

Central and North West London



NHS Foundation Trust



*Harrow*

*Clinical Commissioning Group*



## Annual Report

### Children Looked After Health Service (Harrow)

2015/16

# Annual Report 2015/16 CLA Health Service (Harrow)

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# 1. Executive Summary

This Annual Health Report has been written to outline the delivery of health services to Harrow's Children Looked After (CLA) during 2015/16 in line with National Statutory Guidance. It reviews performance indicators, clinical work undertaken by the CLA health team, service improvements and gaps or challenges identified.

This is the first Annual Health Report for the Harrow CLA service. The report covers the period from June 2015-March 2016 when CNWL were commissioned to provide the service. During this time the CLA health team have concentrated on setting up a new service including new processes, procedures, and gathering health information and statistics, hence this first report has gaps which we will endeavour to cover in the next annual health report.

The key points below provide a short summary of areas covered within the main report. The report begins with a summary of the National Guidance document, and goes on to provide information on CLA demographics and benchmarking local data against national statistics. The report continues with a focus on staffing and supervision, governance and reporting arrangements, clinical activity including health assessments and quality. The CLA health team have delivered a variety of training to foster carers, professionals and students, and case studies have been included to show how the CLA health team have worked with CLA, carers and professionals.

The CLA health team is co-located with the Hillingdon LAC team at Westmead Clinic in South Ruislip. This has probably reduced the previous fragmentation of the Harrow health team where members of the team were located on different sites. This is having a positive effect on meeting the outcomes for CLA in Harrow.

The new service has focused on service improvements with the introduction of a new consent form and information sheet for birth parents. In addition, processes have been developed for SDQ's, TB screening and medical advice for adoption. Other new ways of working include the introduction of requests for review health assessments, and the inclusion of the Designated Nurse as a member of the Fostering and Adoption Panel.

Since the start of the service the CLA health team have met or exceeded their Key Performance Indicators (KPI) every month. The success can be attributed to the building and cementing of relationships and partnership working with all agencies involved in the care of CLA.

Monitoring meetings are held each month with Harrow CCG and Harrow Council and this model of practice has been highlighted as good by NHSE (NHS England)

We have worked with CLA and Care Leavers to obtain their views about the service and have developed a 'voice of the child' form for each child and young person to complete, capturing their views about their health assessment. CLA have been involved in the development of the 'Handy Hints' and 'What is TB' leaflets as well as sharing their views about health passports. We have met with the CLA council 'Beyond Limits' and presented at the Care Leaver Forum.

The CLA health team have undertaken two surveys focusing on the health needs of UASC and CLA and have developed a health needs tool to enable the gathering and sharing of health information. This innovation has been shared with the London LAC Designated Nurse's group.

This annual report has been written with help, advice and information from the Hillingdon LAC health team, Harrow CCG and Harrow Council.

## 2. National Guidance on CLA

2.1.1 - There has been no new National guidance issued since “Promoting the health and well-being of looked-after children: Statutory guidance for local authorities, clinical commissioning groups and NHS England”. DfE / DoH March 2015

2.1.2 - This is joint statutory guidance from the Department for Education and the Department of Health. It is for local authorities, clinical commissioning groups (CCGs) and NHS England and applies to England only.

2.1.3 - The guidance provides information on the joint responsibilities for those planning and commissioning services for looked after children. It further outlines the roles of professionals, such as the Designated Doctor and Designated Nurse, Social Workers, teachers and independent reviewing officers. In addition, it provides guidance on how services should be planned and provided.

2.1.4 - It aims to ensure looked-after children have access to any physical or mental health care they may need.

2.1.5 - Statutory guidance is issued by law and must be followed unless there are exceptional reasons.

2.1.6 – The RCPCH, RCN and RCGP published jointly “Looked after Children: knowledge skills and competences of health care staff Intercollegiate framework” (March 2015) which sets out the required competencies and responsibilities for healthcare staff who have roles with looked after children. In addition, it provides an outline of recommended staffing levels for LAC health teams.

2.1.7 – NICE guideline PH 28 published in 2010 was updated in 2015. *“This guideline was refreshed in May 2015. The refresh consisted of changes in recommendations 3, 5, 12, 36 and 38 to reflect changes to government policy since this guideline was published in October 2010. The evidence for the recommendations was not reviewed as part of this refresh, and the recommendations have not been changed”*

## 3. Local Information

### 3.1 Demographic Information

The London Borough of Harrow is situated to the north-west of London. It borders Hertfordshire to the north and other London boroughs: Hillingdon to the west, Ealing to the south, Brent to the south-east and Barnet to the east and has been in existence since 1934. In its current form it is made up of 21 wards. Harrow is home to Harrow School and is considered a borough of "contrasts", with high levels of affluence in such areas as Harrow-on-the-Hill, Pinner, and Stanmore and high levels of deprivation in Wealdstone and South Harrow. Save the Children reported in 2011 that over 7,000 children are living in poverty in the Borough. *Brady, Tara (17 Mar 2011). Thousands of Brent children in severe poverty.*

Harrow has a population of 239,056 (2011 census); Looking at the borough's population in three broad age groups, 0-15 (children), 16-64 (working age) and 65+ (older people) there is little change in the proportions of these groups over the decade:

0-15: 48,060, 20.1% (20.15% in 2001) - 18.8% nationally, 19.8% London

16-64: 157,330, 65.8% (65.36% in 2001) - 64.6% nationally, 69% London

65+: 33,670, 14.1% (14.47% in 2001) - 16.6% nationally, 11.1% London

Over the decade the population of Harrow's 0-15 group increased by 15.3 per cent. Some of Harrow's population groups increased at far higher rates: children aged 0-4 increased by 32.4 per cent (3,900); Harrow is ranked high in London for the proportion of: young people aged 10-14 (9th); 15 year olds (8th) and 16-17 year olds (3rd).

Harrow is a diverse borough, having 63.8% of its population from the BME (Black and Minority Ethnic) communities, with the largest group being of Indian ethnicity (specifically those from Gujarat and South India). The borough has the largest concentration of Sri Lankan Tamils, Gujarati Hindus, and Jains in the UK. 30.9 per cent (73,830) of Harrow's residents are White British, ranking Harrow fourth lowest nationally. The GLA's 2011 Census Ethnic Diversity Indices show that Harrow is ranked 7th nationally for ethnic diversity.

## 3.2 Benchmark with National Data

### 3.2.1 – National data published March 2015:

There were 69,540 looked after children as of 31 March 2015, an increase of 1% compared to 31 March 2014 and an increase of 6% compared to 31 March 2011. This rise is not just a reflection of a rise in the child population: in 2015, 60 children per 10,000 of the population were looked after, an increase from 2011 when 58 children per 10,000 of the population were looked after.

Whilst the reasons why children start to be looked after have remained relatively stable since 2011, the percentage starting to be looked after due to family dysfunction has increased slightly (16% of children in 2015 compared with 14% in 2011). The majority of looked after children – 61% in 2015 - are looked after by the state due to abuse or neglect.

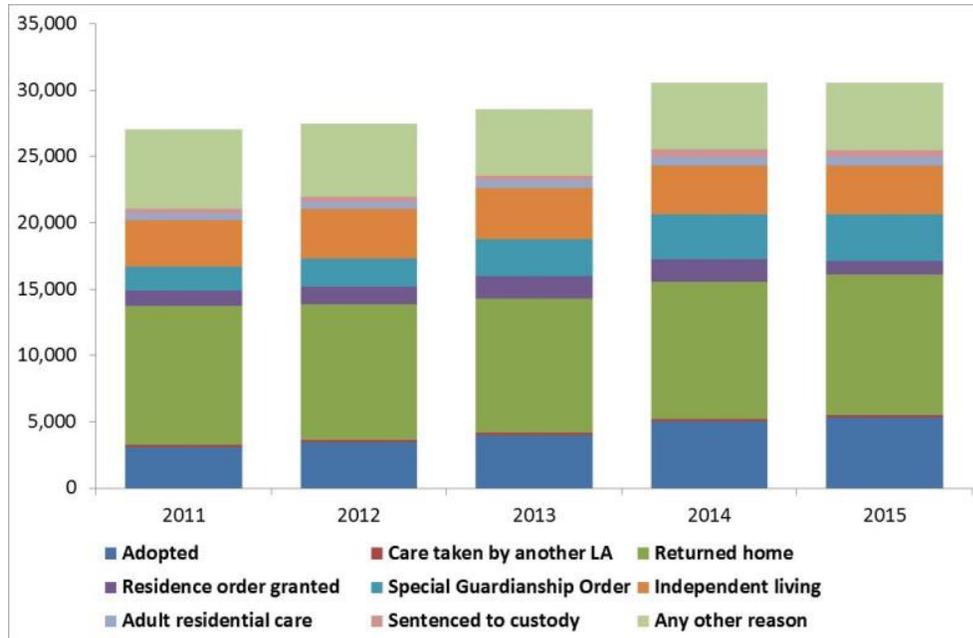
For older children aged 10 years and older we have seen a rise in the numbers starting to be looked after, with 12,120 starting in 2013, increasing to 13,870 in 2015. There has been a smaller increase in those ceasing to be looked after, resulting in just over 3,000 more children aged 10 and over being looked after at 31 March compared to 2013. Therefore, we are seeing a greater number of older children looked after this year. (2015)

Of the 69,540 children looked after at 31 March 2015, 2,630 (4%) were unaccompanied asylum seeking children. The number of looked after unaccompanied asylum seeking children has been falling since 2009, but increased by 5% between 2013 and 2014 and has increased by 29% between 2014 and 2015.

In 2015, the increase was due to a rise in the number of children aged 5 and over who started to be looked after; the number of children starting to be looked after aged 4 and under fell slightly. There were 31,070 children who started to be looked after during the year ending 31 March 2015: an increase of 2% from the previous year's figure of 30,540 and an increase of 13% from 2011. The percentage of children starting to be looked after aged 10 to 15 has decreased from 31% in 2011 to 29% in 2015 but the number and percentage of children starting to be looked after aged 16 and over has increased steadily each year since 2011. In 2015, 16% of children starting to be looked after were aged 16 and over, compared with 12% in 2011.

## Reasons for ceasing care : Increase in special guardianship orders and adoptions

Number of children who ceased to be looked after by reason for ceasing (DCSF 2015)



3.2.2 – National data for CLA show that 55% were male and 45% female which has remained fairly consistent over the last 6 years. *“The ethnic breakdown for children looked after has varied little since 2011. The majority of children looked after at 31 March 2015 (73%) are from a White British background: similar to the general population of all children. Children of mixed ethnicity continue to be slightly over-represented, and children of Asian ethnicity slightly underrepresented in the looked after children population.”* (DCSF 2015).

3.2.3 *“Of the 69,540 children looked after at 31 March 2015, 2,630 (4%) were unaccompanied asylum seeking children. The number of looked after unaccompanied asylum seeking children has been falling since 2009, but increased by 5% between 2013 and 2014 and has increased by 29% between 2014 and 2015.”*

3.2.4 National figures show that *“Most looked after children are up to date with their health care. Of the 48,090 children looked after continuously for 12 months at 31 March 2015:*

- 88% are up to date on their immunisations, up slightly from 87% last year and 83% in 2013.
- 90% had their annual health check, up from 88% last year and 87% in 2013.
- 86% had their teeth checked by a dentist, up from 84% last year and 82% in 2013.

*Older children are less likely to be up to date, with 79% of those aged 16 years and over being up to date with immunisations, 83% had their annual health check and 77% had their teeth checked. However, there have been improvements over recent years.*

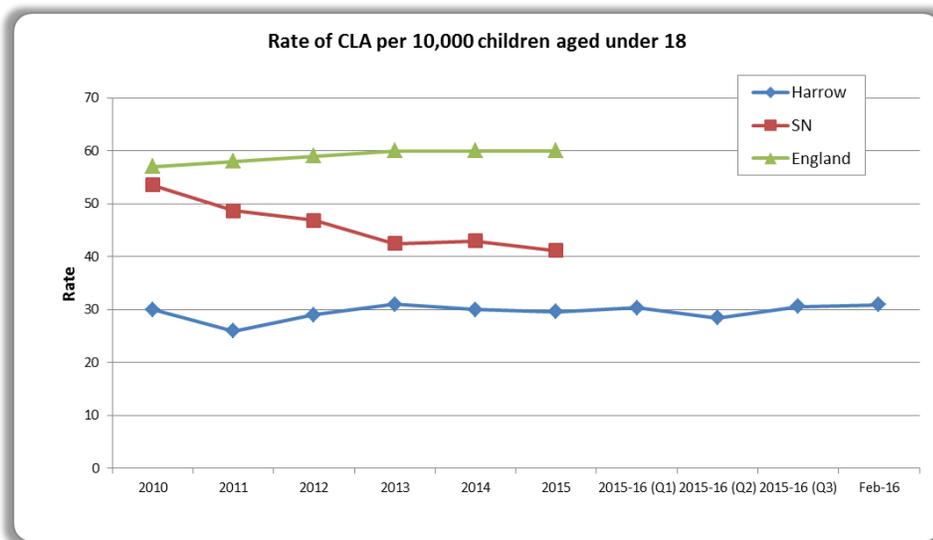
*There were 7,480 looked after children who were looked after for at least twelve months and aged 5 years and under in 2015. 89% of these were up to date with their development assessments (health surveillance or promotion checks), compared with 87% in 2014 and 85% in 2013.”*

### 3.3 Local Statistics (age/gender/ethnicity)

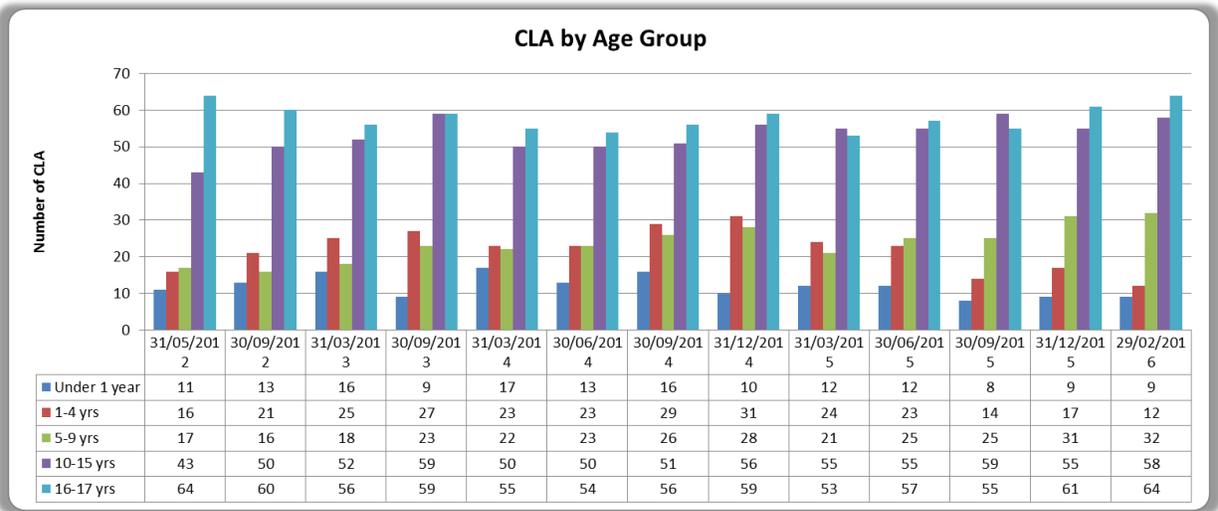
The following information and data has been provided by Harrow Council, (Corporate Parenting report April 2016)

#### 3.3.1 - Numbers of children looked after

CLA numbers have remained relatively stable since 2010 although the number dropped slightly during September 2015, but has begun to rise again since December 2015, and at 29<sup>th</sup> February 2016 the total number of children looked after was 184. The rate per 10,000 children was 30.9 compared to 30.4 at the end of Q1 15-16. Harrow continues to have a significantly lower rate of CLA than comparators (over 10 per 10,000 lower).



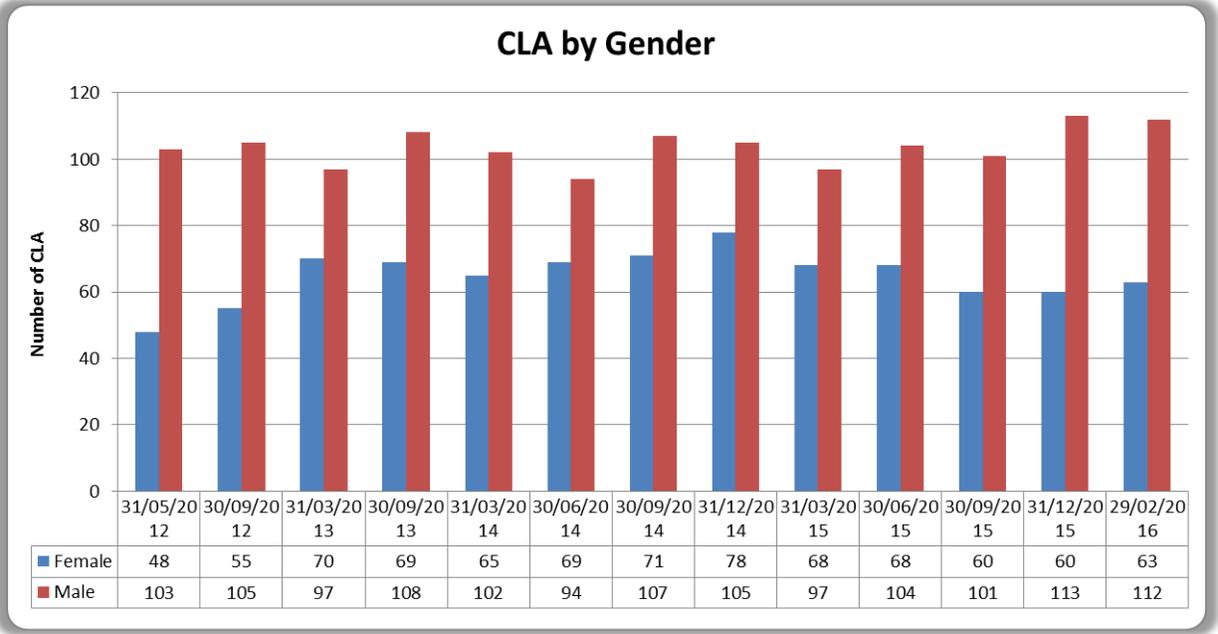
3.3.2 - The proportion of CLA aged up to 4 is slightly lower than other authorities' averages and similar for age groups between 10 and 17. Compared to 2013-14 data there are small but not significant changes in different age groups. The proportion aged 5 to 9 is slightly higher than London and statistical neighbours.



Comparator Info. for % of age of CLA at 31/3/2015 (Source: SSDA903)	Age at 31 March 2015 (years) (%)				
	Under 1	1 to 4	5 to 9	10 to 15	16 -17
<i>England</i>	5.0	15.0	21.0	38.0	22.0
<i>London</i>	4.0	10.0	16.0	38.0	33.0
<i>Stat. neighbours avg.</i>	4.1	9.9	16.0	37.1	32.9
<i>Harrow</i>	7.0	15.0	13.0	33.0	32.0
<b>Harrow Feb-16</b>	<b>5.1</b>	<b>6.9</b>	<b>18.3</b>	<b>33.1</b>	<b>36.6</b>

3.3.3 - In line with comparators, London and England, Harrow historically has a higher proportion of males who are looked after and this is particularly marked over the last three quarters.

Comparator Info. for % of gender of CLA at 31/3/2015 (Source: SSDA903)	Gender (%)	
	Male	Female
<i>England</i>	55.0	45.0
<i>London</i>	58.0	42.0
<i>Stat. neighbours avg.</i>	57.8	42.2
<i>Harrow</i>	59.0	41.0
<b>Harrow Feb-16</b>	<b>64.0</b>	<b>36.0</b>

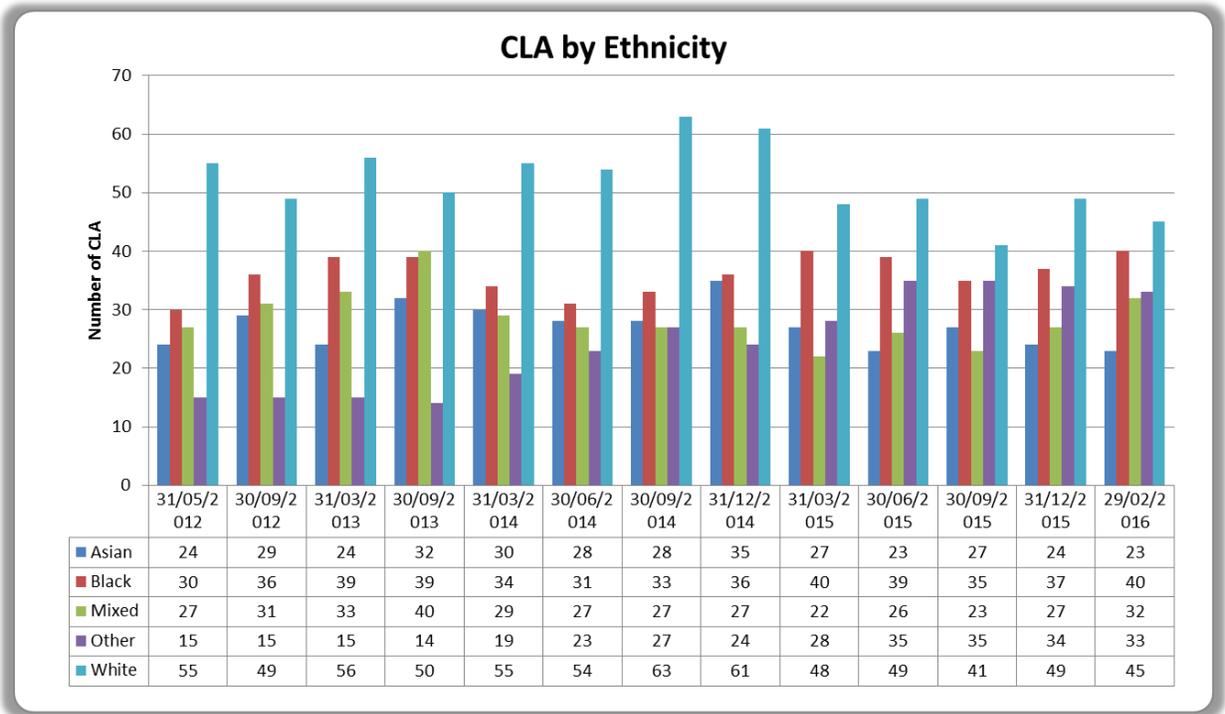


3.3.4 - As would be expected of Harrow's diverse population, the representation of Black and Minority Ethnic groups is considerably higher than England and the statistical neighbour average. Overall just under three quarters of Harrow's children looked after population are from BME groups.

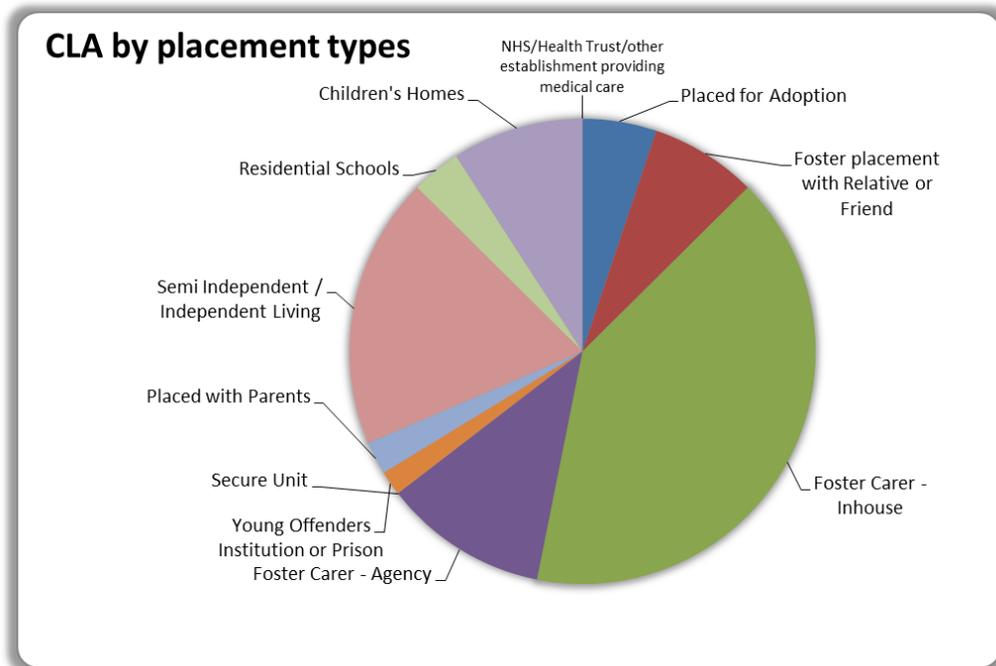
There have been some changes in the ethnic background of our CLA population over the longer term - the proportion of CLA in White groups has dropped, while the proportion in 'other' groups has increased. The numbers have fluctuated for Black, Asian and mixed ethnic groups.

Harrow borough have also got a smaller number of Unaccompanied Asylum Seeking Children (UASC) compared to statistical neighbours in Hillingdon, but a higher percentage than Brent. However, this number has grown over the last year. As these children enter the UK with significant needs, this will have an additional impact upon services.

<b>Comparator Info. for % of ethnicity of CLA at 31/3/2015 (Source: SSDA903)</b>	<b>White</b>	<b>Mixed</b>	<b>Asian or Asian British</b>	<b>Black or Black British</b>	<b>Other Ethnic Groups/Other</b>
<i>England</i>	77.0	9.0	4.0	7.0	3.0
<i>London</i>	42.0	16.0	8.0	28.0	6.0
<i>Stat. neighbours avg.</i>	47.6	15.7	12.8	19.5	6.1
<i>Harrow</i>	29.0	13.0	16.0	24.0	17.0
<b>Harrow Feb-16</b>	<b>25.7</b>	<b>18.3</b>	<b>13.1</b>	<b>22.9</b>	<b>18.9</b>



3.3.5 - The chart below shows Harrow CLA placement details at 29<sup>th</sup> February 2016



Half the number of CLA are placed within the borough of Harrow. The number of CLA with agency foster carers or in a foster placement with a relative or friend has dropped. In house placements can fluctuate as most of the emergency and short-term placements are made with in-house carers.

## 4. Service Summary

### 4.1 Staffing & Supervision

4.1.1 - The CLA provider services health team is currently based at Westmead Clinic and CNWL hosts the professionals who provide the designated roles.

4.1.2 – The Designated Doctor and Nurse role is to assist in service planning and to advise CCGs in fulfilling their responsibilities as commissioner of services to improve the health of children looked after. It is a strategic role. The CCG Designated Doctor role for Harrow is commissioned from and hosted by the provider services for CLA.

4.1.3 - All members of the CLA health team are experienced and suitably trained within their area of expertise, being fully up to date with their safeguarding training. They undertake on-going training in relevant subjects in order to maintain their competencies. The doctors and nurses within the team are registered with the General Medical Council / Nursing and Midwifery Council and have undertaken additional training working with children in the community. They fulfil the requirements of the Competency Framework (RCGP/RCN/RCPCH 2013 and 2015). They undertake regular appraisals and as required are subject to revalidation.

#### Current Staffing

##### 4.1.4 - Nursing Team

Designated Nurse for CLA – 30 hours per week  
Specialist Nurse for CLA – 37.5 hours per week

##### 4.1.5 - Medical Team

Designated Dr for CLA / Medical Advisor for Adoption and Fostering – 1PA per week  
GPwSI – 3 PA's per week

##### 4.1.6 - Administrative Team

Administrator for CLA – 37.5 hours per week

When we established the CLA health team in June 2015 we were fully staffed. Our administrator left and we recruited to this post in February 2016. Our Designated Doctor and Medical Advisor retired in December 2015 and our GPwSI also left at this time. We successfully recruited to the GPwSI post after highlighting a need for one further PA which was agreed and jointly funded by Harrow CCG and Harrow Council. The Designated Doctor and Medical Advisor post is currently being covered by the Designated Doctor and Medical Advisor for Hillingdon. We expect there to be ongoing staffing issues with recruitment and retention in our second year due to the small numbers of PA's for the Doctor posts.

#### Health Team Supervision Meetings

4.1.7 - Harrow CLA health team have the following supervision and governance arrangements in place.

The Specialist Nurse for CLA and administrator are managed and supervised by the Designated Nurse for CLA on a 1:1 basis and meet regularly for discussion of issues within the service including any individual CLA cases. The nurses have access to discuss any safeguarding issues with the Harrow Safeguarding Children Team. (Designated Nurse for Safeguarding Children)

The Designated Doctor and Nurse meet on a weekly basis to review and discuss health assessments, to quality assure work undertaken and ensure consistently high quality health assessments are undertaken by Harrow staff. This meeting provides opportunity to discuss cases, concerns and compliments, areas for development and strategic issues to be addressed. This is a well established meeting and communication between the medical, nursing and administrative team is effective and promotes an excellent way of working.

Supervision is also provided within monthly team meetings as cases, such as those who are at risk of child sexual exploitation, are raised. Staff are also encouraged to reflect upon difficult to manage situations so that learning can be shared.

The Specialist Nurse for CLA has set up a peer safeguarding supervision group with the Hillingdon LAC Nurses to discuss complex cases and provide support to one another. The Designated Nurse receives individual clinical supervision every 6-8 weeks.

4.1.8 - Clinical staff also receive support and advice from external meetings as follows:

Attendance at the North West London LAC peer group meeting which is held on a quarterly basis allows staff to discuss issues with a range of LAC staff in the North West sector.

Designated staff attend quarterly meetings with Harrow, Hillingdon and Brent CCG safeguarding professionals.

Clinical staff also attend a range of regional meeting such as the London LAC nursing group, London CoramBAAF health group

Clinical staff attend national meetings such as the Royal College of Nursing LAC forum, National CoramBAAF forum.

## 4.2 Governance & Reporting Arrangements

4.2.1 - In terms of reporting arrangements, the CLA health team have the following arrangements in place.

For CNWL, the Designated Nurse provides a progress report and updates to the Goodall divisional safeguarding meeting which reviews issues and learning within the community services in Hillingdon, Harrow and Camden.

In addition, the Designated Nurse produces a bi-monthly governance report for the Clinical Governance team, which provides information on KPIs, audits, incidents, compliments and complaints, policies and guidance, risks and compliance with CQC.

4.2.2 - For Harrow CCG, the health team have developed strong partnership working with the Children Commissioner, Designated Nurse for Safeguarding Children, and the Chief Operating Officer, to inform them of any issues relating to the CLA service and any areas for commissioning to consider.

We have joint monthly monitoring meetings held at Harrow Council which is attended by the Designated Nurse for Harrow, Designated Nurse for Hillingdon, Head of Children's Services and Operations Hillingdon, Designated Nurse for Safeguarding Children Harrow, Integrated Children's Commissioner for Children and Families, Children's Commissioner for Harrow, and the Head of Service for Corporate Parenting.

4.2.3 - The Designated Nurse and Specialist Nurse for CLA attend the Corporate Parenting Managers meeting which reports to the Harrow Corporate Parenting Board. The Managers meet every 2 months, have an agreed work plan and raise issues to the Corporate Parenting Board. The Designated Nurse and Head of Children's Services and Operations Hillingdon now sit on the Corporate Parenting Board in Harrow.

4.2.4 - The clinical team are not co-located within Harrow Council but are accessible to the Social Workers as and when they need advice and support. The Specialist Nurse for CLA attends a monitoring meeting every Wednesday at Harrow Civic Centre to monitor the timeliness of requests for health assessments and their completion. She is available to the Social Workers every Wednesday afternoon to provide support and advice, and the health team are available via email and phone within working hours for consultation with all social work teams. Feedback from Harrow Council has been very positive about the health team being accessible every week for the Social Workers.

4.2.5 - The Designated Nurse compiles a monthly breach report, health needs report and additional report for Harrow CCG and Harrow Council which is discussed at the monthly monitoring meetings. These meetings are productive, transparent and positive. In addition, the Designated Nurse has produced a monthly breach report for the Head of service for Corporate Parenting and the Head of Quality Assurance and Service Improvement with an in-depth analysis with reasons for delay as there are still concerns relating to late receipt of requests and consents.

4.2.6 – CNWL have set up a programme of peer reviews to ensure providers are able to evidence meeting CQC key lines of enquiry. The 5 key lines of enquiry (KLOEs) are being safe, effective, caring, responsive and well-led. The peer reviews are undertaken by managers in the organisation who are independent of the service being reviewed. During December 2015, a peer review of the CLA health service was undertaken. The reviewers were very positive about the health team and we were praised in our Borough Director's weekly news article.

'Our Designated Nurse for Children Looked After presented a paper to the Harrow Corporate Parenting Panel and the CNWL staff were highly praised for the support provided to these vulnerable children and young people. This follows a really outstanding internal review.' Graeme Caul

## 5. Performance Indicators

### 5.1 National Targets

5.1.1 - The National Indicator Set (NIS) for local authorities to report on encompasses 11 performance indicators which refer to looked-after children or care leavers, covering the following aspects of performance:

- educational attainment (NI 99, 100, 101);
- emotional and behavioural health of children in care (NI 58);
- timeliness of adoption placements (NI 61);
- placement stability (NI 62, 63);
- completion of case reviews within required timescales (NI 66);
- numbers of children who run away from home or care overnight (NI 71);

- accommodation for care leavers (NI 147);
- employment, education and training of care leavers (NI 148).

5.1.2 - For health outcomes the following statistics are reported on nationally:

Number of children looked after at 31 March who had been looked after for at least 12 months  
 Number of children whose immunisations were up to date  
 Number of children who had their teeth checked by a dentist  
 Number of children who had their annual health assessment  
 Number of children aged 5 or younger at 31 March  
 Number of children aged 5 or younger whose development assessments were up to date  
 Number of children identified as having a substance misuse problem during the year  
 Number of children for whom an SDQ score was received.

'Outcomes for children looked after by local authorities' 2015

## 5.2 Local Targets

### Outline of Targets Set by Harrow CCG and Harrow Council

5.2.1 – During 2015/16 the following targets were set by Harrow CCG and Harrow Council. The targets for the first year are staggered as set out in the joint specification.

In the first 6 months to complete 80% of CLA initial health assessments (IHAs) within 20 operational days/ 28 calendar days.

In the second six months to complete 98% of CLA initial health assessments (IHAs) within 20 operational days/ 28 calendar days.

Operational days are Mondays to Fridays inclusive

Exceptions: Young people who refuse, DNAs or missing children, out of area, notifications from Harrow Council later than 5 working days for the first six months then 3 working days in the second six months.

June 2015	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016
Target 80%						Target 98%			
88.8%	80%	100%	100%	100%	100%	100%	100%	100%	100%

From the above table the data shows that the health team have met and exceeded the targets set in the first year of the service for initial health assessments.

### 5.2.2 – Review Health Assessments (RHAs)

In the first 6 months to complete 75% of CLA review health assessments (RHAs) completed on time.

In the second six months to complete 98% of CLA review health assessments (RHAs) completed on time.

Exceptions: Young people who refuse, DNAs or missing children, out of area, notifications from Harrow Council later than 3 months before the review date.

June 2015	July 2015	Aug 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016
Target 75%						Target 98%			
100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

The health team have exceeded all targets for RHA's set within the agreed service specification during the set-up of the service achieving 100%.

## 6. CLA Provider Team Clinical Activity

### 6.1 Health Assessments

6.1.1 – This chapter will focus on the performance of the CLA health team against national and local targets.

6.1.2 – Initial health assessments are undertaken at both Westmead Clinic, South Ruislip and Alexandra Avenue Clinic in Harrow. This enables some flexibility of venue and day. Review health assessments are undertaken at the above clinics, schools, and at the child's home offering increased flexibility for day, time and venue to enable completion and promote engagement in health assessments.

6.1.3 – Health promotion is discussed at every health assessments and includes and is not limited to physical health, emotional well-being, diet, exercise, safety, immunisations, dental care, eye care, hygiene, sexual health, substance use and radicalisation.

6.1.4 - The CLA health team also assist Harrow Council in meeting national targets for CLA:

- Ensuring all Harrow CLA have an annual health assessment within timescales
- To record and report dates of dental checks following health assessment
- To report immunisation status of each CLA following health assessment

6.1.5 - The CLA health team are required to ensure all looked after children have a statutory health assessment within statutory guidance i.e. within 20 working days of becoming looked after and thereafter every 6 months (under 5s) or annually (over 5s) . The following data relates to all Harrow CLA (both those placed within Harrow and out of borough) and has been taken from health assessments completed June 2015 – March 2016.

#### 6.1.6 Initial Health Assessments (IHAs)

A total of 109 requests for IHAs were received.

A total of 88 children were seen for IHAs compared to 76 during 2014/15, an increase of 16%.

The following table shows a comparison to previous years.

Jun 14	July 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Total
7	6	6	11	10	10	9	7	3	7	76
Jun 15	July 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	
9	7	5	12	15	8	9	7	13	3	88

Of the 21 children not seen for IHAs, these included those who became no longer CLA as well as those children who were seen in April 2016. For all of these children, the team were still required to undertake all of the necessary processes to arrange and provide appointments.

Of the 88 (100%) IHAs, 44 (50%) were seen within 20 days of the child becoming LAC.

Of the 44 not seen within 20 days of request, exceptions within KPIs applied.

#### 6.1.7 Issues contributing to the overall performance

Since the start of the service monthly data has been produced for Harrow CCG and Harrow Council to show timescales of requests for IHAs.

Overall, this data has shown that the most significant reason for children not being seen within 20 days of becoming looked after is late requests received.

Other issues which impacted upon meeting statutory timescales were, DNAs, Out of Borough placements, children or carers who refused/cancelled appointments or could not attend, interpreters who DNA and children who changed placement.

#### 6.1.8 Review Health Assessments (RHAs)

A total of 145 requests for RHAs were received during 2015/16.

A total of 114 children were seen for RHAs compared to 87 during 2014/15, an increase of 31%.

The following table shows a comparison to the previous year.

Jun 14	July 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Total
No Data	9	4	4	21	19	10	10	6	5	87
Jun 15	July 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	
15	12	17	10	6	13	9	6	13	13	114

Harrow Council returns data on the DfE 903 based on those children who have remained as CLA for over 12 months which for 2015/16 was 95 children. This figure differs from those above, as some children would have left care during the year and thus not included in this report.

Of the 95 children 89 (93.7%) had an annual health assessment within time scales.

Of the 6 not seen within timescales, exceptions within KPIs applied.

England 2014/15	Statistical Neighbours	Harrow 2013/14	Harrow 2014/15	Harrow 2015/16	Number of CLA
89.70%	92.10%	71.70%	82.50%	93.7%	89/95

The table above shows a comparison to previous years with an 11.2% increase of RHA's being undertaken within time scales since CNWL were commissioned to undertake the CLA health service.

#### 6.1.9 Issues contributing to the overall performance

A process has been agreed and is now established to ensure that RHA requests are received giving 12 weeks' notice.

Overall, this data has shown that a significant reason for children not being seen within statutory timescales is late requests received.

Other issues which impacted upon meeting statutory timescales were DNAs, Out of Borough placements, children or carers who refused/cancelled appointments or could not attend, missing children, children who changed placement and children who were difficult to engage.

In order to minimise DNAs, the team contact the carer / young person by telephone to offer flexible venues, dates, times (as per meeting timescales). All appointments are followed up by letter with this copied to the child's social worker. A reminder telephone call before the appointment improves attendance.

The CLA health team work with our out of borough colleagues to minimise these problems, however, capacity issues and KPI's in out of borough teams have an impact upon timescales. The CLA health team have a reminder system in place, contacting the out borough provider to ask for details of the appointment. Should this information be provided, the child's social worker is copied into this information.

Despite several reminders and processes in place, CLA may still DNA appointments.

#### 6.1.10 Areas for improvement

The CLA health team have identified late requests / consents from Harrow Council Social Work teams as an area for improvement during 2016/17. The Designated Nurse has worked with Senior Managers within Harrow Council to address these issues and as a result now produces monthly breach reports.

#### 6.1.11 Quality of Health assessments

Each health assessment returned to the provider CLA health team is reviewed by either the Designated Doctor or Nurse and graded as one of five categories with excellent being the highest and poor the lowest (excellent, good, satisfactory, needs improvement, poor). The paperwork is reviewed and the quality is recorded on a spreadsheet. Health assessments undertaken by the Designated Doctor or Nurse in their provider roles are graded independently.

An excellent health assessment has the paperwork fully completed with exploration of any issues and SMART health recommendations for the health action plan plus dates of vision and dental checks and review of immunisations. It will also have allergies and learning disabilities documented and outcome of previous health recommendations (met or not met and action if not met). An excellent health assessment results in an email to the professional who has completed the health assessment (wherever they are situated) and where possible, a copy to their manager.

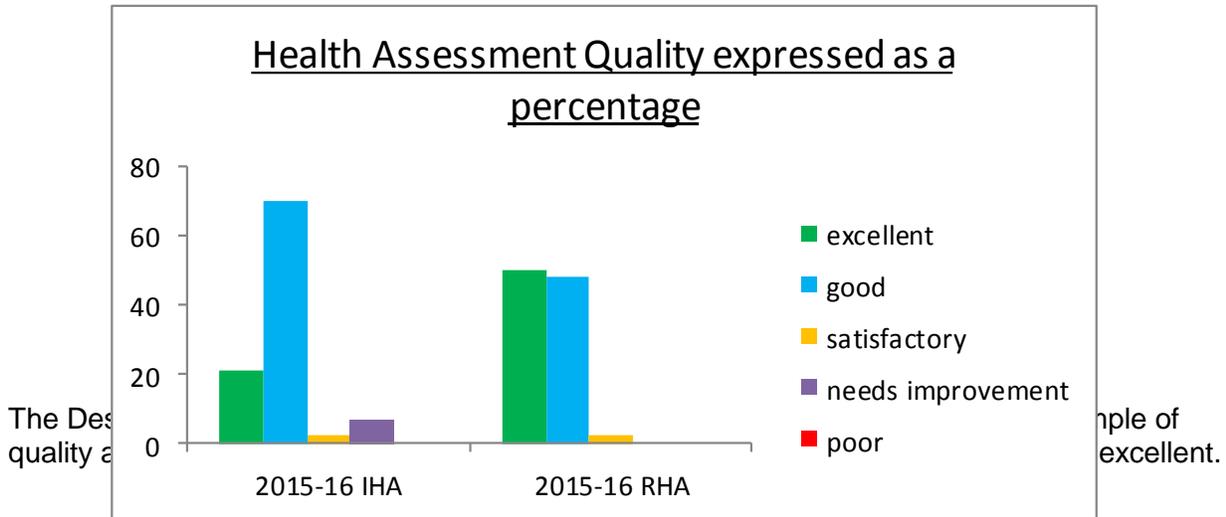
A poor health assessment will have few if any of the above and will usually result in contact with the professional who has undertaken the health assessment and remedial action being taken - either as additional training or peer observation of an excellent health assessment. Outside the local provider (CNWL) a letter will be written to the professional who has undertaken the health assessment and recommendation about payment (or withholding until satisfactory completion) may also be made if undertaken by another provider under a SLA. The subsequent health assessment will not be allocated to the same provider if a poor or needs improvement health assessment has been received.

2015-16 88 IHA's - 21% excellent, 70% good, 7% satisfactory, 2% needs improvement (after discussion with the health professionals and updates to the paperwork 1 of the health assessments was re graded as excellent and 1 re graded as good).

The graphs show that due to a concerted effort by the CLA health team quality of health assessments is high with 91% of IHA's graded as excellent or good and 98% of RHA's graded as excellent or good

2015-16 113 RHA's – 50% excellent, 48% good, 2% satisfactory.

The majority of excellent health assessments are completed by CLA team members due to their experience of working with CLA. Quality improvement has been driven by an increased number of health assessments being undertaken by the CLA health team for those children placed out of borough (within 20 miles) or where the previous quality was poor. The 2% graded as satisfactory were completed by health professionals out of borough.



### 6.1.12 Child Centred Health Assessments

A sibling group of 3 came into care. They had all had child protection medicals undertaken as well as medicals when registered with their GP. The children had missed a lot of schooling and so the decision was made that the Designated Doctor and Specialist CLA Nurse undertake a joint visit to the foster carer's home after school. This enabled a child-centred approach, as duplication of medical examinations were limited, the nurse could provide health promotion advice and the children did not miss time at school. In addition, the Doctor had the opportunity to examine the 18 year old young person who was seen as particularly vulnerable and who had been placed with the same carers and had not had the benefit of a child protection medical.

## 6.2 Immunisations

6.2.1 - The Harrow Council returns data on the DfE 903 based on those children who have remained as CLA for over 12 months which for 2015/16 was 95 children. Of 95 CLA 69 (72.6%) were recorded as up to date with immunisations.

England 2014/15	Statistical Neighbours	Harrow 2013/14	Harrow 2014/15	Harrow 2015/16	Number of CLA
87.80%	84.40%	66.30%	69.10%	72.6%	69/95

Nationally, 88% are up to date on their immunisations, up slightly from 87% last year and 83% in 2013.

The above table shows that the rates of immunisation for Harrow CLA are below our statistical neighbours and below the national average. Although there has been an improvement of 6.3% from 2013/14 and a 3.5% increase in the number of CLA with up to date immunisations since 2014/15 this is an area the CLA health team have prioritised for 2016, to ensure that we are safeguarding our children from preventable infectious diseases.

6.2.2 –The CLA health team identified 58 CLA who were not up to date with their immunisations. A letter was sent to their carer's to encourage them to book an appointment with their GP.

6.2.3 - The CLA health team works closely with the TB service at Northwick Park Hospital and have implemented a process for all UASCs to be referred for new entrant TB screening. The Specialist Nurse for CLA has established an excellent working relationship with the Paediatric TB Nurse.

6.2.4 – The Specialist Nurse for CLA has made links with the CLA health teams in the Tri- Borough that covers Harrow, Ealing and Brent to discuss TB referral pathways.

6.2.5 – The immunisation status of all CLA having a health assessment are reviewed, information is requested from their GP and subsequently arrangements made for any outstanding immunisations with the GP. This is always included in the CLA health recommendations returned to the social worker for the health care plan.

6.2.6 – A letter is sent to all GPs with a copy of the health recommendations and this has led to faxes being received from the GPs with additional data about immunisations which in turn has been updated on SystemOne. The implementation of this IT system (SystemOne) has removed the information sharing across CCGs for immunisation data and this requires manual inputting of data received from out borough by the Child Health Department of CNWL.

6.2.7 - Immunisation records are shared with professionals undertaking the health assessments and with foster carers and young people.

## 6.3 Dental Checks

6.3.1 - All CLA over 3 years of age are required to be registered with a General Dental Practitioner (GDP) and all CLA should have a dental check (oral check for those under 3 years).

6.3.2 – As part of the CLA health assessment, discussion takes place to promote good dental hygiene and young people are advised to attend for 6 monthly dental checks. Should children not be registered with a GDP or have not attended a dental check, this would be recommended as part of the health plan for that child.

6.3.3 – The Harrow Council returns data on the DfE 903 based on those children who have remained as CLA for over 12 months which for 2015/16 was 95 children. Of the 95 children, 84 (88.4%) were recorded as having a dental check compared to (88.7%) during 2014/15 and 82.6% in 2013/14.

## 6.4 Local Requirements

Registration with a General Practitioner

6.4.1 - In order to establish numbers of CLA registered with a GP, the CLA health team assessed data taken from the SystemOne database. Every health assessment is audited for health needs and registration with a GP is one of the data areas collected.

The results were as follows:

Of Harrow's 184 CLA, 4 children (2%) were showing as not registered with a GP.

6.4.2 - Of the 4 children not registered with a GP:

- 1 child was a new born baby and had not been registered with the GP yet but had an appointment to be registered.
- 3 were newly arrived asylum seeking children and would be in the process of being registered once immigration papers were sorted.

### Optician Checks

6.4.5 – The provider of CLA health services ensure that at every health assessment discussion relating to optician checks and wearing of glasses if prescribed is part of the assessment. Should CLA have an outstanding optician check, an up to date check is always recommended within the health plan which is returned to the child’s social worker, young person, carer, GP and Health Visitor or School Nurse.

Table showing percentage of CLA with up to date eye checks at time of health assessment.

	June 15	July 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
IHA 88.9%	66.6%	100%	45%	67%	33%	33%	80%	64%	0%	
RHA 90.9%	100%	100%	86%	100%	80%	83%	100%	80%	67%	

## 7. Other Clinical Activity

### 7.1 Sexual Health

7.1.1 – The CLA health team have established partnership working with the Sexual Health Outreach Nurse in Harrow. We have had regular meetings and this is now established as a monthly liaison to discuss CLA in need of sexual health advice and support.

7.1.2 - The CLA health team ensure that each child/young person who is seen for a health assessment is provided with sexual health and relationships advice appropriate to their age and understanding, which promotes positive sexual health messages such as contraception and prevention of sexually transmitted infections. Discussions with younger children include ‘the pants are private’, ‘underwear rule’, growing up, and body changes’

7.1.3 – The Specialist Nurse for CLA has established a monthly joint health drop in clinic with the Sexual Health Outreach Nurse at The Gayton. Social Workers can also refer UASC to the clinic to be seen by the CLA Nurse and interpreters are arranged.

7.1.4 – Links have been made with the Harrow sexual exploitation manager (CSE).

7.1.5 – Links have been made with the Gang’s Co-ordinator and he is due to speak at our joint team away day.

7.1.6 – Female genital mutilation (FGM) – The CLA health team and Sexual Health Outreach Nurse are working together to ensure all young people from high risk countries are asked the important questions about FGM. One young person has been referred for follow up, support and counselling.

7.1.7 – The Specialist Nurse for CLA now sits on Harrow Council’s MASE panel and introduced into the agenda the need to specifically highlight CLA. Following these meetings, the CLA are discussed with The Designated Nurse and a plan devised.

7.1.8 – The Specialist Nurse for CLA provided a health talk for UASC from Albania covering the issues of basic sexual health and relationships, appropriate touch and consent. This was undertaken with an Albanian interpreter present.

## 7.2 Teenage Pregnancy

7.2.1 - The following data for all of Harrow's under 18-year population is taken from CHIMAT report dated June 2015 and June 2016:

In 2013, approximately 14 girls aged under 18 conceived for every 1,000 females aged 15-17 years in this area. This is lower than the regional average. The area has a lower teenage conception rate compared with the England average.

In 2013/14, 0.3% of women giving birth in this area were aged under 18 years. This is similar to the regional average. This area has a lower percentage of births to teenage girls compared with the England average and a lower percentage compared with the European average of 0.9% This is the published information on teenage pregnancy rates for young people in Harrow. The CLA team support young people as appropriate by discussing contraception options at health reviews.

7.2.2 – The Specialist Nurse for CLA has liaised with the Teenage Pregnancy Midwife at Northwick Park Hospital and discussed one young person who is looked after and pregnant.

## 7.3 Substance Misuse

7.3.1 - National data shows: *“The rate of substance misuse is similar to last year. Of the 48,090 children looked after continuously for 12 months at 31 March 2015, 1,810 children (4%) were identified as having a substance misuse problem during the year, the same as in 2014 and up from 3% in 2013. Comparable rates for all children are not available.*

*Substance misuse is more common amongst older looked after children. 1,230 children who were identified as having a substance misuse problem were aged 16 or 17, representing 11% of all looked after children aged 16 to 17 years. In all age groups, boys are more likely to have a substance misuse problem than girls”.*

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/483718/SFR34\\_2015\\_Text\\_AdditionalTables.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/483718/SFR34_2015_Text_AdditionalTables.pdf)

7.3.2 – *“Of the 1,810 looked after children identified as having a substance misuse problem in 2015, 48% (880 children) received an intervention for the problem with a further 38% (680 children) refusing the intervention which was offered. This is down from the 56% receiving an intervention in 2014, when a further 35% refused the intervention.”*

7.3.3. – In the National tables the data recorded for substance misuse for Harrow is 10 CLA out of 95 which equates to 10.5%. (Table LA12: Substance misuse by children who had been looked after continuous years 2015) This compares to our statistical neighbours of Brent (4%), Hertfordshire (6%) and Ealing (10%).

- Substance use was reviewed this year in the UASC mini survey and presented to Harrow Corporate Parenting Board (See section 9.4)

The following figures were noted: The figures are based on 20 health assessments completed for UASC.

20% (4 CLA) smokers-/cigarettes

5% (1 CLA) cannabis

5% (1 CLA) glue

20% (4 CLA) substance use health education

5% (1 CLA) declined referral to Compass (substance use support)

The CLA health team is gathering health information for all CLA and will be able to present a fuller picture of substance misuse next year. We will work with partners to support young people with health advice on smoking, drug and alcohol issues.

## 7.4 Emotional Health & Wellbeing

The CLA health team use the 'how I feel chart' which is discussed with children and young people as part of their health assessment. A scale of 1-10 is used for older children and young people

How I Feel Chart



7.4.1 - During 2015/16 the CLA health team have undertaken partnership work with a range of professionals in order to consider the emotional needs of Harrow CLA.

### CAMHS

7.4.2 – The Designated nurse and Specialist Nurse for CLA have met with the manager of Harrow CAMHS and Morning Lane – Tier 2 service to discuss individual cases and their management, and the wider issues relating to children with emotional needs. It is also an opportunity to build positive joint working relationships. This was a recommendation from the recent Serious Case Review in Harrow.

Joint working with Youth Offending Team (YOT) CAMHS Specialist Nurse who attended a young person's initial health assessment.

Monthly meetings with YOT to discuss the health needs of children/young people under the YOT

Quarterly meetings with CAMHS set up following attendance at CAMHS team meeting by Designated Nurse and Specialist Nurse for CLA

Referral process for CLA health team to refer to CAMHS fully implemented

Liaison and discussion of CLA with CAMHS

7.4.3 – Designated Nurse attended 'Future In Mind' workshop and raised CLA as a priority in the redesign of mental health services for Harrow.

7.4.4 - The CLA health team continue to work to address emotional health needs by linking with other local services. The CLA health team receive information from the Liaison Health Visitor within the Northwick Park emergency department (ED) or Urgent Care Centre (UCC) relating to any CLA who attends this service with an emotional need such as self – harming behaviour.

7.4.5 – Harrow Council have a duty to ensure that all CLA have a completed Strengths and Difficulties Questionnaire (SDQ), which is a screening tool used for a baseline of the emotional wellbeing of children. Harrow Council returns data on the DfE 903 based on those children who have remained as CLA for over 12 months and aged 5-16, which for 2015/16 was 66 children. Of the 66 CLA, 27 (41%) had an up to date SDQ. (This is provisional data sent to the DfE)

7.4.6 – The Designated Nurse for CLA met with Harrow Council Children’s Commissioner, Head of Service and Independent Reviewing Officer to discuss SDQ’s. New process agreed ensuring that all eligible CLA have an SDQ completed for their second review and that this is sent to the CLA health team for all RHA’s.

## 7.5 Training

7.5.1 - The health team has delivered training to a range of professionals from health services and Harrow Council.

7.5.2 – Training about CLA and their health needs has been delivered bi-monthly as part of the ‘partnership induction’ for Harrow Council.

7.5.3 – Training, support and liaison has taken place with Health Visitors and School Nurses.

7.5.4 – Student Nurses have benefited from training delivered by the Health CLA team with one student sending a thank you card stating

‘To the LAC team, I would like to thank you for all the learning opportunities over the last few weeks. You have taught me a lot. I have enjoyed every minute. Thank you all very much.’

7.5.5 – The CLA health team have delivered training to foster carers in Harrow. Evaluations from the training provided have been very positive with carers valuing the additional health information and support given. In addition, the health team have asked carers if there were any specific aspects of health that they would benefit from having further training in. This resulted in a specific training session on ‘drug withdrawal in babies’ being delivered for Harrow’s foster carers. 10 carers attended this training and the feedback was very positive.

7.5.6 – The CLA health team were contacted by 2 Swedish School Nurses who came to visit the team to specifically look at good practice regarding our joint working with UASC and CLA.

## 7.6 Case Work

7.6.1 – During 2015/16 the CLA health team have been involved with a variety of cases which are complex and require health input. Members of the team have been available for telephone

advice and have made visits in cases where additional support is necessary. As a result of these case discussions, members of the team have been actively involved in advocating for CLA health needs, attending reviews or professionals' meetings and taking on the role of lead professional.

7.6.2 – This area of work is both time consuming and requires the ability to work within the multi-disciplinary team.

7.6.3 – Follow up home visits have been made by the Specialist Nurse for CLA regarding health needs: weight, diet, exercise, self-harm, sexual health and FGM.

7.6.4 – Liaison with GP's, Health Visitors, School Nurses and other health professionals both in Harrow and out of borough regarding the health needs of CLA.

A few examples of work undertaken are given below, with some changes of information to protect the confidentiality of the CLA.

#### 7.6.5 - Complex Case Study

##### Case study 1

- Outline of Case

17-year-old boy under section 20 in care since 2014.

2 custodial sentences. Missing episodes and previously non-compliant.

Discussed at MASE Panel in 2015.

Review health assessment completed by Specialist CLA Nurse in 2015.

- Health Concerns

Epilepsy: First diagnosed 2 months following review health assessment. Generalised seizures.

Admitted to 2 different Hospitals. EEG's, MRI scans (Non-attendance at planned appointments)

ITU (Intensive Therapy Unit) admission. Non-compliant with medication

Smokes Cannabis

Smokes cigarettes

- Emotional Health

Stress

Aggression

- Specialist CLA Nurse Role in his care

Liaison with current GP to ensure that we have copies of all clinic and hospital attendance informing us of dates, medication and plans.

Regular liaison with Social Worker to discuss management of non-compliance and further planning.

Liaison with Intensive Care Doctors.

Liaison with the young person to reassure them prior to the MRI scan.

Liaison with care staff at residential homes x2 (placed at 2 different placements).

Attendance at meeting to discuss care planning

Liaison with Neurology Consultant and letter sent requesting Emergency Care Plan to enable care staff to manage his seizures.

Telephone contact with Neurology Consultant following receiving letter – plan made to enable joint up working, sharing of health information and future planning.

- Forward plan

Professionals meeting to discuss further management.

Review Health assessment booked for July 2016.

## Case Study 2

17-year-old male UASC

Fled from his country due to homosexuality after being disowned by his parents. He reports that he had been arrested and physically tortured in a detention centre before travelling to Greece, and solitary walking for 8 or 9 days to Serbia before joining a group supported by a leader and entering the UK via lorry.

CLA from October 2015

Age assessment commenced by Social Worker and young person reported missing from care following this. Care episode ended by Harrow Council.

Returned to Harrow March 2016 via London Rota as he was found at Gatwick Airport trying to board a plane

### CLA Health Intervention

2015: Initial Health assessment completed in summer 2015. Health recommendations sent to carer, GP and Social Worker

2016: Review Health Assessment:

- Good rapport between young person and CLA Nurse
- Good liaison with Social Worker
- Good liaison with Semi-independent Key Worker

### Physical Health Needs

No record of blood screening/TB screening via current GP practice:

- No record of immunisations on SYSTM1 or current GP practice
- Requires new glasses
- Requires dental appointment

### Action 1

- Liaison with current GP Practice: CLA nurse and administrator made multiple telephone calls and sent faxes to obtain immunisation list. No list available
- CLA nurse liaison with previous GP Practice and immunisation list retrieved. Telephone call made to both practices as young person appeared to be registered at both practices. Request made to resolve this.

### Action 2

- Liaison with young person, Social Worker and Key Worker requesting their support in making and attending a GP appointment for blood screening to include the commissioned TB blood screening test. If positive, he will be referred to the TB clinic.

### Action 3

Advised to collect new prescription glasses from Optician and wear them as advised.

- Dentist - to arrange an appointment.

### Sexual Health Needs

No record of blood screening/sexual health screening following assault

#### Action 4

- Discussions with young person (face to face and via telephone) to help him to access sexual health services for screening. He did attend an appointment but felt unable to continue.
- To arrange blood screening via GP.
- To continue to contact young person so he feels empowered to attend services.
- To continue counselling with Haven (sexuality and abuse counselling services).

Emotional Health Needs: Post-traumatic stress, sexuality and sexual trauma also affecting sleep, and appetite.

#### Action 5

- Sleep disorder – emotional in origin. TV in communal room usually turned off at 10pm. Through liaison with Key Worker, he will be allowed to stay up longer to alleviate his boredom and give him less opportunity to lay awake thinking about past events.
- Continue to attend CAMHS.

#### Case Study 3 The Gayton

The Gayton is a semi-independent residential home in Harrow for UASC. They currently have 30 young people from 3 continents – Africa, Asia and Europe. The Specialist Nurse for CLA attends the monthly health drop in working closely with the Specialist Nurse for sexual health. She arranged to visit one of the young people at Gayton after discussion with the Social Worker. An interpreter for the young person was arranged to enable the Specialist Nurse to discuss dental care and healthy eating with the young person.

## 8. Adoption & Fostering

8.5.1 – The CCG commissions from CNWL the role of Medical Advisor to the adoption and fostering panel for Harrow Council. In common with many CCGs this role is fulfilled by the Designated Doctor and Nurse in their provider roles. These roles are set out in the intercollegiate document from RCPCH, RCN and RCGP.

8.5.2 - The Provider CLA health team are actively involved in adoption and fostering panels and processes. The team meet with colleagues both regionally and nationally to discuss and develop new ways of working and have regular peer group electronic discussion to consider issues which arise plus regular face to face peer group meetings as detailed elsewhere in the annual report.

8.5.3 – The Designated Nurse and the Medical Advisor/Designated Doctor sit in their provider role as full voting members on the adoption and fostering panels and are members of the central list. Both the Designated Nurse and the Designated Doctor have attended required panel training.

8.5.4 – There have been 11 monthly panels with either the Designated Nurse or the Designated Doctor being in attendance for the majority of the panels (Medical Advisor 7/8 panels). The Medical Advisor (Designated Doctor) attended all adoption cases and all but one special guardianship case where written advice was given to panel and the Designated Nurse for CLA attended. The Designated Nurse attended monthly panels for fostering cases from January –

March 2016.

8.5.5 – Following is an analysis for the period 1st June 2015 to March 2016 for adoption: 9 children were seen at panel for match, 14 children for long term fostering, 9 for connected persons match and all required review of their needs.

8.5.6 - 13 foster carers were approved by panel – 6 connected persons and 7 new foster carers. 1 foster carer not approved. 17 deregistration's/terminations of foster carers. 10 annual reviews.

8.5.7 - During the year 2015/16 19 SGO's were granted in respect of Harrow's looked after children. The panel considered 5 SGO applications (7 children). Although there is not a requirement for such cases to be considered by the panel it is good practice for there to be some scrutiny and oversight of this type of permanence plan.

8.5.8 – The Medical Advisor undertook all the comprehensive medical adoption panel reports for the children for the ADM meeting and for the matching panels. These reports are time consuming as they require summary of the health needs of the child and the family plus the possible consequences for the CLA.

8.5.9 - Paper reading for panel is equivalent or more than time spent at panel - for example, a match requires the child's CPR plus the adults' PAR or Form F to be read plus the APR/ASP so for 45 minutes' panel time there is usually 2 hours of reading time. Following panel, the minutes have to be read and approved within 5 working days.

8.5.10 – The Medical Advisor continues to have meetings with the majority of prospective adopters for CLA placed either for a match with adopters, long term foster carers or special guardians to inform them about health needs and history.

8.5.11 – The Medical Advisor's role encompasses assessment of reports on adults applying for adoption and fostering, special guardianship and connected persons. These reports are completed by the applicant's GP and the role of the medical advisor is to assess any possible implications for the applicant's ability to care for a child till the age of independence. In 2015-16 the medical advisor wrote 3-4 panel reports a week for either fostering or adoption (AH medical forms) and review reports. Some cases are complex and require much research and liaison with social care and other health professionals.

8.5.12 - It is good practice for the Medical Advisor to be available for discussion of medical and health needs of a CLA during the care proceedings preparation with the agency decision maker (ADM) so that medical advice is available to the ADM at the time the CPR is read.

## 9. Service Improvements

### 9.1 Specific Improvements / Team Achievements

9.1.1 – CLA service removed from the Harrow CCG risk register

9.1.2

- Meeting with Harrow Council, Children's Commissioner and Independent Reviewing Officer to discuss consent and SDQ. Agreed new consent form and SDQ process.

- Designated Nurse and CLA Specialist Nurse presented at UASC/Leaving Care and CLA away day for Social Workers.
- Designated Nurse for Harrow and Medical Advisor for Hillingdon met with the adoption manager and head of service to agree process for requesting medical advice.
- Monthly joint commissioner meetings with CNWL, Harrow CCG and Harrow Council.
- Monthly meetings with Morning Lane – Tier 2 mental health.
- Quarterly meetings with CAMHS established.
- CLA Specialist Nurse developed and trialed a crib sheet for interpreters so that they understand the areas to be covered during the child/young person's health assessment. This has been used with success and feedback from the interpreters has been positive.

'I think the crib like sheet is very helpful for interpreter. Very useful.' (Interpreter)

- Development of a health needs audit tool which is used with every CLA health assessment. This has enabled the health team to capture the health needs of Harrow's CLA population and to share this information with Harrow CCG and Harrow Council. (Section 9.4). Designated Nurse asked to share this tool with the London Designated Nurses Group.

### 9.1.3 – Health Passports

Meeting with Harrow Council, Children's Commissioner and Independent Reviewing Officer have taken place to discuss health passports. Agreed capturing of information on Frameworki to support the development of health passports.

The CLA health team has gathered information from other boroughs to see what they provide for their care leavers and how they have implemented health passports. This has ranged from a letter to an actual passport.

A meeting has been arranged with 'Beyond Limits' (CLA Council) in April, and a flyer has been distributed inviting CLA and care leavers to attend to discuss what they would like in their health passports, as well as to consider what has been recommended in the service specification. The CLA health team have developed a questionnaire to obtain CLA and care leaver's views.

9.1.4 – Working with Harrow Council to improve numbers of SDQs received with health assessment requests. Harrow Council and the CLA health team are working with the tier 2 psychological service to devise a pathway of completion and assessing SDQs.

9.1.5 - Work with 'Beyond Limits' (Harrow Council CLA Council) on a variety of initiatives such as care leaver services. Members of the CLA health team have visited the CLA council to gain their input on health services within Harrow.

9.1.6 - The health team were invited to the CLA awards ceremony. During the CLA celebration the CLA health team targeted 3 young people who had previously refused to engage with face to face or telephone health assessments. We met with them and asked if they would complete a written booklet about their health with the help of their carer/ key worker/ social worker. We also asked for their comments whilst we trialed the booklet for the young people who refuse. They all agreed to complete the booklet. A health stall was also provided during the celebration. It was well attended and lots of information was given to CLA, care leavers and carers.

9.1.7 – Designated Nurse and CLA Specialist Nurse attended the foster carer’s award ceremony. This was a lovely celebration and raised the profile of the health team.

#### 9.1.8 – Service Improvement

Telephone call from concerned Social Worker. Young person had seen their GP and attended the urgent care centre at Northwick Park Hospital however due to increased symptoms advised Social Worker to take young person to A&E at Northwick Park Hospital. The Young person was diagnosed with TB. Liaison with Social Worker and team manager to obtain up to date residents list where young person placed and provided this to the TB Specialist Nurse, who liaised with Public Health England resulting in screening programme (Commenced September). Home visit to young person once discharged from hospital and liaison with TB Specialist Nurses. Plan to introduce TB screening for all UASC in Harrow. Email of thanks received from Social Worker.

Based on the above case study we applied for a TB grant for £500 from Voluntary Action Harrow Co-operative and we were successful. We worked with UASC in the development of a leaflet to explain what TB is, the screening process and treatment. We worked in partnership with the TB Paediatric Nurses, Harrow Council and Harrow CCG to implement a new TB screening process for all of Harrow’s UASC.

## 9.2 - Involvement of CLA and Care Leavers

We have met with the ‘Beyond Limits’ CLA and care leavers group along with the Children’s Participation Officer to obtain the child’s voice in the development of the CLA health service. This has included the development of a ‘Handy Hints’ health leaflet and ‘What is TB?’ leaflet.

The team has also asked CLA their views about the development of a health passport and what specifically they would like and in what format.

Presentation at Care Leaver event – 40 care leavers in attendance

A children and young people’s comments and views form has been developed for all CLA to write about their experience of their health assessment. This is given to each CLA following their health assessment. Some of the following comments have been received:

‘It went really well because I got a lot of information and she gave me some good items’ (15)  
‘Interesting update on myself. Learnt a lot about myself’ (16)  
‘The appointment went very well. I felt comfortable and I felt all topics that needed to be discussed were covered and I learnt new helpful information and received advice’ (17)  
‘It was good’ (11)  
‘I feel happy because I’m fine’ (8)  
‘It was fun and very easy and got good advice’ (11)  
‘It’s a good service both doctor and nurse were polite and kind and explained things clearly’ (16)  
‘I really enjoyed it and the lady is kind and it taught me how to keep healthy and I can stay fit. I prefer her coming to the house than the school’ (10)  
‘They were kind and helpful. It was good’ (UASC 16)  
‘It was great the lady was a good listener and supportive’ (17)  
‘This health assessment was very helpful, helped me understand what problems I’ve got and how to tackle them’ (17)  
‘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)  
‘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)  
‘It was good when they asked me how did you feel when you went into auntie X’s house and the other questions’ (8)  
‘Today has been ok. It would be ok to come again’ (7)

A comment from a 17-year-old UASC compared his health assessment undertaken by the previous health provider to this year with CNWL's CLA health team:

'I was personally thinking going to Alexandra Clinic is wasting time but when I came out of there with plenty of information that can help me. This time coming to Alexandra Clinic was absolutely helpful than the last time I came here. Very good and polite way of asking questions'

A client satisfaction survey has been developed and will commence in May 2016.

## 9.3 - Non-Attenders

The CLA health team strive to reduce non-attendance for health assessments. 5 non-attenders from the previous health provider were resubmitted to the CLA health team and all 5 have been seen. This is due to the experience of the Specialist Nurse for CLA engaging with young people who do not attend by offering flexible times, venues and respecting the young people's wishes. Email of thanks received from CLA team manager 'I am remarkably impressed with the effort and success they have achieved with engaging and completing RHA for two of our most difficult to engage young people. The CLA nurses have met with both young boys and completed these very outstanding RHA. Well done and thank you' (Pam Johnson)

For young people who DNA, follow up is via the telephone and health information is then sent with details of how to contact the CLA health team. This includes the 'Handy Hints' leaflet which includes health promotion information regarding diet, exercise, dental hygiene, immunisations and emotional well-being as well as local service information regarding sexual health, youth stop and national websites/telephone numbers.

Currently the CLA health team have 2 young people who have refused to have their health assessment's this equated to 1% DNA rate – 2 out of 202 health assessments.

1 young person has agreed to complete a written questionnaire with support from her foster carer and the other young person is on remand in prison. The CLA Specialist Nurse has liaised with the prison staff to ascertain the young person's health needs and a plan has been agreed.

## 9.4 Audits (and research)

Unaccompanied Asylum Seeking Children (UASC)

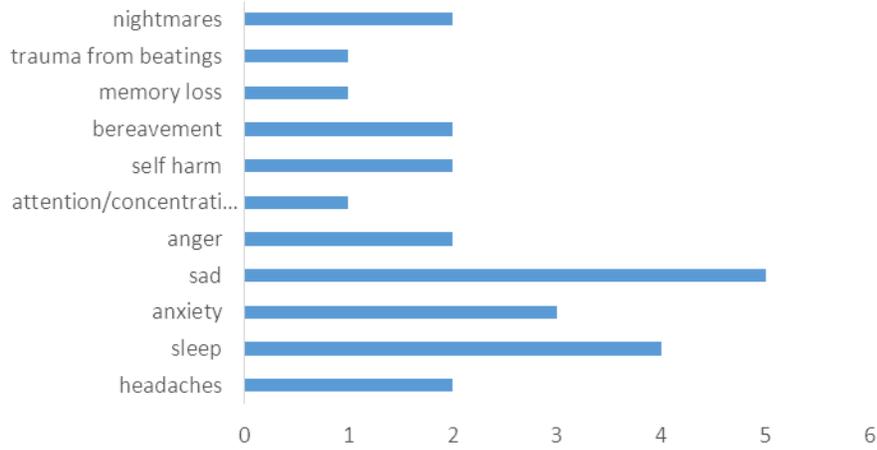
This mini survey was undertaken in January 2016 and shared with Harrow CCG, Harrow Council and Harrow Corporate Parenting Board.

The CLA health team have undertaken 20 health assessments for UASC.

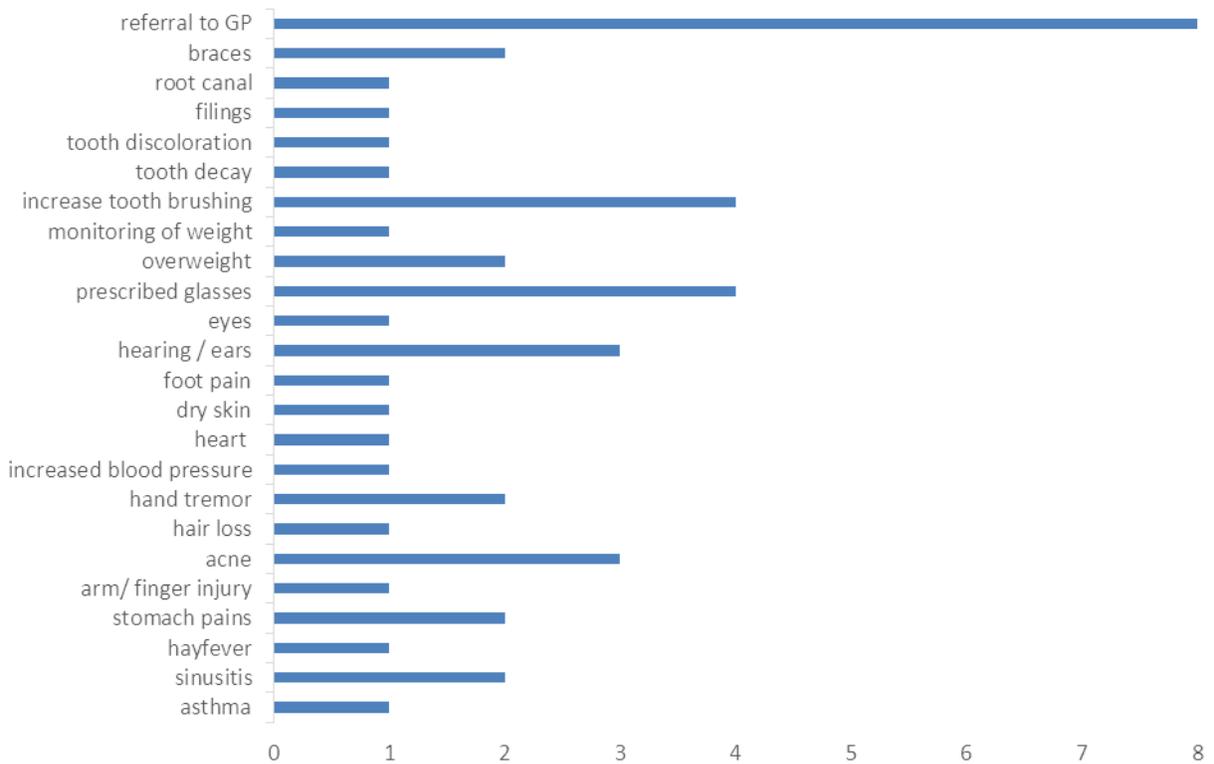
The countries of origin include Syria, Iran, Iraq, Sudan, Albania, Vietnam, Morocco, Saudi Arabia and Afghanistan which has had the highest number of UASC (8 out of 20).

The team has been gathering data about the health needs of UASC who live both in the borough of Harrow and those outside the borough of Harrow.

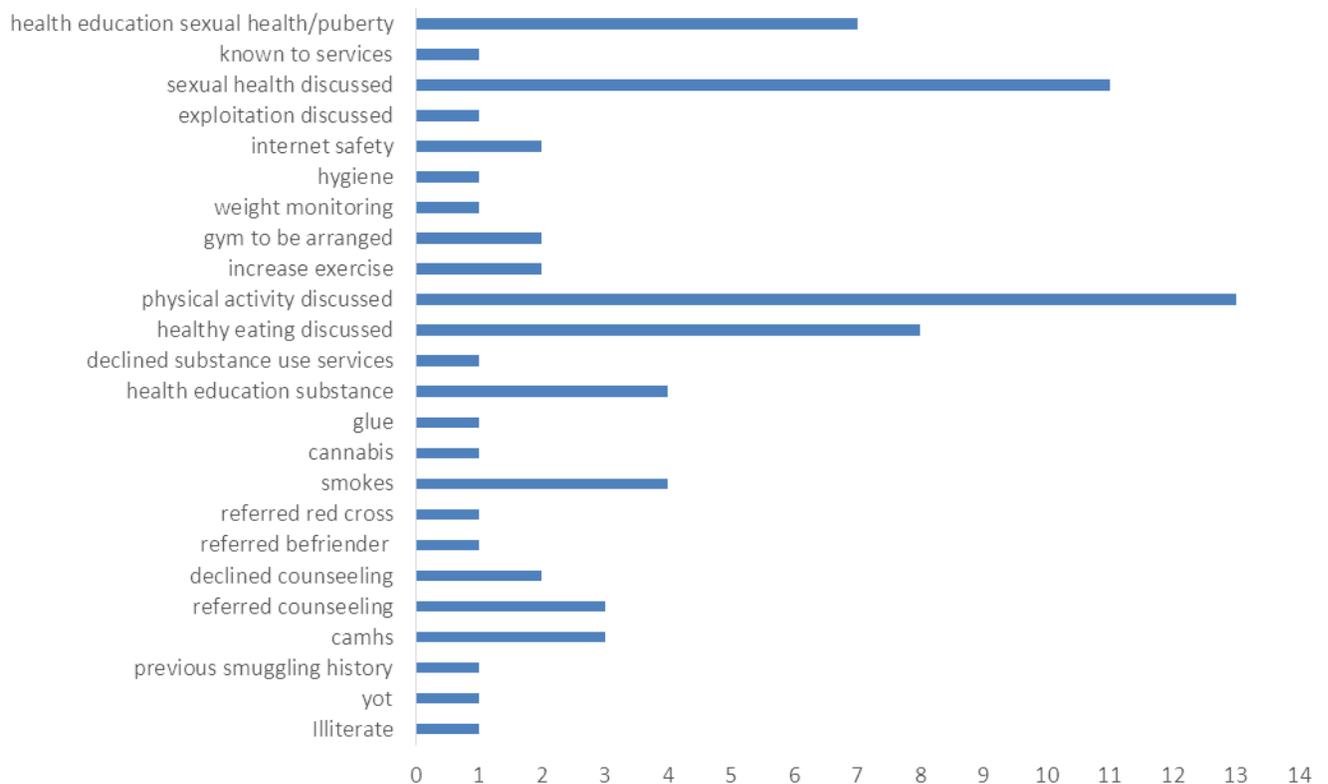
## EMOTIONAL HEALTH NEEDS



## PHYSICAL HEALTH NEEDS



## HEALTH PROMOTION/OTHER HEALTH NEEDS



As a result of this mini survey the Designated Nurse was contacted by the Interim Project Manager for UASC in NHS Thanet CCG to share our work, processes and service delivery of health assessments to UASC. This included sharing our TB leaflet, Handy Hints leaflet and Interpreters crib sheet. As a result of how the CLA health team have set up their service for UASC in Harrow, Thanet CCG is planning to implement a similar service. Email of thanks received.

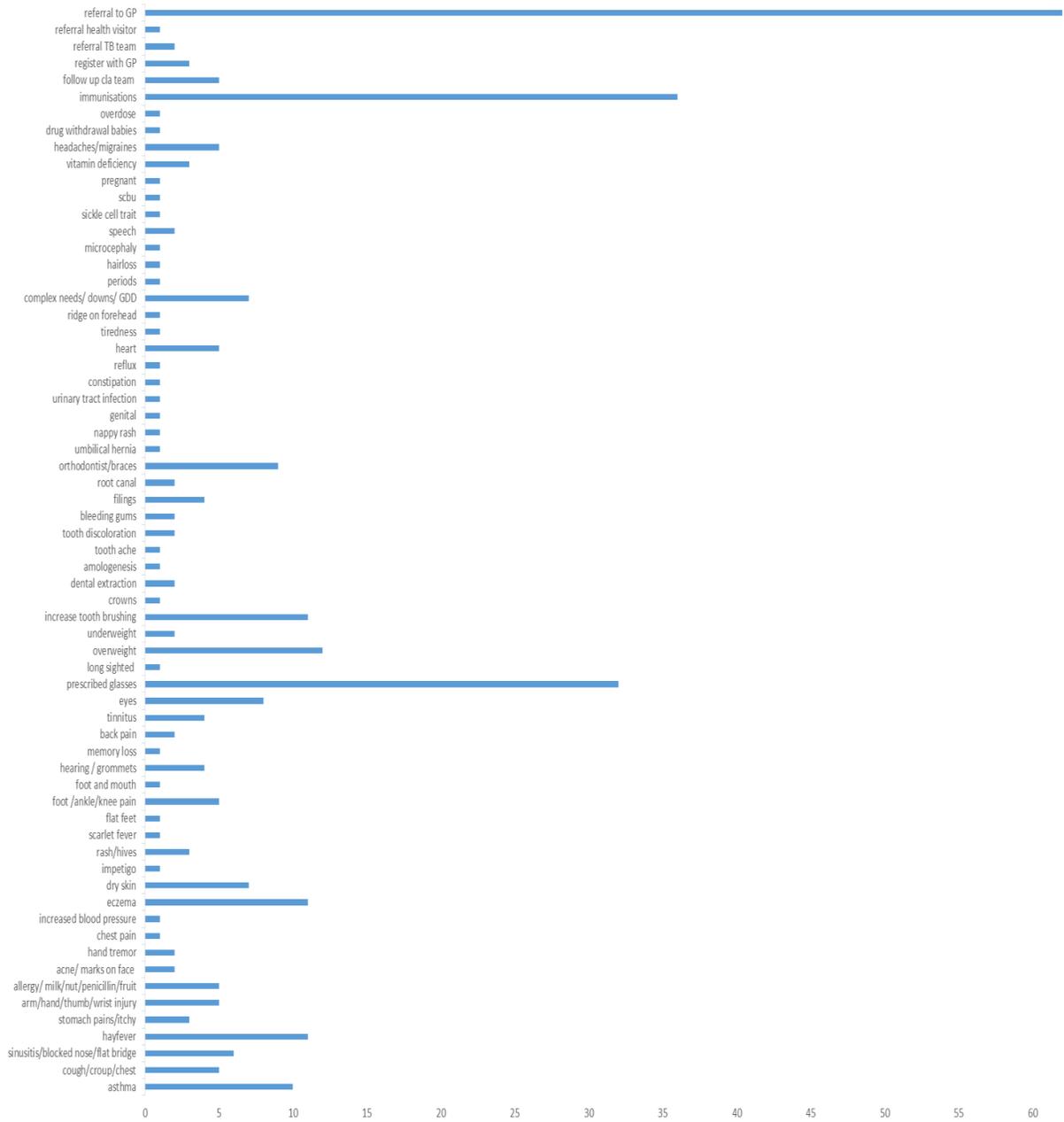
'I am so grateful for you taking the time to talk to me. Thank you so much for this information it is very helpful'. (Sue Bowen)

The following health needs audit was compiled from 6 months of data collected by the CLA health team. It includes the health needs for CLA both in Harrow and for Harrow children placed out of the borough. It focuses on the physical, emotional and health promotion needs highlighted during the CLA health assessments. This data was presented to the Corporate Parenting Board in March 2016 and the team were thanked for the report, as the board had not received such detailed information about the health needs of Harrow CLA before. The report was also shared with Harrow CCG and Harrow Council.

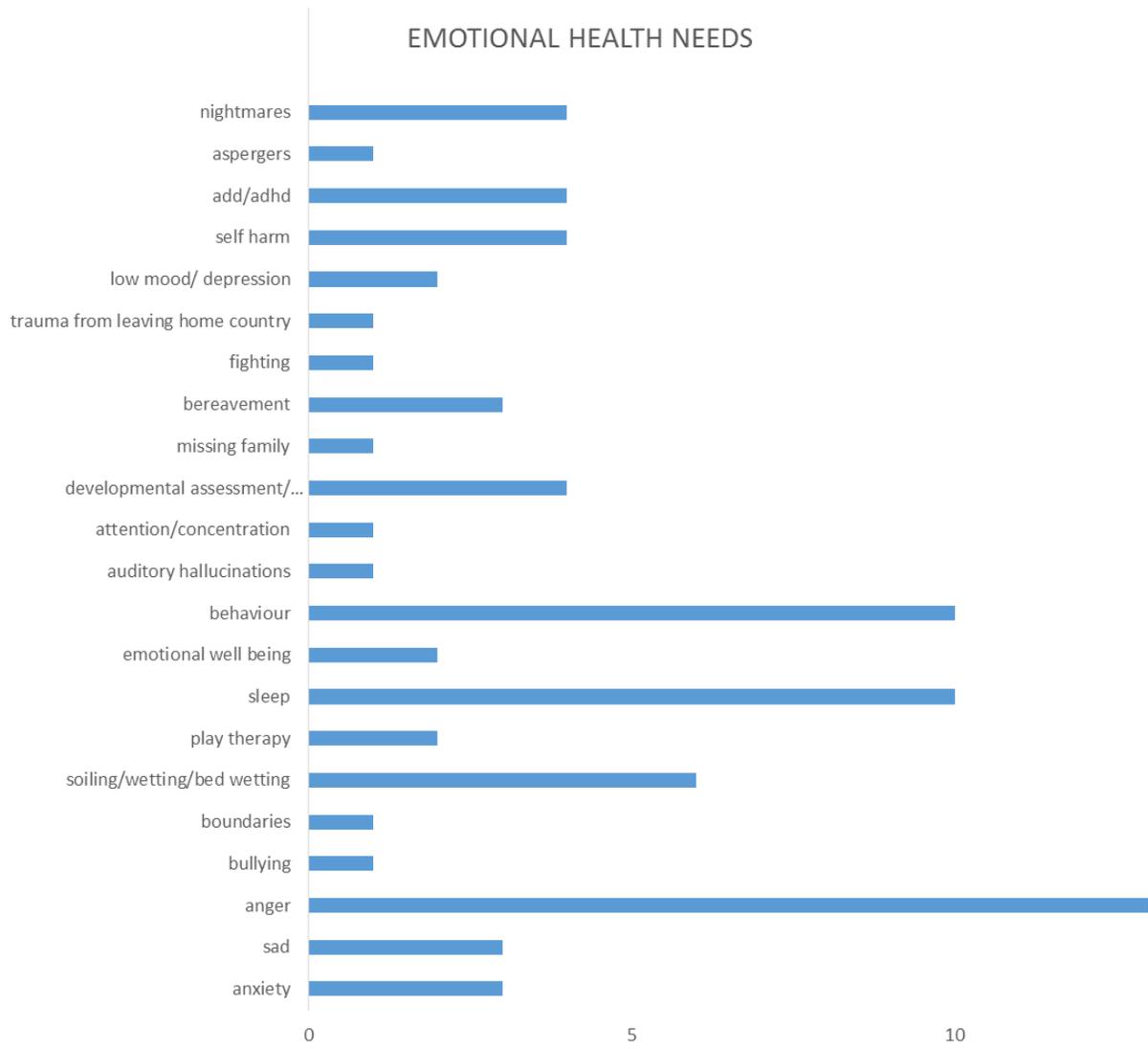
As a result of the health needs audit the CLA health team identified immunisations as one area for improvement. This has resulted in closer partnership working and liaison with GP practices both in Harrow and out of borough to establish the immunisation history for all CLA prior to their health assessments. A meeting with the Safeguarding Children Lead for Harrow CCG has been planned to discuss this further. (See section 6.2)

Another area for improvement was making links with CAMHS and tier 2 services in relation to the emotional needs of CLA which is discussed within section 7.4.

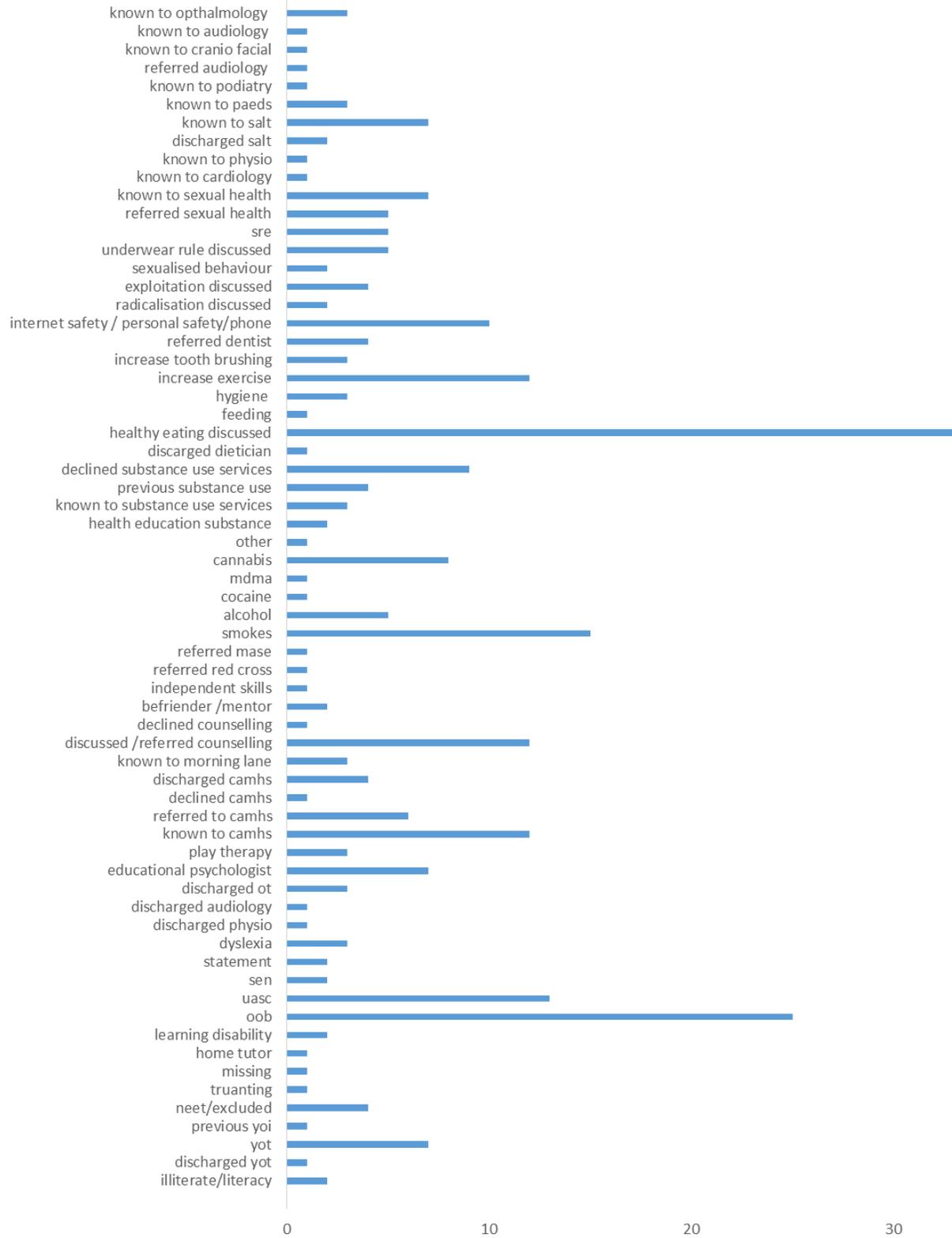
PHYSICAL HEALTH NEEDS



## EMOTIONAL HEALTH NEEDS



## HEALTH PROMOTION/OTHER HEALTH NEEDS



## 9.5 Partnership working

9.5.1 – The CLA service went live on 1<sup>st</sup> June 2015 and CNWL held a launch event at Harrow Civic Centre for all stakeholders in June which was really well received.

9.5.2 - The CLA health team have established and developed strong partnership working with a wide range of professionals and clients in order to maintain a high standard of care. Members of the CLA health team are actively involved in the following partnership roles:

- Positive and transparent working relationships with Harrow CCG and Harrow Council
- Designated Nurse and Designated Doctor attended HSCB and co-presented with Harrow CCG an update of the CLA health service
- Corporate Parenting Managers Meeting – working with managers to raise issues to Corporate Parenting Board. Corporate parenting strategy and action plan discussed and updated
- Weekly monitoring meeting – working with Harrow Council Social Work Team Managers and administrator
- Attendance at Social Work team meetings
- Close working with Business Support Officers at Harrow Council- monitoring of health data
- 'Beyond Limits' - working with young people to actively involve them in improving services
- Northwick Park Hospital A&E Liaison Health Visitor – identify vulnerable CLA
- Health promotion in The Gayton – working with the Sexual Health Outreach Nurse
- Promoting positive mental health – working with Health, Harrow Council, and Education to improve the emotional wellbeing of CLA
- Monthly meetings with Morning Lane established to discuss CLA, share information and raise issues
- Quarterly meetings with CAMHS manager established to share information and raise issues
- Specialist Nurse for CLA attends MASE meetings
- Meetings and links made with key providers including Health Visitors, School Nurses, YOT, CAMHS, sexual health, youth stop, ask, compass, children and young people's advocacy service, choices 4 all
- Meeting with children's participation officer
- Links made with foster carer training and development officer to plan and deliver training

- Links made with Harrow Council learning and development officer to plan training for Harrow Council new starters (partnership induction)
- Adoption and Fostering Panel – the Designated Doctor sat on the Adoption and fostering panel June 2015 - December 2015. The Designated Nurse joined the Adoption and Fostering Panel in January 2016 with the Designated Doctor and Medical Advisor for Hillingdon providing medical advice to panel for adoption cases
- CCG Designated Professionals meeting – attend with Designated Safeguarding staff
- Attendance at School Nurse and Health Visitor Forum
- Attendance and initiation of strategy meetings and professional meetings for CLA both in Harrow and out of borough
- Attendance at the children at risk panel and the minutes of these meetings are now circulated to the CLA health team
- Attendance at LADO meeting
- Designated Nurse met with CoramBAAF partnership team at Harrow Council
- Development of TB leaflets and posters with UASC, the UASC team, Paediatric TB Nurse and the TB service at Northwick Park Hospital. Leaflets and posters delivered to all Harrow Schools including junior, senior and special needs schools, colleges, GP practices and the TB Clinic at Northwick Park Hospital. Email of thanks received from Harrow GP requesting further leaflets.
- Development of CLA health team leaflet distributed to all GP surgeries in Harrow, CAMHS and Harrow Council
- CoramBAAF Health Advisory Group – Designated Doctor for Hillingdon elected onto committee looking at health issues on behalf of CLA Doctors and Nurses and shares all information with the CLA health team
- CLA health staff attend London and National LAC and Adoption Forums
  - i. North West London Peer Group Meeting
  - ii. London Designated Nurse Meeting
  - iii. London LAC Nurse Meeting
  - iv. RCN National Meeting
  - v. BAAF Meeting

9.5.3 – During 2015/16 the Designated Doctor and Designated Nurse became members of the Corporate Parenting Board in Harrow.

9.5.4 – The Specialist Nurse for CLA has liaised with the Brent and Ealing CLA health teams as part of the Tri- Borough to look at closer partnership working. The CLA health team have not had the capacity to arrange meetings with colleagues in Milton Keynes or Camden this year. There is some overlap of work with Camden during safeguarding meetings and processes are being reviewed to ensure the safety of electronic adoption records.

9.5.5 – Joint working and sharing of learning between the Harrow CLA health team and the Hillingdon LAC health team.

## 9.6 Feedback

### 9.6.1 Feedback from Partners

Feedback from Independent Reviewing Officers (IRO's) from the Quality Assurance Manager

'By the way I am getting positive feedback from the IRO's about the 1<sup>st</sup> health assessments being booked much more quickly than before.'  
(Barbara Houston)

'I would like to comment on the outstanding service the new CLA health providers have been offering CLA. I am very happy and actually impressed with their service delivery. They have been excellent and this has shown in the outcomes for our CLA. Communication is perfect and we have regular meetings to discuss any concerns or outstanding issues to the point that we are now working on a three month in advance referral process.'  
(Pam Johnson, Team Manager CLA)

'I would like to confirm that there is a massive improvement of conducting initial health assessments and reviews of health assessments for looked after children in UASC and Leaving Care Service. There is follow up with Social Workers completing the form and this is working very well.'  
(Negus Cebeyehu, Team Manager UASC and Leaving Care)

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

### 9.4.2 Feedback from birth parents, carers and key workers

Feedback from key worker comparing this RHA to previous health assessments.

'I just want to say a big thank you to you and your colleague for conducting such a lovely and relaxed assessment yesterday for my young person. I found your approach to be informative, constructive and beneficial. You were able to capture the engagement of my young person who appeared comfortable speaking with you and who has agreed to visit you again. I have attended many LAC medicals before and this one by far has been the most impressive. I feel time was taken to understand my young person and address each area thoroughly.' (Key Worker)

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

'The assessment was very good.' (Birth Parent)

'Very patient and made it fun' (Carer)

'I am very happy with your service and you covered everything in detail.'  
(Carer)

'Thorough check, language was appropriate to X's age, was sensitive to his feelings and wishes.' (Carer)

'The Doctor and Nurse arrived on time they explained to the children the reason for the assessment. The home visit was very helpful.' (Carer)

'I felt really relaxed with Laurie and so did my son. She was warm and friendly and offered support if needed.' (Carer)

'As a carer I feel very informed. During the visit I received good advice which I believe will aid me in the upbringing of my child. The visit was not too long or too short...just right and I am grateful for the time spent discussing the healthcare of my child.' (Carer)

'I think the assessment was informative and a good opportunity for X 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)

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

## 9.7 Inspection Updates

9.7.1 No inspections of CLA services by CQC or Ofsted during 2015/16

9.7.2 NHSE Deep Dive undertaken within Harrow CCG – The main focus was Safeguarding Children and Adults. The CLA health team were not actively involved in this review. NHSE asked Harrow CCG for the service specification for the new service for CLA provided by CNWL. Harrow was graded as 'good' in all areas.

## 9.8 Professional development (and publications)

9.8.1 - During 2015/16 the CLA health team have continued to ensure that team members have attended training in order to ensure safety and compliance with the knowledge, skills and competencies outlined in guidance for health staff (RCN, RCPCH March 2015).

9.8.2 - Staff have undergone a range of training sessions including the following training:  
Mandatory training - CNWL  
North West London LAC peer review group  
RCN National Conference for CLA Nurses  
Immunisation updates - CNWL

Designated Professionals Updates – Brent Harrow and Hillingdon CCG  
Working together level 3 safeguarding update - CNWL  
FGM training – HSCB  
Framework training – Harrow Council's Data recording system  
Designated Nurse and Specialist Nurse attended HSCB training  
Attendance at serious case review findings HSCB  
Specialist Nurse for CLA attended TB training  
Team Away day including dental health promotion training – CNWL  
Attendance at Capita's Improving Outcomes for Looked After Children  
Specialist Nurse for CLA observed fostering and adoption panel

Specialist Nurse for CLA completed her BSc in Health Studies

Designated Nurse delivered a teaching session about CLA and their health needs to School Nurses and Health Visitors in training at Oxford Brooke's University. The training was well received and well evaluated with a thank you received from 2 students and the organising lecturer.

The Designated Nurse wrote a chapter on 'Health Promotion' in the BAAF book 'Promoting the health of children in public care' which has been published.

9.8.3 – Specialist Nurse for CLA presented at CNWL Children's Service Leads meeting regarding the health needs of UASC's

## 9.9 New Processes

9.9.1 – The CLA health team have set up new processes based on those already established within the Hillingdon LAC team. This shared learning and support has been invaluable and has contributed to the Harrow CLA health team's success.

9.9.2 – Health records created and maintained for all CLA both in Harrow and out of borough

9.9.3 - The CLA health team have been working in partnership with Harrow Council to develop the SDQ process which has been agreed.

9.9.4 - Request for adoption and medical advice process has been agreed with full implementation to be achieved.

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

9.9.6 – The CLA health team have worked with Harrow Council to devise and implement a new consent and information sheet for birth parents.

9.9.7 – The Specialist Nurse for CLA has set up a weekly monitoring meeting with Harrow Council which is attended by the administrator and senior managers from Harrow Council. Afterwards the Specialist Nurse is available for social workers to discuss any cases and offer advice.

9.9.8 – Health recommendations are sent to the young person, carer/key worker, Social Worker GP, Health Visitor or School Nurse both in Harrow and out of borough

9.9.9 – Development of business cards for CLA and carers with contact details of CLA health team

9.9.10 – Communication pathway process established between CLA health team and Harrow School Nurses and Health Visitors

9.9.11 – SLA monitoring process agreed with Harrow CCG (Designated Nurse for Safeguarding Children)

9.9.12 – Introduction of Designated Nurse to adoption and fostering panel

9.9.13 – Introduction of requests for RHAs submitted with 3 months' notice to the CLA health team

## 10. Local Improvement Requirements

The following have been identified as areas for local improvement within 2016/17:

### 10.1.1 -

- To continue to work with managers in Harrow Council to improve the timely requests for initial and review health assessments
- To ensure that all health assessments are completed within agreed timescales
- To review quality of completed health assessments
- To work towards the implementation of the new KPI's to recognise requirements within statutory guidance – Designated professionals to ensure quality is maintained
- To continue to liaise with the commissioners in Harrow CCG and Harrow Council about obstacles to the provider meeting KPI's

### 10.1.2 -

- To ensure that all health assessment requests are received with a valid consent form
- To establish a reminder system should requests not be made in timescales
- To explore sharing of information between IT systems
- To ensure robust systems are in place for collection of health data including immunisations, dental and developmental checks
- To work with Harrow Council to implement process for requesting adoption and medical advice
- Work with Beyond Limits (Harrow Council Children Looked After Council) on a variety of initiatives such as care leaver services to inform service delivery
- To develop care leaver health passports
- To strengthen partnerships with CAMHS
- To work with Harrow Council with children who are at risk of child sexual exploitation
- To work with Harrow Council to embed the agreed SDQ process
- To work with Harrow GP's to request a medical summary of CLA prior to their health assessment
- To undertake a client satisfaction survey

Emma Hedley  
Designated Nurse CLA

Contributions from  
Laurie Ward - Specialist Nurse for CLA  
Dr Ruby Schwartz – Designated Doctor and Medical Advisor CLA

Special thanks to Teresa Chisholm (Designated Nurse for LAC Hillingdon) and Dr Deborah Price Williams (Designated Doctor and Medical Advisor for LAC Hillingdon) for all of their support over the last year.

## Appendix 1

### Glossary of Terms

Abbreviation	Meaning
ADM	Agency Decision Maker
APR/ASP	Adoption Placement Report / Adoption Support Plan
CAMHS	Child and adolescent mental health services
CCG	Clinical Commissioning Group
CLA	Children Looked After
ChiMat	Child and Maternal Health Observatory
CNWL	Central and North West London NHS Foundation Trust
CPR	Child Permanence Report
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
DCSF	Department for Children, Schools and Families
DfE	Department for Education
DNA	Did Not Attend
DoH	Department of Health
ED	Emergency Department
EEG	Electroencephalogram
FGM	Female Genital Mutilation
GDP	General Dental Practitioner
GLA	Greater London Authority
GP	General Practitioner
HSCB	Harrow Safeguarding Children Board
IHA	Initial Health Assessment
IRO	Independent Reviewing Officer
KLOE's	Key Lines of Enquiry
KPI	Key Performance Indicators
LAC	Looked After Children
LADO	Local Authority Designated Officer
MASE	Multi -Agency Sexual Exploitation
MRI	Magnetic Resonance Imaging
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
NIS	National Indicator Set
PA's	Programmed Activities
PAR	Prospective Adopter's Report
RCPCH, RCN AND RCGP	Royal College of Paediatrics and Child Health, Royal College of Nursing and Royal College of General Practitioners
RHA	Review Health Assessment
SDQ	Strengths and Difficulties Questionnaire
SLA	Service Level Agreement
TB	Tuberculosis
UASC	Unaccompanied Asylum Seeking Children
UCC	Urgent Care Centre
YOT	Youth Offending Team