



Annual Report
Children Looked After Health Service
(Harrow)

2016/17

Annual Report 2016/17

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 2016/17 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 second Annual Health Report for the Harrow CLA service. An OFSTED inspection was undertaken in February 2017 and services for CLA were rated as good.

The key points below provide a short summary of areas covered within the main report. The report outlines information on CLA demographics and provides benchmarking of local data against national statistics.

Harrow is the 12th largest borough in London with both high levels of affluence alongside significant levels of deprivation. It has an ethnically diverse population with 63.8% of its population from the BME (Black and Minority Ethnic) communities.

At the end of 2016/17, there were 211 children looked after by the London Borough of Harrow which represents the highest number in the last 3 years. Despite this significant increase, CNWL has maintained 93% achievement with regard to Review Health Assessments (RHA's) being undertaken on time.

The report looks at other clinical activity including immunisations where it is noted that there has been an almost 10% increase in the number of CLA with up to date immunisations since CNWL took over the service 2 years ago. Dental checks have increased 4.6% since last year and 100% of children under five have had up to date developmental assessments.

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.

We had a 1 year celebration of the service which was well attended and highlighted the strength of partnership working.

Service improvements include the introduction of the process for requesting adoption and medical advice, reminder system where requests not made in timescales, medical summaries requested for all CLA from their GP, and the redesign of the health recommendations form. Other new ways of working include the introduction of a peer support group and the development of a carer's information form. The Strengths and Difficulties Questionnaire, (SDQ) process was implemented resulting in a completion rate of 90.6%, an increase of 49.6% from last year due to a concerted effort from the social workers and CLA health team.

During the second year of the service the CLA health team met their Key Performance Indicators (KPI) of 100% every month with the exception of June 2016 where 93% of RHA's was achieved.

We have worked with CLA and Care Leavers to obtain their views about the service and CLA have been involved in the development of health passports and a health questionnaire for non-attenders. The CLA health team have undertaken a survey focusing on the health needs of CLA and have also completed our first client satisfaction audit.

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

2 Local Information

The term 'Looked After Children' (LAC), 'Children Looked After' (CLA) and 'Children in Care' (CIC) are all used to refer to children who are placed into the care system. The term 'Looked After Children' is currently used within statutory and government documents and is used widely to refer to teams working with this group of children. However, some Local Authorities prefer the term 'Children Looked After' and teams are thus named to reflect this. In the past the use of 'Children in Care' became popular, so may also be a preferred term within some organisations.

The terms are, therefore, interchangeable, however, in Harrow this group of children are referred to as 'Children Looked After.'

2.1 Demographic Information

The London Borough of Harrow (LBH) 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 and is the 12th largest borough in Greater London in terms of size. Harrow has both 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. Harrow is a diverse borough, having 63.8% of its population from the BME (Black and Minority Ethnic) communities

The LBH has a population of 239,056 (2011 census); Harrow JSNA (2016) states that around 243,500 people live in Harrow and just over half of them are female. Harrow is home to 55,800 children aged 0-17 and seven percent of the population are children under 5 years old. The percentage of children living in poverty is just slightly below the England average

<https://www.harrow.gov.uk/jsna>

<https://www.gov.uk/government/news/child-health-profiles-2016-published-by-public-health-england>

Looked after children continue to be included in the JSNA priority themes as in last year's annual report:

2.2 Benchmark with National Data including UASC data

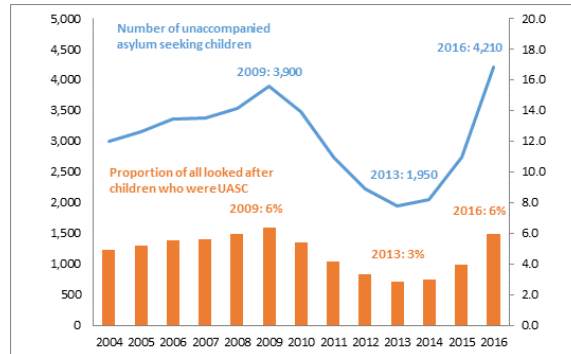
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/556331/SFR41_2016_Text.pdf

2.2.1 – National data published March 2016 quoted below from above link:

- *The number of looked after children has continued to rise; it has increased steadily over the last eight years. There were 70,440 looked after children at 31 March 2016, an increase of 1% compared to 31 March 2015 and an increase of 5% compared to 2012. The rise this year reflects a rise of 1,470 in unaccompanied asylum seeking children, compared to a rise of 970 in all looked after children.*

- In 2016 the number of looked after unaccompanied asylum seeking children increased by 54% compared to last year's figures, up to 4,210 children at 31 March 2016 from 2,740 in 2015 and up from a low of 1,950 in 2013. At 31 March 2016, unaccompanied asylum seeking children represented 6% of the looked after children population. Unaccompanied asylum seeking children are predominantly male, 93% in 2016 (up from 88% in 2012), and 75% are aged 16 years or over.

Figure 2: Increase in UASC nationally



- In the latest year, we have seen a rise in the number of unaccompanied asylum seeking children in care, with 3,440 unaccompanied asylum seeking children entering care, and 1,980 leaving care. Many of the changes seen in the characteristics of the looked after children population as a whole have been influenced by this increase, for example with a rise in the number of children aged 16 and over, and a rise in the number of children with an ethnic background of 'Any other Asian', 'African' or 'Any other ethnic group'. If we remove unaccompanied asylum seeking children from the count of looked after children, we see that there has been a decrease in the looked after children population of 500 (1%) since 2015.

2.2.2 - National data for LAC show that 56% were male and 44% female which has remained fairly consistent over the last 6 years. The age profile has continued to change over the last four years, with a steady increase in the number and proportion of older children. 62% of children looked after were aged 10 years and over in 2016 compared with 56% in 2012.

2.2.3 – Over the last year we can see a rise in the numbers from some minority ethnic groups, in particular 'Any other ethnic group', 'African' and 'Any other Asian background' (excludes Indian, Pakistani or Bangladeshi). This is likely to reflect the increase in the numbers of unaccompanied asylum seeking children.

2.2.4 - National figures show that "Most looked after children are up to date with their health care. Of the 48,490 children looked after continuously for 12 months at 31 March 2016:

- 87% are up to date on their immunisations
- 90% had their annual health check.
- 84% had their teeth checked by a dentist

2.3 Local Statistics (age/gender/ethnicity)

The following information and data has been provided by Harrow Council, (Corporate Parenting report April 2017)

Numbers of CLA have remained stable since last quarter but do represent a 3 year high of 211. The numbers of CLA 1yr+ have also seen an increase from last quarter. The overall rate of CLA per 10,000 children (Harrow rate - 37) remains below the national (60) and statistical neighbour (41) average. There are no significant changes to the profile of the CLA cohort. However comparator data published for 2015-16 shows

Harrow to have a higher proportion of CLA aged 16+ and a lower proportion in aged 10 – 15. 44 children will be turning 18 this year and eligible for leaving care services.

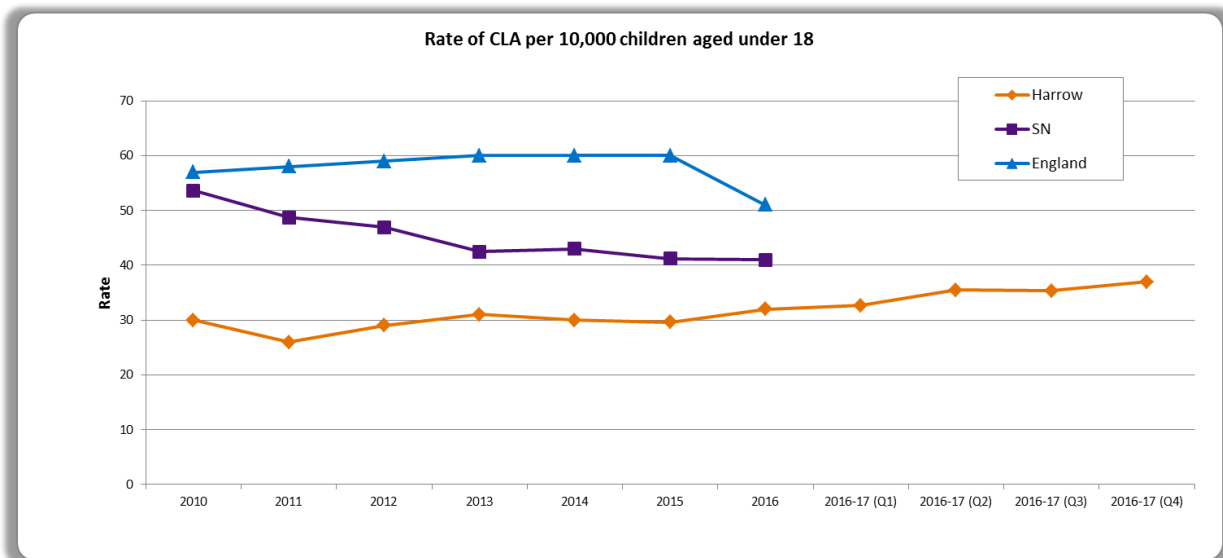
Harrow has a higher percentage of males in care.

CLA by ethnicity compared with statistical neighbour average show a very different picture due to the make-up of Harrow's population. More than two thirds of Harrow's CLA population is from BME (Black and Minority Ethnic) groups and in line with the local population breakdown though Mixed, Black British and Other Ethnic Backgrounds are overrepresented.

Harrow has a lower proportion of CLA in foster placements and a higher proportion in placements in the community (independent and semi- independent placements)

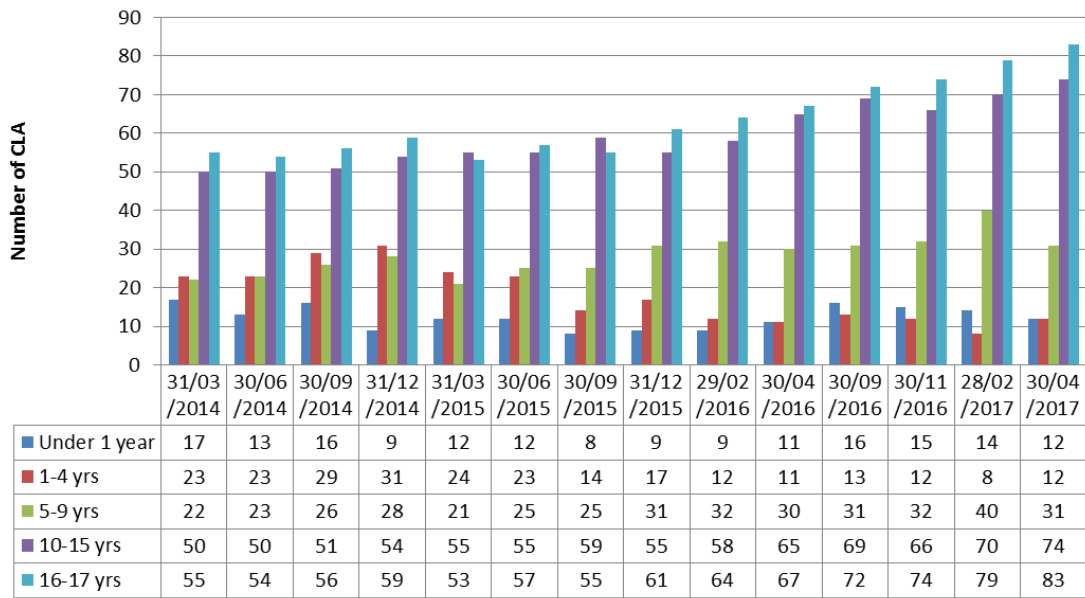
A higher proportion of care leavers were in suitable accommodation and in employment education and training at 31/03/2016 compared to statistical neighbour averages.

Harrow have had a similar proportion of CLA who had a missing episode in the year compared to previous year whilst statistical neighbours' and England trend is an increase from previous year.



CLA numbers have continued to increase throughout the current year with overall numbers showing a gradual increase from 2012. The overall numbers of CLA and CLA 1year+ have increased. The rate of CLA per 10,000 is increasing but continues to remain below the England and statistical neighbour averages.

CLA by Age Group

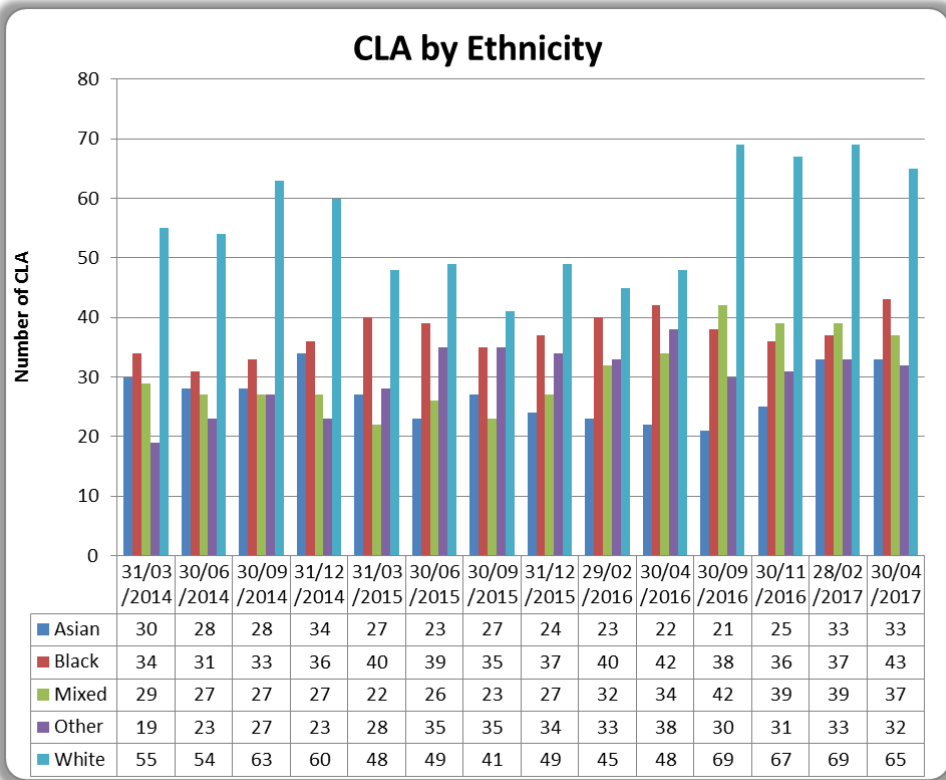


Comparator data has been published for 2015-16, this shows Harrow to have a higher proportion of CLA aged 16+ and a lower proportion in aged 10 – 15. Higher numbers of CLA aged 16+ will continue to have an impact on leaving care services. 44 children will be turning 18 this year.

| Comparative data (%) year ending March 2016 | Age | | | | |
|--|---------|--------|--------|----------|-----|
| | Under 1 | 1 to 4 | 5 to 9 | 10 to 15 | 16+ |
| Harrow | 5 | 6 | 18 | 33 | 39 |
| Stat Neighbour | 4 | 9 | 16 | 38 | 34 |
| England | 5 | 13 | 20 | 39 | 23 |

Comparator data shows Harrow has a higher percentage of males in care. This number has increased in the last 2 quarters to a peak of 128, whilst the number of females has remained moderately stable since September 2016.

| Comparative data (%) year ending March 2016 | Gender | |
|--|--------|--------|
| | Male | Female |
| Harrow | 64 | 36 |
| Stat Neighbour | 59 | 41 |
| England | 56 | 44 |



In line with population projections, Harrow's Black and Minority Ethnic groups are considerably higher than England and the statistical neighbour average.

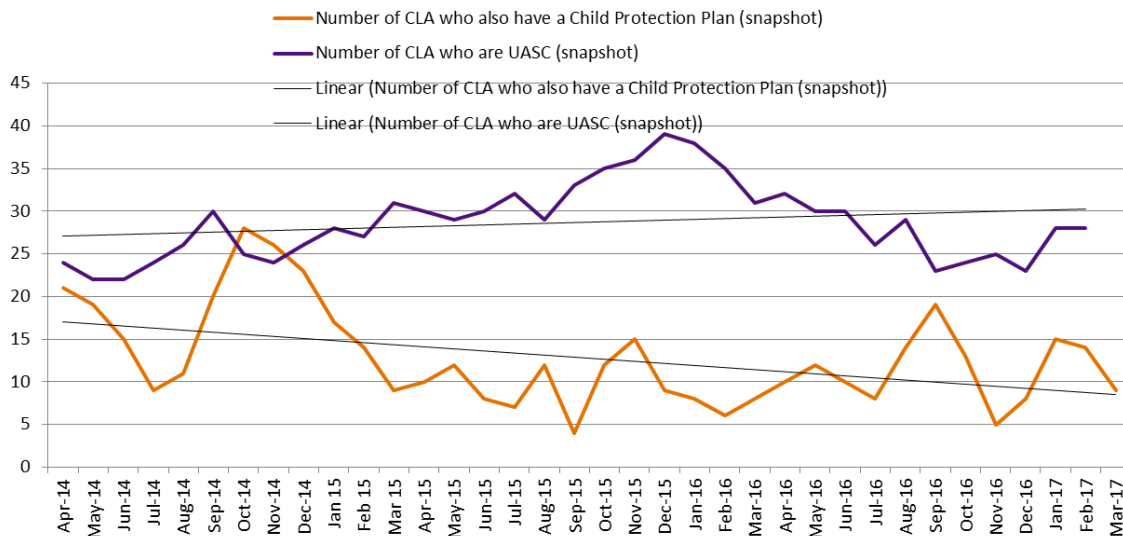
Overall two thirds of Harrow's children looked after population are from BME groups and more in line with the local population breakdown, Mixed, Black British and other ethnic backgrounds are overrepresented in the LAC cohort.

| Comparative data (%) year ending March 2016 | Ethnicity | | | | |
|--|-------------|------------|------------------------|------------------------|---------------------|
| | White | Mixed | Asian or Asian British | Black or Black British | Other Ethnic Groups |
| Harrow | 28 | 20 | 13 | 23 | 17 |
| Stat Neighbour | 47 | 17 | 12 | 18 | 7 |
| England | 75 | 9 | 4 | 7 | 3 |
| Ethnic breakdown of young people aged under 18, 2011 | 30.9 | 9.5 | 42.6 | 12.2 | 4.5 |

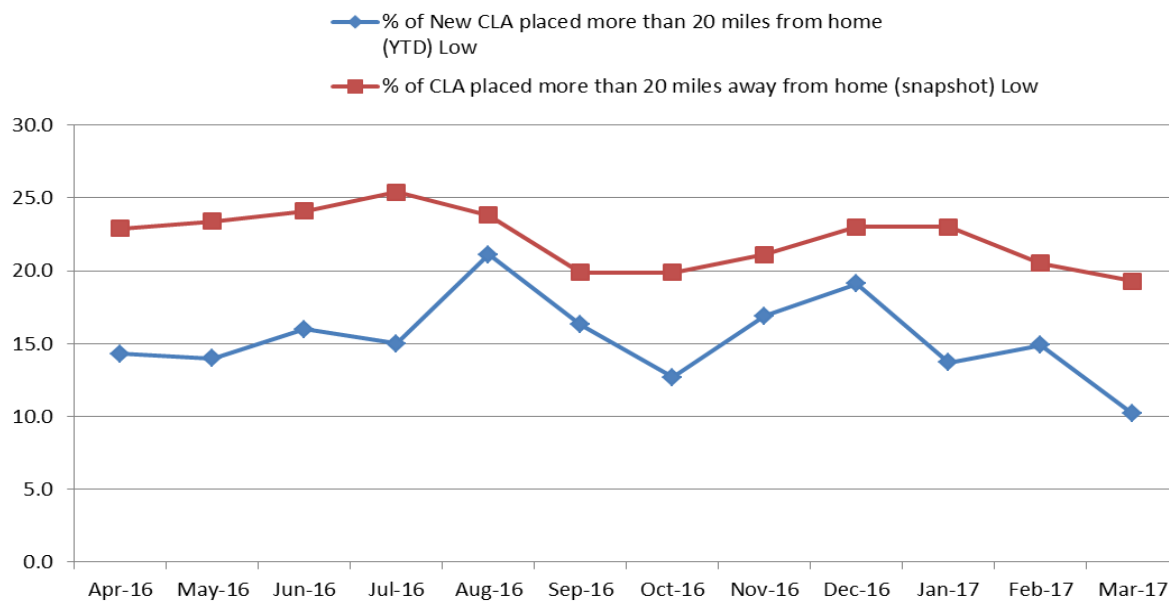
Harrow borough have also got a smaller number of Unaccompanied Asylum Seeking Children (UASC) compared to statistical neighbours in Hillingdon. The numbers over the year have remained stable at an average of 30 with a high of 32. This equates to 3 new UASC being looked after by Harrow each month. However as these children enter the UK with significant needs, this will have an additional impact upon services. Of the 100 children who have remained looked after for over 12 months 11 (11%) are UASC.

The number of dual allocated CLA who also have a Child Protection Plan has decreased. The number of CLA who are UASC has remained stable at 28.

Number of LAC who are also CPP or UASC (snapshot)



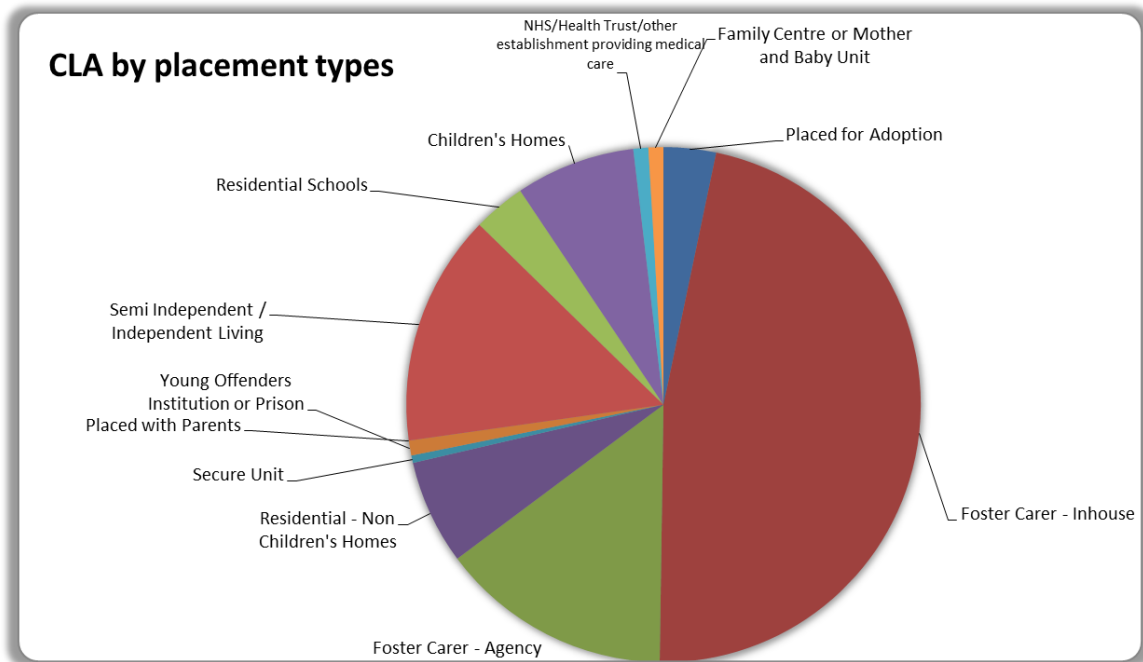
% CLA placed more than 20 miles from home



The percentage of all new CLA in the current performance year has varied throughout the year, currently 10.2% of CLA who started in the year are placed more than 20 miles from home. The percentage of all CLA at the end of each month who are placed more than 20 miles from home has averaged around 22.2% throughout the year and is currently at 19.3%. In order to give a balanced view, these indicators exclude looked after children who are placed with parents, adopted or are unaccompanied asylum seekers.

The chart below shows Harrow CLA placement details at 31st March 2017

There are no significant changes to placement types. In house foster placements remain the most common placement type accounting for 46.9% of all placements. Slight increase in children in residential placements. Comparator data with statistical neighbours shows Harrow to have a lower proportion of CLA in foster placements and a higher proportion in placements in the community (independent and semi-independent placements)



3 Service Summary

3.1 Staffing

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

3.1.2 – 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.

3.1.3 - 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. They fulfil the requirements of the Competency Framework (RCGP/RCN/RCPCH 2015). They undertake regular appraisals and as required are subject to revalidation.

Current Staffing

3.1.4 - Nursing Team

Designated Nurse for CLA – 30 hours per week

Specialist Nurse for CLA – 37.5 hours per week

3.1.5 - Medical Team

Designated Dr for CLA / Medical Advisor for Adoption and Fostering – 1PA per week

GPwSI – 3 PA's per week

3.1.6 - Administrative Team

Administrator for CLA – 37.5 hours per week

We successfully recruited to the GPwSI post in March 2016 and again in September 2016.

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 third year due to the small numbers of PA's for the Doctor posts.

3.2 Supervision

3.2.1 -The Specialist Nurse and Administrator for CLA are managed and supervised by the Designated Nurse. The Designated Nurse meets with The Designated Nurse for Hillingdon every month for supervision. All staff have annual appraisals, monthly 1:1s and ad hoc meetings as part of learning, development and supervision.

3.2.2 - The Harrow team is co-located with the Hillingdon CLA team, and peer safeguarding supervision is undertaken within this forum. Complex cases such as children at risk of sexual exploitation are discussed and time for reflection offered. The nurses have access to discuss any safeguarding issues with the Harrow Safeguarding Children Team. (Designated Nurse for Safeguarding Children)

3.2.3 - 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.

3.2.4 - The Nurses receives individual clinical supervision every 6-8 weeks. However arrangements are in place for case discussion and debriefing on a daily basis.

Clinical staff also receive support from external meetings

- Quarterly North West London LAC peer group meeting
- Quarterly London LAC Nurse meeting
- Quarterly CoramBAAF London health group
- Annual RCN LAC forum
- Annual CoramBAAF conference

3.2.5 - The Designated Doctor and Nurse meet on a weekly basis to review and discuss cases, quality assure work undertaken and ensure consistently high quality health assessments. This well established meeting provides opportunity to discuss any concerns, compliments, areas for development and strategic issues to be addressed.

3.2.6 - The Designated professionals attend Brent, Harrow and Hillingdon (BHH) safeguarding meetings every two months. In addition, this year, LAC meetings have been set up with the Central London, West London, Hammersmith and Fulham, Hounslow and Ealing Collaborative (CWHHE) on a quarterly basis.

3.3 Governance & Reporting Arrangements

3.3.1 - In terms of reporting arrangements, the CLA health team are accountable to the Head of Children's Services and Operations (CNWL) and 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.

3.3.2 - The CLA health team have identified the late requests for health assessments and the lack of sharing of health information between health providers as a risk, and both of these are now on the CNWL risk register.

3.3.3 - For Harrow CCG, the health team have continued to strengthen the partnership working, and to inform them of any issues relating to the CLA service and any areas for commissioning to consider.

Joint monthly monitoring meetings held at Harrow Council and 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.

3.3.4 – 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 continues to be very positive about the health team being accessible every week for the Social Workers.

3.3.5 - 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.

3.3.6 – CNWL have 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. The CLA health team are due their 2nd peer review in April 2017.

4 Performance Indicators

4.1 National Targets

4.1.1 – Local Authorities are required to report on eleven performance indicators ie the National Indicator Set (NIS), which refer to looked-after children or care leavers.

4.1.2 – The health outcomes are reported on a follows:

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 4 or younger at 31 March
 Number of children aged 4 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' 2016

4.2 Local Targets

Outline of Targets Set by Harrow CCG and Harrow Council

4.2.1 – During 2016/17 the following targets were set by Harrow CCG and Harrow Council as set out in the joint specification.

To complete 100% 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 3 working days.

| Apr 2016 | May 2016 | June 2016 | July 2016 | Aug 2016 | Sep 2016 | Oct 2016 | Nov 2016 | Dec 2016 | Jan 2017 | Feb 2017 | Mar 2017 |
|----------|----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

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

4.2.2 – Review Health Assessments (RHAs)

To complete 100% 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.

| Apr 2016 | May 2016 | June 2016 | July 2016 | Aug 2016 | Sep 2016 | Oct 2016 | Nov 2016 | Dec 2016 | Jan 2017 | Feb 2017 | Mar 2017 |
|----------|----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 100% | 100% | 93% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

The health team have achieved all targets for RHA's set within the agreed service specification with the exception of June 2016.

5 CLA Provider Team Clinical Activity

5.1 Health Assessments

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

5.1.2 – Initial health assessments are undertaken at 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.

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

5.1.4 - 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
- To report up to date developmental assessments

5.1.5 - 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 April 2016 – March 2017.

5.1.6 Initial Health Assessments (IHAs)

A total of 194 requests for IHAs were received compared to 109 in 2015/16

A total of 154 children were seen for IHAs from April 2016-March 2017.
(This includes 1 child from another authority placed in Harrow)

The following table shows a comparison to previous years.

| Apr 2015 | May 2015 | June 2015 | July 2015 | Aug 2015 | Sep 2015 | Oct 2015 | Nov 2015 | Dec 2015 | Jan 2016 | Feb 2016 | Mar 2016 | Total |
|----------|----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|-------|
| No Data | No Data | 9 | 7 | 5 | 12 | 15 | 8 | 9 | 7 | 13 | 3 | 88 |
| Apr 2016 | May 2016 | June 2016 | July 2016 | Aug 2016 | Sep 2016 | Oct 2016 | Nov 2016 | Dec 2016 | Jan 2017 | Feb 2017 | Mar 2017 | |
| 19 | 5 | 17 | 8 | 13 | 12 | 13 | 13 | 11 | 16 | 17 | 10 | 154 |

CNWL took over the service in June 2015 a total of 130 children were seen for IHA's (June – March) compared to 88 during 2015/16, an increase of 47.7%

Of the 40 children not seen for IHAs, these included those who became no longer CLA as well as those children who were seen in April 2017. For all of these children, the team were still required to undertake all of the necessary processes to arrange and provide appointments.

Of the 154 (100%) IHAs, 83 (54%) were seen within 20 days of the child becoming LAC compared to 50% in 2015/16

Of the 70 not seen within 20 days of request, exceptions within KPIs applied.

5.1.7 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, children who were missing, interpreters who DNA and children who changed placement.

5.1.8 Review Health Assessments (RHAs)

A total of 208 requests for RHAs were received during 2016/17 compared to 145 requests in 2015/16.

A total of 148 children were seen for RHAs compared to 114 during 2015/16, an increase of 30%.
(This includes 4 children from another authority placed in Harrow)

The following table shows a comparison to the previous year.

| | | | | | | | | | | | | |
|----------|----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|-------|
| Apr 2015 | May 2015 | June 2015 | July 2015 | Aug 2015 | Sep 2015 | Oct 2015 | Nov 2015 | Dec 2015 | Jan 2016 | Feb 2016 | Mar 2016 | Total |
| 7 | 4 | 15 | 12 | 17 | 10 | 6 | 13 | 9 | 6 | 13 | 13 | 125 |
| Apr 2016 | May 2016 | June 2016 | July 2016 | Aug 2016 | Sep 2016 | Oct 2016 | Nov 2016 | Dec 2016 | Jan 2017 | Feb 2017 | Mar 2017 | |
| 12 | 19 | 15 | 11 | 16 | 9 | 7 | 10 | 11 | 12 | 7 | 19 | 148 |

Harrow Council returns data on the DfE 903 based on those children who have remained as CLA for over 12 months which for 2016/17 was 100 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 100 children 93 (93%) had an annual health assessment within time scales. Of the 7 not seen within timescales, exceptions within KPIs applied.

| | | | | | |
|-----------------|------------------------|----------------|----------------|----------------|---------------|
| England 2015/16 | Statistical Neighbours | Harrow 2014/15 | Harrow 2015/16 | Harrow 2016/17 | Number of CLA |
| 90.0% | 93.9% | 82.5% | 93.7% | 93.0% | 93/100 |

The table above shows a comparison to previous years of RHA's being undertaken within time scales. CNWL have maintained the 93% achieved last year, this is higher than the England average but slightly lower than statistical neighbours.

5.1.9 Issues contributing to the overall performance

There is an established process to ensure that RHA requests are received giving 12 weeks' notice.

Overall, data analysis 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 and text 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.

5.1.10 Areas for improvement

The CLA health team have identified late requests / consents from Harrow Council Social Work teams as an area for improvement during 2017/18. The Designated Nurse produces monthly breach reports for the Senior Managers in Harrow Council.

5.1.11 Quality of Health assessments

Quality improvement has been driven by the needs of the CLA population who require a high quality health assessment, to ensure that health needs are identified and recorded as SMART actions on the health recommendations. 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). Health assessments undertaken by the Designated Doctor or Nurse in their provider roles are graded independently.

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. This often results in a 'thank you' email from the recipient.

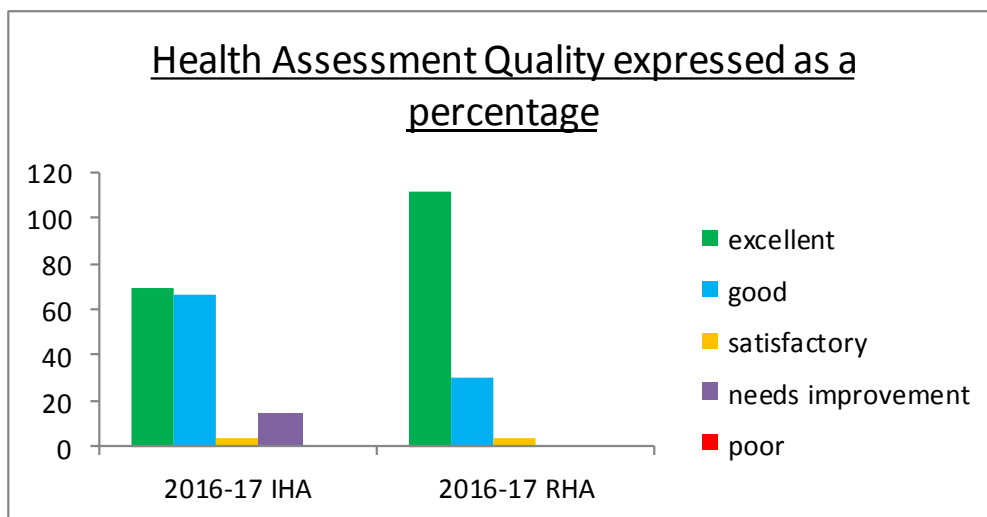
A poor, needs improvement or satisfactory health assessment from within CNWL results in action being taken in the form of training from the CLA team. One received from out of borough may result in a letter to the relevant professional, a note not to use that provider where possible in the future or if poor, a return of the paperwork for more thorough completion.

2016-17 154 IHA's - 45% excellent, 43% good, 9% satisfactory, 2% needs improvement 1% (2 health assessments were not graded, 1 child's neonatal summary and 1 health questionnaire)

The graphs show that due to a concerted effort by the CLA health team quality of health assessments is high with 88% of IHA's graded as excellent or good and 96% of RHA's graded as excellent or good.

2016-17 148 RHA's – 76% excellent, 20% good, 2% satisfactory, 2% (3 health assessments were not graded 3 health questionnaires)

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.



The Designated Nurse for Safeguarding Children (Harrow CCG) has planned to undertake a dip sample of quality of health assessments during 2017.

5.2 Immunisations

5.2.1 - The Harrow Council returns data on the DfE 903 based on those children who have remained as CLA for over 12 months which for 2016/17 was 100 children. Of 100 CLA 76 (76%) 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 |
|-----------------|------------------------|----------------|----------------|----------------|---------------|
| 87.2% | 82.10% | 66.1% | 72.6% | 76.0% | 76/100 |

Nationally, 87% are up to date on their immunisations, down slightly from 88% last year.

The above table shows that the rates of immunisation for Harrow CLA are below both our statistical neighbours and the national average. There has been an improvement of 3.4 % from 2014/15 and almost a 10% increase in the number of CLA with up to date immunisations since CNWL took over the service, this continues to be an area the CLA health team has prioritised for 2017, to ensure that we are safeguarding our children from preventable infectious diseases.

5.2.2 –The CLA health team identified 44 CLA who were not up to date with their immunisations. A letter was sent to their carers to encourage them to book an appointment with their GP. A copy was also sent to the child’s Social Worker and Independent Reviewing Officer.

5.2.3 - The CLA health team works closely with the TB service at Northwick Park Hospital and has implemented a process for all UASCs to be referred for new entrant TB screening. Recently this has been replaced with a directive from NHSE, where for those over 16 who are eligible for IGRA screening, are referred to their GP. In response to this change the CLA health team are undertaking a project to ascertain the impact on our UASC.

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

5.2.5 – The immunisation status of all CLA having a health assessment is reviewed, information is requested from their GP and subsequently arrangements are 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.

5.2.6 – A letter is sent to all GPs with a copy of the health recommendations and this has led to faxes/emails being received from the GPs with additional data about immunisations which in turn has been updated on SystemOne.

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

5.2.8 – Meeting with Dr Small (Named GP for Safeguarding Children Harrow CCG) to discuss improving immunisations for UASC and the need for additional training for Harrow GP’s.

5.2.9 – Specialist Nurse, GPwSI for CLA, Infectious Diseases Consultant and TB Registrar met with the Northwick Surgery GP’s to discuss the health needs of UASC including immunisations, TB Screening and screening for blood borne infections.

5.3 Dental Checks

5.3.1 - 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).

5.3.2 – 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.

5.3.3 – The Harrow Council returns data on the DfE 903 based on those children who have remained as CLA for over 12 months which for 2016/17 was 100 children. Of the 100 children, 93 (93%) were recorded as having a dental check compared to (88.4%) during 2015/16 an increase of 4.6% which is higher than both the England and statistical neighbours average.

5.4 Developmental Assessments

All CLA aged 4 or younger are required to have their developmental assessments completed. 100% of Harrow's CLA were up to date with their developmental assessments which is the same recorded figure as last year.

5.5 Local Requirements

Registration with a General Practitioner

5.5.1 - 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 154 CLA seen for IHA, 13 children (8%) were showing as not registered with a GP.

5.5.2 - Of the 13 children not registered with a GP at IHA

- 5 were new born babies and had not been registered with the GP yet but had an appointment to be registered.
- 8 were newly arrived asylum seeking children and would be in the process of being registered once immigration papers were sorted.

Optician Checks

5.5.3 – 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.

| | Apr 2016 | May 2016 | June 2016 | July 2016 | Aug 2016 | Sep 2016 | Oct 2016 | Nov 2016 | Dec 2016 | Jan 2017 | Feb 2017 | Mar 2017 |
|-----|----------|----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|
| IHA | 62% | 0% | 64% | 100% | 29% | 44% | 40% | 45% | 20% | 70% | 55% | 57% |
| RHA | 88.9% | 78% | 100% | 100% | 80% | 67% | 60% | 75% | 83% | 75% | 100% | 82% |

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21st September 2017

6 Other Clinical Activity

6.1 Sexual Health

6.1.1 – 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.

6.1.2 - 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'

6.1.3 – 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.

6.1.4 – Links have been made with the Harrow sexual exploitation manager (CSE) and the Gangs Co-ordinator

6.1.5 – 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.

6.1.6 – The Specialist Nurse for CLA regularly attends Harrow Council's MASE panel and the Children At Risk Panel. Following these meetings, the CLA are discussed with The Designated Nurse and a plan devised.

6.1.7 – The CLA nurses assess all CLA A&E attendances received from the Paediatric Liaison Health Visitor who is based at Northwick Park A&E department. The CLA nurses follow up any concerns with social care and attend strategic meetings in serious cases.

6.1.8 – Information shared with the Harrow CSE Manager via The Safeguarding Children Advisor for CNWL to help with mapping cases to assist in the development of the profile around harmful and sexual behaviour in children and young people, to inform the collective strategy.

6.1.9 – Designated Nurse assisted children and young people's participation worker by sharing resources for sexual health and relationships and child sexual exploitation for her session with young people aged 15+ who are looked after.

6.1.10 – The CLA health team have referred young people to local sexual health clinics and local support groups to support them with their sexual health and understanding their sexuality.

6.1.11 – Creative Working

GPwSI and Specialist Nurse for CLA undertook a joint IHA for a young person with complex needs as the Specialist Nurse had attended the MASE panel where the young person was discussed.

6.2 Teenage Pregnancies

6.2.1 - The CLA health team work closely with Social Workers and sexual health services to prevent unwanted teenage pregnancies within the CLA population.

6.2.2 - The CLA team ensure that each child who is seen for a health assessment is provided with sexual health and relationships advice which promotes positive sexual health messages such as contraception and prevention of sexually transmitted infections.

6.2.3 - The team refer to sexual health services should they consider that a young person is at risk of pregnancy.

6.2.4 - The CLA health team will also work with Social Workers in cases where young people are at particular risk. This is especially important for those young people who are pregnant or have experienced a termination of pregnancy as research shows that they are at risk of a second pregnancy within 12 months.

6.2.5 - The following data for all of Harrow's under 18-year population is taken from CHIMAT report dated March 2017:

In 2014, approximately 11 girls aged under 18 conceived for every 1,000 women aged 15-17 years in this area. This is lower than the regional average (approximately 22 per 1,000). The area has a lower teenage conception rate compared with the England average (approximately 23 per 1,000).

6.2.6 – The Specialist Nurse for CLA has liaised with the Teenage Pregnancy Midwife at Northwick Park Hospital and discussed two young people who are pregnant.

6.3 Substance Misuse

6.3.1 - National data shows: *“The percentage of children looked after who were identified as having a substance misuse problem was similar to the previous year. Of the 48,490 children looked after for at least 12 months in the year ending 31 March 2016, 4% were identified as having a substance misuse problem. Half of these (50%) received an intervention for their substance misuse problem, compared to 48% last year, and down on the 56% receiving an intervention in 2014. A further 40% were offered an intervention but refused it, up slightly from 38% last year and up from 34% in 2014. Comparable rates for all children are not available.”*

Substance misuse is slightly more common in males and is more common in older looked after children. 4% of males were identified with a substance misuse problems compared to 3% of females. 11% of 16 to 17 year olds were identified with a substance misuse problem in the year ending 31 March 2016, compared to 4% of 13 to 15 year olds.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575531/SFR41_2016_Additional_Tables_Text.pdf

6.3.2 – In the National tables there is no data recorded for substance misuse for Harrow.

6.3.3 - The CLA health team continue to work with partners to support young people with health advice on smoking, drug and alcohol issues. Substance misuse is discussed at an age appropriate level with CLA during their health assessment and referrals are made to Compass, smoking cessation, GP's and pharmacists.

6.4 Emotional Health & Wellbeing

6.4.1 - Nationally 75% LAC had completed SDQ with the average score being 14.7 for males and 13.2 for females (overall average 14). 46% of male LAC and 53% female LAC had normal scores recorded, with 13% having borderline scores and overall 38% having scores which were a cause for concern.

6.4.2 - In Harrow, 90.6% CLA had completed SDQ recorded which is higher than the national average. The rates of recording have significantly improved from the previous year (which was 41%) due to a concerted effort from the Social Workers and CLA health team.

6.4.3 – CLA specialist Nurse liaised with the clinical lead for Tier 2 service and the UASC team manager to enable them to share SDQ's in other languages. Email of thanks from team manager received.

6.4.4 – CLA health team have been instrumental in the implementation of schools completing SDQ's for CLA through meetings with the Virtual Head Teacher, Tier 2 service and CLA Manager.

6.4.5 – Emotional health is discussed with all CLA during their health assessments. The 'how I feel chart' is discussed with young children and older children use a scale of 1-10.

6.4.6 – Specialist Nurse for CLA trialled an emotional health and wellbeing questionnaire for CLA to complete during their health assessment for those who may require counselling or referral to CAMHS. This has now developed into SDQ's being completed with children/young people during their IHA and RHA, where emotional needs have been highlighted and where an SDQ has not been received.

6.4.7 - 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.

6.4.8 - CAMHS

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

Quarterly meetings with CAMHS and CLA team manager.

Liaison and discussion of CLA with CAMHS – Agreed sharing of information process.

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

6.4.10 - 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.

6.4.11 – Specialist Nurse for CLA asked to complete a bereavement referral. Decision made to bring forward young person's RHA as the carer/ IRO and Social Worker have requested the referral. The young person was reticent to talk to anyone about her feelings about the bereavement, and the nurse knew that if she discussed the referral as part of the RHA, it would mean a more holistic approach. The young person also completed an SDQ as part of the health assessment and this was scored by the Tier 2 manager.

6.5 Other (Complex Case Work)

6.5.1 – During 2016/17 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.

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

6.5.3 – Follow up home visits have been made by the Specialist Nurse for CLA regarding health needs: weight, healthy eating, Diabetes, and follow up and support regarding FGM.

6.5.4 – 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.

Designated Nurse helped care leaver aged 25 with learning disabilities, with support from her Social Worker to look at accessing her medical records at Northwick Park Hospital.

Two siblings had refused to have their health assessments undertaken. 3 appointments had been made and they did not attend. They were placed OOB and regularly went missing. Liaison with their Social Worker, Carer, Birth Parent and the young people themselves resulted in them agreeing to complete a written health questionnaire about their health. We also asked for their feedback about the health questionnaire. Once the completed forms had been received the Specialist Nurse contacted the siblings about their forms and they both agreed to telephone health assessments. This has opened the way for a face to face assessment in the future.

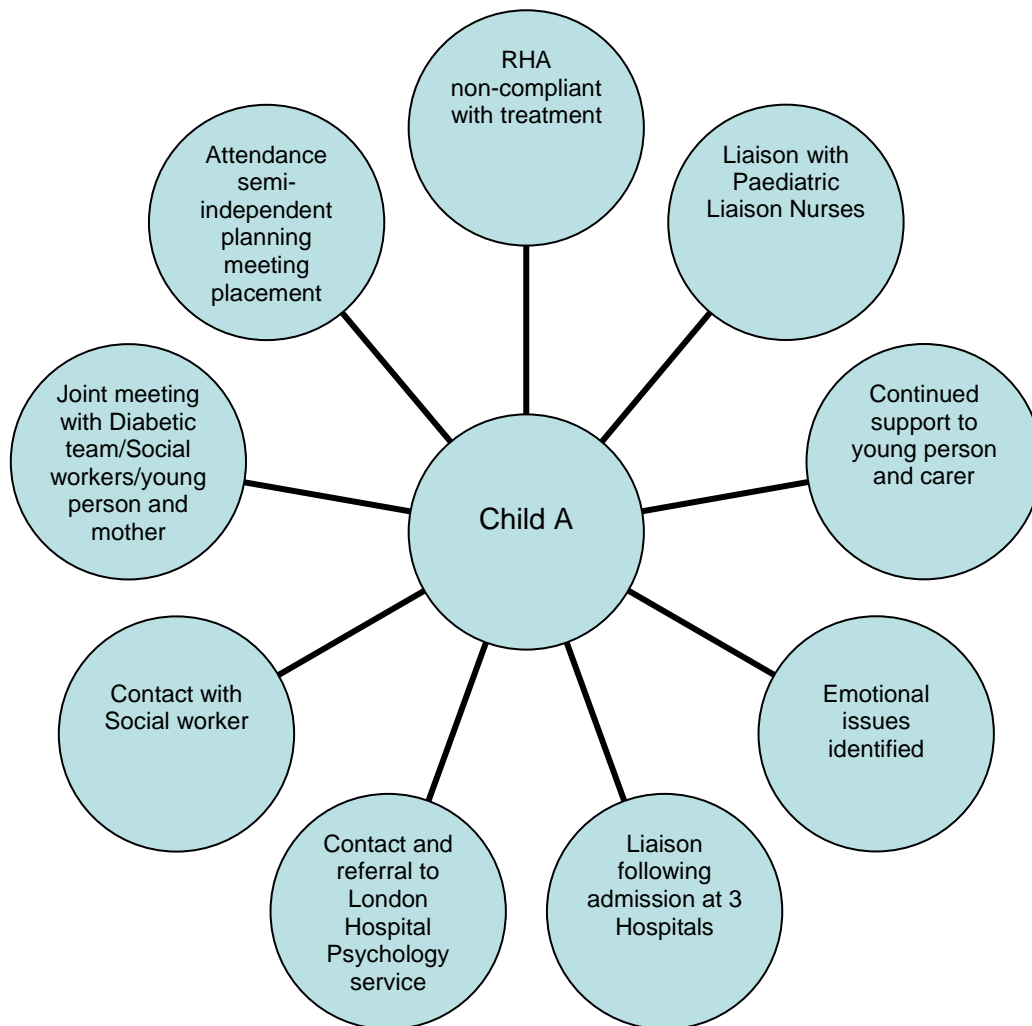
6 year old child placed out of borough with complex health needs. CLA health team completed review health assessment resulting in identification of unmet health needs including outstanding immunisations. Liaison with GP resulted in referral to Community Paediatrician, Occupational Therapy and local Epilepsy Specialist. Liaison with School Nurse to undertake eye and hearing assessment at school. CLA Doctor wrote a letter to the child's GP stating that the child could be given his outstanding immunisations. Designated Nurse liaised with Social Worker to discuss completion of health recommendations and funding for physiotherapy. Designated Nurse liaised with Foster Carer and appointment for outstanding immunisations arranged for September.

10 year old child requested information about her birth from her Social Worker. CLA health team liaised with health professionals and accessed this information from the hospital where the child was born as current GP and School Nurse had no record. Information given included length of pregnancy, type of delivery, length of labour, time of birth, weight at birth and Apgar scores. Email of thanks received from Coram-Harrow Adoption Partnership Manager.

Designated Nurse assisted local children's home when a staff member was diagnosed with TB. Liaison with home, Head of Service, TB Nurses in Harrow and Hillingdon which resulted in a plan of action for the home and staff as children looked after by Harrow are placed there.

Case Study 1

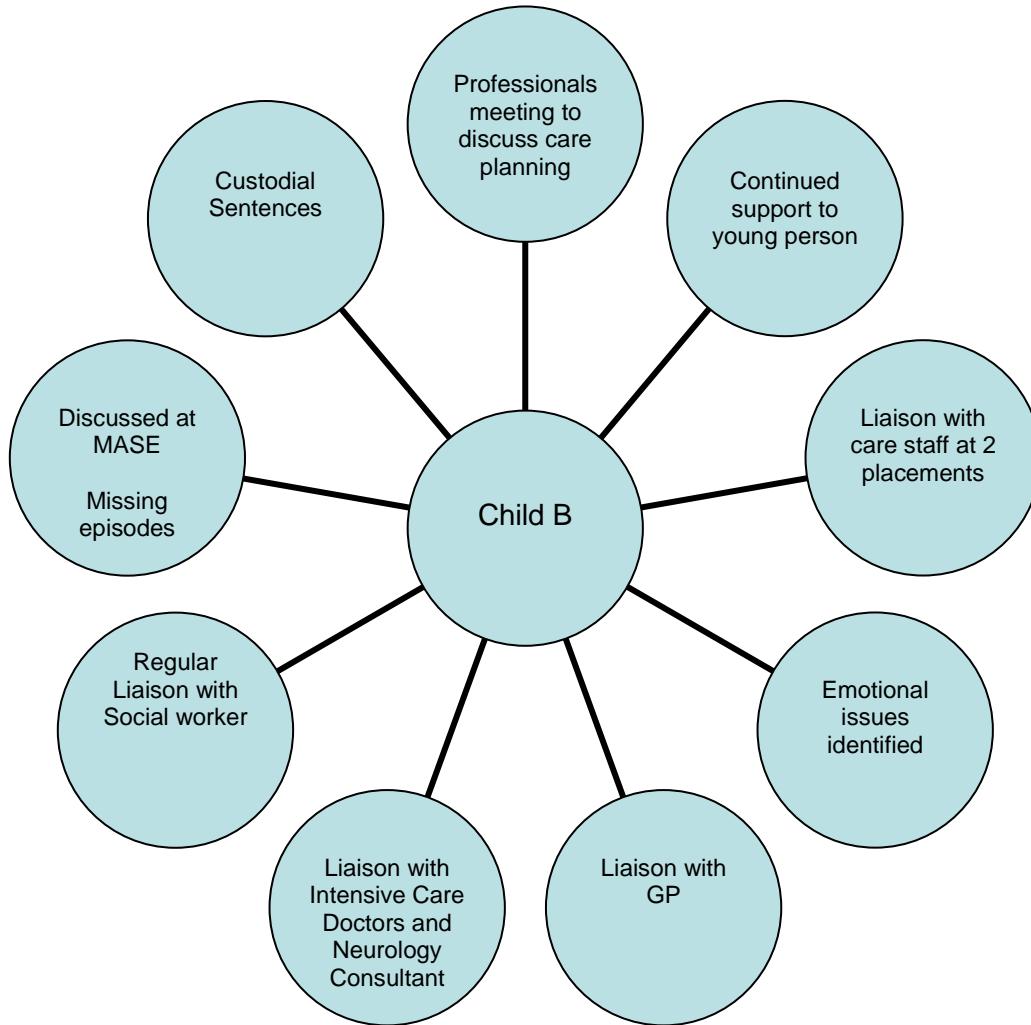
17 year old female with Insulin Dependent Diabetes Mellitus



- CLA Specialist Nurse liaison between Social worker and hospital ward staff following emergency admission for young person
- CLA Specialist Nurse liaison between Paediatric Diabetic Liaison Team (London Hospital) and Social Worker and carer
- CLA Specialist Nurse liaison with Paediatric Liaison Officer
- Support given to Young Person by CLA Specialist Nurse
- Liaison and referral to Diabetic Psychology services
- Health planning meeting arranged at London Hospital attended by young person, birth mother, carer, Social Worker, Supervising Social Worker, CLA Specialist Nurse, Consultant, Paediatric Nurse and Dietician. This was to ensure smooth transition prior to the planned move to a semi-independent placement and to ensure that the young person and all professionals involved were aware of the future health plan.
- Further liaison with Social Worker to give advice on future care
- CLA Specialist Nurse attended Placement Planning Meeting at new semi-independent placement.

Case Study 2

17 year old male with Epilepsy



- 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 noncompliance 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.
- Professionals meeting to discuss further management.
- Review Health assessment completed July 2016 has been previously non-compliant.

7 Adoption & Fostering

7.1.1 – 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.

7.1.2 - 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.

7.1.3 – There have been 9 joint fostering and adoption panels between April 2016 and March 2017. The Designated Nurse attended all panels while the Medical Advisor/Designated Doctor attended 8/9 panels. A Medical Advisor attended all adoption cases.

7.1.4 –The breakdown of cases discussed show that there were 5 adoption matches, 1 long term fostering match and 6 connected persons matches.

7.1.5 – There were 4 foster career approvals, 3 deregistrations and 9 annual reviews discussed at the panel.

7.1.6 - During the year 2016/17, 25 SGO's (Special Guardianship Orders) were granted in respect of Harrow's looked after children. The panel considered 4 SGO applications. 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.

7.1.7 – 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 require summary of the health needs of the child and the family plus the possible consequences for the CLA.

7.1.8 - 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. Following panel the minutes have to be read and approved within 5 working days.

7.1.9 – The Medical Advisor met with all the prospective adopters prior to panel to discuss the health needs of the children involved.

7.1.10 – 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 2016/17 the medical advisor reviewed 1-2 AH (Adult Health) forms a week. Some cases are complex and require much research and liaison with other medical practitioners and Social Workers.

7.1.11 – 2 young people seen by Specialist Nurse for CLA, for follow up of health needs raised during review health assessment prior to being presented at fostering and adoption panel.

8 Training

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

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

8.1.3 – Training delivered to the First Response Team induction day with 20 people in attendance. This has resulted in improvements in the timeliness of requests for IHA's.

8.1.4 – Training, support and liaison has taken place with Health Visitors and School Nurses. Designated Nurse attended Health Visitor team meeting to discuss the health needs of CLA and the role of the lead health professional.

8.1.5 – Designated Nurse delivered a teaching session about CLA and their health needs at Oxford Brooke's University to Health Visitors and School Nurses in training. Thank you email received from Jennifer Kirman (Course Lead) stating that the students gave 'extremely positive feedback regarding approachability, knowledge and compassion and welcomed the sharing of expertise and championing of the good work the team excel in.'

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

8.1.7 – The CLA health team have delivered joint training with the Tier 2 Manager to foster carers in Harrow regarding the emotional needs of CLA. Evaluations have been very positive with carers valuing the 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 has resulted in specific training sessions planned for 2017 regarding weaning, puberty and hygiene, and child development.

8.1.8 - Training delivered to the Safeguarding Leads in Harrow CCG (30+ GP's and 2 Practice Nurses) on the health needs of CLA, immunisations and TB screening. Positive feedback received via email from Dr Small (Named GP for Safeguarding Children Harrow CCG)

8.1.9 – Designated Nurse, GPwSI and Named GP for Safeguarding Children Harrow CCG, delivered a joint training session for GP's in training at Northwick Park Hospital regarding safeguarding and children looked after. This session was well attended and positively evaluated.

9 Service Improvements

9.1 Specific Improvements / Team Achievements

- Monthly joint commissioner meetings with CNWL, Harrow CCG and Harrow Council
- Monthly meetings with Morning Lane – Tier 2 mental health
- Quarterly meetings with CAMHS
- Designated Nurse for CLA attended the early intervention service consultation where needs of CLA were discussed
- CLA health team attended ‘Future In Mind’ workshop and highlighted CLA as a priority group
- Discussion with CoramBAAF regarding best practice in adoption processes
- Liaison with NHSE regarding immunisation records for CLA
- Redesign of health recommendations form
- TB leaflet developed by team available on the CNWL website which can be downloaded
- Development of health assessment decline pathway

9.1.2 – Health Passports

We devised a questionnaire to obtain the child’s voice with regard to what they would like in their health passports and have received both verbal and written feedback.

CLA and young people’s views regarding their health passports shared with Frameworki Children’s Workstream Lead, Corporate Parenting Manager, Quality Assurance Manager and Children’s Participation Officer

Meeting with Harrow Council and the Frameworki team to develop the recording process and to agree content of health passport to go live in June 2017

9.1.3 – Pathway of completion and assessing SDQ’s agreed with Harrow Council and Morning Lane Tier 2 service.

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

9.1.5 - We have been working with Harrow Council to look at late requests of health assessments. As a result a single frameworki episode has been created which has resulted in improvements in the timeliness of requests.

9.2 Involvement of CLA and Care Leavers

9.2.1 - 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 the health passport.

9.2.2 – CLA Specialist Nurse presented at Care Leaver conference June 2016 – 25 care leavers in attendance. The theme was a healthy lifestyle and she devised a young person friendly, simple to read health quiz. Interpreters were present to help the young people to understand the questions. Some care leavers took health leaflets and some asked specific questions which were answered, and they were also signposted to relevant services.

Presentation at Care Leaver event in December 2016 – 37 care leavers in attendance. 25+ weighed and measured and health information given. Specialist Nurse for CLA gave feedback to the UASC Team Manager to evidence changes in practice from the previous care leavers' conference.

9.2.3 - Specialist Nurse for CLA devised a health quiz for the 'Beyond Limits' group magazine.

9.2.4 - Health stall provided at Harrow College health fair with health information and health resources for CLA as many care leavers attend Harrow College.

9.2.5 - UASC

Support offered to The Gayton for UASC observing Ramadan.

Liaison with the manager of The Gayton to discuss having a leaflet holder for health information.

CLA Specialist Nurse designed an interpreter's crib sheet so that the interpreter will understand what areas of health will be discussed with the young person during their health assessment. Our Designated Doctor shared this document at the National Meeting of the CoramBAAF health group. Email of thanks received from the Designated Doctor for CLA in Portsmouth.

9.2.6 - A children and young people's comments and views form is given to each CLA following their health assessment. Some of the following comments have been received:

'I feel that were good for me because it shows me how tall and weight I am. Also I can share to her about my health, what I did and what I should do to improve. I feel I would like to have same day like this because it make me better' (17 UASC)

'I think that it went well' (11)

'It helped me with how tall I am and how much I grown. Also what I weigh. I helped her set up the equipment and helped her put it away. I answered the questions she asked me' (8)

'I felt happy after this session, team being was communicating and helpful. Questions were good' (17)

'The assessment was alright overall. It wasn't boring or painstaking and I found it useful and enjoyable' (14)

'Today very good and helpful. I learnt a lot of things, thank you' (16 UASC)

'It was very useful and helpful and helped me a lot' (16 UASC)

'I am very happy the way they talk to me is very polite. I was very comfortable with both of them and I was very open to talk to them. They talked all about my general health need and I am happy about it' (16 Dr/Nurse)

'I think that the health assessment was really good and the nurses at the clinic are friendly. I didn't feel uncomfortable answering or telling them anything. Overall the health assessment was great' (16 Dr/Nurse)

'It was good' (13)

'I enjoyed it. It's so fun but we didn't do the weighing' (9)

'The meeting with the doctor went very well' (16 UASC)

'I thought everything was really good today' (10)

'Everything was fine' (16)

'It was good and helpful' (11)

'It's good' (14)

'Worried about what might happen but did not need to worry everything was fine' (7)

'It was very informational. I liked the new info and good length of meeting. Nice to know I've grown' (14)

'I enjoyed it because I know what I can do to help myself in life so my life will be better in the future' (10)

9.3 Non-Attendees

9.3.1 - The CLA health team strive to reduce non-attendance for health assessments by engaging with young people who do not attend by offering flexible times, venues and respecting the young people's wishes.

9.3.2 - 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.

9.3.3 - Currently the CLA health team have 5 young people who have refused to have their health assessment's this equated to 1.7 % DNA rate – 5 out of 302 health assessments. The CLA Specialist Nurse has liaised with Social Workers, carers, birth families, health professionals and key workers to ascertain the young people's health needs. Written health questionnaires have been sent and 2 young people have planned face to face appointments.

9.3.4 - A health questionnaire is sent to young people who DNA and refuse their health assessment. A health plan is produced from the questionnaire and shared with the Social Worker. To date we have received 4/5 questionnaires from young people. This method often opens the way to a telephone health assessment or a face to face assessment.

9.3.5 - The CLA health team have now developed a health assessment decliner pathway.

9.3.6 – Flexible Working With Young People who DNA or refuse

Young person refused to attend for their IHA whilst living out of borough. Young person had periods of being missing from care. Specialist Nurse for CLA spoke with the young person and they agreed to complete a health questionnaire. Following completion the Specialist Nurse contacted the young person to discuss their responses and the young person agreed to a face to face assessment, which was completed by our Specialist Nurse.

9.4 Audits (and research)

9.4.1 - The CLA health team undertook our first client satisfaction to discover how CLA rate the health assessment service provided. This took place between May 2016 and August 2016.

All CLA who attended for their appointment in Harrow were given the opportunity to provide feedback. Our criteria included all CLA, however if the child was not able to complete the questionnaire, their carer was asked to complete this on their behalf.

In total 48 questionnaires were returned. This represented 25% of the total number of Harrow Children Looked After (191 average between May and August). The samples are representative of the total Harrow CLA population and cover both IHA and RHAs.

Results show a high rate of satisfaction with 96% rating the health assessment as great or good.

As part of our family and friends survey, 94% said they would “definitely” or “likely” recommend us to other LAC.

Young people were asked if they felt that they were treated with respect of which 100% responded positively. As respect is a CNWL core value, this is an essential requirement for the service.

CLA are encouraged to provide a comment in relation to their health assessment. 41 out of 48 wrote responses this equates to 85%. Some comments are shown below:

Laurie spoke to me and I feel I am safe and I feel very good. My health assessment was very good she helped me. She spoke to me about my health and to many thanks to her

Great and enjoyable

It was an absolutely great. I am really happy with my assessment how it was

It was good, I felt relaxed and didn't feel uncomfortable

It was really helpful to update with my health assessment

It was very good and very helpful

It wasn't scary it was ok and gave me extra information

It went great the lady was a good listener and supportive

It went very well

Useful and helpful

I always feel listened to and informed by the health assessor

Very good. Pleasant and very informative and overall pleasant

Today was good, Laurie was really good

It was brilliant and I was made to feel at ease very informative all my questions were answered to perfection. Lovely nurse

It was really good, I have learned new things and made new decisions about my life and my health e.g. not eat chocolate that much

It was great because I've learnt quite a lot about health and now I will run round the green and use a skipping rope and I will hoola hoop around the garden and stay fit and healthy. I have enjoyed it

Learnt a few new things, was very helpful and useful

The health assessment was good for me because I found it useful and informative

Comments made by Carers:

Today's assessment went well. The doctor was very clear in her questioning and also gave us information in regards to her questions. I gain an understanding as to why certain questions were being asked and what I could be looking out for developmentally

Health assessment, went very well gave a lot of information and support

A child I care for was having a medical. Friendly and kind

It was good my son actually completed it

Emma was lovely and listened to me, and Alison gave advice when was needed

This is the first Harrow CLA Audit completed by the CLA health team and findings have been positive. Results are good and staff are to be congratulated on this. We plan to re audit in September 2017 to compare this year's results.

9.4.2 - Meeting with Dr Boullier (Child Public Health Registrar) and Dr Williams (Consultant Paediatrician) to discuss mapping of UASC and their health needs. We shared our UASC health needs audit and our health needs audit tool which they want to adapt and use for research across Harrow, Brent and Ealing.

9.4.3 – Dip Sample

A dip sample of IHA records taken from April 2016 – July 2016 were looked at in terms of calculating the number of days taken to return the completed health assessment to Harrow Council. 43 records were included.

19 out of 43 (44%) of IHA's were completed and returned within 20 working days of child becoming looked after.

24 out of 43 (56%) of IHA's were completed and returned within 21 working days of child becoming looked after.

37 out of 43 (86%) of IHA's were completed and returned within 28 working days of child becoming looked after.

43 out of 43 (100%) of IHA's were completed and returned within 42 working days of child becoming looked after.

The assessments taking the longest time to return, 38 and 42 days were from out of borough teams.

9.4.4 - The following health needs audit was compiled from 12 months of data collected by the CLA health team. It includes the health needs for CLA living in Harrow and for Harrow children placed out of the borough. The focus is on the health needs highlighted during both initial and review health assessments.

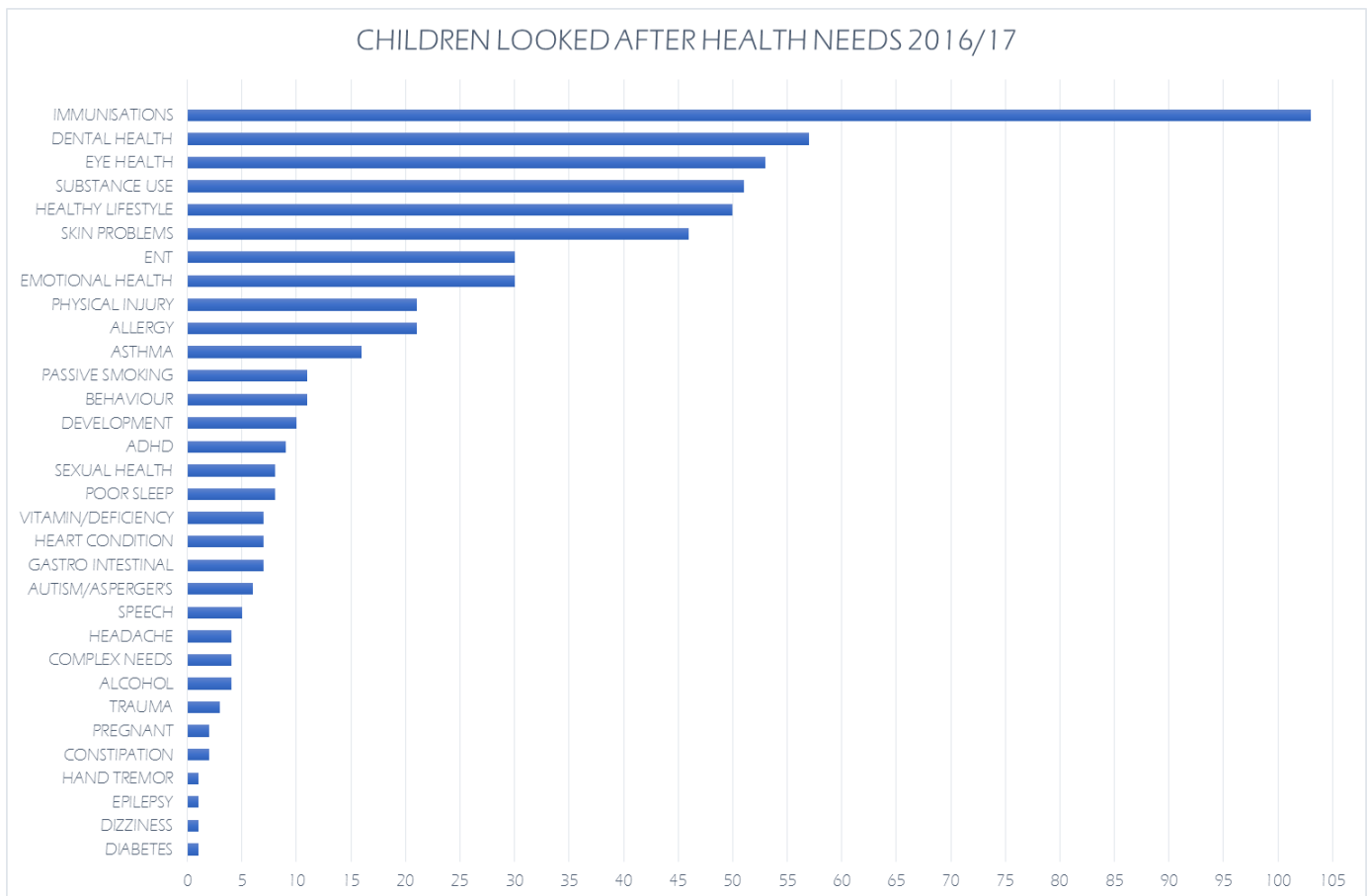
The greatest health need of Harrow’s CLA is immunisations – which includes TB screening. Neighbouring boroughs including Hillingdon have a dedicated Immunisation Task Force that is commissioned for CLA and Camden has a Health Improvement Partner. These initiatives have led to consistently high rates of immunisations for CLA.

We implemented a TB referral process that ensured UASC were screened for TB and blood borne infections. This has currently been superseded by a recent NHSE directive. The CLA health team is currently monitoring the impact that this is having on our UASC.

The second highest health need is that of dental health – this includes needing to register with a local dentist, dental checks, increase tooth brushing, braces, dental caries and fillings. This data reflects the national trend for CLA.

Substance use includes smoking and Cannabis use. By far the largest majority of substance use amongst CLA is smoking and we need to look at more creative ways to engage young people in smoking cessation.

There is a high prevalence of emotional health needs for CLA and good working protocols are in place with Morning Lane and CAMHS. Emotional health needs identified include attachment disorder, self-harm, low concentration, anger, sleep, bed wetting, PTSD, suicidal thoughts, anxiety, depression, panic attacks, low mood, and bullying.



9.5 Partnership working

9.5.1 – We held a one year celebration event at Harrow Civic Centre for all stakeholders in June which was really well received. This was shared on the CNWL website – news section

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:

- Harrow CCG and Harrow Council
 - Corporate Parenting Managers quarterly meetings
 - Weekly monitoring Meetings with Harrow Council
 - Attendance at Social Work team meetings
 - Business Support Officers at Harrow Council
 - 'Beyond Limits'
 - Northwick Park Hospital A&E Liaison Health Visitor
 - Sexual Health Outreach Nurse
 - Head Teacher of Virtual School
 - Morning Lane
 - CAMHS
 - CAMHS YOT
 - Health Visitors and School Nurses
 - Harrow GP's
 - Children's Participation Officer
 - Foster Carer Training and Development Officer
 - Harrow Council Learning and Development Officer
 - CORAM Partnership Team
-
- Specialist Nurse for CLA attends monthly MASE meeting
 - Specialist Nurse for CLA attends monthly Children At Risk Panel
 - Attendance and initiation of strategy meetings and professional meetings for CLA both in Harrow and out of borough
 - Helped Social Worker obtain CHAT (comprehensive health assessment tool) for young person on remand.
 - Designated Nurse attended 10 year celebration of CORAM and Harrow Council partnership and The CLA health team were thanked for their support.
 - Designated Nurse and Designated Doctor met with CORAM Manager and Adoption Team Manager to confirm process for medical advice and adoption medical.
 - CLA health team continue to meet with the Head Teacher of the Virtual School, CLA Team Manager and YOT CAMHS Nurse on a 6-8 weekly basis.

9.5.3 – 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 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.

9.5.4 – 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 including:

Thank you email received from one of the IRO's regarding sharing of health assessment information.

Thank you email received from CORAM – Harrow Adoption Partnership Manager in helping to prevent an adoptive placement breakdown for a Harrow child placed OOB.

'Very helpful for children to let their feelings and emotions loose' (Social Worker)

I have noticed a remarkable change in how the CLA health team works since Emma and Laurie came into post. They are easy to reach and keen to flexible to make it easier for the young people to engage with them. In the last year we have set up a monthly meeting between Laurie from CLA health and YOT health staff. This is improving how we support the health needs of our young people. Laurie's enthusiasm for trying new ideas has greatly assisted in establishing this project. (Specialist Nurse YOT Harrow CAMHS)

Again!!! Wow. What can I say. Working with you guys has tremendously improved the health outcomes for our looked after children. Your work and involvement has continued to support the team work with their young people in relation to their health needs and concerns. Young people are more confident in approaching Social Workers and requesting appointments/ consultations with yourselves due to your approachable nature and professionalism. You are always available, informative and helpful with advice and support. Thank you very much. This year like the last has been GREAT. (Pam Johnson, CLA Team Manager)

The service over the past 2 years has been excellent. The CLA Nurses have been very proactive and persistent in engaging with Looked After Children and Care Leavers. This has included going to the homes of young people reluctant to attend clinics and being very accessible and available. Emma and Laurie have managed to build up trust and provided advice and support over a range of health issues. They have also built up positive working relationships with the social work teams and staff to ensure very strong joint working on cases. Emma and Laurie have offered regular advice and support to social workers, foster carers and young people and their families (Peter Tolley Head of Service Corporate Parenting)

The CLA Health team are invaluable in the matching process of adoption. They have provided an excellent service over the last year and all of the children that have been placed for adoption have benefitted. They are always really helpful in giving the team advice on medical matters for the children and prospective adopters that we work with. They are easy to contact and always reply to messages and phone calls. In addition to this the CLA health team have gone the extra mile and facilitated meetings with Hospital doctor's and consultants where the child has had additional health needs. Overall we feel that we have had an outstanding service which we very much appreciate. (The Coram Harrow Partnership Team)

9.6.2 Feedback from birth parents, carers and key workers

'Very good and helpful' (Birth Mother)

'A very good assessment with lots of actions/outcomes. Warm, calm approach. Engaged a very difficult young person. X was thinking about things and considering different services and support. A great session" (Key Worker)

'The nurse was very helpful and spoke to me and my granddaughter very kindly' (Grandparent)

'I think the looked after nurse service has improved considerably since Laurie has taken on the cases of the children in my care. I believe the service is comprehensive and shows that she is in tune with the complete health of the children that she works with. I am pleased with this service and hope it continues' (Carer)

'Emma was lovely and listened to me and also gave advice when needed' (Carer of 2 year old)

'I think the assessment went really well. I'm happy with the assessment' (Grandmother)

'Everything went well' (Carer)

'Very interesting and helpful service for X as he learnt not only new things but more about himself too' (Carer)

'It went very well' (Carer)

'Very good pleasant and informative' (Carer)

9.7 Inspection Updates

9.7.1 – An OFSTED inspection of services for children in need of help and protection, children looked after and care leavers and a review of the effectiveness of the Local Safeguarding Children Board occurred during January and February 2017.

Involvement of the CLA health team included:

- Preparation work undertaken.
- Designated Nurse and Specialist Nurse for CLA based themselves at Harrow Civic Centre during the inspection.
- Specialist Nurse for CLA attended FGM meeting.
- Production of case study regarding health input to CLA who had undergone FGM in her home country.
- Specialist Nurse asked by young person's Social Worker to discuss case with OFSTED inspector and highlighted good practice and partnership between the CLA health team and Harrow Council.
- Designated Nurse, Specialist Nurse and Designated Doctor had a 2 hour interview with OFSTED inspector.

In 2012 OFSTED rated the health of Children Looked After as 'inadequate'. CNWL took over the service in June 2015 and in 2017 OFSTED have rated CLA, care leavers, adoption and leadership as "good". The recent OFSTED inspection in relation to health stated that:

'Children's health needs receive significant oversight and monitoring from the children looked after health service and as a result, their health outcomes continue to improve'.

The report highlighted strong partnership working, information sharing, effective tracking systems and communication as well as children's involvement being pivotal to this success. All of these areas were criticisms in the previous inspection.

Other areas of positive work include children's needs being identified quickly, active monitoring of the health needs of children placed out of the local authority, improvements in timescales for completion of initial and review health assessments, improvements in completion of SDQ's, attendance at strategy meetings and the development of health passports. All of these areas were again criticisms in the previous inspection.

'During our recent Ofsted inspection (January 2017) the inspectors were very positive about the CLA Health service and their positive impact on young people.' (Peter Tolley, Head of Service Corporate Parenting')

A recommendation regarding health was made to 'ensure that children looked after receive timely therapeutic support when they need it.'

9.7.2 - Harrow CCG and Harrow Council have identified the emotional health needs of CLA as a priority in the redesign of mental health services for Harrow. The CLA health team attended the 'Future In Mind' workshop and raised CLA as a priority and we will ensure that we work closely with the new service provider.

9.7.3 – Information regarding YOT sent to Harrow Council for planning for future YOT OFSTED inspection.

9.7.4 – Information from Hillingdon SEND OFSTED inspection shared with Harrow Council and Harrow CCG for future planning.

9.8 Professional Development

9.8.1 - During 2016/17 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

Designated Professionals Updates – Brent Harrow and Hillingdon CCG

Team Away day to discuss CQC, health recommendations and adoption processes – CNWL

GPwSI attended Adult Health Assessment Training - Coram BAAF

GPwSI attended Child Refugees course - RCPCH

Specialist Nurse for CLA attended Afghanistan awareness study day – MIND Harrow

Framework training – Harrow Council

Designated Nurse attended Safeguarding CLA conference – Health Safeguarding

Designated Nurse attended fostering and adoption panel training – West London Consortium

Specialist Nurse for CLA attended Advanced Domestic and Sexual Violence study day - HSCB

Specialist Nurse for CLA completed a 3 month course Understanding The Emotional Needs of Care Leavers – Tavistock and Portman Hospital

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.

Request for adoption and medical advice process has now been implemented.

SDQ process has been implemented.

Medical summary for all CLA is now requested for all CLA from GP's both in and out of the borough of Harrow.

Reminder system established should requests not be made in timescales.

Meeting with Senior Performance Analyst and Business Information Partner at Harrow Council to agree monitoring process for immunisations, dental checks and developmental assessments.

Meeting with CNWL Performance and Information Analyst to amend spreadsheets for data collection.

Specialist Nurse for CLA has set up a peer group for the CLA Nurses in Harrow and Hillingdon to discuss complex and safeguarding cases.

Carer's information form developed to obtain health information from the carers of CLA to input into their health assessments. This is also working well for non-attenders as well as monitoring CLA who live OOB.

Meeting with Liaison Health Visitor for Hillingdon Hospital to agree process of sending A&E and UCC attendances of Harrow CLA directly to our team rather than via the Liaison Health Visitor at Northwick Park Hospital to enable better communication.

10 Priorities for 2017/18

The following have been identified as areas for local improvement within 2017/18:

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 -

- 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 fully implement care leaver health passports
- To explore sharing of information between IT systems
- To work with Harrow Council to implement process for requesting AH forms electronically.
- To work with Harrow Council and Harrow CCG to improve the uptake of immunisations for CLA
- To work with Harrow Council to ensure that SDQ's are received with health assessment referrals.
- To undertake a project to ascertain the impact of the new TB referral process for UASC
- To undertake a client satisfaction survey

Emma Hedley
Designated Nurse CLA

Individuals from the CLA Harrow health team have contributed to this report.
Thank you to the Hillingdon LAC health team for their continued support.

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 |
| FGM | Female Genital Mutilation |
| GDP | General Dental Practitioner |
| GLA | Greater London Authority |
| GP/ GPwSI | General Practitioner/ General Practitioner with Special Interest |
| 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 |
| LBH | London Borough of Harrow |
| MASE | Multi -Agency Sexual Exploitation |
| MRI | Magnetic Resonance Imaging |
| NHSE | NHS England |
| NICE | National Institute for Health and Care Excellence |
| NIS | National Indicator Set |
| OOB | Out of Borough |
| 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 |

Appendix 2 CLA Annual Health report 2015/16



Harrow CLA Annual Health Report 2016 F