



Harrow

Annual Health Report on Looked After Children and Care Leavers

April 1st 2011-March 31st 2012

This report is written on behalf of NHS Harrow for presentation at the Corporate Parenting Panel in July 2012. It is the first health report provided for the Panel and the expectation is that an Annual Health Report will be provided to the Panel and presented by the Designated Nurse/Designated Doctor for Looked After Children.

The report updates the Panel on work with Looked After Children in Harrow. It highlights the health needs and issues for this vulnerable group and the responsibilities of NHS Harrow in responding to these needs. The report will provide an overview of the service provided for Looked After Children in Harrow and those placed outside of the Borough and examine any progress that has been made with the service. The report will also set out the priorities for the service in 2012/13.

Introduction

The service for Looked After Children and Care Leavers provides a specialist public health service to children and young people who are placed in the care of Harrow Local Authority.

The services and responsibilities for Looked After Children are underpinned by legislation, statutory guidance and good practice guidance which include:

- Statutory Guidance on Promoting the Health and Well-being of Looked After Children. (DH,2009)
- Promoting the quality of life of looked after children and young people. (NICE, 2010)
- Children Leaving Care Act (2000).
- You're Welcome-Quality Criteria for Young People Friendly Health Services. (DH,2011)

On the 31st March 2011 there were over 83,000 looked after children in the United Kingdom (NSPCC); this in England represents 65,520 children and shows a 2% increase from the previous year and the highest number since 1987.

Health Needs of Looked After Children

Although looked after children and young people have many of the same health risks and problems as their peers the extent is often exacerbated due to their experiences of abuse, neglect and poverty which are the main reasons for being placed in care. Children and young people who enter into care often have greater challenges such as discord within their own families and the lack of access to support and advice from a trusted adult. Longer term outcomes for looked after children and young people remain worse than their peers.

- Looked after children have significantly higher rates of mental health disorders than others (45% rising to 72% for those in residential care, compared to 10% of the general population aged 5-15yrs).
- Two-thirds of looked after children have been found to have at least one physical health complaint such as speech and language problems, co-ordination difficulties, eye or vision problems or bed-wetting.
- The health and general well –being of young people leaving care has consistently been found to be poorer than young people who have never been in care with higher levels of drug and alcohol abuse and teenage pregnancy.

All the health risks and problems are further exacerbated by the high geographical mobility of looked after children and young people, as well as often not being registered with a General Practitioner (GP) and frequently being educated outside of mainstream schools.

Good health care goes beyond simply having access to health services and health professionals have an important role to play in enabling looked after children and young people to overcome these disadvantages and to reach their full potential. When children and young people have access to specialist health professionals their health outcomes improve.

Commissioning Arrangements

Both the Local Authority and NHS Harrow have statutory duties to safeguard and promote the welfare of children and young people who are in their care. This includes ensuring that their health needs are fully assessed, that there is health plan in place and that they do have access to different services to meet their needs. NHS Harrow in partnership with the Local Authority commissions the Lead Nurse for Looked After Children and the Local Authority funds some administrative support for this role. NHS Harrow commissions the role of Designated Doctor from North West London Hospital Trust and provides the role of Designated Nurse. NHS Harrow has also commissioned administrative support for the Lead Nurse and this post is expected to be filled shortly. The Clinical Commissioning Board has been working closely with NHS Harrow to ensure continuity of business once NHS Harrow ceases to exist as an Organisation.

Aim of the Service

The primary aim of the service is to work with children and young people who come into care to promote their health and well-being and to address any health inequalities. The Lead Nurse is the operational part of the service and the vital link between all health providers, Social Care and the Designated Professionals.

The aim of the service will be achieved through:

- Providing a single point of contact for coordinating requests for health assessments so that the most appropriate health professional can perform the assessment and a health plan can be devised based on the child's/young person's needs.
- Promoting access to primary health services for looked after children and providing specialist health promotion information, advice and guidance
- Supporting and training health and social care professionals and foster carer's who work and care for looked after children and young people.

- Undertaking health assessments for looked after children and young people who are not engaging with primary care services and who are not in education.
- Undertaking health assessments and providing support to young people over the age of 16 years.

Role of Designated Professionals

The Designated Nurse and Designated Doctor are both in post. Their role is to operate at a strategic level, with accountability for assisting NHS Harrow in fulfilling its commissioning responsibility to improve the health of looked after children and young people. The Designated Professionals work together to provide the following functions:

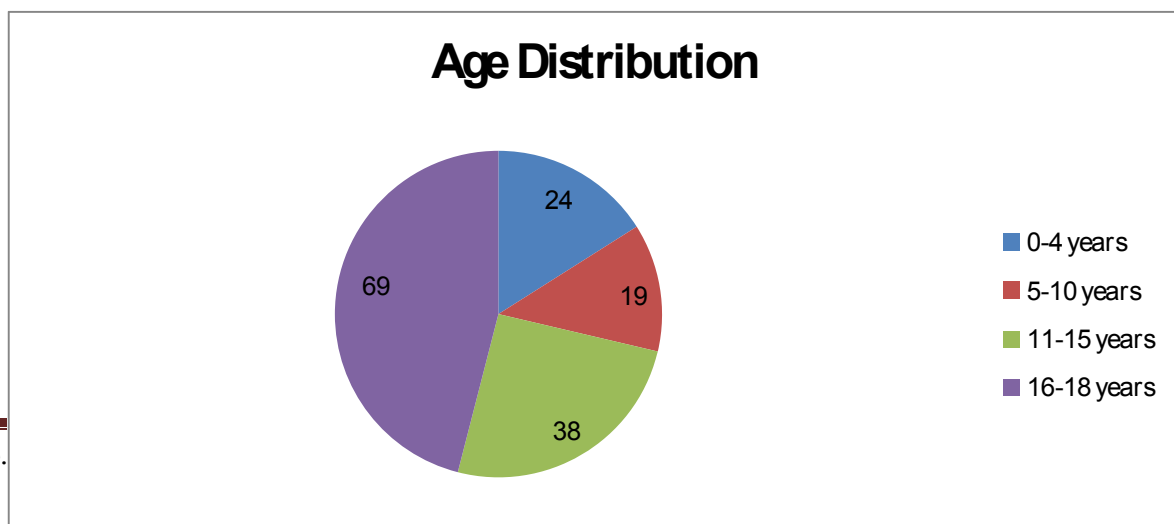
- Inter-agency responsibilities.
- Leadership and advisory.
- Governance-Policy and Procedures.
- Co-ordination, communication and liaison.
- Monitoring and information management.
- Training responsibilities.

Profile of Looked After Children in Harrow

The Looked After Children service provides health care for Harrow children and young people residing in Harrow and those placed out of Borough within a twenty mile radius. Children and young people that are placed further out receive their care from the area in which they reside. However it is the joint responsibility of the placing authority and NHS Harrow to provide for the health needs of any looked after child/young person. In March 2012 the Local Authority had a total of 150 looked after children, with 78 of them being in care for longer than a year.

A further breakdown of these figures shows that 91 of these children/young people are placed in Harrow and the remainder in other London Boroughs or other districts in England and Wales. The children and young people that are placed out of Borough are the most vulnerable group and there is a need for NHS Harrow to understand the numbers that are currently out of area and be a part of the discussions before a child/young person is placed elsewhere. A number of children/young people are placed in Residential Units (29) which does necessitate an out of area placement.

More than half of the number of children/young people looked after are looked after are from ethnic minorities (97). 16 of the children and young people have some form of disabilities.



As the chart indicates the largest number of children/young people who are looked after fall in the age range of 16-18years which is a significant number. This has a huge impact on the service provision because often this age group are not in school and even if they attend, the School Nurse service does not cover this age group. The work for this vulnerable group sits usually with the Lead Nurse who ensures the hard to reach group has the health assessments carried out.

Looked after children and young people often present with complex needs and this is apparent in Harrow. Types of complex issues involve:

- Complex neuro-disability, physical disability and learning difficulties.
- Substance misuse.
- Emotional, behavioural and mental health problems, attachment disorders, ADHD.
- Asylum seekers.
- Young people who find it difficult to engage in education, training or employment and become involved in criminal activity.
- Teenage pregnancy-although not a significant problem in Harrow, it does occur and other Local Authorities do place pregnant young women in the Borough.
- Poor health history or failure to manage medical conditions such as asthma, epilepsy and diabetes that has resulted in complications or poor control.

For children and young people with complex needs it is essential that the health provision is co-ordinated and meets their needs. It involves the Lead Nurse or Lead Health Professional to work with and liaise with a wide range of partners including Child and Adult Mental Health Service (CAMHS), Substance Misuse Services, Sexual Health, Secure Units, Specialist Residential Units and the Youth Offending Teams.

Key Performance Indicators

Harrow Council follows the national system of reporting on the health and well-being of looked after children and young people. Data is collated and recorded by the Lead Nurse on key factors including yearly health assessments (6 monthly for the under 5yrs), dental checks and completion of Strengths and Difficulties questionnaire (SDQ). The target for completion of health and dental checks set by the Local Authority is 95% which is usually achieved. However this does not measure the timeliness of the health assessments.

Initial and Review Health Assessments

It is the responsibility of the Local Authority to ensure that health assessments are carried out. NHS Harrow has a duty to comply with requests and help the Local Authority in the exercise of their function.

The objectives of the health assessment include:

- To assess health risk and provide an opportunity to redress past health neglect.
- To assess current health and mental health concerns.
- To review and advise on known existing health problems and risk factors.

- To identify unrecognised health needs.
- To plan appropriate action and ensure recommendations are carried through (DH, 2009)

When a child/young person comes into care the expectation is that the Initial Health Assessment will be carried out within 28 days or in time for the Initial Review. At present neither health or social care have been monitoring the completion within timescales and as result, many are not completed to time. The **Initial Health Assessment** should be completed by a registered medical practitioner. The majority of Initial Health Assessments have been completed by General Practitioners in Harrow for the period March 2011-April 2012.

General Practitioner	Consultant Paediatrician
65	9

There has been no quality assurance performed on the Initial Health Assessments although it is apparent that the quality of completed health assessments varies considerably. The General Practitioners receive payment for this function from NHS Harrow. For young people who do not want to engage with a medical practitioner, the Lead Nurse will undertake the Initial Health Assessment. As young people who are deemed to be Fraser competent have a right to consent to their own health assessments, it has to be acknowledged that a minority will refuse an assessment and that has to be respected, although every attempt is made to try and accommodate their wishes.

Review Health Assessments are required every 6 months for children under the age of 5 years and annually for children over the age of 5 years. The Review Health Assessments are completed by the most appropriate health professional. This is usually the Health Visitor for the under 5 years and the School Nurse for the over 5 years in a Harrow school. The General Practitioners will be asked to complete the health assessment if it is deemed appropriate. The Lead Nurse carries out the Review Health Assessments for children/young people not attending School and the more difficult to reach.

Health Visitor	School Nurse	Lead Nurse	General Practitioner
13	14	72	13

There has to date been no quality assurance of the completed Review Health Assessments and the quality has differed.

Currently for the children and young people placed out of Borough rely on the health services in the receiving Borough for health assessments to be completed. The vast majority of Initial Health Assessments are completed by General Practitioners and many Review Health Assessments are completed by a member of the Looked After Children team in that area. Again there has been no monitoring of the timescales and no quality control. NHS Harrow provides payment for any health assessments that are completed by a General Practitioner.

Strengths and Difficulties Questionnaire

The Strengths and Difficulties questionnaire (SDQ) is a screening tool for assessing mental health in 4-16 year olds (Goodman, 1998). The questionnaire is currently being completed by the Lead Nurse which has resulted in much higher completion rate. Once completed the Lead Nurse and the Nurse Specialist CAMHS will review the questionnaires with a high score to ensure they receive support for their on-going emotional needs. The questionnaires are completed annually and they provide an overview of the young person's mental well-being over the period they remain in care.

Engagement with Foster Carer's

The role of foster carer's is crucial to the well-being of a child/young person whilst they are in care. Unfortunately some looked after children/young people are subject to frequent changes in carer's which is very damaging to their ability to settle in care. The Lead Nurse has recognised that it is important to involve foster carer's because of the part they play in meeting the health needs of the child/young person in care. The Lead Nurse provides support and advice to foster carer's and participates in the training programme for new carer's. In November 2011 the Lead Nurse held a half day training session for foster carer's which was very well received. The Lead Nurse also sits on the monthly Fostering Panel.

The Lead Nurse also provides regular support to Residential Units and Semi-Independent Living Accommodation. This includes monthly drop-in health advice clinics at Honeypt Lane Residential Unit and more recently the Gayton Residential Unit. The Lead Nurse also participates in the Life Skills training programme for Care Leavers which provides specific support and advice to young people in the process of leaving care.

Review of the Looked After Children Service

NHS Harrow along with the Designated Nurse commenced a review of the service in Autumn 2011. As a result of this work, a Protocol was devised in November to highlight the different roles and responsibilities in health and within social care as the review revealed a certain level of confusion. NHS Harrow took steps to ensure that Designated Professionals were in place to lead the looked after children agenda and they were both in post by February 2012. The Designated Professionals along with the Lead Nurse further reviewed the service to understand where the gaps were and what actions needed to be taken to improve the service.

A number of issues were identified and initial steps were taken to work with the Local Authority to try and rectify the situation; however progress was very slow. In the light of the Inspection findings there is an urgent need to increase the pace of this work and to focus on ensuring that the multi-agency health pathway is fully implemented.

Ofsted/CQC Inspection

The final report for the Ofsted/CQC Inspection has not yet been made public, however the health part of the looked after children and young people service did not do well. NHS Harrow had already identified the issues and gaps that existed in the service and the CQC Inspection confirmed the same findings. The Inspector was aware of the work being undertaken to improve the service but the judgment was based on the current service provision at the time of the inspection. The Inspector accepted that some of the issues that were hindering the completion of health

assessments, particularly Initial Health Assessments were due to poor processes in place between Social Care and Health; but some areas were completely the responsibility of health.

The following areas for improvement were identified:

- The need for a robust system in place that informs NHS Harrow of all children/young people coming into care. This needs to encompass children/young people who are placed out of Borough and any children/young people placed by another Local Authority in Harrow.
- Although the health assessments are expected to be completed within a certain timescale this is not evident from either Social Care or Health. There needs to be a much tighter monitoring of the timescales by both agencies.
- The quality of health assessments was variable and many did not have a completed health plan that was individual to the child or young person. Health needs were not always identified by the health professional completing the assessment. Record keeping highlighted the use of narrative rather than risk analysis and a plan formed around the concerns.
- Although the Strengths and Difficulties Questionnaires are completed and returned to the Lead Nurse, they are not shared with the Lead Health Professional and are not used to help develop a picture of the mental health of the child/young person in care. The exercise is nothing more than episodic that does not feed into any assessment of the child/young person. This should be a tool that Health is able to use to assess the changes in mental health but it is not being used effectively.
- Children and young people placed out of Harrow were identified as a very vulnerable group because the Lead Nurse along with NHS Harrow did not have an overview of their care and understanding of their health needs. Again the assessments were not timely and the quality varied.
- The quality of the health assessments was overall quite poor and it was noted that there was no quality assurance carried out on the returned assessments.
- The service for Care Leavers from health is not strongly evident and there is nothing to indicate young people receive any information about their health and any plan for future engagement with health services.
- Increase opportunities for children and young people to have their views and experiences taken into account and influence future service development.

Bearing in mind that the Looked After Children cohort in Harrow is relatively small, we should be aiming for rapid resolution of these problems and a swift move towards a high quality, safe service leading to better identification of health needs and improved health outcomes for this vulnerable group of children and young people.

Future Developments and Priorities for 2012/13

NHS Harrow with the Designated Nurse had already begun work with the main health providers for the Looked After Children service and this work has continued in line with the provisional recommendations from the CQC Inspection.

On 31st January 2012 the Designated Nurse undertook training for the Clinical Commissioning Board (CCB) to ensure that as commissioners they understood their responsibilities and duty of care to looked after children and young people in Harrow and those placed out of Borough. This raised their awareness greatly and the Chair of the CCB has been actively involved since, attending the feedback from the Ofsted/CQC Inspection and the workshop.

A Looked After Children Pathway Workshop was held on the 11th June and involved representatives from North West London Hospital Trust, Harrow Community Services (ICO), NHS Harrow and members of the CCB. This was a focused workshop that looked at the pathways for children/young people entering into care and where the process was failing.

The workshop also looked at roles and responsibilities so all health providers were aware and had to take ownership of their contribution to the Looked After Children service.

The Designated Nurse also met with the Designated Nurse in Westminster and Chelsea to observe an area of best practice. It was reassuring that the service works with a similar number of children/young people and their processes model those wanted in Harrow.

New Model

The new model will have the Lead Nurse as the single point of contact and every request for a health assessment must go via her with the completed paperwork. A health record will be opened on Rio and this will be the Lead Nurse's only record for this cohort. The Designated Doctor will review all the completed Initial Health Assessments and ensure a health plan is completed and the Designated Nurse will review the quality of the completed Review Health Assessments. There will be a continuous audit programme for completed health assessments. There will also be close monitoring of the timescales.

Summary

NHS Harrow and the health services commissioned to provide the Looked After Children Service are fully committed to improving the service and ensuring that all children and young people who come into care will have their health needs identified and has an effective plan to meet these needs. We are committed to working in partnership with the Local Authority to promote the health and well-being of children and young people and to contribute to achieving the best outcomes for this cohort.

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NHS Harrow