

Pan Berkshire Multi-Agency Escalation Protocol For Health Assessments For Looked After Children, Children in Care Placed Within Berkshire And Within The 20 Mile Radius of Berkshire

Introduction

This protocol has been developed to ensure that the following partners have an agreed approach for ensuring the timely completion of the statutory health assessments for looked after children regardless of their placement. The protocol will ensure a robust response to any delays in the process.

Partners:

- East Berkshire Clinical Commissioning Group
- Berkshire West Clinical Commissioning Group
- Bracknell Forest Borough Council
- Achieving for Children
- Slough Childrens Services Trust
- Berkshire Healthcare NHS Foundation Trust (BHFT)
- Brighter Futures for Children
- West Berkshire Council
- Wokingham Borough Council

The protocol takes into account that there are Clinical Commissioning Groups (CCGs) and providers who are not subject to this protocol and who are also required to cooperate and complete health assessments for Berkshire's looked after children.

In order to ensure quality outcomes for looked after children it is also essential that quality assurance of statutory health assessments is undertaken.

National Context

Local Authorities are responsible for making sure a health assessment of the physical, emotional and mental health needs 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) Regulations (2010) requires the Local Authority that looks after them to arrange for a registered medical practitioner to carry out an Initial Health Assessment (IHA) of the child's state of health and provide a written report of the assessment. The IHA should result in a summary and recommendations which is available for the first statutory review at 20 working days. Following this, every child

under 5 years of age should have a review of their health at least every six months and those over 5 years at least annually.

CCGs and NHS England 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 CCG is expected to cooperate with requests to undertake health assessments on behalf of the originating CCG.

Local context

Health assessments for children looked after by Berkshire's six local authorities are coordinated by BHFT.

Initial Health Assessments (IHAs) for children placed within a 20 mile radius of Berkshire are completed by BHFT Community Paediatricians.

IHAs for children placed beyond a 20 mile radius of Berkshire are arranged by the BHFT Health Team for looked after children with an out of area provider. Local arrangements for health assessments for children placed out of area may vary.

Review Health Assessments (RHA) are completed by different providers depending on the age of the child and the area they are placed in.

Where non BHFT providers complete an IHA or RHA; in addition to the assessment, a quality assurance checklist is completed. The BHFT Community Paediatrician for IHAs and a Specialist Nurse for RHAs will review the assessment and checklist. If either assessment does not meet the Quality Standards (as outlined in the checklist) the Community Paediatrician or Specialist Nurse has 2 options. For assessments requiring minimal amendments an "Overview and Comments Form" can be completed by the reviewer; and for assessments requiring significant amendments, the professional who undertook the assessment will be asked to make the necessary amendments.

Assessments for children placed outside the 20 mile radius of Berkshire are funded in line with the 2017 /2018 and 2018 / 2019 National Tariff Payment System.

The timeliness of health assessments for looked after children is monitored by the Head of Service for looked after children at BHFT and reported six monthly to the Clinical Commissioning Group.

Purpose

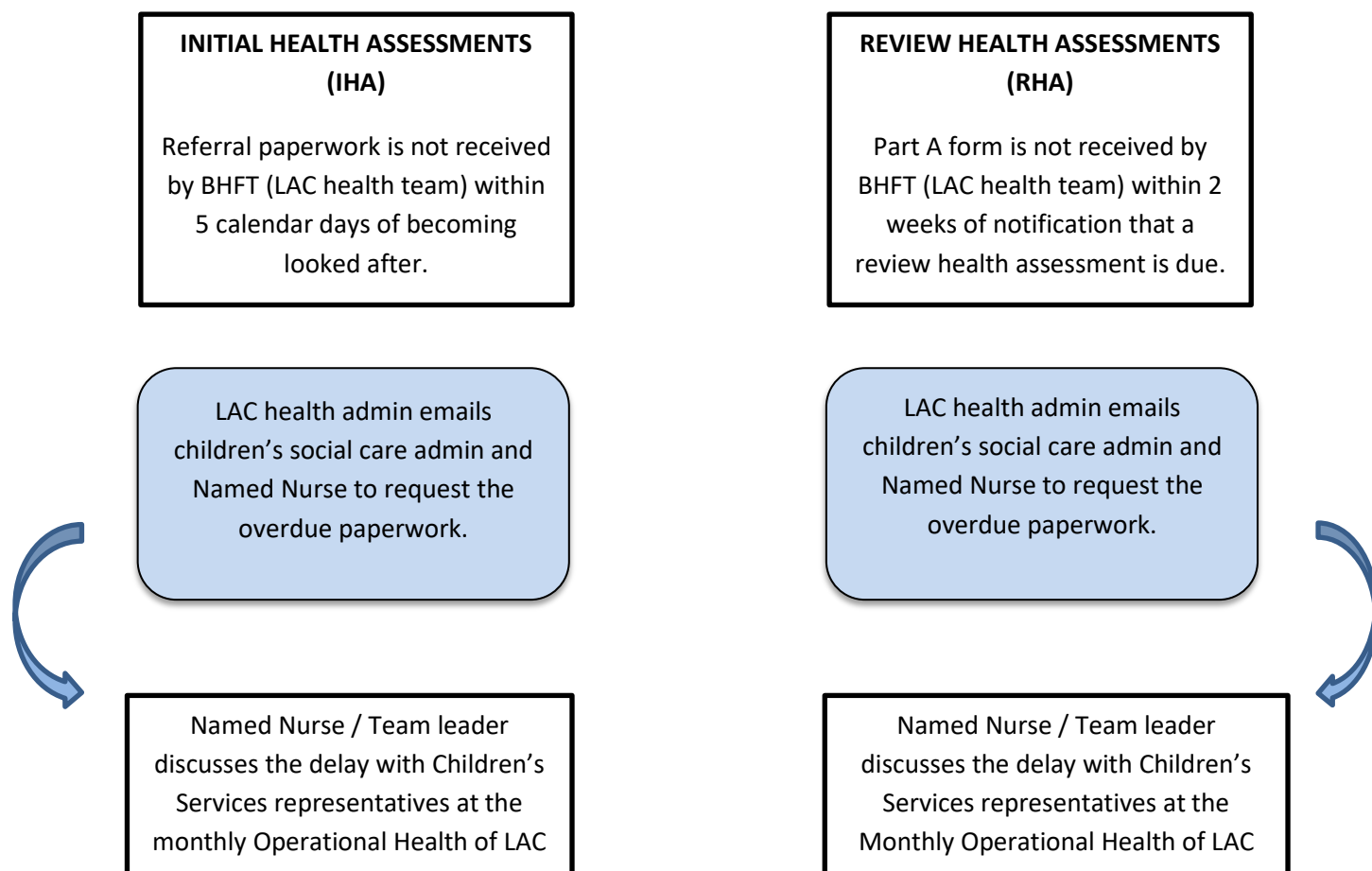
The purpose of the escalation protocol is to promote a culture of partnership working, whereby the relevant agencies working with children and young people placed either within or outside of the Local Authority work together to ensure looked after children are seen within timescales and any delays are dealt with promptly. This action will contribute to addressing potential health inequalities and promote the child's health and wellbeing.

Key Principles

- Timely and robust communication and information sharing
- Sharing of patient identifiable information by secure email exchange
- Identified delays will be dealt with quickly to achieve resolution within the statutory timeframes
- Partners subject to the protocol will ensure there are robust escalation routes within their respective agencies

There will be separate escalation processes to address each area of delay. These can be found on pages 4 – 6 of this document.

1. FLOWCHART FOR BHFT WHERE THERE IS A DELAY IN RECEIPT OF REFERRAL PAPERWORK FROM CHILDREN'S SERVICES (This is dependent on BHFT having received information indicating the child is looked after)



*Referral paperwork consists of BHFT consent form, Part A form and Coram BAAF PH form and should be sent by children's services within 5 calendar days of a child becoming looked after.

2. FLOWCHART FOR BHFT/ CCG ESCALATION WHERE THERE IS A DELAY IN THE COMPLETION OF IHA/RHA BY NON-BHFT PROVIDERS

INITIAL HEALTH ASSESSMENT (IHA) or REVIEW HEALTH ASSESSMENT (RHA)

When an IHA or RHA has not been completed and returned by the due date, the health team coordinator will inform the Named Nurse.

The Named Nurse will initiate the escalation process.

The process will be reviewed every 2 weeks and unresolved delays will lead to the next step in the process being initiated. Social Care will be updated at the monthly operational health of LAC meeting.

Step 1

Named Nurse will escalate to Non-BHFT LAC Team. The Service manager for Children's Services will also be advised of the escalation.

Step 2

Named Nurse will escalate to the Designated Nurse (Berkshire West CCG or East Berkshire CCG) who will decide to escalate to the out of area (OOA) Designated Nurse or accept the delay. If the delay is accepted then this will be reviewed every 2 weeks. The Designated nurse will copy in the LA Head of Children in Care to this and subsequent escalation emails.

Step 3

Designated Nurse will decide when to request that the Director of Nursing (Berkshire West CCG or East Berkshire CCG) escalates to the Chief Nurse in OOA CCG area.

Step 4

Director of Nursing escalates to NHS England South Central Safeguarding lead and NHS England national safeguarding lead

FLOWCHART FOR BHFT / CCG ESCALATION WHERE THE COMPLETION OF IHA/RHA BY NON-BHFT PROVIDERS FOR CHILDREN PLACED 20 MILES OUTSIDE OF BERKSHIRE DOES NOT MEET THE REQUIRED STANDARD

INITIAL HEALTH ASSESSMENT (IHA) or REVIEW HEALTH ASSESSMENT (RHA)

An IHA / RHA completed by a non-BHFT provider does not meet the required quality standards and cannot be assured by the completion of the "comments and overview by looked after health

The process will be reviewed every 2 weeks and unresolved delays will lead to the next step in the process being initiated. Social Care will be updated at the monthly operational health of LAC meeting.

Step 1

The Community Paediatrician / Specialist Nurse contacts the health professional that completed the assessment and advises on the amendments required.

Step 2

Named Nurse will escalate to the Designated Nurse (Berkshire West CCG or East Berkshire CCG) who will decide to escalate to the out of area (OOA) Designated Nurse or accept the delay. If the delay is accepted then this will be reviewed every 2 weeks. The Designated nurse will copy in the LA Head of Children in Care to this and subsequent escalation emails.

Step 3

Designated Nurse will decide when to request that the Director of Nursing (Berkshire West CCG or East Berkshire CCG) to escalate to the Chief Nurse in OOA CCG area.

Step 4

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