This report relates to the recent integrated inspection of safeguarding 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.

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<th>Council of the Isles of Scilly</th>
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<td>Overall effectiveness of the safeguarding services</td>
<td>Good</td>
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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. However, in light of there being no looked after children on the islands, the inspection only focused on safeguarding arrangements and was conducted over the course of one week rather than two weeks as in other local authorities. The 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 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 LiNK 4 Scilly 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:

The Isles of Scilly is a very small unitary authority located on the edge of the Atlantic some 28 miles south west of mainland Britain. It is a designated Area of Outstanding Natural Beauty and a conservation area. Access to the islands is by ship or helicopter from Penzance, or plane from Newquay and other regional airports. In the winter months there is no passenger access by sea. Apart from a small proportion of freehold land in the built-up areas of St Mary’s, the islands are owned entirely by the Duchy of Cornwall.

The population of the islands at the census in 2001 was 2,153. Only five of the islands are populated. St Mary’s has a population of 1,607 and there are small, though significant, communities on the four islands of St Agnes, Bryher, Tresco and St Martin’s, referred to as the ‘off islands’. During the last two decades, the islands have experienced notable demographic change, with an increase in retired and elderly people and a decline in the number of young people with families. Approximately 366 children and young people under the age of 19 live on the Isles of Scilly comprising 69 children 0-4 years, 256 children aged 5-16 and 41 young people aged 16-19. Very few children and young people have identified learning difficulties and/or disabilities, and only a very small number of children and young people belong to minority ethnic groups.

Incomes are significantly lower than national and regional averages and much employment is low paid, often part-time or seasonal. Tourism is the main source of employment and accounts for more than 85% of the local economy. The cost of living is high, with property and transport prices significantly above those in most of the rest of the United Kingdom. Over the past few years, the cost of travel to and from the Isles has continued to increase.

In 2010, to meet statutory requirements, the Children’s Trust was established from membership of the children and young people’s committee. While the Children’s Trust in its present format encompasses membership from partner agencies, the children and young people’s committee has remained but is now made up of elected members exercising a scrutiny function. The ambition and priorities of the Trust are reflected in the recently updated Children and Young People’s Plan (CYPP) 2012-2015. The Local Safeguarding Children Board (LSCB) is shared with Cornwall. The Cornwall and Isles of Scilly (CIOS) LSCB has an independent chair and brings together representatives from all main partner organisations working with children, young people and families.

There is one school, The Five Islands School, operating as a single federated establishment since 2002. In 2011 a new base opened on St Mary’s for children and young people aged 3-16 years of age. There are three other primary bases for pupils on the off islands of Tresco, St Martin’s and St Agnes. At age 11, pupils transfer to the secondary base situated on St Mary’s. Pupils from the off islands stay at a school-managed boarding house from Monday to Friday. All young people who wish to undertake further education or training post-16 move to the mainland. Preparation for living on the mainland, including information, advice and guidance on keeping safe, is a key feature of the partnership’s work with these young people.
At the time of the inspection there were no children or young people subject to a child protection plan, looked after by the council or privately fostered. There are no foster carers or residential children’s home placements on the islands. Community based social care services to children and young people are provided by two social workers who also provide an out of hours on call service. One children’s centre on St Mary’s provides a wide range of early intervention services and is accessible to families living on the off islands.

Primary care services to children, young people, their families and carers living on the Isles of Scilly are commissioned by Cornwall & Isles of Scilly Primary Care Trust (CIOS PCT), with the Kernow clinical commissioning group in shadow development. Whilst there is a resident presence of universal services for children, young people and their families most of the more specialist services visit according to demand. The expectation is that services would offer as far as possible the same level of provision as would be expected on the mainland. St Mary's Hospital provides a number of inpatient beds, the minor injuries unit, a midwifery led unit and a range of outpatient clinics from visiting consultants. The minor injury unit is open all day, every day. However, more serious acute care and all paediatric in-patient treatment are provided at Royal Cornwall Hospital Trust (RCHT), Treliske Hospital in Truro. The Royal Cornwall Hospital Trust also provides a small maternity unit on St Mary’s staffed by an experienced part-time midwife. Home births are accommodated but planned births take place at Treliske Hospital in Truro. In the event of an emergency, air transportation can be arranged with specialised equipment available for newborns.

Universal services such as health visiting and school nursing are delivered by Cornwall Partnership Foundation Trust (CFT) which also provides specialist child and adolescent mental health services (CAMHS), adult mental health services and child and adult learning disability services. The health visitor post is currently being covered by a health visitor from the mainland whilst the substantive post holder is on a two year career break. The primary mental health worker and school nurse is currently a dual role which has been welcomed by the school, children’s centre, health staff and children and families providing early support and intervention. Substance misuse services for young people are provided by YZUP and services for adults with substance misuse problems are provided by Addaction and Cornwall Foundation Trust.

A PCT and Council of the Isles of Scilly jointly funded role of health support worker, has been developed following a health stakeholders event on Scilly in 2010 to support the wider delivery of the Healthy Child Programme (-9 months to 19 years). The post is currently vacant. Outlook South West visit the Scillies on a bi-weekly basis providing psychological therapies for people aged 16+ with low to moderate mental health problems. The speech and language therapist (SALT) visits half termly working closely with the multi agency team. One of these visits involves an overnight stay to maximise the time available and deliver longer days. Currently there are 10 children on the SALT caseload aged from two to nine years of age.
General – leadership and management

1 NHS Cornwall and Isles of Scilly PCT (CIOS PCT) is placing a strong focus on developing children’s safeguarding within a partnership working environment. The chief executive of the PCT meets regularly with the chair of the LSCB and the CIOS PCT board visits the islands for two days annually, meeting with elected members and attending overview and scrutiny committees scheduled to coincide with this visit. Health is fully engaged in the children’s trust and in the development of the health & wellbeing board. The lead Isles of Scilly GP sits on the PCT board and is a member of the clinical commissioning group.

2 All actions set out within the action plan developed by NHS Cornwall and Isles of Scilly PCT as a result of the Ofsted/CQC inspection of children’s safeguarding and looked after children’s services in Cornwall Council in January 2011 and monitored through the Strategic Health Authority, have been completed subject to final formal sign off by the Strategic Health Authority.

3 The overall effectiveness of the council and its partners in safeguarding and promoting the welfare of children and young people on the Isles of Scilly has been judged in this inspection to be good. Good quality services are provided by the partnership to help children and young people feel and keep safe with, in most instances, appropriate joint action taken to respond to identified concerns and needs. There are no children or young people subject to a child protection plan or needing to be looked after by the council. The senior commissioning manager for children’s public health and maternity is the nominated PCT representative who would join the corporate parenting board should an Isles of Scilly child become looked after. This ensures a health perspective at a strategic level overseeing the provision and quality of health care to looked after children. The PCT has recognised a need to increase resources for looked after children across CIOS and is initially increasing the looked after children health team from 1.81WTE specialist children in care nursing and 1WTE designated nurse, to 2.81WTE specialist children in care nursing and 1WTE designated nurse.

4 The contribution of health agencies to keeping children and young people safe on the islands is also good. Supervisory staff and managers within provider health services are well supported through named professionals, who in turn experience effective leadership, support and challenge from the designated nurse who also sits on the CIOS LSCB. Frontline health staff are supported well by their clinical supervisors who regularly attend service and team meetings on the mainland. Strategic and operational health managers demonstrate a good understanding of the uniqueness of the Isles of Scilly and of the challenges in providing fair access to services to all residents, especially those living on the off islands.
Ambition and prioritisation as demonstrated across the children’s trust member agencies are good. The children and young peoples’ plan (CYPP) has been revised and re-launched for the period 2012-15. It is based on a thorough joint strategic needs analysis which has informed planning decisions and commissioning priorities. The plan clearly specifies the partnership’s key themes of emotional health and well-being, post-16 transition and positive activities for all. The partnership is committed to delivering inclusive services that reflect the principles of effective early intervention and preventative work in order to help every child reach their full potential. As a result, improved outcomes for many children and young people have been achieved. This is evidenced by the investment that has been made to support children and young people to live safely in their home communities and for there to be no child or young person subject of a child protection plan or needing to be looked after by the council. The partnership is also committed to delivering both universal and targeted safe services underpinned by three core principles of respect, inclusion and access to services and that those services should be designed around individual need.

Partners have used the findings of inspections and self-assessment to inform their direction of travel. The partnership knows its strengths and weaknesses and while formal action planning and the use of performance data may be minimal there is clear evidence that priorities are child focused and designed to keep children and young people safe. The emphasis on multi-agency preventative work is very effective in ensuring that very few children need high level social work intervention such as child protection Section 47 enquiries and is demonstrably reducing referrals to mainland child and adolescent mental health services.

Currently the partnership is facing the challenge of attracting and recruiting to a health support worker post and looking at more innovative ways that this may be achieved. It has also proved difficult to recruit a new designated doctor for safeguarding and interim arrangements are in place. The role has been revised and a further round of recruitment planned.
Outcome 1 Involving Users

8 In recognition of the travel, time and cost, children, young people and their families face in going to the mainland for hospital appointments, services have sought to accommodate parent’s views in how services are delivered. While there is provision for overnight stays for children and families living off island at the hospital, all in-patient paediatric care is provided on the mainland and in out of hours’ emergencies, RNAS – Royal Naval Air Station has provided air lift support on occasions. In emergencies, health professionals and islanders are well supported by an equipped 999 boat, Star of Life which can take health professionals to the off islands. Routinely, a medical launch operates around the island taking professionals to off island clinics, including a medical consulting room with amenities on St Agnes, or home visits. Local children and families can access this launch at a concessionary fare to attend medical appointments on St Mary’s or via the airport to the mainland. Families are able to access subsidised flights to the mainland for healthcare purposes and where specific needs are identified requiring further mainland appointments, financial support from the council can be extended. Health financial concessions can be made available based on clinical need. There are no concessionary helicopter fares for fathers however, when their children have to be admitted to mainland acute services.

9 Approximately 15 – 20 babies are born on the islands each year. Parents whose children have been born on the islands spoke positively of the maternity care they received.

10 Paediatric and specialist clinics have been rescheduled to more convenient times at the request of parents to avoid school holidays. When specific health needs for a child are identified, tailored treatment and therapeutic support are arranged to meet individual need. If a child has an appointment booked with another professional on the mainland, therapists will also see the child on that day whenever possible. The needs and wishes of the local population across CIOS are influencing PCT developments and resource deployment such as investment in diabetes services and increases to health visitor numbers.

11 Parents on the Isles of Scilly do have some concerns as to the lack of easily accessible therapy services. In most cases these can only be accessed from the mainland resulting in expensive travel, the time it takes to travel to and from the mainland and not always having a professional easily contactable to discuss concerns with. Some parents told inspectors that they would welcome more direct access and consultation opportunities with specialist practitioners and therapists. Children’s social care and health partners are aware of these issues, and at the time of the inspection, are trying to find solutions. Currently insufficient consideration has been given to the potential use of tele-health or developing technology such as video, tele-conferencing and Skype to facilitate face to face consultation.
12 There is a good awareness of the diverse needs of children and young people with disabilities on the islands. Where children attending the MIU have a learning disability, ADHD or Asperger’s syndrome a quiet room/family room with a pleasant aspect is available and staff are sensitive to the potential negative impact of the clinical environment on children with these conditions. Staff at the MIU are shortly to have disability awareness training.

13 Having female GPs as part of the primary care service in response to patient wishes has given greater patient choice and is a positive development. The interim health visitor and the primary mental health worker/school nurse do not live on the island but are residents during the week as necessary. Feedback to them from patients has indicated this has had a positive impact in island residents feeling able to share personal or sensitive health and wellbeing information with professionals external to the local population.

14 LiNK 4 Scilly is part of the health and social care overview and scrutiny committee and shadow health and wellbeing board, enjoying a constructive relationship with both health and social care commissioners and providers. Relationships with LINk in Cornwall are positive and a joint LiNK health and social care group has recently been established attended by all provider trusts, CIOS PCT, Cornwall and Isles of Scilly local authorities and CQC.

15 The IOS health and social care workforce and voluntary sector organisations have been involved in the consultation process of developing the PCT’s children’s continuing care policy. Their feedback is reflected in the policy to ensure it is inclusive and meets the needs of children and young people on Scilly. The SEN pathfinder is across Cornwall and IOS and input from the IOS forms part of all three pathfinder projects.

16 The CAMHS service operating across the CIOS PCT area is currently undergoing service model redesign to improve clinical delivery through increased partnership working, including more involvement of young people and their families. Consultation on the new model is inclusive of stakeholders from the islands.

17 A comprehensive, accessible guide to children’s health, social care, leisure and educational services for the Isles of Scilly is widely available and can be produced in a range of languages. A common childhood illness booklet has been developed and is given to all new parents in CIOS.

18 On the mainland, a well regarded young parents project, WILD, is in place to support teenage parents. The Young Mums Will Achieve Group, for 14 – 19 year olds who are not in education, employment or training (NEET) has improved performance for this cohort from 19% in 2009 to 35% in February 2012 which is the highest performance based on national care to learning statistics.

Outcome 2 Consent

19 Clinical staff at the MIU routinely request and check parental consent forms when treating children visiting the islands on school trips.
Outcome 4 Care and welfare of people who use services

20 The partner agencies provide a wide range of high quality preventative services to children and families across the islands that are sensitive to the specific identity of the Isles of Scilly. To date the partnership has been unable to recruit to the new post of health support worker, developed specifically to work within the preventative and early intervention agenda, as the aim has been to recruit from within the island population. Alternatives to this are now under consideration in order to meet the identified need and interim cover will be provided by health support workers from the mainland.

21 There is strong evidence of effective multi-disciplinary and multi-agency working at frontline services and many examples of responsive support being delivered to children and young people resulting in positive health and safeguarding outcomes. Frontline health staff are flexible in how they operate. This is particularly true of the midwife who plans her hours and annual leave as far as possible around due dates for deliveries. The midwife maintains contact with the parents for up to 28 days and works jointly with the health visitor from 10 – 14 days post partum. Parents whose children have been born on the islands speak very positively of the maternity care they received.

22 Thresholds for access to children’s social care services are clearly defined and understood by most health staff working on the islands although clinical and non-clinical staff at the medical centre report being unclear on the overall role and responsibilities of social care.

23 The provision of the dual role primary mental health worker and school nurse, operating in the islands from Monday to Friday, has been a very positive development in delivering good outcomes for children and young people. The post holder works closely with other professionals across a range of disciplines offering direct support to children requiring low level mental health support. Where appropriate the post holder is able to offer skilled intervention or make a referral to more specialist and therapeutic services. Parents, LiNK 4 Scilly and other professionals speak very positively of both the person and the impact of the role.

24 This highly effective early intervention has resulted in a year on year reduction from six to two of referrals for core CAMHS interventions. All are responded to in a timely manner. Access to core child and adolescent mental health (CAMHS) across the CIOS PCT area as a whole has improved significantly recently with 85% of children being assessed within 28 days, reported in March 2012, this now stands at 93% in May 2012. However, this has at least in part been due to significant efforts by the staff in Cornwall Partnership NHS Foundation Trust (CFT) to reduce the number of children waiting longer than 28 days following referral for a CAMHS face to face assessment. Referral guidance, rather than eligibility criteria, has been distributed across referring agencies to ensure referrals to the service are appropriate and that where the needs of the child can better be met by other services, that signposting is effective. The quality of referrals has improved recently as a result. The CAMHS needs analysis and strategy is to be reviewed as a matter of priority and the emotional health and wellbeing board reviewed to ensure greater scrutiny.
A new transition process is in place governing how a young person moves into adult mental health services, focusing on young people developing their own pathway plan. A monthly transition service meeting oversees the process to ensure young people are well supported and the process becomes embedded. There is still some way to go across CIOS to assure the provision of a fully effective CAMHS service although the current joint post on the islands ensures seamless and timely delivery.

Specialist CAMHS practitioners fly out regularly to offer a range of psychological and therapeutic interventions that includes cognitive behavioural therapy (CBT). No children or young people from the Isles of Scilly have required in-patient mental health services. Should that be necessary there are 12 tier four beds provided to serve the peninsula in a new young persons unit in Plymouth. Currently, capacity pressures are making these beds difficult to access. This has resulted in a small number of Cornwall children being placed in units that are out of the peninsular area, for example in Maidenhead. Some of these placements have been clinically led however, for children with very specialised needs i.e. eating disorders; children with learning disability. In one case a child requested to go back to a unit in Birmingham as she had previously attended the unit. Placements are closely monitored and reported through clinical governance arrangements. Therefore, should this level of service be required for any young person from Isles of Scilly currently, they are likely to be placed at a significant geographical distance from home. The CIOS PCT commissioners are well aware of the current difficulties and are working with CFT and the in-patient unit to resolve the difficulties. CAMHS has not placed any young person in the CIOS PCT area in an adult bed in at least the past two years. Should an Isles of Scilly young person require the provision of section 136 facilities under the Mental Health Act, these are available at Longreach Hospital on the mainland.

There are clear arrangements in place for young people to access substance misuse support from YZUP or clinical treatment from Cornwall Foundation Trust, although referrals from Isles of Scilly are very low and infrequent. The YZUP worker attends the monthly CAMHS team meeting to enhance mutual understanding of roles and common issues and facilitate positive outcomes for young people. A new transition protocol is in place to guide the transition of young people misusing substances into adult drug and alcohol services, provided by Addaction, where this is appropriate. Addaction visits fortnightly to work with adults and some people told inspectors that increased access to these workers would be beneficial. YZUP participated regularly in the annual safety days held at Five Islands School until two years ago when engagement ceased for reasons unclear. This gap in commissioning has been identified by the health & wellbeing board and service engagement has recently been re-established.
There is good provision of sex and relationships advice and education available to parents, children and young people across CIOS through the Brook education service and the youth hub. Access to long acting reversible contraceptives (LARC) has increased year on year and termination rates have decreased. The family nurse partnership (FNP) also operates on the mainland with 130 active cases in May 2012. Sexual health services on the islands have been accredited by CIOS young people using locally developed criteria (EEFO) similar to “You’re Welcome” criteria. A two day event on sexual health and relationships is held annually for Isles of Scilly pupils in year ten. Local media publicise the Preventex on-line service for Chlamydia screening, although the number of under 25s using this service is very low, usage in the islands is increasing with eight people accessing the service last year. No teenage pregnancies have been recorded on the islands for the past five years. Emergency contraception is readily available from the GPs, pharmacy or from the MIU. There is no C-card scheme on the islands, however.

While emergency dental provision for young people from the resident dentist and orthodontist is reported to be prompt and effective, LiNK 4 Scilly members report it is difficult to get a routine appointment for dental hygiene checks and is engaged with the provider, Peninsular Community Health in exploring potential solutions to increase capacity to enable the dental practitioner to focus on preventative work.

Outcome 6 Co-operating with others

At an operational level, most cases reviewed during the inspection evidence partnerships delivering good quality and effective intervention services that are keeping children and young people safe, reducing offending and promoting their health and emotional well-being.

Multi-disciplinary and multi-agency working in front line services is flexible and effective with many examples of responsive support being delivered to children and young people, resulting in positive health and safeguarding outcomes. Health practitioners work in close cooperation with each other; the police, social care and education all take an equal role in the team around the child, CAF and the effective use of early intervention and preventative services which are well established.

The common assessment framework (CAF) is well established and used effectively across the partnership. For families of children with disabilities an early support service has been established. This is replacing and building on the work previously undertaken by the advanced team around the child approach. Direct work with children and young people with learning difficulties and/or disabilities is good overall and in some cases outstanding. The inclusion work and individual supportive health and care arrangements that are in place ensure children with disabilities can remain in their home communities and attend the Five Islands School.
Good partnership working is also evidenced in respect of identifying risks to children in domestic abuse cases and services take effective steps to protect children and young people. However, the partnership considers domestic abuse on the islands to be an under-reported crime, almost always with a link to excessive alcohol consumption. Awareness raising within communities is a continuous activity and SAFE, a project for secondary school aged young people, has been successfully delivered on three separate occasions to older pupils during their annual 999 safety awareness week.

A process is in place by which social care notify the hospital/MIU of any child subject to a child protection plan and a record of this held at the hospital, although this has not needed to be used since 2006. There have been no incidents of young people self harming and no young people presenting with an acute mental health problem requiring referral for an urgent CAMHS assessment. The MIU information system allows information regarding frequent child attendances across the 12 MIUs across Cornwall and Isles of Scilly to be shared effectively. The new information system being installed at Treliske Hospital is expected to be able to interface with this system which will further enhance this aspect of risk identification.

Services for disabled children are provided according to assessed individual need with a general clinic and specialist diabetes support being provided regularly by a consultant paediatrician from the mainland. This reduces the necessity for some families to attend mainland appointments and the routine presence of the school nurse at clinics facilitates continuity of support. Transitional arrangements for young people with learning difficulties and/or disabilities to move from children’s to adults’ social care services are improving with planning starting earlier. A multi-agency transition protocol is under development and increased staffing in the adult social care service is providing some additional capacity to further develop this area of work.

Young people wanting to undertake further education or training post-16 have to move to the mainland and may be accommodated in a variety of places and situations. This is a difficult transition for many young people having had a relatively sheltered childhood. While there is focused attention on helping to inform and prepare them for this across agencies, more could be done to identify and minimise any health and wellbeing risks. Developments within the provision of healthcare for looked after children such as the health passport and strengths and difficulties questionnaires could usefully inform further strengthening of support to these young people while helping them to map their own personal growth and development.

Cornwall’s Healthy Schools programme did identify a separate programme for the Isles of Scilly in 2007 and there have been positive outcomes from some strands of the programme, such as the “let’s get cooking” programme. Recent involvement has been “light touch” only. A review was initiated in 2010 but was not completed and there is scope for greater engagement. A project delivered as a result of a recent grant from the British Heart foundation for ‘Hearty Lives’ will include Isles of Scilly young people.
**Outcome 7 Safeguarding**

38 There is clear leadership from the CIOS PCT designated safeguarding nurse to the named safeguarding professionals within the health provider trusts. The designated nurse sits on the LSCB, provides supervision and development opportunities for named nurses and chairs the named nurses’ forum which is highly valued by attendees. The designated doctor role is currently being partially covered on an interim basis by the former incumbent coming out of retirement until a replacement is appointed. Other aspects of the role are being covered by the named GP and the designated nurse. This arrangement, while covering some key aspects of the role, has reduced the level of supervision and support to named doctors although they gain support from attending the regular forum chaired by the designated nurse. Recruitment of a new designated doctor has proved challenging with no applicants to the initial recruitment. Additional clinical sessions have been added to the role and a new round of recruitment is about to take place.

39 The child death overview panel (CDOP) operates across four PCTs encompassing Cornwall and Isles of Scilly, Torbay, North Devon and Plymouth and is effective. The CDOP has driven public safety campaigns such as the Nappy Sack poster campaign which has successfully raised awareness of the risks to infants of nappy sack inhalation. There have been no incidents of this since the launch of the campaign across Cornwall and the Isles of Scilly. The poster is evident in public access points on St Mary’s and campaign and other public health information has been circulated to parents through childminders and other professionals. However, the CDOP has a low profile with frontline staff. It does not issue a regular newsletter summarising national local themes and lessons learned. General practitioners, the pharmacist and dental practitioner are not aware of the CDOP and how its work and findings can inform their safeguarding practice.

40 Staff at the maternity, hospital and minor injuries unit (MIU) have a sound knowledge of safeguarding risk indicators and how to raise concerns with social care. Policies and procedures are being updated by the matron, who has a good understanding of how to deliver effective safeguarding practice and how to drive improvement. When a child has accessed emergency medical treatment at the MIU, an effective process is in place by which details of a child’s attendance and treatment are recorded on a treatment card. Copies of this are then sent to the child’s GP, family and health visitor. Cards are routinely collected by the school nurse or the health visitor for distribution to the appropriate professionals and to ensure local children’s medical records are updated. However, the system currently in place to monitor this activity is underdeveloped, unclear in purpose and is not subject to routine or meaningful scrutiny or audit.

41 No pre-birth safeguarding concerns have been identified by the midwife although pathways are clear and well understood. Where post partum depression has been identified, close liaison between midwife, GP, health visitor and social care has ensured effective support leading to positive outcomes for mother and baby. A clear process is in place on patient notes to alert health practitioners to an identified domestic violence issue and where an issue is suspected, the midwife tries to see the woman alone but this is not routine. The midwife regularly attends the keeping children safe practitioners’ meeting and the children with disabilities forum (DANCE).
The pharmacist, dentist and GPs have not been well engaged with local safeguarding arrangements. They have not attended multi-disciplinary training or developmental forums, and have not received targeted safeguarding training for two years. They were however, early responders to the safeguarding audit undertaken by the PCT named GP, based on the Royal College Toolkit, in 2010. However, staff report knowing how to raise safeguarding concerns and from whom to seek advice and guidance. Patient non-attendance at scheduled medical appointments is rare and any non-attendance is promptly followed up. There is more to do however to ensure primary care engagement is fully secured and that these staff are properly equipped to discharge their safeguarding responsibilities given the key role they play, both with residents and the large tourist population visiting the islands. Non-clinical and clinical staff are not aware of the child protection and wider roles and responsibilities of social care and key safeguarding bodies including the local authority designated officer (LADO) role, child death overview panel (CDOP) and the CIOS LSCB. Safeguarding issues, potential risk indicators and issues relating to the potential for hidden harm are not routinely discussed at practice meetings or addressed through regular supervision or appraisals.

A new GP contract is currently being procured. In the interim, the GP service provided by Helston practice, is improving local safeguarding arrangements within the health community. Other professionals report a positive change in culture and ease of engagement with the new service. The lead doctor for safeguarding from the Helston practice has transferred to the islands to lead development within Isles of Scilly primary care. The practice’s policy and procedures have been updated and arrangements made for the PCT named GP to deliver formal Level 2 training in June 2012. Given that clinical staff at the hospital are now to receive more advanced safeguarding training and a GP contract procurement process being in train, it would be timely for the LSCB and CIOS PCT to review training expectations of the islands primary care services.

Multi-agency public protection arrangements (MAPPA) and the multi-agency risk assessment conference (MARAC) are in place and health is engaged with these with more to do to ensure full engagement across the whole Isles of Scilly health economy. Police training on e-safety and young people has been well received by health attendees.

Good facilities and arrangements are in place for the examination of those children and young people who may have been subject to alleged sexual abuse. Services are provided on the mainland at Royal Cornwall Hospital NHS Trust and community paediatricians are forensic trained. A new sexual abuse resource centre (SARC) opened recently in Truro to supplement existing provision in Plymouth and Exeter. Health commissioners aim to move all three services to a single provider. Health staff, police and other professionals on the isles are clear on how to access these services should young people on the isles require them. At the time of the inspection there had not been any instances where these services have been required for young people from the islands.
Attention is being given to ensure that CIOS adult services are adopting Think Family approaches and prioritise the safeguarding of children while working with adults with mental health or substances misuse issues. All substance misuse adult reviews include discussion of child safeguarding issues. Audits of workers’ practice have been undertaken by the service manager indicating there is more to do to assure good practice is consistent and embedded and managers are taking action to achieve this. Monitoring information of children whose parents are addicts has been improved.

There have been recent examples of discharges from Treliske Hospital involving mothers and infants which have fallen short of expected standards and been non-compliant with trust discharge policy. These included an Isles of Scilly mother and baby attending A&E being discharged in the early hours of the morning when no transport services to the islands operate. Accommodation is available at the hospital but is not routinely accessed. Hospital managers have identified and are addressing policy and practice across the hospital through a priority review of patient appointments and discharges. This is being undertaken by RCHT with close engagement of the CIOS PCT and contribution from LiNK 4 Scilly.

**Outcome 11 Safety, availability and suitability of equipment**

There is a good awareness of the diverse needs of children and young people with disabilities. No issues have been identified by the inspection with regard to the provision of equipment for children with disabilities, with evidence of individualised support packages including equipment being provided promptly as required. The MIU/maternity unit is appropriately equipped with emergency paediatric resuscitation equipment and neo-natal resusitaire which is checked routinely and a new X-ray unit was being fitted at the time of the inspection. The maternity unit also has a donated inflatable birthing pool for which disposable single use liners are used.

Posters on how to access support for domestic violence issues are displayed prominently in the health centre and MIU waiting area.

The emergency 999 boat, Star of Life, is appropriately equipped and routinely checked.

Staff are sensitive to the potential negative impact of the clinical environment on children with learning difficulties or challenging behaviour. For children or young people who attend the MIU and are diagnosed with ADHD or Asperger’s syndrome there is a quiet room which is used as required.

**Outcome 12 Staffing recruitment**

Health staff at the MIU are CRB checked at enhanced levels on recruitment, in line with minimum national requirements and attention is paid to safer recruitment practice with references taken up prior to appointment.
Outcome 13 Staffing numbers

53 Currently, the resident health visitor is on a career break and the post is being covered on a part-time basis by a health visitor from the mainland working effectively and in close co-operation with the school nurse/primary mental health practitioner, the midwife and practitioners at the MIU and health centre.

54 A detailed and performance based health visitor implementation plan is in place for 2011-13 to respond to ‘A Call to Action’ and CIOS is an early implementer site. Although the plan does not specifically reference the Isles of Scilly, managers are clear that health visitor workforce development includes consideration of the delivery of the Healthy Child programme on the islands.

55 Following feedback from parents and practitioners, it is proposed that the main focus of health visiting investment will be upon the provision of greater support from universal services for children with disabilities for Cornwall and the Isles of Scilly. The number of health visitors will increase by 31.5 WTE from a baseline of 88.33 WTE (including 7.56 WTE Band 5 posts) by 2015.

Outcome 14 Staffing support

56 Appropriate arrangements are in place across the partnership to ensure joint delivery of induction and child protection training to staff working with children and young people. Safeguarding training is delivered through the LSCB. However, a review of the training previously delivered has been judged by the LSCB to not fulfil requirements and therefore more appropriate training is currently being re-commissioned from an external provider.

57 Staff are trained to levels commensurate with their roles and responsibilities and compliance is good. Most health staff participate in and value the multi-disciplinary safeguarding training on the islands. In consultation with the Peninsula Community Health nurse consultant, the matron is ‘raising the bar’ for clinical staff to undertake Level 3 training within three months. This is a positive development given their key role in risk assessment and the need to ensure that ‘Think Family’ approaches are at the forefront of practice which is predominantly with adults. Whereas the GPs, dentist and pharmacist have been invited to the unit’s training as well as the council led multi-disciplinary training in the past, they have not yet attended and therefore opportunities to maximise understanding and practice in a multi-disciplinary forum have been lost. Most training is delivered through e-learning and while the ad hoc advice and guidance from the matron is very accessible and valued by staff, regular safeguarding supervision or reflective practice sessions are not yet in place to reinforce this learning. A similar situation exists within the primary care service. There is more to do across the health community to fully support formal training through regular group or individual supervision to fully ensure a high level of safeguarding awareness among clinical and non-clinical staff is achieved and sustained.
Supervision and support to named doctors is currently reduced due to the interim arrangements for the designated doctor. However, practitioners have effective links with the designated nurse and named doctor and draw support from attendance at the safeguarding forum. Supervisory staff and managers within all the provider health services are well supported through the services’ named safeguarding professionals, who in turn experience effective leadership, support and challenge from the designated nurse. The matron at the islands’ MIU also reports good access to the designated nurse.

The keeping children safe practitioners’ meeting provides a good forum for sharing learning and professional development across most agencies on the islands. However, although attendance is good with the exception of staff from the medical centre, health participants have yet to develop the confidence to take a lead in setting the agenda rather than relying on children’s social care to always determine discussion topics. New training on sudden infant death (SID) aimed at GPs, health visitors, school nurses and children centres on the mainland will also be delivered on the Isles of Scilly.

Outcome 16 Audit and monitoring

Cornwall and Isles of Scilly PCT and Royal Cornwall Hospital Trust (RCHT) have been taking action to improve health care to looked after children, including the timeliness and quality of initial health assessments when children come into care. Also improvements are being made to recording practice to ensure health practitioners understand why the young person has entered the care system. These expectations would be applied to any Isles of Scilly child who became looked after. Resources for the looked after children health team have also been increased.

There is close engagement between the local authority, public health and CIOS PCT through the developing health and wellbeing board in the development of increasingly integrated services. Service development is based on shared performance information and identified need. Partners are very aware that the high incidence of adult mental health and alcohol issues raises the risk of domestic violence and potential for hidden harm to children and young people in households where these issues exist.

The safeguarding children’s standards unit is well established and multi-agency providing co-location for the designated doctor, designated nurse, LADO, LSCB manager and safeguarding support manager with links to education and facilitating multi-disciplinary team oversight. The looked after children designated nurse and community health service are also co-located all of which facilitates the development of an effective performance framework.
A process is in place to undertake regular section 11 audits across the CIOS health economy and audit findings and progress on action plans are routinely reported to the LSCB indicating improvements to practice. All Isles of Scilly health providers are represented on the LSCB through the named professionals so oversight of performance is facilitated. The audit of GP practices across CIOS in 2010 based on the Royal College toolkit demonstrated that 78% of practice had a safeguarding champion. The audit has enabled the named GP to develop an action plan to drive improvement across the community of independent contractors, targeting challenge and support as necessary to practices that are not compliant.

The CAMHS service is a member of the CMHS outcome Research Consortium and operates a young person lead assessment of emotional wellbeing at the mid-point of intervention. Positively, scores from these assessments have reduced by 16% in line with the national average.

Performance on the delivery of universal health outcomes for children and young people on the Isles of Scilly is good with immunisations at almost 100% up to date and good dental health for most island children.

Outcome 20 Notification of other incidents

No issues have been raised during the inspection in relation to notifications. Currently NPSA data definitions for moderate and abuse (which includes notifiable incidents as defined by the regulations) are broad. New guidance is to be provided to trusts reiterating the definitions of classifications following the NHS commissioning body taking over control of NPSA.
Recommendations

- **The CIOS LSCB and Cornwall & Isles of Scilly PCT to ensure that general practitioners (GPs), dentists and all appropriate health practitioners receive regular safeguarding training to a level commensurate with their role and that they are fully engaged in and understand safeguarding arrangements. (Ofsted July 2012)**

- **The CIOS LSCB and Cornwall & Isles of Scilly PCT to ensure that all clinical and non-clinical staff in health provider organisations operating on the Isles of Scilly have access to regular, planned safeguarding supervision in line with statutory guidance. (Ofsted July 2012)**

- Cornwall & Isles of Scilly PCT, Cornwall Partnership Foundation Trust and Peninsula Community Health should ensure that communication of a child or young person’s attendance and treatment at the minor injuries unit to relevant health professionals is subject to effective monitoring and quality assurance.

- Cornwall & Isles of Scilly PCT and the Royal Cornwall Hospital Trust should ensure that hospital discharge arrangements involving children and young people are effective and subject to rigorous governance.

Within 3 months (from report)

- Cornwall & Isles of Scilly PCT and the child death overview panel (CDOP) should ensure effective communication of the identified trends and outcomes of the panel across the health community.

- Cornwall & Isles of Scilly PCT and the Royal Cornwall Hospital Trust should consider further strengthening health and wellbeing risk assessment and support to young people aged 16 + years in mainland accommodation for education or training purposes.

Within 6 months

- The Cornwall & Isles of Scilly PCT, Cornwall Partnership Foundation Trust, Peninsula Community Health and The Royal Cornwall Hospital Trust should consider greater use of technology and communication media on the Isles of Scilly to facilitate children, young people and families’ access to specialist practitioners.

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.