





Nottinghamshire (including City) Looked After Children placed Out of Area

Joint health and local authority pathway for managing communication and requests for statutory health assessments for Looked After Children (LAC) placed out of area

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Social workers must notify the relevant ICB, in accordance with statutory guidance (DH, 2015) when a child is placed out of authority and ensure the statutory health assessment is undertaken (HM Gov, 2010).

When a CIC or child leaving care is moved out of a ICB area, arrangements should be made through discussion between the "originating ICB", those currently providing healthcare and new providers to ensure continuity of healthcare. ICBs should ensure that any changes in the healthcare provider do not disrupt the objective of providing high quality, timely care. The needs of the child should be the first consideration.

The Department of Health, with NHS England, Monitor, the Royal Colleges and other partners, has developed a mandatory national currency and tariff for statutory health assessments for looked-after children placed out of area. Details are set out in the current National Tariff Payment System.

This pathway assures a robust process is in place when the local authority places a LAC out of area.

For those CIC placed out of area but locally enough for commissioned health providers to undertake the HA the need for an external provider is not applicable. The QA process of these HAs will be managed internally as with any other CIC HA.

Definitions and Abbreviations

Definition		
Originating Authority	The local authority where the child/young person resides when they become looked after. They retain the responsibility.	
Receiving Authority	The local authority where the child/young person is placed.	
Orginating ICB	The ICB where the child/young person resides when they become looked after. This is decided by the registered GP on becoming looked after. This ICB will remain responsible throughout the time spent in care despite where the placements are.	
Receiving ICB	The ICB where the child/young person is placed. This is decided by the GP registered with on new placement.	
Originating Health Provider	The health provider organisation arranging the health assessment	
Receiving Health Provider	The health provider organisation undertaking the health assessment	

Abbreviation	
ICB	Integrated Care Board
CIC	Child in Care
DBTH	Doncaster and Bassetlaw Teaching Hospital
D/C	Discharge
DD	Designated Doctor CIC
HA	Health Assessment
IHA	Initial Health Assessment
LA	Local Authority
LAC	Looked After Child
MFF	Market Forces Factor
NHCT	Nottinghamshire Healthcare Foundation Trust
NHSE	NHS England
NUH	Nottingham University Hospitals Trust
OICB	Originating ICB
ODD	Originating Designated Doctor CIC
ODN	Originating Designated Nurse CIC
OLA	Originating Local Authority
OOA	Out of Area
OHP	Originating Health Provider
QA	Quality Assurance
RICB	Receiving ICB
RDN	Receiving Designated Nurse CIC
RHA	Review Health Assessment
RHP	Receiving Health Provider
SFHFT	Sherwood Forest Hospital FoundationTrust
WNB	Was not brought (previously know as DNA)

Nottinghamshire / Nottingham City Looked After Child (LAC) / Young Person is placed Out of Area (OOA)

management of health assessments

Within 5 working days OLA informs using the East Midlands guidance template: 1) RICB via relevant RDN (see Appendix 1); 2) OICB via ODN; - nnicb-nn.nottinghamcityandcountylac@nhs.net (Bassetlaw, mid, south county and city) 3) OHP Bassetlaw - bassetlawcic@nottshc.nhs.uk, County - nottscic@nottshc.nhs.uk and city - nottinghamcic@nottshc.nhs.uk (nursing team) 4) GP Note: OLA to ensure registration with a new GP is completed as a matter of urgency as this will affect timely sharing of health records, meeting the needs of the child and the quality of subsequent health assessments undertaken.

New CIC requiring IHA - LA liaison with OHP (NUH, SFH & DBTH) to request & arrange IHA within statutory timescales

via CIC generic provider email address

OP to allocate caseload holder (Dr) who takes responsibility for oversight and liaison with RP

Existing CIC - OHP (nursing team) will review records, make an entry to reflect change of address. OHP to follow own process in relation to information sharing

RHA required - LA request health assessment from originating heath provider (NHCT) via NHCT CIC generic email addresses

*a SW will ensure continuing health needs are met in new placement. CIC health teams are available to support SW if they need help with signposting or arranging health provision

> The responsibility of "was not brought" sits with the LA

> Child leaves care at any point → Health D/C process → LA responsibility

Prior to request for HA OHP to email CCG via ODN (admin) to request unique identifier (excluding NHCT who allocate own and inform ICB) – this is to be used in all future written communication and must be included on invoice from RICB

OHP liaise with receiving provider (RHP) to request health assessment within agreed time scales including sending the QA tool to clarify expected standards. RHP is expected to share the report directly with social care, GP as well as originating provider on completion. Request unique identifying number is recorded on invoice for payment-See Appendix 3

Multiple moves (any point) → back to the beginning with all information. LA will inform all ICBs involved (originating, receiving and new RICB)

Agreement received from RHP via secure email to OHP that assessment will be completed. OHP liaises with RHP who organises HA

See Appendix 4 and 5

Health assessment completed by RHP and shared with OLA, GP and OHP

RHP to inform OLA (SW) of WNB/cancellations. OHP to liaise with OLA and escalate to ODN if necessary and follow locally agreed decliner pathway

OHP (Named Professional) quality assures assessment within 20 working days of receiving the report *b

On receipt of invoice from receiving ICB the originating ICB (non-contracting activity team) will clarify with the ODN (admin) that the payment should be authorised *c

*b OHP (Named Professional) to ensure QA of health assessment. If concerns are raised attempt to resolve at an operational level. Escalate to ODD/ODN and social work team manager if concerns raised cannot be resolved or are being addressed but are significant. If report of poor quality OHP to send any additional information to OLA (to support the original report they have already received)

> *c If the invoice is received prior to the HA being completed the payment will not be made. Any issues ODN escalates to NHSE

Appendix 1

NHS England national database of designated and provider LAC contacts – provided separately by the ODN with updates when given by NHS England.

Appendix 2

Health provider	Previous CCG areas covered
NUH (Nottingham University Hospitals)	Nottingham City CCG – part of Greater Notts Partnership.
	Rushclilffe CCG – part of Greater Notts Partnership.
	Nottingham West CCG – part of Greater Notts Partnership.
	Nottingham NE CCG – part of Greater Notts Partnership.
SFHFT (Sherwood Forest Hospital FoundationTrust)	Mansfield & Ashfield CCG – part of mid Notts.
	Newark and Sherwood CCG – part of mid Notts.
DBTH (Doncaster and Bassetlaw Teaching Hospital)	Bassetlaw CCG
NHCT (Nottinghamshire Healthcare Trust)	All the above CCGs

Appendix 3

OHP sends request for health assessment with explicit direction around use of identifier (including on invoice) and payment. This will include a request for communication from RHP with OLA and OP if WNB / cancellations or refusals. If HA declined OHP to follow the locally agreed decliner pathway. A request will be made for the RHP to share the report with the GP and social worker (as well as OHP).

Appendix 4

If it is identified that if the charge differs from the National Tariff (including MFF) OHP to liaise with ODN who will escalate to receiving ICB via RDN. This is in advance of agreeing to paying for the assessment.

Appendix 5

If concerns are raised about the timeliness of a health assessment, WNB or refusal this is to be escalated by the OHP to the originating DD/DN for escalation.

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