

<b>24 October 2024</b>	<b>ITEM: 8</b>
<b>Corporate Parenting Committee</b>	
<b>Initial Health Assessments – update on NHS MSE work programme to improve statutory waiting times</b>	
<b>Wards and communities affected:</b> All wards within Mid and South Essex ICB footprint	<b>Key Decision:</b> Not applicable
<b>Report of:</b> Clare Angell – Deputy Director Babies, Children and Young people & SEND	
<b>Accountable Director:</b> Dr Giles Thorpe – Executive Chief Nurse	

### Executive Summary

In January 2024, Thurrock Council raised concerns around service delivery of Initial Health Assessments (IHA) and targets not being met with a report progressing to Thurrock Corporate Parenting Board. Despite improvement actions and recommendations, targets continue to be missed. For children placed in Basildon, Brentwood and Thurrock, the Provider is North-East London Foundation Trust (NELFT).

This briefing paper aims to provide assurance that the task and finish group are progressing against plans presented in March 2024. This includes a description of IHA provision across Mid and South Essex for Looked After Children and refers to potential and sustainable costed model and redesign options to ensure ICB statutory responsibilities continue to be maintained and ensure ongoing delivery for our population.

### Recommendation(s)

1. **Support an approach to involve all local authority colleagues across the Southend, Essex, and Thurrock footprint.**
2. **Request a return after January 2025 to receive an update on progress.**

### 1. Introduction and Background

Most children who become looked after do so because of abuse, neglect or family dysfunction that causes acute stress among family members. Entry into

care is usually a traumatic experience and brings with it a significant sense of loss that can be insufficiently recognised in care planning and assessments.

Older children in care may also experience significant problems at schools and for those children who remain in long term care creating a sense of belonging and emotional security is vital to their health and wellbeing.

The Royal College of Nursing and Royal College of Paediatrics and Child Health are continuing to lobby and enable advanced paediatric nurse practitioners with equivalent knowledge, skills, and competencies to complete IHAs.

ICBs have a duty to commission services to undertake Initial Health Assessments and ensure support and services to looked-after children are provided without undue delay.

By law, only medical doctors can undertake the assessments.

In January 2024, Thurrock Council raised concerns around IHA service delivery and targets not being met with a report progressing to Thurrock Corporate Parenting Board. Despite improvement actions and recommendations, targets continue to be missed. For children placed in Basildon, Brentwood and Thurrock, the Provider is North-East London Foundation Trust.

Thurrock Council's target is 70% of children entering care receive an IHA appointment within a statutory timeframe of 20 working days. Compared to 22/23 figures, in the first quarter of 2023-24 (the last financial year), 51% of children requiring IHA's received IHAs in time – due in part to additional Paediatric capacity funded by the ICB. This decreased to 36% in the second quarter reflecting an assumed reduction in clinical capacity to complete these assessments.

Beyond our statutory requirement to complete the assessments, as a system we must also focus on what these assessments tell us about our looked after children's health.

The Mid and South Essex Community Collaborative (MSECC) is a partnership arrangement of three organisations who deliver community services in mid and south Essex; Essex Partnership University Foundation Trust (EPUT), North-East London Foundation Trust (NELFT) and Provide CIC. MSECC was formed in October 2021 to explore how, by working together, they could best meet the needs of our local communities.

The delivery plan sets out the work areas for 2024/25 which includes implementation of an action plan to improve IHA performance from Q2 (July to Sept). This includes leading a Task and Finish Group work for IHA's with support from the ICB Commissioning team. Following the departure of Sarah Barnes (August 2024) Associate Director Children and Young People's

Services - this leadership will be supported by the ICB until contingency arrangements can be put in place.

This briefing paper aims to provide assurance that the task and finish group are progressing against plans presented in March 2024. This includes a description of IHA provision across Mid and South Essex for Looked After Children and refers to redesign options to ensure ICB statutory responsibilities continue to be maintained and ensure ongoing delivery for our population.

This is a historical issue, with several associated complexities and contributing factors, but includes the ongoing and increasing IHA demand and capacity being reported by Providers.

The work of the task and finish group, established in May 2024, can be considered in two phases; the first including desktop research of alternative delivery models followed by an options appraisal for Mid and South Essex in phase two.

## **2. Phase One**

- 2.1 A review has been completed of IHA models being used both in the region and across England. Examples of alternative pathways include the role of a LAC Nurse to gather the information required with an initial appt in the home or school where they are placed, and the Paediatrician completes a shorter health appointment of 30 minutes.

Subsequent engagement with those areas has been completed in areas across the country who use this approach e.g. Warrington and Sussex. Kent & Medway, Bedford and Sussex responded to requests to meet (planned for August and September) with the aim of securing a pathway/service specification and any associated risks, issues and challenges.

Work outstanding from Phase one includes obtaining the 'Was Not Brought/Did Not Attend' dataset from Providers to understand the number and percentage of appointments that are not attended.

In addition, there are associated localised challenges around IHA service delivery across MSE, these are recorded below:

- Historic block contract arrangements have resulted in differing service delivery across Mid and South Essex Providers for both IHAs and RHAs.
- Current IHA service delivery sits alongside other competing statutory demands for Providers i.e., requests for Education, Health and Care Plans and appointments to maintain RTT expectations.
- Ongoing and continued increases in the number of children coming into care which has impacted upon Providers and current arrangements with rising numbers across Mid and South Essex

- Current contract arrangements don't specify IHA provision and numbers to be delivered and does not include measurable KPI outcomes or standardised reporting across IHA service delivery.
- Each provider prioritises and manage IHAs individually according to their separate contract, there is no central referral Hub.
- An increase and high number of separated migrant children (previously referred to as Unaccompanied Asylum-Seeking Children) within South-West Essex being placed within Mid and South Essex.

**Table 1: Different funding models across Mid and South Essex**

<b>NELFT South-West Basildon and Brentwood and Thurrock areas (BB&amp;T)</b>		<b>EPUT South-East Essex</b>		<b>Provide Mid Essex</b>	
<b>Contract Type</b>	Block  Community Paediatrics Medical Services	<b>Contract Type</b>	Block  Community Paediatric Medical Service	<b>Contract Type</b>	cost per case basis  (aligned to national tariff - £497.00 per IHA)  Specialist Services for Children, Young People & Families

West Essex – Health Care Resourcing Group (HCRG) undertake IHAs and have a Children in Care (Looked After Children Team). These are commissioned on behalf of Essex County Council as part of the West Essex Community Paediatric Service.

In addition, there is a variation from Providers in relation to IHA clinic time allocation.

Providers report all clinic slots available are used for a mixture of community appointments and are monitored based upon the IHA demand and capacity referrals received or required. There is no IHA standalone clinic allocation. However, generally Providers also report there are no available or free clinic slots.

The RCPCH workforce calculator states '1pa of admin per clinic' and the BACCH job planning guidance 2020 states 'Time for patient administration should be allocated hour for hour'.

**Table 2: Overview of performance data**

	IHAs requested			% of IHAs seen on time		
	NELFT South-West	Provide Mid	EPUT South-East	NELFT South-West	Provide Mid	EPUT South-East
<b>2021</b>	170	114		70%	60%	
<b>2022</b>	218	98	129	28%	35%	90%
<b>2023</b>	262 (192)	107 (75)	162 (152)	19%	Less than 10%	87%

It is forecasted in 2024 and 2025 that the rise in requests will continue due to the IHA demand in children placed in Essex.

NELFT has seen a steady increase of IHAs with the highest recorded numbers of requests and completed IHAs (beyond 20 working days). This is attributed to a year-on-year increase of out of area referrals due to its proximity to London and rise of separated migrant children.

There is a variation between IHAs requested and being completed. This deficit number equates to either placement changing or those separate migrant children's placements no longer being required. However, even if the IHA is not fully completed, Providers note time spent on IHA process and administration even though the IHA request has been withdrawn.

The projected number of IHA requests in 2024 was based on 24% average yearly inflation and increase to 325.

**Table 3: IHA activity between January & December 2023**

JAN/DEC 2023	South-West (NELFT)	Mid (Provide)	South-East (EPUT)	Total	Comments Queries
In-In	145	70	34	249	Originating local authority and ICB e.g. Mid Essex child placed in Mid Essex locality
Out-In	117	37	55	209	Originating local authority outside of local area (not just Mid Essex but nationally) e.g. child from Dorset placed in Thurrock
In-Out (where out refers to out of MSE)	94	31	X	125	Originating local authority places an MSE child out of area e.g. Birmingham child within MSE (ghost caseload)

2.2 Phase two will be identification of an IHA model and redesign options available to us which are fully costed for presentation to the Community Collaborative and ICB Executive Boards.

Non-recurrent funding provided is due to run out around October 2024, and as such this provides us with a timeframe to work towards around IHA redesign proposal and needs to continue at pace to complete alongside additional concerns being raised by Thurrock and Mid Essex.

Two lines of enquiry are being scoped.

1. Use of a private provider - This could be used to obtain additional IHA provision to deal with case backlog or as a medium-term system provision to support Providers for the remainder of 2024 (October 2024 – March 2025).
2. Standardise IHAs based on a LAC Nurse model to support completion of the paperwork and initial appointment. This option provides a standardised and sustainable longer-term model.

### 3 Conclusions

- Project requires greater input from ICB team than initially forecast.

- Discussions continue with the Community Collaborative to identify onward leadership of the planned work.
- No standardised reporting of performance to Corporate Parenting Boards is in place – this should be considered as an additional action.
- Cllr request to Task and Finish Group to consider how proposals can address backlog activity and new referrals through parallel routes is noted.
- ICB MSE Deputy Director will work with Cllrs Lee Watson, Vicky Hartstean and Mark Hurrell to improve assurance.
- Essex County Council are keen to work with us to implement a system plan. MSE ICB would welcome involvement of Thurrock council colleagues to support this effort.

#### **4. Recommendation**

- 4.1 Members are asked to note the content of the report and request an update following formal ICB approval of redesign model for Mid and South Essex.
- 4.2 Support a proposal to work jointly with local authorities across Southend Essex and Thurrock to implement a system solution.

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

- 5.1 To date, no formal consultation has taken place with young people although feedback from young people recently asks the NHS to 'Please don't ask us really personal questions in health assessments as we don't know you and feel embarrassed. Help us to learn eat healthily'.

#### **Report Author:**

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