

# Harrow Children Looked After Health Service Corporate Parenting Panel October 2023

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for Children Looked After Harrow**

# KPI's for Harrow CLA May – August 2023

Month	Target for IHA 100% CNWL within 20 days of child becoming CLA	Target for RHA 100% CNWL within 6/12 months
May	100%	100%
June	100%	100%
July	100%	100%
August	100%	100%

Exception reporting excludes:

- requests and consent not made available within 3 days for IHA's and within 3 months for RHA's,
- CLA who do not attend or refuse appointments given or are missing
- CLA placed out of Harrow who depend upon another provider to offer an appointment.

# Other Service Specification Requirements

The CLA team also assist the London Borough of Harrow to:

- Record and report dates of dental checks following health assessment
- To update immunisation status of each CLA following health assessment where possible
- GP Registration
- Record and report dates of Optician Checks

## Initial Health Assessments Completed

Month 2023	Total Due	IHA completed within 20 days (percentage / number)	IHA completed outside of timescale (percentage / number)	IHA not yet completed (percentage / number)
May	10	60% (6)	40% (4)	0% (0)
June	12	50% (6)	40% (5)	10% (1)*
July	12	58.3% (7)	41.7% (5)	0% (0)
August	6	83.3% (5)	16.7% (1)	0% (0)

### Time scales from CYP identified as CLA to completion of IHA

Total Number of CYP = 40

- within 20 days - 24
- between day 21- 30 - 9
- between day 31- 40 - 3
- day 41+ (includes not yet seen) - 3
- \* Young person in YOI, social services to obtain CHAT

## Reasons for Late Completion of IHAs

Summary of reasons for late IHA's	No of requests received	Late requests for IHA to CLA team	Carer Declined / Cancelled Appointment	DNA / WNB	Referral / Consent issues	Refusal by Young person	OoB placement	Placement move	Young Person in Hospital / Missing / YOI / Tagged
<b>May</b>	10	6	1	1	2		2	1	1
<b>June</b>	12	10		2			2	2	2
<b>July</b>	12	2	6	5					1
<b>August</b>	6	1	1					1	

# Themes for Completion of IHAs

- **Contributing challenges for completion are late requests\* , DNA's and carers declining appointments.**

**19/40 (47.5%) of requests for IHA were received outside timescales. 7 of the 19 late requests were seen in timescales.**

## **No of requests received within**

**Day 4-5 – 5**

**Day 6-10 - 6**

**Day 11-20 - 2**

**Day 21-40 - 6**

- **Other reasons can be unpredictable eg placement moves, placed of of borough etc**
- **\* (late referrals and late consents)**

## Review Health Assessments Completed

Month 2023	Total Due	RHA completed within timescale (percentage / number)	RHA completed outside of timescale (percentage / number)	RHA not yet completed (percentage / number)
May	11	72.7% (8)	27.3% (3)	0% (0)
June	9	44.4% (4)	44.4% (4)	11.2% (1)*
July	15	86.7% (13)	13.3% (2)	0% (0)
August	11	90.9% (10)	0% (0)	9.1% (1)*

### Time scales from CYP identified as CLA to completion of RHA

Total Number of CYP = 46

Number seen:

within statutory timescales – 35

late - between day 1-10 – 3

late - between day 11-20 – 0

late – between day 21-30 – 4

late – 31+ days plus (includes not yet seen) - 2

\*Two Young people refused health assessments.

## Reasons for completing RHA late

Summary of reasons for late RHA's	No of requests received	Late requests for RHA	Carer Declined / Cancelled Appointment	DNA / WNB	Referral / Consent issues	Refusal by Young person	OoB placement	Placement move	Young Person in Hospital
<b>May</b>	11	1	2	2			2		
<b>June</b>	9	4	4	5	1	1	1		
<b>July</b>	15	8	1	1			1		
<b>August</b>	11	4	1	1		1			



# Themes for Late Completion of RHAs

- The main factor contributing to completing RHA's outside of timescale are carers declining appointments and young people DNA'ing.
- 17/46 (??%) requests for RHA were received outside timescales. 12 out of the 17 late requests were completed in timescales.

## Late requests received within:

Weeks 12-10 - 9

Weeks 6-9 – 5

Weeks 8-2 - 2

1 Week or less – 1

- Other reasons are unpredictable eg sickness etc

# Work Undertaken to Improve Late IHAs/RHAs

- **Fortnightly meetings with LA colleagues to improve late requests.**
- **Liaison with Senior Managers / Team Managers.**
- **Offer of additional flexible appointments eg Saturday clinics.**
- **Reminder telephone calls to carers / young people regarding appointment times.**

# Partnership Working

- Responded to request around review Referral Forms.

# Case Study

- **BACKGROUND**
- CLA Nurse has been involved with young person for 3 years now.
- History of poor engagement with services.
- Young person has history of childhood trauma and ASD.
- Young person is now 17 and has trauma from the adverse childhood experiences.
- In care for several years and has had several placement moves to date.
- Young person has chosen to not have contact with family.
- Previously inpatient in a mental health hospital.
- Did not find the experience of being in hospital therapeutic.
- History of threatening to harm staff.
- Not in education.
- Previously under CAMHS but was discharged due to poor engagement.
- Young person is distrusting of professionals.
- Following recent contact with CLA Health service, young person shared violent ideations where he has a list of people he wants to harm due to unresolved feelings.

# Case Study Cont'd

- **Intervention**
- **CLA Nurse contacted social worker and his Manager to share concerns around violent ideations.**
- **CLA Nurse contacted Named Safeguarding Nurse to escalate and share concerns.**
- **CLA Nurse liaised with professionals and arranged for the young person to be re-referred to PREVENT and CAMHS for support with violent ideations.**
- **CLA Nurse also encouraged young person to attend Opticians and he now has his glasses.**
- **CLA nurse also encouraged young person to attend other medical appointments.**

# Case Study Cont'd

- **Outcome:**
- **The young person was re-referred to relevant services for support as a matter of urgency.**
- **CLA Nurse continued following up outstanding appointments and encouraged young person to engage with services.**
- **CLA Nurse is also in communicated with Children Services to determine whether young person could continue to be offered support including activities that are positive in order to distract him from negative thoughts/violent ideations.**

# Voice of the Child

- **Carer** - . *Thorough health assessment with lots of detail. Great listening to carers views and concerns. Friendly, professional staff with excellent communication skills.*
- **Young Person** – *It was nice to get things of my chest. Consider it therapy.*
- **Young Person** – *Happy because I was sitting next to mum. It's easy to attend.*
- **Young Person** – *The lady was very nice and a good listener, I don't think anything could have been done differently. .*
- **Carer** – *It was good. I felt comfortable and felt my young person was made to feel comfortable to express himself. The assessment was in a relaxed quiet space and not oppressive at all. It did not go on for too long.*
- **Young Person** – *It was great. I liked this conversation because I felt like everything was appropriate to talk about.*