

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

Date of Inspection	21st May 2012 to 1st June 2012
Date of final Report	10th July 2012
Commissioning PCT	NHS Ashton, Leigh and Wigan
CQC Inspector name	Christine Evans
Provider Services Included:	Bridgewater Community Healthcare NHS Trust Five Boroughs Partnership NHS Foundation Trust Wrightington, Wigan and Leigh NHS Foundation Trust
CQC Region	North (West)
CQC Regional Deputy Director	Mr Malcolm Bower-Brown

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](#) .

Wigan 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	Outstanding
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	Outstanding

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:

There are an estimated 70,000 children and young people in the Wigan Council area aged between 0-19. This accounts for 24% of the population. Some 18% of school children across the borough are eligible for free school meals, rising to 39% in the 3% most deprived areas. This overall percentage is below the North West and England average.

Approximately 5% of school aged children are of a minority ethnic background, a rate that has been steadily increasing.

Wigan's Children's Trust has recently been reviewed, and has redefined its membership and produced a new Children and Young People's Plan, 2012-2015. The Children's Trust undertakes joint strategic planning, commissioning and service delivery.

Wigan's Safeguarding Children's Board (WSCB) is made up of the most senior representatives of the member agencies, which include: the People Directorate within the Council, Greater Manchester Police, Greater Manchester Probation Service, Greater Manchester Fire and Rescue Service, Wigan and Leigh Council for Voluntary Service and local health providers.

Links between the Wigan Safeguarding Children Board and the Children's Trust are embedded on a formal and informal basis. The independent chair of the safeguarding board sits on the Children's Trust Board and there are several key stakeholders influencing the leadership and development of both structures providing support and challenge across the system.

The council jointly commissions a range of services for children and young people across health, education and social care.

There are a range of health providers in Wigan including Wrightington, Wigan and Leigh NHS Foundation Trust and Bridgewater Community Healthcare NHS Trust. Mental health care is provided by Five Boroughs Partnership NHS Foundation Trust. The children in care health team is commissioned as a stand-alone service whilst remaining integrated within the safeguarding children unit of the Bridgewater Community Healthcare NHS Trust. Primary medical services are provided through 65 GP practises. Children and their families can access other primary care services through 65 pharmacies and 40 dentists.

At the time of the inspection there were 479 looked after children. Of these 144 were less than five years of age, 272 children were of school age (5–15), with 63 post-16 young people. The trend of looked after children has remained stable from September 2010 to September 2011. At the time of the inspection there were 278 children and young people who were the subject of a child protection plan.

General – leadership and management

1. Health safeguarding leads are strongly engaged in a range of strategic boards including the Wigan Safeguarding Children Board, the shadow Health and Well Being Board and within individual trust boards. Excellent joint children's commissioning arrangements are well embedded with one commissioning strategy that is supported by both health and the local authority. The strategy is informed by user feedback and service reviews. Decisions are resulting in improved outcomes for children and young people, for example reducing the teenage conception rate, which is now below both national and regional averages. Arrangements are also ensuring that NHS trusts and other health care providers meet their safeguarding responsibilities through regular reporting and involvement in Section 11 audits, which show very good compliance.
2. All health organisations have arrangements in place to ensure that lines of accountability and governance for safeguarding children and young people are clear. Boards receive regular reports including annual reports in order to maintain oversight. Where issues have been identified action has been taken, for example improving pathways into the child and adolescent mental health service. NHS trusts have safeguarding teams in place which are directly linked to the integrated safeguarding team. The programme of safeguarding training and the arrangements in place to ensure staff undertake this at an appropriate level is exceptional.
3. The public health directorate has a good focus on the health and wellbeing of children and young people within the borough with strong engagement of partner agencies. The health and wellbeing of children within the area is mixed when compared with national averages. Some indicators are better, with fewer children in Wigan living in poverty and high immunisation rates, but others are worse, such as children's tooth decay and hospital admission rates for substance misuse and self harm. However, a comprehensive up to date joint strategic needs assessment is effectively used to inform strategies and commissioning plans. The joint strategic needs assessment is updated quarterly to ensure that it remains current. Across a number of agencies, including police and fire services, there is good uptake of public health training around keeping children and young people safe and healthy, for example through the safe sleeping campaign. The transition to the clinical commissioning group is developing very well. There is close working with the integrated safeguarding team and good engagement with regard to safeguarding. The integrated safeguarding team provides outstanding support to both commissioners and providers through coordination of policy development, training, supervision and performance monitoring. The designated professionals within this team provide very strong safeguarding leadership and support to named professionals as well as partner agencies.
4. The Ofsted joint report found that learning from serious case reviews or management reviews is strong within the borough. Learning has led to better links with Hindley Youth Offending Institute in support for young men detained there, following the deaths of young people in secure settings. Learning, following the death of an adolescent, has also led to a review of the child and adolescent mental health service referral system so that now any professional can refer into the service, which makes the service more accessible.

Outcome 1 Involving Users

5. The Ofsted joint report found that involving children, young people, parents and carers in developing services was a priority and strength which was successfully embedded across the partnership. And, relocation of Brook who provide sexual health services is a good example of commissioners and service providers listening to young people. This service was relocated within the shopping centre following consultation with young people. Since the move new registrations have continued to rise and feedback from young people is very positive. Sexual health services have not yet achieved the 'You're Welcome' criteria but are working towards this and do engage with young people through campaigns and visits.

6. Other health partners also actively involve children, young people and their carers in care planning and service delivery and demonstrated a number of examples of effective communication, such as the involvement of care leavers in the appointment of family nurse partnership practitioners, to ensure that practitioners can relate to teenage parents, and the involvement of children and young people in the development of 'The Butterfly Effect' DVD to explain what they do to stay resilient and mentally well.

7. Children and young people who are looked after by the borough are helped to understand their health needs and how they can keep themselves healthy and well through the 'Yellow' health book (health passport). This book details both current and past health histories including any relevant family history. Children and young people were involved in the book's development as were staff from residential homes. The book is the property of the child and can be provided in hard copy format or electronically, whichever the child prefers. The book is issued to children aged 11 years and over at their initial health assessment. It is also provided to children and young people placed out of the borough.

8. The children in care health team has good links with 'Voices for Choices' which the Ofsted joint report found as being a highly effective Children in Care Council. The council is well established with young members aged 13 to 19 years. Voices for Choices was recognised last year for achieving all seven standards of the leading improvements for looked after children award (LILAC), which is an externally accredited scheme that focuses on participation and making sure looked after children are involved in decisions about their lives. Positive feedback from children, young people and their carers on health support has been received and is included in the children in care health team's annual report. The Care4Me survey found that most looked after children were satisfied regarding their health and most said they get all the help they need to leave care.

9. Excellent health care is provided to young people by health services in Hindley Youth Offending Institute. Bridgewater Community Healthcare NHS Trust provides in-reach services into this facility and Greater Manchester West Mental Health NHS Foundation Trust provides child and adolescent mental health services. In September 2011 a follow up inspection found significant improvement had been made. In particular the inspection team found that young people with communication difficulties are well catered for with important information produced with the help of the speech and language therapist and the learning difficulties nurse. As a result the information provided to young people is age appropriate which inspectors found to be very helpful.

10. Staff reported that they had access to translation services if required.

Outcome 2 Consent

11. Health trusts have appropriate policies and procedures in place to ensure consent is requested and taken prior to any treatment of children and young people, including procedures to ensure parental or delegated consent is given to healthcare professionals in relation to looked after children and young people. In the health records reviewed by inspectors there was evidence of consent being sought and given.

Outcome 4 Care and welfare of people who use services

12. Health outcomes for looked after children are outstanding. The proportion of children with up to date annual health assessments and plans, dental checks and immunisations at 90.4% is above that of similar areas and the national average. There is also good performance in relation to developmental checks and screening for substance misuse. Effective leadership by the children in care health team together with robust auditing of processes has led to improved partnership working between health and social care, particularly with regard to the early notification system which has been very effective. Better communication and information sharing has significantly improved the timeliness of initial health assessments from the council not meeting their target in 2011, to currently 92% being completed within 20 working days. Staff are aware that this early progress is yet to be sustained.

13. The Healthy Child programme is delivered to good effect with improved health outcomes for children and young people following an increase in the number of visits and contacts with health visitors and other health professionals. This has led to immunisation rates (92.7% for measles, mumps and rubella), which are higher than the national average, and improvement in the breast feeding initiation rate, although it is still below the national average. Good support is provided to young parents through a range of specialised midwives including the young women's midwife and the drug and alcohol liaison midwife.

14. The family nurse partnership has been in place since October 2011 and there are early indications that outcomes are being improved for more vulnerable children and their families. Several young people who have left the care of the authority are involved in this programme. A variety of support is provided including attachment and parenting advice, play and communication support, breast feeding, smoking cessation and contraception support and advice. In relation to breast feeding 66% young mums initiate breast feeding in the family nurse partnership cohort compared with 57% in the wider population.

15. Both health visitors and school health advisors provide a range of support and work well with other colleagues in health as well as children's social care and education. Staff said locality working has improved this further. Health visitors have formal links with GPs and there is a named school health advisor for each school.

16. Young people in Wigan including those who are looked after by the borough have very good access to effective sexual health services. A robust teenage pregnancy strategy and a range of sexual health services, together with increased awareness, have resulted in a significant reduction in the under-18 conceptions between 1998 and 2010 by 22.57%. Latest figures show that, for the first time, Wigan has a lower conception rate than both the regional and national averages. The young women's midwife oversees the care of the few looked after young people or care leavers who are pregnant and automatically refers these young women into the family nurse partnership to ensure ongoing support. Sexual health and contraception services are provided out of a range of settings including Brook, which is based in the centre of town, schools, colleges and the contraception and sexual health service (CASH) based at the walk-in centre at Leigh. The C-Card condom distribution scheme is well received by young people with a high uptake of the service that has exceeded targets. Over 1600 young people have registered with this service and over 450 staff are trained in the scheme.

17. Good and effective support is also provided to young people who are at risk of pregnancy or sexual health issues and other risky behaviour through Barnardo's teenage pregnancy intervention service. Similarly good and effective provision to support positive parenting is delivered by Action for Children. Performance information with regard to these services shows that they are having a positive impact on young families and their children. As previously mentioned young people have access to a young women's midwife. They also have access to public health midwives and the looked after children nurses who work closely with Brook sexual health services and the genito-urinary medicine service (GUM) to provide exceptional support. A homeless and vulnerable person's service is in place and includes both health visiting and community nursing staff. The clinic in a box service is provided into children's homes by the children in care health team and Brook provides exceptional support to young people with learning difficulties. It links into all secondary schools and special schools to provide sexual health information and group work.

18. Targeted health promotion services work very well for looked after children and care leavers. Currently most looked after young people are screened for substance misuse and a pathway is in place to ensure they have prompt access to specialist provision where required. This has contributed to the proportion of looked after children with a substance misuse problem being much lower than in similar authorities and the national average. Smoking cessation support is also provided by the children in care health trainer, which was identified as best practice in the 2009 Statutory Guidance on Promoting the Health and Well-Being of Looked After Children. The healthy hour drop in service is held in high regard by young people with a growing number of attendees.

19. Support for young people who misuse substances is very good and the percentage of children who say they use drugs is lower than the national average. Young people have access to a range of prevention and treatment provision. A four tier system delivers education and support to young people. The young people's drug and alcohol team (YPDAT) have trained all school nurses, social workers and youth workers to support young people and this together with better screening and clear pathways to and from services is contributing to improve outcomes. The latest children in care annual report shows good uptake with approximately 75% of these young people accepting and receiving support where required.

20. Operation 'Stay Safe' provides an effective multi-agency intervention for young people in terms of substance misuse prevention. The police and the restorative justice/solutions team work well together to identify young people in public places with alcohol. They confiscate alcohol and deliver messages about staying safe and minimising harm. Young people found with alcohol are checked against records in children's services and referred into the young people's drug and alcohol team if required.

21. The drug and alcohol liaison midwife is co-located with the young people's drug and alcohol team and provides an important role in the early implementation of health promotion in pregnancy. The majority of referrals are from midwives and this indicates that assessment processes are effective in identifying vulnerabilities. As a result health promotion can be implemented early in pregnancy and this is helping to reduce the incidence of low birth weight from 15% in 2010 to 10% in 2011. Non-attendance at clinics has also reduced as a result of the service offering flexibility in appointments, settings and timings.

22. Services are in place to address the issue of high rates of hospital admissions of young people for substance misuse and self harm, and recent local data is beginning to show a slight reduction in the number of admissions with regard to substance misuse. Emergency department staff have access to a specialist alcohol nurse and to child and adolescent mental health services (CAMHS) such as the CAMHS urgent response team (CURT) which provides very good access for young people and their families up to their 18th birthday. Specialist risk assessments are provided by CURT seven days a week between 9am and 9pm. For out of hour's provision on call arrangements are in place. Emergency department staff said these arrangements work very well for young people. The specialist alcohol nurse screens all young people 16 years and over for substance misuse and provides appropriate support and training for staff. This service is to be strengthened by the appointment of an alcohol specialist post for young people less than 16 years in June 2012. Children and young people with mental health issues are all assessed by specialist CAMHS provision within four hours, which is very good.

23. Children and young people in Wigan benefit from exceptional targeted mental health in schools (TaMHS) provision, which is enhanced by staff in schools understanding the need to promote good emotional and mental health. The provision, also known as The Butterfly Effect, has been in place since 2009 and has significantly improved outcomes for young people. In particular, figures show that emotional health and wellbeing in Wigan children is better than national averages. Families involved in school based interventions also report improvements. There has been good uptake of mental health promotion training in schools with all pupil support centres, all special schools, 90% of secondary schools and 93% of primary schools involved. And almost all staff who took part reported an increase in their knowledge of mental health. Schools have access to a variety of resources to enable them to support children and young people in relation to resilience, self esteem and well-being.

24. There is good access to very effective CAMHS provision for children and young people in care, and care leavers, which has contributed to the emotional health for looked after children being slightly better in Wigan than in similar authorities and the national average (11.9%). There is dedicated provision for looked after children within tiers 2 and 3. A referral pathway, which has been improved, together with a case allocation panel ensure that all referrals are allocated appropriately. Plans are in hand to strengthen this process further by the appointment of an independent chair to oversee the process and provide more rigour.

25. The strengths and difficulties questionnaire is used by health care professionals to inform decisions around health needs. This process is being strengthened to bring it into line with best practice so that the assessment is completed by the children in care health nurses at the initial health assessment. This is to be reviewed at the annual health assessment and fed into the health plan by the named health practitioner.

26. There is a range of very good quality health care provision for children and young people with disabilities. The referral pathway for newborn babies into the paediatric service is robust with paediatricians overseeing the care and treatment of all children up to the age of two years before handover to their GP. A new integrated disability team is currently being established together with the development of a 0 to 25 years disability pathway. Paediatric health services are held in high regard by parents and parents said the children and adult learning difficulties teams worked very well together and were very good as was the children's epilepsy team. Parents were less complimentary about access to equipment and wheelchairs.

27. Health support for foster carers and in children's homes is very good. Foster carers have been consulted on their learning needs which has resulted in a 12 month training programme. This programme covers a range of topics including first aid, childhood illnesses, blood borne viruses and healthy eating, and feedback has been positive. Following the identification of rapid weight gain by some young people in children's homes, staff undertook a cook and taste training course. Feedback from both staff and children has led to at least three staff from each home going on to achieve an accredited Chartered Institute of Environmental Health qualification in healthier food and special diets. Staff reported that this has had a positive impact on children including the reduction in weight gain for some overweight young people.

28. Since 2008 the children in care health team has been an early pioneer of good practice with instances of innovative practice such as the D-Card scheme where three local dentists are commissioned to provide NHS treatment to all looked after children. Latest figures show that 90% of looked after children and young people have a dental check. The scheme was recognised as good practice in the 2009 statutory guidance for looked after children. As a result of the success of the scheme this has now been extended to include care leavers, children on a child protection plan and children in need.

Outcome 6 Co-operating with others

29. The Ofsted joint report found that partnership working is outstanding. This is evident in a range of services, including the joint safeguarding and commissioning unit, the multi-agency work with missing children and those at risk of sexual exploitation and in the leadership demonstrated by Wigan Safeguarding Children Board. The establishment of the Gateway Service and other early intervention services, including children's centres, is good and they are well respected across the partnership. The common assessment framework (CAF) is firmly embedded across the partnership and several examples were seen of effective intervention by a range of agencies. Thresholds for child protection are understood and partners seen by inspectors were clear of their respective roles and responsibilities in the protection of children.

30. All health partners are represented on the local safeguarding children board and its various sub-committees and attendance is good. Information sharing arrangements are in place which staff reported as being 'very powerful' in helping to keep children and young people safe. Flagging systems are in place to alert front line staff, including GPs, of children where there has been domestic abuse and multi-agency risk assessment conference (MARAC) procedures, and involvement of the sexual exploitation and missing team and processes.

31. Health partners have cooperated fully in Section 11 audits and are able to demonstrate how they have improved services as a result of serious case reviews, and serious untoward incidents.

32. Effective arrangements are in place to ensure children and young people at risk of sexual exploitation are identified and signposted for support. The sexual exploitation team (SHIELD) works very well with young people and has increased their knowledge and understanding of risky behaviour and importantly abusive and exploitative relationships. Between 2010 and January 2012 the team worked with 27 young people. Figures show that for the majority of these young people the risk has reduced with 4 young people no longer at risk of sexual exploitation. Episodes of missing from home or care have reduced and the team helped in the successful prosecution of an adult. Collaboration between health services and SHIELD and the SEAM (sexual exploitation and those missing) process is very good. Staff reported that this was very effective and were able to cite examples of where SHIELD staff had worked with children in care health staff and Brook sexual health services to raise awareness and protect children and young people.

33. Designated and named professionals reported that the local authority designated officer (LADO) role in collaboration with the integrated safeguarding team was effective in dealing with complaints made against staff working with children. Human resource and occupational health systems are in place to support staff. Safe recruitment processes are in place and all staff have been checked by the Criminal Records Bureau.

34. Named professionals are active in the multi-agency risk assessment conference (MARAC) process and attend MARAC meetings and the Integrated Domestic Abuse Programme meetings to discuss cases involving domestic violence. All front line health care staff who inspectors met said they were aware of these processes and their role and responsibilities. Staff also said they received feedback from this process which gave them confidence in the system.

35. The children in care health team is active in a range of multi-agency meetings including the CAMHS referral panel, adoption panel, the vulnerable young people's operational network and a number of sub-groups of the Wigan Safeguarding Children Board. NHS trusts are all represented on the Corporate Parenting Board.

Outcome 7 Safeguarding

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

37. Several key joint posts between health and the council have resulted in the establishment of the joint safeguarding and commissioning unit with aligned budgets, leading to greater efficiencies and better use of resources. In 2010 health services responded positively to a review of children's safeguarding in health which led to the integrated safeguarding team structure. This team is held in high regard by all agencies and staff. The team provides exceptional support to commissioners, local authority staff, health providers and their staff through coordination of policy development, training, supervision and performance monitoring.

38. The designated professionals and the integrated safeguarding team sit within the joint commissioning arrangements under the children's health commissioner. This led to better communication between safeguarding and commissioning and changes to contracting practice two years ago. Commissioners hold health providers to account via contract specifications that include children's safeguarding arrangements and requirements with regular reporting in place to check compliance. The new arrangements for the clinical commissioning group are working well and there is a commitment to maintain the momentum of the safeguarding agenda.

39. Health agencies demonstrate compliance with statutory guidance on safeguarding children and have established robust safeguarding and child protection policies and procedures, which are regularly updated. Safeguarding is embedded and health staff at all levels had a clear understanding of their safeguarding and child protection responsibilities, including how to identify risks and make referrals. They report that they receive a positive response to referrals to children's social care services and are aware of the escalation policy, which has been used effectively.

40. All designated and named professionals are in place including a named GP for safeguarding and a named midwife. All health providers have robust arrangements in place to report progress against safeguarding standards to their respective boards. Internal audit and peer review processes are in place to check compliance with safeguarding policies and procedures. Audits generally identify good compliance but where areas for development are found actions are implemented and re-audits are scheduled.

41. Staff participate well in formal child protection procedures and produce timely reports for child protection conferences. Staff said that child protection processes including the initial and review conference systems worked well and that they felt listened to.

42. The engagement of GPs in safeguarding arrangements is good and improving. All GPs have enhanced Criminal Record Bureau (CRB) checks and all have received level 2 child protection training with many now trained to level 3. All other GP practice staff have received the appropriate level of safeguarding training and all practices have a named safeguarding lead. GPs do not attend child protection conferences and experience difficulty in re-arranging clinics due to insufficient notice of conference dates. However GPs meet regularly with health visitors and health reports to conferences contain information about the GP's involvement. The primary care named doctor is strengthening this arrangement by the introduction of a conference report template for GPs to complete, which will accompany the electronic invitation. An audit of impact is scheduled to be carried out in August 2012.

43. Arrangements to recognise, assess and refer children who may be at risk of abuse are in place and work well. The electronic system in both the adult and children's emergency departments' alert staff to children on a child protection plan and children who frequently attend the emergency departments are monitored. Good information sharing arrangements are also in place to ensure GPs are alerted to safeguarding issues. Staff in both the children and adults emergency departments have access to trust safeguarding policies and procedures and to designated and named professionals for advice. Staff reported that child protection processes work well with strong partnerships in place. Good access to the child and adolescent mental health service and substance misuse service is in place. Staff reported that the pathway for deliberate self harm worked very well and staff felt confident that the new arrangements with regard to the Gateway would simplify referral pathways into specialist services further.

44. The child death overview panel (CDOP) works in conjunction with Bolton and Salford councils and arrangements are suitably managed. Rapid response arrangements are in place and are effective. There is a common sudden infant death policy with good support provided to bereaved parents. The CDOP joint reports are subject to a high level of scrutiny and the content and data analysis are effectively challenged. The panel identified that there is an increased number of sudden unexplained infant deaths. The three authorities have pooled budgets and embarked on a three year campaign to raise the awareness of the impact of co-sleeping and how this puts babies at risk. The safe-sleeping sub-group of the Wigan Safeguarding Children Board is leading on this work for Wigan. Community partners are engaged, for example Wigan Athletic Football Club, which has raised awareness of the issue during matches by displaying key messages on the large screens and in the match programmes. The outcome of this work is monitored by the CDOP and the key messages are reinforced by health care professionals.

45. Heath partners have access to very good sexual assault and referral services which ensure that children and young people who have been subject to alleged sexual abuse are examined and assessed in a suitable environment by appropriately trained staff. A 'gold' standard service is provided by Saint Mary's Hospital in Manchester. This is a purpose built sexual assault and referral centre for children and young people with a separate facility for adults.

Outcome 11 Safety, availability and suitability of equipment

46. Children and young people have access to very good emergency care facilities with appropriately trained staff. A separate children's emergency department is staffed by paediatric trained medical and nursing personnel and is attached to the main accident and emergency suite. A paediatric resuscitation team is available if required. The waiting area is overlooked by the reception area and children have access to suitable play equipment. There is a dedicated open access clinic for child protection medicals in paediatric outpatients.

Outcome 12 Staffing recruitment

47. Safer recruitment policies and procedures are in place including those for handling allegations made about people who work with children. All staff who we spoke to said they had been enhanced Criminal Records Bureau checked.

Outcome 13 Staffing numbers

48. Looked after children benefit from a well resourced children in care health team. The team consists of a designated doctor, 2 named nurses, administrator, initial assessments clinic secretary, health trainer support and sexual health and contraception nurse support. The team looks after children living locally and those placed out of area and supports young people in custody at Hindley Youth Offending Institute. Suitably trained professionals support the team in carrying out review health assessments and include health visitors, school nurses and the named nurse for young people post 16 years.

49. Staffing numbers in the school and health visiting teams comply with the requirements of *Working Together to Safeguard Children, 2010*. A caseload management system is in place which enables work to be manageable and both health visitors and school nurses speak positively of this system.

Outcome 14 Staffing support

50. Training is strong within the borough with very good support from the designated nurse, the integrated safeguarding team, and a pool of Wigan Safeguarding Children Board trainers. This arrangement provides exceptional support to staff through a range of safeguarding and child protection training which is highly valued. This has resulted in at least adequate uptake of appropriate child protection training across all provider organisations with some service providers, including Brook sexual health services, achieving 100%.

51. All staff have access to the Wigan Safeguarding Children Board training brochure which is an excellent piece of work that outlines the multi-agency learning and development available to staff. The development of the brochure was led by the training sub-group of the safeguarding board, and the designated nurse for safeguarding. It offers both e-learning and face to face training and has been informed by relevant legislation, good practice and lessons from local and serious case reviews.

52. All relevant staff including staff in the emergency department have access to both face to face and formal child protection supervision, on a regular basis delivered by trained supervisors. This is good practice. Child protection supervision is also being developed for staff at Leigh walk in centre.

53. Training within the borough has been influenced by lessons learnt from serious case reviews. For example a half day seminar to raise awareness of domestic violence and self harm was attended by over 170 GPs and associated staff. The sessions were led by the designated nurse and named GP for child protection.

54. The children in care health team provide training to both professionals and carers/parents (including private residential homes), which is very well received. In 2011 the team delivered 25 sessions to foster carers, covering the recommendations in statutory guidance and including awareness of blood borne viruses, sexual health and healthy eating.

Outcome 16 Audit and monitoring

55. Monitoring systems in the children in care health team to assess the quality of health needs assessments and plans both inside and outside the borough are robust and working very well. Most health assessments seen by inspectors are of sufficient quality and 94% of children and young people have up to date health assessments and plans in place. Where health assessments and plans could have been more robust, the children in care health nurses deliver further training, and for children placed out of area the team returns those that require further work.

56. Where children are placed in a neighbouring authority, Wigan's health team will carry out the review health assessments themselves, to ensure continuity for the child. The administrator within the team has devised databases to monitor assessments, health support, outcomes, and training. The team has signed up to the Mersey and Cheshire Healthy Care 48 hour notification protocol to ensure teams outside the borough are provided with timely key information. A similar system has been devised locally to alert those involved in the care of looked after children to movements in and out of placements.

57. Regular audits to check compliance with key safeguarding and child protection policies and procedures are in place and overseen by the designated professionals and the integrated safeguarding team. Section 11 audits are carried out on a regular basis and action is taken to address gaps. Arrangements to provide assurance to trust boards are in place through regular and ad hoc reporting.

Outcome 20 Notification of other incidents

58. NHS North West is generally satisfied with the arrangements in place within Wigan NHS trusts for reporting serious untoward incidents and cited an example of how this had worked well.

59. Health staff are aware of the local authority designated officer and procedures are in place for managing allegations against people who work with children. Staff said these procedures worked well and cited an example involving foster carers.

Outcome 21 Records

60. Our review of looked after children health records confirm that the initial health needs assessment is carried out by a paediatric trained medical practitioner and that review health needs assessments are carried out by appropriately trained nursing staff including health advisors attached to the children in care health team.

61. Review health assessments are carried out on a regular basis in line with statutory guidance and contain information on immunisation status, and registration with a GP and dentist. The team use the British Association for Adoption and Fostering templates for both the initial and review health assessments. Records also show discussions with the child or young person and that consent is sought from an appropriate adult, if required.

62. The strengths and difficulties questionnaire is used to assess the emotional wellbeing and mental health of the child with completed forms found in the looked after children health files. Records also show that the children in care health team has a system in place to alert and share information with community health staff, such as health visitors and school nurses, about any change in circumstances in relation to a looked after child.

63. Overall, records show good compliance with Nursing and Midwifery Council standards and chronologies of significant events are in place. There is evidence of child protection supervision with discussion of risks, decisions and actions, and appropriate health involvement in child in need and child in need of protection processes. All child protection health records are on green paper for ease of identification. Family health profiles are in yellow. Risk factors are identified and communicated with cause for concern records used to alert relevant health professionals of specific issues.

Recommendations

There are no recommendations.