Children in Care Clinical Initial and Review Health Assessments

Standard Operating Procedures

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**Purpose of this document**

Providing support and guidance to improve the Health and wellbeing of Children in Care (CIC)

**Scope of this SOP**

All staff of East London Health Care Foundation Trust (ELFT) who undertake statutory Health Assessments for Children in Care, including those on temporary contracts and bank staff

**Competencies required**

* The Looked after children: Knowledge, skills and competences of Healthcare staff. Intercollegiate Role Framework, March 2015 recommend that all Healthcare staff who come into contact with looked-after children should work within the Royal Colleges’ intercollegiate framework. Therefore all staff employed by East London Foundation Trust (ELFT) who are working with this group of children and their carers must have the right knowledge, skills, attitudes and values, particularly as access to highly skilled and knowledgeable Health practitioner’s results in improved outcomes, enabling young people to achieve their full potential.
* ELFT Specialist Children’s NHS staff will be aware of and work within the East London Foundation Trust Child Protection Procedures
* ELFT Specialist Children’s NHS staff will know how to access support and supervision from the Named Nurse for Children in Care, Named Professional Safeguarding Childrenand Designated Nurse for Children in Care

**Patients Covered**

Children in Care and Young People placed by external CCG area in Newham

Children in Care and Young People placed by Newham Local Authority

**Monitoring Tool**

**Standards:**

|  |  |  |
| --- | --- | --- |
| **Item** | **%** | **Exceptions** |
| All CICYP entering into care will be seen for an Initial Health Assessment (IHA) within 20 working days | >85% |  |
| All CICYP aged 0-5 will have a Review Health Assessment (RHA) twice a year. | >95% |  |
| All CICYP aged 5 years and over will have a Review Health Assessment annually. | >90% |  |
| A sample of IHA undertaken by ELFT on Newham children will be quality assured | 10% |  |
| A sample of RHA undertaken by ELFT on Newham children will be quality assured | 10% |  |

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1. **Introduction**

1.1 This procedure has been developed to promote the health and wellbeing of Children in Care (CIC) who are in the care of Newham Local Authority. This procedure is in place to direct clinicians who have responsibility for undertaking statutory Initial and Review Health Assessment for Children in Care.

1.2 The statutory Health Assessment process is a complex process. The process needs to be jointly owned between Health and Newham Local Authority and relies heavily upon partnership working, cooperation and effective communication between everyone. Any potential change to processes or systems that may have implications to practice will require prior consultation and agreement between agencies.

1.3 The Provider, East London NHS Foundation Trust, has a role and duty of care to ensure that all children and young people in care have the opportunity to have their health needs assessed by an appropriately qualified clinician. This should be within recommended timescales, ensuring appropriate and timely actions are taken to meet the identified health needs (Promoting the Health and Wellbeing of Looked after Children DOH 2015).

1.4 The Children Act 1989 and amended legislation 2004 place clear responsibilities for Health providers to comply with requests from Local Authority (LA) to help them to provide support services to looked after children. Therefore, the starting point for effective partnership working has to be at the Initial stages when children enter the care system and one that follows the child’s health journey through the care system and beyond. There is an explicit requirement for effective and robust systems and processes to be in place if we are to improve the health outcomes for looked after children. The planning, processes and systems need to be firmly embedded within Health and across Newham organisations (DOH 2015 & NICE 2010, 2013 & 2020).

1.5 The health of Looked after Children (CIC) is substantially worse than the health of their peers living with their birth families. This reflects the impacts of poverty, poor parenting, physical / sexual abuse and neglect, and trauma for the unaccompanied asylum seeking minors. Adverse Childhood Experiences (ACEs) is the term used to describe traumatic experiences before age 18 that can lead to negative, lifelong emotional and physical outcomes.

Common problems include the effects of poor preventative care, such as lower rates of immunisation and worse dental health, inadequate care of disability, undiagnosed health disorders and significant behavioural and mental health problems. The mobility of CIC makes continuity of care difficult. Slow and unreliable transfer of Health records and Health information is another factor that contributes to poorly co-ordinated health care. Longer term outcomes for those who have left care remain strikingly worse than their peers.

1.6 CIC may also have experienced poorer access to services including universal services such as dental services, immunisations, routine child health surveillance and health promotion because of language or cultural barriers.

Initial Health Assessments (IHA) have been regarded as “medicals”, with undue emphasis on the performing of a physical examination and inadequate attention being paid to personal history, birth and family histories, growth and development, emotional health and dental and oral health. The annual Review Health Assessment (RHA) provides an opportunity for providing health promotion and anticipatory care (e.g. to discuss health worries of children of all ages, and concerns of young people about sexual health and contraception), Sometimes these reviews are hampered by missing information e.g. example immunisation status is usually incomplete, and the information requested from the current or previous General Practitioner (GP) is often missing.

1.7 The White Paper “Care Matters: Time for Change “2007 describes a large agenda across which work with CIC needs to be prioritised by both local authorities and Health Trusts, requiring detailed and co-ordinated partnership work and making Healthcare bodies more accountable. This was also included in Working together to Safeguard children (2018), where statutory guidance on inter-agency working to safeguard and promote the welfare of children, included Health as a key inter-agency member and also introduced ‘contextual safeguarding’, looking at the geographical areas where vulnerable young people were coming to harm.

The revised “Statutory Guidance on Promoting the Health and Well-being of Looked After Children” March 2015 is issued to local authorities, Clinical Commissioning Groups (CCG) and Strategic Health Authorities in England under sections 10 and 11 of the Children’s Act 2004 and they must have regard to it when exercising their functions. The guidance is also issued to local authorities under section 7 of the Local Authority Social Services Act 1970, and they must act under it in discharging their duties to promote the Health of the children they look after.

The guidance sets out how all agencies must work together to assess the needs of Looked after Children and ensure that services are provided to meet those needs. In particular, it sets out how Children and Adolescent Mental Health Services (CAMHS) should provide targeted services for CIC.

Looked after children: Knowledge, skills and competences of Healthcare staff. Intercollegiate Role Framework, March 2015 & 2020 recommends that all Healthcare staff who come into contact with looked-after children should work within the Royal Colleges’ intercollegiate framework. Healthcare staff working with this group of children and their carers must have the right knowledge, skills, attitudes and values, particularly as access to highly skilled and knowledgeable Health practitioners’ results in improved outcomes, enabling young people to achieve their full potential.

**2. PROCEDURE STATEMENT**

2.1 This document aims to provide clear procedures for practitioners on the responsibilities for particular staff groups and the process for statutory Health Assessments for children and young people placed by Newham in local authority care.

**The processes for CIC specialist Health practitioners undertaking Health Assessments are outlined. The following core principles of good health care apply in implementing this policy:**

2.2 Health Assessments and Health Care Plans will promote the current and future health of the child or young person who is in care and not focus solely on the detection of ill-health. Health Assessments will be holistic, covering a range of issues including physical health, developmental health and emotional well-being, and will capture ‘the voice of the child or young person’.

2.3 Health professionals will conduct Health Assessments in a way that enables and empowers children and young people to take appropriate responsibility for their own health. Health Assessments and services for children and young people who are in care should be sensitive to age, gender, disability, race, culture and language. They will be non-discriminatory and promote equality of access to services.

2.4 Every Child in Care who is being looked after for more than a month is required to have an Initial Health Assessment and physical examination with a doctor within 20 working days of entering care. The social worker must request the Initial Health Assessment as soon as a child is taken into care. If the request is not received within 48 hours an escalation process to senior managers in the Local Authority’s Children & Young Peoples Services (CYPS) is followed. (Appendix 1)

2.5 A Health Report Part B and summary and Part C and personal Health Care Plan, of the British Association for Adoption and Fostering (CORAMBAAF) form, or the Newham CIC Health Report Template will be developed from this Health Assessment. This will set out ‘SMART’ short and long term Health objectives together with the actions and recommendations needed to achieve them.

A copy of the full report is sent to the GP; for report using the CRAMBAAF FORM a copy of the Part C and Health Care Plan is sent to the Social Worker and the young person and with the young person’s consent a copy will be sent to their carer and to relevant professionals. For the Newham Template, the full report is sent to the GP, Social worker and with young person’s consent a copy will be sent to their carer and relevant professionals and to the young person if deemed suitable.

2.6 Review Health Assessments for CIC children are conducted every 6 months for those children under 5 years of age and annually for those children and young people over 5 years to 18 years, whilst they remain in care. (Appendix 2-3)

2.7 Children and young people in Care will be seen by the Newham CIC Community Paediatrician or Nurses or their equivalent in the area in which a child or young person is placed.

The Newham CIC Nurses will travel to see children and young people out of Borough, if the situation requires it.

2.8 All CIC leaving care at 18 years of age who have been looked after for more than 13 weeks will have received a Health Information booklet containing general Health information and how to access health services. They will also receive a Care Leavers Health Summary containing information about their personal Health history. This will be shared with the GP and Social Worker with the Care Leaver’s consent.

**3.0 RESPONSIBILITIES**

3.1 **The CIC Administrator Operational Lead**

* Has responsibility for ensuring that there is a robust, efficient and effective process in place for tracking and auditing purposes.
* Has accountability & responsibility in the oversight of the administration processes of IHA’s & RHA’s.
* Is the line manager of the CIC Patient Pathway Coordinator;
* Leads on the coordinating of the Initial and Review Health Assessments for Looked after Children placed within and out of authority;
* Liaises with Health and Social Care colleagues to ensure accurate and timely information is received in order to progress Initial and Review Health Assessments to meet statutory time scales;
* Leads on Initial Health Assessments, ensuring paperwork is received and child seen within 20 working days of coming into care, by sending the CoramBAAF Health Assessment paperwork via e-mail for the social worker to complete and return within 4 days of the email being sent. If the paperwork is not received in the time frame, the escalation process is to be followed (Appendix 1)
* Monitors Azeus (LA reporting system) entry and exit into care by running the Azeus Report every Monday 1 week retrospectively and highlights any delays in the process, alerting partner agency colleagues that action is needed as appropriate;
* Provides a Monthly and Quarterly performance report in conjunction with the Named Nurse to give assurance of compliance with Key Performance Indicators and Statutory Guidance to ELFT and the Integrated Care Board (ICB).

**3.2 CIC Patient Pathway Coordinator (PPC) (Review Health Assessments)**

* The CIC Patient Pathway Coordinator is required to manage the Review Health Assessment process.
* 2 month in advance of any Review Health Assessment (RHA) the CIC PPC runs the report from RIO and also runs report from Azeus and cross checks the reports to see which children are due for RHA’s for the coming month. The PPC will then send all CoramBAAF Part A to the social worker and manager to complete updated paperwork e.g. consent for the Health Assessment. The PPC will then contact the carers to confirm the placement and to book the appointments.
* The CIC Patient Pathway Coordinator has responsibility for ensuring all children under 5 have a CIC Review Health Assessment every 6 months, on or before their previous RHA, and yearly when over 5 on or before their previous date of being seen.
* The CIC PPC works to a 1 month period of booking appointments, sending out GP requests for information sharing and sending the ‘Strength and Difficulties Questionnaire’ (SDQ) to the Carers and young persons for 4-17 yr olds in advance. (Appendix 2)
* The CIC PPC is responsible in informing the CIC Admin Operational Lead and the Named Nurse if issues arise.

**3.3 The Named Professionals for CIC including the Named Nurse and Named Documents should meet the competencies as listed in Appendix 3 of Children in Care: roles and Competencies of Healthcare Staff**

**3.4 The Named Nurse for Children in Care is responsible for:**

* Coordinating and monitoring the Review Health Assessments for Children in Care over 2 years of age placed both in and out of authority.
* Conducting independent health assessments and supporting nursing assessments for complex children.
* The quality assurance of all nurse led Review Health Assessments for Children in Care placed out of borough.
* Facilitating peer review of Health Assessments within the Children in Care’s team, to promote shared learning, development and best practice.
* Working collaboratively with multi-agency colleagues in order that the health needs ofChildren in Care are identified and addressed.
* Co-ordinating and attending multi-agency meetings regarding the development of services for Children in Care.
* Collating data to develop the Health Needs Assessment of Children in Care.
* Providing training for Health Professionals involved in the delivery of Health Assessments for Children in Care and contributing to multiagency training regarding the Health needs of CIC.
* With the CIC Admin Operational Lead, providing monthly performance reports to give assurance of compliance with Key Performance Indicators and Statutory Guidance in relation to Review Health Assessment for Children in Care placed in authority, escalating any areas of concern to the clinical manager.

**3.4 Role of the Named Doctor for Children in Care**

* Coordinating and monitoring all Initial Health Assessments and Review Health Assessments for children under 2 years of age, for Children in Care placed both in and out of authority.
* Conducting independent health assessments and supporting nursing assessments for complex children.
* The quality assurance of doctor led Initial Health Assessments for Children in Care placed out of borough.
* Facilitating peer review of Health Assessments within the Children in Care’s team, to promote shared learning, development and best practice.
* Working collaboratively with multi-agency colleagues in order that the health needs ofChildren in Care are identified and addressed.
* Co-ordinating and attending multi-agency meetings regarding the development of services for Children in Care.
* Collating data to develop the Health Needs Assessment of Children in Care.
* Providing training for Health Professionals involved in the delivery of Health Assessments for Children in Care and contributing to multiagency training regarding the Health needs of CIC.

With the CIC Admin Operational Lead, providing monthly performance reports to give assurance of compliance with Key Performance Indicators and Statutory Guidance in relation to Initial Health Assessment for Children in Care placed in authority, escalating any areas of concern to the clinical manager.

**3.4 Role of the Specialist Nurse for Children in Care**

* Works collaboratively with children, young people and their carers, and colleagues in Health and Social Care to ensure that the Health needs of Children in Care are identified and addressed.
* Conducts holistic Review Health Assessments that reflects the ‘voice of the child’ and develops a Health Care Plan involving the child/young person, ensuring that all identified actions from the Health Care Plan are managed, followed though and recorded as per Trust policy (CIC Additional Health Information).
* Seeks support and conducts joint assessments where required with the medical team for children with complex needs
* Updating the Health Care Plan from the Review Health Assessment as new health needs arise.
* Provides ongoing health advice and support to Children in Care and their carers.
* Liaises with the allocated social worker regarding possible referral to other services / agencies.
* The Specialist Nurse should attend CIC Review Meetings for Children in Care who have identified health needs, to ensure that health needs are being addressed by the Carer, Social Worker and Independent Reviewing Officer (IROS) and that the child’s outcomes are improving. If there are no unmet health needs an updated health report can be provided to inform the CIC Review meeting. The Specialist Nurse will then be responsible for reviewing the meeting minutes to ensure no new health actions have been identified. Where a new health action is identified the Specialist Nurse will reassess and provide a plan of care.
* Ensuring all Children in Care between the ages of 17-18 years are provided with a Health information booklet and a Care Leavers Health Summary upon leaving care.
* The Specialist Nurse has 5 working days to complete the Health Assessment. This includes follow up phone calls, writing up progress notes. If this is going to be breached they need to inform the Named Nurse with the rationale.
* The Specialist Nurse is responsible for ensuring their electronic diary is kept up to date, with day tasks.
* The Specialist Nurse will rotate on a weekly basis to cover the Duty System.
* The Specialist Nurse on duty will receive an email from the CIC Admin via the [**elft.cicnewhamhealthservice@nhs.net**](mailto:elft.cicnewhamhealthservice@nhs.net)of invites to meetings and requests received from other professionals/agencies including notifications such as Accident and Emergency, hospital attendances.
* The Specialist Nurse on duty will identify and attend meetings that need attendance. If the Specialist Nurse on duty or colleague is unable to attend the meeting, the Specialist Nurse will inform the Named Nurse CIC. A decision can then be made to send apology and request minutes and actions to be sent to CIC Health Team.
* The Specialist Nurse will document in RIO Progress note any action arising from duty system
* To undertake regular audits
* To support the Named nurse when required.

**4.0 Initial Health Assessment (Appendix 1)**

The Health Assessment when a child is first looked after is not an isolated event but should be part of continuous activity to ensure the provision of high quality Healthcare and positive discrimination for Health which is managed through a clear process (DH 2002).

**Purpose**

* To record birth history and family history if known.
* To record existing medical conditions from the time that the child is first looked after.
* To provide a comprehensive and holistic Health Assessment using a trauma informed approach. This should include a developmental assessment where appropriate and assessment of emotional well being
* Formulate health recommendations
* To record the child’s wishes and feelings regarding their present and future health
* To involve the child young person in their own health care
* To provide information and Health promotion for the child and carers on a wide range of Health related issues
* To provide comprehensive information on the child’s Health for carers
* To provide a basis for a required report by the medical advisor for adoption panels and court.
* To provide information for the performance indicators

A valid consent is necessary for the Assessment to take place, which can be addressed in a number of ways:

* The Social Worker Manager will sign the consent section on Part A of the BAAF form when there is a Full Care Order
* Attendance of the parent on the day of the Initial Health Assessment to sign the consent. Section 20 will usually need parental consent
* The young person is deemed competent to consent for themselves
* The carer may have delegated responsibility to consent for the child

**4.1 Initial Health Assessments**

4.2 Initial Health Assessments are completed by the Community Paediatricians or other Paediatrician/doctor or GP trained in conducting CIC Health Assessments. The completed Report (Part B), Summary and Health Care Plan (Part C) or Newham CIC Health Report Template will form part of the overall care plan and be reviewed at each LA CIC Review and Health Review Health assessment. The Child/Young person will attend the Initial Health Assessment with the Carer/Keyworker. Social worker must be in attendance. An interpreter may also attend if required.

4.3 GP Health Summary and Immunisation history for the child or young person will be requested from the GP prior to the Initial Health Assessment by theCIC Admin Operational Lead.

4.4 If a looked after child is placed too far away from Newham, the majority of Initial Health Assessments will be completed by the Community Paediatricians or other Paediatrician either at local clinics or by home visits if living outside of Newham within a 20 mile radius. Visits to further destinations will be considered on a case by case assessment. Outside of this radius, the LA will send the Out of Borough ICB a placement notification.

If it is not possible for the Community Paediatrician or other Paediatrician to undertake the Initial Health Assessment, the CIC Admin Operational Lead will send a request to the CIC Health Team in the area a child is placed for them to complete the Assessment on our behalf.

4.5 On completion of the Initial Health Assessment the assessing doctor will write a report including a Health Care Plan. This report will be quality assured by the Named Doctor and will also completes the CIC Additional Health Information form.

The Named Doctor also quality assures the report completed by doctors in training. The report is then placed in the CIC Distribution folder on the shared network drive and is distributed by the CIC Admin Operational Lead.

The full report is uploaded to RIO. The GP is also sent a copy of the full report; the Carer and young person receive what has been deemed suitable by a doctor and outlined at the end of the report. At times this may be just the health recommendations only and/or the summary and/or Immunisation information. For report using the CRAMBAAF FORM, a copy of the full report is sent to the GP. A copy of the Part C and Health Care Plan is sent to the Social Worker and the young person and with the young person’s consent a copy will be sent to their carer and to relevant professionals. For the Newham Template, the full report is sent to the GP, Social worker and with young person’s consent a copy will be sent to their carer and relevant professionals and to the young person if deemed suitable.

The full report is then uploaded to Azeus and an email sent to Social worker and IRO informing them that the report has been uploaded.

A copy will be sent to the relevant Health visitor for under 5’s via the CHIS [CHIS@newham.gov.uk](mailto:CHIS@newham.gov.uk) or school nurse for over 5’s to [schoolhealth@newham.gov.uk](mailto:schoolhealth@newham.gov.uk)

4.6 The allocated doctor is responsible for documenting on RiO progress notes attendance or non-attendance details.

4.7 The assessing doctor is responsible for completing the CIC Additional Health Information & out-coming the appointment on RiO and document reason of non attendance in the outcome comment section. This includes notifying the CIC Admin Operational Lead of children and young people who were not brought to the appointment (WNB).

4.8 All children Who Were Not Bought (WNB) or who Did Not Attend will be recorded on RIO.

The escalation and Was Not Brought pathway must be followed by the CIC Admin Operational Lead and the allocated doctor for the IHA and the Designated Nurse informed on a weekly basis by the CIC Admin operational Lead. Every effort will be made to either offer another appointment or visit the young person to ensure that the Health Assessment is completed within the time scale.

4.9 If the child or young person lives outside Newham or attends a school outside Newham, a copy of the Health care plan will be sent to the appropriate CIC Team who will disseminate to the Health visitor or school nurse as appropriate.

4.9.1 Azeus and RiO will be updated by the CIC Admin Operational Lead.

4.9.2 The CIC Admin Operational Lead will upload the BAAF form of all Initial Health Assessments onto RIO

**5.0 Review Health Assessments (Appendix 2)**

Review Health Assessments of a school age child should cause minimum disruption to the child’s school day and consideration should be given at all times to the need for an appropriate adult to be present. Those under 5yr are seen every 6 months; those 5-18yr are seen annually.

5.1 The decision as to the most appropriate Health professional to undertake the Review Health Assessment will be determined on a case by case basis. All 2 years and under will be seen by a Community Paediatrician or other Paediatrician or GP trained in conducting CIC Health Assessments.

5.2 The Specialist Nurse will rotate on a regular basis Tuesday and Friday Clinics (West Ham Lane) and Wednesday clinics (Appleby Health Centre); with an additional overflow clinic on Thursdays (Appleby Health Centre) if required.

5.3 The most recent CIC Review Minutes & PEP will be accessed from Azeus to inform the assessment and will be uploaded to RiO by Specialist Nurse.

5.4 Health information will be requested from the GP 8 weeks prior to the Review Assessment, by the Patient Pathway Coordinator. If no response has been received within 2 weeks, the PPC will contact the GP Surgery to follow up. If this has not been received at the time of the Review Health Assessment, the Specialist Nurse must contact the GP to gather the information.

5.5 The majority of Review Health Assessments will be completed by the Specialist Nurses either at local clinics or by home visits if living outside of Newham within a 20 mile radius. Visits to further destinations will be considered on a case by case assessment.

5.6 If it is not possible for the Specialist Nurses to undertake the Review Assessment, then a request will be sent to the CIC Health Team in the area a child is placed for them to complete the Assessment on our behalf.

5.7 Once a Health Assessment has been completed, the CORAM BAAF Health report Part B , Part C and Health Care Plan or Newham CIC Health Templatewill be produced.

The report will be emailed to the PPC via the team’s generic email [**elft.cicnewhamhealthservice@nhs.net**f](mailto:elft.cicnewhamhealthservice@nhs.netf) or distribution by PPC.

For report using the CORAM BAAF, a copy of the full report is sent to the GP. A copy of the Part C and Health Care Plan is sent to the Social Worker and the young person and with the young person’s consent a copy will be sent to their carer and to relevant professionals. For the Newham Template, the full report is sent to the GP, Social worker and with young person’s consent a copy will be sent to their carer and relevant professionals and to the young person if deemed suitable.

The full report is then uploaded to Azeus and an email sent to Social worker and IRO informing them that the report has been uploaded. A copy will be sent to the relevant Health visitor **for under 5’s via the CHIS** [CHIS@newham.gov.uk](mailto:CHIS@newham.gov.uk) or school nurse for over 5’s to [schoolhealth@newham.gov.uk](mailto:schoolhealth@newham.gov.uk)

5.8 If the child / young person is placed outside Newham or attending a school outside of Newham a copy of the Health care plan will be sent to the CIC Team in the area the child or young person resides who will disseminate the information to the appropriate Health visitor or school nurse. All letters generated as part of this process will be uploaded onto RIO. It is the Specialist Nurse’s responsibility to follow up any health concerns raised at the Review Health Assessment in a timely manner (preferably within 3 months of the assessment).

5.9 The Patient Pathway Coordinator will upload the BAAF form of all Review Health Assessments onto RIO.

5.10 All children Who Were Not Bought (WNB) or who Did Not Attend will be recorded on RIO and the social worker informed by email by the Specialist Nurse or Patient Pathway Coordinator. The WNB pathway must be followed by the Specialist Nurse or the Patient Pathway Coordinator. The Designated Nurse for CIC is informed weekly of the WNB by the Patient Pathway Coordinator.

5.11 If a child / young person do not attend an appointment every effort will be made to either offer another appointment or visit the young person to ensure that the Health Assessment is completed within the time scale.

5.12 The Specialist Nurse is responsible for documenting on RiO progress notes attendance or nonattendance details.

5.13 The Specialist Nurse is responsible for updating the CIC Additional Health Information and out coming the appointment on Rio and document reason of non attendance in the outcome comment section.

5.14 The Specialist Nurse should record any follow-ups required by making an appointment in the generic calendar for [**elft.cicnewhamhealthservice@nhs.net**](mailto:elft.cicnewhamhealthservice@nhs.net)and inviting herself to the appointment, thereby creating an alert that it will be followed up should the Specialist Nurse be absent from work for any reason.

**6 The Strengths and Difficulties Questionnaire (SDQ**) (Appendix 4)

6.1 The Strengths and Difficulties Questionnaire (SDQ), is the outcome measure used for tracking the emotional and behavioural difficulties of looked-after children at a national level.

The SDQ is a clinically validated brief behavioural screening questionnaire for use with 4-17 year olds. It is a means of measuring on a regular basis the emotional and behavioural difficulties experienced by looked-after children at a national level.

It provides information to help social workers form a view about the emotional well-being of individual looked-after children.

6.2 For the purpose of the Department for Education’s SSDA903 data collection, the requirement is that local authorities must ensure that the looked-after child’s main carer (a foster carer or residential care worker) completes the two-page questionnaire for parents and carers.

6.3 It is recommended that the questionnaire is completed around the time of a child’s health assessment in order to provide more comprehensive information for the health assessment.

6.4 Local authorities, usually through the child’s social worker, should ensure that:

Carers are given an explanation of how it should be completed and that they understand why it is important to complete the SDQ (and that it is about the child and not a reflection on their ability to care for him or her). Carers should know to whom the completed SDQ should be returned and by when (DOH 2015).

6.5 Newham CIC Health team facilitates the completion of the SDQ’S for all Newham CIC ages 4-17yrs.

SDQ questionnaires should be sent with the RHA appointment letter by PPC to the carer1 month before child’s health assessment. 1 form to be completed by the Carer and 1 completed by CYP and return to the CIC Health Team.

The Nurse will collect the information in the completed questionnaire and enters this onto Azeus to work out the child’s total difficulties score and a copy saved onto Azeus. Any high scores or Nursing professional concerns are emailed to the Social worker with recommendations for referral to the local CAMHS or any other intervention required.

**7 Young people Declining to attend for their Health Assessment (Appendix 6)**

7.1 If a young person does not attend an appointment the social worker and IRO will be informed by email and it will be recorded on RIO by the CIC Admin Operational Lead or PPC or the Specialist Nurse.

7.2 Another appointment will be made and every effort to engage with the young person by visiting them at a mutually convenient time and place in order to complete an Assessment. This can be in the home or a place they feel safe.

7.3 If Young person declines to engage after 2nd appointment, this will be recorded on RIO and the allocated social worker and IRO informed by email.

7.4 CIC Admin Operational Lead (IHA) or the allocated nurse (RHA) to discuss at Team Meeting

7.5 Health Information will be gathered from: GP Patient summary, Telephone /Email contact with SW, Recent IHA/RHA, Rio Progress notes/Rio documents and Carer/Keyworker by the allocated nurse or Doctor to Complete the Decliner template. A report will be provided within 3 months of the child or young person entering care to provide a short health summary and recommendations based on a review of the health records.

7.6 Decliner Template Letter will be sent to Young Person and copy sent to GP and Social worker by Admin

7.7 Decliner template Letter will be uploaded onto RIO and document in Progress note updated by Admin

Age appropriate Health promotion information will be forwarded to the young person by post, including our contact details if they wish to make contact at a further date either by email, text or video call (by arrangement).

**8 Children & young people who are placed beyond 20 miles outside of Newham Local Authority geographical area (Appendix 3)**

8.1The CIC Admin Operational Lead and the PPC will identify the out of area CIC Health team, and forward appropriate paperwork to the local CIC Health Team requesting their completion on or before the due by date, to the standards set out in the NHS payment by results guidance. The requests for RHA’s should be made 12 weeks before due by date. Service level agreements are sent to the ICB for authorisation of payment.

8.2TheNamed Nurse will quality assure all returned out of area Review Health Assessments and complete the CIC Additional Health Information template on RiO and will pass the report to the Patient Pathway Co coordinator for distribution and uploading to RiO and Azeus**.**

8.3 The Named Doctor will quality assure all returned out of area Initial Health Assessments and complete theCIC Additional Healthinformation template on RiO and will pass to the CIC Admin Operational Lead for distribution and uploading to RiO and Azeus. .

8.4 The national tariff payment letter is sent by the CIC Admin Operational Lead and PPC to Out of borough with the request for RHA to agree payment in advance. The invoice details are sent to the Out of borough completing the assessment to send the Invoice directly to the ICB for payment.

8.5 If any IHA’s or RHA’s do not reach the required standards set out in the NHS payment by results guidance, the Named Nurse & Named Doctor will liaise with the providing Health borough that undertook the Assessment and request they amend the reports accordingly.

**9.0 Care Leavers Health Information Booklet and Health Summary**

9.1 The Health information booklet and Care Leavers Health summary will be issued to young people aged 17 years or older who have been in care for 13 weeks or more and turned 18 years and leaving care. They will receive a Health information booklet(Generic) part 1 and Care Leaver’s Health Summarypart 2.

Relevant information from the IHA, RHA’s and Azeus Health records will be transferred to the Care Leaver’s Health Summary by the Specialist Nurse when the young person is 18 years and leaving care.This will provide the Child in Care /Young Person with a comprehensive summary of their Health.

The Health information booklet will be given to them from age 17 at their Health Assessment**.** It is the responsibility of the CIC Specialist Nurse to do this, even if the child / young person is out of borough.

9.2 If it is not possible to visit due to distance or preference stated by the young person, the health information booklet will be posted to them via registered post.

9.3 The Health information booklet and Care Leavers Health Summary will be issued by the Specialist Nurse when the child / young person is 17 years or older. This will be recorded on RIO by the Specialist Nurse, on progress notes and on the CIC Additional Information.

It should also have been evidenced and recorded in the Health Care Plan.

9.4 The GP and SW will be sent a copy of the Care Leavers Health Summary with the young person’s consent and a copy uploaded onto RIO by the Specialist Nurse. A copy will be uploaded onto Azeus by CIC Patient Pathway Coordinator (PPC).

9.5 It may be inappropriate for some young people to receive a Care Leavers Health summary and this will be decided on a case by case basis by the Named Nurse/ Specialist Nurse.

**10.0 Transfer of Children in Care out of Newham**

Transfer out of authority When a Looked after Child moves out of authority, a telephone handover will be arranged by the existing Named Nurse/Specialist Nurse to the CIC Health Team Professional in the area where the child is placed. This is to ensure a smooth transition of care, and that the receiving Health professional is fully aware of any actions outstanding in the Health Care Plan which require follow up, the date of the next Review Health Assessment and the date of the next Independent Review Meeting, if known.

**11.0 Transfers into authority**

When a Looked after Child moves into authority and if notification and request for intervention is received from the placing authority, they will be put onto the Children in Care’s Health team’s allocation list by the CIC Admin Operational Lead or PPC onto RiO.

**12.0 When a child ceases to be ‘looked after’**

The CIC Admin Operational lead runs a weekly retrospective report off the LBN Azeus system to find out which children and young people have left care. This information is then used to update RiO, amending the child’s status and discharged from the CIC caseload.

**13.0 Missing from Care**

Newham Children’s Services send the CIC Admin Operational Lead a weekly list with children and young people who are missing from care. The CIC PPC check this list against any future booked assessment appointments then save it in the email folder named ‘*LBN missing’* and document in RIO progress note.

Specialist Nurses will be invited to a strategy meeting facilitated by the Social Worker regarding any young person who is missing.

**14.0 Unaccompanied Asylum Seeking Children (UASCs)**

Please refer to Appendix 7

**15.0 Admission to the Coburn Centre for Adolescent Mental Health, Newham University Hospital.**

In the event of a young person being admitted to the Coburn Mental Health unit the process is outlined in Appendix 7

**16.0 Admission to Young Offenders Secure Unit**

If a young person is arrested and incarcerated. The CIC Admin Operational Lead will apply to the institution for the Comprehensive Health Assessment Tool for young people the Secure Estate for IHA and the Patient Pathway Co coordinatorwill apply to the institution for the Comprehensive Health Assessment Tool for young people the Secure Estate for RHA. CHAT forms 1 and 2. These provide the necessary information to be used instead of the CoramBAAF forms. The CIC Admin Operational Lead and Patient Pathway Co coordinator will upload the reports to RiO and Azeus and inform the SW and IRO by email for IHA and RHA respectively. Some institutions are better at sharing the information than others.

**17.0 Adoption Medical Process**

Adoptions and Medicals are requested by LBN; appointments organised by the CIC Admin Operational Lead and conducted by the Paediatric Consultant Medical Advisor for Newham, ELFT. (Please see Appendix 8, 9 and 10 and the new IHA Handbook for the process)

**APPENDICES:**

Appendix 1: Initial Health Assessment SOP Pathway

**SOP PATHWAY FOR NOTIFICATION OF CIC STARTERS AND INITIAL CIC MEDICAL REQUESTS**

|  |
| --- |
| Day 1  Child Enters Care  CIC Health Team notified Directly from LBN Team to: [elft.cicnewhamhealthservice@nhs.net](mailto:elft.cicnewhamhealthservice@nhs.net) on a daily basis within 4 DAYS OF COMING INTO CARE, also CIC Team run Azeus report of New starters every 2 days retrospectively  [mailto: [elft.cicnewhamhealthservice@nhs.net](mailto:elft.cicnewhamhealthservice@nhs.net)](mailto:lacnursesnewham@nhs.net)  Once notified BAAF forms include Demographics \*Part A IHA-C Child under 10, IHA-YP child over 10yrs, BAAF consent form, Section 20, Parental History health forms, Obstetric(M) form and Neonatal(B) forms sent by CIC team to Social Worker / LA.  All forms should be returned to [elft.cicnewhamhealthservice@nhs.net](mailto:elft.cicnewhamhealthservice@nhs.net) with signed consent by Person with parental responsibility, Social worker/ Manager within 4 days of being sent the forms (Interim care order or Full care order). If section 20 we must be sent a copy GP information to be requested on notification |

Updated I Sorunke 20.09.2023

**Appendix 1: Escalation Process**

**Form returned within 4 days of CIC Team sending Form not returned within 4 days of CIC Team sending**

**If CIC placed < 20 miles an appointment will be made at a clinic in Newham for an IHA within 20 working days timescale. Social Worker needs to attend.**

**If CIC placed > 20 miles the area in which child is placed will be requested to complete IHA within 20 days of becoming looked after.**

**If forms and consent not received from social worker within 4 working days of CIC TEAM sending, CIC admin Lead will email SW cc Team manager, IRO and Named Doctor/Named Nurse**

**If CIC is ‘Not Bought’ to the appointment then the ‘Not Bought’ pathway should be followed.**

**CIC Admin lead to contact residing CIC Health Team to ascertain appointment date within 2 days of sending request.**

**When health assessment completed it will be uploaded onto RiO and Azeus by CIC admin Lead within 5 working days of completion. Copies to be distributed to GP, Carer, Social Worker & young person If deemed suitable**

Copy to be sent by email to Health visitor **for under 5’s to** [CHIS@newham.gov.uk](mailto:CHIS@newham.gov.uk) or school nurse for over 5’s to [schoolhealth@newham.gov.uk](mailto:schoolhealth@newham.gov.uk)

If forms and consent not received from social worker within **7 working days**, CIC admin Lead will email Social worker cc Team manager, Service manager, Named Doctor/Named Nurse

**If health assessment cannot be completed within 20 working days timescale this will be escalated to the Designated Nurse CIC in the relevant ICB by the CIC Admin Operational Lead and notified to Designated Nurse ICB**

**To discuss with Named Doctor/nurse to ascertain if an alternative arrangement can be made to bring CIC into a Newham clinic or ask residing GP**

**If Child/YP not appointed with Paediatrician within 10 working days – Designated CIC Nurse to be notified by CIC Admin Operational Lead**

**After 10 days if no forms or consent has been received, this will be escalated to the Head of Service in Social Care by CIC Admin Lead the Named Doctor/ Named Nurse and the Designated Nurse CIC ICB will be notified.**

Updated I Sorunke 20.09.2023

Updated I Sorunke 20.09.2023

**Appendix 2: SOP Pathway for Review Health Assessments (RHA) for CYP living in Newham**

* CIC health team ([**elft.cicnewhamhealthservice@nhs.net**](mailto:elft.cicnewhamhealthservice@nhs.net)) will contact the social worker 8 weeks before RHA due date to inform that the child is due a RHA and requests Part A of the RHA-C form(for under 5’s), RHA-YP form (for over 5’s) is completed and signed by the social worker or team manager  and returned within 2 weeks of request
* CIC Administrator to request health information from GP 8 weeks prior to RHA

Information Received

Social Worker doesn’t send information within 1 week of request – CIC PPC will email social worker cc team manager and Service manager in social care and cc Named Nurse

**If CIC is ‘Not Bought’ to the appointment then the ‘Not Bought’ pathway should be followed.**

Social Worker doesn’t send information within 1 week of request –CIC PPC to escalate to Head of Service in Social care, Named Nurse and notify the Designated Nurse in ICB

Social Worker doesn’t send information within 2 weeks of request – CIC Patient Pathway Coordinator (PPC) will email Social worker and cc team manager in social care and cc Named Nurse

**NO**

When health assessment is completed it will be uploaded onto RiO and Azeus by CIC PPC within 7 days of completion. Copies to be distributed to GP, Social Worker, Carer & young person if deemed suitable

Copy to be sent by email to Health visitor **for under 5’s to** [CHIS@newham.gov.uk](mailto:CHIS@newham.gov.uk) or school nurse for over 5’s to [schoolhealth@newham.gov.uk](mailto:schoolhealth@newham.gov.uk)

CIC Admin to send reminder text 48 hours prior to appointment and telephone CYP/Carer 24 hours to remind CYP / Carer of appointment.

CIC PPC to contact carer & CYP - 1 month of RHA due date to book appointment and send appointment letter with SDQ forms

Social Worker returns required information within 2 weeks of request

**YES**

Updated I Sorunke 20.09.2023

**Appendix 3: SOP Pathway for Review Health Assessments (RHA) for CYP living out of Newham**

RHA Request to be sent by CIC Patient Pathway Coordinator (PPC) to the residing borough CIC health team 8 weeks prior to RHA due date.

M Bertie 02.03.2020

**CIC PPC to log all breaches. Named nurse to inform the Designated Nurse in ICB**

Updated I Sorunke 20.09.2023

RHA booked but out of due date

CIC PPC to inform Named Nurse and escalate to Designated Nurse in residing area if report not received within 4 weeks of appointment and notify local Designated Nurse at ICB.

CIC PPC to make contact with Residing CIC health team 24 hours after appointment date to confirm attendance and estimated time of completion of report. Once report is received it will be uploaded to RIO and Azeus and Quality assured by Named Nurse and then sent to Designated ICB Nurse for final QA

To look at outreach to CYP from Newham CIC Nurses, request GP or School Nurse in residing area (if possible) or bring into Newham to prevent breach.

RHA appointment booked within the due date

If no date booked – CIC PPC to inform Named Nurse to escalate to Designated Nurse in residing area

CIC PPC to contact residing CIC Health Team to ascertain appointment date within 2 weeks of sending request.

**Appendix 4: The Strengths and Difficulty Questionnaires Process for Newham CIC (4-17years)**

Nurse will use the score in conjunction with the RHA assessment information to help form a view about the emotional well-being of individual looked-after children and to identify any emotional and behavioural difficulties.

SDQ questionnaires is sent with the RHA appointment letter by PPC to carer 1 month before child’s health assessment. 1 form to be completed by Carer and 1 completed by CYP and return to the CIC Health Team

If the SDQ completed by the carer suggests that the child’s total difficulties score is above 17, outside the normal range

The Nurse will send an email to the Child’s Social worker to advice of high score and request for referral for consideration of a fuller diagnostic assessment or a referral to local targeted or specialist mental health services, where appropriate

Completed questionnaire received by CIC Health team is sent to Nurse

Nurse to document SDQ score and any action taken in child’s RHA report and RIO progress note

Information in the completed questionnaire is collected by the Nurse and the child’s total difficulties score is worked out on Azeus and a copy saved.

If SDQ is not completed, Nurse to complete SDQ section in CIC Additional Health Information form with the reason and document in RIO progress note and complete form on Azeus

Nurse to complete SDQ section in CIC Additional Health Information form on RIO

I Sorunke 20.09.2023

**Appendix 5 – WAS NOT BROUGHT (WNB)**

**Process for young people ‘not brought’ or ‘did not attend’ their Health Assessment**

**Health assessment appointment letter**

**IHA**: Appointment letter sent by CIC Admin Operational Lead **within 7 working days** of child entering care. 24 hours of receipt of completed paper work to Carer/ Keyworker/ young person. Social worker get a copy by email

**RHA**: Appointment letter sent by CIC Patient Pathway Coordinator **4 weeks before** assessment due date to carer/ Keyworker/ young person and Social worker by email

**If the appointment was not attended**:

**IHA:** CIC Admin Operational Lead to contact Carer/Keyworker/Young person to offer another appointment **within 24 hours**

**RHA:** Nurse to inform the young person’s social worker to encourage attendance. This should be done in writing by e-mail **within 24 hours.**

SMS text message reminder sent to carer/ Keyworker/ young person by CIC Admin Operational Lead **(IHA)** and CIC PPC **(RHA)** of forthcoming appointment **48 hours** **prior** to appointment and telephone call **24 hours** **before** the appointment

1

3

2

**IHA:** CIC Doctor to outcome appointment on RIO and document reason of non attendance in the **outcome comments box and RIO PROGRESS NOTES**

**RHA:** Nurse to outcome appointment on RIO and document reason of non attendance in the **outcome comments box and RIO PROGRESS NOTES**

**IHA**: 2nd appointment letter sent by CIC Admin Operational Lead to Carer/Keyworker/ young person. Social worker get a copy by email **within 3 working days** offering another health assessment appointment.

**RHA:** Nurse to contact Young person/ Carer/ Key worker to ascertain reason for non-attendance. Offer another appointment or alternative arrangement (e.g. GP, telephone assessment, home visit)

5

6

4

**If the appointment was not attended**:

CIC Admin Operational Lead **(IHA)** and CIC PPC **(RHA)** to inform the young person’s social worker, Manager and IRO or Head of service and advise that no further appointment will be offered .This should be done in writing by e-mail **within 24 hours.**

**RHA**: 2nd appointment letter sent by CIC PPC to Carer/ Keyworker/young person and social worker by email **within 20 working days** offering another health

SMS text message reminder sent to carer/ Keyworker/ young person by CIC Admin Operational Lead **(IHA)** and CIC PPC **(RHA)** of forthcoming appointment **48 hours** **prior** to appointment and telephone call **24 hours** **before** the appointment

7

8

9

**RHA:** CICPPC to send out health questionnaire letter to YP or Foster Carer/Keyworker and cc SW, GP

Nurse to address any health concerns identified in the completed questionnaire

PPC to Upload completed questionnaire onto RIO and document in **PROGRESS NOTE**

Young person placed on RHA list and offered a clinic appointment when they would be next due

**IHA:** CIC Admin Operational Lead to Send out Health questionnaire letter to YP or FC/Keyworker and cc SW, GP

CIC Doctor to address any health concerns identified in the completed questionnaire

CIC Admin Operational Lead Upload completed questionnaire onto **RIO** and document in **PROGRESS NOTE**

Young person placed on CIC Specialist Nurses review list and offered a clinic appointment (follow **RHA** process)

**IHA:** CIC Doctor to outcome appointment on RIO and document reason of non attendance in the **outcome comments box and RIO PROGRESS NOTES**

**RHA:** Nurse to outcome appointment on RIO and document reason of non attendance in the **outcome comments box and RIO PROGRESS NOTES** and inform CIC PPC of non attendance

10

11

12

SMS text message reminder sent to carer/young person/social worker of forthcoming appointment **2 days** prior to appointment

***NB:* If Young person declines assessment, follow Decliner Pathway**

I Sorunke 20.09.2023

**Appendix 6- DECLINER PATHWAY**

If Young Person declines assessment

**IHA:** CIC Admin Operational Lead to record on RIO and inform allocated social worker and IRO by email.

**RHA:** PPC or the Specialist Nurse to record on RIO and inform allocated social worker and IRO by email.

**IHA:** **CIC Admin Operational Lead to discuss at team meeting**

**RHA:** **Allocated nurse to discuss at team meeting**

**If allocated doctor or nurse attempt to meet and YP declines directly**, **GATHER HEALTH Information from:**

* GP Summary and Immunisation history
* Telephone /email contact with SW
* Recent IHA/RHA
* RIO PROGRESS NOTES/RIO Documents
* Carer/Keyworker

To complete a report to provide a short health summary and recommendations based on a review of the health records

For Children and young people entering care, a report will be provided within **3 months** to provide a short health summary and recommendations based on a review of the health records

**COMPLETE DECLINER TEMPLATE/FORM AND SAVE A COPY ON RIO**

**IHA:** CIC Admin Operational Lead to send Decliner Template letter to young person, cc GP, SW, upload a copy onto RIO and document in Progress Note

**RHA:** CIC Patient Pathway Coordinator to send Decliner Template letter to young person, cc GP, SW, upload a copy onto RIO and document in Progress Note

I Sorunke 20.09.2023

**Appendix 6: CIC IHA UASC CLINIC PROCESS**

* Joint clinic x3 per month with Doctors, CAMHS and Health Improvement Practitioner
* x1 Young person seen per clinic
* OOB and Newham young UASC are seen in this pathway
* Follow up Multidisciplinary professionals meeting  is arranged for 4-6 weeks after the IHA
* If no UASC demand then clinic slot is made available for other CIC Health appointments

Young person attends clinic with carer/Keyworker and social worker or Duty social worker, Named Doctor and CIC Admin to be informed if social worker is not present at the appointment

CIC Admin is notified via New Starter’s List on Azeus (LBN system) or by OLA Team via lacnursesnewham@nhs.net that a Young Person has become CIC and is a UASC

CIC Doctor will ensure all details are on RIO regard consultation, once doctor has seen Young person they will request **BLOOD TEST for the Young Person.** CIC Doctor may also request HIV, Hepatitis B screen, Hepatitis C Screen, Syphilis IgG and IgM and print off T Quest blood test form

CIC Admin opens an episode of care on RIO and add an Alert.

Once UASC has been allocated to a social worker, appropriate forms and UASC questions are sent to social worker via email to complete and return

A letter to GP with health recommendations will be given to carer at the IHA along with blood forms for Young person and details of the Phlebotomist service they will need to access.

When forms are received from social worker, these are uploaded to RIO along with the answers to the questions. Progress notes are also completed on RIO. Demographic details are also updated on RIO as well as correct team assigned on RIO

A date / time is agreed between Clinicians, social worker and carer for a follow up virtual MS Teams meeting to discuss Young Person’s progress. This date is then relayed back to the CIC Admin to put onto RIO. MS Team invite will be sent out by Clinician

The carer is contacted via mobile / landline to book the appointment. Carer is made aware of the date / time / duration and venue location. CIC Admin checks with carer the language that is required for the YP Appointment letter is sent to carer to confirm booking. Copy sent to social worker and uploaded to RIO. Appointment is booked in RIO

CIC Doctor will then update RIO Progress notes and outcome the appointment. Doctor to also complete the CIC Additional Information within RIO

When health assessment completed it will be uploaded onto RIO by CIC admin within 5 days of completion. Copies to be distributed to GP, Carer, & young person. Social Worker’s copy will be uploaded to Azeus. Copy to be sent to school nurse for Uasc in school to [schoolhealth@newham.gov.uk](mailto:schoolhealth@newham.gov.uk) .OLA Reports are sent direct to the OLA Team without distributing and NOLA Reports are distributed after they have been Quality Assured by the Named CIC Doctor

Face to Face Interpreter is booked for 2.5 hours from Newham Language Shop for the appointment

All CIC UASC paperwork is send to the Clinicians a week prior to the appointment

CIC Admin to send reminder text 24 hours prior to appointment to remind CYP / Carer of appointment.

**If CIC is ‘Not Brought’ to the appointment then the ‘Not Bought’ pathway should be followed.**

S.KHAN 13/09/2023

**Appendix 7: IHA/RHA PROCESS FOR COBURN WARD**

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| **Coborn Unit Pathway for Liaison with ELFT CIC Health Team** |

* The Coborn unit is contacted on a weekly basis by CIC Admin Operational Lead to check for new patients coming into the unit or for patients who are leaving the unit.
* Once this information is received from the Coborn unit, it is passed onto the allocated Nurse within the CIC Health Team.
* The Specialist Nurse then updates RIO with information provided by the Coborn unit. If a Health Assessment is due for completion that the Specialist Nurse will liaise with the CIC admin to send out the request forms.
* If a child is a Child in Care by the Borough of Newham the CIC Health Team Administration will send the Coborn Unit an Initial Health Assessment (IHA) BAAF Form or Review Health Assessment (RHA) BAAF Form to be completed by a clinician on the Unit.
* The IHA & RHA should be completed & returned within 5 working days via secure e-mail to [**elft.cicnewhamhealthservice@nhs.net**](mailto:elft.cicnewhamhealthservice@nhs.net)so that it can be distributed by the CIC Health Team in a timely manner for the CIC review.
* The Coborn Unit are to invite the CIC Health Team to any discharge planning meeting of a Newham Child in Care via e-mail to [**elft.cicnewhamhealthservice@nhs.net**](mailto:elft.cicnewhamhealthservice@nhs.net). Where possible a member of the CIC Health Team will attend this meeting.
* The Coborn Unit to notify and invite the CIC Health Team to any CIC reviews that are undertaken on the unit whilst the young person is an inpatient to [**elft.cicnewhamhealthservice@nhs.net**](mailto:elft.cicnewhamhealthservice@nhs.net) Where possible a member of the CIC Health Team will attend this meeting.
* A notification e-mail to be sent from the Coborn Unit informing the CIC Health Team of the discharge, place of residency, and any health needs to be followed up to [**elft.cicnewhamhealthservice@nhs.net**](mailto:elft.cicnewhamhealthservice@nhs.net) once the young person is discharged.

**Appendix 8: THE ADOPTION MEDICAL PROCESS.**

S.KHAN 13/09/2023

S.KHAN 13/09/2023

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| **Health Assessment and Medical Guidance document for Children in Care on Adoption Pathway**  S.KHAN 13/09/2023 |
| Child becomes a Child in Care. |
| Admin Operational Lead for East London NHS Foundation Trust, obtains all new into care children via Azeus to [**elft.cicnewhamhealthservice@nhs.net**](mailto:elft.cicnewhamhealthservice@nhs.net)  (Please see appendix 1: page 21 above) |
| **Requesting an Initial Health Assessment** |
| Admin Operational Lead sends out the relevant BAAF Health forms to social worker, Team Manager and the Independent Reviewing officer.  Below listed are the relevant BAAF Health forms:     * IHA-C child is under 10 * IHA-YP child is over 10yrs * IHA BAAF consent form * IHA BAAF Obstetrics form on mother * IHA-BAAF form reports of birth * Statement from social worker single assessment form regarding health of child and parents already known to LA and social history / reason for being in care * BAAF Health Form must be returned within 4 working days to the Admin Operational Lead   NB: If forms are not completed and returned by the social worker in a timely manner then the Escalation Process needs to be followed (Please see appendix 1: page 19 above) |
| **Requesting an Adoption medical** |
| The Adoption Medical with the Health Advisor is booked 2 weeks before the ADM’s decision for adoption is required.    Prior to the adoption medical, the social worker must ensure the following forms are completed     * Form M \* * Form B \* * Form PH from mother and father and / or statement from social worker in lieu of PH form if one or both PH forms not completed due to non-engagement * Risk profile of parents for Blood born infections * Consent form * CR-C – the carers form * CPR * For child known to have complex health needs and or had significant hospital stay/surgery-Copy of specialists/hospital letter available to SW/Foster Carer/HV particularly when child from outside area   \*Social worker obtains the completed form M & B from the hospital of birth, 2 weeks before the anticipated date of the adoption medical.   Details of the named midwives are as follows:    Anna Davies  Named Midwife for Safeguarding Children & Gateway Team Manager  Barts Health NHS Trust  The Royal London Hospital  E1 1BB  0203 594 2499  07950564372  annadavies1@nhs.net (secure)    Rumbidzai Mutema  Named Midwife for Safeguarding Children and Ruby Team Manager  Barts Health NHS Trust  Whipps Cross University Hospital  Maternity Building  E11 1NR  T: 020 8539 5522 Ext 4076  M:07956077183  E:R.Mutema@nhs.net    Jasvir Jutle  Named Midwife for Children’s Safeguarding and Acorn Team Manager  Barts Health NHS Trust  Newham University Hospital & Barking Birth Centre  South Suite Offices  Glen Road  E13 8SL  02073638516  07799895151  Jasvir.Jutle@bartshealth.nhs.uk  j.jutle@nhs.net (Secure)    It is the social workers responsibility to check the date of the child’s next health assessment review health and to ensure that if the review health assessment is due or pending, then the review health assessment and the adoption medical can be incorporated together so that the child is not undergoing frequent medicals. |
| **Confirming an IHA or Adoption Medical Appointment** |
| BAAF health forms received byAdmin Operational Lead for East London NHS Foundation Trust who sends out the appointment letter to the social work and carers     * Admin Operational Lead for East London NHS Foundation Trust includes medical appointment details onto Azeus (this includes the date of the medical, health information and disability details) * Medical takes place – the social worker MUST attend the Initial health assessment appointment and the adoption medical assessment * Medical report is written by Medical Advisor or member of their team and uploaded onto Azeus by Admin Operational Lead for East London NHS Foundation Trust * Admin Operational Lead for East London NHS Foundation Trust sends email to the social worker confirming upload of report on Azeus |
| **NOTE:** The above process outlined is for children in care placed in Newham. If children are placed out of borough, all forms are sent to the relevant Health professionals where the child is residing, the relevant health authority will complete the relevant medical for the child and send all details of appointments also informing London Borough of Newham relating to this.    The completed health assessment forms are returned to**:** [**elft.cicnewhamhealthservice@nhs.net**](mailto:elft.cicnewhamhealthservice@nhs.net) **to** CIC Health Team via the Admin Operational Lead for the health assessment reports to be quality assured, uploaded onto Azeus and shared with relevant professionals. |
| **Review Health Assessment** |
| **Review Health assessment is carried out every 6 months (child is under 5 years old)**  Requesting a Review Health Assessment (child is under 5 years old)  (Please see page 20&21 above) |
| **Review Health assessment is carried out yearly (child is over 5 years old)**    Requesting a Review Health Assessment (child is over 5 years old)  (Please see page 20&21 above) |
| **Confirming an RHA Appointment** |
| * Child medical forms received by Health * Admin Operational Lead for East London NHS Foundation Trust sends out appointment letter to the social work and carers * Admin Operational Lead for East London NHS Foundation Trust includes medical appointment details onto Azeus (this includes the date of the medical, health information and disability details) * Medical takes place – the social worker can attend * Medical report is written and uploaded onto Azeus   Admin Operational Lead for East London NHS Foundation Trust sends email to the social worker confirming upload of report on Azeus |

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**Appendix 9: ADULT HEALTH REPORT FOR ADOPTION AND FOSTERING.**

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**Process for Completion of Form AH Adult Health Report /**

**CoramBAAF Forms AH2 Update Adult Health Report**

**DO NOT ACCESS RIO RECORDS ALL DATA IS RECORDED AS STATED IN PROCESS**

All forms are now received via email from the Business Support Officers, London Borough of Newham.[Valerie.Layzell@newham.gov.uk](mailto:Valerie.Layzell@newham.gov.uk) and colleagues to**:** [**elft.cicnewhamhealthservice@nhs.net**](mailto:elft.cicnewhamhealthservice@nhs.net)to CIC Admin Operational Lead and the Medical Advisor within the CIC Health Team. The forms will either be an AH Adult Health Report or a AH2 Update Adult Health Report along with a blank Coram BAAF Form AH Adult Health Report back page for the Medical Advisor’s comments.

The Medical Advisor states the name of the adult and DOB and enters his comments on the blank template. Medical doctor will email completed forms to the relevant Business Support Officer. [Valerie.Layzell@newham.gov.uk](mailto:Valerie.Layzell@newham.gov.uk)

This is then returned to LBN via email by the Medical Advisor and coping to the CIC Admin Operational Lead.

The Admin Operational Lead then merges both documents into one document and saves this into the Adult Health Folder within the CIC Service Folder.

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**Appendix 10: PROCESS FOR PROSPECTIVE ADOPTERS MEETING.**

**Process for Booking in meetings with Prospective Adopters (PAs)**

**Arranging a meeting for Prospective Adopters**

**Updated CPR**

**Update from social worker since last medical in email regarding child and parents' health or just to mention ‘No Change’**

**Check list of paperwork needed prior to appointment will be sent to SW**

**One-two week notice to admin before meeting**

**Child’s social worker should be present as best practice**

**All meetings with Prospective Adopters are virtual meeting set up on MS Teams**

Email is received from social worker regarding booking a prospective adopters (PA) meeting with medical advisor. Email should state the child’s name as well the names of the PAs.

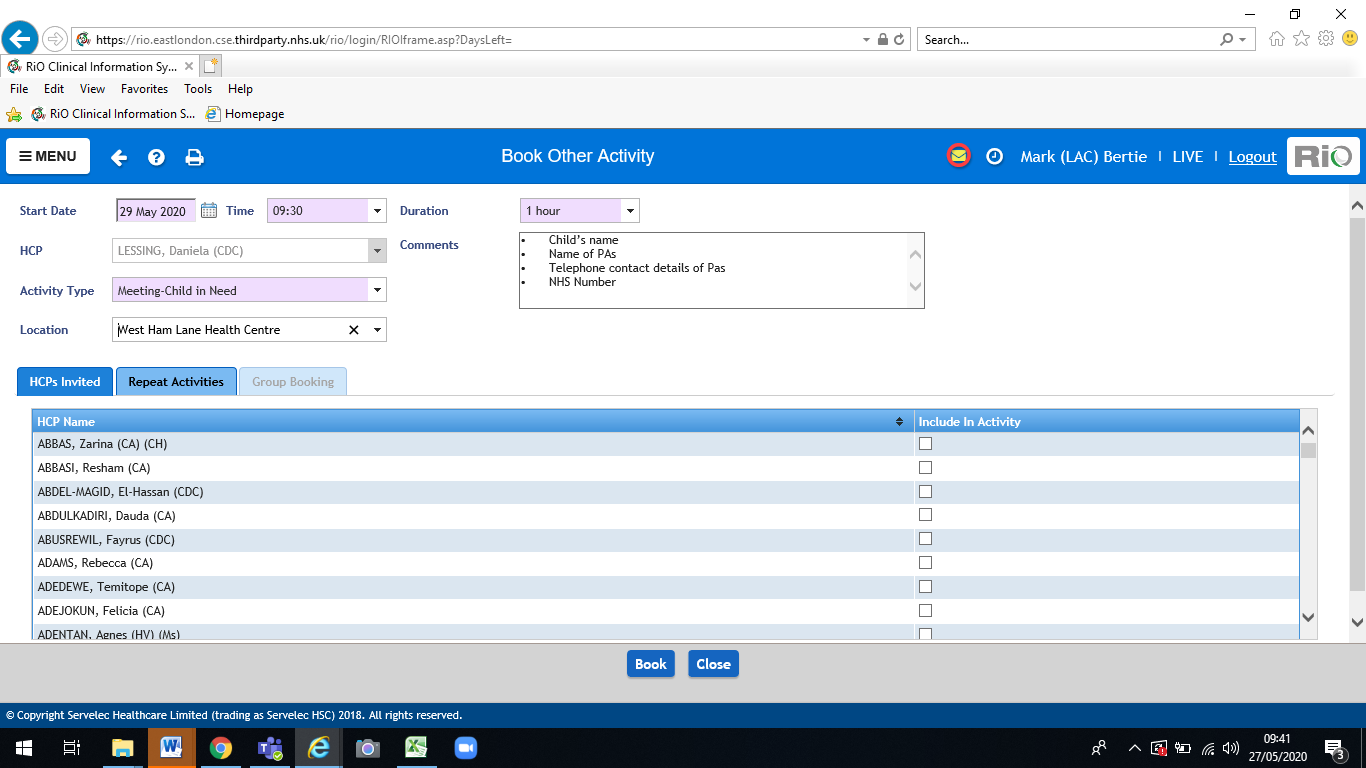
**Prior to the appointment the social worker is required to submit a list of questions by the PAs so that these can be answered by the medical advisor at the appointment**.

Once the questions have been received from social worker admin will email questions to the Medical Doctor

After checking with Medical Doctor this is booked into RIO as an external meeting in the Medical Doctor’s diary. This is usually an hour length appointment. This does not require an outcome as it is not booked as a client appointment within RIO. This is booked under **“Location / Other Activity” in the clinician’s diary. No outcome is therefore required within RIO on these bookings. Under “Activity type” this appointment is recorded as “Meeting – Child in Need**”.

In the comment box the following details are recorded for medical advisor:

* Child’s name
* Name of PAs
* Telephone contact details of Pas
* NHS Number



Email is sent back to social worker informing them of the date / time and location of the PAs meeting with the medical advisor.

**Information on the appointment is given to the reception staff so that they are aware of the PAs meeting with medical advisor, along with the name of the child.**

**Glossary**:

* CAMHS- Children and Adolescent Mental Health Service
* ICB - Integrated Care Board
* CoramBAAF - British Association for Adoption and Fostering
* DNA- Did not attend
* ELFT-East London NHS Foundation Trust
* GP - General Practitioner
* IHA - Initial Health Assessment
* IRO – Independent Reviewing Officer
* LA – Local authority.
* CIC- Children in Care
* RHA- Review Health Assessment.
* SDQs-Strength and Difficulties Questionnaire.
* SW – Social Worker
* WNB- Was not brought

**References**

**HMSO (1989) The Children’s Act. London: HMSO**

**HM Government (2004) The Children’s Act, London: HM Gov**

**HM Government (2003) Every Child Matters, London: The Stationary Office (TSO)**

**DFES (2006) Care Matters; Transforming the Lives of Children and Young People in Care, London: DfES**

**HMSO (2008) Children and Young Persons Act, London: HMSO**

**DfE, DOH (2015) Promoting the Health and Well-being of Children in Care, London: DfE, DOH**

**RCPCH (2020) Children in Care, Intercollegiate Role Framework, London: RCPCH**