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Ms Caroline Fowles
Chief Executive
NHS Swindon
North Swindon District Centre
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Dear Ms Fowles

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

I am writing about the recent joint inspection by Ofsted and the Care Quality Commission in Swindon to provide you with 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 23 November 2009 and 4 December 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 to which 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 and will also feed into the joint commissions Comprehensive Area Assessments. 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 primary care trust (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 Inspection Report

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 working 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 Swindon was **good** and capacity for improvement was **outstanding**.

Overall effectiveness of services for looked after children and young people in Swindon was judged to be **good**. 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 January 2010

Joint commissioning arrangements between Swindon PCT and Swindon Borough Council are well advanced with three National Health Service Act 2006. Agreements in place for joint commissioning, integrated services for disabled children and integrated multi-agency teams. A good transition process to adult services is in place for most young people. However, within the health service, transition arrangements are less clear. A gap has been identified in the transfer processes where there is no comparable adult healthcare service. Examples include transition from the young people's community substance misuse service UTURN, for those with ADHD or Autism and for some young people with life-limiting conditions. As a result, children's health services continue to work with some young people well into adulthood. Whilst beneficial for the young adult concerned, this has led to confusion for parents and carers about which aspect of adult or children's services their child is engaged with. It also masks the real level of need for continuing appropriate healthcare services.

Effective partnerships with the private, voluntary and community sector help provide good quality additional services to meet local needs. The common assessment framework (CAF) and team around the child (TAC) are well embedded across the partnership and used effectively to deliver early intervention and prevention services. Workforce planning is good and has effectively secured skilled, capable and knowledgeable staff across the partnership. However, there is a lack of registered children's nurses or those who have undertaken the specific enhanced skills training appointed to the accident and emergency department of the local hospital. Some 200 members of staff from Swindon PCT have been seconded to the local authority to create the integrated services and £28 million of services for Children and young people are jointly commissioned. This is having a positive impact on the quality of safeguarding services delivered to children, young people and families. A very thorough, up to date needs assessment and self-assessment are in place.

Joint commissioning arrangements between Swindon PCT and Swindon Borough Council are well advanced with three National Health Service Act 2006 Agreements in place for joint commissioning, integrated services for disabled children and integrated multi-agency teams. This has been successfully achieved with the establishment of three National Health Services Act 2006 Section 75 Agreements for joint commissioning, integrated services for disabled children and integrated multi agency teams. Some 200 members of staff from Swindon PCT are seconded to the local authority to create the integrated services and £28 million of services for children and young people are commissioned jointly. There is a strong commitment demonstrated by partners, including the voluntary and community sector to ensure the well being and safety of children and young people are at the heart of all service planning and delivery.

Swindon has an effective anti-bullying accreditation scheme, which was short listed for the Health and Social Care Award South West in 2009. The safeguarding of children within the provision of adult mental health services is assured through the application of the 'See the Adult, See the Child' protocol. It focuses staff attention on safeguarding the whole family where potential safeguarding concerns may arise as a result of an adult's mental health difficulties. This is good practice and effectively demonstrates how the partnership is implementing learning arising out of national evaluations of serious case reviews.

Leadership and management of safeguarding services for children and young people are outstanding with competent and determined leadership from the council corporately, the PCT, the Children's Trust Board and the Swindon Safeguarding Children Board. At the time of inspection, there are no vacancies for health visitors, school nurses. However, there are an insufficient number of registered children's nurses or those who have undertaken the specific enhanced skills training appointed to the Accident and Emergency Department at Great Western Hospitals Foundation Trust. Training and retention of these nurses remains an issue and the fact that the hospital does not have a specifically designated children's accident and emergency area or department may contribute to this. There are only two registered children's nurses and an emergency nurse practitioner. If children or young people present at accident and emergency, there is thus no guarantee that they will be seen by an appropriately trained paediatric nurse. There are contingency plans in place enabling accident and emergency staff to have 24 hour access to the child health department and information cards on child protection available to them but there remains the potential for safeguarding concerns to be missed. Supervision for healthcare staff within the integrated teams is provided by their direct line manager, with clinical supervision provided within the appropriate PCT line management structure.

General

There are good interagency and partnership working across all health care providers, social care and council staff. The health priorities were developed by the young people of Swindon and have been fully embedded into healthcare strategic vision and the Council 'Destination Swindon' vision. Attendance by all local health organisations at the Local Safeguarding Children's Board (LSCB) and the eight sub groups is at 100%.

The health sector is represented on the child death review panel, which is in conjunction with Wiltshire. There have been no recent serious case reviews within the borough. The designated staff benchmark local practice against national serious case reviews (SCR) and report there have been no concerns identified. There are a number of multiagency policies implemented e.g. the sexual relationship education, which have been fully embedded into practice. Teenage pregnancy rates for Quarter 3 of 2008 show a reduction in teenage conceptions to 37.5/1000 conceptions, which is below the English national average although remains higher than the south west average. This is the lowest rate since the 1998 data collection commenced in 1998 and has been attributed to the national support that the services received in 2007, the refocusing of action plans and new staff appointments.

Following audit, a recent revision of the teenage pregnancy pathways has strengthened the safeguarding protocol, however there has been no evaluation of this change in practice. There are cross borough and integrated action plans in place, as a result of the revision of the pathway for teenage pregnancy and teenage conception, which are monitored by the commissioners.

Emergency Care

Great Western Hospitals NHS Foundation Trust reports difficulty in retention of registered children nurses (RN C) within the Accident and Emergency Department. There are only two registered children's nurses and an emergency nurse practitioner. If children or young people are present at accident and emergency, there is no guarantee that they will be seen by an appropriately qualified nurse. There are contingency plans in place enabling accident and emergency staff to have 24-hour access to the child health department and information cards on child protection, available to all accident and emergency staff, but there remains the potential for safeguarding concerns to be missed. Staff are able to access the trusts' named nurse or doctor and out of hours through a 24-hour on-call system. Staff reported no difficulties in contacting these staff. An information system is in place for the flagging of patient records of a child subject to a child protection plan, or a missing child. Workforce plans are in place to increase this number of qualified staff with the potential for a short course framework to be developed to increase staff skills and knowledge; however, the latter is not yet in place. There is no dedicated children's accident and emergency department; there is a small young children's waiting area and some cubicles decorated for children. There is a dedicated area within the resuscitation (majors) area for children.

Partnership working

An integrated evidence based child protection supervision policy for the integrated services between the Council and the PCT is being developed, which will support the integrated team care delivery approach. This policy will replace the separate organisational policies currently in use. There is an 'advocacy service' in place, which provides support for all clinical staff and maintains good regular access to support for child protection and safeguarding issues.

There are 8 sub-groups of the LSCB, one of which focuses on the issues relating to sexual exploitation and related substance misuse of young people within the

borough. Data to date shows that this is primarily females. Youth workers and substance misuse workers are working jointly with the police to assess this.

The Youth Offending Team (YOT) nurses have increased their knowledge of sexual health issues, and as a result are now promoting good sexual health practices and have good links with the PCT sexual health outreach nurses. This has helped contact those hard to reach groups and supports young people to maintain safe sexual practices.

The “see the adult see the child” initiative has been implemented throughout the borough and PCT through the joint partnership, as well as with all health provider organisations. As a result, cultural shift is underway in the practices of professionals, especially within primary care services, adult mental health and substance misuse services. The approach to the patient is based on the whole family where there are or is the potential for safeguarding concerns related to, for example, substance misuse, mental health, domestic violence, young carers, etc. This includes a specialist midwife who links with primary care and children services where an unborn child may be at risk. Healthcare professionals report that this change has had a positive affect on protecting the unborn baby, and alerting services to the potential of a vulnerable person.

A Young Carers Protocol has been implemented, which has enabled staff to attract resources to assist the young carers.

The Primary Mental Health team (managed through integrated children’s teams) is currently based in the same building as adult mental health workers, which has improved communication and collaboration between the two services.

Transition within some services remains a concern especially where there is no comparable adult service, such as for those young people with life – limiting conditions, attention deficit disorder and autism or those with learning disabilities and physical disabilities where there are no comparable adult services.

Clinical leadership

There were no reports of shortages of school nurses or health visitors. There was evidence of good succession planning for designated and named professionals.

Training and supervision

The current number of staff who have level 1 safeguarding training at Great Western Hospitals NHS Foundation Trust is over 90%. Plans are in place to ensure 100% compliance by end of the year. Those staff identified as requiring level 2 or level 3 child protection training have access to and have attended LSCB training programmes. All staff interviewed, including General Practitioners, reported that they had training to the appropriate level and that their training was still ‘in date’ and that safeguarding training was available in a variety of specific modules. All staff interviewed reported good, regular and timely access to supervision sessions and supervision training. A system of supervision advocates were in place, which worked well and ensured timely access to supervision for all staff.

Senior medical staff in the Accident and Emergency Department at the Great Western Hospitals NHS Foundation Trust and primary care medical staff reported that it was difficult to ensure protected time for training. Great Western Hospitals NHS Foundation Trust have developed their own safeguarding training in conjunction with the trust named nurse and the LSCB trainer and, as a result, all staff have been able to access training. However, this has not been mapped to the intercollegiate guidance on outcomes for training. Staff that had attended this programme felt that they were up to date with child protection issues, and recognised that they did not benefit from the interagency approach to training and knowledge sharing.

Involving children and young people

Children with disabilities have been involved in reviewing access to play and recreation within the borough and the availability of accessible toilets. The views of young people have been used to develop a new 'one stop' centre; which will include health, social and youth services within the town centre. Three well attended sexual health youth clinics have been established, as a result of consultation with young people.

Contracts and performance management

The provision of the Child and Adolescent Mental Health Service (CAMHS) will move to a new provider in April 2010. Currently, services are contracted using the national contract template. Commissioners raised concerns that this national template was not robust enough in the requirement for safeguarding training and therefore their new contracts were to be more specific in the expectations being placed on providers, which will enable improved compliance monitoring.

It has been reported that there has been an increase of referrals to the CAMHS since Haringey and to the primary mental health team, which reported success in the early intervention work. As a result and if this rate continues, there is a potential for a lack of capacity within the primary mental health teams with 138 referrals a month; therefore children at need of intervention will not receive a service or will receive a service too late for their needs.

The lack of administrative support and laptops for school nurses and health visitors to complete the common assessment framework (CAF) documentation, results in a reduction in the timeliness of completion of the assessment. Furthermore, this does not enable the sharing of the documentation in a suitable or readable format for the parents/carers and young people involved in the assessment.

Assessment, referral and case planning systems

Children and young people who are referred to CAMHS are being assessed within the 18-week target. Thresholds for CAMHS are being managed by intervention of the primary mental health (PMH) team. There is a positively evaluated and targeted mental health programme, which has worked across tier 3 services using a family based approach.

Dedicated specialist midwives are employed for substance misuse, which has enabled a pathway to be established with primary medical services and the drug and alcohol team.

There is extensive and good use of CAF by all services. The CAF is seen to be central to all services and is used to coordinate a suitable approach for the child and young person. The lack of capacity reported by the PMH team requires them to refer the young person back to another service to initiate the CAF assessment and then act as lead professionals until the team around the child meeting is held. There are some difficulties in completing a CAF when it is initiated immediately prior to or close to the end of term, as the young person and educational staff are not always available. Staff were unable to recall a situation when a young person was left vulnerable; this has the potential to happen. It was reported that the team around the child approach is being used to safeguard children regardless of a CAF being initiated if professionals have concerns, however there is a lack of evidence to substantiate this or a more coordinated approach is required.

A CAF is initiated for all young mothers to be following their first midwife appointment; however this may be late on in the pregnancy. This was viewed positively by practitioners and services and individual accounts were reported by staff about how this has helped to ensure the safety of the young mother and the unborn child. A new policy is being launched related to concealed pregnancies to address this.

Key findings – Looked after children and health

Extract from Inspection report of Safeguarding and Looked after Children Services – Ofsted January 2010

The overall effectiveness of services for looked after children and young people is good. The PCT fully contributes to ensuring that the health needs of looked after children and young people and care leavers are proactively addressed and applies the same level of service to looked after children and young people who are placed outside the borough. Services to promote good health among children in care and care leavers are good. Health partners give priority to looked after children and, once an assessment of health needs has been undertaken, they have good access to appropriate and timely healthcare services.

The looked after children's nurse is proactive in following up the healthcare needs of children and young people placed out of the borough to ensure they receive the same level of service as those living within the borough. Robust systems are in place across healthcare settings to alert the looked after children's nurse to any routine missed appointments or if a looked after child or young person presents at the accident and emergency department. The looked after children's nurse is proactive in following up to ensure further consultation or treatment appointments are kept. Care leavers have good access to the looked after children's nurse for information, advice and guidance.

The Looked After Children's Education Team (LACES) has designed dedicated training for teachers on the health and well-being of looked after children. Foster carers receive formal training in their preparation and development programmes to ensure they are aware of their role in promoting healthy lifestyles of the children and young people they care for. Good performance in respect of routine health checks has been maintained and 95% of looked after children and young people receive their annual health assessments and dental examinations in a timely manner. A majority of looked after children and young people (77%) are up to date with their immunisations.

There is a fast track process available for looked after children to access the Child and Adolescent Mental Health Service (CAMHS) and substance misuse services. CAMHS placement support workers are effective in supporting looked after children and young people to maintain placement stability through direct work and support and training of foster carers. For those children and young people who have entered the care system, improved commissioning and procurement practice has resulted in good outcomes in relation to health, education and placement stability. Placement stability is supported by direct work, such as that provided by the looked after children nurse, CAMHS, LACES and early intervention work. The 'Strengths and Difficulties Questionnaire' used with looked after children and young people has proved effective in identifying their mental health needs, monitoring their emotional well-being and in planning interventions where necessary. Looked after children surveyed for this inspection confirm they receive useful advice from adults on healthy diets, sexual health matters and participate in physical exercise. The rate of under 18 year old conceptions is at its lowest rate since 1998 data collection began. Whilst teenage conception rates are below the national average, they remain higher than the south west average.

Overall Being Healthy grade - Good

General

There is a dedicated nurse for Looked after Children (LAC) employed by the PCT, who works alongside the designated nurse and doctors for child protection. This has enabled closer working to protect vulnerable persons. The two dedicated CAMHS staff provide services to looked after children and their foster carers, which has increased placement stability. The LAC nurse annual report is incorporated into the annual safeguarding nurse report. This report and quarterly reports are presented to the all the local health organisations trust boards.

The Self Development Questionnaire (SDQ) is used to monitor the emotional well being of children in care, the results show good emotional wellbeing and placement stability. Where concerns are identified, fast track referrals are made to CAMHS.

Partnership working

The Looked After Children Education Service (LACES) team has designed dedicated training for teachers in health and emotional wellbeing focussed on LAC. There is a good fast track pathway for LAC to access CAMHS and the Drugs and Alcohol Team (DAAT).

The development of the new 'Platform' facility in Swindon town centre, which is to be a 'one stop shop' for young people, has been planned through involvement with all partners and the young people themselves. Young people were involved in the planning and naming of the U-turn substance abuse service.

The Corporate Parenting Board and the local care leavers group are consulted with respect to changes in provision and have been used in the audit of services. Young inspectors reviewed the accessibility of sexual health services, the outcome of which was rated as good by the young inspectors. For example, the use of web-based technology and texting, both of which are being used successfully to engage young people and encouraging them to access sexual health services.

Disabled children views have been sought for assessing play equipment provision in the local parks, recreation areas and accessibility of buildings, especially shops; however, they are not aware of changes being made as a result of their involvement.

The transitions processes within the community children's health service teams and learning disabilities teams lack transparency regarding the statutory age for transition and service design which, conflicts with the statutory age for transfer. In some cases, this promotes confusion within CYP and carers, especially for those with enduring health needs and those people with learning disabilities with physical difficulties.

There was insufficient child friendly and easy read information observed within the accident and emergency department at the Great Western Hospitals NHS Foundation Trust. Staff reported that they were able to use translation and language line services. An audit of the use and effectiveness of these services is currently underway.

Health Assessments

92% of annual health assessments have been carried out within 12 months. All the children and young people placed out of area have received an annual health check.

There has been good take up of immunisations and vaccines (77% - there was an issue with data collection in year, as the IT system failed. Manual records search undertaken by the LAC nurse showed that the rate was higher although no data was available), dental checks were at 94%; all appointments attendance and non attendance are followed up by LAC nurse for children placed in the borough and outside of the borough.

Access to services

There are now only 7 sexual health school clinics with an eight school clinic being implemented. Dedicated young fathers information published a response to need in May 2009. There is a dedicated support group for young fathers, which has been received positively. There are regular school nurse drop-in sessions, the sexual health outreach nurses attend as required, which support good sexual health practices. This provision includes the faith school and the two colleges within the borough.

There is good availability and access to condom schemes and contraception. There are a range of initiatives to promote this further, which include the use of web based technology. This approach has successfully increased the number of young people registered for contraceptive services and sexual health screening. This has improved sexual transmitted disease screening and reduced the number of reported infections.

There is good support through connexions and other employment services to support teenage mothers back into education, training or to find employment. There are now some mothers that have been able to obtain degrees.

The sexual health outreach workers and the family nurses are working with young mums to prevent unwanted second pregnancies. There have been only two second pregnancies reported, one of which was a LAC young mother in the last two years.

Involving Children and Young People

Young people with disabilities have produced a powerful DVD for carers, parents and professionals which outlines how they would like to be treated to maintain their dignity.

Areas of Strength

There was good interagency and partnership working across all health care providers, social care and council staff. The 'Strengths and Difficulties Questionnaire' has been used with looked after children and young people, which has been found to be effective in identifying their mental health needs and determine actions that are required; which has increased the responsiveness of all services ensuring a fast access to services and have resulted in improved placement stability.

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 in Swindon, the local authority and its partners should take the following action.

Within six months

- *Swindon PCT to ensure that transition arrangements and processes within healthcare services, where there is no comparable adult healthcare service, are made clear to young people and their carers so that they fully understand which services they can expect and within what timeframe.*
- *Swindon PCT to put in place arrangements to recruit and appoint to the Accident and Emergency Department at Great Western Hospitals Foundation Trust a sufficient number of registered children's nurses or those who have undertaken the specific enhanced skills training.*
- *Swindon PCT to ensure that the Great Western Hospitals Foundation Trust develops plans for a designated children and young people's area within the accident and emergency department.*

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 the final copy of this letter.

Yours sincerely



Charlotte Trimm
Project Manager – Children's Services Inspections
National Inspections and Assessment

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Sir Ian Carruthers OBE CEO - South West Strategic Health Authority
Mr Ian Biggs - CQC Regional Director South West
Mr Nigel Ellis - CQC Head of National Inspections and Assessment
Mr Chris Batty HMI - Ofsted Managing Inspections
Mrs Lynne Staines HMI – Ofsted Lead Inspector
Ms Tina Welford – CQC Inspector
Ms Catherine Campbell – CQC Inspector

The NHS provider organisations involved with this review were:

The Great Western Hospitals NHS Foundation Trust, which provides acute care across the Borough of Swindon

Swindon PCT, which provides primary care and mental health services to the Borough of Swindon and Shrivenham

NHS Swindon – part of the Joint Commissioning arrangements

NHS Swindon – Community Health