

28th January 2021		ITEM: 9
Health and Wellbeing Board		
Initial Health Assessment (IHAs) – Looked After Children – Update		
Wards and communities affected: All	Key Decision: For information and consideration of key recommendations.	
Report of: Michael Addo-Boateng, Interim Designated Nurse, Children Looked After – Thurrock Clinical Commissioning Group (CCG) Ines Paris Associate Designate Nurse (Thurrock CCG)		
Accountable Head of Service: Yvonne Anarfi, Designate Nurse Safeguarding Children & Named Professional for Primary Care, Thurrock CCG		
Accountable Director: Stephen Mayo, Deputy Chief Nurse, Thurrock CCG.		
This report is Confidential		

Executive Summary

This is a report from Thurrock CCG to the Thurrock Health and Wellbeing Board on local Initial Health Assessments.

According to verbal updates shared during the East of England Children Looked After meetings last year, successfully undertaking Initial Health Assessments (IHAs) has been a challenge for Health and Children Social Care (CSC) providers regionally. This was corroborated by the Ofsted Inspection of Thurrock Children’s Social Care (TCSC) in November 2019¹, which highlighted that “*work to improve the timeliness of initial health assessments is critical and necessary, particularly for unaccompanied asylum-seeking children coming into care*”. Despite of the acknowledgement of the issue, the pace of change to achieve effective and sustained change has been slow.

NB: Looked After Children (LAC), Children Looked After (CLA) and Children in Care (CIC) are terminologies that refer to the same cohort of children who are looked after by the Local Authority. For the purpose of this report, and as the preferred denomination for this cohort of children in Thurrock, they will be referred to as CLA.

1

<https://files.ofsted.gov.uk/v1/file/50135827>

1. Recommendation(s)

- 1.1 That Initial Health Assessments (IHA) and its timeliness is placed on the agenda of the Health and Wellbeing Board (HWB) for bi-annual review.**
- 1.2 That the Members of the HWB are informed about the efforts made by Thurrock Health (NELFT and Thurrock CCG) and TCSC CLA services to improve the timelines of IHAs.**
- 1.3 Thurrock CCG children's commissioners to have further discussions with external commissioners around what other steps can be taken to support statutory regulations around IHA completion.**
- 1.4 As proposed by NELFT and supported by DN LAC, that a jointly funded role(s) is considered between Health and Children Social Care to aid process to consistently achieve the 20-working days statutory timeframes for IHAs.**
- 1.5 Thurrock Health and Social Care Services to adhere to the SET-wide IHA database, when launched.**
- 1.6 For further consideration to be given to the joint commissioning of IHAs across SET.**

2. Introduction and Background

- 2.1 Agencies across Thurrock have shared responsibilities to ensure that services to CLA are effective and meet statutory requirements, as stipulated by Promoting the Health and Well-being of Looked after Children (DfE, DoH 2015) and section 10 and 11 of the Children Act (2004). These statutory guidance and Act encourage cooperation amongst Local Authorities (LA), CCG and NHS England to promote the welfare of CLA.
- 2.2 When a Child or Young Person becomes looked after, a statutory Initial Health Assessment (IHA) is performed within 20 working days. According to an Essex-wide agreement after a review of IHA pathway in 2018, it is expected that health is notified of all children entering care in Southend, Essex and Thurrock (SET) by working day 3, with the receipt of the completed notification form and relevant consent to complete the IHA. The IHA referral form, from the social worker, is expected to be available to health by day 5. This allows 15 working days to complete the health assessment and return the BAAF Form Part C and health action plan to the local authority.
- 2.3 After the initial assessment, children and young people receive Review Health Assessments (RHAs): 6-monthly for 0-5-year-olds and annually for children over the age of 5-19-years. RHAs conducted within Thurrock have consistently achieved a KPI target of 100% according to performance data by Public Health (PH). RHAs will not be discussed within this report, however its completion is an integral part of the joined-up approach between health and social care.

- 2.4 The IHA is a holistic assessment that involves the review of physical and mental health needs, the analysis and assessment of past medical history, missed health problems and missed screening opportunities (RCPCH, 2020²). This is a crucial initial assessment to ensure that these vulnerable children have the right support in place. Any delays relating to the completion of these assessments, as well as being a breach of statutory commitments for health and social care partners, also risks further jeopardising the life chances of these children.
- 2.4 As mentioned above, there have been concerns regarding the timeliness of IHAs in Thurrock. IHA data reviews have been undertaken by the Thurrock CCG on this matter to identify the cause of inconsistent timeframes and provide support to address the challenges accordingly.
- 2.5 This report focuses on the performance data obtained by TCCG from the Health Provider (North East London NHS Foundation Trust - NELFT). Of note, on 29th December 2020, a COVID-19 major incident was declared by the Essex Resilience Forum. The incident is impacting the Provider health organisation's ability to share information due to resources being diverted to support with the on-going pandemic. For this reason, the information regarding Q3 performance could not be obtained; instead, IHA performance from April – October 2020 has been included below.

Table 1: NELFT IHA data – number requested and completed April – Oct 2020

Quality Requirement	Stand ard	Unit	Apr	May	Jun	Jul	Aug	Sep	Oct
Looked After Children ("LAC") IHAs completed within 20 working days of the child becoming LAC where complete paperwork is received from CSC 5 or less working days after the child became Looked After.	100%	Vol (Completed IHAs)	3	2	6	7	2	5	5
		Vol (Requests)	3	3	7	12	2	5	6
		Percentage	100.0%	66.7%	85.7%	58.3%	100.0%	100.0%	83.3%

- 2.6 IHA performance indicator for Health (NELFT) stands at 100%. Over the period of April to October, the targets were met three times (April, August and September 2020) as indicated in the data above (Table 1). The issues around the unmet IHA targets are explored below.

² https://www.rcpch.ac.uk/sites/default/files/2020-12/initial_health_assessments_for_looked_after_children.pdf

3. Issues, Options and Analysis of Options

3.1 IHAs not being performed against the statutory timescale is linked to difficulties on both NELFT and TCSC sides. Information and discussions with both show that the non-compliance with IHAs' statutory timeframes can be linked to:

- Communication and Information sharing between TCSC and NELFT
- Challenges to NELFT staff in arranging and completing IHAs
- Challenges associated with Children and Young People placed Out of Area

3.2 Communication and Information Sharing

3.2.1 Delays in NELFT receiving information from TCSC have been one of the pivotal challenges to the timeliness of IHAs locally. These can be sub-divided into the following:

- TCSC's breach of the locally agreed 5-days to share IHA paperwork with NELFT.
- Changes of address and information (which require referral re-submission for amendment of information).
- Administrative difficulties – CLA in Court, CLA placement ended but information was not shared with health Providers.

3.2.2 On receipt of paperwork from TCSC, the expectation is that NELFT arranges appointments within 2 weeks, complete IHAs and return the results to TCSC by day 20. Any changes to this process affect the ability to achieve the statutory 20-day target. Hence, the delayed arrival of paperwork has a rippling effect on the subsequent activities which needs to take place before a completed health assessment is returned to TCSC.

3.2.3 Regular weekly meetings between NELFT and TCSC commenced in September 2020 to encourage the review of live data. The meetings have enabled a joint approach to address the challenges. This joint approach further encourages the discussion and escalation from TCSC directly to NELFT Assistant Director or CLA Strategic Lead to address any gaps within their respective services.

3.2.4 Data received from TCSC indicates that there have been improvements made in the timely sharing of information with health in November and December 2020. Although improvements are being observed, they need to be embedded and sustained over time.

3.2.5 Additionally, a project is undergoing to develop a technological solution to support the processes and information sharing regarding CLA across Southend, Essex and Thurrock (SET). Currently this digital database is being trialled and a SET-wide launch is to be scheduled.

3.3 Challenges to NELFT staff in arranging and completing IHAs

- 3.3.1 Further to the challenges stated in 3.2, NELFT have identified some further challenges faced by their practitioners, such as:
- CYP not taken to appointment by Foster Carers
 - Challenges in establishing contact with Foster carers
 - Interpreters not attending booked appointments
 - Young People refusing to have the assessment completed
- 3.3.2 From these, it is of special concern when children are not taken to appointments by their Foster Carers. This is a current concern for Thurrock children, with 3 missed IHA appointments having been escalated to the CCG in December 2020. Contact was made with TCSC and cases escalated for investigation. Early indication is that the placement was short-term and the children had moved by the time the IHA appointment was due. However, IHA Provider had not been informed about the children's placement change.
- 3.3.3 NELFT has provided assurance to the CCG that medical appointments for the completion of IHAs are prioritised. It is to be noted that, during the on-going pandemic, a high number of IHAs have been conducted virtually. A SET-wide COVID-19 IHA Pathway was produced and shared with SET Health Providers on this matter, which requested that risk assessments are made on individual cases to assess the suitability of assessments being completed virtually (or the need to do those face to face). Despite this, virtual arrangements mean that some of the IHAs completed have not involved physical examinations. Assurances have been received by the CCG that once-a-week-clinic is held by NELFT to conduct physical examination, if assessed as required. Furthermore, anecdotal evidence shows that virtual assessments have been welcomed by some CLA. Consideration will be given to the use of this platform in the future, especially for hard to reach children and young people.

3.4 Thurrock Children Placed Out of Area (OOA)

- 3.4.1 IHA responses from OOA health authorities for Thurrock children are regularly delayed and this contributes towards the challenges with meeting IHA performance targets. OOA health providers do not prioritise the offer of an IHA to Thurrock children, as they also report to struggle with long waiting lists for theirs' and CYP from other areas. When this happens, there is a clear escalation process, which ensures this is escalated to the CCG and arrangements made for children to be brought back to Thurrock for their assessments, where appropriate.
- 3.4.2 Thurrock CCG have arrangements in place to support the Local Authority to complete statutory health assessments for CLA within statutory timescales, irrespective of whether the placement of the child is an emergency, short term or in another CCG area. Thurrock 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 should be notified to the CCG. IHA

Service provision for children placed out of the borough is responsibility of commissioned services in that locality but is charged to Thurrock CCG.

3.4.3 December CLA data from TCSC shows that approximately 74% of CLA were placed within 20 miles or less from Thurrock – this indicate a significant improvement on previous years. As maintaining the 20-days statutory requirements is also hampered by delayed returns of completed IHA from OOA a joint role would enable effective data review on both sides.

3.4.4 In addition to this, feedback from a recently held stakeholders' workshop on 23rd November 2020 evidenced interest for a potential joint commissioning for IHAs across SET. Following the workshop, a report was sent to Health Executive Forum (HEF) underlying the need and approval from stakeholders and commissioners to consider the workings of a SET-wide approach.

3.5 Areas of Improvement

3.5.1 Although there have been some improvements reported by both Health and TCSC partners on the issue of IHAs, areas for continued development or improvement remain, and are as follows:

- That the local relationship between NELFT and TCSC is sustained.
- That the paperwork continues to be received by health from TCSC within 5 working days.
- That, when there are changes to placement, or other issues affecting the ability for CLA to attend IHAs, these are communicated promptly to health.
- That a COVID recovery plan is in place to ensure no needs for CLA have been missed due to the pandemic.
- That the issues around OOA IHAs are improved.
- That any relevant issues are escalated to the TCCG without delay.

3.5.2 Recommendations on this issue are outlined below.

4. Reasons for Recommendation

Recommendations	Reasons for Recommendations
1. That Initial Health Assessments (IHA) and its timeliness is placed on the agenda of the Health and Wellbeing Board (HWB) for bi-annual review.	To update the Health and Wellbeing Board about our Statutory Duty to complete Initial Health Assessment for Children in Care and how we are performing this duty.
2. That the Members of the HWB are informed about the efforts made by Thurrock Health (NELFT and Thurrock CCG) and TCSC CLA services to improve the timelines of IHAs.	To provide assurance to the Board regarding progress made and escalate any issues
3. Thurrock CCG children's commissioners to have further discussions with external commissioners around what other steps can be taken to support statutory regulations around IHA completion.	Commissioner to commissioner (CCG-to-CCG) discussions may help reduce delays in receipt of OOA IHA paperwork.
4. As proposed by NELFT and supported by DN LAC, that a jointly funded role(s) is considered between Health and Children Social Care to aid process to consistently achieve the 20-working days statutory timeframes for IHAs.	Explore the possibility of a joint funded post between Health Provider and Thurrock Children Social Care for IHAs (and RHAs) operating with the aim to improving uptake and following up with out of area providers which tends to adversely impact on the figures of Thurrock CLA IHAs and RHAs.
5. Thurrock Health and Social Care Services to adhere to the SET-wide IHA database, when launched.	This will ensure accessibility to both Health and Social Care services and provide ownership of the challenges identified in this report as highlighted in 3.1., 3.2.2 and 3.2.4.
6. For further consideration to be given to the joint commissioning of IHAs across SET.	Joined commissioning with support a better use of SET-wide resources to respond to local challenges.

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

5.1 The Corporate Parenting Committee received a verbal update on the progress of IHA on the 5th January 2021 meeting.

5.2 Health (Thurrock CCG & NELFT), Thurrock Public Health and Thurrock Children Social Care are aware and are actively contributing to the improvement of the performance in achieving timely IHAs.

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

6.1 Addressing the issues of timely IHA for CLA children is a statutory responsibility for Health and Social Care Children services and remains a high priority. From

the measures implemented above would require periodic reviews to establish whether improvements are sustained.

7. Implications

Failure to keep a tight focus on IHA and RHA for CLAs could adversely affect this group of children, with the potential of significantly affecting their life chances.

7.1 Financial

Potential cost pressure to system partners if business case for the joint funded Health and Children Social Care Data Analyst post (Suggested by NELFT based on the successful Thurrock First project for Adults Services) as detailed reasons for recommendations C is approved. If the business case proceeds a full cost benefits analysis will be undertaken.

Implications verified by: **N/A Report produced by Council Partner**

7.2 Legal

Not Applicable Report produced by Council Partner

7.3 Diversity and Equality

Not Applicable Report produced by Council Partner

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 Ends