

# PLACEMENTS FROM OTHER LOCAL AUTHORITIES IN GLOUCESTERSHIRE GUIDANCE

In accordance with The Care Planning, Placement and Case Review (England) Regulations 2010, Local Authorities placing young persons in the area of another Local Authority are required to provide written notification to the Authority concerned. This Guidance will assist placing authorities to meet their statutory duties when placing children in Gloucestershire

2022

# Gloucestershire Safeguarding Children Partnership



## Placements from other Local Authorities in Gloucestershire Guidance Document

July 2022

## Contents

Document Revision & Version Control.....	3
1. Statutory Responsibilities in Relation to Children in Care Placed Outside their Local Authority Area .....	4
2. Purpose Of this Guidance .....	4
3. Document Storage & Review Schedule .....	4
4. Standard Operating Procedure for the Management of Notifications from Placing Local Authorities and Information Sharing across the Gloucestershire Safeguarding Children Partnership .....	5
5. Email Template of Acknowledgement Following Notification of the Placement of a Child in Care in Gloucestershire .....	6
5.1 GCC version.....	6
5.2 GLICB Version .....	6
5.3 GHC Version.....	7
6. Gloucestershire Health Offer for Children in Care .....	8
7. Notification of Placement of a Child in Care in Gloucestershire from other Local Authorities .....	8
8. Designated Doctor and Designated Nurse for Children in Care .....	8
9. Gloucestershire NHS Community Health Provider.....	8
10. Management Plans for Unscheduled Care Attendances.....	9
11. Health Offer for Children in Care Placed in Gloucestershire.....	9
12. Initial Health Assessments.....	9
13. Review Health Assessments/Permanency (Adoption) Medicals.....	9
14. For more advice regarding unresolved health concerns about a Child in Care contact: .....	10
15. IHA Paperwork and Consent.....	11
16. RHA Paperwork and consent.....	11
17. REFERRAL FOR PERMANENCY (adoption) MEDICAL REPORT .....	13
18. Children in Care Placements into Gloucestershire from Other Local Authorities Additional Information. ....	15
18.1 Concerns for a child placed in Gloucestershire .....	15
18.2 Looked after Children with EHCP Placed Out of Area .....	15
18.3. Finding a school place for a child in Gloucestershire .....	16
18.4. Children and Young People Open to the Youth Justice Service .....	16
19. Children and Adults placed in Residential Settings out of area with Mental Health/Learning Disability and/or Section 117 Aftercare Needs Good Practice Protocol.....	17
19.1 The Purpose of this protocol .....	17
19.2 The key objectives of the protocol. ....	17

19.3. Background.....	17
19.4. Objectives of the Good Practice Protocol .....	17
19.5 National Guidance on Placing and Receiving ICBs and Local Authorities .....	18
19.6. Children in Care Placed Out of Area.....	18
19.7. Dynamic Support Register & Dynamic Support Systems .....	19
19.8. Meeting the Mental Health and Learning Disability Needs of Children and Adults Placed in Residential Settings in Out of Area.....	20
19.9. Process of transfer of Care of people between Secondary Care Mental Health/Learning Disability providers.....	20
19.10. Urgent Care .....	21
19.11. Individual Agreements.....	21
20. Annual letter/email template to Local Authorities regarding Children in Care placed in Gloucestershire	22

#### Document Revision & Version Control

Revision/ Version	Date	Comment
1.0	22 <sup>nd</sup> July 2022	GSCP Executive Approved Placements from other Local Authorities in Gloucestershire Guidance Document.

## 1. Statutory Responsibilities in Relation to Children in Care Placed Outside their Local Authority Area

1.1 In accordance with The Care Planning, Placement and Case Review (England) Regulations 2010, Local Authorities placing young persons in the area of another Local Authority are required to provide written notification to the Authority concerned.

1.2 In addition and according to statutory health guidance, *“when a child starts to be looked after or changes placement, the Local Authority must, before the placement is made, notify the child’s GP, parents (except where clearly inappropriate) and those caring for the child. When a child starts to be looked after, changes placement or ceases to be looked after, the Local Authority must also notify in writing:*

- *the ICB for the area in which the child is living*
- *the ICB and the Local Authority for the area in which the child is to be/has been placed”*

and;

*“ICBs and officers in Local Authorities who are responsible for looked after children’s services should ensure that sufficient resources are allocated to meet the identified health needs of the looked-after children population, including those placed in their area by other Local Authorities, based on the range of data available about their health characteristics”*

[Promoting the Health and Wellbeing of Looked-after Children; Statutory guidance for local authorities, Clinical Commissioning Groups, and NHS England, DfE, DoH, 2015.](#)

## 2. Purpose of this Guidance

2.1 The following documents and processes have been developed by the GSCP to support;

- information sharing
- Easy access to services for placing authorities
- Information and contact details for Partners in Gloucestershire
- Gloucestershire Partnership’s offer and expectations of placing Local Authorities regarding children (and adults) placed in Gloucestershire

2.2 There are five sections that make up the GSCP Placements from Other Local Authorities Guidance

1. **Standard Operating Procedure (SOP)** for management of notifications for children placed in Gloucestershire – for use across GCC and Partners
2. **Health Offer** – for placing authorities
3. **Additional information** for placing authorities
4. **Good Practice Protocol**; Children and Adults placed in Residential Settings out of area with Mental Health/Learning Disability and/or Section 117 Aftercare Needs
5. **Annual letter template** – to be sent out by Gloucestershire MASH to all LAs regarding CiC placed in Gloucestershire

## 3. Document Storage & Review Schedule

3.1 The **GSCP Placements from Other Local Authorities Guidance** will be saved on the GSCP website with a link from the ADCS site for ease of access by placing authorities. Links should also be on the GLICB website.

- a. The documents should be reviewed annually by the Strategic Health Group

## 4. Standard Operating Procedure for the Management of Notifications from Placing Local Authorities and Information Sharing across the Gloucestershire Safeguarding Children Partnership

4.1 Children in care placed outside their home area often have complex needs which can disproportionately impact on local health services. It is important therefore that notifications are made in a timely way and information shared across the Partnership about children placed in Gloucestershire. Sometimes, notifications may only be sent to one of the Partners. In these cases, it is important that we have processes in place to share information in a timely way as outlined in this SOP across the Gloucestershire Safeguarding Children Partnership. This may result in multiple notifications for one child, but this is preferred to no notification at all which can present significant risks for the child's health and wellbeing and for health services who may not be made aware of the child's health needs, looked after status, who has PR (and can consent to treatment) and contact details for the responsible Local Authority.

### **Placement Notification Letter Received by ICB CiC Health Team**

Send relevant completed email acknowledgement template (see below) to placing area in response and forward PNL to GCC and ICB: [childrenshelpdesk@gloucestershire.gov.uk](mailto:childrenshelpdesk@gloucestershire.gov.uk) and [glicb.childrenincare@nhs.net](mailto:glicb.childrenincare@nhs.net)

same working day or ASAP after receipt

Follow ICB internal process for management of notifications from other LA's

### **Placement Notification Letter (PNL) received by GCC**

send relevant completed email acknowledgement template (see below) to placing area in response and forward PNL to the ICB: [glicb.childrenincare@nhs.net](mailto:glicb.childrenincare@nhs.net) same working day or ASAP after receipt

Follow ICB internal process for management of notifications from other LA's

### **Placement Notification Letter received by GLICB**

send relevant completed email acknowledgement template (see below) to placing area in response and forward PNL to GCC:

[childrenshelpdesk@gloucestershire.gov.uk](mailto:childrenshelpdesk@gloucestershire.gov.uk)  
same working day or ASAP after receipt

Follow GLICB internal process for management of notifications from other LA's

The [GSCP Escalation Procedure](#) should be used where the above requirements are not met

## 5. Email Template of Acknowledgement Following Notification of the Placement of a Child in Care in Gloucestershire

### 5.1 GCC version

Dear..... (placing area local authority)

Thank you for notifying us that you have placed a Looked after Child in Gloucestershire. If you have not already done so, please also advise the following Partner agencies in Gloucestershire as per your statutory responsibilities;

- Gloucestershire Integrated Care Board; [glicb.childrenincare@nhs.net](mailto:glicb.childrenincare@nhs.net)
- The child's GP surgery

**If there is a requirement to inform the Police about concerns that the child is likely to go missing or involved in child exploitation (either criminal or sexual) please email [CEMM@Gloucestershire.police.uk](mailto:CEMM@Gloucestershire.police.uk) including a copy of any relevant trigger plans**

In addition, and if you have not already done so, please also provide;

- name and contact details of the child's social worker and manager
- Address, type of placement and legal status (ie S20, ICO, Care Order) and name and contact details of carer
- The originating ICB (or local health board in the case of a child placed by Wales) and contact details
- The registered medical practitioner (GP)
- any education institution attended by the child (which will include early years provision, school, college or pupil referral unit)
- any existing management plan for unscheduled attendances (ED/MIU)

For more information please see; <https://adcs.org.uk/contacts/out-of-area-looked-after-children-notifications-england>

### 5.2 GLICB Version

Dear ..... (placing area local authority)

Thank you for notifying us that you have placed a Looked after Child in Gloucestershire. If you have not already done so, please also advise the following Partner agencies in Gloucestershire as per your statutory responsibilities;

- Gloucestershire County Council: [childrenshelpdesk@gloucestershire.gov.uk](mailto:childrenshelpdesk@gloucestershire.gov.uk)
- The child's GP surgery

**If there is a requirement to inform the Police about concerns that the child is likely to go missing or involved in child exploitation (either criminal or sexual) please email [CEMM@Gloucestershire.police.uk](mailto:CEMM@Gloucestershire.police.uk) including a copy of any relevant trigger**

In addition, and if you have not already done so, please also provide;

- name and contact details of the child's social worker and manager
- Address, type of placement and legal status (ie S20, ICO, Care Order) and name and contact details of carer
- The originating ICB (or local health board in the case of a child placed by Wales) and contact details

- The registered medical practitioner (GP)
- any education institution attended by the child (which will include early years provision, school, college or pupil referral unit).
- any existing management plan for unscheduled attendances (ED/MIU)

For more information please see; <https://adcs.org.uk/contacts/out-of-area-looked-after-children-notifications-england>

### 5.3 GHC Version

Dear ..... (placing area local authority)

Thank you for notifying us that you have placed a Looked after Child in Gloucestershire. If you have not already done so, please also advise the following Partner agencies in Gloucestershire as per your statutory responsibilities;

- Gloucestershire County Council: [childrenshelpdesk@gloucestershire.gov.uk](mailto:childrenshelpdesk@gloucestershire.gov.uk)
- Integrated Care Board; [glicb.childrenincare@nhs.net](mailto:glicb.childrenincare@nhs.net)
- The child's GP surgery

**If there is a requirement to inform the Police about concerns that the child is likely to go missing or involved in child exploitation (either criminal or sexual) please email [CEMM@Gloucestershire.police.uk](mailto:CEMM@Gloucestershire.police.uk) including a copy of any relevant trigger**

In addition, and if you have not already done so, please also provide;

- name and contact details of the child's social worker and manager
- Address, type of placement and legal status (ie S20, ICO, Care Order) and name and contact details of carer
- The originating ICB (or local health board in the case of a child placed by Wales) and contact details
- The registered medical practitioner (GP)
- any education institution attended by the child (which will include early years provision, school, college or pupil referral unit)
- any existing management plan for unscheduled attendances (ED/MIU)

For more information please see; <https://adcs.org.uk/contacts/out-of-area-looked-after-children-notifications-england>

Following receipt of notifications from other Local Authorities about the placement of a child in Gloucestershire, as well as the above actions, each organisation will follow their own processes to record the child's details on their systems.



## 6. Gloucestershire Health Offer for Children in Care

6.1 The Gloucestershire Children in Care (CiC) Health Team aim to provide continuity and oversight of health needs for all Gloucestershire children placed in county and those placed out of county. For children and young people placed from other Local Authorities the team will complete review health assessments, on request, and any subsequent referrals, however oversight of health needs remains the responsibility of the placing authority.

The team are available to support and advise other Local Authorities on local services

Every Gloucestershire child has an allocated CiC Nurse, for any health concerns, please contact:

[CIHealthclinical@ghc.nhs.uk](mailto:CIHealthclinical@ghc.nhs.uk)

6.2 More information about the responsibilities of Local Authorities placing children out of area can be found in; section 77-81, [Placement out of Authority; Promoting the Health and Wellbeing of Looked-after Children; Statutory guidance for local authorities, Clinical Commissioning Groups, and NHS England, DfE, DoH, 2015](#)

## 7. Notification of Placement of a Child in Care in Gloucestershire from other Local Authorities

7.1 There is a statutory duty on Local Authorities to notify the ICB and Local Authority where the child is placed when children are placed outside their Local Authority area (DfE, DoH 2015). To coordinate health care for a looked after child in Gloucestershire, please send notifications to:

[glicb.childrenincare@nhs.net](mailto:glicb.childrenincare@nhs.net)

## 8. Designated Doctor and Designated Nurse for Children in Care

8.1 The Designated Doctor and Nurse for Children in Care provide strategic leadership and oversight to promote and protect the health of Children in Care. They are both employed by the ICB:

[glicb.onegloucestershiresafeguardingteam@nhs.net](mailto:glicb.onegloucestershiresafeguardingteam@nhs.net)

## 9. Gloucestershire NHS Community Health Provider

9.1 Gloucestershire Health and Care NHS Foundation Trust is the community health provider in Gloucestershire. The Trust provides joined up physical, mental health and learning disability services to children and adults across Gloucestershire.

- For details of the services provided: <https://www.ghc.nhs.uk/a-z/>
- To contact the Children in Care nursing team: [CIHealthteam@ghc.nhs.uk](mailto:CIHealthteam@ghc.nhs.uk)
- To contact the Child and Adolescent Mental Health Services:
  - For general enquiries: [CAMHS.Gloucestershire@ghc.nhs.uk](mailto:CAMHS.Gloucestershire@ghc.nhs.uk)
  - For information regarding referrals: [CAMHSreferrals@ghc.nhs.uk](mailto:CAMHSreferrals@ghc.nhs.uk)
  - Social Care professionals can contact CiC CAMHS for network consultations for children in care - [CYPs-LookedAfterChildren@ghc.nhs.uk](mailto:CYPs-LookedAfterChildren@ghc.nhs.uk)
  - Or professionals can contact CAMHS via the CAMHS Practitioner Advice Line: 01452 894272

## 10. Management Plans for Unscheduled Care Attendances

10.1 Any existing management plans for a child who is likely to present in unscheduled care settings (Emergency Department or minor injuries units) should be forwarded to: [ghntr.safeguarding.children@nhs.net](mailto:ghntr.safeguarding.children@nhs.net) and [PLHV generic: glos-care.plhv@nhs.net](mailto:PLHV generic: glos-care.plhv@nhs.net)

## 11. Health Offer for Children in Care Placed in Gloucestershire

11.1 All children resident and registered with a Gloucestershire GP can freely access universal, primary care and a variety of other health services provided within Gloucestershire.

11.2 Additional health service requirements will need to be negotiated and funding agreed. For further advice: [glicb.childrenscomplexcare@nhs.net](mailto:glicb.childrenscomplexcare@nhs.net)

11.3 Note, for children and young people with complex needs, early planning will need to take place so that local Gloucestershire health services are informed and can confirm with the placing authority, the ability of services to fully meet health needs and waiting times.

We cannot commit to provide specialised services for children/YP if these are not agreed before placement.

11.4 Please see details below regarding the commissioning arrangements for statutory health assessments for Children in Care placed in Gloucestershire. There will be a charge for these health assessments in line with the national tariff. This is normally commissioned by the placing area ICB.

## 12. Initial Health Assessments

12.1 Four GPs with a specialist interest in Children in Care are commissioned to provide Initial Health Assessments (IHA) to all children in Gloucestershire. The service is based at Hadwen Health in Abbeydale, Gloucester. The team provide a high quality, child focused service and work closely with other specialist health colleagues in Gloucestershire.

12.2 Please contact the team with any IHA requests (ideally via your local Children in Care Health Team): [hadwen.ih@nhs.net](mailto:hadwen.ih@nhs.net)

Dedicated IHA Telephone line: **01452 505 853**

All referrals will require the following paperwork; see [IHA Paperwork and Consent](#)

## 13. Review Health Assessments/Permanency (Adoption) Medicals

13.1 The Children in Care Nursing Team complete Review Health Assessments (RHA) and provide other support for Children in Care and their carers in Gloucestershire.

13.2 Please contact the Children in Care Health Team to arrange an RHA for a child placed in Gloucestershire by your Local Authority (ideally via your local health team):

[CIChealthteam@ghc.nhs.uk](mailto:CIChealthteam@ghc.nhs.uk)

*All referrals will require at least 12 weeks advance notice, appropriate paperwork, consents and any copies of the previous health assessments; see [RHA Paperwork and consent](#)*

For permanency (adoption) medicals, please contact:

[ghn-tr.adoptionfostering@nhs.net](mailto:ghn-tr.adoptionfostering@nhs.net)

*All the referrals will require the following paperwork; [REFERRAL FOR PERMANENCY \(adoption\) MEDICAL REPORT](#)*

## 14. For more advice regarding unresolved health concerns about a Child in Care contact:

14.1 Named Nurse for Children in Care Gloucestershire Health and Care NHS Foundation Trust

[liz.bennett3@ghc.nhs.uk](mailto:liz.bennett3@ghc.nhs.uk) or [glicb.childrenincare@nhs.net](mailto:glicb.childrenincare@nhs.net)

[glicb.onegloucestershiresafeguardingteam@nhs.net](mailto:glicb.onegloucestershiresafeguardingteam@nhs.net)

14.2 References: [Department for Education, Department of Health 2015 Promoting the Health and Well-being of Looked after Children; statutory guidance for Local Authorities, Clinical Commissioning Groups and NHS England;](#)

## 15. IHA Paperwork and Consent

An Initial Health Assessment (IHA) for Children in Care will NOT be undertaken unless all the relevant consent forms and documents have been completed.

### CONSENT

- Coram BAAF IHA-C/YP – Part A (page 3) consent for medical (signature needed)
- Coram BAAF consent Form consent for information sharing
- GCC Delegation of Authority consent for child to receive on-going medical care as required

Who can sign consent?

	Who can sign form	Who has PR (Parental Responsibility)?
<b>S.20 (voluntary)</b>	Person with PR	Usually parent  <i>If Delegation of Authority form is ticked to delegate health assessments to SW/Carer and is signed by person with PR, then whoever it is delegated to – can sign the consent box in part a of BAAF form</i>  NOT Social worker unless specifically delegated.
<b>Interim (ICO) or Full Care Order (S.31)</b>	Person with PR Ideally parents	PR shared with SW – SW or manager can give consent
<b>Child has capacity (generally if they are age 16+)</b>	Child. Ideally person with PR also	As above.

### **Coram BAAF IHA-C/YP – Part A (page 3)**

- This needs to be signed by the relevant person as per box above
- Must be an actual signature not a typed name

### **Delegation of Authority**

- There needs to be a tick in the line “Consent for Initial and thereafter regular statutory CIC health assessments during the time that the child is in care”.
- Parents, social care and ideally the carer need to sign at the bottom of the Health section

### DOCUMENTS

- Coram BAAF IHA-C/YP. Part A needs to be fully completed, including:
  - Child’s details
  - Legal status
  - Date child came into care for this episode
  - Reason for being looked after
  - NHS number
  - Birth family/sibling details
  - GP details
  - Carer’s details including phone number/e-mail
  - SW team and contact details including the generic email address for the team
  - Consent box to be signed (Pg 3) – signature not a typed name as above
- Hadwen Headed Social Worker Background Addendum Information document
- Latest SDQ score
- Coram BAAF form PH / M / B

## 16. RHA Paperwork and consent

In order to proceed with the request for a Review Health Assessment, the following documentation must be complete and accompany the request.

NB. Where a signature is required, this must be a signature and not typed.

## CONSENT

Coram BAAF RHA- C/YP – Part A (page 3) Consent to C/YP Health Assessment

Or

A copy of the most recent Delegation of Authority –

- this must be signed by the parent and social worker and indicate that authority to consent has been delegated to the Foster Carer. The document must be signed by the current Foster Carer.
- There needs to be a tick in the line “Consent for Initial and thereafter regular statutory CIC health assessments during the time that the child is in care”.

Who can sign consent?

	Who can sign form	Who has PR (Parental Responsibility)?
<b>S.20 (voluntary)</b>	Person with PR	Usually parent  <i>If Delegation of Authority form is ticked to delegate health assessments to SW/Carer and is signed by person with PR, then whoever it is delegated to – can sign the consent box in part a of BAAF form</i>  NOT Social worker unless specifically delegated.
<b>Interim (ICO) or Full Care Order (S.31)</b>	Person with PR Ideally parents	PR shared with SW – SW or manager can give consent
<b>Child has capacity (generally if they are age 16+)</b>	Child. Ideally person with PR also	As above.

## DOCUMENTS

- Coram BAAF RHA-C/YP. Part A needs to be fully completed, including:
  - Child’s details
  - Legal status
  - Date child came into care for this episode
  - Reason for being looked after
  - NHS number
  - Birth family/sibling details
  - GP details
  - Carer’s details including phone number and e-mail
  - SW team and contact details including the generic email address for the team
  - Consent (as above)
- Social Worker Background Addendum Information document
- Latest SDQ score

## 17. REFERRAL FOR PERMANENCY (adoption) MEDICAL REPORT

Name of child:	DOB:
Name of parent(s):	NHS No:
Name of carer:	Name of Primary Social Worker: Address:  Email
Address for appointment:	Name of Additional Social Worker:  Address  Email:
Name of GP:	Nursery/school:
Current Legal Order and date:	Nationality/ethnicity:
Is the Child in Care?  Yes/ No	IHA Completed: Yes/ No Date booked: Completed at (please state)
Is an interpreter required:	<b>ADM Date:</b>
Current contact with Birth Parents/ Siblings/Other significant persons	
Any current health/development/ behaviour/emotional concerns:	
Please provide any significant details on: Child's social and family background:	

<p>Child's past medical history (if known):</p>          <p>Child's developmental history (if known)</p>
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**CONSENT (Child is in care)- If child does not have capacity to consent**

<p><b>Is Parental Consent already given in Looked After documents?</b></p> <p style="color: #00AEEF;">If YES – send a copy</p> <p>If NO, the Social Worker who is authorised by LA to give consent on their behalf to complete the following:</p>				
<b>I agree to</b>		<b>being assessed</b>	<b>Date</b>	
<b>Signature</b>		<b>Name</b>	<b>Relationship</b>	

**CONSENT (Child not in care) - If child does not have capacity to consent**

<p><b>Person with PR agrees to give consent</b></p> <p>If NOT, the Social Worker who is authorised by LA to give consent on their behalf to complete the following:</p>				
<b>I agree to</b>		<b>being assessed</b>	<b>Date</b>	
<b>Signature</b>		<b>Name</b>	<b>Relationship</b>	

**Please note if any information is missing from this form, the form will be returned for completion.**

## 18. Children in Care Placements into Gloucestershire from Other Local Authorities Additional Information

### 18.1 Concerns for a child placed in Gloucestershire

18.1.1 If you have concerns regarding a child in Gloucestershire being involved in child exploitation or at risk of going missing please email [CEMM@Gloucestershire.police.uk](mailto:CEMM@Gloucestershire.police.uk) outlining the following details,:-

- Name of Child
- DOB of Child
- Placement/Carer name
- Full address of placement
- Type of placement (Foster Care, IFA, Residential etc)
- Date Placement Started
- Social Worker Contact Details
- Legal status (S20, ICO, Care Order)
- Nature of safeguarding concern/ intelligence and a copy of any relevant trigger plans.

The email address is monitored daily between Monday-Friday but if your concern is urgent please contact Gloucestershire Police on 999 for emergencies or 101 for non-emergency matters.

### 18.2 Looked after Children with EHCP Placed Out of Area

18.2.1 When children and young people 'Looked After' to the Local Authority and become ordinarily resident in another Local Authority area they are covered by the 1996 'Belonging Regulations'. Ordinarily Resident means that the child is in a settled placement with foster parent or in a children's home not attached to a school. For Children in Care, the 'new' Local Authority becomes responsible for maintaining the EHCP and securing the special educational provision, once made aware the child or young person has moved into the Local Authority, whilst the 'home' Authority remains financially responsible.

18.2.2 If you have a Child in Care who is moving into Gloucestershire Local Authority and has an EHCP please advise the team as early as possible of the intended move via [sengeneng@gloucestershire.gov.uk](mailto:sengeneng@gloucestershire.gov.uk). Once the child has moved to Gloucestershire, please send a copy of their EHCP file with all relevant documents to [sengeneng@gloucestershire.gov.uk](mailto:sengeneng@gloucestershire.gov.uk) with CiC mover-in as email subject, referencing in the email:

- their new address
- foster carer contact details
- Social Worker contact details
- Current school placement contact information

18.2.3 Please be aware that for Looked After Children moving between Local Authorities, the old ICB retains responsibility for health provision in the new Local Authority – for example, commissioning the provision from the new ICB as required.

18.2.4 The Gloucestershire EHCP service will maintain the current education placement named in the EHCP where this is possible. However, where this is impractical the LA will ensure temporary education is arranged until the EHC plan is formally amended.



### 18.3 Finding a school place for a child in Gloucestershire

18.3.1 If you require assistance with school admissions to Gloucestershire Schools and Academies, please email [inyear.admissions@gloucestershire.gov.uk](mailto:inyear.admissions@gloucestershire.gov.uk) with the subject heading

18.3.2 **CIC Placed in Gloucestershire from (\*\*enter your Authority Name\*\*)** along with pupil details and contact details for the Social Worker/Named Contact for the child.

18.3.3 We will email details of the nearest schools to the Gloucestershire address, how the Named Contact can apply for these places and answer any queries you may have about school admissions.

### 18.4 Children and Young People Open to the Youth Justice Service

18.4.1 For Children in Care and Care Leavers transferring into Gloucestershire who are open to the Youth Justice Service please notify the Gloucestershire Youth Justice Service part of the Youth Support Team irrespective if a caretaking request is to be made at: [gloucestershire.yst@psl.cjsm.net](mailto:gloucestershire.yst@psl.cjsm.net)

18.4.2 Children in Care, Care Leavers (eligible and relevant) remain the responsibility of the placing Local Authority, as corporate parents. If a child is open to the Youth Justice Service the responsible Local Authority YJS (Home YJS) retains overall case management responsibility to ensure that youth justice processes are centrally coordinated.

18.4.3 The quality of Youth Justice Services should be maintained irrespective of whether a child or young person is in receipt of caretaking or home YOT provision.

18.4.4 Case transfer is a critical period for children and young people and Youth Justice Services are expected to work together to ensure their welfare is properly safeguarded, continuity of existing court orders is maintained and any risks the child or young person poses to the public are minimised.

18.4.5 There are numerous practice scenarios in which children and young people require Youth Justice Services while outside the area in which they normally live. It is impossible to anticipate every practice scenario; therefore, please refer to the [National Protocol for case responsibility](#).

## 19. Children and Adults placed in Residential Settings out of area with Mental Health/Learning Disability and/or Section 117 Aftercare Needs Good Practice Protocol



### 19.1 The Purpose of this protocol

19.1.1 The purpose of this protocol is to ensure that there is a common understanding and agreement between placing and receiving Authorities, on the processes and joint planning required for children/adults that are placed out of county in residential placements for mental health/learning disability needs by other Authorities.

19.1.2 This protocol is to ensure safe quality care of children, young people and adults with complex mental health and or learning disabilities being transferred to out of area placements.

19.1.3 The protocol provides an overview of the key requirements contained within the Who Pays Guidance by which commissioning authorities are bound.

19.1.4 The receiving Authority wishes to record that the purpose of this protocol is to ensure that there is a safe and seamless transfer of care through robust joint planning and early communication between the placing Authority and receiving Authority.

### 19.2 The key objectives of the protocol.

19.2.1 The National Guidance on Placing and Receiving ICBs and Local Authorities including timescales for notification of placement by which commissioning authorities are bound.

19.2.2 Process of “Transfer of Care” of people between mental health/learning disability providers from differing counties.

19.2.3 The process by which the placing and host authorities will seek to meet the Mental Health and Learning Disability needs of children and adults placed in residential settings out of area.

### 19.3 Background

19.3.1 Whenever possible it is best practice for people to remain in their own area. Sometimes this is not possible due to presenting needs and the availability of residential provision. There has been an increase in the number of children and adults with health and care needs that are often complex, placed in residential provision out of area requesting the support of Mental Health and/or Learning Disabilities Secondary Care Services. Often this request for support is following placement where a crisis occurs, or at the point of placement. This means that there is insufficient planning in the transfer of care, and at times missing information, which can compromise decision making and planning and impact on the ability of community services to provide the highest quality of care. In addition, the lack of planning and joint working between the placing and receiving areas means that people can be placed in residential services which do not wholly meet their needs, as there can be unrealistic expectations of what a community service can provide leaving a gap in provision for the service user.

### 19.4 Objectives of the Good Practice Protocol

19.4.1 To ensure that all children and adults placed out of area by a commissioning Authority, provide sufficient notice of that placement to the receiving Authority, to facilitate a safe and smooth transfer of care

19.4.2 To ensure that there is good joint communication, information sharing and care planning between the placing and receiving Authorities

19.4.3 To ensure that with regard to transforming care, that when a person is placed out of area, the placing and host Authorities understand the needs of the person with a learning disability, autism or both, so that they can make sure the needs of the individual can be appropriately met and that they receive the right support

19.4.4 To ensure that the placing Authority has had discussions with the receiving Authority about the suitability of placement to be provided; and the capacity and capability of the placement to meet the child's/ adult's needs

19.4.5 To ensure that early discussion on funding arrangements do not delay placements or lead to disputes between the placing and receiving Authorities.

### 19.5 National Guidance on Placing and Receiving ICBs and Local Authorities

19.5.1 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.

19.5.2 The ICB has responsibility for all people who are registered with a GP in its area, or usually resident in the area covered by the ICB. Where a patient is registered on the list of NHS patients of a GP practice, the Responsible Commissioner will be the ICB, of which the GP Practice is a member. Where a patient is not registered with a GP Practice, the Responsible Commissioner will be the ICB in whose geographic area the patient is "usually resident".

19.5.3 Any one GP Practice may have some patients who are usually resident in one ICB, and others who are usually resident in another. In that situation, the responsible ICB for all of the patients registered with that practice will be the ICB of which that practice is a member. Where a patient is registered with a GP who is a member of ICB A, but has then been accepted as a temporary resident by a GP who is a member of ICB B, the patient becomes the responsibility of ICB B for that period of temporary residence.

19.5.4 A number of specific exceptions to ICBs must therefore plan services based on assessing the needs of the ICB's local population, with the exception of:

19.5.5 When a child is placed out of area, the "originating ICB" remains the responsible ICB for the services for the child, even where the child registers with another GP practice in another area.

19.5.6 The Responsible NHS Commissioner for a patient who undergoes a period of detention in hospital under the Act is the commissioner in whose area the provider of the detention service is based.

19.5.7 The Responsible NHS Commissioner for a patient receiving S117 aftercare is the ICB in whose area the patient was ordinarily resident, immediately prior to being detained in hospital under the Act.

### 19.6 Children in Care Placed Out of Area

19.6.1 Promoting the health and wellbeing of looked after children (2015) states:

**Notification of placement:** When a child starts to be looked after or changes placement, the Local Authority must, before the placement is made, notify the child's GP, parents (except where clearly inappropriate) and those caring for the child. When a child starts to be looked after, changes placement or ceases to be looked after, the Local Authority must also notify in writing:

- The ICB for the area in which the child is living.
- The ICB and the Local Authority for the area in which the child is to be/ has been placed.

Prompt notification by Local Authorities and appropriate information sharing will enable ICBs to fulfil their duties and meet timescales for health assessments.

If placements are made in an emergency, written notification must be provided within five working days of the start of the placement, unless not reasonably practicable to do so.

The document in full can be accessed [here](#):

19.6.2 The Department for Education guidance 'Out of Authority placement of Looked After Children' (July 2014) states:

'Every out of Authority placement will require effective planning, engagement and information sharing with services likely to be responsible for meeting the child's needs. The responsible Authority will need to be confident about the support that the child can expect within the area of placement. In particular, the responsible Authority should confirm how the child will be effectively safeguarded and how they will access the services they need. The requirement for Local Authorities to consult with children's services in the area of placement ('the area authority') will assist the responsible Authority in deciding whether a placement is appropriate and provides the child with the necessary support from local services, including from education and health services.'

The document in full can be accessed [here](#):

19.6.3 The NHS England Guidance, Promoting the Health and Wellbeing of Looked After Children (March 2015) states:

'Looked-after children should never be refused a service, including for mental health, on the grounds of their placement being short-term or unplanned. If a looked-after child or child leaving care moves out of the ICB area, arrangements should be made through discussion between the 'originating ICB', those currently providing the child's healthcare and the new providers, to ensure continuity of healthcare. ICBs should ensure that any changes in healthcare providers do not disrupt the objective of providing high quality, timely care for the child.'

The document in full can be accessed [here](#):

## 19.7 Dynamic Support Register & Dynamic Support Systems

19.7.1 Transforming Care is about improving health and care services so that more people with a learning disability and/or autism can live in the community, with the right support and closer to home. It is therefore important that when a person is placed out of area, the placing and host authorities understand the needs of the person with a learning disability, autism or both, so that they can make sure the needs of the individual can be appropriately met and that they receive the right support. The [Care \(Education\) and Treatment Review policy](#) and [Building the Right Support](#) makes clear the importance of services knowing those people who are likely to need additional support, so that they don't end up being admitted to mental health or learning disability hospitals unnecessarily.

19.7.2 Care (Education) and Treatment Reviews (C(E)TRs) have been designed specifically to consider the needs of children and young people. By bringing a person-centred and individualised approach, the responsible commissioning authority can ensure that the care and treatment and the differing support needs of the person (and their families) are adequately met. It also allows supporting agencies to understand the needs of the person, facilitating a proactive risk management approach.

19.7.3 A community C(E)TR should be organised when a hospital admission is being considered. A community C(E)TR asks what extra support can be put in place for the person and family to avoid unnecessary admission to hospital. The receiving Authority seeks assurance that the placing authorities work in accordance with

The [Care \(Education\) and Treatment Review policy](#) and the responsible commissioner undertakes all necessary steps to support community placements in order to prevent avoidable admissions. Additionally, SEND Risk Assessment Guidance highlights that if a child or young person has a diagnosis of a learning disability and/ or autism who display behaviours including those with a mental health condition, the risk assessors should ensure, with the agreement of the family, that the child is identified on the responsible NHS Clinical Commissioning Group/ Integrated Care Board Dynamic Support Register.

19.7.4 The Dynamic Support Register should be held by the placing ICB to ensure effective co-ordination of support for children and young people with a learning disability and/or autism who are most at risk of residential or community placement breakdown. Information Governance and consent requirements will be held by the responsible commissioning authority.

The policies can be accessed in full here:

[The NHS England Care and Treatment Reviews policy \(March 2017\)](#)

[Building the Right Support \(October 2015\)](#)

#### 19.8 Meeting the Mental Health and Learning Disability Needs of Children and Adults Placed in Residential Settings in Out of Area

19.8.1 When placing an adult or child in a specialist school or residential setting for adults or children with often complex backgrounds and needs, it is imperative that a comprehensive support package is in place to meet those needs. In order to do this, all prospective parties need to be aware of the needs and circumstances of the individual, and the services that will be provided by the placement. This needs to be understood in the early stages of planning to ensure there are services in place to support the individual and be clear that if there are any gaps in provision, how they can be met. Therefore, the receiving Authority will request that placing ICBs, LA's and existing providers contact the potential receiving Authority/ICB and provider at the start of the planning process prior to a residential placement being secured.

#### 19.9 Process of Transfer of Care of People Between Secondary Care Mental Health/Learning Disability providers

19.9.1 Transfer of Care is a process that makes sure the needs of the person are fully understood, and can be appropriately met, so they receive the right support. This includes the ability of the receiving system to be able to facilitate a proactive risk management approach.

19.9.2 The expectation is that the existing Mental Health team continue to hold Responsible Clinician (RC) responsibilities until the transfer of care process is completed. This includes all medication reviews.

19.9.3 The process will commence with referral information being shared with the receiving Secondary Care Team. Further work and planning will then be required as an integral part of this transfer of care to ensure there is a comprehensive understanding of needs, including an in-depth understanding about previous placement breakdowns if applicable.

19.9.4 Clinical information required at the start of the process (at referral) includes:

- Mental Health and Social Care history.
- Chronology and current formulation.
- Risk history and current management plan (including Crisis & Contingency).
- Supporting information behind previous placement breakdowns (if applicable).
- What is required from secondary Mental Health Services as part of the placement plan of care.
- Supporting information regarding what areas of their anticipated care plan the young person is likely to engage with, and areas where there may be some challenges that warrant further discussion.

19.9.5 The CPA or initial meeting needs to be initiated by the current care coordinator/treating team to confirm the current care plan and agree a suitable handover of care be arranged. This is to ensure that all parties are satisfied that the placement and supporting community services can meet the individual's needs and also ensure a safe and effective handover of care when it is appropriate to do so. This is also required for any child, young person or adult who is not part of a CPA process but requires secondary care mental health or learning disability service support as part of their placement.

19.9.6 Transfer of Care should include both handover meetings as well as a final conversation/meeting regarding acceptance of care. Comprehensive information should be provided as soon as possible to the new GP.

19.9.7 The receiving Authority/ICB and Secondary Care Mental Health/Learning Disability team are to be invited to attend at least two CPA review meetings as part of inpatient discharge planning. Key requirements within this process of transferring care should include:

19.9.8 Receiving Secondary Care team to agree role and remit of anticipated package of care prior to final discharge meeting. This will include:

- If there is no psychiatry input to the placement and the young person requires medication, there needs to be a pre-placement agreement as to who continues to provide this oversight.
- If the individual is placed at age 17.5 years of age, the expectation is that the placing Authority/ICB continues to provide their care until they transition to adult services. Therefore, where the young person is aged 17.5 or above, adult mental health colleagues should be invitees to the above process.

19.9.9 In certain circumstances, particularly for transfer from inpatient care, the receiving Authority/ICB may request that the placing ICB and community service continue to provide care during a 'settling in' period of a **minimum of 3 months**. This is because the team placing the person will have more of an in-depth knowledge of the individual and have an existing relationship. This will also help support placement stability, and maximise the placement being a success. It will also mean that if the placement breaks down, the individual has continuity of care from a quality perspective.

19.9.10 It is recognised that some young people and adults are placed out of area as a response to crisis driven circumstances. However, every effort should be made by the placing Authority to inform the receiving Authority of the placement as soon as it is possible and liaise with the receiving Authority on joint care planning.

## 19.10 Urgent Care

19.10.1 Crisis services are available for any person in a placement, 24 hours a day, 7 days a week.

## 19.11 Individual Agreements

19.11.1 In order to ensure that we all are clear on service provision from the residential placement and the community team, we will agree an individual funding agreement for each person placed from out of area with mental health or learning disability needs that require a community service. At no point should funding disputes between Commissioners prevent the provision and quality of care. Patient care is a priority.

## 20. Annual letter/email template to Local Authorities regarding Children in Care Placed in Gloucestershire

Dear.....

In accordance with The Care Planning, Placement and Case Review (England) Regulations 2010, Local Authorities placing young persons in the area of another Local Authority are required to provide written notification to the Authority concerned.

We are currently in the process of updating our records of Looked After Children that have been placed within **Gloucestershire**. We would be grateful if you could inform us of any children that you have currently placed in our area, likewise if any children have recently moved on. If you do not have any children placed within Gloucestershire, then please email a **nil return**.

Please send any e-mail responses to: [\*confirm contact details here\*](#)

If this has been sent to the wrong address, please inform us of where this needs to be sent.

To ensure the safety of any children placed it is essential that we are provided with all the information relevant to that child. If you have any looked after children placed in Gloucestershire please can you include the following information when sending your return:

- Name of Child
- DOB of Child
- Placement/Carer name
- Full address of placement
- Type of placement (Foster Care, IFA, Residential etc)
- Date Placement Started
- Social Worker contact Details
- Legal status (S20, ICO, Care Order)

Thank you for your co-operation in this matter.

[\*Confirm sender details here\*](#)