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].
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.

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.
Croydon is an outer London borough bordering Surrey to the south. It covers an area of 34 square miles. Croydon is the second most populous borough in London, with a population of 345,600, including approximately 89,200 children aged 0-19. The borough's total population is projected to increase by 22% by 2033, with an 18% increase of 0-19 year olds.

Croydon is a socio-economically diverse borough. The borough is ranked 19th out of 32 London boroughs in terms of overall deprivation and 107th out of 326 local authorities in England. The north of Croydon is generally more deprived than the south; Fieldway and New Addington wards in the east also have high levels of deprivation. The wards with the greatest education deprivation and higher proportions of children in poverty are located within these areas. The proportion of children and young people in state funded schools who are entitled to free school meals is 19.9%.

In the 2001 census, 29.8% of the population described themselves as from minority ethnic communities. However, according to Greater London Authority projections for 2012, this is estimated to have increased to 43.5%. The largest minority ethnic groups are from the Black Caribbean, Indian and Black African communities. The proportion of pupils with English as an additional language is 29.9%.

The Croydon Children and Families Partnership Board is made up of senior managers of organisations working with children and families in the borough. It sets the strategic direction for the services for children in Croydon, monitors performance and promotes partnership working at all levels. The partnership board membership includes representatives of the council, schools, health, police and probation, as well as the voluntary and community sectors. The partnership works closely with Croydon's Youth Council, who attend many partnership meetings. Croydon Safeguarding Children Board (CSCB) is chaired by an independent chair and brings together the main organisations working with children, young people and families in Croydon to deliver safeguarding services.

Early years child care and nursery education are provided by: 527 childminders; 98 private day nurseries; one family centre; 26 children’s centres; 63 before school care and 59 after school care providers; 58 pre-school play groups; 13 independent nursery units (at independent schools); 45 maintained schools with nursery classes, six maintained nurseries and six special schools.

Primary and secondary education is provided by: 76 local authority maintained primary schools (including infants and juniors); nine primary academies; 15 local authority maintained secondary schools; six secondary academies; one City Technology College, six special schools and five pupil referral units. A virtual school is provided for children and young people who are looked after. Post-16 education is provided by: three further education colleges; 17 secondary schools with sixth forms and ten independent providers with post-16 provision.
Commissioning and planning of NHS services and primary care are carried out by NHS South West London, which was created in April 2011 and delivers the functions of the five primary care trusts in south west London. Croydon Health Services NHS Trust is an integrated care organisation providing acute and community health services. It also provides a number of health services to children and families including maternity services and health visiting. A hospital education service is provided to children and young people in hospital. South London and Maudsley NHS Foundation Trust is the main provider of specialist mental health services to children and young people. In addition, a range of voluntary sector providers supports children and young people’s emotional needs in the borough.

Community-based social care services are provided through three intake teams for referral and assessment and eight community teams dealing with child protection and family support. An emergency duty team provides out of hours cover. In addition, the family resilience service supports families with complex needs. At the time of the inspection 285 children were the subject of a child protection plan.

The quality assurance service is made up of the independent reviewing officers and the chairs of child protection conferences. The Local Authority Designated Officer (LADO) also sits within this service.

At the time of the inspection there were 732 looked after children, of whom 313 were unaccompanied asylum seeking children and young people. They comprised 92 children under five years of age, 420 children and young people of school age (5-16) and 220 looked after young people aged 16-18 who have left school. The council and its partners support 868 care leavers. Children’s social care services have 164 fostering households, two residential children’s homes and one residential short break children’s home for children and young people with learning difficulties and/or disabilities. Residential services and additional foster placements are commissioned from registered and approved independent providers. There are eight looked after children teams, four of which are for unaccompanied asylum seeking children. There are two after-care 18 plus teams, one for indigenous young people and one for unaccompanied asylum seeking young people, and one social care team for children with disabilities.

The police service is coterminous with the borough. Services to children and young people who are at risk of offending are provided through a partnership between Croydon youth offending service and the integrated youth support service; services to those who have offended are provided through the youth offending service. There are no young offender institutions in the area.

In excess of 60 voluntary and community sector organisations across the borough work with children and young people. (Ofsted 2012)
General – leadership and management

1. There is good partnership work between commissioners, health providers and children’s social care at operational and strategic levels. Croydon Children and Families Partnership was developed in 2011. They deliver the Children and Young Peoples Plan which has a clear focus on improving health outcomes for children across the borough, to reduce obesity and teen pregnancy and address infant mortality. The safeguarding agenda includes improving multi agency participation in safeguarding and use of the Common Assessment Framework (CAF), missing children and anti bullying. Health partners are appropriately represented at senior levels on the Local Safeguarding Children’s Board (CSCB).

2. Commissioning is through NHS South West London (Croydon Team) with some jointly commissioned services for children with disabilities and consideration being given to increasing joint commissioning and developing a children’s commissioner. Health outcomes for children looked after by the local authority are adequate. There is a specialist health team to meet the needs of looked after children.

3. The PCT has been working with an increasing annual overspend and commissioners are now working to a three year recovery programme.

Outcome 1 Involving Users

4. Good arrangements are in place for seeking the views and wishes of children and young people in child and adolescent mental health services (CAMHS), the family nurse partnership (FNP) and the children’s hospital at home team before they start treatment or using the service, after six months and when they are discharged from the services.

5. Croydon Health Services now use the Just a Minute (JAM) survey and for children under the age of 16 this is given to their parent or carer to complete.

6. Good examples of seeking young people’s opinion of services were seen in the teen pregnancy service with young people involved in service development.

7. There are good systems in place for staff to access interpreters when required, Croydon Borough Team commission both face to face and telephone interpreting services which includes British Sign Language (BSL). GP’s have access to language line and interpreters and do not have any issues accessing them. One GP said they have used Google translate during consultations when they have not been informed beforehand of the need for an interpreter. Strengths and Difficulties Questionnaires (SDQ) used with looked after children are available in several languages and translated to others when required.

8. Looked after children and young people are given choices in where to attend their annual Looked After Child review if this is practical. Feedback identified young people are satisfied with the arrangements in place.
9. Parents said they are informed of services provided at children’s centres by health visitors and midwives, find information on the internet or from living locally. Examples were given of parents making changes to the foods and drinks provided to their children after attending sessions around healthy eating. Parents and carers feel involved in the services provided and feel listened to.

10. There is a steering group in place across the borough look at developing the service for children with disabilities which includes a parent representative.

Outcome 2 Consent

11. Appropriate arrangements are in place to seek consent for health assessments.

Outcome 4 Care and welfare of people who use services

12. The form used for health assessments requests information about the child or young person disability, religion and cultural needs and if an interpreter is required.

13. There is a multi disciplinary team of health professionals to meet the needs of looked after children, with administrative support. The team meet weekly and allocate the most appropriate health professional to complete initial and review assessments. A separate service is provided for unaccompanied asylum seeking looked after young people. Three clinics are held weekly for completing health assessments, one of which is completed by the designated GP. Last year 94% of looked after children were up to date with immunisations for their age, 84% had their teeth checked and 81% had received an annual health assessment. This is above national average, in line with and below the national average respectively. The use of strengths and difficulties questionnaires was not always clear, these are completed by social workers and sent to CAMHS but the looked after children health team are not always aware of needs arising from the questionnaire. This has already been identified as an area for improvement and is being followed up.

14. There is a quality assurance system for all looked after children health assessments, although the system could be more robust to ensure consistent quality and follow up of health needs. There was an increased level of detail in action plans completed by the looked after children nurse in recent months. GPs told inspectors they often become aware that a child is looked after when they are asked to carry out a health review. They said they do not get copies of previous assessments and do not always get information that a child will need an interpreter, especially when the child is looked after by another authority. There is currently no system to ensure care leavers receive details of their health history.

15. Access to emotional health and well being services within the borough can be delayed with waiting times of one year seen in one case. A number of projects and contracts ended last year, resulting in a loss of staff, and this is impacting on service provision. Systems are being put into place to identify the level of need and address the services required in the area. The service operates a risk management approach to prioritise workload and ensure those most vulnerable receive a service.
16. There are good systems in place to ‘fast track’ looked after children to CAMHS. Two full time and one part time worker are in post, although staff generally feel there are not enough staff due to the high number and high level of need of looked after children.

17. GPs told inspectors they feel the threshold for CAMHS is high and expressed difficulty in getting referrals accepted (except for looked after children). There was a mixed response from GPs to being sent information leaflets by CAMHS staff about more appropriate services to meet children and young peoples needs if they did not reach the threshold for CAMHS.

18. General feedback from parents, social workers and other health professionals indicated the thresholds for CAMHS are high and confirmed there is a long wait for the service. In one case, social workers told carers to take the young person to the accident and emergency department when presenting challenging behaviours as this was felt to be a way to access CAMHS. CAMHS staff are aware of the issues regarding capacity and long waiting times for some services.

19. Speech Therapists, Occupational Therapists and Physiotherapists reported that there is sufficient capacity to provide support and development programmes for children and training to parents, carers and schools. There is good training and support provided for foster carers, for example, there is a 12 week programme called ‘fostering changes’ which is run three times a year by two CAMHS workers. The course offers support and information to help foster carers and prevent placement breakdown. Social workers refer foster carers to this programme. The looked after children’s health team provide training and information to foster carers and other professionals regarding the specialist health needs of looked after children.

20. There are good systems in place for transition from CAMHS into adult mental health services for young people who meet the criteria for ongoing support.

21. There is a good early intervention service for 18-25 called COAST with a worker based within CAMHS to address the needs of young people with early onset psychosis and a specialist service for young adults with Attention Deficit Hyperactivity Disorder (ADHD) within Croydon through South London and Maudsley.

22. Parents and carers of children with disabilities said they did not have access to sufficient information at, and just after, diagnosis to support them to care for their child at this time of immense stress, although some gave examples of positive experience with individual health workers including health visitors and portage workers. Parents and carers of children with disabilities feel they do not have sufficient access to health professionals to help their child develop to their full potential. Issues are compounded when the child’s GP is out of borough which has implications for prescriptions, continence supplies, health visiting services and referrals to therapists. Parents and carers of children with disabilities raised the issue of the low level of short breaks available to them.
23. Arrangements for transferring from children’s to adults health services are effective with the process starting around the young persons sixteenth birthday. A lead or link professional is allocated or ‘chosen’ by the child and or their parents or carers. Health action plans are completed six months before transition. Health books are offered and are made available to adult services so they are clear about young people’s medical needs, how to meet them and how to communicate with individuals. Parents spoken with had mixed experiences of the transition process with some differences when children are in education out of the borough.

24. Good progress has been made on reducing teen pregnancy with an overall 24% decrease in the last ten years, with work continuing to bring numbers down further. There has been a consistent reduction in the number of looked after children who have become pregnant in the last four years. The targeted teen pregnancy programme provides education, information and support for young people. The programme offers sexual health services in colleges and at the Turnaround Centre. Staff said targeted sexual health services in colleges, and specific support for looked after children and those involved in with high risk behaviours is having an impact. They have used the Joint Strategic Needs Assessment (JSNA) to identify areas of highest need or risk and put in additional sex and relationship education (SRE) in schools in these areas, training teaching staff to provide the 6-8 week course for pupils in year 9. Staff have received positive feedback from teachers about this programme. The SRE programme is carried out in both schools for children with disabilities. There are specialist services for teenagers who are pregnant. Midwives from the Crocus team at Croydon University Hospital see young women during their pregnancy and after the birth, offer advice on contraception and immunisations and handover care to health visitors. There is a good Family Nurse Partnership service within the borough. This service is currently working with 106 young mums. The service has not been operating for a sufficient length of time to determine if there are improved outcomes for young mums and their babies. A good example of early intervention work at Cotelands school is the specialist unit for teenage mums where CAMHS provide group or 1:1 support when required. The local referral system includes all under 16s who are pregnant being referred to children’s social care.

25. Health professionals are aware of the various services available to teenagers, both in the form of education to prevent teenage pregnancy and promote good sexual health so they can sign post young people appropriately. The Family Nurse Partnership service provides information and support during pregnancy until the child reaches two years of age. The electronic record system indicates when a young woman is receiving support from the Family Nurse Partnership service. There are twelve enhanced sexual health pharmacies in the borough where staff have completed training in child protection and are aware of the referral process and their responsibilities. National Chlamydia and gonorrhea screening is carried out in community settings alongside the GUM clinics.

26. Young people have good access to substance misuse services at LYF (Love Your Future) provided by COMPASS at the Turnaround Centre and five locality centres around the borough.
27. Good use of health visiting and school nursing staff ensures the healthy child programme, the weight and measurement programme in primary schools and immunisations in secondary schools takes place across the borough. Good systems are in place to ensure agency health visitors complete new birth visits.

28. The trust is working well on preparation for accreditation to the UNICEF Baby Friendly Breastfeeding initiative, 5 cafes in borough are breast feeding friendly and breastfeeding advice is available in children’s centres. Last year 69.7% mothers breastfeed in first 6-8 weeks which is above national figure of 45.2%.

Outcome 6 Co-operating with others

29. Health providers are represented at appropriately senior levels on the LSCB and the Children and Families Partnership. Health staff participate fully in the child protection processes, routinely attending core group meetings and case conferences, completing assessments and working through CAF and are seen as key partners by children’s social care.

30. There are joint commissioning arrangements for CAMHS, continuing care, speech and language therapy, short breaks and specialist equipment for children with disabilities.

31. Good systems are in place for health visitors to assess children starting school to ensure individual health needs are known and can be met. Staff said this system works. There are good systems for health visitors to inform health professionals in other boroughs when children move out of the area with a similar system in place to notify health professionals when children and families move into the borough, ensuring where there are concerns these families are seen quickly.

32. There are good, suitable arrangements for transition to adult mental health services that work well for young people with enduring mental health conditions. For young people who don’t meet thresholds to receive adult mental health services there are procedures to handover care to GPs. The same process is in place for unaccompanied asylum seeking children, although staff said the transition may be more difficult as social workers change for these young people at this time.

33. The looked after children nurse has good links with local authority and privately run children homes in the area to provide information and support through weekly visits to give sex and relationship advice.

34. The systems in place to meet the health needs of looked after children placed outside the borough are the same as for those placed in Croydon.
Outcome 7 Safeguarding

35. Croydon Health Services NHS Trust and South London and Maudsley NHS Foundation Trust are committed to partnership working to ensure children and young people in Croydon are safe. The trusts have policies and procedures for identifying and communicating concerns about child protection. Appropriate systems are in place to monitor practice and provide board assurance.

36. The trusts are appropriately represented at the CSCB and health sub groups and on the Children and Families Partnership. The designated doctor and nurse are part of the child death overview panel (CDOP) and are available to the rapid response team. Named staff attend MARAC and MAPPA meetings.

37. The mental health trust has good links with the CSCB, South London and Maudsley are represented on all sub groups (except for child death).

38. A designated doctor and nurse are in post, both have clear responsibilities and reported sufficient time to carry out their role, although they do not have capacity to further develop the service. They reported receiving appropriate supervision and support and are trained to the required level in child protection. Currently they are profiling GP surgeries, to confirm the training practice staff have completed, although the outcome of this is not yet known.

39. Named professionals are in post across acute and community services with the exception of a named midwife, although arrangements are in place for this role to be covered by a lead and link midwife for safeguarding which is being reviewed. There is no named GP despite numerous attempts, recruiting to this post is seen as a priority. Named staff have recently discussed starting regular meetings to share information, support and have case discussions. Named staff provide a variety of training sessions and support to staff across community and acute health services. They are aware of the challenges the area presents with its diverse population, high numbers of unaccompanied asylum seeking young people and families and the high levels of deprivation and have plans to address these.

40. Health staff reported good partnership work with children’s social care. All health staff spoken with had made referrals and reported improvements in the referral process since the introduction of new forms. Staff said it is clear and that there is an escalation process for referrals that do not meet the threshold that works well. The lead for child protection receives notification of child protection case conferences and ensures appropriate staff attend. There is good attendance at case conferences by health visitors and school nurses. Health visitors gave examples of early interventions that have prevented the need for child protection procedures to be initiated. School nurses gave examples of joint work with other health professionals around weight and healthy eating for children and young people.
41. GPs seen have had a CRB check and said all staff at their practices have a CRB check before starting work, although there is no process to ensure CRB checks are updated every three years. GPs seen had completed training in child protection to level 3 with annual updates or training completed every two years that has included learning from serious case reviews (SCRs). Overall, 98-99% of staff in GP practices have completed child protection training to the appropriate level. GP’s seen had experience of making child protection referrals (although none very recently) and are aware of thresholds.

42. GPs have a child protection lead in their practice. In one practice they have quarterly meetings with the safeguarding lead for independent health providers. GP practices have regular practice meetings either monthly or fortnightly, at these meetings they generally discuss children on a child protection plan, children in need and any families where there are concerns.

43. GPs said they do not attend child protection case conferences, generally because of short notice or the time it takes out of their day. They do send reports and get copies of minutes and decisions from conferences. GPs have raised the issue of their inability to attend conferences due to timing and short notice and said they have raised this previously to see if meetings could be arranged at more suitable times for them, although this has not been possible to date.

44. Child protection training includes learning from SCRs although the most recent training included learning from individual management reviews (IMR) which have focussed on domestic violence, sexual exploitation, gangs, recording and use of the Local Authority Designated Officer. Staff said other local issues include unaccompanied asylum seeking children and children missing from care. Staff were able to describe learning from recent SCR which has improved their recording practices, in particular in accident and emergency departments where staff now include their name and bleep number in records. Records seen generally included this information.

45. Croydon Health Service are reviewing the training evaluation forms to see how they can include comments from participants of the impact on outcomes for children who use the services.

46. Midwives ask pregnant women about domestic violence and substance misuse at the booking appointment and will get information from the GP or substance misuse service if the woman is known to the service. This is good practice. Staff are confident that they provide a good service to pregnant women who disclose that they use drugs. Midwives reported that for those women who either book late, or attend in labour, the support and help they are able to provide is more limited but that they still ensure that safeguarding concerns are identified and followed up robustly.
47. Services to meet the needs of children and young people who self harm are good. There is a good appropriate joint protocol between the accident and emergency department, the children’s ward and CAMHS for children and young people up to the age of 16 attending with issues around self harm and alcohol or substance misuse. They will be admitted to the children’s ward and assessed by CAMHS staff with a follow up after 7 days to ensure the young person remains safe. Young people attending aged between 16 and 18 are seen by adult mental health workers. This service operates out of office hours.

48. There is an effective child death overview panel with good links to the CSCB. There is a detailed child death overview annual report which follows the London template. It has been identified that there needs to be a faster response to the review of a death with referral forms to the panel being returned more quickly. This is being addressed. There is evidence of learning from sudden unexplained death in infancy (SUDI) and co-sleeping; health visitors now give information to all parents not just first time parents. There is a good rapid response team. The designated doctor and consultant paediatricians are able to attend the home visit but this has not been required so far. They attend the Rapid Response meetings. Generally the initial meeting is held within the required three days.

49. Information sharing between social care, acute and community settings is good. Acute hospital services are provided by Croydon Health Services NHS Trust at Croydon University Hospital. There is a separate paediatric accident and emergency department with suitable systems to identify children on a child protection plan. The department gets a list daily from Croydon, Lambeth and Sutton children’s services. This information is entered on the hospital computer system so all staff get a ‘flag’ that a child attending is on a child protection plan. The hospital computer system identifies repeat attendance. There is a liaison health visitor based in the accident and emergency department who reviews all child attendance slips and those at the urgent care centre. There are good systems in place to inform a child’s GP, health visitor or school nurse and social worker that a child has presented at the accident and emergency department. There is a new urgent care centre on the hospital site that is managed by a private organisation but has the same policies, procedures and access to details of children on a child protection plan. There is a minor injuries unit at Purley War Memorial Hospital which is managed by Croydon Health Services NHS Trust which has the same child protection policies and practices in place.

50. Weekly multidisciplinary meetings provide good opportunities for health professionals to discuss concerns and issues. Staff report the attendance of a team leader from childrens social care every fortnight is a welcome improvement from the previous monthly visit and this is assisting with good communication and information sharing.

51. Good systems are in place in the accident and emergency department to identify if an adult attending has children if they attend following incidents of domestic violence, alcohol or substance misuse issue, they are referred to childrens social care. All attendance following violence including gun and knife crime is reported to the police.
52. GPs confirmed they receive details of a child’s attendance at the accident and emergency department and noted an improvement with the type of information received and this is good practice. However, they report occasional issues with reading handwritten records and would prefer to receive a typed summary of the visit.

53. There are good systems in place in adult mental health services to establish if an adult patient has responsibility for children and young people. This enables identification of children and young people who might be at greater risk of abuse. The trust are developing a system to identify young carers, to ensure their needs are known and appropriate risk assessments are completed. If the concerns are regarding drug or alcohol misuse, there is a multi agency meeting and a CAF is initiated. There are good arrangements in place to safeguard children who visit their parents who are in-patients on an adult mental health ward.

54. There are good arrangements in place to ensure child protection medical examinations are carried out quickly by appropriately trained staff. Medical examinations following allegations of sexual abuse are carried out at the local Haven facility within the first seventy two hours and at the specialist unit at Croydon University Hospital after this timescale by consultant paediatricians who have received suitable training.

Outcome 11 Safety, availability and suitability of equipment

55. Suitable arrangements are in place for the provision of equipment for children with disabilities. Therapists provide training in operating specialist equipment to parents and staff in education services across the borough.

Outcome 12 Staffing recruitment

56. Staff recruitment processes in provider services include an enhanced CRB check being completed before staff start work. Systems are in place to renew CRB checks every three years.

Outcome 13 Staffing numbers

57. The trust had been operating with a 20-30% vacancy rate across community and acute health services and since November 2011 has been actively recruiting staff to vacant posts with no plans to hold posts vacant.

58. There are currently 8.6 health visitor vacancies which are being covered by agency staff. Appropriate ongoing recruitment processes are in place. There is good use of agency health visitors who complete new birth visits and cover some clinics. Risk assessments are effectively used to identify those children and families most at risk and ensure appropriate support is allocated to them.
59. There are currently five student health visitors with experienced practice teachers supporting their learning and the trust continues to work with local universities to maintain this number of students.

60. The trust is looking to recruit three more school nurses and has provided extra training to community staff nurses to enable them to work in schools and provide the school nursing service.

Outcome 14 Staffing support

61. A relatively new child protection supervision policy and process is in place across Croydon Health Service NHS Trust. Staff seen reported good access to supervision, although this is not fully embedded in the acute setting. However, there is good access to support regarding child protection issues from named child protection staff and consultants. A supervision audit carried out by the child protection nurses in November 2011 identified some gaps. An action plan was developed and is being worked through.

62. SWL Borough Team are piloting child protection supervision for GPs although it is too early in the process for evaluation and to see impact on outcomes.

63. CAMHS workers have regular supervision and the format includes child protection. Clinicians are responsible for recording discussions and actions on case files. Weekly team meetings include case discussion for all new cases. In addition there are daily multidisciplinary feedback discussions which include child protection issues. Staff said they can access safeguarding advisors for support and information.

64. Good arrangements are in place for supervision of designated doctor and nurse with both trained to the appropriate level in child protection.

65. Health staff in provider services have good access to safeguarding training to the appropriate levels. Action plans are in place within provider services to bring the number of staff trained to the appropriate level in line with the target set by NHS London. Staff spoken with had completed child protection training to level 3 and said training is relevant to the area they work in and all had been asked to evaluate training and felt involved in informing content of update training.

66. The looked after health team provide training on the specific health needs of looked after children to health professionals across the borough and have recently identified further training needs which will be addressed through training programmes.

Outcome 16 Audit and monitoring

67. There are good systems in place in provider services to monitor and review service delivery. Section 11 visits identified areas for development with action plans and improvements in service provision. These provide good board assurance on safeguarding children.
68. Contracts with provider services include monthly clinical review meetings and monitoring of action plans. Commissioners are currently monitoring action plans regarding health visiting and CAMHS to ensure risk is managed appropriately.

69. There is a detailed looked after children annual report that details staff in post, the number of initial and review health assessments and health action plans completed, with statistical details about looked after children, training sessions provided to other professionals. These findings have been incorporated into the team's action plan for the coming year.

70. The peer SIT review in January 2010 identified areas for the trust to consider regarding vacancy rates in clinical groups, which are being actively addressed. The review also suggested changes to child protection reporting which has now resulted in service level agreements including requirements for specific reports.

Outcome 20 Notification of other incidents

71. Suitable arrangements are in place to ensure appropriate and timely notifications are made to the relevant agencies including CQC.

Outcome 21 Records

72. Health assessments are generally completed in full, although not all within the required timescale, this had been identified with an action plan in place to improve timeliness of initial and review assessments. Initial assessments are completed on a Croydon Assessment modified from the BAAF forms. These were generally completed in full with improvements seen in those completed more recently. Annual health assessments seen did not all include the child's height, weight and details of the last optical and dental appointments. Action plans included letters to foster carer and GPs to ensure immunisations were up to date. Some care plans did not include the date they were completed and they were not signed by the relevant people. Health commissioners are aware of the issues identified through this inspection around timeliness of initial and annual health assessment and they are looking to address this. There are plans to work more closely with children's social care around the use of strengths and difficulties questionnaires and to address health inequalities between looked after children and unaccompanied asylum seeking looked after children.
Recommendations

Within 3 months (from Ofsted report)

*Croydon Health Services NHS Trust and South London and Maudsley NHS Foundation Trust* to review their child protection training programme to ensure all staff receive training to the appropriate level for their role

*NHS South West London Croydon Borough Team* to recruit a named GP and *Croydon Health Services NHS Trust* to recruit a named midwife

*Croydon Health Services NHS Trust* to ensure that child protection supervision is fully established in the acute setting

*Croydon Health Services NHS Trust* to ensure that the emotional and mental health needs of looked after children and young people are fully considered as part of their health assessments

*Croydon Health Services NHS Trust* to ensure that looked after children and young people are provided with a comprehensive written summary of their health history when they leave care

*NHS South West London Croydon Borough Team* to ensure that looked after children and young people have timely access to CAMHS

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.