

## Report on the Outcome of the Integrated Inspection of Safeguarding and Looked After Children's Services in Lancashire

<b>Date of Inspection</b>	<b>23<sup>rd</sup> January 2012 - 3<sup>rd</sup> February 2012</b>
<b>Date of final Report</b>	<b>9<sup>th</sup> March 2012</b>
<b>Commissioning PCT</b>	<b>NHS East Lancashire, NHS Central Lancashire, NHS North Lancashire</b>
<b>CQC Inspector name</b>	<b>Jacqueline Corbett</b>
<b>Provider Services Included:</b>	<b>Lancashire Care NHS Foundation Trust Lancashire Teaching Hospitals NHS Foundation Trust East Lancashire Hospitals NHS Trust NHS North Lancashire (provider arm) Southport &amp; Ormskirk Hospitals NHS Trust University Hospitals of Morecambe Bay NHS Foundation Trust NHS Blackpool (provider arm)</b>
<b>CQC Region</b>	<b>North West</b>
<b>CQC Regional Director</b>	<b>Amanda Sherlock</b>

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](#) .

<b>Lancashire County Council</b>	
<b>Safeguarding Inspection Outcome</b>	<b>Aggregated inspection finding</b>
Overall effectiveness of the safeguarding services	Good
Capacity for improvement	Good
The contribution of health agencies to keeping children and young people safe	Adequate
<b>Looked After children Inspection Outcome</b>	<b>Aggregated inspection finding</b>
Overall effectiveness of services for looked after children and young people	Good
Capacity for improvement of the council and its partners	Outstanding
Being Healthy	Adequate

This report includes findings from the overall inspection report, and provides greater detail about what we found, mapped where relevant to the Essential Standards, in order that your organisation can consider and act upon the specific issues raised.

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

### **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.

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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:**

Health services for children and young people in Lancashire are commissioned by several primary care trusts (PCTs); NHS East Lancashire, NHS Central Lancashire, NHS Blackpool, NHS North Lancashire, and NHS Blackburn with Darwen which was covered in the inspection of Blackburn. NHS East and Central Lancashire have separated their provider arm in line with “Transforming Community Services”. Plans for the transfer of services for NHS North Lancashire are under discussion with Monitor.

For Central and East Lancashire, universal services such as health visiting, school nursing, and paediatric therapies are primarily delivered by Lancashire Care NHS Foundation. This trust also provides CAMHS for the area, along with East Lancashire Hospitals NHS Trust. Acute hospital services including maternity services and accident and emergency care are provided by East Lancashire Hospitals NHS Trust, Southport & Ormskirk Hospitals NHS Trust, and Lancashire Teaching Hospitals NHS Foundation Trust.

For North Lancashire, universal services are delivered primarily by NHS North Lancashire (provider arm). CAMHS services for the area are currently provided by Lancashire Care NHS Foundation Trust, and NHS Blackpool (provider arm). Acute hospital services including maternity services, and accident and emergency care are provided by University Hospitals of Morecambe Bay NHS Foundation Trust and Blackpool Teaching Hospital Foundation Trust. The PCTs commission services from additional provider NHS organisations regionally and nationally.

All three PCTs and seven of the eight provider trusts were included in this inspection. The acute hospital service provided to Lancashire residents by Blackpool Teaching Hospital Foundation Trust was inspected separately in 2009.

## General – leadership and management

1. Health partners in Lancashire contribute effectively to the strategic planning and commissioning of children and young people's health services. The Lancashire joint strategic needs assessment (JSNA) is co-ordinated and developed by a JSNA team that is jointly funded by Lancashire County Council and NHS Lancashire, the primary care trust (PCT) cluster that includes NHS North Lancashire, NHS East Lancashire and NHS Central Lancashire. The JSNA was refreshed in March 2011 and clearly identifies priorities including 'Staying Safe' and 'Children and young people with particular needs' which includes looked after children. The JSNA had insufficient detail about the needs of children with disabilities, although the action plan sets out timescales to undertake bespoke analysis of this.
2. The JSNA informs priority setting and planning across partnerships including the Lancashire Children and Young People's Trust (LCYPT), which has been established since 2005. The Children and Young People's Plan (CYPP) and action plan was updated for 2011-14. Health partners are well-represented on the Children's Trust Board, alongside comprehensive membership from relevant stakeholders across the county. Effective multi-agency partnership work has ensured that performance on national indicators and local priorities have improved. The work of the county-wide Trust is delivered through a network of twelve district CYPTs, who work to an action plan adapted for their locality. This recognises the diversity of Lancashire and ensures a targeted focus on priorities particularly relevant to that locality. The governance arrangements for the CYPT are comprehensive, and effectively link to the Local Safeguarding Children's Board (LSCB), and the shadow Health and Well-Being board.
3. There are joint commissioning intentions agreed across the three PCTs in line with the strategic priorities. The commissioning and delivery of health services to children and their families in Lancashire is rapidly changing in response to the national requirements of health provision. Plans for the transfer of services for NHS North Lancashire under "Transforming Community Services" are under discussion with Monitor. NHS East Lancashire and NHS Central Lancashire restructured in 2011. Joint NHS Commissioning functions have been established across PCTs, currently led by NHS Blackburn with Darwen. This is an interim arrangement until the planned development of eight Clinical Commissioning Groups (CCGs) across Lancashire in 2013. Due consideration is being given by lead commissioners to ensuring consistency in commissioning and contract monitoring during periods of change.

4. Commissioning of child and adolescent mental health services (CAMHS) is overseen by a specialist Joint Commissioning Manager for Lancashire County Council and the NHS Lancashire cluster. Lack of consistency in commissioning arrangements and delivery of the service was identified in the Joint Area Review (JAR) in 2008. Subsequently, a pan-Lancashire implementation group has led a review of the service. Partners have sought to address historical gaps and inconsistencies in the commissioning and delivery of CAMHS services. Whilst it is recognised it has taken some time to implement the required changes, the development of a pan Lancashire Joint Commissioning Group and the recent move to a single provider should promote greater long term consistency in the delivery of services
5. The PCTs oversee contracts for the delivery of services for their locality by provider trusts, and these have been strengthened to provide a tighter focus on standards and arrangements for demonstrating safeguarding compliance. NHS Lancashire has an overarching commissioning policy that sets clear standards for safeguarding children and vulnerable adults. Self-assessment audits of provider trusts (Children Act 2004, section 11, audits) indicate high levels of compliance with safeguarding requirements across most providers. However, significant gaps in full compliance at University Hospitals Morecombe Bay NHS Foundation Trust (UHMB) have been identified, for example, safer working practice and electronic flagging of safeguarding concerns at the Royal Lancaster Infirmary. Monitoring and progress with audit action plans have been overseen by the LSCB. Despite this, the actions required to achieve full compliance with the safeguarding requirements were still outstanding at the time of this inspection.
6. The LSCB consists of the main organisations working together in the area providing safeguarding services and there are sub-groups on both a thematic and locality basis. The performance of the LSCB is good, and it is seen as an effective driver for safeguarding across the county. It has appropriate structures and governance arrangements in place and effectively links to the Children's Trusts. Adequate governance structures are in place to ensure that provider health trust boards have sufficient oversight of their arrangements to safeguard children, and there are clear reporting lines to the LSCB. *The independent chair provides good leadership and partners effectively support the board by the appropriate representation of all key agencies, including adult services and the voluntary and community sector. Partner agencies are challenged and held to account and performance is closely monitored. For example, the independent chair of the LSCB exercised rigorous challenge when the University Hospitals Morecambe Bay NHS Foundation Trust failed to deliver a good quality timely independent management review to support a serious case review (Ofsted February 2012).* A subsequent review and action plan has led to improvements in processes. Despite this, examples of poor governance and quality assurance were found at UHMB's acute hospital, the Royal Lancaster Infirmary, at the time of this inspection. These issues raise serious concerns about the safeguarding arrangements at Royal Lancaster Infirmary, and the well-being of children and young people using the service.

7. The Child Death Overview Panel (CDOP) provides an effective mechanism for disseminating the lessons learned from serious case reviews to all agencies, and improvements have been made, for example improved record keeping in health services. A safeguarding health forum meets bi-monthly, led by named nurses, which has been effective in widening awareness of safeguarding children issues and promoting learning from serious case reviews. The panel has also led targeted action on the systemic causes of infant mortality in the county, which is a key priority for the panel and the LCSB. Initiatives such as the 'Give me Room to Breathe' campaign have had an impact in reducing risk factors such as co-sleeping in several areas where there is a high level of deprivation. There have been reductions in infant mortality, and the rates of average birth weights are improving and are now close to the national average.
8. *The commissioning strategy for looked after children is strong, ambitious and builds on a thorough analysis of need that has led to a high rate of children looked after by Lancashire County Council being placed near to the place where they live. Nearly all children are placed in provision which is judged good or better by Ofsted. The partnership arrangements with other agencies ensure looked after children are given the highest priority. There are effective arrangements to target improvement including single and multi agency action planning which focuses on the right priorities leading to close monitoring of performance and improved outcomes for looked after children. Strong strategic and cross party political leadership is backed by the necessary financial resources to meet the needs of the looked after children population. As a result overall outcomes for looked after children and young people are good and all are improving (Ofsted, February 2012)*
9. There is a strong network of designated nurses for looked after children that is helping to support improving health outcomes for looked after children. Designated nurses provide effective strategic direction in delivery of responsibilities for looked after children and promote improvements through quality audits and monitoring. NHS Lancashire has recently reviewed and additionally resourced the designated doctor function for safeguarding and children looked after having recognised gaps in local arrangements and organisational capacity to meet the increase in workload demands. Performance monitoring processes are being strengthened to ensure regular review of the effectiveness of the new arrangements in delivering the designated doctor functions as set out in the statutory guidance. It is too early to assess the impact of these new arrangements in addressing historical gaps in capacity.

## Outcome 1 Involving Users

10. There are good arrangements to ensure the involvement of children and young people in planning and service design in Lancashire, in health and in joint planning across health and social care. Strategic priorities are shaped by children and young people through participation in active Youth Councils at both county and local level, which are well engaged in CYPTs. Specific consultation events are held to engage young people in the development of the Children and Young People's Plan, with input from Young Advisors and Young Verifiers from the "You're Welcome" scheme. These young people and members of the Lancashire Young Health Action Group are actively involved in making decisions about spending decisions, for example participating in the partnership board for CAMHS and being consulted on the development of acute in-patient mental health services as well as the configuration of teams for emotional well-being. However, feedback on the impact that young people have had through consultation events is not consistently provided. There is no clear "You Said...We did" process to ensure that young people can clearly chart the impact of their input.
11. Young people are actively encouraged to be involved in the auditing of quality and improvements of services. The "You're Welcome" scheme has had an impact in identifying improvements to access to health services, and young people involved in the Central Lancashire area have produced a DVD "Youth vs Disability" to raise awareness of access issues across GPs. However, implementation of You're Welcome quality criteria is inconsistent across the county, although work is being supported by additional funding to develop the scheme in North Lancashire. The Lancashire Young Health Action Group has undertaken research into issues identified as being a priority for young people, including mental well-being and bullying. This led to their involvement in awareness raising training and developing posters and information for young people and adults.
12. *The structure for the Children in Care Council (CiCC) has recently been reviewed and improved but numbers of those participating in the three CiCCs across the county are still small and as a result they do not yet fully represent the views of the wider looked after children population. The Pledge of the director of children's services clearly articulates the council's commitment to looked after children, and young people have been involved in shaping and producing the document. However, not all children and young people who spoke with inspectors were aware of its purpose or, in some instances, its existence (Ofsted, February 2012).* Children and young people using services are routinely engaged in consultation about the quality of services that they receive. "What young people are saying" reports are produced by in-patient mental health services at the Junction and the Platform, and the opinions of people using the services inform action plans for improvements, for example in admission processes. The results from surveys of looked after children indicate a good level of satisfaction with services.
13. *Opportunities for young people to influence the shape of safeguarding services are very good. School councils have influenced how schools deliver help and support for young people such as in the design the sexual relationship education curriculum (Ofsted, February 2012).*

14. *There is strong focus on issues of diversity across strategic and operation policies and plans which are supporting the effective assessment and provision of appropriate services to families from minority groups (Ofsted, February 2012).* Some proactive work is done with families whose first language is not English, for example, targeted work is undertaken by health visitors and midwives working closely with children's centre staff to build awareness of support available and health checks required. Midwives have prepared information packs in different languages such as Polish to support the needs of their local population, and also offer 1:1 teaching sessions where appropriate, for example to Asian families. Parentcraft classes are available in different languages. Access to translation and interpreting support is adequate.
15. Support provided also recognises the specific needs of communities such as travellers and there is a clear system in place to transfer maternity and child health records in response to their movement out of area. There is a clear alert system to track mothers who 'go missing'.

#### Outcome 2 Consent

16. There are appropriate policy and procedures in place for staff to ensure that parental or carer consent for treatment is obtained prior to any treatment of children and young people. Accident and Emergency staff routinely establish who has parental responsibility for the child and therefore who can consent to treatment.
17. School nurses have appropriate arrangements in place for managing consent and confidentiality. Young people can self refer to school nurses or attend drop-in sessions at a number of health centres, and confidential support is offered in accordance with their needs and preferences. Support to young people is compliant with practice requirements in relation to their age and competency to make decisions as outlined in Fraser and Gillick guidelines. Therapists ensure young people are appropriately engaged in their care and treatment programme and that they receive relevant information in order to give consent and make informed choices based on their views of their needs.
18. Information sharing is well managed when reporting safeguarding concerns.

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

19. A key priority across health and well-being partnerships in Lancashire has been to reduce infant mortality rates, which were higher in the county than national and comparator groups. Targeted action has been taken to identify and address the systemic causes of this, leading to effective initiatives such as the 'Give me room to Breathe' campaign to raise awareness about the perinatal health of mothers and babies. Investment has been made in local genetic services to tackle the high numbers of childhood deaths and disability caused by severe autosomal recessive disorders. There have been reductions in infant mortality and the rates of average birth weights are improving and are now close to the national average.



20. Lancashire has antenatal and newborn screening programmes in place to provide opportunities to improve the health of newborn babies and their mothers. Support is provided to vulnerable new families via the Early Years Health Visiting Programme. The programme has demonstrated good improvements in health outcomes both for the child and the family as a whole.
21. Within Lancashire there is a range of good quality health services for children and young people. Health Visitors are increasingly focused on health promotion as a core element of their work. Assessment systems used require health visitors to cover a comprehensive health check list, including discussion of risk of domestic violence, consideration of father's needs, and early identification of parental mental health issues. This promotes a more holistic focus on the needs of families. All young people on entry into high school complete a health questionnaire. Support is tailored to the areas where they have asked for assistance. Drop in sessions provided by school nurses provide good support to young people and their families. They offer regular advice and support to young people in addressing a wide range of issues including sexual health, emotional and mental wellbeing.
22. Each PCT commissions their own looked after children services with joint funding from Lancashire County Council for specialist looked after children nurses. These nurses offer a good range of health advice and additional support to children looked after, and there is effective joint working with social workers. A 'Surviving Teenage Years' initiative provides targeted support to teenagers who have difficulties adjusting to growing up. Named nurses for looked after children across the three health areas provide good operational direction including supervision and a clinical role in supporting harder to reach children, such as those not attending school. Performance in ensuring that looked after children have up-to-date immunisations has improved and is now good. However, performance on the rate of looked after children who have a regular dental health check has decreased and is low. This has been acknowledged and action is being taken to address this.
23. There has been an upward trend in timely completion of annual health assessments, but some initial health assessments (IHAs) are not completed within timescales. An audit of performance in undertaking health assessments identified a lack of capacity in community paediatric services in parts of the county, and insufficient clarity in the responsibility for undertaking assessments for young people aged 16-18 years old. An action plan is in place to make improvements.

24. Most looked after children are offered a choice of where to have their annual health assessment, although there are limits on capacity across the range of health professionals undertaking assessments to meet these requests, particularly community paediatricians undertaking initial health assessments. An audit by NHS East and Central Lancashire of health care plans for looked after children in their areas found that the quality of some records did not meet the required standards. Some assessments and related action plans seen during the inspection were overly brief, and did not consistently reflect follow-up of all the health issues identified. Action has been taken to review the documentation used for health assessments in NHS North Lancashire to ensure health action planning is more effective, and they are piloting new formats.
25. Looked after children over the age of ten years can access the Personal Health Fax, which is kept by the children and young people. The booklet is designed to record significant health events and gives advice and contact details of where they can obtain local health and social care support. Children leaving care have health plans and are signposted to health services, which promotes improved health outcomes for this group.
26. Children and young people, including those looked after, have good access to contraceptive and sexual health services (CASH). Centres such as 'the Fold' (East Lancs) provide excellent sexual health services targeted at local schools and communities. CASH teams provide outreach services, drop-ins, in-reach to college, schools and clinics, as well as delivering training to other staff and improving care co-ordination and communication across agencies. Lancashire has a track record of good outcomes in delivery of the national teen pregnancy strategy, which has led to a fall in teenage conception rates. However, health staff report that they are concerned about the impact of reductions in funding to support this area of work. Specialist and outreach genito urinary medical services across Lancashire are good with good take up by young people who value these services. North Lancashire does not have a designated young people's centre and manages the disparate geography through the provision of contraception and simple screening within the young people's outreach service.

27. Specialist midwives at Royal Preston/Chorley hospitals and Royal Lancaster Infirmary provide an outstanding service to vulnerable women who are pregnant, including teen mothers and women who have mental health or substance misuse problems. There is excellent support for young parents across Lancashire, and targeted work done with young mothers who are or have been in care has a clear emphasis on improving their life chances, for example, remaining in education. A clear protocol is in place to ensure that there is pre-birth assessment and planning for young people who are looked after. This ensures that any risks are identified early and support provided for this vulnerable group. Dedicated teenage pregnancy midwifery roles are in place across all areas of Lancashire. These are effective and highly valued by young mothers and practitioners in co-ordinating pre-birth planning and the perinatal care of looked after children who are pregnant, winning a projects and partnerships award in 2008. Compliance with the protocol was not consistent in areas where there was no dedicated teenage pregnancy midwife, which leads to inequity in the quality of care. While efforts are made to find foster placements for looked after children who are new mothers with their babies, there is insufficient supply within the county, leading to placements being made at some distance. This is a recognised area of need.
28. Access to termination counselling and services is extremely varied across Lancashire, which leads to inequity in service delivery in an area of health where timely response is a crucial element.
29. Although there is insufficient capacity across maternity, midwifery and community paediatrics in North Lancashire there is an action plan in place to address this which has already resulted in staff appointments. However, commissioning contracts do not specify the arrangements for the medical care of young people aged 16-18 accessing hospital services and community paediatric services. This is leading to inconsistencies in the delivery of these services.

30. Substance misuse teams, which are commissioned across all Lancashire, provide a network of services to promote awareness of, and access to, their services for children and young people including children looked after. Joint working across agencies promotes early identification of young people who have substance misuse problems, and targets service delivery. There are dedicated teams to work with children and young people, such as Young Addaction and Early Break. These services work with young people up to the age of 21 years and offer early intervention and targeted support to vulnerable groups. Adult services start from eighteen years old, so there is an overlap with a transitional protocol in order to ensure appropriate and smooth transfer. Aspire is an effective initiative to provide diversionary activities for young people as an alternative to substance misuse. Addaction drop-in at Royal Preston hospital is effective in identifying young people who frequently attend hospital who have underlying substance misuse problems; however, this valued service is not available across the county. Numbers of referrals to the substance misuse service overall have decreased, and performance indicators have shown a sharp decrease in the numbers of looked after children receiving a service. Barriers to access that have been identified includes young peoples' reluctance to consent to referral being made. Action in place to address this includes Addaction undertaking outreach health promotion work with young people to raise their awareness and encourage take up of services. Action is also being taken to ensure that data capture is accurate, and to ensure that looked after children are accessing the service as needed.
31. There is a range of effective health services for children with learning and physical disabilities and complex needs across Lancashire. A strong network of support underpinned by effective multi agency working supports children with disabilities or complex medical needs in early years. There is good access to therapies such as speech and language therapy, occupational therapy and physiotherapy.
32. There is a Transitions Task Group led by the learning disabilities complex needs team. However, there are insufficient services to support young people with disabilities aged 16-18, or to ensure a positive transition from children's to adult services.
33. The "Aiming Higher" programme provides forums across the county for parents of children with learning disabilities that promote networking, and the development and access to services such as short breaks. The benefits of this are highly valued by participants. There is no participation from health partners in the forums, and this is perceived by parents to be a gap.

34. Where they are available, services to promote emotional health and wellbeing for children and young people provide an excellent service that is highly valued by people receiving the service and health partners who can make referrals. LCC and NHS Lancashire jointly commission an emotional health and well being service for children looked after known as SCAYT (Supporting carers of looked after children and young people together) and CLASS (Children looked after support service). The service is jointly provided as part of the CAMHS pathway by LCC and LCFT. The service was considered as an example of excellent early intervention services to support parents and carers of looked after children. East Lancashire also has an established and highly regarded emotional well-being team that provides support to parents of young children (aged 0 – 5 years old) with emotional or mental health problems, or to teen parents with substance misuse problems. Services to promote emotional well being for young people not in care are variable across the county, depending on local initiatives and partners such as schools and the independent sector. This leads to inequitable access to service. Commissioners recognise that this is an area requiring greater strategic co-ordination.
35. For those who receive the service, CAMHS is effective and highly valued. However, access into CAMHS is variable. SCAYT and CLASS teams promote access for looked after children, including those with Autistic Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). In Central Lancashire the learning disabilities complex needs teams are co-located with CAMHS, which promotes good links and communication for children that they support. Liaison and access to advice and information with CAMHS at hospitals has improved and this has ensured prompt responses to young people who self harm. However, difficulties are experienced in accessing services for young people who have substance misuse problems, and those who are not looked after with ASD, ADHD or acquired brain injury. Initial assessments for CAMHS are undertaken promptly. However, waiting times to access services is variable, with long waits for clinical psychology. There is a significant gap in services, as CAMHS is currently only available for children and young people up to age 16, although this gap has been acknowledged and is being addressed by the imposition of new contract from April 2012
36. Clarity in the referral pathway between CAMHS and Adult mental health services has been recently improved, 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 admissions of young people to adult mental health services are rare.

## Outcome 6 Co-operating with others

37. There are examples of effective joint working centred in early intervention, prevention and provision of comprehensive support to children and their families. This includes undertaking joint home visits, and supporting positive parenting and teenage parenting groups. Multi-agency work is targeted effectively through children's centres to reach high numbers of children and families in the most deprived areas of Lancashire. This has had an impact in identifying children at the edge of care and providing support to reduce the numbers of entering the care system. The work of children's centres was highly praised by health staff and valued by people using services.
38. There is a strong network of support underpinned by effective multi agency working to support children with disabilities or complex medical needs, including in early years. This is leading to more effective co-ordination and funding of support packages. There is a clear focus on involving parents and carers to ensure they fully understand and meet children's care and treatment requirements. Health staff are usually involved in or provide a report for children's annual reviews. Health plans have increasing focus on promoting fitness and wellbeing for young people. There is proactive identification of concerns and generally timely access to equipment tailored to their particular needs and home circumstances. However, concerns were raised about delays in adaptations to council homes.
39. Health visitors have strengthened their systems for identifying and providing support to mothers with post natal depression. There are good links with primary care mental health services resulting in faster referral times and more holistic assessments of parenting capacity. The arrangements for handover of information between health visitors and school nurses work well. School nurses and health visitors report positive joint working with schools and other partners in undertaking core assessments (CAF), and participating in care planning processes such as the team around the child (TAC) processes. Health staff have been involved in review of CAF arrangements and this is resulting in more effective sharing of expertise and resources across the partnership.
40. Effective work has been done across Lancashire to develop appropriate arrangements in adult mental health services to promote identification and risk assessment where service users have children or have child care responsibilities. There are examples of good multi-agency work in co-ordinating care in this area.

41. Joint working with social workers is good, and has benefited from work done to improve multi-agency work to ensure a comprehensive focus on and monitoring of the needs of children who are looked after. All stakeholders identified the positive work of CLASS or SCAYT in working across agencies to strengthening prevention and support around the emotional wellbeing of looked after children. Joint working with CAMHS has improved since they have started attending operational meetings for looked after children. The county CLA Health Matters group is working to implement NICE guidelines and ensure priorities for health are effectively delivered. The group is now chaired by a CLA lead for Lancashire county council, and an action plan has been developed to support the improvement agenda.
42. There is an improving focus on preventing the sexual exploitation of young people. There are clear protocols to alert staff to risks to young people including those under the age of consent or at risk of harm from abusive or unprotected sexual relationships. In parts of Lancashire there are collocated multi agency teams. A multi agency operational group has been established including representation from safeguarding health practitioners, children's social care, education and police that promotes effective scrutiny of young people and is instrumental in developing shared action plans to manage risks. This has been recognised nationally as a model of good practice.
43. Health staff are engaged in multi-agency initiatives to promote the health and protect the well-being of children and young people. *Targeted work to address domestic violence has been effective with improved take-up of services and more cases being identified as high risk and managed by Multi-Agency Risk Assessment Conference (MARAC). Attendance is good by all agencies and actions are delivered promptly. The partnership arrangements led by the police for the identification and safeguarding of children at risk of exploitation are very good. Multi-agency Public Protection Arrangements (MAPPAs) are good. They are effectively chaired and performance issues such as attendance are rigorously monitored. Meetings are well attended by all agencies at all levels and actions are delivered on time. Re-offending rates are very low indicating the safe management of risk. There are effective relationships with prisons and notifications of release are communicated in time for arrangements to be made to ensure the safeguarding of children within the community (Ofsted, February 2012).*

44. Protocols for the effective transfer of health information for looked after children who move across health authority boundaries are not sufficiently robust. This undermines the continuity of health care, information sharing and health planning. Although multi-agency groups have been effective in improving responses within the county, there are delays when children move out of Lancashire, and significant difficulties when children looked after are placed within Lancashire from other local authority areas. Links are being made with independent care homes within the county to help identify children looked after who move into the local health area, but this is not yet effective across all localities. Plans for a new charging tariff across NHS North West health area (including Lancashire) aim to strengthen cross authority accountabilities and funding requirements. Local GPs have developed a format to include a summary of health information. This is being found useful in sharing key information when young people change their GP, but is not yet fully implemented in all areas of Lancashire’.

### Outcome 7 Safeguarding

45. There is a strong network of designated nurses co-ordinating the development of safeguarding strategically and operationally across Lancashire PCTs, with plans to strengthen this by the development of a multi-agency safeguarding ‘hub’ and locality model (MASH) for safeguarding. NHS Lancashire has recently reviewed and additionally resourced the designated doctor function for safeguarding and children looked after having recognised gaps in local arrangements and organisational capacity to meet the increase in workload demands. Designated doctors have appropriate job descriptions and work plans to support their contribution to safeguarding children. Performance monitoring processes are being strengthened to ensure regular review of the effectiveness of the new arrangements in delivering the designated doctor functions as set out in the statutory guidance. It is too early to assess the impact of these new arrangements in addressing historical gaps in capacity.
46. Named nurses undertake quality assurance of practice including reviewing cases, which promotes improvements and consistency in safeguarding practice. The named nurse distribution for the East and Central Lancashire and within the community provider of NHS North Lancashire is considered to be adequate to meet the current needs of the population and organisations. However, there remain gaps in the capacity of named safeguarding staff within the University Hospitals of Morecambe Bay Trust. Named doctors for community services have effectively promoted safeguarding across GP provision although the continued support for this key area of work is not consistent across the county. The named doctor post in North & East Lancashire has remained vacant for some time with cover provided on an interim basis until such time as appointments are made



47. A safeguarding health forum meets bi monthly and leadership by named nurses across Lancashire has been effective in widening awareness of safeguarding children issues. The forum focuses on promoting ownership of lessons from serious case reviews (SCRs) and the development of shared improvement agendas, informed by feedback from frontline staff. The minutes of meetings are presented to relevant governance boards. There is evidence of learning and service improvement following SCRs. For example, new assessment paperwork has been introduced to health visitor and school nurses to provide a standardised approach to assessing needs and risks. SCRs have also resulted in changes to mother and baby electronic health records to improve consistency and ensure that particular attention is paid to recording father's details and other adults' involvement in the care of children. Relevant messages from SCRs have been embedded in safeguarding training and are reinforced through clinical and safeguarding supervision.
48. Acute hospitals across Lancashire have named doctors, nurses and midwives and clear safeguarding reporting structures, with some examples of excellent safeguarding arrangements for children and young people such as those provided by the Royal Preston Hospitals and East Lancashire Hospital NHS Trust.
49. A number of performance concerns have been identified by CQC and Monitor in relation to the quality of provision for babies and children at the Royal Lancaster Infirmary. In addition, an internal management review in respect of a serious case review identified a number of areas for improvement in safeguarding children. This has been subjected to an action plan and the Director of Nursing is working to ensure lessons learned from reviews are embedded in practice of frontline staff, for example in making sure that potential non-accidental injury is escalated appropriately, improving scrutiny of the role and relationships of adults/fathers involved in children's care, and embedding improvements in documentation. Further training has been provided to ensure all staff have received an appropriate level of training and are competent in child resuscitation. A strategy template has been developed to ensure more effective tracking of decision making within the trust. However, the arrangements for treatment and safeguarding of children and young people at Royal Lancaster Infirmary at the time of this inspection were insufficiently robust to ensure safe practice, due to lack of appropriate systems to identify children and young people at risk, insufficient numbers of appropriately trained staff, lack of capacity to respond to demand for paediatric expertise in the Accident and Emergency department, and the lack of a paediatric liaison nurse. The governance arrangements had not ensured identification of incidents in the accident and emergency department that indicated poor practice or delayed response to concerns about children and young people using the service. The Director of Nursing acknowledged the need to improve the management and oversight of pressures and practice issues identified in Accident and Emergency. These issues raise serious concerns about the safeguarding arrangements at Royal Lancaster Infirmary, and the well-being of children and young people using the service.

50. Robust arrangements are in place to safeguard children and young people who attend accident and emergency or are admitted to hospitals or urgent care centres visited across Central and East Lancashire. For example, the safeguarding arrangements for children and young people at the Royal Preston/Chorley hospitals, and at Ormskirk hospital are excellent. Arrangements at the Royal Blackburn Hospital were robust.
51. Medical examinations of children and young people who present with non-accidental injuries are undertaken by appropriately trained staff across Lancashire, and there is a dedicated SARC that provides a service across Lancashire for children and young people who have been victims of a sexual assault or rape. This is highly valued by service users. Young people at risk of substance misuse, or who self harm are identified and referred on for additional support. CAMHS offer prompt follow up to young people admitted to hospital.
52. Good arrangements are in place so all children's attendances at hospital are identified. Notifications are made to GPs, health visitors and school nurses which promotes identification of risk and continuity of care.
53. Same day health centres including urgent care centres seen, had appropriate arrangements for safeguarding children and young people, with paediatric trained staff and clear reporting systems. However, evidence of inconsistency of response across out of hours, walk-in centres and A&E has highlighted a need to strengthen arrangements in these areas.
54. Safeguarding policies are in place across health services, and safeguarding champions have been established in community services including GP surgeries, which are effectively promoting good compliance and practice. Safeguarding procedures have been revised to improve the focus on working with families, and joint working arrangements to better co-ordinate early identification and response. Training has been delivered on safer recruitment to staff facilitated by the designated leads. Actions have been taken to strengthen supervision of staff in safeguarding work, and health practitioners reported good access to supervision that was helpful in supporting safeguarding work. The LSCB provides a comprehensive range of good quality training which is attended by a range of partner agencies, including the voluntary sector. Although health care trusts demonstrate that they are prioritising the delivery of safeguarding training, not all teams are compliant with the most recent safeguarding training standards, and performance monitoring arrangements are not yet capturing data to enable effective reporting and quality assurance in this area.

55. Health practitioners across the range of health care services and settings demonstrated a good awareness of their safeguarding responsibilities. There was evidence that the increased priority of child protection work was having an impact on the work of health professionals through an increased focus on identification of risk factors, reporting concerns, and participation in child protection conferences, particularly for those involved in front line work such as health visitors, school nurses and GPs. The co-location of health professionals in some district teams and the multi agency collocated assessments team in East Lancashire have demonstrated an increase in co-ordination of work streams and earlier interventions with children. Some GP practices host monthly safeguarding meetings involving district nurses, community midwives and health visitors to track children who are on protection plans or at risk of harm; however, this is not embedded across the locality.
56. Failure to attend appointments is closely monitored and in some cases additional reminders and provision of practical support has enabled families to attend in recognition of peoples' personal circumstances and distance from hospital. Team around the child approaches are being effectively used to support young people with disabilities/long term conditions who do not meet threshold or who are no longer open to social care. The use of communication passports could be further developed to strengthen preventative approaches.
57. There is a clear focus in Lancashire on work to strengthen access to sexual health services and reduce the rate of unplanned and teenage pregnancies, supported by a 'Cause for Concern' system to alert practitioners to teenage pregnancies. There are designated midwives who work with teenagers, women who have been subjected to domestic violence, mothers with mental health issues and those who substance misuse. Their role and contribution to keeping children safe is seen to be effective. Midwives make good use of the CAF process to strengthen their focus on prevention. Midwives are appropriately engaged in CP work. The maternity management plans we saw were good.
58. Although improvements have been made to children's social care contact, referral and assessment arrangements and generally, health practitioners thought the service was much improved, some health practitioners report difficulties in making referrals and a lack of timely response. They reported particular difficulties in accessing initial assessments and services for young people aged 16 to 18 where there is a combination of low level risk factors. This has been acknowledged by the children's social care manager and action is being taken to monitor and address concerns. In East Lancashire, Best Practice Panels have been established as a means to discuss and resolve any issues not resolved by the escalation protocol, and to identify and build upon multi-agency best practice. This forum is highly valued by health staff and service users who have attended, and offers an opportunity to discuss current cases. It effectively promotes an improved understanding of thresholds for referral. It is intended to roll the model out across Lancashire.

59. Communication and information sharing is good once safeguarding processes are initiated. *Good multi agency work to support child protection and children in need plans ensures those children who need protection are safe and good performance on safely reducing risk so children do not stay on a plan too long or become subject to a plan for a second or subsequent time (Ofsted, February 2012).*

#### Outcome 11 Safety, availability and suitability of equipment

60. Arrangements for the reception and treatment of children and young people accessing Accident and Emergency services across Lancashire varied widely in the type and quality of resources. The dedicated Children's A&E at Ormskirk hospital provides excellent facilities, with good links to the Children's outpatient department as well as to the general A&E, which ensured clear procedures and pathways of care. The facilities were designed to meet the needs of children and their families, with dedicated equipment and ample space to treat people using the service in private, appropriate settings. There were no specialist children's A&E services at the Royal Preston / Chorley hospitals, but they provided good arrangements such as separate waiting areas, dedicated resuscitation facilities, and play equipment. Similar arrangements were in place at the Royal Blackburn hospitals although plans to improve the facilities to include dedicated children's areas are well advanced and expected to open in April 2012. At the Royal Lancaster hospital, the arrangements at the A&E department are not adequate to meet the needs of children and young people using the service. The space in A&E for children is very limited and the triage room does not offer sufficient privacy. Due to high demand it has been difficult to commit and maintain a dedicated treatment area for children. This means that the department is highly dependent on young children being moved quickly onto paediatric wards in order to be seen in a child friendly environment. There used to be on site security, this has now ceased and A&E staff have to contact police if they are concerned about patient safety
61. There is good provision of equipment for children with disabilities although access can appear disjointed to parents because there are two different occupational therapy services – one provided by social services and the other for health. This can lead to delays in children and families receiving equipment.

#### Outcome 12 Staffing recruitment

62. Recruitment policies across the PCT and provider trusts are of good quality and include appropriate checks and criteria. Databases are maintained to monitor renewal dates of membership to professional bodies both for Medical and Nursing staff.

### Outcome 13 Staffing numbers

63. The health visitor workforce has been reviewed, with a reconfiguration to create 'link' staff for children's centres and GPs in Central and East Lancashire. There is a clear plan to address vacancies in health visitor posts in North Lancashire, and an effective recruitment campaign has resulted in high numbers of to student health visitors undertaking training courses. All priority child care work is allocated, and a flexible response to caseload allocation enables ongoing monitoring of workload pressures across all teams. Families who require a high level of need are clearly identified and effective supervision ensures on-going review.
64. There are appropriate handover arrangements from health visitors to school nurses to enable monitoring of the health and welfare of young people where there are ongoing concerns, and good participation in child protection work. However, school nurses have large caseloads and insufficient capacity to respond to increasing demands for their input.
65. The designated doctor for looked after children undertook a review that identified gaps in capacity of paediatric medical staff to undertake responsibilities for looked after children and adoption panels. Providing a service to the high number of looked after children placed by other local authorities in Lancashire adds to capacity challenges. There are a number of vacancies in community paediatric posts, and insufficient appropriately trained staff in the Royal Lancaster Infirmary accident and emergency department in North Lancashire. Several middle grade doctor posts are vacant, as are two out of five consultant posts. This has resulted in a high dependence on locum staff and doctors trained overseas. Although checks are made about their suitability to work with children, this impacts on the effectiveness of team working. Other vacancies in the department across nurses of all grades has led to a heavy reliance on bank staff. There are currently no paediatric trained nurses working in the unit, and no paediatric liaison nurse. This undermines continuity of care and consistency in practice, and raises concerns about the quality of safeguarding practice at the hospital.
66. Arrangements were made to purchase extra sessions from a GP to support the designated doctor role, including assistance in undertaking independent medical reviews in North Lancashire. The Royal Lancaster Infirmary now has identified five independent management review writers in recognition of additional support required.

## Outcome 14 Staffing support

67. Safeguarding policies and procedures have been reviewed, and a new training strategy is in place that highlights responsibilities to ensure compliance with supervision arrangements including updating supervision training. Health providers demonstrated that action was being taken to increase numbers of staff trained in safeguarding supervision, although this was not yet in place across all teams. Named nurses benefit from independent supervision and providing training to supervisees to strengthen their awareness and accountabilities for keeping children safe. There are close working relationships with the designated nurses, who convene monthly meetings to ensure a continuing update to safeguarding oversight and information sharing.
68. There is good coverage of safeguarding supervision, which includes staff at all levels such as therapists, health visitors and health care assistants. Frontline staff reported that they had good access to supervision and support from named nurses, and they knew who to contact for additional support. The safeguarding health forum enables front line staff to be kept aware of new developments. Administrative support is rated as good in supporting child protection work.
69. The risks to children on health visitor caseloads are robustly reviewed. Children on child protection plans are discussed in monthly team meetings and any issues re management of risk and capacity are appropriately addressed.
70. Frontline community health staff and their managers have good access to safeguarding children training, and rated the quality of training highly. Targeted training as been provided to GPs, and most practices have now got appropriate arrangements in place for safeguarding children. The training provided by CAMHS in supporting young people who self harm is positively regarded. However, compliance with targets for safeguarding training in line with the most recent guidance is not consistent across all health providers, and performance monitoring arrangements are not yet capturing data to enable effective reporting and quality assurance in this area.
71. IT case management systems have been developed to support improved information sharing about looked after children between health visitors, school nursing and the looked after children specialist nurses. Targeted training has recently been delivered to health visitors and school nurses involved in their care, in recognition of need to strengthen the quality of assessments and support plans. Frontline staff report that they are now clearer about their responsibilities and the standards of work required.

## Outcome 16 Audit and monitoring

72. North, East and Central Lancashire PCTs monitor the performance of their providers through a range of Key Performance Indicators (KPIs) and audits. Performance data is mapped to CYPP priorities, and is reported to clinical quality groups, performance management groups and relevant trust boards, the children's trust and LSCB. The auditing cycle was robust, as all audits included clear action plans with timescales and measurable outcomes, and review within six or twelve months. There were a number of audits that had led to demonstrable improvements in services and the quality of practice, such as in developing new documentation and information sharing systems. However, ineffective quality monitoring arrangements at the University Hospitals Morecombe Bay NHS Foundation Trust's acute hospital at Lancaster meant that deficits identified through audit and performance monitoring had not been addressed at the time of this inspection. These failings in ensuring service improvements raise serious concerns about the safeguarding arrangements at Royal Lancaster Infirmary, and the well-being of children and young people using the service.
73. Audits were being undertaken of the case records of midwives in North Lancashire on a monthly basis to raise standards of practice and provide assurance to trust board re progress and sustainability of improvements. Audits to date have identified good practice by the family team, as any community midwife can receive additional support and advice through monthly support meetings that involve multi agency partners including neo natal staff, parent education midwife, health visitors and children's centre staff. This provides an effective forum for to discuss families where there are concerns and ensure clear strategy in place to address risks and remain vigilant to child protection issues.
74. Service specifications and contracts with NHS Trust providers have been strengthened to provide a clear focus on the standards and accountabilities of providers in safeguarding children and adults. Quality schedules now include a strong focus on demonstration of assurance by providers and tighter monitoring and reporting on areas of non compliance.
75. There is an improving focus on learning from the experience of young people who have accessed local health services. Changes are being made in response to such feedback and include improvements in provision of information to ensure young people fully understand the roles of health staff and care and treatment options. Health passports have been introduced into OT services to help young people track their progress in achieving their goals.
76. Performance management of looked after children health issues has been strengthened; however, work is still required to improve focus on outcomes. Work to date has largely focused on data collection and verification, ensuring equity of access and improved communication between the local authority, informatics, health visitors, school nurses, CLA nursing teams and GPs.

## Outcome 20 Notification of other incidents

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

## Outcome 21 Records

78. Looked after children's health records seen during the inspection were not well organised or filed in chronological order, making it difficult to track a young person's pathway through health and social care services.

## Recommendations

*In order to improve the quality of provision and services for safeguarding children and young people in Lancashire, the local authority and its partners should take the following action.*

### ***Immediately:***

- *NHS Lancashire to urgently and comprehensively review the governance and safeguarding arrangements for children and young people within University Hospital Morecambe Bay NHS Foundation Trust and Royal Lancaster Infirmary to ensure children are effectively safeguarded (Ofsted, February 2012)*
- NHS Lancashire to urgently and comprehensively review the safeguarding arrangements across out of hours, walk-in and accident and emergency health services across Lancashire to ensure children are effectively safeguarded. *(Ofsted, February 2012)*
- University Hospitals Morecambe Bay NHS Foundation Trust to ensure that children and young people who attend accident and emergency receive care in an appropriate environment that is staffed by sufficient numbers of appropriately trained healthcare professionals with adequate systems to promote their safety and well-being



***Within three months:***

- *NHS Lancashire to ensure all health trusts have robust systems for capturing data to report on compliance with the required safeguarding training standard, and that full compliance is achieved (Ofsted, February 2012)*
- NHS Lancashire to ensure that there is a clear pathway for the provision of essential equipment to children and young people with disabilities
- NHS Lancashire to ensure there is sufficient capacity within health visiting and school nursing services to provide universal and targeted services to safeguard children and young people
- NHS Lancashire to ensure that transition arrangements for children to adult services facilitate co-operation across teams to ensure that the services provided continue to be appropriate to the age and needs of the young person involved.
- *NHS Lancashire to ensure that there is sufficient capacity in designated and named professional roles across the county, and that roles and responsibilities are specified in job descriptions or service level agreements (Ofsted, February 2012)*
- *NHS Lancashire to improve the timeliness of initial health assessments (Ofsted, February 2012)*
- *NHS Lancashire to improve the rate of children who receive a routine dental health examination (Ofsted, February 2012)*
- *NHS Lancashire to improve the arrangements and quality of looked after children's health records and ensure there is an audit trail to demonstrate all health issues are acted on promptly (Ofsted, February 2012)*
- NHS Lancashire to improve the arrangements for timely transfer of health care and records for looked after children
- NHS Lancashire to ensure that there is consistent compliance with the protocol for looked after children who are pregnant
- NHS Lancashire to work with partners to improve access to and availability of foster placements for looked after children who are new mothers with their babies
- NHS Lancashire to improve commissioning and contract arrangements to ensure that there are clear responsibilities and appropriate services for the medical care and assessment of young people aged 16-18 years old including looked after children
- NHS Lancashire to ensure that barriers to access to substance misuse services for young people including children looked after are identified and an action plan developed to address this

- NHS Lancashire to undertake a comprehensive review of services to promote emotional well-being for young people who are not in care, and to develop an action plan to co-ordinate commissioning and joint working arrangements to improve equity of access across the county

***Within six months:***

- NHS Lancashire to tackle the inequitable access to CAMHS and specialist genito-urinary medical advice and support across the county
- *NHS Lancashire to ensure the clinical psychologist service has sufficient capacity to meet the needs of looked after children (Ofsted, February 2012)*
- NHS Lancashire to prioritise looked after children's access to CAMHS and clinical psychologist
- NHS Lancashire to ensure that there are mechanisms for feedback to children and young people who participate in consultations on the impact of their input
- NHS Lancashire to review the arrangements for promoting safeguarding across GP provision and develop an action plan to address any areas of concern

**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](mailto:childrens-services-inspection@cqc.org.uk) and it will be followed up through the regional team.