

Governing Body meeting (held in public)

DATE: 29 September 2016

Title	Safeguarding Annual Report 2015/16	
This paper is for Discussion		
Recommended action for the Governing Body	That the Governing Body: 1. Is asked to discuss the report and note priorities for 2016/17 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 arrangements as part of the local and national governance framework. This year a joint safeguarding adult and children annual report has been produced. This ensures accountability for safeguarding 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:	Demonstrates how Bexley CCG works to improve the health and wellbeing of people in Bexley in partnership with our key stakeholders.
	People:	
	Pounds:	
	Process:	Demonstrates how Bexley CCG takes account of its safeguarding responsibilities through commissioning 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 across the Bexley health economy.
	Equality	Services are provided in a manner which

Clinical Commissioning Group

		acknowledge and take account of equality and diversity issues.
	Financial	Delivering on all of our statutory duties and become an effective, efficient and economical organisation.
	Data	
	Legal issues	
	NHS constitution	Ensuring compliance with relevant legislation and policies.
Engagement		
Audit trail		
Comms plan		
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Date	16/09/2016	

Safeguarding Adult and Children Annual Report 2015-2016

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June 2016

	Contents	Page
	Introduction	3
1.	Governance and accountability National framework Local governance arrangements	3
2.	Policies and procedures	6
3.	Quality assurance of the safeguarding arrangements Contracts Care Quality Commission Internal audit	6
4.	Safeguarding Children	8
5.	Safeguarding Adults	18
6.	Priorities 2016/17 Conclusion	21
	Appendix 1 Governance structure Appendix 2 Child protection data Appendix 3 Safeguarding children dashboard	22

Introduction

This report provides Bexley Clinical Commissioning Group (CCG) Governing Body with an overview of safeguarding across health services in Bexley during 2015/16.

The CCG is a statutory NHS body with a range of statutory duties, including for safeguarding children and adults. The CCG regards its statutory responsibilities to safeguard children, young people and adults at risk of harm as a major priority for the organisation and for our work with local partners. We continue to maintain strong partnership working in order to achieve a joined up approach to addressing the needs, supporting and safeguarding the vulnerable including those children and young people looked after by the local authority. A separate report is provided addressing progress regarding the health of looked after children.

The report reviews the work across the year, giving assurance that the CCG has discharged its statutory responsibility to safeguard the welfare of children and adults across the health services it commissions.

Additionally, information is included about national changes, influences, local developments and activity and how challenges to business continuity relating to safeguarding are being managed.

Key issues covered in this annual report

This report addresses the safeguarding responsibilities of the CCG:

- Governance and accountability
- Policies and procedures
- Quality assurance of the safeguarding arrangements
- Safeguarding children
- Safeguarding Adults
- Priorities for 2016/17

1. Governance and accountability

In April 2015 the Care Act 2014 came into force and put adult safeguarding on a statutory footing. The six main principles of the Care Act are of Empowerment, Protection, Prevention Proportionality, Partnerships and Accountability. There are fundamental differences between the legislative framework for Adults and Children which centre largely on the rights of adults to autonomy in decision making where they have the mental capacity to do so. In compliance with the Care Act there is a Bexley Safeguarding Adult Board which includes the Local Authority, NHS and Police as statutory partners.

The NHS England Accountability and Assurance framework (2015), the Care and Support Statutory Guidance (2015) together with 'Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children' (2015) highlights the child and adult safeguarding requirements of health services.

'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. 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).

Response: A safeguarding assurance framework is included in all CCG contracts with NHS providers. Evidence of sound safeguarding arrangements must be demonstrated at the procurement stage. 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.

Response: NHS Bexley CCG has a well- established child 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.

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

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 and adults 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.

1.2 Local governance arrangements (See appendix 2)

1.2.1 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 safeguarding leads attend 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)
MarinoLatour/Judith Clark	Safeguarding Adult Lead

The designated/lead 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 hosts the Named GP for safeguarding.

1.2.2 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.

1.2.3 Safeguarding Commissioning Standing Committee

The purpose 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 quarterly and is chaired by the Executive Director for Safeguarding. Minutes and issues for escalation are reported to the CCG Quality and Safety Committee.

1.2.4 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.

2. Policies and Procedures

2.1 All NHS Trusts and the CCG within Bexley, Greenwich and Bromley follow the London Child Protection Procedures (2015) and Safeguarding Adult procedures (2015). Darent Valley Hospital follows Kent and Medway Safeguarding Children procedures (2014) and Kent & Medway Multi-agency Safeguarding Adults Policy, Protocols and Guidance (Revised April 2016).

The CCG has a safeguarding policy and procedure available on the intranet.

The CCG and our health partners adhere to specific protocols developed by Bexley Local Safeguarding Children Board in relation to Bexley children and the Safeguarding Adult Partnership Board. Each NHS Trust has appropriate safeguarding policies and procedures in place. In addition organisations have included safeguarding requirements within other key documents such as HR and information sharing policies.

2.2 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.

Under the Care Act 2015 Domestic violence became a named safeguarding category where the Local Authority has a duty to ensure that relevant enquiries are undertaken. When a case is raised at the MARAC whereby either the adult at risk or the alleged perpetrator meets the Care Act criteria for safeguarding then the Multi Agency Safeguarding Procedures are invoked and the Local Authority leads on coordinating a multi agency response, and in supporting the adult at risk to developing a risk management plan.

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 Oxleas' practice development Health Visitor, 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.

2.3 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.

3. Quality assurance

During 2015 NHSE (London) completed a deep dive review of safeguarding as part of the assurance process for CCG's. The process identified 4 key lines of enquiry: Governance arrangements, Workforce, Capacity and Assurance. All areas except Workforce were found to demonstrate good assurance.

Workforce was judged as providing limited assurance. This relates to non compliance with safeguarding children training in provider organisations and the low level of Prevent training in the CCG and provider organisations. A trajectory has been set for Prevent training and for the provider agencies who are not yet compliant with levels 2 and 3 of Safeguarding Training. We have assurance that all agencies have plans in place to address these issues.

In addition, Bexley CCG's safeguarding children arrangements were audited by KPMG in September 2015. The audit demonstrated 'significant assurance'.

3.1 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. There is joint work in progress

between Bexley Local Authority, Bexley Clinical Commissioning Group and Care Quality Commission to develop a joint quality monitoring tool.

3.2 Contracts with NHS Trusts

Contracts with provider NHS trusts in Bexley explicitly outline the expectations of processes and policies to safeguard 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 safeguarding leads have worked with colleagues in SE London and Kent 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. Safeguarding leads 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.

There is limited assurance of compliance with the Mental Capacity Act 2005. This was identified nationally as an issue by the House of Lords Select Committee 2014 and in response to this a framework is now in place to commission for Mental Capacity Act Compliance.

The Safeguarding leads attend provider safeguarding committees. Safeguarding 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.

Our local hospitals and Oxleas (our community and mental health service provider) provide safeguarding audit plans to commissioners as part of the assurance framework. These are reported to their internal committees, the Health Forum and the CCG Safeguarding Committee.

4. Safeguarding children

4.1 Local context

The population of Bexley is 237,000. 61,000 children and young people aged 0-19 years live in Bexley (25% 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 19% of children under 16 years are living in poverty compared to 23% across London (2012). 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 2016 there were 163 children subject to a child protection plan in Bexley. (see appendix 1).

The health and wellbeing of Bexley children is mixed compared with the England average. Infant and child mortality rates are similar to the England average¹.

- Children in Bexley have worse than average levels of obesity: 11.3% of children aged 4-5 yrs and 22.5% of children 10-11yrs are classified as obese
- The hospital admission rate for alcohol specific conditions is better than the England average.
- The hospital admission rate for substance misuse is worse than the England average.
- The immunisation rates are similar to the England average.

4.2. 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.

- **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 has worked with health organisations to ensure staff access training to identify vulnerable individuals and ensure Prevent is embedded in the governance and systems of our main providers. 98% of CCG staff have received training.

- **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 has been

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

progressed during 2015/16 by the designated doctor working with colleagues across South East London. (see section 6)

- **CP-IS**

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.

Local providers and the local authority have committed to CP-IS in Bexley. Progress across London has however been disappointingly slow. Health providers are fully prepared. The local authority has some work to complete before they can progress in relation to ICT compliance, but plan to be chairing a project group Summer 2016 in readiness to going live.

- **Maternity services**

Bexley Maternity Services Liaison Committee identified a number of priorities in 2015, one of which was to establish a clear pathway to deliver antenatal and postnatal care with no postcode variation.

The lack of a clear pathway disadvantages Bexley women and babies because it is possible for Bexley women to receive maternity care from more than one provider leading to challenges to continuity of care and information sharing.

The pan London maternity specification has been localised to meet the needs of Bexley women and has now been adopted and implemented by Lewisham and Greenwich Trust and Dartford and Gravesham Trust, this will ensure improved choice and continuity of care for women throughout the maternity pathway. Lambeth CCG are finalising the specification for Kings to ensure the Bexley women who give birth at the Princess Royal University Hospital, Bromley have the same consistency of care.

4.3 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 develop its mechanisms to receive assurance from the partnership following the appointment of a new Chair in June 2015.

Representation from Bexley CCG

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

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, 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 have not been formalised.

4.3.1 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 CAFCASS.

The BSCB's 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.

4.3.2 Serious Incident Standing Group (previously Serious Case Review sub-group)

This is chaired by the CCG's 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. A partnership review of the professional responses relating to the attempted suicide in 2014 of Child H was submitted to the Board.

The report made a number of findings showing that some improvements in practice are needed. At the BSCB Board meeting on November 16 2015 it was agreed that all agencies involved in the case of Child H should address improvement actions in an action plan and provide the Board with evidenced assurance that the required improvements have been put in place.

In addition the group has considered 2 referrals from the Child Death Overview Panel in relation to the murder of 2 children and their mother. The case did not meet the threshold for a serious case review but has been taken forward as a Domestic Homicide Review). The second referral followed the death of a disabled child. The Child Death Overview Panel were concerned there may have been missed opportunities for agencies to work together more effectively.

The group has also considered the impact on the children of a parent who died of self neglect. This review is being led by Safeguarding Adult Board.

4.3.3 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 submits an annual report for the BSCB.

Between March 2015 - April 2016 a total of 16 child deaths were notified to CDOP. The majority of deaths in Bexley continue to be linked to prematurity. However, this has been a very unusual year in that Panel has reviewed 3 deaths from suicide of young people. This has generated joint working with CDOP chairs and Public Health leads from neighbouring boroughs to collate information about a number of recent suicides across the boroughs and how to increase and develop prevention work locally and sub-regionally.

The group agreed a number of actions:

The immediate response:

- Contacting the police to ensure a consistent approach with regard to accessing social media accounts of young people who die by suicide.
- Working with the local press to ensure responsible reporting reflecting press guidance.
- Preparing a template press statement if needed for suicide cases which get media attention.
- Sharing good practice
- SE London Data surveillance function to monitor teenage suicides and attempted suicides .
- Raising awareness of key professionals – schools are particularly important. Suicide Safer London will deliver a well evaluated workshop aimed at teachers and GP's. The aims of the training is to reduce anxiety, develop skills to identify those at risk and often leads to a change in the culture of the organisation.
- Make support materials available direct to schools, through the BSCB webpage and elsewhere to young people and parents.
- BSCB Chair and the Designated nurse met with the Youth Council to discuss this work and they agreed with our proposals to develop the skills of teachers and also to raise awareness with young people on keeping themselves and their friends safe
- On March 14 2016 the BSCB Board agreed to a 'Keeping Yourself and Your Friends Safe' Campaign to be run though 2016-2017 focusing on safety and welling issues for children and developing mutual and peer support .Partner organisations will be supported to develop and deliver an initiative for the campaign.

This work is in the context of growing national concern about the wellbeing and mental health of young people, which has been addressed in Bexley by the Health and Wellbeing review into children and young people's emotional health. . Bexley Safeguarding Children Board (BSCB) has developed guidance for the children's workforce on responding to self-harming behaviours, which may be related, but not necessarily causal, in suicidal ideation or actual suicide events.

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)
- Vulnerable children group
- Early help.

4.3.4 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. It is important that the health professional not only shares information with the team but make a full contribution to the decision making process.

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 has not had the benefit of a health professional due to extended periods of sickness. Health are key partners in the MASH, the current situation undermines and diminishes the role. Oxleas are working to rectify this.

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.

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.

4.4 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

4.4.1 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 which advocates 5 mandated checks designed to pick up health needs early. 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. In addition there are 14.11wte staff nurses and nursery nurses.

The school nursing establishment is minimal and consists of 3.60 wte school nurses and 4.5 wte staff nurses and healthcare assistants.

Commissioning arrangements for universal children's services

The Health and Social Care Act 2012 sets out a local authority's statutory responsibility for delivering and commissioning public health services for children and young people 5-19yrs. Responsibility for children's public health commissioning for 0-5yrs, specifically health visiting, transferred from NHS England to local authorities in October 2015.

Public Health England has published guidance to support the commissioning of the Healthy Child Programme 0-19yrs. A review of both services has been on-going and the local authority is currently consulting on the content of the service specification.

The designated professionals undertake a whole health economy role regardless of the commissioning arrangements and have an integral role in all parts of the commissioning cycle, from procurement to quality assurance. Therefore the designated nurse continues to raise concerns that the safeguarding element of the service and the statutory responsibility of health services in relation to promoting the welfare of children should not be diluted. Proposals to refocus the roles and responsibilities of the workforce indicate there will be an impact on other parts of the children's workforce particularly GP's and schools.

4.4.2 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 with police and social care colleagues to improve this.

Between April 2015 – March 2016:

- 67 children were seen for physical abuse
- 4 children seen for chronic abuse / neglect
- 4 children were seen by the Haven, Camberwell following acute/chronic sexual abuse.

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.

4.4.3 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 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 lack of a clear pathway for postnatal care disadvantages Bexley women and babies and was identified as a priority by the committee. The CCG and acute service commissioners have acted to resolve the situation as described in section 2 (Summary of Progress).

4.4.4 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.

Urgent care service

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 Hurley group has suitably trained paediatric nurses at the Queen Mary's site but there is ongoing work to ensure contract requirements are met on the Erith site. Specific child safeguarding KPI's are included in the UCC and out of hours contract for 2015.

4.4.5 GP's

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).

The Named GP has been actively promoting her role and supporting GP's this year by facilitating quarterly meetings for the practice safeguarding lead GPs. These meetings have covered Domestic violence, children and young people's mental health, including the launch of the "self-harm" guidelines in Bexley. The group provided one of the focus groups which contributed to the redesign of CAMHS. Speakers have included representatives from Bexley Women's Aid, Queen Elizabeth Hospital Independent domestic violence advocate, Youth workers, CAMHS, and a presentation on Prevent.

The Named GP has audited GP provision of reports to initial child protection conferences. One of the recommendations to improve engagement has been to establish a common title for LB Bexley to use when emailing a GP to request a report so that GPs can set up their systems to flag them for immediate action, which should improve the response rate and timeliness.

The Named GP continues to offer basic level 1 training to reception and administration staff in practices and supports annual level 3 updates for GP's and clinical practice staff.

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.

4.5 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 2015, The risk was added to the CCG risk register. The acute providers reached overall compliance by March 2016, however the percentages disguise the poor compliance within key areas such as A&E. This is currently being prioritised.

It is mandatory for Bexley CCG staff to complete level 1 every 3yrs. A bespoke session has been delivered to the Governing Body during 2014 setting out their specific responsibilities. This will be repeated in 2017.

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 2015/16.

GP training focussed on:

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

Single agency Training March 2016	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%	99%	89%	68%	83%		77%
Level 2 <i>Contact with</i>	94%	97%	71%	81%	86%		

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

<i>children and families</i>							
Level 3 <i>Work regularly with children and families</i>	90%	92%	81%	81%	86%	87%	
Level 4 <i>Named professionals</i>	100%	100%	100%	100%	88%	100%	
Level 5 <i>Designated professionals</i>							100%
Level 6 <i>Board awareness</i>							28.2.14

4.6. Service developments

4.6.1 Children and Young People's Haven's Service

The Havens are specialist centres in London for people who have been raped or sexually assaulted. The Children and young people's Havens represents an expansion of service provision, aimed at providing an enhanced service for children and adolescents presenting after child sexual abuse or assault, and ensuring greater equity of provision with adult services.

In 2014 /15, a comprehensive review of service provision for children and adolescents living in London and who have experienced sexual assault was conducted. The review indicated that many children and adolescents were not receiving comprehensive health care assessment and follow up, despite reporting in increased numbers to the police and social services. All children require a health assessment when there is concern about sexual abuse or assault. Only health professionals are able to assess the health needs of a child or adolescent, and they should always be involved in planning the response to any disclosure of sexual abuse or assault. Additionally, the review highlighted inequity of service provision with that provided to adults, with the mental health needs of the child and adolescent population being particularly neglected.

The service is based within a new purpose built and child-friendly centre at the Haven Camberwell (located within King's College Hospital). Bexley community paediatricians refer all children and young people for medical, advocacy and clinical psychology services.

The Children and Young People's Haven will now offer the following services:

- Expert advice and consultation on child sexual abuse and assault during normal working hours via a multidisciplinary team that includes consultant paediatricians, child and young person advocates, and child and adolescent psychologists.
- Forensic medical examination and documentation of injuries for children and adolescents who have experienced sexual assault or abuse: 24 hours a day, seven days a week.
- Comprehensive follow up after-care for children and adolescents, including: medical care (including STI screening and medical follow up), advocacy and psychology services.

- The CYP Clinical Psychology Service will provide children and adolescents, and their families, presenting with psychological difficulties post sexual abuse with specialist psychological assessment and brief intervention (up to six sessions). Where children and adolescents present with needs beyond the remit of the CYP Clinical Psychology Service, it aims to support their onward referral to appropriate services via specialist psychological assessment and established referral pathways. Additionally the service will provide a group programme, including psycho-educational and skills training, workshops and groups to all attending CYP Havens.

4.6.2 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.

Bexley Safeguarding Children Board (BSCB) has established a multi agency sexual exploitation group (MASE). 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

Oxleas NHS Foundation Trust has introduced a sexual health screening tool based on '*Spotting the Signs*' (BASHH) which is used by sexual health practitioners and school nurses. The tool will be adopted by the Looked after children nurse for use with all sexually active young people. The tool was shared with GP's at their level 3 training event. Whilst all commissioned health services have provided assurance that they are raising awareness through training this is insufficient. Providers have been asked to ensure CSE training is targeted at key groups of staff during 2016

4.6.3 FGM

An enhanced dataset for acute and mental health trusts was implemented during 2015. In addition GP's report individual cases through their systems. National risk assessment tools have been circulated to health providers.

A Bexley practice guidance document is available on the BSCB website which provides additional information (local contacts) to the London Board procedures.

The Designated nurse, a school nurse and senior midwife have delivered awareness sessions across the health sector, schools, and parent groups across the borough. 2 half days sessions have been delivered through the BSCB training programme.

5. Safeguarding adults

5.1 Local Context

The health of people in Bexley is varied compared with the England average. Deprivation is lower than average, although there are areas of the Borough where there is evidence of significant deprivation. Life expectancy for both men and women is higher than the England average, however, life expectancy is 6.8 years lower for men and 5.2 years lower for women in the most deprived areas of Bexley than in the least deprived areas.

Much of the ill health and disability in later life arises as a result of heart disease and stroke, sensory problems (vision and hearing), arthritis, incontinence, dementia and depression, so trends in these diseases and conditions can be used to estimate future numbers of people with social care needs. In Bexley's older population 17,867 residents have a limiting long-term illness (52% of residents aged 65+).

In line with the UK as a whole, the population of Bexley is ageing. Between 2003 and 2012 there was a 9.9% increase in the population aged over 65 years, almost double the increase for the London region. Analysis of palliative care register data nationally has indicated that patients are not currently being identified in the last year of life, implying that adults nearing the end of life diagnosed with chronic long-term illness are at risk of not gaining access to optimal end of life care. National priorities are to ensure that people at the end of life receive effective, humane and compassionate care, not just those in receipt of specialist palliative care.

The first year of referral in 2005/6 saw 88 referrals and in 2015 /16 the referral rate was 1118: This demonstrates the increase in awareness of the need to formally raise concerns.

5.2 Safeguarding Adults 2015/16 Achievements

- 98% of CCG staff have attended a mandatory training workshop to raise awareness of Prevent
- Adult safeguarding, Mental Capacity Act and DoLS (MCA/DoLS) and Prevent training has been provided to GPs
- A pre-requisite of the service procurement process requires evidence of sound safeguarding adult arrangements
- The CCG Quality alert management system (QAMS) was extended to care homes, enabling care homes to raise their concerns on behalf of their residents. The CCG acts as a facilitator between the home and the provider to ensure a response to their concerns. The CCG uses the intelligence gained from QAMS to highlight themes and trends and advise on areas of improvements and inform future service development.
- Joint working arrangements with London Borough of Bexley have continued to be strengthened over the year. This has been demonstrated by:
- Introduction of care home pressure ulcer panel in partnership with London Borough Bexley to support the reduction of avoidable pressure ulcers
- Development of a quality dashboard listing all CQC registered providers in Bexley who report directly into NHS England (excludes dentists). This supports the monitoring of services to improve quality of care.

- A joint quality assurance initiative in partnership with London Borough of Bexley for care homes, including learning disability and mental health care homes; consisting of joint assurance visits and shared dialogue with CQC about registered providers in the Bexley.
- Continued work to ensure attendance at all borough safeguarding adult cases and at meetings
- Improved partnership working and intelligence gathering on safeguarding and quality assurance issues in the domiciliary care provision sector.

5.3 Bexley Safeguarding Adults Partnership Board

The Bexley Safeguarding Adults Partnership Board is the key statutory mechanism for agreeing how organisations co-operate and ensure effectiveness of what they do to safeguard adults.

Representation from Bexley CCG

Simon Evans –Evans

Director Governance and Quality

Zoe Hicks-John

Asst. Director Governance and Quality

Marino Latour

Adult Safeguarding Lead

Key Achievements of the Bexley Safeguarding Adults Board

- Multi Agency Audits completed and reviewed through Challenge event
- Developed and Structured the Chairs Group which ratified Terms of Reference for all the Subgroups
- Produced a communication strategy, which will support the awareness raising of adult safeguarding and associated aspects of self-protection with partner agencies and service users and carers
- Developed a 3-Year Strategic Business Plan.
- Developed a multi-agency Budget from statutory agencies
- Commenced a Serious Adult Review (SAR) through Social Care Institute for Excellence (SCIE)

Key priorities for the BSAB for 2016/17 are:

- Ongoing implementation of the revised Statutory Guidance and the London Multi-Agency Adult Safeguarding Policy and Procedures.
- Ensure full adoption of Making Safeguarding Personal.
- To ensure continued ability to respond to increasing volumes of Safeguarding Concerns over the next year and beyond.
- To understand and seek to address issues related to human trafficking, modern slavery, sexual exploitation and self-neglect across Bexley.
- Further work to review the 'Adult Safeguarding Workflow' within the recording system to better meet the requirements of the Care Act in order to embed the six principles of adult

safeguarding: protection, prevention, accountability, proportionality, empowerment and partnership.

- The Making Safeguarding Personal (MSP) work programme hopes to continue to engage with key social care staff and multiagency partners who are acting as MSP champions; develop supportive, reflective supervision and learning opportunities for staff; review how and in what circumstances advocacy is made available; develop materials to support practitioners and the people they are working with; develop an appropriate range of recording mechanisms; link MSP into wider personalisation, engagement and prevention initiatives and strategies and gain commitment from partner organisations to making the cultural and organisational changes that are required.
- Continue to promote safe, high quality services across Bexley. To do this through triangulation of information across all partnerships to support failing services to improve and to assist in management of risk
- Following the Supreme Court ruling, to confirm local arrangements to respond to increasing DOLS application

6. National focus on safeguarding

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 in February 2015. 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.

Independent Inquiry into Child Sexual Abuse

Justice Lowell- Goddard's independent inquiry into child sexual abuse by those in public office has agreed terms of reference. The inquiry is in its early stages and it is not known how long it will last. The specific request from NHS England at this point is to ensure that all providers and contractors are aware of their duties in relation to retention of records. Provider organisations have been provided with a helpful independent inquiry checklist to benchmark themselves

New offence under Criminal Justice and Courts Act 2015

Criminal Justice and Courts Act 2015 came into force 13th April 2015 and applied to offences committed after 13th April 2015. Section 20-25 Care provider offences. Ill treatment or wilful neglect the offences apply to both individual care workers and providers organisation.

Safeguarding Adults Reviews (SARs)

The Safeguarding Adults requirements of the Care Act were implemented on 1st April 2015. Safeguarding Adults Boards must arrange a Safeguarding Adults Review (SAR) when an adult in its area dies, or is subject to serious

abuse or neglect, and there is concern that partner agencies could have worked more effectively to protect the adult. From 1st April 2015 the term “SAR” will be used for lessons learned activities commissioned by the BSAB. The term “Serious Case Review” will no longer be used.

New Adult Safeguarding Categories of Abuse

The scope of Adult safeguarding has expanded and now covers self neglect, domestic violence and modern slavery as distinct categories of abuse.

7. Priorities for 2016/17

- 1) Working with CCG colleagues, GPs, care homes and other health providers to gain assurance that they are compliant with mental capacity legislation to ensure that patients human rights are being upheld.
- 2) In partnership with social care colleagues, implement a dynamic providers’ forum to share information and improve practice in care homes – with particular attention to medicines management and patient safety.
- 3) Medicine management, prescribing and embedding the principles of the Mental Capacity Act through support to care homes by the care home pharmacist
- 4) Working with commissioned health providers and care homes to support improvements in communication and access to treatment for their residents.
- 5) Continue to work with public health commissioners on the development and assurance of the 0-19 yrs service
- 6) Work with Police and Children’s social care colleagues to ensure health involvement in strategy meetings
- 7) Re-establish the MASH strategy group to review protocols, engagement and contribution of partners and decision making process

8. Conclusions

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 and adults in health agencies in Bexley is effective and there are repeated examples of good practice and outcomes for children and adults.

There is evidence of greater awareness amongst health agencies of the need to share issues of concern about adults at risk and of the need to ensure that the workforce are trained to the required level of competency to fulfill their statutory responsibilities.

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.

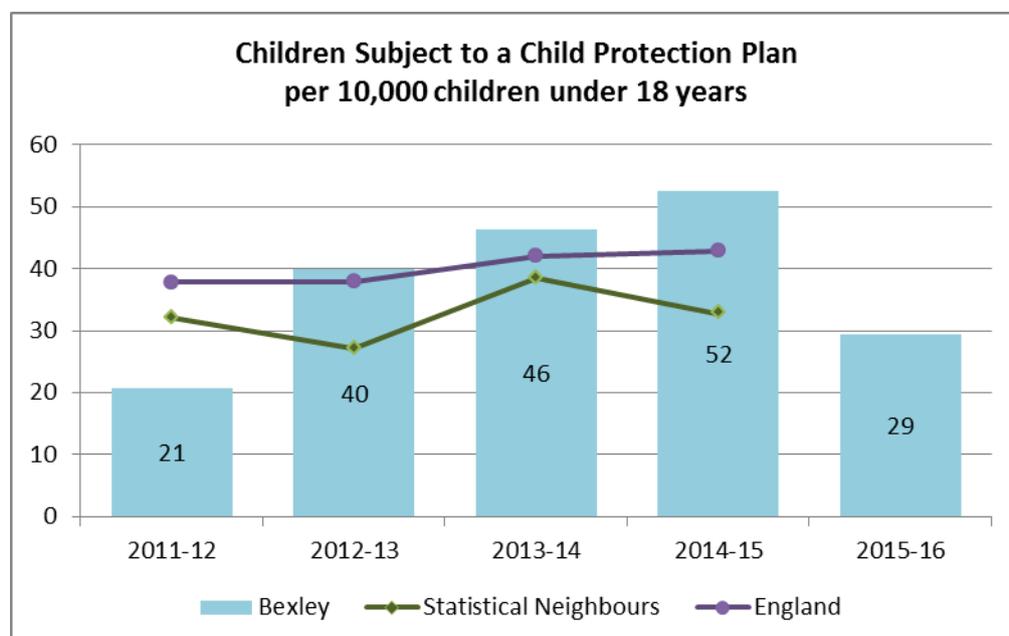
Child Protection Data

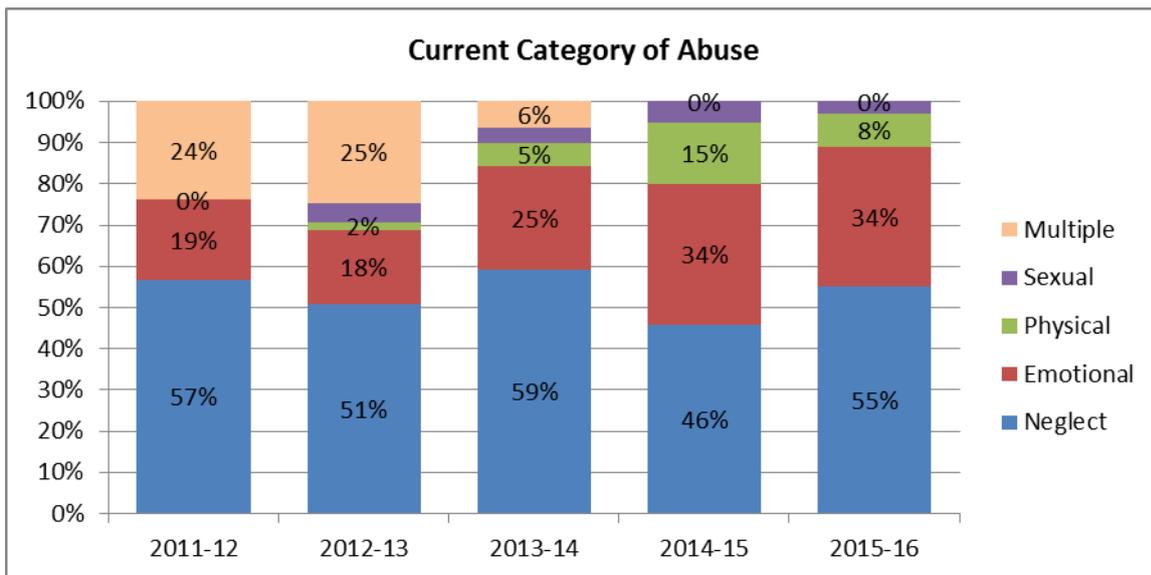
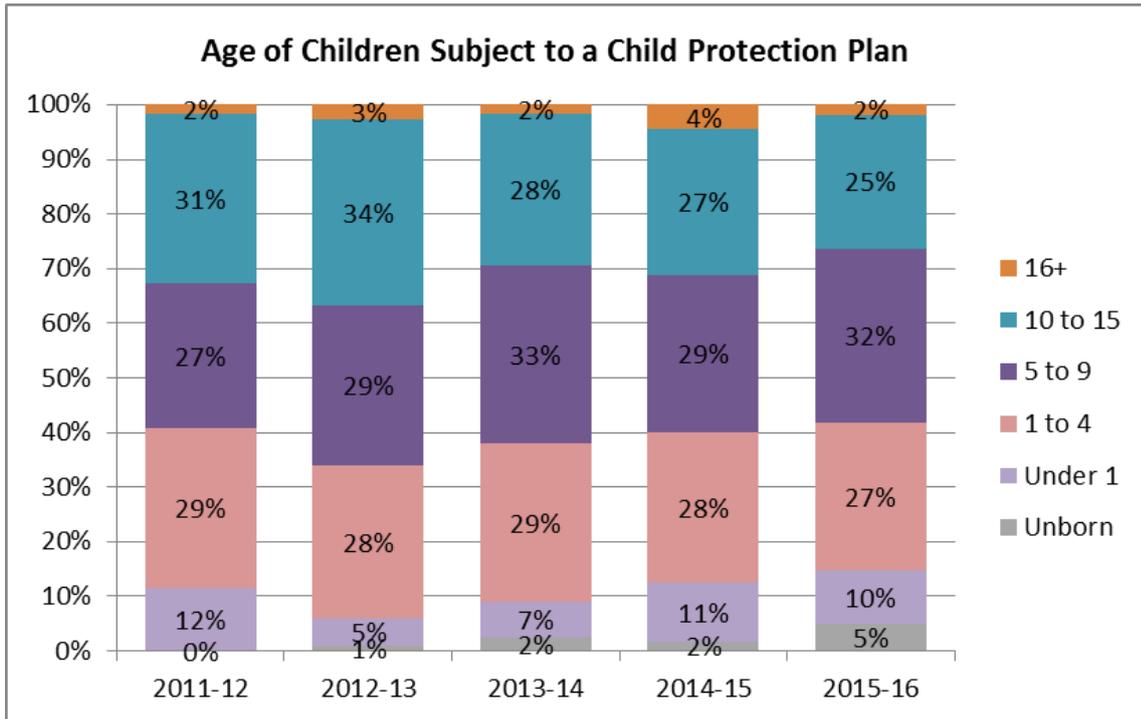
At the 31st March 2016 there were 163 children subject to a child protection plan in Bexley. This is 29.3 per 10,000 children and National Average of 42.9 in 2014/15.

The most common category of abuse continues to be Neglect, accounting for 55% of cases, followed by Emotional abuse 34%. Physical abuse 8% and Sexual abuse plans account for 3%.

25% of children subject to a child protection plan on 31st March were aged 10-15 and 2% were aged 16+.

32% of children are from a BME background, with the majority of children subject to a CP Plan being White British.





Governance arrangements

Joining it up

