

16 July 2020		ITEM: 11
Health and Wellbeing Board		
Initial Health Assessments		
Wards and communities affected: All	Key Decision: Non Key	
Report of: Sheila Murphy, Corporate Director of Children's Services		
Accountable Head of Service: Joe Tynan, Assistant Director Children's Social Services		
Accountable Director: Sheila Murphy, Corporate Director Children's Services		
This report is public		

Executive Summary

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

This report is to advise Members of the Board on Thurrock's timeliness of Initial Assessments

1. Recommendation(s)

- 1.1 That Members of the Board are informed about the efforts made by Health and Children's Services to improve the timeliness of Initial Assessments for Children Looked After.
- 1.2 Members note the positive progress that has been made and agree that a KPI (of 90%) should be agreed and progress reported to the Board.

2. Introduction and Background

- 2.1 When a child or young person comes into care, they must have an Initial Health Assessment (IHA). This is a statutory health assessment. The assessment is to be completed within 28 days of the child coming into care. A paediatrician or an appropriately trained medical practitioner completes the assessment.
- 2.2 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.
- 2.3 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 and Health, through their Corporate Parenting responsibilities, have a duty to promote the welfare including the physical, emotional and mental health of Children who are Looked After, including those who are children placed in pre-adoptive placements.

3.2 Every Child who is Looked After must have an up to date health assessment so that a health care plan can be developed to reflect the child's health needs and contribute to the child's overall Care Plan.

Health assessments are a statutory requirement and must be carried out at a minimum period 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 and request an Initial Health Assessment within 5 working days of a child becoming Looked After. 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 the 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 Before the assessment

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

3.7 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 where it is deemed appropriate will be offered time to be seen alone.

3.8 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 be dependent on need.

3.9 After the assessment

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

3.10 Performance between June 2019 and June 2020

Please see Appendix 1-3

The data demonstrates the improvement in performance in making timely referrals with slight dip in April 2020 impacted on in part by Covid19. The capacity within health services to provide a timely paediatric appointment has been more challenging, particularly at times of higher demand and during Covid19.

3.11 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 and actions to address these:

- The process for arranging an Initial Assessment was complicated and the paperwork difficult to fill in within required timescales.

Action

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.

- Information held by Health and Social Care did not always match

Action

A weekly meeting is held involving health and social care to discuss data and

outstanding assessments and referrals and resolve any issues.

Online and live tracking developed and shared with health colleagues.

- Consent to Initial Health Assessment was not always sought at the time the child became looked after.

Action

Where a child is accommodated under s20 Children Act 1989 the parent's will consent to their child becoming Looked After. The paperwork for consent to s20 Accommodation has been updated to include consent to;

- Routine Health Assessments
 - Dental Checks
 - Optician Appointments
 - Emergency Treatment
- Parents sometimes refuse to sign consent for Health Assessment.

Action

Where the authority has a legal order which means that they share parental responsibility with the parent, consent is given by the Strategic Lead on behalf of the authority

3.12 The impact of the actions above 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 a cancellation
- Where children are placed outside the local health area difficulties have been experienced with other areas not prioritising the offer of an initial health assessments or have long waiting lists
- Successfully encouraging 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
- Where the local authority does not share parental responsibility with the parent they are not able to give consent to the health assessment if the parent refuses until they either gain shared parental responsibility or the parent changes their mind. This is a legal issue and not easily resolved

3.13 There have been discussions with Health partners and there have been some improvement with local capacity. 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 where appropriate.

3.14 Additional identified actions;

- Health assessments are regularly discussed and actions identified at the Monthly LAC Health Steering Group.
- Weekly tracking meetings are held to discuss outstanding Initial Health Assessment and referrals from social care.
- Live tracking has been developed to identify timeliness or blockages at each stage of the process of Initial Assessments.
- Clear escalation process are in place where delay is identified
- Cancelled (not required) paediatrician appointments are being used for children waiting for an appointment – a notification process is being agreed
- The process for receipt and upload of the reports once the assessment is completed is being tracked.
- Health have also more recently spot purchased IHA's for young people where they have struggled to meet the need.

3.15 Outcomes

Following the actions identified above being implemented there has been a significant and sustained improvement in the timeliness of referrals for assessments. It should be noted that between April 2020 and May 2020 there was a dip in performance for Initial Health Assessments completed and a dip in April 2020 for referrals. It is believed that this has been contributed to by Covid19.

4. Reasons for Recommendation

- 4.1 Members of the Board are aware of the 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 Overview and Scrutiny and the Corporate Parenting Committee are aware of the issues and the timeliness of Initial Health Assessments.
- 5.2 Health colleagues have been consulted in improving the performance in achieving timely initial health assessments.

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: **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 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 by the child's first review for the health assessment to take place as soon as reasonably practicable.

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 - Initial Health Assessments completed
- Appendix 2 - Initial Health Assessments completed in 20 working days
- Appendix 3 - Requests made in timescale
- Appendix 4 – Brief report from Health

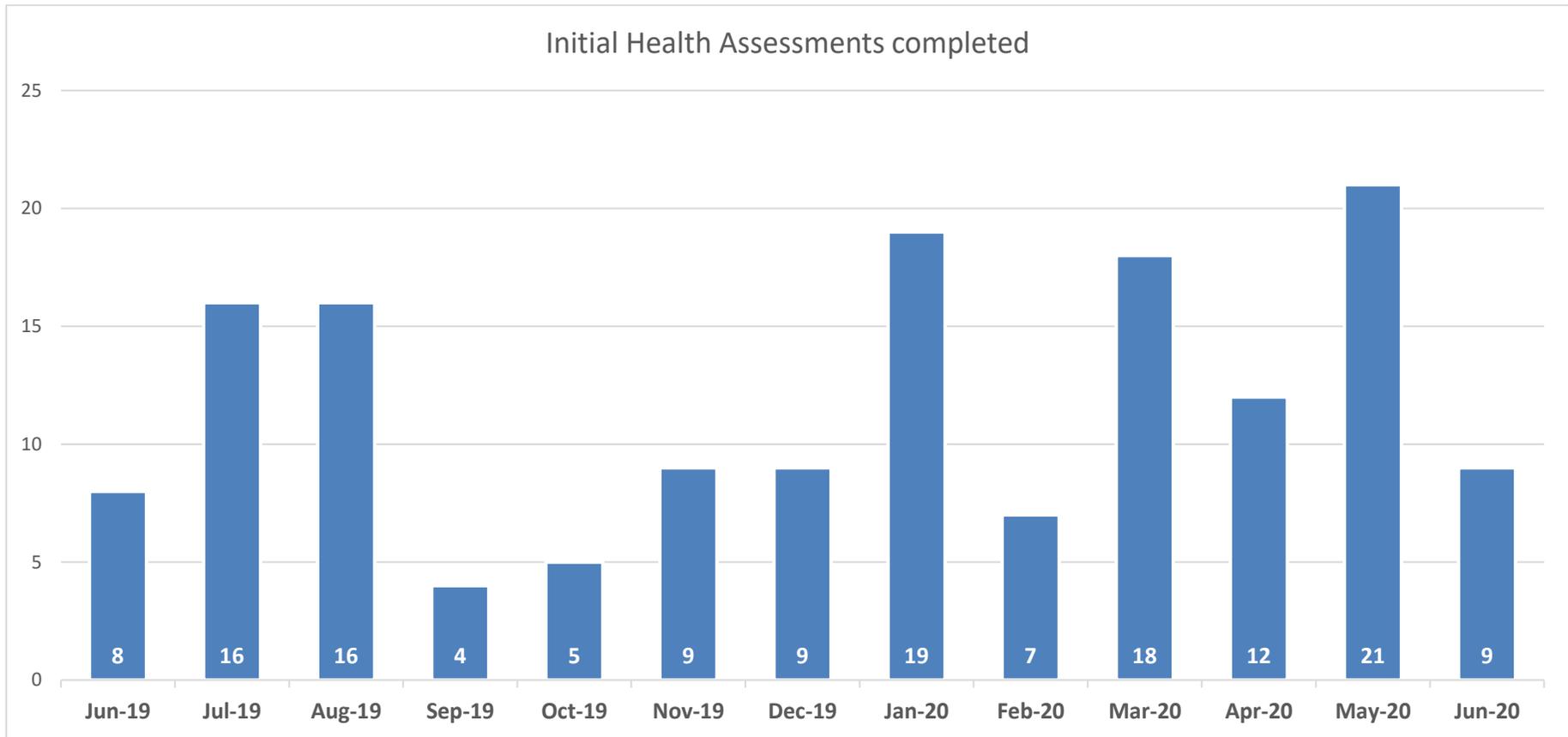
Report Author:

Janet Simon

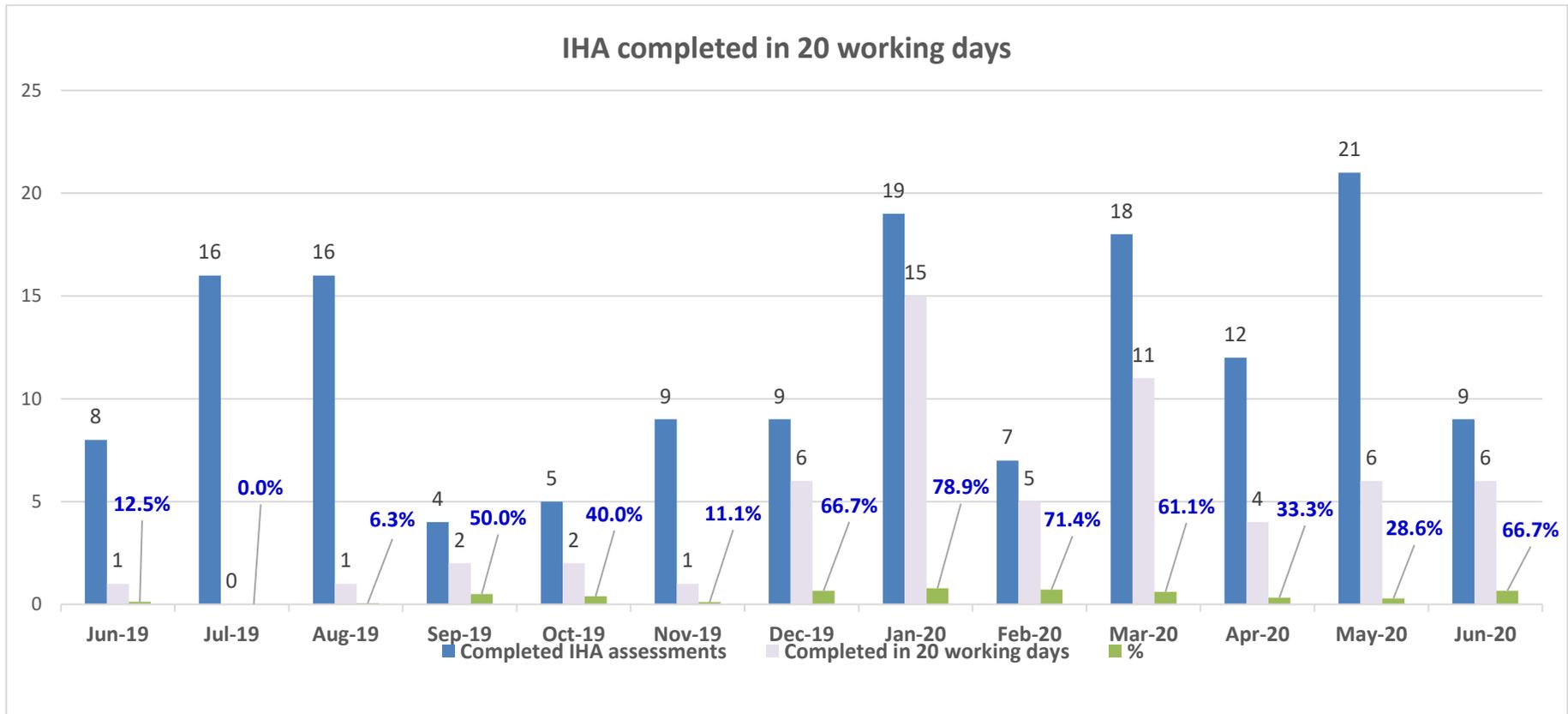
Strategic Lead – Children Looked After

Children's Services

Appendix 1



Appendix 2



Appendix 3

