Report on the Outcome of the Integrated Inspection of Safeguarding and Looked after children’s Services in London Borough of Wandsworth

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<th>Date of Inspection</th>
<th>8th May 2012 to 18th May 2012</th>
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<td>Date of Joint Report</td>
<td>27th June 2012</td>
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<td>Commissioning PCT</td>
<td>Wandsworth Primary Care Trust</td>
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<td>(NHS South West London)</td>
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<td>CQC Inspector name</td>
<td>Patricia Hellier</td>
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<td>Provider Services</td>
<td>St Georges Healthcare NHS Trust</td>
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<td>South West London &amp; St Georges</td>
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<td>CQC Regional Deputy</td>
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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.
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 Regional Director, who has overall responsibility for this inspection programme.

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<thead>
<tr>
<th>London Borough of Wandsworth</th>
<th>Aggregated inspection finding</th>
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<td><strong>Safeguarding Inspection Outcome</strong></td>
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<tr>
<td>Overall effectiveness of the safeguarding services</td>
<td>Good</td>
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<tr>
<td>Capacity for improvement</td>
<td>Outstanding</td>
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<tr>
<td>The contribution of health agencies to keeping children and young people safe</td>
<td>Good</td>
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<th><strong>Looked after children Inspection Outcome</strong></th>
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<tr>
<td>Overall effectiveness of services for looked after children and young people</td>
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<tr>
<td>Capacity for improvement of the council and its partners</td>
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<tr>
<td>Being Healthy</td>
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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 inspection process comprised 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 NHS organisations listed above, but includes some areas which may apply to one or more NHS bodies where pertinent.
Context:

Wandsworth has a resident population of approximately 54,100 children and young people aged 0 to 18. This is 18.7% of the total population of the area. In 2012, 73.3% of the school population were children and young people from black and minority ethnic groups compared with 22.5% in the country as a whole. Some 55% of pupils speak English as an additional language. Urdu and Somali are the most commonly recorded additional spoken languages.

Wandsworth has 74 schools comprising of 56 primary schools, seven secondary schools (excluding academies) eight special schools, and 3 pupil referral units. Early year’s provision is delivered primarily through the private and voluntary sectors in 500 settings; there are three local authority maintained nurseries.

The Children and Young People’s Partnership had replaced the Children’s Trust. The Partnership includes representatives from the council and NHS Wandsworth which is part of NHS South West London. Other representatives include the Metropolitan Police, South West London and St George’s Mental Health NHS Trust, St George’s Healthcare NHS Trust, the voluntary and community sector and local schools.

Community and primary care services, acute hospital and other specialist services are provided by St George’s Healthcare NHS Trust. Some acute hospital services are also commissioned from Kingston Hospital NHS Trust, and some specialist services being commissioned from Moorfields Eye Hospital NHS Foundation Trust. The full range of acute hospital and emergency services are provided by St George’s Healthcare NHS Trust. Child and adolescent mental health services (CAMHS) and adult mental health services are provided by South London and St George's Mental Health Trust. Substance misuse services are provided by the Wandsworth children’s services and commissioned services from Catch 22. Joint commissioning arrangements for all children’s community health services are in place through the joint commissioning team in the PCT/NHS South West London Wandsworth Borough Team.
1. General – leadership and management

1.1 Wandsworth PCT is part of the NHS South West Cluster. Good arrangements are in place across the cluster and within Wandsworth to ensure good safeguarding practice across all NHS providers. Borough safeguarding leads meet bi monthly to discuss safeguarding. In addition, a local Wandsworth safeguarding committee meets regularly at which providers and commissioners have the opportunity to consider safeguarding practice across the Borough. The minutes from the Committee are considered by the executive safeguarding cluster lead as well as the local safeguarding children board (LSCB).

1.2 Health partners are well represented on the Children’s Trust Partnership and the Wandsworth Safeguarding Children Board. A long history of partnership working is highly successful in meeting local challenges and senior executives across health describe having a “focus on the child rather than organisations.” Overall, health providers in Wandsworth benefit from having a stable workforce with good well established networks both strategically and operationally.

1.3 The Wandsworth Safeguarding Committee requires each provider organisation to submit a quarterly safeguarding template report measuring a set of key performance indicators. These include CRB checks, activity and attendance at conferences, as well as training. The quarterly returns are discussed and any actions to address concerns agreed.

1.4 A safeguarding commissioning policy for Wandsworth is integrated into all NHS contracts and the designated nurse is involved in the development of any new specifications to ensure that implications for safeguarding children are considered and included.

2. Outcome 1 Involving Users

2.1 The involvement of young people in the development and monitoring of services across the health service provision in Wandsworth is good. Examples include “the Wandsworth Youth Think Tank and “the Children and Young People’s Plan”. Young people had been involved in the design and decor of a new ward at Springfield Hospital for young people with mental health needs who are also hard of hearing. CAMHS staff work with young people on a continuous cycle of improvement and encourage them to contribute to service design and provision through “Th@W” and “Catch 22”. Inspectors also saw parents involvement in service direction and development through the “Parents Forum”.

2.2 All family planning clinics have been accredited as part of the “You’re Welcome” scheme which means they are appropriately focussed on meeting the needs of young people.

2.3 All health practitioners we spoke with told us they had good access to interpreting and translation services.
2.4 Young people looked after are routinely asked where they would like to have their annual health review. We were told this helped to engage the young person in the process of the health review and encouraged them to take responsibility for their health.

2.5 Throughout the inspection front line practitioners recognised the importance of consent. A guidance chart in the accident and emergency (A&E) department at St George’s Healthcare NHS Trust assists staff to check who was able to consent to the treatment of the child or young person. We were told this ensures the rights of children and young people are protected.

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

3.1 The ‘Healthy Child programme’ is delivered effectively using skill mix within the health visiting service. Caseloads are held corporately within the team and are described as “heavy” and at capacity. Core visits included antenatal visits as well as all routine contacts up to two years. Additional targeted visits are made to vulnerable families to provide extra support. For example, a dedicated health visitor for homeless families had a good knowledge of the families and their needs; we saw this information was also shared across the health visitor team to ensure children did not get lost to the system.

3.2 Good arrangements are in place for the transfer of families from the health visiting service to the school nursing service, especially for those families where children are looked after. Completion of new entry into school questionnaires helps ensure the health needs of children are made known to school nurses. School nurses have appropriate health information and health plans for looked after children, ensuring continued monitoring and review. This is supported by the looked after children health working group which works with all professionals across the Wandsworth health community to improve outcomes for young people.

3.3 School nurses provide an effective and extensive range of services including the National Child Measurement Programme and immunisation and vaccination programme. All secondary schools in the borough have school nurse drop-in sessions which are well used by teachers, parents and students. Some school nurses run small groups to support young people with specific needs, often around self esteem, bullying and relationships. School nurses offer an extended role in accompanying young people to contraceptive and sexual health services. All schools including nurseries have a named school nurse.

3.4 Good support from the children’s community nursing service enables children and young people to access life opportunities such as attending school, going on school trips and participating in other leisure activities. The children’s community nursing service also provides training to universal services to provide specific health related care, for example, epi-pens and gastrostomy feeds.
3.5 The paediatric accident and emergency (A&E) department at St George’s Healthcare NHS Trust has well established processes which support highly effective safeguarding practice. All attendances by a young person under 16 are checked for repeated attendance and whether a child protection plan is in place. Other mandatory checks include confirmation that the health practitioner has taken into account the National Institute of Health and Clinical Excellence (NICE) guidance about safeguarding children.

3.6 Clear alert systems in A&E identify children and young people who might be at risk of abuse. Though systems do not currently flag looked after children, we were told this was being addressed. Best practice extends to the use of flags on patient records to indicate other concerns such as national alerts on missing children and those children with complex care needs. A comprehensive assessment is carried out on all children attending A&E taking into account the child’s condition and whether there were any safeguarding or child protection concerns. This best practice is regularly audited to ensure any trends are identified and issues are addressed. Any attendance of an infant less than one year of age is discussed with a senior doctor prior to discharge. A recent audit showed this had happened.

3.7 Highly efficient and effective use of paediatric liaison personnel ensures all attendances of children up to 16 years of age are screened. The Paediatric Liaison Health Visitor (PLHV) reviews all attendances of children and young people up to the age of 18 who attend the A&E department. Attendances are triaged and all attendances routinely notified to the child or young person's general practitioner. The PLHV also checks appropriate action has been taken by A&E staff for any attendance that was of concern.

3.8 Young people who attend A&E following substance or alcohol misuse are able to access good support through the alcohol and substance misuse liaison nurse. Young people under 16 are usually admitted to the paediatric wards and will often be referred to CAMHS but not automatically assessed. For those young people aged over 16 the alcohol liaison nurse will see them either in the A&E department or in a follow up appointment. There is adequate support for young people under 16 who attend A&E following an incident of self harm or in mental health crisis. Clear care pathways ensure that following any incidence of self harm by a young person under 16 they are admitted overnight. On call arrangements support A&E staff if a young person attending out of normal working hours requires mental health treatment.

3.9 Effective arrangements are in place to safeguard the unborn child. All referrals to the midwifery service are triaged by a central team. Any woman who is identified as especially vulnerable or hard to engage is referred to the appropriate midwife for safeguarding, mental health or domestic abuse. A full booking consultation takes place for all pregnant women as early as possible at which the midwife screens the women for any vulnerability and refers to the appropriate agency as necessary.
3.10 Good progress is being made in tackling the high number of teenage conceptions in Wandsworth, with the reduction in conceptions being significantly larger than either local or national rates. Effective sex and relationship education (SRE) is provided by the school nursing services with good support from the contraceptive and sexual health service outreach team. The SRE syllabus includes information to young people about the risks of sexual exploitation and trafficking as part of “Keeping Safe.”

3.11 Young people have good access to a range of contraceptive and sexual health services. Clinics across the Borough of Wandsworth include 24 hour, seven day week access to emergency contraception through a network of pharmacists, walk in centres and urgent care. Comprehensive assessments for all children aged 18 and under help to identify vulnerable young people and the risks associated with exploitation or trafficking. The assessments also help to identify any unmet need such as substance misuse or emotional health and wellbeing which could be met through local services.

3.12 Young people have access to contraception and Chlamydia screening in primary care. All GP practices provide free condoms and the pan-London C-Card Scheme is well established across the borough. Young women have good access to local termination of pregnancy services. Good uptake of long acting reversible contraception post-termination has helped to reduce the number of repeat conceptions. The local youth offending team has sexual health trained staff who work with young people who display risk taking behaviours. This promotes their risk resilience and minimises risk taking behaviours.

3.13 An effective programme of education and support is available to children and young people around issues of substance and alcohol misuse. The drug and alcohol team provides packages of education tailored to the needs of individual schools or colleges as well as group work in “hot spots” across the borough. The crime reduction initiative team also works with children and young people and offers a number of treatment options.

3.14 An increasing number of young people were completing their care plans and leaving the service in a planned way. This was being carefully monitored by commissioners to ensure the service continues to meet the needs of children and young people. There is good follow up for any young person attending the local A&E departments as a result of alcohol or substance misuse.
3.15 Child and adolescent mental health services (CAMHS) are provided for young people up to the age of 18. All referrals are received centrally and allocated to the relevant duty team member for triage. The families and young person’s service operates with up to a 5 week wait for first assessment, and a further (maximum 16 weeks) wait for treatment. The paediatric liaison team sees routine referrals within six weeks though at least 50% are seen within 24 hours. All teams told inspectors that inappropriate referrals are redirected or the referrer is contacted with recommendations on how best to proceed. However this process is inconsistent and not formally documented so that some referrers report delays in receiving responses and in young people receiving treatment. Primary care professionals and universal services staff report that there are no clearly identified thresholds for referral to the CAMHS. While CAMHS professionals told us the threshold information was available, there was a lack of clarity about these criteria across the partnership.

3.16 Tier 4 in patient mental health provision is commissioned from South West London and St George’s Mental Health NHS Trust. There are good arrangements in place to offer in-reach services to the young person which prepare and support their discharge. The in-reach and the support in the community are provided by the Adolescent Assertive Outreach Team which is integrated with the inpatient service and forms the Adolescent Resource Centre.

3.17 Wandsworth services for children with learning disabilities and complex health care needs are good. Services are based in children’s centres and include the child development team, community paediatricians, specialist health visitor, clinical psychology, therapists and other support services. Families told us they had access to effective therapy services to support children and young people. Referrals to the individual teams are discussed at weekly team meetings where allocations are made to the most relevant member of staff. Good multi disciplinary arrangements in place to assess children under five years old or those with learning disability, for social and communication disorders. Some teams operate waiting lists, though for speech and language therapy, families can access “Play and Talk” sessions held in children's centres whilst waiting for their appointment. Families waiting to access support for learning disabilities and CAMHS are offered the opportunity to attend parent support groups whilst awaiting their appointment.

3.18 Parents and carers described services to families of children with disabilities as “excellent once you could get into the system”. Newly diagnosed children or parents who moved into the area with a child with complex needs spoke highly of the support received from their key workers. However they gave several examples of how they had sought help from the GP and had been told by them and other professionals they did not know to whom to refer the child, or how to secure access to services for young people with challenging and complex needs. Improved pathway arrangements are needed for children with complex needs to access specific and coordinated healthcare provision.

3.19 There is good provision of short breaks for families with children with learning disabilities and / or complex health care needs, including overnight and residential care options. Young people with disabilities have good access to help and advice around sexual health and relationships.
3.20 Families have good access to highly effective CAMH services. Many schools across the Borough have purchased their own emotional health provision to identify concerns early and provide support. Specialist CAMHS offer a flexible and responsive service and accept direct referrals from professionals working with children and young people. All referrals are triaged daily to ensure a prompt response where necessary. A number of core CAMHS staff provide services across Wandsworth.

3.21 Young people who are acutely unwell are well supported and, where possible at home, through the Wandsworth young people’s service that operates a week day service. As a result, inpatient care was avoided where possible. In patient care however was available locally if required. Of note is the policy of the South West London and St George’s Mental Health NHS Trust not to admit young people under 18 onto an adult ward. The CAMH service measures its effectiveness through outcome scores and these demonstrate the service makes a positive difference to the lives of children and young people.

3.22 The multi agency panel offers a key worker to co-ordinate the care of those children and young people with the most complex care needs and this supports those families well. Access to equipment is now through a pooled budget between health, social care and education though it was too soon to comment on the impact of this change.

3.23 Midwives have clear and effective processes to identify any vulnerability issues and concerns when looked after young women book their pregnancy. Further risk assessments are made throughout the pregnancy at routine ante natal appointments and more formally at the 28 week and 32 week appointments.

3.24 Teenage parents to be have timely access to good support from the teenage pregnancy midwife. Ante natal clinics for young people are held regularly, with one of the clinics running a multi agency drop in support service alongside the clinic. The “drop in” facility offers support with housing, benefits, returning to work or education. Young dads have access to the Working with Men “Young Fathers” programmes that support young men either through regular group work or on a one to one basis. These services are highly valued by the young people. Multiagency support is provided to support teenage parents. Monitoring shows higher breastfeeding rates and lower subsequent second births than nationally.

3.25 All children and young people received into care have an initial health assessment carried out by a registered medical practitioner. In instances of young people aged 16 or over who refuse their initial assessment, the Lead Nurse for Looked After Children makes significant efforts to engage with the young person and carry out the assessment under the direction of the designated doctor. Initial assessments are of a high quality, fully detail the health of the child or young person and outline their future needs in a comprehensive health plan.

3.26 Health reviews are carried out by GPs, the Medical Advisor for Looked After Children (LAC) or the Lead Nurse for LAC; health visitors or school nurses may contribute to reviews if required. The reviews are effective and inform the development of appropriate health action plans.
3.27 The most recent published data shows 98% of health assessments are completed within the nationally agreed timeframes. All initial health assessments, health reviews and health plans are reviewed for appropriateness by either the Lead Nurse for Looked After Children or designated doctor for looked after children. This ensures children and young people have their needs appropriately assessed and identified.

3.28 Good and highly effective arrangements are in place to meet the emotional health needs of children and young people who are ‘looked after’. All young people entering the care system are assessed through completion of strengths and difficulties questionnaires which are reviewed to help identify any concerns.

3.29 Good arrangements are in place to meet the health needs of children ‘looked after’ placed out of the borough. The Lead Nurse for Looked After Children makes direct arrangements with the looked after children health team in the receiving authority to ensure health reviews, and in some cases initial assessments, are conducted in an appropriate and timely way.

3.30 The Lead Nurse for Looked After Children runs a regular drop in clinic for young people offering a range of services including health promotion, some contraceptive and sexual health advice and an opportunity for any outstanding immunisations or vaccinations. Young people can use the drop in until they leave care, though there is some flexibility around this.

3.31 Young people looked after are able to access universal contraception and sexual health and substance misuse services. Additional support is available from the substance misuse link worker for young people who are looked after. Young women who wish to continue with their pregnancy are able to access support from the teenage midwife.

3.32 Arrangements are inadequate to support young people leaving care with their health needs. The Lead Nurse for Looked After Children has no formal input into the pathway planning process and young people are not provided with a comprehensive summary of their health records when they leave care. The arrangements for health practitioners who are involved in young people’s ongoing health assessment to participate in their leaving care pathway planning is an area for development.

4. Outcome 6 Co-operating with others

4.1 Staff in the A&E department of St George’s Healthcare NHS Trust show good awareness in safeguarding children and young people including confidence in referring any safeguarding concerns to the children and families team. Multi agency and multi disciplinary A&E departmental meetings provide staff with good information about practice and areas for improvement. As an example inspectors were told about cases being discussed to highlight good practice in safeguarding children, or to explore how opportunities were missed.
4.2 There is good, effective partnership working across midwifery, substance misuse services and the local authority to safeguard the unborn child. The paediatric liaison health visitor works closely with midwifery services to ensure all women who have identified vulnerabilities or concerns are made known to the relevant health visiting team. Targeted ante natal visits are scheduled and an enhanced health visiting service arranged.

4.3 Midwives refer women who require perinatal mental health support to the emotional health and wellbeing services and community mental health teams. Regular multi agency and multi disciplinary meetings take place at which cases of concern are discussed and monitored. This ensures a comprehensive plan is in place for the birth. Midwives attend child protection meetings where possible, or if unable to attend, prepare a report which is sent to the meeting in their absence. There are good arrangements for monitoring safeguarding children activity within maternity services.

4.4 Practitioners across health partners describe good working relationships with the children and families service. The presence of the hospital social worker is seen as significantly enhancing communication and joint working across agencies so that children and families receive a more responsive and co-ordinated service. Staff report there is usually a timely response by the children and families service to any referrals and that there is an effective process to resolve professional disagreements. Health visitors and school nurses appropriately use skill mix to implement actions agreed in child protection and child in need plans.

4.5 Arrangements for young people to transfer into adult mental health services are variable. Good partnership working supports transition for young people with learning disabilities and for young people where there are clear indications they require the support of adult mental health services.

4.6 Partnership working between the lead nurse for looked after children, the medical advisor for looked after children and the local authority's children and families' team is very good. The Lead Nurse for Looked After Children (whose role is a joint appointment with the local authority) and medical advisor have access to the council’s IT system and also have local authority email addresses. This helps to ensure information used to inform initial health assessments and health reviews is as comprehensive and accurate as possible. It also ensures information can be shared confidentially within the same system.

4.7 Regular effective meetings take place between general practitioners and health visitors to share information about vulnerable families, ensuring co-ordination of primary care services to safeguard children.

4.8 Good and increasing awareness on the potential impact of parents’ mental health needs on children was well supported by the approach to ‘Think Family’. All requests to attend case conferences are well considered to ensure appropriate attendance and information is provided. Many examples were given where adult mental health staff attend CAF or team around the child meetings to ensure the needs of the family are discussed across all agencies.
4.9 The involvement of the Lead Nurse for Looked After Children and the team in providing support and training to foster carers, social workers and other professionals is good. In addition, the team works with foster carers to support them if a young person is not in a stable placement, or if a young person refuses to engage with their service. This helps the foster carer to understand and manage behaviours that may have contributed to previous placement breakdown.

5. **Outcome 7 Safeguarding**

5.1 The Designated Nurse for Wandsworth is employed full time and is line managed by Head of Quality and Clinical Governance (Safeguarding Lead). The Child Death Overview Panel is chaired by the Designated Doctor for Child Safeguarding, (who is a Forensic Physician). The designated nurse receives supervision from the NHS South West Cluster Executive safeguarding lead as well as peer supervision from designated nurses across the cluster.

5.2 The designated nurse is a member of the local safeguarding children board (LSCB) and meets regularly with the named professionals across Wandsworth as a group. She also meets staff on a one to one basis to maintain a strategic overview of safeguarding practice across health services within the Borough. Progress in relation to actions against recommendations from serious case reviews is regularly discussed at these meetings, as well as at the sub group of the LSCB.

5.3 The Lead Nurse for Looked After Children is relatively new in post and employed full time as a joint appointment with the local authority. The designated doctor is newly appointed having been in a locum role for several preceding years. Arrangements for their line management and access to supervision and training meets the requirements of *Working Together 2010* and *the Intercollegiate Guidance 2010*.

5.4 The arrangements for the named professionals for safeguarding children within the PCT/NHS South West London Borough Team are good. Established systems ensure the named professionals are aware of any safeguarding referrals to social care. Good monitoring arrangements ensure health staff attend relevant child protection conferences. The safeguarding children team operates a consultation and advice service during working hours and this gives practitioners across the trust immediate access to support.

5.5 The arrangements for the line management, supervision and training of the named professionals for safeguarding children within St George’s Healthcare NHS Trust and South West London and St George’s Mental Health NHS Trust are good. The named nurse for safeguarding children has direct access to the executive safeguarding lead as well as regular meetings with them, which is good practice. Good monitoring arrangements are in place to ensure trust staff consider and respond to all requests for attendance at child protection conferences. Arrangements include making sure reports are completed and sent in a timely manner.
5.6 Safeguarding practice within primary care is good and improving. Named GP safeguarding leads have been identified in all GP Practices and are well supported by regular meetings as well as access to supervision. The PCT (South West London Cluster, Wandsworth Borough Team) offers good support to dentists to fulfil their responsibilities for safeguarding as outlined in Working Together 2010.

5.7 Health partners are highly committed to partnership working to ensure children and young people in Wandsworth are safe and well protected. Attendance by health practitioners at child protection meetings is good and is closely monitored and reported on by the LSCB. Provider organisations, as part of their board assurance framework, also monitor and report on safeguarding practices within their organisations.

5.8 Understanding and use of the CAF is effective and well embedded both as a referral tool and a framework to support early intervention and support for families. The majority of health staff had received training and were positive about the use the CAF.

5.9 The involvement of the Lead Nurse for Looked After Children in training new social workers and foster carers is good. The Lead Nurse regularly attends training events for foster carers to talk about health issues, including weight management, effects of foetal alcohol syndrome, sexual health and promoting the health of looked after children.

5.10 The arrangements for the examination of children and young people who have been subjected to alleged sexual abuse are adequate. All acute cases are seen at the Haven facility run by St Mary's Hospital in Paddington. The non acute examinations are carried out by the consultant developmental paediatricians. Good arrangements are in place to ensure child protection medicals are carried out quickly and by appropriately trained staff.

5.11 Health partners are well engaged in the domestic violence agenda across Wandsworth with good support from all key areas.

5.12 Good progress was being made in raising the awareness of the impact of adult mental health on the children within the family. Adult mental health practitioners gave anecdotal evidence on how practitioners were changing their approach to risk assessment and using the "Think Family" approach. A framework has been developed for use by practitioners with prompts about how to approach assessing risk to children and gathering the necessary information. It is too early to demonstrate any impact from implementing the framework; however there are plans for an early evaluation. The focus group we met felt confident in referring any concerns to children and families services. They described many incidences where joint visits between adult mental health staff and social workers had taken place to ensure children and young people were kept safe.
5.13 An effective Child Death Overview Panel (CDOP) is established as a sub

group of the Wandsworth Safeguarding Children Board. CDOP is appropriately

constituted and is chaired by the Designated Doctor for Child Safeguarding, (who is

a Forensic Physician). Efficient use of funding has allowed the CDOP to progress

the recruitment of a bereavement support worker for families.

6. **Outcome 13 Staffing numbers**

6.1 There are adequate staffing levels within St George’s Healthcare NHS Trust

A&E department to ensure children and young people are cared for by appropriately

trained staff. All A&E staff are trained in paediatric life support. In addition, adult

nurses are rotated into the paediatric area to give them valuable experience of

meeting the health needs of children and young people.

7. **Outcome 14 Staffing support**

7.1 Staff are appropriately trained in safeguarding children across the health

partnership.

7.2 Supervision in safeguarding children within community services is good. A

range of approaches are used to promote best outcomes for staff and families with

whom they are working. Supervision is carried out regularly for all staff who provide

services to children and young people. The quality of referrals and child protection

conference reports is considered as part of an individual’s safeguarding supervision

session. Safeguarding supervision forums provide additional support in key areas

such as A&E, Neonatal Intensive Care Unit, acute and developmental paediatrics,

and midwifery to look at reflective learning. All supervision is recorded in patient

notes which reflects best practice.

7.3 Good training in the health needs of looked after children and how to carry out

effective health assessments is provided for health visitors and school nurses by the

Lead Nurse for Looked After Children for looked after children. The Lead nurse also

meets with any new public health nurse as part of their induction. This helps to

ensure practitioners who carry out health reviews are competent.

7.4 Awareness of safeguarding and child protection within primary care is good

and well embedded. 80% of GPs have completed training at Level 2 and a

significant number have been trained to level 3, for which a training programme is

ongoing. Training is less embedded within dentistry, pharmacy and optometry but

action plans have been developed to address these areas.
8. **Outcome 16 Audit and monitoring**

8.1 Board assurance in safeguarding children within the Wandsworth Borough Team (South West London Cluster), St George’s Healthcare NHS Trust and South West London and St George’s Mental Health NHS Trust is effective. The Trusts, both individually and corporately, have clear governance structures which provide good quality information and reporting to enable their effective board assurance.

8.2 Governance arrangements for safeguarding practice management within St George’s Healthcare NHS Trust and South West London and St George’s Mental Health NHS Trust are good. Safeguarding risks are escalated to trust boards and board members had received safeguarding training. Trust boards receive their organisation’s safeguarding annual report. Both Trust boards receive additional update reports throughout the year from the various sub groups. They demonstrate good use of information in the way performance is monitored using key performance indicators.
Recommendations

Within three months:

South West London & St George’s Mental Health NHS Trust, Wandsworth PCT and Wandsworth Borough Council to:

- improve the clarity of threshold requirements for child and adolescent mental health services (CAMHS) and monitor implementation of these across the partnership so that delays in receiving services are reduced. (Ofsted 2012)

Wandsworth PCT and Wandsworth Borough Council to:

- provide all young people when they leave care with a summary of their healthcare, their healthcare needs and information about any previous treatment arrangements and any arrangements which are presently in place. (Ofsted 2012)

Within six months:

Wandsworth PCT, Wandsworth Borough Council and South West London & St George’s Mental Health NHS Trust to:

- improve the pathway arrangements by which children with complex needs access specific and coordinated healthcare provision. (Ofsted 2012)

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.