

Annual Children Looked After Health Report April 2013 to March 2014:

This report is provided by the Designated Professionals for Children Looked After on behalf of Harrow CCG to update and inform the Corporate Parenting Panel about the health of looked after children and young people in Harrow.

Harrow CCG has commissioned the statutory posts of Designated Nurse and Doctor for CLA. The role of the Designated Nurse for CLA is currently provided by the Designated Nurse for Safeguarding. The Designated Doctor for CLA is being provided by a Community Paediatrician at Northwick Park Hospital (2 PA's = 8 hours per week).

The CLA Service has been commissioned from two providers; Ealing Hospital Trust and North West London Hospital Trust. Ealing Hospital Trust provides the CLA Service that includes a CLA Lead Nurse which was initially a 4 day post and this was increased to 5 days by Harrow CCG who agreed to fund the extra day and administrative support. The CLA Nurse post is jointly funded by Harrow CCG and the Local Authority.

Service Provision

Most of the Initial Health Assessments (IHA) are carried out by Paediatric Registrars who are closely supervised by Consultant Community Paediatricians at Northwick Park Hospital (NPH). The IHA's are quality assured by the Designated Doctor for CLA via the audit process. Additionally the Designated Doctor for CLA provides individual advice to Health Professionals undertaking the IHA. The arrangements for children and young people placed out of Borough are dependent on local arrangements and the completed IHA's should be sent to the Designated Doctor for quality assurance. Children and young people who are placed out of Borough but are able to attend NPH have their IHA completed there. For young people who will not engage with medical staff an opportunity is provided to see the CLA Nurse at a convenient location for the young person.

Most of the Review Health Assessments are carried out by Health Visitors (for children under 5 years of age) and School Nurses (for children over 5 years of age). Children and young people who are not in School and are hard to reach have their health assessment carried out by the CLA Nurse. All RHA's are quality assured by the Designated Nurse for CLA. The RHA's for children and young people placed out of Borough that are within a 20 mile radius have their RHA carried out by the CLA Nurse. Children and young people placed out of Borough will have their RHA's carried out according to the local arrangements in that area. Harrow CCG retains

responsibility for these children and young people and service provision is funded from the CCG via the Designated Nurse.

Pathways for the IHA and RHA have been followed in accordance with the agreed CLA Protocol that was agreed by all partners in December 2012.

Concern regarding the CLA Nurse Service:

As the Corporate Parenting Panel is aware during 2013 there was a significant concern with the delivery of the CLA Nurse Service last year. The role of the CLA Nurse was not covered from the beginning of August 2013 to the end of September 2013 and as a result, the process for carrying out health assessments was not followed. As a result there was a backlog of health assessments that needed to be completed as a matter of urgency.

Background:

A process for carrying out the health assessments had been agreed by Harrow CCG, health providers and the Local Authority in December 2012. Central to this was the role of the CLA Nurse commissioned from Ealing Hospital Trust (EHT). The decision to review the health assessment process followed the 2012 Ofsted/CQC Inspection which found the health of looked after children to be inadequate. As a result, a considerable amount of time by all partners was put into improving the service, with clear pathways. There were regular monitoring meetings to ensure the health assessments were progressing and the performance indicators began to go up. There had always been a concern that the service from EHT was dependent on a single member of staff as this was not specified by commissioners. It was agreed by Harrow CCG that the CLA Nurse post would be increased to full time and that it would be a shared post to ensure cover of the service. There was always a requirement for EHT to ensure effective administrative support and cover for all leave.

Due to staff absence that continued through the summer and a failure from EHT to put a contingency plan in place, a backlog of both Initial and Review Health Assessments resulted. A contract query notice was issued on the 20th September 2013 from Harrow CCG to EHT and a meeting was held on the 1st October 2013 between the Local Authority, Harrow CCG, EHT and the CSU. EHT had produced a remedial action plan for an immediate response to the situation and to provide assurances about their service. EHT provided weekly reporting to Harrow CCG/CSU and Local Authority to ensure the backlog was being progressed and new assessments were being processed in a timely manner. The Trust reported that the backlog would be cleared by the 25th October. Completed IHA's were quality assured by the EHT CLA Doctor and RHA's would be passed to the Designated Nurse for quality assurance. The CCG also requested evidence in the form of a written report from EHT of their investigation into why the service was not adequately covered. This report was shared but has not yet been formally accepted. There were further

meetings with EHT, CCG, CSU and the Local Authority to ensure the backlog was cleared. The CSU continues to monitor the progress at monthly contract meetings. The backlog has been dealt with but a number of issues were highlighted within the service that has led to poor quality data being collected and a failure to manage the pathway effectively.

The concerns within the service and the robustness of the pathway as a whole has led to North West London Hospital Trust, Ealing Hospital Trust, the Local Authority and the Designated Nurse to review the CLA Protocol and ensure any areas of conflict or uncertainty have been fully discussed and settled. The review is in the final stages and it will be sent to all involved partners for sign off by the end of April 2014. The Service Level Agreement which was agreed by EHT in 2013 has also been reviewed and updated by Harrow CCG and EHT.

There is still a considerable amount of work to be done to ensure the smooth running of the service and improve the timeliness of the health assessments. No part of the pathway is without its difficulties and the improvement of the service depends on all partners working together to ensure the best outcome for children and young people who are looked after.

Service Provision

IHA (NPH)

At NPH 2 clinic slots per week are available. A total 118 referral for IHA were received at NPH of which 80 were seen by Paediatricians. A total of 24 did not attend the clinic appointment, 21 clinic slots were not filled and a total of 38 referrals were rejected due to insufficient information and lack of consent. Time from receiving the referral for IHA at NPH to clinic appointment was on average 14 working days. Delays are mostly due to referrals being rejected due to lack of consent or essential information not being provided by the Local Authority as set out in the previously agreed CLA Protocol (December 2012).

RHA (EHT)

All referrals for RHA's are sent to the CLA Health Service. Essential paperwork is requested from the Local Authority 6 weeks in advance and it is then allocated to the Health Professional who will carry out the assessment. It has been difficult to provide data on the exact numbers of referrals received for the year because of the backlog that needed to be first cleared. However the number of RHA's carried out by Health Visitors and School Nurses has increased significantly which is an indication that the pathway is being better embedded within the Universal Health Services. The number carried out by GP's has decreased which is also encouraging as they would not usually be the Lead Health Professional.

Quality Assurance of Health Assessments:

Initial Health Assessments:

An audit was undertaken between the period of 28th June 2013 until 22nd October 2013 by the Designated Doctor for CLA to quality assure IHA at NPH. During this period a total of 28 referrals were received, of which 9 were initially rejected and more information / consent was requested in order to carry out the IHA, 14 were accepted. There was no data available for 2 patients.

Of note the quality of the IHA, in particular identifying health needs and developing a good and meaningful health plan, very strongly depends on information given to the assessor.

In all cases the IHA was holistic and health needs were identified and a health plan was developed. Additionally children were given opportunity if age appropriate to express their views.

The audit showed that all IHA's were carried out to a high standard.

Review Health Assessments:

The Designated Nurse quality assures every completed RHA once it has been shared by the CLA Health Service. Every RHA has an audit completed which looks at the information that is recorded in the RHA. It will look at essential information such as GP, Carer, Dentist details and more in-depth recording about the placement, health concerns and health plans. Generally the audits have shown a steady improvement in the information recorded in the RHA's and it is now unusual to have any gaps in essential information. This is particularly true of the recording of the Dentist's details. Initially this was rarely recorded, now it is nearly always recorded. The Designated Nurse then reviews the RHA; ensuring health needs are being identified and responded to appropriately. All RHA's have a completed health plan. Individual feedback is then given to the Health Professional who has carried out the assessment and actions needed to improve the RHA are followed through. This has seen the quality of the RHA's improve greatly and good examples are being used for all team members to learn from. A total of 45 RHA's have been quality assured since the instigation of quality assurance and there have been some excellent assessments completed. There is a need to work more closely with the GP's to improve the quality of the health assessments they complete as they can be of poor quality.

Health Visitors	8
School Nurses	6
CLA Nurse	27
GP	4

The RHA's being completed are generally more focussed on the needs of the child or young person and where it is age appropriate, the voice of the child or young person is clearly documented. There is deeper exploration about issues such as contact, the relationship with the carer and what they might be missing. There is also a much greater awareness of the emotional impact involved when children or young people are placed in care. There were more RHA's carried out on males than females and the age groups were very mixed, from new-born babies to Care Leavers.

Health Needs Identified from the RHA'S:

The health needs identified in the RHA's are varied. Three children under 5 years had complex health needs and were receiving services from Paediatricians, Speech and Language Therapists, Audiology and Physiotherapy. The RHA's for these children were completed very well and it was obvious from the assessments that the Health Professional (usually the Health Visitor) completing the assessment was fully informed about the care and knew the child well. There were several children who had been removed for neglect and all of them had not completed the immunisation programme. In a number of the neglect cases, delayed speech and development were also identified. One child was found to have a squint and an immediate referral followed. In the Primary School age range, there were three cases where enuresis was a problem. Skin conditions ranging from mild dry skin to bad eczema were also apparent in the health plans. There were several health plans that referred to asthma and the need to seek further assistance with its control from the GP. Amongst the young people (15yrs and over) there were concerns about acne, self-esteem and self-confidence.

Health assessments include discussion around substance misuse but the quality of information that young people share is variable and dependent on how comfortable the young person feels about disclosing substance use. There were several who admitted taking drugs, smoking and drinking too much but were not at a stage where they were willing to accept help, although one did have a Drugs Worker from COMPASS. Seven of the RHA's completed for this age group showed CAMHS involvement for issues ranging from sleep disorders, panic attacks, counselling and self-harm. Where the RHA's for this age group did not meet a good standard, was the failure to link the health assessment to a completed Strengths and Difficulties Questionnaire (SDQ). This is an area of weakness that needs to be made more robust with immediate effect because it is a useful tool to help determine the mental well-being of a young person.

Sexual Health is also discussed with the older young people. Harrow looked after young people have good access to the CASH service for sexual health, as well as the Clinic in a Box service. Both these services have been instrumental in helping

young people in care have positive outcomes when help has been needed. The CLA Lead Nurse has accompanied young people to appointments if they have requested the support. There has always been good liaison between the CLA Lead Nurse and the Sexual Health Nurse which has also included doing drop-in sessions at one of the residential settings. It is important that this link is maintained by the new post holder. The CLA Nurse and School Nurses carrying out RHA's have evidenced working with young people on self-esteem issues, puberty awareness, contraception awareness, and issues re abusive relationships and sexual orientation. When attending health assessments, young people are given information about local services and can be referred on an individual basis to the Sexual Health Team as necessary. The RHA 's also show that some young men, primarily Asylum Seekers are not comfortable about discussing sexual matters with a female health professional and there is a need to address this to ensure that they do not miss out on this important area of health promotion.

Health promotion is an integral part of all health assessments and this has greatly improved since the quality assurance commenced. There is good discussion around healthy diets, exercise, keeping safe, and internet use and road safety.

It has been identified that the service needs to ensure Care Leavers receive a Health Passport and are signposted to health services. The Health Passport was developed with the participation of a group of young people in care and it is important that the pilot is re-launched by the CLA Nurse.

CQC Review

Harrow was visited by the CQC Inspectors in January 2013 and the Children Looked After Service was reviewed. The Inspectors made a number of observations and recommendations around the service. The Report is still in draft and therefore it is not possible to provide a full update on their findings. This will be provided by the Designated Professionals once the final copy is sent and a CQC Action Plan has been developed by all providers.

Summary:

This has been a very challenging year for the CLA health service.

1. The commissioning of two providers (NPH and EHT) is an unusual model and imposes challenges to health professionals and managers to provide an efficient and robust service.
2. The CLA Lead Nurse was not covered for a substantial period of absence, leaving a big gap in the service. This is now covered and there has been some good work by the CLA Nurse and this needs to be sustained.
3. The arrangements for the LAC Administrative post which is essential to a robust and efficient CLA service must be clarified by EHT.

4. The agreed referral process has not always been followed by the Local Authority which has led to delays in the IHA's and RHA's being completed in a timely manner. The revised CLA Protocol should reinforce the process and clarify each step of the pathway.
5. There are still initial delays with the completion of the BAAF paperwork especially consent and this seems to be an area where Social Workers need support. For the short term it has been agreed that the Designated Nurse will provide support to Social Workers at the Civic Centre on a regular basis and provide an exemplar to assist them with completing the paperwork to a high standard. The Designated Professionals will also provide training to all the Social Work Teams. In the longer term, the Designated Professionals will develop new forms that are more user friendly.
6. There is an incomplete database and this is an essential tool to inform service development, quality assurance and monitoring of agreed pathways. EHT have to ensure this piece of work is completed and provide regular data to the Designated Professionals.

Summary:

1. The CLA protocol has recently been revised and has been agreed by all partners. This should overcome challenges in working together across providers and other agencies. This should lead to better communication and clarification of roles and responsibilities.
2. It is the providers responsibility to ensure adequate cover for essential posts within the CLA service.
3. It is the provider's responsibility to work closely with the Designated Professionals to obtain advice on service provision, sharing of information and working together to ensure the needs of looked after children and young people are met.
4. It is everybody's responsibility to ensure a culture of information sharing, mutual respect and working together.

Future steps:

1. To improve the quality of health information provided for IHA's and subsequent RHA's a new health and social care bundle will be developed.
2. Additional training for all professionals involved in the pathway will be provided by the Designated Professionals.
3. To strengthen the link with Public Health to inform and meet the needs of the children and young people who are coming into care.
4. To strengthen data capture across the agencies to be able to undertake strategic needs analysis which informs the commissioning of adequate future CLA service.

5. To have an audit programme to ensure the pathway is working and it is having an effective impact on the health of looked after children and young people.

The Designated Professionals remain committed to working with all partners to improve the service provision for children and young people. There have undoubtedly been improvements in the service but change has to come at a much quicker pace to ensure better outcomes for Harrow's looked after children and young people. It is important that all providers acknowledge their part in this and we would recommend that the Corporate Parenting Panel invites the providers to attend and give updates on issues that are pertinent to their service.

Sue Dixon

Designated Nurse for CLA

Dr Andrea Lomp

Designated Doctor for CLA