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Mrs Jayne Brown
Chief Executive
NHS North Yorkshire and York
The Hamlet
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Dear Mrs Brown

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

I am writing about the recent joint inspection by Ofsted and the Care Quality Commission in North Yorkshire 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 between 14 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.
http://www.ofsted.gov.uk/oxcare_providers/list_by_la

From the aggregated findings from the inspection, it was concluded that the overall effectiveness of the safeguarding services in North Yorkshire was **Grade 3 (adequate)** and capacity for improvement was **Grade 3 (adequate)**.

Overall effectiveness of services for looked after children and young people in North Yorkshire was judged to be **Grade 2 (good)**. The council and its partners were also judged to have **Grade 2 (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.

Health service staff have been involved in the audit, however a small number of health care staff reported that referrals are not acted on promptly or confirmed in writing, leading them to question whether both agencies had the same understanding of the child protection threshold. These aspects combined could potentially result in some children and young people not receiving services or not being safeguarded effectively in a timely manner.

The recent reorganisation of the Primary Care Trust (PCT) identified that the arrangements for assurance of compliance with Core Standard 2 for safeguarding were not sufficient in 2008/09. At the time of the inspection, good progress has been made and systems are now in place but not yet validated.

General

The senior management of NHS North Yorkshire and York demonstrated a strong commitment to actively address the identified shortcomings in safeguarding such as inadequate training and poor partnership working. There is strong strategic leadership amongst health care providers and commissioned services through the development of the health partnership board for safeguarding and there has been a refreshed approach to safeguarding training of health staff to ensure adequate levels of knowledge regarding safeguarding and child protection.

It was made clear by all staff interviewed, from senior managers to front line clinicians, that the safeguarding of children is the trust's highest priority.

Standard processes and procedures for safeguarding are in place across the health sector within North Yorkshire.

Although there is no overarching health strategy for safeguarding children, an audit of compliance against the recommendations of the Laming report and other recent guidance has been carried out and working action plans are in place across the health sector.

NHS NYY has developed partnership working across the health sector with the implementation of the Health Partnership Board.

The trust has recognised that low numbers of Health Visitors within the local authority area are having a significant impact on the provision of safeguarding services and is reviewing the provision and the risks of this service.

Emergency Care

Staff reported that there are standard safeguarding procedures in place and that they were able to access information regarding whether a child is the subject of a child protection plan within North Yorkshire. However, both acute trusts (Harrogate and District NHS Foundation Trust and Scarborough and North East Yorkshire NHS Trust) reported that there were difficulties in accessing information regarding whether a child is the subject of a child protection plan if the child did not live within the North Yorkshire local authority area. This was of particular concern to the emergency department staff at Scarborough and North East Yorkshire NHS Trust who routinely provide care to patients in a satellite unit in Bridlington which falls within East Yorkshire Local Authority. Both trusts experience an influx in tourist admissions during the summer period.

The emergency department staff at both acute trusts reported good partnership working with the local authority social work teams. Safeguarding referrals are picked up within an appropriate timescale by the local authority social work teams although

sometimes the feedback regarding referrals is not provided in a timely manner and requires follow up by the health teams.

The emergency department staff at Harrogate and District NHS Foundation trust highlighted the value of the Health Visitor Liaison, who provides scrutiny and valuable information to the department staff regarding safeguarding referrals.

Partnership working

There is good commitment to partnership working with the local authority and other NHS organisations at every level although there are areas where this could be strengthened, for example, the response by the local authority social work teams to referrals from Health Visitors.

The insufficient health representation on the Local Safeguarding Children Board has been recently addressed.

Training and supervision

NHS NYY has a safeguarding training strategy which identifies training in line with best practice. Not all staff have completed their training but they are on course for completion of this by the end of March 2010. Safeguarding training within the acute trusts has been completed adequately although the trusts report difficulties in the capacity of safeguarding trainers to provide the amount of training which is required on an ongoing basis.

Although the supervision policy (ratified in 2008) has not yet been implemented, some staff have reported that supervision does take place on a 3-6 monthly basis and in addition, where required on request.

Contracts and performance management

The standard NHS contract is used to contract services from health care providers. This currently contains limited detail of the commissioner's requirements of the provider with respect to child safeguarding. NHS NYY provided evidence of a draft addendum to their contracts, which provides more clear requirements of providers in order that the commissioner may performance manage safeguarding services more effectively.

NHS NYY commissioners plan to include this addendum in the contract reviews in March 2010.

Assessment, referral and case planning systems

The review of health files pertaining to two specific cases is consistent with the unannounced inspection of North Yorkshire Local Authority in June 2009. There was

evidence that Health Professional referrals are not actioned and feedback is not being given in a timely manner. This results in Health Professionals questioning their understanding of the thresholds for referral of child safeguarding matters.

Key findings – Looked after children and health

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

Joint commissioning by the council and the PCT is taking place but the current commissioned service for children’s physical health responds only to statutory requirements.

The PCT has been prevented by financial constraints from providing more than the basic statutory health requirements for looked after children, but there is a clear commitment to improve this level of service, however more work is needed to ensure that the transition to adult services for looked after children with learning difficulties and/or disabilities is sufficient and appropriate.

The PCT does not have a specific overarching strategy for the health needs of looked after children and young people and care leavers. This has hampered improvement in outcomes for physical, health and emotional wellbeing. Health professionals report that requests for health assessments from social workers are often late. Nevertheless the proportion of health assessments completed is adequate, with assessments being of good quality and carried out in a timely manner. Innovative ways to encourage looked after children and care leavers to take part in health assessments are being developed but at present there is limited provision for care leavers and looked after young people aged 16 to 18. Some targeted health promotion services in relation to sexual health are in place in the council’s residential units, but there is scope to extend this work to cover a larger range of topics and for children and young people in foster care. Joint commissioning for mental health provision is in place between the council and the PCT and all children are treated in accordance with their individual identified needs, however the Child and Adolescent Mental Health Service (CAMHS) is not delivered in a consistent and equitable way across the council area. The local tier 4 provision is not in a secure setting so looked after children and young people who are at risk of self harm or of harming others are cared for through spot purchasing of placements outside the council’s area.

Overall Being Healthy grade – Adequate

Partnership working

There is evidence of joint commissioning between North Yorkshire Local Authority and NHS NYY.

There is no overarching strategy for the provision of health services to looked after children within the North Yorkshire Local Authority area.

Contracts and Performance Management

As there is no overarching strategy for the provision of health services to looked after children, the current commissioned service responds only to statutory requirements and any enhanced services cannot be scoped in order to commission effectively.

Areas of Strength

Strong commitment at senior management level to actively address the deficiencies within the safeguarding service and to the services provided to looked after children.

The self-assessment of the safeguarding service and the recognition, by NHS NYY senior management, of the issues identified.

The strong leadership amongst health care providers and commissioned services through the introduction of the health partnership board.

Good commitment to partnership working with the local authority and other NHS provider organisations at every level.

The professional and committed staff who have a collective sense of responsibility for the safeguarding of children.

Recommendations for Improvement from joint report

Relevant to Safeguarding in health:

Immediately:

- *Utilise the combined resources of the council and its partners to prioritise and tackle the difficulties associated with the ICS.*

Relevant to Looked after children and health:

Immediately:

- *Develop policy, procedure and practice to ensure effective arrangements are in place to support the transition to adult services for looked after children with learning difficulty and/or disability.*

Within three months:

- *Develop a joint strategy between the county council and the PCT for the delivery of physical, general and mental health services for looked after children.*

Additional recommendations for improvement

- Implement the findings of the review of the Health Visitor service, commissioned by NHS NYY, in order to ensure that there is appropriate provision for effective safeguarding of children which is in line with best practice.
- Implement the supervision policy (ratified in 2008) to ensure that all staff are supported in safeguarding matters.
- Ensure that there is a feedback mechanism within the health sector, in order that where there are issues in the up take of referrals from Health Professionals NHS NYY can provide challenge to the local authority.
- Develop strategies for child safeguarding and the provision of health services to looked after children.
- Implement the addendum to the standard NHS contract which outlines the requirements for providers for safeguarding.
- Complete the actions to rectify the areas of weakness identified through the self-evaluation of the child safeguarding services across the health sector in North Yorkshire, for example: the clarification of safeguarding requirements within contracts for providers.

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



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Operations Directorate

Cc Mr Bill McCarthy (SHA CEO)

Ms Sue McMillan – CQC Regional Director, Yorkshire and Humberside
Mr Nigel Ellis – CQC Head of National Inspections and Assessment
Mr Chris Batty HMI – Ofsted Managing Inspections
Mr Gary Lamb HMI – Ofsted Lead Inspector

Other organisations involved in this review

North Yorkshire & York Community and M/H Svs
Harrogate and District NHS Foundation Trust.
Scarborough and North East Yorkshire NHS Trust.