

TITLE OF REPORT: Unannounced CQC Safeguarding and Looked After Children Inspection Gateshead CCG – Progress Report

REPORT OF: Gateshead Clinical Commissioning Group

Summary

The purpose of this report is to update the Overview and Scrutiny Committee on progress so far in relation to key findings and recommendations from the unannounced CQC Inspection for Safeguarding and Looked After Children in Gateshead, that took place between 4th- 8th August 2014.

Background

1. NHS Gateshead Clinical Commissioning Group (NHS Newcastle Gateshead CCG from April 1 2015) was informed by the care Quality Commission (CQC) on 31 July 2014 that it would be conducting a review of safeguarding children, and services for Looked After Children, commencing on 4 August 2014.
2. The focus of the review was on the quality of **health services** for looked after children, and the effectiveness of safeguarding arrangements for all children in the area and focused on evaluating the experiences and outcomes for children, young people and their families who receive health services within the boundaries of Gateshead.
3. CQC does not have the power to review children's health services which are commissioned by local government (eg school nursing, substance misuse and sexual health) but CQC under Section 48 of the Health and Social care Act 2008 is clear that it does include these services in its review of the children's healthcare in a local healthcare economy. The review did not therefore review social care services, or the functions of the LSCB. It can and will make recommendations on any services depending on its findings.
4. **The key lines of enquiry:**
 - The experiences and views of children and their families.
 - The quality and effectiveness of safeguarding arrangements in health including:
 - Assessing need and providing early help.

- Identifying and supporting children in need.
- The quality and impact of child protection arrangements.

The quality of health services and outcomes for children who are looked after and care leavers.

Health leadership and assurance of local safeguarding and looked after children arrangements including:

- Leadership and management.
- Governance.
- Training and supervision.

5. Key messages and findings – summary

- Overall the review was very positive positive. It notes the **significant progress** made since the last inspection in 2011 (over 3.5 years ago), and concluded that there was strong evidence of improvement with no major areas for concern.
- There were a number of areas of good practice, including:
- Strong **partnership** working, **governance and leadership** was a theme running through this inspection process. Increasing access to early help services such as ‘pregnancy, birth and beyond’
- Good reporting of CP issues at A&E and at the GHNHSFT knew who to contact if they were worried a child had been abused.
- Good examples of specialist support being available in maternity services, individualised birth plans were described as excellent.
- Examples of good information sharing between GPs, midwives and health visitors
- Good services and support around sexual health. Sexual health worker demonstrates good outcomes.
- Good quality health assessments for Looked After Children in general.
- Good evidence of achievement relating to professional staff training at all levels including GP’s (98%) This will increase (100%) by October 2014.
- **Exemplary** practice was evident in some high level child protection cases, particularly in adult substance misuse and the acute inpatient mental health department at the Tranwell Unit.

- Robust Supervision and Training arrangements were considered very strong.
- A well embedded “ Think Family” approach by the NTWNHSFT
- Family Nurse Partnership (FNP) well established.

6. Areas for Development and completed achievements - some examples are:

These actions have been compiled into a comprehensive action plan. 27 recommendations were identified in the final report. 7 recommendations are still outstanding but are due to be finalised in the next 3 months. Evidence of completion regarding all the actions are requested and collated. The CQC Action Plan is reviewed and tabled at the regular NHS Newcastle and Gateshead CCG safeguarding forums/committees including Gateshead NHSFT.

- a. Information sharing data regarding children admitted at NUTH is now shared routinely with health professionals.
- b. Waiting times for some services eg CYPS (the CAMHS service) has been reviewed, and process in place
- c. A perinatal mental health pathway and protocol in midwifery services has been developed and strengthened
- d. Routine Inquiry re Domestic violence is asked at each midwifery contact during the ante-natal period and documented.
- e. Teenage pregnancy specialist midwives are in post to provide early help, intervention and support to teenage mothers in conjunction with the Family Nurse Partnership.
- f. Strengthened the Midwives attendance at the GP Information sharing meetings (monthly) held in GP Practices this provides the opportunity to share ‘softer intelligence’ on families of concern. A record of these meetings takes place and midwives document new births and families of concern onto a new template which is shared with the Practice team.
- g. A GP Report Writer administrator has been appointed in July 2015 to assist GP’s in Strengthening their GP written contribution for CP Conferences for both ICPC and review child protection conferences. This is now 54% from 27% and will improve once the post – holder is embedded in her role.
- h. Information sharing to NTWNHSFT re lists of children on CP plans has been achieved.

- i. Child Protection Referrals have been strengthened by outlining the risks of significant harm to a child/children in a succinct manner so that LA Partners can assess the risks with clarity.
- j. Training and development re 'Alcohol and Substance Misuse and impact on children' with Health and Children Services to ensure risk is fully understood has been achieved. The whole team have accessed level 3 training as per the intercollegiate document 2015.
- k. LAC Assessments did vary in quality and it is recommended these are all quality assured. An audit has been undertaken and will be repeated on an annual basis. Additional resources have been provided to the Designated Dr for LAC and therefore the process for quality assurance, monitoring, audit and training has improved.
- l. Health information considered in the LAC review meetings chaired by LA are now shared in a timely manner with key health professionals for this child. This has been achieved.
- m. The National Strengths and Difficulties Questionnaire (SQD) National tool is now being used and findings analysed effectively by the Local authority.

7. Outstanding actions

- a) Strengthen and audit the monthly GP multi-agency meetings which will to include Midwives
- b) Review and embed formal arrangements for Safeguarding lead GP's to access specialist safeguarding training and supervision.
- c) Support the new designated Dr Safeguarding children in her new role from October 2015.
- d) To audit the quality of GP contribution to Child Protection reports to Child Protection Conferences.

8. Next steps

- a. The Designated Nurse in conjunction with multi-agency partners will continue to ensure all 27 actions are completed and ensure appropriate audits and undertaken and practice embedded.
- b. A progress report will be submitted to Gateshead LSCB in November 2015.
- c. Achievements locally will be shared regionally with CCG colleagues and Safeguarding teams.

CAPACITY – NHS Newcastle Gateshead CCG will have the capacity to implement the Recommendations from the CQC Inspection. The Action Plan is led by the Designated Nurse Safeguarding Children in Gateshead and a partnership approach with LA colleagues will take place.

CAPABILITY – N/A

CONSISTENCY N/A

CONNECTIVITY – Joint partnership work will be required to implement all the CQC findings in the final report

RECOMMENDATIONS

The members of the Overview and Scrutiny committee to comment on the progress made against the action plan.

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