

Appendix A

Action plan to address the issues raised by CQC that relate to LCC

Recommendations	Issue raised with Director of Public Health / Reference in the report	Actions: By whom	LCC actions	Assurance process	Timeline (I = indicative, A = Agreed)
<p>1.2 Ensure the timely production of an annual health report for looked after children and updating of the joint strategic needs assessment to strengthen the local area’s focus on the health needs and inequalities experienced by children looked after and care leavers.</p>	<p>5.2.6 Commissioners and providers submitted safeguarding children and adults reports to their individual Trust Boards at least annually. The inclusion of patient stories in a number of Trust reports helped build a shared understanding of the complexity of safeguarding work and of the Trust’s performance in addressing challenges and delivering the required quality standards and outcomes. However, the area had not yet prepared a separate Looked After Children Annual Health report as required by regulation; and an up-to-date analysis of the needs of looked after children and care leavers was not available to inform the local joint strategic needs assessment.</p>	<p>Lancashire CCG's LCC to support through the JSNA process</p>	<p>Support through JSNA process</p> <p>This needs to be linked with the CLA governance internally – need to find out what this is.</p>	<p>Health and Wellbeing board</p>	<p>Qtr 2, 2017 (I)</p>
	<p>1.24 School nurses provided emotional health support (at tier 2 CAMHS level) but this was not secured by a standard package of care, with some schools commissioning additional support. This had led to complexity in the management and governance of local care pathways, and risked promoting inequity in access to services. School nurses thought their practice would benefit from further training to help build their confidence and expertise in the use of relevant mental health assessment tools. They</p>	<p>Schools, providers of school nursing and CAMHS services</p>	<p>LCC Public Health to raise with School Nurse providers and also work with the schools forum to scope support through the high needs block?</p> <p>Role of WPEH?</p>	<p>LCC Contract review meeting</p>	<p>Qtr 2, 2017 (I)</p>

	also welcomed plans in progress to improve access to consultation and supervision from CAMHS. <i>This was brought to the attention of Public Health Lancashire as the commissioner of school nursing services</i>				
	1.16 Transfer-in visits were well-managed by frontline community health professionals which evidenced learning from a recent serious case review. Families with children under 5 were routinely visited by the health visitor who carried out a full family needs assessment and a health check on the children. This helped connect families to local support services and ensured any existing or emerging health needs were identified and appropriately met. However, some teams and localities did not have sufficient capacity to deliver the full Healthy Child Programme (HCP) offer. Performance in meeting antenatal contact targets was the area where most improvement was needed. <i>These issues were brought to the attention of the Director of Public Health as the commissioner of health visiting services.</i>	Provider and LCC public health	LCC Public Health to work with providers to review capacity across localities to deliver the Healthy Child Programme	LCC contract review meeting	Qtr 2 2017 (I)
	1.18 Blackpool Teaching Hospital's health visiting service was additionally commissioned to deliver a weaning visit at home at 3-4 months. This helped promoted better outcomes in the high impact areas of healthy weight and diet. Although antenatal contacts were commissioned in line with government guidance, the care pathway required	Provider and LCC Public Health to review Care Pathway	Raise with provider and identify opportunities to improve identification of perinatal mental	LCC Contract review meetings.	Qtr 1 2017 (I)

	<p>review to help refine local priorities. In one example seen, a mother with a history of depression and domestic abuse who was expecting her sixth baby had not been offered an antenatal contact. This was a missed opportunity to provide early intervention. <i>This was brought to the attention of Public Health Lancashire as the commissioner of health visiting services</i></p>		<p>health issues systematically.</p> <p>Also seek the input of the strategic clinical network's input in the training of health visitors.</p>		
	<p>3.25 Think Family arrangements were well embedded in the work of Inspire. Children were clearly visible and were at the centre of risk assessment and care planning processes. Children on child protection plans were appropriately flagged with key details clearly recorded on their electronic case management system. The provider was able to search nationally within its database for the whereabouts of parents and current risks. Whole family interventions were also offered in conjunction with children's social care staff for example the M-PACT group (Moving Parents And Children Together) which aims to develop parents' understanding of their substance misuse and its impact on children. However, <i>the attendance of substance misuse professionals at child protection meetings and their use of the LSCB report template to support analysis of the impact of parental substance misuse on children was variable.</i></p>	<p>LCC Public Health to raise with provider services</p>	<p>LCC Public Health to raise directly with all substance misuse providers. Audit process with providers and social care</p>	<p>LCC Contract review meetings.</p>	<p>Improved attendance by Qtr 3 2016 (A). Audit process to be agreed by Qtr 4 2016/17 (I).</p>
	<p>2.5 Lancashire had relatively high numbers of children and young people who were missing from school (estimated at 1,000). When individual</p>	<p>LCC Public Health to identify better</p>	<p>Discuss with Schools Improvement</p>	<p>0 – 25 programme board</p>	<p>Qtr 1, 2017 (I)</p>

	<p>missing children were brought to the attention of school nurses; they ensured the young person was safe and well. However, school nurses were not being proactively informed about these children. Further work was required to ensure all schools recognised the importance of sharing this data. <i>We brought to the attention of the Director of Public Health as the commissioner of school nursing services.</i></p>	<p>mechanisms for information sharing between schools and school nurses.</p>	<p>Team</p>		
<p>5.1 Ensure effective partnership working with young person's substance misuse services to ensure prompt joined-up approaches to addressing the needs of young people who misuse substances and shared actions to reduce levels of presentation at emergency departments.</p>	<p>2.19 Young people supported by Young Addaction benefitted from regular access to a GP for holistic healthcare advice. Action had been taken to strengthen joint working in the light of learning from a recent serious case review. Cases sampled highlighted the important role Young Addaction played in supporting vulnerable young people who do not readily engage with health services including facilitating access to dentists and CASH services. Overall, with the exception of shared pathways with Royal Preston hospital; joint working arrangements with other acute Trusts and CAMHS services were relatively under-developed. (Recommendation 5.1) <i>This was also brought to the attention of the Director of Public Health as the commissioner of young person's substance misuse services.</i></p>	<p>NHS providers</p>	<p>LCC Contract review meeting with Addaction to establish which NHS providers have established pathways – September onwards.</p>	<p>LCC contract review meeting</p>	<p>Jan 2017 (I) for pathways to be in place.</p>
<p>8.1 Ensure additional training for frontline staff to help them achieve high levels of confidence and expertise in the use of CSE risk assessment tools, tailored to their specific roles and levels of contact.</p>	<p>1.25 School nurses had received online training for child sexual exploitation (CSE) and had good links with the specialist CSE nurses working in the multi-disciplinary locality teams. However, safeguarding</p>	<p>NHS Providers</p>	<p>LCC Public Health to raise the issue with providers and monitor implementation</p>	<p>LCC Contract review meetings</p>	<p>March 2017 (A), part of LCFT's action plan.</p>

	<p>practice and professional confidence in the recognition of and support for young people at risk of CSE was not fully embedded. This was an area to strengthen in enabling improved identification and support for young people whose needs fell below the levels of risk managed by the CSE specialist nurses.</p> <p><i>This was brought to the attention of Public Health Lancashire as the commissioner of school nursing services. (Recommendation 8.1)</i></p>		of action plan		BTH Action complete (A), Blackpool Teaching Hospitals (BTH) action plan.
<p>16.1</p> <p>Develop clear systems and care pathways for sharing information, flagging and tracking of risks to young people using their integrated sexual health services.</p>	<p>2.7 Different service providers were responsible for the delivery of sexual health services in Lancashire, with some recent changes to contractual arrangements. Lancashire Care in partnership with Brook took the lead in young person's contraception and sexual health provision. Providers had different ICT systems which did not support efficient sharing of information or effective tracking of young people who may be at risk of CSE. 'All age' sexual health services held a register of young people about whom there were concerns, but did not receive feedback from the multi-agency sexual exploitation (MASE) meetings to help maintain an up-to-date record of risks to young people using its services. <i>These issues were brought to the attention of the Director of Public Health as the commissioner for integrated sexual health services. (Recommendation 16.1)</i></p>	NHS Provider Action plan	LCC Public Health to raise the issue with providers and monitor implementation of action plan	Contract review meeting	<p>Dec 2016 (A), part of LCFT's action plan.</p> <p>Action complete (A) BTH's action plan.</p>
<p>16.2</p> <p>Strengthen the child's voice, analysis and recording of concerns including for young people</p>	<p>2.9 However, we found recording of the voice of the child, analysis of levels of concern and follow up of the outcomes of referrals to children's social</p>	NHS Provider action plan	LCC Public Health to raise the issue with providers	LCC contract review	<p>March 17 (A), part of LCFT's action plan.</p>

<p>over the age 16.</p>	<p>care were not well-evidenced in records seen. This included variable practice in the quality of checks made, recognition of the vulnerability of some young people, including those aged 16-18 years, and those with emotional and mental health needs. Whilst checks for Fraser competence were evidenced on genito-urinary medicine (GUM) records, further enquiry about risks of CSE was limited. <i>These issues were brought to the attention of the Director of Public Health as the commissioner for integrated sexual health services. (Recommendation 16.2)</i></p>		<p>and monitor implementation of action plan</p>	<p>meeting</p>	<p>Feb 17 (A), part of BTH's action plan.</p>
<p>16.3 Promote clear and consistent approaches to identifying, recording and reporting incidences of female genital mutilation (FGM)</p>	<p>3.14 Lancashire Teaching Hospitals had effectively implemented FGM procedures with appropriate incident reporting within the Trust and information sharing with children's social care which enabled improved awareness and monitoring of incidence. However, we found routine enquiries were not made about FGM in either sexual health or GUM services. GUM staff recorded this only if there had been a physical examination. In East Lancashire Hospitals Trust, one of the cases we tracked denoted the need for greater vigilance when pregnant women attended. Action was required to promote a clear and consistent approach to identifying, recording and reporting FGM. <i>(Recommendation 16.3) These issues were also brought to the attention of the Director of Public Health as the commissioner of sexual health services.</i></p>	<p>NHS Provider</p>	<p>LCC public health to raise the issue with providers and monitor implementation of change.</p>	<p>LCC contract review meeting</p>	<p>Awareness and recording of FGM Nov 2016 (A). Bespoke Training package (LCFT) by March 17 (A) BTH Action complete (A) BTH's action plan.</p>
<p>17.1</p>	<p>3.21 Health visiting plans to support delivery of the</p>	<p>NHS Provider</p>	<p>LCC public health</p>	<p>LCC</p>	<p>LCFT April 17</p>

<p>Ensure their health visiting and school nursing teams provide SMART outcome-focussed protection plans and analysis within routine recording to clearly evidence the impact of their work to strengthen parental capacity and keep children and young people safe.</p>	<p>child protection plan however were not sufficiently SMART; were often activity-based in focus and did not clearly demonstrate the impact of their interventions. Routine case recording of ongoing contact by community health professionals whilst detailed and descriptive, also did not clearly evidence the impact of their work for the child and the risks to them from lack of parental adherence to the protection plan. (Recommendation 17.1) <i>These issues were also brought to the attention of the Director of Public Health as the commissioner of health visiting and school nursing services.</i></p>	<p>action plan</p>	<p>to raise the issue with providers and monitor implementation</p>	<p>Contract review meeting</p>	<p>(A), LCFT's action plan. BTH Feb-17 (A), BTH's action plan.</p>
<p>17.3 Strengthen quality assurance by frontline health professionals involved in undertaking LAC health assessments and care plans to ensure the health care needs of children and young people are appropriately identified and met.</p>	<p>5.2.7 A number of actions had been delivered, with others in progress, to strengthen quality assurance of local statutory health arrangements for children looked after and care leavers. This included the provision of training to frontline staff undertaking assessments and developing health care plans. Front line health professionals were required to self-audit their work prior to submission with a further review by the LAC health team prior to sign-off. However, further work was needed to strengthen quality assurance of the work by frontline practitioners and their managers. For example, in one case, we found the frontline practitioner had not effectively challenged the quality of her work. Gaps in practice against the quality standards had not been effectively picked up in the sign-off process by the LAC health team. Our review of LAC health records indicated the need for tighter management oversight, reflection on risks to children and on the outcomes achieved.</p>	<p>NHS provider action plan</p>	<p>LCC to seek assurance from NHS providers and commissioners that LAC health assessments are of sufficient quality</p>	<p>0 -25 Programme Board</p>	<p>Quality assure November 16 (A) LCFT action plan. BTH Feb-17 (A), BTH's action plan.</p>

	<p>(Recommendation 17.3) <i>This was also brought to the attention of the Director of Public Health as the commissioner of health visiting and school nursing services.</i></p>				
<p>22.2 Ensure children looked after care records provide a complete picture of previous assessments and care plans in line with the required standards of record-keeping to support the development of a comprehensive health history for young people leaving care.</p>	<p>4.9 Good practice was generally seen in the quality of review health assessment work undertaken by health visitors and school nurses. Children and young people had good access to dental services, an area for improvement highlighted in our previous inspection report. School nurses offered young people a choice of venue and sought to actively involve them in building their awareness and understanding of their health needs. However, previous assessments and health care plans were missing or were not easy to locate on some Lancashire Care case records we sampled. (Recommendation 22.2)</p>	NHS Provider Action plan	LCC public health to raise the issue with providers and monitor implementation	Contract review meeting	March 2017 (A) LCFT's action plan.
<p>22.3 Ensure records of actions discussed in supervision are routinely recorded on the case records of children and young people to provide assurance about the effectiveness and impact of work to address risks and support improved outcomes.</p>	<p>5.3.3 All LAC specialist nurse teams were trained to an appropriate level against the intercollegiate safeguarding competencies. They reported good access to single and multi- agency safeguarding training. The named nurse in Lancashire Care offered one to one supervision to all LAC specialist nurses on a monthly basis. However, records of actions discussed in supervision were not available on the children's cases we tracked. This meant that the Trust lacked assurance about the effectiveness and impact of supervision in helping address risk and support improved outcomes for young people looked after. (Recommendation 22.3)</p>	NHS Provider action plan	LCC public health to raise the issue with providers and monitor implementation	Contract review meeting	March 2017 (A). LCFT's action plan
26.1	3.1	Provider	LCC public health	Contract	GMW actions

<p>Strengthen their links with the local MASH (multi-agency safeguarding hub) to support shared work in reducing the number of repeat referrals with aspects of concerning behaviour in relation to domestic abuse, mental health and substance misuse.</p>	<p>Lancashire’s multi-agency safeguarding hub (MASH) promoted a rigorous, co-ordinated approach to the gathering of intelligence about serious concerns being investigated by Lancashire Constabulary. Health professionals within the MASH provided a timely and comprehensive response to requests for further information. We saw examples of effective multi-agency collaboration, including with another local authority where young people were missing from home. MASH work with adult substance misuse and adult mental health services however could be strengthened to promote clear shared strategies for managing shared responses to re-referrals that included aspects of concerning behaviour in relation to domestic abuse, substance misuse and mental health. (Recommendation 26.1)</p>	<p>action plans: GMW & CGL (Inspire)</p>	<p>to raise the issue with providers and monitor implementation</p>	<p>review meeting</p>	<p>complete December 2016 (A). GMW's action plan. Inspire actions complete by end of Qtr 4, 2016-17 (A). Inspires action plan</p>
<p>26.2 Ensure adult mental health actively engage in all aspects of child protection work to ensure good and regular sharing of information about concerns and changes in parental capacity to effectively support and protect children.</p>	<p>3.19 Overall, partnership working between child health and adult mental health and substance misuse professionals was variable. Community child health professionals reported they would welcome more frequent information-sharing and strengthening of joint approaches to ensure shared direction and holistic support for families who were reluctant to engage. (Recommendation 26.2) <i>These issues were also brought to the attention of the Director of Public Health as the commissioner of adult substance misuse services.</i></p>	<p>Provider action plans: GMW & CGL (Inspire)</p>	<p>LCC public health to raise the issue with providers and monitor implementation</p>	<p>Contract review meeting</p>	<p>GMW Actions complete by December 2016 (A). GMW's action plan. Inspire actions complete by end of Qtr 4, 2016-17 (A). Inspire action plan</p>
<p>27 Ensure referrals made to children’s social care are</p>	<p>3.5 Children’s details and risks to their safety were</p>	<p>Provider action plan:</p>	<p>LCC public health to raise the issue</p>	<p>Contract review</p>	<p>Action complete Dec</p>

effectively managed to provide a clear audit trail of actions taken and strengthening of management oversight of levels of activity	well-recorded on the Discover team's casework (Greater Manchester West Mental Health Trust). The Discover team used a web form to make referrals to children's social care. However, the ICT system used by the Trust did not retain a copy of the referral. This hindered organisational capacity to audit the level and quality of this work. <i>(Recommendation 27.1)</i>	GMW	with providers and monitor implementation	meeting	2016 (A). GMW's action plan.
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