This report relates to the recent integrated inspection of safeguarding and services for looked after children which took place in the above Authority recently.

It provides more detailed evidence and feedback on the findings from the Care Quality Commission’s (CQC) component of the inspection, and links these to the outcomes requirements as set out in the Essential Standards for Quality and Safety.

Thank you for your contribution to the inspection and for accommodating the requests for interviews and focus groups with your staff and those of partner agencies at relatively short notice.

The team provided feedback to your local Director of Children’s Services at the end of fieldwork and the joint inspection report to the authority is now published on the Ofsted website and can be accessed via this link: [The joint inspection report](#).

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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 PCT, and CQC Regional Director. This report is also being copied to the Strategic Health Authority/Monitor as appropriate and CQC’s Regional Director 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:

Waltham Forest is an outer London borough with a population of 243,280, of which 61,401 are children and young people under the age of 19 years, which constitutes about 25% of the total population. People from Black and Minority Ethnic (BME) backgrounds make up 41% of the total population, and 76% per cent of the school population. The proportion of pupils with English as an additional language is 46%. Waltham Forest has high levels of deprivation and is ranked 15th nationally in the Index of Multiple Deprivation. The proportion of children living in poverty is 35%, which is higher than the national figure. (Ofsted October 2011)

The partnership arrangements of children’s services in Waltham Forest are overseen by the Waltham Forest Children’s Trust Board which was established in March 2010. It has senior membership from Waltham Forest County Council, NHS Outer North East London (ONEL), JobCentre Plus, the Metropolitan Police Service and the NHS as well as schools, colleges and the voluntary sector. The Waltham Forest Local Safeguarding Children Board (LSCB) is independently chaired and brings together all the main agencies working with children, young people and their families that provide safeguarding services. (Ofsted October 2011)

Health services in Waltham Forest are commissioned by NHS Waltham Forest. Community Provider Services which include health visiting and school nursing are delivered by Outer North East London Community Services (ONEL). The acute trust commissioned to provide services for children is the Whipps Cross University Hospital NHS Trust. The hospital also provides emergency care and children’s services. Adult mental health services are commissioned from North East London Foundation Trust. (Ofsted October 2011)

1 Outcome 1 Involving Users

1.1 Young people who are looked after by the London Borough of Waltham Forest are well engaged and are given a choice where they are seen for their health review and this promotes their engagement in the process. Young people are also working with the looked after children’s nurses to help provide a guide to informed consent for looked after children and young people.

1.2 There are good examples of young people being used to evaluate health service provision in Waltham Forest. Young people have carried out an assessment of the contraceptive and sexual health services (CASH) provided from the polyclinic in Leytonstone as part of the “You’re Welcome” scheme. The team are using the findings to develop the new service model.

1.3 Young people are actively involved in the development of CAMH services and are assisted through a participation worker; recent work has resulted in the production of a new information leaflet and young people are involved in developing a book that can be used to explain what a CAMHS patient may experience as part of their treatment and during their contact with the service.
1.4 Access to interpretation services across Waltham Forest is good. Examples were given that demonstrated flexibility and sensitivity in approach, including the use of a “signer” to help a young person who is hearing impaired. The maternity services at Whipps Cross have a policy on not using family members to act as an interpreter and where possible will arrange a face to face interpreter for a booked clinical session.

2 Outcome 4 Care and welfare of people who use services

2.1 Good arrangements are in place to safeguard children and young people who attend the Accident and Emergency Department (A&E) at Whipps Cross University Hospitals NHS Trust. The paediatric A&E department has recently extended its opening hours and now operates a 24 hour day service across 7 days a week. The initial assessment of a child or young person includes a written assessment on whether there are any child protection concerns and a special code is indicated on the casualty record card alerting the A&E practitioner if there is a child protection plan in place or if the child is looked after. Adults who attend with a child or young person are routinely asked if there is a social worker working with the family. This helps to ensure that any professional working with the child or family is notified of the attendance and contributes well to multi agency working.

2.2 The midwifery service has adequate processes in place to identify vulnerabilities in pregnant women. Women are encouraged to book their initial appointment with midwives as early in the pregnancy as possible and midwives record the father’s details on the booking documentation as well as those of any other men living in the household. Good effective support is available to pregnant women who require additional care for their emotional health and wellbeing through a highly regarded peri-natal mental health care pathway. However, there are currently no specialist midwives to provide enhanced services to pregnant teenagers or pregnant women who are misusing drugs or alcohol, neither are there any special ante natal clinics for pregnant teenagers. The trust are in the early stages of creating a vulnerable pregnant women’s team to ensure that midwifery care to vulnerable women is delivered according to the NICE guidance.

2.3 The health visiting services provided by ONEL Community Health Service is a much improved service and contributes well to safeguarding children within Waltham Forest. The healthy child programme 0-5 years is delivered through integrated teams with all key contacts taking place face to face with families. The health visiting teams have been the focus of significant re-organisation and though there have been a number of vacancies recently recruited to, the benefit of these appointments has not yet impacted operationally. Case numbers remain high and cases are not yet allocated according to deprivation or complexity. This means that some teams working in areas of high deprivation with a significant number of families where there are enhanced needs, most of their work is spent on child protection and safeguarding which is not sustainable in the long term.
2.4 The arrangements in place to transfer children from the health visiting service to the school nursing service are adequate. The school nurses are able to complete health plans for children with additional health needs, however, due to capacity within the service, some health plans are not being updated or amended in a timely way. This has been escalated as part of the service’s risk register. School nurses no longer deliver the enhanced sex/relationships education sessions.

2.5 Children and young people have timely access to a range of emotional health and wellbeing services. The services have recently been restructured and access to Tier 2 services are now through a single point of access which appears to be working well. The new way of working means that all new referrals are being assessed and treatment offered within 11 weeks. CAMHS are working much more collaboratively with the local authority and the voluntary sector to access early intervention services. There are 3 mental health workers who go into schools and are training teachers to deliver group work; once completed this will enable more children and families to receive support at an earlier stage of need. The service is restructuring Tier 3 care pathways around emotional difficulties, neurological development, conduct disorder and early intervention for psychosis. It is too early to evaluate the impact and effectiveness of the new services.

2.6 Good access to in-patient provision at the Brookside Unit and good outreach support from the home treatment team (Interact) has meant that no young person has been admitted into an adult mental health bed for a number of years. Young people with Learning Disabilities who have additional mental health needs and require in patient admission can also be cared for in the Brookside Unit.

2.7 The CAMH service has an approved mental health practitioner which effectively facilitates a rapid assessment of a young person under the Mental Health Act. Planning for transition into acute mental health services is adequate. However, there are concerns that some young people who previously received support from CAMHS or the children’s disability team do not meet the criteria for adult services and there is no alternative provision to meet the needs of these young people.

2.8 Access to health support for families with children who have disabilities is adequate. Referrals for therapy services are through a single point of access which works well and provides a co-ordinated approach to a child’s care. However, there are concerns that the recent withdrawal of social care and CAMHS services from the single point of access means that some families are not receiving a full package of care as early as might otherwise have happened. Physiotherapy services have recently reconfigured their service to cope with the extra demand and this has caused concern with some parents. There are, however, unacceptable delays in families waiting for occupational therapy health support, with some children waiting in excess of one year for a non urgent appointment.
2.9 Parents of children with additional needs told us that they were mostly satisfied with the services they received. However, they did express concerns about the long waits for specialist wheelchairs and buggies as well as the relocation of the wheelchair service from Whippys Cross Hospital to Chelmsford. Parents were also concerned about access to adequate respite care and spoke about how this impacted on their ability to cope with their caring responsibilities and still enjoy family life.

2.10 Young people have good access to effective drug and alcohol services. The 722 service provides education into schools as well as consultation to other professionals and parents. A comprehensive assessment of a young person’s needs results in an individualised care plan. There is good joint work between the service and CAMHS as well as with the Early Intervention Psychoses team, ensuring a holistic and comprehensive care package for those young people with additional mental health needs. Feedback from young people is positive and most young people leave the service in a planned way. The team work in a flexible way and offer good outreach across the borough. This outreach work makes sure that young people can access a service without having to cross gang boundaries.

2.11 The provision of sex and relationship education has been evaluated by young people as poor. School nurses no longer deliver the enhanced sex/relationships education sessions in any local high schools. There is little recent progress in reducing teenage conceptions which remain higher than both the London and national averages. There is good take up of long acting reversible contraceptives and whilst the Borough has signed up to the c-card scheme there is no co-ordinated approach to its implementation and therefore there is no evaluation of its impact. There are no dedicated young people’s clinics though there are allocated times within a clinic that are set aside for young people. Contraceptive and sexual health services (CASH) are available 6 days a week, however all services are centred in the polyclinic at Leyton and at the satellite clinic in Chingford. The service is not staffed to provide outreach support and young people in Waltham Forest will not cross gang lines to access services. There are no single sex clinics meaning that some sections of the community are not able to access CASH services. Access to emergency contraception is mainly through the pharmacy scheme. There is no targeted support for young people who are pregnant and there is much confusion across the partnership about what services are available and how to access these. There is a family nurse partnership that provides highly intensive and structured support to a small targeted group of young people. This service is now starting to rebuild its profile across the Borough of Waltham Forest.

2.12 A failure in administrative processes and communication difficulties between children and families team and the looked after children’s health team mean that the statutory requirement for children and young people to have their health needs assessed and a health plan developed within 28 days of them becoming looked after is not being met.
2.13 The looked after children’s health team carry out most of the initial health reviews within 28 days of being informed of a child coming into care. There is an effective process to ensure that a clinical appointment is allocated and either the designated doctor for looked after children or a specialist paediatric registrar carries out the assessment and writes the health plan. The review health assessments are mainly carried out by the health team for looked after children and the designated nurse for looked after children reviews all assessments and health plans to ensure their appropriateness. The looked after children health team do not use the local Drug Use Screening Tool (DUST) as part of the health review for young people.

2.14 The arrangements to ensure children and young people who are looked after and placed out of area receive their review health assessments are unsatisfactory and the delay can be significant and unacceptable. The involvement of health partners in commissioning specialist placements is not sufficiently robust. This means that some young people do not receive timely access to specialist services, eg. one young person was waiting in excess of two years for a CAMHS appointment in an out of area placement.

2.15 Health outcomes for children and young people being looked after by the London Borough of Waltham Forest are adequate. Ninety four percent of looked after children are up to date with their immunisation and vaccination programme which exceeds national performance and 77% have received their annual dental check up which is year on year improvement. The timeliness of annual health reviews is adequate for those children who are placed within the London Borough of Waltham Forest, however, there continues to be problems in obtaining timely health reviews for those children placed out of area.

2.16 The use of the strengths and difficulties questionnaire (SDQ) is inconsistent when young people enter care; therefore their effectiveness in contributing to the emotional health and wellbeing of a young person is limited. There is, however, a dedicated, well established and effective CAMHS services for children and young people that are looked after. The service provides consultation to foster carers and social workers as well as therapeutic interventions to the children and young people. The team work with professionals and foster carers is helping them to better understand and meet the emotional needs of children and young people who are in care and prevent placement breakdown.

2.17 Looked after young people can access good local provision for support around drug and alcohol services. Contraception and sexual health support is available from either universal provision or through the looked after children’s health nurses, both of whom are appropriately trained in family planning and have good links with the local CASH services. Looked after teenagers and care leavers who become pregnant are supported well by the Family Nurse Partnership.
2.18 Inadequate arrangements are in place to support young people when leaving care. Young people are provided with a letter from the looked after child health team and a copy of their last health review. However, this is not a comprehensive summary of their healthcare. The looked after children’s health team are not routinely invited to attend looked after children reviews or to take part in the pathway planning in preparation for a young person leaving care. This means that young people are not leaving care with a complete history of their healthcare and that their health needs may not be fully identified.

3 Outcome 6 Co-operating with others

3.1 Effective paediatric liaison between Whipps Cross and community based health staff ensures that any attendance of a child or young person is notified to the GP and the health visitor or school nurse as appropriate. Paediatric liaison also extends to the notification of any pregnant woman or adult with children in the family home to the A&E following domestic violence.

3.2 Clear care pathways are in place to support the young people who require support following an incident of self harm or who are in mental health crises. There has been a recent improvement in obtaining support for this vulnerable group of young people through the work of the Interact team who offer outreach support to A&E. However, the arrangements for young people attending A&E through alcohol or drug use are not well established and referrals to the young people’s substance misuse service, 722, are infrequent. This means that young people attending the A&E are not receiving the appropriate early support for their alcohol and drug use.

3.3 Effective partnership arrangements with children’s social work team contribute well in safeguarding the unborn child. Good communication and planning means that where possible appropriate plans are in place to protect the unborn child as soon as it is delivered. The Whipps Cross Maternity Unit has a policy on not allowing a newborn baby leave the premises without a signed authorisation that is checked by security guards. There is a well established joint protocol to safeguard the female babies born into families where there is evidence of female genital mutilation. This ensures that children social work team can help safeguard girls against future physical abuse.

3.4 Outstanding joint working between the hospital social work team, the A&E departments and midwifery services helps to safeguard children and young people well. The contribution of the hospital social work team is highly valued and they provide an efficient and effective service. The effect of this is that children presenting at A&E, or pregnant women, who may be at risk or require further assessment are identified and receive appropriate intervention.

3.5 Following the findings of a recent serious case review in Waltham Forest, there has been joint work between primary care and public health nurses to improve communication. All GP practices now have a named health visitor, with most health visitors attending GP’s team meetings. This means that there is a co-ordinated approach to identifying and delivering care to vulnerable families.
3.6 There has recently been a successful partnership initiative between General Practitioners and colleagues in education around using poor attendance at school as an indicator of potential neglect. Guidance has been issued to all local general practitioners to highlight good practice when seeing children who have frequent or prolonged absences from school.

3.7 Health visiting teams are increasingly working with families as part of the Team Around the Child (TAC) and as part of the Common Assessment Framework (CAF), though most of this work is now being delivered by health visitors as the nursery nurses and staff nurses are diverted into carrying out the development checks.

4 Outcome 7 Safeguarding

4.1 An effective Child Death Overview Panel (CDOP) has raised awareness about the dangers of co-sleeping between parent and child and published an improved bereavement pack for families. Public health nurses are aware of the findings of the CDOP and are well engaged in publicising the local message on co-sleeping. The panel is appropriately constituted and attendance is good.

4.2 There is no named GP in Waltham Forest and primary care is not currently represented on the Waltham Forest LSCB. This means that the general practitioners are not represented in any decision making or engaged in any scrutiny activities across the borough that are initiated and overseen by the LSCB.

4.3 There is, however, an increasing awareness and good engagement in safeguarding children amongst general practitioners in Waltham Forest. Most general practitioners have undertaken their safeguarding children training and through the Quality Outcome Framework (QOF) the PCT monitors GP practices to ensure that they all have appropriate safeguarding children protocols. GPs told the inspector that they use computer codes to identify children and young people that are looked after or who have a child protection plan in place. The PCT has provided training opportunities for dental practitioners with a good uptake.

4.4 The designated nurse for Waltham Forest PCT is interim and the substantive post has recently been advertised. There were initially some concerns over the appropriateness of the job description for the vacancy, however, the inspector was assured by the ONEL Cluster Chief Nurse that these issues are now resolved. The line management of the designated nurse and designated doctor are appropriate; however, the accountability of the designated nurse to the Chef Nurse has lapsed due to the changes in the structural arrangements of the cluster executive team.

4.5 There is currently no group that oversees and monitors the effectiveness of safeguarding children across health providers for either Waltham Forest or the wider Outer North East London Cluster PCT. The ONEL Cluster has identified an executive safeguarding lead and a new appointment has been made to the post of Deputy Director for Safeguarding.
4.6 The line management arrangements for the designated nurse for looked after children are unsatisfactory and do not facilitate the opportunity to advocate and influence service development for this vulnerable group of children and young people at a senior level. The designated nurse is employed full time and is supported by a full time named nurse for looked after children and an administrator. The designated doctor for looked after children has the support of a specialist paediatrician to assist with the initial heath assessments, as well as medicals for fostering and adoption.

4.7 The named professionals for the ONEL Community Services are appropriately line managed though there are no formal timetabled meetings with the executive safeguarding lead. The named nurse does not receive copies of referrals to children and families team as she has access to these through the organisation’s IT system.

4.8 Good arrangements are in place within Whipps Cross University Hospitals NHS Trust for the line management and accountability of named safeguarding children professionals to the executive trust board lead for safeguarding children. The arrangements are fully compliant with Working Together 2010. The trust has a named lead anaesthetist for safeguarding children. There are plans to increase the allocation of sessions for the role of named doctor, with the additional session likely to be responsible for the neonatal services. The named midwife is well supported and is included in the local safeguarding children governance structure and meetings. The named midwife is supported by an additional 0.6WTE Safeguarding advisor that provides a quality assurance function in checking reports for child protection conferences as well as providing safeguarding children supervision.

4.9 The named nurse for the NELFT is responsible for safeguarding children within mental health services across four London Boroughs. She is supported in this role by an effective network of safeguarding link workers. The safeguarding link workers have regular meetings and their performance in the role is part of the trust’s formal appraisal process. The formal accountability of the named nurse is currently within the Practice Improvement Team and there is no direct link to the executive trust board lead. The named nurse receives an alert on any child protection referral to children and families and monitors these for appropriateness.

4.10 The NELFT are making good progress to identify child carers of adult service users and have strong links with the local children and families team in Waltham Forest. This means that child carers are being appropriately identified and supported.

4.11 North East London Foundation Trust have adequate arrangements in place to identify where adult service users have children or have child caring responsibilities. Staff described how they carry out a comprehensive risk assessment on the impact of the service user’s mental health on the safety of children. Acute mental health staff are clear about how to escalate concerns and refer to children social work and gave many examples of good partnership working where joint visits had taken place. However, the trust has not recently carried out any audit to check compliance so it is not clear how well staff are recording children’s details and assessing risk throughout the organisation.
4.12 There are good arrangements in place to safeguard and support children who visit their parents on Naysbury Wards. A family room is available with age appropriate toys and a member of staff is available to facilitate and supervise the contact.

4.13 Effective partnership working at an operational level is helping to ensure that where possible families are protected from domestic violence. Health partners are represented on the Multi Agency Risk Assessment Conference (MARAC), however, attendance is poor. Health visitors, school nurses and midwives receive police notifications of domestic violence incidents where children or a pregnant woman is involved. Staff across health partners demonstrate good awareness on the impact of domestic violence on children and there is a clear and effective process of referring to the relevant children’s social care team. This ensures that children at risk of harm from domestic violence are identified and referred appropriately for assessment and support.

4.14 Good arrangements are in place to ensure that children who require a child protection medical or an examination following alleged sexual abuse receive a responsive service from appropriately qualified staff. Routine child protection medicals are carried out by the community paediatricians in the child protection suite. For those cases that require an urgent examination following an allegation of sexual abuse, then the children and young people are seen at the Haven in Whitechapel. Staff at the Haven ensure a paediatrician is available for all children under 13 years old or who are vulnerable. A play therapist is also available to help communicate with the children and provide them with support.

5 Outcome 13 Staffing numbers

5.1 The Paediatric A&E department is staffed by paediatric nurses, though some agency staff are used on night shifts. Adult A&E staff are rostered on to the Paediatric A&E to gain experience and competencies within the service. This ensures that children and young people are cared for by staff that are appropriately trained to meet their needs.

6 Outcome 14 Staffing support

6.1 The looked after children’s health team are engaged well in the training of social workers, foster carers and staff in local residential homes for children on the health needs of looked after children. The designated nurse for looked after children provides training in “Promoting the health and wellbeing of looked after children” which is proving very popular and is often oversubscribed.
6.2 Training within ONEL community healthcare is at 49.2% for Level 2 training and 45% at level 3. Additional training sessions have been organised to ensure that all staff are appropriately trained by April 2012. Supervision for safeguarding children is through a combination of peer supervision and one to one sessions. Safeguarding children supervision is monitored through key performance indicators, though there problems in ensuring that all child in need and child protection cases are regularly reviewed as identified in the records looked at as part of this inspection.

6.3 In order to complement the new way of working within the health visiting teams from ONEL CS, a list of competencies have been devised to support nursery nurses and staff nurses in carrying out the development checks as part of the Healthy Child Programme. This means that staff are appropriately trained and assessed as competent before carrying out their duties.

6.4 Access to safeguarding children training within the NELFT is an improving situation. All staff have now been booked onto the appropriate level of training as defined in the intercollegiate guidance and the trust expect to demonstrate full compliance by April 2012. Safeguarding children supervision is carried out monthly, however this is as part of an individual’s overall clinical supervision and the supervisors have not attended accredited training.

6.5 The Whipps Cross University Hospitals NHS Trust recently declared non compliance for safeguarding children training across the trust. The trust has provided the CQC compliance inspector with an action plan to address the deficit. The trust are also not meeting their targets for all staff who are working with families identified as having a child protection plan in place or identified as child in need to receive frequent supervision due to staff vacancies and high sickness levels.

7 Outcome 16 Audit and monitoring

7.1 There are appropriate governance arrangements within ONEL community healthcare services to provide assurance on good safeguarding children practice within the organisation. There is a good programme of audit to monitor compliance with safeguarding children practice within ONEL Community Services.

7.2 NELFT have representation on the Waltham Forest LSCB through the borough Operational Director. The named nurse attends the LSCB sub group on quality assurance. The trust board currently rely on exception reporting from the formal sub group, the Integrated Governance Group for their board assurance on safeguarding children. Compliance with safeguarding children practice is mainly reliant upon the Section 11 audit and the named nurse recognises the need for a more rigorous audit programme.

7.3 There is an improved approach to providing board assurance on safeguarding children practice within Whipps Cross University Hospitals NHS Trust following a recent compliance visit by the Care Quality Commission. The focus is primarily on safeguarding children training and checking of CRBs as well as the delivery of safe maternity care. However, there is an acknowledged lack in the development of specific key performance indicators around safeguarding children practice.
Recommendations

Immediately

Establish systems to ensure that health partners are alerted as soon as children become looked after so that health assessments are undertaken promptly. (Ofsted October 2011)

Confirm the interim arrangements for the ante natal care and support for teenagers who are pregnant until such time as the vulnerable pregnancy team is established.

Within 3 months (from report)

Ensure that the accountability arrangements for named and designated professionals within all health providers across Waltham Forest and the ONEL PCT Cluster fulfil the requirements of Working Together 2010 and the Intercollegiate Guidance November 2010. (Ofsted October 2011)

Review the supervision policies and arrangements for the implementation and monitoring of safeguarding children supervision across health providers in Waltham Forest. (Ofsted October 2011)

Improve liaison and referral procedures between the Accident and Emergency department at Whipps Cross University Hospitals NHS Trust and the 722 substance misuse service to ensure that young people who attend the department are offered appropriate and timely support. (Ofsted October 2011)

The commissioning teams of ONEL and NELFT review the care pathway for referrals to the occupational therapy health team to ensure that children are able to access O.T support in a timely way. (Ofsted October 2011)

Establish an effective multi-agency strategic body to ensure that elected members and corporate parents champion the needs of looked after children and care leavers, allocate resources appropriately and monitor outcomes. (Ofsted October 2011)

Develop effective protocols with adult services to ensure that transition processes for disabled young people are managed well and focus on ensuring that young people and their families are properly supported. (Ofsted October 2011)

Ensure that primary care are represented on the Waltham Forest Safeguarding Children Board through a named GP.

All health providers have in place a robust training needs analysis and training plan to ensure that all staff have received appropriate safeguarding children training by April 2012.
Within 6 months

The Children’s Trust of the London Borough of Waltham Forest should ensure that the Contraception and Sexual Health Services meet the diverse needs of the population within Waltham Forest. (Ofsted October 2011)

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.