

Report on the Outcome of the Integrated Inspection of Safeguarding and Looked After Children's Services in Luton

Date of Inspection	5th March 2012 – 16th March 2012
Date of final Report	24th April 2012
Commissioning PCT	NHS Bedfordshire and Luton
CQC Inspector name	Tina Welford
Provider Services Included:	South Essex Partnership University Foundation NHS Trust (SEPT). Cambridge Community Services (Luton) Luton and Dunstable Hospital Foundation NHS Trust

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](#) .

NHS Bedfordshire and Luton - Luton Borough Council	
Safeguarding Inspection Outcome	Aggregated inspection finding
Overall effectiveness of the safeguarding services	Good
Capacity for improvement	Good
Contribution of health agencies to keeping children and young people safe	Adequate
Looked after children- Inspection Outcome	Aggregated inspection finding
Overall effectiveness of services for looked after children and young people	Adequate
Capacity for improvement of the council and its partners	Good
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 regional director of Operations, who has overall responsibility for this inspection programme.

*In respect of the recommendations in the report, please complete an action plan detailing how they will be addressed and submit this to CQC and your SHA Chief Executive within **20 working days** of receipt of the final report.*

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 child and young peoples' health services and primary care are undertaken by NHS Bedfordshire & Luton (Luton). Universal health services such as health visiting, school nursing, and paediatric therapies including paediatric audiology are delivered primarily by Cambridgeshire Community Services (Luton). The acute hospital providing accident and emergency (A&E) services for children and young people is Luton & Dunstable Foundation NHS Trust Hospital. Maternity and newborn services are provided by Luton & Dunstable Foundation NHS Trust Hospital with a neonatal intensive care unit (NICU) delivering tier 3 care. Children and families access primary care services through one of 32 GP Practices, a GP led walk in centre, and the minor illness centre at the Luton & Dunstable Foundation NHS Trust Hospital provided by Local Healthcare Solutions (LHS) and at the Medici Practice Surgery. Minor injuries are treated by the A&E department, where there is a streaming nurse who triages patients to either use the LHS services or to A & E.

Child and adolescent mental health services (CAMHS) are provided by South Essex Partnership University Foundation NHS Trust (SEPT) under a Section 75 arrangement. Children's services are jointly commissioned with Luton Borough Council. Services for children with learning disabilities and difficulties and who have complex health needs are provided by SEPT and/or Cambridgeshire Community Services. Looked after children (LAC) health services are provided by Cambridgeshire Community Services (Luton).

NHS Bedfordshire and NHS Luton now have cluster arrangements, with the lead commissioner for mental health services being NHS Bedfordshire and NHS Luton being lead commissioner for the Luton & Dunstable Hospital.

Luton is a multicultural urban town with a population of over 194,000, with the estimated Luton Borough Council area having a population of over 204,000. The population is younger than in the East of England or England. Approximately 32% of Luton's population are from black and ethnic minority communities, with over 70 different languages spoken. Luton is among the 10% most deprived areas in England according to the Income Deprivation Affecting Children Index. Key priority areas for health services are family poverty, infant mortality, childhood obesity and consanguinity.

General – leadership and management

1. There is good engagement, supportive challenge and holding to account of health members on the local safeguarding children board (LSCB), including those on the task and finish groups. However, health staff report that the demise of the LSCB operational group has had an unintentional negative consequence on the sharing of good practice. Although LSCB attendance is monitored, the contribution of participants is not evaluated, which is a missed opportunity. Executive directors and chief executive officers report that there are good levels of constructive challenge, with good partnership working between agencies. All health organisations have good governance structures to monitor safeguarding concerns. The chief executive officer and executive directors from Cambridge Community Services (Luton) operate ‘back to the floor’ assurance visits, providing the trust board with an additional level of assurance: positive outcomes are reported. All health organisations have up to date safeguarding children policies in place.

2. There is only adequate health staff contact with the Independent Reviewing Officers (IROs) to review the health and wellbeing of looked after children and young people (LAC). Health organisations have good governance structures to monitor the quality of looked after children strategic level service design and delivery; reporting is to the Health Strategy Group, Children in Care Council Strategy Group and the Corporate Parenting Board. However, the operational delivery and performance data governance processes are less robust. The Corporate Parenting Board had not scrutinised or challenged the nationally reported LAC immunisation data, which had dropped significantly in 2011.

Outcome 1 Involving Users

3. There has been limited engagement with looked after young people aged 16 years and over especially within service design and delivery. The limited results from engagement are just starting to be seen with the delivery of a flexible approach to health checks (preferred name by service users for the ‘review health assessments’). However, there was very little evidence of engagement with younger children.

4. The annual LAC survey for both foster carers and young people, undertaken by CCS (Luton), despite low return rates in the last two surveys, showed 100% satisfaction with the LAC health services.

5. Good access to interpretation services supports timely review health assessments. However, those files seen and the multi agency audits conducted for the inspection highlighted insufficient recording of the need for interpretation and translation services. Incidents were seen by inspectors, where looked after children’s social care staff had been used to interpret on behalf of the child during health assessments and at meetings. Whilst this ensures that the health assessments and meetings can take place as arranged, the independent voice of the child may be compromised.

6. The child and adolescent mental health service (CAMHS) gives good consideration to cultural diversity and the needs of service users from different cultures and communities. This reduces social isolation and associated stigma from using the service. The CAMH service is currently working towards the new standards for the You're Welcome quality criteria for young people friendly health services accreditation.

7. There is good use made of service user representation within the sexual health services, with action plans in place to address some of the concerns raised by users. The You're Welcome quality criteria for young people friendly health services standard accreditation is well underway at Brook sexual health services. There is an awareness of the sexual health needs within the diverse local community; plans are being developed to meet these needs.

8. There has been very good service user engagement within the range of substance misuse services all of which have gained You're Welcome quality criteria for young people friendly health services standards accreditation. As a result of service user feedback a wide range of initiatives has been implemented such as; Christmas hampers for young people provided by local firms, support to write curriculum vitae, housing advice, tea and biscuits provided at consultation sessions and the redesign of the building so that all administration processes are conducted in private.

Outcome 2 Consent

9. Consent is not clearly recorded on the paper copies of the LAC health files seen during the inspection; however, consent is recorded on SystemOne. Processes are in place to ensure all children and young people who attend the Luton and Dunstable A&E department have appropriate parental consent, although the effectiveness has not been audited.

Outcome 4 Care and welfare of people who use services

10. The Every Child Matters outcome 'Being Healthy' is judged as *adequate*. The latest health outcome data shows that immunisation rates have recently dropped from 96.2% to 89.6%, similarly the health assessment rate has fallen from 78.8% to 73.2%, both of which are below comparators and England averages. However, dental checks have significantly improved from 57.7% to 92.9% which is above comparators and England averages.

11. The pre-selected LAC health files identified for the inspection were incomplete and did not contain the current health assessment documents or action plans; further files were selected and found to be more comprehensive. However, the additional action plans presented were not always written in a measureable manner and the evidence of health promotion actively was not always well documented. The strength and difficulties questionnaire (SDQ) scores or analysis of outcomes are not shared by childrens' social care as part of and to be used in the LAC health assessments, which limits the assessments of emotional well being. However, the information is occasionally used as part of the referral to CAMHS. The named nurse provides a good service for the 'hard to reach' and out of area placed children and young people and their health assessments. There are well embedded processes for the review health assessments, which are undertaken within health visiting and school nursing services. Initial health assessments, seen in the LAC health files, were all completed by a medical practitioner; there were some delays in these assessments but the reasons were not documented. Some evidence of health promotion is recorded in LAC health files; whilst health visitors and school nurses provide a range of age-specific health promotion the effectiveness is not monitored.

12. There is no health care leavers' service nor are health histories given to care leavers as required by statutory guidance¹. The LAC health staff reported that work had commenced on a passport to address this deficit.

13. The doctor acting as medical advisor to the adoption panel provides a good service to both the adoption panel and to potential adoptees, ensuring suitable matches are found.

14. There is good sharing of the social care 'LAC database' with the dedicated LAC health staff, ensuring timely information, that all looked after children and young people are known and health assessments/reviews can take place, within the prescribed timeframes. Good integrated working with the childrens' disabilities team is reducing the number of appointments and duplication of LAC health assessments. Good joint working with the Child Development Centre (CDC) ensures that children who have a disability and who are placed out of area, when returning to Luton for example during the school holidays, are able to have their review health assessment in Luton.

15. Good support is provided for looked after pregnant young women and new mothers to maximise their opportunities (including education opportunities) and in some cases, this prevents the baby from becoming looked after. There have been some successful cases, with young women being supported to return to education and/or assisted to find employment, including through the work programme with The Prince's Trust.

¹ Statutory Guidance on Promoting the Health and Well-being of Looked After Children (2009) Department of Health

16. The current data (2010) shows that there has been a further decline in conception rates for 15-17 year olds to 33.7/1000, a 21.8% reduction from the baseline. However, there remain a number of hotspot areas where rates are at least double the rest of the authority area. The 'hotspot' areas are recognised as a priority for action and the use of 'real time' data is assisting commissioners and managers to monitor the rates contemporaneously. The highly valued dedicated sexual health outreach workers, for which there are separate posts for males and females, have increased access and take up of services. There is a good range of outreach and education activities provided through schools, youth offending teams and children centres, focusing on good sexual health and contraception. These have resulted in an increased use of the school nurse 'drop-ins' and sexual health clinics.

17. The specialist teenage pregnancy midwife provides a service for all under 18 year old parents to be. There is a flexible approach to providing antenatal clinics using a wide range of settings across Luton, which has increased the attendance. Appointments are undertaken in the family home, which has helped improve both the level of engagement with statutory services and the assessment of risk factors. The pre-common assessment framework (pre-CAF) is effectively used, and as part of the referral to childrens' social care and the children centres, ensuring appropriate services are provided. There has been good take up rate of post natal contraception through the specialist midwife. This has contributed to a reduction in the second conceptions rate by 40%, which commissioners also attribute to the 'delay' messages being 'heard' by young people. There are good supports and dedicated education sessions provided for young fathers to be and young fathers. The male sexual health outreach worker is developing the use of the internet for health promotion to improve levels of engagement of young men.

18. Good support is provided by maternity services to ensure that looked after young mothers to be and parents are well supported during their pregnancy, and if their baby is removed and placed in foster care.

19. There are recognised gaps within the adult mental health service provision, as providers are not commissioned to deliver services for young adults with high functioning (and who may not have a statement of education need) Attention Deficit Hyperactivity Disorders (ADHD), and young people with Autistic Spectrum Disorder (ASD). This results in their care being transferred to their GP at the point of transition, which may not always meet the needs of the young adult.

20. There is a robust self harm pathway for young people up to 16 years of age and no longer in education. Older young people are admitted to an adult acute ward, where there are frequent delays in contacting CAMHS. These delays have been as long as three days, with the young person already discharged before the referral is made. Late notification is also sent to community and primary care practitioners, which is too late for them to provide timely support to the young person and their family.

Outcome 6 Co-operating with others

21. There is good support provided for looked after children and young people through the partnership working of SCRIPT (services for children requiring intensive psychological treatment), LAC health staff and community teams. Their use of the early intervention strategy has successfully ensured that young people have not been unnecessarily admitted to hospital. Some good work has been undertaken by SCRIPT, the LAC team and core CAMHS with asylum seekers who have a diagnosis of post traumatic stress and with the HIV specialist nurse for those who have tested positive for HIV (human immunodeficiency virus). There has been an increased number in the general population of young people being testing positive for HIV, with a good health service, provided through a dedicated specialist practitioner, to protect them and others from harm.

22. The emotional and mental health well-being service in Luton is focused appropriately on early intervention and prevention. Dedicated emotional well being work with 0-4 year old children is provided in schools and children centres, and the '5-13 team' provides consultation and support in the 60 local schools. There is good timely access to CAMH services, including the early intervention provision. A new referral pathway for social care staff has been introduced; this has not been used enough to measure its effectiveness. The maximum waiting times for CAMHS is 11 weeks, and a two week wait for early intervention services. Those young people in crisis are seen on the same day as the referral is received. SCRIPT along with the Home Treatment Team have successfully supported children and young people within schools and/or their own homes, preventing or reducing the need for hospital admissions. There is good support at tier 4 highly specialist provision, providing intensive support within the child's foster placement to prevent placement breakdown.

23. There is good provision and monitoring of the contracted termination of pregnancy service provided from British Pregnancy Advisory Service (BPAS), with 85% of terminations now taking place within the first 10 weeks of the pregnancy. There is good follow-up support, counselling and contraception advice, with a reduction now being seen in the number of repeat terminations. There is good access to a range of contraceptive and sexual health services (CASH), including sexual transmitted disease screening, with good use made of the condom card (c-card) scheme and 31 emergency contraception services located across the Luton borough area. An incentive through the sexual health services contract key performance indicators is increasing the take-up of long acting reversible contraception (LARC). However, the impact on sustaining the decline in the pregnancy rates, especially in the hotspot areas, is yet to be realised.

24. There are a range of services commissioned to provide preventative, universal and targeted provision to support young people up to 25 years of age who are alcohol or substance misusers. These are provided by PUKE (prevention, understanding, knowledge and education), Adibop (Asian drug information befriending outreach project), Under-ground (as named by the young people) and SNAP, a social needs awareness project. These are good age related services, provided flexibly in 'safe places,' as perceived by the young people and are culturally sensitive. A good range of educationally focussed workshops is delivered in a variety of settings including schools and the pupil referral unit. A dedicated programme for primary schools is called 'safety squad'. These result in effective use of the 'information points' by young people. The increased awareness of the hidden harm affects on children and young people of adults misusing substances has seen an increase in this type of referral. There are no waiting times, and those in 'crisis' are seen within an hour of presentation. There is recognition within these services that more health prevention activity is required especially within the local Asian community, where increased rates of alcohol misuse are being reported. Outcome monitoring of the effectiveness of services shows that post-intervention, young people are remaining 'drug free'.

25. The substance misuse services have good established links with the; police, youth offending services, sexual exploitation services and the safer community partnership. These relationships are ensuring that young people are able to develop resilience and reduce risk taking behaviours. Some substance misuse services are able to provide sexual health advice and contraception such as the c-card, to minimise the consequences of risk taking behaviour associated with substance misuse.

26. A range of training is provided to new foster and adoptive parents considering the hidden affects of substance misuse on children and young people. This training has been provided to health professionals, including GP trainees, resulting in an increased awareness of the needs of children and young people whose birth parents were substance misusers.

27. The focus on young carers is not robust, although it has recently started to improve.

28. Health visiting services are co-locating with school nursing services and the breastfeeding and weaning teams, with well developed plans to relocate with social care staff. Where this has already occurred there has been a notable improvement in information sharing, as well as enhancing the already limited (due to capacity in community services) universal services provided. In response to service user feedback and the need to improve access to universal health screening services, the implementation by health visitors of Saturday morning clinics has successfully increased the attendance of fathers. This has helped more fathers become more actively involved in the care of their child.

29. There is a good dedicated South East Asian focussed audiology service, working with the 'teacher for the deaf' enabling children and young people to access education. In some cases this is supporting and encouraging parents to overcome reluctance to their child's use of hearing aids and improving the child's quality of life. Dedicated work is now underway with dentist to develop sign language skills amongst due to the wearing of masks during treatments preventing deaf children/young people lip reading. This work includes teaching parents to enable their children/young people to communicate with their dentist.

30. The community children nursing services have reported an increasing number of children with disabilities, life limiting conditions and complex health needs who require their interventions. The number of specialist practitioner posts has been increased as a result of demands on capacity which has now augmented. The specialist practitioners provide health education and direct care, preventing neglect and improving the resilience and health of the children and young people. There are very good partnership working arrangements in place across health and social care teams for children with disabilities and with some voluntary organisations.

Outcome 7 Safeguarding

31. The designated nurse and designated doctor remits cover both looked after children and safeguarding children functions. The designated doctor is highly motivated and passionate to improve and maintain a high quality service. The named GP role has a low profile. There are 98% of GP practices with an identified practice safeguarding lead, although training compliance for the roles is not sufficiently monitored. There is no dedicated Luton based CAMHS safeguarding lead as a dedicated safeguarding team is being implemented at the time of the inspection. At present this leaves a gap in the regular case and peer safeguarding review meetings.

32. GPs level of engagement and their understanding of safeguarding and associated responsibilities is too variable. Most GPs, who participated in the inspection, reported good partnership working. However, GPs reported that they do not always receive feedback from childrens' social care on referrals made or child protection meetings.

33. There has been minimal use of the safeguarding referral escalation policy. Thresholds are well understood and following serious case reviews, the application of new risk assessment tools has enhanced the evidence base for referrals. Despite the limited capacity within health visiting and school nursing services there is good attendance at child protection meetings although this is not the case with GPs. Health reports for conferences are submitted on time. The quality of the reports provided by community practitioners has improved since the introduction of SystmOne, due to the collated health history all being stored in one place. Audiology services have also been able to use the information recorded on SystmOne. As an example, the 'did not attend' information identified concerns about neglect of a child and resulted in a successful safeguarding referral to childrens' social care. The A&E and community staff report not always receiving timely feedback from referrals to childrens' social care.

34. Community practitioners act as lead professionals for CAFs with many cited examples where CAFs, team around the child and professional meetings have successfully preventing the need for child protection proceedings, as well as appropriately escalating safeguarding concerns when early intervention had not been successful.

35. There is good access, if required, to the highly specialist intensive mental health inpatient beds (tier 4), with good repatriation supported through the Home Treatment Team. The highly specialist intensive inpatient beds are not within the authority area; which restricts the opportunities for families to visit due to distance and the financial implications of travelling. The Home Treatment Team although providing good support, is limited in the amount of in-reach services that it can provide to the intensive care bed unit.

36. The sexual assault referral centre (SARC) is located outside the Luton Borough Council area. Referral pathways are understood, with improving communication reported by health staff. The SARC only provides services for young people over thirteen years of age, who are referred by the police and wish to pursue their case through the courts. Young people under thirteen years have an agreed pathway to attend Peterborough SARC. Following a recent referral the out of hours pathway has been reviewed as there were unacceptable delays for a very young child in accessing the service. However, when the child was able to access the service the support provided by the nursing staff was highly commended by the police. There is currently no provision at the SARC for victims to self refer or for other professionals to refer to the service. There are plans in place to implement a service; however, this is dependant on employing crisis workers, which although progressing, remains ongoing at the time of the inspection.

37. Good support is provided by maternity services to ensure that young mothers to be and parents are well supported during their pregnancy. Following a serious case review this all 'booking' antenatal appointments are undertaken in the woman's home, including some of the further antenatal appointments. There is good attention to identifying domestic abuse, and allowing the pregnant woman to disclose concerns. Good use of the extended postnatal care period is ensuring that babies are protected from harm, and that new parents are well supported. The actions required following the last serious case review involving maternity provision are well embedded in practice. There are good systems in place with early referral to childrens' social care regarding unborn baby concerns, with good planning processes in place. Birth plans in the majority of cases are in place by the time the baby is born. Good use is made of the local, regional and national maternity alert networks.

38. The neonatal intensive care unit's (NICU) established discharge processes ensure successful discharges and families are well prepared to support their new baby. There is a good outreach service provided, as NICU is a level 3 regional centre. The transition points and planning through the dedicated outreach health posts are positive and facilitate smooth transitions at all points. There are good systems in place for the early identification of transition based concerns, with the multi-disciplinary transition team working proactively to resolve these.

39. The child death overview panel's (CDOP) dedicated child death review nurse has been able to provide a good level of ongoing bereavement support for families, along with the CHUMS (bereavement and counselling service) which provides sibling support. The role of the dedicated child death review nurse is subject to ongoing evaluation, early results shows the role has been effective and valued in supporting families and for some families has been the only service to provide support. There is good monitoring and reviewing of child deaths, and plans are well developed to influence the rate of deaths due to consanguinity. Good support is provided to health staff in A&E and the neonatal intensive care unit after a child death through debriefing sessions and feedback after the case is discussed at the CDOP. The awareness of CDOP by GPs is too variable.

40. All health providers are making good use of the 'flagging' alert system and processes to identify and ensure that children and young people are protected from harm. Information shared by childrens' social care regarding the changes in the status of children with protection plans, children in need cases and looked after children and young people has improved; weekly updates are now being received by the named nurses to ensure 'flagging' systems remain concurrent.

41. Unscheduled care attendance notices, which also contain the number of attendances, are sent to community and primary care practitioners (A&E and out of hours GPs, minor injuries unit) are appropriately actioned by the receivers. Of those GPs that took part in the inspection, most 'flag' children known to be on a child protection plan on their patient record system although only one practice 'flags' looked after children as well.

Outcome 11 Safety, availability and suitability of equipment

42. The Luton and Dunstable Hospitals A&E department has a new dedicated children's area. The environment and facilities are suitable to meet the needs of children and young people, with good security arrangements now in place. However, the resuscitation bed is in the adult resuscitation area.

43. Through the shared medical equipment store for children with disabilities there is improving access to equipment; however, not all agencies are part of the facility which on occasions causes challenges in obtaining equipment especially within education settings.

44. The Joint Allocation Panel for Complex Cases and Continuing Care (JAP) is effective in allocating funding, when the right information is presented, with creative solutions found for individual cases and timely decision making.

Outcome 12 Staffing recruitment

45. The Section 11 safeguarding audits show that all health organisations, with the exception of NHS Luton, provide safer recruitment training. An action plan is in place but yet to be fully completed.

46. Evidence submitted during the inspection showed that in the case of GPs, enhanced Criminal Records Bureau (CRB) checks are not always up to date especially for senior clinical staff. This limits the assurance that staff are fit to practice. The position is similar in Cambridge Community Services (Luton), where enhanced CRB have not been repeated within the three years. Plans are well developed to address this shortfall.

Outcome 13 Staffing numbers

47. Capacity in health visiting and school nursing services is stretched with health visitor caseloads double that of the required standard, with the additional impact of the local culture, high rates of vulnerable families and the changing environment and demographics that staff work within. Skill mix has been achieved, which is helping with the delivery of the universal health programmes in both health visiting and school nursing services. Some progress has been made in attracting student health visitors who once qualified, are anticipated to join the understaffed Luton teams.

48. There are insufficient numbers of registered children nurses on duty within the Luton and Dunstable A&E department to ensure that all children and young people see an appropriately qualified practitioner. However, there is good support from the paediatric department staff who will attend the A&E department when a medical 'alert call' is placed. There are plans in place to address this shortfall.

Outcome 14 Staffing support

49. Safeguarding children training compliance rates are too variable within and across all health organisations. Luton and Dunstable hospital data, (December 2011) shows the trust wide training compliance rate is 88%; however, the medical staff rate is only 34%, which is inadequate. Within the accident and emergency department training rates are only 75%, with the medical staff compliance rate 36%, which is inadequate. The Luton and Dunstable paediatric and neonatal intensive care services compliance rates are inadequate at 71% and 76% respectively, which are inadequate. Training compliance rates at Luton based SEPT services are 100%. Cambridge Community Services (Luton) compliance rates, trust wide are 100%, however, level 1 and 2 rates are adequate at 87% and 84% respectively. NHS Luton training rates are generally good; with the exception of dental rates that are only 13% at level 2 and only 10% at level 3, which are inadequate. The percentage of GPs trained to level 2, is only 60%, with only 36% being trained to level 3 standards, which is inadequate. Although there have been some dedicated training sessions for staff groups where compliance rates are low, these are yet to improve the overall compliance rates. The impact of training, although only informally monitored, is apparent in acute and maternity services. There is an increasing level of engagement and a substantial increase in the 'cause for concern' information sharing forms and a very significant increase in the use of the DASH (domestic abuse, stalking and harassment) sharing forms for domestic violence concerns. There has also been a corresponding increase in the number of referrals to the multi agency assessment and referral conference (MARAC).

50. There is inconsistent attendance by adult mental health services and maternity services at MARAC, although midwives reported that they are not always invited to attend meetings.

51. Health staff report good access to named safeguarding professionals with supportive supervision provided. The named nurse at Luton and Dunstable Hospitals is very visible and highly valued. Named professionals have very good access and support from the designated health staff.

52. There was no evidence in the looked after children health files seen that staff are receiving looked after children supervision or the resulting impact on the care provided. There is good access to continuing professional development for staff involved with looked after children.

Outcome 16 Audit and monitoring

53. The monitoring of LAC outcomes and effectiveness is improving but not robust. Prior to the inspection there had been no analysis of the nationally reported significant drop in immunisation rates, which were reported as 96.2% to 76.8%. The looked after children named nurse makes good use made of quality assurance and quality control systems and monitors the health assessments and action plans of out of area placed children and young people well

54. The CAMH service has good systems and processes in place which effectively monitor the outcomes of interventions and treatments, with outcomes tracked to individual practitioner level. These outcomes are subject to rigorous scrutiny.

55. Commissioners have ambitious plans, which are at an early stage, to improve the robustness of monitoring compliance with safeguarding in the independent contractor contracts.

56. There is good ongoing monitoring of the Section 11 safeguarding audit action plans including serious case reviews action plans and significant and /or near miss incidents. Performance management systems are in place however, monitoring of the data is not always robust.

Outcome 20 Notification of other incidents

57. There is increased use and understanding of the Local Authority Designated Officer (LADO) by health service managers. Good use is made of the information incident monitoring systems to monitor the 'cause for concern' safeguarding forms, ensuring appropriate safeguarding measures are in place to protect children from harm.

58. Good links with the police when there are allegations of abuse and an ethos of the team around the child or team around the professionals producing positive outcomes, protecting children/young people from harm.

Outcome 21 Records

59. The health files seen during the inspection contained chronologies but were not always complete. Paper health records had gaps in consent and demographic information which was partially attributed to the move to an electronic record system which was ongoing at the time of the inspection.

Recommendations

(those from the joint report in italics)

Safeguarding children

6 months

NHS Bedfordshire and Luton must ensure that there are sufficient numbers and skill mix of both health visitors and school nurses within the community practitioner teams in line with national directives and local needs to provide the commissioned service and universal health child programme.

NHS Bedfordshire and Luton and the local safeguarding children board must ensure that the level of safeguarding training meets or exceeds minimum expected standards for all staff groups.

NHS Bedfordshire and Luton and the local safeguarding children board must ensure the impact of training on changes to practice to protect children from harm and that safeguarding supervision are both well embedded throughout all health providers.

NHS Bedfordshire and Luton and South Essex University Partnership Trust must ensure that transitions to adult mental health/learning disability services for all young people with a mental health and/or learning disability or difficulty are well planned and meet the individual's ongoing health needs.

NHS Bedfordshire and Luton must ensure that young adults admitted to acute in-patient wards are referred to CAMHS in a timely manner, in line with national good practice.

NHS Bedfordshire and Luton and the Luton and Dunstable Hospital A&E department must ensure that the privacy and dignity of children and young people admitted to the resuscitation bed is not compromised.

Looked after children service

3 months

NHS Bedfordshire and Luton must ensure that all care leavers are enabled to access health services and receive a copy of their health histories to ensure that they are able to make future life choices.

NHS Bedfordshire and Luton must ensure that all looked after children and young people receive age appropriate health education and promotion information, and that this is recorded in their health assessments.

NHS Bedfordshire and Luton and Luton Borough Council must ensure that the strength and difficulties questionnaire outcomes are reviewed as part of the emotional health and well being assessment during the review health assessments.

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.