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11 August 2010

Mr Nigel Beverley
Chief Executive
NHS Enfield
Holbrook House
Cockfosters Road
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Herts
EN4 0DR.

Dear Mr Beverley,

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

I am writing about the recent joint inspection by Ofsted and the Care Quality Commission in Enfield 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 10th May 2010 and 21st May 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. 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 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 Enfield was **good** and capacity for improvement was **good.**

Overall effectiveness of services for looked after children and young people in Enfield 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 June 2010

The Enfield Safeguarding Children Board and the partnership provide good leadership and the engagement of health partners has strengthened in recent months. Both accident and emergency departments and acute trusts serving the borough have systems in place for identifying children who are the subject of a child protection plan. A referral to children's social care services will be made if there are concerns about a child, and at the North Middlesex University Hospital NHS Trust all referrals are reviewed and monitored at a weekly multidisciplinary meeting.

Partnership working is good and there is effective liaison between agencies, which promotes safeguarding. Health, police and social care services communicate very effectively via regular meetings and provide good exchange opportunities for staff to improve understanding of roles. The recently reviewed paediatric liaison health visitor service provides a valuable link between agencies but has limited cover for sickness and annual leave.

An audit by Enfield Community Services of child protection records for health visiting and school nursing found that record keeping was poor. Important documentation such as risk assessments and child protection action plans were not present in all cases.

The interim management team for the Primary Care Trust is clear about its priorities and has established a good working relationship with other agencies. A small number of services are jointly commissioned. Performance management has been less strong in health but this is now improving.

The Community Trust has attempted creative ways to recruit, train and retain health visitors but staffing levels remain a challenge. Training is of a high quality across the partnership and is highly valued by staff. Enfield Community Services have identified the need to ensure that all staff have the appropriate level of safeguarding training and are taking corrective action to address this. Staff in

CAMHS and accident and emergency departments are appropriately trained in safeguarding and receive good supervision. A supervision policy has been in place in health since November 2009. Health visitors and school nurses receive regular supervision and have good access to supervisors. The partnership offers good opportunities for involving children and young people and their parents in service development, although this is less well developed within health services.

The Joint Service for Disabled Children via Parent2Parent (a forum for parents of disabled children) completed an extensive consultation exercise on how families preferred to be supported and involved in developing provision. As a result of this consultation an accessible eligibility and access framework has been produced which identifies a minimum level of support and explains how to access specialist support if required. While there are some good examples of health providers seeking feedback on provision for children with disabilities, consultation arrangements are not yet systematic across health services.

Leadership within NHS Enfield has strengthened more recently, and children's services have addressed some funding deficits within health to ensure continuity of service. The number of joint appointments is increasing. The Child Death Overview Panel is well attended by a wide range of professionals and analysis of deaths is leading to more targeted preventative work.

Enfield NHS and health practitioners are working with community groups to improve access to health services in targeted areas. However, there are a number of dimensions of partnership which are not yet where they need to be, for example the level of quoracy at review child protection conferences and the involvement of General Practitioners in child protection processes. Additionally electronic systems within Enfield Community Services do not enable information sharing by the police with school nurses and health visitors regarding domestic violence incidents.

Health commissioners have used data effectively to identify where specific services are required. Health providers recognise the challenges in continuing to provide service improvement and innovation, alongside the need to address their budget deficit.

General

The PCT has been working with a full interim management team in post for the last four months, and they are aware they have a challenging year with further changes due in April 2011. The board recognise the need to strengthen the approach to safeguarding and commissioned an independent diagnostic report on safeguarding. Work has started towards meeting the recommendations and a sub group will monitor progress.

Evidence showed the commissioning PCT have systems in place to be assured that staff can safeguard children and young people. They now have a board member with safeguarding responsibility. The named doctors, nurses and midwives in post said they have the time, support and training to carry out their role. Some designated professionals have recently moved or are in the process of moving from

the provider side to commissioning, to be in line with world class commissioning standards.

There are some good initiatives within the Children and Young Peoples Strategy around reducing childhood obesity, improving sexual health and reducing teenage conceptions. Health professionals are aware of these initiatives and are able to signpost children and young people to support, information and advice. Some of these initiatives are still in the early stages and it is too early to see impact on outcomes for children and young people. The number of teenage conceptions has reduced for the second year in a row and staff are still working on new ways to get information to children and young people in the borough.

There is good Child and Adolescent Mental Health Services (CAMHS) support for children and young people across the borough with some very good support for children with learning disabilities and good systems for transition to adult mental health services. CAMHS has a very good trauma response service, staff gave an example of a recent occasion when they saw two young children and provided support for staff working with these children at very short notice. Any children with a child protection plan are 'fast tracked' to the CAMHS services. CAMHS staff said they re-book appointments or inform social workers if a child or young person with a child protection plan fails to attend an appointment. CAMHS case files seen were well ordered and contained detailed records of interactions, progress, concerns, child protection conferences and outcomes.
The PCT are currently tendering mental health services to identify a provider with synergy to children's services in the light of the changes occurring under "Transforming Community Services within Enfield.

The PCT are aware of safeguarding and performance issues with independent GP contractors and are working towards reducing the number of single handed practices during the year.

GPs are aware of the local public health initiatives around public health, childhood immunisations and teen pregnancies. There is a PCT – led local advertising campaign to encourage registration and use of GPs rather that using acute settings for general health needs. The PCT are aware of this and are advertising within local communities and at acute settings to let people know the benefits of being registered with a GP.

Attendance by GPs at case conferences is rare due to short notice periods but a report is submitted to include details of any recent appointments or referrals to other health practitioners. GPs always receive minutes from child protection conferences and are informed when a child has a child protection plan and when they come off the plan. It is good that GP's have systems in place on their electronic and paper records to ensure all staff and any locum GP's are aware that a child is subject to a child protection plan.

The board has not received a report around domestic violence in the last four months, but all health practitioners are aware of issues with domestic violence and the local initiatives.

The infant mortality strategy action plan has not yet been agreed by the board and it needs to be more specific and measurable. There have been health initiatives to reduce the number of cot deaths and a big campaign to stop co-sleeping which has been found to be a key factor in a number of child deaths.

Emergency and acute Care

There are two acute trusts with Accident and Emergency departments serving the borough: Barnet and Chase Farm (B & CF) Hospital (Chase Farm site) and North Middlesex (NM) Hospital.

Staff in both accident and emergency settings are up to date with their child protection training and familiar with procedures for making child protection referrals. There are different, but effective systems used in each setting to ensure staff know if a child or young person is the subject of a child protection plan.

There are protocols for any child or young person attending accident and emergency with self harm or attempted suicide to be admitted and assessed by CAMHS before discharge, and there are clear guidelines for staff when domestic violence is suspected and a child protection referral is made to social services.

Any child aged under thirteen who is pregnant will be automatically referred to social services as a child protection issue.

Following a Serious Case Review a specialist health visitor for HIV has been appointed at NM Hospital, who also supports Chase Farm Hospital. This is good evidence of learning from a Serious Case Reviews and there is a learning event being planned for all staff across the borough which will improve staff knowledge and ensure children with HIV get the right treatment at the right time.

Partnership working

Health professionals described good partnership working between health, social services, education and the police. There are good systems in place for communication on the paediatric wards between CAMHS, health visitors, nurses, social workers and education.

Midwives said they have good links with duty social workers with robust information sharing arrangements to protect children.

Attendance by health partners at the LSCB has improved since January 2010 and this is seen as a priority; it keeps staff up to date with changes and new initiatives and maintains child protection high on the health agenda. A member of the board is a member of the Children's Trust.

Enfield Community Services employs two paediatric liaison health visitors, one at each of the acute settings, who facilitate communication between primary and secondary health care and ensure relevant professionals are informed promptly of any safeguarding issues with individual children. Midwives, doctors and professionals at the hospitals say this role is vital for joint working and helps them

keep informed with changes to health visitors and other professionals in the community.

Information sharing by the PCT is inadequate due to their computer system configuration and the lack of secure email; health visitors and school nurses do not get timely domestic violence information from the police which could prevent health professionals offering timely support to the household. The PCT is working to address this.

There is a young parents project at a children's centre where a range of professionals are available to provide support and information around benefits, housing, education, employment, depression and bonding with their baby. This is a good example of partnership working to support young parents in providing for their baby.

Clinical leadership

Named doctors, nurses and midwives at acute settings provide appropriate support and advice to staff within the organisation. They have sufficient protected time to carry out their role and access to regular supervision and support.

The PCT has taken appropriate action following the outcome of Serious Case Reviews and provides training sessions for staff to increase their knowledge and understanding.

There is good attendance at the Child Death Overview Panel with some specific health initiatives around co-sleeping which was found to be a major cause of infant deaths in the borough.

Training and supervision

The PCT has made a commitment to improving the level of safeguarding training provided to all staff and all new staff complete level one child protection training as a part of their induction. Staff can access training through the LSCB and the PCT. Community midwives, dentists, doctors, health visitors, the looked after children's nurse, occupational therapists, physiotherapists, school nurses, sexual health outreach nurses (SHOUT) and speech and language therapists confirmed that they have completed child protection training to level 3 and some to level 4 with regular refresher and update sessions. The trainers use evaluation sheets from training sessions to change or improve training provided. Some services have specific child protection training to ensure they get the information they need. Staff training records have not been sufficient but are improving and now show which staff have completed training and which staff need refresher training.

Hospital maternity department staff are up to date with safeguarding training

GPs said they have completed child protection training to level 2 although some have completed extra training which equates to level 3. This needs to be clarified to ensure they all do level 3 training. GP's said their reception staff complete child

protection training to level 1 and are aware of their role in reporting concerns to the GP.

Health professionals demonstrated good knowledge and understanding of the child protection procedures. All have experience in making child protection referrals. All have supervision and are aware of the named professionals to contact for advice and information.

There is a new supervision policy which states all front line health staff should receive supervision every four months and health professionals confirmed they have the support they need around child protection.

Involving children and young people

The PCT acknowledge that engaging with children and young people, their parents and carers is an area they need to continue to develop.

Services for children and young people with disabilities have good quality assurance systems in place and seek the views and opinions of the child and their parents or carers about the services they want and how they want them delivered. They use surveys in both written and pictorial format and have designed a pilot project for young children who have a large number of appointments with different therapists and will use feedback from the pilot to ensure services best meet these children's needs.

Contracts and performance management

Commissioning contracts, including dentistry, specify the level of child protection training and CRB disclosures required for different groups of staff and this is reported back by providers for contract monitoring purposes.
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Service specifications are in line with the children and young persons plan and monitoring ensures all are working to the same outcomes. The plan is for joint commissioning to be completed by the local authority by April 2011, and the impact of this is not clear yet. Commissioners feel this will support the provider commissioning split within the PCT. There is a strong executive group who ensure providers are working to the initiatives around the children's agenda.

Assessment, referral and case planning systems

There is a need to improve record keeping to comply with the Nursing and Midwifery Council Guidelines and for records to include where information is held if it is not in the case file.

Case file audits completed by the PCT identified issues with recording including: gaps in records; copious historical information making it difficult to find current issues; use of correction fluid and in some cases it was not clear when a child had a child protection plan. Whilst some of the files dated from before the new supervision policy was in place, (which would have prevented and addressed some of the

issues) the action plan, to ensure case recording meets the required standard needs to be more specific and measurable,.

Two examples were given of recent work on the Common Assessment Framework (CAF) by community midwives. Health visitors and school nurses had been involved in CAF although they have a problem with sending electronic documents securely which can prevent them from being involved in CAF and could lead to issues with joint working.

Equality and Diversity

Enfield is a multicultural borough with a high proportion of residents from black and ethnic minorities. All health professionals were aware of local issues and said they have good access to translation and interpreting services when required and at short notice.
Some health professionals felt access to health services was not equal and could depend on the area people live in; some areas of Enfield have high pockets of deprivation and a number of health initiatives have been targeted at these areas to ensure those most in need hear about services available. These initiatives are still quite new and it is not yet known how successful they have been. The PCT have used community groups to inform local people of health services and support available but have not reviewed whether using community groups increases the number of local people who access local health services.

Key findings – Looked after children and health

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

Health provision for looked after children is good, supported by good information sharing across health and social care. The health needs of looked after children are given high priority. The nurse within the multi-disciplinary Health and Education Access and Resources Team (HEART) organises health assessments for Enfield looked after children and the increasing number of children placed in Enfield by other local authorities. A high proportion of looked after children have appropriate health assessments and dental checks. Immunisations of looked after children are at a higher than average level. The HEART team also notifies other local areas when Enfield children are placed out of borough and provides support, information and training to social workers, foster carers, housing providers and health professionals. Joint work with the teenage pregnancy unit has resulted in the development of a fast-track referral process with the 4YP Outreach service, resulting in a reduction in the number of teenage pregnancies and an increase in the number of looked after young people receiving long acting reversible contraception. Teenage pregnancy rates overall within the borough have decreased in line with national and regional averages. All looked after children and young people in Enfield are screened by the HEART team for their emotional and behavioural health. Looked after children have fast track access into all health

services including the Child and Adolescent Mental Health Services (CAMHS). The nurse for looked after children discusses substance misuse at each review for young people aged 13 years and over and provides support to access targeted services if appropriate. Care leavers have good access to sexual health and relationship education. Audits of health records of looked after children prior to inspection indicate that improvements are required to quality. NHS Enfield is providing specific training to improve practice. An effective protocol is in place for transition from children's to adult services for children with disabilities and young people with mental health issues. Young people and their parents and carers are very well supported into adult services. The HEART service, jointly operated by Enfield Education, Children's Services and Leisure Department and by the local NHS trusts for primary care and for mental health, provides a highly effective service for looked after children.

Overall Being Healthy grade - Good

General

There is a dedicated Health and Education Access and Resource Team (HEART) made up of health, social care and education professionals to meet the needs of looked after children.

Partnership working

The designated nurse for Looked after Children is based with the HEART team in the same office as social workers and is informed when children become looked after. She organises the appropriate initial health checks to be completed. The designated doctor leads on immunisation for looked after children; with good takeup compared to England average. There are some difficulties accessing old immunisation records due to a change in computer system two years ago. Health professionals are working around this by seeking information from other sources.

There is good evidence of partnership working across the borough to meet the health needs of LAC. School nurses are advised by the looked after children's nurse when a child becomes looked after and conduct health care assessments of school age children when required.

GP contractors are aware of looked after children on their patient list and complete annual health assessments when required.

Health Assessments

Very good systems are in place for initial health assessments when a child becomes looked after by Enfield social services department; these are carried out by the staff grade paediatrician for health assessments. Records indicate a high rate of initial health assessments are completed within the twenty eight day timescale although arrangements are less effective for children and young people placed outside of the borough. Some health assessments had not been completed in full, this is

apparently to prevent duplication if details are held elsewhere, but this should be clearly noted on health assessments so health professionals have access to all the information they need.

Very good systems are in place to ensure annual health checks are completed for each LAC. The looked after children's nurse conducts a monthly check of appointments required and passes the details to the health professional who is due to carry out the assessment. The staff grade paediatrician responsible for health assessments completes annual health assessments for children under the age of 5 with health visitors doing the statutory check for two year olds. School nurses complete health assessments for children aged 4 to 15 years, although children can request to have their health check outside the school environment. The looked after children's nurse does annual assessments for young people over 15 years of age and some young people who are in neighbouring boroughs. Other children placed out of borough have their annual health assessments completed by their GP and the looked after children's nurse ensures these happen on time. The looked after children's nurse is responsible for checking that referrals have been made and health action plans are followed. There is not a system to assess the quality of health assessments.

There is a concern that if the looked after children's nurse is absent for any time the service would not be able to function. Some form of support or assistance should be provided to ensure the service continues to run well.

There is a process to inform the new borough if any looked after child moves out of Enfield, to ensure there is a handover of information before health records are transferred. The looked after children's nurse said this system is working well.

Access to services

Looked After Children are fast tracked to any additional or specialist health services they require including CAMHS, contraception, sex and relationship advice and information, physiotherapists, occupational therapists and speech therapists. This ensures their health needs are met quickly and they receive appropriate advice in good time to keep them safe.

Involving Children and Young People

The PCT have involved children and young people with disabilities and their relatives in the development of services and currently consulting those who have a number of health appointments. They want to look at the best way to meet the child's needs and are trying joint appointments as a part of this process.

Areas of Strength

Front line staff are aware of child protection procedures and how to keep children and young people safe. Health professionals including named and designated professionals said they have appropriate training and support to help them carry out their role.

Improvements have been made to the child protection training and records, giving the PCT easy access to details of staff who have completed training and those who need additional training. Children who self harm or attempt suicide are admitted and seen by CAMHS before being discharged from the acute settings.
Good systems are in place to address the shortage of health visitors, with the use of agency staff, passing some work to other professionals and using initiatives to recruit, train and retrain health visitors to fill vacancies.
There is good evidence of partnership working to meet the health needs of looked after children, and good partnership and transition arrangements for children with disabilities to ensure a smooth transition from children's to adult services.
Front line staff have good and timely access to translators

Recommendations for Improvement from joint report relating to health partners

Immediately:

- *Ensure that all nursing records meet the Nursing and Midwifery Council standards.*

Within six months:

- *Review the effectiveness of the CAF and ensure that professionals are confident in the assessment process.*
- *Ensure that health partners have arrangements in place for securing the views of children and young people regarding the quality of the services they receive.*
- *Ensure that health professionals have good access to notifications of domestic violence, so that cases can be effectively prioritised.*

Additional recommendations for improvement

- *Arrangements to support the looked after children's nurse should be put in place to ensure the service continues to run well.*
- *A review should be conducted to improve the contribution of GPs at child protection conferences.*
- *Implement robust arrangements to support the health visitor service through additional staff or skill mix to enable provision of a universal health visiting service.*

- *Arrangements need to be in place to ensure timely and safe sharing of safeguarding information from other professionals including social workers and the police and consequently improve the use of CAF by health professionals.*

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 Mental Health and National Inspections, 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
National Inspection and Assessment

Cc

Ms Ruth Carnall CBE – NHS London
Mr Colin Hough– CQC Regional Director, London
Mr Anthony Deery – CQC Head of Mental Health and National Inspections
Mr Chris Batty HMI – Ofsted Managing Inspector
Ms Carolyn Adcock HMI – Ofsted Lead Inspector
Ms Emma Dove – CQC Inspector
Ms Lea Pickerill – CQC Inspector

Other organisations involved in this review

Enfield Community Services
Barnet and Chase Farm Hospital NHS Trust (xxx site)
North Middlesex Hospital Trust
Barnet, Enfield and Haringey CAMHS
Evergreen Walk In Centre