

**Inspection Report**  
**Integrated Inspection of Safeguarding and Looked After**  
**Children's Services in Essex –**  
**NHS North East Essex, which includes North East Essex**  
**Provider Services and Colchester Hospital University NHS**  
**Foundation trust**  
**And North Essex Partnership NHS Foundation trust**

<b>Date of Inspection</b>	<b>28 June – 9<sup>th</sup> July 2010</b>
<b>Date of final Report</b>	<b>6 August 2010</b>
<b>Chief Executive</b>	<b>Dr Paul Watson</b>
<b>Organisation Name</b>	<b>NHS North East Essex</b>
<b>Organisation Address</b>	<b>Headquarters Colchester Primary Care Centre Turner Road Colchester Essex CO4 5JR</b>
<b>CQC Inspector name</b>	<b>Lea Pickerill</b>

This report relates to the recent integrated inspection of safeguarding and services for looked after children which took place in the above Authority recently

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.

The team provided feedback to your local Director of Children's Services at the end of fieldwork and the joint inspection report to the authority is now published on the Ofsted website and can be accessed via this link: [The joint inspection report](#)

This report includes findings from the overall inspection report, and provides greater detail about the findings from CQC's components of the inspection mapped where relevant to the Essential Standards of Quality and Safety, in order that your organisation can consider and act upon the specific issues raised.

A copy of this report is being sent to your CQC Regional Director who will arrange follow up on any actions detailed in the report. This report is also being copied to the Strategic Health Authority as appropriate and CQC's head of national Inspections, who has overall responsibility for this inspection programme.

*In respect of the recommendations in the report, please complete an action plan*

*detailing how they will be addressed and submit this to CQC and your SHA Chief Executive within **20 working days** of receipt of the final report.*

## **The Inspection Process**

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This inspection was conducted as part of the Ofsted-led programme of children's services inspections. These focus on safeguarding and the care of looked after children within a specific local authority. The two-week inspection process comprises a range of methods for gathering information – document reviews, interviews, focus groups (including where possible with children and young people) and visits – in order to develop a corroborated set of evidence which contributes to the overall framework for the integrated inspection.

CQC contributes to the inspection team and assesses the contribution of health services to safeguarding and the care of Looked after children relating to that authority. Our findings from the inspection contribute to the joint report published by Ofsted and also enrich the information we use to assess providers against the Essential Standards of Quality and Safety. This report sets out specifically the evidence we obtained in relation to these standards and extracts from the published report are included in italics where relevant.

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.

This document sets out the findings specifically for the organisations listed above, but includes some areas which apply to one or more other NHS bodies where pertinent.

## **The Context**

Commissioning and planning of health services are carried out by five Primary Care Trusts (PCTs) based in the west, mid, north, south west and south east areas of the county; this inspection focussed however on the three Northern PCTs, being North East Essex, Mid Essex and West Essex PCTs. Acute hospital services included in this inspection are provided by Mid Essex Hospital Services NHS Trust, The Princess Alexandra Hospital NHS Trust and Colchester Hospital University NHS Foundation Trust.

Learning disability services within North East Essex Provider Services (NEEPS) are provided by Hertfordshire Partnership Foundation Trust. A small number of Children's Learning Disability Services are currently being hosted within NEEPS and Children's Community Specialist Services. Adult mental health services are provided by South Essex Partnership NHS Foundation Trust and North Essex Partnership NHS Foundation Trust, and Child and Adolescent Mental Health Services (CAMHS) are provided by North Essex Partnership NHS Foundation Trust and Essex County Council

## 1. General – leadership and management

1.1 The five PCTs in Essex (of which three were inspected specifically) commission and currently provide healthcare for the children and young people of Essex. Each PCT is working to separate their provider arm in line with “Transforming Community Services” and it was anticipated at the time of inspection that the commissioner arms will move to merge, wholly or partially over the next 15-21 months. The implications of forthcoming national policy changes relating to commissioning are still to be determined.

1.2 The Essex Children’s Trust was formally launched in December 2009 and governance, structures and implications are still being communicated across the partnership. For many partners this will require changes to established ways of working and increasing external liaison and scrutiny; combining this with a number of changes to local authority services, (for example, the relaunch of the CAF arrangements in April and new protocol for access to CAMHS) has resulted in some NHS staff feeling anxious and less informed than others about current procedures.

1.3 Development of a cohesive health partnership within the Children’s Trust is led by a Chief Executive and a Nurse Director from the two PCTs in the South of the county, which are linked to unitary authorities and were not included in this inspection. The group responsible for driving forward change, and for the development of a joint commissioning unit, comprises officers at Commissioner level within the PCTs, rather than Chief Executives; the level of influence, authority and corporate stakeholder backing contributed by these individuals appears to be insufficient to fully engage staff groups within each partner PCT at this critical stage of development.

1.4 There is a large number of subcommittees contributing to the Children’s Trust and ESCB, both across Essex and within localities. Whilst PCT boards appear to be fluent in navigating the arrangements there is a lack of clarity of governance and decision making responsibility which is impeding communications and implementation of developments across health partners

*1.5 Currently, not all members of the ESCB executive board are of an appropriate level of seniority to influence and drive forwards the priorities and work of the ESCB their own agencies. This is a particular issue within the five PCT who all operate independently. Membership is currently being reviewed but at the time of inspection health partners had not all nominated persons of an appropriately senior status.*

*1.6 Currently, across health partners countywide there is a lack of strategic vision to consolidate the safeguarding arrangements for children and young people. The Children and Young People’s Plan 2009-11 fails to address and prioritise the seriousness of the failings in safeguarding services*

1.7 A proposal for a Joint Commissioning Unit has been agreed in principle by the partner PCTs but arrangements for governance, financial analysis, communications and timescales have not yet been examined in detail and the implications for

changed ways of working and the pace of implementation do not appear to be recognised at or below board level.

*1.8 [However] within the health community, risks associated with the proposed structural changes to provider community functions have not been sufficiently well identified. Workforce planning, safeguarding responsibilities and governance have yet to be addressed.*

1.9 The Joint Needs Strategic Analysis does not sufficiently reflect the vision for healthcare across Essex; it details the current situation but there is insufficient analysis of trends and projections to enable effective planning across health and council services.

1.10 The 3 public health directors in North Essex work closely with the Council - one is a joint appointment – and between them chair or attend subcommittees of the Children’s Trust and chair the Child Death Overview panel.

1.11 The PCTs are working independently in their approach to Transforming Community Services with five different models of community provision being pursued for April 2011 across Essex. This is potentially inefficient and unsettling for staff and there is insufficient acknowledgement or risk analysis at Commissioner Board level within the inspected PCTs of the safeguarding implications of poor staff morale and complex contractual and governance arrangements in the new providers

1.12 Safeguarding and LAC policies and procedures at commissioner and provider board level are good. The PCT commissioners use a range of key performance indicators (KPIs) to oversee progress in safeguarding, building on the findings of the SHA’s Intensive Support Team (IST) visit in early in 2010

1.13 Arrangements for Safeguarding and management of LAC are currently determined locally by each PCT with consequent inconsistencies of approach and pressure on staffing and leadership, particularly for named and designated professionals. There is amongst some staff a vision of a joint safeguarding “hub” but commitment is insufficiently demonstrated, eg separate recruitment procedures for the designated doctors

1.14 The engagement of primary health teams within children’s centres is improving access to health and lifestyle information and support, particularly for young parents and families and the sexual health teams are reaching young people effectively through a range of drop-ins in appropriate settings

1.15 The “Team around the Child” initiatives have been established in the three PCTs and are working well although hampered by difficulties with social services resources and response times.

1.16 The service for equipment and aids across Essex is inadequate at present, with a range of sources for equipment, long waits and a lack of clarity amongst stakeholders of how to access the service.

1.17 The “Equip” audit of GP provision was well received and a number of initiatives have resulted such as improved recognition of the needs of young carers. However, overall progress in training and involving GPs in safeguarding activity is patchy; West Essex have 3 named safeguarding GPs but the posts in Mid Essex and North East Essex are vacant

1.18 Within the acute and mental health provider services inspected, there are generally good procedures for safeguarding and clear understanding by staff of their responsibilities.

*1.19 The quality and comprehensiveness of health and educational support for looked after children, young people and care leavers are adequate. Health assessments across the county are conducted by a range of health professionals and results in the variable quality of health assessments. Looked after children and young people are positively encouraged to pursue healthy lifestyles and broaden their horizons through leisure and cultural opportunities.*

*1.20 There is a good range of specialist mental health and substance misuse services including a drug and alcohol outreach team available to looked after children and young people. These services are accessible and take up is good. A fast track Child and Adolescent Mental Health Service (CAMHS) for looked after children, young people and care leavers provides flexible services to parents and carers and individual therapeutic support to looked after children and care leavers. This resource is highly valued by carers and young people alike.*

## 2. Outcome 1 Involving Users

2.1 Involvement of children and young people across the health partnership is underdeveloped and whilst there are a number of effective and enthusiastic localised initiatives there are no systematic programmes of engagement at commissioner or provider level

2.2 Work with young people leaving care and those aged 16-18 years is positive, particularly in the north east and mid Essex areas, and specialist staff have developed a range of initiatives to address sexual health, contraception, alcohol and substance misuse needs. Partnership work, for example, work in supported housing areas is effective and valued but there is insufficient evidence of improvement in outcomes which makes these services vulnerable.

2.3 The Tendring teenage pregnancy support service has recently facilitated a group of young parents in the development of a guide aimed specifically at young parents in the Tendring area. This has been collaboration between the young parents and the professionals and will provide a targeted resource for this vulnerable group.

2.4 The specialist teenage pregnancy midwife for the north east runs quarterly “20/20” workshops that are aimed at young people who are pregnant. These workshops are supported by staff from different agencies and are evaluated by the young people who attend. There is evidence of the workshop being amended to reflect the views of the young people and now one of the demonstrations on how to bathe a baby is carried out by a young person from the previous event.

2.5 Access to services for those who do not speak English is supported by availability of Language Line and/or translators and staff generally felt comfortable using this resource, although other staff who speak the relevant language would normally be used when an urgent situation arises, such as treating a patient within the emergency department.

*2.6 Within health there are examples of where users have informed specific service development and delivery. However, there is no co-ordinated and strategic approach across the PCTs as a whole for service users to inform service planning and delivery to meet more appropriately the needs of the children and young people and to involve and engage them routinely in service delivery.*

*2.7 [Young carers] consider that general practitioners (GPs) across the county are not all sufficiently aware of support available to young carers and therefore do not routinely ask parents and carers with complex needs about their dependent children who may benefit from the support of the young carers' team. Within health their concerns are being addressed by health partners, and some good progress has been made in identifying young carers by health partners. For example mid Essex PCT has recently appointed a carers' champion to visit GPs and other settings to emphasise the importance of recognising young carers and providing them with support and information.*

### 3. Outcome 4 Care and welfare of people who use services

3.1 CAMHS services for the inspected organisations are provided by North Essex Partnership NHS Foundation Trust at Tiers 3 and 4 and the Authority provides a Tier 2 service. This T2 service has recently undergone a reconfiguration with the introduction of a pilot known as Brief Child and Family Phone Interview. This is "telephone triage" and clear thresholds for intervention, and information on these arrangements is still being disseminated resulting in some uncertainty amongst practitioners as to the current arrangements. This project will be externally evaluated in December 2010. Until recently there was a lack of a capacity in the service and inappropriate referrals were sometimes being made to T3 to obtain urgent assessment and support

3.2 Inconsistencies were reported when referring young people with special needs for CAMHS support, with any referrals for children with special needs being placed within a general waiting list but those referrals for young people with special needs who attended specialist education provision being "fast tracked."

3.3 The Mother and Baby Unit serving the northern PCTs is located adjacent to Mid Essex Hospitals NHS Trust. It is currently undergoing refurbishment and expansion to make sure that the environment is suitable for the safe care of mothers and their babies.

3.4 The Essex Young People's Drug and Advisory Service is third sector provision based in Chelmsford. The service is well regarded, providing a timely and effective support to young people.

3.5 School nurses provide an enthusiastic but overstretched service across the area, but there is a severe lack of capacity which restricts their availability for health promotion work.

3.6 The North East Essex Provider Services continues to develop skill-mix ratios in order to address staffing deficits within health visiting and school nursing. The health visitors carry out the work on the more complex cases and are supported in the universal provision by community nursery nurses and community staff nurses. The effectiveness of this approach has yet to be evaluated.

3.7 Sexual Health services are good, with enthusiastic initiatives in each PCT around chlamydia screening and contraception. In particular, the outreach service provided by North East Essex Provider Services is actively engaged with schools, colleges and the local army garrison, including the military prison. This work has contributed to the service exceeding the Essex target by 4%.

3.8 The under 18 conception rate for North East Essex has shown a decrease, however, the area still has the highest teenage conception rates for the Essex county. It is recognised that the PCT have commissioned a number of initiatives to address the high numbers of young people who become pregnant in North East Essex and this work will need to continue with careful evaluation to demonstrate positive outcomes.

3.9 Arrangements for support of teenagers who are pregnant or are parents are adequate. The Tendring Teenage Support Service are recruiting a male worker to provide advice and support to young fathers. The service works well with partners, including Connexions and report good success in encouraging young people back into education, training or employment. The capacity of the service at Tendring is insufficient to meet local need and has now closed to new referrals. This will mean that there is no targeted support available to teenagers who are new to the service and are either pregnant or a parent.

3.10 There is a lack of clarity across the partnership over the experience and follow up of those young women who have chosen a termination of pregnancy.

3.11 The parents interviewed described long waits to access the speech and language therapy services, with waits of 18 weeks and six months quoted. A further source of frustration was the length of time between appointments, usually at intervals of 4 to 6 weeks.

3.12 The quality of health assessments of LAC in North East Essex is inadequate. The assessments are, in the main, carried out by the general practitioners to an unacceptable standard.

3.13 Ninety three percent of the LAC are up to date with their immunisation programme, 90% are registered with a NHS dentist. There has been a recent decrease in the number of LAC who received a timely health review. The decrease is due to lack of capacity within the school nursing service.

*3.14 Overall health provision for looked after children and care leavers is adequate. There is a lack of consistency between PCTs in the provision of health input to looked after children, young people and care leavers. The service is insufficiently resourced to meet need. The inspection identified this as a particular issue in West Essex PCT*

*3.15 Most children and young people who responded to the pre-inspection Care4me survey report they have a healthy diet and receive good support to sustain a healthy lifestyle. There is a good take up of opportunities by looked after children to learn to cook and eat well. Gym membership, healthy eating and activities to build confidence and self esteem are actively encouraged for care leavers. Negotiations with district councils have resulted in concessionary or free leisure passes to encourage engagement in a wide range of sporting activities. In Mid- and North East Essex PCTs effective work is undertaken by specialist health advisers for looked after children and care leavers aged 15-19 years of age to promote good health advice and guidance. Consequently an increasing number of young people are electing to receive appropriate health advice, take up immunizations and receive sexual relationship education. However, such advice and guidance is dependent upon which PCT area the young person is living in and therefore there is inequality of access across the county as a whole.*

*3.16 In some instances the lack of capacity impacts adversely on the timeliness and the quality of the annual health checks for looked after children. Children's social care does not consistently provide core information to the looked after children's teams within health to enable the completion of a holistic assessment. On occasion the authority omits to obtain and/or forward a signed parental or guardian consent to treatment. In some cases inspected it was clear that work has been undertaken to raise the quality of initial health assessments and health care plans. However, practice is inconsistent and is not being developed on a countywide basis using appropriately trained medical professionals. Some initial health assessments are carried out by GPs and some by community paediatricians with annual health assessments carried out by nurse practitioners or school nurses. The lack of a coordinated approach and consistency in practice reduces the opportunity for there to be an overall picture of the health needs for looked after children and reduces the opportunity to influence service planning*

#### 4. Outcome 6 Co-operating with others

4.1 Involvement of partners in Essex Safeguarding Children Board (ESCB) and the Children's Trust is not co-ordinated and joint representation is at an early stage as the governance arrangements of the two bodies become clearer.

*4.2 [Previously] There was little evidence that statutory partners were working together to share their respective responsibilities and accountability to contribute positively to safeguarding children*

4.3 Health engagement in training of foster carers and children's home staffing the principles of healthy care for children and young people was patchy, and depends upon local initiatives rather than a co-ordinated programme across the Authority

*4.4 There is limited health input into the training and support of foster carers to help prevent breakdown. Placement stability is good and supported by a good range of outreach services and through direct work by professionals with foster carers such as that provided by CAMHS, substance misuse services and in Mid and West Essex PCT areas, the specialist health advisers for 15-19 year olds.*

4.5 Healthcare arrangements for looked after children placed out of area are increasingly being negotiated in advance through the Joint Area Panel. Within Essex there is no cross-charging but more work is needed to ensure effective pre-placement contracts are negotiated for placements further afield. Children and young people who are placed out of area need to enjoy the same provision of healthcare as their peers in county.

*4.6 The looked after children's nurses are responsible for arranging health checks for those who are placed out of the county but there is not a clear system for coordination and these arrangements are often negotiated on an individual basis.*

4.7 There is good awareness across the partnership of the implications of domestic violence following recommendations from a previous Serious Case Review (SCR). Staff across all provider services are clear what to do if abuse is suspected. At CHUFT they had amended their information sharing to include concerns about attendance of adults with self harm or substance misuse where there were children in the family. There were good links with the drug and alcohol services with joint visits and joint clinics taking place

4.8 Work with the Youth Offending teams is generally good with dedicated substance misuse posts and good links between YOTs and universal health services

4.9 North East Essex GPs rarely attend case conferences though they do send reports. The absence of Named GP impacts on strategic function/advice and leadership

*4.10 The assessment of the needs of vulnerable children using the common assessment framework (CAF) is adequate and was re-launched in April 2010. Previously there was inconsistent engagement in the use of CAF by partner agencies particularly within health communities*

4.11 There is inconsistent understanding and use of CAF across health partners; whilst the Children's Trust is working steadily to standardise and embed the process, health managers should be taking a more active part in designing the system and its rollout so that it effectively meets the requirements of partners and is "owned" by all staff. Awareness of MAAG is increasing, particularly in Colchester, where health staff are aware of the benefits of referral and the appropriate designation of the lead professional role.

*4.12 The engagement of primary health teams within children's centres is improving access to health and lifestyle information and support for young parents and families.*

4.13 Transition arrangements from children's services into adult services for young people with a disability and those with complex needs are poor, particularly for physiotherapy and occupational therapy leading to a lack of continuity of care and support.

*4.14 [Similarly] the new Transition Pathway Service (TPS) is currently in the process of implementation and is being established to support and improve current transition services in Essex. The lack of commonality in age for transition, 16 within the acute trust, 19 for community paediatricians and 18 for therapy services and children's social care, further frustrates parents who report that for some young people this leads to a lack of appropriate health interventions between the ages of 16–18.*

4.15 Referrals to CAMHs lack clarity of threshold and some staff are not yet aware of the new pilot for the triage-based arrangement for referrals, resulting in an oversubscribed Tier 3 service.

*4.16 The sexual health teams are reaching young people effectively through a range of drop-in settings. The sexual health service is effective with good cross team working across the three PCTs. However, not all schools follow the guidance in relation to the delivery of sex and relationship education in schools and this may have a detrimental effect on the partnership's ability to reduce teenage conception rates. For example, one school that does not subscribe to any external support has recently had three unplanned teenage pregnancies and in another part of the county a school experienced an increase in alcohol related sexual assault. Currently, there is inadequate provision for the examination of children and young people who may have been victims of sexual assault. The partnership has plans to resolve the deficit and a sexual assault referral centre is due to become operational but not until April 2011.*

4.17 Partnership working across both statutory and voluntary sectors to safeguard children from domestic abuse is satisfactory. Staff across all agencies are aware of the risks to children and take steps to be proactive. For example improved assessment processes within maternity services in North and West Essex ensure risks to and support for pregnant women are appropriately identified and delivered. Consistency of agency practice across Essex has yet to be fully achieved. Within the health community, GPs, health visitors and school nursing identify a lack of training in domestic abuse as an important deficit. . Multi-Agency Risk Assessment Conferencing (MARAC) arrangements are well-established with an appropriate level of representation from partner agencies.

## 5. Outcome 7 Safeguarding

5.1 There is poor co-ordination across health partners of the safeguarding doctor role resulting in inconsistent job descriptions and communications arrangements between safeguarding leads. Recruitment is under way for two separate designated doctor positions to work across commissioners but there is no formal, contractual connection.

5.2 There are shortages in named nurse and doctor provision across the inspected organisations, and whilst some postholders are individually providing a robust service, this is unsustainable without the correct complement of senior staff in place.

5.3 The CDOP is not currently working effectively but will be developed as the Children's Trust and ESCB become more established. Chaired by one of the three Directors of Public Health, it currently oversees five local review panels which conduct the majority of the analysis.

5.4 At Colchester Hospital University Foundation Trust reviews of any deaths of children under 16 are led by the paediatric consultant; those for deaths of young people between 16 and 18 are led by the emergency department consultant in consultation with a paediatric consultant as part of the Child Death Rapid Response. NEEPS Specialist Health Visitors currently support the rapid response role within the community setting offering support with both the investigative element of the rapid response as well as offering support to bereaved families.

5.5 Provision of a Sexual Assault Referral Centre (SARC) has been significantly delayed but is now on track to open in April 2011. Services are currently inadequate and young people face long and often traumatic delays for assessment to be arranged. Consultant paediatricians have been reluctant to participate in this work, resulting in considerable delays to implementation of the new service. This is not acceptable and the current proposals for resolution must be robustly implemented by trust managers.

5.6 Arrangements for recognising and supporting victims of domestic abuse have been strengthened following a recent SCR. A comprehensive training programme has been delivered across health partners. There is no evidence as yet on the impact of this work.

5.7 North Essex Partnership Foundation Trust has a good programme of support for young people who may have perpetrated domestic violence.

5.8 North East Essex Provider Services has a nurse advisor for children leaving care which has had a positive impact on the number of young people who have taken part in the immunisation programme and sought health advice.

*5.9 The accident and emergency units in the three inspected acute trusts across the county have effective systems in place to monitor repeat attendance and children who are the subject of child protection plans.*

## 6. Outcome 11 Safety, availability and suitability of equipment

*6.1 Although there is a joint process applicable to both health and social care for the ordering of equipment and adaptations for children with disabilities, parents and carers do not fully understand the system and perceive practice to be variable across the county. The current system is confusing and while children's needs are individually met it is not without added frustrations for parents.*

6.2 Of particular concern in North East Essex is the provision of essential walking frames. A review is underway, led by Mid Essex PCT on behalf of partner commissioners but at the time of inspection the service is inadequate.

6.3 The entrance to the paediatric A&E facility is not secure and this poses a risk for staff, children and young people. The paediatric resuscitation area is one bed within the main resuscitation area and is often utilised by the main service without the knowledge of the staff working in the paediatric A&E which could have safety implications should an urgent transfer be necessary.

## 7. Outcome 13 Staffing numbers

*7.1 Within the community NHS providers there is a severe shortage of health visitors and school nurses and whilst there have been attempts to mitigate the risk through skill mix and recruiting additional support staff, resourcing remains inadequate and the service is insufficient to fully safeguard the needs of children and young people. Similarly there is an insufficient number of designated doctors and nurses in post across the county to meet the need for an efficient and effective safeguarding service.*

*7.2 Health communities have yet to review and address the lack of capacity within health visiting, school nursing and the designated doctor and nurse roles. Capacity issues remain within health visiting, school nursing and the designated safeguarding doctor and nurse sectors and this is an important weakness*

7.3 Staffing constraints have resulted in elements of the Healthy Child Programme not being delivered across the partnership and this will impact on universal screening and the opportunity to detect potential safeguarding issues.

7.4 Capacity in other children's services within some provider services is poor, for example Speech and Language Therapy is limited with private assessments being funded across the whole of Essex, although plans are in place to review these arrangements and redesign the service.

7.5 The capacity of the LAC nursing team in north east Essex needs reviewing. There are 762 looked after children who are the responsibility of north east Essex health services. Since the appointment of the LAC nurse over two years ago there have been a significant increase in the number of LAC, with a high proportion of these being young people aged 15 to 19. This increase in numbers has started to impact on the development of the LAC service.

7.6 The skill mix of A&E staff within the Colchester Hospital University Foundation Trust is inadequate. There are insufficient numbers of paediatric qualified staff within the unit and often children are assessed by staff that have not had the necessary paediatric training and therefore could compromise the ability to pick up signs of neglect or safeguarding concerns.

7.7 The staff in A&E were all confident in the processes used to identify if children and young people were the subject of a child protection plan.

## 8. Outcome 14 Staffing support

8.1 Safeguarding Supervision arrangements are generally effective and staff report feeling supported in their work.

*8.2 Good progress has been made in ensuring that within the health community safeguarding training at Levels 1 and 2 has been delivered. However, all health organisations inspected are not compliant with Level 3 safeguarding training.*

8.3 Level 1 Safeguarding training is provided on induction by all Essex health partners. Level 2 training is conducted by face to face and is provided to all staff who may have contact with children. A series of level 3 training for health staff was implemented across both the acute and community setting were provided up to the end of October 2009 by the NEE Safeguarding Children team, however, attendance is behind schedule in both the provider of community services and CHUFT. The content needs to be rechecked to ensure that it meets the criteria for competencies under the Intercollegiate Guidance (RCPCH).

8.4 Uptake of safeguarding training by GPs within north east Essex is low and this needs addressing urgently.

8.5 The workforce in north east Essex provider services are uncertain about the transition to become independent bodies by April 2011. The opportunity to combine children's provider services across Essex and strengthen safeguarding arrangements has not materialised. It is not clear that sufficient resources will be negotiated to provide safe levels of staffing to support the (universal) Child Health programme, as well as the safeguarding agenda.

*8.6 Development of the children's workforce is limited by the lack of a joint workforce strategy established across partner agencies. A one workforce implementation group has recently been re-launched but it is too soon for impact to show.*

## 9. Outcome 16 Audit and monitoring

9.1 NHS North East Essex monitors the performance of its providers through a range of Key Performance Indicators (KPIs) which feed the clinical quality groups, finance and information groups and the quarterly performance management group. Progress has been adequate on taking forward the recommendations of the IST review in February 2010 and the action plan is monitored regularly.

*9.2 Within health, commissioners have included well thought out key performance indicators as part of detailed service specifications and these are used effectively in the monitoring of contracts. There is good use made of exception reporting at PCT Board level across the three primary care trusts inspected.*

## 10. Outcome 21 Records

10.1 The introduction, following a Serious Case Review, of a bespoke proprietary IT system to link children's services and health partners is progressing slowly but staff

awareness of, and confidence in the new system as it rolls out is patchy and there was inconsistent understanding of the benefits of the new arrangements.

## 11. Recommendations

### **Within 3 months** (italics are recommendations from joint report)

*Essex PCTs to ensure appropriately trained individuals undertake health assessments and implement a robust monitoring system to ensure consistent good quality of assessments.*

- *Essex PCTs to provide clear and effective leadership for safeguarding of children and young people through clearly defined and substantive designated and named nurse and doctor roles, building teams working across the health communities*
- Essex PCTs to demonstrate a co-ordinated and strategic approach to involving service users in the planning and delivery of services targeted to children and young people, including those children and young people that are looked after.
- NHS North East Essex to ensure that there is a clear pathway for the provision of essential equipment to children and young people with disabilities.
- NHS North East Essex to review the capacity of the Tendring teenage pregnancy support service to ensure that young people who are pregnant or have recently become parents have access to timely and effective support.
- NHS North East Essex and Colchester Hospital University Foundation Trust to ensure that children and young people who attend accident and emergency receive care in an environment that is safe and is staffed by appropriately trained healthcare professionals.

### **Within 6 months**

- *The Boards of Essex PCTs to demonstrate that the partnership priorities agreed with the Children's Trust Board and the Essex Safeguarding Children Board are embedded and outcomes improve throughout the Essex health economy.*
- *Essex Safeguarding Children Board and health partners to ensure Group 3 interagency and level 3 health safeguarding training is commissioned and provided to meet need and accords with the guidance given in 'Working Together to Safeguard Children – 2010'*
- *Essex PCTs to ensure there is sufficient capacity within health visiting and school nursing services to provide universal and targeted services to safeguard children and young people in Essex, both currently and during/after the planned separation of provider services.*
- *To ensure that provision for examination and support for children and young people who may have been sexually assaulted is responsive and effective, with a sufficient complement of medical expertise.*

- *Essex PCTs to review and address lack of capacity and consistency of practice across the county within the looked after children nurse service.*
- \* Essex PCTs to ensure that transition arrangements for children to who are transferring to adult services facilitate co-operation across teams to ensure that the services provided continue to be appropriate to the age and needs of the young person involved. .
- \* Essex PCTs to ensure that there is an integrated, agreed IT strategy which satisfies the recent recommendation from a serious case review to link children’s services and health partners across Essex.
- \* North Essex PCT to ensure that the General Practitioners have access to and can demonstrate completion of safeguarding training as outlined in the guidance “Working Together to Safeguarding Children – 2010.”

## 12. Next steps

An action plan is required within 20 working days of receipt of this report. Please submit the action plan to your SHA lead, and copied to CQC through [childrens-services-inspection@cqc.org.uk](mailto:childrens-services-inspection@cqc.org.uk) and it will be followed up through the regional team.

### Other organisations involved in this inspection

NHS North East Essex North East Essex Provider Services Mid Essex Primary Care Trust Mid Essex Hospitals NHS trust West Essex Primary Care Trust West Essex community provider The Princess Alexandra Hospitals NHS Trust Colchester Hospital University Foundation Trust North Essex Partnership NHS Foundation Trust Central Essex Community Service Essex County Council
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