Report on the Outcome of the Integrated Inspection of Safeguarding and Looked After Children's Services in The City of Westminster

Date of Inspection	**12th September – 23rd September 2011**
Date of final Report	**28th October 2011**
Commissioning PCT	**NHS Westminster (Inner North West London PCT Sub-Cluster)**
CQC Inspector name	**Paul Blakey**
Provider Services Included:	**Imperial College Healthcare NHS Trust Central London Community Healthcare NHS Trust Central North West London Foundation NHS Trust Chelsea and Westminster Hospital NHS Foundation Trust (not formally inspected as previously assessed under Hammersmith & Fulham review)**
CQC Region	**London**
CQC Regional Director	**Colin Hough**

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

It provides more detailed evidence and feedback on the findings from the Care Quality Commission's (CQC) component of the inspection, and links these to the outcomes requirements as set out in the Essential Standards for Quality and Safety.

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 .

The City of Westminster	
Safeguarding Inspection Outcome	**Aggregated inspection finding**
Overall effectiveness of the safeguarding services	Good
Capacity for improvement	Good
The contribution of health agencies to keeping children and young people safe	Outstanding
Looked After children Inspection Outcome	**Aggregated inspection finding**
Overall effectiveness of services for looked after children and young people	Good
Capacity for improvement of the council and its partners	Good
Being Healthy	Good

This report includes findings from the overall inspection report, and provides greater detail about what we found, mapped where relevant to the Essential Standards, in order that your organisation can consider and act upon the specific issues raised.

A copy of this report is being sent to the commissioning PCT, and CQC Regional Director. 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.

The Inspection Process

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 and identified.

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 in relation to the organisations listed above, but includes some areas which apply to one or more other NHS bodies where pertinent.

Context:

Commissioning and planning children and young people's health services for the City of Westminster going through a period of change. Three Clinical Commissioning Groups have been established across the city and are beginning to take on commissioning responsibilities.

While the details of clinical commissioning continue to develop, until April 2013, commissioning for children and young people is being carried out by the Inner North West London (INWL) PCTs Children's Commissioning Team. The interim commissioning organisation INWL PCT having been formed from the formerly separate PCTs: NHS Westminster; NHS Hammersmith & Fulham and NHS Kensington & Chelsea.

Commissioners from the INWL Children's Commissioning Team are now involved with all three Clinical Commissioning Groups as the transfer of commissioning responsibilities gathers pace.

A new GP has recently been identified to hold the Named GP for Safeguarding responsibility.

Universal services such as health visiting and school nursing are delivered primarily by Central London Community Healthcare NHS Trust and commissioned by INWL PCTs.

The acute hospital primarily providing Accident and Emergency services for children and young people is provided by Imperial College Healthcare NHS Trust at St Mary's Hospital, Paddington. Maternity and newborn services are provided by both Imperial and Chelsea and Westminster Hospital NHS Foundation Trust. Residents in south Westminster also use Accident and Emergency and outpatient services at Chelsea and Westminster Hospital.

Children and families access primary care services through one of 52 GP Practices, the Soho NHS Walk in Centre or the Paediatric A&E at St Mary's Hospital (which has GPs as well as Paediatricians).

Child and adolescent mental health services (CAMHS) are provided by Central North West London Foundation NHS Trust and are commissioned jointly with Westminster City Council.

For children with complex health needs or learning difficulties in the north of Westminster, services are provided by Imperial College Healthcare NHS Trust and Central London Community Healthcare NHS Trust who together deliver the Child Development Service from the Woodfield road Clinic site. Children with complex needs living in south Westminster are supported by the multi-disciplinary Child Development Team at Chelsea and Westminster Hospital.

Looked after children's health services are provided by Central London Community Healthcare NHS Trust, with Paediatric Consultant input from Imperial College Healthcare NHS Trust. The Looked after Children's Health Team is located at Woodfield Road Health Clinic.

The INWL PCTs Board lead for safeguarding children is the Director of Public Health, to whom the Designated Nursing Team reports.

1 General – leadership and management

1.1 At the time of the inspection commissioning structures were undergoing significant change. NHS Westminster, in partnership with the local authority and provider organisations, is managing these changes effectively. Changes to PCTs have been brought about through nationally directed initiatives, but put into operational practice by NHS London. As a result of this the London region has split into six clusters. North-West London is one of these clusters and has further split into three sub clusters. Inner North-West London is one of the sub-clusters. This sub-cluster includes NHS Westminster, NHS Kensington and Chelsea, and NHS Hammersmith and Fulham. The chief executive officer (CEO) appointed for the Inner North-West London PCT cluster was previously the chief executive for NHS Hammersmith and Fulham. A formal governance structure has been put into place from 1 April 2011. The executive lead for safeguarding for the sub-cluster is the director of public health. The full executive team for the Inner North West London cluster has been recruited.

1.2 Safeguarding remains a statutory function, therefore a designated nurse and doctor remain within NHS Westminster, working closely with their peers in the other two PCT areas (Kensington and Chelsea, Hammersmith & Fulham) within the sub-cluster. Work has also progressed relating to establishing GP consortia for the proposed commissioning function, subject to the outcome of the required ‘pause’ and consequent review in progressing some of the NHS reforms.

2 Outcome 1 Involving Users

2.1 The looked after children annual report (2010-2011) confirmed that health promotion, education and information are a large part of health assessment checks. Feedback from children and young people and carers, via patient related experience measure (PREMS) have indicated how much they learn about their health from health assessment visits and that assessments were considered to be accessible and appropriately carried out.

2.2 The looked after children’s (LAC) team ensure that the health assessments are holistic and cover a range of health, health promotion and emotional wellbeing issues. Contraception and sexual health are discussed, and information is provided, with the young people during their health assessments and many have gone back to the nursing team for more help and advice after the assessment. It is also the case that the looked after children’s nurses are able to be creative in encouraging access to specific sexual health advice through the school nursing service, particularly if a young person chooses not to engage with specialist sexual health provision.

2.3 To encourage engagement with the review health assessment process the team endeavour to facilitate assessments that can take place based on the preferences of the child or young person. The team try to widen access to encourage attendance by children and young people who have been/are difficult to engage. During the last year six young people were not willing to engage with the health assessment process. When this is the case the views of partner agencies are taken account of to ensure that health will still form part of the formal child in care review process.

2.4 In all the health establishments assessed via visits, interviews and focus groups it was found that health professionals are skilled and effective in ensuring that children and young people and their carers are very clear about, and understand, the nature of each health intervention in relation to their care, treatment and support.

2.5 Issues of consent, equality, diversity, culture are taken into account to ensure that the input is appropriate to the individual needs and circumstances for any presenting issue.

2.6 This is the case both for brief interventions such as working in emergency departments, and for longer term care, treatment and support such as maternity support for vulnerable mums and young mums, or work undertaken within the child development service/team for young people with complex health needs or learning difficulties. This was also evidenced in the work undertaken by community healthcare staff, such as health visitors, school nurses and children's community nurses.

2.7 Interpreting services are used when necessary and specific groups have been established within children's centres when cultural needs have required this. (A Bengali support group was set up for vulnerable families within a children's centre to provide relevant advice in relation to health promotion). Specialist health visitors (the targeted team – 0-19 years) are employed within the City of Westminster to provide support in relation to domestic violence and also to vulnerable families at risk through homelessness. Staff working at the sexual assault referral centre are highly skilled in explaining to child and young people, in the most appropriate way, consent issues, treatments and what support is available.

2.8 Children and young people are encouraged to engage, and feedback their experiences, with health professionals. Work within the wider health economy is on-going, with all the healthcare providers are aware of the need, and increasing importance, to capture information/feedback in relation to the 'patient' experience of healthcare interventions.

2.9 All healthcare providers produce annual safeguarding reports which, in some circumstances, include case study examples of children and young people's experience of services and how this has influenced improvements/changes in service development.

2.10 Healthcare providers, because of the wide variety of types of provision, are at different stages in relation to how they are able to utilise patient feedback to improve services.

2.11 All staff said they undertake mandatory equality and diversity training. Strong confidence was expressed in groups that staff are very aware of appropriate cultural relevance around presenting situations and in promoting involvement and engagement.

3 Outcome 2 Consent

3.1 Within the acute, community and mental health providers it is evidenced that appropriate policies and procedures are in place that ensure consent is taken prior to any treatment of children and young people. Consent is gained from parents and carers and is stated to be appropriately documented. The Gillick competency of young people is fully assessed within all services but particularly within sexual health. Staff working in sexual health services are aware of the safeguarding challenges when working with children and young people. This balances consent, confidentiality, legal issues and the need to promote health.

3.2 Consent to undertake health assessments is obtained, in accordance with the Department of Health's Guidance, by the LAC health team. Consent is also obtained to share the summary and health recommendations with social care and GPs. The LAC health files contained evidence of consent in relation to health interventions for LAC.

4 Outcome 4 Care and welfare of people who use services

4.1 Health outcomes of looked after children in Westminster are good, with more children having up to date health checks and assessments compared to England and statistical neighbours.

4.2 The performance indicator required by commissioners for annual health assessments is set at 95%. This is monitored on a monthly basis and formally reported to commissioners on a quarterly basis. Between 1/4/10 – 31/3/11 total health assessments was at 94.6%. This increased from the previous year.

4.3 The proportion of looked after children who have their teeth checked by a dentist was 86.7% compared with 88.6% in similar areas and 82% in England. Whilst these figures are good this figure has reduced from 93.4% in the previous year. It is acknowledged that more work is needed with the 16+ age group to promote dental health and encourage attendance. It is considered that accessibility of dental provision is not an issue. Community dentists can always be accessed by young people if necessary. Dental services have been made available to coincide with review health assessments, enabling children and young people to receive dental treatment on the same day, however the take up has been very low. As the large majority of looked after children are placed out of borough a large responsibility is placed on the carers to encourage attendance at dentists.

4.4 Immunisations between 1/4/1 - 31/03/11 were at 79.5%. It is acknowledged by the team that work needs to be undertaken in partnership with social workers to improve uptake for children under 5.

4.5 Whilst all care leavers will have a final health assessment, further work needs to be undertaken to ensure that care leavers are formally given a summary of their health records and their health history; this is recorded as a formal recommendation.

4.6 Emergency departments have effective arrangements in place to flag children and young people who are subject to child protection plans. The Chelsea and Westminster Hospital NHS Foundation Trust has an emergency department with dedicated paediatric provisions staffed by competent and well qualified staff. This provider serves the south of Westminster population. Imperial College Healthcare NHS Trust at St Mary's Hospital, Paddington also has a dedicated paediatric provision and this serves the north of Westminster.

4.7 The children and young people who access both of these establishments benefit from an effective service which is able to provide care, treatment and support in which the profile of safeguarding is well understood and applied in practice. Easily accessible and visual information is on display to guide staff in relation to identified safeguarding concerns. The recording system in both departments identifies any child or young person who is subject to a child protection plan and an effective notification system is in place to alert other agencies of unscheduled attendance. Staff are clear about referrals processes and are able to access comprehensive support within the hospital when required. The liaison health visitors for both departments ensure that staff are well supported in relation to presenting safeguarding issues. Good audit activity is carried out to ensure adherence to safeguarding policy and identified gaps are actioned. Thresholds for referrals are clearly understood by all staff and good communication is reported with Westminster social care staff.

4.8 There is an NHS Walk-in centre in Soho. This was recently audited (as were all walk-in centres in London) by NHS London (SHA). No flagging system (to identify children and young people on a child protection plan) is in place within the walk-in centre. The walk in centre indicate very few children access this service. The large majority of people that do access are people (generally tourists) from throughout the world, rather than the local community. The centre does ensure all staff have appropriate safeguarding training and access to safeguarding support as required.

4.9 Front line staff such as health visitors, school nurses and community children's nurses contribute effectively to help children stay healthy and safe. The teams within Westminster are split between three areas, North, South and North West (service provided by Central London Community Healthcare NHS Trust (CLCH)). Some of the teams are co-located with social care staff; the community nursing team staff are co-located with the social care children with disabilities team – this promotes more effective communication between agencies. Specialist health visitors (domestic violence and homelessness) target their resources in relation to identified need wherever this is in Westminster. Named health visitors are linked to GP practices and all lead safeguarding GPs (and practice managers) have been informed of their named health visitor. The reorganisation (within CLCH – across West London, including Westminster) has required that the community trust ensure the skill and grade mix enables relevant staff to carry out their responsibilities under the healthy child programme. The community NHS trust have used the London continuum of need ('Threshold model' - 4 levels of risk - specific criteria for each identified risk level) to ensure that all cases are assessed based on presenting risk factors. The community trust allocates resources to ensure that any identified vulnerable children and families receive appropriate support. Any identified vulnerable family would have a named health visitor to ensure consistent support, guidance and advice.

4.10 The teams report communication with social care staff is generally positive. It is recognised that the teams undertake significant preventative work but have clarity in relation to thresholds and when referrals should be made. The community trust safeguarding team are co-located with social care staff, so are able to communicate effectively as required.

4.11 The teams report that they presently have some challenges in relation to vacancy levels (national issue, specific challenges in London). In September 2011 vacancy levels for Westminster CLCH workforce for school nurses are three band 5 vacancies, two band 6 vacancies and one band 7 vacancy. The band 5 vacancies have occurred as school nurses leave to attend the school nursing graduate programme. Cover arrangements are in place so that each school has a named nurse. More work is being carried out to 'skill mix' the school nurse workforce. This will provide more support workers to do routine screening and measurement programmes, leaving school nurses free to concentrate on the more complex children and young people. This situation is closely monitored by the trust. Individual children and young people within schools continue to receive the necessary input required based on assessed need and associated risk.

4.12 Health visiting vacancies are nine whole time equivalent, with five new recruits starting in October 2011. Through recruitment (a government initiated national recruitment drive, still on-going) it is planned that the full health visiting establishment will be in place by October 2011.

4.13 Health commissioners at the PCT have confirmed that additional funding will be made available and prioritised for Westminster health visitor recruitment as required. The teams report that they are still able to provide representation and reports for conferences, core groups, by ensuring flexibility within the staff teams. If necessary a member of the community trust safeguarding team will attend to ensure effective contribution.

4.14 Trust reporting evidences that caseloads for both health visitors and school nurses are monitored and reported on regularly (quarterly). The trust and commissioners are assured that these are manageable and deemed satisfactory in terms of patient safety. Child protection cases on vacant caseloads are covered by staff in post or by long term bank staff who are employed by CLCH and have received training and supervision.

4.15 52 GP practices are in operation with the City of Westminster. The large majority of these practices have a lead GP for safeguarding. The few practices where this information is not known is currently being followed up (eight practices at the time of inspection); the designated nurse has this information and will liaise with the named GP when this person takes up her new role in the next few weeks. Recent audit returns have indicated that GP practices have been able to access the required level of safeguarding training for GPs within practices. GPs have accessed training opportunities via provision through tri-borough LCSB courses and the community NHS provider.

4.16 GPs are reported to contribute to child protection conferences by ensuring that relevant information is provided. Due to the pressure on GPs clinical commitments it is not an expectation from the PCT that GPs will attend conferences as a matter of course. It is the case that GPs are reported to contribute and communicate effectively with social care in respect of core groups/professional meetings.

4.17 All GP practices with the City of Westminster have been made aware of their named health visitor. Regular communication and liaison with health visitors takes place in the large majority of practices.

4.18 When the named GP takes up her role she will be tasked carry out more work with GPs to ensure that all GP practices fully understand and meet their obligations in relation to safeguarding.

4.19 Westminster has a very good dedicated Looked after Children (LAC), child and adolescent mental health services (CAMHS) team that provides an effective and very well regarded service to LAC aged 0-18, their carers and the system around the child. The LAC CAMHS team are co-located with social care staff. Feedback from social care staff and the LAC nursing team have indicated that this service is very supportive and accessible.

4.20 The team is a multidisciplinary CAMHS Team. It has traditionally been considered a Tier 2 team. However, the majority of the work could be considered ‘Tier 3’ in terms of complexity.

4.21 Many of the young people looked after by Westminster Local Authority are placed in care ‘out of borough’, in other parts of London or more further afield. Many of these young people are placed in areas with limited CAMHS provision and some of the young people experience multiple placement moves and therefore regularly fail to reach the top of generic CAMHS waiting lists. Therefore a primary function of the team is to provide CAMHS support for children in transition or for those with complex needs who are unable to access local CAMHS. Where possible and appropriate, the team will help young people to access CAMHS in their local area.

4.22 The team provides consultation & support (including a small element of training for social workers). This is provided to Social Services, foster & adoptive carers (including Specialist Foster carers) and to other agencies working with the child.

4.23 Effective work is in place to provide support to carers, helping them to understand their child's difficulties and presentation and to develop ways of caring for them that support the child's wellbeing and maintains placement stability. Whilst not an emergency service, it is reported that the CAMHS team are able to respond, alongside children's social care, if they are notified that placements are at risk of disruption/breakdown through mental health issues. A flexible outreach model is often used for these visits. One worker from the team provides specific support to the Specialist Fostering Service.

4.24 Strengths and difficulties questionnaires (SDQ) are used well within the Looked after children's service, however more effective use could be made of the information generated to enhance the health assessment. This is formally recorded as a recommendation. SDQs are sent out to all LAC and the return rate is high at 90%. Assessment of these returns is co-ordinated by the LAC CAMHS team.

4.25 Health partners provide very good support to children with disabilities, with very clear and effective safeguarding arrangements. Good partnership is in place to ensure agencies work to together, as far as possible, to avoid duplication.

4.26 For children with complex health needs or learning difficulties in the north of Westminster, services are provided by Imperial College Healthcare NHS Trust and Central London Community Healthcare NHS Trust who together deliver the Child Development Service. Children with complex needs living in south Westminster are supported by the multi-disciplinary Child Development Team at Chelsea and Westminster Hospital. All staff working within these trusts are well supported by safeguarding teams working within each trust and were evidenced to have in place effective communication with partner agencies such as social care. They work in partnership with social care to try and ensure information in relation to the care of the child and young person is shared to avoid duplication of assessments. Staff in these teams are trained in safeguarding practice to the appropriate level and clearly understand the thresholds for making referrals.

4.27 Health partners in the borough support teenagers who are pregnant effectively and are able to identify risk and work together, and with partners, to safeguard the well-being of the family and the unborn child. Good partnership working between specialist midwives (Vulnerable mum's midwives; young mum's midwives) within acute trusts, the community, health visitors, school nurses and social care. This provides targeted, accessible and appropriate support.

4.28 Acute healthcare providers in Westminster have dedicated teams who will work with young mums and provide consistency and 1:1 support throughout the pregnancy. The teams are very clear on identifying social risk factors and provide the necessary support to vulnerable mums. Services are in place that will ensure cases are monitored closely in relation to attendance at arranged meetings. 24 hour support is also offered from this team. All staff involved in supporting young mums were very clear on, and had received effective training in relation to, the impact of domestic violence, homelessness, mental health issues and substance misuse. The teams work to engage the whole family in this support. Effective forums are in place to ensure that all cases are discussed, with additional meetings to discuss assessed high risk cases. These include a vulnerable women's forum.

4.29 Two hospitals in the Inner North West London locality have female genital mutilation (FGM) clinics which provide specialist support (Charing Cross, St Mary's). Sexual health services are accessible to young people within the locality.

4.30 'Cont@ct' young people's services are provided by Chelsea and Westminster NHS Foundation Trust and includes preventative services and treatment services.

4.31 Imperial College NHS Trust (St Mary's) hosts the Jefferiss wing which includes the young people's sexual health clinic (ARC). This clinic is provided at St Mary's (Tuesdays) and at the Stowe Centre (Thursdays). Effective partnerships are in place with the community NHS provider and with a number of voluntary sector organisations to ensure a wide range of services are accessible within the City of Westminster.

4.32 Very effective drug and alcohol services are commissioned via the (Drug and alcohol action team) DAAT and provided by the Hungerford Drug project (voluntary organisation with input from the mental health Trust). Family services are accessible in the north and south of the City of Westminster and provide effective preventative services; they provide support and training with schools to PSHE leads and training for other professionals working with children. A dedicated young people's service supports young people aged 13-19 to reduce and stop problematic substance use. This service provides accessible services in the community. The service provided for young people also ensures that the project team are able to support family/carer networks as required. The service has a dedicated worker who provides services for looked after children. This worker will contribute to review health assessments for LAC as required. (also noted in LAC 24)

4.33 Outstanding Child adolescent mental health services (CAMHS) are provided by Central North West London Foundation NHS Trust. The service also has a dedicated team which provide services for looked after children. The LAC team are co-located with social care staff. The teams work together effectively and endeavour to ensure that children, young people, carers and families receive a consistent and joined up service.(also noted in LAC 24) Very effective work takes place in relation to early intervention and joint working with social care, health visitors and education is outstanding

4.34 Based on identified need/evidence the core CAMHS team have developed a range of specialist services to support people within the City of Westminster. This includes outstanding family work, parenting assessments, the Marlborough education service, early intervention work, and the multi-cultural therapy centre (x2 Bangladeshi workers, x2 Chinese, x2 Arabic speaking and x1 Pakistani). Senior members of the team are part of, or chair the four multi-agency family support panels. There are no waiting lists for initial assessments. Some delay may occur after the assessment when internal referrals are made to ensure the most appropriate specialist is allocated to work with case managers. The team provide a range of supervision, support and consultation services for other agencies. The team also facilitate a range of 'groups' for children, young people and carers. Some of these groups have focused on supporting issues relating to domestic violence and supporting children and young people who live with parents who have mental health issues.

4.35 Tier 4 in patient provision is provided through a private provider. One place is also available within a appropriately modified room on an adult mental health ward at St Charles. CAMHS have an on-call rota 24 hours whereby a specialist registrar will provide consultation and advice as required.

4.36 Health partners ensure that children who have been subjected to alleged sexual abuse are examined and assessed in suitable environments by appropriately qualified, trained and expert staff. Health partners and the Metropolitan Police jointly provide and fund a service for children and young people who have been subjected to alleged sexual assault. Three of these provisions cover the greater London area. One of these sexual assault and referral centres (SARC) is based within Westminster, at St Mary's Hospital (Imperial College Healthcare NHS Trust). The service provides 24 hour specialist forensic, medical and aftercare services for all victims of sexual assault or rape. Specialist follow up care, such as the young person's support clinic, sexual health check ups and psychotherapy/counselling services are available in day time clinics. The service is located in premises within the hospital site which provides a suitable, but cramped environment. The service is effectively supported by appropriately qualified, trained and expert staff.

5 Outcome 6 Co-operating with others

5.1 Partnership work across health, education, social care and the voluntary sector is good. There are numerous projects, initiatives and care pathways that are joint funded, multi agency and multi professional. The safeguarding agenda is clearly a priority. Cross sector work is well embedded within the community, acute and mental health providers.

5.2 There is appropriate membership from all health trusts on the Westminster LSCB, its sub groups and the Children's Trust. There are numerous examples of changes to practice following the dissemination of learning from serious case reviews (SCR's).

5.3 The designated professionals and some named professionals provide expert health and medical advice and support to the LSCB and its sub-groups, as well as a quality assurance and performance management function for their own organisations. Health issues are interpreted to ensure clarity of understanding for all agencies in relation to key points for action or for learning. The designated nurse critically evaluates the work that has been done and is able to pull together health themes that may become apparent from a number of different report contributions. The designated nurse for Westminster is also the chair of the tri-borough child death overview panel.

5.4 Named health professionals are proactive in ensuring that health staff are 'known' by colleagues in other partner agencies to encourage better communication and better understanding of roles. This work needs to continue in relation to the respective role, function and responsibilities of health visitors in relation to their important liaison role with GPs.

5.5 A good system is in place in relation to looked after children notifications. Comprehensive information is sent through to the looked after children's nurses to ensure they are aware of newly placed looked after children or placement changes. A system is in place to notify health care professionals when a children or young person attends an acute hospital emergency department, or a walk in centre.

5.6 The management and arrangements for health assessments can be challenging, particularly for RHA as 80% of the LAC children and young people are placed out of borough. The team have developed an effective system to ensure that this fact does not incur delays in assessments for these children and young people. Formal arrangements and good working relationships have been developed with colleagues in other LAC teams to undertake assessments on behalf of Westminster.

5.7 Effective joint work is carried out with the Hungerford Drug and alcohol project whereby the dedicated worker for LAC, from the project may be part of the RHA if it is considered appropriate. This worker will also meet with foster carers after assessments to offer support as required. They will also liaise with the social worker. This has a positive impact as communication is shared effectively. Of the 7.2% of LAC identified as having substance misuse issues, 91.7% received an intervention (100% were offered an intervention).

5.8 The looked after children nursing team have a weekly allocation meeting to enable effective forward planning and management of health assessments.

5.9 Multi-agency team meetings take place every eight weeks. This forum is effective in relation to sharing information and ensuring that the process for health assessments are understood by partner agencies. The LAC designated nurse attends LAC CAMHS monthly meetings.

5.10 The annual report from the LAC health team was recently (13/9/11) presented to the corporate parenting board. This report will also be presented to the CLCH (Community NHS provider) safeguarding committee as part of that trusts governance and assurance framework. One of the key outcomes from the report was to ensure that the LAC nursing teams publicise their work more to ensure other partner agencies can utilise their expertise. This area is being developed and the looked after nursing team are engaged in providing a range of health training packages for professionals and carers.

5.11 Looked after children nurses will always ensure they send copies of the health plan prior to review meetings. This is also always sent to the IRO manager to promote clarity of communication through the review process.

6 Outcome 7 Safeguarding

6.1 Named doctors, nurses and midwives for safeguarding are in place within provider health partners. They are well known and well regarded providing consistent and effective guidance in individual cases, as well as expert support and supervision. They have a very good overview of safeguarding themes that arise and are well placed to direct appropriate actions to mitigate risk.

6.2 A designated safeguarding nurse and doctor have specific responsibilities for Westminster. It is noted and evidenced that they provide effective supervision and support to all named professionals working for providers in the local authority area. This ensures that expert advice and guidance is available for named doctors and nurses within provider organisations and primary care. This has a positive impact on ensuring that considered and appropriate actions are undertaken when safeguarding issues arise. The designated professionals support and liaise with partner agencies on a regular basis and when specific issues arise this ensures effective communication.

6.3 All NHS trusts (INWL sub cluster PCTs, Imperial College NHS Trust (acute), Chelsea and Westminster NHS Foundation Trust (acute), Central London Community Healthcare NHS Trust, Central North West London NHS Foundation Trust (Mental Health/CAMHS) within the borough have a specified executive lead for safeguarding. These roles ensure that safeguarding remains a key/priority item at trust board meetings. Each healthcare organisation has established governance structures to ensure safeguarding information is used to best effect and that each trust board is aware of, and can manage, presenting risks. To ensure that staff are supported in all aspects of safeguarding, each trust has developed training and supervision linked to best practice guidance. Each trust board reviews headline information about the impact of these processes at board meetings and work is continuing to put in place formal systems to systematically evaluate their impact upon outcomes.

6.4 In addition the results of safeguarding policy and procedure compliance audits are considered and actions planned in response, or already taken, are reported upon.

7 Outcome 11 Safety, availability and suitability of equipment

7.1 It is reported that there are no issues with procurement of equipment within children's services or the emergency departments of the acute trusts.

7.2 During the visit to St Mary's Hospital emergency department, and the previous visit to Chelsea and Westminster Hospital NHS Foundation Trust we saw children's resuscitation equipment was readily available within the department within dedicated areas. Staff told us that regular training sessions take place in the department to ensure staff are up to date on the effective use of all children's related equipment.

7.3 Staff groups were positive about equipment provision to support children and young people with disability. Equipment stores are a joint initiative/joint funding between health, education and social care. The service is reported to deliver required equipment promptly. This is supported by training to ensure effective and safe use of equipment.

8 Outcome 12 Staffing recruitment

8.1 Safeguarding is clearly embedded in the culture across health and included in all areas of recruitment and selection, induction of staff and ongoing training and development.

9 Outcome 13 Staffing numbers

9.1 Staffing within community services is covered within Outcome 4.

9.2 No further issues in regard to staffing establishments were identified within information provided or within focus groups and interviews.

10 Outcome 14 Staffing support

10.1 The caseload for looked after children is effectively managed between the LAC nursing team. Good levels of supervision are in place for the looked after nursing team, this was recently reviewed as a result of a serious case review and the team have safeguarding supervision arranged with the named safeguarding nurse from Central London Community Health NHS Trust for the Westminster area.

10.2 Effective training strategies have been developed by the PCT and all provider trusts. Staff not only attend mandatory training within their own trust but are able to access multi-agency training via the LSCB. Performance monitoring of attendance at safeguarding training has proved to be challenging, however this has improved over the preceding months. Policy and procedural guidance for safeguarding is current and is readily available to staff on the intranet or in hard copy in all trusts.

10.3 All staff spoken with during the inspection said they have good access to supervision, through a variety of forums - individual, peer and group and there is appropriate evaluation of supervision to improve and influence clinical practice.

11 Outcome 16 Audit and monitoring

11.1 Safeguarding is acknowledged as a key priority for each trust represented and this is reflected in their quality assurance processes. Trusts were able to demonstrate they had clear and effective governance structures and reporting lines in place to ensure board assurance. Governance for each trust has integrated quality assurance and performance management systems. Regular internal auditing is in place to ensure effective safeguarding.

11.2 Contracts with commissioners require provider compliance with a range of performance indicators linked to safeguarding - for example, quality of IMR's, learning implemented from SCR's, ratified policies and procedures (proof of audit), training numbers, supervision numbers, PDR numbers, number of allegations against staff. As part of the contract monitoring process assurance audits are undertaken by providers. These audits consider the steps a provider is taking to ensure safeguarding of children and young people, and how effectively agreed policy is implemented in practice. The PCT monitors the quality and performance of providers in relation to safeguarding. If there are any exceptions or concerns this is reported to the senior management team within the PCT. This is assured via monthly meetings of providers with commissioners to monitor performance against contract requirements. Section 11 audits are completed and these are appropriately monitored through designated safeguarding lead professional meetings.

11.3 An audit carried out in December 2010 by the LAC nursing team indicated that 86% of recommendations within health plans had been acted on. This is an area in which the looked after children's nurses will continue to monitor on a regular basis.

11.4 As a result of audit activity it was noted that some of the information from health assessments was not being transposed effectively into health plans. Therefore, from January 2011, the LAC nursing team have introduced a summary report which accurately and sensitively captures the key elements of the assessment. This can then be more easily developed into a good health plan.

12 Outcome 20 Notification of other incidents

12.1 There are satisfactory arrangements in place across the PCT, acute, mental health and community trusts to ensure that appropriate and timely notifications are made in relation to the required alerts into the various agencies NRLS, NPSA and CQC.

13 Outcome 21 Records

13.1 Health files assessed comply with statutory guidance. All health assessments are carried out by the required medical and nursing staff. The designated doctor for looked after children has an overview of all initial health assessments that are undertaken this ensures that the quality of assessments can be monitored and consistency promoted . The large majority of initial health assessments (IHA) are undertaken within Westminster. The IHA is usually carried out by a staff grade paediatrician or an associate specialist. The designated doctor for looked after children will always write the health plan for an IHA that has been undertaken out of borough. If the RHA is for a young person with complex medical needs then this would be undertaken by appropriate medical staff. It is sometimes be the case that the designated doctor will also undertake a review health assessment if a specific complex medical issue needs to be assessed.

13.2 The looked after children nurses will undertake review health assessments (RHA) with support from health colleagues in other authority areas. The management and arrangements for health assessments can be challenging, particularly for RHA as 80% of the LAC children and young people are placed out of borough. The team have developed an effective system to ensure that this fact does not incur delays in assessments for these children and young people. Formal arrangements and good working relationships have been developed with colleagues in other LAC teams to undertake assessments on behalf of Westminster. The designated nurse for looked after children quality assures these assessments.

Recommendations

Within three months:

Ensure that all care leavers receive a copy of their health history. (Ofsted October 2011)

Make better use, within health assessments, of the information generated through the strengths and difficulties questionnaire.

Next steps

An action plan is required from the commissioning PCT within 20 working days of receipt of this report. Please submit the action plan to childrens-services-inspection@cqc.org.uk and it will be followed up through the regional team.