

South East Children in Care Emotional/ Mental Health Tariff

November 2020



Children in Care – CCG Tariff

This agreement sets out South East Systems Leaders commitment to Children in Care¹; by specifying the CCG Tariff for Children in Care mental health assessment and treatment costs.

South East Systems Leaders extend their thanks and appreciation to leaders in the East Region, on whose former practice this Tariff is modelled and slightly extended, to enable the range and complexities of Children in Care’s needs to be represented as a continuum. This partnership with East is explicitly designed to support national consistency.

Treatment Details	
Assessment	<p>Assessment/Triage: A continuum from £420 (Standard Assessment) to £2000 (Specialist Assessment, which cannot be undertaken by local CAMHS).</p> <p>Forensic CAMHS are committed to offering free multi-agency consultation and advice for all Children in Care; Children in Care are entitled to free assessment with Forensic CAMHS.</p> <p>This cost includes follow up correspondence to social worker, IRO and home CCG.</p>
Intervention	<p>Interventions and support for Children in Care will be considered individually for each child, in response to their needs, strengths, experiences and context.</p> <p>A continuum of £287 per session (for nurse-led/multi-professional contacts) to £420 (for consultant-led contacts) and up to £50 for indirect case management charges and clinic letters.</p>
Anticipated number of sessions	Interventions and support for Children in Care will be considered individually for each child.
Additional costs	<p>Attendance at CiC reviews £150.</p> <p>Additional report writing beyond standard update letter £150.</p>

1. Referred to as Looked After Children in legislation and statutory guidance (age 0-18, and up to age 25 for CIC with a disability, EHCP, etc)

South East Children in Care Mental Health Ambition

November 2020



South East Children in Care – Partnership Mental Health Ambition

This agreement sets out South East Systems Leaders commitment to Children in Care¹; by making a promise as Corporate Parents to every child in care.

Our promise is:

- That you will always be our priority and we want to work with you to ensure that your emotional health, your education and your welfare are always well supported, building on your skills and talents;
- If you move to live in a new area, we will let the Local Authority* and the CCG** know that you've arrived and explain what you might need;
- If your emotional health or mental wellbeing deteriorates and you need support or treatment, you will be able to access help in the area you live in without delay;
- If the service that assesses your mental health thinks that you need some support and treatment, it will get on with delivering that to you straight away;
- As Leaders in Local Authorities, CCGs and mental health services, we have agreed our individual roles and our responsibilities towards you – we will stick to these agreements;
- The service that supports you, or offers you treatment, will reclaim funding from the CCG** where you lived when you first came into care, but this won't delay the support or treatment that you need;
- We will always prioritise your need, even if the place you're staying is for the short-term if your arrival there was unplanned;
- We will work together as Leaders to make sure that your needs and strengths inform our planning and our design of local emotional and mental health services – we promise to work with you in the design of these services;

*Local Authorities employ the social workers and the IROs that you are supported by.

**CCGs fund the nurses, emotional health and mental health staff you might be supported by during your time in care.

1 Referred to as Looked After Children in legislation and statutory guidance (age 0-18, and up to age 25 for CIC with a disability, EHCP, etc)

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.