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Mr J McIver
Chief Executive
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Dear Mr McIver

Outcome of integrated inspection of safeguarding and looked after children's services in Lincolnshire

I am writing about the recent joint inspection by Ofsted and the Care Quality Commission in Lincolnshire to provide you with more detailed feedback on the findings from the CQC's component of the inspection. 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.

As you will be aware, the team led by Ofsted colleagues provided feedback to your local Director of Children's Services at the end of fieldwork and the report to the authority is now published.

This letter sets out more detail of the underlying evidence which relates to your organisation and the provider units for which you commission services. It incorporates the findings from the overall inspection report, but provides greater detail about what we found, in order that your organisation can consider and act upon the specific issues raised.

The Inspection Process

The inspection was conducted between 10 May 2010 and 21 May 2010 and was conducted under the [framework for inspection](#) of safeguarding and looked after children's services published by Ofsted.

Ofsted's inspection principle takes account of the extent to which service providers have sought and acted on the views of children, young people, family and carers when reviewing and improving services and outcomes generally. Inspectors will also consider the views of those users and stakeholders they speak to during on-site evidence gathering. Details of the organisations involved are listed at the end of this letter.

The findings contribute to Ofsted's annual reviews of the performance of each local authority's children's services and its annual performance rating for each authority. The specific findings about health services' performance may also be used by the Care Quality Commission as a part of the assessment of NHS provision, registered health providers and PCT performance in delivering commissioning outcomes.

CQC's Involvement

As part of the overall inspection, CQC examined the effectiveness of the Commissioning PCT's delivery of outcomes for children and young people. We looked at the PCT and its health providers as follows:

- the role of the board: how boards assure themselves in relation to safeguarding and the health of looked-after children
- whether staff have the right skills and experience to recognise concerns, share information and escalate problems where necessary

The points discussed during meetings with the PCT commissioning board members were further explored with staff and, where possible local children across the Primary Care Trust, its providers, GPs, and community health teams.

Joint Inspection Report

The integrated inspection focused upon health and social care services in relation to implementing child safeguarding procedures and delivering appropriate outcomes for 'looked after' children. It looked at outcomes for children and young people and practices to improve children's life experience. [The joint inspection report](#) was published within 20 working days of completion of the inspection.

From the aggregated findings from the inspection, it was concluded that the overall effectiveness of the safeguarding services in Lincolnshire was **Outstanding** and capacity for improvement was **Outstanding**

Overall effectiveness of services for looked after children and young people in Lincolnshire was judged to be **Good**. The council and its partners were also judged to have **Outstanding** capacity for improvement

Inspection Findings for Health Partners

The following sections provide details of CQC's findings which contributed to the overall inspection report. These are separated into two sections: safeguarding and looked after children. Where possible, evidence is attributed to a specific organisation.

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.

Key findings – Safeguarding and health

Extract from Inspection report of safeguarding and Looked after Children Services – OFSTED June 2010.

The council and partners have maintained a robust, consistent and successful focus to secure the safety and well-being of children and young people across a large and diverse county. This increasingly mature partnership ensures that it learns from mistakes by honest evaluation and review, and harnesses the skills and strengths across agencies to honour their commitment that every child is safe.

There is no complacency and leaders work to live up to their commitments and minimise risks. For example, the Lincolnshire Safeguarding Children's Board identified improvements to the quality of serious case reviews as a key priority. This has resulted in rapid improvements and recent reports submitted to Ofsted are of a very good standard. Lessons learned from serious case reviews have been robustly implemented and have helped partner agencies to engage well in the wider safeguarding agenda. The United Lincolnshire Hospitals NHS Trust has a dedicated serious case review investigation and implementation committee, which is ensuring that actions are fully embedded into practice.

Capacity to improve is outstanding. Strong leadership and the shared commitment across the partnership drive continual improvement very effectively across all key performance measures. More children are benefiting from thorough, good quality assessments enabling them to receive the services they require in a timely manner. Inter-agency and locality working is being successfully embedded across districts and partners and users of services evidence that the multiagency 'team around the child' arrangements are working well.

Workforce planning and development are effective. Vacancy rates are low, including those across health providers. Managers are empowered to make decisions and they and their staff know their service well. Managers take swift action to tackle operational issues effectively, for example, establishing forums where practitioners can meet to discuss individual cases to produce effective and child-focused solutions. Children, young people and their parents and carers are becoming more involved in helping to shape services. For example, parents have

had significant involvement in designing programmes which deliver parenting skills to improve their children's life chances.

Multi-agency working is successfully reducing risks to children and young people across Lincolnshire. Community safety prevention is also well prioritised. For example, 10,000 homes were visited by the fire prevention services last year to educate and provide practical advice on issues such as safe cooking. Such work has contributed to a reduction in the rate of children's injury from accidents in the home and in numbers attending emergency health services. Outpatient services in United Lincolnshire Healthcare Trust operate a 'did not attend' notification system with regard to children and young people. This information is sent electronically to general practitioners and follow up action is taken.

Emergency and urgent healthcare services are working effectively to flag safeguarding concerns and a notification system for health visitors and GPs is in place. The accident and emergency CAMHS pathway for out of hours does not, however, provide direct access to the CAMHS team, as referrals are made to either the crisis team, or the senior house officer on call in adult services. Assessments are undertaken and children and young people may be referred to CAMHS, but this is not always the case. Accident and emergency staff interviewed were unaware of the CAMHS pathway.

Together with the Lincolnshire Safeguarding Children Board, the Children and Young People's Strategic Partnership is effectively targeting resources across the broad safeguarding agenda to ensure children are safe. For example, a coordinated response to learning lessons from serious case reviews has included multi-agency training, the dissemination of an escalation process for partners when they have concerns, and increasing the capacity of paediatricians to support child protection work. Key staff including designated and named nurses and doctors, and teachers for child protection, report they receive good regular training and high quality, timely individual support when safeguarding concerns arise. Access to Level 3 multi-agency child protection training for health staff is, however, insufficient. Health staff report that nominations have not been accepted as courses are oversubscribed. However, all health staff reported having access to e-learning training at Level 1 and 2.

Good progress is being made in reducing teenage pregnancy rates. A new governance and reference group has been established which sets the strategic direction for teenage pregnancies. As a result, there has been an increase in the number of locations where the C-card contraceptive access scheme can be used, especially along the east coast which has a higher rate of teenage conception. Teenage pregnancy prevention services and substance misuse services are working well with parents and young girls. Substance misuse workers are working in night clubs and within dedicated safe zone areas and when young people at risk are identified, vulnerability plans are developed which are helping to keep them safe. Since 2007 the school nursing services have been offering a sexual health service 'clinic in a box'. This service is offered through schools with 50% of schools engaging in the scheme. This is improving children and young people's access to sexual health services.

Young people spoken to during the inspection reported that adults listen to them and take appropriate action to prevent bullying. School nurses have held focus groups with young people relating to health needs. As a result of this, young people identified that they were being bullied due to suffering from acne. A new service has now been commissioned and early results show that they are feeling more supported and bullying incidents relating to this issue have reduced. Pupils in primary, secondary and the special school visited, and young carers and looked after children, spoke with conviction about the good level of support they received from their teachers, adults in school, youth workers, and social care and health professionals who work with them.

The quality of service provision is outstanding. The threshold for access to the different services is clearly understood by all professionals including health staff and is appropriate. Staff reported they have received training to support their knowledge and understanding and there are clear strategic documents and threshold policies which ensure children and young people receive appropriate services.

Leadership and management of safeguarding services are outstanding. Highly competent, ambitious and strong leadership by senior officers in the council and in the NHS, and by elected members and partners, coupled with the successful integration of agencies, is enabling the delivery of a wide variety of early intervention and prevention programmes and services across the County. This has resulted in good support for families and fewer children entering the child protection system.

The use of the 'System 1' database is increasing and enables effective sharing of information across primary care practitioners including GP, community nurses, and the dedicated safeguarding and the Children in Public Care teams. Some staff, however, reported short notice requests to attend case conference and strategy meetings which adversely affected their contributions at these meetings as they did not have long enough to prepare reports. Lincolnshire has taken a leading role in developing an effective Child Death Overview Panel and this has been recognised as an example of good practice by the East Midlands Strategic Health Authority. There are clear guidelines agreed between NHS Lincolnshire and United Lincolnshire Healthcare Trust for the response to child deaths and forensic investigation and staff are appropriately trained to carry out these arrangements.

Senior managers across the partnership have created a very positive culture which enables and encourages staff to deliver effective safeguarding services. Staff in the different agencies who met inspectors are proud to work for Lincolnshire, are confident and committed to providing a quality service for children and families.

The use of performance monitoring data within health services is becoming better understood and is now being used more effectively. For example, early implementation of strategies, such as breast feeding and obesity in childhood are now being put into place.

The performance culture is embedded across the partnership and excellent performance management arrangements are in place which has driven a continued

trend of improvement in virtually all outcomes for safeguarding services.

There is regular use of the Parent Partnership, a group of parents who have children with learning difficulties and/or disabilities, to help evaluate the effectiveness of services and to develop future services. For example, they have recently been involved with the review of special educational needs services. Users' views are also canvassed during the commissioning process. One such example is the 'lost luggage' group within CAMHS which has involved young people in a project considering stigma, bullying and harassment. The Lincolnshire Partnership Foundation Trust uses their young governors effectively; for example, they were recently involved in consultation with regards to sexual health and substance misuse. The local health strategic plan has funded a marketing strategy through a media campaign using social networking sites such as Twitter, Facebook and YouTube. This campaign is helping to raise awareness of sexual health and in doing so, aiming to reduce teenage conceptions.

Staff report having access to translation and language line services, which they have used effectively. The relocation of school nurses into disadvantaged areas is supporting effective action to reduce health inequalities. Health services responded well to demographic change and appointed a Polish speaking midwife who works successfully with the local Polish community, promoting early appointments and access to maternity services. Midwifery services are also working well with local prison and probation services, attending case conferences and strategy meetings on unborn and newly born babies. Partners have ensured that children and young people on the local RAF base and Traveller children have access to good quality health prevention strategies. Although there has been progress in reducing inequality in terms of access to services in the most rural areas, the Youth Council reports that transport remains a high priority for improvement.

Rigorous performance management of resources and the use of financial benchmarking are embedded across services to challenge and achieve cost-effective service improvement.

The Young Carers Service, resourced originally by the Children's Fund and a successful Lottery bid is now mainstreamed and funded via the Carers' Grant with a commitment from the Primary Care Trust to provide an additional £500,000 this year. The Young Carers Service has established good links with the Youth Service, the Healthy Schools Partnership and Primary Care Trust, and has led to cost-effective partnerships and improved outcomes.

General

There are good examples of joint commissioning and planning of health services which are led through the Children and Young Peoples Strategic Partnership, with NHS Lincolnshire, and Lincolnshire County Council as the two lead commissioners. Acute Hospital Services are commissioned by NHS Lincolnshire and are provided by the United Lincolnshire Hospitals NHS Trust. Lincolnshire Community Health

Services provide health visiting, school nursing and children's therapy services, together with the minor injuries unit and walk in centre. Health services for children with disabilities are provided through integrated arrangements between the council and health services, and joint funding arrangements are in place. A good transitions service for children with physical disabilities is also jointly funded between Children's Services and Adult Services. Child and Adolescent Mental Health Services (CAMHS) are provided through integrated arrangements between the council and Lincolnshire Partnership NHS Foundation Trust and a Targeted Adolescent Mental Health Service works in partnership with schools.

Clinical leadership

There are good examples of strong clinical leadership from executive director level to front line staff. Porters and receptionist staff at United Lincolnshire Hospitals Trust reported feeling fully supported, by the clinical teams and where required had access to supervision and support.

Training and supervision

Access to level 3 safeguarding multi agency training for health staff is limited with a number of staff reporting that their nominations were turned down and that in some cases staff had been waiting for over 3 years to be accepted on the programme. NHS Lincolnshire at the time of the inspection were addressing this training need. Staff however reported that they had access to specific level 3 modular training on such areas as domestic violence, hidden harm, all of which were positively evaluated.

Key findings – Looked after children and health

Extract from Inspection report of safeguarding and Looked after Children Services Ofsted June 2010.

Social care services for children are delivered by seven family assessment and support teams, seven integrated (health and social care) locality teams, children in public care teams, fostering and adoption teams, and a social care and health team for children and young people with disabilities. Timely support provided through the common assessment framework and 'team around the child' processes are successfully providing prompt support for families and children at times of significant crises in their lives. Strong and determined leadership across the partnership ensures looked after children are prioritised and as a result, their life chances are being increasingly and successfully improved. In every setting visited during the inspection, partners eagerly reflected this shared priority and spoke with enthusiasm of the impact of their work.

The capacity for improvement is outstanding. Partners have demonstrated good leadership and an exceptional focus on driving continual improvement in the outcomes for looked after children over time which is underpinned by very

strong and effective performance management processes.

The health needs of looked after children and young people are addressed well. Looked after children attend a higher proportion of schools that are judged good or better for promoting good health than the national average. Dental needs are well met, with 94% receiving a regular dental check which is much better than the national average. All looked after children health assessments seen during the inspection were of good quality and completed fully, with action plans in place and evidence of actions being completed. However, there has been a reduction in the proportion of young people having an annual health assessment from 91.9% in 2009 to 82.4%. Partners are aware of this and taking appropriate action. For example, work is underway to ensure performance is more closely monitored and funding for a dedicated health coordinator post has been established, whose responsibility will be to ensure health assessments and health actions are completed. Looked after children have good access to the full range of health services from a dedicated looked after children health team, and they are able to 'fast track' access to a dedicated CAMHS team.

Foster carers receive a good range of services to support them in meeting the emotional well-being of the children, and carers are offered individual support and advice when they need it. This includes dedicated CAMHS workers, a community nurse, an educational psychologist and a CAMHS clinical coordinator who meet as a group monthly to monitor progress. A CAMHS worker is now the vice-chair of the foster panel. This has improved working arrangements with social care teams which has in turn led to the provision of targeted health training and more effective support for new foster carers. Mental health training has also been provided to the head teacher and staff of the Virtual School to enhance the support they can offer to looked after children and young people.

Strong and effective partnership working with the children with disabilities team and health is making a positive difference to the enjoyment and achievement of young people with profound or complex special educational needs.

A transition team supports young people with complex and profound disabilities from the age of 13 to 25 into adult services. However, it only has the capacity to support 100 young people at any one time. Thresholds to access the service are high, requiring the presence of three complex long-term conditions, and consequently there are a number of young people unable to access this support. There is no dedicated service for care leavers with mental health needs, and work with young people requiring this service is often provided too late which impedes the ability of young people struggling with health issues to stabilise into independence.

Strong partnership working is ensuring that safeguarding needs and risks in relation to individual looked after children are well understood by all staff and are addressed effectively. This is also having a demonstrable impact on the reduction of children coming into the care system.

Carers seen by inspectors expressed high levels of satisfaction with the expertise and availability of supervising social workers and other professionals who support

them in caring for children, including those with complex physical or emotional needs and who display challenging behaviour. These and other measures are contributing to good and improving rates of stability for children in their placements.

Assessments demonstrate high standards of professional competence in direct work with children and their families. Care is taken to ensure that the views of children and their carers are heard and make a difference to assessments and care plans. Young people seen by inspectors confirmed that they are able to express their feelings and that their views continue to be taken into account throughout their care career. Leadership and management of services for looked after children are good. Strong and determined leadership across the partnership, including the Lincolnshire Safeguarding Children Board and health trust boards, and increasingly effective integrated multi-agency working are making a tangible difference to the lives and outcomes of looked after children.

To support continuous improvement, children's services invest heavily in the workforce and vacancy rates are comparatively low. Front line staff in partner agencies are confident, proud of their work with children and families and committed to delivering good outcomes for looked after children. A new post has been established to further improve the effectiveness of health service support for looked after children which will improve the monitoring of health related data and provide a direct link to children's social care teams.

The promotion of equality and diversity is good. Teams work closely together to promote opportunity and to eradicate inequality.

Overall Being Healthy grade - Good

General

The dedicated health team which has just recently been fully recruited for vulnerable children and young people in Lincolnshire and is co located with social care professionals in the seven district council areas. Fourteen local general practitioners have been recently trained to undertake the annual health assessments and it is hoped that having a team of dedicated staff will increase the number of health assessments completed in a timely manner. All out of area children in public care have the same access to health professionals as those within county. The health information given to care leavers is still being fully implemented. The use of the 'blue book' has at the time of the inspection, just commenced. A new data manager post has been appointed who will review and monitor all children in care health data, which will include hospital admissions, thus improving the use of data to inform service development, enhance communication and promote improved outcomes for children and young people.

Transitions for children in public care with long term, complex and life limiting disabilities and difficulties is under developed, however at the time of the inspection

an independent external review had just been completed, the remit of which was to review and recommend action to be taken to address this gap in service provision.

Areas of Strength

Leadership and management of safeguarding and services for looked after children are good. There is visible, focused and determined leadership across all health services and at all levels within organisations. There has been an increase in the level of challenge between the independent chair of the Lincolnshire Safeguarding Children Board and the chairs, non executives and executive leads of local health trusts boards. Managers reported that they were held to account for their services. Commissioners and commissioning/performance managers have undertaken scoping of contracted services to ensure that the outcomes that they wish to commission on behalf of children and young people are being delivered, and where this was found not to be the case remedial action had been taken.

Recommendations for Improvement from joint report relating to health partners

Within three months

- *Improve access to Level 3 multi-agency child protection training for health staff;*
- *Ensure that all health care staff are aware of the CAMHS pathway for access to treatment for children and young people;*
- *Ensure all looked after children and young people receive annual health assessments.*

Within six months

- *Ensure equitable access to a transition team, including an assessment of their health needs for all children and young people with complex needs, learning difficulties and/or disabilities.*

NHS Lincolnshire should take the following action:

- *Ensure there is an effective mental health and emotional well being transitions service for all children and young people and particularly for care leavers.*

Conclusion

Your CQC Regional Director is copied into this letter and will arrange follow up on any actions detailed. We have also copied in the Strategic Health Authority and

CQC's Head of National Inspection and Assessment, who has overall responsibility for this inspection programme. We also recommend that you share specific findings in this letter with your provider units. In respect of the recommendations, please complete an action plan detailing how they will be addressed and submit this to our regional director and your SHA Chief Executive within 20 working days of receipt of the final copy of this letter.

Yours sincerely

Lynn

Lynn Davison
Team leader
Children's Services Inspections

Cc

Ms Barbara Hakin – East Midlands - SHA CEO
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Other organisations involved in this review

Lincolnshire Community Services
United Lincolnshire Hospitals NHS Trust
Lincolnshire Partnership NHS Foundation Trust