

London Borough of Hammersmith & Fulham

Report to: Policy & Accountability Committee

Date: 02/01/20

Subject: Integrated 2.5-Year-Old Health and Development Checks

Report of: Phil Tomsett, Head of Early Years

Summary

A Local Area Inspection of SEND services was undertaken by CQC in December 2018. Ofsted identified that health and development checks for children aged 2.5 to 3 years should be more integrated in Hammersmith and Fulham and cited this as an area for development. The Ofsted SEND action plan listed this as an action still to be completed. Members of CEPAC requested an update against this action as a result. This paper provides an update as to progress to date.

Recommendations

1. For the Committee to note and comment on the report
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Wards Affected: ALL

H&F Priorities

Please state how the subject of the report relates to our priorities – delete those priorities which are not appropriate

Our Priorities	Summary of how this report aligns to the H&F Priorities
<ul style="list-style-type: none">• Building shared prosperity	Long term economic productivity in population cohorts is evidentially supported by early intervention and improved health and education outcomes for individuals in the early years.
<ul style="list-style-type: none">• Creating a compassionate council	The integration of 2.5-year-old health and development checks facilitates early identification of need and the provision of effective support

<ul style="list-style-type: none"> • Doing things with local residents, not to them 	Health and Education checks are voluntary for parents but are promoted in line with the government's priorities for improved childhood health and social care outcomes.
<ul style="list-style-type: none"> • Being ruthlessly financially efficient 	The integration of health and education checks identifies needs earlier in childhood, making preventative savings for local authorities in the long term
<ul style="list-style-type: none"> • Taking pride in H&F 	Outcomes from health interventions are published nationally by Public Health England

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Background Papers Used in Preparing This Report

Ofsted Inspection Report

1. Background

- 1.1. Children aged 2- 3 years receive two different consent-based assessments. One is an Early Years Foundation Stage progress check in Early Years Settings and the second is a health developmental review undertaken at two and half years by Health Visitors within the NHS Trust.
- 1.2. Where a child is identified as needing more support Children's Services and Health Services are required to arrange this and work in partnership as required.
- 1.3. The health review forms part of the Government's Healthy Child Programme (GOV.UK) that aims to make sure children are healthy, supported and have access to the services they need. All children are offered a health and development review. The review assesses a wide variety of Health Outcome measures including:
 - Growth, healthy eating and keeping active
 - Managing behaviour and encouraging good sleeping habits
 - Dental health
 - Keeping your child safe
 - Vaccinations
 - Hearing and vision

- 1.4. The Early Years Foundation Stage (EYFS) progress check is undertaken by all Early Years settings (PVI, childminders and maintained nurseries) when the child is aged between 24-36 months covering the child's development in the three prime learning and development areas of the EYFS: Personal, Social and Emotional Development; Physical Development; and Communication and Language.
- 1.5. The aims of the progress check are to: review a child's development in the three prime areas of the EYFS; ensure that parents have a clear picture of their child's development; enable practitioners to understand the child's needs and plan activities to meet them in the setting; enable parents to understand the child's needs and, with support from practitioners, enhance development at home; note areas where a child is progressing well and identify any areas where progress is less than expected; and describe actions the provider intends to take to address any developmental concerns (including working with other professionals where appropriate).
- 1.6. The progress check is a valuable part of the early identification process. The EYFS sets out best practice for Early Years settings to follow where concerns are identified to work together with the family and appropriate partner agencies to best meet the child's needs.
- 1.7. The EYFS Framework does not require the progress check to be completed in a prescribed or standard format and only children attending a setting are assessed. Ofsted will judge a setting on its assessment arrangements including the progress check. The Early Years Service supports Early Years settings to ensure high quality arrangements are in place for individual settings.
- 1.8. Integration of the two reviews is considered desirable, best practice and is recommended by the Department for Education and Department for Health as described in the 'Implementing Integrated Reviews in health and early years' resources pack. The CQC/ Ofsted commented in its local area SEND inspection report that, *'the lack of joint clinics means that not all children are benefiting from a collaborative developmental review that may support the earlier identification of need. Leaders have recognised this and aim to pilot integrated reviews in January 2019.'*

2. Integrating the reviews

- 2.1. The NHS Trust and Early Years (EY) providers recognise integration of two-year checks as a priority.
- 2.2. Integrating the reviews between EY and HV is currently undertaken by data share rather than physical meetings, and this is done by promoting the mutual use of the Red Book. The Red Book is the national standard and overcomes issues such as consent for data share. There is a page for Health Visitors and a page for Early Years Practitioners to report their

findings so that both services can appropriately respond to the Health and Education Needs of children.

- 2.3. Public Health Nurses see children aged 2.5 for one appointment. Children under 3 that attend an EY setting are seen by EY practitioners on a more frequent basis. If a significant health need is identified and communicated to the HV service by the EY practitioner, then the HV will attend and reviews can be integrated.
- 2.4. There has been a significant improvement in integration by offering a named, link HV for every EY setting. The HV offer and a link Health Visitor is not just for maintained settings but also for every Private, Voluntary Independent Sector setting (PVI), presented to the PVI forum in November. The Red Book method of data share and consent used by HVs was introduced to EY practitioners at the PVI forum.
- 2.5. Integration of two year reviews in Hammersmith and Fulham is therefore delivered effectively by:
 - A data share of information via a common interface; the red book is the national standard.
 - A referral from EY settings to Health Visiting when a Health need is identified or suspected. When such needs are identified a joint meeting will be held.
- 2.6. Leaders report that the services are working together more effectively. Family Support Services report that new protocols for sharing information are working, stating *'The integration of the 2 development checks offers virtual communication with pathways to flag earlier collaborative identification of potential SEND need. The Local Authority Early Support Panel gain earlier awareness of children who may require additional support. Children of concern at an amber level are made known to Children's Centres. Subsequently the aim of the integration is to provide resource sooner to reduce and/or resolve SEND requirements if actions can be taken at an earlier point in a child's life.'*
- 2.7. The re-commissioning in 2020 of the Health Visiting Service presents an opportunity to consider with our Public Health partners the scope of further integration in line with best practice. Senior officers are already meeting to discuss how the service could be re-shaped to facilitate a more integrated approach.

List of Appendices:

None.