

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

Date of Inspection	5th March 2012 - 12th March 2012
Date of final Report	17th April 2012
Commissioning PCT	NHS East London and The City Cluster PCT (City and Hackney)
CQC Inspector name	Emma Dove
Provider Services Included:	Homerton University Hospital NHS Foundation Trust, East London NHS Foundation Trust
CQC Region	London
CQC Regional Deputy Director	Matthew Trainer

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](#) .

City of London	
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	Good
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	Adequate

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 your commissioning PCT, and CQC Regional Director. 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.

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:

City of London has a resident population of approximately 1,492 children and young people aged 0 to 18, representing 12% of the total population of the area (source: GLA and ONS). In 2011, 89% of the school population at the one primary school (Sir John Cass School) was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall. Some 35% of pupils speak English as an additional language. Bangladeshi is the most recorded commonly spoken community language in the area.

City of London has one primary school, and three independent schools and three academies in neighbouring boroughs are sponsored or cosponsored by the City. Early years service provision is delivered predominantly through the children's centre attached to Sir John Cass primary school. The private sector nurseries and a playgroup, as well as some children's centre services are commissioned from Islington to meet the needs of families who live in the north of the City. Parents also access early years services in neighbouring boroughs.

The City of London Children's Trust arrangements were realigned in 2011 and are now managed by a sub-committee of the Health and Wellbeing Board. The Trust includes representatives from police, health and housing and representatives of local schools and colleges. As the authority is so small, and because the City of London and Hackney share one NHS trust, there is a partnership arrangement with Hackney in many aspects of the work it undertakes, including the Safeguarding Board. The City and Hackney Safeguarding Children Board (CHSCB) became independently chaired in 2006, bringing together the main organisations working with children, young people and families in the area that provide safeguarding services.

The children's social care service consists of one team that provides generic services for children and families across the area. Support provided includes services for children in need, children with disabilities, child protection, looked after children, adoption, fostering and private fostering. The children's social work team also provides a duty and assessment service. There is an emergency out of hour's service arrangement with Hackney Borough Council providing cover for the authority.

Social care services for children have access to foster carers through Pan-London arrangements and there are eight externally commissioned fostering placements; there are no children's homes in the authority.

Other family support services are delivered through the children's centre, extended schools services and education early years service. Some services are provided or coordinated through youth and play services such as Youth Advisers and youth activities provided in different parts of the city. Other services are sourced through spot-purchasing arrangements as needed.

At the time of the inspection there were six looked after children. They comprise no children less than five years of age, four children of school age (5 to 16), two post-16 young people and a total of 19 with care leaver status. City of London is examining the virtual school approach in its support of the learning of looked after children, to determine how it can be applied, as there are so few children. All school age children and care leavers are in full time education or further education.

At the time of the inspection there were seven children who were the subject of a child protection plan. Because of the small number of children, it is not possible to identify in this report the usual breakdown of cases into categories of abuse as these children could be identifiable.

Commissioning and planning of national health services and primary care are carried out by East London and City NHS. Acute hospital services are not provided within the boundaries of the City although there is good access to these services in surrounding boroughs. Community-based child and adolescent mental health services (CAMHS) are provided by East London NHS Foundation Trust. The community provider unit Homerton University Hospital Foundation NHS Trust provides community health services such as community nursing, school nursing, speech and language therapy, health visiting, Sickle Cell and Thalassaemia service, community paediatrics and paediatric audiology, children's physiotherapy and short breaks for children with disabilities.

Due to the size of the authority and in view of one social work team having primary responsibility for safeguarding and looked after children, this report will address leadership and management and ambition and prioritisation for both aspects of the service in one section of the report, and overall effectiveness and capacity to improve will encompass both safeguarding and looked after children's services.

General – leadership and management

1. There is good partnership work across health providers and social care at a strategic level with processes to strengthen links with front line staff by the recently set up quarterly meetings. Health partners are appropriately represented at a senior level on the joint safeguarding children board and the City of London sub committee. There are clear arrangements for the joint child death overview panel that reports annually to the CHSCB. Staff in community and acute settings have a clear understanding of thresholds and are fully engaged in safeguarding processes. Safeguarding is incorporated into commissioning and quality monitoring.

2. Health outcomes for looked after children are adequate overall. The health team for looked after children covers both City of London and Hackney. There has been a period of instability within the team over the last six months, with a newly appointed designated nurse and community paediatrician in post for two months.

Outcome 1 Involving Users

3. Looked after children are involved in their health assessments and asked where they want them to take place. This helps improve young people's engagement with the process. Consideration is given to children and young people's gender, religion and culture during health assessments.

4. A consultation event is planned in the near future to seek the opinions of looked after children about the provision of health services, to ensure they meet individuals needs.

5. School nurse and health visiting documentation has been updated to include children and young people's views and wishes. This is a new development which has not been evaluated and cannot demonstrate impact at this time.

6. Health professionals spoken with confirmed they have good access to translation and interpreting services to ensure they can communicate effectively with children and young people.

Outcome 2 Consent

7. Appropriate systems are in place to seek consent before a child or young person receives treatment. Health assessments seen were signed by children and young people.

Outcome 4 Care and welfare of people who use services

8. There are low rates of teenage pregnancy in the City of London but there are appropriate services should they be required. The referral criteria includes all teenagers aged 15 and under being referred to childrens social care. There is an assertive outreach worker in City and Hackney Young People's Service CHYPS Plus who provides sex and relationship education and support to young people across the trust as part of the trusts plan to reduce the number of sexually transmitted diseases and unwanted pregnancies to improve the health and well being of young people in the City.

9. Midwives have good systems in place to identify risk in pregnancy and are aware of specialist resources and supports for young mothers and women with mental health problems. There are good links between midwives and adult mental health services including the mother and baby unit.

10. The number of health visitors and school nurses in the City of London is small due to the size of the area. Both health professionals are based in teams that work across the larger area of a neighbouring authority, which ensure that they receive effective supervision and support. The healthy child programme is delivered across the area. This includes health screening when a child starts primary school, completing the child measurement programme for children in reception and year 6 and delivering the school immunisation programme including the HPV vaccine. Health visitors carry out new birth visits which includes a screening tool to help identify post natal depression.

11. The looked after children health team have been through a period of instability over the last six months with all positions now filled and the team committed to improving the services provided. They have set up weekly meetings to discuss work load, identify health assessments that are needed and discuss issues and concerns with any looked after child or young person. The initial and review health assessments have generally been completed, although not always within the given timescales. The team are developing systems to ensure better follow up of health actions to ensure children and young people health needs are met in a timely manner.

12. The immunisation status of some of the looked after children is recorded as not known, with others up to date for their age. Health assessments do not all detail the date of the last dental appointment. However there was an improvement in the detail and quality of the more recent health assessments.

13. Health files contained strengths and difficulties questionnaires, although it was not always clear how the information was being used to inform future health plans.

14. Children and young people have good access to CAMHS provided by East London NHS Foundation Trust. Services include counselling, family therapy and behavioural therapies depending on children, young people and their families needs to treat eating disorders, depression, self harm and psychotic illness. Waiting times vary depending on the urgency of the referral with some children or young people seen within a week while others may wait up to five weeks. A specialist service for children with disabilities is provided at the ARK, child development centre. The provision of services by health and education professionals in one place makes accessing services easier for families who have a child with a disability. Staff can complete joint assessment, minimising impact on children and their families. The centre provides early intervention services and support to families at the time of diagnosis.

15. CAMHS provide good support within the accident and emergency department to children and young people up to 16 years of age who attend following incidents of self harm. They are admitted to the childrens' ward for observation while waiting for assessment. Young people aged 17-18 are seen by a psychiatrist with a follow up by CAMHS staff. Appropriate arrangements are in place for out of hours emergencies.

16. Specialist mental health in-patient treatment for children and young people is provided by East London NHS Foundation Trust at a purpose built unit in Newham, enabling young people to be treated locally. Services provided include assessment and access to treatment to enable young people to return home or to a suitable placement if longer term services are required.

17. Young people have good access to a specialist drug and alcohol worker via CHYPS. They can self refer and referrals are taken from parents, carers and other professionals, with quick response to referrals. Support is provided through 1:1 or group sessions depending on individuals needs. Outcomes for young people are monitored and reviewed through reports to CHYPS Plus from the drug and alcohol worker on referrals and at the monthly psychosocial meetings where engagement with services and client progress is discussed.

18. Specialist health services for children with disabilities are provided through Homerton University Hospital NHS Foundation Trust. A specialist health visitor for children with disabilities provides training and advice to health visitors, parents and carers and a childrens' community nursing service provides nursing care in the child's home, preventing hospital admission or enabling early discharge from hospital. This service also provides support for families caring for a child who is terminally ill and support during transition for young people with complex health needs. Parents and carers are involved in service development through giving feedback about the services they receive. Referrals from hospitals, GPs and other health professionals, ensures children and families have good access to the services. The short break service is provided by Tower Hamlets.

Outcome 6 Co-operating with others

19. There are good systems in place for transition from CAMHS into adult mental health services for young people who meet the criteria for ongoing support. An appropriate transition policy is in place which identifies the process. There are regular joint meetings, to identify young people as they approach transition.

20. Homerton University NHS Foundation Trust are well represented at the City and Hackney Safeguarding Children Board. Health representatives are on all sub groups including the serious case review committee. The designated doctor, named nurse and named doctor are on the child death overview panel and the designated doctor for child deaths chairs the rapid response meetings.

21. Health professionals seen are confident in the child protection referral process to childrens social care and are aware of thresholds. Good examples of early interventions to prevent the need for referral were given by front line staff. Health staff reported good capacity to attend case conferences and are involved in child protection processes. Health involvement in the CAF process has been limited although staff have completed training on its use and individuals gave examples of working through actions and cited CAF as a good example of multi agency work.

22. There are good communication systems in place with regular meetings between GPs, health visitors and midwives ensuring early identification of concerns. There is an agenda with items these meetings should cover. Health visitors and GP's said they often have discussions after clinics if there are issues that can't wait until the next meeting. GP's and health visitors gave good examples of where these meetings had led to early support being offered to parents that prevented the need for a referral to childrens' social care. Midwives said the referral information from GP's alerts them to concerns they follow up during booking or subsequent appointments. This improved communication was introduced following learning from a serious case review.

23. The weekly psychosocial meetings at Homerton University Hospital, attended by staff from children's wards, accident and emergency department, midwifery, childrens' social care and CAMHS are effective, well attended and ensure good communication across the acute hospital setting. The liaison and named nurses go to these meetings and identify issues from attendances in the last week; any concerns that need following up in the community are reported to the relevant staff.

24. Although there have not been any serious case reviews within the City of London, health providers have been involved in one serious case review for a neighbouring authority, providing information and reports as required during the process. Designated professionals are responsible for monitoring progress on serious case reviews across the trust. Learning from serious case reviews has been included in child protection training provided to health staff in the last year. One learning point was around the importance of identifying fathers. Health staff spoken with confirmed the initial assessment forms used in the hospital and community have a section for them to complete with fathers details if they are not living with the child. Another recommendation was for GP's, health visitors and school nurses to be informed of every attendance at the accident and emergency department. GP's, health visitors and school nurses confirmed they get notifications from Homerton Hospital.

25. The looked after children health team provide training for foster carers that covers various health issues for looked after children for example, child development, childhood illnesses, self harm, sexual health and information about the local services including how to contact health professionals. The looked after children nurse said this helps foster carers understand the health and emotional needs that the children and young people they care for may be faced with. The team use feedback from foster carers to develop and improve the training programme.

26. Evidence shows the health needs of children and young people placed out of the City are generally identified and effectively met by the looked after childrens health team but that this is not always consistent.

Outcome 7 Safeguarding

27. Whilst the designated nurse is in post the designated doctor post is vacant with suitable interim arrangements in place. Health professionals reported improvements in training opportunities and strengthening of safeguarding processes since the employment of the designated nurse eighteen months ago.

28. There is an effective Child Death Overview Panel that reviews all deaths of children under 18 in City and Hackney. There is good representation from health providers, the police and childrens social care. The panel meets quarterly and reports to City and Hackney Safeguarding Childrens Board (CHSCB) twice a year and uses meetings to incorporate learning sessions for the board. The panel presents an annual report to the CHSCB, reports to date have included figures for the two areas and they are considering disaggregating figures in future. The panel identified some common themes in child deaths in a neighbouring authority and through the CHSCB have developed training for front line staff around co sleeping, management of asthma, falls prevention and Vitamin D deficiency in response to these findings.

29. There are good arrangements in place to monitor practice around safeguarding children across the provider services with clear governance routes to provide board assurance. Key performance indicators are recorded. This clearly identifies any areas of concern to be addressed. Health commissioners and providers are represented at a senior level on the LSCB and City of London sub committee.

30. A full complement of named professionals are in post across the provider trusts, who have completed appropriate training and are available to health staff to give advice, information and support when needed. Front line staff spoken with reported good access and valued the support they have received from named staff.

31. There are good electronic flagging systems in place in the accident and emergency department to alert staff if a child is on a child protection plan. Systems in place to safeguard children include social workers and GP's being sent a copy of the discharge summary and notifying the health visitor, by telephone if it needs an urgent follow up. There is a paper copy of children with a child protection plan should a child attend who is not known. The paediatric liaison nurse reviews all attendances at the hospital to ensure no issues are missed.

32. There are effective systems in place in East London NHS Foundation Trust to identify whether patients admitted are parents, have parental responsibility, live in households where there are children or have responsibility for children in any capacity. This ensures that children are identified and timely assessments are undertaken to establish whether children and young people are at risk.

33. Good arrangements are in place for the examination of children and young people following allegations of sexual abuse. If the allegation is made within three days of the incident, the examination takes place at a specialist resource centre in a neighbouring London borough. If over three days has passed, a senior paediatrician who has received appropriate training would carry out the examination. These examinations take place in a clinical room where toys and books can be brought in to make the environment child friendly.

34. Good systems are in place for GP's and health visitors to be informed of the attendance at the accident and emergency department by children and young people. This ensures appropriate follow up when there are concerns.

35. Good systems are in place to ensure health staff receive regular up dates on the findings of Serious Case Reviews (SCR) in neighbouring authorities and on national SCRs in workshops presented by the designated nurse.

36. Since the changes to the PCT there is no clear process to check that staff employed in GP practices have a CRB check before they start work, this could put children and young people at risk. Commissioners were made aware of this during the course of the inspection and will be including this in the quality assurance and monitoring of GP services provided.

Outcome 11 Safety, availability and suitability of equipment

37. There is a separate childrens emergency assessment area at the accident and emergency department within Homerton University Hospital with good security arrangements within the department and on childrens wards to ensure children are safe during their visit or stay.

38. Staff said they have access to appropriate equipment within the accident and emergency department at Homerton University Hospital. In the community there are good processes in place to access specialist equipment for children with disabilities and therapists are available to provide training and support with operating specific equipment.

39. There are good arrangements in place to safeguard children who visit parents who are in-patients on adult mental health wards. There is a separate outpatients department for pregnant women and mothers of infants known to the perinatal mental health team. It has appropriate surroundings for babies and young children, with consideration for their safety.

Outcome 12 Staffing recruitment

40. Criminal Record Bureau (CRB) checks are completed for all new staff in the provider units (Homerton University Hospital NHS Foundation Trust and East London NHS Foundation Trust). All health staff in post prior to 2002 have had a CRB check. There is a process in place through human resources to renew CRB checks for staff every three years. All staff spoken with confirmed they had a CRB check as part of their recruitment process.

Outcome 13 Staffing numbers

41. There are no vacancies within the school nursing or health visiting services within the City of London, although there are a low number, reflecting the size of the population in the area. Health visitors and school nurses reported sufficient time to meet their responsibilities around safeguarding and prioritising their participation in strategy and core group meetings

Outcome 14 Staffing support

42. Systems are in place with ongoing training programmes to increase the number of staff trained in level 2 child protection at Homerton University Hospital NHS Foundation Trust. All training is evaluated and staff are asked to give feedback on their experience. The GP's in the practice within the City of London have completed child protection training.

43. Health professionals in the community and acute setting have access to appropriate safeguarding supervision, although the process for staff within the accident and emergency department and paediatric wards has only just started and will be reviewed in five months. Health staff spoken with made positive comments about the supervision and support systems available to them.

44. Named professionals and staff in the looked after childrens' health team reported good access to training and quarterly supervision delivered through London forums that are effective in providing them with support to carry out their role.

Outcome 16 Audit and monitoring

45. There was an internal review of the looked after childrens health service in July 2011 with some recommendations for improvements to the service which have been completed and some realistic targets for the team to achieve in the next year. There was no annual report giving an overview of the looked after childrens health team and the services provided over the last year, as required in the statutory guidance Promoting the Health of Looked After Children.

46. There is a good response to section 11 audits with actions plans in place which are kept under review to ensure improvements in service delivery. Similarly, the Safeguarding Children Improvement Team (SIT) peer review in July 2010 identified some issues for consideration including developing a safeguarding assurance strategy, examining the effectiveness of primary health care team formal arrangements and building on the good services and keeping them safe through the transitions to come. A detailed action plan was compiled and all actions completed, with some on-going monitoring put in place following the integration with the acute trust.

Outcome 20 Notification of other incidents

47. Appropriate systems are in place across provider services for the reporting of incidents to the relevant organisations. Serious incidents are investigated and action plans developed to reduce the risk of reoccurrence.

Outcome 21 Records

48. Health assessments are completed on the BAAF forms. Assessments seen had not all been completed in full, with some not including the child's height and weight and not including the date of the last dental and opticians appointment. Inspectors did see an increase in the level of detail included in those completed more recently. Some health assessments identified a need for immunisations or referral to specialist services including CAMHS. It was not always clear who was responsible for following up these actions and delays were seen in some cases. It was reported that regular audits of health assessments will be completed in the future although this has not been the case to date.

49. Appropriate systems are in place to audit the quality of referrals made to childrens' social care. Named professionals are available to provide support to individual staff with completing referral forms.

Recommendations

Within 3 months (from Ofsted report)

- Homerton University Hospital Foundation NHS Trust to quality assure all health assessments of looked after children to ensure that recent improvements in the appropriate detail recorded in health assessments is sustained.
- Homerton University Hospital Foundation NHS Trust to monitor the health contribution to planning and monitoring of looked after children's health needs to ensure recent arrangements are embedded and have a positive impact on children and young people
- Homerton University Hospital Foundation NHS Trust to improve the rate of immunisations for looked after children
- Homerton University Hospital Foundation NHS Trust to develop a policy for engaging 'hard to reach' looked after children in health assessments and the provision of health care advice.

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 your SHA copied to CQC through childrens-services-inspection@cqc.org.uk and it will be followed up through the regional team.