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Dear Ms Cox

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

I am writing about the recent joint inspection by Ofsted and the Care Quality Commission in Nottinghamshire 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 from 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 8 and 19 March 2010 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 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 is normally published within 20 working days of completion of the inspection but delays were incurred, due to the pre-general election period.

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

Overall effectiveness of services for looked after children and young people in Nottinghamshire was judged to be **adequate**. The council and its partners were also judged to have **adequate** 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 May 2010.

Nottinghamshire is served by two PCTs: NHS Bassetlaw, which covers the Bassetlaw District of Nottinghamshire, and NHS Nottinghamshire County, which covers the rest of the county. The PCTs are the lead commissioners for health services, including community, acute and specialised services. The PCTs commission community services from Nottinghamshire Community Health and Bassetlaw Community Health. Acute services are provided by Sherwood Forest NHS Foundation Trust which includes Kings Mill and Newark Hospitals. Nottinghamshire children are also seen by University Hospital Nottingham and Bassetlaw Hospital but apart from Accident and Emergency (A&E) services and the maternity service these were not included in this inspection. Child and Adolescent Mental Health Services (CAMHS) and specialised mental health care are provided by Nottinghamshire Community Health[1].

Multi-agency Joint Area Teams (JATs) provide early intervention and preventative services which are increasingly effective in supporting children to avoid family breakdown. Although the implementation of the common assessment framework (CAF) has been slow to develop, the programme has been rolled out across the county and is becoming increasingly effective. Current data show increased use of CAF, particularly by health professionals which is leading to improved outcomes for families. However, the electronic sharing of information between health and children's social care does not support effective communication.

There are significant gaps in the capacity and skills within the workforce including children's social care and health. In some parts of the county, health agencies report challenges in recruiting appropriately qualified and experienced front line operational

staff.

The engagement of health partners is good with senior representation from both PCTs and good attendance on the NSCB and its subgroups. Improving health outcomes for children and young people is reflected in the commissioning strategies of the two PCTs and the service providers have identified children's safeguarding as a priority. All NHS boards have a safeguarding lead and the PCTs monitor provider performance through contract and review meetings. There have been difficulties in recruiting to the designated doctor roles and the PCTs have made this a priority with the work of this role covered by experienced paediatricians in the meanwhile[2]. Both PCTs have designated nurses and named doctors and nurses.

An internal audit commissioned by the NSCB, in response to Lord Laming's recommendations, of referrals from Nottinghamshire Community Health in 2009 showed that 50% of referrers in a defined period were not satisfied with the response to referrals by social care. Health visitors interviewed stated that responses were often delayed and, in some cases, disproportionate to the risks identified. Health workers did not receive notification of acceptance of referrals, although this has improved over the last few months. Health providers reported that where there were concerns about social care response, the escalation process was used, and in these cases health and social care were able to work well together to agree a way forward. CAFs are not being used by health providers for referrals to children's social care and the PCTs have acknowledged that this is an area they are working to improve.

There have been good promotional events in local shopping centres to raise awareness on subjects such as the dangers associated with co-sleeping to prevent deaths to babies while their parents sleep.

Designated health professionals offer a good level of advice and support to front line health staff to enable them to undertake their safeguarding duties. There is a good awareness of safeguarding issues across health professionals; this was particularly evident in the area of domestic abuse where all health practitioners have been made aware of the need to raise concerns about children and adults. Some good examples of early intervention and preventative work with children and families are improving outcomes, through the JATs and in the increased use of the CAF.

Young people reported that the WAM (a support service for young people affected by substance misuse by others), provided by Nottinghamshire County Health Care Trust was enabling them to make positive life changes.

Thresholds for access to the service for vulnerable children are unclear and are not widely understood across agencies. Thresholds for the referral of child protection concerns by other agencies to the reception and assessment teams are not consistently applied. As a result some child protection referrals are not responded to in a timely manner by children's social care and some children are left at risk without the services they need. Referrals are sometimes closed too early without children being seen, and referrers, including professionals, are not always contacted regarding the outcome of the referral. There are examples of good professional relationships between health and social care leading to some positive outcomes for children. However, this is variable, as health professionals report some referrals to

social care are not actioned in some parts of the county. In all A&E departments, it was reported that all health practitioners know how to make enquiries to social care to determine if a child is the subject of a child protection plan, and interviews with staff confirmed this. Domestic violence specialist nurses work in the A&E departments and A&E staff are well supported by liaison with health visitors and monitoring of referrals to social care.

The locality and range of children's centres have led to improved take up of services to support children and their families. Health staff working in special schools report that they feel well supported by specialist health safeguarding advisors. Although considerable work has been undertaken by Nottinghamshire Community Health to introduce a caseload weighting tool which is being used to monitor vacancies and minimise risks health visitors' caseloads are variable and there are difficulties with regard to the recruitment of health visitors in some parts of the county[3]. The impact of vacant posts is being monitored by the PCTs. There has been some work to improve this situation with staff nurses, nursery nurses and assistants employed so that health visitors can ensure that their core work is maintained. A programme of funding for staff to undergo health visitor training is underway. Midwives reported good arrangements for risk assessing the safety of unborn and newly delivered babies and work with other teams such as substance misuse teams to ensure pre-birth plans are in place. The arrangements for supervision and support for health staff are good and are having a positive impact upon the quality of responses to children and families. Health staff report that they have good safeguarding training and this is mandatory in every NHS Trust. They are able to access the NSCB multi-agency training. Most General Practitioner practices have a safeguarding lead in place and there is an appropriate level of safeguarding training available.

The development of locality emotional health and well-being teams is a positive step which has enabled good links with clinical psychologists and joint professional training to promote a good level of understanding of agencies' roles. Schools and Health make a valuable contribution to the social and emotional development of children and young people, with 90% of primary schools and 66% of secondary schools delivering an effective SEAL programme. Mental health support for young people is good across the county and includes a range of services provided by school nurses, emotional health and well-being teams and specialised and targeted CAMHS. There is good monitoring of these mental health services by the commissioning PCTs through contract and quality review meetings. Access to CAMHS services was reported as good, with an out of hours service being provided.

Some strategy meetings are poorly attended, with many examples of attendance only by social work staff, with other agencies absent. The attendance of General Practitioners at child protection conferences is often poor. However, in some areas, the PCTs acknowledge this and state location and timing of conferences as a primary reason for non-attendance, due to clashes with surgery times. Work is ongoing to look at ways to improve access for General Practitioners and to encourage an improved written contribution if attendance is not possible. An audit carried out in December 2009 showed 100% health visitor attendance at case conferences.

Good arrangements exist for external audit of safeguarding systems across health

services. These include monitoring by the Strategic Health Authority and through the NSCB safeguarding children progress reports. Clinical safeguarding arrangements are in place across the East Midlands region which enable staff to have an overview of practice. Designated nurses and named doctors are in post, but while the designated doctor post has been recruited to, the post holder is not yet in post[a]. The processes to ensure safer recruitment meet the statutory minimum requirement are good for children's social care. The PCTs and all other NHS Trusts have declared compliance with the Core Standard 2 for safeguarding children.

Young people and their families have been involved in the evaluation of child and adolescent mental health services which includes important information on how this service affects them.

The Aiming High for Disabled Children programme is reaping good rewards and effectively enabling their access to, and enjoyment of, services in Nottinghamshire. However, there is no published strategy for disabled children, so it is unclear what services are on offer for this group. Effective arrangements are in place to work with and support the Travellers' communities including a designated health visitor in Newark.

Joint work between health and children's social care is increasingly effective at reducing duplication and for the coordination of services for children, young people and their families.

Factual accuracy amendments to joint report

[1] Specialist CAMHS services are provided by Nottinghamshire Healthcare Trust, with non specialist provision by Nottinghamshire Community Health and Bassetlaw Community Health

[2] This applies to NHS Nottinghamshire County only, a designated doctor has been in place in Bassetlaw for some considerable time.

[3] Bassetlaw Community Health considered the use of such a tool but was felt to be inappropriate due to the rurality of the area. Systems are in place to analyse caseload on a planned basis

[a]In NHS Nottinghamshire County

General – Bassetlaw PCT

There is good health representation from Bassetlaw PCT at the Children's Trust Board. The Head of Partnership Commissioning of Bassetlaw PCT is the Vice Chair of the Children's Trust Executive, a sub group of the Children's Trust Board. Senior staff at Bassetlaw PCT reported that there is a good relationship between the PCT and the County Council Director of Children's Services (DCS), stating that there is a commitment to greater joint working and that the DCS is very proactive about joining systems and processes together.

Safeguarding arrangements are structured to ensure strong leadership at all levels, with strong links 'Chair to Chair' between the Council and PCT. There is a County Council representative on the PCT Trust board who provides guidance and challenge as appropriate. The named and designated nurses have moved safeguarding up the agenda and raised awareness of all staff in the PCT and acute trust. All staff reported good inter-agency working in the Joint Access Teams and Local Strategic Partnerships.

There is good health representation on the Nottinghamshire Safeguarding Children Board (NSCB), but with membership of the NSCB having increased considerably, and poor engagement from some key partners, such as GPs and Head teachers, it was reported that effective discussion and joint decisions are sometimes difficult to achieve.

Much work has been done to improve partnership working across the county, but it was reported that cross-boundary links with Nottinghamshire County PCT are sometimes difficult despite being in the same local authority area.

The PCT is working collaboratively to develop improved information sharing and processes, particularly in IT, so children accessing services across boundaries do not get overlooked.

The PCT indicated that their updated action plan (Feb 2010) against Lord Laming's recommendations showed significant progress in all areas since December 2009. The PCT monitors progress against key national indicators and the markers for good practice – action plans are in place. There are some audits of safeguarding practice in place locally, such as training and referral form audit, but most are focussed on audit of processes and do not contain measurable outcomes for children and young people. One of the PCT's development objectives is to identify outcome indicators for children through a programme of engagement. However, this is proving difficult as consultation with children and young people is revealing that there is often a significant difference in what children and young people consider a good outcome measure and areas that the PCT believe is a good indicator of effective safeguarding.

Effective safeguarding in Bassetlaw PCT is hampered by inadequate information technology. There is no fully integrated IT system where all professionals dealing with families and children can record information and allow it to be shared amongst partners. Trending information and linking of family contacts is not possible which restricts the potential for predictive and preventative work.

<u>General – Doncaster and Bassetlaw NHS Foundation Trust</u>

Note – for the purposes of this inspection only the Bassetlaw Hospital site of this trust was included. The Doncaster site will be reviewed during the South Yorkshire inspection. However, some senior staff hold joint posts over both sites but only those safeguarding arrangements that are relevant to the Bassetlaw site will be reported on here.

The Bassetlaw Hospital Acting Chief Executive (also the Medical Director) reported well established safeguarding forums within the trust and Bassetlaw PCT, with good interaction and dialogue between them. He also reported good relationships with the commissioners and the trust, emphasising that the commissioners will 'take the trust to task' in all matters, including safeguarding. He stated that all the learning from the serious case reviews in Doncaster has been taken into account in the safeguarding arrangements within Bassetlaw.

The assurance mechanism for safeguarding at Bassetlaw Hospital is via the Clinical Governance Standards Committee, which is a sub-committee of the trust board, chaired by a non-executive director. The Executive Lead for Safeguarding provides a monthly report on safeguarding and also produces an annual report. This is not yet available for 2009/10, but was provided for 2008/9 and showed a comprehensive picture of safeguarding in the trust, with clear actions against the Laming recommendations, most of which have now been addressed or are in the process of being resolved, for example, training and audit. The Clinical Governance Standards Committee is responsible for the process of safeguarding.

There is a Patient Safety Review Group at Bassetlaw Hospital that includes matrons from all divisions, all safeguarding leads and the trust solicitor. This group is responsible for overseeing the implementation of safeguarding throughout the trust. This group receives direct reports from the named doctors and nurses and from children's services. The group will discuss learning from serious case reviews (SCRs) and are responsible for disseminating learning and implementing any resulting action plans. There have been a number of Serious Case Reviews for the Doncaster hospital and site and the Director of Nursing has been involved with these as a board partner, but there have been no serious case reviews for Bassetlaw. However, any learning from the Doncaster SCRs are discussed at the Patient Safety Review Group and actions implemented at the Bassetlaw site where relevant.

At Bassetlaw Hospital all safeguarding and serious incidents are reported on the clinical incident reporting system from the risk assessment office. All incidents are reviewed by the Interim Chief Executive and are reported out to the PCT.

Bassetlaw hospital benefits from expert and external representation on the Board of Governors of the Foundation Trust. The clinical governance leads from both hospitals and both PCTs attend these meetings, which is formally constituted and forms part of the assurance mechanism to the board. The governors provide constructive challenge which has proved extremely useful when developing safeguarding arrangements.

The Director of Nursing is the Executive Lead for Safeguarding, working over the Bassetlaw and Doncaster hospital sites and working with two different safeguarding boards, although the underlying principles are the same. Front line staff work across both sites only occasionally but some executives work over both.

Until recently, the PCT commissioned the Named Doctor at Bassetlaw hospital to provide Designated Doctor sessions for the PCT. The Designated Doctor is now providing services solely for the PCT and a new named doctor has been appointed

at the Hospital. The named doctor works over both Bassetlaw and Doncaster hospital sites.

Emergency Care

The safeguarding policies and procedures reflect those of the Nottinghamshire County Safeguarding Board, with additional health practice guidance specific to Bassetlaw Hospital. All staff (including A&E) have full access to these with a direct link on all computer desktops, which was demonstrated during the inspection. This ensures policies and procedures can be updated regularly and staff have full access at all hours of the day and night. Staff spoken to during the course of the inspection confirmed that they knew where to find procedures and demonstrated that they knew who they could access within the trust for advice on safeguarding issues.

All nursing and medical staff in accident and emergency have undergone safeguarding training to level 2. Training is undertaken on induction and updated annually during the mandatory training programme. Staff spoken to in the department confirmed recent training and demonstrated good knowledge of safeguarding procedures. Within Bassetlaw hospital, all staff will, from April 2010 undertake an assessment of 'competency' in safeguarding knowledge as part of their annual appraisal, in order to demonstrate that they fully understand the training they have undertaken.

When adults are admitted to A&E with a presentation that involves domestic violence, drugs or alcohol misuse, staff complete a 'FROG' form where it is identified that there are dependant children within the home. The paediatric liaison nurse from the safeguarding team at the PCT will review these daily and will follow up concerns with the child's health visitor or school nurse. Where domestic violence is involved, there will be an automatic referral to the social workers. There was a good awareness of this wider safeguarding issue amongst staff interviewed, with all able to describe examples of good outcomes for children who were subsequently identified as being at risk when staff had followed this process.

Staff in Bassetlaw A&E reported that communication with social workers in and out of hours is good; social workers are extremely helpful when staff call for advice, and are always accessible by telephone day and night. All staff are aware of how to make enquiries about whether or not a child is subject to a child protection plan and that there are no problems accessing the Emergency Duty Team (EDT) for this information. There are numbers to contact EDTs in all adjacent counties including Derbyshire and South Yorkshire.

There are good relationships between Bassetlaw A&E department and the CAMHS service. Staff follow a flow chart in the event a young person under the care of the CAMHS service presents in A&E, which includes instructions for staff should the young person leave the department against medical advice, and the procedures to o report them to the police as a vulnerable person so that they can be returned safely to A&E.

Partnership working

There is good partnership working at local level in Bassetlaw. There is a Local Strategic Partnership Board in each district, and each has a multi-agency Children's and Young Persons Group sub-board. In Bassetlaw this is attended by social workers from the local authority, lead nurses for safeguarding, the senior sister from Bassetlaw hospital, the Connexions service and representatives from education, the youth service, children's centres and the fire service. This group is responsible for the local implementation of the Children and Young Peoples Plan and for overseeing the Joint Access Teams. The LSP Children and Young Persons group has dual accountability to the Local Strategic Partnership Board and the Children's Trust Executive

The Local Strategic Partnership Boards take reports from the Children and Young Peoples Group on the number of families discussed and the sources of referral. They also pick up themes for further discussion and upward transmission to the Children's Trust Executive. The Chairs of the Local Strategic Partnership Boards meet monthly. There is a long term aim to strengthen the LSPs to take on a commissioning role.

In Bassetlaw, the Joint Access Teams are based around families of schools and are a multi-agency group of front line staff including school nurses, children's social workers, teachers, and representatives from the children's centres. Staff with concerns about a child or family complete a 'request for discussion' form and will bring their concerns to the meeting. The child and family will be discussed and views shared by other staff involved with the child. An action plan is then agreed for further management. Staff spoken to were positive about the effectiveness of the Joint Access Teams, reporting that being able to share information in this way is leading to children and young people who may be at risk being 'picked up' earlier and for effective safeguarding arrangements to be put in place where necessary. The Joint Access Teams will also discuss wider themes that may have other organisational and resourcing issues, and these will be fed through the LSP Children and Young Peoples Group to the Local Strategic Partnership Board.

The Bassetlaw Health Visitors all attend the Joint Access Team meetings in their area but there are difficulties in engaging some of the primary school Head teachers. They reported that, in some instances, Head teachers bring concerns about a child to the JAT instead of referring directly to children's social workers which can sometimes mean that there are delays on acting upon concerns about a child. The Bassetlaw school nurses report that the senior schools in the area engage well in the JATs and that there understanding of referral processes are good. The PCT has signed agreements with all local schools to implement the Healthy Schools programme.

The Bassetlaw Health Visitors report that communication with the Children and Young Persons Dept is variable and whilst initial contact to seek advice is usually good, there are often delays once a referral is made and health visitors have to chase social workers to find out what is happening with the child and family. The Health Visitor also report that the actions taken can sometimes appear inappropriate or unreasonable given the circumstances. The health promotion manager recently

audited, health visitors about their level of satisfaction with the response from the CYP Dept and found that in only just over 50% of cases the health visitors felt that the actions taken were appropriate.

Serious Case Reviews in Doncaster highlighted that health staff do not always follow up on referrals which led to an audit of CP1 and CP2 (child protection referral forms). The audit identified some communication issues, and some differences in interpreting what is and is not a referral. The Director of Nursing also reported that as the number of children with safeguarding concerns has risen, staff need greater awareness of 'thresholds' for referral. Funding has been obtained to recruit a health visitor to cover caseloads, releasing staff to work with social workers and improve understanding of thresholds and processes. The paediatric liaison nurse from BPCT provides a consistent approach by reviewing all 'FROG' forms and advising on referrals where necessary.

The Bassetlaw Health Visitors contribute to child protection plans and have a good professional relationship with social workers but there is often a lack of consistency in social workers' approaches to child protection concerns. Where HVs do not agree with an action, they use the escalation process and refer to their supervising manager. They report that their concerns are listened to and that the health visitor and social worker managers will review the case, but this can sometimes be a long process whilst children remain potentially at risk. The response time to review these concerns through the escalation process needs to improve.

MARACS are in place and are effective with most agencies well engaged and good partnership working. The nurse specialist for safeguarding adults attends on behalf of Bassetlaw. When possible the substance misuse and/or emotional wellbeing health visitor and school nurse also attend nurse. Work is ongoing to engage midwives, staff from accident and emergency, GPs and the mental health trust The MARAC publishes a list each fortnight - information is shared and a safety plan agreed with clear responsibilities for each practitioner to take forward. The nurse specialist will share this plan with relevant health professionals. Although this process has been in place for 18 months, staff require more training to be confident to share information and further training is currently being rolled out for staff

The Child Death Overview Panel has been in place for 18 months and is working effectively. The Designated Nurse gave examples of initiatives developed as a result of preventable deaths, such as health promotion campaigns on the dangers of co-sleeping, road safety, awareness of meningitis and the introduction of SIDS leaflets in child held records.

Children and Adolescent Mental Health Service (CAMHS) Provision

The CAMHS Partnership board is chaired by the county-wide Director for Public Health, and the Vice Chair is the Service Director for Health and Social Care and Safeguarding lead. The Board brings together the CAMHS funding streams for health and social care; the budgets are aligned, but not pooled. Joint decisions are taken on the setting of priorities and the allocation of resources.

The CAMHS model of delivery has recently changed county-wide, The Bassetlaw CAMHS service was launched one year ago and is still developing. Tier one is provided by school nurses and health visitors. Tier two is commissioned by Bassetlaw PCT and there is an equivalent tier 2 service in Nottingham city and in Nottinghamshire. Tier 2 includes early intervention services such as emotional health and wellbeing. Access is good and within the eight week waiting time.

CAMHS at tiers 3 is provided by Nottinghamshire Healthcare NHS Trust, supported by joint protocols and pathways standardised across the county. There are a number of specialist practitioners at tier three to include dedicated eating disorder and learning difficulty teams. Although the services are split, there is a single point of access. Most referrals are via the CAF and they will be assessed by the clinical access service before being allocated to the appropriate tier and location on a priority basis.

Tier four CAMHS is provided at the in-patient unit at Thorneywood. This in-patient unit is largely provision for children and young people with eating disorders. There are currently discussions under way to determine whether there should be a separate, dedicated unit for eating disorders, in order to provide more places for those with challenging behaviour.

The CAMHS team work closely with the health visitors and school nurses and each CAMHS practitioner has an allocated Joint Access Team. There is good information sharing between social care and CAMHS and they work collaboratively together and trade advice when required.

CAMHS practitioners work with a number of children who have been placed with Grandparents on residency orders. These arrangements have a significant financial impact and often no respite or support is offered to help them with very challenging children. This is resulting in the need for interventions by the CAMHS team, but these are often short term interventions only, and children and young persons are increasingly being re-referred for further support.

Clinical leadership

There has been significant progress in raising the profile of safeguarding throughout the PCT and acute trust and all staff interviewed demonstrated a good awareness of how to recognise and report risk. Bassetlaw PCT shares a designated doctor with Doncaster PCT and they have developed strong links. Learning from serious case reviews in Doncaster (not in the scope of this inspection) have been incorporated into action plans for implementation throughout Bassetlaw and this has had an impact on staff awareness. There has been a significant shift to greater information sharing within the PCT, the acute trust and with partners, and roles such as the paediatric liaison nurse have facilitated this.

The Bassetlaw hospital Interim Chief Executive stated that safeguarding has been one of the highest priorities within the trust. All medical staff have been required to undertake safeguarding training; time has been allocated for this and it has been built in to appraisal documents as a mandatory element. A new named doctor for safeguarding has been appointed.

The Chairman of the PCT stated that GP engagement was a difficult area and that the integrated governance model they are about to introduce, combining the Professional Executive Committee (PEC) with the risk committee, is a positive move forwards in further involving GPs in safeguarding. The Bassetlaw Designated Doctor reported that local GPs are accessing training offered by the PCT and had invited the designated doctor to give talks about specific safeguarding issues. He also stated that junior doctors and medical students at the hospital were given all opportunities to work with children and families where there are safeguarding concerns, with the support of a senior clinician in order to acquire practical skills and experience in this area.

There has been a 'sea change' of opinion amongst medical and other staff following the training; where previously they had thought of safeguarding as something that did not impact on their role, he had received feedback that there was a greater understanding that safeguarding was 'everyone's business', further re-enforced by staff bulletins, produced as evidence, that demonstrate the contribution all staff can make to keep children safe.

At Bassetlaw Hospital, audit of safeguarding practice is the responsibility of the divisional clinical governance committees where safeguarding is a standing item on the agenda. Bassetlaw hospital has a Named Nurse for Safeguarding, there is one named midwife one day per week and the designated nurse for safeguarding from the PCT works closely with the trust. The number of Consultant Paediatricians at Bassetlaw hospital has increased recently from 3 to 5. This has allowed for the further development of the rapid response team that is led by a consultant paediatrician and is supported by specialist nurses.

Training and supervision

Increased resources have been put into the training and development of staff to raise the awareness of safeguarding throughout the PCT. All PCT staff have undertaken level one training, and key staff working directly with children have level 2 and 3 training appropriate to their role. All annual staff appraisals have a safeguarding competency assessment (including information sharing from April 2010) to ensure that staff have understood the training and to identify those staff that may need additional support. This competency assessment has been in use at Bassetlaw hospital since April 2009 and has proved a useful indicator in the effectiveness of safeguarding training

Work is ongoing to improve engagement with GPs, ensure children's services are commissioned well and provide greater input into development needs of consultant paediatricians to ensure they are trained and skilled with dealing with children who may have been subject to abuse. The Designated Nurse for Bassetlaw confirmed that there is a lot of interest amongst GPs to improve their knowledge of safeguarding and showed evidence of good GP attendance at two study days within the last year that have included sessions on safeguarding, delivered by the designated doctor and named nurse.

Clinical and child protection supervision is in place and is working well across the trust. The Health Visitors in Bassetlaw report that they all have access to regular clinical and child protection supervision but in some areas there are high caseloads and significant levels of reported stress.

Since March 2009 Bassetlaw Hospital has introduced a trust wide training database where records of training can be tracked and these will be available solely on the new database from October 2010. The PCT has introduced a variety of on-line training packages, taken part in multi-agency training and have produced further information booklets for staff on safeguarding. To date, 90% of staff have received level 1 safeguarding training and level 2 has been completed by all staff working in children's services, maternity and accident and emergency. The trust declared compliance with training in the 2009/10 refresh declaration in October 2009.

Involving children and young people

The PCT has commissioned the Life Channel to provide information based TV systems in children's centres with access to health promotion material such as home safety, domestic violence, drug and alcohol misuse. The PCT will also be producing some of its own DVDs, specifically aimed at young people and young people with families who may more likely access children's centres than the GP surgery. This will be trialled over the next three years.

The Acting Chief Executive at Bassetlaw PCT stated that one area of good practice is that of sexual health, where the teenage pregnancy co-ordinators are actively involved in local schools, talking to young people about sexually transmitted infections, contraception, pregnancy and the behaviours that lead up to it. Within this service, there are good examples of engaging young people and listening to their views about access to health services and how access can be promoted.

Contracts and performance management

The PCT monitors performance against key national indicators and latest reports suggest a reduction in the number of children dying as a result of road traffic accidents and fewer children dying as a result of co-sleeping arrangements. However, the PCT will be further exploring these figures to ascertain if this is as a result of safeguarding initiatives or other factors. There is poor take up of breast feeding and one of the highest rates of childhood obesity in Nottinghamshire County. The PCT has appointed an infant feeding co-ordinator and awaits funding to deliver interventions for children assessed as obese under NI53.

Case conference reports are audited annually; one month is selected at random and all the case conference reports and minutes are reviewed. The audit looks at the quality of the reports, the following up of action plans and the minutes are reviewed to determine the extent and quality of staff participation. To date, audits have been largely positive but highlighted poor GP attendance at case conferences. Various actions have been put in place to improve attendance and information submission but little progress has yet been made.

The Bassetlaw hospital named nurse audits the implementation of safeguarding policies by reviewing completed referral forms and feeding back any issues with the Head of Dept or ward. The named nurse is also involved with the investigation of serious untoward incidents and will follow the root cause analysis, picking up any concerns regarding safeguarding practice. The named nurse is currently looking at developing further safeguarding audit to monitor the quality of safeguarding throughout the trust.

Assessment, referral and case planning systems

Delays in the roll out of the Common Assessment Framework (CAF) and issues with getting all staff trained in its use are contributory factors in the low numbers of referrals using the CAF. One issue has been training, which had previously not met the needs of health practitioners. The named and designated nurses have been working with staff to address concerns about CAF and a half day e-learning module has been made available, and further multi-agency training is awaited. This has resulted in an increase in the use of CAF in the last quarter of 2009/10, but the trust acknowledged that there is still considerable work to be done.

Health visitors in Bassetlaw have increased their use of the CAF having initially been put off using it by poor training and a much delayed roll out, but those that are using it regularly stated that they felt it was an effective means of sharing information. Midwives also reported that where CAF is used, it is an effective tool, but that its use needs to be further embedded within the midwifery service. It has now been agreed that a CAF must be started for any child discussed at the Joint Access Team (JAT) meetings.

The health IT systems are not compatible with social care and work is ongoing to facilitate how CAFs can be shared electronically. Encryption packages are being installed on computers to allow encrypted emails to be sent to the social workers so electronic CAF forms can be shared and a faxing ‘safe haven’ pathway is being developed in the interim. There are also plans to move health visitors to hand held devices to prevent double entering information, practitioners are very keen but signal coverage across Bassetlaw is poor.

The Health Visitors reported that there have been difficulties with staffing levels due to one vacant post and staff on long term sick leave resulting in high caseloads, but the team were unable to state the approximate number of families on each. They reported that this was not having a detrimental effect on their delivery of the Healthy Child Programme, but that visits to each family may be shorter and there is less reflection time. They reported that the introduction of paediatric nurses and nursery nurses to take on specific roles and responsibilities has worked well, allowing health visitors to focus on the more complex safeguarding and child protection issues. Attendance at case conferences is mandatory and a recent audit indicates 100% health visitor attendance. This is an essential element in effective safeguarding arrangements, especially as GPs rarely attend conferences and the quality of the reports they send are variable.

The Bassetlaw Designated Doctor raised concerns about the level of ‘expertise’ in the area of sexual abuse. There are five consultant paediatricians, with four being new in post. As Bassetlaw is a small area, the numbers of children requiring physical examination following allegations of sexual abuse is low, each consultant being likely to see only 1 or 2 children per year. This limits the level of ‘expertise’ each consultant can acquire and may have serious implications when consultants are requested to attend court hearings to be an ‘expert’ witness. This is not having a detrimental affect on children/young persons. Some children are currently being seen by the Nottinghamshire team, where increased numbers mean paediatricians see more children and have a higher level of expertise, but this is only anticipated to continue for the next year. New consultant paediatricians need further training and support to carry out this work when the arrangement with the Nottinghamshire team comes to an end.

There has been an increase of referrals to children’s social workers due to domestic violence and this precipitated the secondment of a Women’s Aid worker from the voluntary sector to advise on specific cases and provide support for social workers. There are now two such posts, jointly funded by Bassetlaw PCT and the local authority, that provide a children’s outreach service and drop-in sessions for social workers. There are also nurses employed within the PCT provider arm with specific responsibility for domestic violence.

The CAMHS practitioners reported that although access is currently good, there are an increasing number of referrals, resulting in only short term interventions being possible. There are currently insufficient links with other partners to which children and young people can be referred for more long term intervention if they do not meet the thresholds for referral to tier 3.

The ‘gold standard service’ of sexual health is delivered in all senior schools and post 16 education establishments, including nurse prescribing of contraceptives, referral for termination and sexually transmitted infection screening. In addition, the sexual health team delivers the sexual and reproductive education programme in all schools to years 9, 10 and 11, and school nurses provide sex education programmes up to year 9. The sexual health team works in collaboration with the youth service, social workers and the police to identify very vulnerable children at risk of teenage pregnancy. For this group, there is a specific 6 week course, 2 hours per week that explores sexual health, relationships, pregnancy and the behaviours that lead to sex.

Bassetlaw has one of the highest rates of late termination and a bid has recently been submitted for the recruitment of a sexual health nurse to work with young girls after termination to ensure long term contraceptives are issued on discharge.

There is a specialist health visitor for teenage parents in Bassetlaw. Referrals to this practitioner come from a variety of areas and there is 100% uptake of the service with 33 young women currently on the caseload. The practitioner works intensively with the young women, giving health promotion advice on drugs/alcohol and contraception. Antenatal advice is also given. There has been a recent audit of this service – 12 of the 30 young people returned the survey, all with positive feedback. There have been good outcomes with several women referring to the smoking

cessation services. Breast feeding rates are good, unless the baby is delivered at the weekends when the practitioner is not available to give support. There are plans to widen this service into other areas.

There are good multi-agency arrangements in place for unborn children at risk. Midwives report good outcomes for those children/young persons who receive intensive support and close observation should the baby remain with them but also dignified, safe and sensitive management when babies are subject to court proceedings.

Equality and Diversity

There are concerns about looked after children who are not in school and therefore not accessing healthy living or sexual health education programmes. The sexual health team are trying to work with social services and the youth service to identify young people who are at risk and to offer programmes in children's centres and other locations.

The Bassetlaw sexual health team are delivering sex education at the local special school where the emphasis is on safe relationships. They report good engagement with young people but there is no recent data to determine effectiveness of this programme.

A number of events have been undertaken and are planned to engage service users in the design of programme delivery to include a 'Young Dads' event and other initiatives to take health education programmes out into the community.

Key findings – Looked after children and health

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

Outcomes for looked after children and young people are at least adequate for health and staying safe, although too few children aged five and under receive timely health assessments and immunisations

Services to promote health outcomes among children in care are adequate. Health assessments for children over the age of five are generally completed, but only 59% of children under five have undertaken a health assessment, which is unacceptable. Immunisation rates for children over five years old are only at 63% and only 52% of under five year olds have received their immunisations, which is poor. Over 80% of children aged five and over are registered with a dentist which is good. Although the PCTs have governance arrangements in place, health outcomes are not supported by comprehensive data and management information is not routinely collated, which makes it difficult to track which children have had an assessment. Most children placed with a foster parent are registered with a general practitioner and dentist and have access to health visitors and school nurses. Good practice has developed to ensure professionals are sensitive to the needs of looked after children, who, in the main, have their health assessments at home. Health

assessments for children over ten years of age take place without carers being present so children and young people are free to express their feelings. All the young people interviewed reported they had received a health assessment, regarded this as routine and felt the assessments were done in a non-stigmatising way. Good arrangements are in place for the designated nurses to support children who are adopted and those who are placed in local authority foster placements. This is effective in promoting a strong focus on improving health outcomes and healthy lifestyles. There is good targeted sexual health service for looked after children demonstrated by the low levels of teenage pregnancy in this group. Arrangements to support health outcomes for unaccompanied asylum seeking children who are looked after are good. There is a special fortnightly health clinic, an immunisation clinic and specific protocols in place to meet immunisation requirements for these young people. There is a good CAMHS service for looked after children.

There is a wide range of support for children in their placements, such as CAMHS, play therapy, dedicated youth workers, and various voluntary and statutory agencies such as the Drug Awareness Action Team. The consultation and support provided by
CAMHS to social workers, carers and children have become increasingly flexible but are not always provided until the child is in a stable placement.

The development of locality emotional health and well-being teams is a positive step and has enabled good links with clinical psychologists and joint professional training to promote a good level of understanding of agencies' roles. Schools and Health together make a valuable contribution to the social and emotional development of children and young people, with 90% of primary schools and 66% of secondary schools delivering an effective SEAL programme. Mental health support for young people is good at all tiers across the county, which includes a range of services provided by school nurses, emotional health and well-being teams and specialised and targeted CAMHS.

Overall Being Healthy Grade -

General

Prior to January 2010, Bassetlaw PCT had one LAC nurse allocated one day per week on a service level agreement from the Looked After Children's Service commissioned by NHS Nottinghamshire County. At that time there were approximately 100 looked after children in Bassetlaw with a further 51 in out of county placements. As there were relatively small numbers of children there were few processes in place to meet their needs and health assessments were not always being completed in a timely manner. However, the rising number of looked after children required further resources, and Bassetlaw PCT appointed a full time looked after children's nurse who took up her post in January 2010. By this time, there were 191 looked after children in Bassetlaw. Since January 2010, a new full time LAC nurse has been appointed.

Comprehensive services for looked after children are being developed in Bassetlaw. At present, they have access to a designated doctor and one LAC nurse specialist, and there is evidence that they are in receipt of their annual health assessments. Those children in residential care or in main stream schools are accessing health promotion programmes. However, further development of arrangements for looked after children is required. The PCT's Executive Director with responsibility for safeguarding is keen to take this forward and discussions are already taking place to identify deficiencies in the arrangements for looked after children and for children with learning difficulties and physical disabilities.

Health Assessments

At the present time, the LAC nurse specialist is in the process of evaluating the caseload of looked after children and addressing the backlog of health assessments. There are now processes and pathways in place for health assessments for LAC. Details of all looked after children have been entered onto a central database and a monthly monitoring report is generated to track the number of health assessments completed and to keep track of those assessments due. Forty five health assessments were carried out in the last year, and of these 10 have outstanding dental issues and 11 have outstanding immunisations.

The LAC nurse specialist has carried out training for health visitors and school nurses so they can complete health assessments. Informal quality monitoring has taken place with the designated nurse ensuring that all health assessments are carried out comprehensively and returning those that have sections missing. No formal audit of quality has taken place.

The LAC nurse specialist for Bassetlaw carries out all health assessments on children in their foster placements, and if they are over 10 years old, tries to see them without their foster carers. In this way, she encourages the child to talk about their placement and to identify if there are any issues that needs addressing. If there are concerns, then these will be discussed initially with the carers and then with the responsible social worker. In this way, the nurse aims to support placements and to identify any developing problems.

The LAC nurse specialist stated that some young people approaching leaving care may refuse to engage for health assessments. In these cases the nurse will write to them, advising them of outstanding issues from health assessments. For those leaving care, the nurse will attend leaving care reviews and will give the young person a health chronology so they have a record of their past medical history. The young person is then handed over to the after care service.

Access to services

Looked after children attending school in Bassetlaw access the health promotion activities given in mainstream schools – these include sessions on sexual health, pregnancy, drug and alcohol abuse. There are two private residential homes with education on site – the young persons resident there have complex health needs

and these are met by the school nurses. However, it is recognised that there are a number of looked after children who are not attending school, and in these cases, the looked after children's nurse works closely with the social workers, youth service and inclusion officers to identify those children and work with them in smaller groups in other community settings to deliver health promotion programmes.

Involving Children and Young People

There is a Looked After Children's Council and the LAC nurse specialist also liaises with the county-wide youth service. There have been a number of consultation events and activity days organised for looked after children where their views are obtained in order to inform service provision.

Areas of Strength

The named and designated nurses are highly skilled, committed and knowledgeable and are a driving force for change, providing visible and accessible safeguarding advice and support to staff at all levels of the PCT and acute trust.

Staff have a high awareness of safeguarding issues and have good support from specialist safeguarding teams.

There is evidence of good partnership working between health and social care and the relatively small area of Bassetlaw facilitates close working relationships and effective communication.

There is a good sexual health service operating throughout the Bassetlaw area that is actively engaging young people.

Young people report positive feedback on the service offered by the intensive health visitor and there are good outcomes for young women and their babies who access this service.

Recommendations for Improvement from joint report relating to health partners

Immediately:

- *Ensure that the health team are immediately notified once a young person enters the care system so that coherent health support is provided*

Within three months:

- *Develop an integrated strategy and joint commissioning framework for disabled children which is agreed with the Children's Trust partners so the service offer for children with disability is clear and resourced effectively*

- Ensure that NHS Nottinghamshire County and NHS Bassetlaw develop robust management information systems for looked after children's health assessments and that health outcomes are audited

Additional recommendations for improvement

- Address the outstanding health needs identified in health assessments for looked after children.
- Improve engagement with children and young people in the planning of services, particularly the care of Looked After Children.
- Improve engagement of general practitioners in case conferences.
- Provide new consultant paediatricians with further support and training to carry out physical examinations on children where there are allegations of sexual abuse to assist them in obtaining a satisfactory level of expertise.
- Work with social care managers to improve the speed at which child protection concerns raised by health visitors through the escalation process are addressed.
- Ensure all health practitioners are trained and enabled to use the Common Assessment Framework.

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

Lynn

Lynn Davinson
Children's Services Team Leader
Integrated Inspections of children and LAC

Cc
Dame Barbara Hakin – Chief Executive NHS East Midlands
Andrea Gordon– CQC Regional Director (East Midlands Region)
Mr Anthony Deery – CQC Interim Head of Statutory Inspections
Mr Chris Batty HMI – Ofsted Managing Inspector
Gary Lamb HMI – Ofsted Lead Inspector
Ms Ann Farley – CQC Inspector

Other organisations involved in this review

Bassetlaw Community Health
Doncaster and Bassetlaw NHS Foundation Trust (Bassetlaw site)

The following organisations are included in the separate letter to NHS Nottinghamshire County:

NHS Nottinghamshire County
Nottinghamshire Community Health
Nottinghamshire Healthcare NHS Trust
Sherwood Forest Hospitals NHS Foundation Trust
Nottingham University Hospitals NHS Trust