

**Inspection Report**  
**Integrated Inspection of Safeguarding and Looked After**  
**Children's Services in Essex –**  
**Mid Essex PCT and Mid Essex NHS 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>23rd August 2010</b>
<b>Chief Executive</b>	<b>Ms Sheila Bremner</b>
<b>Organisation Name</b>	<b>Mid Essex PCT (plus mid Essex NHS Trust)</b>
<b>Organisation Address</b>	<b>Swift House, Hedgerows Business park, Chelmsford</b>
<b>CQC Inspector name</b>	<b>Sue Eardley</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/Monitor 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 alongside 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**

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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 are provided by Essex County Council, South Essex Partnership University NHS Foundation Trust, North Essex Partnership NHS Foundation Trust and the five Essex PCTs. 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 Strategic Needs Assessment 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 three 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 the Commissioners should ensure there is recognition 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 West and Mid Essex and are working well although hampered by difficulties with social services resources and response times.

1.16 Processes for access to equipment for children with complex care needs could be more efficient and there is a lack of clarity amongst stakeholders of how to access the service. The Mid Essex Equipment Service (based in Colchester) provides new and second hand equipment and aids across Essex and Mid Essex is committed to developing this service. There is a central store run by Essex Cares that can be used for equipment that is to promote access to education.

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 users 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. The Mid Essex sexual health team are implementing the “You’re Welcome” adolescent engagement principles and whilst there is insufficient overt formal involvement of service users at present the team are keen to build on a survey carried out late 2009.

2.3 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 in acute units other staff who speak the relevant language would usually be used.

*2.4 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.*

*2.5 [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.*

2.6 St John's Maternity unit (part of Mid Essex NHS Trust) monitors feedback and noted 52/77 users rated it positively. There is however no specific support for young fathers to support pregnant teenagers which was a disappointing gap in services

### 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 Tier 2 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 Tier 3 to obtain urgent assessment and support.

3.2 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.

3.3 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 Sexual Health services are good, with enthusiastic initiatives in each PCT around chlamydia screening and contraception, although these initiatives are not always understood or accessed by GPs. Links with partner agencies, such as Connexions are generally good and there was some evidence of joint initiatives, for example targeting areas where young, vulnerable people leaving care are accommodated.

3.5 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.

3.6 The Mid Essex initiative to introduce “Public Health Nurses” to provide support for health visitors and school nurses has added to the complement of staff but there is a lack of clarity over their role and their position within existing teams which is reducing the effectiveness of their work.

3.7 Insufficient numbers of health visitors in Mid Essex has resulted in suspension of the universal 1 year baby check and the two-year check is not carried out in some areas. Instead families are asked to complete a self-assessment questionnaire which is reviewed by the Health Visiting team.

3.8 Arrangements for support of teenagers who are pregnant or are parents are adequate, with a team supporting young women to continue with education, although 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.

3.9 The quality of health assessments of LAC in Mid Essex is good, and carried out by a small team of consultant paediatricians. There are delays in obtaining core information from social care, but assessments are completed within 4 weeks of receipt.

*3.10 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*

*3.11 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.*

*3.13 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 health visitors 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 Mid Essex PCT Board feels it can navigate the complex range of committee but effective cross-organisational engagement in ESCB work is at an early stage

4.4 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

*4.5 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 North East Essex PCT areas, the specialist health advisers for 15-19 year olds.*

4.6 Healthcare arrangements for looked after children placed out of area are increasingly being negotiated in advance through the Joint Area Panel and the PCT has made progress in highlighting to Children's services the need for its early involvement in placement decisions. 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.

*4.7 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.*

4.8 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. For example the maternity team at Mid Essex NHS Trust had good systems for safeguarding and preventative work, with effective liaison with the police for domestic abuse referrals.

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

4.10 Mid Essex GPs rarely contribute to case conferences and the absence of a named GP for the area is impeding progress in this area of essential work

*4.11 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*

4.12 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, and health staff are aware of the benefits of referral and the appropriate designation of the lead professional role.

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 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...*

*4.18 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.*

*4.19. The 'Think Family' multi-agency training programme is stimulating improved joint working within substance misuse programmes*

*4.20 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. For example, Carousel Children's centre in Braintree has a range of integrated projects and activities for all ages of young people across partner services together with a variety of outpatient clinics under one roof. Health staff feel empowered and are developing wider skills through working across boundaries with colleagues from social care and education.*

## 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 severe shortages in named nurse and doctor provision across the inspected organisations, particularly in CECS and whilst some postholders are individually providing a robust service, this is unsustainable without the correct complement of senior staff in place. Mid Essex in particular has only one interim named nurse and MEHT is recruiting. There is no named GP in Mid Essex.

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 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.

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

5.6 North Essex Partnership Foundation Trust has a good programme of support for young people who may have perpetrated Domestic Violence

*5.7 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. The Mid Essex Hospitals NHS Trust follows up effectively on referrals to social services and also on missed outpatients appointments through phone calls to parents and appropriate follow up through the health visiting team. However, this action is not consistently applied by all trusts countywide.*

## 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 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 MEHT A&E department facilities for children are not currently in line with best practice – there is a single cubicle for children and no separate waiting area. New facilities will open in September with a paediatric facility comprising separate waiting area and 5 bays; but the new layout will require additional staff to run it which are not available, so it is anticipated that opening hours may be shorter than currently provided.

## 7 Outcome 12 Staffing recruitment

7.1 Recruitment processes are adequate and the correct checks are made; however in the CECS community trust exit interviews are not routinely conducted. It is good practice to determine reasons for leaving in order to address possible barriers to recruitment, particularly of health visiting and school nursing staff

## 8 Outcome 13 Staffing numbers

*8.1 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.*

*8.2 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 [Note: Designated nurse capacity in Mid Essex, at 1WTE, is adequate]*

8.3 In CECS, low staffing numbers have resulted in the one-year universal baby check being ceased and replaced with a surveillance questionnaire which is assessed and followed up only where there are concerns. Elements of the Healthy Child Programme are therefore not being delivered across the partnership

8.4 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.

8.5 Mid Essex is supporting training for small numbers of health visitors and school nurses which is good, but likely to be insufficient to address the significant understaffing of the services and replacement of those staff nearing retirement

## 9 Outcome 14 Staffing support

9.1 Safeguarding Supervision arrangements are generally effective and staff in the PCT, CECS and MEHT report feeling supported in their work. However health visiting staff in CECS tend to access the named nurse more frequently for support with safeguarding queries than would be usual and the role of team leaders is not clear.

*9.2 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.*

9.3 Level 1 Safeguarding training is provided on induction by all Essex health partners. Level 2 training is conducted by e-learning or face to face and is provided to all staff who may have contact with children. Level 3 training is provided to staff who work mainly with children and implementation is generally good in Mid Essex. It is designed and provided by individual providers since the LSCB cannot resource a relevant level 3 package, and the content needs to be rechecked to ensure that it meets the criteria for competencies under the Intercollegiate Guidance (RCPCH).

9.4 Mid Essex PCT and CECS are focussed on preparation for the transition to become independent bodies by April 2011. The communications plan is in preparation with workshops planned, but staff interviewed expressed uncertainty about the future, particularly amongst health visiting and school nursing. The proposed social enterprise scheme is ambitious, and whilst there are proposals to share back office functions with another community provider the opportunity to combine children's provider services across Essex and strengthen safeguarding

arrangements has not materialised. It is recognised that sufficient resources must be negotiated within the model to provide safe levels of staffing to support the (universal) Child Health programme, as well as the safeguarding agenda.

*9.5 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.*

## 10 Outcome 16 Audit and monitoring

10.1 Mid Essex PCT monitors the performance of its providers through a range of Key Performance Indicators (KPIs) which feed the Governance Committee, Progress has been adequate on taking forward the recommendations of the IST review in February 2010 and the action plan is monitored regularly.

*10.2 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.*

## 11 Outcome 21 Records

11.1 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.

## 12 Recommendations

**Within 3 months** (italics are 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.

**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*
- Mid Essex Hospitals to review its approach to involvement of fathers, particularly young fathers, to encourage parenting skills and responsibility
- Mid - Essex PCT to ensure that transition arrangements for children 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.

### 13 Next steps

An action plan is required within 20 working days of receipt of this report. Please submit the action plan to your SHA 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

North East Essex Primary Care Trust  
 North East Essex Provider Services  
 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  
 Mid Essex Hospitals NHS Trust.  
 Central Essex Community Service  
 Essex County Council