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***21st September 2009***

**Ms Rebecca Harriot,  
Interim Chief Executive, Devon PCT  
County Hall, Topsham Road,  
Exeter, Devon, EX2 4QL**

Dear Ms Harriot

**Outcome of integrated inspection of safeguarding and looked after children's services in Devon**

I am writing about the recent joint inspection by Ofsted and the Care Quality Commission in Devon to provide you more detailed feedback on the findings from the CQC's component of the inspection. Thank you for your contribution to the inspection and for accommodating the requests for interviews and focus groups with your staff and those of partner agencies at relatively short notice.

As you will be aware, the team led by Ofsted colleagues provided feedback to your local Director of Children's Services at the end of fieldwork and the report to the authority is now published.

This letter sets out more detail of the underlying evidence which relates to your organisation and the provider units for which you commission services. It incorporates the findings from the overall inspection report, but provides greater detail about what we found, in order that your organisation can consider and act upon the specific issues raised.

**The Inspection Process**

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The inspection was conducted between 29<sup>th</sup> June and 10<sup>th</sup> July and was conducted under the **framework for inspection** of safeguarding and looked after children's services published by Ofsted.

Ofsted's inspection principle takes account of the extent service providers have sought and acted on the views of children, young people, family and carers when reviewing and improving services and outcomes generally. Inspectors will also consider the views of those users and stakeholders they speak to during on-site evidence gathering. Details of the organisations involved are listed at the end of this letter.

The findings contribute to Ofsted's annual reviews of the performance of each local authority's children's services and its annual performance rating for each authority. The specific findings about health services' performance may also be used by the Care Quality Commission as a part of the assessment of NHS provision, registered health providers and PCT performance in delivering commissioning outcomes.

## **CQC's Involvement**

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As part of the overall inspection, CQC examined the effectiveness of the Commissioning PCT's delivery of outcomes for children and young people. We looked at the PCT and its health providers as follows:

- the role of the board: how boards assure themselves in relation to safeguarding and the health of looked-after children
- whether staff have the right skills and experience to recognise concerns, share information and escalate problems where necessary

The points discussed during meetings with the PCT commissioning board members were further explored with staff and, where possible local children across the Primary Care Trust, its providers, GPs, and community health teams.

## **Joint Area Summary**

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The integrated inspection focused upon health and social care services in relation to implementing child safeguarding procedures and delivering appropriate outcomes for 'looked after' children. It looked at outcomes for children and young people and practices to improve children's life experience. **The joint inspection report** was published within 40 days of completion of the inspection.

From the aggregated findings from the inspection, it was concluded that the overall effectiveness of the safeguarding services in Devon was **adequate** and capacity for improvement was also **adequate**.

Overall effectiveness of services for looked after children and young people in Devon was judged to be **good**. The council and its partners were also judged to have **good** capacity for improvement

## Inspection Findings for Health Partners

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The following sections provide details of CQC's findings which contributed to the overall inspection report. These are separated into two sections: safeguarding and looked after children. Where possible, evidence is attributed to a specific organisation.

CQC used a range of documentary evidence in advance of and during this inspection, and interviewed individuals and focus groups of selected staff and, where possible, children and young people, their parents and carers in order to provide a robust basis for the findings and recommendations.

### Key findings – Safeguarding and health

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Extract from Inspection report of safeguarding and Looked after Children Services – Ofsted August 2009.

*The engagement of adult mental health services in transition planning remains underdeveloped.*

*Improved joint working arrangements are in place to share information relating to domestic violence incidents with health and children's social care to enable appropriate safeguarding decisions to be made. Multi-agency risk assessment conferences and multi-agency public protection arrangements are good with improved safeguarding outcomes for children delivered as a result of the wider multi-agency membership and attendance.*

*Partnership work at the operational level between the police, health and children's social care services is good overall and improving. The common assessment framework is not yet in place across the whole of the county. Where it is fully operational, it is proving effective in supporting early intervention and preventative work.*

*Although there has been a reduction from 25% in February 2009 to 15% in June 2009, significant staffing deficits remain within the health community for health visitors and school nurses. The vacancy levels are due in part to the PCT's delay in deploying its budget allocation for children's services. The combined effect of the funding and vacancy issues has resulted in inconsistent access across the county to health services and insufficient capacity to support preventative work with children and families.*

*.. the lack of funding for health services has led to an inability to support the delivery of some safeguarding services. For example; there is still no child sexual abuse examination service in Devon despite having been in the planning stages for four years and early agreement having been given to setting up this service. The Devon Safeguarding Children Board minutes record that this has had a significant adverse impact on children who were not examined, on additional evidence lost and unknown impact on their morbidity*

## General

Awareness, communication systems and training have improved across the PCT and its provider units in the last year, largely as a result of effective learning from Serious Case Reviews, but resource constraints are limiting greater involvement in multi-agency work, particularly around the involvement of doctors in child protection conferences, and evidence of improved outcomes as a result of the initiatives is awaited. The Devon Safeguarding Children Board's (DSCB) safeguarding improvement plan identified capacity issues.

The Strategic Health Authority is active in monitoring action plans following a recent audit. This examined how learning from Serious Case Reviews and Child Death Reviews are implemented across health communities, and reviewed the engagement of GPs in training and their safeguarding responsibilities.

## Emergency Care

The four A&E departments reported receiving a weekly list of children who are the subject of Child Protection Plans and that systems for checking work well; there is good contact with duty teams out of hours and a long term plan is being developed. Representative staff from provider units indicated good awareness of practice, and learning from Serious Case Reviews has resulted in policy change so staff, including ambulance crews, should ask everyone about dependent children. A&E staff do not always get feedback on the outcomes of referrals.

It is important that a child sexual assault examination service is established – currently some of these young people are interviewed and examined using facilities on the paediatric ward (If they are not seen at the Exeter Sexual Assault Referral Centre at Hawkins House, Exeter) and, whilst appropriately sensitive procedures are in place, this is not acceptable.

## Partnership working

The PCT has a child protection committee which links to the Devon Safeguarding Children Board. In addition, the PCT's Designated Doctor chairs the Health subgroup of the Devon Safeguarding Children Board. Membership includes all provider trusts. The committee aims to take learning forward and scrutinise cross agency issues that have wider implications for safe practice. Joint PCT commissioning is well established and underpinned by a detailed Joint Strategic Needs Assessment but there are concerns around funding in the PCT to support the commissioning process. Equity of access remains an issue despite efforts to address this. The Council has had to challenge health resources being pulled back from jointly funded services and fund some therapy services itself

## Clinical leadership

Safeguarding systems in health are led effectively by clinical staff, although capacity is limited which restricts availability of specialist support to ensure good outcomes. Good

audit systems are in place to manage the Independent Management Review process and implement learning from the findings through action plans monitored by the health subgroup. New governance systems are in place to underpin safeguarding in health but these are not well established yet. Managers are increasingly taking responsibility for implementation of good safeguarding practice.

#### Training and supervision

Training of staff in safeguarding is adequate although groups of untrained staff remain. Not all frontline staff are fully trained and records are not yet complete. There has been a surge in interest following a recent Serious Case Review and level 3 training is resourced through NHS investment in the Devon Safeguarding Children Board multi-agency training programme. Named nurses provide on-site training for GPs to overcome non-attendance at multiagency training. All staff in A&E receive one day annual training as well as Level 2 training before joining the department. There is poor awareness of child protection issues by adult mental health staff. There is good support across the peninsula for designated staff within the PCT and policies and good practice guides have been developed through this forum.

#### Contracts and performance management

There is good PCT contract monitoring and particularly assurance around recruitment vetting and barring, including a review of GP recruitment practices. There is increased awareness of safeguarding issues amongst GP practice staff through active communication and training being rolled out. Some GPs do not have a named or key person and are insufficiently involved in partnership working; there is a process being developed for better multiagency working but this is in early stages, and most external liaison is through health visitors.

#### Assessment, referral and case planning systems

Health visitors are not always involved in assessment process, and case planning reviews and referrals could be improved. There is some evidence that clinicians could be more engaged with the system through better multiagency working. There is, however, good cross boundary communication at practitioner level and a good understanding of the common assessment framework and referral threshold levels. There are good examples of family assessment highlighting strengths in the family as well as those identifying problems..

### **Key findings – Looked after children and health**

Extract from Inspection report of Safeguarding and Looked after Children Services – Ofsted August 2009

*The overall effectiveness of services for looked after children and young people are good. Health outcomes are good overall and are continuing to demonstrate year-on-year improvement. Good arrangements are in place to enable looked after children and young people to stay safe.*

*Health outcomes are good with continued good performance in ensuring that all looked after children receive full health and dental checks. Where additional treatment is required it is followed up in an appropriate and timely manner. Attitudes towards healthy lifestyles have improved by adapting the healthy schools programme to that of healthy children's homes. Three children's homes have already gained accreditation. Children and young people are encouraged and supported well to participate in hobbies and physical activities. Action is being taken to address the sexual health needs of looked after children with the launch of a sexual health strategy in April 2009. Designated nurses for looked after children are actively involved in providing on-going advice and guidance to care leavers. Care leavers report they very much welcome this approach and the level of support provided to encourage them as adults to continue accessing appropriate mainstream medical services. Looked after children have precedence in accessing the child and adolescent mental health service. Improved timeliness of access to services and treatment is aiding placement stability.*

*Health and social care input into transition planning for children with complex needs is not yet secure*

*There is good partnership working between the child and adolescent mental health placement support officers and foster carers and a pilot monthly clinic where foster carers can self-refer has had a positive impact in helping foster carers manage challenging behaviour. The impact of this service has yet to be evaluated but positive feedback suggests that it is improving stability of placement in some individual cases.*

*A good needs analysis and mapping has identified around 700 children and young people placed by other authorities in independent provision within Devon. The partnership has developed good tracking arrangements and negotiated either reciprocal or bill-back arrangements to ensure those children and young people have timely access to appropriate health services.*

*Overall Being Healthy grade – Good*

Joint commissioning is well established underpinned by detailed Joint strategic needs assessment. Specialist nurses for looked after children ensure that young people's health is regularly reviewed and there are regular checkups and access to health information. Accident and Emergency services are increasingly enquiring about status for looked after children in certain circumstances and looked after children have priority access to CAMHS. Support for foster carers includes a new LAC sexual health policy which includes information for foster carers but this is not evaluated yet

Involvement of adult mental health partners has been less consistent and support for young people moving to adult services is limited resulting in CAMHS extending coverage to young people up to 19 years.

## **Areas of Strength**

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- A&E staff attendance at Multi-Agency Risk Assessment Committee
- Parents report improvement in Learning Difficulty and Disability health services
- Child and Adolescent Mental Health Service maintains services during transition
- Good preventative work with families in children's centres
- Positive support for pregnant drug/alcohol users with good information sharing and risk identification and support after delivery.

## **Recommendations for Improvement from Joint report**

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Within three months (from joint report)

- *Devon PCT to ensure active progress on setting up a child sexual abuse examination service in Devon.*
- *Devon PCT to actively progress the deployment of its dedicated budget allocation for children's services to ensure sufficient capacity to support preventative work with children and families.*
- *Ensure health input to transition planning is secured from adult services for those young people with complex needs*

Within 6 months

- *Improve A&E access to details of children who are the subject of a Child protection plan through online access or patient record flag.*

## **Conclusion**

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Your CQC Regional Director is copied into this letter and will arrange follow up on any actions detailed. We have also copied in the Strategic Health Authority and CQC's Head of National Inspection and Assessment, who has overall responsibility for this inspection programme. In respect of the recommendations, please complete an action plan detailing how they will be addressed and submit this to our regional director and your SHA Chief Executive within 20 working days of receipt of this letter

Yours sincerely



Sue Eardley  
Senior Policy Lead – Children and Safeguarding  
Regulation and Strategy Directorate

Cc Sir Ian Carruthers – Chief Executive NHS South West

Ian Biggs – CQC Regional Director, South West

Nigel Ellis – CQC Head of National Inspections and Assessment

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#### Other organisations involved in this review

- Devon PCT Provider Services
- Royal Devon and Exeter NHSFT
- Northern Devon Healthcare NHS Trust
- Plymouth Hospitals NHS Trust (mental health services)
- Devon Partnership NHS Trust