

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

Date of Inspection	11th June 2012 - 22nd June 2012
Date of Joint Report	27th July 2012
Commissioning PCT	NHS North East London and the City
CQC Inspector name	Sue Talbot
Provider Services Included:	Barts Health NHS Trust East London NHS Foundation trust
CQC Region	London
CQC Regional Deputy Director	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](#) .

London Borough of Tower Hamlets	
Safeguarding Inspection Outcome	Aggregated inspection finding
Overall effectiveness of the safeguarding services	Good
Capacity for improvement	Outstanding
The contribution of health agencies to keeping children and young people safe	Good
Looked After children Inspection Outcome	Aggregated inspection finding
Overall effectiveness of services for looked after children and young people	Good
Capacity for improvement of the council and its partners	Outstanding
Being Healthy	Good

This report includes findings from the overall inspection report, and provides greater detail about what we found, mapped where relevant to the Essential Standards, in order that your organisation can consider and act upon the specific issues raised.

A copy of this report is being sent to your commissioning PCT, and CQC Regional Director. This report is also being copied to the Strategic Health Authority/Monitor as appropriate and CQC's Regional Director, who has overall responsibility for this inspection programme.

The Inspection Process

This inspection was conducted alongside the Ofsted-led programme of children's services inspections. These focus on safeguarding and the care of looked after children within a specific local authority. The 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 NHS organisations listed above, but includes some areas which may apply to one or more NHS bodies where pertinent.

Context

Tower Hamlets has a resident population of approximately 60,000 children and young people aged 0 to 18 years, representing 24% of the total population of the area. In 2012, 89% of the school population was classified as belonging to an ethnic group other than White British compared to 26% in England overall. English is an additional language for 74% of pupils. English and Bengali are the most commonly spoken community languages in the area. At the time of the inspection there were 298 children and young people who were looked after and 305 children who were the subject of a child protection plan.

Commissioning and planning of health services and primary care are carried out by NHS East London and the City Primary Care Trust (ELC). Barts Health NHS Trust (BHT) is main provider of acute and community health services including health visiting, school nursing and paediatric therapies. The Royal London Hospital located in the area has a dedicated Paediatric A and E Unit, maternity and newborn services. Child and adolescent mental health services (CAMHS) and adult mental services are provided by East London NHS Foundation Trust (ELFT). Children and families access primary care services through one of the 34 local GP practices and walk in centres and the urgent care treatment centre based at the Royal London Hospital. (Ofsted 2012)

Analysis of public health data indicates a mixed picture of the health needs and outcomes for children and young people living in the area. Infant mortality rates are similar to other London boroughs. Teenage conception rates have been falling and now compare well to other boroughs in London. Childhood immunisation rates are amongst the best in the country. Tower Hamlets has good breast feeding and continuation rates compared to the average for London and England. There is high prevalence of maternal vitamin D deficiency. Tooth decay rates are improving, but remain higher than the London averages. Levels of childhood obesity are the 6th highest in London. The borough is one of the most deprived in England. Caseloads of community health staff contain high numbers of children and young people whose lives are significantly affected by poverty, unemployment, poor housing and overcrowding.

1. General – leadership and management

1.1 Senior managers in health and across the partnership provide strong, effective and innovative leadership. This is secured by a shared and ambitious vision and drive to keep children safe and continuously improve outcomes for them and their families. The council and its partners have made good progress in establishing comprehensive early intervention and prevention services. Safeguarding practice is centred on the provision of early help with wide ranging targeted work taking place with families where children are most at risk of poor outcomes. This is leading to clearer assessments of children and young people at risk of harm and a sustained reduction in the rate of children entering the care system.

1.2 The contribution of health to safeguarding children and young people is good. Senior health managers, designated and named staff provide strong leadership, support and oversight of safeguarding children work resulting in good and continuously improving practice in most areas. Designated and named safeguarding professionals are highly committed, knowledgeable and improvement driven in their approach to keeping children safe. They make a significant contribution to the work of the Local Safeguarding Children Board (LSCB), and to regional and national development work. However, although a named GP has been in place for some time, GP representation is not yet secured on the LSCB as required within *'Working Together to Safeguard Children'* (2010). The Clinical Commissioning Group's (CCG's) focus on vulnerable children and their families is recognised as an area for further development and work is planned to progress this. Child Death Overview Panel (CDOP) arrangements are effective and are secured through strong multi-agency working.

1.3 Professional standards and accountabilities are clear and regularly audited to promote individual, team and organisational learning. Our inspection of child health records identified some areas where the quality of practice is not fully compliant with the required standards. A programme of mandatory record keeping training for staff has commenced to improve practice. Internal audits of clinical practice are supporting regular review of the quality and safety of services. NHS provider trusts and primary care services have up to date policies and procedures that provide good guidance to staff about their responsibilities for safeguarding vulnerable children.

1.4 The health of children and young people who are looked after is good. Partnership working with children's social care is good and is supporting improved outcomes and high levels of compliance with statutory guidance. Initial health assessments are comprehensive and provide a clear picture of the health needs of children coming into care. There is very good coverage of annual health checks and immunisations. However, some review health assessments seen of older children and young people placed out of borough did not provide sufficient information about their emotional health and mental wellbeing to inform a comprehensive analysis of risk. Support for care leavers has been identified as an area for further development to strengthen multi agency approaches to prevention.

2. Outcome 1 Involving Users

2.1 Health staff across the sector display good communication and partnership working with young people and their families. Paediatric staff, including therapists, work closely with young people to promote their active involvement in planning their care and treatment. The play worker in the paediatric emergency department at the Royal London Hospital is responsive to children's queries and anxieties and positively supports a reduced need for sedation. Health advocates and the Paediatric Liaison Team (PLT) ensure a holistic focus on the needs and wishes of children with high or complex needs. Members of the Child Development Team (CDT) work closely with parents to ensure they are appropriately informed and supported in meeting the needs of their children.

2.2 '*Barts and the London kids*' website provides an accessible and creative means of enabling young people to understand what to expect from a visit to A and E or a hospital stay. The '*Making Young Carers Count*' information pack provides clear and accessible information to help young carers understand and cope with the needs of a family member with mental health problems. A number of media and communications campaigns give young people clear and consistent messages about under age sexual relationships and their associated risks.

2.3 The Children in Care Council (CiCC) is well established, and the range of work undertaken by the CiCC is outstanding. There is work in progress to expand its focus on the health and wellbeing of young people and to strengthen their engagement in the design and delivery of local health services. Children and young people who are looked after actively contribute to their health assessments, and their experiences and wishes are clearly recorded. Young people over age 11 are routinely given copies of their health assessment and care plan. Appointment times are flexible; however, the current capacity of the designated health staff means young people are not routinely offered a choice about the location of their health assessment. An evaluation of in patient mental health care and treatment provided by the Coborn Centre has identified good engagement of young people in developing their care plans and access to advocacy is strongly promoted. '*You're Welcome*' young assessors have inspected sexual health services across the borough with a total of 28 providers, including pharmacists, being rated as young person friendly.

2.4 NHS commissioners and LSCB members are working to ensure the views and experiences of young people and their families are consistently taken into account in the way services are provided and delivered. Senior managers give high priority to learning from the experience of people using local services, including analysis of satisfaction levels. Feedback from teenage parents indicates very high satisfaction levels with the quality of service provided by the Family Nurse Partnership (FNP). Maternity services have hosted a number of focus groups to improve understanding of women's preferences and experiences, and enable them to have more choice and control over their care arrangements. Commissioners involve young people at key stages of the commissioning cycle, including the evaluation of tenders. Providers are increasingly involving young people in the recruitment of staff. Young people and their families have contributed to the re-design of local CAMH services, and their feedback is routinely monitored through the user involvement group and questionnaires.

2.5 Health staff have very good awareness of and are responsive to the diverse needs of the local community. Local projects including diabetes care for members of the Somali community, and health screening of children from the Bengali community ensure early recognition of long term conditions. There is good access to interpreting and translation services. Bi-lingual support workers are effectively used to support the engagement of young people and their families. The CAMH service is culturally sensitive and effectively targets young people, their families and communities who may be reluctant to ask or do not know how to access help. Therapeutic work encourages thorough discussion about areas young people and their families see as important to their well being and family functioning.

3. Outcome 2 Consent

3.1 Consent is well managed, although it was not fully recorded on a number of child health records seen. Safeguards are in place to identify, support and protect young people who are under the legal age to consent to sexual activity and young people who lack mental capacity.

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

4.1 The health inequalities experienced by local children and their families are well recognised by senior managers and influence local commissioning and service delivery priorities. A range of health promotion activities, including the Healthy Early Years project and the Healthy Families programme have been effective in improving awareness and encouraging changes in behaviours within families to promote good nutrition, healthy living and exercise. New approaches to health promotion by school nurses provide a structured approach to screening for neglect and enable targeted preventative work with vulnerable families. Health visitors positively promote health, wellbeing and parent-infant relationships, and work closely with GPs to reduce the risk of postnatal depression. Immunisation programmes are well established and provide good protection for children.

4.2 The focus on the health needs of children and young people who are looked after is good. Notification of children coming into care or changing placement has improved, and timescales for statutory health assessments are now generally met. Initial health assessments are comprehensive and provide a clear picture of the health needs and risks to children entering care. At the end of March 2012, 95% of children had an annual health assessment and dental check, and 89% had been immunised, denoting good performance compared to similar councils. Health promotion is sensitively addressed in annual health reviews including smoking cessation, drug and alcohol use, sexual health and contraception. Health risks are fully investigated with evidence of improved outcomes for many children.

4.3 Foster and adoptive parents benefit from regular training, and have good access to specialist health advice and support to promote children's attachment and self esteem thereby reducing the risk of placement breakdown. Speech and language therapists proactively help young children with language development and social skills. CAMHS provide timely and effective support to children and young people who are looked after up to the age of 18. Inspectors found some review health assessments of older children and young people placed out of borough did not provide sufficient information about their mental health and emotional wellbeing to inform a comprehensive analysis of risk. '*Strengths and Difficulties*' questionnaires are not yet fully embedded in health assessment and review arrangements.

4.4 Support for care leavers is recognised as an area where further work is required to strengthen multi agency approaches to prevention. The designated nurse is working to ensure that all young people 16 years and older are provided with a comprehensive health history in preparation for leaving care. Although the number of young people in care who become pregnant is relatively small, there has been a significant increase in the number of care leavers becoming pregnant. They are well supported by Family Nurses with good outcomes including return to education or employment, with babies making good progress against their developmental milestones.

4.5 The re-design of the local CAMHS has led to improved access for children and young people. Waiting times from referral to treatment now average 4-5 weeks compared to 11 weeks previously. CAMHS and the PLT teams work closely with A and E and paediatric wards at the Royal London Hospital in ensuring a holistic assessment of young people's needs. There are clear care pathways supporting the teams' work. The early identification of young people with specific mental health needs, including young people with psychosis or bi-polar disorders is resulting in better clinical outcomes. However, some gaps remain in local arrangements for the provision of lower level support to young people with emotional or mental health needs. School nurses are working to strengthen their capabilities to provide enhanced support to young people and their families. Children and young people who fail to attend CAMHS appointments are closely monitored. Risk assessments and follow up checks are undertaken to ensure they are safe. Practice has been strengthened in the light of learning from a serious case review.

4.6 Community nurses provide good support to children with disabilities or long term conditions and work to effectively reduce levels of admission to hospital and length of hospital stays. Hospital discharge arrangements, including identification of need for ongoing support or specialist equipment are well managed. There is a good range of short breaks provision including support to children in their own homes. The specialist trauma care and support for children provided at Royal London Hospital is secured by a comprehensive focus on their safety and well-being, with some good outcomes from the work of the hospital teaching team in diverting young people from gang activity. The autism assessment service has been strengthened following analysis of gaps in provision evidenced in the joint strategic needs assessment (JSNA). Appropriate arrangements are in place for children with continuing health care or end of life care needs. Transition arrangements for young people with disabilities or long term conditions are appropriately managed.

4.7 There is a good range of sexual health and contraception services provided in Tower Hamlets. These include the Tower Hamlets Contraception and Sexual Health service (TH-CASH), with targeted support from TH-CASH Options (Young Persons Sexual Health Service) to young people at risk of sexual exploitation. The integration of young persons and adult sexual health services ensures a seamless transition and effective sharing of information and records concerning the safety and wellbeing of vulnerable young people. There is a clear focus on the management and prevention of sexually transmitted diseases. However, screening figures for young people under the age of 25 are currently lower than the England average. Work is in progress to improve targeting and identification of risk. Teenage pregnancy rates are low and have steadily reduced in recent years. Termination of pregnancy is appropriately managed by TH-CASH. Teenagers who are pregnant and young fathers benefit from good support in helping them prepare for parenthood and promote the healthy development and safe care of their babies. Family nurses provide comprehensive, individually tailored support that promotes young parents' self esteem and the achievement of their personal goals. The Gateway midwives provide targeted support with good outcomes for vulnerable women including those who misuse drugs or alcohol, have mental health needs or who have experienced domestic abuse. Strong partnership working between Options, the Family Nurse Partnership (FNP) and Gateway midwives ensures a smooth transfer of casework between teams. A mother and baby unit located in the neighbouring borough of Hackney provides a range of therapeutic support for women with complex mental health needs.

4.8 Work undertaken by 'CHAMP' and 'Breaking the Cycle' staff demonstrates good practice in promoting the safety, well-being and resilience of children living in families where parental mental health or substance misuse is a concern. Positive outcomes include a reduction in levels of substance misuse, enhanced parenting skills and boundary setting with children, and a reduction in anxiety and depression. Support for young carers is highly valued by young people and the help provided is sensitively tailored to recognising the stresses and challenges in their lives. Inspectors found examples of creative work with young carers and their families to address barriers to the achievement of their personal goals, enabling them to feel safe and well supported.

5. Outcome 6 Co-operating with others

5.1 Partner agencies work creatively and effectively together at strategic and operational levels to deliver the priorities of the Children and Families Partnership and the LSCB. Designated and named health professionals actively support the work of the CDOP and the LSCB subgroups including delivering multi agency training and investigating and addressing areas for improvement identified in serious case reviews. Joint working between adult mental health and substance misuse teams, midwifery, health visitor and children's social care teams is good. Practice is secured by clear pathways and shared approaches to safeguarding young children. The Integrated Pathways and Support Team (IPST) provide a timely response to safeguarding queries and referrals. The team includes an experienced health visitor whose input is valued in exploring support options for children who do not meet the threshold of significant harm. Differences of view about levels of risk are appropriately escalated, and agreement is usually secured in a timely manner about the most appropriate way forward. Health staff are actively involved in multi agency risk assessment meetings to protect children who have experienced domestic abuse (MARAC arrangements), and in planning the management and care of perpetrators of abuse (MAPPA arrangements). Health visitors and schools nurses appropriately follow up domestic violence notifications to ensure children are safe.

5.2 The '*Family Well Being Model*' provides a structured approach to embedding the use of the Common Assessment Framework across all partner agencies. The Model seeks to strengthen the role and accountabilities of partner agencies in meeting children's needs ranging from the provision of universal to specialist and intensive levels of support. It sets out clearly the structure for consultation, co-ordination and co-operation between partner agencies. Community and specialist health staff actively engage in team around the child meetings, working closely with partner agencies, young people and their families to address risks, effect change and deliver improvements in parenting capacity. Community health teams are learning how best to deliver the lead professional role to support their work with families who do not meet the threshold for social care intervention. The local authority and health partners are working to enhance practice in this area, including strengthening electronic information sharing capabilities across the partnership.

5.3 The restructuring of Barts Health NHS Trust (BHT) has led to improvements in wider team working and the co-ordination of care between Royal London Hospital, GPs and community based staff. Weekly case discussions of risks to children held by A and E staff support robust multi disciplinary analysis of concerns and learning from incidents to guide future decision making and strengthening of the management of risk. Joint case management and tracking of the needs of vulnerable children is well managed and ensures children admitted to hospital benefit from effective discharge planning and follow up support. Hospital staff report excellent joint working relationships with the hospital social work team.

5.4 Strong partnerships underpin support to vulnerable pregnant women to ensure effective management of their needs and secure the safe delivery of their babies. Women with mental health needs have good access to specialist assessments and care. Monthly maternity meetings are held with social care staff where all referrals to the Gateway team are reviewed and action is taken to ensure a timely response to concerns identified. Good joint working with children's centres' staff enables targeted support for teenage parents. Community health and children's centre staff have successfully achieved the UNICEF '*Baby Friendly*' award denoting the high standard of care and good performance in promoting breast feeding activity. Child protection medicals are well managed; however in some cases clinical staff would welcome more detailed information from the referring social workers about children and their social histories to inform their evaluation of risk.

5.5 Partnership working delivers improved outcomes and opportunities for looked after children and care leavers. The designated doctor and nurse for looked after children are effectively engaged in the work of the adoption and fostering panels. A multi agency looked after children steering group meets quarterly and provides an important check of the performance of local organisations in meeting children's needs. Health staff report good joint working relationships with children's social care and a shared and constructive approach to problem solving. Action has recently been taken to support better access by health staff to social care records, including Strengths and Difficulties questionnaires.

5.6 The child development team (CDT) includes a range of clinical and therapy staff, and the co-location of a social worker within the team is highly valued. Partnership working between professionals and agencies is strong in promoting individualised and child centred care. The team is an excellent resource to families, education and social care staff in developing safe care and individually tailored approaches to meeting the complex needs of children. Strong partnership working between the Family Support team and therapy staff in children's centres provides effective support in enabling children to meet their developmental milestones. The weekly '*Little Explorers*' group encourages peer support between parents and their children. The group also provides structured therapy sessions from speech and language, occupational and physiotherapy, and the CDT social worker provides regular input for parents and children attending the sessions. BHT speech therapists work closely with children's centres and schools to identify and address communication issues that often result from deprivation rather than specific impairments or developmental delay. '*Chatterbugs*' sessions effectively engage parents in learning how to interact with their youngsters through play to improve their conversation and language skills.

5.7 CAMHS staff have strong partnerships with children's social care. The CAMH service has strengthened its focus on the provision of support to parents and children under the age of 5 years. They offer drop in sessions in children's centres to improve screening for developmental delay or behavioural difficulties. CAMHS teams work closely with partner agencies to build their expertise and confidence in supporting young people with lower level emotional, mental health and behavioural needs who do not currently meet the threshold for referral to CAMHS. However, it is acknowledged that some gaps remain in preventative capacity. Counselling is available in some schools, but there is uneven access across the borough. Young peoples' substance misuse staff work closely with CAMHS and Youth Offending Services (YOS) to divert young people from crime and ensure they have good access to a range of mental health and therapeutic support services.

6. Outcome 7 Safeguarding

6.1 CDOP arrangements are effective and are secured through strong multi agency working. Cases seen provided good evidence that the root causes and contributing factors of sudden and unexpected deaths are clearly analysed. Rapid response arrangements work well. Lessons learned are widely shared with the LSCB and relevant NHS providers to ensure any weaknesses in practice or inter-agency working are appropriately addressed. Improvements in practice include ensuring adult mental health staff maintain a strong focus on the needs of children within families, and wide promotion of information to parents about the risks of co-sleeping.

6.2 The CCG is working to strengthen its arrangements for safeguarding children. At the time of this inspection, its structure and governance arrangements had not yet been agreed. PCT commissioners and designated staff have provided strong leadership and delivered a range of training and awareness raising events for local GPs. All GPs are now trained to level 3, and all are CRB checked. A training handbook has been developed to support consistent practice. There are safeguarding leads in every practice, and GPs working in the area collaborate well with each other. A Named GP has been in place to support development work for the past couple of years. Some GP practices have well developed systems to involve their partner agencies in monitoring and reviewing risks to children and their families, but this approach is not universal. All GPs are aware of children on child protection plans and have an electronic flagging system in place and a dedicated code for recording safeguarding activity. However, there is low attendance of GPs at child protection conferences, and inconsistencies in the extent to which medical reports are provided. A new report template has been developed to strengthen practice, but it is too early to assess its impact.

6.3 Health visitors and school nurses have clear pathways for alerting children's social care staff to concerns about the safety and welfare of children. Community health staff reported positively on their engagement in child protection meetings. Attendance is now good and is regularly audited. The number of community health staff attending case conferences has significantly increased from 50% attendance in August 2011 to 93% in May 2012. Staff reported they felt their contribution was valued and that they were encouraged to challenge decisions where appropriate. Frontline staff identified positive changes to practice to strengthen local safeguarding arrangements. These included tools to support comprehensive analysis of risks contributing to better targeting of their work and a stronger focus on prevention. Priority is given to identifying the hidden harm risks to children and young people living with parents who misuse drugs or alcohol. Home safety checks include the safe storage of drugs.

6.4 The Royal London Hospital has good arrangements to recognise and follow up concerns about risks of harm to children and young people presenting at its A and E, out patients and the minor injuries unit. All staff working in A and E are appropriately trained in basic life care and resuscitation. Clinical and nursing practice is secured by a range of audits and robust oversight of practice by the named doctor and nurse. Staff are vigilant, and checks of children's previous attendances are routinely undertaken. There is strong support for frontline practitioners with 24 hour access to safeguarding advice staffed by designated and named professionals. An electronic flagging system has been recently introduced that supports improved identification and tracking of children attending A and E who are subject to a child protection plan in Tower Hamlets. Reporting of concerns to social care and community health staff is effectively managed.

6.5 There is good consultant and paediatric nursing cover in A and E. Referral pathways are clear with good support from psychiatric liaison staff in following up young people who self harm or parents presenting with mental health needs out of hours. Practice has been audited against NICE guidance and a high level of compliance has been achieved in delivering the required standard of care. Relatively low numbers of people attend A and E under the influence of drugs and alcohol, and when they do so, there are clear strategies for managing risks. Medical examinations, including child protection medicals, are appropriately managed. Medical reports seen, including of children alleged to have been sexually abused, were appropriately detailed with good management oversight by senior clinical staff. This work is undertaken by skilled and experienced staff with good access to appropriate equipment. At the time of this inspection, the sexual abuse referral centre (SARC) in Whitechapel was closed to new referrals of children. Alternative arrangements included examination at the Royal London Hospital or other SARCs in the city.

7. Outcome 11 Safety, availability and suitability of equipment

7.1 The new paediatric A and E at Royal London Hospital provides good equipment and facilities for supporting children and young people in an emergency. There are sufficient examination rooms and play space for children and young people to meet demand. The dedicated paediatric A and E is open 24 hours a day with appropriately trained paediatric A and E nurses on duty at all times.

7.2 The new maternity and special care facilities at the Royal London Hospital provide a high standard of accommodation including facilities for visitors. The new facilities provide good levels of security and privacy.

7.3 Equipment to support children's mobility and personal care needs is generally easy to access, although frontline staff reported there can occasionally be delays in the provision of wheelchairs for children.

8. Outcome 12 Staffing recruitment

8.1 ELFT and BHT comply with safe recruitment procedures. All staff are subject to appropriate checks of their references and qualifications prior to appointment. Practice is compliant with Independent Safeguarding Authority (ISA) requirements including Criminal Records Bureau (CRB) checks. Recruitment and selection of staff positively reflects the diversity of the local population.

9. Outcome 13 Staffing numbers

9.1 Workforce capacity has been reviewed, and in most areas is sufficient to meet local demand. Workforce plans are progressing well to enable the full delivery of the '*Healthy Child*' programme. Service re-design or reductions have been carefully managed, underpinned by effective risk management. Action is being taken to strengthen the knowledge and skills of front line staff to provide a range of early intervention and prevention work to support wide implementation of the '*Family Well Being*' model. Workforce development is effective and has actively promoted job enrichment and skill mix in front line community health teams, enabling improved capacity to respond to urgent work as well as meeting requirements for lower level on-going support. Vacancy rates in school nursing and health visiting services are tightly monitored and have been steadily reducing. The PCT has allocated additional resources to strengthen the capacity of local health visiting services. The Family Nurse Partnership is well established and benefits from a highly committed, experienced and stable team.

9.2 Following its recent restructuring, BHT has addressed gaps in the staffing capacity of its named locality safeguarding professionals. There is strong leadership and support from named doctors and nurses in overseeing the quality of safeguarding practice undertaken by frontline staff working in the hospital and community. Robust action is being taken to strengthen access to safeguarding training and supervision. The capacity of the named GP is an area for further review to enable stronger engagement of primary care in safeguarding children work.

9.3 The capacity of the looked after children health team is stretched. Whilst essential health assessment and reviews work is generally effectively discharged, some aspects of service development activity, including young peoples' involvement and support for care leavers, require strengthening.

9.4 The Gateway midwifery team has been expanded to meet increased levels of demand and ensure sufficient capacity to deliver the level of work required to improve outcomes for vulnerable women and their babies. Women who require additional support are promptly identified and booked early to allow for effective identification of their needs and social circumstances, and of risks to them and their babies.

9.5 ELFT in partnership with local health and social care commissioners has designed a new model for the organisation and delivery of CAMHS in Tower Hamlets, consisting of larger front-line multi-disciplinary teams and fewer specialist teams. The restructuring has promoted stronger team working and sharing of expertise, and importantly has resulted in reduced waiting times for treatment. Job plans, activity levels and accountabilities for service delivery are clear.

10. Outcome 14 Staffing support

10.1 The LSCB provides a good range of multi agency safeguarding training and most staff reported positively about access to and the quality of training provided. Community health staff and those working for ELFT comply with the required training targets. However, some Royal London Hospital based staff, including midwives and acute paediatric staff, have not yet achieved the required level of safeguarding children training. There is evidence of a steady increase in the numbers accessing training, and progress is closely monitored by senior managers and commissioners. Organisational learning is effectively managed within and between local health organisations, and the designated doctor and nurse together with named professionals provide strong leadership and drive in supporting the achievement of the required standards of practice. Named doctors and clinical leaders have implemented a comprehensive programme of training for junior doctors to equip them with the skills and knowledge to undertake child protection examinations.

10.2 Designated and named safeguarding health staff have appropriate work plans and supervision arrangements reflecting their roles and accountabilities for safeguarding children. Frontline health care practitioners reported good support from the domestic violence co-ordinator and named safeguarding staff. Supervision arrangements of frontline community health staff have been radically transformed, and most staff now benefit from regular one to one and peer supervision. The '*Signs of Safety*' supervision model has been implemented to enable structured reflection on family functioning, risks and the actions required to address concerns. Frontline staff reported having a clearer understanding of thresholds of harm, a more holistic focus on the needs of children and their families, and greater clarity about their individual roles and agency accountabilities. Family nurses are supported to continuously reflect on and review their practice weekly with their FNP supervisor. The monthly psychology consultation by Adult Psychology is highly valued in helping the team to think in depth about managing the complexity of the work. Coverage of supervision is reported to locality managers on a monthly basis. However, there remain a few gaps in the provision of safeguarding supervision of staff working at the Royal London Hospital.

10.3 The biggest operational challenges identified by frontline health staff relate to access to and the reliability and functionality of electronic health case management systems including their alignment with other systems in use within the wider health and social care economy. This is a significant barrier to the effective implementation of e-CAF. This has been identified as an organisational risk on the BHT risk register and a programme of ICT improvements is planned to address this.

11. Outcome 16 Audit and monitoring

11.1 The LSCB sets high standards of safeguarding practice and maintains strong oversight of the performance of local partners, including NHS providers, in meeting statutory requirements. There is evidence of effective multi agency challenge and support in learning lessons from serious case reviews. Progress in delivering serious case review recommendations is closely monitored and has informed staff training, such as courses for working with fathers and families unwilling to engage with services. The LSCB has creatively used learning from the Social Care Institute for Excellence (SCIE) pilot to strengthen its systems approach for undertaking case reviews. This has enabled partner agencies to test out new ways of working and to be more systematic in their analysis of information.

11.2 The PCT commissioning group and clinical quality review meetings provide robust scrutiny of the quality and impact of safeguarding children work. This includes routinely checking providers' compliance with training, safe recruitment and the effectiveness of their internal risk management arrangements. Designated safeguarding professionals play a pivotal role in work to continuously enhance the focus on quality in contracts and actively monitor levels of activity and trends identified in safeguarding children performance dashboards. Areas of good performance and improvement actions are clearly identified and followed up. Levels of complaints made about the quality and safety of services for children in the locality are relatively low. There are appropriate arrangements in place to learn from complaints. Performance in delivering the requirements of the '*Healthy Child*' programme are closely monitored and targets have been set to address areas where further improvement is required.

11.3 NHS providers have a range of systems for tracking the quality of work undertaken and improving their data capture of outcomes for children and their families. ELFT demonstrates a high level of compliance with Section 11 requirements including exceeding staff training targets at all levels. ELFT has developed robust assurance arrangements including 6 monthly auditing of case records. Trust board directors receive regular safeguarding children performance reports covering a range of activity including compliance with mandatory training, lessons from serious case reviews, CRB checks and allegations against staff. The Trust has implemented a safeguarding children audit tool for adult mental health services in recognition of their vulnerability

11.4 BHT has a comprehensive programme of audits to assure the quality of its services. Clinical audits of child protection medical examinations have been effective in identifying areas of good and under developed practice. This has supported wider learning about the management of non accidental injuries and provides a clear baseline to inform future audits. Audits of CDT work demonstrated high satisfaction rates with the quality of service provided and have enabled better understanding of the priorities of parents. Feedback is being used to further strengthen joint working arrangements, the provision of information, and to reduce the social isolation experienced by parents caring for a child with complex health needs or disabilities.

11.5 Pathways in maternity care are robust. Risk assessment processes are well developed and the incidence of serious incidents has significantly reduced. The Gateway team has undertaken an audit of its practices against NICE guidance for pregnant women with complex social factors. This identified positive outcomes in key areas including the majority of babies being born at full term and within a normative weight range. Areas for further improvement are clearly recognised and are being addressed.

11.6 Performance management of the work of the looked after children's health team has been strengthened. The designated nurse has established a data base to support effective monitoring of activity and performance. Audits of practice have supported improvements in the experience and outcomes for children and their carers. This includes reduced waiting times for initial health assessments and improved data on immunisation and health checks.

12. Outcome 20 Notification of other incidents

12.1 NHS providers comply with serious incident notification requirements and ensure such incidents are reported within the required timescales.

12.2 Referrals to the Local Authority designated officer (LADO) are increasing. NHS providers have appropriate internal disciplinary and capability arrangements in place for addressing poor care and treatment of children and young people. Whistle blowing policies are in place and encourage reporting of poor professional practice.

13. Outcome 21 Records

13.1 The quality of child health care records seen was mixed. Inspectors found clear, appropriately detailed observations and analysis of risk by some community health staff, but this high standard was not consistently achieved. Some case records did not fully comply with the required standards of professional practice including use of chronologies to inform analysis of risk. Personal information was missing on some records. Health managers and safeguarding professionals clearly recognise areas where further work is required to ensure gaps in practice are addressed and are increasingly using audits to check and improve record keeping standards. BHT has recently added record keeping to its programme of mandatory training to ensure all staff are fully aware of their accountabilities in this area.

Recommendations

Immediate

The Council, together with local health providers including NHS North East London and the City, Barts Health NHS Trust and East London NHS Foundation Trust, should:

- *ensure that electronic case recording systems effectively support staff to record their work and demonstrate management oversight in all cases to assure risk management is effective (Ofsted, June 2012)*

NHS commissioners NHS North East London and the City, together with Barts Health NHS Trust should:

- ensure the review health assessments of older children and young people placed out of borough provide comprehensive information about their emotional and mental wellbeing to inform future care planning.

Within 3 months

NHS commissioners NHS North East London and the City, together with Barts NHS Health Trust should:

- *ensure that staff within the Royal London Hospital site have the required level of training and supervision appropriate to their roles and responsibilities in safeguarding children (Ofsted, June 2012)*
- jointly review the capacity of the looked after children health team to address current gaps in engagement of young people in shaping the development of services and provision for care leavers.

The council together with local health partners including NHS North East London and the City, Barts Health NHS Trust and East London NHS Foundation Trust, should:

- *ensure the Children and Families Partnership holds the LSCB to account for the effective delivery of the LSCB work plan for 2012/13 (Ofsted, June 2012)*

NHS commissioners NHS North East London and the City, together with Barts NHS Health Trust should:

- *appoint a named GP to support the work of the Local Safeguarding Children Board and continue to develop the role and contribution of GPs in keeping children safe at strategic and operational levels (Ofsted, June 2012)*

Within 6 months

The council together with local health partners including NHS North East London and the City, Barts Health NHS Trust and East London NHS Foundation Trust should:

- *strengthen their capacity to deliver lower level support to young people with emotional and mental health needs (Ofsted, June 2012)*
- *keep under review the implementation across the partnership of the family wellbeing model in order that all agencies have a shared understanding of the thresholds for access for children in need and children in need of protection (Ofsted, June 2012)*
- review how the views, wishes and feelings of children who enter the child protection system can most effectively be promoted and considered at child protection conferences including their supported attendance

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.