**Contingency Plans for the management of Review Health Assessments (RHA) and Health Interventions for Children in Care (CiC) across Cheshire & Merseyside**

**Introduction:** In response to requests for guidance and clarity on the management of RHAs for CiC during the current Covid19 pandemic, the Designated Professionals for Children in Care have agreed the following interim measures. This is in line with national guidance and is subject to change in response to emerging directives; current direction set out in the ***NHS Covid 19 Prioritisation of Community Services*** issued 19th March 2020.

The health and welfare of our Children in Care continues to be a key priority for us all. However, it is acknowledged that alternative solutions to the provision of Review Health Assessments (RHAs) are now necessary. The risk to children, carers and staff must be carefully balanced against the health needs of this most vulnerable population.

**Current Approach – RHAs due up to March 2020:**

1. RHAs will be offered as per national requirements (DfE, 2015) and local contractual arrangements for **outstanding RHAs** (due up to end March 2020); this is inclusive of CiCOLA (children in care of other local authorities)
2. RHAs should be conducted using a variety of methods – this should be in line with individual provider arrangements and information governance requirements. **RHAS are NOT to be undertaken as face to face appointments**
3. Professional judgement will need to be used to determine if the assessment is conducted via the carer or directly with the child or young person, or both. However, wherever possible, the voice of the child and their wishes and feelings should be ascertained and reflected in the health care plan.
4. Regardless of the method used for the assessment, it is important that the standard RHA format is used and as far as possible, remains a high quality assessment which reviews and updates the child’s health plan. **It is acceptable to complete a PART C Summary & Health Plan only** if information obtained is limited
5. Should the child require follow up for any reason, this will clearly need to be considered as part of the health plan and managed in line with current organisational operating processes. It is acknowledged that local services may be impacted significantly – this should be reflected accordingly within any health plan with a clear process for review when appropriate
6. It is recommended that it is clearly documented within the child’s notes what form the RHA has taken and the rationale for adopting this approach. (e.g. ‘This RHA was undertaken via a Skype call with the child and foster carer. The reason for this approach is in response to central government and local guidance during the Covid19 pandemic’.) This will ensure a clear audit trail within the records of decision making
7. It is suggested that a list of all RHAs undertaken via non face-to-face methods is maintained by provider organisations and stored in accordance with organisational record-keeping processes to allow for further face to face follow up at such time when this is appropriate/permissible

**Current Approach – RHAs due in Quarter 1 2020:**

1. CiC living in area (inclusive of CiCOLA) that have an RHA due April-June 2020, where requests have already been issued/received, will be subject of a **Case Review.** This should consist of a review of health records, liaison with social care as deemed appropriate, contact with child and/or carers to support rationale for subsequent health interventions
2. **Part C Health Summary & Plan** may be generated, if sufficient information obtained, to support decision making and evidence interventions adopted. This document should be shared with Local Authority and/or Out of Area Health Teams for CiCOLAs
3. **No RHA requests** should be generated until further notice; any RHA requests received from other areas should result in contact with responsible team advising of the above process with the option for teams to retain caseload responsibility and complete RHA as they so wish

**Current Approach – Review of CiC Caseload:**

1. Commissioned community CiC teams (in conjunction with local 0-19s services) should undertake a review of **ALL CiC** for who they have responsibility, RAG rating in terms of health/safeguarding risk if not already done so
2. Full case review for CiC not included in previous 2 sections will be undertaken, this includes CiCOLA, and where deemed useful and appropriate a **Part C Health Summary & Plan** may be generated as a means of assessing and understanding any risks arising from the impact of Covid 19
3. **CiC placed out of area** should be considered in the same way with clear communication to out of area teams to ascertain current health offer being made available to these children. Any CiC placed out of area who are at risk due to lack of RHA provision and/or health intervention should be case managed by local CiC team in responsible area as per guidance in previous 2 sections
4. Provider Community CiC Health Teams will Case Track all RHAs and Case Reviews completed during this time to enable face to face assessments and interventions to be convened as and when appropriate
5. Whilst every attempt will be made to adhere to statutory RHA timescales it is accepted that this may not be possible. In agreement with CCGs, Key Performance Indicators for CiC health teams have been suspended for Quarter 4 (2019/20) with this potentially being extended to Quarter 1 (2020/21)
6. It is accepted that standard quality assurance processes may be limited/stopped in order that completion of assessments and case reviews can be prioritised
7. Contribution to LAC reviews/Care Planning Meetings/Strategy discussions, will continue where possible utilising various electronic methods i.e. Joining virtual meetings, providing reports

**It is highly likely that within a short period of time clinical staff within commissioned Safeguarding/CiC services & supporting 0-19s Public Health services will be redeployed to alternative frontline areas to manage Covid 19 cases. At this point the contingency plans will cease to be implemented and RHA/Case Review activity will be limited and potentially deferred to such time when either a virtual or face to face contacts with CiC and carers can be facilitated. Providers currently implementing these changes will be:-**

*Bridgewater Community Healthcare NHS Foundation Trust*

*North West Boroughs Healthcare NHS Foundation Trust*

*Mersey Care NHS Foundation Trust*

**Local Authorities will continue to maintain statutory oversight for CiC. Alternative points of contact for health concerns will be provided to partner agencies at such time.**

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