Report on the Outcome of the Integrated Inspection of Safeguarding and Looked After Children's Services in Bolton Metropolitan Borough Council

Date of Inspection	**6th February - 20th February 2012**
Date of Joint Report	**23rd March 2012**
Commissioning PCT	**NHS Bolton/Greater Manchester PCT Cluster**
CQC Inspector name	**Sue Talbot**
Provider Services Included:	**Bolton NHS Foundation Trust** **Greater Manchester West Mental Health NHS Foundation Trust**
CQC Region	**North West**
CQC Regional Director	**Ms Amanda Sherlock**

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 .

Bolton Metropolitan Borough Council	
Safeguarding Inspection Outcome	**Aggregated inspection finding**
Overall effectiveness of the safeguarding services	Good
Capacity for improvement	Good
The contribution of health agencies to keeping children and young people safe	Good
Looked After children Inspection Outcome	**Aggregated inspection finding**
Overall effectiveness of services for looked after children and young people	Good
Capacity for improvement of the council and its partners	Good
Being Healthy	Good

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 Regional Director, who has overall responsibility for this inspection programme.

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 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 NHS organisations listed above, but includes some areas which may apply to one or more NHS bodies where pertinent.

Context:

Bolton has a resident population of approximately 62,600 children and young people under the age of 18 years, representing 23% of the total population of the area. In 2011, 28.2% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall. Over 100 different languages are spoken by children and their families living in the area. Levels of deprivation, including child poverty, are relatively high in some neighbourhoods. At the time of the inspection there were 520 children who were looked after and 266 children were the subject of a child protection plan.

Commissioning and planning of health services is carried out by NHS Bolton, now part of the Greater Manchester PCT cluster arrangement. The main provider of acute and community health services is Bolton NHS Foundation Trust. Health visiting, school nursing and paediatric therapies are located within the Children and Families Division of the Bolton NHS Foundation Trust. The Royal Bolton Hospital is designated as a regional 'supercentre' for maternity, neo-natal and paediatric care. The hospital has separate Accident and Emergency facilities for children. Child and adolescent mental health services (CAMHS) are also provided by Bolton NHS Foundation Trust. The Greater Manchester West Mental Health NHS Foundation Trust provides adult mental health and substance misuse services. The NHS Bolton Clinical Commissioning Group operates as the newly formed clinical commissioning group and its membership comprises 52 GP practices.

Bolton is only one of four areas in England that has a dedicated young person's health centre, known as The Parallel, where young people can access a range of health advice and support. Bolton children and young people also benefit from a number of integrated health and social care teams. These include the EXIT team working with young people at risk of sexual exploitation, and the 360° team that supports young people who misuse drugs and alcohol. Local CAMHS and services for children with disabilities are jointly commissioned by Bolton Council and the PCT.

1. General – leadership and management

1.1 Strong effective partnerships underpin the strategic leadership and delivery of children's services in Bolton. Managers and staff at all levels within health and social care organisations have a clear, shared sense of priorities and purpose, with strong ambition to deliver high quality, child and young person centred support. Inspectors found many examples of creative and active engagement by a wide range of local partners in supporting improved outcomes and opportunities for local people expressed in a shared pride of being part of the 'Bolton Family'. Local health organisations, including GPs, are well represented and active in supporting the delivery of the Children's Trust and Bolton Safeguarding Children's Boards improvement agendas.

1.2 Interim planning and risk management is progressing well to support the work of the newly established Bolton NHS Foundation Trust, NHS Bolton Clinical Commissioning Group and Greater Manchester PCT cluster arrangements. Although some uncertainties are evident given the current stage of transition to clinical commissioning arrangements, strong relationships are being forged with the shadow Health and Wellbeing Board. Safeguarding children is high on the agenda of the local Health Consortium with a lead executive role identified. Additional safeguarding capacity has been developed in recognition of the increased maternity and paediatric provision secured through the *''Making it Better'* programme.

1.3 The health needs of some of Bolton's children and young people are high compared to other areas. There is mixed success in the extent to which improved health outcomes are achieved. Whilst there has been significant recent improvement in the reduction of teenage conceptions and smoking cessation rates, and steady increases in breast feeding, the rates of infant mortality and young people presenting to A and E remain high. Senior managers across the partnership are actively engaged in work to address health inequalities. Recent public health campaigns such as the '*Sleep Safe'* initiative provide a range of information and tools to assist parents and other caregivers in recognising environmental and behavioural risks to the wellbeing of babies and young children.

1.4 The contribution of health agencies to keeping children and young people safe is good. Leadership provided by designated and named safeguarding staff and senior managers in health supports a strong learning culture. Multiagency audits demonstrate good levels of compliance with *'Working Together'* and professional requirements. Frontline health staff have a thorough understanding of their roles and statutory responsibilities, are active in raising concerns, and in work to address risks to the safety and wellbeing of children and young people. Midwives, health visitors and school nurses give high priority to safeguarding children, are effectively engaged in child protection and child action meetings, and are supportive of work undertaken by partner agencies to improve outcomes for local children. Safeguarding arrangements for children with disabilities and young people who self-harm are well developed.

1.5 Arrangements to address the health and wellbeing of children and young people who are looked after are good. Health outcomes for most children and young people who are looked after have continued to improve and risks to their development are effectively monitored. Children benefit from universal, individually tailored, and when required, specialist or intensive support in having their physical, emotional and mental health needs met. However, there can be delays for some young people placed out of area receiving specialist help. A comprehensive range of support is available to children with disabilities or complex health needs to promote their safety and independence.

2. Outcome 1 Involving Users

2.1 Children, young people and their carers are encouraged and supported to play an active role in shaping the development of local health services. Bolton health and social care agencies have a strong track record of involving and learning from feedback from local children, young people and their families. Public health campaigns including *'Safe Sleep'*[1], '*Party Hard, Party Safe'* [2] and the *'Hole Truth'* [3] have been shaped by the ideas and experience of young people and parents. The development of the Parallel Health Centre has been strongly influenced by the views of young people and is responsive to their specific priorities and access requirements. This has resulted in the centre being well used and valued by young people, including young people with disabilities and new arrivals into the borough. A charter ensures young people know what they can expect from the service and what the service expects from them.

2.2 The Children in Care Council, Voice 4U, has effectively influenced local policy and service delivery arrangements including expanding the range of settings where health assessments can be undertaken. Young people have contributed to the development of local health guidance and the design of information leaflets for different age groups. Children with disabilities have good opportunities and support to have their voice heard and are involved in the recruitment of staff. Young parents were involved in the recent recruitment of family nurses. Some care leavers have been involved in reshaping sexual health services. This has significantly improved accessibility and supported a notable reduction in the local rate of teenage pregnancies. However, there are not currently any forums or activities where care leavers can meet as a group to discuss their priorities or to socialise.

2.3 Information is routinely provided to young people and their carers to help them access health care and know who to contact. Young peoples' views and experiences were adequately captured on child health records seen, with some good practice evident in work to engage young people in school drop-ins. However, feedback from young people about their experience of health assessments is not routinely captured to inform continuous service improvement. This is particularly important in ensuring the wishes and views of children placed out of area inform their assessments and support plans.

[1]Focused on reducing infant mortality rates
[2]Focused on awareness raising of the harm and risks from alcohol and drug misuse
[3]Focused on consent and infection risks from body piercing

2.4 Bolton Council and local health services have been championing the *'You're Welcome'* quality criteria for a number of years. Local young people have contributed to the design of the national framework and some young people have been trained in evaluating the quality of 'young person friendly' health services. This includes a rigorous assessment of service responsiveness in reaching and supporting young people who are lesbian, gay, bisexual and transgender and young people from minority ethnic communities. Translation and interpreting services are effectively promoted and are easy to access.

3. Outcome 2 Consent

3.1 Consent is sensitively managed to enable young people to understand and make informed decisions about their health and wellbeing. Parental consent was clearly sought and evidenced on child health records seen. Appropriate safeguards are in place to support and protect young people who lack mental capacity. Case records demonstrate young people are sensitively informed about their options and risks to their wellbeing. Inspectors saw examples of thoughtful exploration and management of risks, with appropriate sharing of concerns with GPs, police, social care and school staff. Confidentiality is appropriately managed, and the privacy and dignity of young people and their families is effectively promoted.

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

4.1 Frontline health staff are effectively engaged with partner agencies in the delivery of early intervention and prevention services. There is a strong focus on working together to support families to address concerns and reduce the risk of family breakdown. Work is progressing well to enable the full delivery of the Healthy Child programme for children under the age of five years. Good work with children's centres and the child development centre supports an effective shared focus on the health and development of young children with a diverse range of needs. However, whilst health visitors have achieved good performance in coverage of eight month old baby checks, and high performance in immunisations, there are gaps in the coverage of health checks for two year olds. High priority is given to identifying and monitoring the health and wellbeing of adolescents, with appropriate access to contraceptive advice and support.

4.2 Thresholds for access to services for children presenting with different levels of need are understood and appropriately implemented by frontline health staff. Outreach midwives, health visitors and school nurses are effectively engaged in the delivery of the common assessment framework (CAF) and child action meetings. Pathways and team responsibilities for addressing the health needs of children who are looked after are clear, although some foster carers reported delays in receiving medical consent forms. Good joint working with foster carers, children's homes, schools and social care staff supports early identification and timely response to addressing children's health needs, including those who are placed at home with their families. There are appropriate arrangements to track the needs of children who are placed out of area.

4.3 The council is a top performer in the number of looked after young people who have regular dental and optical checks and are up to date with immunisations. School drop ins and the Parallel Health Centre ensure ease of access and monitoring of the needs of young people including those who are looked after and those on the edge of care. Health promotion features strongly in the help and support provided to young people. Transition plans clearly identify young people with additional needs who require ongoing support from adult mental health or disability teams. However, care leavers do not receive a full health history on leaving care because integrated learning from strengths and difficulties questionnaires is not yet included in their health assessments and support plans.

4.4 A comprehensive range of support is available to children with disabilities or complex health or behavioural needs to promote their safety and independence. The looked after CAMHS team provides good consultation and advice to social workers and foster carers to equip them with the knowledge and skills to support young people who have experienced a high level of trauma and loss in their lives. The impact of this work is seen in a number of areas including improved attendance at school, reduction in self harming or offending behaviour, and a strengthening of their placement arrangements. However, the CAMHS strategy is out of date and the CAMHS team has limited capacity to support young people placed out of area.

4.5 Teenage pregnancy rates amongst young people who are looked after are low. Support for young people and care leavers who become pregnant is good, with young people benefiting from work undertaken by the outreach midwives and more recently the family nurses. The family nurse programme provides a clear structure, support and direction in enabling teenage parents to strengthen their parenting capacity and achieve better outcomes for their babies. Targeted antenatal work with teenage parents supports improved outcomes for them and their children. These include fewer low weight babies, a decrease in second births born to teenagers, and improved rates of return to education, training and work. The involvement of fathers is encouraged and at the first scan, a brief social needs assessment is undertaken to identify potential problems and signpost young people onto additional sources of support as appropriate. At 37 weeks, all young parents have an appointment with the specialist adolescent health practitioner where safe sleeping, breast feeding and contraception are discussed.

4.6 Innovative work by speech and language therapists is evident in a number of areas. This includes direct work with young children and their families to enhance their communication and social skills. A speech therapist is also proactively engaged in identifying and treating young offenders with speech and language difficulties to help reduce the risk of re-offending. This work has attracted national recognition and the Department of Health has recently awarded a grant to the council to further develop its work and research in this area.

4.7 The 360° service provides comprehensive support to young people who misuse drugs or alcohol. Health professionals positively contribute to the work of the team, including the development of individual care and treatment plans and targeted support for young people with additional mental health issues. Although misuse of alcohol and drugs by young people who are looked after is slightly higher than the average for England, access to treatment is significantly better than comparator councils.

5. Outcome 6 Co-operating with others

5.1 Partnership working is secured through a clear shared vision and focus on continuously improving outcomes for children and young people. Health partners are effectively engaged in local strategic planning and improvement work including the Children's Trust, Health and Care Together and Local Children's and Adults Safeguarding Boards. The Bolton Safeguarding Children Board (BSCB) has a good track record in transforming safeguarding outcomes across the partnership. Strong leadership and purposeful approaches to working together is evidenced through active multi-agency engagement in the work of the BSCB and its sub groups, the delivery of training, and safeguarding campaigns. Designated and lead safeguarding staff from across the health partnership are effectively engaged in the work of the Child Death Overview Panel (CDOP), Serious Case Review and Children Abused through Sexual Exploitation sub groups.

5.2 Named doctors and nurses reported positively about the collegiate approach and culture that is central to Bolton's safeguarding children arrangements. Professional conduct and trust is embedded through the promotion of high standards of practice across the partnership, and shared responses to meeting individual needs are encouraged. Appropriate systems are in place to escalate concerns to senior managers and partner agencies. Given the strength of inter agency relationships and efforts made to ensure good communication is maintained between frontline staff and teams, they are rarely used. Strong links with the Local Authority Designated Officer enables any concerns about the conduct and professional standards of health staff to be appropriately investigated.

5.3 Support provided by a number of health care professionals in local children's centres is effective in reaching children and families who require additional help. Transition from early years to school is managed well. Health management plans are appropriately developed for children with specific disabilities or long term conditions and are secured by additional training and guidance for school staff. School nurses, CAMHS, speech and language and other therapy services work well in partnership with schools, young people and their families in identifying and addressing risks to children's safety and wellbeing.

5.4 Joint working arrangements ensure a timely and well co-ordinated response to addressing risk. Health staff effectively contribute to assessments, child protection conferences and multiagency risk management meetings. School nurses and health visitors routinely make follow up welfare checks to children where domestic abuse has been identified. The roles and accountabilities of health staff in safeguarding children are clear. However, delays in receiving minutes of child protection meetings have been an issue. GPs are increasingly engaged in safeguarding children activity, and occasionally attend child protection conferences. Work is required to ensure they routinely provide reports to child protection conferences.

5.5 Partner agencies have a good understanding of each others' resources and expertise and work creatively and persistently to meet local need. Joint commissioning and resource management is well developed in many areas. Multiagency working is centred on reducing and preventing an increase in risks of harm to children. Joint protocols appropriately address risks to children missing from care, young people at risk of sexual exploitation and children exposed to domestic abuse. Targeted step down support to children who no longer require close monitoring through child protection arrangements has been successful in reducing the numbers of children remaining on child protection plans.

6. Outcome 7 Safeguarding

6.1 Bolton's *'Framework for Action'* is comprehensive and clearly sets out professional roles and accountabilities for safeguarding children. Arrangements for the reporting of concerns to named and designated safeguarding leads are robust and communication with the Police and social care is effective. Targeted support to young people at risk of sexual exploitation has led to better detection rates and arrests of sex offenders, and early identification and treatment of young people with sexually transmitted diseases. Children on child protection plans who do not attend appointments are closely monitored, and action is taken to ensure their health needs are appropriately addressed. Safeguarding policies and procedures are strongly promoted within local health organisations and are up to date. The Greater Manchester West Partnership Trust provides a weekly briefing to staff that incorporates learning from incidents and serious case reviews and promotes wider understanding of *'Think Family'* approaches. Children on child protection plans are clearly identified on the records of parents who misuse drugs or alcohol and those of parents with mental health needs.

6.2 The *'Party Hard, Party Safe'* campaign aims to strengthen young peoples' awareness of risks of harm from misusing alcohol and drugs, including their increased vulnerability to offending behaviour or sexual exploitation. Work is ongoing to assess the impact of the campaign in protecting young people and reducing anti social behaviour. Further work is required to improve identification and support to young people who repeatedly attend A and E due to binge drinking. Detoxification programmes are promoted to reduce harm to babies from mothers who misuse drugs or alcohol. Safe storage boxes are provided to parents or young people who misuse substances to prevent harm to others living in the household. The *'Safe Sleep'* work offers individually tailored support and group work to promote parental understanding of accident prevention and healthy lifestyles. Initial findings indicate a strengthening of preventative capacity including identification of families who may require additional support in caring for their children.

6.3 Paediatricians attend initial child protection conferences on an occasional basis where their medical information is essential to decision making, and will routinely provide medical reports if they have involvement with the children concerned. The engagement of GPs in child protection work is steadily growing, with some good practice in some areas. Almost all GP practices now have an identified safeguarding lead. Designated safeguarding staff have been actively working with GPs to strengthen their involvement in safeguarding children work. This includes hosting an annual safeguarding event to address their ongoing training and development needs and the development of a report template to support their contribution to child protection conferences. Dentists have also strengthened their awareness and procedures for safeguarding children.

6.4 Frontline health staff including paediatricians have shaped the development of the '*Making it Better'* maternity and paediatric developments at Bolton hospital, and safeguarding children arrangements have featured strongly in the expansion plans. The dedicated children's accident and emergency department benefits from good paediatric nurse cover, and additional capacity can be deployed for periods of high activity. There are appropriate 'flagging' arrangements to identify Bolton children who attend and are on child protection plans. Out patient clinics, walk in centres and GP out of hours services have appropriate arrangements for identifying Bolton children subject to a child protection plan. The local authority provides the information to a secure email account and this is inputted onto the system on a daily basis. Where concerns are identified about the care or wellbeing of children, a child concern form is promptly forwarded to the relevant community health care professionals and copied to the named doctor and nurse for review and follow up. However, systems for identifying children on child protection plans from neighbouring council areas are not as robust.

6.5 Arrangements for the medical examination of children where non accidental injury is suspected are managed well, with the work undertaken by suitably trained and experienced paediatricians. Allegations of sexual harm and assault to children and young people are effectively managed through a regional centre at St Mary's Hospital, Manchester. The centre works closely with the local safeguarding team and routinely shares information on referrals of young people under the age of 18 so that additional support can be provided by community health staff as appropriate. The CDOP covers three local councils, is independently chaired and works effectively, with strong leadership by Bolton as the host agency. The Rapid Response team operates on a pan Manchester basis and ensures prompt follow up of child deaths. Learning from incidents is strongly promoted and bereavement support to families is now routinely offered.

7. Outcome 11 Safety, availability and suitability of equipment

7.1 The A and E facilities for children at Bolton hospital are young person and family friendly. There are sufficient waiting, assessment, treatment and resuscitation areas, and the environment was calm and well organised on the day of our visit. The new paediatric and maternity facilities are spacious and well equipped with appropriate levels of security.

8. Outcome 12 Staffing recruitment

8.1 Good attention is paid to the staff recruitment and robust procedures ensure professional standards are achieved. Safe recruitment practices comply with organisational requirements in health commissioning and provider arrangements. NHS Bolton has strengthened its contract specifications and performance monitoring systems to ensure the required standards of staff recruitment and conduct are achieved. CRB checks are undertaken at standard or enhanced levels in line with professional roles and levels of contact with children. Systems have been recently strengthened to ensure checks are made of the suitability of staff prior to sub contracting any services. Safeguarding and management procedures clearly address the interface of criminal, child protection and disciplinary issues underpinning investigations into the conduct of staff. In cases where concerns are unsubstantiated, there is recognition that lessons may still be learned about ways of working, environmental factors and staff training requirements. Safe Working Practice guidance has been updated and is distributed to staff as part of their induction.

8.2 The roles and accountabilities of designated and named safeguarding and looked after specialist health staff are clear. Their roles and responsibilities in meeting statutory requirements are effectively outlined in job descriptions and service level agreements.

9. Outcome 13 Staffing numbers

9.1 The capacity of the designated locality safeguarding team is adequate, but requires ongoing review given increasing workload demands and coverage of both safeguarding children and adult arrangements. The designated doctor for looked after children is also the named doctor, and there are occasions when their capacity is stretched in meeting the requirements of both roles. The new Bolton NHS Foundation Trust is currently reviewing its capacity to ensure strategic and operational work is effectively discharged given the increase in numbers and complexity of the needs of children who are looked after or who are the subject of adoption placement orders. Professional safeguarding leads have been identified for each directorate and this has cemented the focus on safeguarding children as everyone's business. The Greater Manchester West Mental Health Foundation Trust has appointed a full time safeguarding practitioner to support the work of the named nurse and enable a stronger focus on safeguarding at a wider family level.

9.2 Health visitor and school nurse teams currently have very high caseloads and despite such pressures perform well in ensuring most priority work is effectively delivered. However, caseloads are significantly higher than national averages and have negatively impacted on organisational capacity to undertake lower priority work. Staffing capacity challenges are routinely reviewed by senior managers and the skill mix of teams enables a differentiated approach to supporting families with lower level needs. Workforce plans to expand health visitor provision are progressing well and the recent establishment of the Family Nurse partnership provides additional capacity to undertake targeted work with teenage parents. The school nursing service has radically transformed its approach to service delivery and makes good use of existing resources. The capacity of adolescent mental health services has been strengthened to promote robust alternatives to hospital admission for young people up to the age of 18. The expansion of out of hours, home treatment and crisis teams, and stronger partnerships with the CAMHS on call team support a timely response to addressing the needs of young people who self harm.

10. Outcome 14 Staffing support

10.1 Local health organisations have training strategies that are complaint with the requirements of *Working Together* and meet inter-collegiate professional standards. Safeguarding training is strongly promoted across all health organisations, and health providers comply with the requirement that at least 80% of staff access appropriate safeguarding children training. Access to training and its coverage is routinely monitored and reported. Multi-agency training has promoted shared, whole family approaches, effectively bringing together teams who work with children and vulnerable adults. Health staff are accredited as trainers for neglect training and actively support developments in training across the wider partnership. Good attention is paid to providing training in key areas such as reporting serious incidents and promoting shared approaches to risk assessment and management within health provider organisations. Organisational intranets provide a comprehensive learning resource for frontline staff. Most GP practices have now received bespoke safeguarding training and have access to a dedicated safeguarding section with the Bolton Medical Learning Zone.

10.2 Safeguarding supervision and peer support are effectively managed at all levels. The quality of safeguarding practice is secured by comprehensive supervision arrangements and a high number of appropriately trained frontline managers. Supervision is regular and provides a clear structure and management direction to enable frontline staff to assess progress, reflect on areas of concern, and tailor their input to strengthen the management of risk and achieve better outcomes. Workforce management of safeguarding work is well structured; although school nurses and health visitors have high caseloads, strong teamwork and management support means that priority safeguarding work is effectively delivered. If a practitioner is unable to attend a key safeguarding meeting, this is flagged as an incident and reported to management and safeguarding leads to enable oversight and review of the pressures experienced by frontline staff.

10.3 A comprehensive strategy underpins the management of the school nursing service. Action has been taken to improve patient experience, team productivity, staff wellbeing, and the quality and safety of work practices. The '*Productive Community Services'* has supported a clearer understanding of safeguarding caseloads held by staff, and enhanced access to safeguarding training and clinical and management supervision.

11. Outcome 16 Audit and monitoring

11.1 Children's safety and learning from serious incidents, including serious case reviews, has high prominence in the governance and risk management arrangements of all health organisations operating in Bolton. Trust Boards are provided with at least annual reports on safeguarding and looked after children activity. Commissioning and contract specifications set out clear standards and reporting requirements to provide assurance of compliance. Analysis of trends, learning and best practice is promoted through a strong named nurse and doctor network facilitated by the Associate Director for safeguarding who fulfils the role of designated nurse. Messages from performance data on safeguarding are used by managers at all levels to drive the improvement of service delivery.

11.2 A programme of audits, with quarterly reporting to BSCB, ensures regular checks on the quality of safeguarding practice. Local health providers have completed S.11 audits and declared compliance with safeguarding standards. Action has been taken to support practitioners to make better use of assessment tools to aid their analysis of risk and care planning. Initial case conference and court reports are quality assured to ensure sound judgement and a high standard of written reports. Auditing has led to improved awareness of the professional accountabilities of each team and organisation for keeping children safe, a stronger focus on the effectiveness of joint working arrangements, and promotion of supervision arrangements across the partnership.

11.3 The CDOP is strengthening its reporting arrangements into the BSCB, Children's Trust and Shadow Health and Wellbeing Board to share learning about trends and priorities for improvement. There are strong links with the other CDOP Panels operating in Greater Manchester including a programme of work to strengthen benchmarking of data and peer review of reports to promote consistency of practice across the wider region.

11.4 The joint strategic needs assessment includes an overview of the health needs of children who are looked after. However, the assessment does not fully consider the historical impact of neglect, emotional harm and abuse on their health and wellbeing. Further analysis is required to identify strategic priorities and trends and evaluate the impact of current arrangements in addressing health inequalities. The looked after children operational group has reviewed its performance against NICE guidelines, and has an action plan to address gaps in local arrangements**.** User surveys are increasingly used to promote better awareness of the experience of children and their families. An independent review of CAMHS services identified high levels of satisfaction with the quality of services.

11.5 Audits of the quality of health assessments indicated that some GPs were not meeting the required standards in identifying and recording the needs of children who are looked after. Training and guidance has been provided to promote a comprehensive focus on the needs and wellbeing of children. Supervision of community health staff does not currently require discussion of the needs of children who are looked after, although in practice they are frequently discussed. The quality of work and outcomes could be further strengthened through formally embedding supervision arrangements for looked after children.

12. Outcome 20 Notification of other incidents

12.1 Robust notification arrangements alert local commissioners to patient safety incidents and the root causes of such incidents are investigated in a timely manner. Gaps in adherence to the required standards of safeguarding and professional practice are clearly identified and appropriate action is taken to address employee capabilities.

13. Outcome 21 Records

13.1 Most child health records seen were of a good standard. Health chronologies are embedded in practice; together with contact records and conference reports they provide a clear overview of children's health needs and analysis of protective factors and risks. However, although we found many examples of culturally sensitive work with children and their families from diverse communities, child health records did not sufficiently explore the impact of children's faith, culture and ethnic identity on safeguarding arrangements.

Recommendations

Immediately

Bolton NHS Foundation Trust take action to:

- *ensure that health records explore the impact of children's faith, culture and ethnic identity on safeguarding arrangements (Ofsted, March 2012).*

Within 3 months

Bolton Council, NHS Bolton and NHS Bolton Clinical Commissioning Group take action to:

- *ensure GPs routinely submit reports to child protection conferences (Ofsted, March 2012).*

Bolton NHS Foundation Trust take action to:

- *ensure that health visitors improve the coverage of health checks for two-year-olds (Ofsted, March 2012).*

- *improve systems for providing alerts of children on child protection plans attending accident and emergency (A&E) from neighbouring council areas (Ofsted, March 2012/).*

Within 6 months

Bolton NHS Foundation Trust take action to:

- *identify and engage young people who repeatedly attend A&E and those who become involved in anti-social activity whilst intoxicated (Ofsted, March 2012).*

Bolton Council in conjunction with Bolton NHS Foundation Trust take action to:

- *consider the emotional, mental health and long term conditions of the current looked after children population to inform joint commissioning priorities and evaluation of progress in tackling health inequalities (Ofsted, March 2012).*

- *integrate learning from strengths and difficulties questionnaires into health assessments and support plans and ensure care leavers are provided with a full health history on leaving care (Ofsted, March 2012).*

- *capture feedback from young people of their experience of health assessments to inform service improvement and development (Ofsted, March 2012).*

- *review the CAMHS strategy in response to the increases in the number of looked after children and the complexity of their needs (Ofsted, March 2012).*

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.