

**REPORT FOR CORPORATE PARENTING COMMITTEE
DEC 2014**

**HEALTH SERVICES FOR CHILDREN LOOKED AFTER IN BRENT
PROGRESS ON RECOMMENDATIONS MADE BY THE
CARE QUALITY COMMISSION**

In June 2014 the Care Quality Commission (CQC) carried out an inspection of health services for children looked after (CLA) and Safeguarding in the London Borough of Brent. The overall feedback from the inspectors in relation to Brent's CLA Health Service was very positive and acknowledged the significant improvements in service delivery since their previous inspection in 2011.

The CQC made four recommendations in relation to CLA for the provider organisation:

- 6.1 *Implement a robust contingency plan to ensure the continuation of the children looked after health service in light of the current and impending vacancies within the specialist health team.***
- 6.2 *Work with Brent Children's Social Care Team to agree the pathway for monitoring the actions identified in the health plans of children looked after by the London Borough of Brent.***
- 6.3 *Ensure that initial health assessments for children looked after are carried out within statutory timescales and that the assessments and health plans are available to inform the child's first Local Authority statutory review.***
- 6.4 *Ensure that health plans arising from supervision with public health nurses are kept on the client's notes so that these can be referred to and shared with colleagues who may also work corporately with a vulnerable family.***

In response to the CQC's recommendations an action plan was developed by the provider CLA Health Team and approved by the CCG, (see **appendix 1**). The CCG are supporting and monitoring the work to implement the plan and to ensure that all the actions are completed. The Action plan was updated by the provider in November 2014.

The CCG has been working closely with the CLA Health Service and the LA to review and strengthen their Joint Protocol, (**see appendix 2**). The aim of the Joint Protocol is to provide health and social care professionals with a clear process pathway to ensure that health assessments are carried out within the statutory timescales. Adherence to this protocol will support delivery of the CQC recommendations 6.2 and 6.3.

Governance Arrangements

The progress of the CQC Action Plan is monitored through:-

- A joint LA and CCG monthly monitoring meeting with the provider
- Progress reports to the Children's Joint Executive Team of the LA and CCG
- Provider Assurance Meeting - quarterly meeting with all key stakeholders

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Appendix 1 CQC Action Plan Updated December 2014

6.1	ICO should implement a robust contingency plan to ensure the continuation of children looked after health service in light of the current and impending vacancies within the specialist health team.				
Required Outcome	Actions	Lead Agency (Officer)	By When	Evidence of Progress	RAG rating status for actions complete or outstanding
CLA Lead Nurse post is filled	Recruit to CLA Lead Nurse post and design contingency plan to manage service in the interim.	General Manager	31 st October 2014	CLA lead nurse post has been successfully recruited to and started in December 2014. There is on current vacancy and support arrangements are in place through the employment of bank staff and the redeployment of a school nurse and health visitors to assist with the review health assessments.	
6.2	ICO will work with the Brent Children Social Care Team to agree the pathway for monitoring of actions identified in the health plans of children looked after by the London Borough of Brent.				
There is an agreed pathway for monitoring of actions identified	An urgent joint protocol meeting date was arranged to discuss pathways, roles, responsibilities, required	Designated CLA nurse – Brent CCG and all stakeholder s to provide	31 st August 2014	A joint protocol meeting took place in August 2014 with all key stakeholders. The protocol has formally been agreed and signed off and is now operational. The success of the protocol is	

in the health plans of children looked after by the London Borough of Brent.	improvements to timescales and change of placement protocols.	representation & GM Children's Services		<p>being monitored through the identification of any breach reports which are discussed at each joint monthly monitoring meeting.</p> <p>The Designated Nurse CLA and Specialist Nurse have delivered training sessions to social workers and line managers, around our joint statutory requirements for the production of health plans and the positive impact that they will have on the health and well-being of Children Looked After.</p>	
6.3	Ensure that initial health assessments for children looked after are carried out within the statutory timescale and that the assessments and health plans are available to inform the child's first Local Authority statutory review.				
Required Outcome	Actions	Lead Agency (Officer)	By When	Evidence of Progress	RAG rating status for actions complete or outstanding
IHA are within statutory timescales	<p>This will be addressed through the development of the Joint Protocol and monitored through the breach reports held on monthly monitoring meetings.</p> <p>Please see action 6.2</p>	Designated CLA Nurse – Brent CCG & GM Children's Services	31 st August 2014	<p>As above 6.2</p> <p>A joint protocol meeting took place in August 2014 with all key stakeholders. The protocol has formally been agreed and signed off and is now operational. The success of the protocol is being monitored through the identification of any breach reports which are discussed at each joint monthly monitoring meeting.</p> <p>In addition, the CLA team will be co-located with the social care team at the Civic Centre from January 2015. This will help to ensure</p>	

				continued improvements in communication and the completion of IHA and RHA's within the statutory timescales.	
6.3.1 Health plans are available to inform the child's first Local Authority statutory review	The Manager of the Independent Reviewing Officers (IRO) was invited to the August 2014 meeting to ensure quality assurance the timeliness of health assessments and that it was included within the protocol	Head of Social Care Placement & GM Children's Services	31 st August 2014	As above 6.2 A joint protocol meeting took place in August 2014 with all key stakeholders. The protocol has formally been agreed and signed off and is now operational. The success of the protocol is being monitored through the identification of any breach reports which are discussed at each joint monthly monitoring meeting.	
6.4	Ensure that health plans arising from supervision with public health nurses are kept on the client's notes so that these can be referred to and shared with colleagues who may also work corporately with a vulnerable family.				
Required Outcome	Actions	Lead Agency (Officer)	By When	Evidence of Progress	RAG rating status for actions complete or outstanding
Health plans are accessible to all working with a vulnerable family	The Named Nurses to develop an ICO wide supervision record that can be uploaded to the child's record. This will form part of the ICO wide supervision policy.	Named Nurse Safeguarding Children - Brent	31 st January 2015	The supervision policy has now been completed and due to be ratified at the new LNWHHT Safeguarding Group in January 2015.	

Appendix B – Joint Protocol



Stronger
Together

London North West Healthcare **NHS**
NHS Trust

JOINT PROTOCOL FOR CHILDREN LOOKED AFTER *Between Brent Council (Children & Families, Social Care Division)*

&

London North West Health Care NHS Trust (Children Looked After Health Team- Brent)

ARRANGING STATUTORY HEALTH ASSESSMENTS FOR CHILDREN & YOUNG PEOPLE LOOKED AFTER BY THE LONDON BOROUGH OF BRENT

1. All requests for health assessments for children & young people looked after (CLA) by the London Borough of Brent (whether placed ***inside or outside*** of the borough) must be made via the Brent CLA Health Team

When a child or young person first becomes looked after a statutory Initial Health Assessment (IHA) is required. In order to arrange the IHA the allocated Social Worker must ensure that the relevant British Adoption And Fostering (BAAF) Health Assessment forms are completed and signed. The completed Initial Health Assessment (IHA) BAAF forms should then be sent to the CLA Health Team within **5 working** days of the young person becoming looked after.

2. Subsequent statutory review health assessments, known as RHA's, will be required every six months for children under 5 years and annually for children over 5.

- For Review Health Assessments (RHAs) for children placed **in borough** the social worker should complete and return the RHA BAAF form to the CLA Health Team **6 weeks** prior the Health Assessment being due.
- For Review Health Assessments for children placed **out of borough** the social worker should complete the RHA BAAF form **12 weeks** prior to the Health Assessment being due.

Please note that Health Assessments will not be arranged or undertaken until Part A of the BAAF form has been completed in full and a signed consent provided. BAAF forms received which are incomplete will be returned to the allocated SW on the same day.

BAAF Forms

1. The parts of the BAAF form which relate to **CONSENT** are sections A – D. These should be completed by the allocated social worker for all children and young people and signed by either a person with parental responsibility or the agency/social worker who shares parental responsibility under a relevant care order.
 - Part A, all IHA, RHA – to be completed by Agency/ Social Worker
 - Part B – to be completed by Birth Parent
 - Part C to be completed by Child or Young Person with the capacity to consent
 - Part D to be completed by other adult/agency with parental responsibility

Other BAAF Forms & Documentation Required

- Health Assessment forms: C Annex, D Annex
- IHA-C – Initial Health Assessment – Child from birth to 9 years old
- IHA-YP – Initial Health Assessment Young Person for 10 years and over
- MB – Obstetric report on mother/neonatal report on child must be available for the Initial Health Assessment (IHA) as this information is available from the hospital soon after birth of the child. In addition the Health Admin will access any previous health assessments, core assessments or relevant reports from Frameworki. If access is restricted, they will request these from the social worker directly.

- PH – parental health information - the IHA Health Plan will indicate if this form is required for the first review health assessment (necessity depends on detail of other received information).
- RHA-C - Review Health Assessment for children from birth to 9 years old
- RHA-YP – Review Health Assessment for children for 10 years and over
- SDQ forms – should be completed annually for all children aged 4 and over. The child’s main carer should assist them to complete the SDQ. The completed SDQ should be sent to CAMHS and uploaded onto Frameworki so that it can inform the health assessment.

2. The Health Assessment

Health Assessments will be completed according to the following statutory timescales:

HEALTH ASSESMENT	STATUTORY TIMESCALE
Initial Health Assessment (IHA)	To be completed within 20 working days of child/young person becoming looked after
Review Health Assessment (RHA) for children under 5	To be completed 6 months after the IHA and 6 monthly thereafter until the child becomes 5 years old
Review Health Assessment (RHA) for children over 5	To be completed 12 months after the IHA and annually thereafter

2.1 Initial Assessments will be undertaken by a doctor as will follow up assessments, if there are complex medical issues requiring medical intervention. Routine RHAs will be undertaken by a CLA Specialist Nurse. For those children or young people placed outside of the borough of Brent, the CLA health team will carry out the assessment; where this is not feasible a suitably qualified professional appointed by the local CCG will carry out the assessment. This will be commissioned and quality assured by the CLA Health Team. Notification of the appointment will be sent to social care via the secure GCSX account.

2.2. If a young person fails (DNA), or refuses to attend a scheduled appointment a further appointment will be offered, with notification also being sent to the relevant social worker and Commissioning Manager in children & families. The Specialist Nurse will contact the YP to offer and discuss a more appropriate appointment and venue. If the young person does not attend the second appointment, no further appointments will be offered. The social worker will be notified of the non-attendance and will be advised to make an appointment directly with the CLA Health team if the young person changes their mind.

3. Young People in Custody

Young people in youth offending or similar institutions are now exempt from having health assessments by the CLA Health Team in Brent but requests are made for HA via Care UK.

4. Following The Health Assessment

Completed health reports and Health Action Plans will be sent by the CLA Health Admin to the Performance and monitoring information (MI) Officer in social care to be uploaded onto Frameworki. Recommendations within the Health Action Plan will clearly specify responsibilities to the appropriate person/people and timescales. All recommendations should be outcome based and objectives should be SMART.

4.1 Recommendations within the child's Health Action Plan should be incorporated into the child's care plan. This should be routinely reviewed by the Social Worker and Independent Reviewing Officer (IRO) to monitor progress. All progress should be recorded within the IRO's report and shared with the CLA Health Team.

4.2 The CLA Health Team will routinely notify the allocated Social Worker of any new health information or events.

5. Reporting & Sharing Information

The Children and Families Commissioning Team will send a report to the CLA Health Team Administrator on the **1st day of each month** detailing the Initial and Review Health Assessments which are due in the forthcoming month.

In addition, the Performance and MI officer will also provide information on all children who have ceased to be looked after or who have changed placement (**within 24 hours**) and include details of their new carer and placement address.

Updated October 2014
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