ENCLOSURE: F

Agenda Item: 106/14

NHS Bexley Clinical Commissioning Group

Governing Body (public) meeting

DATE: 25 September 2014

Title	**Safeguarding Children annual report 2013/14** **Female Genital Mutilation update**	
Recommended action for the Governing Body	That the Governing Body: **Approve** - Safeguarding Children annual report 2013/14 **Note -** The summary of work undertaken across Bexley to address the risk of Female Genital Mutilation to young girls.	
Executive summary	Bexley Clinical Commissioning Group (CCG)) are required to receive an annual report on safeguarding children arrangements as part of local and national governance framework. This ensures accountability for safeguarding children at all levels by ensuring the board are kept informed of the main issues, risks and key priorities to be considered over the coming year. Female Genital Mutilation, often referred to as 'FGM' is an area of safeguarding which has received considerable media attention during 2014. Bexley Safeguarding Children Board (BSCB) has established a Female Genital Mutilation (FGM) Working Group led by Bexley Clinical Commissioning Group to develop awareness and develop a standardised approach to safeguarding Bexley children at risk of FGM. This paper provides a summary of the work to date.	
Which objective does this paper support?	**Patients:** Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	
	Process: Commission safe, sustainable and equitable services in line with the operating	✓

	framework and which improves outcomes and patient experience	
Organisational implications	Key risks (corporate and/or clinical)	This report provides assurance that The CCG ensures accountability for safeguarding children across the Bexley health economy
	Equality and diversity	Services are provided in a manner which acknowledge and take account of equality and diversity issues
	Patient impact	
	Financial	
	Legal issues	
	NHS constitution	Ensuring compliance with relevant legislation and policies
Consultation (public, member or other)	Not applicable	
Audit (considered/approved by other committees/groups)		
Communications plan	For publication on NHS Bexley CCG website	
Author	Jill May Designated Nurse Safeguarding Children	
	Clinical lead Jill May	Executive sponsor Simon Evans-Evans
Date	5th September 2014	

NHS

Bexley Clinical Commissioning Group

Safeguarding Children Annual Report 2013-2014

Jill May
Dr Sarah Ismail
Designated professionals Safeguarding Children
August 2014

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Introduction

NHS Bexley Clinical Commissioning Group (CCG) are required to receive an annual report on safeguarding children arrangements as part of local and national governance framework. This report covers the period June 2013- July 2014.

The CCG is a statutory NHS body with a range of statutory duties, including for safeguarding children.

Summary of the key issues covered in this annual report

This report addresses the safeguarding responsibilities of the CCG.

It builds on developments outlined in the Annual Safeguarding Children Report 2012-2013. A separate report is provided addressing progress regarding the Health of Looked After Children.

This report is split into 6 sections:

1. Local context
2. Summary of progress
3. Governance and accountability
4. Policies and procedures
5. Quality assurance of the safeguarding arrangements
6. Priorities for 2013-14

1. Local context

The population of Bexley is 223,300. 60,500 children and young people aged 0-19 years live in Bexley (25.8% of total population). The population of Bexley is diverse. Approximately 34% of Bexley's school pupils are from black and minority ethnic (BME) backgrounds. 13% of these children speak English as an additional language.[1]

Overall Bexley is not a deprived borough, but 20% of children under 16 years are living in poverty (compared to 27% across London). The deprived wards are in the north of the borough, in Erith and Thamesmead, there are also pockets of deprivation in the Cray wards situated in the south.

Poverty and poor housing are environmental factors which add stresses to families and can affect parents' ability to cope and the wellbeing of children. It is important to emphasise any child can be abused, however domestic abuse, parental substance misuse are factors frequently present in cases where there are safeguarding concerns, often in combination. There is a concentration of these risk factors in these deprived wards in Bexley and therefore a higher incidence of safeguarding concerns.

At 31st March 2014 there were 255 children subject to a child protection plan in Bexley. (see appendix 1).

The health of Bexley children is generally similar or better than the England average, although children in Bexley have higher than average rates of obesity.12% of children in Reception and 24% of children in year 6 are classified as obese.

[1] *Child and maternal health observatory March 2014*

The MMR immunisation rate is lower than the England average. Immunisation rates for diphtheria, tetanus, polio, pertussis and Hib in children aged two are similar to the England average.

2. Summary of progress

Last year's annual safeguarding children report set out priorities for the year.Additional information on each point is included in the body of this report:

- Ensuring the maintenance of safe arrangements continue during and after transition of acute services to receiver organisations to ensure strong assurance arrangements
  Achieved.
  The CCG hosted effective monthly transition meetings with key providers

- Strengthen safeguarding monitoring arrangements within the CCG with existing and new acute providers through development of a CCG Safeguarding Commissioning group
  Achieved.
  Safeguarding Commissioning Standing Committee meets bi-monthly and reports to the Quality and Safety Sub-Committee

- Continue to promote and monitor the use of CAF across health organisations
  Partly achieved.
  The dashboard monitors numbers of CAF's initiated.Numbers remain low (See section 4.1)

- Embed health input into Bexley Multi Agency Safeguarding Hub (MASH)
  Achieved

- Work with Bexley and Bromley commissioners to ensure safeguarding arrangements are robust within the planned Family Nurse Partnership
  Achieved.
  Bromley Healthcare will be delivering this service to young women across both boroughs experiencing their first pregnancy during 2014.

- Work with NHS England on new pathways and accountabilities of NHS England for independent contractors
  Partly achieved.
  Monitoring arrangements across NHS England are not fully established. However NHS England (London) are funding Named GP's (see section 5.1.6)

- Work with LSCB to ensure appropriate representation from new health providers
  Achieved

3. Governance and accountability

3.1The national framework

'Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children' (2013) highlights the expectation of health services, and the following provides a brief synopsis of this and our response to these requirements:

Clinical Commissioning Groups as the major commissioners of local health services are responsible for safeguarding quality assurance through contractual arrangements with all

provider organisations. CCGs must secure the expertise of designated professionals, i.e. designated doctors and nurses for safeguarding children and for looked after children (and designated paediatricians for unexpected deaths in childhood).

A safeguarding assurance framework is included in all CCG contracts with NHS providers. NHS Bexley CCG's arrangements for safeguarding are well established. All statutory clinical posts are filled. Service level agreements for the designated doctors are in place.

Providers of NHS funded health services including NHS Trusts, NHS Foundation Trusts and public, voluntary sector, independent sector and social enterprises should identify a named doctor and a named nurse (and a named midwife if the organisation provides maternity services) for safeguarding. GP practices should have a lead and deputy lead for safeguarding, who should work closely with named GPs.

NHS Bexley CCG has a well- established safeguarding forum which is chaired by the designated professionals and includes all named specialists in safeguarding from the provider trusts. All GP member practices have identified leads for safeguarding and a Named GP is in place.

Section 11 of the Children Act 2004 placed a duty upon all NHS bodies along with partner agencies to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. The Health and Social Care Act 2012 made amendments to the Children Act so that clinical commissioning groups and NHS England have identical duties to those of PCT's.

To fulfil these duties the CCG:

- works with local authorities to commission and provide services which are coordinated across agencies and integrated wherever possible;
- participates in the work of the Local Safeguarding Children Board (LSCB) including representation on the Board at an appropriate level of responsibility, and to part fund the work of the Board;
- provides and/or ensure the availability of advice and support to the LSCB in respect of a range of specialist functions e.g. primary care, mental health (adult and child and adolescent) and sexual health, and to co-ordinate the health component of case reviews;
- ensures that all health agencies with whom we have commissioning arrangements have links with the LSCB and that agencies work in partnership in accordance with their agreed LSCB annual business plan;
- ensures that all health providers from whom we commission services, both public and independent sector, have comprehensive single and multi-agency policies and procedures to safeguard and promote the welfare of children which are in line with and informed by LSCB procedures;
- identifies a senior paediatrician and a senior nurse to undertake the role of designated professionals for child protection across the health economy,
- ensures that safeguarding and promoting the welfare of children are an integral part of clinical governance and audit arrangements.

How the CCG fulfils these responsibilities is set out in this report.

3.1.2 NHS England

Bexley CCG and NHS England are statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children from abuse and neglect. NHS England is the policy lead for safeguarding and has safeguarding responsibilities for directly commissioned services (primary care- including GP's, dentists,

pharmacies, specialised services –health visiting & family nurse partnership until 2015). NHS England has a statutory duty to be a member of the LSCB and provides oversight and assurance of the CCG's safeguarding arrangements and supports the CCG in meeting its responsibilities.

3.2 Local Governance arrangements (See appendix 2)

3.2.1 NHS Bexley CCG Safeguarding team

The Chief Officer is the CCG accountable officer for safeguarding. These responsibilities are delegated to the Executive lead (Director of Governance and Quality).

All safeguarding posts in Bexley CCG are filled. The designated professionals provide strategic, and professional leadership on all aspects of the health service contribution in Bexley to safeguard and promote welfare of children. The Designated Nurse chairs a quarterly clinical network for designated professionals from London CCG's hosted by NHS England (London).
In addition the Governing Body has appointed a GP member as 'Safeguarding Champion' on the Board. This role ensures strategic ownership of Safeguarding by the Governing Body.

GB Safeguarding Champion	Dr Sushanta Bhadra
CCG Executive lead	Simon Evans-Evans
Designated Doctor	Dr Sarah Ismail (2 sessions per week)
Designated Nurse	Jill May (fulltime)

The designated professionals discharge their responsibility for providing professional accountability in partnership with neighbouring CCG's to the named professionals in the provider trusts through 6 weekly professional supervision.

3.2.2 Safeguarding Children Health forum

The Designated Nurse chairs the health forum. Representation comes from NHS Oxleas Foundation Trust (mental health and community universal services), named GP, Queen Elizabeth Hospital, Darent Valley Hospital, midwifery, Signpost, London Ambulance Service. The group enables Bexley designated professionals to monitor more effectively the health contribution to safeguarding and promoting the welfare of children across the whole health economy. The group assured the work of the transition group which was set up to ensure the safety of safeguarding arrangements during the move of acute services from South London Healthcare Trust (SLHT) to new organisations which continues to be monitored. Minutes are provided to the Safeguarding Commissioning Standing Committee.

3.2.3 Safeguarding Commissioning Standing Committee

The overall aim of the establishment of this group is to support the quality assurance and patient safety mechanisms with the CCG and to ensure that systems are in place to monitor the quality and performance of commissioned services in relation to the safeguarding agenda and are functioning appropriately. The committee are establishing a process to invite provider organisations to attend to enable them to give assurance based on information provided by their organisation.

The group meets bi-monthly and is chaired by the Executive Director for Safeguarding.
Issues are reported to the CCG Quality and Safety Committee.

3.2.4 Local Safeguarding Children Board (LSCB)

The Local Safeguarding Children Board is the key statutory mechanism for agreeing how organisations co-operate and ensure effectiveness of what they do. The full engagement of health agencies in the work of the LSCB is a key section 11 responsibility of the CCG.

The Board has faced a number of challenges during 2013/14, following Ofsted inspections in 2012 and 2014. In April 2014 Ofsted's assessment was that the LSCB has a considerable amount of work to do to ensure that the LSCB fulfils all its statutory functions. Whilst acknowledging significant improvements in the work of the LSCB, Ofsted inspectors considered that these were in their early stages and their impact could not be evidenced through, for example:

- governance arrangements
- monitoring and evaluation arrangements, including the multi-agency dataset, inter-agency auditing, s11 audit, serious case reviews
- evaluation of LSCB training and single agency training.

Membership and attendance

The CCG makes a significant contribution to the work of the LSCB. Attendance at the LSCB from the CCG has been consistently good and Oxleas is well represented. It has been a key issue to ensure appropriate representation and engagement from new acute health partners. This has been achieved, Darent Valley Hospital and Queen Elizabeth Hospital (Lewisham and Greenwich Trust) are now members of Bexley LSCB and are represented at appropriate sub groups.

NHS England are statutory partners but do not have capacity to fulfil this responsibility. The NHS England London safeguarding lead has written to London Chairs to explain this and has committed to attend one meeting in each LSCB annually.

Representation from Bexley CCG

Simon Evans –Evans	Director Governance and Quality
Dr Sarah Ismail	Designated doctor
Jill May	Designated nurse

Pooled budget

The LSCB operates a legally constituted pooled budget. The CCG contributes £31,000 to a total budget of £134,050. The main contributors are the London Borough of Bexley and the CCG. Additional contributions are received from the Metropolitan Police Service, London Probation Service and CAFCASS. A review of the finances of the LSCB has taken place and LSCB members were asked to consider proposals for the configuration of the business support function. The LSCB must have sufficient resources to deliver its statutory responsibilities. New health partners have been approached to contribute for 2014/15.

The LSCB has accepted the CCG's offer to host the administration team following the closure of their Hillview office. This provides benefits to the LSCB in that it is a positive presentation of a partnership operation and a benefit in kind contribution from the CCG. The arrangement began in June 2014.

LSCB sub-groups

Serious Case Review sub-group

This is chaired by the CCG Director Of Governance and Quality and has additional "health" representation from CCG, Darent Valley Hospital and Oxleas

The serious case review panel meets quarterly to review action plans of SCRs and other management reviews, it considers any serious incident notifications from partner agencies and learning from national reviews of SCRs.

The group has undertaken a multi-agency management review of a case which did not meet the criteria for a serious case review and recommendations have been made to the Quality and Effectiveness group regarding the learning.

The action plans from two Serious Case Reviews commissioned in 2012/13 have been monitored.

Child Death Overview Panel (CDOP)
The Panel is chaired by the designated nurse with additional “health” representation from CCG, Darent Valley hospital, Queen Elizabeth hospital, Oxleas, Ellenor Hospice

The Child Death Overview panel has met on 4 occasions during the year A designated doctor for child deaths is provided by Oxleas. The CDOP provides an annual report for the LSCB.

Between March 2013- April 2014 a total of 10 child deaths were notified to CDOP. There were no consistent trends identified from these deaths. Given the small numbers of child deaths concerned, variations are not necessarily to be considered unusual and are likely to be due to non statistically significant random variation. The most common cause of child deaths in Bexley continues to be issues related to prematurity.

Quality and Effectiveness (Q&E) Group
Representation from CCG, Darent Valley hospital, Queen Elizabeth hospital, Oxleas

Q&E work permeates all aspects of the work of the Board. Ofsted was critical of the lack of robust oversight and challenge by the Q&E group. The group has recently agreed a multi agency dataset and audit priorities for 2014.

There is ongoing work with our providers including self assessments as required under section 11 on the Children Act 2004 and multi agency auditing.

Learning and Development Group
Representation from CCG and Oxleas, Darent Valley hospital, Queen Elizabeth hospital recently agreed

The LSCB has a statutory responsibility to ensure that appropriate child protection training is provided in Bexley in order to meet local needs and that it is qualaty assured. This includes both the training provided by single agencies to their own staff, and multi-agency training. The training officer post was vacant for 14 months which significantly hampered development work during the past year and meant it was unable to fulfil all its responsibilities. This has now been rectified and the group have a work plan in place and has adopted the Pan London Training and Evaluation and Impact Analysis Framework toolkit to assess the impact of training on service delivery and therefore help in identifying whether training is contributing to better outcomes for children and young people and their families.

69 health professionals attended multi agency training (22% of total attendances). It is important that all providers recognise the importance of ensuring staff working predominantly with children and parents access this training.
Courses attended included

- risk assessment

- domestic abuse
- mental health
- substance misuse
- neglect
- learning from serious case reviews
- working with difficult to engage families
- sexual exploitation
- internet safety.

The Board is leading work on developing processes and raising awareness across the partnership about female genital mutilation (FGM). The group is chaired by the designated nurse.

4. Policies and Procedures

All NHS Trusts within Bexley, Greenwich and Bromley follow the London Child Protection Procedures (2011). These are currently being reviewed. Darent Valley Hospital follows Kent and Medway Safeguarding Children procedures (2014).

All organisations adhere to specific protocols developed by Bexley Local Safeguarding Children Board in relation to Bexley children. Each NHS Trust has appropriate safeguarding policies and procedures in place. In addition organisations have included safeguarding children within other key documents such as HR and information sharing policies.

4.1 Early help / Use of Common assessment

The common assessment framework (CAF) is an assessment tool for use across all children's services in England. Its aim is to support early identification of need and its assessment and to promote co-ordinated service provision.

Referral numbers remain low across all agencies , 78 CAF's were initiated in Bexley 2013/14. 18% were initiated by health agencies. Health agencies had a target of 50 CAF's for 2013/14 which has not been achieved. However, it is important we recognise the provision of early assessment and help that is in place across health agencies. Maternity services hold fortnightly maternity concerns meetings where vulnerable clients are discussed and a plan put in place. The meeting is a multi-agency forum with representation from midwifery, health visiting, mental health services and social care.Last year 296 cases were discussed and a plan developed for each case.

Acute ward settings hold weekly multi agency case management psycho-social meetings.

It is important these forums and the outcomes from these meetings are captured. Provider services will be meeting with children's social care during 2014 to explore how this can be achieved.

The LSCB has established a group to review the current arrangements to refer children, young people and families for early help and prevention services, including step-down processes. This will ensure there is a consistent approach across all agencies. This includes agreement to refresh the Common Assessment Framework template and procedure to ensure they meet the needs of families and to develop and agree clear referral pathways for children and young people into Children's Services.

4.2 Multi Agency Safeguarding Hub (MASH)
The MASH is a multi-agency team of professionals who continue to be employed by their individual agencies (children's social care, police and health services, probation, Women's Aid) but who are co-located in one office. It operates on the basis of a sealed intelligence hub within the Civic Centre where protocols govern how and what information can be released from the intelligence unit to operational staff. The MASH is the central point for referrals regarding vulnerable children; the multi-agency team gather information on referrals from all the professional sources and then make decisions as to which agencies these referrals should be sent on to for further work or intervention.

NHS Bexley CCG commission a health professional for the team. Currently the post is 0.5 WTE, Oxleas are currently in the process of recruiting to a fulltime equivalent.

A 'merlin notification' is completed when police are called to an incident and children are present. Merlin notifications are triaged by the MASH team. Merlins which identify a child under 5yrs being present are reviewed by the health professional in MASH and information provided to the health visitor. Some involve domestic violence and the notifications have enabled health visitors to assess the impact of a domestic violence situation on a child at an early stage with a view to initiating a CAF. Many identify low level concern and are assessed as requiring no further action and are not shared with the health visitor. The role of the health professional in the MASH will be fully evaluated during the coming year. It is important that the health professional not only shares information with the team but all team members make a full contribution to the decision making process.

4.3 Multi Agency Risk Assessment Committee (MARAC)
MARAC manages high level domestic abuse cases and is chaired by borough police. The MARAC model of intervention involves risk assessment in all reported cases of domestic abuse to identify those at highest risk so that a multi-agency approach may be taken. The aim of these meetings is to provide a forum for sharing information and taking action to reduce future harm to very high-risk victims of domestic abuse and their children. Health agencies are represented by the liaison health visitor, a midwife and a mental health professional. Their role is to share health information and disseminate information on families at risk of high level abuse to health colleagues.

4.4 Multi agency public protection arrangements (MAPPA)
MAPPA provide a national framework in England and Wales for the assessment and management of the risk of serious harm posed by specified sexual and violent offenders, including offenders (including young people) who are considered to pose a risk, or potential risk, of serious harm to children. The arrangements are statutory. The Criminal Justice Act 2003 require the police, prisons and probation services (the 'Responsible Authority') in each area to establish and monitor the arrangements. A number of other agencies – including health, have a statutory duty to co-operate with the Responsible Authority in this work. Oxleas provide representation to the group.

5. Quality assurance of safeguarding arrangements

5.1 Contracts with NHS Trusts
Contracts with provider NHS trusts in Bexley explicitly outline the expectations of processes and policies to safeguard children that must be in place. A safeguarding assurance framework is included in all contracts and service redesign and performance monitoring dashboards are embedded in contracts from 2014 with Oxleas and acute hospitals (appendix 3). In addition the safeguarding children annual reports and annual audit plans from provider trusts give further assurance.

There is ongoing work with commissioning partners in Kent to develop an assurance framework in relation to child safeguarding arrangements at Darent Valley Hospital as a significant number of Bexley women and children will access their services. This contract is monitored by Kent and Medway.

Identification of Vulnerability

Bexley's child population receive services from health agencies. The challenge for health agencies is to ensure the small number of these who are vulnerable are identified. Health agencies achieve this in a variety of ways within
-Universal pathway
-Specialist children's pathway
-Maternity pathway
-Acute pathway

5.1.2 Universal pathway

Oxleas' Health visitors are key to identifying children who will benefit from early intervention. Universal surveillance is delivered by health visitors to identify children in need of additional health and social need using the Healthy Child Programme 0-19yrs . This is an early intervention and prevention public health programme with a strong evidence base. It provides the opportunity to identify families that are in need of additional support and children who are at risk of poor outcomes. The programme includes screening, immunisations, developmental reviews, information and guidance to support parenting and healthy choices. Oxleas '*Did Not Attend'* policy ensures children who do not attend key appointments are followed up. Identification of children who require additional support are offered:

- Universal Plus offer provides packages for children with additional health needs
- Universal Partnership Plus Offer provides intensive multi-agency targeted packages where there are identified complex health needs or safeguarding needs.

Data on the number of children receiving each offer will be provided by Oxleas in September 2014

The total establishment of Health Visitors is 37.97 wte. At the end of June 2013 there were 3.55wte vacancies . Oxleas have been successful in reducing vacancy rates from 6 last year.

5.1.3 Specialist children's pathway

Specialist children's services are provided by Oxleas and include services for looked after children. A separate annual report is provided to the CCG and LB Bexley on the health of looked after children. The timeliness of Initial health assessments and health reviews for looked after children are monitored quarterly.

Child protection medical examinations are carried out by the Community paediatric team based in the Child Development Centre at Queen Mary's Hospital. Medicals are also carried out at Queen Elizabeth Hospital or Darent Valley Hospital if it is agreed that a medical cannot wait until the following day or if the child is under 2 years old. This group of children often require further investigations which are more appropriately managed in an acute setting.

The child protection medical service is accessed via a dedicated phone line. Outcomes are monitored quarterly. Medicals are consistently carried out within appropriate timescales. Between April 2013 – March 2014:

- 50 children were seen for physical abuse
- 5 children were seen for historic abuse / neglect

- 4 children were seen for child sexual abuse

It is important that paediatricians are included in strategy discussions to contribute to decisions about whether a medical is needed and where/when this should take place in the best interests of the child. Work is ongoing to improve this.

5.1.4 Maternity pathway
Bexley women can choose to deliver their baby at:

- Queen Elizabeth Hospital Woolwich
- Darent Valley Hospital Dartford
- Princess Royal Hospital Bromley
- Home delivery

Ante natal and post natal care is delivered mainly in borough by midwives from each hospital. Women presenting with vulnerabilities are discussed at monthly Maternity Concerns meetings at all 3 acute hospitals to plan early interventions.

The maternity pathway is included in CCG commissioning intentions 2014 to ensure there is a clear care offer made to Bexley women.

5.1.5 Acute pathway
Unscheduled care for Bexley children is provided by;

- Queen Elizabeth Hospital Woolwich
- Darent Valley Hospital Dartford
- Princess Royal Hospital Bromley
- Urgent Care Centre at Queen Mary's Hospital Sidcup

All children who present with injuries at local A&E or Urgent Care Centres are triaged using a safeguarding checklist regardless of presentation. The checklist includes a prompt to check against the child protection plan lists provided weekly by Bexley, Greenwich and Bromley. All presentations are notified to the liaison health visitor for screening and onward distribution. Notifications of under 5yrs attendances are sent to health visitors and over 5yrs to school nurses. In Bexley a "RAG" rating system is used to ensure cases for urgent follow up are highlighted electronically to the health visitor. (100 presentations in 2013/14 were red rated for health visitor follow up within 24hrs. If the child is known to children's social care notification of attendance is sent to social care and reviewed by the hospital safeguarding team/liaison health visitor.

5.1.6 GP's
From the 1 April 2013, direct commissioning of primary care services became the responsibility of NHS England. The '*Accountability and Assurance Framework'* states that, whilst CCGs are not directly responsible for commissioning primary medical care, they have a duty to support improvements in the quality of primary medical care.

Bexley's Named GP is funded by NHS England (London). The Named GP has been working with the primary care improvement team at the CCG to develop an audit about the follow up of children who do not attend appointments with secondary care. The results will be available in October 2014. The Named GP contributes the level 3 GP training sessions and is setting up a programme of practice visits and will visit the MASH, to gain an operational understanding of the process to share with GP colleagues.

5.2 Single agency training

Organisations have a responsibility to deliver single agency safeguarding children training. Training within health organisations is linked to increasing levels of specialism, complexity of task and level of contact with children, young people and their families. NHS trusts and the CCG have training strategies based on the Intercollegiate document[2] (RCPCH 2014) and Working Together (2013).

Provider organisations report training compliance quarterly to their safeguarding committees and to the CCG through contract monitoring arrangements.

It is mandatory for Bexley CCG staff to complete e-learning at level 1. A bespoke session has been delivered to the Governing Body during 2014 setting out their specific responsibilities.

NHS England, via its area teams are now responsible for ensuring GP's and other primary care professionals access safeguarding training as part of their performance monitoring responsibilities. However, the designated leads recognise the importance of ensuring their strong relationship with Bexley practices is maintained and continue to offer level 3 updates with input from the Named GP. 87% of GP's accessed level 3 training in 2013/14. Practices nurses from 70% of surgeries have also attended. GP training has been reviewed in the light of inspection findings and in response to other policy developments. The training focussed on:

- The recognition of physical abuse
- Learning from a local serious case review – Baby F
- Domestic violence case scenario including referral process

Single agency Training March 2014	Oxleas Mental health staff	Oxleas community staff	DVH	PRUH	QEH	GP's *(Nov 2013)*	CCG
Level 1 *induction for all staff in a healthcare setting*	95%	100%	92%	78%	100%		82%
Level 2 *Contact with children and families*	8%	90%	82%	30%	46%	n/a	n/a
Level 3 *Work regularly with children and families*	82%	86%	Available Sept 2014	60%	63%	87%	n/a
Level 4 *Named professionals*	100%	100%	100%	100%	88%	100%	n/a
Level 5 *Designated professionals*	n/a	n/a	n/a		n/a	n/a	100%

[2] Safeguarding Children and Young People: roles and competencies for health care staff. Intercollegiate document Sept 2014

Board awareness							28.2.14

5.3 Care Quality Commission (CQC)
Safeguarding arrangements in health trusts are monitored by the Care Quality Commission. The standards for CQC registration requires NHS organisations, as commissioners and providers of healthcare, to demonstrate that they have arrangements in place to ensure that safeguarding is supported at strategic and operational levels.

CQC are working with other inspectorates to plan multi agency inspections which will jointly explore the contribution of agencies to ensure children and young people are safe. These inspections have been deferred to 2015. Until then CQC are carrying out a review of how well local health services identify, help, protect and provide child-centred care and to ensure that children's health needs are effectively met.

5.4. Ofsted
Ofsted re-inspected social care services in April 2014. Ofsted judged that improvements have been made since the 2012 inspection.

The Safeguarding Transformation Plan continues to monitored by the Safeguarding Improvement Board. The Director of Governance and Quality represents the CCG. Senior representation from NHS Trusts also attend.

6.Service developments

It is a section 11 responsibility for the CCG to work with the local authority to commission and provide services which are coordinated across agencies and integrated wherever possible. Bexley has a joint Integrated Children's Commissioner who is leading service developments.

Family Nurse Partnership
As from April 1st 2014 Bromley Healthcare will deliver the Family Nurse Partnership (FNP) Programme in Bexley. During 2013-14 there were 48 live births to teenage pregnant mothers in Bexley. The FNP is a voluntary home visiting programme to support first time young mothers, aged 19 or under (and partners) who are 12 weeks - 26 weeks pregnant. Two specially trained health visitors with a caseload of up to 25 young mothers will visit them regularly from early pregnancy until their child is two.

The Family Nurse Partnership programme aims to enable young mothers to:

- Have a healthy pregnancy
- Improve their child's health and development
- Plan their own futures and achieve their aspirations

The FNP will be part of the LB Bexley Thriving Families team to ensure the young women have access to a range of targeted support services. The FNP programme is underpinned by an internationally recognised evidence base which shows it can improve health, social and educational outcomes in the short, medium and long term, while also providing cost benefits.

Unscheduled care
The new Urgent Care Centre (UCC) service at Queen Mary's Hospital Sidcup includes an enhanced service for children. The enhanced urgent care service will mean that children and families can access urgent care provided by a specialist paediatric nurse 24 hours a day 365 days a year.

The service is clinically-led by a GP with a 'special interest' in paediatrics (a GP who is able to undertake advanced interventions not normally undertaken by other GPs), supported by specialist paediatric nurses.

This is an extremely positive development and will resolve many of the risks which have been present caused by multiple providers delivering unscheuled care to children in Bexley.

7. Priorities for 2014-15

Challenges facing the Bexley health economy focus on continuing to improve practice and to demonstrate improved outcomes for children.

- **Children & Young People Prime Contractor Commissioning Project**

The re-procurement of health services for children and young people is included in the CCG's Commissioning Intentions 2014/15. The Integrated Commissioning Unit has produced a business case for the joint procurement of children's health services and preventative social services using an outcomes based model. The proposal is to seek a prime contractor to lead on the provision of in-patient and outpatient paediatric services, child and adolescent mental health services, specialist children's community services, a range of smaller CCG commissioned services, LB Bexley's Children's Centres and outreach services, and LB Bexley's prevention and early intervention commissioned services.

Discussions with LB Bexley are also in progress with regard to the inclusion of LB Bexley's public health services for children and young people and with NHS England with regard to the options for the future commissioning of health visiting services and immunisation for school aged children. The recommendation is that the proposed procurement should include as wide a range of services as possible in order to maximise the preventative opportunities, positive outcomes for children and young people and families.

- **Maternity services**

The risks associated with the fragmentation of maternity services cannot be underestimated. Women have the choice to deliver their babies at 3 out of borough hospitals. Ante natal and post natal care is not always delivered by the same hospital. This poses significant challenges to communication and information sharing arrangements. This is recognised by the CCG and a review of maternity services is included in the CCG commissioning intentions for 2014/15.

- **Working with the Named GP**

To strengthen GP engagement in the child protection process. The role of GPs in safeguarding cannot be overstated. Serious case reviews evidence their important contribution and the level of learning needs of GPs. The contribution to case conference processes has been highlighted as a challenge and actions to improve this are ongoing.

- **Quality assurance**

To further strengthen quality monitoring systems and processes as part of the quality and patient safety agenda by ensuring the Safeguarding Commissioning Standing Committee delivers its full potential by including evidence from different CCG functions e.g.

commissioning, patient experience to enable triangulation with performance, contract monitoring.

- **Learning from serious case reviews**

To evidence the impact of learning from serious case reviews across the health economy

8.Conclusions

This review year has been another year of intense scrutiny on child safeguarding arrangements across all agencies in Bexley as a result of the Ofsted judgment which implicated all partners. Health agencies continue to experience significant challenges from the reorganisations of 2013. The provider safeguarding teams have ensured a steady focus on safeguarding responsibilities of their organistions and deserve much credit.

The work to safeguard children in health agencies in Bexley is effective and there are repeated examples of good practice and outcomes for children.

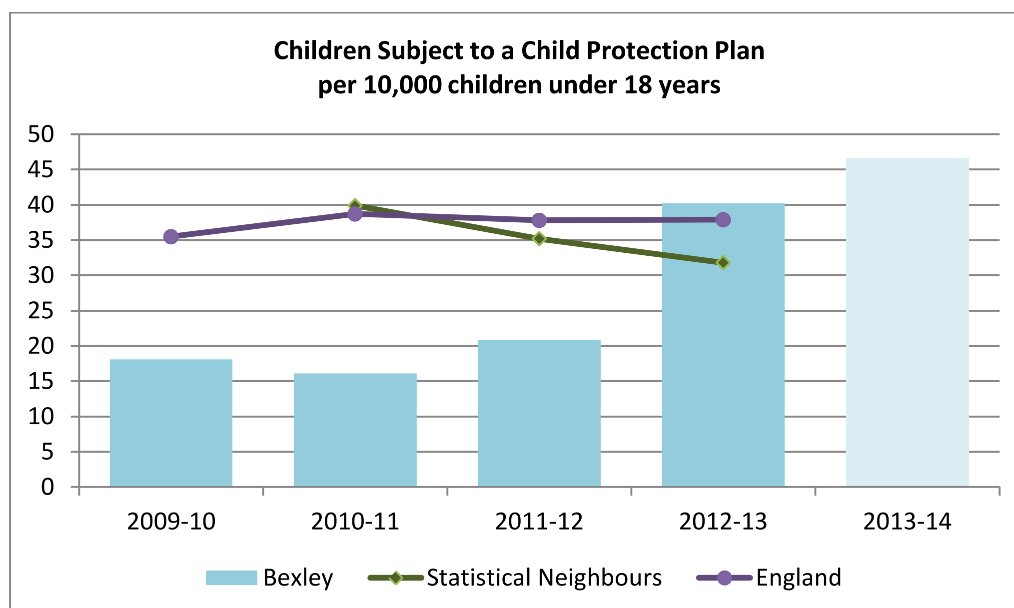
Health organisations must ensure learning from local serious case reviews is disseminated and outcomes monitored closely. Organisations must continue to support staff with the complexity of practice and decision making through ongoing training, effective regular supervision and systems of good line management. Safeguarding teams will continue to work with partners of the coming year to ensure MASH is fully understood and common assessment is embedded in practice.

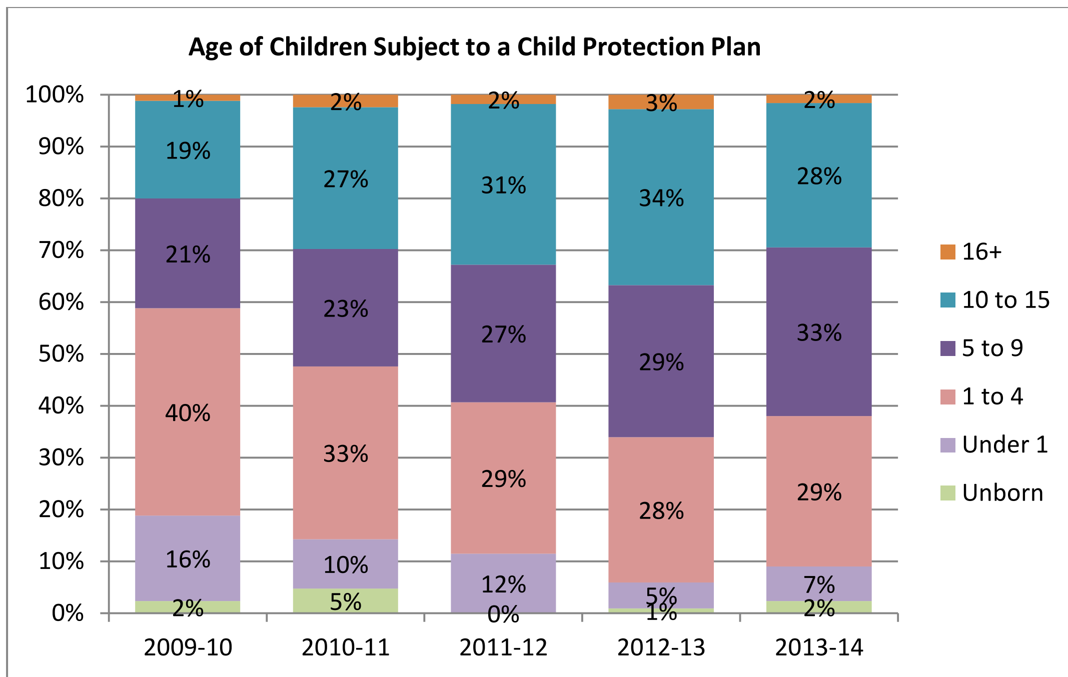
Child Protection Data

At the 31st March 2014 there were 255 children subject to a child protection plan in Bexley. This is 46.6 per 10,000 children and this is above the 2012/13 National average of 37.9

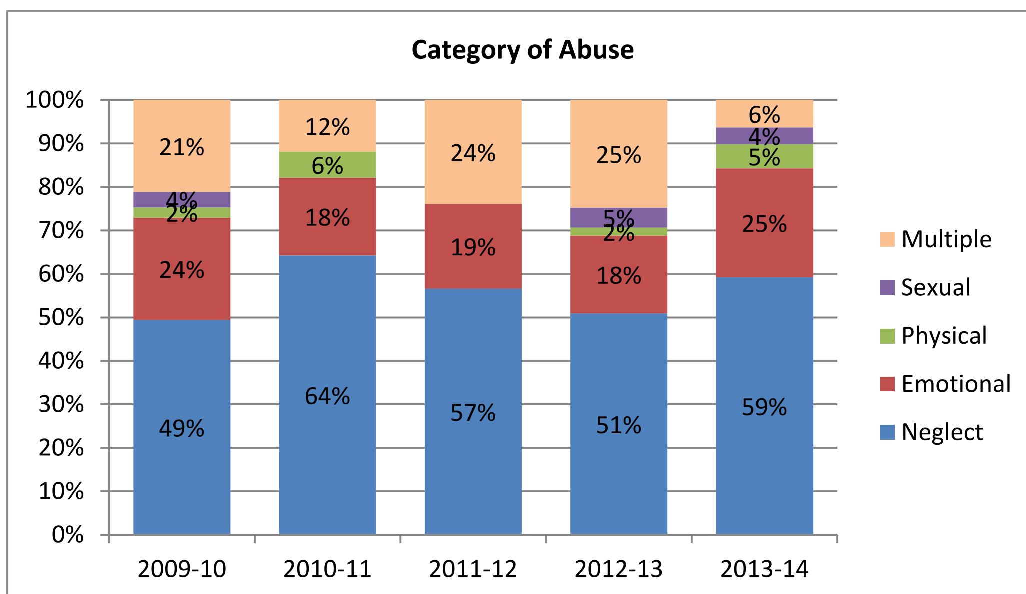
The most common category of abuse continues to be Neglect, accounting for 59% of cases, followed by Emotional abuse. Sexual abuse plans account for 3.9% and physical abuse 5.5%..

28% of children subject to a child protection plan on 31st March were aged 10-15 and 2% were aged 16+.
22% of children are from a BME background, with the majority of children subject to a CP Plan being White British.

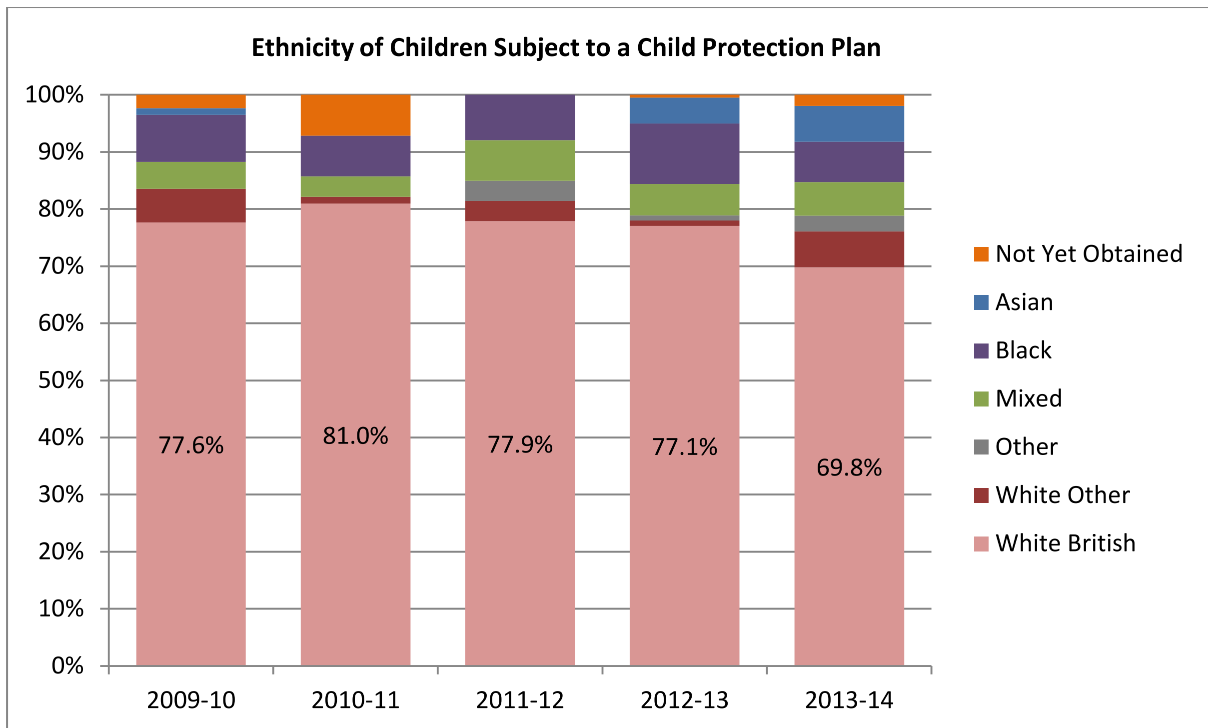




Age of Children Subject to a Child Protection Plan
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
1%
19%
21%
40%
16%
2%
2%
27%
23%
33%
10%
5%
2%
31%
27%
29%
12%
0%
3%
34%
29%
28%
5%
1%
2%
28%
33%
29%
7%
2%
2009-10
2010-11
2011-12
2012-13
2013-14
16+
10 to 15
5 to 9
1 to 4
Under 1
Unborn



Category of Abuse
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
21%
4%
2%
24%
49%
12%
6%
18%
64%
24%
19%
57%
25%
5%
2%
18%
51%
6%
4%
5%
25%
59%
2009-10
2010-11
2011-12
2012-13
2013-14
Multiple
Sexual
Physical
Emotional
Neglect


Ethnicity of Children Subject to a Child Protection Plan
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
77.6%
81.0%
77.9%
77.1%
69.8%
2009-10
2010-11
2011-12
2012-13
2013-14
Not Yet Obtained
Asian
Black
Mixed
Other
White Other
White British

Governance arrangements

Appendix 2

Joining it up

Provider
Named Professional
Safeguarding Committee
Board
External
•Monitor : Annual reports : Public

System
Health Practitioner Forum
Clinical Quality Review Group
Quality Surveillance Group
Health and Wellbeing Board
•LSCB : Public : Healthwatch

Commissioner
Standing Safeguarding Committee
Quality and Safety Sub-Committee
Governing Body
External
•NHS England : Quality Surveillance Group : Annual Report : Public

NHS
Bexley
Clinical Commissioning Group

Appendix 3

NHS Bexley CCG - Safeguarding Children Dashboard

NHS Bexley Clinical Commissioning Group

				OXLEAS								ACUTE																						Other	
				Mental Health				Community Health				Dartford & Gravesham				QEH (Lewisham and				PRUH (from Q3)				Guys				Queen Mary's				Prime Contractor 1	Prime Contractor 2
	Indicator	Definition	Target score or range	Q1*	Q2*	Q3	Q4	Q1*	Q2*	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4		
Safety	Number of SIs involving children	Level 4-5		0	0	0	1	0	0	1	0				0																		
Safety	Active SCR			2	1	1	0	2	1	1	0				0	2	1	2	2	0	0							0	0				
Safety	Number of allegations against staff			0	0	0	0	0	0	0	0				0	0	0	0	0														
Safety	Safeguarding children training compliance	Level 1**	80%	95%	93%	87%	95%	95%	93%	100%	100%		96%		92.00%	64%	72%	100%	100%	75%	100%		78%					66%	100%				
Safety		Level 2		89%	89%	89%	88%	89%	89%	93%	90%		82%	84%	82%	74.0%	85.0%	68.0%	46.0%	86.0%	85.0%		30.0%	83.0%	86.0%	87% (Oct)		95.0%	85.0%				
Safety		Level 3		87%	87%	83%	82%	87%	87%	84%	86%		42%	72%		70.0%	81.0%	62.0%	63.0%	82.0%	81.0%		60.0%	85.0%	87.0%	84% (Oct)		100.0%	81.0%				
Safety	Appropriate staff trained in safer recruitment	CQUIN indicator for Acute	80%		88%				88%							53.3%♦	53.3%	53.3%	53.3%	53.3%♦	53.3%							53.3%♦	######				
Safety	Number of referrals to CSC			16	16	9	6		1	4			14			174♦	13			174♦			79					174♦					
Safety	% Accepted for assessment	excluding those 'decision pending'		63%	31%	27			0%	50%			85%			83.3%♦	61.0%		70.0%	83.3%♦			77.0%					83.3%♦					
Safety	Number of CAF/ proposed (maternity cause for concern)															112♦				112♦			38					112♦					
Safety	Number of CAF		50^	17	no data	no data			1	8			0			3♦	1			3♦			16%					3♦					
Safety	Number of case conference invited to			161	no data	1			70																								
Safety	% of case conference attended	CQUIN indicator for Acute		95%	no data	11%			100%	100%	100%		1			100%	100%	100%	100%														
Safety & Effectiveness	% of acute CP medicals completed in timescales	48 hours								100%	100%						100%	100%	100%									100%	100%				
Safety & Effectiveness	% of non urgent CP medicals completed in timescale	7 days						100%	100%	100%	100%																						
Safety & Effectiveness	% of LAC Initial Health Assessments completed in timescale	28 days								63.0%	78%																	50%	53%				
Safety & Effectiveness	Number of high risk Children <5 years old followed up compared to number of Red and Amber A&E slips received in the reporting period	95%						100%	100%	100%	100%																						
Safety & Effectiveness	% of LAC with an up to date healthcare plan	6 months under 5's/ Annual over 5's						84%	87%	98.40%	98.40%																						

CCG ASSESSMENT	Mental Health	Community Health	Dartford & Gravesham	QEH	PRUH	Guys	Queen Mary's	Prime Contractor 1	Prime Contractor 2
	RAG rating	RAG rating	RAG rating	RAG rating	RAG rating	RAG rating	RAG rating	RAG rating	RAG rating

Additional Information:

♦ Overall SLHT figures

* Oxleas submitted an amalgamated figure for all indicators for MH and CH. From Q3 Oxleas will submit separate dashboards for MH and CH.

** For acute trusts Level 1 training is reported for new staff, as this is delivered as part of trust induction.

^ Oxleas community have set a target of N=50 for 2013/14

^^ 50% of all cases raised through *maternity concerns* meetings

Greyed out boxes - indicator is not applicable

Female Genital Mutilation Update

Introduction

Female Genital Mutilation, often referred to as 'FGM' is an area of safeguarding which has received considerable media attention during 2014, particularly in London. This paper provides the Governing Body with a summary of work undertaken across Bexley to date.

What is Female Genital Mutilation?

Female Genital Mutilation (FGM) is a collective term used for a range of practices involving the removal or alteration of parts of healthy female genitalia for non therapeutic reasons. Different degrees of mutilation are practised by a variety of cultural groups, and the most common age for a girl to be mutilated is between 7 and 9 years in the UK. It is most likely to occur over the summer holidays with the girl being taken overseas although there is now evidence that this is carried out in the UK.

The legal position

FGM is child abuse and is a criminal offence. FGM is illegal in England and Wales under the Female Genital Mutilation Act (2003). It is an offence whether committed in or outside the United Kingdom, and persons carrying out the procedure or assisting or arranging are committing an offence.

Despite this, it was estimated that over 23,000 girls under the age of 15, in England and Wales, are at high risk of genital mutilation. London has substantial and growing populations from FGM practicing countries, (mainly from the east and west of the African continent).

Procedures and Guidance

The London Safeguarding Children Board is currently reviewing its FGM supplementary procedures.

Bexley Safeguarding Children Board (BSCB) has established a Female Genital Mutilation (FGM) Working Group to develop awareness and develop a standardised approach to safeguarding Bexley children at risk of FGM. The group meets quarterly. The aims of the group have been to:

- To scope the prevalence/at risk groups FGM within Bexley
- To raise awareness of FGM and its impact.
- To ensure that there are links made with "at risk" communities and that information is available.

The group has worked with schools to develop awareness programmes and inclusion in PHSE (personal, health and sexual education) lesson plans. Bexley Safeguarding Children Board (BSCB) has requested the FGM group to recommend a position for the Board regarding local management of cases not requiring an immediate child protection response. BSCB is facilitating two FGM multi agency training days this year. Work is ongoing to link with at risk community groups.

Initiatives across the health economy

The Royal Colleges published an intercollegiate document in 2013 to raise awareness of the need for health professionals to intervene early to prevent FGM.

In March 2014 the Chief Nurse and medical director in London wrote to all NHS providers in London to remind staff of the importance of empowering frontline professions and being clear about accountabilities.

It is now mandatory for NHS hospitals to record, and from September report, monthly data to the DH. This data will be included on the safeguarding children quarterly dashboard.

- if a patient has had FGM
- if there is a family history of FGM
- if an FGM-related procedure has been carried out on a woman - (deinfibulation)

Identified risk of FGM is small in Bexley and all cases come from maternity services. The question has been asked routinely at booking at Princess Royal Hospital Bromley and Queen Elizabeth hospital Woolwich (QEH) since 2011. 56 women delivering at QEH between June 2013-January 2014 (6mths) had experienced FGM. Six of these women were Bexley residents.

Darent Valley hospital has a programme of awareness raising across maternity services and are now collecting data. Three women booking for antenatal care since April 2014 have disclosed they had experienced FGM. The hospital is unable as yet to report whether these are Bexley women. The topic is included in Health visiting and GP safeguarding training.

All cases are discussed at a multi disciplinary group held by the hospitals and a letter sent to the health visitor and GP. A referral is made to children's social care. These result in no further action. These cases are unlikely to pose an immediate risk of significant harm and will not require a child protection response from the police and/or social care.

The challenge for the health economy is to ensure children and babies at potential risk in the future are safeguarded. Work to address this is ongoing.

Jill May
Designated Nurse safeguarding Children
Chair Bexley FGM group