

**Notice of a public meeting of  
Corporate Parenting Board**

**To:** Councillors Fitzpatrick, Cuthbertson, Heaton, Hunter, Musson, Rowley, Runciman and D Taylor

**Date:** Tuesday, 26 November 2019

**Time:** 5.00 pm

**Venue:** The Thornton Room - Ground Floor, West Offices (G039)

**AGENDA**

**1. Declarations of Interest**

At this point in the meeting, Members are asked to declare:

- any personal interests not included on the Register of Interests,
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

**2. Minutes** (Pages 1 - 6)

To approve and sign the minutes of the meeting held on 3 September 2019.

**3. Public Participation**

At this point in the meeting members of the public who have registered to speak regarding an item on the agenda or an issue within the Board's remit can do so. The deadline for registering is 5pm the working day before the meeting, in this case **5pm on Monday 25 November 2019**.

**Filming or Recording Meetings**

Residents are welcome to photograph, film or record Councillors and Officers at all meetings open to the press and public. This includes the use of social media reporting, i.e. tweeting. Anyone wishing to film, record or take photos at any public meeting should contact the Democracy Officer (whose contact details are at the foot of this agenda) in advance of the meeting.

The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at [http://www.york.gov.uk/download/downloads/id/11406/protocol\\_f\\_or\\_webcasting\\_filming\\_and\\_recording\\_of\\_council\\_meetings\\_20160809.pdf](http://www.york.gov.uk/download/downloads/id/11406/protocol_f_or_webcasting_filming_and_recording_of_council_meetings_20160809.pdf)

- 4. Personal Education Plan (PEP)** (Pages 7 - 14)  
Members will receive an update regarding developments in the personal education plan process.
- 5. Health Report** (Pages 15 - 26)  
Members will receive an update on the arrangements in place across the City to meet the health needs of Children in Care.
- 6. Scorecard** (Pages 27 - 32)  
Members will receive an update on the scorecard that contains relevant indicators which illustrate practice across Children's Services in relation to children in care, over the year 18/19 and preceding years.
- 7. Work Plan** (Pages 33 - 34)  
To consider the Board's work plan for the 2019-20 municipal year and to receive any updates Members may wish to give on their agreed areas of interest relating to the work of the Board.
- 8. Urgent Business**  
Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name: Louise Cook

Contact Details:

- Telephone – (01904) 551031
- E-mail - [louise.cook@york.gov.uk](mailto:louise.cook@york.gov.uk)

For more information about any of the following please contact the
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Democracy Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

**This information can be provided in your own language.**

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim  
własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

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City of York Council

Committee Minutes

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Meeting	Corporate Parenting Board
Date	3 September 2019
Present	Councillors Fitzpatrick, Cuthbertson, Heaton, Hunter, Musson, Runciman and D Taylor
Apologies	Councillor Rowley

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## **9. Declarations of Interest**

At this point in the meeting Members were invited to declare any personal or prejudicial interests they might have in relation to the business on the agenda or any other general interests they might have within the remit of the Board. None were declared.

## **10. Minutes**

The Chair advised that the glossary of terms would be issues to all Members of the Board.

Resolved: That the minutes of the last meeting of the Corporate Parenting Board held on 4 June 2019 be approved and then signed by the Chair as a correct record.

## **11. Public Participation**

It was reported that there had been no registrations to speak under the Council's Public Participation Scheme.

## **12. Children in Care Council and Care Leavers Forum Annual Report**

Members considered a report that detailed the issues identified by the Children in Care Council and Care Leavers Forum, how these issues were being addressed and what issues were still to be taken forward. The report also detailed professionals and partner agencies that met with the Children in Care Council and

Care Leavers Forum, the outcomes of these discussions and different projects that the groups were involved in.

Officers provided an overview of the report and in answer to questions noted that:

- The joint meetings of Show Me That I Matter (SMTIM) and I Still Matter (ISM) monthly meetings were very focussed and useful.
- Examples of how the Review Toolkit was used were given and it was hoped that this would be extended for use by social work teams.
- Priorities for the coming year included the expansion of foster carer recruitment and their training. A digital approach would be used for recruitment.
- It was agreed that young people would be invited to future meetings.

The Chair thanked officers for their update.

Resolved: That the work of the Children in Care Council be noted.

Reason: To keep the Board updated.

### **13. Annual Advocacy Report 2018-19**

The Corporate Parenting Board considered a report that highlighted the 2018-19 Annual Advocacy report and provided a review of the statistics on the demographic of young people who had requested advocacy, detailed advocacy requests / common themes and reviewed the outcomes of the service. The Local Area Team Project Officer outlined the report and gave an update on the appointment of Childrens Champions.

In response to questions from Members officers explained:

- How the reasons for referrals were categorised, including primary and secondary issues.
- How the Report of the Office of the Childrens Commissioner was utilised. This included a piece of work on where professionals were signposted to.
- That it was not uncommon for young people to raise further issues after raising an initial issue.
- The timescales for contact before going to a placement would vary on the circumstances i.e. for planned moves or emergency placements.

- The council complaints team decided what constituted a complaint in accordance with statutory guidance. An explanation of how complaints were dealt with was given.
- When complaints were not resolved, the reason for this was communicated to young people and a large part of the advocacy work was helping children to understand why a decision had been made.
- With reference to a complaint concerning one person having 13 different social workers over 12 months, this was related to staff turnover. Members were assured that there would not be any full time agency social workers in post by Christmas and it was noted that the improvement data dashboard had been changed to show the number of changes of social workers.
- There were three advocacy and participation workers visiting secondary schools.
- An update on the recruitment of social workers was given.
- Details of the measures put in place following the focussed inspection visit were outlined.

Officers were thanked for their update and it was agreed that Annexes A and B of the report would be circulated to the Board.

Resolved: That the advocacy casework that was carried out with children and young people be noted.

Reason: To keep the Board updated.

#### **14. U Matter Survey 2019**

Members considered a report that highlighted the U Matter Survey 2019 and detailed the consultation findings from children and young people looked after by the City of York Council. Officers explained the results of the survey and noted that not all questions were answered by young people. An explanation of pathway plans and personal education plans was given and it was highlighted that a number of care leavers that took part in the pathway plans did not see the value of it.

Following an overview of the report, Officers confirmed that:

- The team had been proactive in engaging with harder to engage young people.
- There had not been many referrals focussed around advocacy being used around personal education plans (PEPs).

- At each meeting of the Virtual School Senior Leadership Team, discussion took place regarding out of area young people.
- PEPs included Key Performance Indicators (KPIs), which were reviewed every two weeks.

The Chair thanked officers for their update

Resolved: That the 2019 U Matter findings be noted.

Reason: To keep the Board updated.

**15. Summary of the Key issues identified in 2018-19 Independent Reviewing Officer (IRO) Annual Report**

Members noted that Independent Reviewing Officers (IRO) had a statutory responsibility to report to senior managers and the Corporate Parenting Board regarding the performance of the local authority with regards their statutory requirements as corporate parent to the Children and Young People in the Care (CYPIC) of the local authority. This report covered the period 1st April 2018 to 31st March 2019.

The Service Manager was in attendance to present the report and in outlining the report she noted that the number of IRO case studies was high. She explained the cohort of looked after children noting the impacts of placement sufficiency and social worker retention on children. She added that because of the high turnover of staff, qualitative contact with hard to reach children had been difficult for staff. She noted that since the report had been published in April 2019, the resolution process had been relaunched. Clarification was given on the remit and statutory requirements of the IROs.

In response to questions from the Board, Officers confirmed that:

- A peer review had been commissioned.
- The Improvement Board looked at the entirety of the offer for children in care and the Board could request an update from the Improvement Board.
- The benchmarks for national and regional data had not yet been published. It was noted that the benchmarks for comparative data were useful.
- The impact of staff retention on children and young people was being looked at.



- There was more stability around the social work teams and the situations that led to social workers leaving was being addressed.
- An update on kinship carers was given.

The Chair thanked officers for their update.

Resolved:

- i. That the Unit's commitment to better deliver its statutory responsibilities to children and young people in care and their parents or carers, in particular increased consultation, participation and challenge, be noted
- ii. That the annual reporting requirement of the Unit to inform the ongoing work of the Corporate Parenting Board in raising outcomes for the children and young people in the care of the City of York Council, be used.

Reason: To keep the Board updated on the IRO service.

## **16. Work Plan**

Members considered the Boards work plan for the 2019-20 municipal year and the continuation of strategic themes.

Members agreed that the Chair, Vice Chair and Corporate Director Children, Education and Communities would meet to discuss the work plan.

Resolved: That the work plan be approved.

Reason: To keep the Board's work plan updated.

Cllr I Cuthbertson, Chair

[The meeting started at 5.00 pm and finished at 7.00 pm].

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**Corporate Parenting Board****26 November 2019****Personal Education Plan (PEP) Report****Summary**

1. To provide an update to the Board regarding developments in the personal education plan process

**Background**

2. The personal education plan (PEP) is an integral part of every looked after child's care plan. The PEP (pre-school to age 18) should be initiated as part of the care plan. It is an evolving record of what needs to happen for looked-after children to enable them to make at least expected progress and fulfil their potential. The PEP should reflect the importance of a personalised approach to learning that meets the child's identified educational needs, raises aspirations and builds life chances. The school, other professionals and the child's carers should use the PEP to support achieving those things.
3. The quality of the PEP is the joint responsibility of the local authority that looks after the child and the school. Social workers, carers, VSHs (Virtual School Headteachers), designated teachers and, as appropriate, other relevant professionals will need to work closely together. All of those involved in the PEP process at all stages should involve the child (according to understanding and ability) and, where appropriate, the child's parent and/or relevant family member.

**Consultation**

4. The Virtual School Headteacher has consulted schools, social workers and young people in care through the Show Me That I Matter group regarding the development of the PEP process.

## Council Plan

5. This reports links to the Council Plan - a focus on frontline services - to ensure all residents, particularly the least advantaged, can access reliable services and community facilities.

## Implications

- **Financial** – the contract with Welfare Call Ltd has been approved by DMT
- **Human Resources (HR)** – none linked to this paper
- **Equalities** – none linked to this paper
- **Legal** – none linked to this paper
- **Crime and Disorder** – none linked to this paper
- **Information Technology (IT)** – The ePEP sits on a secure platform provided by Welfare Call Ltd
- **Property** – none linked to this paper

## Recommendations

6. That the Corporate Parenting Board note the paper

Reason: To keep the Board updated

## Contact Details

### Author:

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Virtual School Headteacher  
Tel: 01904 553040  
Email:  
karron.young@york.gov.uk

### Chief Officer Responsible for the report:

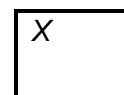
Amanda Hatton – Corporate Director of Children, Education and Communities

### Report Approved Date

√  
21st October 2019

### Wards Affected:

All



**For further information please contact the author of the report**

**Background Papers:** None

**Annexes**

Annex A – Personal Education Plan Update

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## Corporate Parenting Board

### Personal Education Plan Update

Karron Young

The aims of the Personal Education Plan changes are to introduce a process that ensures all looked after children from pre-school age to eighteen have a current, high quality, effective PEP which is accessible to education settings, social workers, Independent Reviewing Officers (IROs), foster carers and care providers, children and young people and the virtual school.

The Personal Education Plan (PEP) process consisted of a Mosaic work step instigated by the care planning procedure at the time when a child or young person becomes looked after. The initial work step was assigned to the virtual school duty inbox. This was then allocated to the appropriate social worker to initiate the PEP meeting with the child or young person's early years setting, school or college. The system was already in place when the current virtual school headteacher was appointed in September 2018 and PEP completion rates using this system were below 60%. It did not allow designated teachers in education settings to input information was reliant on social workers to attend PEP meetings and then manually complete the form on Mosaic resulting in a PDF download which cannot be quality assured with comments from the virtual school.

A decision was taken following consultation with schools and social care managers to use the work step merely to record PEP dates and to operate a working document (using an editable word file) so that schools and social workers could add to the PEP and pass information between one another by secure email. Completed PEPs were then attached to Mosaic using the paperclip function and can be found in children's files under the attachments section. The virtual school keeps a database of PEP dates and completed (received) PEPs. Current PEP completion rates using this system are 94% across the children's permanence team and 78% across the other children's social care teams.

Over the past 12 months it became evident that the current system was unwieldy and not having an impact on improving educational outcomes for children and young people.

## Update

On 24<sup>th</sup> September 2019 a new ePEP system has been introduced to schools and social workers provided by Welfare Call Ltd. Between now and the end of the Autumn Term it is expected that every child will have an online ePEP. All the latest PEP documents on file with the virtual school have been uploaded to the ePEP system for reference by schools and social workers to review the latest targets. Completed ePEPs should be downloaded from the Welfare Call Extranet and attached children's records on Mosaic. The current PEP work step needs amending so that it is simpler to record the date and run completion/timeframe reports. This will be actioned in January 2020 after the transition period.

The ePEP has been developed using existing templates provided by Welfare Call Ltd and adapted to capture the education journey for children in nursery settings, statutory school age and post-16 learners. The Chair of the Show Me That I Matter group worked with the virtual school headteacher to agree the content of each template and especially the child's contribution section. Early feedback from children and young people is that they are in favour of the new system and like the way the ePEP records their views, wishes and feelings about education.

The ePEP does not become completed until the virtual school has signed off the quality and provided feedback to both social workers and schools. This is through a Red, Amber, Green rating with comments. As the system is fully automated and behind a protected firewall this has greatly reduced the need for email traffic between all parties and is compliant with General Data Protection Regulation (GDPR).

The virtual school should have a system in place to ensure that PEPs are of high quality and that they are reviewed regularly (on a termly basis). This new system automatically reminds both schools and social workers when the PEP is due for review and the electronic nature of the software also allow reports to be generated regarding children and young people's learning needs and Pupil Premium Plus requests for additional support.

The new ePEP system and attendance monitoring service provided by Welfare Call Ltd will enable the virtual school headteacher to ensure there are effective systems in place to:



- maintain an up-to-date roll of its looked-after children who are in school or college settings, and gather information about their education placement, attendance and educational progress;
- ensure sufficient information about a child's mental health, SEN or disability is available to their education setting so that appropriate support can be provided;
- ensure social workers, designated teachers and schools, carers and IROs understand their role and responsibilities in initiating, developing, reviewing and updating the child's PEP and how they help meet the needs identified in that PEP;
- ensure up-to-date, effective and high quality PEPs that focus on educational outcomes, and that all looked-after children, wherever they are placed, have such a PEP;
- ensure the educational achievement of children looked after by the authority is seen as a priority by everyone who has responsibilities for promoting their welfare; and
- report regularly on the attainment, progress and school attendance of looked-after children through the authority's corporate parenting structures

These duties are taken directly from the statutory guidance for local authorities: <https://www.gov.uk/government/publications/promoting-the-education-of-looked-after-children>

The first ePEPs completed by schools and social workers using the Welfare Call system are already more detailed and of better quality than the previous system and the virtual school headteacher is confident that this will lead to better outcomes for the children and young people in our care.

Karron Young  
Virtual School Headteacher

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## Health Report for the Children in Care Strategic Partnership and City of York Corporate Parenting Board: November 2019

1. **Purpose of the Report:** To update the Strategic Partnership for Children in Care and the City of York Corporate Parenting Board on the arrangements in place across the City to meet the health needs of Children in Care.
2. **Authors:** Karen Hedgley, Designated Nurse for Safeguarding and Children in Care and Dr Sarah Snowden , Designated Doctor Safeguarding Children and Children in Care
3. **Background:** Statutory Guidance *Promoting the Health and Wellbeing of Looked After Children* ( DfE & DoH, 2015)<sup>1</sup> describes how most children become Looked After as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences (p:8). The guidance goes on to clearly articulate the key responsibilities of the Local Authorities (LA) and the NHS to work together to identify and meet the health needs of Children in Care.
4. **Health section of Children in Care Strategic Plan:**
  - 4.1 **Introduction of Health Passports to all children and young people in Care:**
    - Many of the children who come into the care of the LA may not return to their birth families. They become permanently part of new foster or adoptive families, or may leave care as young people who move into independence without retaining

links with their birth families. Therefore the transfer of information about a child's health status and history becomes very important (DfE and DoH, 2015, p: 22). The aim of introducing Health Passports across the City was to support children, young people and their carers' understanding of their current and future health needs. The format of the Health Passports used across City of York was agreed in consultation with the '*Show me that I Matter*' group in 2016.

- There were initial challenges in introducing the use of the passports; however a relaunch and staged introduction took place during 2018. As the passports have now been in place for over a year, an audit is planned to take place during the early part of 2020 to establish how well they are used and how this impacts on the health care experienced by children and young people in Care.

#### **4.2 Ensuring all Children in Care are offered a timely and high quality health assessment:**

- Local Authorities are responsible for ensuring that a health assessment of physical, emotional and mental health needs is carried out for every child they bring into the care of the LA, regardless of where that child lives. CCGs, NHS England and NHS service providers have a duty to comply with requests from Local Authorities in support of their statutory requirements (DfE & DoH, 2015 p: 15 &16).
- Timeliness: Statutory guidance requires the LA and 'Health' to work together to ensure that all children and young people receive an Initial Health Assessments( IHA) within 20 working days of coming into Care. IHAs must be undertaken by a registered medical practitioner and should result in a health plan, which is then available in time for the first statutory review by the Independent Reviewing Officer (IRO) of the child's Care Plan.

- During the period of time that a child is in Care, Review Health Assessments (RHAs) should be offered to children and young people every 6 months if they are less than 5 years of age and annually from those aged between 5 and 18 years old.
  
- Achieving these timescales for IHAs remains very challenging for the city of York partnership. The table at Appendix 1 demonstrates that there has been very little progress in improving timeliness since the last report to this Committee in November 2018. The reasons for the delays are complex and multifactorial, these include:
  - No administrative single point of contact within the LA Children's Social Care ( CSC)
  - Significant turnover in CSC staff with the resultant lack of understanding of the local systems for requesting health assessments
  - Ongoing issues with the MOSAIC computer records system, which often hampers efficiency in the process
  - Short notice cancellations and failure to attend IHA appointments offered by health, resulting in wasted appointment slots and poor utilisation of already limited health resources
  - Increasing numbers of children coming into the care of the LA with resultant pressure on capacity relating to the number of paediatric appointments available to meet this need. There has been no increase in funding resources available to health to meet this increased demand.
  
- Although the timeliness of RHAs is still not what the partnership strive to achieve, as you will see from the table in Appendix 2 there have been some improvements since the last report to this Board.

- In response to these ongoing challenges, colleagues from health and the LA (Children's Social Care) meet bi-monthly to examine the data, look at the reasons for the delays and agree actions to address specific issues.
- Of positive significance is the recent decision made by the Assistant Director of Children's Specialist Services to identify an administrative Single Point of Contact within the LA for managing health assessment requirements and requests, and liaison with those involved. This person will support Social Workers to request assessments in a timely manner and also be accessible to health colleagues when escalation of issues related to timeliness is required.
- Vale of York CCG have worked with York Teaching Hospitals Foundation Trust to introduce key performance indicators (KPIs) which will allow greater scrutiny of the access to paediatric appointments and the return of health recommendations/health care plans (IHA reports following completed Initial Health Assessments) to CSC.
- Quality: A programme of quality assurance audits of IHA reports produced by health remains in place. Analysis of the findings and subsequent action plans are presented to the Strategic Partnership for Children in Care. The audits have identified continued improvements over the past 3 years in the quality of health assessments and clarity of health recommendations. All Paediatricians who complete IHAs at York Teaching Hospitals NHS Trust receive annual training on how to undertake a quality Initial Health Assessment.
- The Harrogate and District Foundation Trust Looked After Children's Nursing and Administrative Team have continued to work with the City of York Healthy Child Service (HCS) to improve the quality of RHAs and resulting Health Care Plans. This has included a programme of training to HCS

practitioners. Quality assurance has identified very positive improvements in the quality of the RHA reports and related health recommendations generated.

#### **4.3 Improving the uptake of Health Assessments for Children and Young People within the context of normality:**

- Resources developed in consultation with the '*Show me that I Matter*' group are used as part of children and young people's Placement Packs. These support the children and young people's understanding of what a health assessment is, with the intention of aiming to dispel any fears and, importantly, support young people to make informed decisions when deciding if they would like to accept or decline an invitation to have health assessments.
- When young people decline Initial or Review Health Assessments, there is a pathway followed by health practitioners in order to try to engage them. This includes sending information advising the young person and carer about how to access a health assessment should they wish to do so in the future. This also includes a request that the Looked After Children's Nursing Team contact the carer and try to engage the young person with the process.

#### **4.4 Improving the number of Children in Care who are registered with a dentist:**

- Establishing that a child is registered with a dentist is a fundamental aspect of IHAs and RHAs and subsequent health care planning. The IHA and RHA quality assurance audit process identifies where registration and attendance at a dentist has not been established/ recorded and Carers and professionals involved with the child/young person are requested to facilitate this.

- The partnership monitors the numbers of Children in Care who have had an up to date dental check. In 2016/17 only 29.08% of children were recorded as having had an up to date dental check. During the subsequent years this percentage has steadily improved with the current data suggesting that 73.65 % of Children in Care have had an up to date dental check within the previous year. The partnership will continue to work together to try to further improve this percentage. This will be achieved by continuing to ensure that the child's dental health needs are considered and recorded in every IHA or RHA report and that the recording of this information is as clear as possible.
- In 2018 Harrogate District Foundation Trust (HDFT) developed a specific Looked After Children's Dental Pathway. This ensures that Children in Care across York and North Yorkshire can access the HDFT Community Dental Service via direct referral from professionals involved in their care. This service offer is not intended to replace existing successful dental registrations with high street dentists; it is aimed at ensuring that Children in Care can have timely access to dental services when Carers report that there have been difficulties in accessing an appointment with a high street NHS dentist.

#### **4.5 Children in Care should be permanently registered with a GP Practice:**

- Improving access to on-going health care is critical to maximising health outcomes for Children in Care. The Nurse Consultant for Primary Care (VoY CCG) has previously consulted with Children in Care to understand what they see as the key factors that influence their engagement with



Primary Care. The outcomes from this consultation continue to form an integral part of training for Primary Care staff.

- The Nurse Consultant has continued to raise awareness about the specific health needs of Children in Care via the Primary Care Safeguarding Leads' meetings across County and City. During the earlier part of 2019, the Safeguarding Leads in each practice were provided with a briefing paper outlining what should be in place within each practice for Children in Care.

**5. The North Yorkshire and York Children in Care Health Professionals Network:**

- The Designated Professionals Team lead a multidisciplinary network of health professionals from across North Yorkshire and York who work with Children in Care. This group is chaired by one of the Designated Doctors for Children in Care and it meets bi-monthly. The key function of this network is to continually strive to improve the health outcomes for all Children in Care in our area.
- Examples of the work led by the network include improving the links between Sexual Health Services and the Specialist Nursing Team for Looked after Children and developing expertise and effective health care responses for Unaccompanied Asylum Seeking Children and Young People.

**6. Introduction of the Child Protection Information Sharing System (CP-IS):**

- During 2018-19 the Local Authority, Vale of York CCG and local NHS provider organisations worked together to launch the CP-IS system. Essentially this ensures that when a child is known to Children's Social Care and is a Looked After

Child or on a Child Protection Plan, basic information about the child's plan is shared securely within the NHS.

- In practice this means that, when a child or young person attends an NHS unscheduled care setting (such as an Emergency Department or a Minor Injuries Unit), that health team is alerted that the child/young person is either subject to a Child Protection Plan or that they are a Looked After Child and has access to the contact details for the child/young person's Social Care team. The Social Care team is then automatically notified that the child has attended the health setting. Both parties are then also able to see details of the child's previous 25 visits to unscheduled care settings in England
  - Critically, this means that health and Social Care staff has a more complete picture of a child's interactions with services. This, in theory, then enables them to provide better care and earlier interventions for children who are considered vulnerable and at risk.
1. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/413368/Promoting\\_the\\_health\\_and\\_well-being\\_of\\_looked-after\\_children.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/413368/Promoting_the_health_and_well-being_of_looked-after_children.pdf)

Appendix 1 - Analysis of Initial Health Assessment Timeliness Data and Analysis of Review Health Assessment Timeliness Data

Table 1: Analysis of Initial Health Assessment Timeliness Data

	Quarter 1 ( 2018)	Quarter 1 ( 2019)
<b>Number of IHA requests received from the LA</b>	16*	16
<b>% completed within statutory timescales</b>	6%	18%**
<b>% delays due to receiving late requests from the LA (over 5 working days)</b>	88%	82%
<b>% due to delays in offering paediatric appointments</b>	12%	18%
<b>Where there is already a delay, the % where there was a secondary delay due to late offer of a Paediatric appointment</b>	Data not routinely collected	50%

<b>Where there were delays in offering a health appointment, the average number of days over 20 working days that a child is offered an appointment</b>	Data not routinely collected	5 days
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\*There are still 5 notifications outstanding

\*\* 2019 IHA's successfully completed out of statutory timescale of 20 working days:

2 requests received in 5 days of becoming LAC and completed on time  
12%

11 requests received between 10 days and 30 days after becoming LAC  
69%

The longest wait in Q1 for family of 3 IHA's was 50 days after becoming LAC 19%

**Table 2: Analysis of Review Health Assessment Timeliness Data**

	<b>Quarter 1 ( 2018)</b>	<b>Quarter 1 ( 2019)</b>
<b>Number of RHA requests received from the LA</b>	31	41
<b>Number declined</b>	2%	16%
<b>% completed within statutory timescales</b>	13%	61%
<b>% delays due to receiving late requests from the LA</b>	70%	30%
<b>% delays in health staff undertaking the assessment</b>	10%	9% (7% other reasons- further analysis underway)

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## Corporate Parenting Board

26 November 2019

### Scorecard Report

#### Summary

1. The scorecard contains relevant indicators which illustrate practice across Children's Services in relation to children in care, over the year 18/19 and preceding years.

#### Background

2. The scorecard is part of the Quality Assurance data management framework that enables workers, managers and Members to track practice.
3. The scorecard provides data about core practice for children in care.

#### Council Plan

4. This reports links to the Council Plan - a focus on frontline services - to ensure all residents, particularly the least advantaged, can access reliable services and community facilities.

#### 5. Implications

- **Human Resources:** None
- **Equalities:** None
- **Crime and Disorder:** None
- **Information Technology (IT):** None
- **Risk Management:** Any decline in practice may impact on outcomes for children and young people.

**Recommendations**

6. That the Corporate Parenting Board note the paper.

Reason: To keep the Board updated.

**Contact Details**

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**Chief Officer Responsible for the report:**

Sophie Wales  
Assistant Director of Children's  
Specialist Services

**Report  
Approved**



**Date** 6.11.19

**Wards Affected:**

**All**

**For further information please contact the author of the report**

**Annexes**

Annex A: Scorecard





# CEC - Children in Care Strategic Partnership 2019/2020

No of Indicators = 17 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.  
Produced by the Business Intelligence Hub October 2019

# ANNEX A

			Previous Years			2019/2020				Target	Polarity	DOT	
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4				
Children's Social Care - Adoptions	CSS5	Average number of days between adopted children entering care and moving in with their adoptive family (3 year cohort) - (YTD)	Quarterly	492	455	415	-	-	-	-	-	Up is Bad	▼ Green
	CSS6	Average number of days between court authority to place children for adoption and the date of matching to a family for adopted children (3 year cohort) - (YTD)	Quarterly	176	90	78	-	-	-	-	-	Up is Bad	▼ Green
	CSS7	% of adopted children who wait <14 mths from entering care to moving in with adoptive family (16 mths in 2015, 18 mths in 2014, 20 mths in 2013) - (Rolling 3 years)	Quarterly	67.00%	79.00%	85.00%	-	-	-	-	-	Up is Good	▲ Green
Children's Social Care - Care Leavers	147	% of care leavers aged 17-21 (19-21 until 2016/2017) in suitable accommodation - (Snapshot)	Monthly	97.44%	91.00%	94.25%	94.19%	84.71%	-	-	95%	Up is Good	◀▶ Neutral
	148	% of care leavers aged 17-21 (19-21 until 2016/2017) in employment, education or training - (Snapshot)	Monthly	75.64%	71.00%	73.56%	66.28%	61.18%	-	-	75%	Up is Good	◀▶ Neutr
Children's Social Care - Children in Care	62	% of children in care having 3 or more moves in the last 12 months - (Snapshot, YTD prior to 2016/17)	Monthly	7.40%	11.76%	12.20%	13.11%	11.31%	-	-	12%	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	10.00%	10.00%	(Avail Dec 2019)	-	-	-	-	-		
		Benchmark - Regional Data	Annual	11.00%	11.00%	(Avail Dec 2019)	-	-	-	-	-		
		Benchmark - Comparator Data	Annual	12.20%	12.20%	(Avail Dec 2019)	-	-	-	-	-		

# CEC - Children in Care Strategic Partnership 2019/2020

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Produced by the Business Intelligence Hub October 2019

			Previous Years			2019/2020							
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
Children's Social Care - Children in Care	63	% of children in care who have been continuously looked after for at least 2.5 years and have been in the same home for at least 2 years or are placed for adoption - (Snapshot)	Monthly	66.83%	58.80%	56.58%	56.76%	54.93%	-	-	-	Up is Good	▼ Red
		Benchmark - National Data	Annual	70.00%	70.00%	(Avail Dec 2019)	-	-	-	-	-		
		Benchmark - Regional Data	Annual	71.00%	70.00%	(Avail Dec 2019)	-	-	-	-	-		
		Benchmark - Comparator Data	Annual	68.10%	67.00%	(Avail Dec 2019)	-	-	-	-	-		
	66	% of children in care cases which were reviewed within required timescales - (Snapshot)	Monthly	66.83%	95.19%	94.15%	95.15%	94.12%	-	-	-	Up is Good	◀▶ Neutral
	CF4	% of children in care for more than 1 year with an up-to-date Health Assessment - (Snapshot)	Monthly	60.99%	72.41%	71.14%	75.76%	67.66%	-	-	85%	Up is Good	◀▶ Neutral
		Benchmark - National Data	Annual	89.40%	88.00%	(Avail Dec 2019)	-	-	-	-	-		
		Benchmark - Regional Data	Annual	91.80%	93.00%	(Avail Dec 2019)	-	-	-	-	-		
		Benchmark - Comparator Data	Annual	84.20%	85.20%	(Avail Dec 2019)	-	-	-	-	-		
	CIC1	% of children in care whose Initial Health Assessment was within 20 working days of entering care	Quarterly	-	-	16.00%	14.00%	-	-	-	85%	Up is Good	◀▶ Neutral
	CSC042b	% of children in care aged Under 5 with an up-to-date Health Assessment - (Snapshot)	Monthly	97.14%	53.33%	100.00%	96.67%	94.12%	-	-	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Annual	82.50%	85.00%	(Avail Dec 2019)	-	-	-	-	-		
		Benchmark - Regional Data	Annual	93.10%	94.00%	(Avail Dec 2019)	-	-	-	-	-		
Benchmark - Comparator Data		Annual	90.50%	95.60%	(Avail Dec 2019)	-	-	-	-	-			

# CEC - Children in Care Strategic Partnership 2019/2020

No of Indicators = 17 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Business Intelligence Hub October 2019

			Previous Years			2019/2020							
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
Children's Social Care - Children in Care	CSC042d	% of children in care for more than 1 year with an up-to-date dental check - (Snapshot)	Monthly	29.08%	44.83%	69.80%	72.73%	73.65%	-	-	-	Up is Good	▲ Green
		Benchmark - National Data	Annual	83.40%	84.00%	(Avail Dec 2019)	-	-	-	-	-		
		Benchmark - Regional Data	Annual	83.20%	84.00%	(Avail Dec 2019)	-	-	-	-	-		
		Benchmark - Comparator Data	Annual	78.50%	82.80%	(Avail Dec 2019)	-	-	-	-	-		
	CSC055	% of children in care offending (children in care for at least 12 months aged 10+, proven offending)	Annual	5.60%	5.70%	(Avail Dec 2019)	-	-	-	-	-	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	4.50%	4.00%	(Avail Dec 2019)	-	-	-	-	-		
		Benchmark - Regional Data	Annual	4.70%	5.00%	(Avail Dec 2019)	-	-	-	-	-		
		Benchmark - Comparator Data	Annual	5.10%	5.10%	(Avail Dec 2019)	-	-	-	-	-		
	EFL1	Children in care per 10k, excluding Short Term Breaks - (Snapshot)	Monthly	55	53	56.22	60.27	63.51	-	-	60-64	Neutral	◀▶ Neutral
		Benchmark - National Data	Annual	62	64	(Avail Dec 2019)	-	-	-	-	-		
		Benchmark - Regional Data	Annual	67	71	(Avail Dec 2019)	-	-	-	-	-		
		Benchmark - Comparator Data	Annual	57.2	60.5	(Avail Dec 2019)	-	-	-	-	-		
		Number of children in care, excluding Short Term Breaks - (Snapshot)	Monthly	205	197	208	223	235	-	-	-	Neutral	◀▶ Neutral
	EH4	% of PEP completed - (Snapshot)	Monthly	NC	NC	80.17%	78.46%	75.59%	-	-	100%	Up is Good	◀▶ Neutral
	MIPack2	% of children entering care who have previously been looked after, excluding Short Term Breaks - (YTD)	Monthly	19.05%	18.75%	15.71%	24.14%	13.56%	-	-	-	Up is Bad	◀▶ Neutral
	PHOF39	Average strengths and difficulties score of the emotional and behavioural health of children in care continuously for more than 1 year - (Snapshot)	Monthly	16.11	15.19	13.96	13.94	14.35	-	-	-	Up is Bad	◀▶ Neutral

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**Corporate Parenting Board – Draft Work Plan 2019-20 – for discussion**

<b>Meeting Date</b>	<b>Strategic Themes</b>	<b>Reports Supporting Strategic Theme</b>	<b>Other Reports</b>
Tues 3 Sept 2019 – 5pm	Respect and Advocacy	<ul style="list-style-type: none"> <li>• Annual Advocacy Report 2018-19</li> <li>• Show Me That I Matter Annual Report</li> <li>• U Matter Survey 2018</li> <li>• IRO Annual Report</li> </ul>	None
Tues 26 Nov 2019 – 5pm	Health	<ul style="list-style-type: none"> <li>• Health Report</li> </ul>	None
Tues 11 Feb 2020 – 5pm	SMTIM /ISM led session	<ul style="list-style-type: none"> <li>• Pledge and ISM/SMTIM Update</li> </ul>	None
Tues 28 April 2020 – 5pm	Good Safe Placements	<ul style="list-style-type: none"> <li>• Placement Sufficiency Report</li> <li>• Pathway Report</li> </ul>	None

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