

PUBLIC

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**Report to the Meeting of the
Oxford Health NHS Foundation Trust
Board of Directors**

27 July 2011

**CQC/Ofsted Inspection of Safeguarding and Looked After Children in
Buckinghamshire**

Summary:

The Joint Ofsted and CQC inspection took place 29th November -10th December 2010. A summary from these reports is enclosed. The overall inspection received a rating from inspectors as GOOD. The CQC rated as GOOD the contribution of Health Services within this inspection.

There are a number of positive initiatives that are noted within the inspectors report relating to CAMHS services within Buckinghamshire.

There is an action plan in place, there are no formal recommendations relating to the CAMHS service within Oxford Health NHSFT. This report provides assurance regarding compliance with CQC outcomes.

Report

Enclosed (Appendix 1)

Recommendation

To Board is asked to note the report.

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Lead Executive Director: Ros Alstead

1. *A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.*
2. *This paper provides assurance and evidence against the Care Quality Commission Outcomes*

**CQC / Ofsted Inspection of Safeguarding and Looked after children in
Buckinghamshire- January 2010- Board Paper**

Introduction

The joint inspection was carried out between **29th November and 10th December 2010**. This report summarises the overall findings from the Ofsted Inspection, which was given an overall rating of GOOD overall. The CQC inspection was also rated GOOD and greater detail relating to the provision of child and adolescent mental health services is identified within the report. The Full CQC report is available on request or available at http://www.cqc.org.uk/db/documents/20110217_Final_Report_NHS_Buckinghamshire_CQC.pdf

The CQC 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: [http://www.ofsted.gov.uk/oxcare_providers/la_view/\(leaid\)/825](http://www.ofsted.gov.uk/oxcare_providers/la_view/(leaid)/825)

. Name of Authority - Buckinghamshire

Safeguarding Inspection Outcome	Aggregated inspection finding
Overall effectiveness of the safeguarding services	Good
Capacity for improvement	Good
Looked After children Inspection Outcome	Aggregated inspection finding
Overall effectiveness of services for looked after children and young people	Good
Capacity for improvement of the council and its partners	Good

Inspection Process

This joint inspection used a range of methods for gathering information, document reviews, interviews, focus groups and visits, in order to develop a corroborated set of evidence. The full report shown in Appendix 1 uses the CQC outcomes as a framework

This report draws from relevant sections from the CQC Inspection Report and are shown in Italics below.

Context: *Within Buckinghamshire the commissioning and planning of national health services and primary care is undertaken by NHS Buckinghamshire . All community children's services, including health visiting, school nursing and all acute health services are now delivered by Buckinghamshire Hospitals NHS Trust , since April 2010. Child and Adolescent Mental Health services (CAMHS) are provided across the county by Oxford and Buckinghamshire Mental Health Foundation NHS Trust , through a joint commissioning contract and pooled budget arrangements with Buckinghamshire County Council for Tiers 2 and 3 and for Tier 4 (inpatients) through a contract with NHS Buckinghamshire. With a population of approximately 479,000, 26% (125,900) are children and young people. 345 of these children and young people are looked after, with 133 placed out of county*

1. General – leadership and management

1.1 *The contribution of health agencies to keeping children and young people safe is good. There is a strong safeguarding ethos, which is well embedded throughout the primary care trust (PCT), Acute and Child and Adolescent Mental Health (CAMHS) provider organisations. Leadership is strong from the designated and named lead professionals across healthcare services, including the Named GP. Consistent working relationships continue to strengthen the effective promotion of safeguarding.*

1.2 *Commissioning and performance management within health is good. A joint commissioning framework is well established, with a joint commissioning children's health lead in post. There are pooled budget arrangements for key priorities including CAMHS and for children's disability services. The service commissioning specifications clearly demonstrate effective contracting arrangements, which take full account of safeguarding children and young people, and are wrote by the Designated Nurse for Safeguarding.*

1.4 *There is good partnership working across health and social care. Healthcare professionals interviewed described effective and robust partnership work across agencies such as the PCT, Acute Trust, LA, Mental Health Trust, Housing and Voluntary sector, having a positive impact for CYP and families. Co-location of the safeguarding team and a number of health services including Health Visitors, School Nurses and Children's Disability Therapy teams, has been planned for early in the New Year and will further enhance communication and partnership working.*

1.5 *Learning from serious case reviews (SCR) is effectively actioned across health services. Policy and procedure guidance is appropriately reviewed were applicable, to reflect any recommendations made. Both the Designated Dr and Nurse, who sit on the LSCB, ensure the dissemination of action plans from any SCR and also provide feedback from health partners into the LSCB. Within the Acute Trust recommendations from SCR have been formatted into action plans for the Trust and these are regularly reviewed at the LSCB, Strategic and Serious Case Review Group subcommittee and an update given at the Healthcare Governance meetings held every 3 months.*

1.6 Information sharing protocols are in place across the Mental Health, Acute Provider and the PCT and these are seen as a major improvement in reducing delays in initiating appropriate care pathways and interventions for CYP.

2. Outcome 1 Involving Users

2.1 There is appropriate user engagement and evaluation of the health services provided. Within sexual health regular user satisfaction surveys are undertaken and the comments section on the sexual health web site is very popular for obtaining user views. A review of the sexual health strategy is on going and has gone out for consultation amongst YP and youth groups. Engagement with YP is good and improving via the increased publicity about services offered. YP are encouraged to design posters and contribute to the updating of the website. Within sexual health services, venues for more discreet consultations were found in the universities, acting on comments from BME students.

2.2 For Looked after Children, in cases where the YP have more complex needs, involving self harm and substance misuse, the CAMHS outreach team have implemented a single interagency care plan and risk assessment. The care plan is implemented with input from the YP, parents and carers.

2.3 The Aiming High Programme for disabled children has provided some creative user engagement, from representation on the programme board to YP involved in assessing bids within tendering process. There are very high levels of positive feedback from users. There is a positive impact for CYP, providing a programme that is commissioning services partly designed by service users and increasing choice and opportunity for disabled children, young people and their families. This is making excellent progress in closing the gap for some of the most disadvantaged children and young people.

2.4 Health passports are in use, which document health information about CYP with disabilities. These assist in communicating the individual health needs and care plans of the CYP and are available to any healthcare or social care professional who is not familiar with the individual CYP. These were created with input from the CYP themselves and Parents and Carers.

2.5 It was widely reported across health groups that appropriate regard is given to CYP ethnic and cultural needs when undertaking any care or risk assessment. Key issues are identified and responded to. Access to interpreters is good. Interpreters are effectively utilised, with no issues of availability reported whenever required. Within the Speech and Language service a bilingual co worker is available and used frequently to speed up communication and eliminates the use of relatives as interpreters

3. Outcome 2 Consent

3.1 Within both the Acute and Mental Health providers there are appropriate policies and procedures in place that ensure consent is taken prior to any treatment of CYP. Consent is

gained from Parents and Carers and is appropriately documented. Competency of YP is fully assessed within tier 2 and tier 3 sexual health services.

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

4.1 Within the Acute trust emergency care for CYP is provided in a safe and dedicated environment in the Paediatric Decisions Unit (PDU) at Stoke Mandeville Hospital. This is also used as observation and assessment unit for CYP up to 17-18 depending on assessed competency.

4.3 Sexual health services for YP are good. The teenage pregnancy rate is currently 22.5 (National average 42.5) – 4th lowest in England and has fallen 15% since the 1998 baseline. 2/3 of pregnancies in 15-17 year olds end in terminations. YP have good support following terminations and to date the rate of a second pregnancy is very low.

4.6 A major redesign of the CAMHS services and care pathways has been undertaken. Access is improving and is ensuring a more equitable service across the county. Waiting times are good with CYP assessed on less than or approx 4 weeks. There is a fast track service for LAC and CYP are seen within in one week, commencing early intervention and treatments. Targeted mental health in schools (TAMHS) provision is provided in a number of schools, primary and secondary and 2 of the specialist schools. This is delivered by a Primary Mental Health Worker who works closely with the school nurses. Any health professional has access to guidance and advice via a consultation line during normal working hours. Out of hours the rapid response crisis service is available.

4.7 It is reported that when a YP has been admitted via A&E, the rapid response outreach service arrive within 90 minutes to carry out assessments. Acute staff now feel more confident in caring for these YP and report better multi professional working. If the YP is known to CAMHS then every effort is made to ensure that the same care coordinator is contacted to ensure continuity of care.

4.8 The Specialist adolescent unit provides the utilisation of 3 beds. This was originally 2 but often fluctuated to 4-6. Due to the re-designed care pathway, the length of average stay has decreased from 70-90 days to 28-30 days. 44% of admissions were young people with eating disorders – these admissions have reduced to 18% seen as a result of an improved pathway across the integrated CAMHS service

4.9 Transition arrangements from CAMHS are begun when the YP is around 17, where it is evident that continued care and treatment will be required. Appropriate transition protocols are in place and there is good communication with adult mental health services, provided by the same Mental Health Trust. The care programme approach (CPA) documents safeguarding issues and ensures early links with adult services. A smoother transition is now ensured, as at first there was some difficulty with high thresholds into adult services.

4.10 There is a well established safeguarding team within OBMH. CAMHS staff are aware of the named professionals and who to contact if guidance is needed.

4.11 There is a well established children's disability therapy team. This includes community nurses, physiotherapists, occupational therapy and speech and language therapy services. There is good partnership working across agencies such as housing, social services and the adaptation service when providing more suitable accommodation for CYP both within mainstream schools and within the home. There is good provision for short breaks that are well evaluated by CYP. An external agency - The McIntyre Trust support placements for CYP with profound disabilities and this is jointly funded by education. Further funding is also obtained via the "Aiming High" project and this supports additional short break placements and more creative activities open to these CYP. Action for Children has been awarded a contract worth over £11million to run the county-wide Residential Short Break Services for Disabled Children, for the next five years. The new service will incorporate services currently provided by the LA and health.

4.17 There is a fast track access for LAC, with only one week waiting time for assessment into CAMHS. This earlier intervention and more integrated care pathways have resulted; it is reported, in a decreased level of dependency within the mental health services. Case tracking provided evidence of a high level of intervention with an individual LAC by CAMHS, with unorganised contact made on a regular basis when engagement had been difficult. Referrals for LAC with disabilities are prioritised on individual needs by the Children with disabilities team and no delays in accessing services have been reported from the LAC health team.

5. Outcome 6 Co-operating with others

5.2 Each of the professional leads for LAC, YOT and adoption and fostering services meet regularly with service managers from the mental health trust to ensure continued and improved communication. This enables sharing of good practice in regards to safeguarding and influence the development of care pathways.

Early intervention panels are reported by some health professionals to be slow in responding in some cases when children are identified as requiring additional support. Others feel that CAF can raise the expectation of families but then CAF drift and little is achieved.

6. Outcome 7 Safeguarding

6.2 There is appropriate health representation on the Children's Trust and the Local Children's Safeguarding Board (LCSB). All health providers are represented on both the LCSB and 8 out of 9 its sub-committees. There is a non executive lead on the PCT board who effectively monitors and provides challenge in regard to child protection and safeguarding issues. Health professionals contribute well to child protection conferences and core groups either by attending or submitting reports.

7. Outcome 11 Safety, availability and suitability of equipment

7.2 Emergency care for CYP is provided in a safe and dedicated environment in the Paediatric Decisions Unit (PDU) within the hospital. It has 10 rooms in total including cubicle areas.

There is secure access at all times, with CCTV in place. Safeguarding is well embedded in day to day practice. During the visit to the department a Student Nurse was very confidently able to describe the flow of any CYP attending the department and in detail was able to discuss how child protection and safeguarding issues would be raised and acted upon.

7.3 If a CYP has to be transferred into main A&E resuscitation area a different coloured patient information board is used to raise awareness that there is a CYP in the unit. There is a separate resuscitation bay for CYP, which is appropriately equipped. When a poorly CYP is transferred into the department via ambulance, a dedicated phone with different ring tone is used to again alert staff that a CYP is to be admitted.

8. Outcome 12 Staffing recruitment

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

8.2 Recruitment policies across the PCT and provider trusts are in place and include the requirement of appropriate pre employment checks and criteria. Databases are maintained to monitor renewal dates of membership to professional bodies both for Medical and Nursing staff.

9. Outcome 13 Staffing numbers

9.1 Health Visitors are attached to GP practices, based in 8 localities. Vacancies are high and this has led to capacity issues resulting in less universal services offered to new Mums and babies. The majority of the role is reported to be spent on child protection and it is felt that there is a loss of opportunity for earlier health intervention. A review of service delivery is to be undertaken.

9.2 Similar concerns were expressed by some School Nurse's, who reported no capacity to deliver full time health school agenda along side education colleagues.

10. Outcome 14 Staffing support

10.1 Attendance and availability of safeguarding training is good across health. Training is accessed both internally within the NHS trusts or via the multi disciplinary training from the LSCB.

10.2 There are effective training and development strategies across the Primary Care Trust, Acute and Mental Health Trusts with appropriate evaluation and monitoring of the training delivered for child protection and safeguarding.

10.3 Within the Acute Trust, 81% of staff have received training at level one, and staff working with children have received either level two or three, as appropriate to their role and contact with children and young people. Local Practice development nurses allocated to each department monitor attendance at training.

10.4 The health strategy group meet quarterly, chaired by the Lead Professional. This is used as the forum to discuss any safeguarding concerns and disseminate information across the acute trust. There is evidence of dissemination of learning from SCR via named leads and clinical governance meetings. Staff development days always have session on SCR. Attendance again is monitored.

10.5 Levels of staff training is good within Oxfordshire and Buckinghamshire MH NHS FT (RNU) - 91% at level 1 - 94% level 2 and 80% at level 3. Attendance is monitored by training department and non attendance flagged with line managers. Attendance at safeguarding training is mandatory and forms part of PDR requirements and discussions at appraisals.

11. Outcome 16 Audit and monitoring

11.1 An audit of case files by Named Nurse LAC showed some delays in receiving referrals to undertake initial health assessments from social care. In one case the referral was received 22 days after the placement was agreed. In response in the North of the County a weekly children in care clinic has been instigated to ensure CYP are seen in a timely manner and to monitor referrals. In the South extra clinics are booked when necessary. A repeat audit is on going.

11.4 The Strategic Health Authority lead for CYP and Maternity reports good commitment and shared responsibility across the health economy in the promotion of safeguarding. Compliance statements are in place for all healthcare organisations. Section 11 audits are completed and these are appropriately monitored through the quarterly designated safeguarding lead professional meetings.

12. Outcome 20 Notification of other incidents

12.1 There are satisfactory arrangements in place across the PCT, Acute and Mental Health Trusts to ensure that appropriate and timely notifications are made in relation to the required alerts into the various agencies NRLS, NPSA and CQC.

13. Outcome 21 Records

13.1 Health records for LAC examined were well organised, with good chronology of significant events. Assessment and contact sheets are up to date, signed and dated in all files. All files contained on going health care plans. Health needs are appropriately assessed.

13.2 There is good evidence that non attendance for health assessments or other clinic sessions are followed up in a timely manner. Young people confirm they are supported to be healthy and live active and healthy lifestyles. They are each registered with a GP and dentist and can access other specialist care as required.

13.3 LAC reviews are communicated between health and social care appropriately and are retained within healthcare files.

14. Recommendations

Within 3 months (from report)

- NHS Buckinghamshire and Buckinghamshire Healthcare NHS Trust should monitor attendance and evaluate the effectiveness of supervision arrangements for health professionals.
- A vacancy review and review of service provision for Health Visitors and School Nurses should be completed to ensure appropriate service delivery within the requirements of the core frameworks.
- Buckinghamshire Healthcare NHS Trust should review the capacity and service provision of the Paediatric Health Visitor Liaison role.

15. Conclusion

There were no specific recommendations relating to CAMHS services in Oxford Health. The findings from the joint inspection will be used as evidence of compliance with the relevant CQC outcomes.