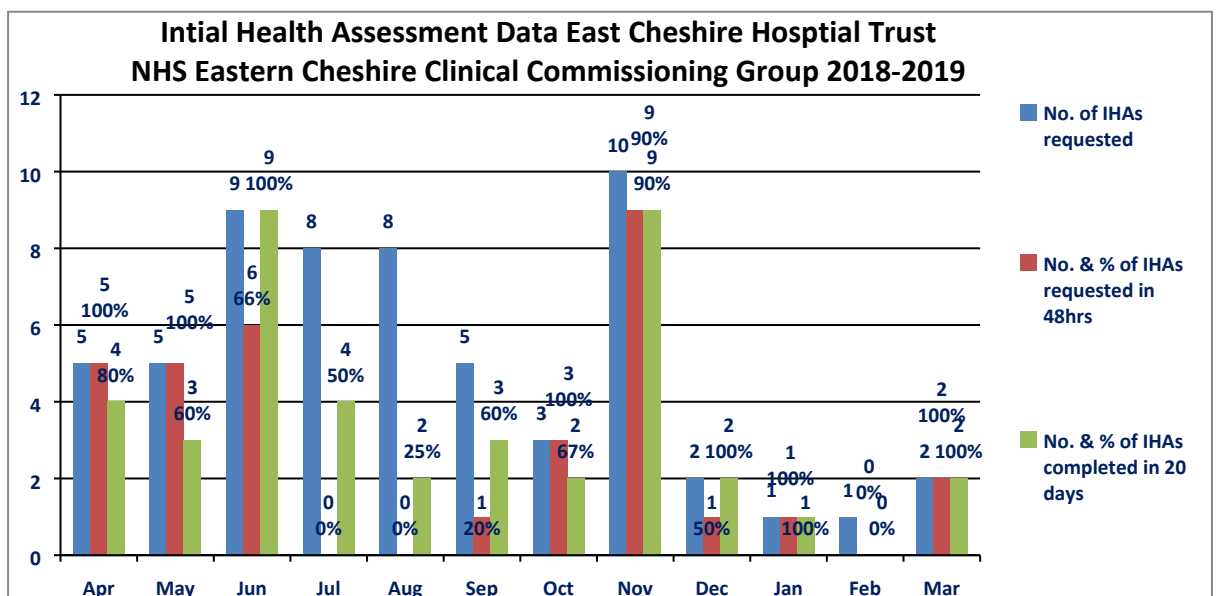
for children to other Clinical Commissioning Groups when they are placed out of area, and further work to strengthen this arrangement will continue during 2019-2020.

13. Comments submitted by the Providers indicate that the most common reason for Initial Health Assessments being completed outside of statutory timescales is due to late requests. However other reasons recorded include cancelled appointments because children have been unwell or on holiday, children declining appointments or not attending without explanation. All of these issues are brought to the attention of Local Authority colleagues and are a standing agenda item for discussion at Help Me Be Healthy Corporate Parenting Priority Group 4 meetings.

**Graph 1**



**Graph 2**



14. 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 2019-20. The primary focus for action will be around:
- Review of the pathway to escalate late Initial Health Assessment requests which is shared across Cheshire.
  - Greater scrutiny of cancelled appointments or those that children are not brought to without explanation. Escalation of 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.

### **Review Health Assessments**

15. Review Health Assessments may be carried out by a registered nurse or a registered midwife. The local authority that looks after the child must ensure that every child in 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.
16. 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). 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. Single agency training is provided for the practitioners by Wirral Community Health and Care NHS Foundation Trust Specialist Nursing Team for Cared for Children. Clinical supervision is also mandatory for all practitioners who are working directly with Cared for Children and /or their carers. At the end of 2018-2019, the percentage of staff trained and competent to Level 3 of 'Looked after children: Knowledge, skills and competences of healthcare staff' (March 2015) was 90%. The percentage of practitioners who had received 6 monthly supervision in line with Trust policy was also 90%.
17. 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 fluctuated for Cheshire East Cared for Children during 2018-19, with a significant improvement noted during Quarters 3 and 4 for children placed both in and out of the Cheshire East area.

18. The data in **Table 1** also demonstrates that for the first half of 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 was completed to address this issue. Through effective use of this pathway it can be seen that performance during the second half of the year was much improved and work will continue during 2019-20 to continue this improvement further.

**Table 1**

Cheshire East Cared for Children		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Percentage of Review Health Assessments completed in timescale for children placed in NHS Eastern and NHS South Cheshire Clinical Commissioning Group areas	2017-2018	80%	94%	79%	72%
	2018-2019	81.5%↑	84.5%↓	86.5%↑	85.6%↑
Percentage of Review Health Assessments completed in timescale for children placed outside of NHS Eastern and NHS South Cheshire Clinical Commissioning Group areas	2017-2018	67%	60%	33%	27%
	2018-2019	31%↓	45%↓	74.5%↑	79%↑

19. At the end of 2018-2019, 93.1% of children who had been in the care of Cheshire East Council for more than 12 months had an up to date Review Health Assessment (compared to 87.7% at the end of 2017-18). For those that were not completed within timescale, analysis of the contributing factors that lead to the breach is carried out to identify the areas where further work is required.
20. **Dental Checks**  
It is recognised that there can be some difficulties with obtaining and reporting on dental data due to both the number of dental practices that cared for children are registered with, and the lack of a single method for collecting the information. **Table 2** below indicates the percentages of cared for children who were up to date with their dental check on 31.03.2019 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 2**

Date	Percentage of Cheshire East children who have visited a dentist	National data
31.03.15	98%	86%
31.03.16	76%	84%
31.03.17	80%	83%
31.03.18	85.2%	84%
31.03.19	75.7%	85%

**21. Immunisations**

National statistics indicate that at the end of 2019, 87% of cared for children had their immunisations reported as up to date which was an improvement from 85% the previous year. Local data analysis indicates that on 31st March 2019, 93.7% of cared for children in Cheshire East had age appropriate immunisations. Whilst this remains an excellent achievement, it is a reduction from 95.5% at the end of the previous year and work will continue throughout 2019-20 to achieve improved performance in this area.

**22. Developmental Checks**

Compliance with the healthy child programme is excellent and has performance has remained at 100% for cared for children who have had a developmental check in line with national requirements.

**23. Emotional Health and Wellbeing**

It is recognised that there is a higher level of emotional and mental health issues amongst children and young people in care. The Strengths and Difficulties Questionnaire is a clinically validated brief behavioural screening questionnaire for use with 4-17 year olds and is the outcome measure used for tracking the emotional and behavioural difficulties of children in care at a national level. Statutory guidance states that all children aged 4-17 years old should have a Strengths and Difficulties Questionnaire completed annually. A scoring system is used following completion of this tool which can provide an indication of the emotional and behavioural wellbeing of each child.

**24.** At the end of March 2019 in England, the percentage of children in care with emotional and behavioural health that was considered normal was 49%, borderline was 12% and cause for concern was 38%. These figures have remained fairly stable over recent years. National data for 2018-19 will not be published until December 2019 however Cheshire East data reported at the end of March 2019 is contained within the table below.

**25.** **Table 3** below details the percentages of children with normal, borderline and concerning Goodman's (Goodman and Scott, 2012) strengths and difficulties questionnaires (SDQ) scores. These were completed by carers in relation to 92% of 4-16 year olds which represents a fall of 4% from 2017-18 however it is still considerably higher than the national rates reported in previous years.

**Table 3**

<b>Year end</b>	<b>Average score</b>	<b>Normal range (under 14)</b>	<b>Borderline (14-17)</b>	<b>Concern (17+)</b>
<b>2014/2015</b>	13.4	50%	15%	34%
<b>2015/2016</b>	14.6	46%	10%	45%
<b>2016/2017</b>	14.6	44%	3%	53%
<b>2017/2018</b>	14.0	48%	14%	38%
<b>2018/2019</b>	14.2	46%	16%	38%

**26. Cheshire East Children and Families Support Team**

The following information (paragraphs 26-29) has been provided by Team Manager, Children and Families Support Team:

This is a team of three social workers, two family support workers and a seconded CAMHS practitioner. The team accepts referrals from social workers within Cheshire East regarding any child, but they work more predominantly with cared for children and their carers. They offer fortnightly 'surgery' style sessions in the child in need/child protection teams to offer guidance and support to workers to help them think more therapeutically about how they engage families; they also offer them training sessions to give them skills to work using an attachment based approach. Recently they have conducted training sessions with groups of frontline family support workers around using theraplay techniques; emotionally regulating children and understanding sensory integration.

- 27.** Historically much of the work of the team has been directly with children, however the manager is post has now changed the focus to moving towards supporting carers to understand what drives the behaviours they see, how this functions for the child and so how to help children to regulate and build trust and relationships. This is all geared towards improving placement stability to prevent foster placements breaking down and children 'bouncing' around the system, which impacts enormously on their emotional wellbeing. Creating a wraparound therapeutic approach used by carers will have much greater positive impact for a child than an hour a week of therapy and this is the basis of the team's thinking.
- 28.** The team members are all trained in varying therapeutic approaches, including play therapy, psychoanalytic approaches, theraplay, DDP, sensory integration techniques and therapeutic life story work. Each practitioner uses a variety of their skills with each child/carers and receives reflective supervision to think about how this may be supporting the child, or whether we need to think differently. The team manager is trained in assessing attachment in children and adults and has brought more evidence based assessments into the team. Assessments are filmed and then used to help workers/carers visually develop a deeper understanding of children's attachment strategy and how their underlying trauma impacts on their ability to regulate. The team are also now beginning to make

greater use of sensory assessments, as the interplay between sensory dysfunction and attachment difficulties is significant, so they are working with sensory integration Occupational Therapists to help carers learn to regulate children on both levels. This enables placements to stabilise, carers to feel more competent and therapeutic work to be successful.

29. The team attend specialist training and remain up to date with their skills and knowledge. Carers and social workers are encouraged to informally speak to the team about attachment based work as well as within more formal consultations. Training is offered to key staff in schools and residential settings, which while is generally about a specific child, invariably makes attendees start talking about how they will work differently with other children, which is another positive example of the support this team is able to offer. We have also recently set up a foster carer support group which is designed not as formal training but where carers choose the topics and bring issues they struggle with – the team then help increase understanding in the sessions, giving carers take away ideas to try with their child. The team are keen to be seen as approachable as a team and not as ‘experts’ but as practitioners who bring understanding of attachment and trauma to carers who bring knowledge of a child. With this approach, shared understanding of how that child’s behaviours are their best attempt to get their emotional needs met can be achieved. Once that shared understanding exists, managing those behaviours and regulating the child becomes much easier.

**30. Cheshire East Care Leavers and Emotional Well-being.**

The following information (paragraphs 30-36) has been provided by Team Manager, Cared for Children and Care Leavers:

31. The Care Leavers Service provides advice and assistance to vulnerable Care Leavers across Cheshire East, but also to Cheshire East care leavers nationwide. This means we support people our young people whether they live in Crewe or Crawley. As of December 2019 we were supporting just over 160, 18-25yr olds. Mental Health and emotional wellbeing are massive factors for our Care-Leavers, it impacts on all aspects of their life from their relationships to their ability to live independently and manage a home. Our team identified that we support at least 50 young people that we know have a mental health difficulty that affects their day to day functioning. This ranges from low mood to personality disorders and psychosis. We also recognised that from those young people, there are 13 we deem that their difficulties are so severe that they are not fit for employment or training. Addressing and supporting their mental health is the first step to getting them involved in positive activities and hopefully into training/employment.
32. Firstly we try to support our young people in accessing support from commissioned services and their GP. However we have found that some young people are very anxious to visit their GP and we have also found that there are long waiting lists for services. For example some have waited for up to 4-6 months for support from talking therapies. Often care-leavers have very real problems which when they wish to deal with there is only a

small window of opportunity so proactive services that can pick up referrals and act quickly are really key.

33. To address this immediate need there are currently two routes in which our Personal Advisors refer for support other than the young person's GP. This is our own part-time emotional well-being Personal Advisor and a full time Emotional Well-being practitioner from Pure Insight. The team employs a Personal Advisor who works two days per week to undertake low level tier 1 work with Care Leavers. This includes mindfulness, coping strategies, alternative therapies and support to signpost to other services if required. Often they need to build a relationship with the young people first so this can initially take 2-3 visits.
34. In 2019 our emotional well-being Personal Advisor has received 20 referrals to undertake direct work. they work with up to 10 young people at any time and operates a waiting list for cases beyond this. Currently they are actively working with 8 young people. Anxiety remains a presenting issue with six of the current eight young people reporting struggling with this emotion.
35. The Care Leavers Service also receives support from a dedicated full-time Emotional Well-being practitioner from Pure Insight. This worker is funded by Cheshire Community Foundation and is additional value from our commissioned mentoring contract that we have with Pure Insight. The worker is a full time trained counsellor who will visit our care-leavers in their own home or even take them out and help them in regards to their emotional well-being. This worker also has access to x10 hours per week specialist trauma counselling provided by Beacon Counselling which is also solely available for Cheshire East Care Leavers.
36. In just over 18 months there have been 67 referrals into the worker for support. 40 have received 1:1 interventions from the psychological wellbeing worker which include; learning self-care coping strategies, learning self-regulatory skills, understanding trauma and the impact it has on physical and emotional wellbeing, understanding their own story and what impact that has on them now. Feedback from both young people and Personal Advisors is that this service has been invaluable. The worker is very proactive and compliments the Personal Advisor role. They have also stopped situations becoming a crisis and enabled young people to get support when they were otherwise faced with long waiting lists.
37. **Care Leavers Health Passports**  
All young people who leave care when they reach their 18th birthday should receive a summary of their health history. During 2018-2019 the Clinical Nurse Specialist 16+ and Transitions has 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 2018-2019, there were

56 young people who reached 18 and 47 (84%) had received a Health Passport, handed to them personally by the Nurse Specialist who completed it. Feedback regarding these documents has been consistently positive.

38. There are plans to review the health passport document during 2019-2020 using the views and feedback from young people to ensure it remains relevant and useful to them.

39. **Unaccompanied Asylum Seekers**

During 2018-2019 the number of unaccompanied asylum seeking children has remained relatively steady within the Cheshire East area. 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 UK. 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.

40. A welcome pack has been developed by the Specialist Nurse 16+ and Transitions which provides comprehensive health advice and guidance on accessing services. Prior to use, it requires some work around presentation such as graphics and translation and this is expected to be completed during the next quarter.

41. Concerns have been identified regarding the completion of immunisations and testing for blood borne viruses for this group of young people following initial health assessments as this is an action identified for GPs to complete. 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. This issue is being addressed within the Help Me Be Healthy group and an audit of all Unaccompanied Asylum Seeking Children who entered care during 2018-19 will be completed during the first quarter of 2019-2020 to identify those who are still outstanding either immunisations or blood testing for Blood Borne Viruses. This has also been identified as an action to be followed up at the statutory second care plan review meeting which takes place 4 months from the date of entry to care. An audit to determine whether agreed actions have been effective will be completed during the final quarter of 2019-2020.

42. **Cheshire East Family Nurse Partnership**

The following information (paragraphs 42-53) has been provided by Family Nurse Partnership Supervisor at Wirral Community Health and Care NHS Foundation Trust. Family Nurse Partnership is a voluntary home visiting programme for first-time young mums and families, designed to help parents have a healthy pregnancy, improve their child's health and development, plan their own futures and achieve their aspirations.

43. Family Nurse Partnership in Cheshire East provides intensive support for vulnerable first-time young mothers 18 and under and 19-24 years with additional vulnerabilities. The current eligibility criteria prioritise Looked

after Children and Care Leavers up to 24. Parents are paired with a specially trained family nurse who visits them regularly; from the early stages of pregnancy potentially until their child is two. Through a psycho-educational approach and a focus on positive behaviour change, Family Nurse Partnership enables young parents to:

- Build positive relationships with their baby and understand their baby's needs
  - Make positive lifestyle choices that will give their child the best possible start in life
  - Build their self-efficacy
  - Build positive relationships with others, modelled by building a positive relationship with the family nurse.
- 44.** The clinical approach underpinning Family Nurse Partnership is strengths-based; nurses work alongside clients providing information and guidance relating to their pregnancy and parenthood informed by a collaborative New Mum Star Assessment. This stimulates an open and honest discussion that informs the way in which nurses adjust programme delivery and content.
- 45.** For many clients, a long term therapeutic relationship with a family nurse brings not only the delivery of the programme, but consistency and a positive role model that they may not have experienced before. The relationship focusses on clients' strengths but challenges constructively where necessary and helps to break patterns of negative behaviour and reduce the likelihood of families needing help from other public services.
- 46.** Family Nurse Partnership helps to control demand on local services by encouraging clients to engage with other appropriate services, managing and reducing safeguarding risks and, in cases where additional safeguarding support is necessary, ensuring that this is accessed quickly and effectively.
- 47.** 20 of the mothers on the programme over the last year have been care leavers, this is between 21 - 24% and is an 82% increase on the previous 12 months and anecdotally can be attributed to our revised eligibility criteria allowing us to extend the age range and prioritise care leavers in this cohort. Half of these mothers have recorded mental ill health. This supports evidence in the Transforming Children and Young People's Mental Health in Cheshire East report 2016-2020 identifying a 5 fold risk of childhood mental health disorders in cared for children. In 6% of families the father is a care leaver and in a small number of cases both parents are.
- 48.** Family Nurse Partnership are able to work with families while children are not in their care during contact and outside of contact to be supported to try

to make the changes necessary to ensure her child is safe and protected if returned to her care.

49. In practice, the visiting pattern of 2 weekly visits is maintained during contact visits with the child, supporting the areas that have led to the child's removal. Some visits are also done outside of contact working with the client/ parents to address any issues.
50. If permanent removal is planned the family nurse will negotiate a planned end to Family Nurse Partnership care with the client, supported by the FNP supervisor.
51. Comment from a 22 year old care leaver with mental ill health and a 1 year old baby:

***“having mental health as a mum can be very tiring, you’re always at war with your head, fighting every day to put on a smile because I love my son so much I don’t want him to see the pain and hurt his mummy feels.”***

52. Comment from a looked after mum who has a 5 month old baby who is also a looked after child following deterioration in her mental health:

***“If I’m on a low I feel absolutely horrible, if I’m on a high I feel over excited and laugh at anything. I don’t want my baby to know how I’m feeling so I’ve put her in a better place until I can be stable”***

#### **Cared for Children – Priorities for April 2019 – March 2020**

53. NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Groups will ensure that their statutory roles and responsibilities for cared for children are met. Monitoring of the arrangements for commissioned health services will be maintained in order to gain assurance that all Cheshire East Cared for Children receive any health services that they need no matter whether they are placed in or out of the Clinical Commissioning Group area. The following have been identified as areas for development and action:
  - **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.
  - **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.

- **Annual Quality Assurance visit to Provider services to be completed by Designated Nurse:** This will serve to provide assurance to the Clinical Commissioning Group that the services provided meet statutory requirements.
- **Development of a tool that can be used to measure health outcomes for Cared for 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.
- **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.
- **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 corporate parents. Develop a training strategy to develop interagency training across the health economy to improve the workforce knowledge and understanding of the Cared for Children and Care Leaver population.
- **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 cared for children and care leavers by regularly monitoring the timeliness and quality of all health assessments. To ensure that NHS South Cheshire and Eastern 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.