Dear Ms Swift

Outcome of integrated inspection of safeguarding and looked after children’s services in Blackpool

I am writing about the recent joint inspection by Ofsted and the Care Quality Commission in Blackpool 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 from 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 26\textsuperscript{th} October 2009 and 6\textsuperscript{th} November 2009 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 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 Area Summary

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 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 Blackpool was adequate and capacity for improvement was adequate.

Overall effectiveness of services for looked after children and young people in Blackpool was judged to be good. The council and its partners were also judged to have good 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 the care of 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’s Services – Ofsted December 2009

*Children’s safeguarding needs are strongly prioritised. The Children’s Trust has a track record in securing demonstrable improvements to service provision. All partner agencies meet statutory requirements for services at least adequately and no services are deteriorating.*

*Early intervention provision and partnership work are effective and are resulting in positive outcomes for many children with good early identification of their needs for safeguarding and protection.*

*Good progress has been made in relation to most recommendations of the Joint Area Review (JAR) in 2006. Access to Child and Adolescent Mental Health Service (CAMHS) has improved.*

*The Director of Children’s Services and senior managers in the PCT and partner agencies provide effective and determined leadership.*
Staff in the Accident and Emergency department pay good attention to the possible risks to children attending for treatment posed by adults visiting the department. Children at risk of harm are promptly identified and referred for further assessment. Most General Practices have a safeguarding lead which supports good information-sharing.

Safeguarding information-sharing protocols are used well by health organisations. The Multi Agency Risk Assessment Conference protocol is a particularly robust example of high quality multi-agency communication to promptly address children’s needs.

The PCT undertakes regular audits of the quality of frontline health practice.

Partnership working is successful at all levels. Children with disabilities receive a good integrated service.

Adult services are also well engaged; mental health practitioners are placed in the central parenting team. This ensures that emotional health needs are well supported and that access to specialist provision is good. Strong partnership working and communication are a feature across all health care services.

Multi-agency specialist projects successfully address local challenges. Springboard offers high quality support to families with complex and multiple needs and the Family Prescribing Pilot project enables drug misusing parents to access all services through children’s centres. Agencies, including the police, are enabling young men increasingly to access sexual health services and have improved the rate of screening for Chlamydia by 4.5%. Policy and procedures are in place and up to date, including joint working arrangements, for example between maternity services and social care.

A robust learning programme delivered through the Children’s Trust supports integrated working. Uptake of child protection training in health organisations is also good. Multi-agency safeguarding training is well focused on key priorities, including increasing awareness of the risks of parents sleeping with small babies.

Young people are also active commissioners of health care provision through a good and empowering initiative by the PCT which has allocated £150,000 for young people to commission health projects.

Parents of disabled children involved with the Aiming High initiative feel listened to and are confident that they have a key role in reshaping council provision. However, they are critical of lack of access to occupational and speech therapy and physiotherapy. This is accepted as an area for improvement by the council and the PCT, and plans are in place to address this.
Leadership

NHS Blackpool (Primary Care Trust - PCT) is a member of a number of local strategic partnerships including the Children’s Trust and the Local Safeguarding Children’s Board (LSCB). There is appropriate health representation at both of these boards including their various sub-groups and task centred groups. Safeguarding strategies, policies and procedures are in place and are understood by all staff. These effectively support practice within vulnerable groups. It is evident that the PCT, the Local Authority and other key partners are well engaged, providing safeguarding measures that keep children and young people (CYP) safe.

The primary care trust is working well with its partners to ensure children and young people experience good health and wellbeing outcomes. The joint funded post of Assistant Director of Commissioning for Children’s Services was implemented at the request of the Children’s Trust Board and has facilitated the integration of commissioning across health and the local authority. Budgets are aligned and the two funding streams ensure that community health contracts give a more flexible approach to delivering local priorities. There is good consultation with young people and there are processes in place for young people to hold senior managers, including those within health, to account. The Assistant Director of Commissioning for Children’s Services also provides progress reports to young people on priority areas. The Blackpool Young People (YP) Council was given £150k by NHS Blackpool from January 2009 to commission health services for CYP over 3 years. The YP Council invited bids from the voluntary, statutory, community and private groups. The projects included cooking clubs for children’s centres, activity and fitness clubs, gardening projects for schools and targeted sexual health within a women’s and men’s group. The YP Council has gained recognition of good practice from DCSF and NHS Blackpool.

Emergency Care

The Accident and Emergency Department at the Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust delivers care that reflects a strong embedded safeguarding culture. All clinical staff, medical and nursing, are trained to either level 2 or level 3 child protection training, dependent on the individual’s role and responsibilities. Administration and clerical staff are trained to level 1. Staff have an appropriate awareness of the Common Assessment Framework (CAF), which is well embedded and well regarded by health staff both within acute and community services. There is an effective alert system within the department which flags risk attached to individual patients when presenting within the department. A good example of this system being put into action was observed by the inspection team. The Health Visitor Liaison Nurse is a key role
based within A&E in providing very good communication and sharing of information across a range of acute and community health professionals that may be engaged with any children or young person.

**Partnership working**

The quality of partnership working across healthcare and the local authority is strong and is leading to improved outcomes for children and young people. A more comprehensive child and adolescent mental health service (CAMHS) is now in place with additional capacity and better workforce systems than 2 years ago. This has led to a more stable team and improved waiting times with children and young people seen within 6 weeks of being referred on average. 24 hour or next working day access to a CAMHS assessment is now in place, which is valued by acute hospital staff. CAMHS provide a service to young people up to the age of 16 years but not up to 18 years, which is recognised as a gap. However, there is good partnership working with adult mental health services and transition procedures have been agreed. The Victoria Safeguarding Centre is another example of partners working together to improve both services and the experience of children and young people. The centre opened in September 2009. It is an excellent facility based at the Victoria Hospital in Blackpool. It provides assessment and health examinations for post sexual abuse of children and young people in a safe and calm environment. Both the Awaken team and the police are able to use this facility to conduct Achieving Best Evidence interviews.

The Emotional Wellbeing in Schools Team is a project funded for 3 years and has been jointly commissioned by the PCT and Blackpool Children and Young People Department. It provides an integrated mental health team targeting clusters of schools with children 5-16 yrs.

The project is a conduit between clusters of schools and the core CAMHS service including tier 3 and other more specialist provision, but aims to initially support and strengthen tier 1 universal CAMHS (emotional well being) provision by building further capacity within schools, in relation to early identification, prevention and intervention with CYP mental health needs.

The Health Mentor role is seen as key to increasing CYP engagement and the driver to facilitating health improvement initiatives in schools particularly focusing on smoking cessation, sexual health, and general health. An open door policy has increased attendance at drop in sessions within schools. There are good links with the healthy schools team, SEAL and PSHE agendas.

**Training and supervision**

There are effective safeguarding training strategies in place to ensure that staff know how to identify concerns about a child or young person, and know what action to take. There is wide uptake across all disciplines within children’s
health services. All staff, including medical staff, reported good access to a range of safeguarding and child protection training from both internal safeguarding teams and the Local Safeguarding Children’s Board. 83% of staff within the PCT who have the most direct and frequent contact with children and young people have up to date training.

To ensure staff are aware of their responsibility under the information sharing protocol it is incorporated into all safeguarding training. It is also covered in detail in the Multi-Agency Risk Assessment Conferencing (MARAC) procedures.

**Supervision**

Current policy and procedure guidance is in place for all staff within the PCT to access appropriate supervision of practice when dealing with CYP. The PCT recognises and supports supervision for staff and the guidance sets out appropriate standards for supervision and for training and support for supervisors.

Auditing of clinical supervision practices is good. A number of audits have been undertaken to evaluate the quality of, and the uptake of clinical supervision. These have included specific health professional groups such as – health visitors, school nurses and health mentors.

**Contracts, performance management and service delivery**

There is a good integrated commissioning and performance management framework in place. A joint commissioning health lead is in post and as previously mentioned, budgets for key priority areas are aligned and are delivering improved outcomes for children and young people. Teenage conception rates are improving especially for those under the age of 16 years. Rates are showing a steady but slow decline towards the national average despite deprivation levels showing an increase. The rate has decreased by 23.4% since 2003, which compares well with other authorities over the same period. Staff described the partnership board as being successful in putting teenage pregnancy on the map. There has also been a significant extension to sexual health services since 2003 when only the Connect service in the town centre delivered this service. As a result, significant progress has been made in regard to the uptake of Chlamydia screening which is offered by a number of partner organisations including Connect, Awaken and the Buzz Bus. There is also very good involvement of the police service in the prevention processes. There are good early intervention programmes in place including the family nurse practitioner programme which is delivering more intense support and interventions for more vulnerable young parents. This has resulted in improved
engagement particularly in regard to young fathers. There is a good range of healthcare specialist roles that are targeting areas such as domestic abuse, substance misuse, teenage conception and sexual exploitation.

Early intervention and escalation processes are in place. The Early Action forum is regarded as key in escalating and actioning more complex issues e.g.: baby (from Blackpool parents) born and abandoned in Spain. When the Mother returned alone, this triggered concern regarding the whereabouts of the child. Intense action taken by staff via the early action forum, resulted in the baby being located and returned to Blackpool.

**Key findings – Looked after children and health**

Extract from Inspection report of Safeguarding and Looked after Children Services – Ofsted December 2009

*The council and its partners have good capacity to improve services for looked after children. Good systems ensure regular multi-agency monitoring of outcomes and detailed attention to early indications of emerging problems.*

*Services to promote good health outcomes amongst children in care and care leavers are adequate. The numbers of health assessments completed within statutory timescales, at 78%, is below the national average but within the adequate range. The quality and comprehensiveness of completed health assessments seen during inspection are good, but not all children currently have a health care plan. Sound plans are in place to ensure that all outstanding assessments and plans will be completed by the end of November 2009.*

*Service responsiveness is good. Partners at all levels work well together to meet individual needs.*

*A good range of multi-agency universal and specialist initiatives including emotional well being workers attached to social care teams offers good support to those on the edge of care. Assessments routinely include the views of children, young people and their parents.*

*Partnership working is very well established at all levels. Looked after children benefit well from a good range of services jointly commissioned through the Children’s Trust, to which they have priority access. For example, the Awaken service provides high quality therapeutic services for those who have been sexually abused.*

*Overall Being Healthy grade - Adequate*
Leadership

There is a designated doctor and designated nurse for children who are looked after, employed by NHS Blackpool. There is also a named nurse in post together with administrative support. The named nurse has been in post for 18 months and is getting to grips with areas for development. There is effective information sharing in place across agencies to ensure the health needs of children who are looked after and those leaving care are met. Health care practitioners reported good communication and information sharing with the health team. The designated doctor, designated nurse and the named nurse are easily contactable and feedback is given. Staff reported that cluster meetings were held on a regular basis to discuss the needs of vulnerable children and young people. An annual report is produced by the children looked after health team but there is no indication of outcomes or the impact of this service in regard to review dates. The report acknowledges that it is a challenge to accurately identify the number of looked after children. It identifies a need to develop the looked after children’s database to ensure timely and accurate information is received so that health assessments can be carried out in a timely manner.

The current position is that the numbers of completed health assessments has increased over the last 3 months. The latest figures suggest that approximately 78% will be completed within statutory timescales but this still remains slightly below the national average.

Partnership

The named nurse has developed effective arrangements to manage out of area placements and in area placements. Links have been established with other named nurses and with private foster carers and children’s homes.

Contracts and Performance Management

There are a number of service commissioning specifications in place that demonstrate effective contracting and performance management arrangements, which take full account of safeguarding children who are looked after. However, there remain a number of areas where performance is below national averages. Although the numbers of completed health assessments have increased over the last 3 months, the latest figures suggest that approximately 78% will be completed within statutory timescales, which remains below the national average. There is good access to dental checks with rates in line with the national average and there are very good dental
facilities based in one of the health supercentres. Immunisation rates are 71%, which is also below the national average but observation of health records showed that for those children immunisations were up to date. Children and young people have good access to CAMHS, although not yet prioritised; the appointment of a children's looked after CAMHS worker and a clinical psychologist together with a specific referral pathway that has been developed, is intended to address this.

Access to substance misuse services is good. There are more looked after children with substance misuse problems in Blackpool than nationally, however more receive treatment in comparison to the national average. The number who receive treatment is 66.7% against a national average of 61.7%. The number offered intervention but refused is 33.3%, which is similar to the national average of 33.4%.

There is good access to dental checks and there are excellent dental facilities, based in one of the recently opened health supercentres, for children and young people including those who are looked after. This service has a jointly commissioned dental training programme with the University of Central Lancashire, which has improved the capacity to treat children and young people sooner and for longer treatment sessions

Assessment, referral and case planning systems

Although more work needs to be done to ensure health assessments are completed within timescales the quality and comprehensiveness of completed health assessments is good. All records seen showed that health assessments were carried out within 4 to 5 weeks. There was good chronology, immunisations had been completed, dental checks had been completed, ophthalmic testing had been completed, health plans were in place and outstanding health appointments had been identified and scheduled.

To further improve the timeliness of annual health assessments from January 2010, assessments for children 0 to 5 years old will be completed by health visitors and for those aged 11 to 16 years, school nurses and health mentors will complete the assessments. The named nurse for children looked after will continue to do the health assessments for young people over 16 years and for the time being 6 to 10 year olds. It is anticipated that this change will result in the named nurse being able to have more capacity for those children and young people with more complex needs.
Involving Users

The health mentor role is seen as key to increasing the engagement of children and young people, including children looked after, and the driver in facilitating health improvement initiatives in schools including smoking cessation, sexual health and general health. As previously highlighted, an open door policy has increased attendance at drop in sessions and there are good links with the Health Schools team. All children and young people who are looked after are actively encouraged to attend for their health assessments. Information leaflets have been distributed to give children, young people and their carers a better understanding of the content of the health assessment. Young people were involved in the production of this leaflet. All children and young people who have had a health assessment receive a copy of their health care plan.

Areas of Strength

We were impressed by the commitment and motivation demonstrated by all staff we met. Staff understood the significant challenges faced by Blackpool, nevertheless there was a real sense of a “can do” mentality. Partnership working is strong both at a strategic and operational level and there is a high level of commitment to improve the health and wellbeing of children and young people within Blackpool. This commitment together with the integrated commissioning arrangements and alignment of budgets is leading to demonstrable improvements in services.

All staff demonstrated good awareness of safeguarding children procedures and were confident in questioning situations. Staff felt able to seek advice from staff within local safeguarding teams and health staff were supportive of their social care colleagues.

Recommendations for Improvement from joint report

There are none from the main report for Health

Additional recommendations for improvement

- Need to further develop systems that will identify outcomes and evaluation of services efficiently.
- To monitor performance in regard to the timeliness, quality and interventions in health assessments for LAC.
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 letter.

Yours sincerely

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Other organisations involved in this review

Blackpool Community Health Services (NHS Blackpool)
Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust
Lancashire Care NHS Trust