

## Report on the Outcome of the Integrated Inspection of Safeguarding and Looked After Children's Services in London Borough of Newham

<b>Date of Inspection</b>	28 <sup>th</sup> November 2011 – 9 <sup>th</sup> December 2011
<b>Date of final Report</b>	25 <sup>th</sup> January 2012
<b>Commissioning PCT</b>	NHS East London and City (ELC)
<b>CQC Inspector name</b>	Ms Jan Clark
<b>Provider Services Included:</b>	East London Foundation Trust (ELFT), which host Community Health Newham (CHN) Newham University Hospital Trust
<b>CQC Region</b>	London
<b>CQC Regional Director</b>	Mr Matthew Trainer

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](#) .

<b>London Borough of Newham Council</b>	
<b>Safeguarding Inspection Outcome</b>	<b>Aggregated inspection finding</b>
Overall effectiveness of the safeguarding services	Adequate
Capacity for improvement	Adequate
The contribution of health agencies to keeping children and young people safe	Adequate
<b>Looked After children Inspection Outcome</b>	<b>Aggregated inspection finding</b>
Overall effectiveness of services for looked after children and young people	Adequate
Capacity for improvement of the council and its partners	Adequate
Being Healthy	Adequate

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 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.

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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:**

Newham is an outer London Borough with a resident population of approximately 75,000 children and young people aged 0 to 18, representing approximately 30% of the total population of the area. In 2010/2011, 91.8% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall. Some 65.8% of pupils speak English as an additional language. Bengali and Urdu are the most recorded commonly spoken community languages in the area, and 17.4% of pupils are of Bangladeshi background.

The partnership arrangements for children's services in Newham are overseen by the London Borough of Newham Children's Trust which was set up in 2009. The Trust includes senior representatives of Newham Council and Newham NHS (commissioner and provider) Services. Other representatives include the Metropolitan Police, probation, parent governors, Newham's elected Young Mayor and representatives of the voluntary sector, local schools and colleges. The local safeguarding children's board (LSCB) became independently chaired in 2009, bringing together the main organisations working with children, young people and families.

Newham social care services for children have 69 in-house foster carers, one short break children's home and a small number of externally commissioned services such as fostering and residential care placements for looked after children. There are specialist teams for disabled children, youth offending, fostering and adoption and young people leaving care, placements and family assessment and contact. An emergency out of hours service provides cover for Newham. Other family support services are delivered through children's centres and extended services in schools. In 2011 a new early intervention service was established consisting of six locality based early intervention teams set up to deliver targeted preventative services. Some services are provided or coordinated through children's services such as learning and behaviour support, special educational needs (SEN), youth services, teenage pregnancy, and Connexions.

At the time of the inspection there were 460 looked after children. They comprise 91 children less than five years of age, 299 children of school age (five to 16), 69 post-16 young people and a total of 212 with care leaver status. At the time of the inspection there were 295 children who were the subject of a child protection plan. Some 38% of these children are aged under five, 42.4% are five to 11 and 19.6% are 12 years or older. The highest categories of registration were neglect at 59.3% and emotional abuse at 23.7%. More than 65% of children who are looked after are placed outside of the borough.

Commissioning and planning of children and young peoples' health services and primary care are undertaken by NHS East London and City (ELC). London Borough of Newham primary care commissioning is undertaken through the Direct Commissioning Directorate with the remainder of health services being commissioned as part of the joint commissioning process managed through Children's Trust arrangements.

Community and universal services such as health visiting, school nursing, and paediatric therapies are delivered primarily through East London Foundation Trust (ELFT), which host Community Health Newham (CHN). There is a specific contract in place for these services separate to the rest of the services provided by ELFT, which includes CAMHS, adult mental health services (including perinatal mental health) and specialist addiction services. The acute hospital providing an accident and emergency service for children is Newham University Hospital Trust. It also provides acute paediatric, maternity and neo-natal unit services.

## General – leadership and management

- 1 Health and social care leadership has been rated as adequate. Both agencies have ambition and are working to a shared vision and agreed priorities through the Children's Trust in which health play a full part. Following a diagnostic report by external consultants in March 2010, where serious weaknesses were found in the way the LSCB carried out a number of its core functions, the board set out a challenging programme to implement the recommendations of the review. This included significant changes in governance and accountability arrangements across all partner agencies to achieve improvements in the overall effectiveness of the LSCB. The leadership of the board has been strengthened by the appointment of an independent chair and improving the core membership to ensure members have a strategic role in safeguarding and sufficient seniority in their respective organisations to affect change. Health agencies are now well represented on the LSCB and on the health strategy sub group of the safeguarding board, although Newham University Hospital Trust attendance at the executive board meetings is intermittent. The board is effective in holding services to account on their delivery of services which safeguard children and young people effectively. Health is well connected at a strategic level with the council in the delivery of services to looked after children. The lead paediatrician, designated LAC nurse and ELFT CAMHS General Manager and Head of Children's Services are part of the refreshed corporate parenting board and the specialist nurse and designated doctor are also members of the fostering and adoption panels.
- 2 The third Joint Strategic Needs Assessment 2010 report produced by NHS Newham and social care sets out the key priorities for the partnership and demonstrates that senior managers across the partnership know the area, the demographic profile and where the gaps in service are. Effective planning is underway to secure better outcomes for all children and young people within Newham.

## Outcome 1 Involving Users

- 3 The young people's board with membership including looked after children is a dynamic and enthusiastic group of young people who meet with senior managers to influence service delivery. The young people have been involved in inspecting and giving feedback on the sexual health services available to young people within the borough, developing and presenting workshops for primary school children on obesity and supporting the wider agenda in reducing levels of obesity in children and young people, and sitting on interview panels for senior managers. During the last year they have been consulted on Sickle Cell and Thalassaemia, Immunisations and, in addition, the current service specifications for the Children's Community Health Services. There is scope to develop this promising engagement across health services to maximise young people's influence on health and wellbeing development in the borough.

- 4 Young people affected or infected by HIV are well supported by their membership of Positive Vibes, a project started in 2003 and currently benefitting 10 young people. Through the project, young people with HIV have gained awareness of HIV issues and been able to contribute to World AIDS Day. Working alongside the social, religious and education coordinator, they have also participated in raising awareness of HIV within the community and in schools. Young people were able to articulate the value they place on the project in helping them to support family members and the confidence it has given them.
- 5 The looked after children nurses do provide a range of good quality age appropriate health information to children in care. Final health reviews for children who are looked after are not consistently well coordinated with the looked after children review, however. Care leavers receive health information at their last health assessment before leaving care but a number of care leavers told inspectors they do not feel they have sufficient useful health information. There is no care leavers' health information pack, although work has begun on the development of a 'credit card' type information card. However young care leavers have not yet been involved in this work and looked after children and young people generally are not yet sufficiently engaged in the development, delivery and quality assurance of health services. Once the service moves to a permanent e-mail address on the ELFT server, plans to publicise a dedicated contact e-mail address to looked after children and young people will strengthen the opportunity for participation. With all looked after children and young people being able to communicate directly and conveniently with the nurses if particular issues arise between health assessments though this and the new Skype facility, the service will have a very positive foundation for young people to be fully engaged in service development and quality assurance.

### Outcome 2 Consent

- 6 Consent to undertake health assessments is obtained by the looked after children health team in accordance with the Department of Health's Guidance.
- 7 Within health providers there are appropriate policies and procedures in place that ensure consent is taken prior to any treatment of children and young people. Consent is gained from parents and carers and is appropriately documented.

#### Outcome 4 Care and welfare of people who use services

- 8 Direct work with children and young people with learning difficulties and/or disabilities is satisfactory overall with some good features. There is a strong partnership that includes the full participation of the effective Parent in Partnership in Newham group which is contributing to service development. Cases reviewed demonstrated good assessment, planning and joint working between children's social care and health. However, some children with disabilities experience avoidable delays in the delivery of small daily living aids which compromise their ability to manage independently. While parents of children with disabilities are very positive about the services their children receive from the specialist multi-disciplinary team at the child development centre, they do not feel that health services always coordinate activity well to minimise medical interventions for their children and they lack confidence in how well school staff understand and are able to meet their child's individual, often complex, needs.
- 9 There is a wide range of good quality health services for young people which include sexual health, children and families counselling, substance misuse services and specialist maternity services for vulnerable young women under 20. The Diana children's community team offers good quality care, practical help and emotional support to children and young people who have a life limiting condition and their families or carers and is well linked into other community services. Work is in train to improve liaison between maternity services and health visitor and school nurse teams regarding early identification of teenage and vulnerable mothers at the point of booking maternity services. The electronic birth notification template used in hospital maternity services has no field for child protection risk while the discharge form template does. This could be easily addressed to ensure that risks of any known vulnerabilities being missed are minimised.
- 10 The pathway for young people needing mental health assessments at the acute hospital is clear and works effectively, supported by the paediatric liaison team. There is good provision for young people needing in-patient psychiatric care and no capacity issues with 60% of the local mental health unit's admission being aged 16-18. In the past five years, no young person has been admitted to an adolescent psychiatric bed outside of Newham unless they needed a medium secure placement. Liaison between the child and family consultation service (CFCS) which provides child and adolescent mental health services (CAMHS) and the hospital social work team is effective with some good joint work.

- 11 Performance on the quality and timeliness of annual health assessments is positive and shows significant improvement over recent years. The percentage of those children with completed annual health assessments is substantially higher in Newham at 96.4% (2009/10), compared with 87.5% within their comparator group and 83.8% in England. This has dropped slightly to 94.5% for 2010/11 but remains a positive performance. The looked after children nurses are proactive in trying to engage young people who are reluctant to attend health reviews, sending reminder texts, visiting them at home and providing them with age appropriate health information, offering an open invitation for health support and advice. Young people have a positive view of the approaches used to encourage them to attend their health reviews. The imminent introduction of Skype for the nurses so that young people placed in or out of the borough and are reluctant to attend for an assessment can be interviewed on camera is a creative development.
- 12 Specialist services for looked after children are in place and deliver positive outcomes; these include CAMHS provided by the child and family consultation service (CFCS), sexual health support through services including sexual health in Newham (SHiNE) and the contraceptive specialist nurse. Services are well publicised and offer a range of accessible, young person friendly information. Increasing numbers of young men are visiting SHiNE clinics, currently at 6% (up from 4% last year) and of the 591 patients treated by the Chlamydia screening nurses in 2010-11, 38% were male. Looked after children with identified issues with substance misuse can be fast tracked to the universal substance misuse service. However, there is no specialist preventative or treatment service for looked after children. Work with early intervention teams is at an early stage to develop commissioning intentions on preventative services which will include this service gap.
- 13 The teenage pregnancy rate is slightly higher at 47.8% than the England average of 41%. At the time of the inspection, there were four looked after young people who were pregnant and five with babies. No information about fathers among the looked after cohort is currently collected by the looked after health team but is held by health visitor and midwives. Information of pregnancies within the looked after cohort is kept separately from the main information systems and work is in train to address this and ensure effective information sharing in relation to teenage pregnancy and fatherhood.
- 14 The Community Dental Service is a referral based service prioritising looked after children and promoting oral health by supporting community events provided by children's services. The dental bus attends the annual More Power 2 U events for LAC carrying out dental checks at the event and providing advice and support to children and foster carers in a fun and accessible way.

## Outcome 6 Co-operating with others

- 15 A secured email service is well established across the partnership between NUHT, Newham Community Services and LBN with those on the ELFT network incorporated into this system subsequent to integration. Whereas, information exchange between health and children's social care has improved over time, practice remains inconsistent in the way health services are informed about children subject to child protection plans and the dates of child protection conferences. The child and adolescent mental health service (CAMHS) is not always aware when children they are working with are subject to child protection procedures and are not routinely invited to case conferences. Remedial action is being taken to improve communication to ensure they are aware of child protection conferences and can contribute to the planning for children in these cases.
- 16 Transitional arrangements for young people with HIV, CAMHS, substance misuse issues or learning difficulties from children's to adults' social care are improving. However, a lack of capacity within adult services prevents transition planning commencing before a young person is 16 years of age. Similarly, for young people moving from CAMHS into adult mental health services, transition is at 18 years with the process being initiated three months prior to transfer. However, CAMHS do focus on building the young person's resilience prior to transition through a range of interventions and at 18+ the young person can be referred to GP and primary care services if transfer to adult service is not appropriate or they do not want adult service support and there is positive communication between consultants to discuss individual young people.
- 17 There is also a range of third sector services which can offer effective support; examples being Newham Asian Woman's Project and a support group for Roma community young people with substance misuse issues who have not previously engaged successfully with services. A well established transition to adulthood SALT programme meets in the Spring of each year to discuss students known to paediatric services and agree about the best referral-on routes. Routine meetings between CAMHS and the social care lead for safeguarding are improving the co-ordination of services. One positive outcome from these has been the prompt transfer of the mental health core assessment into social care to reduce the potential duplication of assessment which can inhibit the delivery of positive outcomes for young people.

- 18 Regular psycho-social multi-agency meetings held at Newham University Health Trust (NUHT) and the sexual health clinic are very effective and are highly valued by community health and social care staff. These are contributing significantly to improved early identification of needs ensuring children can receive early intervention by specialist services. Referrals for Down's Syndrome are being made at an earlier stage enabling specialist support to do in-reach work with the baby and parents before discharge into the community. A further example being the earlier identification of deformed feet in babies which are then able to be cast earlier. Hospital physiotherapists have been trained to undertake the casting while the baby is still an in-patient resulting in improved outcomes. Speech and language therapists are also operating more responsive in-reach services to neonatal babies where issues are identified early.
- 19 Liaison across health services with the hospital social work team is effective with evidence of joint work. Practitioners report some inconsistency in follow up of non-attendance at health appointments across a number of services and a review is underway to improve this. The looked after nurses are well engaged with the youth offending team and CAMHS and a protocol for joint working is in place. A multi-disciplinary health assessment service is offered to young people in care who offend and are known to the youth offending service or are placed in secure or youth offending Institutions. This includes sexual health advice and referral to the specialist contraceptive nurse and mental health services if necessary

### Outcome 7 Safeguarding

- 20 The contribution of health agencies to safeguarding children is adequate. Health staff across community and acute services are aware of their safeguarding responsibilities and are able to identify risks in their daily work with children. Safeguarding referrals to social care are appropriate and copied to the named professional leads within their service, although social care does not consistently acknowledge receipt of the referrals. Practitioners are increasingly participating in child protection processes and are well supported in this by the named lead professionals within their service areas. There is effective leadership, advice and guidance from the designated doctor and designated nurse consultant who are well regarded across services.

- 21 Newham University Hospital Trust (NUHT) emergency department has an effective flagging system on the electronic records system alerting clinical and non-clinical staff to risks identified with individual children and families. Community Health Services also have a flagging system which is integral to the child health information system. There is a weekly validation process to ensure that the information system reflects the most recent child protection information from LB Newham. The named nurse and midwife have high visibility at the hospital, receiving copies of safeguarding referrals made by staff in their services and so are able to track case progress. Joint planning with social care at a strategic level and on a case by case basis to address concerns for unborn babies is good. The health visitor liaison service at NUHT plays a positive safeguarding role, acting as an effective conduit to school nurses and other community based services in Newham and other boroughs. This service also works closely with fire and rescue and police on the annual public health campaign for accident prevention.
- 22 General practitioners (GPs) are becoming increasingly engaged in safeguarding arrangements, routinely submitting reports to case conferences, although attendance at case conferences is infrequent. There are clear links with the designated doctor, designated nurse consultant and named GP, who provide training, advice and guidance which is valued by general practitioners. Although there is positive work being undertaken with those practices less well engaged, there is scope to strengthen this further through appraisal and clinical governance processes. The named GP is also identified as the clinical lead for safeguarding for the clinical commissioning group (CCG). This is positive as it will facilitate the maintenance of the profile and history of safeguarding issues within the new commissioning arrangements. All pharmacists providing emergency contraception have had safeguarding training at level three.
- 23 Health agencies are well engaged with multi-agency public protection arrangements (MAPPAs) and the multi-agency risk assessment conference (MARAC) which addresses issues of domestic violence and there is daily contact with police to share information. This positive work has yet to be developed into an effective multi-agency strategy however. Health visitors and school nurses prioritise child protection activity and routinely attend case conferences.

- 24 Child death overview panel (CDOP) arrangements continue to be strengthened. The backlog of cases from last year has been cleared and a stronger performance management approach is being put into place. Lessons learned from serious incidents are applied to improve practice across health services and are reinforced through training. Staff who have participated in CDOP reviews of serious incidents (SUI) felt they were dealt with sensitively and fairly and particularly valued being given the opportunity to participate in the subsequent SUI review. There is more to do, however, to deliver on improvement objectives set by the CDOP last year. Membership of the CDOP does not yet include all key agencies at a sufficiently senior level to make organisational decisions and ensure they are implemented; discussions are underway with maternity and obstetrics. There is scope to further strengthen communication between the LSCB and the CDOP with front line health staff although specific case briefing processes are in place. There is no regular bulletin or newsletter sent out across services from these key strategic forums.
- 25 Well established protocols are in place for children and young people who have been the victims of sexual assault, two consultant paediatricians provide regular on call support and a high quality child protection sexual health service is available within the borough to those young people not requiring forensic examinations. Sexual assault referral centre (SARC) services are provided by The Haven in Whitechapel, where Newham's consultants are also on the on call rota.

#### Outcome 11 Safety, availability and suitability of equipment

- 26 Newham University Hospital Trust has strengthened the focus on children attending the emergency department through the provision of a new paediatric nurse practitioner role. Pathways for children needing emergency hospital intervention are clear in the department, and children are fast tracked, with separation of children from adults in waiting areas as far as possible in busy and spaced restricted areas. Reception staff's awareness of how best to support young people with learning disability who present for emergency treatment has been raised by recent specialist training being rolled out across hospital services.

#### Outcome 12 Staffing recruitment

- 27 Health staff in provider services are CRB checked at enhanced levels on recruitment in line with minimum national requirements.

### Outcome 13 Staffing numbers

- 28 Work is underway to develop a workforce plan to address shortage of capacity within the health visiting service and deliver 2015 national targets which require a significant increase in workforce numbers. Skill mixing is established and student places are being recruited to but there is a significant challenge in reducing caseloads to 400 in the first instance from current levels of approximately 700 and a recommendation of 100 after the deprivation weighting is applied. Although, the work is at an early stage, there is close engagement with the strategic health authority and frontline staff.

### Outcome 14 Staffing support

- 29 In provider services (ELFT and NUHT), named professionals have high visibility, deliver training, regular supervision to staff groups and individual workers and provide sound safeguarding advice and support.
- 30 An action plan is in place at the University Hospital to improve performance on the uptake of safeguarding training and performance on safeguarding training is improving. The raised awareness among hospital staff has resulted in increased numbers of referrals. The named nurse and safeguarding midwifery advisor are delivering safeguarding training and supervision to hospital staff and all workers operating in NUHT, including agency staff, are expected to have completed level 1 training.
- 31 Safeguarding supervision arrangements in health visitor and school nurse services are established on a three monthly basis incorporating both individual and group sessions. Newly qualified health visitors are also being well supported through reflective sessions to gain knowledge and confidence. Reflective and debriefing sessions run by the named nurse and the hospital chaplain are offered to all clinical and non-clinical staff at NUHT and similar opportunities are in place across community health services. Arrangements for speech and language therapists (SALT) are less well secured however.

### Outcome 16 Audit and monitoring

- 32 Safeguarding expectations are being built into contract specifications for community health service providers and a memo of understanding setting out mutual expectations is being developed between GPs and health visitor services.

- 33 Since the diagnostic of the effectiveness of the LSCB in 2010, some progress has been made but the changes recommended as a result of the diagnostic have yet to be fully implemented and the impact yet to be demonstrated in terms of ensuring improved safeguarding outcomes for children and young people. The statutory Section 11 audit programme of safeguarding arrangements across partner agencies has been slow in being delivered, having commenced in December 2010 and is due for completion by the end of 2011. However, NHS ELC, ELFT and NUHT have all completed S11 audits and submitted to the LSCB.
- 34 A significant number of looked after children live out of the borough and the monitoring of how well their health needs are being identified and addressed is underdeveloped although the nurses do visit children in placements outside of the borough where possible. The numbers of visits out of London has increased since the numbers of children in care has reduced and the capacity, therefore, to carry out those visits has increased. The looked after children's nurses are not routinely invited to out of borough looked after children reviews and there is no evidence on the health record that the out of area health professional attends the review. The quality of the assessments undertaken is variable and the voice and sense of the individual child does not always come through. The looked after children health team cannot always be confident about how involved the child has been in the review of their health needs, although the introduction of Skype facilities will strengthen this. The looked after children's nurses generate the health plan based on the information supplied by out of area health practitioners and there is no robust approach to ensuring the plan is meeting the child's needs effectively.
- 35 Health outcomes for looked after children and young people are adequate. There are some challenging areas which commissioners are addressing. For example, in 2008-9 14% of reception children (3rd highest in England) and 25.6% of Year 6 children (2nd highest in England) were classified as obese. There is on-going close monitoring of late presentations to maternity services as this has been an area of challenge for some time. Improving maternity services is one of the CQUIN goal areas to be monitored through the director of nursing, midwifery and governance.
- 36 There is positive performance on health outcomes for looked after children for immunisations and dental checks and particularly for emotional health, which has improved over the last two years and is now just below the England average. However, the looked after children health annual report for 2010/11 does not contain sufficiently specific and measurable objectives, lacks detailed reporting on impact and outcomes for young people and contains some inaccurate data which is being addressed through joint work with the children's social care service. Similarly, the last health safeguarding annual report, while giving a comprehensive view of the year's performance, did not set specific and measurable objectives to drive service improvement for the coming year.

### Outcome 20 Notification of other incidents

- 37 The PCT, acute and mental health trusts have satisfactory arrangements in place to ensure that appropriate and timely notifications are made in relation to the required alerts into the various agencies NRLS, NPSA and CQC.
- 38 Health staff have a clear understanding of whistle blowing policies in their organisations and report that they are confident that they would be well supported if they needed to use them.

### Outcome 21 Records

- 39 Key social care information such as minutes of reviews, pathway plans and strengths and difficulties questionnaires (SDQs) are not routinely shared with health professionals and the health records do not include sufficient social care information although the looked after children nurses do have access to the computer information systems used within the two organisations. Action is now being taken to address this gap to ensure health professionals have the full range of social care information available to enable them to map the child's emotional and personal development year on year or to engage the child in the process.

## Recommendations

### Immediately

- *London Borough of Newham, NHS East London and City and ELFT should ensure that there is effective exchange of information regarding the health and social care needs of individual looked after children and young people. (Ofsted January 2012)*
- Newham University Hospital Trust should ensure that a manager with a strategic role in safeguarding and sufficient seniority routinely attends the LSCB.
- Newham University Hospital Trust should ensure that there is a consistent approach to identifying potential safeguarding risks across electronic and hand held maternity records and in sharing this information with community health services.

### Within 3 months (from report)

- *London Borough of Newham, NHS East London and City and ELFT should ensure information regarding children subject to child protection plans and the scheduling of child protection conferences is consistently shared with professionals from the child and family consultation service (CFCS) providing child and adolescent mental health services (CAMHS). (Ofsted January 2012)*
- *NHS East London and City should ensure that the annual reports contain specific, measurable and time limited objectives that drive improvements in children's safeguarding. (Ofsted January 2012)*
- *London Borough of Newham, NHS East London and City and ELFT to ensure health services for disabled children are coordinated effectively to minimise health interventions and work in partnership with parents of children with disabilities. (Ofsted January 2012)*
- *London Borough of Newham, NHS East London and City and ELFT should increase the participation of all looked after children and young people in service design and service delivery to enable them to make a greater contribution to the services they need to meet their needs. (Ofsted January 2012)*
- *London Borough of Newham, NHS East London and City and ELFT to clarify how looked after children and young people and their carers can access concessionary admission to the borough's leisure facilities. (Ofsted January 2012)*

- *NHS East London and City and ELFT should ensure that a full range of targeted health promotion and preventative services are in place for looked after children. (Ofsted January 2012)*
- *London Borough of Newham NHS East London and City and ELFT should ensure that care leavers receive comprehensive health and social care information. (Ofsted January 2012)*
- *NHS East London and City and ELFT should review the governance arrangements to ensure the health needs of all looked after children are identified and met and enable young people to be fully engaged in the development, delivery and quality assurance of health services. (Ofsted January 2012)*
- *NHS East London and City and ELFT should ensure that young people are participating in the assessment and review of their health needs and monitoring their personal development as fully as possible. (Ofsted January 2012)*
- The Child death overview panel (CDOP) should ensure that membership encompasses all appropriate partner agencies at a suitably senior level and that communication between the LSCB and the CDOP with front line health staff across all services, is effective.

Within 6 months

- *London Borough of Newham NHS East London and City and ELFT ensure transitional arrangements for young people with disabilities and/or learning difficulties are addressed at an early stage to enable appropriate planning to be in place for their 18th birthday. (Ofsted January 2012)*
- *London Borough of Newham NHS East London and City and ELFT develop a shared strategy to ascertain the partnership's effectiveness in delivering domestic violence services. (Ofsted January 2012)*
- *London Borough of Newham NHS East London and City and ELFT complete section 11 audits of the safeguarding arrangements across all partner agencies. (Ofsted January 2012)*

## **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](mailto:childrens-services-inspection@cqc.org.uk) and it will be followed up through the regional team.