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.

**Wirral**

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<thead>
<tr>
<th>Safeguarding Inspection Outcome</th>
<th>Aggregated inspection finding</th>
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<tbody>
<tr>
<td>Overall effectiveness of the safeguarding services</td>
<td>Good</td>
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<td>Capacity for improvement</td>
<td>Good</td>
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<table>
<thead>
<tr>
<th>Looked After children Inspection Outcome</th>
<th>Aggregated inspection finding</th>
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<tbody>
<tr>
<td>Overall effectiveness of services for looked after children and young people</td>
<td>Good</td>
</tr>
<tr>
<td>Capacity for improvement of the council and its partners</td>
<td>Good</td>
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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:

Wirral is a very distinct area: a peninsula covering 60 square miles between the Mersey and Dee estuaries. Almost two-thirds of the population live within the urban area to the east of the M53 motorway, the largest towns within this being Birkenhead and Wallasey, but there are also several smaller dormitory towns situated in the countryside or along the coastline. The range of socio-economic circumstances in
Wirral is huge. Some of the coastal areas on Liverpool Bay and the Dee are very prosperous. However, the Birkenhead conurbation, which was once a focus for the shipbuilding industry, contains some of the most disadvantaged neighbourhoods in England. This means that in Wirral the proportion of children living in low income households ranges from 1.2% in some areas to 86.4% in others. Overall, disadvantage predominates and the unemployment rate in Wirral is above the national figure. The Borough as a whole is ranked as the 8th worst out of the 354 English districts for employment-based deprivation in 2007.

Within Wirral, the commissioning and planning of national health services and primary care is undertaken by NHS Wirral. Universal children’s services including health visiting are delivered by the provider arm of the primary care trust, Wirral Community NHS Trust. Wirral University Teaching Hospital Foundation Trust provides all acute services at Arrowe Park Hospital. Child and Adolescent Mental Health Services (CAMHS) are provided by Cheshire and Wirral Partnership Foundation NHS Trust through commissioning contracts with NHS Wirral.

1 General – leadership and management

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

1.1 There is a strong and effective joint commissioning framework in place for health, supported by a sustained and committed investment from both NHS Wirral and the Council. As a result there has been in particular, improved access to the child and adolescent mental health services (CAMHS) across the borough.

1.2 The commissioning lead for children and families maintains a strong focus on targeted service delivery. The well established joint funding arrangements with the council provide the framework to deliver the key priorities agreed in the Wirral Children and Young Peoples Plan (WCYPP), for example to enhance the children’s disability service.

1.3 Performance of service delivery by provider organisations is robustly monitored. This is against comprehensive service specifications, quality schedules and the priorities within both the Joint Strategic Needs Assessment and the WCYPP. Agreed service specifications are in place, which demonstrate effective contracting arrangements, taking full account of safeguarding children and young people and written in consultation with the Designated Nurse for Safeguarding.

2 Outcome 1 Involving Users

2.1 There is good user engagement in the groups that determine how the aiming high funding for children with disabilities is spent. Parents are represented on all groups and could give examples of services developed to meet the individual needs of children and young people which ensure good value for money. They considerer their contribution is valued and listened to and are quoted as feeling 'you are treated as an equal'.
2.2 The views of children and young people have a direct impact on service development. The children in care council is routinely involved in service planning and the lead member and interim director of children’s services attend meetings when invited. A representative of the children in care council is a member of the safeguarding board and the trust board and there are good links with the youth parliament. Young people on the edge of care told us they are respected and fully included in the planning, implementation and evaluation of their programmes. There is a well established complaints and representation process that is valued and used by young people.

2.3 Engagement with hard to reach young people is improving via drop in café sessions across the borough in centres that also offer leisure activities, facilitated by a range of healthcare professionals.

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 There is outstanding targeted work in children’s centres, with the most vulnerable children and families. Excellent multi agency programmes have been implemented involving health visitors, speech and language therapy, social care, education and housing, which have seen increased engagement with families and improving outcomes. Parents interviewed expressed a high level of satisfaction with services across health. Some had experienced a delay in accessing services initially, reported to be due to lack of communication from and inconsistency of social workers but once receiving health services, they were very satisfied.

4.2 A recent reconfiguration of health visitors into geographic locations has been implemented and this has generally been well accepted by staff. This is enabling improved targeting of resources on early interventions with most vulnerable families. The universal health programme is being delivered, within a risk based and skill mix approach. Packages of care once agreed are faxed through to the relevant GP and social workers, therefore if any family miss appointments the GP is fully aware of agreed care pathway and the family is contacted. There is very good liaison with social workers within the area teams, which has improved communication; health visitors attend regular meetings.

4.3 The family nurse partnership model is well established and these health visitors have a case load of around 20-25 of the most vulnerable families. More targeted
intervention is in place, particularly for young mums. Young dads are also becoming more engaged and outcomes are improving for young children.

4.4 School nurses report much improved multi-agency working, particularly with CAMHS. There is much better communication with social care and school nurses feel better informed about thresholds when making referrals. Team around the child is seen as pivotal to expedite interventions with children and young people from all key agencies.

4.5 Primary Mental Health Workers have recently been introduced to deliver earlier interventions to more vulnerable children and create a more comprehensive CAMHS service across the borough. This is already having a positive effect on more appropriate referrals into the service, via more timely work with children and young people. There is good CAMHS provision in place via four locality teams across the borough: in addition these are supported by specialist teams for children and young people with LDD, CHIC'S, under 5 service which are based in children's centres, joint funded posts in LAC health and 16-19 yrs provision. Multi systemic therapy is also provided by a Consultant Psychiatrist.

4.6 There is a well established tier 3 service across the borough. Waiting times for the service reflect the national average at around six to eight weeks. Fast track access to CAMHS is available for looked after children, of around one week and other urgent referrals are assessed according to individual need. Tier 4 services are appropriately commissioned by NHS Wirral outside the borough.

4.7 Transition for young people into adult mental health services has improved. Appropriate transition protocols in place and a dedicated 16-19 yrs team, allows transition to be more effectively managed. Transition work ensures that young people who will require interventions into adulthood are fully recognised and included in decisions about individual care via the care programme approach and care management.

4.8 There is an outstanding sexual health service that has seen commitment and ownership of the teenage pregnancy strategy and action plan across partnerships in health, LA, education and independent sector. There is sustained, targeted work in place to continue to reduce under 18 conception rates, which has seen a 21% reduction since the implementation of the strategy. This includes improving health and well being, raising aspirations and self esteem of young people via a more holistic approach.

4.9 Targeted work is implemented in “hot spot” areas and well established school drop in sessions in almost all secondary schools, with work on going to introduce sessions into the remaining school. The ‘Holistic approach to health and well being’ sessions are well attended and young people are well engaged. School nurses signpost effectively into other support agencies such as youth workers from Response for drug and alcohol support, social care and with LAC health team. The contact and duty team in social care are reported to respond well to referrals.

4.10 Good support is in place when a LAC becomes pregnant. The teenage pregnancy midwife ensures a full range of support, with good multi agency working both within health from the domestic abuse advisor, substance misuse midwife, the
peri natal mental health midwife, along with social care and housing. Pre birth plans are formulated in conjunction with social workers and once the woman is in labour, files are set up that alerts any midwife on the labour suite that there is a pre birth plan in place and the agreed care plan can be implemented.

4.11 Health outcomes for looked after children are good. Direct work with looked after children and young people is accessible and of good quality. There is fast track access to services across health including joint funded CAMHS workers, speech and language therapy as well as sexual health services. Training has been provided to help foster carers support young people when discussing sexual health and wellbeing issues and help signpost to appropriate services. A weekly health clinic, including well being and mental health support, is provided in the leaving care team for young people.

4.12 The number of completed initial and review health assessments are reported to be 89%, immunisations 87% which is comparable to similar authorities. However there is no comprehensive performance management tracking system to verify this. A spreadsheet has been implemented to track the flow of LAC both in and out of the borough. There is good communication from social care with notifications, such as change of placement address, received within two working days.

4.13 There are a high number of looked after children in independent placements in the Wirral placed by other councils. A recharging mechanism is to be implemented via the commissioners, to procure a charge for health assessments from other local authorities when LAC are placed within the borough. Monies will then be redirected back into LAC health team to support safeguarding activities.

4.14 Speech and language therapy provides services from 0-19 yrs of age. There is an approx 13 weeks waiting list, however assessment of referrals are based on individual need and LAC and children and young people with complex needs are fast tracked and seen within 1-3 days. Due to some capacity issues once referrals are received an initial assessment is undertaken and then liaison takes place with other appropriate agencies, school nurses, teaching assistants LAC health and staff at children’s centres, to enable basic interventions to commence as soon as possible. Appointments for parents/carer groups without the child or young person present are undertaken and this has had a positive impact on the understanding of the service provided and a reduction in complaints received.

4.15 Children and young people with LDD are supported from 0-19 yrs of age, both within home and special schools. Joint funding arrangements are in place and there is good interagency work with health, LA and education. Staff carry caseloads of 4 or 5 children with varying degrees of complex needs - some ventilated. There are currently around 50 children and young people supported. Access to respite care is good. Joint funding panels are responsible for agreeing the package of care most appropriate for the individual, with appropriately considered consultation from health, education and LA. Access to leisure facilities is reported to be improved due to “Aiming High” funding. There is a commitment to mainstream funding via joint commissioned arrangements.
Outcome 6 Co-operating with others

5.1 Partnership work with other key agencies is outstanding. All healthcare professionals interviewed have referred to excellent partnership working in place by all health agencies as well as schools and colleges, social care, housing and voluntary agencies. This is evident in practice across the borough, with effective joint working from health visitors, school nurses, primary mental health workers, education and social workers. The team around the child framework is used very successfully to bring all partner agencies together to deliver earlier interventions and targeted work with children and their families.

5.2 There is significant health representation at the Wirral Safeguarding Children’s Board (WSCB) and all sub groups from the primary care trust, the acute trust and the CAMHS provider trust. There is good strategic representation on the Wirral Children’s Trust Board from health.

5.3 The frameworks developed to promote partnership working in service delivery are very good. The integrated working guidance is very well written and a user friendly tool for frontline practitioners. The guide to completing the common assessment framework is excellent. It demonstrates strong leadership by the safeguarding board and embodies safeguarding as the responsibility of all agencies. Information sharing protocols are in place and include the third sector.

5.4 Health professionals contribute well to child protection conferences and core groups either by attending or submitting reports.

5.5 Partnership across health for substance misuse with ‘Response’ is good. Drug and alcohol care pathways, along with multi agency training packages, are well established. The combined young people’s substance misuse and alcohol plan and multi agency work has seen a downward trend in the number of alcohol related admissions to hospitals for under 18’s. Outcomes are improving as risk taking behaviour has been reported to be reducing as more interagency work with young people, such as Response, Brook and LAC Health team.

5.6 Brook agency report excellent working relationships with health and other agencies that enable good and effective partnership working. Information sharing protocols are in place, along with good multi agency training events.

5.7 There is excellent work with voluntary services, housing and other 3rd sector organisation such as children’s hospices and the toy library for children and young people with LDD.
5.8 The Response team report "fantastic" support from Head Teachers, which enables them to engage better with young people. Regular meetings are held with Wirral Association of Secondary Heads.

6 Outcome 7 Safeguarding

6.1 There is strong and effective leadership across the designated and named lead professionals. Particularly good progress has been achieved with training for GP’s across all practices, supported by an enthusiastic Named GP. Work to engage Dentists has started, with some having attended safeguarding training. Dentists interviewed had a good understanding of child protection and safeguarding issues. Examples given of dentists already establishing contact with social workers within the area teams to escalate safeguarding concerns is good.

6.2 The Designated Doctor has 3 funded sessions per week. In addition to representation on LSCB, policy and practice and SCR sub groups, the designated Doctor, along with the designated nurse, also chairs quarterly meetings with acute provider trust, the CAMHS provider trust and the community health trust, thus facilitating a good oversight of safeguarding across the health economy.

6.3 The LAC health team consists of 2 named nurses, Designated Doctor and administration support. This is currently shared due to maternity leave. All LAC have named health professionals.

6.4 In cases of suspected sexual abuse individuals are examined by a community paediatrician. This is undertaken in an appropriate environment within the police examination suite at Brombrough, Monday to Friday. Out of hours and weekends individuals are examined in the SARC unit by a forensic medical examiner. Commissioning plans are under discussion to enable transfer of all cases to Alder Hey Sexual Abuse centre.

6.5 There is an effective Child Death Overview Panel, with appropriate representation from the designated lead professionals. Recommendations from this panel clearly influence change to local policies and practice.

6.6 A well established safeguarding group within women’s health in the acute trust ensures that safeguarding is a priority throughout clinical practice. Membership includes the teenage pregnancy midwife, substance misuse/infectious diseases midwife, domestic violence midwife, peri natal mental health and named nurse. A trust safeguarding data base is currently being implemented to capture all safeguarding information. Good communication from across all directorates is reported within the trust, particularly with adult services who frequently contact the safeguarding group for advice and escalation of issues concerning adult in patients with children or young people who are dependants.

7 Outcome 11 Safety, availability and suitability of equipment

7.1 Emergency and unplanned care is delivered in a dedicated Children’s Emergency Department within the Acute Trust. There are appropriate security arrangements in place. The unit is open 7 days a week until midnight; however a
business case has been presented to remain open 24hrs a day, seven days per week. There are sufficient numbers of staff working within the unit who are RSCNs.

7.2 There is currently no electronic alert system on the database in use; however there is excellent and efficient tracking of children and young people 0-18 yrs by the Paediatric Liaison Manager. Screening is undertaken for all attendances in the department and the adjacent out of hour’s urgent care centre. Health visitors, social workers and school nurses are alerted to all safeguarding issues, repeat attendees or about children and young people who fail to attend for follow up children’s out patient’s clinics. The reception area of the urgent care centre has no segregated area for children and this should be considered due to the multiple use of the clinic by a GP practice and separate walk in health centre.

7.3 It is reported that there are no issues with procurement of equipment across children’s services within the acute trust.

7.4 Equipment provision for disabled children and young people is good. Procurement processes via joint commissioning frameworks have meant that equipment is generally available when required.

8 Outcome 12 Staffing recruitment

8.1 Safeguarding is clearly embedded in the culture across health and included in all areas of recruitment and selection, induction of staff and ongoing training and development.

9 Outcome 13 Staffing numbers

9.1 No issues in regard to staffing establishments were raised during any interviews. Staff confirmed that there is proactive recruitment for vacancies that occur.

10 Outcome 14 Staffing support

10.1 Across health there is improved access and attendance at safeguarding training, both within individual organisations and multi agency training sessions organised via the WSCB. Training strategies have been implemented to ensure improved access, attendance and monitoring. Policy and procedural guidance for safeguarding is current and is readily available to staff via the intranet or via hard copies. Many staff within health are attending the NSPCC safeguarding supervision training and are now supervisors, thus increasing the availability of supervision. Case load, peer and individual supervision is actively undertaken. However evaluation of the quality and impact of supervision should be considered.

12 Outcome 16 Audit and monitoring

12.1 The Wirral Safeguarding Children Board is robust in auditing the work of agencies and their compliance with action plans arising from serious case reviews. There is a good system in place for multi agency auditing of common assessment
framework (CAF) and team around the child work. The group is chaired by the CAF coordinator with health, education, and the third sector as well as social care. It meets monthly to audit around 30 cases. Impact is evidenced by the improved feedback from parents and children on the forms. Health are responsible for around 15% of the total number of CAF’s initiated. The MAPPA board ensures performance is maintained in line with national guidelines and key performance indicators and provides good quality accountability and transparency.

12.2 The Strategic Health Authority lead for CYP and Maternity reports good commitment and shared responsibility across the health economy in the promotion of safeguarding. Section 11 audits are completed and these are appropriately monitored through the quarterly designated safeguarding lead professional meetings.

13  **Outcome 20 Notification of other incidents**

13.1 Satisfactory arrangements are in place across the PCT, acute and mental health trusts to ensure that appropriate and timely notifications are made in relation to the required alerts into the various agencies NRLS, NPSA and CQC.

14  **Outcome 21 Records**

14.1 The quality of health records examined is good. All contained health care plans and there is good evidence of tracking young people who do not attend for health assessments and appointments. There is good chronology of health events in all files examined. Sharing of information across agencies is evident. Looked after children review summaries are included in health files.

15  **Recommendations**

Within 6 months

- The LAC health team should introduce a more effective performance management system and data base.

- Health care organisations should consider an audit programme to evaluate the quality of safeguarding supervision and the impact on clinical practice.

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.