**NUH IHA Requests Detailed Guidance for Social Workers**

In order to accept referral and **initiate** the IHA offer process NUH requires **Consent to Access and Share PLUS Part A of Form IHA** to be correct and submitted together**.**

|  |  |  |
| --- | --- | --- |
| [**IHA-C**](https://corambaaf.org.uk/sites/default/files/electronic-forms/SAMPLE%20CoramBAAF%20Form%20IHA-C%202018.pdf) | **IHA-YP** \*see note below | **IHA-UASC** (replaces usual IHA form) |
|  |  |  |

\* Usual consent and Form IHA applies if a YP is on remand, whether in a secure unit or remanded to an individual carer

All sections of the forms should be completed as standard, however: the sections highlighted are a ‘MUST HAVE’ for the CiC health service to accept your referral. If either of these documents do not meet the **must have** criteria or are **not submitted together** then you will be notified that the IHA request has been declined pending your team’s/allocated Social Worker’s action to resolve.

*However*:

* Additional information or clarification above the minimum may still be required in some circumstances prior to accepting the referral and initiating the IHA offer process
* Forms PH (parental health), M&B (maternity and birth), Carers reports etc. are still required, however not essential for the IHA referral to be accepted.
* NUH may offer an IHA but with understanding that further information or liaison must occur in good time before the IHA date in order for the appointment to go ahead.
* Other IHA providers will have their own criteria and processes, and have the right to require these be met prior to accepting any referral (e.g. for a CYP residing Out Of Area/OOA).

NUH CiC admin office hours: 9am to 4:30 Mon-Fri excluding bank holidays. IHA referrals sent outside of these times will not be accessed until the next working day, and this will be counted as the date of receipt.

|  |
| --- |
| **Consent to Access and Share** |

*Must be completed, signed, and dated for each CYP in order to access and share health information relevant to a looked after child*

*PLUS separate form for each birth parent if filling section B1 for form PH (see notes on page 5 of this guidance)*

* ***Part A:*** *Demographic and agency details*

***PLUS at least one*** *of the following sections completed, signed, and dated by the appropriate person who hold authority to do so*

* ***Part B:*** *Birth Parent*
  + ***B1:*** *consent to obtain parental health information*
  + ***B2:*** *consent to obtain CYPs health information*
* ***Part C:*** *Young person with capacity to consent*
* ***Part D:*** *Adult with parental responsibility (PR) or an agency with PR under a court order (usually CSC Service Manager)*

*Without this being correct, NUH does not have legal basis to:*

* *Access CYP file to verify/update details or locate records*
* *Register new CYP on the systems*
* *Create IHA offer and book appointment*
* *Open health records to review information for IHA*
* *Write and share a full IHA report*
* *Make appropriate referrals and arrange ongoing care*

|  |
| --- |
| **Part A Form IHA *(Pages 8 – 10 of Form IHA-C or IHA-YP)*** |

A copy of the relevant fields is below, along with comments in italics to support it being completed. The UASC IHA form is slightly different due to the circumstances leading to the young person’s health assessment, but the overall principles are the same as below.

Highlighted fields are MUST HAVE and so be completed in full detail before IHA offer process can begin.

HOWEVER all fields should still be completed even if negative: e.g. ‘no siblings’, ‘not in school’, ‘birth parent unknown’, or ‘believed to have 3yr sibling (adopted), update to follow’.

**Reason for being looked after** in order for the IHA to meet the needs of a CYP it is essential that the safeguarding background and journey to care is provided as part of the referral. This does not need to be a new piece of work by the allocated social worker, it can be attaching copies of one or more existing childrens services documents that best capture the chronology and concerns (e.g. case conference minutes, strategy meetings, social worker report, chronology, court report, Best Interest Decision). If on remand, the usual IHA processes are still followed as normal (whether remanded to secure setting or individual carer). If sentenced this changes and so please update NUH if sentencing occurs.

*‘*Our’ GPs are listed at [*www.notts.icb.nhs.uk/your-health/primary-care/*](http://www.notts.icb.nhs.uk/your-health/primary-care/)

## Guidance notes for Part A of Form IHA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child** | | **Interpreter/signer required? Arranged?** | Y/N | *CSC arrange, F2F if possible* |
| **Given name(s)** | *Please check spelling* | **Family name** | *Please check spelling* | |
| **Likes to be known as** | *Can help locate records as well as respecting a CYP’s wishes* | **Also previously known as** | *Alias, alternate surnames, other spellings etc. to help locate the correct records* | |
| **Date of birth** |  | **Sex** | *Inform NUH if gender identity differs from this* | |
| **Legal status**  **e.g. In care/accommodated**  **Compulsory supervision order (CSO) (Scotland)** | *This and the Parental Responsibility section (below) are required in order to interpret the Consent Form and confirm legal basis to progress to an IHA offer.* | **NHS number** | *NHS number is required to initiate IHA offer - If unable to locate an NHS number please discuss this with NUH in order to explore if we can assist.* | |
| **CHI number (Scotland)** |  | |
| **Local identification number** |  | |
| **Person(s) with parental responsibility/ies:** | *Also state if PR is not applicable due to YP competent to make own decisions* | **Current legal proceedings** | *Advance notice of requiring an adoption report reduces later delay* | |
| **Date first looked after at this episode** | *To calculate 20-working day deadline* | **Reason for being looked after** | *Health records visible to NUH may not contain any information about the journey into care, past care episodes, safeguarding concerns or other vital information* | |
| **Number of previous placements, including birth family** | *If in care previously, notify NUH of dates as we may be able to locate past records that will assist* |
| **Ethnicity/religion** | *Relevance to medical factors as well as understanding CYP’s self-identity/beliefs* | | | |
| **First language** | *Interpreter needed?* | **Other languages** |  | |
| **School/nursery/other day care** | *If school age but not in school, or has an EHCP, this is a significant piece of information that needs to be explored at the IHA* | | | |
| **Is there a red book/personal health record? NB – This should follow the child** |  | **If yes, name of person currently holding** |  | |

**Birth family**

|  |  |  |  |
| --- | --- | --- | --- |
| **Mother**: Name | *If known* | Date of birth | *If known* |
| Address | *Maternal name and date of birth and also address can be vital to locate and verify correct CYP records, for maternity/birth records, and to interpret the Consent Form and confirm legal authority to progress to an IHA offer.* | | |
| Postcode |  | Telephone |  |
| Ethnicity/religion/first language | *This is of most relevance if a birth mother is to be directly involved in the IHA and requires an interpreter (CSC to arrange and confirm prior to IHA appointment)* | | |
| Contact arrangements | *If not the current carer for the CYP, but it is planned for them to attend the IHA, NUH usually require advance* ***confirmation*** *that social worker attending in person.* | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Father:** Name | *If known* | Date of birth | *If known* |
| Address | *Paternal name and date of birth and also address can be vital to locate and verify correct CYP records, and to interpret the Consent Form and confirm legal authority to progress to an IHA offer.* | | |
| Postcode |  | Telephone |  |
| Ethnicity/religion/first language | *This is of most relevance if a birth father is to be directly involved in the IHA and requires an interpreter (CSC to arrange and confirm prior to IHA appointment)* | | |
| Contact arrangements | *If not the current carer for the CYP, but it is planned for them to attend the IHA, NUH usually require advance* ***confirmation*** *that social worker attending in person.* | | |

|  |  |
| --- | --- |
| **Siblings**  Any previous birth family name/address? | *Details of siblings, degree of relationship (e.g. full, half, step), and any health/developmental concerns in siblings can be invaluable to informing the IHA.*  *IHA appointments and which Dr are planned carefully in sibling groups to best meet the situation - NUH cannot search by parental identity, and if siblings have differing variations of surnames on systems, are referred at different times, or are in different locations: NUH may not know they are related and so cannot plan accordingly.* |
| Name(s) |  |
| Contact arrangements | *If siblings are in same placement case-by-case decision will be made. It is frequently best interests to see each CYP for their IHA separately on different days.* |
| Date(s) of birth | *If not known give ages* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of GP** | *GP within provider’s commissioned area and the registration complete\* (not just that the carer has stated they intend to register at this GP). If a CYP changes GP please update ASAP as otherwise provider systems will not deliver letters to the correct surgery. NUH’s commissioned area is on the* [*ICB Website*](https://notts.icb.nhs.uk/your-health/primary-care/) *An exception is a newborn who has not yet left hospital (e.g. inpatient on neonatal intensive care), in which case they may not yet have a GP. If this applies - contact the NUH CiC team as we will need to discuss this with you before an IHA offer can be made.* | | |
| **Address** |
| **Postcode** |  | Telephone |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Current carers – Do not disclose this information** | | | |
| **Name** |  | Date placement started |  |
| **Address** | *Mandatory in order to safely communicate appointment and other information without risking data breach, direct risk to carer or CYP, or carers not being aware of an IHA or other health appointments. For the same reason: IF A CYP MOVES SETTING or leaves care, NUH CiC must be updated ASAP.* | | |
| **Postcode** |  | **Telephone** |  |
| Languages spoken |  | **Any relationship to child?** |  |

*\* NUH commissioned area is any GP listed at* [*www.notts.icb.nhs.uk/your-health/primary-care/*](http://www.notts.icb.nhs.uk/your-health/primary-care/) *and does not have to be same GP as the current carer. GPs are required to fast-track registration and record transfer for who are CYP Looked After. If residing Out Of Area (OOA) the CYP must usually be registered at a GP in the corresponding provider’s own commissioned area.*

**Agency details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of agency** |  | | |
| **Address** | *NUH primarily use secure email for communication, but NUH may refer the CYP to other organisations that require a physical address in order to communicate with the social worker.* | | |
| **Postcode** |  | **Telephone of agency** |  |
| **Name of social worker and team** |  | **Name of manager** |  |
| **Telephone of social worker** | *Mobile and landline if possible.* | **Email of social worker** | *A central monitored email will mitigate risk in case the worker changes or is off sick/on leave* |
| **Name of reviewing officer (IRO)** | *Name and email will facilitate sharing reports directly for LARs. A central monitored email will mitigate risk of non-receipt in case the IRO changes or is off sick/on leave* | | |
| Telephone |  | **Email reviewing officer** |  |

**Consent to the child’s health assessment by birth parent/other person with parental responsibility/ies OR person authorised by LA to give consent, where the child does not have capacity to consent.**

|  |  |  |  |
| --- | --- | --- | --- |
| Consent already given in Looked After Documents?  If not, then complete below | | | **Yes/No** |
| **I agree to** | *Name of CYP - Must be a separate form for each CYP* | | being assessed. |
| **Date** |  | **Signature** |  |
| **Name** |  | **Relationship** | *Usually Service Manager (e.g. Court Order / ICO)* |

|  |  |  |  |
| --- | --- | --- | --- |
| Part A completed by: |  | | |
| Telephone |  | Date |  |

|  |
| --- |
| **Supporting best outcomes**  NUH highly values the direct input of the social work team at all stages – not just face to face at the IHA but also by email, phone or video call to information share, discuss queries, and joint plan.  Please notify NUH at referral if there are known factors that may impact on attendance: all reasonable attempts will be made to accommodate if it is within the power of the CiC team to do so.  Due to capacity and demand:   * It may be impossible for late cancellation to be filled with another CYP due to the challenges faced by a social worker in coordinating a CYP, carer, birth parent, interpreter, and their own availability to utilise a vacated appointment opportunity. * NUH is unable to offer ‘provisional’ IHA pending correct referral or further information * Late arrival may result in inability to proceed and will constitute a ‘Was Not Brought’ * Please update NUH as soon as possible of any moves of location or change in care status   Consider if additional specific consents are likely to be required and can be obtained prior to IHA (e.g. BBI (blood borne infection) screening).  Ensure carers are aware they will be asked to provide name, last review date, and outcome for optician (>3yr), dentist (>1yr) – including for those in residential settings and young people in supported living. |

|  |  |
| --- | --- |
| **Other documentation required, however not essential for IHA referral to be accepted** | |
| **Form PH**  **Parental Health** | A separate Form PH should be completed for each birth parent and submitted along with the Consent to Access and Share signed by the birth parent  In order for the clinician to incorporate and share this information the parent must sign a ‘Consent to Access and Share health information’ form   * Please try to get each parent to sign a consent form even if they are not willing at that stage to complete a PH form * If parent(s) are absent or refusing to consent/complete form PH then please notify the CIC & Adoption Medical Team upon submission of the IHA request - we can reflect this within the report * Attempts to engage birth parents should continue (if possible) as this information is really important both for advising on current and future health and developmental needs for a child/young person * Parental health/lifestyle information may be available elsewhere in the social care records – please ensure ANY information at ANY stage is shared with the CIC health team as this may have immediate implications for a child * Parents may choose to consent / share information at a later stage – this should still be shared with the CIC health team as the doctors retain responsibility for analysing the information and health implications for the child / young person   **If these forms are not completed and submitted it will be recorded in the IHA report that they were not received and remain outstanding** |
| **Form M & B**  **Maternity and Birth** | ***Please do not send blank M and B forms with the IHA referral for completion by the medical team!***  The forms should be sent **directly** for completion to the hospital where the child was born   * enclose a photocopy of a complete ‘Consent to access and share Information Form’ signed by birth mother to allow her health information to be accessed. * If the birth mother is absent or refusing to give consent then please notify the CIC & Adoption Medical Team upon submission of the IHA request - we can reflect this within the report   **If these forms are not submitted and completed it will be recorded in the IHA report that they were not received and remain outstanding** |

*Children in Care (CiC) Health Team, Child Development Centre, City Hospital, Hucknall Road, Nottingham, NG5 1PB, 0115 8402620,* [*NUHNT.NottinghamCICandadoptionhealthteam@nhs.net*](mailto:NUHNT.NottinghamCICandadoptionhealthteam@nhs.net)