

# Looked after Children: Initial Health Assessments

## ICB Statutory Responsibilities

Local authorities are responsible for making sure a health assessment of physical, emotional and mental health need is carried out for every child they look after, regardless of where that child lives. Regulation 7 of the [Care Planning, Placement and Case Review \(England\)](#) requires the local authority, as the corporate parent who looks after the child to arrange for a registered medical practitioner to carry out an initial assessment of the child's state of health and provide a written report of the assessment.

The initial health assessment should result in a health plan, which should be available in time for the first statutory case review of the child's care plan by the Independent Reviewing Officer (IRO). That case review must happen within 20 working days from when the child started to be looked after. Integrated Care Boards (ICBs), NHS England and NHS providers have a duty to comply with requests from local authorities in support of their statutory requirements. Where a looked after child is placed out of area, the receiving ICB is expected to cooperate with requests to undertake health assessments on behalf of the originating local authority via the ICB.

The home ICB is responsible for supporting the health needs of children that the local authority places outside of the ICB footprint, including the statutory health assessment and work with the receiving ICB to ensure health needs of children placed into their area are met.

## Initial Health Assessments (IHA)

The ICB commissions Kent Community Health Foundation Trust (KCHFT) to undertake the initial health assessments for Medway's children placed in Medway. For children placed outside Medway, KCHFT are commissioned to request the assessment is completed by the receiving health team and for monitoring its progress.

The IHA pathway is a jointly owned by children's social care and health. The 20 working day timeframe for the pathway starts with the request from children's social care to health for an IHA, this must be made within the first five days of the child becoming a looked after child. Health then has 15 working days to process the request, see the child in clinic, write the report and health action plan and return the documents to the child's social worker. This is to ensure the health assessment forms part of the first looked after child review with the



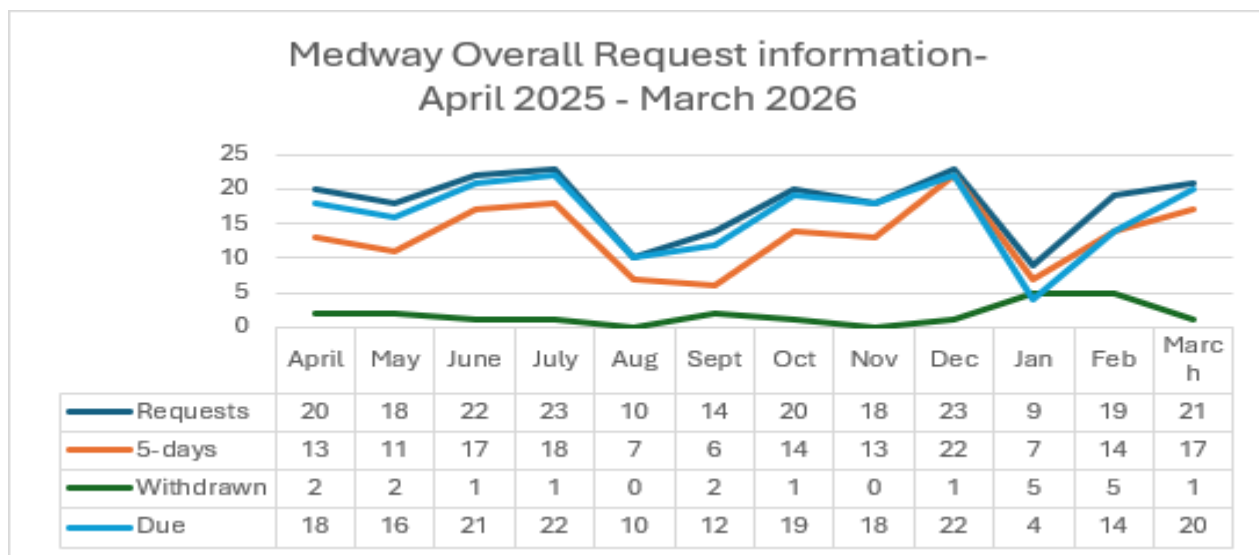
IRO. Good working relationships, clear communication and processes are key to achieving the best possible outcome for the child.

This report will look at the data for 12 months from April 2025 – March 2026.

The data contained in this report is provided by Kent Community Foundation Health Trust (KCHFT) as part of the performance reporting to the ICB. Data is provided monthly and quarterly; there is a six week delay in data to ensure that requests made late in the month clear the pathway timeline so that accurate data is provided. For example, March data will be received by the ICB in the middle of May.

**Medway Initial Health Assessment Requests – Overall**

The chart below provides an understanding of the Medway demand for IHAs over the last 12 months.



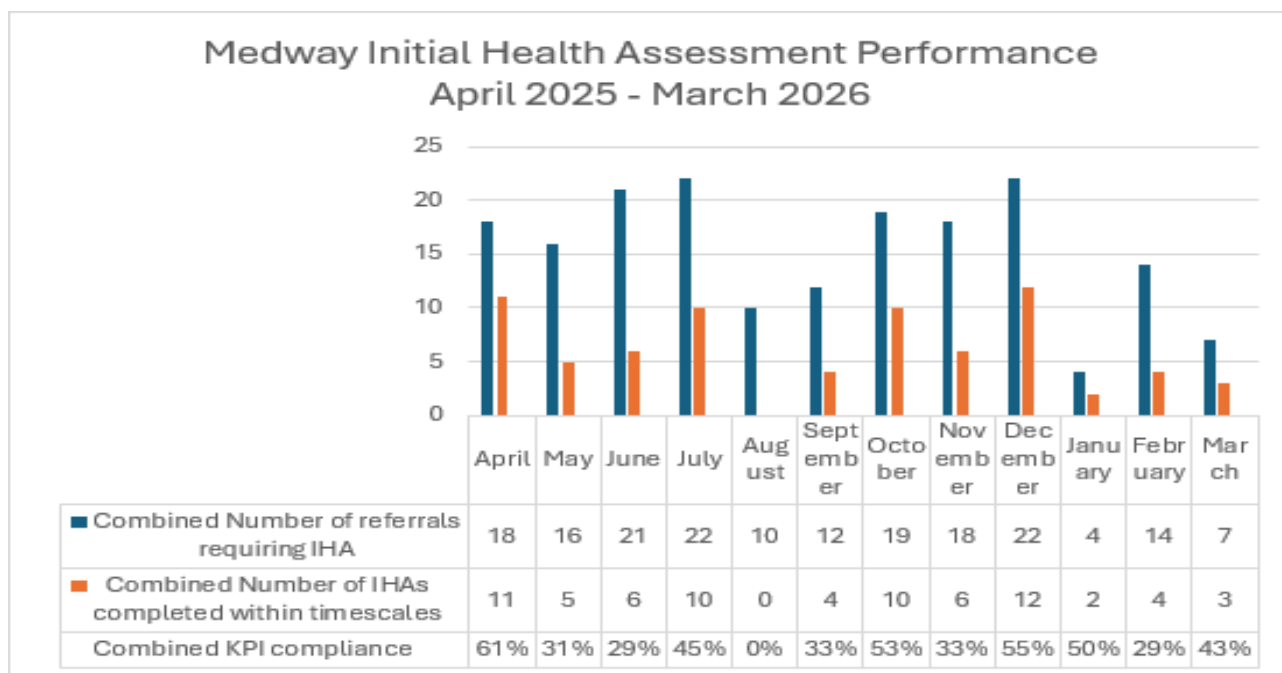
Of the 217 requests made for IHAs, 159 (73%) were received within the agreed five days. 21 (10%) requests were withdrawn before the appointment, leaving 196 progressing to a full IHA.

The numbers of requests were stable in 11 of the 12 months, with numbers in the high teens and low twenties. The anomaly was January 2026, where only nine requests were made and following withdrawals, of the nine requests only four progressed to a full IHA.

**Medway Initial Health Assessment Performance – Overall**

The chart below details the performance for the last 12 months. The Key performance Indicator (KPI) is set at 85%, this allows for non-attendance and cancellations. As you can see from the charts below the KPI has not been met in the last 12 months.

Over the last 12 months performance has ranged from 0% (meaning that 0 of the 10 IHA were completed within the pathway timeframe) in August to 61% (meaning that 11 of the 18 IHA were completed within the pathway timeframe) in April 2025.



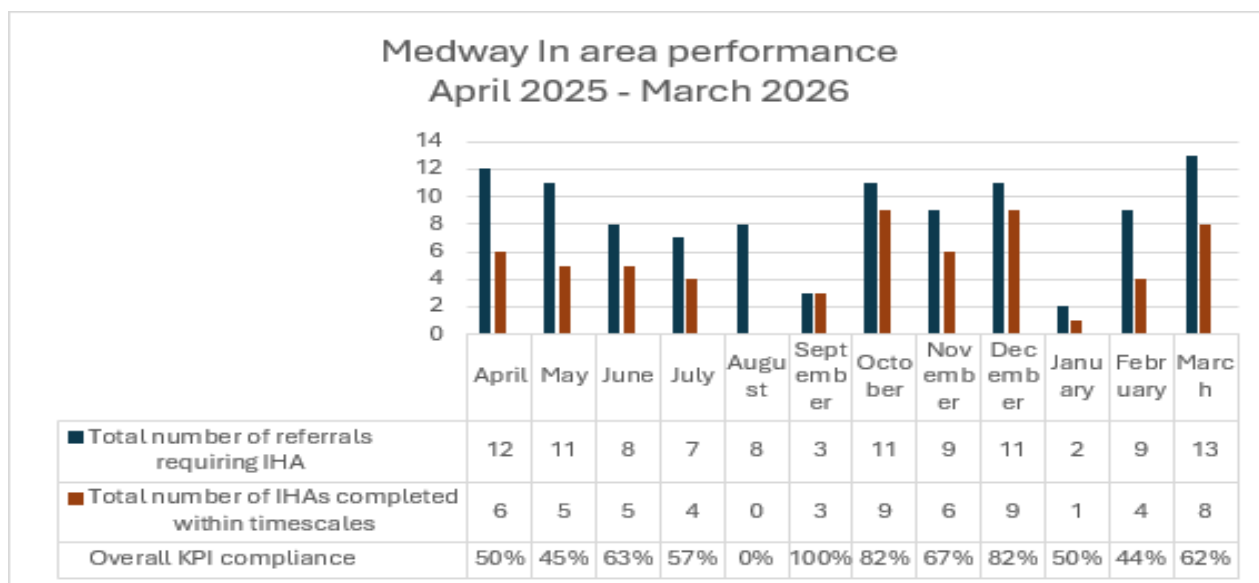
The first two charts (above) look at all IHA requests and performance. The following charts break down the numbers into those that are placed in Medway and those that are placed out of Medway. The report will also detail the reasons for children not completing the IHA pathway in the required timeframe.

#### Medway Initial Health Assessment Performance – In-area

KCHFT is clinically responsible for the health pathway for children who are placed in Medway. The chart below provides an understanding of the numbers of referrals for Medway children who were placed in Medway. KCHFT have met the KPI once in the last 12 months.

The monthly number of IHAs due is variable, from as low as two to as high as 13. Comparing it to the numbers above for all requests made, it shows how many children were being placed out of area at the time of requesting an IHA. Why this is important is fully explained later in the report.

Of the 96 IHAs that were due in the last 12 months, 60 (63%) were seen and completed in the required timeframe of 20 working days. Compliance ranges from 0% (0 out of 8 requests for IHA completed within timeframe) in August to 100% (3 out of 3 requests for IHA completed in timeframe) in September.



**Medway Initial Health Assessment Breach Information – In-area**

Over the 12 months 41 IHAs for children placed in Medway breached the timeframe. The table below explains the reasons for the breach and the part of the pathway (who is accountable) that caused the breach.

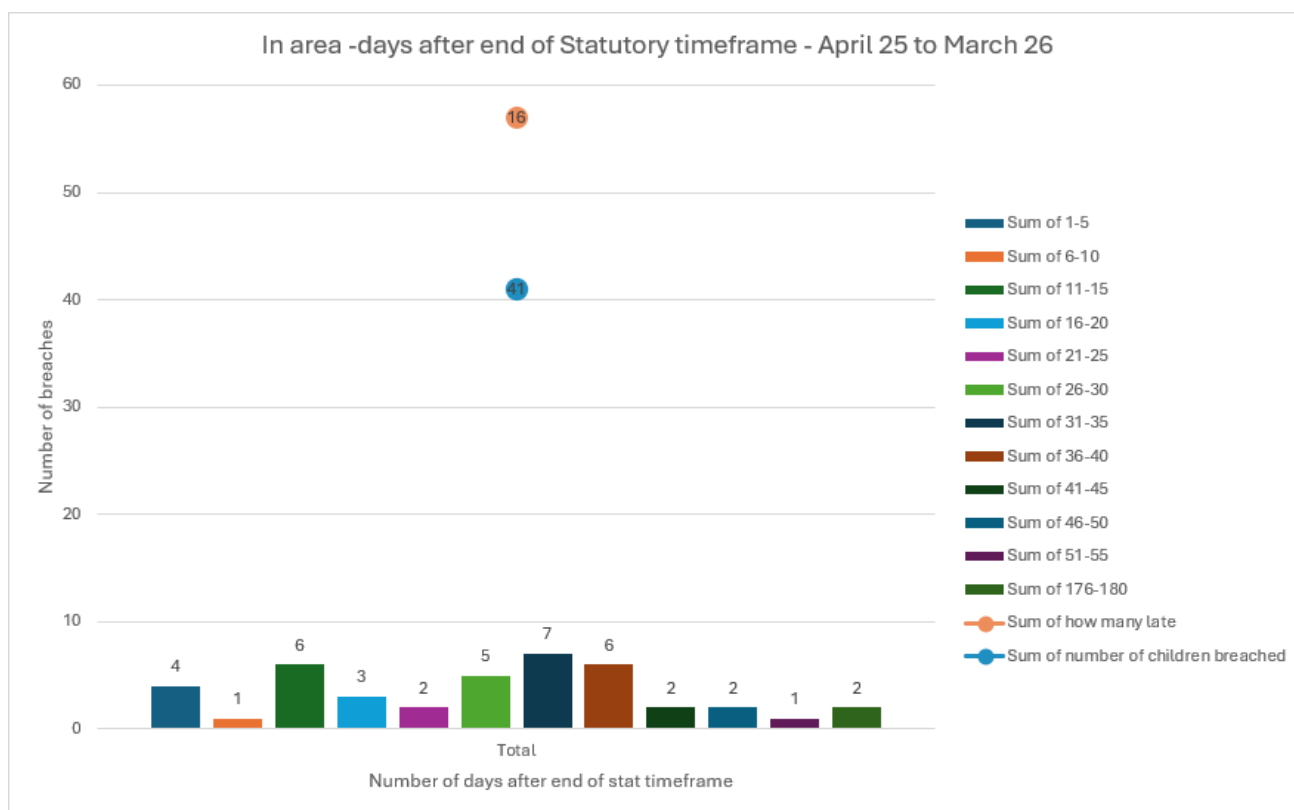
37 (90%) of the 41 breaches were due to issues relating to the social care, with the majority of these (16) due to the request for an IHA being made late. Children’s social care (CSC) has the first five days after a child starts their care journey to request the IHA. This is a nationally recognised and agreed timeframe. An example of a reason for a late request is difficulty in obtaining Section 20 Consent. The further into the 20 day timeline before the request is received reduces the number of days health has to appoint, see, write the report and return it to the child’s social worker.

Cancelations by carer mean that a new appointment must be made, which may not be within the remaining time available in the timeline. Clinical appointments are booked two weeks ahead of time. Health has 15 days of the pathway to complete and return the assessment, if an appointment is cancelled another appointment is not possible within the statutory timeframe.

<b>In Area Breaches</b>	<b>Number</b>
<b>Accountable to Children Social Care</b>	<b>37</b>
Appointment cancelled by carer	10
Placement move	7
Late request	16
Was not brought/Did not attend	4
<b>Accountable to Health</b>	<b>4</b>
Cancelled by health	2
Lack of clinical capacity	2
<b>Total</b>	<b>41</b>

Health was accountable for four (11%) breaches, appointments cancelled due to doctor illness (2) and lack of clinic capacity (2) to meet demand.

It must be noted that all children receive an IHA. The chart below details how many days over the statutory 20 working day timeframe the IHA pathway was completed in the 12 months April 2025 March 2026. The two children who’s IHA breached the timeframe by 177 days were delayed due to health not receiving the requests for assessment from social care until the children had been in care for six months.

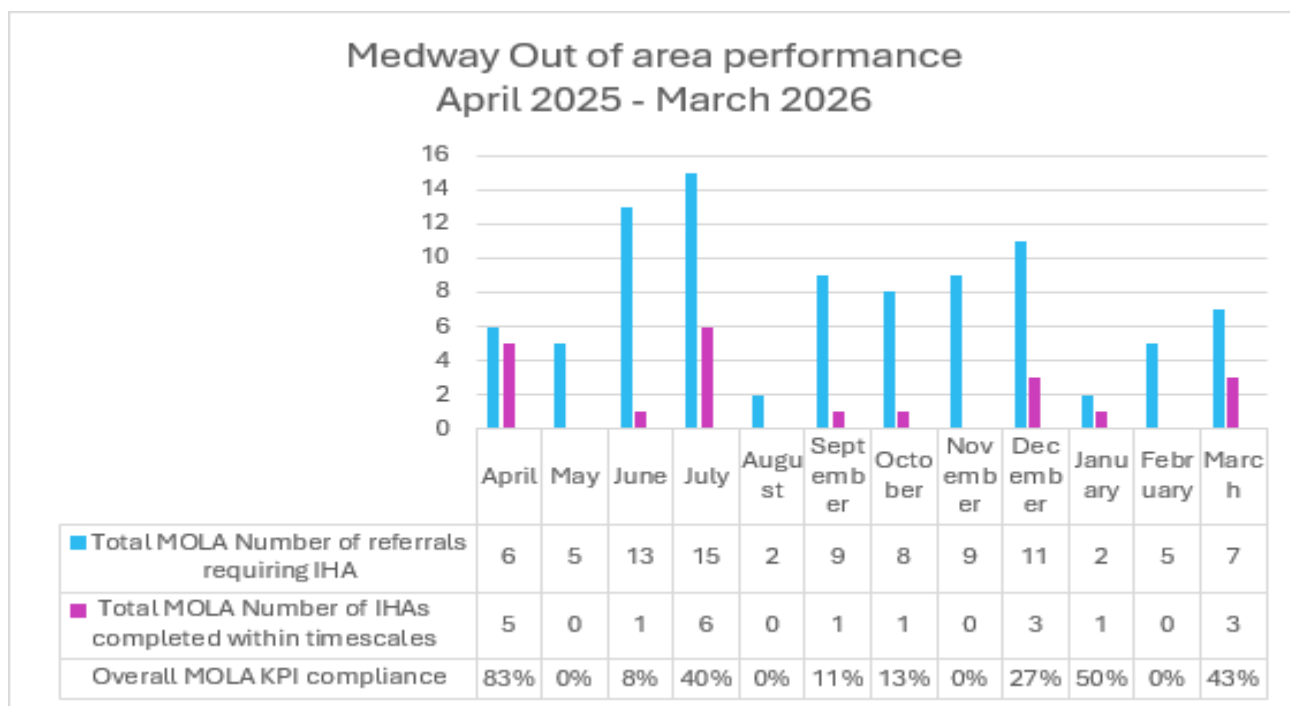


### Medway Initial Health Assessment Performance – Out-of-area

The data shows that 92 of the 196 IHAs due were for children placed outside of Medway.

KHCFT are responsible for requesting the receiving health team, where the child is placed undertake the health assessment. KCHFT will track the progress of the request at regular intervals.

Compliance ranges from 83% (5 out of 6 requests for IHA completed in timeframe) in April to 0% of requests for IHAs completed in timeframe, in four of the 12 months.



The poor performance reflects significant barriers in securing timely assessments from external ICBs and providers, in addition IHA reports and healthcare plans completed by other area teams must be quality assured by the ICB’s Designated Doctors before they are sent to the child’s social worker. There has been an increase in the number of reports that have had to be returned to the completing health team due to poor quality information and/or incomplete analysis. The persistent underperformance has heavily impacted on the overall IHA position.

#### Medway Initial Health Assessment Breach Information - Out-of-area

Over the 12 months 65 IHAs for children placed out of Medway breached the timeframe. The table below explains the reasons for the breach and the part of the pathway (who is accountable) that caused the breach.

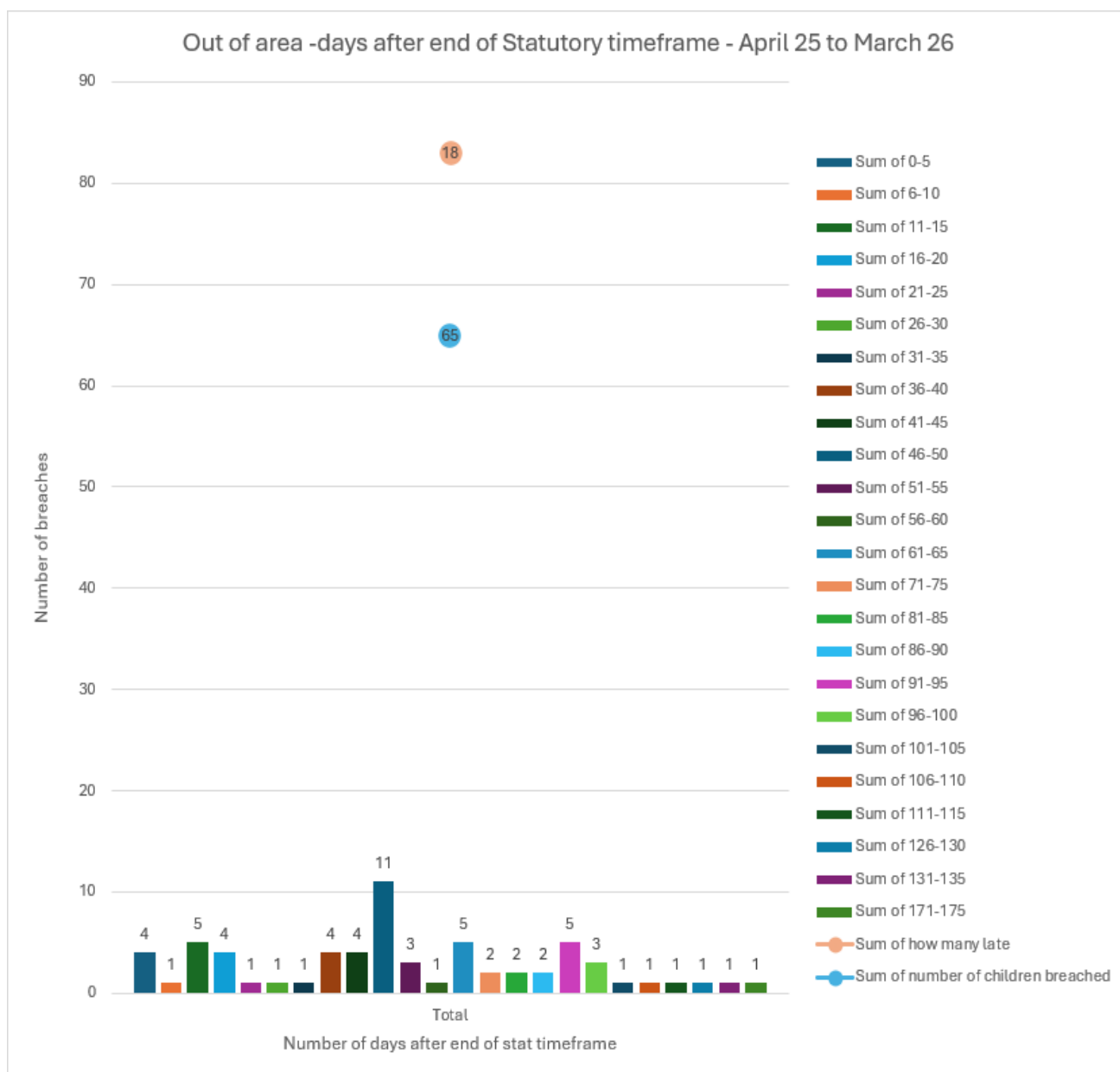
Of the 65 breaches, 31 (48%) were attributable to children’s social care. The majority of these (18) were due to late requests. This mirrors the highest breach issue for children placed in Medway. The late requests increase the challenge for KCHFT in getting the receiving health team, in the other local authority area, to undertake the assessment within the timeline.

Of the 34 (52%) breaches attributable to health, the greatest number is 27 which were due to lack of clinical capacity in the receiving health team.

Out of Area Breaches	Number
<b>Accountable to Children’s Social Care</b>	<b>31</b>
Appointment cancelled by children’s social care	1
Appointment cancelled by carer	4
Placement move	6

Late request	18
Was not brought/Did not attend	2
<b>Accountable to Health</b>	<b>34</b>
Cancelled by health	2
Delayed report	5
Lack of clinical capacity	27
<b>Total</b>	<b>65</b>

It must be noted that all children receive an IHA. The chart below details how many days over the statutory 20 working day timeframe the IHA pathway was completed in the 12 months April 2025 March 2026. The table under the chart shows the reason for the highest number of days.



Number of days	Reason
90-100	Lack of clinical capacity (7)
	Delayed Report (2)
101-133	Lack of clinical capacity (2)
	Moved placement (1)
	Moved placement and lack of clinical capacity (1)
	Late request (1)
134-172	Late request (1)

## ICB Oversight and Action to explore and address performance issues:

In December 2025 a tripartite deep dive was completed into two months of IHA data. Each child's journey through the initial health assessment pathway was examined by the ICB, KCHFT and Medway LA. Outcome showed several areas of difficulty at different points of the jointly owned pathway. These included problems with Section 20 consent to see, placement moves, lack of attendance at appointments, children placed out of area and administration delays. A joint action plan is being drawn up by KCHFT and CSC, it will be presented at the Health Sub-group on the 2<sup>nd</sup> June and will be monitored by the sub-group, with progress updates to the Corporate Parenting Board.

The noncompliance with completion of IHA's within statutory timeframes (and therefore the ICB contract) have been raised at KCHFT's Provider Quality Meeting with further escalation through to Contract Management Committee where this will continue to receive scrutiny until sustained improvement in provider performance is achieved.

For children placed out of area, the ICB continues to escalate to the receiving ICB's where issues of capacity and quality of assessments are encountered.

Escalation to NHS England Regional and National safeguarding teams remains a regular occurrence sighting them on the significant difficulties in obtaining timely statutory health assessments for our children placed out of area.

In October 2025, the ICB awarded the community contract to KCHFT, bringing together two services that deliver initial health assessments into one service, providing an opportunity to review the demand and capacity of the service, the clinic settings and ways of working.

An internal ICB review of the service specification for the commissioned service that includes initial health assessments has been completed. A revised service specification is now going through internal governance processes at the ICB, once complete contractual conversations will take place with KCHFT as the provider of the service. This will ensure the specification details the requirements of a service, considering new and updated legislation, national guidance and local changes to the delivery landscape. Delivering a service that improves outcomes through timely and effective use of resources.

Looked after children has been identified as a clinical priority for the ICB in 26/27 with additional financial resources being made available to the KCHFT to transform the delivery of services. Future areas for development identified within the revised specification is digital transformation; a health data collection tool that will enable the information recorded at initial and review health assessments, such as diagnosed conditions, referrals and lifestyle issues to be collected and used to develop a health profile of our children and young people, support our commissioning intentions and interventions. Using limited resources to target need and improve outcomes. A Power BI performance and assurance platform, to strengthen real time oversight of KPIs and enhance analytical capabilities.

A further area of development is early intervention and prevention. The government has stated that care leavers will receive free prescriptions, dental and optical care from the Autumn 2026. The successful implementation of this welcome step in increasing the care offered to our care leavers is vital for fulfilling the potential of reducing health inequality, the provider will be required to support our local authority teams in its roll out.

## **Conclusion**

This report highlights sustained underperformance against the 20 working day IHA KPI for looked after children over the period April 2025 to March 2026. Although demand has remained broadly stable (217 requests, with 196 progressing to a full IHA) and most requests were made within the first five days (73%), overall completion within timeframe remains well below the 85% KPI. This has implications for assurance that children's health needs are being assessed, and health plans are being made available in time to inform the first statutory review with the local authority IRO.

The data indicates that, for children placed in Medway, breaches are predominantly linked to the children's social care elements of the pathway (particularly late requests), with additional impact from cancellations and placement moves; a smaller proportion relates to health capacity and clinic cancellations. For children placed out of area, performance is further affected by the timeliness and capacity of receiving health teams and the need for local clinical quality assurance of externally completed reports, with variable quality increasing rework and delay. The actions underway and the inclusion of looked after children being identified as a clinical priority within the community transformation programme set out the route to improvement. Overview and Scrutiny is invited to note the current level of underperformance, the key contributory factors across the pathway and the governance arrangements in place to provide assurance and track measurable improvement.

End of report: 20/05/2026

Nancy Sayer Associate Director and Consultant Nurse for Looked after Children and UASC.