

<b>18 July 2023</b>		<b>ITEM: 10</b>
<b>Corporate Parenting Committee</b>		
<b>Joint Report on Initial Health Assessments for Looked After Children (Update)</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> None	
<b>Joint Report of:</b> Dan Jones – Strategic Lead CLA (Child Looked After) Sharon Hall - Assistant Director, SET CAMHS and Children’s South Essex & Thurrock (NELFT) Ines Paris - Designated Lead Safeguarding Nurse – Mid and South Essex Integrated Care Board		
<b>Accountable Assistant Director:</b> Janet Simon – Assistant Director, Children’s Social Care and Early Help		
<b>Accountable Director:</b> Sheila Murphy – Corporate Director, Children’s Services		
<b>This report is Public</b>		

## Executive Summary

A progress update on Initial Health Assessment’s (IHA’s) was requested by members at the Corporate Parenting Committee in March 2023. Initial Health Assessments is an area that requires improvement in performance.

When a child becomes looked after by Thurrock Council, it is a statutory requirement that they receive an assessment of their health within 20 working days; this is known as an Initial Health Assessment (IHA). The IHA must be completed by a medical practitioner and is coordinated jointly between Thurrock Council and the NHS. Since the last Performance Report<sup>1</sup> there has been an improvement in performance, in April and May 2023 largely as the result of additional capacity. This additional capacity was commissioned by the ICB for Provide Wellbeing to complete IHA’s

- In the third quarter of 2022-23; 29% of children who became looked after received an IHA within 20 working days of becoming looked after. This was well below our target.
- In the fourth and final Quarter of 2022-23, 15% of children received an IHA within 20 working days of becoming looked after

1

<https://democracy.thurrock.gov.uk/documents/s37874/Childrens%20Social%20Care%20Performance%202022-2023.pdf>

- Performance has started to show an improvement in April and May 2023 with 56% children receiving an IHA within 20 working days

The report highlights further areas for improvement to achieve all children entering care in Thurrock achieving an IHA within 20 working days. These figures are for all Thurrock looked after children, irrespective of placement area, and therefore relate to a number of different Health Providers

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

**1.1 Members note the improved performance in the first two months of the first quarter and the positive impact of the additional capacity provided by the ICB to NELFT**

**1.2 Members are aware of the further steps being taken to improve performance**

## **2. Introduction and Background**

2.1 When a child becomes looked after by Thurrock Council there is a duty under the *Care Planning, Placement and Case Review (England) Regulations 2010* to undertake an assessment of their health needs within 20 working days of accommodation. This is referred to as the Initial Health Assessment. There are two steps to the completion of an IHA:

- Social Care must refer the child within 5 days of becoming looked after
- An appointment is then arranged by the health provider for the child to attend the Initial Health Assessment appointment within 20 working days of becoming looked after.

Following the appointment, a report is sent to the Social Worker and ensures those caring for the child understand their health needs.

2.2 The Health Service local to where the child is living in care is responsible for the IHA appointment. For Thurrock children placed in Thurrock, Basildon, and Brentwood, this Provider is NELFT. It is not permissible for Health Services to prioritise children from their own area. This means that Thurrock based health services have to offer Paediatric IHA appointments to all children who are newly placed in Thurrock whether they are in Thurrock's care or the care of another local authority. This is in accordance with NHS England guidance (2022)

2.3 Almost all children receive an IHA but there has been a fluctuation in the ability of health providers to deliver this within the statutory timeframe. This has been a persistent issue and was raised in the 2019 Ofsted Inspection of Children's Services.

2.4 When considering IHA data it is important to acknowledge that Thurrock Children's Social Care work with different health areas:

- Thurrock Children placed in Thurrock, Basildon & Brentwood – IHA completed by NELFT
- Thurrock Children placed outside of Thurrock, Basildon & Brentwood – IHA completed by local Health Providers

Where children are placed out of the NELFT area it is the commissioning responsibility of the Mid and South Essex Integrated Care Board to work with the care board local to the child to ensure an IHA is delivered within the statutory time frame. NELFT ensures that the CLA Nurse co-ordinates these initially and the CLA nurse will escalate to the ICB if needed

Children are also placed in Thurrock, Basildon & Brentwood by other local authorities - IHA completed by NELFT which impacts local capacity.

## 2.5 NELFT Data

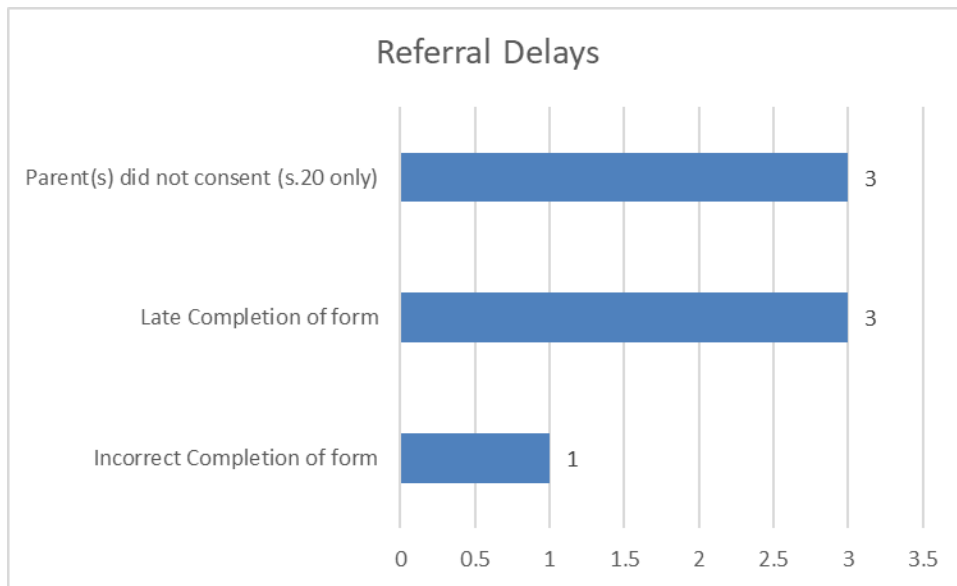
The chart below shows the total number of IHA's completed by NELFT and Provide Wellbeing – this includes all Children Placed by Thurrock in the NELFT area and Children placed by other Local Authorities cases.

Total IHA Requested for Children placed in BBT  
January 2023 – May 2023



## 2.6 Referral Performance in Q4 of 2022/23 and the first two months of Q1 2023/24 (Thurrock Children)

Thurrock Children's Social Care are required to send a referral to Health within 5 working days of becoming looked after. Performance is that 82% of referrals are made on time. Delay reasons are monitored and in a small number the reasons this target is missed are:

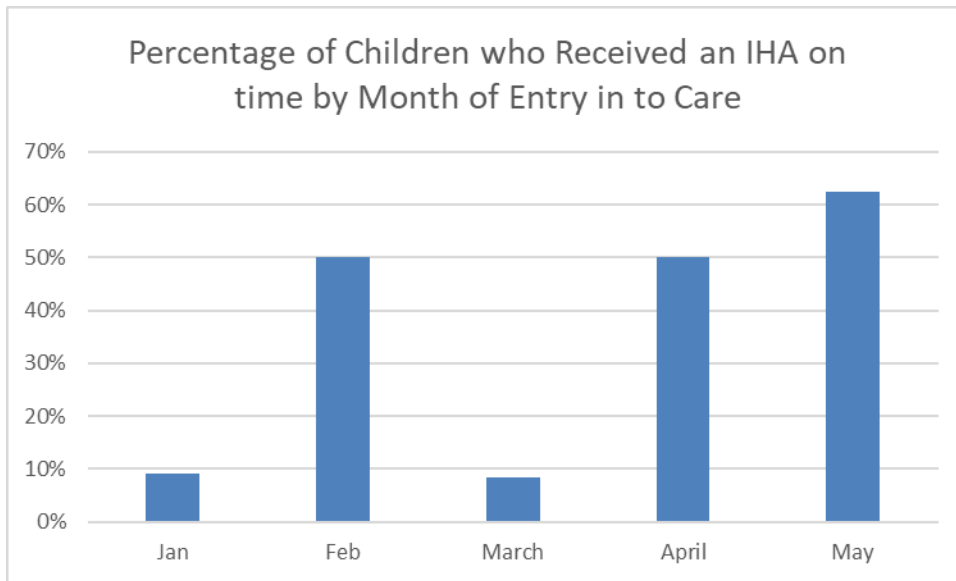


- 2.7 Of the 7 late referrals 3 were beyond the control of the local authority due to parents not providing consent (excluding children who left care in less than seven days):
- 4 were completed within 10 days of entering care
  - 2 were completed within 20 days of entering care
  - 1 was completed within 28 days of entering care

The most overdue referral was due to refusal of parental consent for the IHA

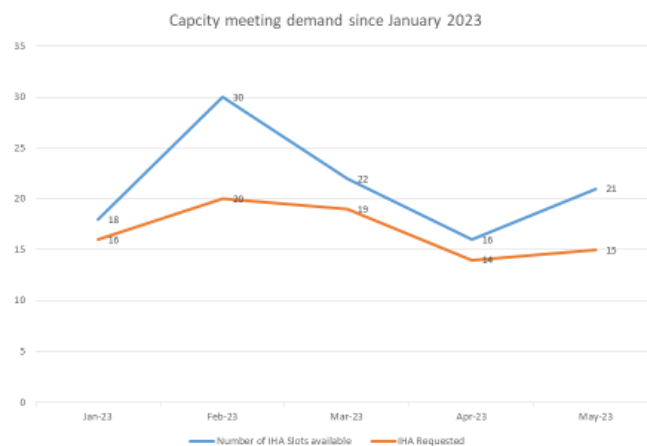
- 2.8 Where children aged 0-15 years become looked after at their parent's request (s.20); if the parent does not agree to the IHA then this can cause delay in referral as above. Equally some children may only be in care for a short period of time and leave care before a referral is due. These instances of delay fall outside of the local authority's direct control.
- 2.9. Where the form is completed incorrectly or late, this can impact the further process. This is usually due to a missing signature or incomplete information on the form. CLA administrators track this and escalate any issues. The relevant Service managers are tasked with ensuring this is addressed and that there is appropriate follow up so this is not repeated.
- 2.10 Delays in receiving the referrals impacts on the ability for NHS providers to accommodate IHA within the 20 days. On occasions where referrals have been received later, NELFT make every effort to arrange an IHA at the earliest possible opportunity, on occasion this has been within 4 days of receipt of referral. Whilst late referrals can impact, the vast majority (83%) of referrals are made correctly and on time
- 2.11 **IHA Performance in Q4 of 2022/23 and the first two months of Q1 2023/24 (Thurrock Children)**

As noted in the previous report, some time would be required for the impact of the additional appointments provided to show in the performance data. The following graph sets out IHA performance by the month children entered care:



The above graph reflects Thurrock Children’s journeys where-ever they are placed. Performance is still variable and below our target. The additional IHA appointment capacity commissioned by the ICB has begun to impact positively, as demonstrated in the April and May data above. The lower performance in March reflects the impact of higher demand in February before the additional appointments were available. The number of referrals to NELFT for all children in February 2023 was unusually high, impacting March performance. The graph below shows the overall impact across the NELFT area for all children, including those placed by other authorities

## What we have done since January

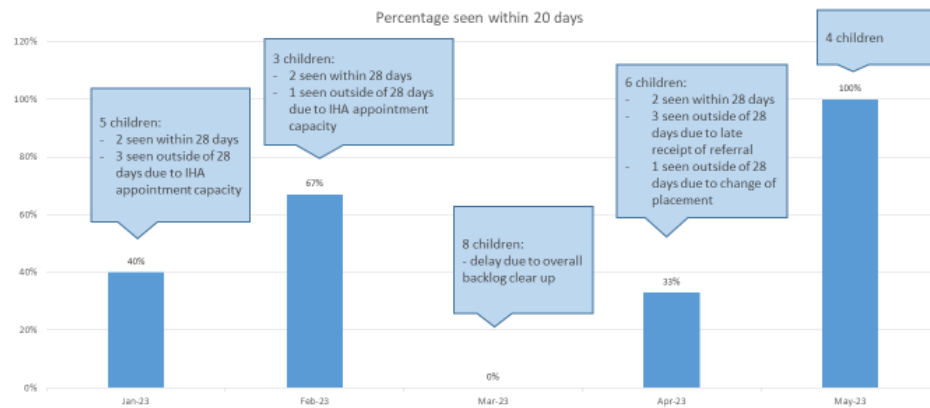


An additional 100 IHA slots have been commissioned over a 12 month period from January 2023 to supplement current capacity. Conversations about extending this have initiated.

This has reversed the trend of number of IHAs requested outnumbering IHA slots available in 2022.

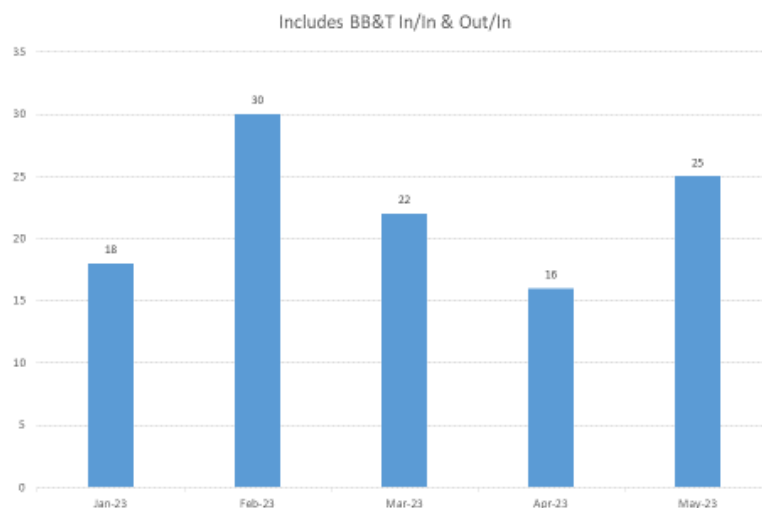
2.12 When Thurrock children are placed within the NELFT area (Thurrock, Basildon and Brentwood) performance improvement is as follows:

### Percentage Seen within 28 days – based on Thurrock in-in Children becoming looked after in every given month

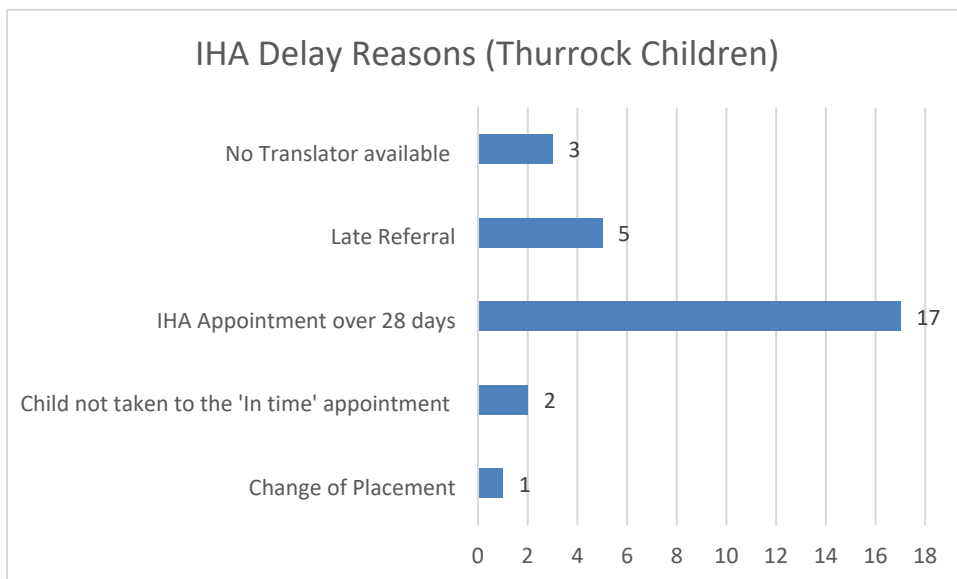


2.13 The following graph demonstrates the total number of IHA delivered across Basildon, Brentwood and Thurrock for all looked after children placed in that area by all authorities. This demonstrates the high level of demand faced by Health partners.

### All IHA Completed January 2023 – May 2023



2.14 Delay reasons are tracked and reasons for delay in IHA are as follows for all Thurrock children (in & out of area)



2.15 The majority of overdue IHA's (67%) were completed with three weeks of the due date passing. The remainder have been completed and reflect children placed out of areas or cases with particular issues of the IHA completed:

- 14 were completed on time
- 3 were completed by 5 days after target
- 6 were completed by 10 days after target
- 7 were completed by 20 days after target
- 1 was completed by 40 days after target
- 9 were completed by between 40-90 days after target

The Local Authority and NHS services will not wait for the Initial Health Assessment to take action to meet a child's health needs. All looked after children are registered with a local GP (General Practitioner) as soon as possible after placement. Any emerging physical or mental health needs will be addressed even if the IHA is not yet complete and relevant health services accessed.

2.16 The above graph reflects delay reasons since 01 January 2023 to 31 May 2023. Key themes and responses are:

- **IHA Appointment over 28 days.** This means that demand outstripped capacity for IHA's to be delivered and no IHA appointment was available within time frame. Whilst this has had a significant impact, the performance data shows this is reducing particularly when children are placed in the NELFT area.
- **Late Referrals** – This has impacted four children and the Service managers have been tasked with overseeing this. The CLA admin team track planned entries in to care and ensure Social Workers are provided with the forms and guidance. For unplanned entries this happens as soon as possible
- **No Translator** – Translation services are commissioned by Thurrock Council. On occasion translators are not available on the appointment

date and a wider range of suppliers is being sought by spot purchase to increase availability

- **Child not taken to the Appointment:** On 2 occasions children have not been taken to the appointment, this has been due to the child being ill and issues for the carers. If the carer is not available, then the allocated social worker should take the child to the appointment
- **Change of Placement:** When an emergency placement is made a child may change both placement and health area when they move to a more permanent arrangement which can cause delay as a new appointment needs to be found.

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

- 3.1 IHAs are recognised as a national and local priority, as per the Southend, Essex and Thurrock (SET) Looked After Children Health Strategy 2022-24. NHS England have launched a pilot audit looking into health assessments and this is currently being reviewed following feedback from Providers prior to its formal launch later this year. The current commissioning and delivery models across Mid and South Essex have been reviewed to ensure an improved experience and outcome for children and young people. Additional capacity in area has been effective in improving performance to 60% of IHAs in time in May 2023, however challenges remain. Designated Nurses for CLA are currently completing a SET options paper considering a separate service for Separate Migrant Children. This will assist in managing demand and ensure tailored services. Across the Southend Essex Thurrock, a video about Initial Health Assessments is being commissioned to inform CYP and carers of the IHA process and increase uptake and attendance. This will demonstrate the advantages of an Initial Health Assessment and encourage young people to attend.
- 3.2 The ICB, NELFT and the Council Officers work collaboratively to track and monitor all Thurrock children on a weekly basis. All children and young people are seen at the earliest opportunity. Regular exception reports capture the reasons for any breaches. The additional capacity has improved timeliness for Thurrock children placed in area and this is showing in the April and May data.
- 3.3 Nationally there is a shortage of Paediatricians, within NELFT there is a clear recruitment plan in place to fill the vacant posts. For children placed outside of Thurrock, the ICB proactively engages with NHS providers in their area to support transfer of care and track delivery of IHAs but have little influence on pressures on their local services.
- 3.4 The additional capacity funded by the ICB has made a difference and we should continue to see an improvement. The ICB is reviewing medium and long term plans to ensure future capacity is sufficient to demand. The new ICB landscape and the development of the Community Provider Collaborative across Mid and South Essex provides the opportunity to design a sustainable longer-term solution.



3.5 The availability of in person translators is impacting in a small number of cases on the timely completion of IHA's. It is the responsibility of the local authority to commission and arrange translators for IHA's but whether translation is in person or virtual is a clinical decision and on a case by case basis. Translators are not always available to attend the planned appointment time which can generate delay and a missed appointments. We continue to review this and look at best options to ensure this does not delay the IHA.

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

4.1 The Corporate Parenting Committee are updated on the performance in relation to Initial Health Assessments

4.2 Members are advised on the impact of the additional funding from the ICB has had on outcomes for children placed in the NELFT area. Improvement is noted in April and May 2023

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

5.1 Our Corporate target is for 90% of Initial Health Assessments to be completed in 20 working days of entering care

#### **6. Implications**

##### **6.1 Financial**

Implications verified by: **David May**  
**Strategic Lead Finance**

The are no financial implications for this report

##### **6.2 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 for the health assessment by the child's first review, and for a written report of the health assessment to be provided as soon as soon as reasonably practicable.

### 6.3 **Diversity and Equality**

Implications verified by: **Roxanne Scanlon**  
**Community Engagement and Project**  
**Monitoring Officer**

The Service is committed to practice, which promotes equality, diversity and inclusion, and will carry out its duties in accordance with the Equality Act 2010, Public Sector Equality Duty and related Codes of Practice and Anti-discriminatory policy. The service recognises that a range of communities and groups of people may have experienced obstruction or the impact of prejudice when accessing services including Social Care and Health services. Both Services are committed to support all children in the care of Thurrock Council to access Initial Health assessments, individual arrangements are made where required to meet needs and address individual concerns

### 6.4 **Other implications** (where significant) – i.e., Staff, Health, Sustainability, Crime and Disorder, or Impact on Looked After Children)

- Impact on looked after children

### 7. **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

### 8. **Appendices to the report**

- None

### 9. **Key points of interest within appendices**

- None

### **Report Author:**

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