

25th January 2024		ITEM: 10
Corporate Parenting Committee		
Joint Report on Initial Health Assessments for Looked After Children (Update)		
Wards and communities affected: All	Key Decision: Non-key	
Joint Report of: Dan Jones, Head of Service, Children Looked After, and Sharon Hall, Assistant Director, SET CAMHS and Children's South Essex & Thurrock (NELFT)		
Accountable Assistant Director: Janet Simon, Assistant Director, Children's Social Care and Early Help		
Accountable Director: Sheila Murphy, Executive Director, Children's Services		
This report is: Public		

Executive Summary

This report provides an update on Initial Health Assessment performance. All children who are looked after should receive their IHA appointment within 20 working days of entering care. This target is not currently met, improvement actions have been taken as outlined in previous reports however, the paediatric capacity is now so limited that there is little prospect of meeting target. Without a significant increase in the Paediatric capacity in our Health area and in surrounding areas, children will continue to experience delayed assessments.

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. Our target is that 70% of children entering care receive their IHA appointment within 20 working days of entering care.

- In the fourth and final Quarter of 2022-23 (the last financial year), we have seen a decrease in the numbers of children receiving an IHA in timescale. Only 15% of children received an IHA within 20 working days of becoming looked after
- In the first quarter of 2023-24 (the current financial year) 51% of children requiring IHA's received IHAs in time – this was in large part due to additional Paediatric capacity funded by the ICB

- In the second quarter of 2023/24 36% of children accommodated received an IHA in time. This reflects the diminishing capacity to complete these assessments

The report highlights further areas for improvement to achieve our target of 70% of 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.

Although the compliance with statutory timeframes for these assessments is important, it is noted that:

- Even when delayed, looked after children will have an Initial Health Assessment completed
- The local authority does not wait for the IHA to make health appointments and referrals in line with a child's health needs. Children are registered with GP's
- As a system we must start focusing on what these assessments tell us about our looked after children's health, and that we are assured that all efforts are being made to meet these accordingly.

1. Recommendation(s)

1.1 Members note the impact of reduced additional Paediatric capacity on securing timely IHA's

1.2 Members are advised of the delay reasons and that performance is declining since Q1 23/24

1.3 That the matter is returned to the Health and Well Being Board for review prior to the March Corporate Parenting Committee

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
- The child attends 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 Basildon, Brentwood and Thurrock, 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 our 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 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.

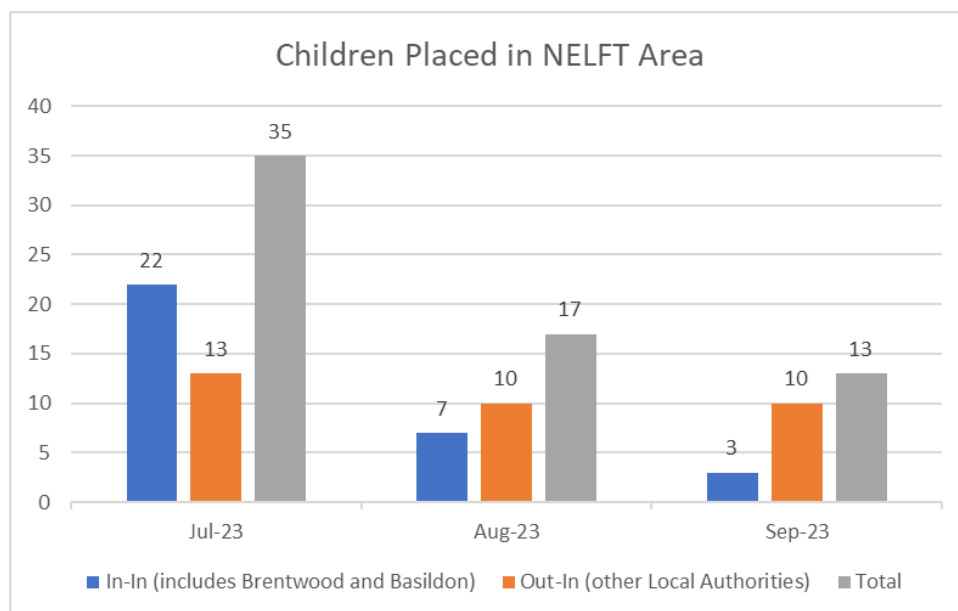
2.4 When considering IHA data it is important to acknowledge that Thurrock Children’s Social Care work with different health areas:

- 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

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

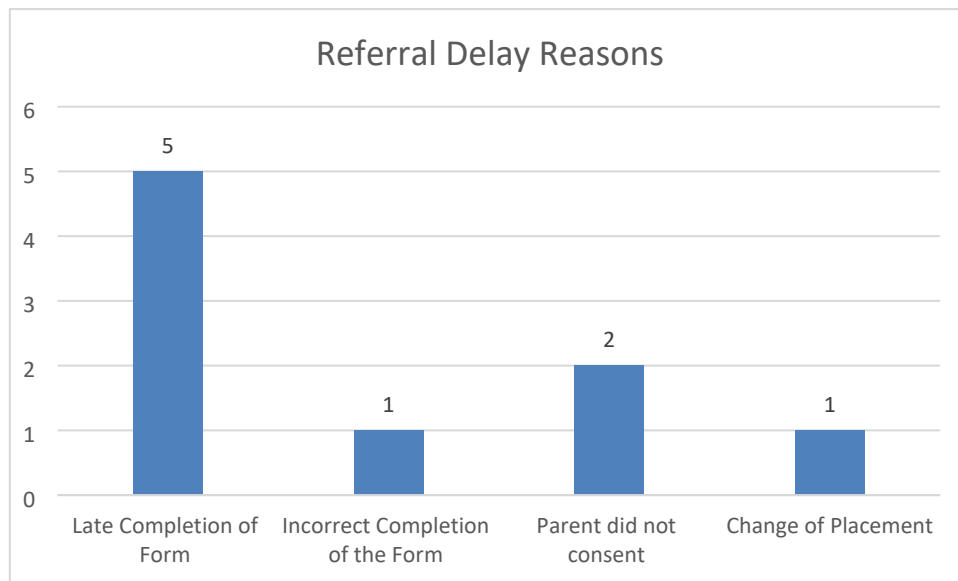
2.5 NELFT Data

The chart below shows the total number of children placed in the NELFT area during Q2 of 2023/24– this includes all Children Placed by Thurrock in the NELFT area and Children placed by other Local Authorities which amounts to 50% of all referrals.



2.6 Referral Performance for Quarter 2 2023/24

Thurrock Children’s Social Care are required to send a referral to Health within 5 working days of becoming looked after. Performance is that 68% of referrals are made on time. Delay reasons are monitored and the reasons this target is missed are:



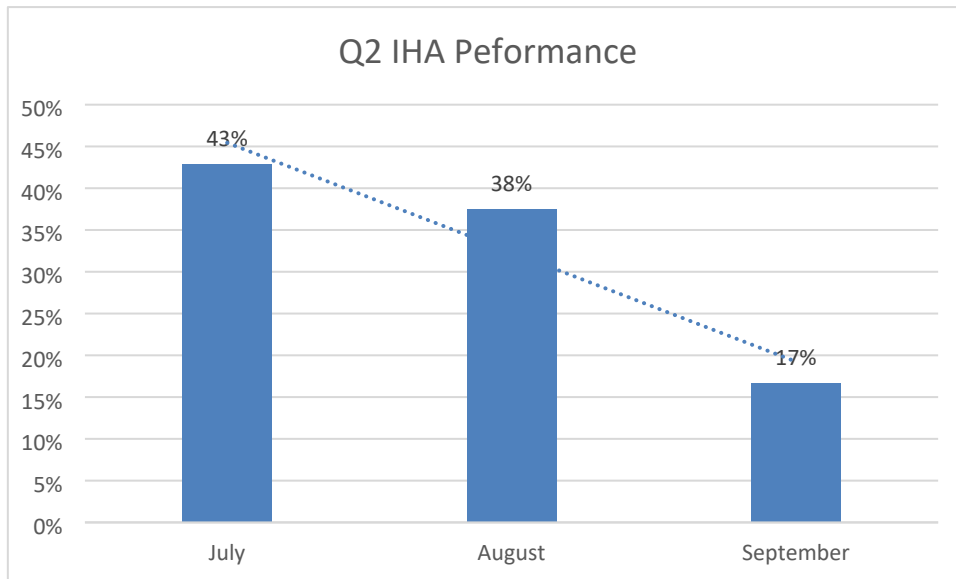
2.7 Where children aged 0-15 years become looked after at their parent's request (s.20); if the parent does not agree to the IHA then this can cause delay in referral as above. These instances of delay fall outside of the local authority's direct control.

2.8 Where the form is completed incorrectly or late, this is a practice issue within Social Care. There is regular follow up with Senior Managers in our Child in Need and Child Protection Teams but to address the ongoing need to drive improved performance, the Head of Service will join in overseeing tracking from January 2024.

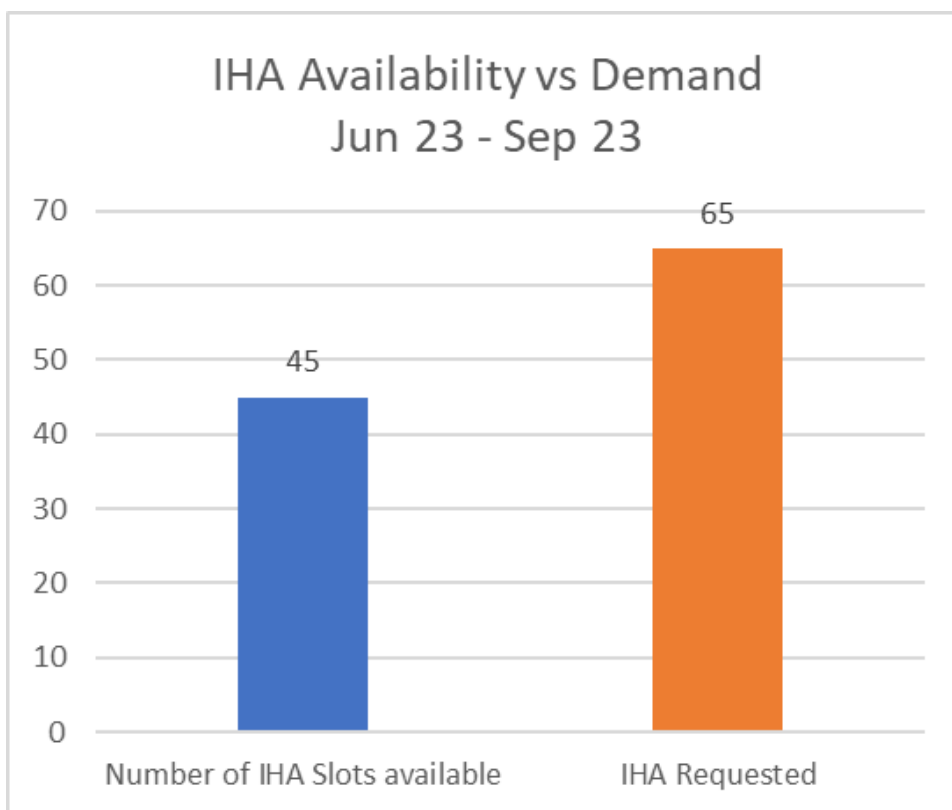
2.9 Delays in receiving the referrals impacts on the ability for NHS providers to accommodate IHA within the 20 days. Where the late referral was due to issues other than parents consent, the average delay was 3 days, leaving 17 days on average for the IHA to be completed. In a small number of cases (2), parents refusing to consent to an Initial Health Assessment represented a more significant delay, an average of 40 days making the IHA impossible to achieve in time.

2.10 **IHA Performance**

The following graph sets out IHA performance by the month children entered care:



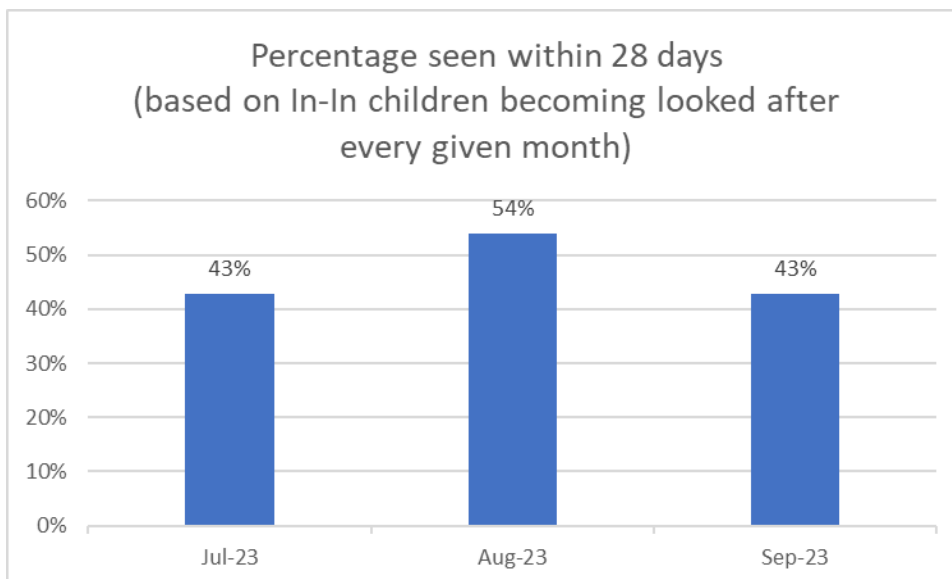
Performance is significantly dropping, whilst there are always a range of delay reasons, changes in the availability of Paediatricians (both in and out of our health area) has impacted significantly.



The above chart shows the local appointment availability (blue bar) versus the demand for appointments (orange bar). It is clear that demand is continuously exceeding supply. Demand can be variable and for this quarter the demand for IHA's for Thurrock Children was exceptionally high as 30 children entered care that month, 22 of whom required an IHA. They were placed both in and

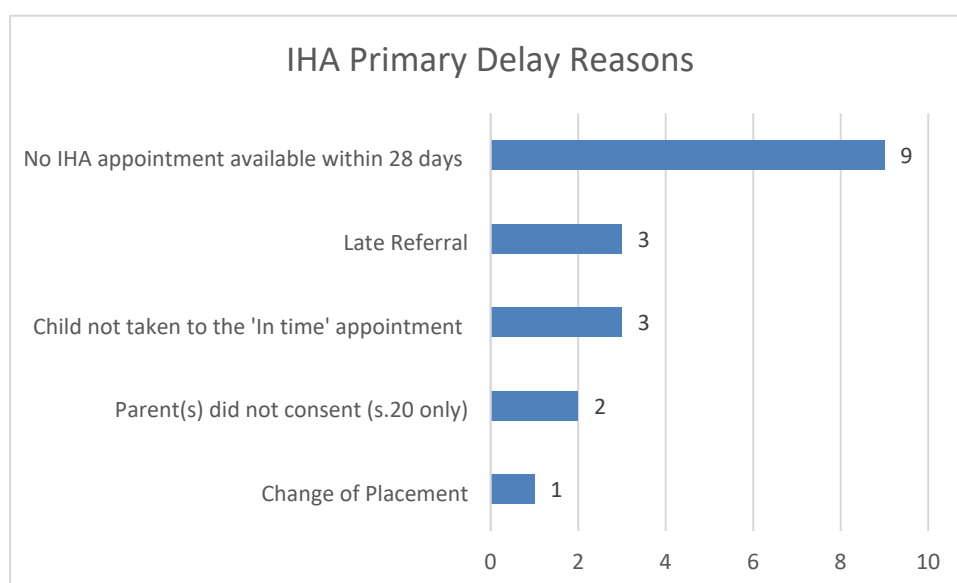
out of area. This means that there is only 70% of the required capacity in the health area. This creates a backlog which affects performance for Thurrock Children placed in area.

2.11 When children are placed within the NELFT area (Thurrock, Basildon and Brentwood) performance this quarter was as follows:



The above graph shows that where children are placed in the Basildon, Brentwood and Thurrock area, performance is better than out of area.

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



The above graph reflects delay reasons since 01 July 2023 to 30 September 2023. Key themes and responses are:

- **No IHA appointment available within 28 days.** This means that demand outstripped capacity for IHA's to be delivered and an appointment was not available within the statutory time frames.
- **Late Referrals** – This has impacted 3 children. Late referrals can be due corrections required on the originally submitted form or consent issues.
- **Child not taken to the Appointment/Did not attend:** On occasion children have not been taken to the appointment, this was due to appointment times conflicting with other appointments e.g. a court ordered assessment
- **Parents did not consent:** For two children their parents did not consent which caused significant delay and made the IHA timescale unachievable
- **Change of placement** will change both placement and health area which can cause delay as a new appointment needs to be found.

3. Issues, Options and Analysis of Options

- 3.1 NELFT and the Council Officers work collaboratively to track and monitor all Thurrock children on a weekly basis. The ICB is also invited to attend. All children and young people are seen at the earliest opportunity. Regular exception reports capture the reasons for any breaches. The additional health capacity was effective and showed some improvement whilst in place. This is no longer available.
- 3.2 Whilst monitoring is effective to a point, the shortage of available Paediatric appointments in and out of area remains the most significant factor obstructing Initial Health Assessments being completed within statutory timeframes. This is not an improving picture, since the last report, the additional capacity commissioned by the ICB has ceased due to the provider pulling out of the contract. No other provider is available which means the ICB cannot improve the local offer. Capacity outside of the local health area remains depleted.
- 3.3 Furthermore, within NELFT, the appointment times have been increased from 60 minutes to 90 minutes. This means the number of appointments available each week has decreased with waiting times increasing. The appointment times needed to be longer in order to safeguard quality of IHAs being delivered.
- 3.4 IHAs are recognised as a national and local priority, as per the Southend, Essex and Thurrock (SET) Looked After Children Health Strategy 2022-24. The ICB will provide a full report on their response and actions to address the performance issues in Initial Health Assessments to the Corporate Parenting Committee in March 2024 and will provide a verbal update alongside this report at the next Committee meeting.

4. Reasons for Recommendation

4.1 The Corporate Parenting Committee are updated on the performance issues and is advised that we will not meet our target. Performance is dipping

4.2 The Corporate Parenting Committee is advised of the reduced capacity to complete IHA's within the Health Service.

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

5.1 Our Corporate target is for 70% of Initial Health Assessments to be completed in 20 working days of entering care. Failure to meet this target means children's health needs are not assessed in line with statutory obligations and a key priority is missed.

6. Implications

6.1 Financial

Implications verified by: **Michelle Hall**
Senior Management Accountant

The are no financial implications for this report

6.2 Legal

Implications verified by: **Judith Knight**
Interim Deputy Head of Legal Services (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.

The first review must be within 20 working days of the date on which the child becomes looked after.

The assessments should be within this timescale to comply with the Local

Authority's statutory duty.

Health bodies have a duty to co-operate with the Local Authority under Section 27 of the Children Act 1989.

6.3 **Diversity and Equality**

Implications verified by: **Rebecca Lee**
Team Manager, Community Development and Equalities

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

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