

Reality Check Visit to St. Catherine's Hospital

3rd December 2018



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Visit to St. Catherine's Hospital

On 3rd December 2018 Members visited St. Catherine's Hospital, Birkenhead as part of the Children & Families Overview and Scrutiny Committee's Programme of 'Reality Check' visits.

Previous visits have been to departments which make up Children's services, ran by the local authority in Wirral. Further to the 2016 Ofsted report, it was agreed by members that, following an Ofsted Monitoring letter focused on partnership working, the next Reality Check visit should visit a local authority partner. A major focus moving forward will be looking at the authorities' future safeguarding arrangements. Members wanted to explore the involvement of each partner organisation in safeguarding, as well as their responsibilities for children and young people more broadly. There is also a focus to ensure that partnership working between the organisations that hold these responsibilities are robust.

It was agreed prior to the visit that members wanted to look at the following;

- Gain an Understanding of the role and responsibilities of health services relating to Children Looked After
- Meet Key Members of the Team who Deliver Services for Children Looked After (CLA)
- Understand the Challenges Faced
- Be assured that progress that is being made and how services are working together for CLA

Members were greeted by Lorna Quigley (Director of quality and safety, Wirral Health and Care Commissioning) and clinicians responsible for CLA within the facility at St. Catherine's Hospital. A short presentation was given during which members were able to ask questions. This was followed by a tour of the clinics and a question and answer session with the health visiting team and clinicians. Finally, members and clinicians met for a short debriefing session to discuss the visit and next steps.

Presentation

Members received a short presentation on the role of the NHS for CLA.

Members were advised that the NHS plays a major role in ensuring timely and effective delivery of health services to CLA. This is delivered in 4 different ways:

- By the commissioning of effective services
- Delivering through provider organisations
- Individual practitioners providing co-ordinated care
- Promote an integrated approach to meeting the health needs of CLA

The presentation also gave an overview of the NHS operating structure, and the roles of different organisations. In 2003 there were 211 CCG's in England; Wirral CCG being one of them, this number has now reduced due to further restructures of CCG's. It was explained the significant role that CLA team have in ensuring timely and effective health services. Within Wirral there are 74,000 children and young people of which over 800 are currently in care. Members queried the 0-19 service and the provision for transitional services for Children leaving care and were reassured by the information that transitional care extends to up the age of 25.

Challenges

It was noted by members that the high number of CLA had an impact on service pressures, which was complicated by notifications, systems and processes which are not as streamlined as they could be. It was explained to members that when a child comes into care, clinicians should be advised within 48 hours. However this does not always happen if the notifications aren't right. Members also questioned if this worked the other way, namely midwives referring if they had concerns? It was explained that in these circumstances, medical professionals should refer to MASH.

Main Challenges – Key Points

- **High Numbers of CLA**
- **Notifications; issues with systems and processes**
- **Timely requests for health assessments**
- **Timely Access to some services**
- **Frequent changes to allocated social worker**
- **Communication between agencies**
- **Data anomalies**

Members queried what a successful outcome referral looks like;

- **Notified within 48 hours of child being in care**
- **Request made within timeframe for assessment of health needs**
- **Action plan drawn up**
- **Identifying who's responsible and notifying appropriate clinicians within 28 days**
- **Tracking and monitoring referrals**

Fundamentally, the main priority of the health team is the same as the local authority; that Children Looked after have the same life chances as any other child. It was noted that most children have the same outlooks, hope and aspirations, regardless of their circumstances. In order to ensure that this remains the focus, teams should ensure that young people with complex needs are identified early, and guarantee there are stringent prevention and safeguarding measures are in place. Members commented that one question the Local Authority and Health Practitioners should ask is,

“is it good enough for my child?”

Opportunities

It was explained that there were plans for Nursing and Administrative staff to be co-located with Local Authority Staff at the new facility in Cheshire Lines; however this was in the early stages and had not yet been imbedded. It is hoped that this would increase integration and ensure information sharing was as streamlined as possible.

However, there are concerns over existing information sharing practices. There were a number of scenarios that could mean that there would be late, incorrect or inconsistent info provided. Data anomalies were of concern to members, such as the NHS systems not being compatible with Local Authority systems. For example, a difference in requested dates can mean that thresholds do not appear to have been met.

Members were shown a copy of a Health Passport which was created in partnership with Children in Care. This is an easy reference booklet, a similar size and format to regular passports which contains CLA's medical history and healthcare needs. This aims to help CLA's take ownership of their medical needs and help them transition into adulthood.

Similar to the 'Red Book' handed out to new mothers postnatally; this is a national initiative and can be filled out by doctors, nurses and medical practitioners. This is a useful and easy-to-read reference for carer's and clinicians; however the main aim of the passport is that it is a bespoke document and created with the child's input. Members queried if this took the place of medical records, but it was explained that it was more of a reference tool, for example to check family health or birth history etc. Health history is important, but CLA do not always have parents to ask.

Practitioners, such as the school nurse, have noticed that there is a reduced turnover of social work staff, and that CLA are more often retaining the same social worker. Recruitment is bearing fruit.

In previous years, as Children's services have been in a state of flux, it has been difficult to foster long standing relationships. As the LA endeavours to promote a more stable operating structure within Children's services, it has been agreed that senior officers will shadow each other in the New Year to increase understanding and build relationships.

Tour of facility

Members were then given the opportunity to tour the facility and speak to staff from the health visiting team. This question and answer session was conducted with no senior officers present.

Members were especially interested in how medical professionals liaised with CLA outside the borough. There are currently 120 CLA outside of the borough, and are monitored by one part time health professional. Members raised concerns as to whether this was enough to provide adequate care. It was also noted that some local authorities do not have the same care facilities as Wirral. Occasionally this means commissioning services to suit the child's needs, especially around Mental Health Provision.

Members also spoke to a School Nurse from the West Wirral Team and were informed that some schools have a large cohort of LAC, with one local high school having a cohort of 22. As most children are in care because of abuse and neglect, it was noted that there are concerns around mental health provision and adequate referrals for this. It was agreed by the medical teams and members that good mental health provision includes effective early help and intervention.

The medical professionals interviewed also advised that both the NHS and LA officers were looking at hot desking in both Cheshire Lines and St. Catherine's. It is hoped that this will help gain insight into the respective areas. Members commented that during a previous reality check to Cheshire Lines, officers had noted that the co-location of staff and hot desking facilities had led to greater rapport and communication between existing social services teams. It was hoped that by moving NHS staff into Cheshire Lines will further relationship building and positive outcomes.

NHS staff also noted that there had been a change, and they now saw more stability with social workers and team managers. It was agreed that it takes a long time to build trusting relationships, but were hopeful that this would be achievable in the future. Members and

NHS officers than met for a 10 minute debrief session to go over the visit and discuss key points. The outcomes from this conversation are highlight in the findings below.

Summary of findings from the Members' visit to St. Catherine's

Positives

- **Pro-active teams** – Members noted the enthusiasm and dedication of the clinicians during the visit. There is a noticeable drive to work collaboratively to ensure smooth service delivery. There are plans for officers from the NHS and LA to shadow each other, to help promote partner delivery.
- **Acknowledgement and understanding of problems** – Officers were open about the problems they faced, and seemed to be able to identify service failings. A monitoring group has been set up to ensure a shared understanding between agencies of where there are blockages, and who has the ownership for addressing problems.
- **New initiatives - Teen Team** - Aimed at most vulnerable children to provide targeted supports (e.g. health diagnoses housing, employment, education etc.) and feedback from the children is very positive, making an “immense” difference and helping with feelings of loneliness. The team is made up of 16-19 and CLA nurses and supports children in need, Homeless, NEET and in collage settings. This team were nominated and finalists in the Nursing Times Awards.
- **Health Passport** – introduced for care leavers as a place to record all relevant health information, including family history and birth records. This prevents care leavers having to repeat themselves to new health professionals and ensures information is readily available. This has been very well received by the children. Officers are looking to roll this out to CLA from year 9 (13-14yrs).
- **Co-Location** - Currently senior team members are enthusiastic and on board with embedding a CLA nurse in Children's Services, but thought needs to be given to a service level agreement or memorandum of understanding to ensure each agency is held to account.
- **Stabilisation of services** – this has been noted as a major factor in the improvement of services. Attendees highlighted a noticeable shift in Wirral since the Ofsted report of 2016 where the child/voice of the child is the focus.

- **Achievements** - It was noted that this has been the best year for Children in Care going to University. Whilst this information is not directly linked to Health Services, it indicates that officers across the board are aware of the collective responsibility as corporate parents to ensure that CLA are given the best start in life; be this socially, medically or academically.

Concerns

- **System problems** – Notifications, systems and processes blockages are a challenge, particularly in regards to the impact on ‘timely’ aspects of statutory obligations. There is a particular issue with the notification *from* the local authority *to* the NHS, via the Safeguarding Unit, when a new child becomes looked after. This means that the 28 days’ timescale for new CLA to have a health assessment can be missed. Once notification is through to Safeguarding Unit, NHS teams are notified immediately, there are no issues there.
- **Training issues** - It would appear that there are some issues with the system where insufficient training is also a factor. An example was given of where the social worker needs to press both ‘button A’ and ‘button B’ for the notification to go through to the Safeguarding Unit, and that only button A is being reliably clicked. The social worker thinks they have sent the notification through but it has not in fact been triggered.
- **Gaps in social care & children not brought to appointments** - Due to LA staff turnover/sickness there have been instances where CLA have not been brought to Medical Appointments. Members suggested that that high staff turnover should not be a problem, and that reporting mechanisms should be effective regardless of staff turnover.
- **Staffing levels** - Out of Borough Support Nurse – there are 120 CLA out of the Borough and 1 nurse who spends two days a week visiting them. CLA should be visited every 2 months. If CLA statutory care needs cannot be met out of Borough, that care would be commissioned for them in the new area by Wirral NHS. Members queried if this provision was enough.

Summary and proposed recommendations

The visiting members appreciated the chance to visit the team at St. Catherine's hospital and were reassured by a number of the opportunities and programmes in place.

Overall members were satisfied to see problems being discussed and acknowledged. They appreciated the commitment, hard work and dedication of all the teams involved.

The following points were raised during the summing up session;

- Members noted that issues are usually a system problem rather than a practitioner problem. It was suggested that steps could be taken to improve systems and provide embedded staff with access to the same I.T systems
- It was also suggested that refresher training could be undertaken to make sure complete processes are carried out. Also need to routinely check that there are no notifications 'sitting' in the systems not sent through, to mitigate delays and avoid crisis scenarios.
- Whilst members acknowledged the positives of the co-location and multi-agency work, there were concerns as to whether this will be maintained once the 'honeymoon period' is over. Members suggested the implementation of a robust service agreement could assist with consistency of delivery and easier navigation of services.

Appendix 1 - Attendance

Members

Cllr Chris Carubia
Cllr David Burgess-Joyce
Cllr Chris Meaden
Cllr Jean Stapleton
Cllr Gillian Wood

Officers

Anna Perrett
Nicole Hewitt
Lorna Quigley
Helen Heeley
Elizabeth Breen
Joanne Raghavan
Jillian Murray
Jayne Williams