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.

<table>
<thead>
<tr>
<th>Insert Name of Authority</th>
<th>Warrington</th>
</tr>
</thead>
</table>

### Safeguarding Inspection Outcome

<table>
<thead>
<tr>
<th>Aggregated inspection finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall effectiveness of the safeguarding services</td>
</tr>
<tr>
<td>Capacity for improvement</td>
</tr>
</tbody>
</table>

### Looked After children Inspection Outcome

<table>
<thead>
<tr>
<th>Aggregated inspection finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall effectiveness of services for looked after children and young people</td>
</tr>
<tr>
<td>Capacity for improvement of the council and its partners</td>
</tr>
</tbody>
</table>

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:

This is the second inspection of the local authority (LA) and health partners under this methodology. Following the inspection in 2009 a number of recommendations for improvement were made and this inspection has focused specifically on progress of actions within health and its partnership working since that time. Evidence has not been assessed for all outcomes listed.
Commissioning and planning of national health services and primary care is the responsibility of NHS Warrington, Primary Care Trust (PCT). Acute healthcare services are provided by Warrington and Halton Hospitals NHS Foundation Trust. Community health services, which includes health visiting and school nursing, is delivered by NHS Warrington via the Community Services Unit and the Five Boroughs Partnership NHS Trust is commissioned by NHS Warrington to provide children’s and adolescent mental health services. (CAMHS). In addition to this, NHS Warrington commissions specialist services for children from Alder Hey Children’s Hospital, Central Manchester University Hospitals Foundation Trust and Cheshire and Wirral Partnership Foundation Trust. These organisations were not included in this inspection.

The contribution of health agencies to keeping children and young people safe is adequate.

1 General – leadership and management

1.1 There is evidence of an improved joint commissioning framework. This has led to progress in the validation and quality assurance processes within the PCT to ensure outcomes are focused on children’s services. Safeguarding is now more effectively performance monitored as part of monthly quality and contract review meetings with all partner agencies.

1.2 Commissioning arrangements appropriately link with the Joint Strategic Needs Analysis, which is currently being refreshed for 20011/12. Safeguarding is now incorporated into all service specifications and contracting arrangements. The jointly funded Assistant Director of Integrated Commissioning post with the local authority and health is assisting partnership and integration of service delivery.

1.3 Work is on going for the development of a GP Consortium for commissioning of health services within Warrington and the setting up of a health and well being board is imminent. Warrington has been selected as part of the early implementation pathfinder project. Funding arrangements include a joint commissioner for children’s services.

1.4 The reorganisation of the local safeguarding children’s board (LSCB) has been seen as one of the key factors in improving communication and providing more effective challenge to health partners. All health organisations have appropriate representation on the LSCB and its sub committees.

2 Outcome 1 Involving Users

2.1 Within the sexual health service young people have been involved in the making of a DVD -"Need to Know", which provides advice and sign posting to the range of agencies and services available. A range of methods to communicate and improve engagement with young people have been employed by the sexual health team, including the sexual health website, text messaging and blue tooth networking over holiday periods, to ensure that advice is available and awareness remains raised.
2.2 Some initiatives, such as aiming high for disabled children, demonstrate good practice in involving parents and children in service design and development. However, overall there is little clarity as to how the views of children, young people and parent contribute to the development and improvement of services other than on an individual basis.

3 Outcome 2 Consent

3.1 Within both the acute and mental health providers there are appropriate policies and procedures in place that ensure consent is taken prior to any health assessment or treatment of children and young people. Consent is gained from parents and carers and is appropriately documented. Competency of young people is fully assessed within sexual health services. Consent is also gained for the sharing of information between appropriate agencies.

4 Outcome 4 Care and welfare of people who use services

4.1 The provision for CAMHS by the implementation of an integrated tier 2/3 service across the borough has clearly been one of the major improvements. It is reported that progress has been made in the partnership working between health and social care. Thresholds are now better understood and this has led to more understanding and improved communication. More effective performance monitoring is now in place from the emotional and mental health wellbeing sub group of the children’s trust, which in turn has robust reporting arrangements with the commissioning PCT.

4.2 Progress has been made in accessing targeted CAMHS. TAMHS provision is now in place across the eleven secondary schools. School based workers, who are funded by LA but seconded to CAMHS service, are beginning to see improving outcomes for young people due to earlier intervention.

4.3 Additional posts of two CAMHS workers for looked after children (LAC) has resulted in significant improvement in access to the service. This ensures earlier intervention with more vulnerable children and young people and the care in partnership approach is now well established. Waiting times for access to assessment and interventions are no longer than 1 week.

4.4 A 24hr CAMHS outreach service is now available providing a cover duty system, supporting young people when admitted into the accident and emergency department of the acute trust. Staff report that assessments by the service are carried out within a timelier manner.

4.5 The implementation of the family support model within CAMHS has improved screening of referrals on a daily basis and now earlier screening appointments are offered. Waiting times for assessment is reported to be between 2-3 weeks, with the longest wait 10 weeks. CAMHS inclusion workers attend multi agency meetings supporting a more seamless pathway, enabling them to facilitate a fast track both into, out of and return to the service if required.
4.6. A reconfiguration of service delivery and skill mix review has been undertaken within health visiting. Staff work in geographic locations across the borough. New mums receive one postnatal visit by a health visitor who carries out the initial assessment. Further intervention is risk based and is delivered in some cases by nursery nurses or staff nurses. Audits of service delivery have been carried out and to date reports show no evidence to support any detrimental impact on children and their families. Caseloads are high at between approximately 200-400 families. Recalculation of weighting of caseloads is reported to be undertaken on a regular basis.

4.7 There are two “Healthy Start” health visitor posts, created via funding from the transforming services agenda. This role is based on the family nurse partnership model and ensures a higher level of early intervention for the most vulnerable families. Caseloads of between 40-50 families are carried.

4.8 Service provision for sexual health is good and there is good engagement with young people. There is access to all agencies via the youth advice shop and this is well attended by young people, with a recent increase in attendance from young males. Teenage pregnancy rates have remained constant and this reported to be down to provision of sexual health services across the borough and the level of engagement. A domiciliary outreach service provides sexual health advice to parents and carers of young people with learning disabilities or physical disabilities.

4.9 For looked after children the number of initial health assessments for 2010 was 70% - down 7% from 2009. No figures were available to confirm registration with a dentist but it is reported that 100% are now registered with a dentist. In addition LAC have open emergency access to dental practice or are given appointments within 1 week via a clinic at Garven Place. Immunisation figures are slightly down from 93% to 90.2%. Review health assessments are also down 3% at 90%.

4.10 A total of nine school health advisors are divided between eleven secondary schools. Health sessions are held in all schools by an appointment system and it is reported that there is good partnership working between health, education and social services. The advisors also work closely with the children with complex needs team, ensuring that these children and young people have appropriate access to and support within mainstream schools.

5 Outcome 6 Co-operating with others

5.1 Health sessions in further education colleges are well established and delivered by the sexual outreach team. Training has been provided for foster carers to assist them to talk with and support young people when dealing with sexual health issues. Partnership with education is good. School health advisors are trained in secondary schools to give competent contraception advice and signpost to additional and most appropriate service.

5.2 The LAC Specialist Nurse is new to post, having only just completed her own induction. However it is apparent that she has quickly gained a good level of understanding and insight into the current position and what actions are required to
improve service delivery. The post is joint funded with the local authority and she spends two days working within social care. This is leading to improved communication and better integrated working. One of the actions put into place is to stop the delay in arranging initial assessments, whilst waiting for consent forms to be received. Due to working within social care the LAC Nurse is able to speak directly with the social worker in most cases and expedite the gaining of consent - meanwhile appointments have been arranged.

6 Outcome 7 Safeguarding

6.1 There is effective leadership from the designated and named lead professionals across health. Since the last inspection the designated nurse role within the PCT has been made into a full time post.

6.2 The PCT safeguarding team continue to work in partnership with the local authority to deliver multi-agency training across the borough and the lead professionals are part of the multi-agency training within the LSCB.

6.3 Policy and procedure reviews have been undertaken and there is improved scrutiny of safeguarding practices of health partners via the established safeguarding assurance groups.

6.4 A comprehensive safeguarding risk dashboard has been implemented within the Community Services Unit, the provider arm of the PCT. This details all safeguarding priorities and along with the safeguarding action plan, these are live documents that demonstrate regular update and progress.

6.5 Safeguarding assurance groups are now established across health and this has improved communication with designated and named professionals and formalised performance monitoring of action plans.

6.6 Currently there is no identified named GP, however for last 18 months a community paediatrician has taken on the additional responsibility to liaise with GP practices. There is still some concern in regard to numbers of GP’s who have accessed training but this is being resolved through annual training at protected learning time and 6monthly meetings with the practice safeguarding champions to update and disseminate information.

7 Outcome 11 Safety, availability and suitability of equipment

7.1 Care and treatment is provided within a suitable environment in the paediatric emergency department at the acute trust. There are safeguarding leads identified both with the paediatric and the main accident and emergency department. The lead nurses attend the monthly safeguarding assurance group. There is a flagging system that alerts staff if a child or young person presenting is subject to a child protection plan or has other safeguarding issues. Copies of casualty assessment cards and paediatric assessments sheets are forwarded to the named nurse for safeguarding. These have a child protection section and flow chart which must be completed. If there are any omissions the named nurse is able to take action.
8 Outcome 12 Staffing recruitment

Evidence was not assessed for this outcome during this inspection

9 Outcome 13 Staffing numbers

9.1 Capacity within health visiting remains a concern. There have been no additional posts to the staffing establishments for health visitors since the last inspection in 2009. Staffing levels have been placed on the risk register for the PCT.

9.2 There is some concern about the number of school health advisors and a review of skill mix within teams has been undertaken. Work is allocated between the baseline screening programme at Bands 3 and 4 and a higher level of intervention at Band 5.

9.3 The LAC health team consists of the designated Doctor for 1 day per week, a full time LAC Specialist Nurse; there are 2.6 wte specialist Health visitors in the safeguarding team who support the LAC service in the absence of the LAC Nurse. Both services are managed by the Named Nurse for Safeguarding Children. There is fulltime admin support for the LAC service. This is increased capacity within the team since the last inspection and it is hoped that an improvement in the numbers of health assessments undertaken will soon be achieved.

10 Outcome 14 Staffing support

10.1 The PCT safeguarding team continue to work in partnership with the local authority to deliver multi-agency training across the borough and the lead professionals are part of the multi-agency training within the LSCB.

10.2 Access to and attendance at safeguarding training has improved across health. More effective performance monitoring is now undertaken, particularly within the acute trust. Monthly reports are produced and these provide evidence towards the safeguarding action plan targets for each trust. A training data base is now maintained within each healthcare provider.

11 Outcome 16 Audit and monitoring

Evidence was not assessed for this outcome during this inspection

12 Outcome 20 Notification of other incidents

Evidence was not assessed for this outcome during this inspection

13 Outcome 21 Records

13.1 The quality of health records examined is good. All information is held on paper records with no electronic files. Files are maintained in good chronological order and there is evidence of good information sharing from social care and from agencies for
LAC placed out of borough. Assessments were carried out within an acceptable timeframe. Health care plans are in all files examined. All entries are dated and signed. Immunisations and dental treatments are up to date. There is good evidence that actions on health care plans are completed or followed up.

14 Recommendations

Within 3 months

• A review of vacancies and service provision for health visitors and school health advisors should be repeated to ensure continued service delivery within the requirements of the core frameworks.

• NHS Warrington should ensure appropriate performance monitoring within the looked after children health team, to demonstrate the delivery of health assessments and services within statutory requirements

Within 6 months

• Fully engage children, young people and their parents and carers in contributing to further service development,

• Monitor the attendance at safeguarding training for GP’s.

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.