**Report on the Outcome of the Integrated Inspection of Safeguarding and Looked After Children’s Services in Suffolk County Council**

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<td>Date of final Report</td>
<td>10 December 2010</td>
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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 Great Yarmouth and Waveney commissioned services.*
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 There is a new and developing council corporate parenting structure which means 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 The joint commissioned CAMHS from Norfolk and Waveney Mental Health Trust has successfully used service users in evaluations, including the application of the ‘You’re Welcome’ standards and the scoping of future tier 4 in-patient services. Due to the positive nature of this process plans are in place to continue this across the trust.

2.2 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. This assists with patients gaining access to a wide range of health services and staff will help with preparation for any hospital appointments.

2.3 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.

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 at James Paget University Foundation Hospital are admitted to the adolescent unit, thereby ensuring that they are in a suitable and safe environment.

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 were 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; 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 are timed to 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 between 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 providing
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 plans processes. An annual report from Suffolk Community Healthcare Services,
(covering the entire county) 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.

4.6 Gt. Yarmouth and Waveney Community Service universal primary care staff
undertaking the looked after children health assessments are able to make direct referrals to
CAMHS and the dedicated children looked after mental health service (CLAMS) which is
ensuring timely referral and access to assessment and treatment.

4.7 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.

4.8 School nursing teams provide dedicated sexual relationship and education to children
residing in the homes including holding of drop in clinics, which has improved the take up of
health advice and contraceptive services.

4.9 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. There is good
use of the A&E mental health assessment form for adolescents, ensuring that risks are
identified and action taken appropriate to the risk.

4.10 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. There is good use of Crisis Resolution teams in Waveney
area, preventing admission over weekends however practice across Suffolk remains
inconsistent.

4.11 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 where 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.

4.12 Mental health services within Waveney are provided by Norfolk and Waveney Mental Health Foundation Trust. Tier one services are provided through universal services, and well supported by primary mental health workers (PMHWs). The latter are established across the county. Tier 2 and 3 are combined in the Waveney area where the focus is on ensuring the right referral to the right person. The process works well - demand and capacity are effectively monitored to ensure that there are minimal waiting times for initial assessments.

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 to assist in their decision making.

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’ which provides good therapeutic intervention for young people sixteen years and under who have been subject to a sexual assault.

4.15 There is a dedicated health visitor employed by Gt. Yarmouth and Waveney Community Services for migrant and traveller families, which is ensuring that their needs are identified and addressed promptly. 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 the cultural and associated spiritual needs as opposed to the religious needs of this group of these young people.

5 Outcome 6 Co-operating with others

5.1 The Suffolk Safeguarding Children Board (SSCB) monitors attendance of all the 40 plus members; records 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 which is ensuring that their needs and health checks are addressed.

5.4 LAC health professionals work in a proactive and effective way to monitor and identify new looked after children and there are now good links with the missing children teams. LAC health staff now attend panels to track and identify any looked after children/young people and ensure that any concerns relating to physical health needs are shared known, such as if a young women is pregnant or requires on going medical treatments.

5.5 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 the early identification of services required for new parents.

5.6 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.

5.7 The development of the ‘Accord protocol’ is helping to promote better information sharing and transition between children and adult services. Gt. Yarmouth and Waveney based community maternity posts are well established. 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 enables staff to monitor risks and identify any safeguarding concerns early.

5.8 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.

5.9 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 to develop 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’, which 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 during the inspection show that this process is working well.

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 delivered.

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. Great Yarmouth and Waveney based 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 areas safeguarding teams as they embed.

6.5 There is good use of flagging systems in the accident and emergency department (A&E) at the Ipswich Hospital Trust and West Suffolk Hospitals to ensure children and young people who known to social care services are identified. Community practitioners in the Waveney area receive timely notification of attendance at A&E in line with the agreed protocol. The notifications are audited on a regular basis by the liaison team for completeness of the A&E record and to assess if t safeguarding referrals have been made as appropriate. A high level of compliance was found. If staff feel that attendance at the A&E department requires immediate follow up or is a significant event, 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 carries 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 nurse for Waveney receives weekly lists of A&E attendees. This enables them to monitor any looked after child attendance and follow up cases ensuring that all required actions are taken and are considered at the next health review as appropriate.

6.7 Community health practitioners have good working relationships; these include social care, education, mental health, voluntary sector, with good sharing of information enabling a proactive approach in reducing 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 that there has been significant improvement in families’ engagement with health services.

6.8 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 undertaking the two year old development check on behalf of health visitors. However, there are in some cases there were long delays in completing development checks when their children turned two years of age.

7 Outcome 12 Staffing recruitment

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

8 Outcome 13 Staffing numbers

8.1 Health visitor and school nurse caseloads have been reviewed and a skill mix review has 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 own’ has been implemented. An increased number of training commissions has been made but it is too early to measure the impact of this.

8.2 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 Outcome 14 Staffing support

9.1 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 to 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.

9.2 Training data provided from Great Yarmouth and Waveney Community Services shows 73% of staff trained at level 1. The Ipswich Hospital 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.

9.3 CAMHS staff from Norfolk and Waveney Mental Health NHS FT have developed a number of training materials including e-learning and DVDs which are widely used within school settings for both teachers and students and positively evaluated.

9.4 The named health professionals from NHS Great Yarmouth and Waveney and Great Yarmouth and Waveney community services provide supervision to staff that work within the Waveney area. Practices are regularly reviewed and good practices are 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.

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

10 Outcome 16 Audit and monitoring

10.1 NHS Great Yarmouth and Waveney have, within the last six months received 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
and implementation was starting. The areas for action include some of the same areas as identified in this inspection.

10.2 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 them from direct care.

11 Outcome 21 Records

11.1 All health records seen complied with professional record keeping guidance. Chronologies were up to date but 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 a 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 fashion 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.