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| 26 November 2020 | | ITEM: 6 |
| Health and Wellbeing Board | | |
| Initial Health Assessments – Progress Report | | |
| Wards and communities affected: All | Key Decision: Non Key | |
| Report of: Naintara Khosla, Strategic Lead, CLA | | |
| Accountable Head of Service: Joe Tynan, Assistant Director of Childrens Social Care and Early Help | | |
| Accountable Director: Sheila Murphy, Corporate Director of Childrens 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 for all children coming into care needed to improve.

This is an updating report for Members of the Board on Thurrock’s timeliness of Initial Assessments and should be read in conjunction with the full Report provided to the Board in July 2020.

1. Recommendation(s)

- 1.1 That the 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 That Initial Assessments and their timeliness is placed on the agenda of the Health and Wellbeing Board and any associated Development Plan.

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. Childrens Social Care provide the referral, notifying health of a child becoming looked after, within 5 days. A paediatrician or an appropriately trained medical practitioner completes the assessment.

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 meet the child's health needs and contribute to the child's overall Care Plan.

Review Health Assessments (RHA) 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 Clinical Commissioning Group (CCG) have arrangements in place to support the Local Authority to complete statutory health assessments for Children Looked After within statutory timescales, irrespective of whether the placement of the child is an emergency, short term or in another CCG area.

3.4 The Local Authority should always advise the CCG when a child is initially accommodated. Where there is a 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. Any changes in placement whilst the child is looked after are also notified to the CCG.

3.5 Performance between October 2019 and October 2020

Initial Health Assessments and Review Health Assessments

There has been significant review of the processes for managing Initial Health Assessments (IHAs) and Review Health Assessments (RHAs). The weekly meeting to review IHAs and RHAs, which includes Service Managers from across the Childrens Services, is also attended by Health senior leaders. The meeting ensures the children who are entering care are tracked and the paperwork is sent to health immediately upon their placement with carers. The performance with IHAs reflects some improvements for the requests being provided to Health within 5 days with 83.3% in August 2020; however the Initial Health Appointments were not completed within the 20 days and all appointments were outside of the expected timescales (20 days).

In September 2020 there were 3 IHAs (37.5%) that were not notified to health within the 5 days (due to a Thurrock administrative error); however all the assessments sent to Health (within 5 days) were completed by health within the 20 working day timescales.

There remains areas for improvement for Childrens Services to ensure the 5 day referral to health is attained for IHAs. Partnership work continues to ensure a focus

on the sufficiency of appointments within timescales; there is significant improvement with health colleagues providing appointments within the 20 days.

Table 1 Provides the total number of CLA Initial Health Assessments over a 12 month period.

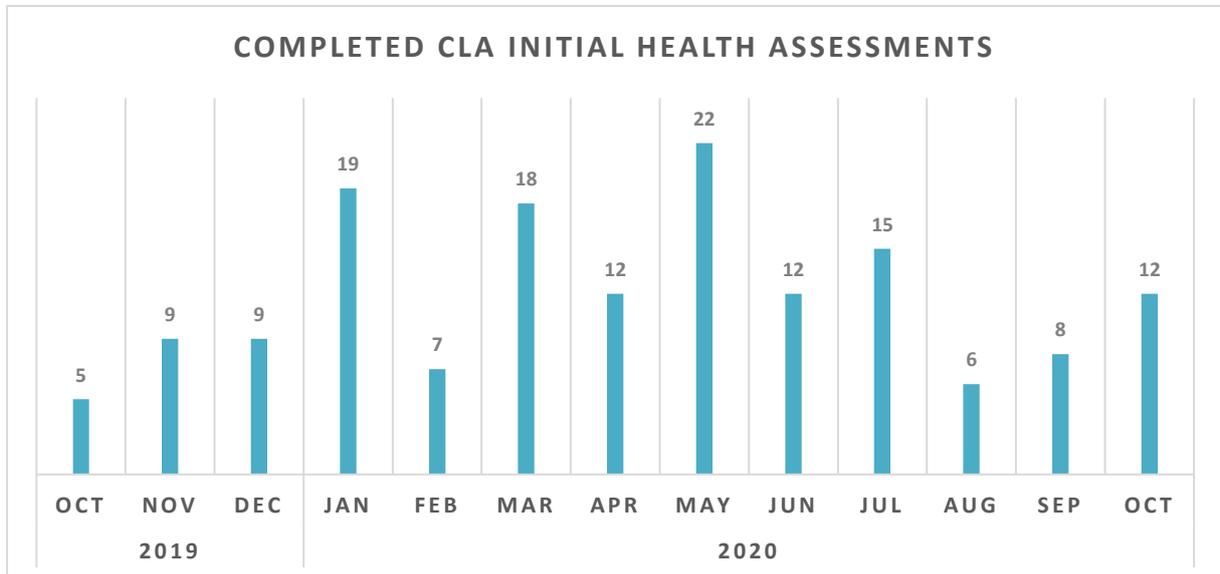


Table 2 Reflects IHAs in time and out of time for a 12 month period.

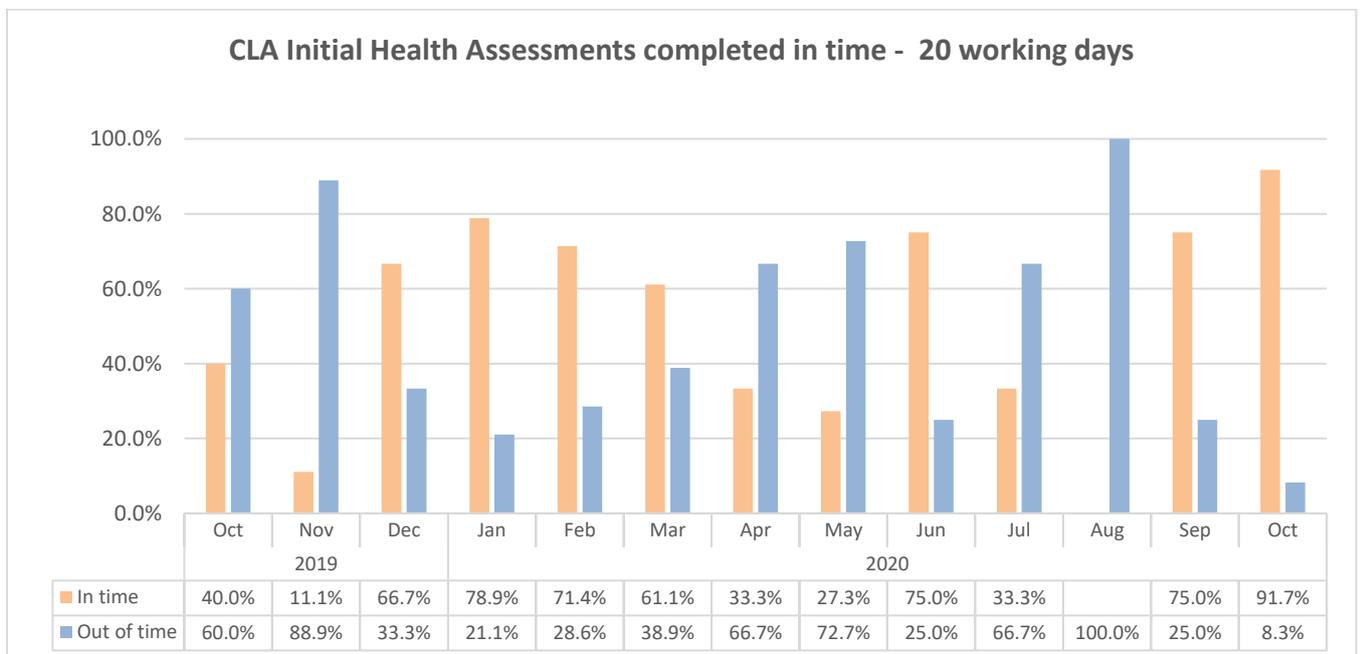
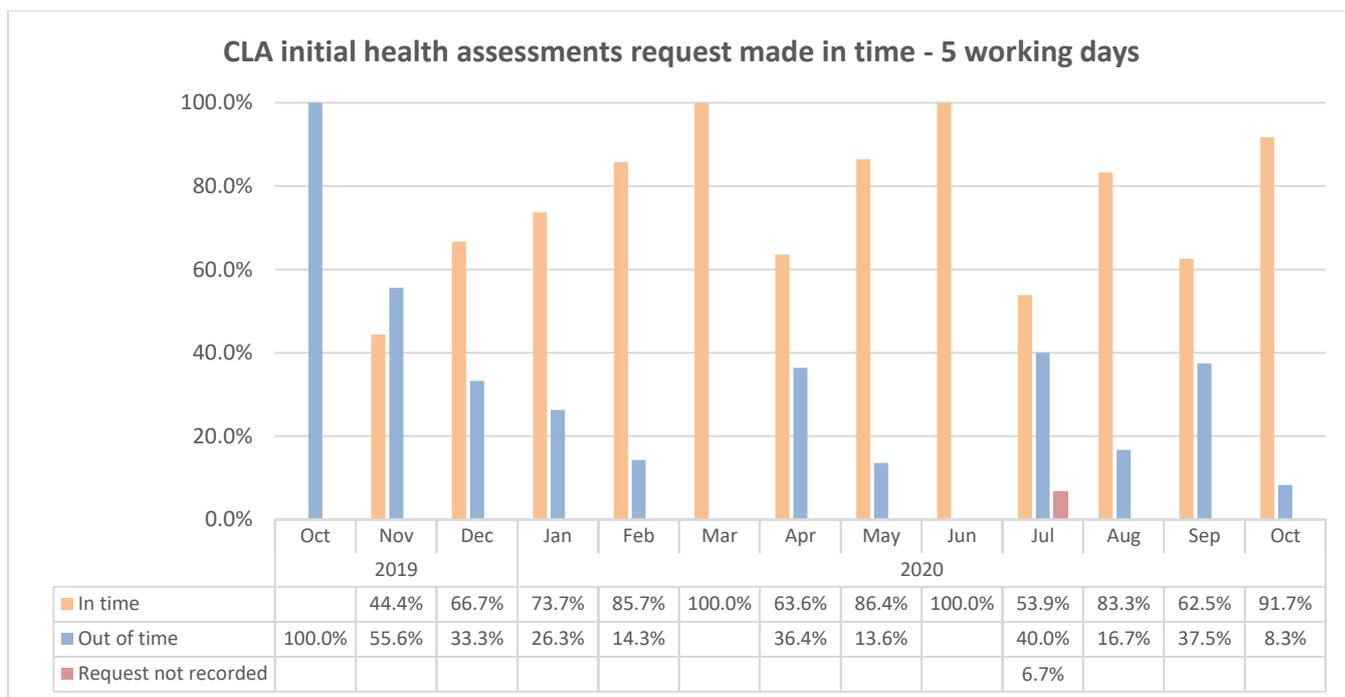


Table 3 Provides the information for the referrals made to Health from Social Care within the 5 days.



3.6 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:

- Information held by Health and Social Care is now jointly reviewed and both agencies agree on the information. The data review is undertaken in the weekly meeting with a shared spreadsheet to review information. The Teams Meetings have been very positive and beneficial for ensuring accurate information and resolving delays in processing of information between Childrens Social Care and Health
- Consent to Initial Health Assessment is now always sought. There has been one case, in October 2020, where consent has not been provided by parents where was child accommodated under S20 Children Act 1989 Accommodation and a court order was sought.

3.7 The impact of the actions taken by both social care and health has been to significantly improve the timeliness of IHA referrals to health. In the report provided in July 2020 a shortage of timely Paediatric capacity was noted in the Thurrock area. There have been no capacity issues in the Initial Health Assessments since September 2020 for those children in the Thurrock area.

Where children are placed outside the local health area there had been some challenges as out of area Health Authorities had not prioritised the offer of an Initial Health Assessments or had long waiting lists. This has been escalated within the CCG and arrangements have been made for children to be brought back to Thurrock for their assessments where appropriate. There is a clear escalation process to ensure that Thurrock children receive the appropriate appointments and local children are not prioritised over out of area children.

Teenagers aged 16 and over who are accommodated continue to be a group where professionals (both health and social workers) try to engage and persuade young people to have an IHA. 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

Additional identified actions;

- Health assessments are regularly discussed and actions identified at the Monthly CLA Health Steering Group.
- Weekly tracking meetings continue to be held to discuss outstanding Initial Health Assessment and referrals from social care. This includes tracking the receipt and upload of the reports as they are completed. The out of area referrals are also known and escalated if there is an issue of delay identified.
- Cancelled (not required) paediatrician appointments could be used for children waiting for an appointment as standby appointments. This will be followed up with Health colleagues.

3.8 Outcomes

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

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. Financial Implications

7.1 There are no financial implications in this report.

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 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 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**
Team Manager – Community Development and Equalities.

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

Report Author:

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Strategic Lead – Children Looked After

Children's Services