

<b>2 March 2021</b>		<b>ITEM: 6</b>
<b>Corporate Parenting Committee</b>		
<b>Health Assessments Corporate Parenting Committee</b>		
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-Key	
<b>Report of:</b> Naintara Khosla, Acting Strategic Lead Looked After Children		
<b>Accountable Assistant Director:</b> Joe Tynan, Assistant Director, Children's Social Care and Early Help		
<b>Accountable Director:</b> Sheila Murphy, Corporate Director of Children's Services		
<b>This report is Public</b>		

## **Executive Summary**

This report is to advise and update Members of the Committee on Thurrock's timeliness of Initial Health Assessments (IHAs) and Review Health Assessments (RHAs). It highlights the joint working across Childrens Social Care and Health to ensure there is a good health offer in place for all children who need their Initial and Review Health Assessments.

The performance continues to improve with the scrutiny provided in weekly meetings that take place between Health and Social Care. The use of virtual Team Meetings has supported the sharing of information and clarifying issues. It should be noted that performance has been improving within the context of COVID-19 which has impacted delivery of services for both Childrens Social Care and Health.

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

**1.1 That members note the areas of improvement in Children's Social Care and the work that is being undertaken with Health colleagues to ensure good and improving performance with IHAs and RHAs.**

### **2. Introduction and Background**

**2.1** When a child or young person comes into care, they must have an Initial Health Assessment (IHA), a statutory requirement for all Children Looked After. The health assessment should be completed within 20 working days of the child coming into care. Childrens Social Care provide the referral within 5 working days, notifying Health of a child becoming looked after. A Paediatrician or an appropriately trained Medical Practitioner completes the health assessment.

- 2.2 The Local Authority, through their Corporate Parenting responsibilities, and Health have a duty to promote the welfare of children who are Looked After, including their physical, emotional and mental health.
- 2.3 Every child who is Looked After must have an up-to-date health assessment so that the child's health needs are fully understood and this information contributes 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.

- 2.4 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.
- 2.5 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 placement changes whilst the child is Looked After are also notified to the CCG.

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

- 3.1 There has been a significant review of the processes for managing Initial Health Assessments (IHAs) and Review Health Assessments (RHAs). A weekly meeting is held to review IHAs and RHAs, attended by Senior Managers from Childrens Social Care and Health.

#### **3.2 Initial Health Assessments**

The meeting ensures the children who are entering care are tracked and the IHA paperwork is sent to the appropriate Health department within the timescale of 5 working days, so that the IHA appointment can be made. Generally, appointments are made for IHAs within 20 working days. There is ongoing work to ensure there is data available to reflect the appointments that were offered but for a variety of reasons the appointment times were not suitable for carers and therefore the IHA has taken place outside of the expected 20 days.

In October 2020, 12 IHA appointments were required and all but one were completed in timescales. The IHA that was out of time was completed in 22 days, (a court order was required regarding consent).

In November 2020 3 out of 12 IHA appointments were delayed. For 2 children who were placed out of the Thurrock area, there was a delay of 17 days.

Escalation was made to the Health Team where the children were resident, highlighting the need for IHAs to be more timely. For one child, an appointment was offered in timescales that did not suit the carer and another appointment time was offered and completed at 26 days.

In December 2020, there were 2 out of 6 children who did not receive their IHAs within the timescales. The 2 children were living in two separate placements; for one child an IHA appointment was offered within the timescale but the foster carer was unable to make that appointment; a second appointment was quickly offered and subsequently completed in 21 days. For the second child, the IHA was completed within 25 days (this was a child placed outside of Thurrock).

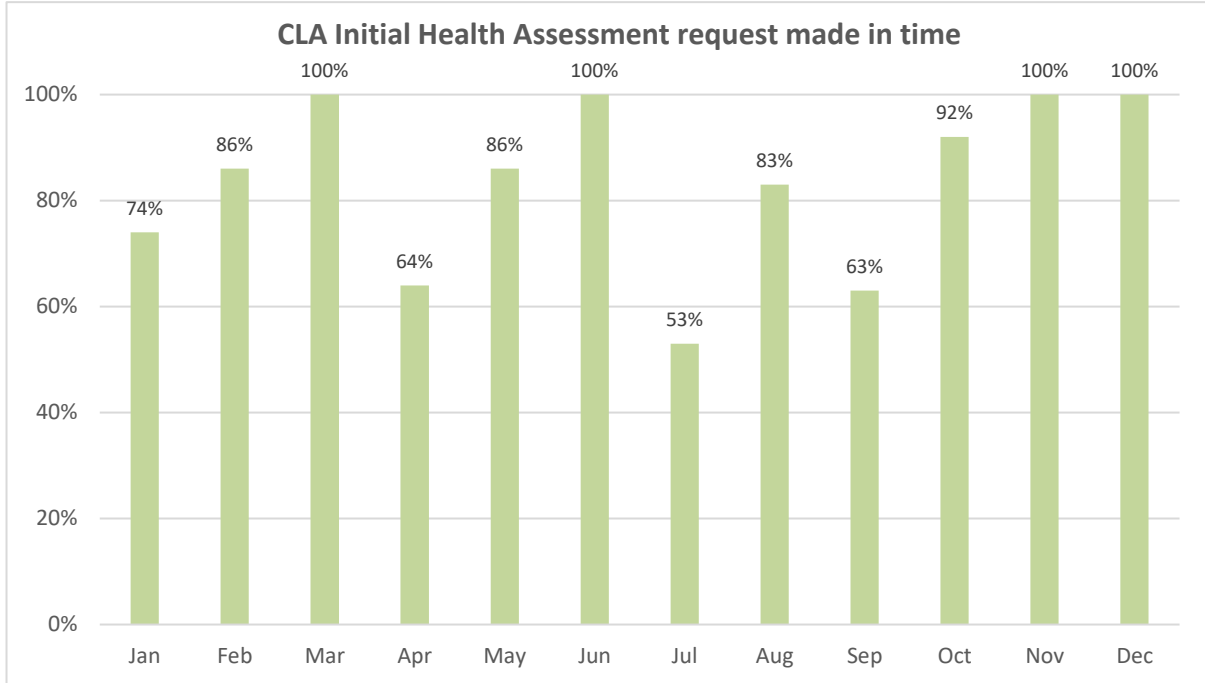
In the period October 2020 to December 2020 there were 30 IHAs required both within Thurrock and outside of the Borough. There was a delay for 6 IHAs, this is 20% of the total number of IHAs for this period. Of the 6, there were 3 children placed outside of Thurrock.

The changes implemented by Children Social Care and Health have resulted in improvements in the timeliness of IHA referrals to Health. Prior to September 2020, there were some Paediatric capacity issues within Health, which resulted in delays in the IHAs. This capacity issue has now been resolved, for those children in the Thurrock area.

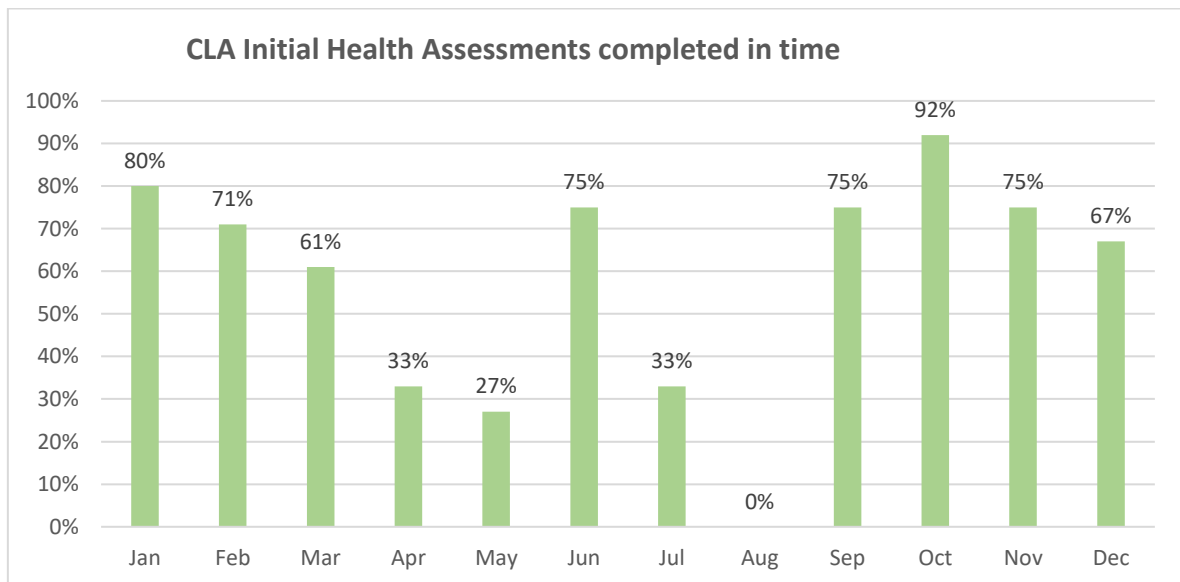
Where Thurrock children are placed outside the local Health area, there have been some challenges, as out-of-area Health Authorities have not always prioritised the offer of an Initial Health Assessments for Thurrock children, or they have had long waiting lists. This situation has been escalated within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

Health and Social Care professionals engage and encourage young people (over 16 years) to have an IHA. In circumstances where the Local Authority does not share parental responsibility with the parent, the Local Authority cannot consent to the Health Assessment taking place, if the parent refuses, unless the Local Authority subsequently gains shared parental responsibility.

**Table 1** Provides the information of referrals made to Health from Children’s Social Care within 5 working days in 2020.



**Table 2** illustrates IHAs completed in time and out of time for a 12 month period.



Additional identified actions:

- To ensure that IHA referrals to Health are consistently completed within 5 working days.
- Health to monitor and analyse the data which notes the rate of IHA appointments offered within 20 working days following receipt of the referral from Children’s Social Care.
- Health assessments are regularly discussed and actions identified at the Monthly CLA Health Steering Group.
- Weekly tracking meetings continue to be held to discuss referrals from Children’s Social Care and any outstanding Initial Health Assessments. This includes tracking the receipt and upload of the reports as they are completed. The out-of-area referrals are also identified and escalated if there is an issue of delay.
- Cancelled (not required) paediatrician appointments could be used for children waiting for an appointment as standby appointments. On some occasions this has been possible, however this has proved a challenge due to the short timescales to organise the arrangements with carers.

### 3.3 Review Health Assessments

Table 3 (below) reflects the total number of Review Health Assessments for Children Looked After, which were due each month in the period January 2020 to December 2020.

**Table 3** Total CLA Review Health Assessments Due in 2020

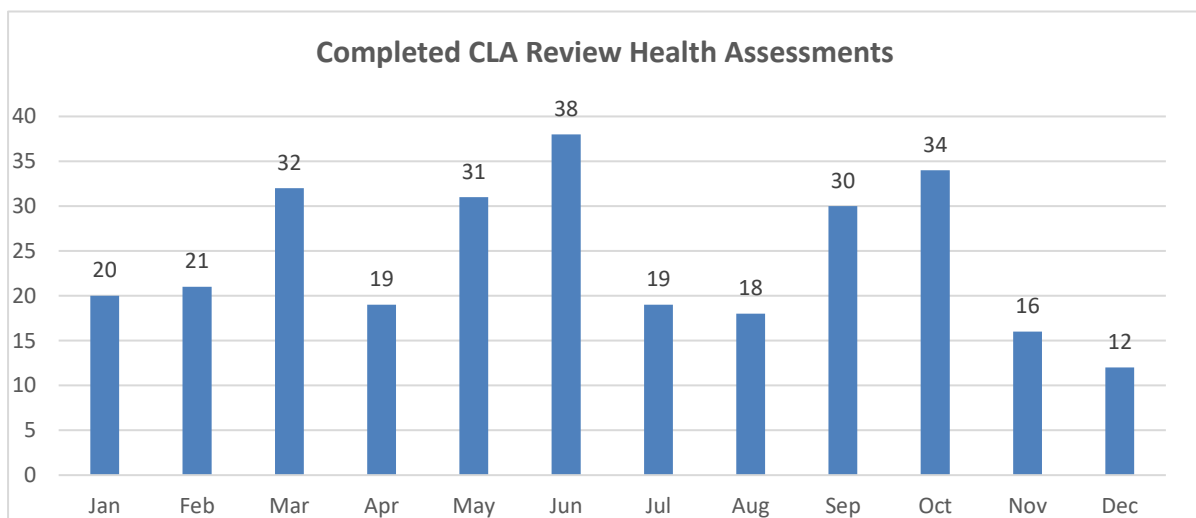
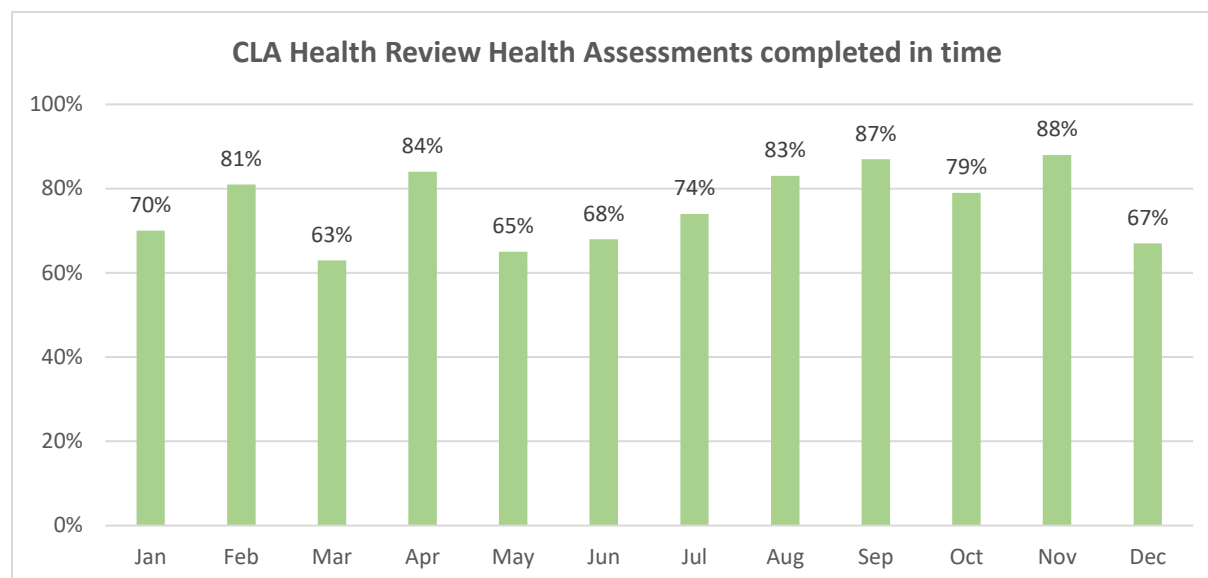


Table 4 (below) reflects the progress made in relation to the completion of RHAs that were due, during 2020. Both Health and Children’s Social Care are working to reach a target that is consistently above 90%.

**Table 4** Completed CLA Review Health Assessments in 2020



In the period October 2020 to December 2020 there were 61 RHAs due and 13 of these RHAs were out of time. The RHAs for the 13 children and young people have now all been completed. The ongoing joint work between Health and Childrens Social Care will support data-sharing and maintain a focus on the performance in this area.

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

4.1 Corporate Parenting Committee to note and comment on current performance position.

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

5.1 Overview and Scrutiny, Health and Wellbeing Board and the Corporate Parenting Committee are aware of the issues and the timeliness of Initial Health Assessments and Review Health Assessments.

5.2 Health and Children's Social Care colleagues have been working together to ensure a good partnership exists which has contributed to the improving performance in achieving timely Initial Health Assessments and Review Health Assessments.

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

6.1 N/A

**7. Implications**

**7.1 Financial**

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

There are no Financial Implications within the report.

**7.2 Legal**

Implications verified by: **Judith Knight**  
**Interim Deputy Head of Legal (Education and Social Care)**

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: **Roxanne Scanlon**  
**Community Engagement and Project Monitoring Officer**

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, or Impact on Looked After Children)

There is an ongoing focus for all social workers and Health colleagues to ensure that children looked after receive appropriate health care as they enter into care and ensure this is continued whilst they are looked after away from home.

**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

**9. Appendices to the report**

- None

**Report Author(s):**

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