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Mr Christopher Banks
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Dear Mr Banks

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

I am writing about the recent joint inspection by Ofsted and the Care Quality Commission in Cambridgeshire 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

The inspection was conducted between14 September 2009 and 25 September 2009 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

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

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 20 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 Cambridgeshire was **adequate** and capacity for improvement was **adequate.**

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

Inspection Findings for Health Partners

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

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

There are strong working relationships between most of the core statutory agencies. Recruitment and retention difficulties in some health visiting and school nursing services do not enable sustained partnership contribution. Access to mental health provision for children and young people, through CAMHS, is good overall. There is evidence of service improvement work to improve transitions for young people, however agency managers acknowledge that further improvements are required.

Ambition and prioritisation

There is a strong commitment and willingness to improve, across all health organisations at both strategic and operational levels. There is an awareness of the need to embed current policies and procedures and the need to monitor their implementation and effectiveness on a continual basis. A number of health professionals are not aware of the strategic vision and priorities for Children and Young People.

There is evidence of performance management structures being in place, however little demonstrable sustained impact of performance outcomes is consistently seen.

Health related survey results are separated into county, locality and school level data to evaluate the effectiveness of Personal and Sexual Health Education. Results of the trend analysis for one school show an improvement in pupil knowledge from the 2002 to the 2008 survey. Drug education has been evaluated as very positive. However there is little evidence to demonstrate how this information is being used by all agencies to continually review and improve the provision of services, to ensure that they are meeting the needs of children and young people.

Children and young people reported that sexual relationship education (SRE) was not comprehensive and that the method of delivery is not enabling them to fully appreciate the potential outcome of risk taking behaviour. All young people interviewed reported that training did not make them aware as a result of sexual health and relationship education of the early signs of being pregnant. Access to the school nursing services for further advice was reported as limited in the schools that the young people attended.

Equality and Diversity

The changes within the local population and the diversity of cultures are causing some concern to a few professional groups, notable within primary care settings. There is good awareness of the changing population and staff are aware of their training and development needs within this area.

Work with travelling families with diverse health needs is a strategic priority and is developing.

Cultural awareness training has yet to fully addressed and implemented to reflect the changes in the local population.

There are opportunities and examples of young people influencing service development and decision-making and considerable efforts are made to act on their views in some instances. However, insufficient attention is paid to children's cultural, ethnic origin or religious background and how this impacts on service delivery. Staff interviewed reported a lack of training related to safeguarding needs within this area.

Emergency Care

Accident and emergency services located at Hinchingbrooke do not always have qualified children nurses on all shifts. The respective trusts need to ensure that

qualified children nurses are on each shift to ensure that children and young people remain safe.

Partnership working

Partnership working with all stakeholders is generally good. Working relationships at strategic and operational levels between health services and a range of other agencies such as the police are generally viewed positively by staff with some good examples of partnership working between the all health organisations.

Across the local health organisations there is good evidence of partnership working. There is good evidence of joint and collaborative work between the respective health organisations' designated and named professionals. Operational protocols between Cambridge Community Services inpatient services and the child and adult services provided by acute trusts have been developed however integration of the named professionals' roles needs to be further developed.

The Local Safeguarding Children Board Child Death Overview Committee is now in place with nominated lead professionals. All child deaths are reviewed and operational staff were aware of the protocols to be followed, although training is still to be fully implemented.

Clinical leadership

There is evidence of a dedicated team of designated and named health professionals. Staff in all organisations were aware of their roles. The role of professionals in general practice appeared to be less apparent, with communication pathways within and across organisations that are less robust.

Training and supervision

Staff felt that there was good provision of interagency training provided by the Local Safeguarding Children Board, however the more specialist training needs have yet to be met.

Not all staff are currently up to date with safeguarding training, some staff reported not having attending training in the last three years. Other staff told us the Local Safeguarding Children Board guidance on how to make a referral, was complex and difficult to follow.

Workforce development and the recruitment and retention of health visitors and school nurses is a concern raised by not only the young people but primary health care professionals, and as a result of the current numbers of services are perceived to be inconsistent across the county and not comprehensive. There

are some good initiatives such as the health visitor and doctor who have a responsibility for travelling families, which have facilitated this population to access mainstream health services.

Contracts and performance management

There is an increase in the use of interpreter services and primary care services report that funding cuts have had a negative impact on the assessment of children who might be at risk of abuse. Some health professionals told us of cases where other family members were asked to interpret around a child's complex health needs when face to face interpreting services were not available.

There is ongoing development of the role of midwives with the teenage parents including the evolving role of the family nurse partnership.

Safeguarding policies and procedures need to be robust to ensure that all children and young people who miss appointments, irrespective of where the service is provided, are systematically monitored.

Case supervision is used within the Child Adolescent Mental Health (CAMH) service to ensure that waiting times are managed; evidence suggest that the waiting times to be screened and assessed from the point of referral into the service are now approximately three weeks long.

Assessment, referral and case planning systems

Health professions reported that the differing age when transition commences is different depending on the service, to manage and support the young person and their parents/carers during this time. Health professionals reported that many young people go through a bereavement process.

Health professionals reported dissatisfaction with the contact centre referral process, as often referrals were not accepted and no reason was given, even when the health professional believes that a young person is at risk. An example causing concern is referrals of girls in early stages of pregnancy; unless there is police involvement the referral centre will not accept the case until 24 weeks gestation. When cases have been accepted health professionals reported high levels of dissatisfaction with the information shared by social care on the progress of the referral.

Young people reported that sex education and advice on contraception was not given in a consistent manner and felt embarrassed with both boys and girls in the classroom. The education sessions are only taking place once and if the young person is not in class for that session they were not receiving contraceptive advice. There has been a good take up of the C-card scheme (75%), which now links to sexually transmitted disease screening, however the users were often

from the young girls, as young boys do not like the condoms supplied as part of the scheme.

The school nursing service was viewed by young people as being inconsistent across all schools, difficult to access and the infrequent visits to some schools resulted in some students not receiving advice in a timely manner. The young people interviewed reported that they were not aware of the early signs of being pregnant, and did not recall this being included in education sessions.

Contraceptive/sexual health clinics in five further education colleges are due to commence shortly, alongside funds identified for projects supporting teenage pregnancies.

User involvement

Health care services demonstrate a willingness to develop further the early work on engaging with children and young people using services, to ensure that children and young people feel safe during their episodes of treatment.

Key findings – Looked after children and health

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

The council and the partnership ensure that there is good access to, and take up of, annual health and dental checks for children and young people who are looked after. A suitable range of services to promote sexual health and healthy lifestyles is provided.

Strong partnership is in place across all agencies and services, with clear commitment to prioritise the needs of looked after children at both strategic and operational levels, for example the input from the designated Looked After Children nurse and looked after children psychology support through CAMHS.

Services to promote good health among children in care are good. Health partners give priority to looked after children. Once an assessment of health needs has been undertaken, children and young people looked after receive the full range of good quality health services they need in a timely way. Access to initial health assessments and dental checks is good. Access to CAMHS is good across the county. Once a child or family is known to therapy services, generally they can self-refer without a professional referral. Effective measures have been implemented to target specific health needs, including designated nurse support to asylum seekers. Sexual health and healthy lifestyle advice is valued by children and young people. There is inconsistency in funding arrangements with PCTs out of county regarding health assessments for looked after children placed out of the area.

Overall Being Healthy grade – Good

Ambition and prioritisation

There is a strong commitment and willingness to improve, across all health organisations at both strategic and operational levels, with a shared vision with partner agencies. There is an awareness of the need to embed current policies and procedures and to monitor their implementation and effectiveness on a continual basis.

Evaluation, including performance management, quality assurance and workforce development

There is a small health care looked after children team, which is critically reliant on the critical dependency on the experienced staff. Development work and provision of a comprehensive service is potentially limited, due to low staffing numbers. There is no robust data collection regarding the number of looked after young people who become pregnant. As a result there is no measurement of how successful interventions have been to reduce the rate of conceptions.

There is a varying evidence of the lack of financial protocols in place for looked after children who are placed out of area for the health assessments, which can cause a delay in conducting the annual health assessment and associated actions.

User engagement

Opportunities are taken to collect the views of young people and these have influenced service development and decision-making. However, insufficient attention and staff training is paid to children's cultural, ethnic origin or religious background and how this impacts on service delivery.

Partnerships

Partnership and working relationships between health and other agencies at strategic and operational levels appears to be good.

Equality and diversity

There is good awareness of the changing population and staff are aware of their training and development needs within this area.

Cultural awareness training has yet to fully address the changes reflected in the local population.

Service responsiveness, including complaints

The service is providing a leaving care family record book for each person. This is developing to include the use of information technology memory sticks.

Assessment, referral, and direct work with children and families

Dental services are available for all vulnerable groups including looked after children and their families and carers. There were no reported concerns over lack of access to this service.

Waiting list times for speech and language therapists were reported to be over the expected national targets. The current trajectory showed that they will not achieve the 18 weeks target.

There is a dedicated Child and Adolescent Mental Health worker for looked after children. Looked after children are able to self refer, once they are known to that service. It is reported that there is on average a three week wait for screening and assessment for referrals. The urgent referral pathway is in place, which is reported to be effective.

Transition to adult services is perceived as good by some health professionals. However Child and Adolescent Mental Health service professionals report that children and young people and their families go through a sense of loss when leaving the service.

The transition age differs between services, and there is an inconsistency which children, young people and their families find difficult to navigate through with the potential they do not receive services to which they are entitled. Health providers are aware of the difficulties experienced during the transition time and have recently commissioned work to review the needs of young adults within the healthcare system.

There is a dedicated nurse working with asylum seekers to work with these children and young people who become looked after.

Areas of Strength

- The committed leadership and awareness and willingness to improve services at all levels in the healthcare organisations.

- The CAMHs have a low waiting list for screening and initial assessment; on average this is 3 weeks. The patients are able to self refer to the service once they have completed an episode of intervention.

- The range of safeguarding training available from LSCB which some staff have been able to access.

- Community paediatricians developing a special interest in different aspects of abuse and dedicated staff working with the 'hard to reach' groups such as travelling families.

- Dedicated Looked after children's health team.

Recommendations for Improvement from joint report (relating to health partners)

In order to improve the quality of provision and services for safeguarding children and young people the local authority and its partners should take the following action:

Within six months:

- *Improve the contribution of children and young people and their parents/carers to service development and evaluation.*
- *Ensure that performance management arrangements are consistently applied and embedded within safeguarding services and are clearly linked to outcomes.*
- *Ensure that thresholds for early intervention and child in need services are better understood and consistently applied across the area.*

- *Ensure the service is able to respond to the cultural needs of an increasingly diverse looked after children population.*

Additional health service recommendations for improvement:

In order to improve the quality of provision and services for safeguarding children and young people Health commissioners should ensure that:

- All the designated and named professionals are fully integrated and have joint health sector and interagency safeguarding professional development and training.

- All healthcare staff need to have completed and be up to date with Level 1 and Level 2 (or equivalent) Safeguarding training.

- The visibility and role of the school nurses is reviewed to ensure a consistent approach across the county and easier access for children and young people to the service.

In order to improve the quality of provision and services for looked after children and care leavers health commissioners' should ensure that

- The health service providers and partners have robust data collection process in place which will enable the systematic monitoring of interventions to reduce the number of teenage conceptions for looked after children and young people.

- Access to training and funding arrangements for training those working in primary care is clearly defined and training recorded.

Conclusion

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. We also recommend that you share specific findings in this letter with your provider units. 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

Charlotte Trimm
Project Manager, Children's Service Inspections
Operations Directorate

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Mr Neil McKay – Chief Executive - SHA - NHS East of England
Mr N Cole – CQC Regional Director (East of England)

Mr Nigel Ellis – CQC Head of National Inspections and Assessment
Mr Chris Batty HMI – Ofsted Managing Inspections
Mr Pietro Battista – Ofsted Lead Inspector

Other organisations involved in this review:

Acute	Cambridge University Hospitals NHS Foundation Trust	Main provider of acute services to children in Cambridgeshire
Acute	Hinchingbrooke Health Care NHS Trust	Provides acute services to children in Cambridgeshire. Out of hours servcies also based here.
Mental Health	Cambridgeshire and Peterborough Mental Health Partnership NHS Trust	Provides Mental Health services to Cambridgeshire LA
Primary Care	Cambridgeshire Community Services	Provides Primary Care Services and inpatient children services on Hinchingbrooke Healthcare NHS Trust site to Cambridgeshire LA