

4 January 2023		ITEM: 8
Corporate Parenting Committee		
Joint Report on Initial Health Assessments for Looked After Children		
Wards and communities affected: All	Key Decision: None	
Report of: Helen Farmer – Interim Director of Babies, Children and Young People Mid and South Essex Integrated Care Board Dan Jones – Strategic Lead CLA (Child Looked After)		
Accountable Assistant Director: Janet Simon, Assistant Director, Children’s Social Care and Early Help		
Accountable Director: Sheila Murphy, Corporate Director of Children’s Services		
This report is Public		

Executive Summary

When a child become looked after by Thurrock Council, it is a statutory requirement that they receive an assessment of their health within 20 working days; this is known as an Initial Health Assessment (IHA). The IHA must be completed by a medical practitioner and is coordinated jointly between Thurrock Council and the NHS.

Whilst all children requiring an IHA are offered an appointment there continues to be a range of improvement measures, children are not having their initial health assessments consistently carried out within the statutory timeframe.

There are a range of factors that delay the IHA appointment however a key challenge is the lack of capacity available to provide IHAs to all children placed in the local area.

To improve the delivery of IHAs the following actions are being taken:

- The ICB is commissioning additional capacity via an alternative provider.
- The tracking system is being updated to an electronic and cross agency solution
- Weekly monitoring meetings will initially be chaired by the Assistant Director for children’s social care and early help with a clear and agreed escalation process.

1. Recommendation(s)

1.1 Members are aware of the continuing performance issues with Initial Health Assessments and the action being taken by Children's Services and the NHS to improve this

2. Introduction and Background

2.1 When a child becomes looked after by Thurrock Council there is a duty under the *Care Planning, Placement and Case Review (England) Regulations 2010* to undertake an assessment of their health needs within 20 working days of accommodation. This is referred to as the Initial Health Assessment. There are two steps to the completion of an IHA:

- Social Care must refer the child within 5 days of becoming looked after
- The child attends the Initial Health Assessment appointment within 20 working days of becoming looked after.

Following the appointment, a report is sent to the Social Worker and ensures those caring for the child understand their health needs.

2.2 The Health Service local to where the child is living in care is responsible for the IHA appointment. It is not permissible for Health Services to prioritise children from their own area. This means that Thurrock based health services have to offer Paediatric IHA appointments to all children who are newly placed in Thurrock whether they are in our care or the care of another local authority.

2.3 Almost all children receive an IHA but there has been a fluctuation in the ability to deliver this within the statutory timeframe. This has been a persistent issue and was raised in the 2019 Ofsted Inspection of Children's Services.

Current Joint performance for this financial year is:

Children entering care requiring an IHA from 1st April 2022 – 14th November 2022

- **53** children entered care in the financial year

Referrals to Health by Thurrock Council

- **36** (68%) Children were referred for an IHA on time by Thurrock Council
- **17** were referred outside of that time frame
- The average time for a referral to be made is 6 working days

Thurrock Council refers the majority of children for an IHA within the agreed timeframe and the average figures indicate that when this is not achieved the delay is not significant (one working day)

Initial Health Assessments Completed by Health Services

- **44** have received an IHA, **11** of these were on time, **33** were overdue
- **2** children left Care before their IHA was due
- **1** Child refused their IHA

- **6 IHA's** are within timescales and pending at the time of writing
- The average time for an IHA to be completed is **41 days** from entering care, the target is **20 working days**

Almost all children receive their IHA apart from those who refuse or leave care. Most children will receive their Initial Health Assessment.

The issues driving current delay are:

- Lack of available Paediatric Appointments in placement area
- Missed first appointments (via child declining or carer availability)
- Lack of an available interpreter
- Changes of placement
- Lack of or late parental consent

3. Issues, Options and Analysis of Options

- 3.1 This section focuses on the delivery of the Initial Health Assessment (IHAs) and the current challenges faced by our NHS provider NELFT (North East London Foundation Trust) and other providers externally in delivering within the statutory timeline. The report describes the plans in place to address this challenge in the short and long term.

Promoting the health and wellbeing of looked-after children Department for Education and Department of Health (Updated 2018) provides the statutory guidance for local authorities and Integrated Care Boards (ICBs). Although it is the Authority who has the responsibility for ensuring a health assessment of physical, emotional and mental health needs is carried out, the NHS has a significant role to play in ensuring the timely and effective delivery of health services to looked-after children.

There are three key approaches to this being achieved:

1. commissioning effective services,
2. delivering through provider organisations, and
3. through individual practitioners providing coordinated care for each child.

The IHA should result in a health plan being available for the first statutory review completed by the independent Reviewing Officer (IRO) which must happen 20 days from when the child comes into care. The Guidance stipulates that the IHA must be carried out by a Medical Practitioner and cannot be delegated. The guidance also includes instructions regarding the assessment process itself.

NHS England wrote to all CCGs (Clinical Commissioning Groups) in February 2022 and in this acknowledged the challenge of providing IHA's for children when placed out of area and confirmed that all health teams have a duty to see children for IHAs within 20 days regardless as to where they first became looked after e.g. if a child from Thurrock is placed in Northamptonshire, the

time frame remains the same and if a child from Bedford is placed in Thurrock the timeframe applies. Local Children must not be given priority over other Local Authority Children.

This reaffirmed the position of the CCG (Clinical Commissioning Group) and now ICB and NELFT in holding this stance of best practice for all children irrelevant of the responsible Authority being internal to the ICB or external.

This is relevant locally as although the numbers of children looked after in Thurrock have remained stable the numbers placed in Thurrock from other areas has increased significantly.

The table below demonstrates the demand and capacity challenges for North East London Foundation Trust (NELFT) and the Integrated Care Boards current Commissioning arrangements. It illustrates that although the current capacity is adequate for Thurrock children coming into care the numbers of children placed locally from out of area are a causal factor for the challenges in regard to the compliance with statutory timeframes for all children in care.

Timeframe	Thurrock	Basildon and Brentwood & OOA	Total IHAs
Jan- Dec 2021	61	105	166
Jan-June 2022	27	75	92
July – September 2022	12	37	49

It is important to note that the ICB, NELFT and the Council Officers work collaboratively to track and monitor all Thurrock children on a weekly basis. All children and young people are seen at the earliest opportunity. Regular exception reports capture the reasons for any breaches. This has led to improvement in coordination, root cause analysis of the issues and confirmation of a joint responsibility.

For children placed outside of Thurrock, officers proactively engage with NHS providers in their area to support transfer of care and track delivery of IHAs but have little influence on pressures on their local services.

A revised escalation plan process has been agreed between the Designate Nurse role in the ICB and Local Authority Looked after children's team. This will be supported by the new designate Medical Officer for Looked After Children and the designates who will be able to work across networks and with their counterparts in other areas.

It has been recognised the current manual tracking arrangements for IHAs needs to progress from a manual and labour-intensive approach, thus subject to risk through human error and dependency, to a cross agency digital approach. NELFT have been leading on this development on a county wide approach and the pilot phased is to be launched early in 2023

The ICB and NELFT have been in discussions and monitoring the situation closely. In February 2022, the ICB approved financial resource for NELFT to secure additional capacity through locum or overtime arrangements. Unfortunately, this has not been successful due to the scarcity of locums and agency in this specialist workforce and current pressures on the service.

As an immediate short-term solution, the ICB are now in discussions with an alternative provider to deliver additional capacity of 100 IHA across Mid and South Essex acknowledging the same pressures are being experienced across our partnership. Subject to approval this should be in place by January 2023. The new ICB landscape and the development of the Community Provider Collaborative across Mid and South Essex provides the opportunity to design a sustainable longer-term solution.

The current commissioning and delivery models across Mid and South Essex have been reviewed and options are currently being appraised to ensure value for money, effective delivery, greater integrated care and most importantly an improved experience and outcome for children and young people.

4. Reasons for Recommendation

- 4.1 Health and Wellbeing Board are informed that Children who require an Initial Health Assessment receive one, but these are not being consistently carried out within statutory timescales. Performance in this area has remained inconsistent since 2019
- 4.2 Health and Wellbeing Board are informed of the current steps being taken to improve this which includes, increased Paediatric capacity, an electronic referral process and tracking to avoid delay. These changes will be implemented over the next six months and will not yet be evident in our performance data

5. Impact on corporate policies, priorities, performance and community impact

- 5.1 Our Corporate target is for 90% of Initial Health Assessments to be completed in 20 working days of entering care

6. Implications

6.1 Financial

Implications verified by: **David May**
Strategic Lead Finance

The are no financial implications for this report

6.2 Legal

Implications verified by: **Judith Knight**
Interim Deputy Head of Legal (Social Care and Education)

The Council has general duty to safeguard and promote the welfare of any child that it looks after under Section 22(3) of the Children Act 1989 and it must have regard to the Corporate Parenting Principles in Section 1(1) of the Children and Social Work Act 2017.

The Care Planning, Placement and Case Review (England) Regulations 2010 set out the detailed legal requirements in caring for Looked after Children. The timescales for health are set in regulation 7 which provides for the Council to make arrangements for the health assessment by the child's first review, and for a written report of the health assessment to be provided as soon as soon as reasonably practicable.

6.3 Diversity and Equality

Implications verified by: **Roxanne Scanlon**
Community Engagement and Project Monitoring Officer

The Service is committed to practice, which promotes equality, diversity and inclusion, and will carry out its duties in accordance with the Equality Act 2010, Public Sector Equality Duty and related Codes of Practice and Anti-discriminatory policy. The service recognises that a range of communities and groups of people may have experienced obstruction or the impact of prejudice when accessing services including Social Care and Health services. Both Services are committed to support all children in the care of Thurrock Council to access Initial Health assessments, individual arrangements are made where required to meet needs and address individual concerns

6.4 Other implications (where significant) – i.e., Staff, Health, Sustainability, Crime and Disorder, or Impact on Looked After Children)

- Impact on looked after children

7. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None

8. Appendices to the report

- None

9. Key points of interest within appendices

- None

Report Author:

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