

2 June 2020		ITEM: 7
Corporate Parenting Committee		
Update on Ofsted Recommendation – Timeliness of Initial Health Assessments		
Wards and communities affected: All	Key Decision: Non-Key	
Report of: Janet Simon, Strategic Lead for Children Looked After		
Accountable Assistant Director: Joe Tynan, Assistant Director, Children's Services		
Accountable Director: Sheila Murphy, Corporate Director of Children's Services		
This report is Public		

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 is to provide an update to members on 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 (20 working 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 identified and actions taken to date**

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.
 - The referral process has been simplified and tracking added to ensure referrals are done
- Consent to Initial Health Assessment not always sought at the time the child became looked after.
 - Consent is sought on accommodation as part of a parent agreeing to their child(ren) becoming looked after
- Parents refusing consent to Initial Health Assessment.
 - Where the authority has a legal order giving PR consent is given by the strategic lead on behalf of the authority

The impact of this has been to significantly improve the timeliness of referrals to health services from social care. This had led to the identification

of further issues as follows:

- There is a shortage of timely Paediatrician capacity in our local area
- Appointments are not always utilised for another child if there is cancellation
- Where children are placed outside the local health area some other areas are declining to offer initial health assessments or have long waiting lists

There have been direct discussions with senior Health Commissioners and there has been some improvement with local capacity. The situation for children placed outside of the local health area remains variable and where possible, children are brought back to our local health service to avoid delay. Getting teenagers aged 16 and over who are accommodated to engage in an initial health assessment can sometimes be challenging and this is an area we are working on to make sure their health needs are assessed.

3.12 Performance to date since November 2019

	Dec	Jan	Feb	Mar
Number of children entering Care	24	17	39	27
% Initial Health Assessment (IHA) that were referred to the Health within 5 days	67%	74%	86%	100.0%
% Initial Health Assessment (IHA) completed within 28 days (20 working days) of child becoming Looked After	67%	79%	73%	74%

The data demonstrates the variability of the frequency of children coming in to care. For the financial year 2019/20, the lowest number of children entering care in a calendar month was 7 and the highest was 39. This presents two issues, the amount of referrals required varies greatly as does the number of paediatric appointments.

It is clear from the data that the new referral and tracking process had been effective in ensuring Children's Social Care make timely referral even at times of increased referral. The capacity within health services to provide a timely paediatric appointment has been more challenging, particularly at times of higher demand.

3.13 Actions taken to address identified issues

- The following actions were implemented at the time of the last report to committee and *are ongoing* to ensure sustained improvement:

- Health assessments regularly discussed and actions identified at the Monthly LAC Health Steering Group.
- Weekly tracking meeting to discuss outstanding Initial Health Assessment referrals.
- Live tracking sheet developed to identify timeliness or blockages at each stage of the process of Initial Assessments.
- Clear escalation process where delay is identified
- The following actions are now *complete*:
 - Streamlining of paperwork to arrange Initial Health Assessments.
 - Consent for Initial Health Assessments included in the consent for children looked after.
 - Flowchart developed in partnership with Health to support staff in arranging medicals.
- The following actions are new to increase performance further:
 - Cancelled (not required) paediatrician appointments are to be used for children waiting for an appointment – a notification process is being agreed
 - The Strategic Lead for CLA will escalate waiting cases at a Senior level with health colleagues
 - The process for receipt and upload of the reports once the assessment is completed being tracked.

3.14 Outcomes

Following the actions identified above being implemented there has been a significant and sustained improvement in the timeliness of assessments. It should be noted that between April 2019 and Nov 2019 the lowest performance in respect of IHA's being completed within timescale was 0% and highest performance was at 50%.

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 for children to be brought back to Thurrock for their assessments.

The actions taken are demonstrating a sustained and significant improvement. There are clear further steps planned to ensure this improves further.

4. Reasons for Recommendation

- 4.1 Members of the Committee are aware of our 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:

Janet Simon
Strategic Lead – Children Looked After