Report on the Outcome of the Integrated Inspection of Safeguarding and Looked After Children's Services in Blackburn with Darwen

Date of Inspection	**23rd January 2012 – 3rd February 2012**
Date of final Report	**9th March 2012**
Commissioning PCT	**NHS Blackburn with Darwen Teaching Care Trust Plus**
CQC Inspector name	**Ms Christine Evans**
Provider Services Included:	**Lancashire Care NHS Foundation Trust** **East Lancashire Hospitals NHS 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 .

Blackburn with Darwen 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 head of national Inspections, 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 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:

Blackburn with Darwen is a small unitary authority with a population of approximately 140,000 with just over 40,000 children and young people under the age of 19 years. About one quarter of the population comprises members of minority ethnic communities. The proportion of the school population with Pakistani and Indian heritage is about one third. This rises to over 40% in some year groups of primary school age. Blackburn with Darwen is one of the 10% most deprived councils in England. Over 60% of local children and young people live in the most deprived 20% of areas nationally. There is a network of 13 children's centres across the borough based in areas of acute deprivation but serving the whole community.

Children's services in the area are overseen by the Children, Young People and Families Trust with representatives from all key partners (including health) *at both board and sub-group level and the Local Safeguarding Children's Board.*

At the time of the inspection there were 381 looked after children and 253 children who were the subject of a child protection plan. There are 35 young people in the borough with care leaver status and data shows that Blackburn with Darwen is in touch with 100% of its care leavers.

A range of hospital and community based health services are provided through East Lancashire Hospitals NHS Trust and Lancashire Care Foundation NHS Trust. Services provided by East Lancashire Hospitals NHS Trust include: emergency department (A&E) and urgent care centre, paediatrics, children's community nursing team, ventilated children's team, genito-urinary medicine, maternity services, neo-natal intensive care, specialist Child and Adolescent Mental Health Services (CAMHS) known as ELCAS East Lancashire Child Adolescent Service and physiotherapy. Services provided by Lancashire Care NHS Foundation Trust include: adult mental health, child psychology plus a range of 0 to 19 services including health visitors and school nurses, occupational therapy, speech and language therapy services, contraceptive and sexual health, Engage, Early Start, safeguarding including domestic abuse services and CAMHS in-patient facilities. Primary care services are provided through 29 general practitioner (GP) practices. Primary dental care services are provided through 26 dental practices and there are 41 pharmacists within the area. A range of services are provided through the voluntary sector and these include Lifeline, which provides substance misuse support and treatment to young people and Brook which provides sexual health and contraception advice and support to young people.

There is a joint arrangement between the Council and the Primary Care Trust through the Care Trust Plus which is coterminous with the council area. NHS Blackburn with Darwen Teaching Care Trust Plus is responsible for buying and planning health and social care services for local people, children and young people. Changes within the health sector and the subsequent takeover, from the Care Trust Plus of planning and buying health services, by the Clinical Commissioning Group in April 2013 are being appropriately managed to ensure priorities in the Children and Young People's Plan and the Integrated Strategic Needs Assessment continue to be driven forward.

1. General – leadership and management

1.1 *The local authority and partner agencies have clear ambition, a strong and shared understanding of appropriate priorities that are reflected in the Children and Young People's Plan (CYPP). Clear plans are in place to address weaknesses and the local authority acts swiftly to respond to changes in service demand. Partnership working is outstanding overall. This ensures the child protection needs of children and young people, including those who are looked after by the authority, are identified and responded to promptly with some excellent partnership working arrangements for vulnerable groups such as those children and young people subject to sexual exploitation or who live in households were there is domestic violence.*

1.2 All health partners are represented on the Local Safeguarding Children's Board (LSCB) and attendance is good. All health partners achieve the 75% attendance rate identified by the board. The head of service for the borough's safeguarding unit, in turn, attends NHS safeguarding groups. NHS Blackburn with Darwen's designated nurse for child protection chairs the Quality Assurance Committee, which is a sub committee of the LSCB. This committee leads on a number of areas including interagency working and the Section 11 audit process. NHS trusts confirmed that they were fully compliant with Section 11 safeguarding requirements.

1.3 The joint director of public health is the lead officer for Blackburn with Darwen's Health and Wellbeing Board, which was one of the first to be set up in the country and although it will not have any powers until April 2013 they are already considering the priorities set out in the Children and Young People's Plan and the Integrated Strategic Needs Assessment.

1.4 To inform future health and wellbeing strategy and development of services to safeguard children, the director of public health has secured resource to carry out innovative research to identify safeguarding risks at a local population level rather than at an individual level. This research will look at known risks that have an adverse effect on the health of adults in order to identify and predict the possible impact on the safety and wellbeing of children.

1.5 At present there is no direct link from the Local Safeguarding Children's Board to the Health and Wellbeing Board but members such as the director of public health provide updates.

1.6 *In response to findings from locally identified needs, local and national learning, serious case reviews and inspections there has been significant drive for improvement by senior managers. This improvement agenda is shared by partner agencies which together with the local authority have developed services that demonstrate better outcomes for children and young people. Some individual service users provide powerful testimony about the effective and focused help and support that they have received from the local authority and partners in complex situations that has improved outcomes for their family.*

1.7 Robust commissioning arrangements are in place to ensure health providers meet their safeguarding responsibilities. Commissioners of services discharge their safeguarding responsibilities through their contracts with providers. Providers report annually on compliance with safeguarding standards including the results from Section 11 audits. A number of commissioning and provider priorities have been identified within the Children and Young People's Plan and the Integrated Strategic Needs Assessment. Work is commencing on the 0 to 25 years pathway for children with complex needs to provide a more coordinated service for these children, young people and their families, and wider paediatric pathways are being reviewed and redesigned to address the high number of attendances at hospital by children and young people. A primary care led redesign of the urgent care centre provision will include the re-location of general practitioner (GP) out of hour's services within the urgent care centre. This will result in a primary care presence within the emergency department and more development of child friendly policies around access in GP practices. Children's community nurse hours and the use of the advanced paediatric nurse practitioner are also being extended to support the new pathway. By making changes partners aim to deflect up to 20% of attendances from A&E to more appropriate primary and community care based services. Implementation starts in April 2012 with all relevant services moved by October 2013.

1.8 For children and young people who are looked after commissioning arrangements have been strengthened to ensure children are provided with good support and care. Commissioners have developed a tariff system to ensure the care they expect out of area looked after children and young people to receive is provided and delivered to a high standard.

2. Outcome 1 Involving Users

2.1 Young people within the borough have been involved in the development and delivery of some health services. Young people influenced the design of the 'Everybody' Young Person's Resource Centre which provides accessible services to young people aged 14 to 24 years old. A number of services such as drug and alcohol services and sexual health services are now delivered from this centre as well as from their original sites, improving choice and access for young people. The involvement of young people in the development of services to support those with acute mental health needs has also demonstrated a commitment to putting young people at the centre of service delivery. Young people were involved in the development of The Platform which provides acute in-patient mental health services for 16 to 17 year olds. As a result of working in collaboration with young people Lancashire Care NHS Foundation Trust was commended by the Office of the Children's Commissioner in their report 'Out of the Shadows' published in 2008. The Platform opened in 2010. Since then the trust has continued to seek young people's experience of care and treatment at both The Junction and The Platform.

2.2 The designated nurse for looked after children and young people seeks the views and opinion of foster carers and young people to ensure services meet their needs. Children and young people's views are taken into account during health assessments and reviews. Children over the age of 10 years can have information relating to their personal health, and important contact information, put into the personal health fax. The fax is held by the child or young person and aims to encourage independence. The designated nurse has also worked with both foster carers and children and young people on nutrition, and has held open days for children, young people and carers on promoting good health. Being healthy messages are being picked up by children and young people. Most looked after children and young people who responded to the Care4me survey said they get a healthy diet and they thought they got enough exercise. They also said they had a good choice of hobbies and activities.

2.3 There is some evidence that young people are involved in health staff recruitment. Young people were involved in the interview process in relation to the sexual exploitation lead nurse, who sits in the Engage Project team.

3. Outcome 2 Consent

3.1 Within primary, community, acute and mental health services there are appropriate policies and procedures in place to ensure consent is requested and taken prior to any treatment of children and young people. This includes procedures to ensure parental or delegated consent is given to healthcare professionals in relation the children and young people who are looked after by the local authority.

3.2 Arrangements in the emergency department at the Royal Blackburn Hospital to identify and record the status of children subject to child protection plan are robust. Staff will check who is accompanying the child to check parental responsibility and therefore who can consent to treatment. All relevant professionals such as the designated nurse for looked after children, general practitioner, health visitor or school nurse are informed of the child's attendance by the paediatric liaison nurse.

3.3 Appropriate arrangements are in place in relation to information sharing when reporting safeguarding concerns. Consent to sharing information is sought by health professionals where required.

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

4.1 *A good range of early intervention and support services are in place. These are of good quality and result in good outcomes for children and families. Partner agencies clearly understand threshold criteria for different levels of services and there are robust arrangements through the multi-agency Family Support Panel to ensure that children and families are provided with effective early help. The common assessment framework is well established. Lead professionals across a range of agencies use this effectively to assess need at an early stage and ensure through the Family Support Panel that appropriate services are provided. The 'Think Family' approach is beginning to be established across the authority and is achieving good outcomes for children and families. A comprehensive Children's Centre network covers the authority and provides opportunities for families to access services to provide their children with the best start in life. These services are accessed well by all sectors of the community.*

4.2 Infant and child mortality are key priorities for Blackburn with Darwen Borough Council. Infant deaths have been a local priority for a number of years with findings from a Child Death Overview Panel review highlighted in the 2010 annual public health report and the Integrated Strategic Needs Assessment. This in turn has informed the infant mortality strategy and action plan within the borough. Subsequently in 2011 data in the ChiMat (Child and Maternal Health Observatory) Child Health Profile indicated that the borough also had the highest mortality rate in the country for children between their 1st and 18th birthdays. An urgent review resulted with findings presented at the Health and Wellbeing Board, Children's Trust and the Local Safeguarding Children's Board. A number of actions have resulted and one of the outcomes has been to invest in local genetic services based in Manchester, to tackle the high numbers of childhood deaths and disability caused by severe autosomal recessive disorders. An extended family genetic counselling service is also provided and initial feedback from families is very positive.

4.3 Antenatal and newborn screening programmes are in place which should provide opportunities to improve the health of infants and their mothers. This includes the use of the antenatal family social needs assessment which has been introduced to identify any vulnerability such as domestic violence, alcohol or substance misuse issues.

4.4 Health outcomes for children and young people who are looked after are good. There are effective processes in place to ensure the initial health assessment on a child or young person who is looked after is carried out in a timely manner. Initial medical assessments are carried out by a community paediatrician who is acting as the designated doctor for the local authority. All initial health assessments are carried out within 28 days of the child or young person being referred to the looked after children health team. Arrangements to ensure that children and young people receive their annual review of their health needs and that the review informs a plan to ensure their needs are met are also effective. For children under 5 the reviews are carried out by the universal health visiting service and for children over 5 years the review is carried out by the school nursing team. The designated looked after children's nurse carries a small caseload for those harder to reach. Support is available to the universal services from the designated nurse for looked after children. Both health visitors and school nurses received training from the designated looked after children's nurse on completing health reviews for looked after children. Currently all looked after children's health reviews are completed within the timescale and target, and as a result performance is better than the national average. To ensure services continue to improve and meet best practice the borough has commenced an assessment against the National Institute for Health and Clinical Excellence's guidance on looked after children.

4.5 There are robust arrangements in place for children and young people who are looked after and placed out of the area to ensure their health reviews are of a high quality. The designated nurse contacts the looked after children's health team in that area to arrange the review. The designated nurse quality assures all reviews that occur out of the area. If they are not satisfied with the review they will contact the out of area team and ask for it to be re-done. They then record the incident on their risk management system as a serious untoward incident. Commissioning processes have also been strengthened via a tariff system to ensure health assessments meet the level of quality required.

4.6 Comprehensive maternity services are in place with specialist midwives to support vulnerable women who are pregnant, including young mums and dads. Blackburn Birthing Centre is offered to women who have low risk pregnancies, as an alternative to delivery in the main delivery unit at Burnley District Hospital. The birthing centre is midwife-led and is well used and well regarded by women locally. If a baby needs to be transferred to more specialist facilities a 'baby pod' (similar to an incubator in design) is used to ensure the baby is transported safely rather than being in someone's arms. Those whose medical history suggests their birth is likely to be more complex are advised to have their children at the consultant-led Lancashire Women and Newborn Centre in Burnley. For teenage mums and women with specific needs there are a number of specialist midwifery services. Expectant teenagers receive good support from the teenage pregnancy midwife and in recent years there has been a steady reduction in teenage pregnancy rates within the borough. The rate has been high but since 1998 there has been a 32% reduction. The latest data shows that the under-18 conception rate for Blackburn with Darwen (39.3%) was better then the regional rate (43.7) and close to the national rate of 38.2. The teenage pregnancy midwife works with the team midwives and liaises with the leaving care team and other agencies such as education and housing on behalf of the young person. For teenage mums and women who require support in relation to substance misuse a midwife is based within the drug and alcohol abuse team. Women who are not in treatment will be fast tracked into the service. For other vulnerable women there are caseload midwives who work closely with the Early Start Health Visiting Programme. Women (including expectant young mums) are referred to the caseload midwives by the community midwives who pick up issues during the antenatal assessment. Caseload midwives liaise well with adult mental health services and have guidelines in place for referral.

4.7 The service offered to young people (including those who are leaving care) who are pregnant and vulnerable through the Early Start Health Visiting Programme is exceptional. The programme provides intensive health visiting, early intervention and preventative support to the borough's most vulnerable families (including those with a child protection plan in place) who are expecting their first child. Services, including the caseload midwives who support vulnerable expectant mums, engage with these families in the ante-natal period, until the child reaches the age of two. The programme has been in place for 2 years and is currently supporting 90 families, and although it is still in its development stage it is already showing very good improvements in health outcomes both for the child and the family as a whole. Working closely with the midwifery service 64.6% of Early Start clients initiate breastfeeding. 100% of babies are supported by the Healthy Child Programme. Vaccination rates are 100%. Early Start babies are weaned at 5 months on average (current government recommendations are 6 months) which is very good when compared against the national average age of weaning which is 3.5 months. There has only been 1 hospital attendance for a childhood accident within the caseload. And smoking cessation support has encouraged 18% of clients to stop smoking. To date only one family has disengaged with the service. Feedback from families is very positive.

4.8 Health visitors and school nurses also deliver the Healthy Child Programme to good effect. NHS Blackburn with Darwen has achieved 95% coverage of the primary vaccination course by a child's first birthday, which is maintained with subsequent vaccinations right on until the child's fifth birthday. Issues around children and parents not attending sessions for health checks has been picked up and action is taken to address non-attendance. Risk assessment is a core element of health visitor work. Assessment systems used require the health visitor to cover a comprehensive family health check including discussion of risk of domestic violence, consideration of the father's needs and early identification of parental mental health or substance misuse issues. The health visiting service uses a health visiting dependency tool to determine whether the child requires the core programme only or more intervention. The tool contains 4 categories ranging from clear to blue (the latter means a child protection plan is in place) and is contained within the child's health record. This system is well understood by staff in a variety of disciplines.

4.9 Sex and relationship education is provided to young people in secondary schools and comprehensive sexual health and contraceptive drop-in services are available and accessible. Young people have good access to services provided by Brook and the Contraception and Sexual Health service (CaSH). CaSH provide services in both Blackburn and Darwen. The service is well used by young people and feedback is very positive. The young people who we spoke to said that they valued these services. Chlamydia screening is in place and, although uptake could be improved, when young people are screened the positive testing rate is higher than both the regional and national rates, which may suggest the screens are being targeted appropriately at the most at risk young people. The borough uses the 'Wrapped' condom distribution scheme which makes condoms easily accessible, promotes safe sex and provides a confidential sexual health service for 16 to 25 year olds. The scheme was launched in 2007 and there is good uptake by young people. Young people also have access to a genito-urinary medicine clinic and gynaecology services at the Royal Blackburn Hospital, which include access to termination counselling.

4.10 The provision of advice and support to young people around substance misuse is good. Young people appreciate the services on offer and would like more of the same. Lifeline was specifically mentioned by young people as being supportive. Lifeline provide a recovery focused approach to treatment, with young people being encouraged to move through the service more quickly and to take responsibility for their own recovery whist being supported by key workers and psycho-social therapies. Lifeline also provides harm reduction advice such as overdose prevention, access to blood-borne virus screening and testing, and sexual health advice. Young people can also access a needle and syringe programme provided by the Jarmen Centre.

4.11 Although there is no dedicated children's emergency department, plans are well advanced to provide this facility with work starting in April 2012. In the meantime, children attending the emergency department have access to appropriately trained nursing (including advanced paediatric nurse practitioner support) and medical staff, with good links between emergency department staff and paediatric unit staff. The urgent care centre next to the emergency department does have a designated area for children. There is good access to both ELCAS East Lancashire Child Adolescent Service and the drug and alcohol abuse team services in the emergency department. For children who have self-harmed and are referred into ELCAS they are seen the next working day, or the same day if the referral is received before 12 midday.

4.12 Child and adolescent mental health services for Blackburn with Darwen's children and young people are of a good quality. Clarity in the referral pathway between ELCAS and adult mental health services was recently improved. This was in response to the recommendations of a serious case review of a young person's suicide. There is also very good provision in place for children and young people who require in-patient care. The Platform provides an in-patient facility for those aged 16 to 18 years and The Junction provides in-patient care for those aged 16 years and below. Both services are well received by young people and both services are performing well across all sections of service standards following a peer review by the Quality Network for Inpatient CAMHS (QNIC). As a result of the 16 to 18 years provision only 1 young person has been admitted to an adult in-patient bed in the last 12 months. Staff reported that support was provided immediately for the young person and they were discharged from the adult facility the same day as their admission. If an adult bed is required both children and adult mental health services monitor the situation.

4.13 There is good access to emotional and mental health support for looked after children and young people. The Supporting Carers and Young People who are looked after – Together (SCAYT) service supports workers within the looked after field to address the mental and emotional health needs of children. The service also provides face to face support to children and young people.

4.14 A single referral process is in place to the East Lancashire Children's Psychological Services & East Lancashire Child Adolescent Service (ELCAS). Whilst this service does not differentiate service access for those children and young people looked after or not, services are based on priority and by their very nature the children who they see that are looked after fall into the priority category. For Blackburn with Darwen children and young people there is no significant waiting time for this service. There is good access to ELCAS with routine referrals being responded to within 2 weeks and seen within 8 weeks. Urgent referrals are seen within 72 hours and emergencies are usually seen within 24 hours.

4.15 Transition arrangements for those young people who transfer into adult mental health services are in place and staff reported that they work well.

4.16 Access to and the services provided for children with disabilities are of a good quality. Community paediatrician and nursing teams are in place and work well with other health providers such as the paediatric audiology service, which gives priority to those children with a disability. Clinics are held across the authority's area in Children's Centres and health centres. If required, paediatricians will also see children with complex and severe disabilities at Newfield School so that the child's schooling is not disrupted. NHS Blackburn with Darwen has recognised the need to improve the care and treatment pathways for children and young people with complex needs and have plans in place to develop a 0 to 25 years pathway. This pathway should result in a more seamless and coordinated service with less duplication. It should also provide children and families with more choice in regard to where they access services from. Access for children and young people to Speech and Language Therapy, Physiotherapy, the Learning Disabilities team and the Inclusion Support Team is good. Blackburn with Darwen has a high number of children with very complex needs so complex care packages to support these children are provided by the ventilated children's team.

4.17 However, the provision of equipment for children with disabilities can appear disjointed to parents because there are two different occupational therapy services; one provided by social services and the other provided by health. This can lead to delays in children and families receiving equipment.

4.18 There is good dental provision within the borough to tackle the poor dental health of children in the area. Most people, including children and young people, can access a one stop shop for urgent and regular care with most people accessing urgent appointments next day. The service works closely with the local council and has a strong health promotion focus rolling out the Smile for Life Programme initially through Children's Centres. The programme should ensure a consistency of approach in the messages being given to parents. Oral health champions are in place in Children's Centres and there has been positive feedback on the approach. The service has also been very active in providing children with free toothbrushes and toothpaste to help improve dental hygiene. Approximately 13,000 toothbrushes and paste have been handed out to children by health visiting and school nursing teams in local authority wards with the highest decay rates. In 2009 a fluoride varnish scheme was introduced as part of the strategy to tackle poor dental health. To date approximately 3,479 children have accessed this service. Dental health promotion has also been provided into nurseries and primary schools. Feedback from teachers and children has been positive. The community dental service also works with substance misuse workers into hostels and for children and young people who are looked after referral into the dental service is via the dental referral pathway. All are offered an appointment and seen within 6 weeks.

5. Outcome 6 Co-operating with others

5.1 *Partnership working is outstanding with many excellent examples at both strategic and operational level. Health and children's services are well integrated through the Care Trust Plus, which is led by the local authority chief executive. This ensures a good focus on joint priorities and the achievement of these.* A good example of strong partnership working is the multi-agency first response and early intervention team (FREIST) with the co-location of police, health and domestic violence coordinator post. *The impact is swift and accurate risk assessment based on effective information sharing enabling a prompt response to children at risk of harm.*

5.2 Excellent work to safeguard young people at risk of sexual exploitation through the work of the multi-agency Engage initiative has resulted in reducing risk to children and successful prosecution of offenders. Similarly robust joint agency working to raise awareness, support victims and reduce domestic abuse has resulted in reductions of repeated incidents of domestic abuse. The use of the social needs assessment tool completed by midwives when they book women in is seen as very useful by general practitioners (GPs). Women are questioned separately from the family social needs assessment tool for 'routine enquiry for domestic abuse'. Consent is sought to share the information and because these records are also hand held by the women disclosures are coded for confidentiality.

5.3 Information sharing arrangements are in place and work well between both health and social care and between the various health disciplines. The teenage pregnancy midwife works closely with the leaving care team with monthly meetings in place to share information with the client's consent. Staff reported good relations in the emergency department with the police who are also described as good at sharing relevant information. The East Lancashire Hospitals NHS Trust safeguarding children team receive domestic violence alerts that have been provided by Lancashire Constabulary. These are then liaised through the safeguarding team. There are arrangements such as those developed in relation to teenage pregnancy information which set out what information will be shared, why and how between health services and the local authority. And there are others where different health disciplines meet to discuss work and any issues arising such as the joint paediatric service and emergency department meeting that is held on a monthly basis. In regard to the emergency department meeting a representative of the Child and Adult Mental Health Services also attends.

5.4 Health agencies contribute to a clear shared vision and ambition within the authority with *many highly effective co-located services and joint partnership arrangements that demonstrate successful outcomes.* For example the designated nurse for looked after children is co-located with the leaving care team in social care. This provides the opportunity to liaise with colleagues and triage children and young people at an early stage to relevant healthcare professionals if required.

5.5 There is good awareness amongst health professionals of the impact of domestic violence within families on children and young people. A specialist domestic abuse lead was created in 2007. At the time the health response was in its infancy with no structure in place to deal with reports received from the police service. The domestic abuse lead is based within the safeguarding children's team and works closely with social care. Policies and guidelines are now in place for both clinical and non-clinical staff and staff reported that they are working well. The domestic abuse lead represents the primary care trust on the Multi-Agency Risk Assessment Conference (MARAC), which is well established within the area. Links have also been developed with the Multi-Agency Public Protection Arrangements (MAPPA).

5.6 Staff who we met reported that the MARAC arrangements work well. Staff were aware of referral criteria and had received training in domestic abuse, which included the use of the Caada/Dash (coordinated action against domestic abuse/domestic abuse, stalking, harassment and honour based violence) risk identification checklist. This checklist helps staff determine the level of risk and intervention required including whether the case should be referred to MARAC. Emergency department staff reported that this system worked well.

5.7 There is good partnership working between health visitors and GPs. Regular weekly or monthly meetings are held within each GP practice where safeguarding and child protection concerns can be discussed and information shared. However, in the case records seen by the inspectors, there was little evidence of direct contribution by GPs to child protection processes such as attending child protection conferences. This was confirmed by GPs who described one of the problems in attending conferences was the short notice received which provided little opportunity to reorganise clinic lists. Nevertheless, GPs said they contributed to the health reports that were collated and presented to conference by health visitors through their regular team meetings. Each GP practice has a lead health visitor and health visitor teams are linked to GP practices.

5.8 Both nursing and medical staff are aware of the common assessment framework (CAF) and reported that it was used. Staff reported that they were open and honest and had a good relationship with families which resulted in parents always signing the relevant paperwork. Staff also reported attending team around the child (TAC) and team around the family (TAF) meetings with positive joint working with schools.

5.9 Blackburn with Darwen's child psychology services and ELCAS East Lancashire Child Adolescent Service are provided by two separate provider's working with different service specifications. The services already work collaboratively and have developed a single referral process to enable easier access. This new process has been in place for less than a year but will be reviewed to determine the impact. To encourage greater integration on performance and access a new service specification and performance framework will be introduced from April 2012.

5.10 Appropriate and robust arrangements have been developed in adult mental health services to promote identification and risk assessment where service users have children or care for a child. Staff reported very good examples of effective multi-agency work in ensuring children were safeguarded.

6. Outcome 7 Safeguarding

6.1 For those children and young people with high levels of need robust arrangements are in place to ensure children and families receive appropriate services according to an assessment of their need and risk. A health visitor is assigned to the multi-agency first response and early intervention team (FREIST). *Recent investment in additional staff ensures that the service is now appropriately resourced with staff from the local authority, health, police and domestic violence workers who are able to access a range of information systems to ensure an effective response. Clear information about previous common assessment framework (CAF) activity is available through the accessible CAF team and this helps inform assessment and decision making.*

6.2 The contribution of health in keeping children and young people safe is good with health partners demonstrating compliance with statutory guidance on promoting the health and well being of looked after children (2009) and Working Together to Safeguard Children (2010). Health staff at all levels demonstrated a clear understanding of their safeguarding responsibilities including how to identify risks and make referrals, and most are participating effectively in formal child protection procedures. Staff understand their role and responsibilities in producing reports for child protection conferences and are appropriately supported by managers and lead professionals. Designated and named professionals provide strong leadership and are well regarded by health staff. Designated and named professionals attend the Local Safeguarding Children Board meetings and are accessible, provide training and give helpful advice and guidance to staff.

6.3 All health staff reported an awareness of the local authority designated officer (LADO) and their role in governance requirements. Provider board leads reported good links with the LADO with robust recruitment policies and procedures in place including those for handling allegations made about people who work with children.

6.4 The designated nurse for looked after children has a good profile across services. The designated nurse holds a leadership role with a small clinical case load, supporting those children and young people with more complex needs. The designated nurse attends the Corporate Parenting Board and because this was seen as useful has been asked to continue to attend.

6.5 Paediatric medical staff have good arrangements in place to deal with the large number of Section 47 medical reports they are asked to produce in relation to child protection cases. In the last twelve months they have been asked to provide 240 reports. A rota system has been introduced to ensure there is always appropriate medical cover for child protection cases.

6.6 The engagement of general practitioners (GPs) in safeguarding arrangements is improving. Each GP practice has a named lead for safeguarding, which in the majority of practices is a GP. Most GPs have attended safeguarding sessions to raise awareness and more specific training has been delivered for safeguarding leads. All GP practices have arrangements in place so that the clinical team can meet at least monthly to discuss safeguarding or child protection concerns. Although GPs do not routinely attend child protection conferences they do provide a report, usually to the health visitor attached to the practice, who then collates and presents the information to child protection conference.

6.7 There is very good co-operative working across all health disciplines and acute and community services facilitated, by individuals such as the paediatric liaison nurse and the specialist midwives. The paediatric liaison nurse is based at Lancashire Care NHS Foundation Trust but also works out of the Royal Blackburn Hospital. The nurse works closely with the safeguarding team and reviews all child and young people attendances to the emergency department and urgent care centre. The nurse attends relevant safeguarding meetings and is available to provide support to staff. The nurse also regularly checks in at the neonatal intensive care unit at Burnley General Hospital and will alert health visitors of any issues.

6.8 Both adult and children's health workers are well engaged with children's safeguarding operationally with a high number of safeguarding champions in place. Safeguarding champions, within each of the health services, meet regularly for updates and presentations from other agencies such as Engage.

6.9 Health staff are alert to the potential risk indicators they should look for in their urgent and routine contact with children and families. There are robust alert systems in place to safeguard children and young people who attend the emergency department and urgent care centre at the Royal Blackburn Hospital. Electronic systems alert staff to the number of previous attendances, and contain an assessment to identify any safeguarding risks. The latter was placed on the electronic system as a result of an audit which showed that the risk assessment in the record card was not always being completed. Staff are now required to complete the risk assessment on the system before they can move on to transferring the child. The electronic system also automatically alerts staff of those children subject to a child protection plan or Multi-Agency Risk Assessment Conference (MARAC). The hospital has also utilised its electronic patient administration system (PAS) to create a register of children on child protection plans. The PAS system is monitored by the East Lancashire Hospitals NHS Trust safeguarding children team who will communicate and provide information to relevant professionals both within the hospital and outside in the community.

6.10 All NHS organisations have robust arrangements in place in regard to reporting incidents. NHS North West reported that providers respond to incidents well, produce action plans and implement those plans quickly.

6.11 The designated doctor and nurse network across Lancashire was reported as working well.

6.12 Adult mental health staff are well engaged with Multi-Agency Public Protection Arrangements (MAPPA) because of the high number of patients on wards that can pose a risk to children. The named doctor and nurse for adult mental health reported that staff in these areas were very aware of safeguarding issues and the need to protect children and young people, especially so if a young person was admitted to an adult ward, although in the last twelve months only one young person has been admitted to an adult ward.

6.13 Arrangements for children and young people who have been subject to sexual assault are established and are good. Children and young people are referred to Stay Safe, which is a sexual assault referral centre based in Preston. It provides sexual assault and rape crisis services to children and adults. If any child from Blackburn with Darwen is referred to the facility this is communicated to the Paediatric Liaison Nurse who will then alert the relevant professionals within the borough. The liaison nurse communicates with their counterpart in Preston.

6.14 The Lancashire and Blackburn with Darwen Child Death Overview Panel, which is chaired by the North West Strategic Health Authority, provides an improving mechanism for disseminating learning and improvement. It has recently experienced a backlog in its reviews of child deaths which is now resolved and is being continually monitored by the SUDCI steering group. Importantly the backlog has not impacted upon learning. Staff are aware of the work and decisions of the panel including issues around preventative deaths. To address keeping children safe when asleep new guidance and advice has been issued to health visitors and midwives as part of their intervention and family health work. The ‘Give me Room to Breath’ campaign has been introduced to provide advice and guidance to parents on keeping their baby safe when asleep.

7. Outcome 11 Safety, availability and suitability of equipment

7.1 The provision of equipment for children with disabilities can appear disjointed to parents because there are two different occupational therapy services – one provided by the local authority and the other provided by the NHS. This can lead to delays in children and families receiving equipment.

7.2 The Royal Blackburn Hospital’s emergency department has adequate facilities to treat children and young people. In the emergency department there is a resuscitation bay specifically allocated for paediatrics which is appropriately equipped and there are two major paediatric cubicles. Although there is no dedicated children’s emergency department at the moment plans have been developed to provide this facility and implementation will commence in April 2012. In the meantime children attending the emergency department have access to appropriate nursing and medical staff who are trained in paediatric care. The urgent care centre next to the emergency department does have a designated area for children. Both the emergency department and the urgent care centre have access to an advanced paediatric nurse practitioner who liaises with the paediatric ward team.

8. Outcome 12 Staffing recruitment

8.1 Within NHS trusts there are satisfactory processes in place to ensure that staff who are recruited are safe to work with children. Recruitment policies and procedures include appropriate checks. This includes health staff being Criminal Records Bureau checked at enhanced level on recruitment in line with national requirements. Job descriptions contain a mandatory safeguarding section outlining role and responsibilities.

8.2 All GPs are enhanced CRB checked via the Lancashire and South Cumbria Agency (LaSCA). The agency will carry out recruitment and human resource checks on both GPs and dentists. If children are involved the agency will also ensure families are re-registered, if they are struck off a GP list.

8.3 NHS trusts reported that they were fully compliant with effective and safe recruitment practices. For example managers undertake safe recruitment training delivered by the designated nurse for safeguarding children and there are named senior managers trained to handle allegations made about people who work with children. Managers were aware of the local authority designated officer (LADO) arrangements in relation to this.

9. Outcome 13 Staffing numbers

9.1 The staffing resource within health is sufficient to deliver core work and priorities, although staff reported that at times they could be stretched. For those health staff, such as health visitors and school nurses, involved in child protection work managers monitor case loads to ensure core work is delivered.

10. Outcome 14 Staffing support

10.1 Safeguarding policies and procedures are in place and understood by staff. Staff at all levels demonstrated a clear understanding of their safeguarding responsibilities, how to identify risks and make referrals. Designated and named safeguarding professionals provide strong leadership and are well regarded by staff.

10.2 Safeguarding training is in place within all NHS trusts and uptake is monitored by their respective boards. This includes children's safeguarding training from level one to level three. Figures for emergency department and urgent care staff show that 92% are up to date with their training. As part of the safeguarding training the domestic violence lead trains staff in domestic violence awareness including honour based abuse. Staff reported that the training had led staff to be more proactive in dealing with safeguarding and domestic violence issues. Staff also reported that they had received training in relation to initiating Multi-Agency Risk Assessment Conference (MARAC) referrals. The impact of this has been an increase in referrals to MARAC compared to a couple of years ago when referrals from health were very low.

10.3 As well as the designated leads there are named doctor, nurse and midwife arrangements within provider services. These provide training, support and supervision to staff. The arrangements for supervision within NHS trusts are well regarded by staff. Supervision can be accessed via a number of arrangements including the formal supervision framework, over the telephone or at the end of team meetings. Staff reported that they had appropriate access to both clinical and management supervision.

10.4 Paediatric medical staff reported that they had access to monthly child protection meetings chaired by the designated doctor for safeguarding. They had group supervision meetings which were being opened up to trainee doctors.

10.5 Safeguarding champions are also widely used across NHS organisations. For example in East Lancashire Hospitals NHS Trust there are 52 safeguarding children champions. Most are nursing staff but there are also some from non-clinical staff groups such as hospital porters. The champions are more skilled up then other NHS staff in regard to safeguarding and as a result are another resource staff can utilise. They can be the first point of call for staff as they are based on wards and in departments. The champions have regular meetings (bi-monthly) and receive presentations from other agencies such as Engage.

11. Outcome 16 Audit and monitoring

11.1 *Strong partnership arrangements between agencies* (including health) *have developed a shared performance management and quality assurance framework across the key strategic groups and boards with clear reporting requirements. Performance management information is used well to inform strategic priorities and service developments. Performance targets are in line with or exceed similar authorities. Where this is not the case, improvements have been achieved.*

11.2 As previously mentioned NHS Blackburn with Darwen's designated nurse for child protection is chair of the Quality Assurance Committee, which is a sub-committee of the Local Safeguarding Children's Board (LSCB). This committee monitors the quality of interagency working and leads on the Section 11 audit process, multi-agency case review and evaluates compliance with standards on a safe workforce practice. NHS providers report that they comply with Section 11 requirements. Several audits were identified for 2011 including practice in mental health when young people attempt suicide. In June 2011 Lancashire Care NHS Foundation Trust completed an audit in relation to this. The aim of the audit was to provide assurance against lessons learnt from a serious case review. The audit found good very positive aspects of working practices but improvements were required in relation to completion of sections of the electronic care record, and recommendations were made.

11.3 Health partners' relationships with social care, education, the voluntary sector and the police are very positive and the governance systems health partners have put in place are robust and contribute positively to safeguarding arrangements within the authority. Regular reports are presented to their respective trust boards on safeguarding including progress on training and information from serious untoward incidents and serious case reviews. Board leads from health providers report that attendance at the LSCB is good and the board provided the opportunity to discuss serious case reviews and reports from the child death overview panel. They reported that they and their staff had access to an active central safeguarding team that worked well with social care.

11.4 Health partners have been proactive and positive in applying lessons learnt through serious case reviews and through learning from other authorities and sharing good practice. The implementation and delivery of these improvements to practice is robustly monitored by the designated nurse for child protection and the named professionals within provider services. Reports are provided to the serious case review committee, which is a sub committee of the LSCB.

11.5 Arrangements to analyse the impact of health services provided to looked after young people and care leavers is not developed. We found that trends in looked after young people and care leavers who become pregnant are not sufficiently analysed to ensure service delivery is focused on their needs. Similarly, although there was good evidence of a range of appropriate health services for care leavers and clear evidence of individual impact through case studies, the local authority including health did not collate information to ensure its strategic delivery of services for this group was effective.

12. Outcome 20 Notification of other incidents

12.1 There are good arrangements in place across the NHS Blackburn with Darwen and health providers to ensure that appropriate and timely notifications are made in relation to the required alerts into the various agencies NRLS, NPSA and CQC. There is evidence that all NHS trusts respond to incidents and serious case reviews well, producing action plans and implementing actions in a timely manner.

13. Outcome 21 Records

13.1 The health records of looked after children examined by inspectors were satisfactory and compliant with national guidance. Chronologies listing significant events were contained within the records and risks and follow up were recorded. Risk tools such as the child and family health service vulnerability checklist, and the health visiting dependency tool were observed. As were completed child and family health plans.

13.2 The strengths and difficulties questionnaire is used to help track a young person's emotional and personal development. If required the Supporting Carers and Young People who are looked after – Together (SCAYT) service would be informed. The tool is not seen as helpful if the young person moves frequently between foster carers, therefore the looked after children's health service prefers to rely on the information picked up at the health assessments.

13.3 Orange alert sheets are used in the front of case records to advise staff of any adverse special circumstances that they need to be aware of. All clinical staff reported an awareness of this system which was said to work well.

13.4 There was evidence within the records of domestic violence issues being identified with records containing comprehensive reports from Lancashire Constabulary. Records of professional contact were dated, timed and signed and noted issues such as receipt of domestic violence alerts. Emergency department records highlighted previous attendances and noted that the lead professional (such as a health visitor) was informed.

13.5 Section 47 medical reports contained within the files were comprehensive and included information from the child as well as from carers/parents and professionals involved.

Recommendations

Within 3 months (from report)

- *Ensure that robust arrangements are in place to analyse the impact of health services provided to care leavers to ensure that strategic delivery of services for this group is effective.* Note: this recommendation appears in the main OFSTED report but is relevant to NHS Blackburn with Darwen as well as the borough council.

Within 6 months

- NHS Blackburn with Darwen must review occupational therapy arrangements between health and social care to ensure parents and children receive equipment in a timely manner.

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.