

# Harrow Children Looked After Health Service Corporate Parenting Panel July 2024

**Christine Nichols – Named Nurse  
for Children Looked After Harrow**

# KPI's for Harrow CLA March to June 2024

Month	Target for IHA 100% CNWL within 20 days of child becoming CLA	Target for RHA 100% CNWL within 6/12 months
March	100%	100%
April	100%	100%
May	100%	100%
June	100%	100%

Exception reporting excludes:

- requests and consent not made available within 3 days for IHA's and within 3 months for RHA's,
- CLA who do not attend or refuse appointments given or are missing
- CLA placed out of Harrow who depend upon another provider to offer an appointment.

# Other Service Specification Requirements

The CLA team also assist the London Borough of Harrow to:

- Record and report dates of dental checks following health assessment
- To update immunisation status of each CLA following health assessment where possible
- GP Registration
- Record and report dates of Optician Checks

## Initial Health Assessments Completed

Month 2023	Total Due	IHA completed within 20 days (percentage / number)	IHA completed outside of timescale (percentage / number)	IHA not yet completed (percentage / number)
March	4	75% (3)	25% (1)	0% (0)
April	5	60% (3)*	40% (2)	0% (0)
May	4	75% (3)	0% (0)	25%(1)**
June	2	50% (1)	50% (1)	0% (0)

### Time scales from CYP identified as CLA to completion of IHA

Total Number of CYP = 15

- within 20 days - 10 \*
- between day 21- 30 - 2
- between day 31- 40 - 2
- day 41+ (includes not yet seen) – 1\*\*
- **\*Includes 1 x CHAT Report**
- **\*\* Young person refused**

# Reasons for Late Completion of IHAs

Summary of reasons for late IHA's									
Month	No of requests received	Late requests for IHA to CLA team	Carer Declined / Cancelled Appointment	DNA / WNB	Referral / Consent issues	Refusal by Young person	OoB placement	Placement move	Young Person in Hospital / Missing / YOI / Tagged
March	4	2	1	1					
April	5	4	2		1				
May	4	2		1		1			1
June	2	1					1	1	

# Themes for Completion of IHAs

- **Contributing challenges for completion are late requests\* , DNA's and carers declining appointments.**  
9/15 (60 %) of requests for IHA were received outside timescales. 4 of the 9 late requests were seen in timescales.  
No of requests received within  
Day 4-5 – 2  
Day 6-10 - 5  
Day 11-20 - 2  
Day 21-40 – 0
- **Other reasons can be unpredictable eg placement moves, placed out of borough etc**
- **\* (late referrals and late consents)**

## Review Health Assessments Completed

Month 2023	Total Due	RHA completed within timescale (percentage / number)	RHA completed outside of timescale (percentage / number)	RHA not yet completed (percentage / number)
<b>March</b>	7	85.7% (6)	14.3% (1)	% (0)
<b>April</b>	10	70 % (7)	20 % (2)	10% (1)*
<b>May</b>	16	87.5% (14)	12.5% (2)	0% (0)
<b>June</b>	10	80% (8)	0% (0)	20% (2)

### Time scales from CYP identified as CLA to completion of RHA

Total Number of CYP = 43

Number seen:

within statutory timescales – 35

late - between day 1-10 – 1

late - between day 11-20 – 1

late – between day 21-30 – 0

late – 31+ days plus (includes not yet seen) – 6\*

\*Request received after due date and young person refused.

## Reasons for completing RHA late

Summary of reasons for late RHA's	No of requests received	Late requests for RHA	Carer Declined / Cancelled Appointment	DNA / WNB	Referral / Consent issues	Refusal by Young person	OoB placement	Placement move	Young Person in Hospital
<b>March</b>	7	3	2	1			3		
<b>April</b>	10	6	1	1		1	4		
<b>May</b>	16	14	4				5		
<b>June</b>	10	3	2				2	1	



# Themes for Late Completion of RHAs

- The main factor contributing to completing RHA's outside of timescale are late requests, carers declining appointments and young people DNA'ing.
- 26/43 (60.5%) requests for RHA were received outside timescales. 20 out of the 26 late requests were completed in timescales.

## Late requests received within:

Weeks 12-10 - 10

Weeks 6-9 – 11

Weeks 5-2 - 3

1 Week or less – 2

- Other reasons are unpredictable eg sickness etc

# Health Issues for CLA

- **The increase in prevalence of complex mental health issues.**
- **Incomplete immunisations.**
- **Dental checks**

# Case Study

## Background

- Young person, aged between 16-18yrs.
- Currently living in a semi-independent placement.
- Experienced significant trauma during childhood.
- History of sexual abuse.
- Strained relationships with biological family.

## Concerns

- illicit drug use.
- risk taking behaviour and poor school attendance.
- Getting involved in fights at college.
- regarding recurrent episodes of A&E attendances including sexual health issues.

Known to CAMHS however engagement poor.

Declined to sign consent form for RHA as was worried about information sharing.  
Allocated social worker made several attempts to obtain signed consent form but young person continued to decline.

## Intervention CLA Nurse

- liaised with allocated social worker and obtained young persons contact number to explore young persons concerns about the health assessment.
  - contacted young person and encouraged her to sign consent form and reassured young person with regards to confidentiality.
  - encouraged attendance for RHA and explained benefits.
- 
- ✓ Young person agreed to sign form with allocated social worker and attended her RHA appointment.
  - ✓ Young person was referred to relevant services to meet her health needs.
  - ✓ CLA Nurse continues to support young person. CLA Nurse provided young person with her contact details should she need further support regarding health related issues.
  - ✓ Young person has now been engaging with CAMHS since the assessment.

# Questions

