

CQC Action Plan - Review of Health Services for Children Looked After & Safeguarding in Portsmouth

Public Health - updated 190318

Number	Recommendations	Actions	Assigned To	Completion Due Date	Progress	Comments/Evidence	RAG
Paragraph 1.8	Linked community midwives or school nurses are not routinely part of joint meetings for vulnerable families. This limits opportunity to share information between disciplines and jointly consider risks, agree any resultant actions and plans to support ongoing care.		Debbie Price	14/09/17	Action completed 1. Complete 2. To be discussed on 25th October 2017		
Paragraph 1.12	We were assured that if a young person required specialist drug or alcohol direct work, this would be made available to them. At present, this approach has not been formalised or underpinned by agreed policy or pathways to demonstrate how this would be facilitated. Given this, it is too early to measure whether it meets needs.	Kate Slater	30-Sep-17	GL, substance misuse worker has already started to develop guidance. This will need to be part of a broader substance misuse strategy. Meeting arranged with Early Help and GL on 31/8/17 to agree pathway and discussion to follow with Claire Currie PH consultant. Director of Childrens, Families and Education and Director of Public Health (and others) met on 21st August to discuss substance misuse provision for young people in the city. Discussions on-going.	Recent article in community care re team around the worker model: http://www.communitycare.co.uk/2017/08/10/building-team-around-social-worker-council-reducing-demand-supporting-staff/	Action completed. Pathway established. Mapping process underway to establish any gaps in provision.	

Paragraph 2.6	LSCB escalation processes, where there are areas of professional disagreement, are not always fully complied with by school nurses.	Lucy Rylatt	14-Sep-17	Escalation process shared with Teams 29/8/17	Attached link to procedure for reference: http://www.proceduresonline.com/4lscb/portsmouth/p_conflict_res.html?zoom_highlight=escalation+process	Action completed	
Paragraph 2.15	Not assured on the transition process for those young people who are turning 18 and have an ongoing problem with substance misuse. We were not provided with any evidence of a transition policy or care pathway to support transition into adult substance misuse services.	Kate Slater	End of September 2017	YOT substance misuse worker in liaison with the adult substance misuse service to develop and agree a transition pathway.	Transition pathway in place and available to adult and Early Help teams	Action completed	
Paragraph 3.17	Home educated children and young people do not benefit from access to the school nursing service. Practitioners are not able to identify this population and this limits the provision of their service.	Julia Katherine	End of September 2017	Meetings have taken place with JK Head of Inclusion and support and CC Public Health Consultant to agree wording to promote access to the school nursing service via letters sent from the local authority to parents of children in Portsmouth City where notice has been give to be electively home educated. Action completed.		Action Completed	

Paragraph 3.18	<p>Children and young people are not benefitting from a cohesive and holistic approach to identifying and responding to potential risk of CSE within universal health services.</p> <p>Number of cases within school nursing and FNP where the opportunity to identify and assess CSE risk had been missed.</p>	Sarah Newman	27-Oct-17		<p>link to the document: Helping school nurses tackle child sexual exploitation https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/512907/2903823_PHE_Child_Sexual_Exploitation_Accessible_FINAL.pdf</p> <p>link to the recent PHE document to leading a system-wide approach https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/629315/PHE_child_exploitation_report.pdf</p>	In progress. Initial training complete. Solent setting up more sessions to continue learning.	
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Paragraph 5.1.14	The need to carry out safeguarding work within the current resources has affected the capacity of the service to deliver other mandated work. Competing priorities has also impacted on the delivery of more preventative work and the absence of drop in sessions in schools is a missed opportunity to identify vulnerable children via these opportunistic contacts	Kate Slater	Jan-18	Discussions taking place within the SN service and with commissioners to change the model and resources for SN to enable drop-ins to start from January 2018 once recruitment is complete		In progress	
Shared actions with public health and other agencies							
Recommendation 3.5	Improve paediatric liaison arrangements between the ED and the 0-19 service by ensuring that concerns are being appropriately identified and that there is timely sharing of attendance by children or young people to support effective intervention.	3.5.1 Named Nurse for Safeguarding Children and ED Matron.	Mar 31 2018			See PHT	

Recommendation 4.3	Improve the identification, assessment and recording of risk around CSE within the 0-19 service.	Sarah Newman	27-Oct-17			Request has been submitted to allow recording of CSE on CAPITA. This will take 4 weeks to be completed. Solent records in the body of the records and audit process has been introduced for public health nursing services.	
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