

Children Looked After Team

Westmead Clinic

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Summary

The team continues to review existing processes to ensure that they are as streamlined as possible. The team continues to work in close partnership with both the Local Authority and the CCG. Continual involvement of children and young people in obtaining their views about their health assessments. (See Appendix 1)

Targets

The team are meeting targets set within the agreed service specification during set up of the service. The targets for initial health assessments (IHA's) and review health assessments (RHA's) have increased to 98% from January 2016. Additional support from the Specialist Nurse for CLA to the GP with special interest (GPwSI) to run joint Doctor/Nurse clinics resulted in all targets for health being met for both initial and review health assessments.

Month	Target For IHA's 98%	Target for RHA's 98%
January	100%	100%
February	100%	100%

Local Authority

The team continues to spend 1 day per week in the Local Authority based within social care. Weekly meetings are held with team managers to monitor health assessments. The specialist nurse for CLA is available for social workers who want to discuss individual cases. A monthly breach report is sent to the Head of service Corporate Parenting and as of March will also be sent to the Head of service Quality Assurance and Service Improvements.

Staffing

Our administrator started in February and our GPwSI started in March. The Designated Doctor and Medical Advisor for Hillingdon is currently covering this role for Harrow whilst we implement training for our new GPwSI.

CCG

Monitoring meetings continue with the CCG and monthly reports are sent and our working relationship is a positive one.

Work Undertaken

Designated Nurse and Specialist Nurse for CLA attended Harrow LSCB annual conference.

'Handy Hints' leaflet for CLA and UASC developed and currently being trialled.

Development of interpreters crib sheet so that the interpreter will understand what areas of health will be discussed with the young person during the health assessment.

The TB leaflets and posters have been agreed with UASC, the UASC team, TB Specialist Nurses, TB service at Northwick Park Hospital and our team. They are currently in the process of being printed.

Meeting arranged with 'Beyond Limits' in April to discuss health passports and to gain our young people's feedback.

Meeting with the local authority, commissioner and independent reviewing officer to discuss consent, SDQ and health passports. Agreed new consent form, parent information sheet, SDQ process development and capturing of information on framework to support the development of health passports.

Specialist Nurse for CLA attended drop in clinic at 'Gayton' with sexual health nurse during their evening session. Arrangements made for our team to attend 'Gayton' once a month with the sexual health nurse for a health drop in clinic.

Designated Nurse attended fostering panel and was thanked for her contribution from the vice chair.

Liaison with Youth Offending Team (YOT). We now have a system in place to support our CLA who are known to the YOT. This includes joint working for health assessments and sharing of health information.

Joint monthly meetings with our team, YOT and sexual health now started.

Designated Nurse and Specialist Nurse for CLA attended CLA celebration and provided a health stall. It was well attended and lots of information was given.

Designated Nurse and Specialist Nurse for CLA attended the foster carer's award ceremony. This was a lovely celebration.

Specialist Nurse for CLA attended TB training.

Specialist Nurse for CLA and Designated Nurse attended corporate parenting management meetings. Corporate parenting strategy and action plan discussed and updated.

Designated Nurse was asked to teach about children looked after at Oxford Brooke's University to School Nurses and Health Visitors in training. The training was really well evaluated.

Designated Nurse and Medical Advisor for Hillingdon met with adoption manager and head of service to agree process for requesting medical advice. Process agreed and currently being circulated for comment. New process due to be implemented on 29.03.16.

Designated Nurse met with CoramBAAF.

Joint meeting with our team, local authority, and CAMHS.

Specialist Nurse for CLA attended strategy meetings.
Specialist Nurse for CLA continues to attend MASE meetings.

Health Promotion

During every health assessment with children and young people health promotion is discussed. This includes physical health, emotional well-being, diet, exercise, safety, immunisations, dental care, sexual health, hygiene etc.

A copy of the health recommendations from the health assessment are sent to the young person, carer/ key worker, GP, school nurse, health visitor and social worker.

Immunisation status for our CLA is requested from GP's both in and out of the borough of Harrow.

For young people who DNA and refuse telephone health assessments we send them health information with our team details of how to contact us and a 'handy hints' leaflet that includes health promotion information regarding diet, exercise, dental hygiene, immunisations, and emotional well-being. We also include local service information regarding sexual health, youth stop, as well as national websites/ telephone numbers.

Follow up visits by Specialist CLA Nurse for sexual health, weight, diet, exercise, self-harm and FGM. In addition home visit arranged with interpreter and social worker for UASC regarding sexual health.

Liaison with GP to follow up child's immunisations and medical conditions.

Telephone follow up to carers/key workers.

Liaison with virtual head teacher regarding recent initial health assessment of a CLA with possible learning difficulties.

Innovative Practice

During the CLA Celebration event we targeted 3 young people who had previously refused to engage with their health assessments. They had refused both face to face and telephone health assessments. We met with them and asked them if they would complete a written booklet about their health with the help of their carer/key worker/social worker, and we also asked for their comments whilst we trial the booklet for our young people who refuse to have a health assessment. They all agreed to complete the booklet.

Future Plans

We are working with the Local Authority to create a time line for health passports for care leavers.

Date arranged for April to meet the children's participation officer and Beyond Limits.

We are due to start our client satisfaction audit in March.

Meeting to be arranged with our team, CAMHS, Morning Lane and the Local Authority.

We are currently gathering health information about our Harrow CLA population.
(See appendix 2 and 3)

Report by Emma Hedley – Designated Nurse For Children Looked After Harrow, CNWL.
23rd March 2016

Appendix 1

Comments from UASC, CLA, Care Leavers, Birth Parents, Carers and Interpreters.

It is good for me because I talk about myself and family it is very good for me thank you. (UASC 15)

They were kind and helpful. It was good. (UASC 16)

I think it was helping. (UASC 16 female)

This health assessment was very helpful, helped me understand what problems I've got and how to tackle them. (17 male)

I'm happy that it was at school and don't mind the session. (14 female)

Very thorough – children both enjoyed the experience – dad found both professionals highly approachable and friendly (Birth Father – Joint Dr/Nurse Clinic)

I thought it was very well for me and I learnt a lot from this assessment. My nurse was also very nice and helpful. (UASC 16)

Today has been ok. It would be ok to come again. (7 male)

Very patient and made it fun (carer)

Thorough assessment done children's views were sought and they were listened to. Follow up actions were agreed. (Carer)

It was good when they asked me how did you feel when you went into auntie xxx's house and the other questions. (8 male)

It was fine a bit scary, I felt a bit worried in case they were going to do the injection. (9 male)

Welcoming, comfortable to speak with nurse and doctor. All areas covered. (16 female – Joint Dr/Nurse Clinic)

Ok, good doing, interesting information. (13 female)

In my opinion I think that this assessment has been really interesting and very beneficial. I have enjoyed it and am looking forward to the next one. (13 male)

I think the assessment was informative and a good opportunity for XX to discuss or raise any concerns that he may have. The length of the assessment was appropriate and it is nice to have the assessment undertaken at home. (Carer)

The clinic is in a good quiet location and good for parking. However I feel the questions were repetitive from the previous check-up. (Carer)

I think the review went well and was pleased it could be done in our home. (Carer)

The young person was able to answer all his questions without hesitation. He seemed comfortable and at ease during the questioning. (Interpreter)

Email received from foster carer

'Dear Emma thank you for coming to carry out the recent assessment. XX is only 4 and therefore unable to articulate his views fully. Although I think it's fair to say that he made it absolutely clear to us that he did not wish to be weighed (smile). I found the assessment to be an extremely useful tool in ensuring XX's health and development is what is expected for his age and circumstances. It was helpful to discuss concerns/observations and to obtain suggestions about how to tackle these. I found this meeting in addition to meetings we have with our health visitor to provide invaluable expertise and general support. It is also very helpful that the meeting was conducted at home as this is beneficial for XX as he finds strange surroundings a bit overwhelming currently.'

Appendix 2

Where it is written 'out of' this is because some children are too young to register with a dentist/optician.

Up to date immunisations – consider unaccompanied asylum seeking children, out of borough children, parental refusal, and incomplete records.

Consider sibling groups.

All children referred to GP to complete outstanding immunisations.

Liaison with GP's for all children with incomplete immunisation history.

All children in process of booking dental and optician checks.

January 2016	IHA (6)		RHA (5)	
Registered with a GP	6 out of 6	100%	5 out of 5	100%
Registered with a dentist	5 out of 5	100%	5 out of 5	100%
Up to date dental check	3 out of 5	60%	4 out of 4	100%
Registered with optician	5 out of 5	100%	4 out of 4	100%
Up to date eye test	4 out of 5	80%	4 out of 4	100%
Up to date immunisations	4 out of 6	66.6%	4 out of 5	80%

1 child registered with the dentist but too young for a dental check.

1 child not fully immunised due to underlying medical condition.

1 IHA's completed out of borough. (Still awaiting paperwork)

February 2016	IHA (11)		RHA (10)	
Registered with a GP	11 out of 11	100%	10 out of 10	100%
Registered with a dentist	10 out of 11	91%	8 out of 9	88.9%
Up to date dental check	9 out of 11	82%	8 out of 9	88.9%
Registered with optician	9 out of 11	82%	10 out of 10	100%
Up to date eye test	7 out of 11	64%	8 out of 10	80%
Up to date immunisations	6 out of 11	55%	6 out of 10	60%

13 IHA's completed still awaiting 2 from out of borough hence the total is 11.

5 children not fully immunised due to newly arriving in the country (UASC)

3 IHA's completed out of borough. (Still awaiting paperwork for 2)

Appendix 3

Health Needs - January

Stomach pain, hygiene, glasses, learning assessment, obesity, underweight, anger, being bullied, experienced death of sibling, dry skin/eczema, asthma, periods, tiredness, hair loss, self-harm, sleep, auditory hallucinations, ADHD, complex needs, heart condition, smoking, eyes, braces, joint pain.

CLA receiving support from CAMHS (2), SALT (2), Paediatrician (2), Cardiologist (1)

February

Immunisations, glasses (6), stigmatism, dental, eye conditions, cough, worries regarding immigration status, development, speech, body stiffness (tone), neonatal drug withdrawal, overweight (3), orthodontist (braces), autism, learning difficulties, anxieties, self-harm, fillings (3), increase tooth brushing (4), dental decay, crown, dental extraction, broken teeth, healthy eating (10), reducing sugary and fizzy drinks(4), sickle cell carrier, speech, acne, headaches, sweaty palms and feet, sdq, dry skin, attachment, bedwetting, monitoring emotional well-being, heart condition, anaemia, substance use (2), increase exercise (5), sleep, acne (2), hygiene,

CLA receiving support from CAMHS (1), Moorfields Eye Hospital (1)

1 child discharged from neonatologist and physiotherapist.

1 child offered counselling but refused. Liaison with social worker to discuss further.

1 young person stopped smoking.

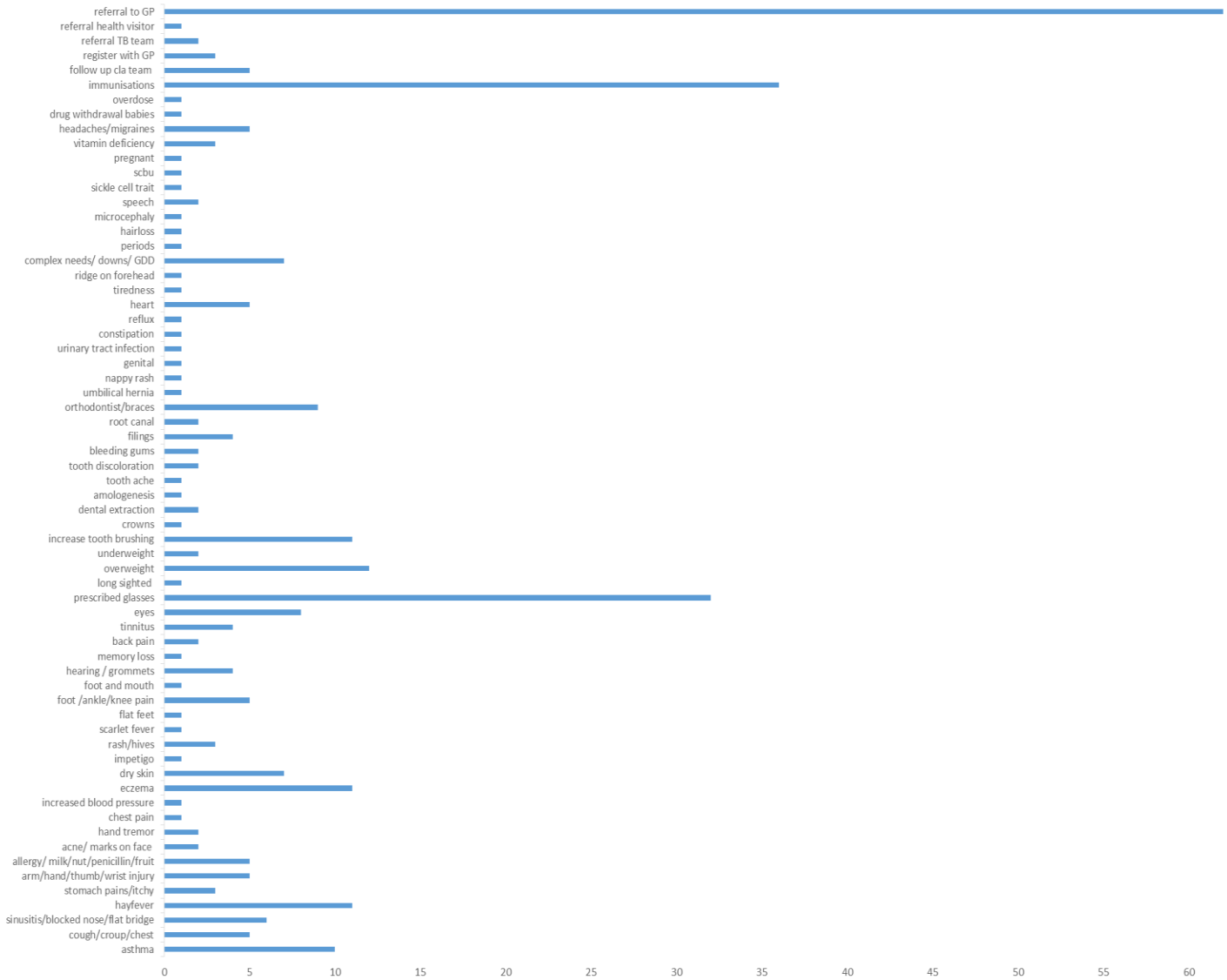
1 nurse prescribed cream for dry skin for baby to avoid visit to GP.

Referrals

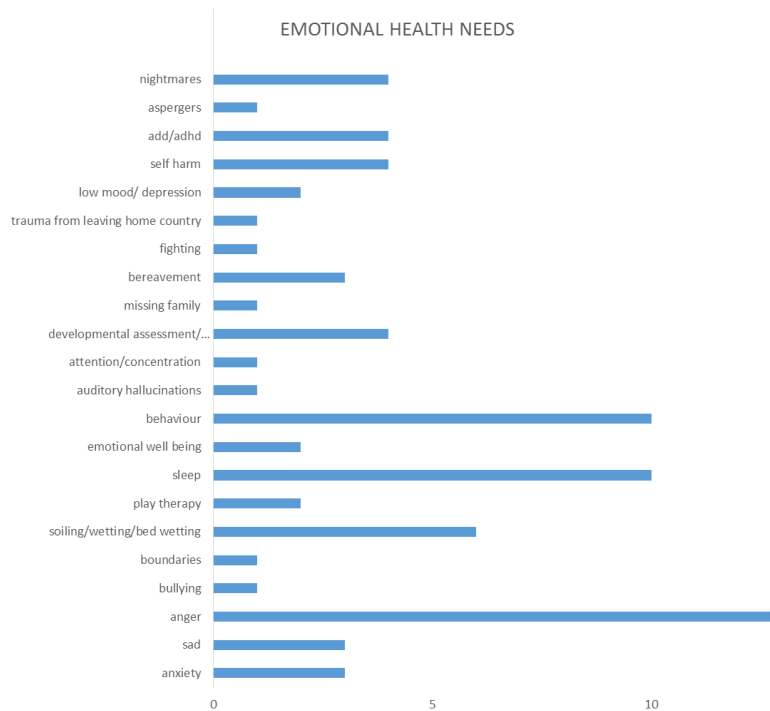
Referrals have been made to the GP to follow up health issues identified during health assessments; this has included heart murmurs, high blood pressure, immunisations, asthma, eczema, injuries from travelling to the UK, memory loss, foot pain, hand tremor, finger/hand/thumb pain/injury, back pain, enuresis, rash, hair loss, acne, stomach pains, hay fever, sinusitis, flat feet, developmental assessment, migraine, headaches, tiredness, periods, dry skin, eczema, joint pain, tinnitus (ringing in the ears)Referrals have been made to the practice nurse, morning lane, camhs, youth stop, wish, TB nurses, sexual health, dentist, optician, audiology, school nurse, health visitor, African women's clinic, social worker to refer for an educational psychologist assessment and the virtual school.

Six Months Data

PHYSICAL HEALTH NEEDS



EMOTIONAL HEALTH NEEDS



HEALTH PROMOTION/OTHER HEALTH NEEDS

