

Governing Body

REPORT

Subject	Bedford Borough Ofsted Inspection of Children in need of help and protection, children looked after and care leavers. and Review of the effectiveness of the Local Safeguarding Children Board.
Date	4 th May 2017
Author	Anne Murray
Lead Director	Anne Murray Director of Nursing and Quality

1.0 Summary

Bedford Borough Council and the Local Children Safeguarding Board were recently inspected by Ofsted, looking at children in need of help and protection, children looked after and care leavers and the review of the effectiveness of the Local Safeguarding Children Board. Inspection date: 23rd January 2017- 16th February 2017.

Report Findings: Children's services in Bedford Borough require improvement to be good.

1. Children who need help and protection	Requires improvement
2. Children looked after and achieving permanence	Requires improvement
• 2.1 Adoption performance	Good
• 2.2 Experiences and progress of care leavers	Good
3. Leadership, management and governance	Requires Improvement
4. Local Safeguarding Children Board (LSCB)	Good

Children's services in Bedford Borough require improvement to be good. The Director of Children's services (DCS) and the Leadership team have worked purposefully to implement systemic changes in order to improve outcomes for children. This includes the implementation and development of the multi-agency safeguarding hub (MASH) and strong early help services.

Following the inspection, a number of recommendations were made specifically in relation to the Local Authority and therefore not included within this report. However, there were

also recommendations for health services which are outlined below, the numbers directly correlating with the Ofsted report.

2.0 Recommendations

2.1 Looked After Children

Ensure that children looked after receive timely health assessments

41: Children looked after, including those placed out of area, benefit from access to a range of health and mental health services, including access to a dedicated 'looked after' mental health service provided by CAMHS. However, further work is needed to ensure that children receive timely health assessments when they become looked after. Only 44% of initial health assessments and 61% of review health assessments were carried out within the required timescales at the time of the inspection. There has been increased focus by health and social care managers, including the introduction of a monthly joint health-tracking meeting, which is having a gradual impact, but progress is too slow.

71: Due to a vacancy in the designated nurse post for children looked after and care leavers, (Named Nurse for LAC for the Provider), not all young people have received their recorded health histories. Senior managers responded decisively when this shortfall became known during the inspection, ensuring that pathways are clear and that all young people have them. Despite this problem, the large majority were aware of their health histories, because social workers had ensured that the health sections of pathway plans were completed and shared with them.

2.2 Risk

LAC are seen as one of the most vulnerable group of children and young people. The risk to Children and young people can be a delay in meeting and identifying any unmet health needs which can lead to a delays in referrals to appropriate services.

3.0 Positives highlighted in the report

3.1 Local safeguarding Children Board (LSCB)

The report identified the Local Safeguarding Board (LSCB) as having effective leadership by the independent chair which has led to the development of a strong partnership and a shared commitment to improvement. The Board maintains a clear line of sight to frontline practice, helped by a proactive and visible chair who engages directly with frontline staff.

The Board's system of assurance monitors and evaluates frontline practice effectively. BCCG is an active member of the LSCB and work streams.

Focused activity to raise awareness in relation to female genital mutilation (FGM) in cases sampled agencies response to concerns are appropriate.

There is an effective Child Death Overview Panel which has some analysis of modifiable factors, this would be strengthened by ensuring patterns and trends are identified locally.

The board is rigorous in disseminating learning from Serious case reviews (SCR). Swift escalation takes place if actions are not evidenced following SCR.

3.2 Child Sexual Exploitation

Work to protect children at risk from sexual exploitation is mostly effective. Children benefit from support and targeted work. Which helps to reduce risk and improve their circumstances.

3.3 Early Help

The focus on 'early help' which includes access to named child and adolescent health mental health services (CAMHS) professionals, enable children to benefit from specialist support before their needs escalate.

Good Partnership is evident with engagement by police, health and social care working in the Multi agency Safeguarding Hub (MASH).

3.4 Partnership

Partners have a clear vision and commitment to working together to improve outcomes for children in Bedford Borough. There are clear and established links to the Health and Wellbeing Board (HWB), the clinical commissioning group and the LSCB. The children and young people's plan sets out the priorities for children and is aligned with the JSNA. Vulnerable children are a high priority and there is focus on early prevention and intervention, this includes CSE.

Summary

Bedfordshire CCG will continue to;

monitor through the quality and contractual route, data relating to health assessment for Looked After Children.

work closely with Bedford LA and the LAC health team to monitor and analyse the data to review performance and understand the gaps and risks.

to scrutinise and triangulate LAC data returns.

work with the LAC health team to ensure assessments prioritised where a delay has been identified.

seek assurance from Essex Partnership University Trust (EPUT) that all young people who are leaving care have a comprehensive Health Histories (Health Passports). To audit the service in September 2017.

monitor the issuing of health passports for care leavers in line with the service specification by requesting data quarterly on the number of Health Histories (Passports) completed for Bedford Borough.

Further develop the ongoing improvement of the LAC service model as part of the specification review linked to re - procurement of the service.

The Governing body is asked to note the report

Links to the business and risks

Relevant Strategic Objectives 2016/17 (please mark in bold)
1. Systematically implementing prevention, early diagnosis and early intervention
2. Commissioning services that deliver evidence-based care, in the right place and at the right time, including promoting self-care and empowering patients to manage their own conditions.
3. Making sure that care is high quality, safe and sustainable, that it improves health outcomes and wellbeing and provides a good patient experience.
4. Using the statutory framework with best practice governance and transparency principles to be fully accountable to our population in commissioning and operating as a part of the wider health system
5. Ensure that the CCG commissions and operates in a financial manner consistent with the regulatory framework, long terms sustainability and best use of public money.
6. We will work in close partnership with all the organisations who commission or provide care for our population, to integrate services where it makes sense and to achieve seamless transitions of care for patients where services remain separate.
7. Embedding member, public, patient, carer, staff and other stakeholders' views through meaningful engagement into decision-making processes and commissioning intentions.

Links to Board Assurance Framework / Corporate Risk Register	LAC are seen as one of the most vulnerable group of children and young people. The risk to Children and young people can be a delay in meeting and identifying any unmet health needs which can lead to a delays in referrals to appropriate services.
Details of additional risks associated with this paper (may include NHS England Assurance Framework / NHS Constitution)	N/A
Financial Implications / impact	N/A
Legal Implications / impact	N/A
Partnership work / public engagement implications / impact	N/A
Committees / groups where this has been discussed before	Integrated Commissioning and Quality Committee
Other options available and their pros and cons	None
Background papers	N/A