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2 July 2010

Mr Mike Burrows
Chief Executive
NHS Salford
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Dear Mr Burrows

Outcome of integrated inspection of safeguarding and looked after children's services in Salford

I am writing about the recent joint inspection by Ofsted and the Care Quality Commission in Salford 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 for 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 10 and 21 May 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. 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 Salford was **inadequate** and capacity for improvement was **inadequate**.

Overall effectiveness of services for looked after children and young people in Salford was judged to be **adequate**. The council and its partners were also judged to have **adequate** 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 June 2010.

There is appropriate membership and attendance at the SSCB by senior managers from NHS Salford, Salford Royal NHS Foundation Trust and Greater Manchester West Mental Health Foundation Trust.

A shortage of health visitors means there is inadequate capacity to deliver universal as well as targeted services. NHS Salford has invested in improvements to tackle the long standing difficulties in recruiting and retaining health visitors but this is yet to have a demonstrable impact. There is an awareness of the need to safeguard children across most of the partnership including statutory and voluntary agencies and the process in place to support this is adequate. However, awareness is less well developed amongst independent contractors, such as general practitioners (GPs), dentists and pharmacists, the majority of whom have not yet had the opportunity to attend safeguarding training.

There are significant inequalities in sexual health in Salford with increased numbers of young people suffering sexually transmitted infections. Following an upward trend in teenage pregnancy rates additional resources were allocated to address this priority area by NHS Salford in 2008; despite missing trajectory targets latest figures show adequate progress with a small decrease of 3.9% in teenage conceptions. There is no named doctor in post for safeguarding in Salford Community Health and the designated nurse at NHS Salford is an interim appointment only. Although overall numbers of health visitors is low, collaborative working by health visitors in children's centres has resulted in greatly improved immunisation uptake for specific groups of children. There is a wide range of support services available for children, young people and families. The numbers of common assessment framework (CAF) documents completed by health professionals have increased but it has been identified that more work is needed to make this a fully effective part of the range of services available to children and their families.

Improved safeguarding awareness is evidenced at the Salford Royal's main accident and emergency department and the dedicated children's unit. Concerns over frequent attendance of children, or those related to adults who are responsible for children, are shared with the named nurse and liaison health visitor. As a result there has been a good increase in referrals to MARAC from none to 250 within a year. Child protection medical assessments are undertaken by consultant paediatricians within the Salford Royal Foundation Trust hospital. Interim cover arrangements by Salford Community Health for the health visitor liaison role in the accident and emergency department at Salford Royal NHS Foundation Trust have been inadequate in ensuring cover and distribution of information to primary health care workers regarding attendances. Plans are being implemented by Salford Community Health to address this concern. Systems for notification of A&E concerns to primary care through the liaison health visitor re inadequate and the Salford Community Health is taking steps to improve the process. Despite the shortage of health visiting staff, caseloads have been reorganised to ensure that work with children and young people with a child protection plan is prioritised. A recent audit carried out by SSCB found that, while reports from health visitors and school nurses mostly provided good chronologies, not all had a clear and concise analysis of strengths and risks. The small number of GP reports that have been presented for initial case conferences are inadequate in providing sufficient or relevant information. Cases looked at by inspectors showed attendance by most agencies at conferences and reviews is good. However, GPs rarely provide reports or attend conferences.

Established on 1 April 2010, the newly-formed Children's Trust Board has appropriate representation from key partners such as NHS Salford as well as parents and the community and voluntary sector. Joint commissioning is at a very early stage of development. There are joint commissioning arrangements between the council and NHS Salford for CAMHS, the Drugs and Alcohol Team and some sexual health services. A joint commissioning framework is being developed which will be overseen by the Children's Trust Board. Although all newly-recruited health staff have undertaken level 1 training, safeguarding training figures are relatively low for health visitors and community children's nurses. While opportunities for multi-agency training are generally good there have been difficulties for some community health staff in accessing level 2 safeguarding.

NHS Salford has strengthened the safeguarding requirements within contracted services; this model has been recognised as good practice by the Strategic Health Authority. Through the development of more effective contractual arrangements NHS Salford is able to monitor the performance of safeguarding activity well within the provider services it commissions. All health provider organisations commissioned by NHS Salford have appropriate board assurance processes in place.

The quality and availability of supervision for health visitors around safeguarding issues have improved markedly following the appointment of a lead nurse for supervision. This was as a result of a recommendation arising from a serious case review. However there is no permanent designated nurse within NHS

Salford despite efforts to recruit to this post. As a result there is insufficient strategic leadership to drive forward safeguarding developments. The planned departure of the designated doctor in August 2010 poses a significant risk to the continuity of safeguarding arrangements in health services, and NHS Salford need to recruit to both posts as a matter of urgency. Children and young people have been consulted about service planning and delivery within the sexual health services. There are some good examples of young people in Salford being involved in health service planning at an operational level but little at a strategic level; for example Child and Adolescent Mental Health Services (CAMHS) ensured young people were involved in the design of an information leaflet for a new eating disorder service. Action taken following a survey of young people who use the CAMHS service resulted in changes to waiting areas being undertaken and young people have been involved in the interview process for service posts within CAMHS.

Health care services are being targeted effectively at minority groups by the PCT. Health care services for minority groups are being targeted effectively by NHS Salford and Salford Community Health; additional training has helped to ensure equality and diversity issues are a core component when health staff are assessing children and young people's needs. However, although the percentage of staff having equality and diversity training in 2009 had increased to 39% it was still below the national average for PCTs of 46%. There is good access to interpreting services and targeted work such as that carried out in a Jewish Centre are providing culturally sensitive care and support.

General

Safeguarding of children and young people is a key priority for NHS Salford, but there is currently no designated nurse in post. Clear reporting mechanisms ensure the trust board is kept informed of issues relating to safeguarding, and the Local Strategic Partnership is used in Salford to identify joint priorities; an example being the retention of teenage pregnancies as a key marker for joint performance monitoring. Challenges remain around different approaches to commissioning decisions and accountabilities. A significant investment of £500k has been made recently to tackle recruitment and retention of health visiting staff through a combination of enhanced role development opportunities, skill mix and admin support to ensure that universal provision of services such as the Healthy Child Programme are fully implemented. However these changes are not yet fully embedded in practice and have not yet shown any major impact on service delivery. Midwives at Salford Royal NHS Foundation Trust have achieved Baby Friendly accreditation and breast feeding initiation rates are good within Salford, however the proportion of mothers still breast feeding at 6-8 weeks remains below the national average.

Poor oral health is a health inequality indicator in Salford with very small areas of the city containing extremely high levels of tooth decay. Research is currently underway to try and identify the underlying cause of the incidence of tooth decay and its relationship with child neglect.

Emergency Care

The safeguarding team at Salford Royal NHS Foundation Trust have ensured that appropriate safeguarding policies are in place including one to address those children and young people who do not attend appointments. All staff have easy access to these policies and procedures and their implementation is audited regularly by the named nurse. The PANDA unit for children and young people has appropriate flagging systems for staff to identify frequent attendees and those with a significant history. Better understanding of safeguarding issues has helped improve communications with main A/E dept at Salford Royal NHS Foundation Trust; concerns relating to adults attending who have responsibilities for a child or young person are shared with PANDA and liaison HV. Staff working in the Accident & Emergency department of Salford Royal NHS Foundation Trust are making appropriate referrals to social care; additional safeguarding training has led to an increase in referrals from adult services. The 24 hour on call cover of A/E dept by a CAMHS worker ensures that any young person attending as a result of substance misuse is assessed in a timely manner; adult mental health teams provide a crisis on call service for YP aged 16-18 years.

Partnership working

Children's centres have been instrumental in enabling the provision of well integrated services for children and their carers through a combination of universal and targeted approaches. There are drop in and prior appointment sessions at children's centre are run by health visitors, midwives, ophoptists and nursery nurses in addition to speech therapy, community paediatric clinics and child psychology services which are provided by Salford Community Health. Health protection through collaborative working between health visitors and children centre has resulted in a reported improvement to immunisation uptake for children aged 2 years since 2008. Through effective partnership working with young fathers the use of sexual health services by young men has increased following targeted work by staff in children's centres.

Effective commissioning by NHS Salford has helped to drive through changes to the model of CAMH service provision, moving from one that focussed on tiers 3/4 to more community focussed tiers 1/2 preventative work. The child and family centred CAMHS for young people up to 18 years of age is provided through a jointly commissioned service, the recent co-location of health staff into locality community premises has facilitated better integration of the multi-disciplinary team. Services across tier 1 CAMHS provide an integrated approach working in partnership with community staff such as health visitors and school nurses. For example positive parenting is facilitated through use of the Webster Stratton programme which provides a targeted intervention in Children's centres by health visitors and family support workers trained in its use by CAMHS workers.

The Drug and Alcohol Team is currently commissioned through aligned health and local authority budgets but a review of funding arrangements to allow a jointly

commissioned service is being planned. There is evidence of improved working arrangements between adult and young people's services through better information sharing and improved communications.

Clinical leadership

The designated doctor for safeguarding has provided clear mechanisms for the Child Death Overview Group; a tripartite child death overview panel involving Salford, Wigan and Bolton has been set up with input from Salford Safeguarding Children's Board (SSCB). The scoping of a rapid response team to the death of a child has been adopted and funded by 10 PCTs in Manchester area; the medically led model provides 24 hour cover and has resulted in improved liaison with the police. The safeguarding teams at Salford Royal NHS Foundation Trust and Greater Manchester West Mental Health NHS Foundation Trust (GMW) provide adequate safeguarding support and advice to staff within their organisations. All named professionals have role and responsibilities clearly identified within their job descriptions; nurses and midwives at Salford Royal NHS Foundation Trust have protected time to carry out safeguarding functions. The named doctor has 2 PA sessions per week of protected time to carry out safeguarding children activities. The named midwife role is to be replaced by a safeguarding matron; this full time enhanced role will be on a protected time basis to ensure cross boundary safeguarding issues and referrals following reconfiguration of midwifery services next year are appropriately managed.

There has been an absence for two years of a named doctor for safeguarding within Salford Community Health. There is a lack of GP involvement in the work of the Salford Safeguarding Children's Board and strategic input into the commissioning board; however the recently appointed associate clinical director will be picking up these responsibilities. Progress is now slowly being made through the work of the named nurse. The Local Medical Committee recently agreed to the adoption of a safeguarding policy which includes identified standards and audits of practice; however the absence of a named GP has contributed to the lack of commitment from general practice.

Training and supervision

Supervision for Salford Community Health frontline staff involved in child protection work has been revised and now provides an improved level of support for practitioners such as health visitors and school nurses. There has been significant progress made to the number of staff receiving appraisals within last 12 months, moving from 42% in 2008 to 72% in 2009; this brings NHS Salford into line with the national average.

The focus by Salford Royal NHS Foundation Trust on ensuring all relevant staff members attend level 1 safeguarding training has resulted in improved levels of attendance with 82% now trained. The trust monitors performance of training levels and reports quarterly to a risk management group as part of the trust's governance arrangements.

86% of Salford mental health staff and 100% of Salford drug and alcohol workers have received safeguarding training following a major drive by GMW. This has had the impact of significantly raising referrals to social care from within the trust, especially from adult mental health service staff. GMW has recently appointed a safeguarding practitioner following a benchmarking exercise to support practice development within the trust.

The lack of strategic drive and engagement in NHS Salford has resulted in a low level of safeguarding awareness within primary care; out of the 57 GP practices in Salford safeguarding training had been undertaken in only 13 practices by April 2010; training a total of 127 practice staff. However there has been a more positive response from dental practices; out of the 32 dental practices in Salford 12 practices had received in house training at level1 by April 2010 covering a total 119 dentists and dental practice staff.

NHS Salford also arrange training events for pharmacists and their staff that include safeguarding issues; in the last year specific training has been provided on domestic abuse and fabricated or induced illness. However no figures were available for the numbers of staff who attended.

Optometrists and opticians have proved the hardest independent contractors to engage with regarding safeguarding training; recent flyers sent to all opticians in Salford offering training had a poor response.

Involving children and young people

There is little evidence of involving children and young people in any strategic planning; however at an operational level through a parent led approach children and young people with complex needs are involved in decision making whenever possible. Other examples of young people being involved in service planning and delivery are the inclusion of young people in recruitment panels for new staff and feedback from satisfaction surveys resulting in additional training in schools around Autistic Spectrum Disorder (ASD). Young people have also been involved in the service planning and delivery of sexual health and contraceptive services through input into marketing decisions as a mystery shopper of potential providers of services and monitoring of services.

Contracts and performance management

The mechanisms to demonstrate assurance include board level directors with a safeguarding responsibility, named professionals are in place within provider organisations, performance monitoring systems using RAG (Red, Amber, Green) scoring ensure adequate information is provided on safeguarding issues such as training uptake, progress against any Serious Case Review (SCR) action plans and reports back from the SSCB. An example was the action taken by NHS Salford following the findings of a Serious Case Review, which improved communications with GPs through clear identification of liaison health visitor for each practice. Monitoring arrangements for independent contractors have been strengthened through a revised service specification that includes specific safeguarding requirements.

Assessment, referral and case planning systems

Thresholds for referrals to social care are clearly understood by Salford Community Health staff and demonstrated by the high level of further action taken following referrals. Staff confirmed that they are invited to attend initial assessment conferences and provide reports and chronologies prior to attendance. Attendance at case conferences is monitored by line managers. The small number of GP reports that have been presented for initial case conferences provided insufficient or relevant information.

There are appropriate levels of CAF referrals from community health staff who confirmed that they had received training in the use of CAF and felt confident in using the process. Additional training for midwifery staff has also led to an increase in the use of CAF.

Equality and Diversity

A lead CAMHS worker provides good support to BME groups and works with a GP practice to provide specialist input for unaccompanied asylum seeking children; the Safe in the City initiative also provides support to these and similar vulnerable young people.

The needs of an increasingly diverse and migrant population are recognised and staff in A & E and the PANDA unit of Salford Royal NHS Foundation Trust have 24 hour access to interpreting services.

Key findings – Looked after children and health

Extract from Inspection report of safeguarding and Looked after Children Services – Ofsted June 2010

Health outcomes are achieved through effective partnership arrangements including co-location of the dedicated health team with the looked after children's services. There is a good commitment to meeting children's holistic needs particularly in relation to health and support for leaving care. This extends to meeting the needs of unaccompanied asylum seekers in achieving independence. There are good examples of effective partnership working with NHS Salford and Salford Community Health to improve outcomes particularly with health to improve outcomes for looked after children.

Services to promote good health amongst looked after children are good. Health care for looked after children and young people is well monitored with performance audited regularly. An audit of looked after children at home confirmed there is good provision of health care. Multi-agency working is supported by the co-location of the dedicated nurse within the council's looked after children team resulting in year on year improvements above the national average. Clear leadership and guidance from the designated doctor and nurse for looked after children and auditing of performance have led to improved health outcomes, with 91% of health assessments carried out within timescales; 94% of children have full immunisation cover and 90% have had regular dental checks. All these statistics reflect good performance above the national average.

The specialist CAMHS input for looked after children and young people also provides multi-disciplinary support to vulnerable placements through the Salford Therapeutic and Referral Service (STARLAC). There are good links to the alcohol and substance misuse team and mental health issues are well recognised with counselling services provided through a voluntary organisation. The sexual health policy has been developed using a multi-agency approach. As a result looked after children pregnancy rates are low. Foster carers receive regular training on a wide range of health issues to help meet the needs of the young people looked after. The dedicated health team undertake assessments of children in placements up to 50 miles from Salford. However 'although the health needs advisor has developed reciprocal arrangements for medical reviews with nurses in other local authorities for long term out of area placements' these are informal arrangements and need to be formalised. Placement stability is supported through weekly meetings of the nurse and CAMHS worker. There are partnership arrangements in place to support young people leaving care; care pathway planning involves health, social care and young people's advisors to ensure young people are given appropriate advice and support. Young people leaving care are provided with a copy of their last health plan and a summary of immunisation cover.

Overall Being Healthy grade – Good

General

Health care for looked after children and young people is well monitored and performance audited regularly; with examples such as the looked after children at home health support audit confirming good provision of health care. NHS Salford trust board is provided annually with detailed information about the current health provision through a comprehensive annual report from the looked after children health team. The report includes performance data, developments in service provision and recommendations for future activity; the most recent annual report to be published can demonstrate year on year improvements to the service. Although the health needs advisor (LAC nurse) has developed reciprocal arrangements for medical reviews with nurses in other local authorities for long term out of area placements these are informal arrangements and need to be formalised. Pregnancy rates are low for looked after children and young people with 1-1 contraceptive and sexual health advice to young people from the health needs advisor and the specialist sexual health advisor. Regular support and information for foster carers on sexual health matters relating to looked after children and young people is also available.

Partnership working

Multi-agency working is well developed in Salford with improved partnership working following the co-location of the health needs advisor within the local authority LAC team which has facilitated better joint working and information sharing. The specialist CAMHS input for looked after children and young people also provides multi-disciplinary support to vulnerable placements through STARLAC, the Salford therapeutic and referral service. Additional counselling services can be accessed

through 42nd St, a voluntary organisation providing a universal service for any young person.

The sexual health policy for looked after children and young people was developed through a multi-agency approach that included NHS Salford, the teenage pregnancy unit, education services the LAC inclusion team, youth service and residential social work teams. As well as setting clear objectives the policy provides a detailed guidance framework for all staff and carers who work with looked after children and young people when dealing with sexual health and personal relationship issues.

Health Assessments

Clear leadership and guidance from the designated doctor and nurse for looked after children and young people have led to improved health outcomes, with 91% of health assessments carried out in a timely manner, 94% of looked after children and young people have full immunisation cover and 90% have had regular dental checks. All these statistics are above the national average. Young people leaving care are currently provided with a copy of their last health care plan and a summary of their immunisation cover; the health needs advisor is planning the provision of a better health information pack to care leavers in the future.

Involving Children and Young People

There is little evidence of children and young people who are looked after currently being actively involved in planning their health care needs. However, the health needs advisor is aware of the need to demonstrate better participation by children and young people and is currently working on a more flexible system. The health needs advisor has worked effectively with foster carers to improve health outcomes; for example through contributing to the foster carer rolling training programme by providing sessions on the general health needs of looked after children and young people including areas of frequent concern for carers e.g. Sudden Infant Death Syndrome, blood borne virus infections and substance abuse in pregnancy. The Health File is a leaflet sent out quarterly by the looked after children's health team to young people and foster carers that provides easy to read and understand information about current health related issues.

Areas of Strength

Effective partnership working with young fathers has led to an increase in the use of sexual health services by young men following targeted work by multi-agency staff in children's centres.

The lead taken from the safeguarding team and A/E practitioners (Nursing Times Awards 2009) at the Salford Royal Foundation Trust Hospital in raising awareness and promoting the use of MARAC by staff within the trust.

The appointment of a lead nurse for supervision in January 2010 has improved the quality and timeliness of supervision available to Salford Community Health staff

The looked after children's health team have developed effective partnership working and improved health outcomes to above national averages.

Recommendations for Improvement from joint report relating to health partners

- *NHS Salford should urgently recruit to the substantive posts of designated nurse for commissioning services and named doctor in community services to provide strategic safeguarding advice and oversee supervision and effective safeguarding processes across health agencies.*

- *Salford Community Health/NHS Salford should ensure there are sufficient health visitors or community nurses to provide universal as well as targeted health promotion services.*

- *Ensure that Salford Community Health and NHS Salford provide appropriate levels of safeguarding training for all community health staff.*

- *SSCB to finalise work on a robust business plan and implement this ensuring there are clear arrangements for joint-agency auditing of work and performance management.*

Additional recommendations for improvement

The views of young people and their carers should be actively sought and used at a strategic planning level as well as at an operational level.

Active recruitment to the roles of named GP within NHS Salford to improve uptake of training and improve the quality of contributions to case reviews

Plans to improve the community liaison cover in A/E PANDA department at Salford Royal NHS Foundation Trust must be implemented as soon as possible.

Young people who are looked after should be more actively involved in planning their health care needs.

The reciprocal arrangements for medical reviews of looked after children in out of area placements should be formalised.

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

Lynn

Lynn Davinson
Team Leader
Integrated Inspections of children and LAC

Cc

Mr Mike Farrar - SHA CEO NHS North West
Ms Sue McMillan– CQC Regional Director, North West Region
Mr Anthony Deery – CQC Interim Head of Statutory Inspections
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Other organisations involved in this review

Salford Royal NHS Foundation Trust
Greater Manchester West Mental Health Foundation Trust
Salford Community Health