Dear Mrs Marsland

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

I am writing about the recent joint inspection by Ofsted and the Care Quality Commission in Knowsley 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 1 February and 12 February 2010 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 to which 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 and will also feed into the joint commissions Comprehensive Area Assessments. 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 Inspection Report

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 working 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 Knowsley was good and capacity for improvement was outstanding.

Overall effectiveness of services for looked after children and young people in Knowsley was judged to be good. The council and its partners were also judged to have outstanding 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 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 Services – Ofsted March 2010

The THINK clinic is a well constructed approach to open access to health services for young people. This includes sexual health and other health concerns which may also impact on their safeguarding. Training for health professionals is in place and in line with national guidance. Specific training for GPs, although slower to get off the ground, is now in line with similar areas and adequate.

Health related questionnaires indicate that Knowsley residents generally feel safe in their own homes and communities and are supportive of the roles played by agencies to strengthen community cohesion.

The social care teams are establishing good working relationships with other professionals working with children in the locality such as health visitors, police and centres for learning. Maternity services confirmed that inter-agency working is good and monitoring and effective auditing processes are in place in all sites.

Performance management within health services is good. Several monitoring systems are in place including to named and designated post appraisals.

Designated staff attend board meetings and this provides a good opportunity to link health operational matters with strategic developments. Records of meetings relating to health staff performance are adequate. Some health staff felt they could be improved with a clearer definition of aims and objectives. Key joint health and local authority appointments have been made at senior management levels and are facilitating effective and appropriate levels of challenge with elected members. Regular clinical audits are in place, which are used by commissioners to strengthen children’s services.

Senior joint health and social care management posts exist to lead partnership working and budgets and staffing have been suitably aligned to increase capacity and value for money.

A&E monitoring arrangements in respect of children and young people who may be at risk of harm are robust and staff report confidence in the systems being used. Flagging arrangements in ‘walk in’ centres is adequate.
General

Health inequalities gaps in Knowsley have been significantly reduced through the continuing partnership working between NHS Knowsley and the council. This progress was recognised in the 2010 national community partnerships award, where Knowsley was a finalist in the ‘Tackling Health Inequalities’ category. There are, however, estates within the borough where 100% of children live in poverty. There has been a significant achievement in co-locating health services with integrated children’s teams, including council children and family services. This co-location includes primary medical services; with the last new build health facility nearing completion.

Healthy eating initiatives developed in consultation with parents to reduce childhood obesity, after discovering the main barrier to health eating was due to costs of fruit and vegetables and lack of access to supplies. Community cooks were appointed as a result and parents reported that they are now able to provide healthy foods to their children; as a result of positive evaluation, this is being extended across the borough.

Workforce

Staff reported that the workforce is stable, and highly motivated, despite the high levels of deprivation, the turnover rate provided for NHS Knowsley is currently at 10.5% for all staff groups which helps them develop good partnership working arrangements. This was seen in the February 2010, finalist award for NHS Knowsley and Knowsley MBC of the Tackling Health inequalities award which given by the Community Partnership Awards 2010. This award recognised the ‘significantly reduced health inequalities through staff working in partnership from both NHS Knowsley and Knowsley council. When a post becomes vacant the management team reported that they do not have any difficulty recruiting to the posts.

Emergency Care

The Knowsley walk-in centre and the Alder Hey Hospital accident and emergency department, which are used by people from Knowsley, do not have access to the same healthcare information databases and as such staff are not aware of children who are the subject of a child protection plan. However, systems have been put in place in order that the health visiting liaison team members are informed of any child who has been seen in the Knowsley walk in centre or accident and emergency department at Alder Hey Hospital and information is then communicated to the relevant community health team. Staff reported that this system works well and that they receive information within 24-48 hours of the child or young person being seen in one of the departments. Staff from Alder Hey Hospital accident and emergency department reported that as a regional centre without access to a national database, they would continue to have this problem.

The health visitor liaison posts are viewed by staff as critical in ensuring information is passed on. Receptionist staff at Alder Hey Accident and Emergency and the Knowsley walk in centre have all received training on the reporting systems to health visitors. They have a trigger system to ‘flag’ those children and young people who have attended before and draw this to the attention of clinical staff. Relevant
information can then be sent to the health visitor liaison team to ensure that children who were potentially at risk can be identified. The health visitors confirmed that this was the case and the situation worked well. Staff from Alder Hey reported that if they felt a child was at risk that they would ensure that they were admitted to hospital for further assessment whilst waiting for the referral to be accepted; however there was no formal policy in place.

**Partnership working**

NHS Knowsley have a number of long standing joint appointments with the council at senior level across NHS Knowsley. Some of the non executive directors on the NHS Knowsley trust board are also members of the local council, and other partners such as the local college which all provide a level of challenge and ensure that a whole systems approach is used. Field work staff reported that there is a very supportive collaborative culture, in this small geographically area the staff networks work well and the developing collocation of teams are enhance this further. Examples given included the sharing of information with the school nursing service and the general practitioner services for child health assessments and children who did not attend appointments at hospital. However some School nurses reported that they were unable to access information within some GP practices and needed the health visitor to do this on their behalf.

The designated nurse attends the LSCB and together with the named nurses for safeguarding, LAC nurse and the safeguarding children specialist nurses, attends a number of the subgroups. Notes of minutes of meetings show that representatives from health services are present at the meetings and that the representatives from health organisations as required attend the LSCB sub groups. Attendance is monitored through self audits which are reported to the LSCB, and through acute health care service contracts, as these contracts now require attendance at LSCB meetings.

The Children and young person plan and “refresh” set clear priorities for safeguarding including implementing Laming recommendations across the partnership, strengthening service integration and updating policies and procedures. All partner agencies, which includes Health care organisations, including NHS Knowsley, under the Knowsley LSCB have signed up to the involvement strategy and any work that is undertaken must meet the Children’s and People’s Participation Standards. Managers and staff spoke highly of the quality of interaction with other agencies and professionals. The location of the teams within the family centres, with access to local resources and services is helping to maintaining good interagency links and communication.

Knowsley Young People Drugs and Alcohol Needs Assessment 2009-2010, which is part of a 10 year strategy 2008-2018, shows that needs assessment focus areas are alcohol and cannabis commissioning and resources have been targeted on these areas by health and other partner agencies. On average, a result of joint commissioning and partnership working now, 2-3 young people per month are referred from A&E and from schools and the THiNK clinics (Teenage Health in Knowsley) 2007 data show the rate to be 14 cases per month on average.
Good examples of joint work to raise awareness on sexual health issues and the roles played by professionals from health and schools were seen at the scrutiny groups for teenage conception. Considerable efforts are being made to increase outreach to vulnerable groups and individuals.

Maternity services confirmed that interagency working is good and monitoring and effective auditing processes are in place in all sites.

**Clinical leadership**

There is strong clinical leadership within the healthcare teams seen within NHS Knowsley and the CAMH team from 5 Boroughs Partnership Trust; staff reported that they felt supported by all levels of management. Access to supervision both clinical and child protection supervision as stated within the Knowsley council and NHS Knowsley safeguarding policy, was reported to be useful and seen as developmental by the staff, helping them to embed learning into their everyday practice. Knowsley integrated provider services has increased the capacity of the safeguarding team, which includes the Designated Nurse for safeguarding, named nurse who works with three safeguarding children specialist nurses and a child death overview panel nurse, a domestic abuse specialist advisor with two support staff. Links will be made with the named nurse for safeguarding adults who has two specialist adult safeguarding nurses when these planned posts are in place. This Safeguarding team also includes the Named Nurse for children looked after, who has a senior health advisor for LAC and young carers, a LAC health advisor, a part time advisor for young carers, a LAC support worker and a LAC substance misuse post reporting to her. The structure has enabled good support and supervision for all staff within the structure and has created capacity within the safeguarding teams to be responsive in providing management reviews for the safeguarding boards. Reports for case conferences are provided by practitioners but the safeguarding team fulfils a paucity assurance and audit function in relation to all such reports, record keeping and statements of evidence addressing staff concerns, delivering supervision for clinical staff and ensuing that the training needs of the clinical teams are met.

**Training and supervision**

There has been a targeted training programme for local general practitioners on their roles and responsibilities within the safeguarding agenda; this has now started to make an impact on numbers trained, with 70 of the 130 eligible now trained, and also a greater understanding of their role in safeguarding children. There was good evidence seen in staff appraisal records that succession planning is in place. When a post becomes vacant it is reviewed and the role may be redefined to meet the changing needs of the local population. Staff are able to access a wide range of training events, including interagency training arranged by the Local Safeguarding Children’s Board. Training has also been provided on the writing of reports for serious case reviews and individual management reviews. Training and pathways are reviewed following Serious Case Review (SCR) and or Individual Management Review reports and changes are fully implemented. There has been an increase in the number of domestic violence incidents reported, and an accredited training programme on domestic abuse has been developed with local education providers, although it is too early to measure the effectiveness of this programme.
All staff interviewed during the inspection reported that they were ‘in date’ with training, and their training was at the correct level defined for their role. Training data records submitted by NHS Knowsley showed this to be the case, with 1296 receiving training in the last 12 months. The designated staff have training as a management objective in their appraisals and report on their own training as well as the sessions that they have delivered in their annual appraisal assessments. As stated above, the level of supervision reported by staff was reported as good, with support being available 24/7, and support during the whole process of both management reviews and serious case reviews. The policy and procedure documents for staff training and supervision as well as the serious case review process all indicate that staff will receive supervision and support during the review process.

Staff reported that if they needed supervision outside of their planned dates that this would be made available to them. Regular audits have commenced in respect of learning and the effectiveness of supervision; 300 sessions were held in 2008. Audit results have shown that outcomes of sessions are routine feedback to managers. General practitioners are not routinely included in supervision sessions.

**Involving children and young people**

NHS Knowsley and the council use a range of approaches to ensure that they gain the views of children and young people. NHS Knowsley have started a forum ‘Linked-up’, based on the national LINk model (local intelligence networks) as they recognised that the local LINk had not fully embraced the needs of children and young people, as other they were in line with other national groups focussing on adult health and health and social care. Children and young people interviewed reported that they are involved and feel that they are listened to, however they felt there was an over reliance on questionnaires. Young People had been involved in the redesign of sexual health services, and those young people interviewed reported that as a result services were now more accessible and welcoming. They further reported that they felt supported when using the services.

**Contracts and performance management**

NHS Knowsley is the lead commissioner for mental health services for the local population as a result the majority of contract meetings that commissioners attend are the quality monitoring meetings and not the performance meetings. Where there are smaller contracts, e.g. 5 Boroughs Partnership Trust, the CAMHS commissioners attend performance meeting as well as the quality meetings. As a result of contract reviews, additional tier 2 services have been commissioned including from third sector providers such as Butterfly and peer mentoring programmes. Only recently has a formal process of performance management been introduced to link together provider/commissioner and through any host organisation or lead/responsible commissioner, the lead for this is North West Strategic Health Authority (SHA) and as such Knowsley commissioners have to ‘fit in’ with the SHA timelines for some contracts. Commissioners reported that quarterly contract monitoring meetings were held, and minutes of these meetings showed that where performance targets were not being met that action was taken and issues were escalated as required to Knowsley trust board or North West SHA, as lead commissioner.
There are good joint strategic approaches to use of performance management systems by health and council commissioners in relation to specific targeted services. This is coherent, integrated and based on an excellent knowledge of the populations in Knowsley. Effective approaches are in place to understanding need, through segmentation, geo-mapping, use of Acorn and other methods. In effect, an extremely high level of detailed intelligence is available against which performance is measured. Effective systems are available to audit quality and impact with careful attention to local needs, priorities and use of resources.

Health commissioners have now ensured that safeguarding standards have been introduced into all contracts and new contracts have only been awarded when providers have shown that they are able to fully meet these standards, this has resulted in contracts not being awarded to NHS organisations, a recent example of which has been the breast feeding contract.

There is a strong link from the trust safeguarding board to trust board. There are robust processes to ensure that information flows both ways and the annual report and quarterly updates are submitted. Over the last 12 months this communication and information flow has been tightened up resulting in improved monitoring of the commissioned services and earlier identification of any concerns, commissioners are now attending the LSCB sub group for policy and practice meetings in order to strengthen the contracting and monitoring arrangements in all new contracts. As this has only recently started it is too early to show any impact.

NHS Knowsley clinical audit strategy covers health and wellbeing, through mainly the agreed key national performance indicators for that service. Progress and compliance is monitored on a central database. Results of audits are fed back to the clinical audit and research committee and governance committee – across health and wellbeing services (NHS Knowsley and the PCT provider services). In addition plans are in place in response to the Care Quality Commission review and these are seen as dynamic working tools and completed on a quarterly basis; these are examined for quality and any concerns are put on the risk register and escalated to the risk management committee which then monitors actions taken. There has been a recent focus on the C2 Safeguarding standard of the Standards for Better Health – regular reports from audits and action plans are reported to the local safeguarding board to Knowsley trust board, both of which have overseen an increasing level of compliance especially improvements within record keeping. There are, however, still concerns with some areas of non compliance with some of the commissioned services. These continue to be monitored through the contract monitoring processes, and commissioners and performance managers now have a better understanding of how to work with providers.

Good examples of joint working to raise awareness on sexual health issues and the roles played by professionals from health and schools was seen at the scrutiny groups for teenage conception. Considerable efforts being made to increase outreach to vulnerable groups and individuals.

A new Public Health Development Midwifery Team has been commissioned cross Knowsley, to ensure that all women (including teenagers) received a full health and
social care assessment by 12 weeks and 6 days of pregnancy. There are teenage pregnancy midwives commissioned from Liverpool Women’s Hospital and St Helen and Ormskirk Hospitals and Southport and Ormskirk Hospitals.

Assessment, referral and case planning systems

Whilst staff reported clear understanding of referral thresholds, liaison with social services in response to healthcare referrals could be improved to minimise the chance of duplicate referrals. For example, school nurses, health visitors and maternity staff do not always receive acknowledgement within the agreed 48 hours unless escalated through their manager, and there was confusion about how referrals were communicated between the social care teams both within Knowsley and where referrals had been made to external social care services, including tracking referrals where children had been admitted to Alder Hey. The designated nurse was aware of these issues and is working to resolve them, through a pan Merseyside peer review multi agency group.

Some young people reported that the sexual education in schools was delivered in a condescending manner by the teachers delivering the session as they felt the teachers were not confident. The sexual health messages the young people stated were understood and they were fully aware of how to obtain contraception. The young people reported a culture of peer pressure not to get pregnant stating that ‘is stupid, you can get loads of condoms’. This view was held equally with the young men and young women interviewed during the review.

The revised childhood obesity policy and implementation of the related healthy weight strategy, is a priority for both NHS Knowsley and the council. Obesity rates for Knowsley in reception classes are higher, at 12% than the England average of 9.6%, with rates varying across wards. The healthy weight stepped model is a proactive interagency approach that recognizes that the bariatrics services used by children may identify them as having a safeguarding concern. This revised strategy compliments the Children Health strategy, which is based on needs assessments and local data, and outcomes which will improve child health and reduce child poverty. There is a clear pathway for action should staff have a concern.

There is a robust process for ‘Did not attend’, (DNA) which is used effectively within acute care settings (Alder Hey hospital and Liverpool Women’s Hospital and St Helen’s and Knowsley Hospitals) to ensure that children and young people attend appointments, and if they have not attended that the child and young person and their carers are contacted by primary care services.

Equality and Diversity

The Metropolitan district of Knowsley has a population of 150,800 people, in 66,000 households; the population is predominately white British. The Black and Ethnic minority population is currently 2.1% (England 10.5%), mixed classification (1500 people) then the next highest group is the Chinese population (700). Knowsley is the fifth most deprived borough in England, with comparatively high levels of unemployment and poor health, with 59.3% of children living in poverty, the highest in the North West. NHS Knowsley is aware of these challenges and is actively
attempting to engage with these groups including recruitment to a specific post for public involvement. This includes in particular the ethnic population, the seldom heard groups and the recently established Polish community. There is good recording of ethnic background on all the records seen by the inspection team. The PCT is aware that recently there has been a number of families from Eastern Europe, and has used this intelligence in the joint strategic needs assessment.

Knowsley council and partners have used the ‘Knowsley 100 babies’ to provide a snapshot approach and using data as part of their local needs assessment. The data asks if performance continues at the same rate what is the impact going to be in a number of areas, e.g. low birth weight, average number of teeth filled missing or decayed, life expectancy. This is then used by organisations including NHS Knowsley in the commissioning and planning of services and the development of the nine priority outcomes within the Commissioning Strategic Plan, (2007-2010). For example a scoping exercise has led to the reprovision of antenatal services within the community, and the development of a communication pathway between midwives and health visitors and flexible access to community midwifery services. The pregnant teenagers are currently cared for by midwives from Liverpool Women’s Hospital and St Helen’s and Knowsley Hospitals, however there is no provision at Southport and Ormskirk Hospitals. (These acute trusts were not part of this inspection) The number of first time live births is on a downward trajectory; dropped from 174 in 2002, 169 in 2004 to 162 in 2006. Knowsley PCT has recently taken up the Family Nurse Partnership preventative programme for Under 19s who are pregnant and will pilot it from 2010-2013.

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

Extract from Inspection report of Safeguarding and Looked after Children Services – Ofsted March 2010

*Performance management is good and based on a sound knowledge of the looked after children population in the borough and the increasingly effective impact of key services in supporting healthy lifestyles, improving educational attainment, reducing offending rates and supporting further education, training and employment.*

*Health support to looked after children and young people in the borough is good with visible leadership by key health professionals in raising awareness of need and developing integrated services such as the team around the child and targeting additional needs.*

*Good progress is being made to develop health outreach services in schools, community groups and in places visited by children and young people. This is showing good impact in respect of sexual health, access to emotional support, immunisation rates and in general health promotion and lifestyles. Access to Child and Adolescent Mental Health Services (CAMHS) is good. There are no waiting lists and services are responsive to need including children and young people who are looked after outside the borough.*

*Outstanding attention is paid to the health needs of looked after children and young
people. Ninety-five per cent receive an annual health assessment which is significantly above similar areas and most performance indicators for the health of looked after children exceed those of the general child population in Knowsley. Performance in dental hygiene has improved from a comparatively low base and there is clear evidence that current strategies are having a good impact on improving oral hygiene. Good initiatives to promote healthy lifestyles have been developed with appropriate involvement of looked after children and young people who are well supported to establish healthy lifestyles. Looked after children have access to the full range of health services from a dedicated looked after children health team. CAMHS are available on demand, and these services are resourced to offer an equal service to those children placed out of borough, and to looked after children from other authorities who are placed in Knowsley. This is outstanding. The borough is engaged in targeted and carefully programmed schemes to reduce teenage conception rates and to promote sexual awareness and health. The provision of health services within schools and Centres for learning is integral to this approach and is showing good impact. The incidence of teenage conceptions is declining from a comparatively high base and is now in line or below similar areas.

The health of looked after children is covered comprehensively in multi-agency training programmes for all staff and is a key factor in the formulation of individual plans. Training in health programmes is provided to foster carers and there is an annual event to raise the profile of key issues such as substance misuse, sexual health, and emotional wellbeing.

The impact of services enabling looked after children and young people to enjoy and achieve is outstanding. There is evidence of some outstanding practice and extremely dedicated and committed practitioners working well in partnership at all levels. This is noticeably improving outcomes for children and young people in the care of Knowsley. Provision is increasingly ‘joined up’ through co-location, for example in family and children’s centres, and some excellent practice developed and shared by different practitioners such as speech and language therapists, portage, the education support team, learning mentors and educational psychologists.

Fostering services have been rated as good and the children’s homes in the borough are good or better with the exception of one home which has recently been judged as adequate by Ofsted. Managers of these services have a good record of responding quickly to external reports and recommendations. The arrangements for placing children in external placements are good, and young people are regularly visited and where possible there is continuation of the educational placement and health care including CAMHS involvement.

The majority of looked after children plans are comprehensive. Internal audit processes are in place and have identified that not all young people have been involved in the preparation of a meaningful personal education plan (PEP) or had copies of their health care action plan. Although this does not appear to be adversely affecting education or health outcomes these plans would help to reinforce the respective engagement of professionals in specific tasks and ensure appropriate levels of user engagement.

Participation of partners in strategic planning processes is good with coherent joint
strategies in place including an updated children and young persons plan with emphasis on looked after children and young people. Partners have responded systematically and successfully to a number of key issues affecting outcomes for looked after children and young people including education, sexual health, youth offending, training and employment and conception rates. This targeted approach has led to marked improvements in performance and joint understanding of the particular needs of this group of children and young people. The voluntary sector also plays an important role in the provision of local services to support a good range activities and opportunities. Careful attention is paid across the partnership to the need to safeguard looked after children and young people. Good systems are in place, supported by KSCB, in respect of children who go missing from care, anti-bullying and substance misuse.

Overall Being Healthy Grade Outstanding

General

Overall the effectiveness of services to support looked after children and young people in Knowsley is good, with outcomes linked to the “being healthy” standard judged as Outstanding. There are specific posts dedicated to the health of looked after children (LAC), which includes the Named Nurse for children looked after, who has a senior health advisor for LAC and young carers, a LAC health advisor, a part time advisor for young carers, a LAC support worker and a LAC substance misuse post reporting to her. All health staff interviewed during the inspection commented that the staff were approachable and available when they needed to contact them. This team was having a positive effect on the outcomes of health and well being for looked after children. Children and young people reported that they were aware of the looked after children’s team, however some young people were confused which medical practitioner they should attend as they have a LAC doctor, local GP and in some cases a consultant at the hospital. Nevertheless all young people interviewed reported that they had good access to health professionals whenever they needed them. There is good progress with the school outreach services and health normalisation process which is equipping the young people (especially those that are soon to leave care) with skills to access health services unaided.

The range of Tier 2 child and adolescent mental health services (CAMHS) and thresholds to access them were not clear, which was causing delays and inappropriate referrals. CAMH professionals reported that there was no universal tier 2 services for under 18s as this service was being provided by social care and education staff, resulting in an increase in tier 3 referrals. Commissioners have invested in two additional posts at tier 2 but whilst staff were aware of the revised referral pathway that has been introduced they remain unclear as to how to refer and access services. Commissioners and providers report that there is a low threshold at Tier 3, which is working well with partner agencies and commissioners continue to monitor the contracts, on a quarterly basis.

There is a 12 week waiting time for non urgent CAMHs referrals, but LAC have same day access to services and to treatment, as there are dedicated CAMH LAC practitioners who see referred children and young people from Knowsley whether
placed within the borough or out of area. There is a dedicated leaving care CAMH service which supports young people through the transition from care. If the young person is still using mental health services the LAC CAMH team supports them into adult services, but adult services are not aligned to all CAMH services especially for those young people with learning difficulties and Aspersers and Autistic spectrum conditions.

There were at the time of inspection no known looked after children pregnant or fathers to be. This was attributed to the sexual health education and the considerable impact of sexual health outreach workers.

**Partnership working**

An annual Looked after Children report is produced by the Looked After Children’s nurse and presented to NHS Knowsley with the annual safeguarding report. The last report September 2009 states that there is a significant number of out of area placements with most complex and difficult to place children being placed outside Knowsley boundaries. Monitoring health outcomes required a proactive approach and as a result the commissioning of CAMH outreach service works proactively across the boundaries. All looked after children have key workers from staff within the looked after CAMH service, and have access to tier 3 teams. There was good evidence that staff try not to work with boundary restrictions, and visit to provide interventions and consultations. Commissioning services for the children does not focus on finances not j commissioning intentions are focussed on identifying appropriate treatment. Individual case examples where given as examples of how this had had a beneficial affect for children and young people.

Knowsley are a phase 3 pilot for the DCSF Pathfinder Programme for Targeted Mental Health Services in schools (TAMHS). Commissioned through the North West Specialised Commissioning Team, of which NHS Knowsley health commissioners are members. The project will improve access to target interventions for Children and young people within schools, using a multi faceted approach and focussed on promoting pupils social and emotional development. Eleven schools are now involved following success in Kirkby area, (chosen due to high deprivation) and provided at tier 2. Tackling stigma for children and young people who access mental health services is focussed in primary schools and was reported to have challenged the beliefs and fear exhibited by this age group. There are no waiting lists for looked after children to access these services.

There has been a 50% increase in the staffing team for the Child and Adolescent Mental Health (CAMH) which has enabled the ‘new into care’ team to reduce the waiting list for assessments to be undertaken and at the time of the inspection there was no waiting list. Children were seen within 48 hours of referral. The strength and difficulties questionnaire results are used to review the capacity of the commissioned CAMH services.

Looked after Children health staff, within NHS Knowsley, deliver a range of well evaluated training sessions for foster carers and hold an annual event to raise the profile of foster carers, each year taking a different theme, substance misuse, sexual health, emotional wellbeing. The theme is based on results of needs analysis, SDQ
questionnaire findings, or needs identified by foster carers. Looked after children staff work very closely with fostering, adoption and carers, this was supported by social care colleagues and the looked after children. Knowsley was felt to be good at partnership working and the corporate parenting strategy was viewed as being child centred. An example given was of last year’s conference which focused on a young person who had become disabled and tried to show how adversity was overcome, and normalisation was supported.

Health Assessments

The proportion of annual health assessments completed has risen from 86.5% in 2008 to 95% in 2009. The quality of those reviews viewed by the inspection team was variable from adequate to good. Initial assessments are undertaken by the designated doctor and then follow-up assessments are undertaken mainly by school nurses and health visitors. Objectives of health plans were not always written with specific outcomes stated in a measurable way, and therefore little effective measurement of outcomes occurs in these cases. The looked after children nurse has the responsibility of auditing the plans and confirming that health assessments have been undertaken. However no audit results were available. Children and young people interviewed during the inspection reported that they were often assessed by school nurses, and are being taken out of lessons which they felt drew attention to them as being different from peers. The looked after children team have recently reviewed the dates and time of the annual assessments to ensure that they would take place within statutory timescales as the school nursing capacity is depleted during school holidays. This process was reported by the children and young people that taking them out of the school classrooms increases their perceived discrimination.

90% of looked after Children have a completed dental plan, and have access to dental and orthodontic services. This is significantly better than similar areas and most performance indicators for the heath of looked after children exceed those of the general child population in Knowsley. Performance in dental hygiene has improved from a comparatively low base and there is clear evidence that current strategies are having a good impact on improving oral hygiene. Immunisation and vaccine rates for looked after children are 92% with young girls interviewed confirming that they are participating in the vaccines for cervical cancer.

Involving Children and Young People

The council and partners, which includes NHS Knowsley as both commissioners and providers of healthcare, have created a children and young people participation called “Linked Up” to bring together the young people participation initiatives. There is a wide range of children involved and participate in shaping health provision decisions. The voice of service users has influenced commissioning decisions. The methodology used is based on experience not satisfaction levels, i.e. what the services should be doing to improve experience. Commissioners are using the ‘Link- up’ group.

The young people reported that they know that their comments were respected and acted upon. Key areas that they reported were access to services, behaviour of staff toward them, increased sense of confidentiality. The young people have creating an
interactive DVD training tool, which all health care staff are required to watch which questions the health practitioners beliefs and attitudes to young people and how they can be perceived and the need for mutual respect. The ‘You’re welcome ‘standards are used and monitored as part of the balanced scorecard, and these reports are submitted to scrutiny committees, for independent review and challenge with the aim of rising standards.

Areas of Strength

- Good workforce planning to met the health needs that have been identified within the local population
- An interagency healthy weight strategy recognizes that the bariatrics services used by children may identify them as having a safeguarding concern.
- Training and pathways are reviewed post SCR and or IMRS reports and changes are fully implemented.
- Did not attend, (DNA) pathways exist and are used effectively within acute care to ensure that children and young people attend appointments.
- Family support workers are highly valued members of the children’s teams, and respected by healthcare professions, working with families to reduce vulnerability.
- Increasing number of health assessments for looked after children now being completed in timely manner.
- CAMHS team have a ‘new to care’ scheme which is helping to maintain looked after children placement stability.

Recommendations for Improvement from joint report relating to health partners

There were no health related recommendations for immediate action in the joint report.

Within 3 months

- NHS Knowsley and Knowsley MBC to review and evaluate the timeliness of communication/acknowledgement to the referral from social care services to ensure that the referrer is made aware of the response and progress of the referral.
Within 6 months

- **NHS Knowsley should ensure that all GP practices receive appropriate training in safeguarding and child protection and that this is routinely audited in respect of learning and professional supervision arrangements. This should be reported to and monitored by the KSCB.**

Additional recommendations for improvement

- NHS Knowsley to continue monitoring commissioned tier 2 CAMH services and communicate both the range of services and their respective thresholds to all health and social care practitioners.

- NHS Knowsley to ensure that looked after children’s health assessments are undertaken in a setting and at a time that is agreed by the child or young person.

- NHS Knowsley to ensure attendance at walk-in centres and accident and emergency departments of children and young people is effectively communicated to primary health care staff for ongoing monitoring and to ensure that Children and Young people remain safe.

- Alder Hey to review its arrangements for cross-checking attendance of children from other boroughs ensuring staff have access to comprehensive regional wide databases, to ascertain if a young person is known to health and social care services or is the subject of a child protection plan.

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 copy of this letter.

Yours sincerely

Charlotte Trimm
Project Manager, Children’s services inspection
National Inspection and Assessment
Cc
Mr Mike Farrar - Chief Executive North West SHA
Ms Sue McMillan – CQC Regional Director North West
Mr Nigel Ellis – CQC Head of National Inspections and Assessment
Mr Chris Batty HMI - Ofsted Managing Inspector
Mr Martin Ayres HMI - Ofsted Lead Inspector
Ms Tina Welford – CQC Inspector

Other organisations involved in this review

5 Boroughs Partnership NHS Trust
Alder Hey Children's NHS Foundation Trust
NHS Knowsley
NHS Knowlsley, Integrated Provider Services