

South East Children in Care Mental Health Roles and Responsibilities

November 2020



Introduction

This agreement sets out South East Systems Leaders commitment to Children in Care¹; by specifying the roles and responsibilities that each partner agency commits to honouring.

Local Authorities

Local Authorities' corporate parenting responsibilities include having a duty under section 22(3) (a) of the Children Act 1989 to safeguard and promote the welfare of the children they look after, including those placed for adoption, regardless of whether they are placed in or out of authority or the type of placement. This includes the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues.

Local Authorities are the 'responsible authority' under Part 2, Section 7 of The Care Planning, Placement and Case Review (England) Regulations 2010² and must:

- Arrange for Children in Care to have an Initial Health Assessment as required by The Care Planning, Placement and Case Review (England) Regulations 2010; including an associated report (addressing the matters specified in paragraph 1 of Schedule 1); make arrangements for a registered medical practitioner, registered nurse or registered midwife (under appropriate supervision) to review the Child in Care's state of health and provide a written report of each review (see paragraph 1 of Schedule 1); and Local Authorities (in their capacity of 'responsible authority') must also take all reasonable steps to ensure that C is provided with appropriate health care services.
- • Ensure that every child in care has an up-to-date individual health plan which forms part of the child's overall care plan.
- • Notify the CCG (both the originating and the receiving) and the child's GP within five working days when a child enters care, changes placement or ceases to be looked after.
- • Have agreed local mechanisms with CCGs to ensure that they comply with NHS England's guidance on establishing the responsible commissioner in relation to secondary health care when making placement decisions for children in care and to resolve any funding issues that arise.

Clinical Commissioning Groups

Clinical Commissioning Groups' duties towards improving the health and well-being of children in care are clearly articulated in the statutory guidance Promoting the health and well-being of looked after children (DfE & DoH, 2015). The guidance is published for local authorities, clinical commissioning groups and NHS England. The Looked after Children: Knowledge, Skills and competences of health care staff Intercollegiate role framework (RCN, RCPCH & RCGP, 2015) provides guidance on the workforce competences and should be used in conjunction with the above document.

1. Referred to as Looked After Children in legislation and statutory guidance

2. <https://www.legislation.gov.uk/uksi/2010/959/contents/made>

As part of the statutory duty CCGs must:

- Have appropriate arrangements and resources in place to meet the physical and mental health needs of children in care. Including the statutory initial and review health assessments, undertaken within the statutory timeframe and by the appropriately qualified clinician or nurse.
- Make arrangements between the “originating CCG”, those currently providing the child’s healthcare and the new providers to ensure continuity of healthcare if a child moves out of the CCG area. CCGs should ensure that any changes in healthcare providers do not disrupt the objective of providing timely care of the child.
- Ensure that a child is never refused a service, including mental health, on the grounds of their placement being short-term or unplanned.

Responsible Commissioners

Who Pays? is the Responsible Commissioner Guidance re-issued in August 2020. It builds on both the Health and Social Care Act 2012 to establish the legal framework for the new commissioning architecture.

The CCG has responsibility for all people who are registered with a GP in its area, or usually resident in the area covered by the CCG. CCGs must therefore plan services based on assessing the needs of the CCG’s local population, with the exception of:

- Certain services commissioned directly by NHS England (including some psychiatric services);
- Health improvement services commissioned by local authorities; and
- Health protection and promotion services provided by Public Health England (PHE).

When children are placed in care by local authorities, their responsible health commissioner (e.g. the CCG) has a statutory responsibility to commission an initial health assessment and conduct six-monthly or yearly reviews. When the child is placed out of area, the originating commissioner retains this responsibility, but the health assessment should be done by a provider in the local area, to promote optimal care co-ordination for the child. The “originating CCG” remains the responsible CCG for the services which CCGs have responsibility for commissioning, even where the child registers with another GP practice.