

Corporate Parenting Panel Update from NHS Harrow

As the Panel is aware, Harrow was inspected by Ofsted/CQC in May 2012 and there were a number of areas that needed to be improved for the Being Healthy agenda for looked after children. NHS Harrow had already highlighted areas of weakness within the services they commission and an action plan had been developed to see much of this work through. This action plan has now been superseded by the CQC Action Plan and the wider Improvement Plan from the Local Authority. Both plans are being moved forward and updated regularly. NHS Harrow monitors progress of the CQC Plan at the Safeguarding Children Working Group held every two weeks and invite the Providers every quarter to feedback progress. The main areas for health that are highlighted in the CQC Report are:

- The timeliness of IHA and the knock on effect this has for RHA's
- The quality of the health assessments
- The children/young people placed out of Borough
- Lack of involvement with young people to develop services, but also failing to adequately involve them with the health assessment process

Pathways and Training

A Designated Nurse and Doctor for Looked After Children have been in post since February 2012 and together with the Local Authority have been striving to improve the service provided. A successful workshop was held in June with all the health Providers to determine clear pathways for both Initial and Review Health Assessments. The Lead Nurse for LAC is the point of contact for all requests for a health assessment and essential health information is provided by the Social Workers before the assessment is completed. This represents a change in the process particularly for Social Workers and as a result, there has been a big drive to ensure they have been trained in the new process. To date, two training sessions have taken place between the Social Care teams for CLA by the Designated Professionals, facilitated by the Service Manager and a final one is planned with the CIN teams on 31st October to help embed the pathways and raise the profile of health for all children and young people in care. There have also been two mandatory training sessions for Health Visitors and School Nurses, with one more planned, to increase awareness of the health issues that children/young people may have when they come into care and how they are best placed to make a difference in the Being Healthy outcomes. The sessions have been well received and it is hoped that the raised awareness will result in more meaningful, holistic health assessments being produced.

Timeliness and Quality

The pathway for the health assessment identifies the specific role of the professional throughout and much of the current activity is focused on the initial referral for a health assessment to be completed. It has been agreed that basic health information has to be received prior to the

assessment being carried out; this includes obtaining consent from the parent to sharing information and carrying out the assessment, a brief summary of why the child/young person has been placed in care and information about the parent's health. This is to ensure that the best assessment can be carried out on the children and young people. The Inspection found there were issues with the quality of many of the health assessments and although sometimes this was due to an individual's practice, it was more frequently associated with a lack of information available to the health practitioner. As a result, no further health assessments will be carried out without the essential information. This has resulted in delays and there are currently 25 requests outstanding because of gaps in the health information. This is a risk as it means that the health needs of looked after children are not always being adequately met when they are placed in care. This also has a huge impact on the timeliness of the health assessments and since September 2012 when the new process was started, none of them have been completed within the timescale of 28 days. This has been formally escalated to the Corporate Director and there is a plan in place to deal urgently with the backlog.

The quality of all health assessments will be monitored by the Designated Professionals to ensure health needs are identified and there is a health plan for these needs to be met. A tool has been identified and there will be monthly monitoring of quality with feedback provided to the health professional. The IHA's carried out by the Paediatric Department, Northwick Park are quality assured by the Designated Doctor.

Children/Young People placed out of Borough

The CQC Inspection found this group of looked after children to be very vulnerable. NHS Harrow was not routinely informed of any movement of children and the Lead Nurse did not have any system in place that monitored their well-being. Due to this and the need for health to identify the looked after children cohort, a database has been devised by Harrow Community Services which provides the Lead Nurse with all the information required to ensure the health needs of all looked after children are being monitored by a Lead Health Professional. The Designated Nurse now also receives information when children are placed out of Borough so the commissioners are also aware and can follow up any concerns about the services provided. Again the quality of these health assessments will be monitored by the Designated Professionals. The Lead Nurse also now has an identified out of borough caseload on the electronic record system Rio which will ensure this group have a health record in Harrow borough where entries can be made as necessary.

Health Records

There has been an issue with the use of health records for some of the looked after children and there has been a drive to ensure that all of them have an individual health record and the Lead Nurse has an identified caseload. The Lead Nurse is now on Rio and the LAC caseload has been identified. The Lead Nurse will not be responsible for all cases but she will have an oversight of all of them. This will provide much more detailed information about the looked after children cohort and allow more control over the Being Healthy agenda. One example of this is the Strengths and Difficulties Questionnaires which used to be carried out as an isolated event that was not used as part of the health assessment. Now when SDQ's are completed by the Social Workers, they are

returned to the Lead Nurse who will upload them to the electronic record. The SDQ will then form part of the RHA.

Involvement of Young People in Service Development

There has been inadequate involvement of young people with the services in health for looked after children and this needs to be redressed. The intention is to develop a health passport with young people and explore with them about the health information they need as they move towards more independent living. This is only in the very early stage of development but it is hoped to progress this with the young people in Harrow. The Lead Nurse is also now involving the young people she completes health assessments for by asking them about their experience and how things might be improved. There is also a raised awareness following the training for the health professionals that young people have a voice and it should be listened to if we want to learn from them and provide a service that works for them. Awareness was also raised about children/young people being able to consent for their own health assessments and sharing of information which is an important aspect of a young person's health.

Conclusion

There is a considerable amount of work being done across the health economy and the Local Authority to improve the health of looked after children and really make a difference. However, it must be acknowledged that the new process is a big change for both Social Care and the Lead Nurse and it will take time to change the culture and way of working. Although this change is necessary it has resulted in a different risk to the service because of the delays and backlog. This is inevitable but cannot go on indefinitely, so it will be tightly monitored by both NHS Harrow and the Local Authority. It is vital that the Panel continues to support this work and has clear expectations of what is needed to improve the health outcomes for looked after children.

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