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<th><strong>Report on the Outcome of the Integrated Inspection of Safeguarding and Looked After Children’s Services in Suffolk County Council</strong></th>
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| **Commissioning Primary Care Trusts** | NHS Suffolk  
NHS Great Yarmouth and Waveney |
| **Care Quality Commission Inspector** | Tina Welford |
| **Provider Services Included:** | Suffolk Community Healthcare (5PT)  
Great Yarmouth and Waveney Community Services  
Suffolk Mental Health Partnership NHS Trust (RT6)  
Norfolk and Waveney Mental Health Foundation NHS Trust (RMY)  
The Ipswich Hospital NHS Trust (RGQ)  
West Suffolk Hospital NHS Trust (RGR)  
James Paget University NHS Foundation Trust (RGP) |
| **Care Quality Commission Region** | Eastern |
| **Care Quality Commission Regional Director** | Ms Frances Carey |

This report relates to the recent integrated inspection of safeguarding and services for looked after children which took place in the above Authority recently, with specific reference to NHS Suffolk commissioned services only.
The report 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 and nominated health representatives at the end of fieldwork week two 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.

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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 Primary Care Trust (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:**

Commissioning and planning of Suffolk child health services and primary care are undertaken by two Primary Care Trusts; NHS Suffolk and NHS Great Yarmouth and Waveney, (the latter being responsible for the Suffolk coastal borough of Waveney).

**NHS Suffolk**

Universal children's services such as health visiting, school nursing and paediatric therapies are delivered primarily by NHS Suffolk's PCT Provider Arm, Suffolk Community Healthcare. Community services for Waveney are provided by NHS Great Yarmouth's provider arm, Great Yarmouth and Waveney Community Healthcare, and the James Paget University NHS Foundation Trust for acute care.

The acute hospitals providing accident and emergency services for children, maternity and newborn services are The Ipswich Hospital NHS Trust and West Suffolk Hospital.

Children and families access primary care through one of 68 General Practitioner (GP) practices in the NHS Suffolk area. There are no walk-in centres, there are three Minor Injury Units (MIU) where children and their families can access primary care facilities across the Suffolk.

Child and Adolescent Mental Health Services (CAMHS) are provided by Suffolk Mental Health Partnership Trust (excluding Waveney area). Young person’s mental health provision at HMP YOI Warren Hill is provided by Suffolk Mental Health Partnership Trust. Suffolk Community Healthcare is commissioned to provide nursing services for the prison.

Children's Safeguarding and Looked after Children services are provided by NHS Suffolk and Suffolk Community Healthcare. The designated safeguarding and looked after children nurse works across both NHS Suffolk and NHS Great Yarmouth and Waveney.
NHS Great Yarmouth and Waveney

NHS Great Yarmouth and Waveney commissions services for the Waveney area of Suffolk, this includes north and south Lowestoft, Halesworth and surrounding areas. Commissioning and planning of child health services and primary care are undertaken by NHS Suffolk and NHS Great Yarmouth and Waveney, universal services such as health visiting, school nursing are delivered by Great Yarmouth and Waveney Community Services. Paediatric therapies are delivered by James Paget University Hospital NHS Foundation Trust.

The acute hospital providing accident and emergency services for children, maternity and newborn residing in the Waveney area, is provided by James Paget University Hospital NHS Foundation Trust. Children and families access primary care through one of 26 GP Practices within the Health East Consortium. There are some small numbers of patients seen (in respect of the above service provision) from The Ipswich Hospital NHS Trust and Norfolk and Norwich University Hospital NHS Trust.

Child and Adolescent Mental Health Services (CAMHS) for the Waveney area are provided by Norfolk and Waveney Mental Health Partnership Foundation NHS Trust. For children with complex needs services are provided by James Paget University Hospital NHS Foundation Trust, Suffolk Mental Health Partnership, Great Yarmouth and Waveney Community Services and Norfolk and Waveney Mental Health Partnership Foundation NHS Trust depending on the nature of their complex needs.

1 General – leadership and management

1.1 Leadership and management of health providers safeguarding services are good. Senior health managers and executive officers are fully engaged and involved in the Children Trust arrangements. All front line health staff have good access to their named and/or designated safeguarding health professional on a regular basis. There are regular verbal and written briefs relating to current issues, outcomes of case reviews and safeguarding board meetings are widely disseminated and discussed with frontline staff and action taken as required. All providers have comprehensive safeguarding policies in place, some of which have just been revised. Policies contain safeguarding referral pathways to social care, with clear statement of thresholds all of which are well embedded in practice.

1.2 Joint commissioning is well established, with new services commissioned when gaps in provision are identified.

1.3 Health organisations have well embedded governance structures in place for safeguarding children, with clear reporting and accountability lines. This includes effectively used accountability structures for all designated, named and link safeguarding staff. Senior health staff state there is good level of challenge and holding providers to account across the county through the Suffolk Safeguarding Children Board (SSCB). Partnership working is good, with some health staff now co-located with social care staff, which is improving communication and understanding of the different sectors and their role in safeguarding children and young people.

1.4 However, there is a new and developing council corporate parenting structure which means that the looked after children health team does not have an external reporting
structure in place for annual reports. Annual reports are reported to the health commissioners.

2 Outcome 1 Involving Users

2.1 There is good access to translation and interpretation services across the county and specifically within the dedicated health information and support for refugees and asylum seekers team. The services enables access to a wide range of health services and assists patients in preparing for any hospital appointments.

2.2 Staff across health provider services have access to computer software which enables them to produce easy read documents, as required to ensure they can effectively communicate with children and young people in a timely manner.

2.3 The Connect service offers emotional well being and mental health support and treatment for children and young people, foster carers and adoptive parents in Suffolk (excluding the Waveney area) that was positively evaluated by service users in 2009. This service ensures that the whole family is involved in supporting the young person and that needs are met promptly and in a sustained manner. As a result of the latest evaluation new ways of working have been introduced that reflected the views of service users. It is too early to evaluate the outcome of this.

2.4 There are good multi agency weekly ‘team around the child’ style meetings and all children or young people who are going to be discharged from the Connect service are discussed. Discharge planning commences with service users at least six months before the discharge date wherever possible. This process ensures that the family/foster carers, child or young person are well supported and that attachment issues which may have arisen during treatments are well managed.

2.5 The medical adoption service proactively promotes and supports placements with same sex couples, and those from different cultures. However, the medical service has noted that there are a number of young people (30) including some who have complex disabilities, older boys and those from dual heritage, where there are no same heritage families, that are hard to place. A recruitment campaign commenced during the inspection period, as part of the national fostering and adoption week, to try and recruit new adoptive parents.

3 Outcome 2 Consent

3.1 There is good evidence of consent being obtained and recorded in the looked after children health assessment files prior to health assessments taking place. However, for those young people admitted to hospital following an incident of self harm, consent is not routinely sought and/or recorded, especially in respect to asking to which ward, e.g. adult or paediatric the young person wishes to be admitted. All over 16 year olds are routinely admitted to adult wards at The Ipswich Hospital Trust and risk assessments are not routinely undertaken. This may result in the young person being admitted to an inappropriate ward, due to insufficient adolescent beds.

4 Outcome 4 Care and welfare of people who use services
4.1 Health outcomes for looked after children and young people are in line with or better than similar authorities and England averages. Suffolk has a Nurse-led specialist Looked After Children Health service. Initial and review health assessments are undertaken by health visitors for children under 5 years of age and the majority of assessments for children over 5 years of age are undertaken by the LAC nurse specialists.

4.2 Initial looked after children (LAC) medical health assessments do not follow the statutory guidance as the initial assessments are not all undertaken by a medical practitioner, unless the children or young person is already under the care of a paediatrician. Staff are able to fast track referrals to paediatricians if required. However, the quality of the initial assessments seen during the inspection that undertaken by a specialist LAC nurse were of a good quality, holistic and showed good engagement of the child and young person. NHS Suffolk have audited the initial health assessments and found that those undertaken by nursing staff were of a good quality.

4.3 The annual LAC health assessments are undertaken by a range of health staff including health visitors, school nurses, looked after children nurse specialists, or paediatricians who may be involved with the child. Young people are given a choice of venue for their health assessments, which has improved the attendance rate. Health visitors and school nurses ensure the annual health assessment and the special education reviews take place together, in a venue preferred by the young person, which enables information to be shared across both assessments, preventing duplication for the young person.

4.4 There is effective and improving information sharing within all Suffolk county health care providers and children and young people social care services, (which includes those services from Great Yarmouth and Waveney Community Services), the latter provide looked after children and young people services within the north of the county. This is ensuring that there is a consistent approach and close monitoring of the health assessment and action plan processes. An annual report from Suffolk Community Healthcare Services has been recently drafted by the looked after health team, however, there is no reference to the health care needs of those children and young people placed out of county.

4.5 Strengths and difficulties questionnaires (SDQ) are not used by health staff. Social care staff coordinate these but information is not analysed or shared nor does it contribute to the annual health assessment process. This results in a lack of systematic recording of emotional and mental health status and needs. Suffolk LAC specialist nurses reported that they are unable to directly refer a young person to child and adolescent mental health services (CAMHS). (Despite this process being amended a number of times.) They have to write to the young person General Practitioners (GP) to make the referral, which has the potential to delay the referrals. The LAC team do not receive routine notification that the referrals have been made, resulting in restrictive monitoring of the outcomes.

4.6 There is no after care or dedicated care leaver health service. Young people are given print-outs of their health information from the health database. Babies and young children health information is given to foster carers after each contact, ensuring that it remains with the child’s health records and contributes to their life histories.

4.7 The proactive medical adoption service is ensuring that families, children and young people are involved, feel supported and are well prepared, with adoption arrangements to ensure that suitable matches are found and that the adoption process does not breakdown
due to medical reasons. The medical advisor ensures that all medical and birth information is collated, wherever possible and that birth parents and sibling medical history is also provided, ensuring that the adoptive parents and the young person have their medical history for later life.

4.8 The medical adoption services provides a highly valued training programme to all new and prospective adoptive parents, and meets individually with parents to ensure that they are fully aware of any medical conditions and implications for development in later life. Good support on sexuality is given to foster carers and to same sex couples to maintain placement stability and emotional well being of the young person. Foster carer training is leading to an increased awareness of sexuality issues and spiritual needs (as opposed to religious needs) which are equipping foster carers to support young people more effectively.

4.9 LAC specialist nurses are unable to provide on-going foster carer training due to lack of capacity, however, training and support to the private residential children homes is provided on a more regular basis, responding to individual requests. School nursing teams provide dedicated sexual relationship and education to children residing in the homes and hold drop in clinics. This has improved the taken up of health advice and contraceptive services.

4.10 CAMH services for sixteen to eighteen year olds is becoming embedded since the change in commissioning. Staff across Suffolk are aware of how to contact teams in the Waveney area, (as well as the rest of Suffolk) with robust, well embedded protocols, ensuring that once assessments have been completed treatments are timely. Good use of the A&E mental health assessment form for adolescents ensures that risks are identified and actions are taken appropriate to the risk.

4.11 Out of hours assessments take place on the next working day, which may require the young person to be admitted over a weekend resulting in a potentially, protracted admission which may not be necessary.

4.12 There are no tier 4 CAMHS beds within the county, however, staff reported that they have good access to tier 4 beds in neighbouring counties and this does not delay assessments or treatments. Thresholds are well understood. There are well attended monthly multi professional and multi agency mental health meetings were cases and concerns are discussed. As a result a new mental health assessment tool for acute care settings has been developed and is now being implemented to enhance the care of young people.

4.13 Sexual health services are well accessed by young people, with an increasing number of school nurses offering school based drop-in sessions, which now offer pregnancy testing and immediate support for young people. The impact on reducing concealed pregnancies is not yet apparent. The service is improving the early support given to young people which is assisting in their decision making. There are two dedicated midwives across Suffolk who work in the higher rate teenage pregnancy areas of the county supporting young women and men with decisions about their pregnancy follow up after terminations, and contraceptive support. Through joint work with children centres, they are maintaining the young person in education during the pregnancy and enabling them to return to education or employment post birth.
4.14 The sexual assault and referral centre (SARC) is relocating to a new building at the time of the inspection however, staff report that they were able to access the old service. Regional support networks for the service are well established ensuring that advice and support is available in a timely fashion. After care services are provided by ‘New Beginnings’ providing good therapeutic intervention for young people sixteen years and under who have been subject to a sexual assault. The Ipswich Hospital Trust has good access to medical photograph/illustration services when there are suspected cases of non accidental injury or sexual assault/abuse 24 hours per day, which enables a timely evidence recording. This service has received a number of external commendations for its work.

4.15 Health staff are aware of the changing cultural diversity and support foster families individually in maintaining placement stability. Examples of this include information and training on the care of skin and hair for those children and young people from a mixed race family, and information about the spiritual, as opposed to the religious, needs of these young people.

4.16 Substance misuse services have recently been re-commissioned and the new service: ‘The Mathew Project’ had only been established for one month at the time of the inspection. The services has already received 100 contacts a number of which were young people self referring to the service.

5 Outcome 6 Co-operating with others

5.1 The Suffolk Safeguarding Children Board (SSCB) monitors attendance of all the 40 plus members; record show that there is a hundred percent attendance from all health organisations at meetings and the various sub groups. Health staff reported that whilst there is good engagement, challenge and holding to account by the SSCB independent chair the membership size and the number of agenda items, results in a limited discussion and inhibits effective participation of all members. There is no robust exception reporting process in place, which reduces the ability to identify risks and ensure these are effectively monitored. The designated nurse for safeguarding and looked after children and designated doctor are members of the SSCB and health sub group. There is good attendance at safeguarding meetings and child protection conferences, with GPs submitting reports when they are unable to attend, with timely circulation of minutes of meetings and outcomes.

5.2 Safeguarding referral thresholds are well understood and consistently applied with good use of the common assessment framework, (CAF) which forms part of the referral process. All staff report good access to out of hours social care duty teams, and timely advice and support.

5.3 Hidden harm thresholds for referrals are well understood; with an open culture that is enabling discussion of cases and concerns with professionals and ensuring that families are fully aware of issues and the process that are being taken. There are two dedicated health visitors and a GP for the two women’s refuges in Suffolk, providing weekly drop in clinics which are focussed on the children, ensuring that their needs and health checks are addressed.

5.4 Work is ongoing to monitor the completion of the out of area LAC health assessments, with some specialist LAC staff visiting Suffolk out of area children to undertake health
assessments. The LAC health team will liaise with LAC health colleagues in other authorities to ensure that health assessments are completed and action plans and outcomes are shared. However, there are delays in some cases whilst financial agreements are put in place. HMP&YOI Warren Hill has a number of looked after children who are from out of area. The looked after children specialist health team contacts the out of area looked after health team and information on health needs are shared. Annual health assessments are undertaken normally by the Warren Hill health staff.

5.5 There are well established links with the local HMP YOI Warren Hill with dedicated CAMHS workers based in the HMP YOI ensuring that the young men’s mental health and substance misuse issues are promptly addressed. There is a dedicated and newly appointed GP who ensures that both physical and mental health needs are being identified and action taken to address these appropriately. Substance misuse service staff attend HMP YOI discharge planning meetings and ensure that there is a substance misuse treatment plan in place for those residents discharged in Suffolk. The designated Nurse for safeguarding and looked after children is a core member of the prison safeguarding board.

5.6 LAC health professionals work in a proactive and effective way to monitor and identify new looked after children. There are good links with the missing children teams with LAC health staff attending panels to track and identify any looked after children/young people and ensure that any concerns relating to physical health needs are shared and known, for example, if a young woman is pregnant or requires on going medical treatments.

5.7 Adult learning disability services across Suffolk have a single point of referral, which ensures that all referrals from the children learning disabilities teams are assessed and allocated to the most appropriate worker. Workers have the capacity to work alongside children services for the 3 months leading up to the young persons 18th birthday. This way of working has reduced waiting lists and ensures consistency in care delivery. There are good links to the learning disabilities partnership board (a health visitor on the learning disabilities partnership board), which is improving services for parents by early identification of services required for new parents.

5.8 Transition pathways from children to adults for young people using mental health services have recently been audited. Good adherence to established pathways was found. Transition planning commences within 3 months of the young persons 18th birthday. A key worker system is well established, with allocated workers from both the young person and adult services meeting together and sharing information, therefore improving communication and enabling more effective and timely planning. CAMHS staff in some areas of the county work alongside adult services for part of the week, which has improved transitions. However, young people who have a dual diagnosis of learning disability and mental health are still having difficulty accessing adult mental health services.

5.9 The development of the ‘Accord protocol’ is helping to promote better information sharing and transition between children and adult services. Maternity services report good partnership working with adult alcohol and substance misuse services across the county, which is helping to identify risks to unborn babies. There are dedicated specialist midwives who are effectively working with pregnant women who misuse drugs and/or alcohol who are assessed as being vulnerable with good partnership working with probation and prison services, community drug teams, and social workers. These roles ensure that there are robust pre-birth plans in place to protect the unborn baby and ensure that safeguarding
process are in place for the subsequent birth. The West Suffolk Hospital Trust community maternity posts are well established, with a new post holder for substance misuse at The Ipswich Hospital Trust who is developing this new role. It is too early to measure the impact. Adult mental health and drug and substance misuse services staff will attend pre birth conferences and support the implementation of plans, such as joint co-located methadone clinics with antenatal clinics, which enable staff to monitor risks and identify any safeguarding concerns early.

5.10 Targeted mental health work in schools (TAMS) pilots have recently been introduced which are highly valued by school staff and school nurses. However, it is too early to measure the full impact of this provision.

5.11 Multi Agency Public Protection Arrangements (MAPPA) are appropriately co-ordinated and promote and support effective multi agency work; health visitors and school nurses are well engaged in the process. There are appropriate links with the MARAC process.

5.12 There are strong, well established, highly valued frontline partnerships between frontline health professionals across the county and the local police force. Staff reported a number of incidents where they had worked together to follow up concerns over children’s safety and when there had been domestic violence issues within the home. They reported positive outcomes for the children (actions were taken to ensure their safety) and staff felt well supported by their multi-disciplinary colleagues.

6.1 Designated health staff act as professional advisors to the Suffolk Safeguarding Children Board (SSCB) and sub groups thereby ensuring that practices can be and are reviewed effectively with a good level of challenge. Practice reviews, outcomes of serious cases and notes audits have resulted a number of changes in practice; most recently the introduction of a framework to improve recording of risks and risk mitigation. Designated staff report a high level of challenge from partners especially at the case review panels. Action plans from serious case reviews and individual case reviews are proactively monitored and directors held to account for implementation of actions by the SSCB independent chair. The designated and named health professionals have identified a number of actions which contribute to a work plan; these include training of GPs from the external contracted out of hours provision, and developing further the role of the named professionals. Succession planning is now being introduced, to increase capacity. There are some general practices without a named safeguarding lead; with recognition within the north of the county that safeguarding training is not consistently delivered to GPs and their staff.

6.2 Young carers are being identified in adult services to ensure that their needs are being identified and safeguarded. Further, all young carers are now subject to a common assessment framework (CAF) assessment and have their own information systems. These systems are not easily accessible by other agencies and there is no vulnerable young person ‘flag’, that would alert other professionals to the specific needs of these youngsters and allow effective information sharing. However, adult mental health services (provided by both commissioned services) are now able to electronically flag parent’s files and alert CAMHS when a parent (who has a child or young person) is receiving treatment, ensuring good communication of issues and concerns. Individual examples given show that this process is
working well. This has resulted in an increase in the number of child safeguarding referrals from the Suffolk Mental Health Partnership adult service staff.

6.3 There is effective sharing of safety and alert information related to pregnant women across Suffolk and East Anglia region maternity and neonatal services, which ensures that if a women delivers in a different hospital in the area that the birth and safeguarding plans are known and adhered

6.4 There are differing practices relating to the length of stay of women post-natally due to the lack of timeliness in presenting cases for court proceedings, Staff report that The Ipswich Hospital Trust admits women up to five days, whilst West Suffolk Hospital admits only for 48 hours and that this guidance supports the priority given by the courts to secure a judgement. The differences are leading to confusion. Further delays in discharges and discharge planning does occur when the pre-term meetings are not held by 32 weeks, and there are differing practices by social care accepting vulnerable pregnant women referrals (this includes teenage women). West Suffolk Hospital Trust midwives report that referrals are accepted at the time of booking around 16-18 week, whilst other midwives report that services will not accept until later on in the pregnancy. There has been an inconsistent approach by social workers actioning referrals within Suffolk. However, staff report that this is changing within the new area safeguarding teams as they embed.

6.5 There is good use of flagging systems in the accident and emergency department (A&E) at he Ipswich Hospital Trust, (and also at West Suffolk Hospital) to ensure children and young people who are known to social care services are identified. Community practitioners receive timely notification of attendance at A&E in line with the agreed protocol. The notifications are audited by the liaison team on a regular basis for completeness of the A&E record and to assess if safeguarding referrals have been made as appropriate. Results show a high level of compliance. If staff feel that the attendance requires immediate follow up or is a significant event, than the information is faxed to the relevant health visitor (if under 5) or school nurse (if over 5) along with a copy of the health record. There is a well embedded protocol in place identifying who should receive notifications and which notifications are to be submitted to community and primary care staff, which ensures that staff carry out follow up visits to families. Information is recorded on to the electronic patient record which is then shared with the relevant health professionals and the case is discussed at relevant weekly team meetings. Another good flagging system is in place within community and primary care settings, which identifies ‘families’ by address as well as name and those residing at the same address. Health visitors are able to map different hospital attendances where there is a concern to a specific address and identify those addresses where children may be living together, but not sharing the same family name. Significant event chronologies have also been introduced which allow staff to monitor the number and reason for attendances and map these to the address. In this way, children with different surnames residing at the same address can be identified as a ‘family’ and overall concerns identified and addressed in order to reduce vulnerabilities and keep the child/young person safe.

6.6 The looked after children specialist health team receive weekly lists of A&E attendees which enable them to monitor any looked after child attendance and follow up cases, ensuring that all required action is taken and is considered at the next health review.
6.7 Suffolk Mental Health Partnership Trust have introduced a ‘did not attend’ policy which ensures that when children and young people fail to attend appointments they are followed up. All trust in Suffolk have ‘did not attend’ policies in place. This has increased compliance with treatments. Therapy services, including some dental services, have a ‘do not attend policy’ in place - after three failed appointments, school nurses or health visitors are contacted and follow up the family.

6.8 There is good coordination with the local American forces base when there is a need for a child to been looked after in Suffolk whilst awaiting repatriation. The health staff liaise with the base’s health staff and ensure that health needs of these children and young people are fully met during this time.

6.9 Community health practitioners have good working relationships, including with social care, education, mental health and the voluntary sector, with good sharing of information that is enabling a proactive approach to reduce vulnerabilities and monitor risks. Cases of concern are shared in multi professional and interdisciplinary meetings and link workers are assigned to coordinate activity, which is reducing duplication. Practitioners report that audits and evaluations undertaken with families on this way of working are all positive and has improved the families’ engagement with health services.

6.10 Parents commented very positively upon the support received from children centres which helped them to access services and cope with depression, isolation and family difficulties. While some parents received useful support from health visitors, other parents had very limited contact from their health visitors which may be due to lack of understanding of the role of children centre staff in undertaking the two year old development check on behalf of health visitors. However, there were some cases where there were long delays in completing development checks when children turned two years of age.

6.11 There is now a joint protocol in place with the local American forces bases and the child death overview panel, following a child death, which clarifies the role of the police and rapid response teams when working on the base, as this is classified as America and not England. Since this protocol has been introduced, there has not been another child death to monitor how effective this is. However there is now joint safeguarding training, which has been positively received.

7 Outcome 11 Safety, availability and suitability of equipment

7.1 The Ipswich Hospital NHS Trust has a dedicated child and young person A&E department, and a dedicated resuscitation bay within the adult resuscitation area. The facilities are child friendly. The regular audits undertaken confirm that practices reflect policies and procedures. General practitioners, midwives and health visitors have direct referral into the paediatric assessment unit seven days a week up to 10.30pm. This ensures that timely medical assessments, observations and day cases can be undertaken without the child or young person being admitted to a hospital ward, which may reduce the emotional stress for the child, young persons and the family.
8 Outcome 12 Staffing recruitment

8.1 All staff interviewed, reported that they had been subject to a criminal record bureau check.

9 Outcome 13 Staffing numbers

9.1 Health visitor and school nurse caseloads have been reviewed and a skill mix review taken place, the outcome of which has been to redefine how services are being provided and target those families deemed to be most vulnerable. There has been a significant financial investment into school nursing services, which has now ensured that staffing numbers are at minimum establishment levels. Traditionally the county has found it difficult to attract staff, due to the local economy and therefore a strategy of ‘growing our own’ has been implemented. An increased number of training commissions has been made; however, it is too early to measure the impact of this.

9.2 There is an identified lack of capacity within looked after health care services within the north of Suffolk, a business case is currently being considered to increase the capacity within the north of the county.

9.3 There has been a significant increase in the number of adoption and foster carer medical assessments undertaken by the medical advisory team. Numbers seen within the last 6 months are already exceeding the same number seen in the same period last year. This is starting to have implications for the capacity within the team, which is currently being met by the team working longer hours than contracted to ensure targets are met and that children and young people are able to be placed safely. Succession planning and scoping of roles within the health looked after and adoption teams is currently being reviewed.

10 Outcome 14 Staffing support

10.1 A Suffolk wide standardised approach to safeguarding training and levels/groups in line with the Working Together Statutory Guidance to Safeguard Children is in place. There are comprehensive training matrices for safeguarding across all health organisations, enabling all staff to identify which level of training they are required to undertake and at what frequency. All staff spoken to during the inspection were aware of and had access to, appropriate training. There is some evidence from all health providers of the monitoring of training take-up however; there is no comprehensive monitoring of dental services compliance with training, and limited monitoring of audiology, optical and orthodontic services. There is no systematic review of how training has affected practice.

10.2 The Ipswich Hospital NHS Trust data shows that compliance with level 1 and 2 training is variable, (from 78%-100%). Level 3 training data shows that only 75% of staff in date with training, whilst 88% are trained in women and children services. Consultant medical staff ensures that all doctors on rotation are up to date with their safeguarding training when on placement.

10.3 Suffolk Mental Health Partnership NHS Trust CAMHS is almost compliant with safeguarding training however, as a total trust, there is a high rate of non compliance at intermediate level, (with a rate of 65% non compliance). There are plans in place which are
expected to address this non-compliance, which has been identified as a result of incorrect identification of staff requiring this level of training. No evidence was provided to demonstrate how training has been embedded into practice.

10.4 Suffolk Community Healthcare has 93% compliance at level 1. However, there is no evaluation of the impact training has had on practice.

10.5 West Suffolk Hospital NHS Trust neonatal areas continues to have the lowest rate of compliance at level 1 and 2, but those staff requiring level 3 training have completed training. Following West Suffolk Hospital NHS Trust audit of safeguarding referrals, staff training has been introduced on ‘parental factors’. As a result a change has been seen in the quality of documentation and referrals related to parental factors.

10.6 All designated and named health professionals have access to good managerial and safeguarding supervision on a regular basis which ensures that practice is concurrent and that complex case concerns are effectively dealt with. Practices are regularly reviewed and good practice is shared across the region. There are a number of well used clinical networks such as acute care, sexual assault, and out of hours, which give dedicated focus on sharing and improve practices for the service users.

10.7 School nurses and health visitors have good access to regular safeguarding supervision and peer review which includes specialist thematic safeguarding sessions to include end of life issues, serious case reviews, audiology and masturbating in young people with learning disabilities, which staff report has enhanced their practice.

11 Outcome 16 Audit and monitoring

11.1 The CAMH service in Suffolk Mental Health Partnership Trust uses the SDQ as an assessment of the effectiveness of treatments within the tier 3 service with positive outcomes being reported. NHS Suffolk have received, within the last six months, an intensive support visit coordinated by the strategic health authority on safeguarding and looked after children services. At the time of the inspection actions plans were being agreed, which mirrored some of the inspections findings, and just starting to be implemented.

11.2 Health outcomes for looked after children are good, with outcomes being better than England and statistical neighbours. Action plans are not written in a smart manner and the template format restricts the comprehensive monitoring of outcomes. Looked after specialist nurses use two separate data monitoring systems for health assessments and action plans, the time needed to maintain and use these systems staff report is detracting from direct care.

12 Outcome 21 Records

12.1 All health records seen complied with professional record keeping guidance. Chronologies were up to date however, there was no evidence of the outcomes of case discussions at supervision recorded within the health files of looked after children and young people, despite staff reporting that they benefited from case supervision and, as result, had changed the way a case was progressed.
**Recommendations**

**Immediate**

Suffolk Community Healthcare Services must ensure all children receive their two year old developmental checks on time.

Suffolk Community Healthcare must ensure that looked after children health assessment action plans are written in a smart format in order to ensure that actions are fully implemented by named individuals and are effectively monitored.

NHS Suffolk and Suffolk County Council to review the use of strength and difficulties questionnaires within looked after children and young people health assessments to ensure that emotional well being is fully assessed and action taken in order to promote good emotional well being.

NHS Suffolk and Suffolk county council to ensure that there is an effective and consistent countywide after care health provision for care leavers ensure that all young people leaving care are given a full health and birth history.

**Within 3 months**

The LSCB and NHS Suffolk to ensure that safeguarding training is fully evaluated and the impact that training has had on practice is systematically monitored to ensure that children and young people remain safe.

Suffolk Community Healthcare must ensure that the current nurse led looked after children service meets the legislative requirements as set down in the Statutory Guidance on Promoting the Health and Wellbeing of Looked after Children 2009.

**Within 6 months**

Suffolk Mental Health NHS Trust and Norfolk and Waveney Mental Health Partnership NHS Foundation Trust, to ensure effective transition to adult mental health services for young people who have a dual diagnosis of learning disability and mental health difficulties.

**Next steps**

An action plan is required from the commissioning PCT within 20 working days of receipt of this report. Please submit the action plan to your SHA copied to CQC through childrens-services-inspection@cqc.org.uk and it will be followed up through the regional team.