

CQC Review Update

CQC visited Harrow during the 13th-17th January 2014. The completion of their report was delayed as a result of internal issues and the final report was released on the 23rd May 2014. The review was conducted under section 48 of the Health and Social Care Act 2008 which allows the CQC to review both the provision of health care and exercise of functions of NHS England and the Clinical Commissioning Groups.

The review looked at the effectiveness of health services for children looked after and the effectiveness of safeguarding arrangements across the health economy for all children. There was also a focus on the experience of children, young people and families who received the services.

During the review the CQC Inspectors explored:

- the role of the providers and commissioners
- how health services contribute to promoting and improving the health and well-being of children and young people looked after including the completion of health assessments and provision of appropriate services
- the role of the health economy in understanding risk factors, identifying and assessing needs and responding to them , liaising with other agencies, communicating effectively with children, young people and families and contributing to multi-agency assessments and reviews
- whether health organisations were working in accordance with their responsibilities under Section 11 of the Children Act 2004.

The CQC Inspectors used a variety of methods to gather information with documents being requested prior to the visit and also during the visit. They also carried out interviews, focus groups and visits. Where possible they also spoke with children, young people and foster carers. They tracked a number of cases where there had been safeguarding concerns, they looked at cases that had been referred to Social Care but also cases where they were not referred but had been assessed as being in need of early help. They sampled and tracked both safeguarding cases and children and young people looked after to understand their experience and review the effectiveness of the service provision. In total they took into account the experiences of 67 children and young people.

In total there were **11** recommendations made by the review; 10 of which are significant for the CCG. The recommendation for the Compass Service was stand alone as Harrow CCG does not commission the service and CQC cannot make recommendations to a non-health commissioner.

Recommendations:

1 Harrow CCG, North West London Hospital NHS Trust , Ealing Integrated Care Organisation and Greenbrook Healthcare should ensure;

1.1 that there are effective systems in place at the urgent care centre and children's emergency department in order that safeguarding risk indicators and number of attendances can be identified for all children under 18 years attending for treatment.

1.2 that all attendances for treatment by children and young people under 18 are reviewed by a suitably skilled health practitioner with safeguarding skills to ensure that all safeguarding concerns are properly identified and promptly acted upon.

1.3 that there is effective quality assurance and managerial oversight of operational safeguarding practice, effective use of reflective practice and that sub-optimal practice is addressed promptly.

2 Harrow CCG, Ealing Integrated Care Organisation and Greenbrook Healthcare should ensure;

2.1 that the Urgent Care Centre service is compliant with agreed safeguarding protocols, statutory guidance as set out in *Working Together 2013* and demonstrate effective child safeguarding practice.

3 Harrow CCG and Ealing Integrated Care Organisation should ensure;

3.1 that a review of the paediatric liaison health visitor service capacity is undertaken and that activity monitoring arrangements for the service are robust.

4 Harrow CCG, North West London Hospital NHS Trust and Ealing Integrated Care Organisation in partnership with the LSCB should ensure;

4.1 effective and aggregated reporting of child safeguarding activity to the appropriate boards to ensure effective governance and continuous improvement across the whole system.

5 Harrow CCG should ensure;

5.1 that health agencies which make referrals to the multi-agency safeguarding hub are informed of the outcomes of the referrals whenever possible.

6 Harrow CCG and North West London Hospital NHS Trust should ensure;

6.1 that there is effective information sharing and on-going liaison by the midwifery service with partner agencies about new-born and un-born children where there are identified vulnerabilities or safeguarding concerns.

6.2 that maternity discharge planning meetings include all relevant professionals and where discharge is delayed, the need to reconvene is considered where there are identified vulnerabilities or safeguarding issues.

6.3 that the maternity liaison meetings membership, recording, action tracking and information sharing is comprehensive and effective in safeguarding children and vulnerable families.

6.4 that there is effective quality assurance and managerial oversight of operational safeguarding practice and case recording in the midwifery service.

6.5 that referral pathways for young people who attend CED and have identified drug or alcohol misuse issues are clearly understood and screening tools are used appropriately.

7 Harrow CCG, Central and North West London NHS Foundation Trust and Ealing Integrated Care Organisation should ensure that;

7.1 there is effective liaison and sharing of expertise with other health professionals in child protection cases including the undertaking of joint visits as appropriate.

8 Harrow CCG and Central and North West London NHS Foundation Trust should ensure that;

8.1 psychiatrists in the child and adolescent mental health service are supported to discharge their safeguarding responsibilities through the provision of effective safeguarding supervision arrangements in line with *Working Together 2013*.

9 Compass drugs and alcohol service should ensure that;

9.1 there is a robust *Think Family* model of practice in place and that child protection practice, risk assessment, case recording and practice management is effective.

9.2 there is effective liaison and sharing of expertise with other health professionals in child protection cases including the undertaking of joint visits as appropriate.

9 Compass drugs and alcohol service should ensure that;

9.1 there is a robust *Think Family* model of practice in place and that child protection practice, risk assessment, case recording and practice management is effective.

9.2 there is effective liaison and sharing of expertise with other health professionals in child protection cases including the undertaking of joint visits as appropriate.

10 Harrow CCG, North West London Hospital NHS Trust and Ealing Integrated Care Organisation should ensure;

10.1 that the management of the health service for looked-after children is robust and delivering a quality assured service demonstrating continuous improvement.

10.2 that records of healthcare for looked after children are up to date, comprehensive and of good quality, reflective of the voice of the child and subject to routine and regularly quality assurance.

10.3 the diversity and cultural needs of all looked-after children are addressed effectively.

10.4 that health assessments for looked after children are timely and comprehensive leading to quality assured health plans which are specific with clear timescales and accountabilities.

10.5 that care leavers are well supported including the provision of their health history and age appropriate public health information.

10.6 that all frontline practitioners are fully trained and engaged with CAF and Strengthening Families arrangements in working with vulnerable families and children

11 NHS England supported by Harrow CCG should ensure;

11.1 that GPs have opportunities for safeguarding supervision and the quality assurance of safeguarding practice is developed within primary care practices.

Response

Harrow CCG had to respond within 20 working days of the report being received. Several meetings were called and chaired by the CCG with the providers and involved representatives from the Local Authority and the Children Local Safeguarding Board. Action plans were developed by all providers to meet the recommendations and these were shared with all members for discussion and challenge.

A combined Action Plan was sent from Harrow CCG to CQC for the required deadline. Because of the unusual delay between the review and publication of the final report, some of the work on the recommendations had been commenced and as a result some evidence from providers could be attached to show some progress.

Monitoring of Progress

The progress of the Action Plans will be undertaken by CQC's regional compliance team. Harrow CCG will be monitoring the progress through the Safeguarding Children Working Group at its meetings with the Providers with the next one being held in July. The Designated Professionals will review the progress of the providers across the whole of the health economy at monthly meetings. These will feed into the Safeguarding Working Group and the Quality, Safety and Clinical Risk Committee. This will ensure that at any one time an update can be provided to CQC's compliance team and lack of progress can be highlighted with the commissioners.

There should be no financial implications for the recommendations to be put in place.

An Equality Impact Assessment was not carried out because CQC have a statutory responsibility to inspect services and make recommendations.

This report incorporates the corporate priority of supporting and protecting people who are most in need. All health agencies have a duty of care to safeguard and promote the well-being of children and young people. Children and young people are our most vulnerable service users and it is imperative that they receive early intervention when a need is identified and that we prevent any further harm should concerns be raised about their well-being. We need robust and committed health services to ensure this happens.

CQC Harrow report www.cqc.org.uk

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