

31 August 2023		ITEM: 8
Health and Well Being Board		
Joint Report on Initial Health Assessments for Looked After Children (Update)		
Wards and communities affected: All	Key Decision: None	
Joint Report of: Dan Jones – Strategic Lead CLA (Child Looked After) Sharon Hall - Assistant Director, SET CAMHS and Children’s South Essex & Thurrock (NELFT) Ines Paris - Designated Lead Safeguarding Nurse – Mid and South Essex Integrated Care Board		
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

This report provides an update on Initial Health Assessment performance. Our target is that 90% of children entering care receive their IHA appointment within 20 working days of entering care. This target is not currently met. Additional capacity has been helpful in improving performance where children are placed within the NELFT area. Whilst this has assisted, it has not addressed the issues which are also faced in other areas of the country. The service and the ICB plan to link with other local authorities who perform well to identify any changes we can make to local practice.

When a child becomes 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. Our target is that 90% of children entering care receive their IHA appointment within 20 working days of entering care.

- In the third quarter of 2022-23; 29% of children received an IHA within 20 working days of becoming looked after. This was well below our target.

- In the fourth and final Quarter of 2022-23, 15% of children received an IHA within 20 working days of becoming looked after
- In the first quarter of 2023-23 51% of children requiring IHA's received IHAs in time

The report **highlights further areas for improvement to achieve our target of 90% of all children entering care in Thurrock achieving an IHA within 20 working days. Given the performance issues, incremental targets may be useful in the region of 60-70% and then 80-90%** These figures are for all Thurrock looked after children, irrespective of Placement area, and therefore relate to a number of different Health Providers.

Compliance with statutory timeframes for initial health assessments are important, it is important to note that:

- Even when delayed, most looked after children will have an Initial health Assessment completed. Reasons for a small number of young person not having an assessment includes young people leaving care before an assessment takes place and young people who have refused or failed to attend their appointment. Where this happens, young people are spoken to and encouraged to attend with support.
- Initial Health Assessments tell us about our looked after children's health, and actions that are required to meet their health needs accordingly.

1. Recommendation(s)

- 1.1 Members note the positive impact of the additional capacity provided by the ICB to NELFT
- 1.2 Members are aware of the further steps being taken to improve performance.
- 1.3 The target is adjusted to 70% IHA referrals on time with a stretch target of 90%

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 refer the child within 5 days of becoming looked after.
- The child is provided with and 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. For Thurrock children placed in Basildon, Brentwood and Thurrock, this Provider is NELFT. 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 the care of Thurrock Council or the care of another local authority. This is in accordance with NHS England guidance (2022)

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.

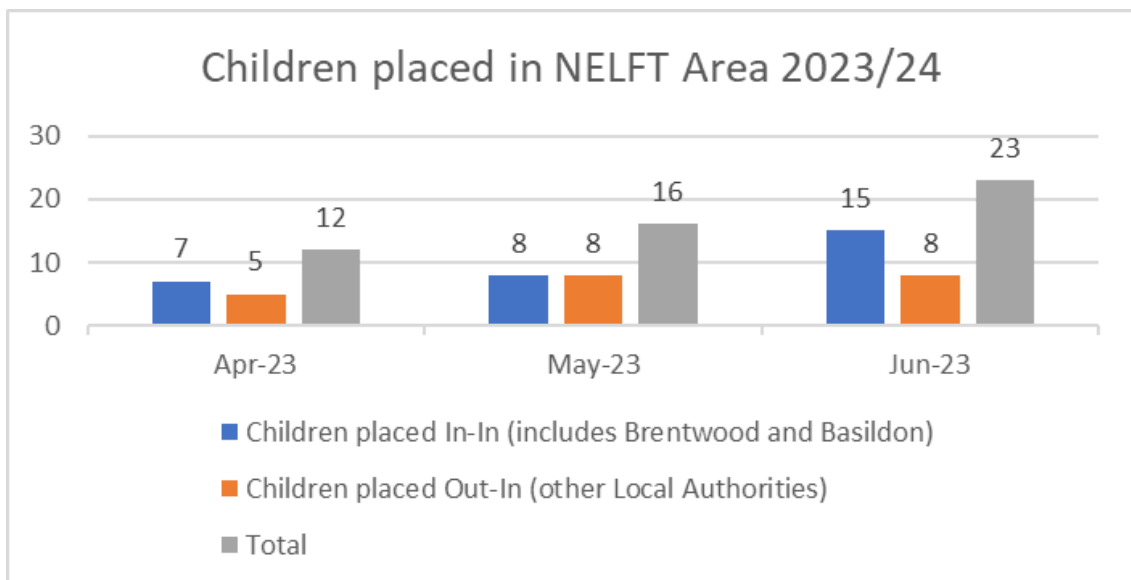
2.4 When considering IHA data it is important to acknowledge that Thurrock Children’s Social Care work with different health areas:

- Thurrock Children placed in Thurrock, Basildon & Brentwood – IHA completed by NELFT
- Thurrock Children placed outside of Thurrock, Basildon & Brentwood – IHA completed by local Health Providers

Children are also placed in Thurrock, Basildon & Brentwood by other local authorities - IHA completed by NELFT which impacts local capacity.

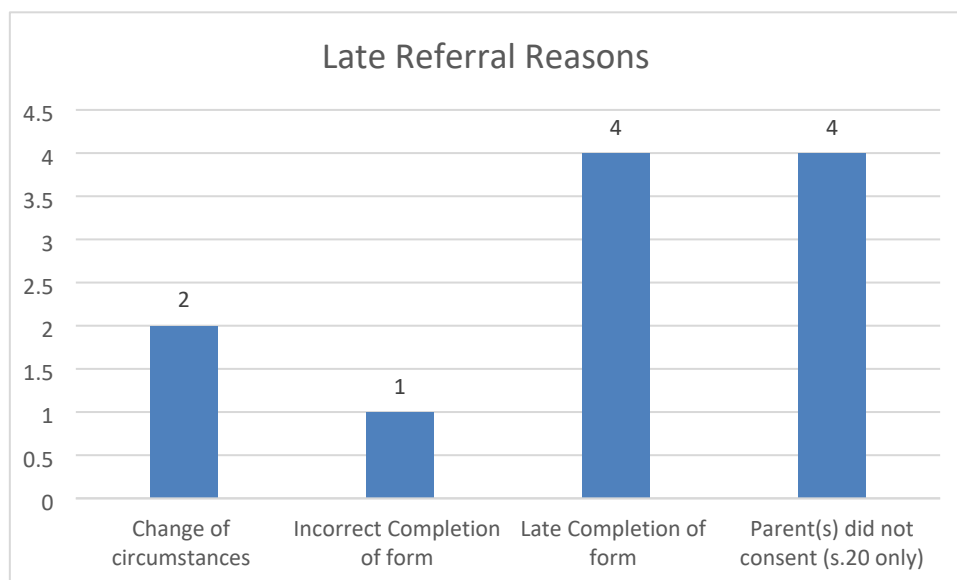
2.5 NELFT Data

The chart below shows the total number of children placed in the NELFT area during this period (IHA’s completed by NELFT and Provide Wellbeing) – this includes all Children Placed by Thurrock in the NELFT area and Children placed by other Local Authorities cases.



2.6 Referral Performance Quarter 1 2023/24

Thurrock Children’s Social Care are required to send a referral to Health within 5 working days of becoming looked after. 79% of referrals are made on time. Delay reasons are monitored and the reasons this target is missed are:



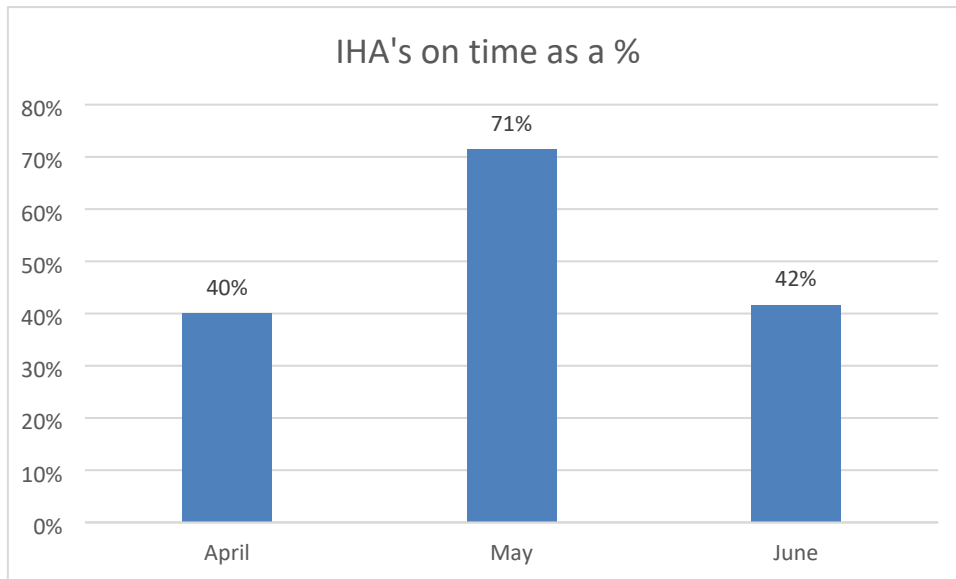
2.7 Where children aged 0-15 years become looked after at their parent's request (s.20); if the parent does not agree to the IHA then this can cause delay in referral as above. These instances of delay fall outside of the local authority's direct control.

2.8 Where the form is completed incorrectly or late, the relevant Service managers are tasked with ensuring this is addressed and that there is appropriate follow up so this is not repeated.

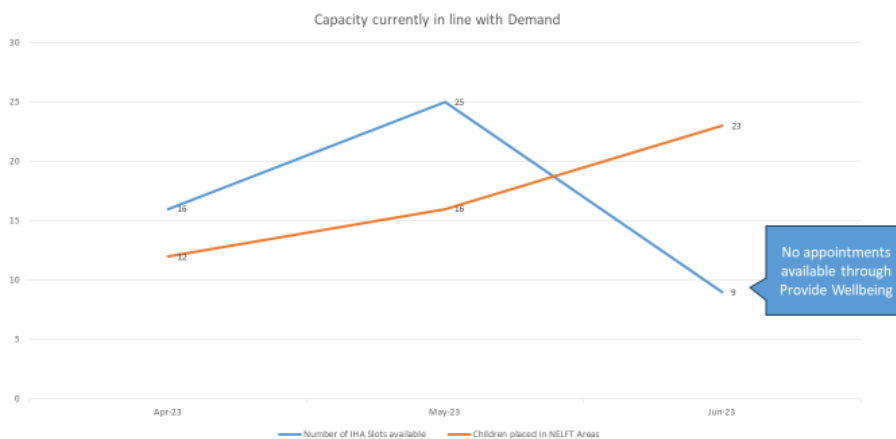
2.9 If there is a delay in receiving the referrals impacts on the ability for NHS providers to accommodate IHA within the 20 days. On occasions where referrals have been received late, NELFT make every effort to arrange an IHA at the earliest possible opportunity, on occasion this has been within 4 days of receipt of referral.

2.10 **IHA Performance**

The additional IHA capacity came online in early 2023, it was anticipated that this would take some time for the impact of the additional appointments provided to show in the performance data. The following graph sets out IHA performance by the month children entered care:



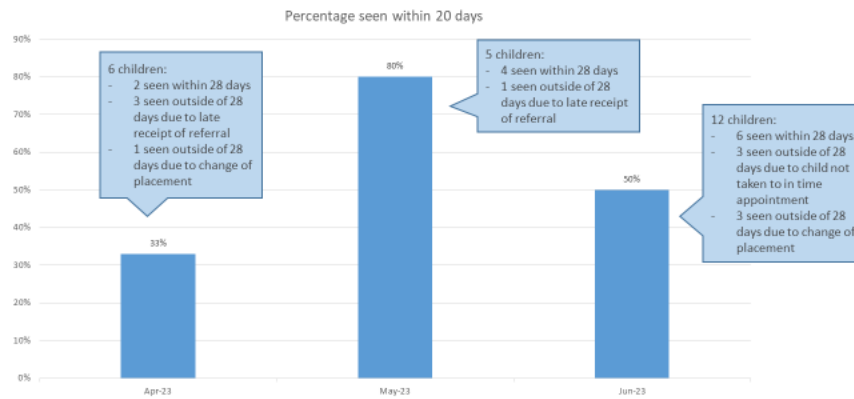
IHA Availability vs Demand



The above chart shows the local appointment availability (blue line) versus the demand for appointments. It is clear that where additional appointments funded by the ICB are available performance improves. Where these additional appointments are not available demand exceeds supply. Demand can be variable and for this quarter the demand for IHA's for Thurrock Children was exceptionally high as 30 children entered care that month, 22 of whom required an IHA. They were placed both in and out of area.

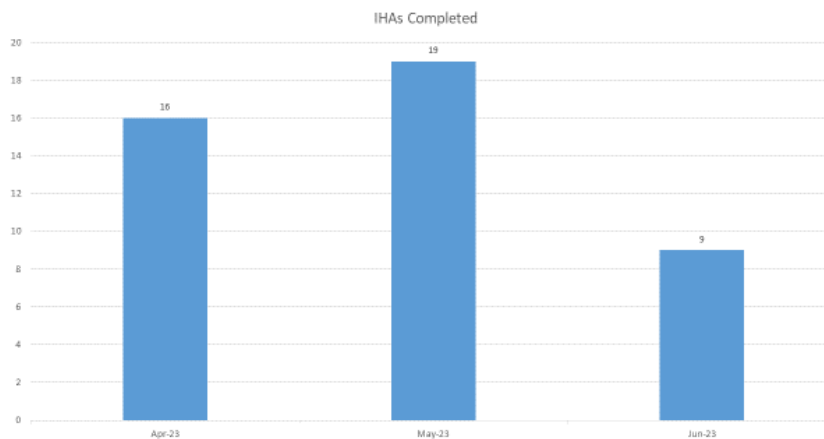
- 2.11 When children are placed within the NELFT area (Thurrock, Basildon and Brentwood) performance is as follows:

Percentage Seen within 28 days – based on Thurrock In-In Children becoming looked after in every given month (excludes BB In-In children)

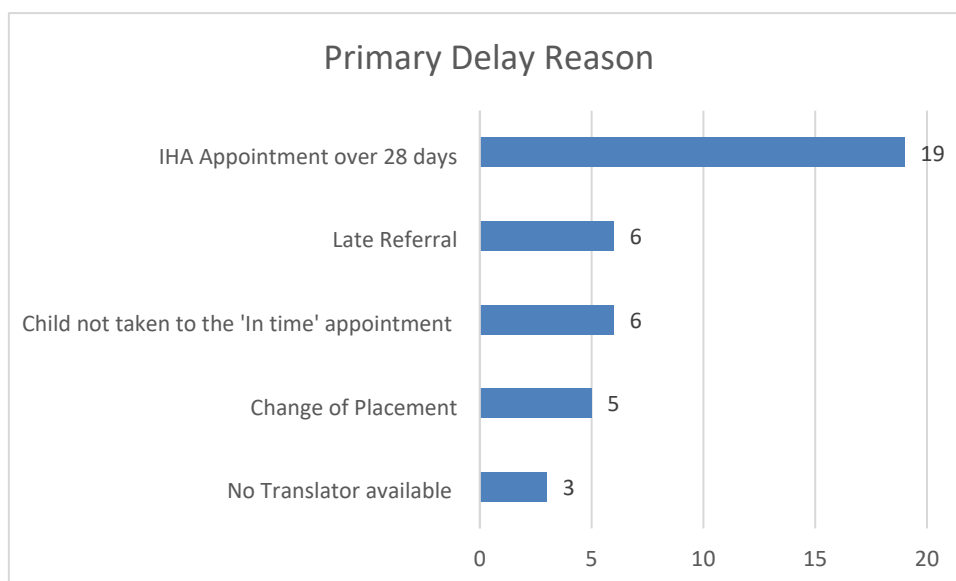


The following graph demonstrates the total number of IHA delivered across Basildon Brentwood and Thurrock for all looked after children placed in that area by all authorities. This demonstrates the high level of demand faced by Health partners.

IHA Completed – Quarter 1 2023/24



Delay reasons are tracked and reasons for delay in IHA are as follows for all Thurrock children (in & out of area)



The above graph reflects delay reasons since 01 April 2023 to 31 July 2023. Key themes and responses are:

- **IHA Appointment over 28 days.** This means that demand outstripped capacity for IHA's to be delivered and an appointment was not available when required. For children placed in the NELFT area the additional appointments have been effective but for those placed outside of area there is no additional capacity.
- **Late Referrals** – This has impacted six children. Late referrals can be due corrections required on the originally submitted form or consent issues.
- **No Translator** – Translation services are commissioned by Thurrock Council; we are able to arrange translators for planned appointments through our contracted translation service. Some Paediatricians require an in person rather than telephone translator which can cause delay due to availability to travel. On occasion translators are not available on the appointment date and a wider range of suppliers is being sought by spot purchase to increase availability
- **Child not taken to the Appointment:** On occasion children have not been taken to the appointment, this has been due to the child being ill and issues for the carers. If the carer is not available, then the allocated should take the child to the appointment
- **Change of Placement:** On occasion a child will change both placement and health area which can cause delay as a new appointment needs to be found. This can happen before an IHA appointment has been allocated so it cannot be retained.

3. Issues, Options and Analysis of Options

- 3.1 It is important to note that the NELFT and the Council Officers work collaboratively to track and monitor all Thurrock children on a weekly basis. The ICB is also invited and will attend these meetings, when required. All children

and young people are seen at the earliest opportunity. Regular exception reports capture the reasons for any breaches. The additional capacity has been effective, and this started to show impact in the early data. These meetings have been established for some time and continue to work to address the issues.

- 3.2 Nationally there is a shortage of Paediatricians and no clear National workforce plan. Within NELFT, there is a clear recruitment plan in place to fill the vacant posts. For children placed outside of Thurrock, officers and NELFT LAC team 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. The escalation pathways from NELFT to ICB are currently being reviewed to ensure timely ICB to ICB liaison takes place when required.
- 3.3 The availability of in person translators is impacting in some cases on the timely completion of IHA's. Whether translation is in person or virtual is a clinical decision and on a case by case basis. We continue to review this and look at best options to ensure this does not delay the IHA.
- 3.4 IHAs are recognised as a national and local priority, as per the Southend, Essex and Thurrock (SET) Looked After Children Health Strategy 2022-24. Across SET, and IHA video is being commissioned to inform CYP and carers of the IHA process and increase uptake and attendance and reassure children and young people and foster carers about the process. An Essex wide digital solution is being progressed so the referrals are collated and can be passed between health areas when needed. This should enable areas of high demand to be identified as well as areas with capacity.
- 3.5. Designated Nurses across SET are currently completing a SET options paper considering a service for Separate Migrant Children. This will assist in managing demand and ensure tailored services. Thurrock Health and Wellbeing Board will be kept updated on progress.
- 3.6 The additional IHA capacity funded by the ICB has proven to improve the timeliness of local IHAs, however challenges remain. The ICB is reviewing medium and long term plans to ensure sustainability. 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.
- 3.7 NHS England have launched a new Assurance of Statutory Health Assessments for Looked After Children. This is a national health data collection designed to provide assurance that children are receiving their statutory health assessments in the statutory timescales. It has been launched in July 2023 and will look to:
 - reduce the proportion of Looked After Children who do not receive their health assessments within the statutory timescales and to improve the notification of placements.

- provide continuity of healthcare to children placed in a new area with an identified health need in a timely manner
- provide assurance however there may be an opportunity to explore quality aspects at a later date.

3.8 Improvement Routes

Actions	Lead
Development of SET wide IHA tracking – this will ensure performance and progress is tracked across the wider Essex area and will ensure best use of resources.	NELFT
Joint Visit to an authority which is performing well to identify learning and what enables good performance	Children's Services and ICB
National NHS audit of IHA's to identify national solutions to improve performance	ICB/NHS England
Review of additional capacity provided to NELFT to provide a sustainable longer term solution	ICB
Review of IHA services for Separated Migrant Children (UASC) to ensure that there is tailored service that can meet demand	ICB

4. Reasons for Recommendation

- 4.1 The Health and Well Being Board are updated on the improved performance in relation to Initial Health Assessments performance in this area has remained inconsistent since 2019. Additional funding from the ICB has been significant in improving outcomes for children placed in the NELFT area.
- 4.2 The Health and Well Being Board are informed of the further steps being taken to improve this.
- 4.3 Health and Wellbeing Board and Corporate Parenting Committee have a further understanding of the health needs for Thurrock Looked After Children.

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: Petrena Sharpe
Safeguarding Lawyer (Team Leader)

The Council has general duty to safeguard and promote the welfare of any child that its 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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