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05 August 2010

Ms C Willis

Chief Executive Officer

NHS Tees

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Dear Ms Willis

Outcome of integrated inspection of safeguarding and looked after children's services in Hartlepool

I am writing about the recent joint inspection by Ofsted and the Care Quality Commission in to provide you with more detailed feedback on the findings from the Hartlepool CQC's component of the inspection. 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.

As you will be aware, the team led by Ofsted colleagues provided feedback to your local Director of Children's Services at the end of fieldwork and the report to the authority is now published.

This letter sets out more detail of the underlying evidence which relates to your organisation and the provider units for which you commission services. It

incorporates the findings from the overall inspection report, but provides greater detail about what we found, in order that your organisation can consider and act upon the specific issues raised.

The Inspection Process

The inspection was conducted between 7 June 2010 and 18 June 2010 and was conducted under the framework for inspection of safeguarding and looked after children's services published by Ofsted.

Ofsted's inspection principle takes account of the extent to which service providers have sought and acted on the views of children, young people, family and carers when reviewing and improving services and outcomes generally. Inspectors will also consider the views of those users and stakeholders they speak to during on-site evidence gathering. Details of the organisations involved are listed at the end of this letter.

The findings contribute to Ofsted's annual reviews of the performance of each local authority's children's services and its annual performance rating for each authority and will also feed into the joint commissions Comprehensive Area Assessments. The specific findings about health services' performance may also be used by the Care Quality Commission as a part of the assessment of NHS provision, registered health providers and PCT performance in delivering commissioning outcomes.

CQC's Involvement

As part of the overall inspection, CQC examined the effectiveness of the Commissioning PCT's delivery of outcomes for children and young people. We looked at the PCT and its health providers as follows:

- the role of the board: how boards assure themselves in relation to safeguarding and the health of looked-after children
- whether staff have the right skills and experience to recognise concerns, share information and escalate problems where necessary

The points discussed during meetings with the PCT commissioning board members were further explored with staff and, where possible local children across the Primary Care Trust, its providers, GPs, and community health teams.

Joint Inspection Report

The integrated inspection focused upon health and social care services in relation to implementing child safeguarding procedures and delivering appropriate outcomes for 'looked after' children. It looked at outcomes for children and young people and practices to improve children's life experience. The joint inspection report was published within 20 working days of completion of the inspection.

From the aggregated findings from the inspection, it was concluded that the overall effectiveness of the safeguarding services in Hartlepool was **Good** and capacity for improvement was **Good**

Overall effectiveness of services for looked after children and young people in Hartlepool was judged to be **Good**. The council and its partners were also judged to have **Good** capacity for improvement

Inspection Findings for Health Partners

The following sections provide details of CQC's findings which contributed to the overall inspection report. These are separated into two sections: safeguarding and looked after children. Where possible, evidence is attributed to a specific organisation.

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.

Key findings – Safeguarding and health

Extract from Inspection report of Safeguarding and Looked after Children Services – Ofsted June 2010.

The local strategic partnership (LSP) acts as the Child Poverty Partnership Board and works closely with the Safer-Hartlepool Partnership, the Children's Trust and NHS Hartlepool, which commissions health services from a range of NHS Trusts in the area. The Children's Trust comprises of a strategic board, an executive and several operational groups including a stakeholders group of young people. Hartlepool Safeguarding Children Board (HSCB) sits within the wider partnership. Policing is delivered through a local command structure of Cleveland Constabulary.

Commissioning and planning of child health services and primary care are undertaken by NHS Hartlepool (PCT) and services are delivered primarily through North Tees and Hartlepool NHS Foundation Trust (NTHFT). Accident and Emergency and community health services are provided across North Tees and Hartlepool. Child and adolescent mental health services (CAMHS) are provided by Tees, Esk and Wear Valleys Foundation NHS Trust.

The overall effectiveness of safeguarding services is good. The Children's Trust and Hartlepool Safeguarding Children's Board (HSCB) provide effective leadership and thresholds for access to services are clear and understood across the partnership. Families benefit from a wide range of local provision with good examples of joint working between agencies to meet the assessed safeguarding needs of children and young people. Partnership working between

social care, education, health and third sector partners at both strategic and operational levels is good with a particularly strong emphasis on 'teams around' primary and secondary schools (TAPS and TASS) and in children's centres (TACC). Provision for children and young people with disabilities and/or learning disabilities and other vulnerable groups is good and informed by detailed needs analyses. Headteachers identify outstanding support for children and young people with special educational needs and/or disabilities. Support for attendance, behaviour and safeguarding responsibilities are of high quality and have a positive impact on outcomes for young people.

Health Chief Executives, Trust Chairs and executive directors confirm that the level of professional challenge both within the LSCB and internally at the Trust board meetings and in governance and safeguarding children committees is good. The HSCB and health services hold each other to account in delivering serious case review action plans and the HSCB business plan. NHS Hartlepool is leading the work across the North East SHA region with good progress being made in the development of contract performance indicators and monitoring tools which include specific performance indicators for safeguarding children. Safeguarding training for general practitioners is comparatively low at 64%, although this shows a small increase from the previous year. General practitioners are also not well represented on HSCB. Only 18% of dentists and 57% of opticians completed level 2 training in 2010 and records show that no pharmacists have received safeguarding training. There were no validated health training records available during the inspection to evidence appropriate levels of health workforce training.

There are good, well embedded systems in place in Accident and Emergency services to ensure the appropriate identification of children and young people deemed to be at risk of harm, including the number of attendances and frequency. Primary care staff take suitable action to seek further information in order to follow-up attendance and non-attendance at clinics, although they do not have regular access to a designated nurse. The child death overview panel has good representation from all health professionals and attendance by partner agencies is particularly good.

The partnership has established an enduring track record of delivering improvements in safeguarding based on good self awareness, willingness to try new ideas and approaches and in responding to external reviews, including inspections. The area has been quick to tackle any areas for further development and where necessary, additional resources have been provided to increase capacity subject to appropriate levels of scrutiny.

Capacity for improvement is good. Managers across the partnership provide effective leadership and ensure there is good awareness of all aspects of safeguarding in the area including intervention to protect the most vulnerable children and young people from significant harm when this is required. Referrals and thresholds are well understood across the partnership and professionals use escalation processes well to challenge appropriately any decisions that are unclear. The increasing use of the common assessment framework, combined with outstanding work in respect of TAPS, TASS and TACCS, is enabling earlier forms

of intervention to meet identified need. School staff demonstrate a good understanding of their responsibilities, safeguarding processes and potential risks to the safety of children and young people in their care. Health visitors report that they have firm confidence in the use of TAPS, TASS or TACCS as a means to securing support for children in need and their families.

The area has a good record in respect of user engagement and partnership working. The views of children, young people and their carers are fully considered in planning, although the recording of views is sometimes inconsistent.

Joint workforce planning structures are in place and active work takes place to ensure staff are suitably skilled and trained to undertake the tasks concerned.

Performance management systems facilitate effective benchmarking of performance across the region and in a national context. Considerable effort is made to learn from other areas and to bring best practice into local systems.

The effectiveness of services to ensure that children and young people are safe is good. HSCB provides good leadership on all safeguarding matters and awareness of safeguarding within the partnership is strong. Children, who are regarded as being at risk, are identified through close collaboration between social care, education and health staff. Considerable effort is also made to raise general public awareness of safeguarding in the area and specific risks to children. Services are regularly audited for quality and outcomes, leading to appropriate changes and developments.

Good action is taken to ensure that children and young people feel safe. All but one school have achieved National Healthy Schools Status which includes modules on healthy lifestyle, sexual health and staying safe. Anti-bullying work, led by the local authority inclusion team, is raising awareness and steadily improving outcomes. E-safety and cyber-bullying have been a recent focus for action and young people show good awareness of potential hazards.

Service responsiveness in safeguarding, including complaints, is good. Thresholds for access to services are clear and understood across the partnership and are kept under constant review by HSCB. Awareness among all key partners on safeguarding matters is good with appropriate challenge at board level and between professional groups. Escalation policies are in place to ensure that where there are unresolved difficulties, there is a process for quick resolution. Needs analysis is good and there is a comprehensive understanding of local populations and specific pressures. *Service responsiveness in safeguarding, including complaints, is good. Thresholds for access to services are clear and understood across the partnership and are kept under constant review by HSCB. Awareness among all key partners on safeguarding matters is good with appropriate challenge at board level and between professional groups. Escalation policies are in place to ensure that where there are unresolved difficulties, there is a process for quick resolution. Needs analysis is good and there is a comprehensive understanding of local populations and specific pressures.*

Service users report a high level of satisfaction with the quality of services they

receive. Parents who spoke to inspectors were full of praise for the special needs and disabilities services, school provisions, extended services, parenting courses and social care. Young people felt that their views were sought and listened to in respect of health care planning and their views have been informally sought when reviewing accident and emergency waiting rooms. This has led to the rooms being more welcoming and less clinical, with age appropriate games and toys, thereby putting children and young people at ease during traumatic and stressful times.

Health staff in Accident and Emergency services at North Tees and Hartlepool NHS Foundation Trust report that they do not routinely meet with the named nurse for safeguarding and lack opportunities to discuss cases or to receive directly information updates. Policy changes are notified but only in email form with the risk they may not be consistently implemented. The emergency duty team which covers five local authority areas is commissioned by Hartlepool and provides an adequate service. This team is staffed by experienced and skilled staff but currently utilises several different databases, although these are dedicated for each local area. This team provides good advice and support to the range of professionals and potential referrers out of normal working hours. Communication with day time staff is good.

Staff in all agencies and users alike have commented on the effectiveness of the 'team around' approach in schools and children's centres and the positive impact of this method of joint working. This approach and improved accessibility to services as a result. Good work is undertaken by all the key agencies and professionals in direct work with children and families. Together, they build comprehensive assessments covering needs, risks and protection objectives. Comprehensive and well-managed parent nurturing programmes are available in the children's centres with effective contributions by the voluntary sector.

CAMHS staff are involved in the new emotional well-being partnership and have assisted with the development of a self-assessment matrix which is being used to help identify service priorities. Good senior leadership in health is aiding communication and challenge in respect of safeguarding and in ensuring important issues get appropriately aired.

From the cases sampled during the inspection, multiagency attendance at case conferences is good with the exception of general practitioners. Although there were good examples of child-centred planning and reflective and focused work with effective action taken, there is a lack of consistency overall in case recording. HSCB and the Children's Trust provide good leadership and raise awareness in the local community regarding safeguarding and the need for vigilance. The Board has been effectively chaired by the Director of Adult and Children's Services but plans are now in place to appoint an independent chair. Attendance at the Board is generally good with good representation by key agencies and groups, including the voluntary sector. However, there are some gaps in attendance which require further examination in order to ensure attendance accords with the requirements of national guidance.

Ambition and prioritisation are good. Partners demonstrate a strong commitment to the broad safeguarding agenda and for the delivery of services in localities which closely match local needs. Service plans and objectives are explicit in terms of the

priority given to safeguarding, and leadership across the partnership is highly visible in this respect.

Priorities have been set in respect of young people who misuse drugs and alcohol, teenage conception rates and sexual health, domestic violence and child neglect. Joint assessments now take place which has helped to reduce the stigma associated with using mental health services and there are established and effective working arrangements with the dedicated paediatric nurses and youth worker for substance misuse. While the rates of teenage pregnancies remain significantly higher than the national average, good comparative progress has been made in reducing the overall rate by 12% when measured from the 1998 baseline. While this illustrates the impact of effective service prioritisation in the area, teenage conception rates still remain a most challenging area of service. NHS Hartlepool is able to track the number of pregnancies within each school, which enables the specialist teenage midwife, school nurse and education staff to undertake targeted work on sexual health and ensure that services provide suitable support during pregnancy and enable eventual re-integration into school. The National Support Team has visited the area and NHS Hartlepool has demonstrated a willingness to learn and improve their service. One example is the appointment of a dedicated teenage pregnancy midwife, who has also worked with teenage mothers and reports a reduction in the number of second teenage pregnancies.

Performance management is good and is well embedded in the management culture of the council and partner organisations. Breast-feeding rates are lower than national averages and measures have been taken to improve this through the provision of a dedicated infant co-ordinator post and the UNICEF baby friendly initiative register of intent. Funding has been awarded to establish the peer support programme and an infant feeding coordinator has now been appointed.

Breast-feeding has been included in NHS Hartlepool's metrics and as such has enabled this work programme to be embedded in other strategies, for example, the reduction of obesity and reducing health inequalities, the latter of which Hartlepool is a spearhead area. There are good systems in place to ensure that any child or young person who attends Accident and Emergency services has their general practitioner, health visitor if under five years, or school nurse if over five years, notified at the end of each shift. The Accident and Emergency information system provides good reports on the number of attendances of children and young people and the frequency of those visits, which is included in the letter to general practitioners. Staff send 'patient attendance alerts' to the named nurse and primary care staff on the same day the child and young person have been seen in Accident and Emergency and primary care staff will appropriately request further information to follow-up attendance and non-attendances.

Alcohol is the main substance used by young people and rates of alcohol related hospital admissions among young people are increasing. A needs assessment has been completed and information is being used to provide a range of targeted services to raise awareness and to assist those children and young people at risk through excessive consumption of alcohol. This is being closely monitored by the Safer Hartlepool board. An alcohol harm reduction self-assessment has been undertaken which is informing commissioning and partnership working. The

mapping of data and usage is allowing for targeted work to be undertaken at ward level.

There is a good seven-day service with daily liaison with Accident and Emergency departments by CAMHS to ensure there are no missed cases. All children and young people are seen prior to their hospital discharge and then five days after discharge. An education and risk screening tool has been developed for education staff and implemented in schools to identify potential individuals at risk of harm and to promote good emotional health. Staff feel this has helped to reduce the number of self harming incidents and made staff more aware of the risk factors. User engagement is good with outstanding features. Children and young people feel that their views were sought and listened to, especially when planning and making decisions related to their care, including their own health care. The views of children and young people are routinely sought in all settings including schools and health services. Surveys and local questionnaires show that the children and young people value the services they receive.

The work of 30 Young Inspectors has made a valuable contribution to service review and improvement across youth services, social care, CAMHS, community, transport and leisure. They were highly satisfied with the inclusive approach to supporting children with special needs and/or disabilities.

There has been good use of the 'circle of adults' to learn from cases where there has been a serious untoward incident or near miss. An example of a self-harm incident was provided to demonstrate the success of this joint approach coordinated in this case by the HSCB.

Partnerships with stakeholders have led to improvements in service design and delivery. A good example is the seven day CAMHS offered with daily staff liaison with Accident and Emergency departments. Through this arrangement all new cases of young people under 16 years are identified with staff follow up on the paediatric ward when medically fit. There have been no missed cases using this system. There is 24-hour, seven days per week, medical cover from on-call CAMHS. This service is a shared within the region and as such there may not be a Hartlepool consultant always on call. If this is the case, the patient care is transferred next working day back to the Hartlepool team which maintains good continuity of care. All children and young people are offered a five-day follow up appointment; if they do not attend the general practitioner and other key professionals are contacted to provide appropriate follow-up for the young person. All children and young people who self-discharge are followed up. As a result of a request from education, a screening and risk tool has now been developed and implemented in schools and more recently in primary schools which is helping teaching staff assess potential individuals who are at risk of self harm. Early intervention work and preventative strategies are implemented well to keep children and young people safe.

Equality and diversity is good with some significant strengths in inclusive practice and preventative strategies. Tackling inequalities is at the heart of the Children and Young People's Plan. The five key priorities are clearly focused on tackling inequalities in health and educational achievement, eradicating child poverty and

narrowing the gap between the most disadvantaged groups and all children. Effective action is taken to ensure all children and young people achieve good outcomes.

Work with asylum-seeking young people, those with behavioural difficulties and children and young people with special educational needs and/or disabilities, is highly successful. Parents of disabled children are extremely positive about the quality of support they have received. Young people and families who speak English as an additional language receive good support and information through multi-lingual workers and literature. There is a good weaning support group dedicated to Polish women and led by midwives and health visitors. There is also a good asylum-seekers playgroup supported by health visitors at one of the children centres, which enables health inequalities to be assessed and actions to be taken. Many inequalities are still evident in health outcomes and this remains a key challenge for the area. Accessing the hard-to-reach and most vulnerable families also remains as a key challenge. Hartlepool achieved the challenging level 3 Equality Standard in December 2008. Further work has been undertaken to embed fully equality impact assessments across all activities and develop outcome-focused objectives. Information gathering, monitoring and data management for all groups, including by ethnic minority groups, have improved and are used effectively to target resources and to meet specific needs.

Value for money is good. Informed choices are being made about service costs and quality with examples of effective joint service commissioning, decommissioning and contract development. There are also good examples of joint working with neighbouring local authorities and health partners in order to achieve best value and to increase capacity.

General

There has been a lack of attendance from General Practitioners at child protection conferences and meetings. The notification process for reports and attendance has recently been changed to give more time for scheduling attendance and preparing reports, however it is too early to measure impact of these changes. There were a few examples when the use of the common assessment framework (CAF) had proved successes these included; the use of CAF by the Teenage Pregnancy Support Service who use the CAF to assess the skills of the parent of the pregnant teenager and the pregnant teenager to identify whether they have parenting capacity, through this she has been able to access residential support which prevented the baby becoming 'looked after'. A child with extensive physical disabilities whose mother was frightened to bath him and resistant to accessing Occupational Therapy support as this is via the local authority was able to be provided with direct access by Occupational Therapy services.

Training and supervision

There were no validated health training records for safeguarding children training, available during the inspection to evidence appropriate levels of health workforce

training. Information that was provided changed frequently during the inspection weeks and significant gaps in the recording where identified by commissioners. Contract specifications have recently been changed and are under negotiation which will require providers to submit regular robust training data. There was evidence of good supervision of safeguarding for staff and good support for named and designated staff.

Workforce

There is good joint workforce planning in place, with minimal staff vacancies with good recruitment plans in place. There were no concerns over capacity for health visitors and school nurses. The safeguarding named and designated staff are well coordinated, with the mental health services working with through the circle of adults, with adult mental health a service which is addressing issues and concerns related to hidden harm in a proactive and positive manner. There is good professional development in place for the safeguarding health staff, which includes good and well supported access to regional training and networks,.

Key findings – Looked after children and health

Extract from Inspection report of Safeguarding and Looked after Children Services – Ofsted June 2010.

Services to promote the health of looked after children are adequate. Carers of looked after children and young people are very aware of their role in promoting healthy lifestyles but their training is currently under-developed including in foster care preparation and development opportunities. Specialist nurses for looked after children and young people are co-located with the 'Through-Care' team, which facilitates good information exchange on new looked after children and young people and hospitals. Daily meetings held to screen cases and ensure that emergency and urgent cases are seen quickly. Health assessments are good overall, although record keeping and plans are inadequate in terms of their consistency, quality and identification of service objectives. Up to date health assessments and plans are in place for 97% of children and young people, 100% are registered with a GP, 98% have immunisations completed, and 94% have been checked by a dentist.

Accident and Emergency information systems flag looked after children and young people as well as those adults with consenting rights and responsibilities. The older looked after children have a weekly evening health drop-in run by a specialist nurse and this is valued by young people, who felt that it was meeting their health needs. There have been four pregnancies with the year 11 looked after female cohort within the last 18 months (to January 2010). The partnership is very aware of this particular issue and is making strenuous efforts to raise awareness and aspiration and to reduce conception rates. Unplanned CAMHS provide regular consultation opportunities for social workers and carers and this has prevented placement breakdown and

supported school attendance. There is a dedicated social worker in CAMHS funded by the council and this post has enabled effective access to services.

CAMHS training is not currently available for foster carers but meetings have been held to establish their needs, leading to a training programme due to commence this September. The council has recently funded an assistant psychologist to review 100 questionnaires (strengths/difficulties) completed mainly by foster carers and teachers. CAMHS open cases can be appropriately identified and cross referenced to the questionnaires. Although there is no fast track access to CAMHS for looked after children, an access system based on clinical risk is working well.

There is good access to dental services which incorporates a specialist referral protocol for anxious children and children with special needs. Following a recent drop in dental attendances, dental hygienists have been commissioned to promote good dental hygiene session for looked after young people. All cases where looked after children and young people do not attend dental services are actively followed up and good effort is made to provide services around the individual needs of looked after children and young people. Education psychologists take their corporate parenting role very seriously and respond well to the needs of individual children and young people. Early access to educational psychology services is the same for out-of-area placed children both from Hartlepool and other local authorities placing children within the area. This is good practice.

Most children are placed with foster carers within 20 miles of Hartlepool and the few children who are placed further a field are well supported by local professionals from health, education and social care to ensure that their welfare is safeguarded and promoted. Care leavers are aware of their pathway plans and feel that they now have good opportunities to influence key decisions with the 'Through Care' team. (The LAC specialist nurse and the LAC nursing team is collocated and based within this team.).

Care leavers have access to services to support their mental health needs although the council recognises there is still some scope for improvement in transition planning. (this involves the specialist nurse for LAC who is pivotal in this) *Pathways for care leavers with behavioural or social difficulties are generally well-planned with the exception of those with autistic spectrum disorders which are under-developed. Young people are not routinely given their personal health information when they leave care.*

Children who are placed outside of the borough benefit from the same support as children placed locally; arrangements are made to ensure that they have access to leisure and they are visited and supported by social care, health and education staff from the borough.
Record and assessment chronologies were in place in most cases but the quality was variable. There was strong and effective use of authority to protect children and evidence of assessments being reviewed and used to change care plans, for example, in decisions to rehabilitate children to birth families following court proceedings. However, not all assessments were documented in a sufficiently clear manner. The dedicated specialist nurses for looked after children and young people follow up all out of area placed children and young people and also provide a good service to looked

after children and young people placed in the area by other local authorities in order to ensure their health needs are identified and action is taken to address them. Although there is no current and targeted mental health service for schools, plans are in place to establish this service by August 2011. In the meantime, practitioners are making good use of the 'teams around' schools model. Community practitioners are supporting and running programmes to reduce a offending behaviours. *These have prevented repeat offending and promoted sexual health awareness through home safety and baby-sitting skills programmes. The latter are well attended and have offered good quality and targeted support.*

CAMHS staff indicated that the provision of services for looked after children and young people has not been consistently effective in the past but this issue has recently been addressed and additional resources have been allocated by commissioners. Recent evidence indicates that the consistency of CAMHS delivery is improving.

User engagement is good with some examples of outstanding practice in all settings. The involvement of looked after children and young people and care leavers in service planning, training events, consultation events, service delivery and their individual care review is good. They feel listened to and their views influence outcomes in a meaningful way, for example changes to the way their views are heard at statutory reviews, development of leaflets to accompany strengths and difficulties questionnaires.

Partnership working to meet the needs of looked after children young people and care leavers is good and is established at both strategic and operational levels. The council and partners provide effective leadership for looked after children and care leavers. Vision and priorities are clearly articulated at strategic and operational levels. A wide range of services such as CAMHS, police, children's social care, health and education teams work effectively together through children in care meetings

Overall Being Healthy Grade Adequate

General

There are good systems in place to ensure that any child or young person who attends Accident and Emergency services has their general practitioner, health visitor (if under five years), or school nurse if over five years), notified at the end of each shift. The Accident and Emergency information system provides good reports on the number of attendances of children and young people and the frequency of those visits, which is included in the letter to general practitioners. Staff send 'patient attendance alerts' to the named nurse and primary care staff on the same day the child and young person have been seen in Accident and Emergency and primary care staff will appropriately request further information to follow-up attendance and non-attendances. However, this information is not sent to the looked after children health team – through care team, for those children and young people who are looked after, and therefore they are unable to follow up and support the foster carer and or the child or young person.

Areas of Strength

User engagement is good with some examples of outstanding practice in all settings. The involvement of looked after children and young people and care leavers in service planning, training events, consultation events, service delivery and their individual care review is good. They generally felt listened to and their views influence outcomes in a meaningful way, for example changes to the way their views are heard at statutory reviews, development of leaflets to accompany strengths and difficulties questionnaires, and in designing the layout of accident and emergency waiting areas.

There are good monthly referral meetings to share information with primary mental health workers and CAMHS practitioners on any child or young person with a learning disability, which is providing good use of information sharing at schools, homes, and professional services. This work is also being used in the new commissioning of a transition pathway.

Recommendations for Improvement from joint report relating to health partners

Within three months

- NHS Hartlepool in conjunction with the HSCB should ensure that staff in Accident and Emergency services receive appropriate advice and support on all safeguarding matters from designated health staff.

- NHS Hartlepool in conjunction with HSCB should ensure that plans are in place to monitor attendance on level 2 and 3 training and that any gaps in respect of the attendance of specific groups of professionals are fully addressed.

Additional health recommendations

- NHS Hartlepool should ensure that all health assessments and health action plans are fully documented, easily identifiable up to date and subject to regular audit.

- NHS Hartlepool should ensure that all looked after children and young people who leave care receive a copy of the health history.

- NHS Hartlepool should ensure that the looked after children specialist nurse receives information of any looked after child or young person's admission to, and attendance at, secondary care and unscheduled care services.

Conclusion

Your CQC Regional Director is copied into this letter and will arrange follow up on any actions detailed. We have also copied in the Strategic Health Authority and CQC's Head of National Inspection and Assessment, who has overall responsibility for this inspection programme. We also recommend that you share specific findings in this letter with your provider units. In respect of the recommendations, please complete an action plan detailing how they will be addressed and submit this to our regional director and your SHA Chief Executive within 20 working days of receipt of the final copy of this letter.

Yours sincerely

Lynn Davinson
Children's Services Team Leader
Integrated Inspections of children and LAC

Cc Mr Ian Dalton - CEO NHS North East
Ms Jo Dent – CQC Regional Director, North East
Mr Anthony Deary – CQC Interim Head of National Inspections and Assessment
Mr Chris Batty HMI – Ofsted Managing Inspections
Mr Martin Ayres HMI – Ofsted Lead Inspector
Ms Tina Welford – CQC Inspector

Other organisations involved in this review

North Tees and Hartlepool NHS Foundation Trust (NT&HNHSFT).
Community services - North Tees and Hartlepool NHS Foundation Trust.
Child and adolescent mental health services (CAMHS) at Tees, Esk and Wear Valleys Foundation NHS Trust (TEWVFNHST).