

Governing Body meeting (held in public)

DATE: 24 September 2015

Title	Safeguarding Children Annual Report 2014/15	
This paper is for Decision		
Recommended action for the Governing Body	That the Governing Body: Approve 1. The report and note priorities for 2015/16 as laid out in section 7 of the attached report.	
Potential areas for Conflicts of interest	None.	
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.	
How does this paper support the CCGs objectives?	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:	
	Process:	Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience.
What are the Organisational implications	Key risks	This report provides assurance that the CCG ensures accountability for safeguarding children across the Bexley health economy.
	Equality	Services are provided in a manner which acknowledge and take account of equality and diversity issues.
	Financial	

Clinical Commissioning Group

	Data	
	Legal issues	
	NHS constitution	Ensuring compliance with relevant legislation and policies.
Engagement		
Audit trail		
Comms plan		
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Date	3 September 2015	

Safeguarding Children Annual Report 2014-2015

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August 2015

	Contents	Page
	Introduction	3
1.	Local context	3
2.	Summary of progress	4
3.	Governance and accountability National framework Local governance arrangements LSCB- <ul style="list-style-type: none"> • Membership and attendance • Pooled budget • LSCB statutory/standing panels : • Serious case review • Child death overview panel • Quality and effectiveness • Training and Development 	4
4.	Policies and procedures Early intervention/Bexley Early Assessment of Need Multi agency risk assessment (MARAC) Multi Agency Public Protection Arrangements (MAPPA)	9
5.	Quality assurance of the safeguarding arrangements Contracts Identification of vulnerability Training GP's Care Quality Commission Ofsted	11
6.	Service developments	17
7.	Priorities for 2015-16 Conclusions	18
	Appendix 1 Child protection data Appendix 2 Governance structure Appendix 3 Safeguarding children dashboard	21

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 2014- July 2015.

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 2013-2014. A separate report is provided addressing progress regarding the Health of Looked After Children.

This report is split into 7 sections:

1. Local context
2. Summary of progress
3. Governance and accountability
4. Policies and procedures
5. Quality assurance of the safeguarding arrangements
6. Service developments
7. Priorities for 2015-16

1. Local context

The population of Bexley is 237,000. 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 2015 there were 282 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 22.5% of children in year 6 are classified as obese.

¹ *Health Profile Bexley 2015 Public Health England June 2015*

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

The priorities for the Bexley health economy focus on continuing to improve practice and to demonstrate improved outcomes for children. Last year's annual safeguarding children report identified the following priorities for the year. Additional information on each point is included in the body of this report.

- **Children & Young People Prime Contractor Joint Procurement** (between the CCG and the LBB)

The prime contractor joint procurement project came to an end in January 2015, because despite a promising response to early market engagement, the only potentially viable provider withdrew from the process. However the vision of integrated outcome based services for children and young people remains at the heart of our commissioning intentions (for both the Clinical Commissioning Group and the London Borough of Bexley) and the subsequent projects which are now being developed seek to ensure that providers are working together with integration between the services, with as few points of access as possible, and with the same goals of prevention of escalation to higher threshold services.

- **Maternity services**

There are risks associated with the fragmentation of maternity services for Bexley women. Women generally 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 Improvements in information flows and the referral pathway are continuing. See section 5.1.4.

- **Working with the Named GP**

Serious case reviews evidence the important contribution and the level of learning needs of GPs. Bexley's Named GP has undertaken a great deal of work over the year with practices including delivering in house training to practice staff, establishing a regular forums for GP safeguarding practice leads and practice managers. The Named GP has audited practice follow up arrangements for children and young people who do not attend appointments with secondary care. Her findings and recommendations for best practice was presented to GP's at level 3 training during 2014.

- **Quality assurance**

The Safeguarding Commissioning Standing Committee continues to strengthen CCG safeguarding assurance through this group. The group will ensure colleagues from commissioning services and patient experience attend regularly to enable triangulation with performance, contract monitoring.

- **Learning from serious case reviews**

Throughout 2014 health providers continued to ensure the impact of learning from two serious case reviews is captured through evidence. This is often challenging in the short term, its important that the designated professionals and LSCB continue to strengthen this.

3. Governance and accountability

3.1 The national framework

'Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children' (2015) 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, including London Ambulance service and drug and alcohol services. All GP member practices have identified leads for safeguarding and a Named GP is in place.

Section 11 of the Children Act 2004 places 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:

- must have a clear line of accountability for safeguarding properly reflected in governance arrangements :see *appendix 2*
- works with local authorities to commission and provide services which are coordinated across agencies and integrated wherever possible: *The CCG and the local authority has a joint children's commissioner*
- participates in the work of the Local Safeguarding Children Board (LSCB) including representation on the Board at an appropriate level of responsibility, and contributes resources to enable the work of the Board: *see section 3.2.4*
- 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: *see section 3.2.4*
- 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: *see section 3.2.4*
- 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: *see section 3.2.1*
- ensures that safeguarding and promoting the welfare of children are an integral part of clinical governance and audit arrangements. *See section 3.2.1*

How the CCG fulfils these responsibilities is described in greater detail in this report.

3.1.2 NHS England

NHS 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 some directly commissioned services. NHS England provides oversight and assurance of the CCG's safeguarding arrangements and supports the CCG in meeting its responsibilities.

NHS England has reviewed its document 'Safeguarding Vulnerable People in the NHS- Accountability and Assurance Framework.' This was published in 2015. The document sets out the responsibilities of each part of the system and the key individuals who work within it and updates and replaces previous versions. Three operational policies have also been updated to reflect statutory, political and structural changes:

- The overarching NHS England safeguarding Policy
- Managing Allegations Policy
- Alerts Policy

NHS Bexley CCG policies and procedures have been reviewed to ensure they take account of additions.

3.2 Local governance arrangements

(See also 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 attends 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 Sonia Khanna- Deshmukh
CCG Executive lead	Simon Evans-Evans
Designated Nurse Safeguarding/LAC	Jill May (fulltime)
Designated Doctor Safeguarding	Dr Sarah Ismail (2 sessions per week)

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. The designated professionals access external supervision.

The CCG has a service level agreement with Oxleas Foundation NHS Trust to provide a Medical Advisor for looked after children and a lead paediatrician for child deaths.

Bexley CCG will host the Named GP for safeguarding (Dr Karen Upton) from June 2015. NHS England have provided a memorandum of understanding.

3.2.2 Safeguarding Children Health forum

The Designated Nurse chairs a quarterly 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 (drug and alcohol services), and 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 forum monitors action plans and audits and receives assurance that learning is disseminated across provider organisations. It is also a forum for practitioners to share best practice. Minutes are provided to the Safeguarding Commissioning Standing Committee.

3.2.3 Safeguarding Commissioning Standing Committee

The aim of this committee is to support the quality assurance and patient safety mechanisms of 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 will monitor serious case review health action plans, receive audits and reports from providers and monitor the safeguarding dashboard.

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

3.2.4 Quality and Safety Standing Committee

Safeguarding issues are a standing item on the agenda and receives minutes from the Safeguarding Commissioning Standing Committee. This committee will receive the safeguarding children annual report and Health of Looked after Annual report. Minutes and reports will be presented to the Governing Body Board meetings by the Executive Director for Safeguarding.

3.2.5 Bexley Safeguarding Children Board (BSCB)

The Bexley 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 continued to face a number of challenges during 2014/15 following Ofsted inspections in 2012 and 2014. However, in March 2015 the Department of Education lifted the Improvement notice issued to the Council in September 2014 on the performance and delivery of its children's services.

In March 2015 a Local Government Association peer review provided evidence to the Under Secretary of State for Children and Families that Bexley's Safeguarding Children Board *'has come through a period of significant improvement and change and is now equipped to take up its safeguarding role in Bexley'*.

This is welcome news and the result of much hard work from partners including health agencies. The peer review team provided suggestions for the BSCB to consider, which are incorporated into the BSCB business plans. The Chair of BSCB resigned earlier this year. Bexley CCG's Executive Director as Vice Chair, led the BSCB for several months prior to the appointment of a new Chair in June 2015.

Membership and attendance

Representation from Bexley CCG

Simon Evans –Evans	Director Governance and Quality (Vice Chair BSCB)
Dr Sarah Ismail	Designated doctor (as required)
Jill May	Designated nurse

The CCG makes a significant contribution to the work of the BSCB. Attendance at the BSCB from the CCG is consistently good and three sub groups are chaired by the Director Governance and Quality or designated nurse, in addition the Director Governance and Quality is the Vice Chair. Oxleas is well represented. It has been a key issue to ensure appropriate representation and engagement from acute health partners. This has been achieved; Darent Valley Hospital and Queen Elizabeth Hospital (Lewisham and Greenwich Trust) are members of BSCB and are represented at appropriate sub groups.

NHS England are statutory partners but do not have capacity to fulfil this responsibility. NHS England use a risk based approach to decide which LSCB's to attend. NHSE has communicated that it expects to be represented through designated professionals. Communication routes back to NHSE are yet to be formalised.

Pooled budget

The BSCB operates a legally constituted pooled budget. The CCG contributes £31,000 to a total budget of £248,743. The main contributors are the London Borough of Bexley and the CCG. Additional contributions are received from Oxleas NHS Foundation Trust, Metropolitan Police Service, London Probation Service and CAF/CASS.

The BSCB is administration team is hosted by the CCG at Erith Rd. This provides benefits to the BSCB in that it is a positive presentation of a partnership operation and a benefit in kind contribution from the CCG.

BSCB sub-groups

Serious Incident Standing Group (previously 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 Incident group has met quarterly this year. The group has monitored and signed off the action plans of two SCRs and other management reviews, it considers any serious incident notifications from partner agencies and learning from national reviews of SCRs.

The group has commissioned a multi-agency management review of a case this year which did not meet the criteria for a serious case review and recommendations will be agreed shortly. The BSCB has delivered one of two training sessions disseminating learning from this review.

Child Death Overview Panel (CDOP)

The Panel is chaired by the Designated Nurse with health representation from Darent Valley hospital, Queen Elizabeth hospital, Oxleas and Ellenor Hospice.

The Child Death Overview Panel has met on 4 occasions during the year A designated Paediatrician for child deaths is provided by Oxleas. The CDOP prepares an annual report for the BSCB.

Between March 2014- April 2015 a total of 12 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 and across the UK continues to be issues related to prematurity and chromosomal, genetic and congenital anomalies.

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 a multi agency dataset. Bexley CCG submits data from the safeguarding dashboard.(appendix 3).Multi agency audits on the provision and understanding of early help,domestic violence and thresholds and audit priorities for 2015/16.

Training and Development Group

The group is chaired by the Designated nurse. Representation from health partners includes Oxleas, Darent Valley hospital, and Queen Elizabeth hospital.

The BSCB 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 quality assured. This includes both the training provided by single agencies to their own staff, and multi-agency training. The group 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. All our NHS trust providers have a safeguarding children training strategy which have been shared with the group.

116 health professionals attended multi agency training (19% of total attendances) over the year. It is important that all providers recognise the importance of ensuring staff working predominantly with children and parents access this training. Specialists from the health economy in Bexley facilitate training and contribute to conferences.

Additional working groups

The Board has several task and finish groups and additional panels where there is good representation from health partner agencies. All are attended by the Designated nurse:

- Multi Agency Sexual Exploitation panel (MASE)
- Female Genital Mutilation,
- Self Harm
- Vulnerable children group
- Early help.

4. Policies and Procedures

All NHS Trusts within Bexley, Greenwich and Bromley follow the London Child Protection Procedures (2015). 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. 372 CAF's were undertaken in December 2014. This has steadily increased over the year and has coincided with the roll out of the Thriving Family/Early Help services by the local authority. There has been a significant increase in CAF's initiated by health agencies.

It is important the provision of early assessment and help that is in place across health agencies is recognised. Maternity services hold fortnightly maternity concerns meetings where vulnerable clients are discussed and a plan put in place. The meetings are a multi-agency forum with representation from midwifery and health visiting with input from mental health services and children's social care.

The BSCB has established an Early Help 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. The group has reviewed referral processes into children's services., this process will continue during 2015 to ensure arrangements are clear and concise.

4.2 Multi Agency Safeguarding Hub (MASH)

The MASH has been fully operational since August 2014. It 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. It is important that the health professional not only shares information with the team but make a full contribution to the decision making process.

The MASH will arrange strategy discussions in cases where there is reasonable cause to suspect a child is suffering , or is likely to suffersignificant harm. The Designated nurse is working with the Head of Social Care to ensure Bexley is compliant with Working Together requirements to ensure health are fully involved in decision making.

NHS Bexley CCG commissions a whole time equivalent health professional from Oxleas for the team. However there has been considerable periods of time this year when the MASH team have not had the benefit of a health professional for half the week due to extended periods of sickness. Health are key partners in the MASH, the current situation undermines and diminishes the role. Oxleas have been asked to rectify this as soon as possible.

A 'merlin notification' is completed when police are called to an incident and children are involved or are present. These form the majority of notifications received by MASH. Merlin notifications are triaged by the MASH team. Between June -July 2014 433 merlins were received in the MASH and an additional 145 contacts were processed resulting in 216 assessments.

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, offering additional support or referring on to other services (Bexley Women's Aid). There is

ongoing work being undertaken by Oxleas to ensure outcomes are fully documented in RIO records and the expertise of the health professionals is used effectively.

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. In the first quarter of 2015 86 cases were discussed of which 53 involved children. Health agencies are represented by the Specialist Health Visitor for Domestic Abuse, Family Nurse Partnership supervisor 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. All families with children discussed at MARAC will have a referral made to children's social care. Many will have a named social worker and those who don't meet the threshold will have an IDVA nominated to the family to assist with safety plan and offer support like referral to other services – 'Freedom Programme'. All actions are reported back before the next meeting.

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 provider 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. Assurance that a bidder has safeguarding arrangements is included at the earliest stage of procurement, bids will not progress unless this is evidenced. The Designated nurse has worked with colleagues in SE London to agree a revised KPI dashboard which will ensure a consistent approach across shared providers. Most providers do not yet have the systems to collect all the required data to provide assurance not only to the CCG but their own Boards. Designated professionals and commissioners are working with colleagues in neighbouring CCG's to agree a trajectory. Whilst it is recognised data alone does not provide assurance it is essential that providers and the CCG is aware of activity and is therefore in a stronger position to request evidence of outcomes using this data.

The Designated Nurse attends provider safeguarding committees. Safeguarding children annual reports and annual audit plans from provider trusts give further assurance and are presented to the CCG Safeguarding Committee.

Audits have been completed on safeguarding children record keeping within adult mental health services in Oxleas. This identified gaps in the recording of identified risk to children of service users which suggests a lack of care planning. Care co-ordinators were asked to ensure immediate risk was managed and has been included on Oxleas' risk register. The

CCG has included this indicator on the dashboard for 2015/16. A second audit examined the effectiveness of safeguarding training at level 3. Results evidenced training informs and is reflected in practice and that learning is sustained 6-9 months after training.

The Designated Nurse has worked with designated leads in Kent to develop a similar 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.

The acute hospitals and Oxleas (community band mental health services) provide a safeguarding children audit plan to commissioners as part of the assurance framework. These are reported to their internal committees, the Health Forum and the CCG Safeguarding Committee.

Identification of Vulnerability

Bexley's child population receive services from a number of health agencies. The challenge for health agencies is to ensure the small number of these who may be 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.

The total establishment of Health Visitors is 39.59 wte. NHS England has adjusted this from 37.97 last year. At the end of June 2015 there were 2.56wte vacancies. Oxleas have been successful in reducing vacancy rates.

Oxleas has recruited a domestic violence specialist health visitor and anticipate being awarded Unicef baby friendly status in health visiting this year. This focuses on bonding and attachment between parents and their infant which together with Oxleas' work on parenting preparation are crucial elements in promoting resilience in the first years of life.

NHS England issued a Memorandum of Direction in relation to the transfer of GP registered population to borough resident population for health visitor caseloads in readiness for the transfer of health visiting commissioning to local authorities in November 2015. Data provided by Oxleas identified an additional 388 children who will transfer to a Bexley health visitor. Nine of these children are subject to a child protection plan. This has had a significant impact on caseload size and workload, particularly health visitors working with practices around Wrotham rd, Oval and Lakeside. NHS England advised there would be no adjustment of budgets to meet the relative changes in population across providers.

Bexley CCG is not the only CCG reporting this problem, but we are in the minority. This has been escalated to NHS E (London) but no transfer of resources will take place.

The transfer of health visiting and the Family Nurse Partnership from NHSE to local authorities is scheduled to take place in October 2015. This will mean the commissioning of all public health services for children is undertaken by local authorities. (sexual health services and school nursing) These health services have an integral role in safeguarding children and young people which must be clearly defined within the relevant service specifications. NHS E has implemented an Integrated Governance Framework which facilitates the monthly secure sharing of service performance data between Oxleas and LB Bexley. This data set contains the 5 milestone checks of 0-5 service mandates, Public health Outcomes Framework and the Healthy Child Programme. The local authority has begun to liaise with the designated professionals as part of their assurance process to ensure effective safeguarding arrangements are in place within these services to safeguard children and young people.

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.

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. There has been a significant increase in activity this year. Medicals are consistently carried out within appropriate timescales. 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.

Between April 2014 – March 2015:

- 82 children were seen for physical abuse (60% increase on 2013/14)
- 11 children were seen for historic abuse / neglect (45% increase on 2013/14)
- 6 children were seen for child sexual abuse (66% increase on 2013/14)

A further 8 cases were seen by the Haven, Camberwell following an acute assault. NHS England has commissioned a review of the pathway for children and young people in London who have been sexually assaulted. The review evidenced geographical variations in local services, the need for better handover between forensic medical services provided by the Havens to local services and widespread issues about access to psychosocial support. Family Matters receive a Prevention and Early Intervention grant to provide specialist counselling and a Helpline service for children and adult survivors of sexual abuse and rape.

The recommendations for a local provision is being taken forward during 2015/16 by the designated doctor working with colleagues across SE London. Oxleas audited child protection medicals in siblings of index children. Oxleas' recommendations are to assess all under 5's siblings of children seen for a medical within 5 working days with a re-audit in a year.

5.1.4 Maternity pathway

Bexley women 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.

Bexley Maternity Services Liaison Committee was established in July 2014. The committee is supported by London Borough of Bexley and Bexley CCG. It acts as an independent collaborative committee of service users and representatives, providers and commissioners to plan, monitor, develop and improve maternity care for women and their families in Bexley. The committee is user led.

The top five priorities for the MLSC 2014/15 are:

1. Clear postnatal care and support with no postcode variation
2. Bexley MSLC website information
3. Feeding support ante natal and postnatal
4. Boroughwide early pregnancy information
5. Normalising childbirth

The lack of a clear pathway disadvantages Bexley women and babies and has been highlighted with the CCG and acute service commissioners to explore solutions.

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/Erith Hospital

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. Presentations of concern are notified to the health visitor if under 5yrs and over 5yrs to school nurses. If the child is known to children's social care the presentation is reviewed by the hospital safeguarding team/liaison health visitor and notification of attendance is sent to social care.

Lewisham and Greenwich NHS Trust completed an audit of arrangements for CAF which acknowledged the challenges for the organisation in responding to 3 local authority/LSCB's. Very few CAF's have been completed. The hospital plan to apply a RAG rating system to ward psycho-social meetings to enable clarification and the appropriate pathway.

5.1.6 GP's

Co-commissioning arrangements were introduced in April 2015 and provide a number of different models for involving CCG's in the commissioning of primary care services through delegated arrangements.

NHS Bexley Clinical Commissioning Group (CCG), along with the other CCGs in south-east London, has taken greater responsibility and involvement in the design, shaping and

commissioning of local general practices, in a joint commissioning arrangement with NHS England. This joint approach between CCGs and NHS England is referred to as the co-commissioning of primary care and will support local plans to improve primary care services in the borough.

NHS England is responsible for ensuring, in conjunction with CCG's that there are effective arrangements for the employment and development of the Named GP. Bexley CCG has indicated a desire to host the post within the CCG. NHS England has prepared a Memorandum of Understanding with Bexley CCG to clarify the arrangements between the 2 organisations in relation to the Named GP role. The legal responsibility for safeguarding in primary care remains with NHS England. Professional accountability and supervision is through the Designated Doctor. Bexley's Named GP is funded by NHS England (London).

Bexley's Named GP has undertaken a great deal of work over the year with practices including delivering in house training to practice staff, establishing regular forums for GP safeguarding practice leads and practice managers. The Named GP has audited practice follow up arrangements for children and young people who do not attend appointments with secondary care. Her findings and recommendations for best practice was presented to GP's at level 3 training during 2014. along with recommendations for improvement. During 2015 the Named GP will be auditing the provision of GP information for child protection conferences.

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 document² (RCPCH 2014) and Working Together (2015).

Provider organisations report training compliance quarterly (set at 80%) to their safeguarding committees and to the CCG through contract monitoring arrangements. The acute hospitals have been non compliant for most of 2014, The risk has been added to the CCG risk register. Although compliance has improved 2015, the percentages disguise the poor compliance within key areas of A&E and paediatric services. Darent Valley hospital has provided an action plan with key targets identified to reach compliance by December 2015.

It is mandatory for Bexley CCG staff to complete e-learning at level 1. The designated nurse has agreed with the manager of the Continuing Care team that Clinical staff in the team are required to access level 2 training provided by BSCB's multi agency training programme during 2015.

A bespoke session has been delivered to the Governing Body during 2014 setting out their specific responsibilities.

Bexley designated leads and the GP Education Lead recognise the importance of ensuring strong relationships with Bexley practices is maintained and continue to offer level 3 annual updates with input from the Named GP. 87% of GP's accessed level 3 training in 2014/15. Practices nurses from 70% of surgeries have also attended. GP training in 2015 will focus on:

- The GP role in child sexual exploitation
- Identification and management of FGM

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

Single agency Training March 2015	Oxleas Mental health staff	Oxleas community staff	DVH	PRUH	QEH	GP's (Nov 2014)	CCG
Level 1 <i>induction for all staff in a healthcare setting</i>	100%	97%	91%	68%	100%		77%
Level 2 <i>Contact with children and families</i>	99%	91%	56%	81%	74%		
Level 3 <i>Work regularly with children and families</i>	90%	88%	61%	81%	73%	87%	
Level 4 <i>Named professionals</i>	100%	100%	100%	100%	88%	100%	
Level 5 <i>Designated professionals</i>							100%
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.

5.4. Ofsted

The Board has continued to face a number of challenges during 2014/15 following Ofsted inspections in 2012 and 2014. However, in March 2015 the Department of Education lifted the Improvement notice issued to the council in September 2014 on the performance and delivery of its children's services.

5.5 Lampard review

Kate Lampard's report detailing the investigations into the historical abuse of children and young people on NHS premises and lessons learnt was published 26th February. This stands alongside 16 independent investigations undertaken by the NHS trusts involved.

The Review made recommendations for Trusts to improve their policies and practice including access, volunteering, safeguarding, complaints and governance. Trusts were asked to review their practices against the recommendations and to develop an action plan.

Trusts were asked to report back on their proposed actions. Our NHS provider trusts have responded and a copy of these documents has been shared with Bexley CCG. Bexley CCG's policy has also been reviewed to incorporate recommendations.

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

From April 2014 Bromley Healthcare deliver the Family Nurse Partnership (FNP) Programme in Bexley. During 2013-14 there were 48 live births to teenage 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. 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 is part of the LB Bexley Thriving Families team to ensure the young women have access to a range of targeted support services. Client recruitment to the Bexley programme has been challenging. Commissioners are working with the local authority and the FNP managers to ensure this improves rapidly. The team have prioritised Bexley client recruitment and have enrolled 26 young women with capacity for 50. Local authority commissioners and the designated nurse sit on the Advisory Board.

Unscheduled care

The urgent care service provides services to children and families 24 hours a day 365 days a year at Queen Mary's hospital site and Erith hospital in the north of the borough 8am-10pm. The service is provided by the Hurley Group.

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 paediatric nursing. The CCG raised a contract query notice in February 2015 in relation to the lack of paediatric nursing expertise at both UCC sites. The Hurley group has started to employ suitably trained paediatric nurses, but there is ongoing work to ensure contract requirements are met. Specific child safeguarding KPI's are included in the UCC and out of hours contract for 2015. The Designated nurse is working with the paediatric lead nurse in the UCC to ensure they are able to provide assurance regarding training levels.

Child sexual exploitation

Child sexual exploitation (CSE) is recognised nationally as one of the most important challenges facing agencies. The publication of the Independent Inquiry into child sexual exploitation in Rotherham was an opportunity for the CCG to scope the role of health agencies in the identification of young people at risk.

The prevalence of cases of exploitation in Bexley is largely unknown. In 2006 a research paper by Barnardo's (Meeting the Needs of Sexually Exploited Young People in London'), suggested that Bexley had a medium level of prevalence of CSE based on a set of indicative data. This suggested that within Bexley fewer than 20 young people were likely to be victims at any one time. However, a range of studies suggest that, due to its hidden

nature, local areas should assume that CSE is occurring in their area at a higher rate than is officially identified.

Bexley Safeguarding Children Board (BSCB) has established a multi agency sexual exploitation group (MASE) which has received notifications of 21 cases to date, all cases have a management plan in place. Oxleas community universal services and the designated nurse represent the health economy on the group.

Children and young people who may be at risk of sexual exploitation will potentially come into contact with any health services. It is therefore important that awareness programmes are provided to all health professionals. However young people at risk are more likely to come to notice through contact with particular services:

1. Contraceptive and sexual health clinics
2. GP services
3. School nursing service
4. CAMHS
5. Termination services
6. Acute hospital services

A sexual health screening tool will be introduced by Oxleas for use by sexual health practitioners and school nurses. The tool has also been shared with GP's at a training event. All commissioned health services have provided assurance that they are raising awareness through training.

FGM

An enhanced dataset for acute and mental health trusts is proposed with an implementation date during 2015. In addition GP's will be requested to report individual cases through their systems.

The FGM workstream across Bexley is led by health agencies. The FGM group of the BSCB is chaired by the Designated nurse. A Bexley practice guidance document is currently out for consultation. National risk assessment tools have been circulated to health providers.

Oxleas have set up a Task and Finish group to ensure local arrangements for identification and information sharing are robust and have developed a local protocol. local acute hospitals have established protocols within maternity services.

The Designated nurse, a school nurse and senior midwife continue to deliver workshops and awareness sessions across the health sector and to schools, and parent groups across the borough. Lewisham and Greenwich NHS Trust are hosting an FGM conference during the summer of 2015, Darent Valley Hospital has hosted maternity engagement events with FGM included as a topic.

7. Priorities for 2015-16

7.1 Provider organisations:

Oxleas

- CSE guidance to be developed
- FGM guidance to be incorporated into training programmes

Queen Elizabeth Hospital

- Increase engagement with children and young people in service development
- Domestic violence training and identification

Darent Valley Hospital

- Achieve compliance with safeguarding children training
- Deliver Prevent training
- Review safeguarding team resource to ensure a stand alone Named nurse post

7.2 NHS Bexley CCG:

• Prevent

Prevent is part of the government's strategy for counter terrorism and seeks to reduce the risks and impact of terrorism on the UK. The CCG will work with health organisations to ensure staff are trained to identify vulnerable individuals, ensure Prevent is embedded in governance and systems, ensuring agencies are working in partnership to support the Prevent agenda.

The aim of Prevent is to ensure that there are preventative strategies in place across all agencies to support and divert people who may be susceptible to radicalization, before they become directly involved in any illegal activity relating to acts of violence or terrorism. The Counter Terrorism and Securities Act 2015 sets out key responsibilities for health agencies.

• Sexual Abuse Referral Centres

NHS England commissioned a review of the pathway for children and young people in London who have been sexually assaulted. The review evidenced geographical variations in local services. The recommendations for a local provision will be taken forward during 2015/16 by the designated doctor working with colleagues across SE London.

• CP-IS

Local providers and the local authority have committed to CP-IS in Bexley. The designated nurse will continue to work with project leads and colleagues in neighbouring boroughs to ensure implementation by beginning of 2016.

The Child Protection Information Sharing (CP-IS) project is an NHS England sponsored work programme dedicated to developing an information sharing solution that will deliver a higher level of protection to children who visit NHS unscheduled care settings by enabling health practitioners in unscheduled care settings to access to key social care information – children and unborn babies with child protection plans, and children looked after information.

• Maternity services

Solutions to improve the fragmentation of maternity services will be explored with CCG commissioning colleagues. The South East London Maternity Strategy Clinical Leadership Group is progressing the work priorities identified by the Maternity Network Board which informs Our Healthier South East London, the 5 year commissioning Strategy programme. The Bexley commissioner is a member of the Leadership Group which includes Quality standards in its work plan.

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 challenges determined by the complex health economy in Bexley. The provider safeguarding teams have ensured a steady focus on safeguarding responsibilities of their organisations 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.

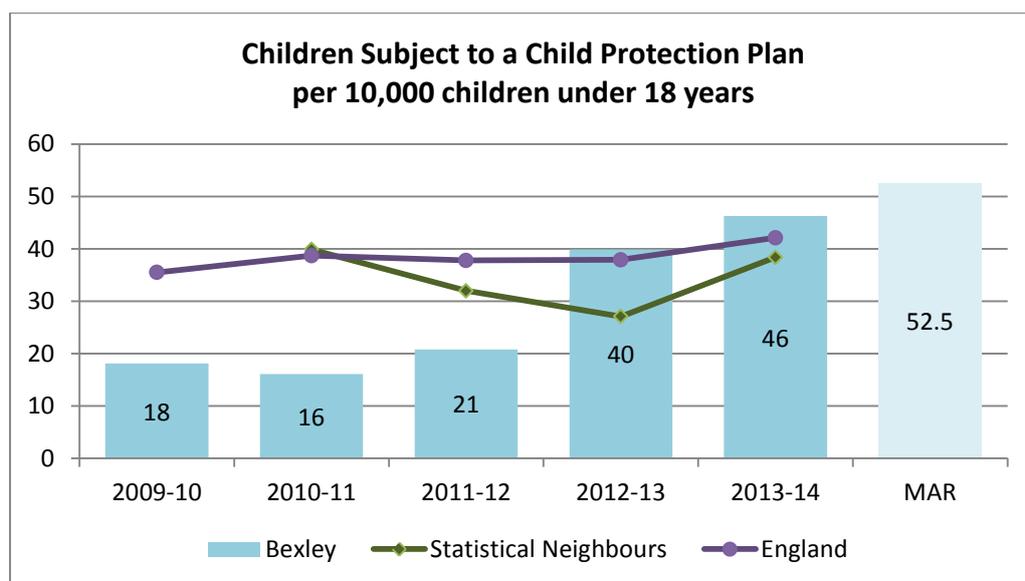
Child Protection Data

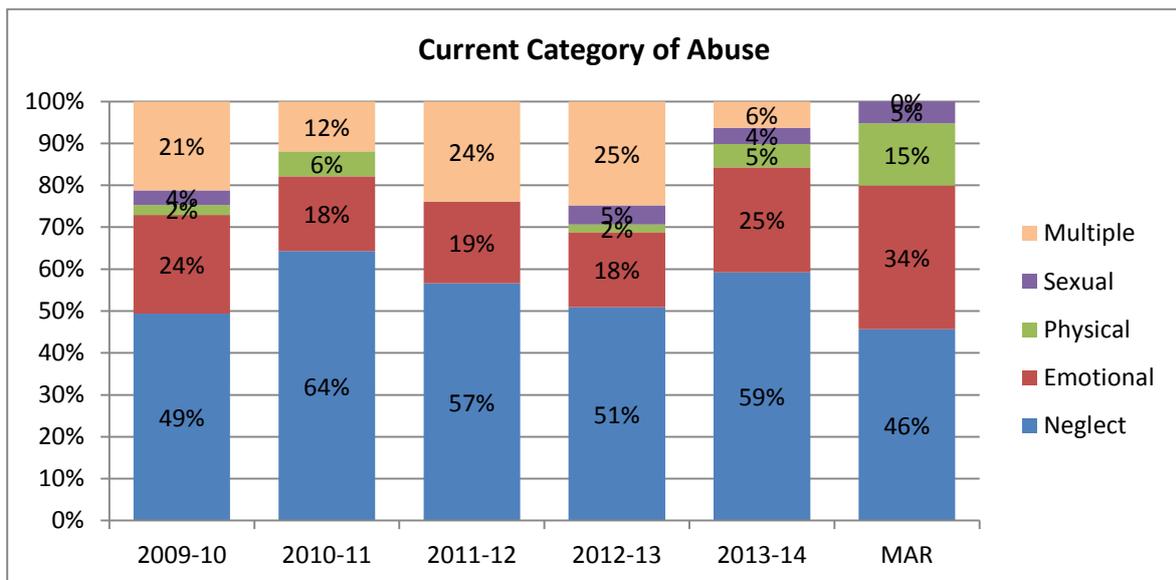
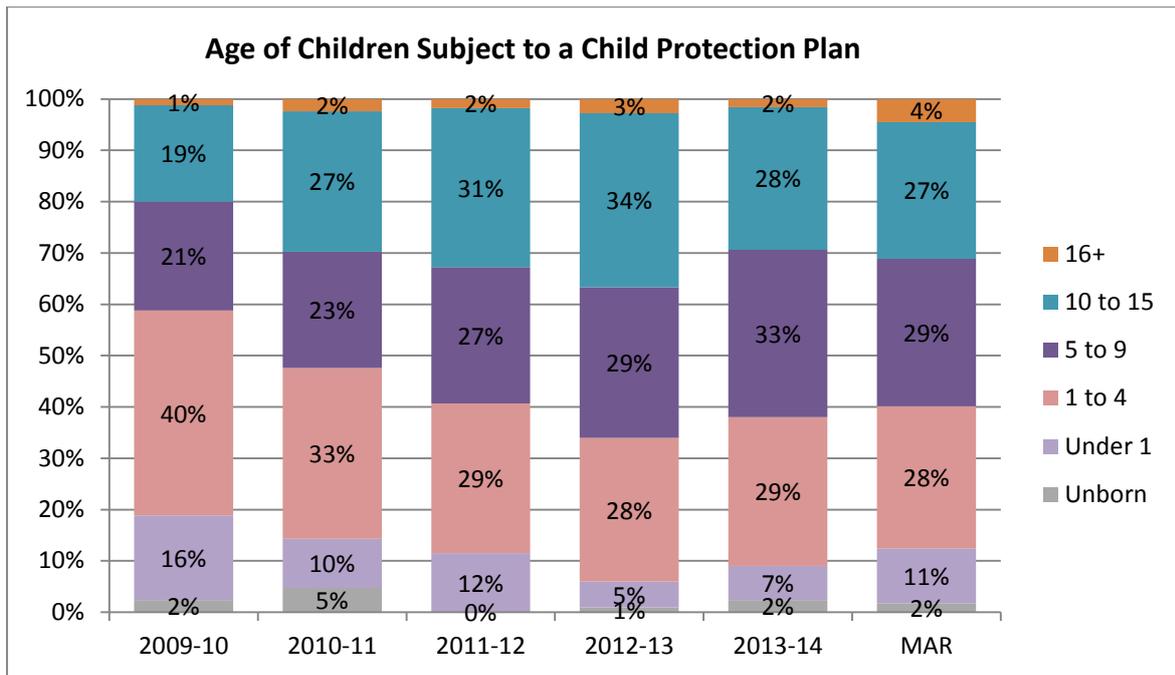
At the 31st March 2015 there were 289 children subject to a child protection plan in Bexley. This is 52.5 per 10,000 children and National Average of 42.1 in 2013/14.

The most common category of abuse continues to be Neglect, accounting for 46% of cases, followed by Emotional abuse 34%. Physical abuse 15% and Sexual abuse plans account for 5%.

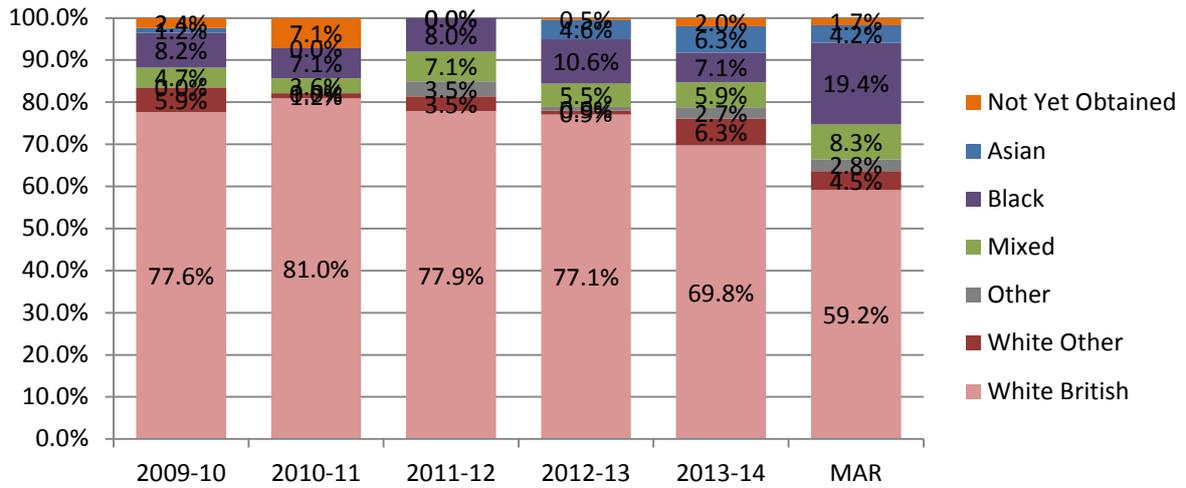
27% of children subject to a child protection plan on 31st March were aged 10-15 and 4% were aged 16+.

35% of children are from a BME background, with the majority of children subject to a CP Plan being White British.





Ethnicity of Children Subject to a Child Protection Plan





Joining it up



NHS Bexley CCG - Safeguarding Children Dashboard																							
			OXLEAS								ACUTE												
			Mental Health				Community Health				Dartford & Gravesham				QE (Lewisham and)				PRUH/KCH**				
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	
Safety	Number of SIs involving children	Level 4-5	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Active SCR		0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Number of allegations against staff		0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Safeguarding children training compliance	Level 1**	80%	96%	90%	98%	100%	100%	97%	96%	97%	100%	93%	93%	91.00%	100%	100%	100%	100%	76%	76%	80.2	68%
		Level 2		88%	100%	96%	99%	100%	89%	91%	91%	87%	83%	83%	56%	64.0%	67.0%	73.0%	74.0%	31.0%	34.0%	64.1%	81.0%
		Level 3		81%	100% core specialist	88%	90%	98%	94% core specialist	92%	88%	not available	not available	not available	61%	61.0%	63.0%	67.0%	73.0%	56.8%	63.6%	64.0%	81.0%
	Appropriate staff trained in safer recruitment	CQUIN indicator for Acute	80%	94%	100%	90	95	94%	100%	94%	95												
	Number of referrals to CSC		0	16	12	11	10	6	3	4	4		9		14	15	19	17					
	% Accepted for assessment	excluding those 'decision pending'		0%	12%	89%	67	40%	30%		100%				100.0%	#####	50.0%	41.0%					
	Number of CAF/ proposed (maternity cause for concern)														14								
Number of CAF		50^		0	0	0	2	4	0					0	0								
Number of case conference invited to				1	0	2	57	15	54	25				4	0				6	6	3		
% of case conference attended	CQUIN indicator for Acute			100	0%	0	95%	146%	220%	224%	100%		0		100%	100%	100%	100%					
Safety & Effectiveness	% of acute CP medicals completed in timescales	48 hours					100%	82%	82%	71%													
	% of non urgent CP medicals completed in timescale	7 days					88%	100%	100%	100%													
	% of LAC Initial Health Assessments completed in timescale	28 days					60.0%	13.0%	100.0%	76%													
	% of LAC Initial health assessments completed in timescale once all paperwork received from CSC	95%					100%	100%	100%	90%													
	% of LAC with an up to date healthcare plan	6 months under 5's/ Annual over 5's					99%																
CCG ASSESSMENT			RAG rating				RAG rating				RAG rating				RAG rating				RAG rating				

Additional Information:

* Oxleas submitted an amalgamated figure for all indicators for MH and CH. From Q2Oxleas will submit separate dashboards for MH and CH.

** KCH/PRUH amalgamated figure for training. No other data available to date

^ 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