



Annual Report
Children Looked After Health Service
(Harrow)
2017/18

Emma Hedley Named Nurse CLA Harrow

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 2017/18 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. A glossary of frequent terms used in this report is attached in Appendix A.

The key points below provide a short summary of areas covered within the main report. The report outlines information on children looked after 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 Black and Minority Ethnic (BME) communities.

At the end of 2017/18, there were 159 children looked after by the London Borough of Harrow. CNWL, in partnership with Harrow Council, has achieved 96% with regard to Review Health Assessments (RHA's) being undertaken on time, an increase of 3% from last year. This figure is both higher than statistical neighbours and the England average.

The report looks at other clinical activity including dental checks, which are again higher than both statistical neighbours and the England average. Immunisations remain fractionally below statistical neighbours by 1.2% however this has improved from last year where immunisations were 6% below statistical neighbours. 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 children looked after, carers and professionals.

Service improvements include the implementation of an electronic process for requesting adult health (AH) forms, updating the health information for permanency process, and improvements in the quality of health assessments with health summaries being received from GP's. Other new ways of working include the introduction of a weekly case discussion with CLA Social Workers.

During the third year of the service, the CLA health team met 100% of their Key Performance Indicators (KPI) every month. For one consecutive quarter, 100% of children were seen within timescales which is a first in the history of the service. This success can be attributed to the strong partnership working between CNWL and Harrow Council staff.

This year CLA have been involved in the development of the 'health needs tool' which allows young people to decide what they would like to change to improve their health. A successful trial period was completed regarding health passports and these are now being implemented.

The CLA Health Team achieved the priorities 2017/18. The team has undertaken a project to ascertain the impact of the new Tuberculosis (TB) referral process for Unaccompanied Asylum Seeking Children (UASC) and have also completed a second Client Satisfaction Audit. These pieces of work were highlighted as priorities in last year's annual report.

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

2 New National Guidance on CLA / National changes/guidance

The following guidance has been published in relation to CLA.

1. 'Caring for Better Health: An investigation into the health needs of care leavers' The Care Leavers' Association Department of Health (DH) 2017. This report provides a comprehensive overview of the needs of care leavers. The project team worked with ten CCGs and sought the views of care leavers and professionals. The report focuses past the age of 25 years to look at the long term health consequences for this group of young people.
2. 'Children speak out on living in care' Children's Rights Alliance for England 2017. This briefing paper is a forum for the voices of CLA who describe their issues around entering and leaving care. This has highlighted the inadequate support that they receive.
3. 'Transforming children and young people's mental health provision: a green paper' DoH and Department for Education (DfE) 2017. This document promotes access to high quality mental health and wellbeing support. It states that some young people who need additional or specialised support should be assessed and referred quickly.
4. 'The fostering system in England: Evidence review' DfE 2017. This document provides a review of foster placements, experiences of young people and their outcomes.
5. 'Staying Put; Good practice guide' The Children's Partnership 2017. This paper outlines accommodation support for care leavers.
6. 'Applying corporate parenting principles to looked-after children and care leavers' Statutory guidance for local authorities; DfE 2018. This guidance provides information on the role of local authorities and how they should meet the corporate parenting principles in section 1 of the Children and Social Work Act 2017. This guidance is designed to help local authorities and partners consider the kinds of services that may be offered to CLA.
7. 'National Transfer Scheme Protocol for Unaccompanied Asylum Seeking Children' DfE 2018. The National Transfer Scheme (NTS) protocol for unaccompanied asylum seeking children (UASC) has been created to enable the safe transfer of children from one local authority to another. The protocol is intended to ensure that these children access the services and support they need. The scheme is based on the principle that no local authority should be asked to look after more UASC than 0.07% of its total child population.
8. 'Measuring the wellbeing of children in care: Views from the frontline and opportunities for change' National Children's Bureau 2018. This research paper explores how wellbeing is measured, and is based on the views of children in Care Councils and professionals working with CLA. The report looks at the use of Strengths and Difficulties Questionnaire (SDQ) as a measuring tool but highlights due to mixed views on its use that many professionals use their own measures. The research raises particular issues around the access to specialist mental health services.
9. 'Foster Care in England' DfE 2018. This document reviews foster care and the needs of those young people within these placements.

3 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.'

3.1 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 communities.

The LBH has a population of 239,056 (2011 census); Harrow Joint Strategic Needs Assessment (JSNA) for (2015-2020 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 a quarter of people in Harrow are aged 18 or less, with seven percent of the population under 5 years old. The percentage of children living in poverty is just slightly above the England average but lower than the London average.

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

<https://www.gov.uk/government/statistics/2017-child-health-profiles>

3.2 Benchmark with National Data Including UASC Data

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664995/SFR50_2017-Children_looked_after_in_England.pdf

<https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2016-to-2017>

Headlines from the national data on CLA published in September 2017 are as quoted below from above link for all CLA:

- *Nationally The number of looked after children continues to increase; it has increased steadily over the last nine years. At 31 March 2017 there were 72,670 looked after children, an increase of 3% on 2016. The number of children starting to be looked after in 2016-17 has also risen in recent years and has increased by 2% compared with the previous year. The number of children ceasing to be looked after in 2016-17 has fallen by 2% compared with the previous year.*
- *The number of looked after children ceasing to be looked after, due to adoption,*

increased between 2011 and 2015 from 3,100 to a peak of 5,360. Last year the number of adoptions fell for the first time since 2011, by 12% and in 2017 the number of looked after children adopted have fallen again, by 8% to 4,350.

- *The increase in looked after children reflects that more children started to be looked after in 2017 than ceased. For the last two years, the changes seen in the characteristics of looked after children, those who become looked after and care leavers are influenced by the unaccompanied asylum-seeking children cohort who tend to be non-white British, older children, with a main category of need of absent parenting.*
- *The age profile of looked after children is very similar to last year, with little change in the proportion of children in each age group. Over recent years the numbers of looked after children aged under 1 year have been decreasing; at 31 March 2017 they are down 11% on five years ago, however we did see a slight increase this year of 280 children (8%) between 2016 and 2017. There has been very little change in the number of 1-4 year olds and 5-9 year olds this year; after decreasing slightly in recent years the 1-4 year old group has stabilised around 9,200 children in 2017 and the 5-9 year old group, after increasing in recent years, has stabilised around 14,100.*

And for UASC the following points are identified:

- *After a large rise in numbers last year, the number of CLA who were unaccompanied asylum-seeking children continues to increase in 2017. The number of looked after children at 31 March 2017 who were unaccompanied asylum-seeking children increased by 6% compared to last year, up to 4,560 from 4,300 in 2016, and up 134% from 1,950 in 2013. Up to 2009 the number of unaccompanied asylum-seeking children was steadily rising to a peak of 3,900 which was 6% of the looked after children population. Between 2009 and 2013 the numbers fell to a low of 1,950 (3% of the looked after children population) before increasing again in 2017 to the levels seen in 2009 where unaccompanied asylum seeking children represent 6% of the looked after children population. Whilst we do not collect information on the nationality of looked after children, statistics on asylum applications from unaccompanied asylum-seeking children by nationality are published by the Home Office².*
- *In recent years we have seen the increase in unaccompanied asylum-seeking children being largely driven by more males, however this year there is a greater increase in females – male unaccompanied asylum seeking children rose by 5% whereas female unaccompanied asylum-seeking children rose by 19% between 2016 and 2017. However, females still only account for 390 (8%) of unaccompanied asylum seeking children looked after at 31 March 2017. There has been an increase in the numbers of unaccompanied asylum-seeking children aged 16 years and over, up 9% to 3,540, whereas the number aged under 16 years has decreased slightly by 3% to 1,020. This means 78% of unaccompanied asylum-seeking children at 31 March 2017 were aged 16 years of age and over, and 22% were aged under 16 years. This compares to 76% and 24% in 2016 and 74% and 26% in 2013.*
- *There is significant variation in the number of unaccompanied asylum-seeking children across the country – many are concentrated in areas where they first make entry into the country (for example Kent, Croydon, Hillingdon). At 31 March 2017 the number of unaccompanied asylum-seeking children in these local authorities have reduced compared to 2016. We understand this is a result of the implementation of a National Transfer Scheme⁴ from 1 July 2016 resulting in some of these children being distributed across other local authorities within the country.*

National data shows that most looked after children are up to date with their health care. Although performance nationally against KPIs is decreasing. Of the 49,750 children looked after continuously for 12 months at 31 March 2017:

- 84% were reported as being up to date with their immunisations, compared to 87% in 2016 and 88% in 2015,
- 89% had their annual health check, compared to 90% in 2016 and 2015,
- 83% had their teeth checked by a dentist, compared to 84% in 2016 and 86% in 2015

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664998/SFR50_2017_Additional_Tables_Text.pdf

3.3 Local Statistics

The following information and data has been provided by Harrow Council (Corporate Parenting report June 2018)

The number of all CLA has decreased since last year. The rate of CLA per 10,000 continues to decrease since 2016/17 and remains below the England average.

Harrow to have a higher proportion of CLA aged 16+ and a lower proportion in aged 10 – 15. 47 children will be turning 18 this year and eligible for leaving care services.

Harrow has a higher percentage of males in care.

Two thirds of Harrow's CLA population are from BME groups.

Harrow has a lower proportion of CLA in foster placements and a higher proportion in placements in the community (independent and semi- independent placements) compared to statistical neighbours.

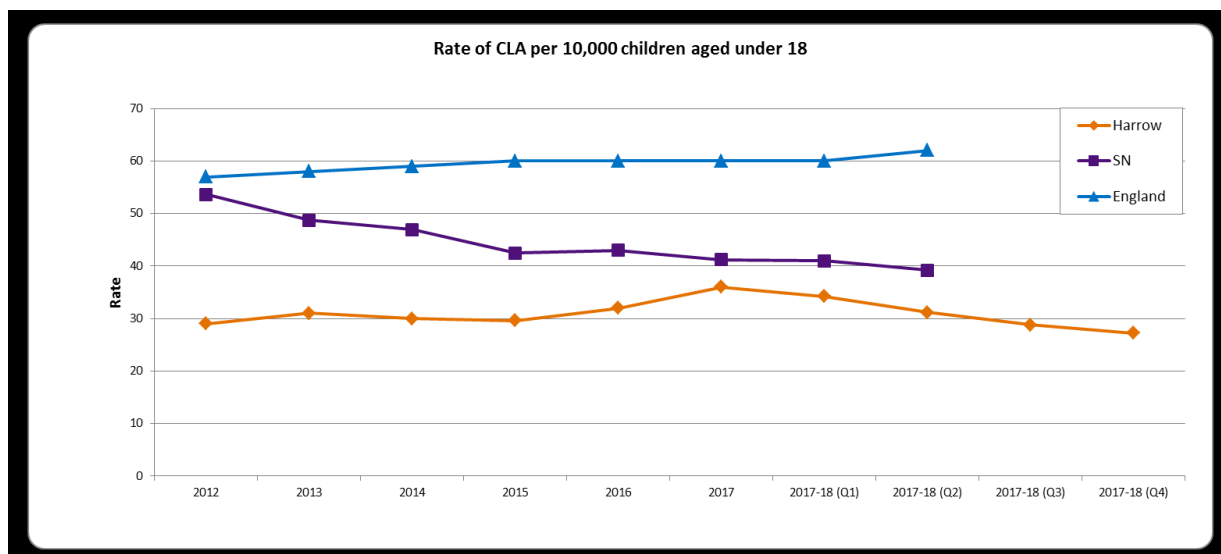
For CLA at 31st March 2018, the top 5 need codes are 47% became looked after due to an initial need of abuse or neglect, 15% due to absent parenting, 11% due to family dysfunction, 9% due to family in acute stress and 9% due to socially unacceptable behaviour.

In 2017-18, of the 153 children who ceased to be looked after, 62 (40.5%) returned home to live with their parents or relatives.

2017-18 published data shows Harrow above statistical neighbour averages for care leavers in suitable accommodation. However, Harrow also has a lower number of care leavers who are not in education, employment and training.

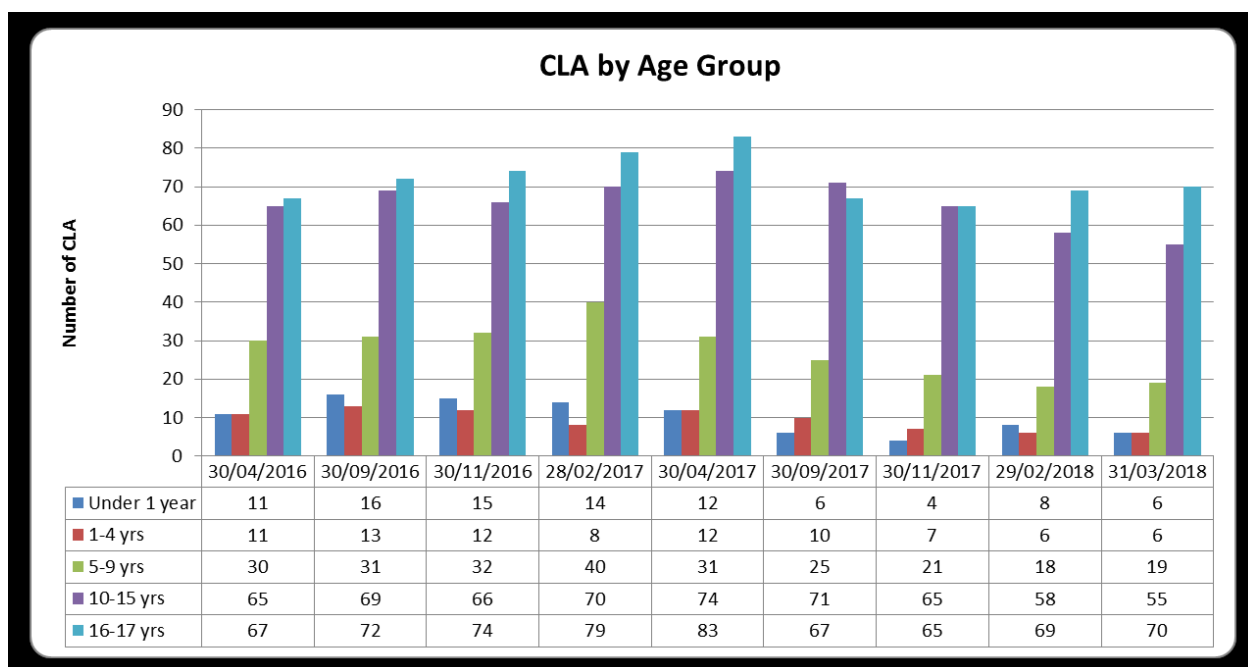
Harrow have had a similar proportion of CLA who had a missing episode in 2017 compared 2016 whilst statistical neighbours' and England trend is an increase from the previous year.

The number of all CLA has decreased since the start of the financial year, with CLA age1+ years showing a slight decrease as well.



The rate of CLA per 10,000 population in Harrow has decreased since 16/17 Q4 and continues to remain below the England average. For 2017 Harrows rate per 10,000 increased and the statistical neighbours decreased, causing Harrow to fall only marginally below their rates.

Chart 1: 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.

Table 1: Comparative Data Regarding Age of CLA

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

Higher numbers of CLA aged 16+ will continue to have an impact on leaving care services. It is important to note that 47 children will be turning 18 this year.

Harrow's CLA offending rate is higher than comparators – this is being investigated and may be due to the comparatively small numbers of young people who are looked after.

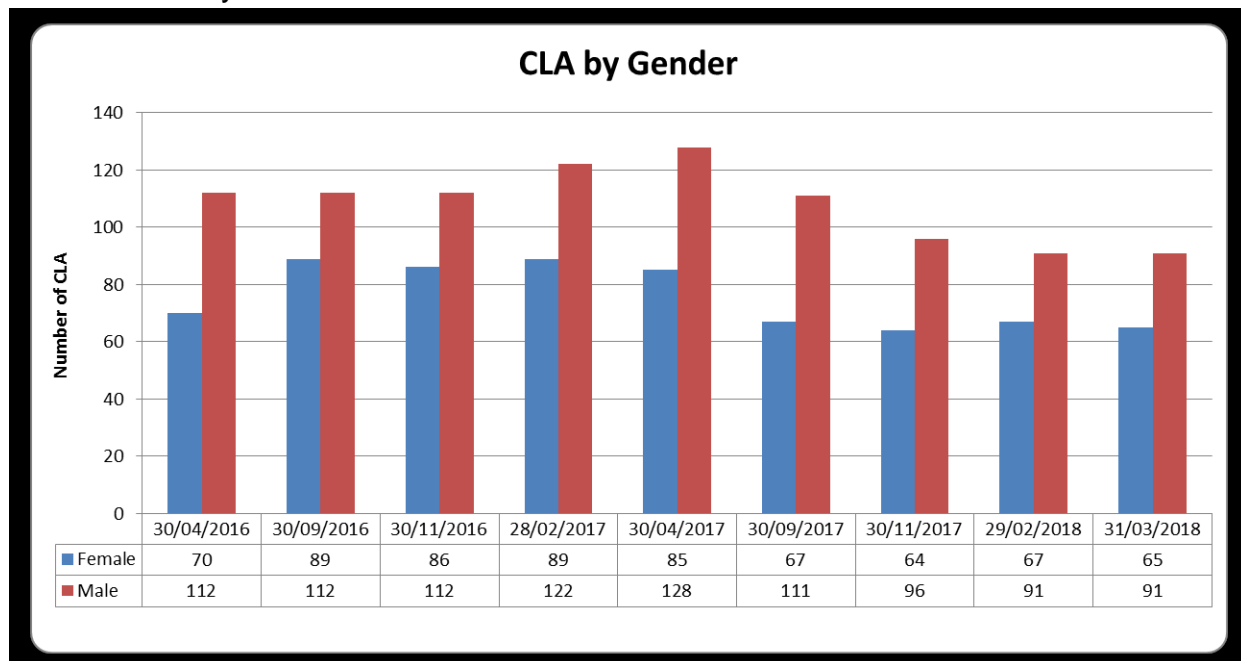
Furthermore, CLA are known to have higher levels of risk and vulnerability.

Table 2: Number of CLA known to Youth Offending Team (YOT)

Jan 16	Jun 16	Sep 16	Dec 16	Mar 17	Jun 17	Sep 17	Dec 17	Mar 18
12	10	12	11	11	12	7	11	9

During 2017/18, 7 young people were in a young offender institute at the time of their health assessment, and a Comprehensive Health Assessment Tool (CHAT) was completed for them all.

Chart 2: CLA by Gender



The number of females in care has decreased slightly since last quarter whilst the number of males has decreased. Comparator data shows Harrow has a higher percentage of males in care.

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

Ethnicity

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 CLA cohort.

There are no significant changes in the ethnic breakdown of the CLA cohort since the last report.

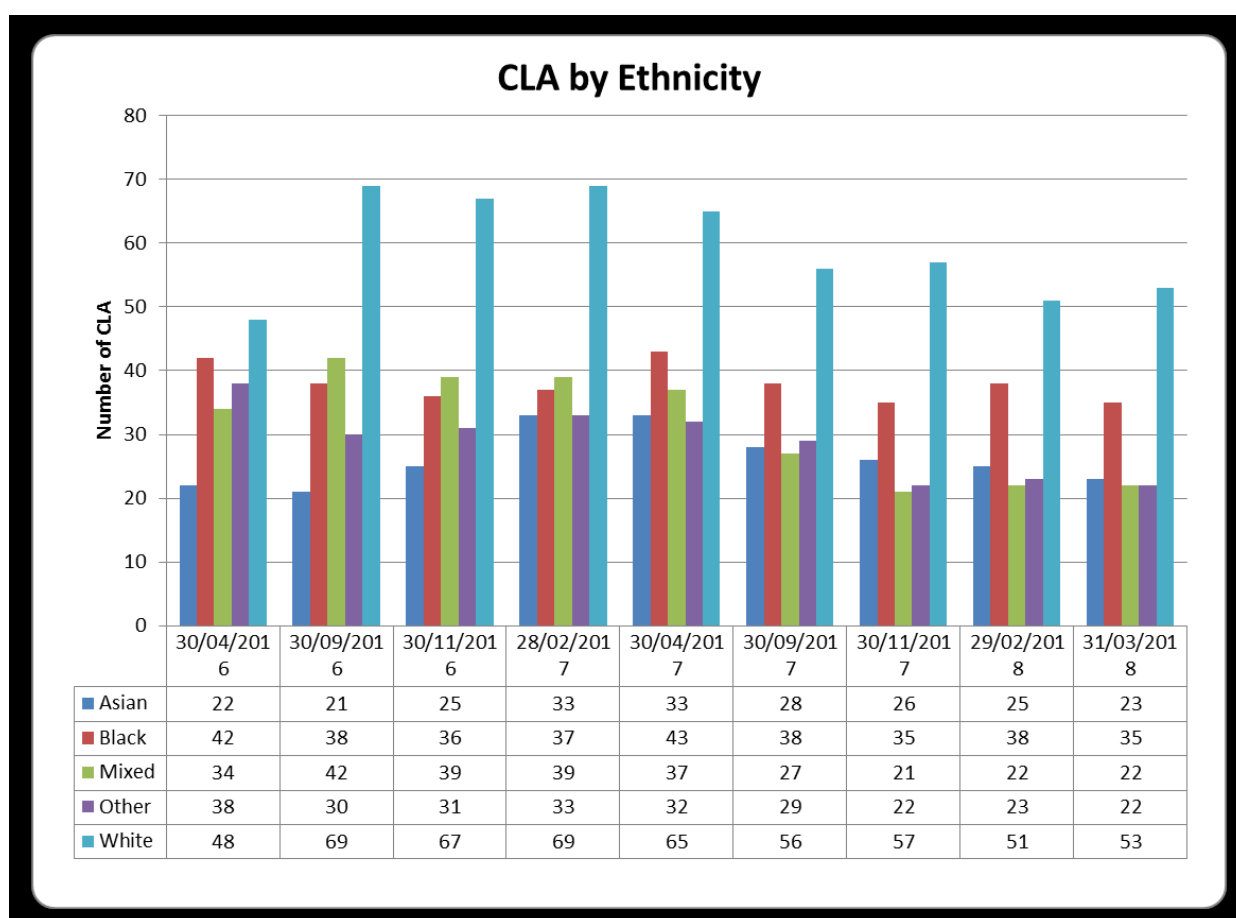


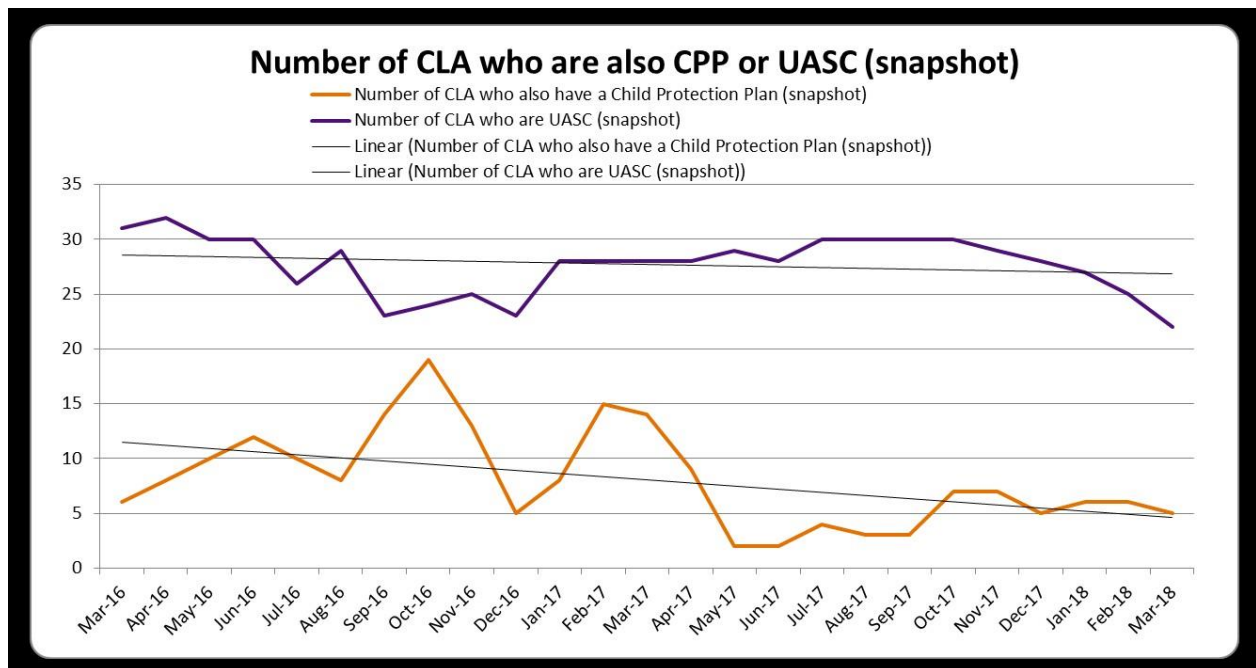
Table 3: CLA by Ethnicity

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 under18, 2011	30.9	9.5	42.6	12.2	4.5

Unaccompanied Asylum Seeking Children (UASC):

Harrow borough have a smaller number of UASC compared to statistical neighbours. The numbers over the year have remained stable at an average of 30 with a high of 35. This equates to 3 new UASC being looked after by Harrow each month. However, as these children enter the UK with significant needs; this has an additional impact upon services. Of the 107 children who have remained looked after for over 12 months 11(10%) are UASC.

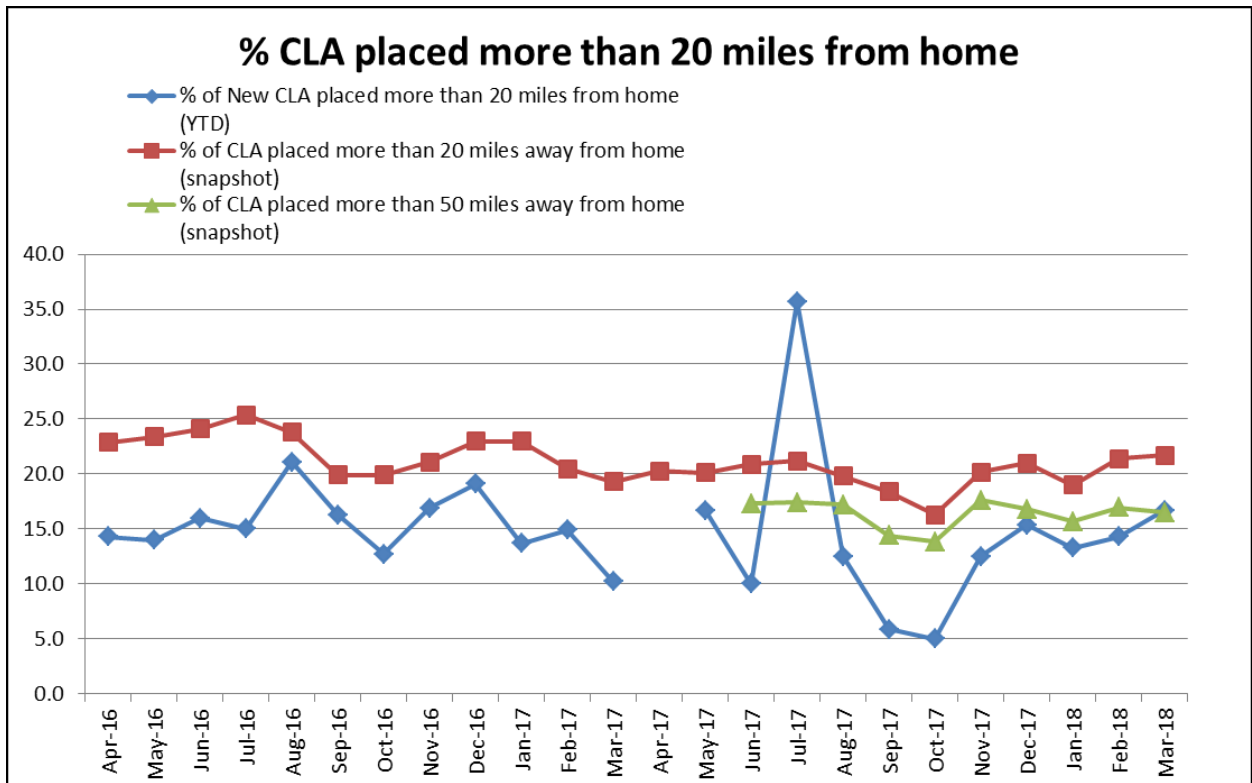
The number of dual allocated CLA who also have a Child Protection Plan has decreased from the previous report. The number of CLA who are UASC has also decreased from 29 to 25.



New/Ceasing CLA

The number of new and ceased CLA continues to vary, month on month. Overall the number of new CLA for 2017/18 was 9.2 compared to 14 the previous year. The average number of ceased CLA was 12.9 for 2017/18 and increase from 10.7 in 2017/16.

Placements of CLA

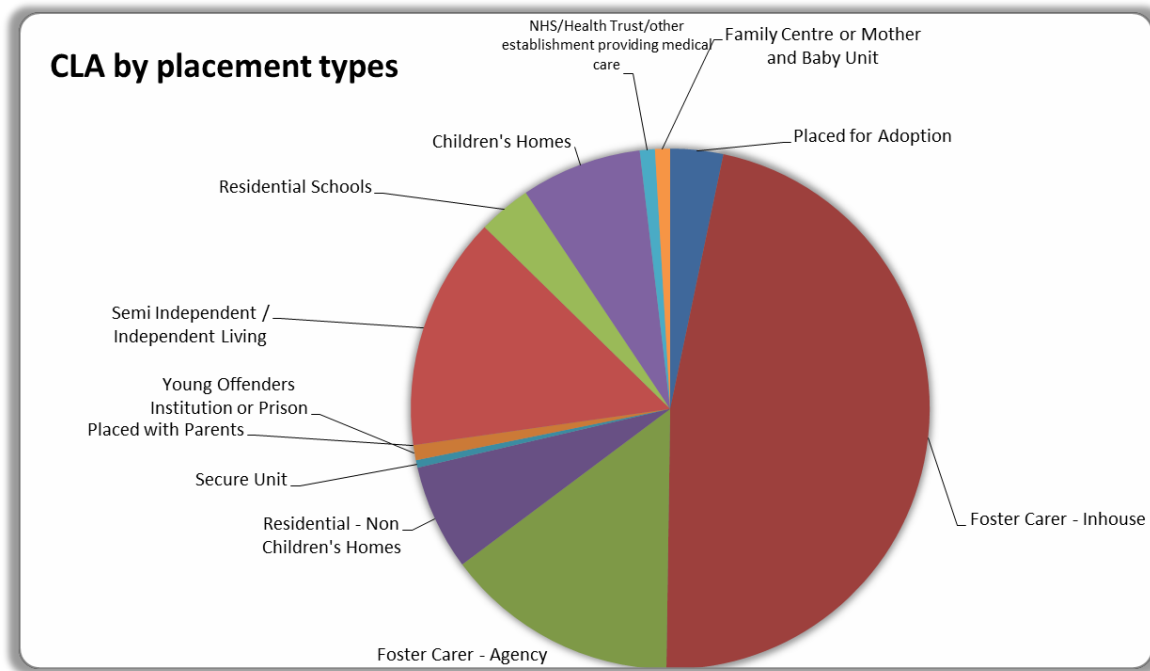


The percentage of all new CLA placed more than 20 miles from home has varied throughout the year, currently at 16.7%. The percentage of all CLA at the end of each month who are placed more than 20 miles from home has averaged at 20.0% for 2017/18.

A new indicator measuring the percentage of all new CLA placed more than 50 miles from mirrors the trend of children placed more than 20 miles from home and rests at 16.5%.

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 29th February 2018



There are no significant changes to placement types. In-house foster placements remain the most common placement type accounting for 42.3% of all 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).

4 Service Summary

4.1 Staffing & Supervision

CNWL is jointly commissioned by Harrow CCG and Harrow Council to provide the CLA health service within Harrow. The team are based at Westmead Clinic. The CCG Designated Nurse role for Harrow is now provided by Harrow CCG and the Designated Doctor role is commissioned from and hosted by the provider services for CLA.

All members of the CLA Health Team are experienced and suitably trained within their area of expertise, and all team members maintain competencies as required within the Competency Framework (RCGP/RCN/RCPCH 2015). They undertake regular appraisals and as required are subject to revalidation.

The current staffing is as follows

Nursing Team

Named Nurse for CLA – 30 hours per week

Specialist Nurse for CLA – 37.5 hours per week

Medical Team

Designated Dr for CLA – 1PA per week

Medical Advisor for Adoption and Fostering – 1PA per week

GP with a special interest (GPwSI) – 2 PA's per week

Administrative Team

Administrator for CLA – 37.5 hours per week

In December 2017 the GPwSI was successfully recruited to the Designated Doctor role. The training of a local GP into the Designated Doctor role is an innovative practice that was supported by Harrow CCG. The Medical Advisor post is currently being covered by the Designated Doctor and Medical Advisor for Hillingdon.

Supervision

The CLA health team have the following supervision arrangements in place:

- The Designated Doctor/GPwSI and the Nurses meet on a weekly basis to review and discuss cases, quality assure work undertaken and ensure consistently high quality health assessments. This provides an opportunity to discuss any concerns, compliments, areas for development and strategic issues to be addressed.
- The Designated Professionals attend Brent, Harrow and Hillingdon (BHH) safeguarding meetings every two months in their CCG roles. They also attend a quarterly North West London Designated Professionals' CLA meeting which has been organised with the Central London, West London, Hammersmith and Fulham, Hounslow and Ealing Collaborative (CWHHE) to discuss and work towards enhancing the commissioning arrangements and good practice for CLA across the collaborative.
- The Nurses receives individual clinical supervision every 6-8 weeks. Supervision is also provided within monthly team meetings. However arrangements are in place for case discussion and debriefing on a daily basis. The CLA health team are managed and supervised by the Named Nurse for CLA. All staff have annual appraisals, 4-6 weekly 1:1s and ad hoc meetings to promote learning, development and supervision.

- 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 providing time for reflection and learning offered. The nurses have access to discuss any safeguarding issues with the Harrow Designated Nurse for Safeguarding Children
- Clinical staff also receives support from external meetings in both CCG and provider roles:
 - Quarterly North West London CLA peer group meeting
 - Quarterly London CLA Nurse meeting
 - Quarterly CoramBAAF London and SE health group
 - Annual RCN CLA forum
 - Annual CoramBAAF conference
 - Attendance at neighbouring boroughs network event

The CLA health team have been trialling the 'headspace' app for meditation and mindfulness for themselves or with CLA to promote positive mental health.

CLA Health Team Photo



Named Nurse, Administrator, Specialist Nurse, GPwSI/Designated Doctor

4.2 Governance & Reporting Arrangements

In terms of reporting arrangements, the CLA Health Team are accountable to the Head of Children's Services and Operations (CNWL) and have robust governance arrangements in place:

- For CNWL, the Named Nurse provides a progress report and updates to the Goodall divisional safeguarding meeting and 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?
- The CLA Health Team have identified the lack of sharing of health information between health providers as a risk, and this remains on the CNWL risk register.
- For Harrow CCG, the CLA 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 monitoring meetings with Harrow CCG and Harrow Council are held bi-monthly.
- The Specialist Nurse for CLA continues to monitor the timeliness of requests for health assessments and their completion during the weekly monitoring meetings. She is available to the Social Workers every Wednesday afternoon to discuss cases, provide support and advice. Feedback from Harrow Council continues to be very positive about the Health Team being accessible every week for the Social Workers.
- The Named Nurse compiles a monthly breach report; health needs report and additional report for Harrow CCG and Harrow Council which is discussed at the bi monthly monitoring meetings. These meetings continue to be productive, transparent and positive.
- The Named Nurse ensures that the team's self-assessment of CQC key lines of enquiry (KLOEs) – being safe, effective, caring, responsive and well-led are completed on a quarterly basis. In April 2017 the CLA team had a peer review undertaken by CNWL managers to assess the team against CQC KLOEs. This resulted in a positive review and 'interviews with staff felt they were supported and well-led, they were passionate about the service and had a good understanding of safeguarding.'

5 Performance Indicators

5.1 National Targets

Local Authorities are required to report on eleven performance indicators i.e. the National Indicator Set (NIS), which refer to looked-after children or care leavers. (903 return) The health outcomes are reported on as 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' 2017

Performance against these is reported in section 6 in this report.

5.2 Local Improvement Requirements

During 2017/18 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)

Initial Health Assessments (IHAs)

Exceptions: Young people who refuse, DNAs or missing children, out of area, notifications from Harrow Council later than 3 working days. The tables below show that the health team have achieved all targets for both initial and review health assessments set within the agreed service specification, and that for 4 out of 12 months achieved 100% of children seen within timescales, for IHA which is the first time this has ever occurred in the history of the service.

Table 4: Initial Health Assessments

	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
CNWL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Actual	71%	60%	83%	71%	60%	100%	69%	71%	100%	100%	100%	60%

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.

Table 5: Review Health Assessments

	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
CNWL	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Actual	80%	75%	72%	70%	75%	60%	80%	83%	67%	78%	100%	60%

5.3 Non-Attendees

The CLA health team strive to reduce non-attendance for health assessments by engaging with young people who do not attend (DNA) by offering flexible times, venues and respecting their wishes.

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 has recently been updated.

Currently, the CLA health team have 5 young people who have refused to have their health assessment: this equates to 2% DNA rate – 5 out of 240 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 3 young people have planned face to face appointments.

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 the Team have received 3 questionnaires from young people. This method often leads the way to a telephone health assessment or a face to face assessment.

Flexible Working with Young People who DNA or Refuse

Young person refused to attend for their IHA whilst living out of borough and had also been non-compliant with their health needs. Joint home visit arranged with youth offending worker to placement. Young person did not attend. Appointment rearranged however young person not at the placement. YOT worker spoke to young person who was at his birth mother's home in Harrow and then drove young person to Westmead Clinic to see the Specialist Nurse for his health assessment.

6 CLA Team Clinical Activity

This section will focus on the performance of the CLA Health Team against national and local targets.

6.1 Health Assessments

Initial health assessments are undertaken at Westmead Clinic, South Ruislip. Review health assessments are undertaken at Westmead Clinic, schools, and at the child's home, offering increased flexibility for the day, time and venue to suit the CLA to enable completion and promote engagement in health assessments.

Health promotion is discussed at every health assessment and these include also but are not limited to, physical health, emotional well-being, diet, exercise, safety, immunisations, dental care, eye care, hygiene, sexual health, substance use and prevention of radicalisation.

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

The CLA Health Team are required to ensure all CLA have a statutory health assessment within statutory guidance i.e. within 20 working days of becoming looked after and thereafter every 6 months for under 5s or annually for 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 2017 – March 2018.

Initial Health Assessments (IHAs)

A total of 120 requests for IHAs were received

A total of 91 children were seen for IHAs from April 2017-March 2018.

(This includes 19 children from other authorities.)

Table: 6 Number of IHAs completed

Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Total
9	6	7	9	7	3	16	7	6	8	5	8	91

Of the 29 children not seen for IHAs, these included those who ceased being a CLA, as well as those children who were seen in April 2018. For all of these children, the team were still required to undertake all of the necessary processes to arrange and provide appointments.

Of the 72 (100%) IHAs completed for Harrow children, 59 (82%) were seen within 20 days of the child becoming looked after compared to 54% in 2016/17. This may be due to a decrease in the number of children becoming looked after, as well as the experience of the GPwSI.

Of the 13 not seen within 20 days of request, exceptions within KPIs applied.

Issues contributing to the overall performance:

Monthly data is 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 the 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.

Review Health Assessments (RHAs)

A total of 163 requests for RHAs were received during 2017/18 and a total of 149 children were seen for RHAs (This includes 11 children from other authorities)

Table 7: Number of RHAs completed

Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Total
6	18	18	10	19	10	6	15	9	13	13	12	149

Harrow Council completes data on the DfE 903 return, based on those children who have remained as CLA for over 12 months: for 2017/18 this was 103 children. This figure differs from those above, as some children would have left care during the year and thus were not included in this report. Of the 103 (99) children 96.1% had an annual health assessment within time scales. Of the 4 not seen within timescales, exceptions within KPIs applied.

England 2016/17	Statistical Neighbours	Harrow 2014/15	Harrow 2015/16	Harrow 2016/17	Harrow 2017/18	Number of CLA
89.0%	95.0%	82.5%	93.7%	93.0%	96.1%	99/103

The table above shows a comparison to previous years of RHA's being undertaken within time scales. CNWL have achieved 96.1% higher than both England and statistical neighbours.

Issues contributing to the overall performance:

There is an established process to ensure that RHA requests giving the Health Team 12 weeks' notice to complete. Overall, data analysis has shown that a significant reason for children not being seen within statutory timescales is late requests received from Social Workers, other reasons included. 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/text 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. The Health Team have found a reminder telephone call and text before the appointment improves attendance.

The CLA Health Team work with out of borough colleagues to minimise these problems, however, capacity issues and KPI's in out of borough (OOB) team's impact upon timescales. The CLA Health Team have a reminder system in place, contacting the OOB provider to ask for details of the appointment. Should this information be provided, the child's Social Worker is informed. It is important to note that, despite several reminders and processes in place, CLA may still DNA their appointments.

Areas for improvement

The CLA health team have identified late requests / consents from Harrow Council Social Work teams as an area for improvement during 2018/19. The Named Nurse continues to produce monthly breach reports for the Senior Managers in Harrow Council.

Quality of Health assessments

Quality improvement has been driven by the needs of the CLA population who require a high quality health assessment. This is to ensure that their health needs are identified and recorded as smart, measurable, achievable, realistic and timely (SMART) actions on the health recommendations. Each health assessment returned to the provider CLA Health Team is reviewed by either the Designated Doctor or Named Nurse and graded as one of five categories (excellent, good, satisfactory, needs improvement, poor). Health assessments undertaken by the Designated Doctor or Named Nurse are graded independently.

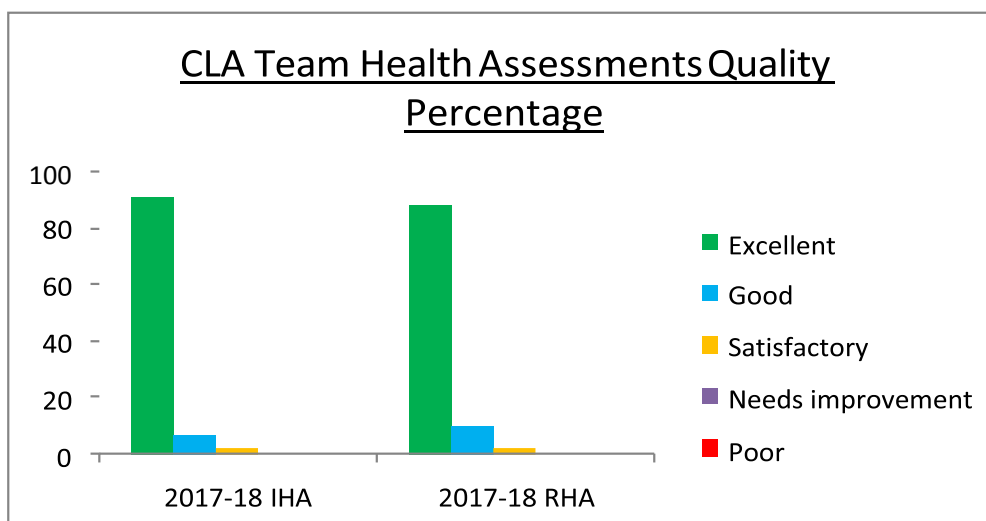
An excellent health assessment results in an email to the professional who has completed the health assessment (wherever they are situated) and where possible, a copy to their manager. This often results in a 'thank you' email from the recipient. No health assessments received from out of borough were poor or needs improvement this year, which may be as a result of the CLA health team challenging poor quality last year.

2017-18 91 IHA's - 91% excellent, 7% good, 2% satisfactory.

2017-18 149 RHA's – 88% excellent, 10% good, 2% satisfactory.

The graphs show that due to a concerted effort by the CLA health team quality of health assessments is high with 98% of IHA's and 98% of RHA's graded as excellent or good. This can be attributed to the experience and stability of the CLA Health Team. The 2% graded as satisfactory for both IHAs and RHAs 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 2018, a quality assurance mechanism for the CCG.



6.2 Immunisations

The Harrow Council returns data on the DfE 903 based on those children who have remained as CLA for over 12 months which for 2017/18 was 103 children. Of 103 children, 77 (74.8%) were recorded as up to date with immunisations.

England 2016/17	Statistical Neighbours	Harrow 2014/15	Harrow 2015/16	Harrow 2016/17	Harrow 2017/18	Number of CLA
84.0%	76.0%	66.1%	72.6%	76.0%	74.8%	77/103

Nationally, 84% are up to date on their immunisations, a slight decrease from 87% last year.

The above table shows that the rates of immunisation for Harrow CLA are below both our statistical neighbours and the national average. This continues to be an area the CLA health team has prioritised for 2018, to ensure that we are safeguarding CLA from preventable infectious diseases.

The CLA health team identified 26 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. (7 had appointments booked, 3 were missing, 1 living out of the country, 1 parental refusal, 1 child with autism, 1 on remand, 12 refusers)

The Specialist Nurse for CLA has regular liaison with the School Nurses and the Immunisation Team to identify those young people not up to date and to arrange for them to be immunised. Liaison with Social Workers to obtain consents has also improved uptake of immunisations.

- The TB process that was first implemented by the CLA Health Team, in conjunction with the TB service at Northwick Park Hospital has now been reinstated. This ensures that all UASC are screened for TB and any infectious diseases in a timely way. The Health Team have also: Liaised with Social Workers and the Paediatric TB Team for a UASC diagnosed with TB living out of borough. The Specialist Nurse for CLA has liaised with the CLA health team in Brent to discuss TB referrals.
- The immunisation status of all CLA is always reviewed and information is requested from their GP and subsequently arrangements are made for any outstanding immunisations with the GP. Where relevant this is always included in the CLA health recommendations returned to the Social Worker for the health care plan. Immunisation records are shared with professionals undertaking the health assessments and with foster carers and young people.
- After every health assessment a letter is sent to all GPs with a copy of the health recommendations and this has led to emails being received from the GPs with additional data about immunisations which in turn has been updated on SystemOne. Access to the child health information system has also helped in obtaining documented evidence of immunisation history.
- Introduction of quarterly immunisation monitoring with Harrow Council which has been productive and effective in tracking children's immunisation status.

6.3 Dental Checks

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).

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.

Of the 103 CLA identified in the Harrow Council return 90 (87.4%) were recorded as having a dental check. This is higher than both the England and statistical neighbours' average.

6.4 Local Requirements

Registration with a General Practitioner

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 91 CLA seen for IHA, 7 children (8%) were showing as not registered with a GP. Of the 7 children not registered with a GP at IHA

- 1 had been placed in a young offenders institute and was in the process of registration.
- 6 were newly arrived asylum seeking children and would be in the process of being registered once immigration papers were sorted.

If they do not have a GP at the initial health assessment, the CLA Health Team Administrator checks that all children have been registered with a GP within 1 month of them coming into care. For UASC liaison is made with the Northwick Surgery as this is the nearest surgery to 'The Gayton' – a semi-independent home for UASC. This successful partnership has developed from the training the CLA Health Team provided to the GP practice last year.

Optician Checks

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 8: Percentage of CLA with up to date eye checks at time of health assessment.

	Apr 2017	May 2017	June 2017	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
IHA	33%	25%	20%	33%	0%	0%	25%	43%	0%	40%	25%	67%
RHA	100%	87%	92%	100%	79%	100%	100%	67%	100%	100%	60%	80%

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, is the same as last year. This high level of performance has been supported by access to the child health information system which has helped in obtaining documented evidence of developmental assessments and screening tests.

7 Other Clinical Activity

7.1 Sexual Health

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. This promotes positive sexual health messages such as consent, contraception and prevention of sexually transmitted infections. Discussions with younger children include 'the pants are private', 'underwear rule', 'growing up, and body changes'. In addition the CLA Health Team ensure that all young people from high risk countries are asked the important questions about FGM as well as identifying CLA who require additional support.

Any CLA who is or has been sexually active is advised to use contraception, have a full sexual health screen, and the HPV and Hepatitis B vaccine is promoted, as appropriate. 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.

Work continues with the Harrow child sexual exploitation (CSE) manager and the Gangs Co-ordinator. 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 CLA Named Nurse and a plan devised.

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.

An example of the impact of this close work is with one case example. A 17 year old female discussed at children at risk panel due to missing episodes, risk of CSE and refusal of health assessment. A written health questionnaire was completed and followed up by the CLA Specialist Nurse, with the result that the young person attended for her health assessment.

7.2 Teenage Pregnancies

The CLA health team work closely with Social Workers and Sexual Health Services to prevent unwanted teenage pregnancies within the CLA population. The team refer to sexual health services should they consider that a young person is at risk of pregnancy.

The CLA health team 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.

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 girls 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).

The monthly joint health and sexual health clinics have stopped during this year due to the changes in the sexual health outreach nurse post.

In the last two months there have been 3 young people who have become pregnant. 2 have had terminations and 1 care leaver miscarried after an ectopic pregnancy. All have been supported by the CLA Specialist Nurse through regular liaison with the girls, their Social Workers and key workers. Liaison has occurred with the early pregnancy units at Northwick Park Hospital and Barnet Hospital, and with the British Pregnancy Advisory service.

7.3 Substance Misuse

National data shows: “The percentage of children looked after who were identified as having a substance misuse problem has remained the same since 2015. Of the 49,750 children looked after for at least 12 months in the year ending 31 March 2017, 4% were identified as having a substance misuse problem. Almost half of these (49%) received an intervention for their substance misuse problem, compared to 50% last year, and 48% in 2014. Comparable rates for all children are not available.”

Nationally substance misuse is slightly more common in males and is more common in older looked after children. 5% of males were identified with a substance misuse problems compared to 4% of females. 11% of 16 to 17 year olds were identified with a substance misuse problem in the year ending 31 March 2017, compared to 5% of 13 to 15 year olds.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664998/SFR50_2017_Additional_Tables_Text.pdf

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

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 the locally commissioned substance misuse service, GP's and pharmacists.

The CLA Specialist Nurse follows up an A and E attendance. A case example identified a young person with substance misuse and issues regarding their emotional well-being. As a result the CLA agreed to a referral to Compass and Harrow Horizons for support with their substance use and emotional well-being.

The CLA Named Nurse has also met with the Senior Commissioning Manager (substance misuse, public health) and Service Manager for Compass to discuss current service, referrals and data collection. This was in response to the smoking cessation service no longer being commissioned in Harrow.

7.4 Emotional Health & Wellbeing

Nationally 76% of CLA had completed a strengths and difficulties questionnaire (SDQ) with the average score being 14.7 for males and for females (overall average 14.1). Almost half (49%) had 'normal' scores recorded with 12% having 'borderline' scores and 38% having scores which were a cause for concern. These figures have remained fairly stable over recent years.

In Harrow, 98.9% CLA had completed SDQ recorded which is higher than the national average. The average score was 13.7 which are higher than statistical neighbours and lower than the England average.

England 2016/17	Statistical Neighbours	Harrow 2017/18	Harrow 2017/18
14.1	12.8	13.7	98.9%

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.

During 2017/18 the CLA health team have undertaken partnership work with a range of professionals in order to consider the emotional needs of Harrow CLA, as below:

- Meeting with the CLA team manager to discuss sending of scoring of SDQ with every RHA.
- Monthly meetings with CAMHS YOT to discuss the health needs of children/young people under the YOT. This meeting will be reinstated in May 2018 as the CAMHS YOT Nurse role is currently being recruited to.
- Quarterly meetings with CAMHS and CLA team manager. Liaison and discussion of CLA with CAMHS and Harrow Horizons and liaison with CAMHS services OOB.
- Linking with other local services e.g. 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.
- Meeting with manager of Harrow Horizons to ensure referral processes and pathways are in place. The CLA health team are monitoring numbers of children referred and the outcome of referrals. Harrow Horizons attended a joint meeting between CLA health, education, CLA team manager, IRO and YOT. This meeting is well-established and occurs every 6-8 weeks.
'SDQ scores are monitored via the newly formed CLA Education and Health group which meets once a term. The group ensures that pupils with identified social and emotional needs i.e. scoring 17 or above on both the school and carer SDQs, have been referred to the appropriate professional health services. The CLA nurse monitors this.'
(Mellina Williamson-Taylor, Head teacher, Harrow Virtual School)
- Young person seen for follow up of health needs following admission to hospital for exacerbation of mental health needs. Specialist Nurse visited young person at her current placement out of borough with her key worker. Health promotion advice and contact details of CLA health team given with planned follow up visit.
- Liaison with carer, Social Worker, Head Teacher of the virtual school and out of borough CAMHS team for vulnerable young person placed out of borough. This was to ensure coordination of their health needs, including an assessment of their learning needs.

7.5 Training

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

- Training about CLA and their health needs has been delivered bi-monthly as part of the 'partnership induction' for Harrow Council.
- Induction training to 10 new Social Workers and students about the health needs of CLA and the CLA health service.
- Training to Social Workers and partners in Harrow Council regarding the adoption medical advice process. Over 25 people attended and feedback was positive.
- Attendance at Social Work team meetings and IRO team meetings.
- Training with Health Visitors and School Nurses. New School Nurses have met with, shadowed and undertaken joint visits with the Specialist CLA Nurse, and feedback from them has been very positive.
- CLA Named 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 Karen Storey (Course Lead) with an evaluation showing that all students rated the session as excellent with one student commenting that it was an 'excellent session –interesting statistics and very informative'.
- Student Nurses have also benefited from training delivered by the CLA health team.
- As a result of consultation with foster carers last year the CLA health team provided training on weaning and Down Syndrome resulting in positive feedback. A training session on puberty and hygiene has been arranged.

'The Health Team provides professional input into the annual training scheme for Harrow Foster carers. They have provided a number of excellent training sessions for our Harrow Foster Carers on various topics such as Down Syndrome, Meeting the Needs of Looked After Children and the Adoption Medical Process. They have also attended Foster Carers Support Groups to offer advice and support. The team are professional and approachable and the ongoing information they offer to Harrow Foster Carers is invaluable. It is great that we can work together in partnership to support Foster Carers in their role in looking after Harrow's vulnerable children.'

(Clare Sullivan Training and Development Officer, Family Placement Service)

7.6 Other (Complex Case Work)

During 2017/18 the CLA Health Team have been involved with a variety of cases which are complex and require health input.

Furthermore, 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.

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

Follow up home visits have been made by the Specialist Nurse for CLA regarding health needs: weight, sexual health and follow up and support regarding emotional health.

Case examples of work undertaken are given below. These have been changed to protect the confidentiality of the CLA concerned.

Health assessment for child placed out of borough. Carer cancelled review health assessment appointment due to her friends and family members affected by the Grenfell Tower fire. Appointment rearranged and child seen at school within timescales. Discussion regarding the fire with the child as another child from her school was missing. Discussion with carer, teachers and Social Worker regarding future support.

Specialist Nurse arranged a review health assessment at short notice at Harrow Civic Centre. Young person had been non-compliant, had lots of placement changes and had been placed out of borough. Young person moved back to Harrow temporarily and Specialist Nurse and Social Worker took the opportunity to see the young person who attended for her health assessment accompanied by her birth mother.

Specialist Nurse undertook health assessment at a specialist school for children with Autism following liaison with birth mother, Social Worker and specialist support worker.

Where a CLA has special educational needs these are discussed at every health assessment. Recommendations are made about issues to be discussed at a personal education plan (PEP) meeting and are also included in the health recommendations.

An education, health and care (EHC) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHC plans identify educational, health and social needs and set out the additional support to meet those needs. These plans are considered as part of the child's health assessment.

Excellent partnership working via termly meetings with the Head Teacher of the virtual school ensure children's education needs are met.

Case Study 1

Child A: 17 year old vulnerable female due to the risk of CSE and has often been reported as missing.

A has a number of unresolved health problems and although has attended a number of hospitals out of borough, A has consistently not attended follow up appointments. This has been a complex case particularly as A lives out of borough (OOB), is often missing from her placement and attends different GP's.

Specialist Nurse for CLA attended CLA reviews and case discussions with the Social Worker to try to resolve the on-going health concerns

- ❖ Contact made with the GP who consulted the Senior Doctor in the Practice and 2 appointments were arranged but A did not attend.
- ❖ Following a missing episode A was admitted to an OOB Hospital.
- ❖ Telephone contact was made to the admitting Doctor and the previous concerns were highlighted.
- ❖ Specialist Nurse for CLA contacted the Safeguarding Nurse at the hospital to highlight the ongoing concerns.
- ❖ Following discharge from hospital a joint visit with the Social Worker was arranged. Health needs were discussed with A who agreed to attend the local sexual health clinic with her boyfriend. Appointment was attended.
- ❖ The review health assessment completed and health recommendations made.
- ❖ Telephone contact with the hospital medical secretary and 3 further out patient appointments were made due to previous non-attendance. A attended appointment.
- ❖ Telephone contact was made with A to ensure attendance.
- ❖ Liaison with the hospital to ensure A's health needs were met.
- ❖ A informed Social Worker and Specialist Nurse for CLA that she was pregnant. Specialist Nurse for CLA contacted Safeguarding Nurse at the hospital OOB.
- ❖ Referral and liaison made to the Midwifery service for vulnerable women.
- ❖ Case discussion with Designated Doctor who liaised with the GP and Hospital.
- ❖ Ongoing Partnership working.



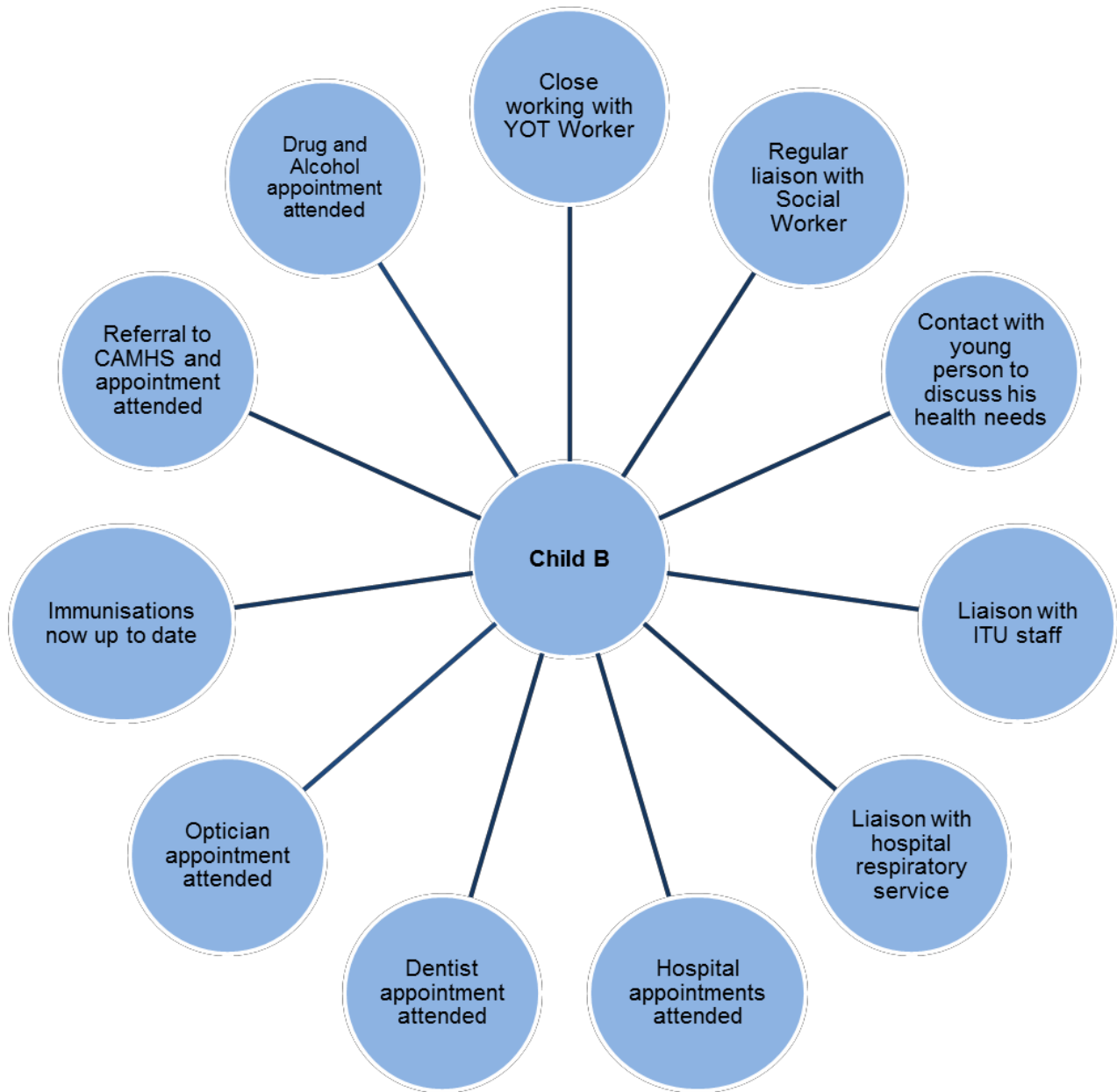
Case Study 2

Child B: 17 year old male non-compliant with health professionals and appointments.

B remains under the care of the youth offending service for criminality, suspected gang involvement and missing episodes. B was not up to date with his immunisations had not attended a dentist or optician for many years.

Specialist Nurse for CLA attended Strategy meetings and regular case discussions with Social Workers about his medical needs.

- ❖ B sustained a stab wound and was admitted to ITU. Regular liaison with nursing staff and Social Worker to ensure all professionals were working together.
- ❖ B discharged himself against medical advice and refused to return to his placement. Discussions with Social Worker, YOT worker and hospital staff as B would require a medical review. This was difficult due to placement changes and lack of GP.
- ❖ B registered with a local GP and the Specialist Nurse for CLA obtained discharge letters from the hospital.
- ❖ Liaison with the hospital respiratory service medical secretary and scan and chest x rays arranged.
- ❖ Through regular liaison with the YOT worker, B was supported to attend his review health assessment with the Specialist Nurse for CLA. Health needs were discussed with B, advice was given and B agreed to attend other health appointments.
- ❖ Regular liaison with the hospital, YOT worker, placement Key Worker and Social Worker ensured that appointment dates were known and B was fully supported in attending his chest x ray and scan despite one missed appointment.
- ❖ Regular liaison with the placement Key Worker ensured that B was supported in attending a dental appointment where he had descaling and a filling. Further treatment was required but he declined to re-attend. A referral to the Specialist Dental service was made by the Specialist Nurse for CLA.
- ❖ Specialist Nurse for CLA spoke to B prior to referrals and appointments to reassure him and to ascertain his wishes.
- ❖ Regular liaison with the YOT worker and placement enabled B to attend the GP for his Immunisations which are now up to date.
- ❖ B was supported by placement staff in attending the Optician.
- ❖ B attended the Drug and Alcohol Service. Specialist Nurse for CLA referred B to the smoking cessation service and discussed the case with his GP.
- ❖ B seen at CAMHS following a joint referral from CAMHS YOT Specialist Nurse and Specialist Nurse for CLA. B will have an ADHD assessment via CAMHS as B requested.
- ❖ Ongoing work and liaison with professionals continues.



8 Adoption & Fostering

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 Named Nurse in their provider roles. These roles are set out in the intercollegiate document from the Royal College of Paediatrics and Child Health, Royal College of Nursing and Royal College of General Practitioners. (RCPCH, RCN and RCGP) The 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.

There have been 11 joint fostering and adoption panels between April 2017 and March 2018 compared to 9 in the previous year. The Named Nurse attended 10 out of 11 panels while the Medical Advisor/Designated Doctor attended 8 panels. A Medical Advisor attended all adoption cases. Following panel the minutes have to be read and approved within 5 working days.

The breakdown of cases discussed show that there were 6 adoption matches (8 children), 2 intercountry adopter approvals, 5 long term fostering matches and 4 connected person's matches. There were 4 foster career approvals, 15 deregistration's (this also includes connected persons who were granted SGO (Special Guardianship Orders) 1 case where the children returned home) and 4 annual reviews discussed at the panel.

During the year 2017/18, 18 SGO's were granted in respect of Harrow's looked after children. Not all of the SGO's were presented to panel due to tight court timescales as courts superseded the panel. 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.

The Medical Advisor undertook all the Comprehensive Medical Adoption Panel Reports for the children for the agency decision maker (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. The Medical Advisor met with all the prospective adopters prior to panel to discuss the health needs of the children involved.

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 until the age of independence. In 2017/18, the Medical Advisor reviewed 1-2 Adult Health (AH) forms a week. Some cases were complex and require much research and liaison with other medical practitioners and Social Workers.

This year training for panel members has included Special Guardianship Orders, foster carer training and the implications of maternal alcohol and drug misuse in pregnancy.

An example of good practice is where health assessments for children placed out of borough were brought forward to enable the Medical Advisor to write a report for the agency decision maker to ensure timescales were met for the child.

9 Service Improvements

9.1 Specific Improvements / Team Achievements

During 2017/18 the CLA Health Team have continued to make improvements to the services provided and have achieved the following:

- Monthly joint commissioner meetings with CNWL, Harrow CCG and Harrow Council now reduced to bi-monthly.
- Following a successful trial period this year changes have now been made to the implementation of the health passports to ensure that young people are given their passports in a meaningful and timely manner. Additions to the health passport include: details of the NHS website for Harrow health services, NHS go app and the contact information for Harrow Horizons.
- Updated Harrow Council website page about the CLA Health Team including contact details, useful websites and health information.
- Meeting with CWHHE designated professionals to discuss the implementation of the new Child Health Immunisation System.
- Introduction of weekly case discussion with CLA social work team.
- Memo sent to all Harrow GP's via Harrow CCG to thank them for their partnership working and to highlight the need to continue to improve the immunisation status of children looked after and UASC.
- Meeting with the Senior Performance Analyst in Harrow Council to look at improving data collection and monitoring.

9.2 Audits (Research)

The CLA Health Team had identified undertaking a project to ascertain the impact of the new TB referral process for UASC as a priority for 2017/18. The executive summary is detailed below.

Unaccompanied asylum seeking children (UASC) are a specific group of looked after children in the UK who have increased and specific health needs. This project looks at four set health outcomes; dental checks, eye checks, immunisations and TB screening. Data was collected in 2016 for a sample period covering six months between June and November. Further data was then sought from stakeholders who included GP practices, social workers and young people themselves. The same outcomes measures were collected again a year later in 2017 over the same six month period.

A number of changes were implemented in this time, including re activation of a referral system to Northwick Park Hospital Paediatric TB services directly from the Children Looked After (CLA) team, visiting a GP surgery where the majority of UASC register, attending two Harrow UASC forums to educate and gain the views of the young people and attending the UASC social worker team meeting to ascertain their views.

In addition, the importance of immunisations was promoted by contacting all local GPs, giving the young person a copy of the schedule in their appointment and highlighting the priority of immunisations to the independent review officer (IRO) in order for the message to be reinforced to social workers.

The results showed an overall four fold improvement in rates of TB screening and immunisations from 22% to 83% compliance. There was with a slight decrease in rates of dental and eye checks. The health needs of the 2017 cohort were analysed to reveal a number of primary care complaints, mostly related to Dermatology and Musculoskeletal problems. In addition, 55% of these young people required dental treatment and/or glasses to correct vision.

In addition, the health outcomes of the 2016 cohort were followed up a year later and showed that all outstanding needs were either in the process of being met or the young person had turned 18 years old and was no longer under the care of Children's Services.

Future service provision and education will encompass continued education and support to social workers, primary care staff and young people to ensure high levels of achievement are continued across these importance health areas.



Quality Improvement
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9.3 Partnership working

The CLA health team continue to develop 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
- Weekly monitoring Meetings with Harrow Council
- Attendance at Social Work team meetings
- Business Support Officers at Harrow Council
- 'Beyond Limits' – children and young people's council
- Northwick Park Hospital A&E Liaison Health Visitor and Paediatric Liaison Nurses
- Head Teacher of Virtual School
- Harrow Horizons
- CAMHS and CAMHS Youth Offending Team (YOT)
- Health Visitors, School Nurses and the Immunisation Team
- 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 and Children At Risk Panel
- Attendance and initiation of strategy meetings and professional meetings for CLA both in Harrow and out of borough including CLA reviews
- CLA health team continue to meet with the Head Teacher of the Virtual School, CLA Team Manager and the YOT on a 6-8 weekly basis
- Quarterly meetings with CAMHS and CLA Team Manager

The Specialist Nurse for CLA has liaised with the Brent CLA health team regarding A and E attendances and to look at closer partnership working.

Links have been made with both the Camden and Milton Keynes CLA teams.

CNWL colleagues have been working to develop a local policy for the recording of data for children who are in the process of being adopted/have been adopted. It was expected that an agreed policy would be in place during 2017/18. However, due to the complex nature of this issue, a policy has not yet been formulated. No comprehensive national guidance is currently available, although the CLA project manager at NHS England has put forward proposals for consideration at a national level.

Joint working and sharing of learning between the Harrow CLA Health Team and the Hillingdon looked after children's health team.

9.31 Involvement of CLA and Care Leavers

- Harrow CLA Health Team have undertaken significant work to involve CLA and care leavers.
- 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.
- Met with young people at the Corporate Parenting Board.
- The CLA health team attended the CLA awards ceremony at the Hive. This was a wonderful celebration.
- CLA Specialist Nurse and GPwSI attended Care Leaver conference. The theme for the event was cultural diversity. The CLA health team asked the young people to undertake a health quiz and to obtain their views about health. 40+ Care Leavers attended with many participating in having their height and weight checked.
- Presentation at Leaving Care Forum to 50 UASC and Care Leavers regarding general health and TB. Positive feedback from young people and from Councillor Christine Robson- Children's Portfolio Holder.
- Health quiz included in 'Particip8' magazine for CLA. Children's participation officer analysed the responses and shared the results with the CLA health team to enable targeting of health issues.
- Since 2017, local authorities have a responsibility to support care leavers to the age of 25 years. The CLA health service does not undertake formal health assessments for young people over the age of 18 but continues to offer health advice and signposting to adult services where needed.
- Children and young people's comments and views form is given to each child looked after following their health assessment. Some of the following comments have been received:

I feel that this thingy was really good for my health (7)

Gave me more ideas and things to think about to do in summer like other sporty activities. I liked the way she was interested in the thing I enjoy doing. Gave me a list of people I could talk to if I'm upset. Sorted out a big problem. Overall I am happy with the way the assessment went (17)

I found this very very good because Laurie asked if I wanted to be seen alone or not and not many people ask you that! Everything went well (11)

I thought the review went good because I could tell the doctor everything about my health (13)

It good for me (6)

I found this very very interesting and I liked the fact that we always have the same nice person instead of having different people every health care meeting! P.S you are the best health caring person ever! (8)

I thought it was quite helpful and useful. Now I am able to know a variety of new stuff that I hadn't been before all about me (13)

It was good and fun (10)

Little bit good. I answered hard questions

I think it was very useful and I found out a lot of different ways I can change for the better and I felt comfortable saying private things (16)

I don't want to ask me about my step dad

This assessment went exactly how I expected it to go (12)

Good listener, nice (13)

Very good. The doctor is friendly and kind (16)

It was ok (15)

It went well good questions and it helped to speak about things that stress me out (17)

9.32 Feedback

Feedback from Partners:

On behalf of the CLA in Harrow, we would continue to express our thanks and appreciation to the GREAT work the CLA Health professionals do (Emma & Laurie) to support the positive outcomes for our CLA young people. Both Laurie and Emma continue to go 'over and above' their required remit to ensure that the young people remain well and healthy and receive the required health support and (at times treatment) that they require.

The two workers are a vital link to our work and without them; many young people would not achieve the positive outcomes that they currently have. The professionals work closely with our team and have built up a good working relationship with us, carers, young people, IRO and others. They attend additional meetings if and when asked and are pleased to help and support wherever needed. We actually see them as part of our CLA Team and at times forget that they are a commissioned service as they work so seamlessly with us.

To capture a word to describe them the word "GREAT" is not enough.

Thank you Emma and Laurie for all you do.
(Pam Johnson, CLA Team Manager)

The UASC & Leaving Care service has benefited enormously from the looked after nurse for the last 12 months.

- Looked-after children are listened to
- Takes account of their views according to their age and understanding, in identifying and meeting their physical, emotional and mental health needs
- That helps others, including carers and schools, to understand the importance of listening to and taking account of the child's wishes and feelings about how to be healthy
- Follow the Initial Health Assessment so it is completed on time scale.
- Providing training of health awareness to young people
- Presentation to Leaving Care Forum
- Providing Sexual Health training and advice
- Support and help any health concern for looked after children

(Negus Gebeyehu, Team Manager UASC & Leaving Care Service)

The partnership with the CLA Health team has been invaluable and has gone from strength to strength. Emma and Laurie are always proactive and work collaboratively with the social work team and other professional partners to ensure that the complex needs of our Children Looked After are met and that appropriate plans are put in place. They have worked hard to engage with young people who had previously been reluctant to work with professionals. Their persistence, flexibility and child centred approach has been very successful and made a significant contribution to the positive outcomes for many young people.

Emma and Laurie are very professional and consistently deliver a high standard of service to our young people and support to their colleagues. The partnership between the CLA social work team and the CLA Health team was recognised and commended at the Harrow Staff awards.

(Peter Tolley, Divisional Director Children and Young People Services (Interim))

The CLA Health team 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 available to give advice and support. Over the years we have had a number of cases of children with additional needs who require an adoptive family; the CLA health team always go that extra mile to research the varying medical conditions and provide advice on what the child's future needs may be and what the prospective adoptive family will need to understand.

The CLA health team have met with all prospective adopters. This has been through either individual meetings or as part of a Child Appreciation Day. Every prospective adopter has found these meetings informative and reassuring. Overall we feel that we have had an outstanding service which we very much appreciate.

(The Coram Harrow Partnership Team)

Feedback from birth parents, family members and carers:

'Dear Emma thank you so much for your patience and tenderness. All your advice is much appreciated. What a very warm welcome!' (Birth Father)

'Very good, got all information needed about baby and myself. The doctor was very pleasant and the health assessment went well. No concerns and I don't think anything needs to be improved' (Birth Mother)

'I found it very good and helpful' (Birth Mother)

'I was a bit apprehensive about the appointment but it turned out great. Very relaxed way of talking about my nephew and finding tips on how to help him. Was also recommended a website I intend on visiting' (Aunt)

'Very professional, warm and lovely interaction with X' (Aunt)

'The doctor was efficient pleasant and great with the baby. Not too intrusive so the medical was over quickly' (Carer)

'Very polite and helpful had a very good experience and very happy' (Carer)

'It was helpful to have baby weighed and checked to make sure she is developing well and on target' (Carer)

9.4 User Surveys

The CLA health team undertook a client satisfaction to discover how CLA rate the health assessment service provided. This took place between September 2017 and January 2018

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 58 questionnaires were returned in comparison to 48 last year. This represented 34% of the total number of Harrow Children Looked After (172 average between September and January). This is an increase of 9% from last year. The samples are representative of the total Harrow CLA population and cover both IHA and RHAs.

Results continue to show a high rate of satisfaction with 98% rating the health assessment as great or good. This is a 2% increase from last year's figure of 96%.

As part of our family and friends survey, 95% said they would "definitely" or "likely" recommend us to other children looked after. This is an increase of 1% from last year.

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. 55 out of 58 wrote responses this equates to 95% an increase of 10% from last year.

Some comments are shown below:

I felt it was positive and the doctor very approachable. She listened and gave positive advice

I got to talk about myself and I had a chance to talk about my worries

I always felt listened to and informed by the health assessor

She 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

I thought it was fun

In depth. Very informative. Great. I've never been to one of these before, and I think that it was pretty good

I'm more relaxed and informed about taking care of myself e.g. diet

It was interesting amazing fabulous I liked when she checked my height and weight

It was straight forward

My health assessment was very good today, everything was covered

Comments made by Carers:

Our looked after child was present. She was treated with respect and enjoyed the visit

All went very well, very child friendly lady

Very supportive. Good listening to child. Good health tips

Was very good. Doctor was very polite and took her time to explain to X who has learning difficulties

Today's assessment went well. The doctor was very clear in her questioning and also gave us information in regards to her questions. I gained 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

Very happy with Laurie's efforts and perseverance. She accommodated our young person's choices/preferences in terms of time and waited patiently until he was up from bed. Laurie provided very useful information, tips and motivation

This is the second 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 July 2018 to compare this year's results.

9.5 Inspection Updates

No inspections of the CLA health services by CQC or Ofsted were undertaken during 2017/18.

9.6 Professional Development

The CLA Health Team ensure that all staff have the required training and development opportunities in order to provide excellent services to Harrow CLA.

The CLA Health Team have initiated clinical learning afternoons which provide time for team members to share relevant information and feedback from courses. This then enhances practice and improves the outcomes for CLA. During the two sessions held this year topics have included: research based information on burnout, loneliness, the provision of Book start and evaluating quality tools. Guest speakers have also been invited to these sessions providing valuable insight into the needs of UASC and how to identify when a young person may be at risk of radicalisation. On review, these events are informative and the team plan to continue to hold them during the coming year.

During 2017/18 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).

Staff have undergone a range of training sessions including the following training:

Mandatory training - CNWL

North West London CLA peer review group

RCN National Conference for CLA Nurses

Designated Professionals Updates – Brent, Harrow and Hillingdon CCG

Trafficking and Modern Slavery – Harrow SCB

Team away day – update on domestic abuse

Autism Awareness – CNWL

All team members have completed Mosaic training – Harrow Council
Administrator for CLA health team has commenced CNWL administration apprenticeship course
Learning event for London Named and Designated CLA Nurses –level 4/5 safeguarding training

The CLA health team had a poster presentation accepted for the national RCN children looked after nurses' event. The abstract for submission highlighted the involvement of CLA in the improvement of the service, the development of health literature and the joint partnership working with Harrow CCG and Harrow Council to improve the health outcomes for CLA.

9.7 Other – New Processes

The CLA Health Team have developed and introduced a 'health needs tool' to allow young people to decide what they want to talk about and to rate the importance of health issues for them. This allows the young person to decide what they want to change to improve their health. (See Appendix 2)

Comment from young person who trialled the health needs tool and feedback that it was 'really good and informative. I like the worksheet, allowed us to clearly discuss issues and improvement towards my health' (16).

Further process work completed in 2017/18:

- Updated the health information for permanency process.
- CLA health team administrator asked to input outstanding NHS numbers onto Mosaic. Process now in place for this to commence via MASH.
- Inputting of immunisation status and dental checks directly onto Mosaic.
- Medical Advisor liaised with Senior Neonatologist to ensure that foster carers are given information about both immediate concerns and more information about a case involving possible long term problems. As a result this will now be embedded into routine practice in the neonatal unit.

10 Priorities for 2018/19

The following have been identified as areas for local improvement within 2018/19:

- To continue to work with managers in Harrow Council to improve the timely requests for initial and review health assessments
- Work with Beyond Limits (Harrow Council Children Looked After Council) on a variety of initiatives, such as care leaver services to inform service planning and delivery
- To fully implement Care Leaver Health Passports
- To continue to work with Harrow Council and Harrow CCG to improve the uptake of immunisations for CLA. Using CHIS to monitor this information.
- To ascertain the health needs of the over 13 year age group to ensure optimum holistic care. This may include exploration of mental health, substance misuse or sexual health issues.

Emma Hedley - Named Nurse CLA

Individuals from the CLA Harrow Health Team have contributed to this report.
Thank you to the Hillingdon Looked After Children's Health Team for their continued support.

Appendix 1

Glossary of Terms

Abbreviation	Meaning
ADHD	Attention Deficit Hyperactivity Disorder
ADM	Agency Decision Maker
CAMHS	Child and adolescent mental health services
BHH	Brent, Harrow and Hillingdon
CCG	Clinical Commissioning Group
CLA	Children Looked After
ChiMat	Child and Maternal Health Observatory
CNWL	Central and North West London NHS Foundation Trust
CQC	Care Quality Commission
CSE	Child Sexual Exploitation
DfE	Department for Education
DNA	Did Not Attend
DoH	Department of Health
ED	Emergency Department
FGM	Female Genital Mutilation
GDP	General Dental Practitioner
GP/ GPwSI	General Practitioner/ General Practitioner with Special Interest
HSCB	Harrow Safeguarding Children Board
IHA	Initial Health Assessment
IRO	Independent Reviewing Officer
ITU	Intensive Therapy Unit
KLOE's	Key Lines of Enquiry
KPI	Key Performance Indicators
LAC	Looked After Children
LBH	London Borough of Harrow
MASE	Multi -Agency Sexual Exploitation
MASH	Multi-Agency Safeguarding Hub
NHSE	NHS England
NIS	National Indicator Set
OOB	Out of Borough
PA's	Programmed Activities
PEP	Personal Education Plan
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
SGO	Special Guardianship Order
TB	Tuberculosis
UASC	Unaccompanied Asylum Seeking Children
UCC	Urgent Care Centre
YOT	Youth Offending Team

Appendix 2



Health Needs Identification Tool