This report relates to the recent integrated inspection of safeguarding and services for looked after children which took place in the above Authority recently.

It provides more detailed evidence and feedback on the findings from the Care Quality Commission’s (CQC) component of the inspection, and links these to the outcomes requirements as set out in the Essential Standards for Quality and Safety.

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.

The team provided feedback to your local Director of Children’s Services at the end of fieldwork and the joint inspection report to the authority is now published on the Ofsted website and can be accessed via this link: The joint inspection report

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| **Looked After children Inspection Outcome** | Aggregated inspection finding |
| Overall effectiveness of services for looked after children and young people | Adequate |
| Capacity for improvement of the council and its partners | Adequate |
This report includes findings from the overall inspection report, and provides greater detail about what we found, mapped where relevant to the Essential Standards, in order that your organisation can consider and act upon the specific issues raised.

A copy of this report is being sent to your commissioning PCT, and CQC Regional Director. This report is also being copied to the Strategic Health Authority/Monitor as appropriate and CQC’s head of national Inspections, who has overall responsibility for this inspection programme.

In respect of the recommendations in the report, please complete an action plan detailing how they will be addressed and submit this to CQC and your SHA Chief Executive within 20 working days of receipt of the final report.

The Inspection Process

This inspection was conducted alongside the Ofsted-led programme of children’s services inspections. These focus on safeguarding and the care of looked after children within a specific local authority. The two-week inspection process comprises a range of methods for gathering information – document reviews, interviews, focus groups (including where possible with children and young people) and visits – in order to develop a corroborated set of evidence which contributes to the overall framework for the integrated inspection.

CQC contributes to the inspection team and assesses the contribution of health services to safeguarding and the care of Looked after children relating to that authority. Our findings from the inspection contribute to the joint report published by Ofsted and also enrich the information we use to assess providers against the Essential Standards of Quality and Safety. This report sets out specifically the evidence we obtained in relation to these standards and extracts from the published report are included and identified.

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.

This document sets out the findings in relation to the organisations listed above, but includes some areas which apply to one or more other NHS bodies where pertinent.

Context:

Cheshire West and Chester Council is in the north west of England. It was established as a unitary authority in April 2009 as a result of local government reorganisation and was formed from three district councils and a county council. The council area covers both rural and urban populations and services are centred on the three districts of Ellesmere
Port, Chester and Vale Royal. It has a population of 326,600 of whom 76,400 are under the age of 19 years. Commissioning and planning of health services for children and young people are carried out by two primary care trusts (PCTs): NHS Western Cheshire and Central and Eastern Cheshire PCT. Acute services including accident and emergency services are provided by the Countess of Chester Hospital NHS Foundation Trust and Mid-Cheshire Hospitals NHS Foundation Trust, although families may choose to access services at hospitals located in neighbouring authorities. Specialist Child and Adolescent Mental Health Services (CAMHS) are provided by Cheshire and Wirral Partnership NHS Foundation Trust. Community services such as health visitors and school health advisors are provided through Community Care Western Cheshire, the provider arm of NHS Western Cheshire.

The Cheshire West and Chester Children’s Trust Board has been established since July 2009 and includes a broad membership from key statutory agencies. It relates directly to the local strategic partnership, West Cheshire Together, which became operational in April 2009.

1 General – leadership and management

1.1 NHS Western Cheshire, Countess of Chester Hospital NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation Trust are fulfilling their statutory duties to safeguard and promote the welfare of children. Although the local authority and PCT boundaries are not co-terminus good cross boundary working with Central and Eastern Cheshire PCT has ensured consistent safeguarding policies and practices are followed by staff across the whole local authority area.

1.2 There is commitment at a strategic level from NHS Western Cheshire to joint commissioning with Cheshire West and Chester, its local authority partner, through the integrated strategic commissioning team which is currently commissioning Children and Adolescent Mental Health Services (CAMHS), services from the teenage pregnancy unit (TPU) and children’s community services. However the joint commissioning strategy remains underdeveloped and there is no evidence yet of its impact on children’s health and well being. Recently more effective joint working has been facilitated through key appointments across NHS Western Cheshire and Cheshire West and Chester LA including the posts of director of public health and joint commissioning managers.

1.3 Current commissioning decisions demonstrate a shared understanding of the needs of children and young people and clarify how partners in Cheshire will work together to further develop the existing commissioning framework. Priorities for NHS Western Cheshire and the local authority are shared and reflect each others priorities; improvements to children’s health outcomes are a clearly defined priority for NHS Western Cheshire. Although health outcomes are generally adequate or even good they disguise local health inequalities where outcomes for children in deprived areas are considerably poorer. The Joint Strategic Needs Assessment (JSNA) identifies current and future health and well being needs and has been
developed on the local authority footprint; it is used to better inform planning decisions across partner agencies.

1.4 Further evidence of the commitment to partnership working from NHS Western Cheshire can be seen through their contribution to the Children’s Trust where programmes to address health inequalities demonstrate effective working with other agencies. For example through support for Enhanced Healthy Schools programme and development of children’s centres; there are several examples of co-location of health workers such as health visitors and midwives alongside social care staff in children’s centres and teams working with children with disabilities.

1.5 Evidence that partners are working well together to address local needs is demonstrated through the review of the CAMHS strategy which involves the joint commissioners of these services, NHS Western Cheshire and West Cheshire and Chester LA, as part of the children’s trust thematic reviews.

1.6 All named safeguarding professionals within the main provider healthcare organisations report good working relations with children’s social care department; no significant issues were reported concerning delayed or inappropriate responses to referrals made by health partners in any area covered by the local authority.

1.7 However there is evidence of some effective activity involving young people demonstrated by Community Care Western Cheshire through the recent achievement of the ‘You’re Welcome’ quality award by the sexual health services. Cheshire and Wirral Partnership NHS Foundation trust has also made good progress in achieving the ‘You’re Welcome’ award for services used by young people.

2 Outcome 1 Involving Users

2.1 Involvement of young people in planning services at a strategic level within NHS Western Cheshire remains at an early stage and the PCT is looking at ways of expanding its practice in this area.

2.3 Differing cultural needs are met appropriately through easy access to interpreting services by staff in the A/E department at the Countess of Chester NHS Foundation Trust. Further evidence of the understanding of diverse needs of patients was demonstrated through training currently being undertaken by Countess of Chester A/E department staff in the use of patient held records used by travelling families to ensure better continuity of care.

2.4 There are adequate current partnership working at both strategic and operational levels or children with disabilities but integration could be developed further. For example staff are currently working together well at operational level but are managed by different service managers. Young people with learning disabilities who also have mental health needs receive an appropriate and responsive service from a specialised CAMHS team which is part of a multi-agency service co-located within disabled children’s social care team based in Ellesmere Port.
2.5 A review of looked after children’s health records found little evidence of children and young people being involved in their health assessments or planning of care.

2.6 There is little evidence of any targeted interventions offered to care leavers; young people about to leave care do not receive adequate support or health related information from the looked after children’s health team.

3. **Outcome 4 Care and welfare of people who use services**

3.1 Waiting times for access to CAMHS from referral to assessment can demonstrate recent improvement. Waiting times are now down to around 4-6 weeks; all referrals are seen on a clinical needs basis with urgent cases seen immediately. Waiting times are monitored through monthly reporting mechanisms to the Cheshire and Wirral Partnership NHS Foundation Trust’s own governance system as well as to the main commissioning PCT’s.

3.2 Despite the provision of a tiered out of hours on call psychiatric service for CAMHS there is lack of understanding about the service available amongst staff in the A/E dept of the Countess of Chester Hospital NHS Foundation Trust. A protocol for under 16’s presenting with mental health problems ensures that all young people are admitted to a paediatric or adolescent unit overnight with a CAMHS assessment carried out the following day. Young people aged 16-18 are seen by the liaison team; however audit activity has identified that young people presenting with self injury is an area for further development.

3.3 A range of early interventions at tier 1 CAMHS by community staff and children’s centres provide an adequate level of parenting support for children and families. Programmes include Baby Matters, Webster Stratton programme and TAMHs project delivered by primary mental health workers, health visitors and school health advisors in Western Cheshire. However there is currently little evidence of the impact or outcomes of these strategies available.

3.4 An adequate level of support for community staff to deliver effective tier 1 CAMHS is provided by specialist mental health workers through a rolling programme of mental health awareness training. The impact of this training and support can be demonstrated through the monitoring of referrals to specialist services which now show that community staff are increasingly referring in a timely way to the right services.

3.5 Effective joint commissioning has enabled the recent permanent appointment of an outreach sexual health worker who is providing a well targeted service for hard to engage and vulnerable young people not accessing mainstream contraceptive services. The outreach sexual health worker is also establishing links with the looked after children’s nurse; however as this is a relatively recent activity there is no evidence of impact or outcomes yet.
3.6 Further evidence of effective targeting of resources to address local needs can be seen through agreed joint funding for the innovative recruitment of 3 health trainers from the local community in Ellesmere Port to help signpost the teenage pregnancy preventative agenda; workers have been fully trained to City and Guilds level and ready to start work. The impact and outcomes of this approach are to be carefully monitored for effectiveness.

3.7 Although the percentages of medical assessments and dental checks for looked after children are around the national average at 79% the quality of health care planning in the records reviewed was of a very poor standard in NHS Western Cheshire, with little evidence of management oversight or audit. Until June 2010 initial health assessments of looked after children were undertaken by GPs with no additional training in the needs of this vulnerable group of children; plans are now in place for the designated doctor and nurse to audit and monitor the quality of initial health assessments in the future.

3.8 With very little additional training having been given to health visitors and school health advisors the standard of health assessment reviews for NHS Western Cheshire is also inadequate. Further training is planned to ensure review assessments are of an acceptable standard in the future.

3.9 Despite the ad hoc nature of health promotion activities involving looked after children and young people there is a very low rate of pregnancy with only one young person currently pregnant.

3.10 There is little evidence of effective inter-agency working to promote the health of looked after children; information is not shared in a timely way and there is no aggregation of information to facilitate strategic planning between children’s social care and the looked after children’s health team.

4 Outcome 6 Co-operating with others

4.1 Although there is appropriate health membership of the Local Safeguarding Children Board (LSCB) with attendance at director level by NHS Western Cheshire (both commissioning and provider services), Countess of Chester NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation Trust there is currently no GP representation. However NHS Western Cheshire has demonstrated effective commitment to promoting children’s safeguarding through the funding of locum fees to enable GPs to attend child protection case conferences when necessary; this payment has resulted in improved attendance by GPs.

4.2 Adult mental health services can demonstrate some positive outcomes in safeguarding concerns relating to children. Membership by the trust of the recently re-constituted LSCB has led to better understanding by adult mental health workers of children’s safeguarding concerns as well as improvements to information sharing between adult and children’s mental health services.
4.3 There is adequate evidence of partnership working at an operational level, health staff are now more confident in the appropriateness of the referrals they make to children’s social care following the Continuum of Care training. The training was provided by the local authority with further training delivered by Community Care Western Cheshire in response to the very high levels of inappropriate referrals and has led to improved awareness of social care thresholds with a reduction in the rate of inappropriate referrals received.

4.4 Health staff confirmed that they are invited to attend initial assessment meetings and any subsequent case conferences; attendance at case conferences is monitored by line managers. Effective chairing of case conferences enables health care professionals to contribute more effectively to discussions and any decisions made. Health visiting staff reported that additional training opportunities and supervision sessions had increased their confidence when contributing to the decision making processes during case conferences.

4.5 There is variable implementation of the common assessment framework (CAF) by health staff; although training has been undertaken and the use of CAF is now increasing it is not yet embedded in the everyday practice of all community health staff. An audit of CAF activity shows the work undertaken to ensure better use of CAF by community staff has been effective; the number of CAFs implemented by community staff is increasing and all staff felt implementation of a CAF had led to improved partnership working and clearer outcomes for families. There is more effective use of CAF by those health care professionals working closely with multi-agency staff in children’s centres.

4.6 Improved partnership working and an increased understanding of children’s vulnerability can be seen through the recent development of a CAF pathway by Countess of Chester Hospital NHS Foundation Trust A/E staff. Children in need concerns that do not meet the referral criteria to children’s social care but still require additional support are now being responded to more effectively by the safeguarding team at the hospital with a referral to the appropriate community health care professional made within 72 hours. The use of CAF is also showing signs of becoming more embedded in midwifery practice with a particularly effective example of improved outcomes for families following implementation of a CAF involving midwives and housing agencies.

4.7 A multi-agency and multi-disciplinary substance misuse service across Cheshire West and Chester provides effective education and advice to young people on substance related issues with an emphasis on harm reduction. There is good evidence of established partnership working to address substance misuse through targeted joint group work along with Connexions in schools and the additional training provided to A/E staff at the Countess of Chester hospital.

4.8 Two specialist midwives working with pregnant women who are involved in substance misuse in Chester and Ellesmere Port has enabled more effective joint working practices and information sharing. However, although good relationships with social workers and drug workers are reported there is currently no evidence of impact or improvement to outcomes for this vulnerable group yet available.
4.9 Although teenage conception rates in Cheshire West and Chester are below national average the latest trend is upwards, as progress has reached a plateau. The teenage pregnancy strategy is currently being reviewed to address this challenge. There is a flexible and confidential drop-in contraceptive service for young people in a range of venues; good partnership working arrangements were demonstrated through their work in children’s centres, youth settings, high schools and colleges of further education. Effective additional support from Cheshire West and Chester has enabled better media and communications coverage for sexual health services across the authority.

4.10 Minutes from meetings show that health professionals are working well with partner agencies to minimise the effects of domestic abuse; for example attendance at MARAC meetings has improved communications and information sharing between police and midwifery services which are now at a very good level. Midwives and other hospital staff have become increasingly aware of their role in identifying domestic abuse through regular training relating to domestic abuse; an annual audit by the named midwife demonstrates good level of compliance with the domestic abuse policy by midwives and A/E staff. Vulnerable women are now being identified more effectively through the use of a vulnerability tool by midwives at the Countess of Chester Hospital; a clear care pathway ensures domestic violence is discussed with pregnant women alone at some point during pregnancy. An electronic flagging system used within the A/E department at the Countess of Chester Hospital NHS Foundation Trust identifies a number of alerts including domestic abuse concerns which has led to more effective and timely information sharing between acute and community health care professionals when domestic violence is suspected and children are involved.

4.11 There is appropriate contribution to by all health care organisations to serious case reviews (SCR); healthcare provider organisations in West Cheshire and Chester such as the Countess of Chester Hospital NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust as well as NHS Western Cheshire are able to demonstrate they are learning from adverse events through actions taken in response to SCR recommendations.

4.12 Examples of changes to policy and practice development includes named nurses and doctors within the provider trusts ensuring appropriate and adequate supervision for staff engaged in safeguarding activities; and staff in the maternity unit working closely with the local authority to develop a robust pre-birth assessment pathway. Supervision sessions are now much more structured and reflect good progress in the implementation of action plans following on from SCR recommendations. The designated nurse at NHS Western Cheshire and the named professionals within each provider trust monitor the attendance and quality of supervision activity.

4.13 Young people with learning disabilities who also have mental health needs receive an appropriate and responsive service. Specialist CAMHS Learning Difficulties and Disabilities staff work as part of a multi-agency service co-located within the disabled children’s social care team based in Ellesmere Port. Transitional planning is undertaken at an appropriate time; there are good links are in place with staff and parents of children and young people in special schools and joint
assessments are carried out in a manner that reflects a holistic team approach. Families of children and young people with complex needs are provided with clear information of the care that will be provided; there are well established care pathways in place for Attention Deficit Hyperactivity Disorder (ADHD) and for young people with Autistic Spectrum Disorders (ASD). Plans are currently in place to review and amend the pathways followed in Western Cheshire.

4.14 There is no priority access to specialised services such as CAMHS for looked after children and young people and very little in the way of placement support for foster carers and children in fragile placements.

4.15 Any health promotion training offered to carers by the looked after children’s nurse is of an informal and ad hoc nature and has not been audited for its content or impact. Although the looked after children’s nurse does provide some input into the local authority children’s homes there is little evidence of support provided to children living in private children’s homes.

4.16 There are no formal arrangements in place at NHS Western Cheshire to monitor the quality of health care for looked after children and young people in out of area placements.

5 Outcome 7 Safeguarding

5.1 Designated professionals for safeguarding within NHS Western Cheshire and the named professionals from Countess of Chester NHS Foundation Trust and Cheshire and Wirral Partnership NHS Foundation Trust are working effectively together to provide and monitor training programmes for their respective organisations. They work collaboratively with colleagues from partner agencies to develop and deliver multi-agency training. Designated and named professionals for children’s safeguarding have clear job descriptions with sufficient capacity and experience to fulfil the demands of their roles.

5.2 All named safeguarding professionals within the provider trusts report good working relations with West Cheshire and Chester children’s social care dept, no significant issues regarding delayed or inappropriate responses to referrals made by health partners were reported in any part of the local authority.

5.3 Cheshire and Wirral Partnership NHS Foundation trust has exceeded the targets for safeguarding training at all levels; and good progress has been made by Community Care Western Cheshire and the Countess of Chester Hospitals NHS Foundation Trust in meeting the targets for level 2 and 3 safeguarding training.

5.4 The safeguarding team within NHS Western Cheshire has improved access and monitoring of safeguarding activity by independent contractors, however the uptake of training offered to independent contractors, including GP practices remains below target. NHS Western Cheshire has prioritized the need to improve uptake of safeguarding training by independent contractors and their staff and clear strategies are now in place to do this
5.5 Western Cheshire and Chester LSCB has an established Child Death Overview Panel (CDOP) which has implemented child death review processes effectively at a local level. Further development of a multi-agency rapid response process has been introduced to review all sudden unexpected deaths of children. During 2009/2010 the CDOP reviewed 19 deaths of children and identified one death as preventable, the majority of deaths are associated with very premature birth or congenital conditions.

5.6 There are inadequate and variable local arrangements in place for child sexual abuse medicals across Western Cheshire and Chester local authority area resulting in some children having to travel long distances for a medical examination. NHS Western Cheshire currently has a local service in place but is planning a service level agreement with St Mary’s in Manchester for the provision of these services in the future.

5.7 NHS Western Cheshire have a named GP in post who provides effective leadership to GPs in matters relating to safeguarding children and can demonstrate some effective outcomes in general practice. All practices now have a named safeguarding lead and the funding of locum cover in Cheshire West has led to an increasing level of attendance at case conferences by GPs. There is anecdotal evidence that GPs and their staff now have better understanding of their safeguarding responsibilities following practice based training provided by the safeguarding team within NHS Western Cheshire.

5.8 The Countess of Chester Hospital NHS Foundation trust has a good alert system in place to record previous visits and to track concerns with flagging system installed on IT systems used in both A/E and urgent care centres. There is appropriate information sharing between the hospital and the local authority; the named nurse is provided with regular and up to date information on children with a child protection plan (CPP) in place to ensure alert system is current. Any out of hour’s queries for children newly attending are made through accessing the emergency duty team; all staff are aware of how to access out of hours information regarding children with a CPP in place.

5.9 There is appropriate and timely sharing of information between primary and secondary health care providers; a liaison service provided by the safeguarding team within NHS Western Cheshire ensures that information relating to A/E visits and hospital admissions of under18’s to the Countess of Chester Hospital NHS Foundation Trust is shared in a timely way with health visitors, school health advisors and GPs.

5.10 There are adequate CAMHS tier 4 services in place; 24 beds of age appropriate accommodation for 14 -18year olds are secured through the local sub regional facility. Additional beds are commissioned as necessary through service level agreements with private providers. Under 14’s are treated at Alder Hey Hospital in Liverpool. A specialist eating disorder service is available and home based therapy services have been developed to compliment in-patient specialist tier 4 care.
Outcome 11 Safety, availability and suitability of equipment

6.1 The existing services for sexual abuse medical examinations provided by Countess of Chester NHS Foundation Trust are not sufficiently equipped or staffed to provide an adequate service. For example there is inadequate access to a colcoscope to carry out a full medical assessment. A review of this service is currently being undertaken by NHS Western Cheshire.

Outcome 13 Staffing numbers

7.1 There are sufficient numbers of community health staff to ensure that universal as well as targeted health services are provided for young children; good progress is being made with the implementation of the Healthy Child Programme across western Cheshire. NHS Western Cheshire monitors vacancy rates amongst community staff monthly; there are no significant recruitment or retention difficulties reported within community health staff and a service redesign is in place to ensure core and universal services are provided by a flexible and appropriately trained workforce.

7.2 However, the designated nurse covers not only children’s safeguarding but also adult safeguarding as well as looked after children. The capacity of the designated nurse to provide effective strategic guidance and support in all three areas is adversely affected by the range of these current responsibilities.

Outcome 14 Staffing support

8.1 NHS Western Cheshire has implemented a trust wide safeguarding training policy and the 80% target for level 1 training of all staff has been met and exceeded by Countess of Chester Hospitals NHS Foundation Trust, the Cheshire and Wirral Partnership NHS Foundation Trust and Community Care Western Cheshire, the provider arm of NHS Western Cheshire.

8.2 Good progress has been made in providing level 2 safeguarding training to staff and currently 91% of A/E staff at the Countess of Chester Hospital NHS Foundation Trust have undertaken this level of training. Cheshire and Wirral Partnership NHS Foundation Trust has prioritised safeguarding children effectively; a named doctor and nurse are in post and role of named nurse has recently been expanded to enable additional provision and co-ordination of safeguarding training. Targets for safeguarding training have been well met with 100% attendance at level 1 training; all medical staff have undergone level 2 training.
8.3 Community Care Western Cheshire have ensured that all relevant staff are effectively supported to deal with safeguarding concerns; with the designated nurse and safeguarding team providing adequate support and guidance on any safeguarding issue.

8.4 Action has been taken by all healthcare organisations in West Cheshire to ensure there are appropriate supervision arrangements in place and staff confirmed during the inspection that supervision is available especially in relation to children’s safeguarding work. Processes for recording training activity are currently being reviewed by the safeguarding team within NHS Western Cheshire to ensure up to date information on training levels is available for improved levels of monitoring performance.

8.5 The designated professionals for safeguarding from the PCT and the named professionals from each health care provider organisation work well together to provide training programmes for their respective organisations. They also work collaboratively with colleagues from partner agencies to develop and deliver multi-agency training.

8.6 Although the safeguarding team within NHS Western Cheshire has recently improved access to and monitoring of safeguarding activity by independent contractors uptake remains low. The latest training data shows that only 49% of GPs and 19% of dentists have so far attended level 2 safeguarding training; but 40% of pharmacists have undertaken level 2 training and 27% of optometrists have undertaken level 1 training.

9 Outcome 16 Audit and monitoring

9.1 NHS Western Cheshire has appropriate performance monitoring systems and contract monitoring processes in place to provide adequate assurance for the trust board that healthcare providers have developed appropriate safeguarding arrangements. Quarterly reports which are provided by the executive safeguarding lead identify key issues such as progress against serious case reviews (SCR) recommendations, training updates, policy development and implementation and audit activity. Progress against all target and priority areas are RAG rated with a clear analysis of issues and progress against action plans.

9.2 All of the main provider trusts that NHS Western Cheshire commissions services from have similar processes in place to monitor and report on safeguarding issues. However these mechanisms require further development to ensure more effective and timely ways of collecting and analysing safeguarding training data from both commissioned and contracted services. Although data is readily available for level 1 training rates it is not currently possible to easily access level 2 and 3 training rates from all provider services. This issue had already been identified within the provider trusts and systems are currently being amended to allow faster and timelier access to safeguarding data.

9.3 Improvements to children’s health outcomes is a clearly defined priority for NHS Western Cheshire and although health outcomes are generally adequate or even
good they disguise local health inequalities where outcomes for children in deprived areas are considerably poorer. 13% of Cheshire West population live within the 20% most deprived areas in England and a strategy is in place to improve health outcomes for children and young people in these areas.

9.4 Despite outcomes for health of children and young people in Cheshire West and Chester being generally good a number of health indicators for children and young people are showing adverse trends or are not improving at a sufficient rate. Although the teenage pregnancy rates are lower than regional and national averages the rate of decrease is not consistent with an upward trend in some areas; the teenage pregnancy strategy has not been effective in meeting its trajectory targets and is currently being reviewed.

9.5 Although 68% of women are initiating breast feeding too many give up shortly after birth and the percentages of children who are overweight or obese remain a concern for the future health of children in Cheshire West and Chester. Decreasing immunisation rates have been an area of concern in Western Cheshire for some time and are being addressed in a number of ways; schemes to improve immunisation rates are being monitored on a quarterly basis and some significant recent improvements in uptake reported after intensive work in children’s centres, with travelling families and through improvements to data collection systems.

9.6 There is inadequate monitoring of the quality of health assessments for looked after children by NHS Western Cheshire with no evidence that the timeliness and quality of care provided is reviewed or reported on. No annual report on the health of looked after children has yet been presented to NHS Western Cheshire although there are plans to present such a report for the first time to the trust board in January 2011.

10 Outcome 21 Records

10.1 The inadequate quality of initial and review health assessments for looked after children by NHS Western Cheshire was demonstrated through a review of looked after children’s health records and health plans and an internal audit just prior to the inspection. The standard of both initial and review health assessments by the looked after children’s team in NHS Western Cheshire is poor; the health records audited showed poor understanding of young people’s health needs with no timely or comprehensive assessment undertaken.

10.2 Review health assessments have not always been completed nor was there any evidence in records to demonstrate effective decision making or implementation of plans. For example out of 6 actions identified within a looked after child’s health care plan only 2 actions had any evidence of follow up in a timely manner.

10.3 The lack of current information in health records results in a failure to provide any evidence of impact or outcomes for the health and well being of looked after children and young people.
10.4 The records reviewed were not all compliant with the NMC guidance for good practice; this is an area that the designated nurse had identified during a recent audit and plans are in place to improve the standard of record keeping.

10.5 Records also demonstrated the lack of any formal arrangements to monitor the health care for children looked after in out of area placements.

**Recommendations from joint report**

**Within three months**

*NHS Western Cheshire to ensure that good quality health assessments are completed for all looked after children and care leavers and that the performance of the looked after children’s health team is part of its integrated governance system.*

**Within six months**

*NHS Western Cheshire and Central and Eastern Cheshire PCT to ensure that arrangements are put in place to monitor the quality of health care provided to looked after children in out of area placements.*

*Ensure that looked after children and care leavers are accorded a priority access to timely specialist mental health support.*

**Within 3 months (from this report)**

*NHS Western Cheshire to develop more robust monitoring systems for the safeguarding responsibilities of all independent contractors.*

*NHS Western Cheshire to ensure improvements to Child Sexual Abuse examination facilities are implemented.*

**Within 6 months**

*NHS Western Cheshire to ensure that the views of young people are heard in the planning and development of health care services.*
Next steps

An action plan is required from the commissioning PCT within 20 working days of receipt of this report. Please submit the action plan to your SHA copied to CQC through childrens-services-inspection@cqc.org.uk and it will be followed up through the regional team.