

<b>3 March 2020</b>		<b>ITEM: 7</b>
<b>Corporate Parenting Committee</b>		
<b>Update on Ofsted Recommendation – Timeliness of Initial Health Assessments</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-Key	
<b>Report of:</b> Janet Simon, Strategic Lead for Children Looked After		
<b>Accountable Assistant Director:</b> Sheila Murphy, Assistant Director, Children’s Social Care and Early Help		
<b>Accountable Director:</b> Roger Harris, Corporate Director of Adults, Health and Housing and Interim Director of Children’s Services		
<b>This report is Public</b>		

## **Executive Summary**

This report is to update Members of the Corporate Parenting Committee on Thurrock’s timeliness of Initial Assessments

### **1. Recommendation(s)**

#### **1.1 That Corporate Parenting Members are informed about Health and Children’s Services efforts to improve the timeliness of Initial Assessments for Children Looked After**

### **2. Introduction and Background**

2.1 When a child or young person comes into care, they will have an Initial Health Assessment (IHA). This is a statutory health assessment. The assessment is to be completed within 28 days of coming into care. A paediatrician or an appropriately trained medical practitioner completes the assessment.

The Initial Health Assessment identifies existing health problems and deficits in previous healthcare and provides a baseline for managing the child’s future health needs.

2.2 This report sets out the actions taken by Children’s Social Care and Health colleagues to address the timeliness of Initial Health Assessments for Children who are Looked After.

### **3. Issues, Options and Analysis of Options**

3.1 The local authority, through its Corporate Parenting responsibilities, has a duty to promote the welfare of Looked after Children, including those who are eligible and those children placed in pre-adoptive placements. This includes promoting the child's physical, emotional and mental health.

3.2 Every Looked After Child needs to have an up to date health assessment so that a health care plan can be developed to reflect the child's health needs and be included as part of the child's overall Care Plan.

Health assessments are statutorily required to be carried out a minimum of:

- 6-monthly for babies and children under 5 years of age; and
- Annually for those aged 5 years and over.

3.3 The Originating and Receiving Clinical Commissioning Group (CCG) should have arrangements in place to support the local authority to complete statutory health assessments for Looked After Children within statutory timescales, irrespective of whether the placement of the child is an emergency, short term or in another CCG.

3.4 The Local Authority should always advise the CCG when a child is initially accommodated. Where there is a change in placement, which will require the involvement of another CCG, the child's Originating CCG, and Receiving CCG should be informed, as well as the child's GP.

3.5 Both Local Authority and relevant CCG(s) should develop effective communications and understandings between each other as part of being able to promote children's wellbeing. The assessment is to be completed within 28 days of coming into care. A paediatrician or an appropriately trained medical practitioner completes the assessment.

3.6 During the Ofsted Inspection in November 2019, Ofsted highlighted the delay in completing timely Initial Health Assessments. Ofsted acknowledged the work between Social Care and Health colleagues to resolve the delay but that the pace of change was too slow and said;

Timeliness of initial health assessments when all children come into care needed to improve.

#### **3.7 Before the assessment**

Information is sourced from parents, carers, GPs, health visitors and school nurses

#### **3.8 The assessment**

The assessment consists of a general discussion about the young person's health and general well-being. There will be an opportunity for the young

person appropriate to their age and understanding to discuss any concerns or worries they may have.

All children and young people need to be present for their health assessment.

Parents and carers will be consulted but older young people and where it is deemed appropriate will be offered time to be seen alone.

3.9 During the assessment, advice and information may be given on:

- Child development
- Height and weight
- Emotional health
- Dental health and oral hygiene
- Vision and hearing
- Immunisations and health promotion
- Substance misuse
- Sexual health and relationships

Appointment times may vary in length, and will often dependant on need.

3.10 **After the assessment**

All looked after children are reviewed periodically throughout the year and health needs are reviewed and revised.

3.11 **Issues**

Timeliness of initial health assessments when all children come into care needed to improve.

Prior to Ofsted's visit in November 2019 a Review was undertaken of the Initial Health Assessment Process to identify blockages and issues preventing timely assessments:

- Process for arranging an Initial Assessment was complicated and difficult to fill in within required timescales.
- Consent to Initial Health Assessment not always sought at the time the child became looked after.
- Parents refusing consent to Initial Health Assessment.

### 3.12 Performance to date

Children looked after (IHA's)	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
Number of Initial Health Assessment completed	4	11	11	16	17	3	3	3	7
% Initial Health Assessment completed in timescale	25.0%	36.0%	9.0%	0.0%	5.0%	33.0%	33.0%	33.0%	71.0%

### 3.13 Actions taken to address identified issues

- Health assessments regularly discussed and actions identified at the Monthly LAC Health Steering Group.
- Weekly tracking meeting to discuss outstanding Initial Health Assessments.
- Live tracking sheet developed to identify timeliness or blockages at each stage of the process of Initial Assessments.
- Streamlining of paperwork to arrange Initial Health Assessments.
- Consent for Initial Health Assessments included in the consent for children looked after.
- Clear escalation process where delay identified.
- Flowchart developed in partnership with Health to support staff in arranging medicals.
- Meeting arranged at the end of February 2020 between Admin and Management in NELFT and Thurrock Social Care to identify further solutions.

### 3.14 Outcomes

Following the actions identified above being implemented there has been a significant improvement in the timeliness of assessments.

Where children are placed outside of the local authority area there have been recently emerging problems in organising Initial Assessments within timescales. This has been escalated within the CCG and arrangements made children to be brought back to Thurrock for their assessments.

- Communication between Social Care colleagues has improved.
- The actions taken to improve outcomes will continue to be monitored at the LAC Health Steering Group and the weekly tracking meeting to

scrutinise performance.

- The live database is being shared with Health colleagues.
- Timelessness is a key agenda item on the monthly management performance meeting.

#### **4. Reasons for Recommendation**

4.1 Members of the Committee are aware of Statutory Duty to complete Initial Assessments for all children and young people who come into care and how we are meeting these duties.

#### **5. Consultation (including Overview and Scrutiny, if applicable)**

5.1 Consultation has been held with health in preparing this report.

#### **6. Impact on corporate policies, priorities, performance and community impact**

6.1 None

#### **7. Implications**

##### **7.1 Financial**

Implications verified by: **Michelle Hall**  
**Management Accountant**

There are no financial implications to this report.

##### **7.2 Legal**

Implications verified by: **Lindsay Marks**  
**Principal Solicitor Children's Safeguarding**

Local authorities have a duty to safeguard and to promote the welfare of the children they look after. Local authorities should make arrangements to ensure that every child who is looked after has:

- His/her health needs fully assessed;
- A health plan which clearly sets out how health needs identified in the assessment will be addressed, including intended outcomes for the child,
- Measurable objectives to achieve the outcome, actions needed to meet the objectives,
- The person responsible for each action and the timescales for achieving this; and
- His/her health plan reviewed.
- Local authorities should make plans at a strategic level to ensure local delivery of these arrangements and at an operational level to act as a parent and advocate for each child in their care.

### 7.3 **Diversity and Equality**

Implications verified by: **Rebecca Lee**  
**Community Development Officer**

The Service is committed to practice, which promotes inclusion and diversity, and will carry out its duties in accordance with the Equality Act 2010 and related Codes of Practice and Anti-discriminatory policy.

### 7.4 **Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)**

- None

### 8. **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

### 9. **Appendices to the report**

- Appendix 1 - Brief Report of Ann Kavanagh – Designated Nurse LAC

### **Report Author:**

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