**Contingency Plans for the management of Initial Health Assessments (IHA) for Children in Care (CiC) across Cheshire & Merseyside**

**Introduction:** In response to requests for guidance and clarity on the management of IHAs 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.

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 Initial Health Assessments (IHAs) 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:**

1. IHAs should continue to be offered as per national requirements (DfE, 2015) and local contractual arrangements. There is a clear expectation that the local authorities will continue to notify respective provider CiC Health Teams of children being accommodated, to generate request for the IHA and ensure accompanying consent is provided
2. IHA will be completed via **TELEPHONE or other virtual technology as available ONLY**; all face to face appointments to be suspended in line with Government guidance on Social Distancing. This will be completed by appropriately trained clinicians within existing commissioned services utilising all available health and social care information
3. Whilst every attempt will be made to adhere to statutory 20 day timescales it is accepted that this may not be possible. In agreement with CCGs, Key Performance Indicators linked to IHA have been suspended for Quarter 4 (2019/20) with this potentially being extended to Quarter 1 (2020/21). A Position Statement detailing and risk identification is required as agreed
4. In cases where the child has had a recent child protection medical and/or forensic sexual assault assessment, or if the child has a known disability or health condition whereby a recent medical/physical assessment by a paediatrician has occurred, information from these consultations will be used as an alternative to form the basis of IHA report. Additional communication pathways may need to be devised where services sit within different provider organisations. **Carers/children may therefore not be contacted further prior to IHA report being finalised**
5. 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
6. Standard IHA format will be used with a high quality assessment generated to inform the child’s health plan. It is accepted that standard quality assurance processes may be limited/stopped in order that completion of assessments can be prioritised
7. It is recommended that it is clearly documented within the child’s notes what form the IHA has taken and the rationale for adopting this approach. (e.g. ‘This IHA 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
8. Provider will Case Track all IHAs completed during this time to enable face to face assessments to be convened as and when appropriate

**In the event of limited/no medical cover:**

1. Nurse-led IHAs will be completed as per above process in the event of redeployment of medical staff

**It is highly likely that within a short period of time clinical staff offering medical and nursing provision with commissioned Safeguarding and CiC services with be redeployed to alternative frontline areas to manage Covid 19 cases. At this point the contingency plans will cease to be implemented and IHA activity will be deferred to such time when either a virtual or face to face appointment can be facilitated. Providers currently implementing these changes will be:-**

*Alder Hey Children’s NHS Foundation Trust*

*Bridgewater Community Healthcare NHS Foundation Trust*

*North West Boroughs Healthcare NHS Foundation Trust*

*Mersey Care NHS Foundation Trust*

*St Helens and Knowsley Teaching Hospitals NHS Trust*

**Local Authorities will need to keep accurate database of all new CiC who remain outstanding IHA in order to reissue requests at a later date given that provider services may no longer have any clinical or administrative support to fulfil this function**

**Thank you for your cooperation and understanding at this time**

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