Safeguarding Adult and Children Annual Report
2016-2017

Jill May
Dr Sarah Ismail
Designated Professionals Safeguarding Children
Judith Clark
Safeguarding Adult and Quality Lead
June 2017
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Introduction

This report provides Bexley Clinical Commissioning Group (CCG) Governing Body with an overview of safeguarding across health services in Bexley during 2016/17.

The CCG is a statutory NHS body with a range of statutory duties, including 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 children looked after.

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 2017/18

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 ‘Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework’ (NHS England 2015) sets out the requirements necessary for CCG’s to be able to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding. These include:

- A clear line of accountability for safeguarding, reflected in the CCG governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation’s safeguarding arrangements.
- Clear policies setting out their commitment, and approach, to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate.
• Training their staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring that their staff are competent to carry out their responsibilities for safeguarding.
• Effective inter-agency working with local authorities, the police and third sector organisations which includes appropriate arrangements to cooperate with local authorities in the operation of Local Safeguarding Children Boards (LSCBs), Local Safeguarding Adults Boards (LSABs) and Health and Wellbeing Boards.
• Ensuring effective arrangements for information sharing.
• Employing, or securing, the expertise of Designated Doctors and Nurses
• Having a Designated Adult Safeguarding Manager (DASM) which should include the Adult Safeguarding lead role and the Mental Capacity Act (MCA) lead role, supported by the relevant policies and training.
• Effective systems for responding to abuse and neglect of adults.
• Supporting the development of a positive learning culture across partnerships for safeguarding adults to ensure that organisations are not unduly risk averse.
• Working with the local authority (LA) to enable access to community resources that can reduce social and physical isolation for adults.

An audit by NHS England at the end of 2015 demonstrated that Bexley CCG meets these requirements within the current structure/roles and responsibilities.

NHS England
NHS England and NHS Bexley CCG 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 3)

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 recruited to. Judith Clark, Safeguarding Adult and Quality Lead will take up a substantive post with the CCG from April 2017. 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 and adults. The safeguarding leads attend quarterly clinical network for London designated professionals hosted by NHS England (London).

The Governing Body has appointed a GP member as the ‘Safeguarding Champion’ on the Board. This role ensures strategic ownership of Safeguarding by the Governing Body.

GB Safeguarding Champion Dr Sonia Khanna- Deshmukh
Named GP Dr Karen Upton (1session per week)
Bexley CCG Executive lead Simon Evans-Evans (until May 2016)
Anne Douse (May 2016 - March 2017)
Designated Nurse Safeguarding/ Looked after Children Jill May (fulltime)
Designated Doctor Safeguarding Dr Sarah Ismail (2 sessions per week)
Safeguarding Adult & Quality Lead Judith Clark (Seconded fulltime)
Bexley CCG has recently appointed Michael Boyce as Director of Quality, Governance and Performance and will be the CCG Executive Lead for Safeguarding.

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

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 for themselves.

It is mandatory for Bexley CCG staff (including the Governing Body) to complete e-learning at level 1 every 3yrs. GP Board members access level 3 training. 87% of staff are compliant with training requirements. A separate face to face session was delivered to the Governing Body during 2015 setting out their specific responsibilities The Board will receive an update in 2017. Designated safeguarding leads are compliant at level 4/5 training.

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 safeguarding children 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. Domicillary and Care home Forums
The Safeguarding Adult Lead attends and is deputy chair for the forums. The purpose of the forum is to share information between CQC, commissioners and providers with regards to the quality of care delivered within the care home sector. Homes that are seen to be delivering sub-standard care are supported to improve by both the local authority and the CCG.

1.2.4 Safeguarding Commissioning Standing Committee
The committee 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.

The purpose of this committee is to support the quality assurance and patient safety mechanisms of the CCG. This occurs by ensuring 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 monitors the health action plans from serious case review, safeguarding adult reviews and domestic homicide reviews, receives audits and reports from providers and monitors the safeguarding dashboard.

1.2.5 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 Annual Report and Health of Children 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 (5th edition 2017) and Safeguarding Adult procedures (2015). Darent Valley Hospital follows Kent and Medway Safeguarding Children procedures (2016) 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 Safeguarding Children Board 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 whistleblowing, workforce and information sharing policies.

2.2 Multi Agency Risk Assessment Committee (MARAC)

MARAC manages high level domestic abuse cases and is chaired by the 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. 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. The number of cases referred to MARAC has reduced this year, although the cases are more complex.

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<tr>
<th>MARAC cases</th>
<th>Number of cases</th>
<th>Number of children</th>
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<tr>
<td>April- June 2015</td>
<td>86</td>
<td>53</td>
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<tr>
<td>April-June 2016</td>
<td>54</td>
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Health agencies are represented by Oxleas’ practice development Health Visitor 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 Independent Domestic Violence Advocate (IDVA) nominated to the family to assist with the safety plan and offer support including referral to other services – ‘Freedom Programme’. All actions are reported to the next MARAC meeting. It is important we consider how information can be shared with GP practices during 2017.
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

3.1 Care Quality Commission (CQC)

Safeguarding arrangements in health trusts and care homes 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.

3.1.1. Care Homes and Domicillary Care

There is joint work between Bexley Local Authority, Bexley Clinical Commissioning Group and the Care Quality Commission to identify provider concerns at an early stage and a quality monitoring tool is used to assist in this process. There is an escalating Provider Concerns Tool kits which supports a multi agency response to poor practice.

Themes of concern:

- Lack of effective leadership in the homes
- Health and safety and infection control issues including medication management
- Staffing levels in relation to dependency scores of patients
- High staff turnover
- Non adherence to Nursing and Midwifery Council (NMC) record keeping standards
- Not raising safeguarding concerns in a timely manner
- Staff not wholly competent to carry out their roles
- An acceptance by some providers of poor standards of care and recording.
- Limited compliance with the Mental Capacity Act 2005
- Poor end of life care documentation
- A lack of understanding of Do Not Attempt Cardiopulmonary Resuscitation
- A need to improve the understanding of the Deprivation of Liberty Safeguards (DOLS) for patients who are subject to restrictions or restraint
- Poor care planning to support residents with challenging behaviour
- Poor moving and handling

These issues are discussed at the provider forums and are focus areas for the London Borough of Bexley quality visits which are both announced and unannounced. Where there is a health related concern NHS Bexley CCG medicines management team and Safeguarding and Quality lead undertake joint visits and make recommendations for improvements in practice.

At the end of March 2016 London Borough of Bexley did not have any homes which were rated as ‘inadequate’. Those that were inspected as ‘requiring improvement’ have improvement plans in place to address all issues. The majority of providers in Bexley are rated as ‘good’.
3.1.2 Joint local area inspection of Special Educational Needs and Disability in Bexley

Ofsted and the Care Quality Commission (CQC) conducted a joint inspection in October 2016, to judge the effectiveness of Bexley in implementing the special educational needs and disability (SEND) reforms as set out in the Children and Families Act 2014.

Inspectors found Bexley’s self-evaluation was accurate. It identified that more needs to be done to raise standards for children and young people who receive SEND support within Bexley’s secondary schools and acknowledged that further work is required to ensure that children and adult social care teams work more effectively together during transition periods. Bexley’s improvement plans closely align to the areas for improvement that have been identified.

In relation to health specific findings, Bexley CCG did not have a designated clinical officer (DCO) - this post has now been recruited to (see section 4.6.1) and not all children looked after received a timely initial health assessment. This has now improved significantly and is reported in detail in the Health of Children Looked After Annual Report.

Bexley CCG has a role in co-ordinating and encouraging health providers to continue to work with our partners in delivering the implementation plan. The partnership has agreed a joint improvement plan which will be monitored at the Special Educational Needs and Disability Implementation Board and Health and Wellbeing Board.

3.1.3 Peer review of multi agency domestic abuse arrangements

The London Borough of Bexley invited representatives from Kensington & Chelsea to conduct a peer review with the particular focus being domestic abuse. The review considered the network of support in place and how they work together to support the safety and positive outcomes for children and families where domestic abuse is an identified issue of concern. The review team consisted of representatives from Family Services, Police and Health to provide a multiagency perspective on practice.

In preparation for this peer review, representatives across a range of agencies in Bexley (Children’s Social Care, Police, Probation, Health, Women’s Aid) audited 9 cases where domestic abuse featured at differing levels. These completed audits were provided to the peer review team. No specific recommendations were made for health agencies. However, a number of key themes were evident when completing these audits, relevant for all agencies to consider as work continues.

- information sharing
- case analysis
- practitioner understanding of thresholds
- management oversight
- multi agency strategy discussions

A multi agency action plan has been developed addressing these themes.

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 similar KPI dashboards which will ensure a consistent approach across shared providers. Providers do not yet have the systems to collect all the required data to provide assurance to the CCG and 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 in issue by the House of Lords Select Committee 2014. A framework is now in place to assist commissioners.

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.

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 Safeguarding Children 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 31\(^{st}\) March 2017 there were 177 children subject to a child protection plan in Bexley. (see appendix 1). 656 children had a child in need plan, requiring additional support from the multi agency network.

The health and wellbeing of Bexley children is mixed compared with the England average. Infant and child mortality rates are similar to the England average\(^2\)

- 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.

1) Continue to work with public health commissioners on the development and assurance of the 0-19 yrs service

The 0-19yrs service contract was awarded to Bromley Healthcare who will provide the service from June 2017. Designated nurses are tasked with ensuring sufficient and appropriate resources are in place across the health economy for safeguarding and protecting vulnerable children and young people. NHS Bexley CCG is concerned the reduction in services will compromise this.

Significant reductions in public health budgets has led to radical changes to health visiting and school nursing services in Bexley. There is a risk that the new contract will impact on the ability of universal health services to fulfil their responsibilities in relation to safeguarding and

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\(^1\) Health Profile Bexley 2015 Public Health England June 2015  
\(^2\) Health Profile Bexley 2015 Public Health England June 2015
early identification of additional need. Widespread concern across London and nationwide has recently ensured a focus on the issue by NHS England. The CCG will maintain close scrutiny 2017/18.

2) **Work with Police and Children’s Social Care colleagues to ensure health involvement in strategy meetings**

A task and finish group was established during 2016 and a protocol was finalised in April 2017. This will continue to be monitored during 2017.

3) **Re-establish the MASH strategy group to review protocols, engagement and contribution of partners and decision making process**

Health colleagues continue to actively participate in collaboration with other agencies in the local authority led review to strengthen the effectiveness of the Bexley MASH. The steering group has reviewed information sharing arrangements and is looking at the roles and responsibilities of partner agencies.

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 BSCB is a key section 11 responsibility for the CCG.

In December 2015, the Government announced that it had asked Alan Wood to conduct a review of the role and functions of Local Safeguarding Children’s Boards (LSCB). The review and the Government response was published in May 2016. The Children and Social Work Act received Royal Assent in March 2017. A date will be fixed for the legislation to come into effect. This will replace the statutory requirement for an LSCB with a new flexible statutory framework for protecting and safeguarding children in the area. The new arrangements will require designated ‘safeguarding partners’ and ‘any relevant agencies that they consider appropriate’ to work together in exercising their functions. The arrangements must include working together to identify and respond to the need of children in the area.

Safeguarding partners in relation to local authority areas in England are defined as being:

- The local authority
- The clinical commissioning group for an area any part of which falls within the local authority area
- The chief officer of police for a police area any part of which falls within the local authority area

Safeguarding partners will be required to have arrangements for identifying serious cases and for supervising the reviewing of those cases where appropriate as well as publishing the reviews.

**Local implications**

In Bexley the LSCB has trialled new ways of working through the Back to Practice project funded by the Department of Education.

The Back to Practice project is aimed at establishing stronger connections between the inter-agency policy and strategic functions of the LSCB and its senior managers and frontline practitioners in the development and improvement of multi agency safeguarding practice.

Policy and strategy development should be relevant to practice with lessons from current practice in Bexley along with other key sources of practice learning such as serious case
reviews and messages from inspection. Practice therefore drives both the learning and change, where historically LSCB’s have been disconnected from front line activity which is bringing together learning from local front line practice with national research including inspection findings. An evaluation of the new way of working will be reported to the Board in May 2017 and includes a review of the current budget and staffing structure.

**Representation from Bexley CCG (up to March 2017).**

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<th>Name</th>
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<tbody>
<tr>
<td>Dr Karen Upton</td>
<td>Named GP for safeguarding</td>
</tr>
<tr>
<td>Simon Evans –Evans</td>
<td>Director Governance and Quality, Vice Chair BSCB <em>(until April 2016)</em></td>
</tr>
<tr>
<td>Anne Douse</td>
<td>Interim Director Governance and Quality <em>(April 2016-March 2017)</em></td>
</tr>
<tr>
<td>Dr Sarah Ismail</td>
<td>Designated Doctor Safeguarding Children (as required)</td>
</tr>
<tr>
<td>Jill May</td>
<td>Designated Nurse Safeguarding Children/Looked After Children</td>
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Bexley CCG has appointed Michael Boyce as Director of Quality, Governance and Performance and will represent Bexley CCG as the executive lead for safeguarding on the Board.

The CCG continues to make 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 of Quality and Governance 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) and the Named GP are members of BSCB and are represented at appropriate sub groups.

NHS England is a statutory partner but do not have capacity to fulfil this responsibility. NHS England use a risk based approach to decide which LSCB’s to attend. NHS England has communicated that it expects to be represented through designated professionals. Although communication routes back to NHS England have not been formalised.

**Board activity**

The draft multi-agency thresholds – *“Effective Support for Children, Young People and Families in Bexley - Shared guidance to help all practitioners working with children, young people, families and carers to provide additional and early help, intensive and specialist support”* – were presented to the November 2016 Partnership Board meeting. Consultation took place during February 2017 with a target date for implementation in April 2017.

During 2016/2017 the BSCB Learning Hub priorities included finding out about the effectiveness of ‘front doors’ into Bexley safeguarding children services. The BSCB chair visited a number of agencies and services including the multi-agency safeguarding hub (MASH), Darent Valley and Queen Mary’s Hospitals, Urgent Care Centres and the police child abuse investigation team. In December a workshop was held with partners from all agencies who used the Ofsted joint targeted inspections criteria to self-assess the ‘front door’ processes in children’s social care. The overall conclusion was that there had been improvements in the way agencies worked together but there were some differing views on thresholds and a lack of consistent feedback to referrers. Improvement work is now being taken forward through the MASH steering group.

Learning Hub partners observed child protection core groups during September and October 2016 and then worked together to produce information for parents and also for professionals
for approval by the Safeguarding Board. This work is being taken forward through interagency training events and briefings focussing on roles and responsibilities for individuals attending conferences and core groups including training for partners on ‘Signs of Safety’. Bexley agencies have agreed ‘Signs of Safety’ as the overall framework for providing effective help and support for children and families.

4.3.1 Pooled budget
The BSCB operates a legally constituted pooled budget. The CCG contributes £31,000 to a total budget of £262,050. The main contributors are the London Borough of Bexley and the CCG. Additional contributions are received from Oxleas NHS Foundation Trust, Lewisham and Greenwich Trust, Metropolitan Police Service, London Probation Service and CAFCASS.

The CCG has hosted the BSCB’s administration team at their offices for several years. 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. The team moved into the Civic Centre shortly before the CCG relocated to offices in the Civic centre in February 2017.

4.3.2 Serious Incident Standing Group
The group is chaired by the CCG’s Director of Quality and Governance with additional health representation from CCG, Darent Valley Hospital and Oxleas.

The Serious Incident group has met quarterly this year. All agencies involved in a partnership review dating back to 2015 were asked to 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 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 the 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 April 2016 - March 2017 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 sudden unexplained deaths of infants (SUDI).

In the UK, 300 babies die suddenly and unexpectedly every year. Experts believe SUDI occurs at a particular stage in a baby’s development, and that it affects babies who are vulnerable to certain environmental stresses. This vulnerability may be caused by being born prematurely or having a low birthweight, or because of other reasons not yet identified. Environmental stressors include tobacco smoke, getting tangled in bedding, overheating being put to sleep on side or front, a minor illness or co-sleeping. There’s also an association between co-sleeping on a bed, sofa or chair particularly with an adult who may have used alcohol or drugs.
Lewisham and Greenwich Trust hosted a tri-borough meeting to analyse the higher than expected number across the boroughs. Actions from the meeting concentrated on refreshing the safer sleeping and no smoking messages to parents and to ensure every contact counts.

Work had continued during 2016 in relation to the deaths of 3 young people from suicide the previous year. 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. A priority for Bexley safeguarding Children Board is adolescent risk. The Board has launched a campaign ‘Keeping yourself and your friends safe’. A project worker has been seconded from Bexley Voluntary Services to work with the Board on taking forward the work.

The Clinical Director of Children and Young People’s Directorate, Oxleas has collaborated with the parents of the young people to develop videos for young people focussing on emotional wellbeing which have been uploaded to YouTube. The Director has worked with one of the parents to develop a presentation to be delivered as part of a school assembly for young people over 15yrs the presentation delivers positive mental health and suicide prevention information. This is currently been promoted to Bexley secondary school heads.

The Government has agreed that CDOP’s should be hosted within the NHS, and has put in place arrangements to transfer oversight of CDOP’s from the Department of Education to Department of Health.

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

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, health services, probation and 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 strategic MASH steering group has been established to review partnership arrangements.

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
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.

Commissioning arrangements for universal children’s services
Responsibility for children’s public health commissioning for 0-19yrs, specifically health visiting and school nursing, is the responsibility of local authorities through Public health departments. The local authority awarded the 0-19yrs contract to Bromley Healthcare who will deliver the service from June 2017. The Designated nurse arranged a series of transition meetings with Bromley Healthcare to discuss safeguarding arrangements and the risks associated with transition in relation to record keeping and information sharing.

The designated professionals undertake a whole health economy role regardless of the commissioning arrangements. The designated nurse continues to raise concerns that the safeguarding and the statutory responsibility of health services in relation to promoting the welfare of children will be affected by a significant reduction in the services commissioned. A refocus of 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. This will be closely monitored during 2017 and has been included on the CCG risk register.

4.4.2 Specialist children’s pathway
Specialist children’s services are provided by Oxleas and include services for children looked after. A separate annual report is provided to the CCG and LB Bexley on the health of children looked after.

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 by children's social care via a dedicated phone line. Activity is monitored quarterly. Medicals are consistently carried out within appropriate timescales.

Between April 2016 – March 2017:

- 58 children were seen for physical abuse. This is a reduction from 67 in the previous year
- 2 children seen for chronic abuse / neglect. This is a reduction from 5 in the previous year
- 5 children were seen by the Haven, Camberwell following acute/chronic sexual abuse. An increase of 2 children on the previous year.
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.

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 in order to plan early interventions.

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

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 services
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 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.

Greenbrook provide Urgent care services on the Queen Elizabeth hospital (QEH) site and acts as the front door for all paediatric presentations.

The Healthy London Partnership’s children and young people’s (CYP) programme carried out a clinical peer review of acute care services for CYP at Lewisham and Queen Elizabeth hospitals in July 2016. The peer review commented that the waiting area where children and
young people (CYP) register and are streamed at QEH is not child friendly and there is a lack of privacy and dignity (for adults as well).

The reviewers found pathway arrangements for children, young people and their families meant they could spend a great deal of time moving from one area to another. Bexley CCG raised the issues for follow up with Greenwich CCG, as the commissioners of the service, these conversations continue.

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.

The Named GP has been actively supporting GP’s this year by facilitating quarterly meetings for the practice safeguarding lead GP’s. These meetings have covered Prevent and the Channel Panel, the work of the Early Years Centres, teenage suicide and a session on adult safeguarding. The level 3 training focused on domestic violence and working with partner agencies.

The Named GP has audited GP provision of reports to initial child protection conferences as a follow up from the previous year’s audit. Changes made as a result included updating the email addresses used by social care to request a report. Also the difference between report requests for initial case conferences and information gathering by the MASH were clarified and addressed.

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 CCG, together with the other CCGs in south-east London, has taken greater responsibility and involvement in the design, shaping and commissioning of local general practices, progressing beyond joint commissioning arrangement with NHS England and enhancing local plans to improve primary care services in the borough. The Named GP has highlighted the importance of safeguarding in the new federation.

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 document3 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 2016. The risk continued to be included on the CCG risk register. The acute providers reached overall compliance by March 2016, however the percentages disguised the poor compliance within key areas such as A&E. These areas were prioritised and are now compliant.

Bexley designated safeguarding children leads and the GP education lead recognise the importance of ensuring strong relationships with Bexley practices is maintained and therefore continue to offer level 3 annual updates with input from the Named GP. During 2016/17, 84% of GP’s accessed level 3 training. GP training focused on the GP role in

3 Safeguarding Children and Young People: roles and competencies for health care staff. Intercollegiate document Sept 2014
identification of domestic violence and its impact on children. Work is being progressed to ensure similar arrangements for GP’s in relation to vulnerable adults. GP’s will also use e-learning as an annual update and will evidence this to CQC.

<table>
<thead>
<tr>
<th>Single agency Training March 2017</th>
<th>Oxleas Mental health staff</th>
<th>Oxleas community staff</th>
<th>DVH</th>
<th>PRUH</th>
<th>QEH</th>
<th>GP’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 induction for all staff in a healthcare setting</td>
<td>90%</td>
<td>93%</td>
<td>87%</td>
<td>90%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Level 2 Contact with children and families</td>
<td>96%</td>
<td>93%</td>
<td>83%</td>
<td>78%</td>
<td>87%</td>
<td></td>
</tr>
<tr>
<td>Level 3 Work regularly with children and families</td>
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<td>87%</td>
<td>91%</td>
<td>92%</td>
<td>84%</td>
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<tr>
<td>Level 4 Named professionals</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

4.6. Service developments

4.6.1 Designated Clinical Officer
Bexley CCG has worked with Bromley CCG to appoint a Designated Clinical Officer for Special Educational needs and Disability (SEND). This new post will work across both boroughs and lead in supporting the CCG’s to meet statutory duties for children and young people, with special educational needs and disability (SEND) aged 0-25. This was identified as a gap by Ofsted and CQC in their themed inspection in 2016. The post holder will be the strategic and operational health lead for the Education Health and Care Plan Pathway and act as an expert resource for children and young people’s health providing information, advice, guidance and support for families and professionals.

4.6.2 Children’s Emotional Wellbeing Service (CHEWS)
The aim of this service is to promote emotional well-being and resilience, prevent difficulties from arising or becoming habitual and entrenched. It is delivered by trained mental health professionals who are able to identify emerging mental health conditions and ensure that children and young people can access the right support at the right time. This approach improves access through working jointly with school counsellors, learning mentors and other school based professionals. By delivering timely non-stigmatic services with trusted front-line professionals, engagement with vulnerable groups can also be enhanced.

4.6.3 End of Life Care
This service is provided by the Ellenor Lions Hospice. The Ellenor is represented on Bexley’s Child Death Overview Panel and provides valuable expertise. Due to an increase in the number of patients requiring care by the Hospice, Bexley CCG increased funding to enable them to provide a nurse to care for children in the community. By providing this service the Ellenor hospice has potentially reduced the number of children needing overnight hospital admissions/attendances. This is a benefit to families enabling their child to be cared for at home.
4.6.4 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 existing service provision. It provides an enhanced service for children and adolescents presenting after child sexual abuse or assault, ensuring greater equity of provision with adult services.

NHS England (London) and the Mayor’s Office for Policing and Crime (MOPAC) commissioned a review of the child sexual abuse (CSA) pathway in London in 2014/15, which identified lack of reporting and gaps in service for children and young people in London. NHS England (London) commissioned Kings College Hospital NHS Trust to implement the review findings across London. The recommendations included establishing a Children and Young People’s Haven and a CSA hub in each geographical sector of London.

Since opening in April 2016 the new Children and Young People’s Havens service at Kings College Hospital has seen an increased number of referrals for examinations, advice and sign posting. The largest area of growth is for care coordination, navigation, sign posting and advice. The team have experienced a significant increase in referrals as they are seen as a centre of excellence for advice, which has led to pressures on the limited resource. There is currently a waiting list for psychological support and support from the child advocate.

A business case for a CSA hub developed in South East London and discussions regarding the model are continuing between the 6 boroughs. A ‘Demand and Capacity Mapping’ for SE London was carried out by the National Society for the Prevention of Cruelty to Children (NSPCC), which identified clear gaps in current provision especially for primary school aged children. The mapping proposed a workforce plan for a future Child House and local services that could transfer in. An initial phase 1 scoping exercise was carried out on the development of a design concept which involved children, young people and professionals.

Although the project ended in March 2017, there was willingness from the project steering group to continue discussions for CSA hub and Child House in SE London.

4.6.4 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’ (British Association of Sexual Health and HIV (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. Commissioned health services have provided assurance that they are raising awareness through training. Providers have been asked to ensure CSE training is targeted at key groups of staff during 2016.

4.6.5 Female Genital Mutilation (FGM)

NHS England has developed service standards for commissioning FGM care. It is recommended that FGM examinations are provided as part of existing clinics seeing children and young people alleging sexual abuse/acute sexual assault or suspected sexual abuse to optimise facilities, skills and competencies. This service is provided to Bexley by the Haven at Kings College hospital.

An enhanced dataset for acute and mental health trusts was implemented during 2015 to support the Department of health’s FGM Prevention Programme by presenting a national picture of the prevalence of FGM in England. Figures for 2016/17 record 40 women living in Bexley as reporting FGM. All provider training has been updated to reflect the changes. Lewisham and Greenwich NHS Trust has been approached by the Department of Health regarding becoming an early adopter site as part of the FGM Prevention Programme working on the new FGM Risk Indication System. This means that once an indicator is put onto a child’s record, if their GP is using an EMIS system, the indicator will be shown to the GP (or colleagues in the practice) whenever the girl’s record is accessed, prompting them to consider that she is potentially at risk of FGM.

DVH and QEH provide quarterly figures to the Designated nurse of the number of women who book for maternity care who disclose FGM. Disclosure triggers a detailed discussion with the woman as to her views and that of her family and plans in relation to her unborn baby. The information is shared with the health visitor and GP for ongoing monitoring.

The Designated nurse, and senior midwife continue to deliver awareness sessions across the health sector, schools, governors and parent groups across the borough.
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, this implies 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.

5.1.1 Safeguarding concerns referral rates.

The first year of referrals in 2005/6 saw 88 concerns raised and in 2016/17 the referral rate was 927 concerns (see appendix 2). This demonstrates the increase in awareness of the need to formally raise concerns. The data suggests that health workers are making very few referrals into Bexley Safeguarding Adults Services. This is due in part to the fact that the acute hospitals are located outside of Bexley and any safeguarding issue will be reported to the host borough.

5.1.2 Deprivation of Liberty Safeguards (DoLS) referral rates

<table>
<thead>
<tr>
<th></th>
<th>Number of New Applications</th>
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</thead>
<tbody>
<tr>
<td>Bexley 2016/17</td>
<td>736</td>
</tr>
<tr>
<td>Bexley 2015/16</td>
<td>660</td>
</tr>
<tr>
<td>Comparator Group Average 2015/16</td>
<td>628</td>
</tr>
<tr>
<td>London Average 2015/16</td>
<td>649</td>
</tr>
</tbody>
</table>
• Total of 736 new DoLS applications received during the year (2016/17) of which 611 were granted
• 11.5% increase in the number of applications received compared with previous year
• An average of 61 new applications received each month
• In 2015/16, we ranked 5th out of 16 comparator boroughs for number of new applications received
• The average age of individuals subject to a DoLS application is 78.6
• 70.5% of applications were for individuals residing in care homes

5.2 Summary of Progress on 2016/17 priorities

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.**

The Continuing Health Care Team received level 3 Safeguarding Training in 2016 which incorporated training on the Mental Capacity Act. In addition to this the CCG commissioned specialist legal training from a legal professional for the team. Transferring staff awareness of the Mental Capacity and Deprivation of Liberty Legislation into practice continues to be a challenge nationally across the health and social care sector.

The CCG Continuing Health Care team received training from a barrister in 2017 which focussed on the practical application of the Act.

The Adult safeguarding GP leads were offered level 4 training from Bexley CCG. This is also available from the Royal College of GP’s. More work will be done in 2017 / 18 to gain assurance that all GP’s have received the appropriate level of training in Safeguarding Mental Capacity and Prevent (which is part of the governments counter terrorism strategy).

Quarterly assurance is gained from the commissioned providers that all employees involved with patients are receiving Mental Capacity Act training.

Full implementation of the Mental Capacity and Deprivation of Liberty legislation will continue to be a priority for 2017/18.

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.**

The Providers Forum has generated positive engagement from care homes and from key personnel in the health economy. There have been sessions on leadership, hospital admission and discharge, the quality alerts management system, training and development, promoting activities in care homes and medicines management. There is now also a Domicillary Care Providers Forum which like the Care Home Forum is managed in collaboration with the Local Authority.

3) **Medicine management, prescribing and embedding the principles of the Mental Capacity Act through support to care homes by the care home pharmacist.**

For the year 2016/17, most of the care homes in Bexley CCG have had their medication reviews carried out by the care homes pharmacist. The structure of the reviews has centred on communication between the care home staff, care home pharmacist and the GP, with an opportunity for the patient/patient representative to ask any of them questions about their medication reviews.

The care homes pharmacist has also provided appropriate guidance documents, templates and best practice examples to staff to improve patient-centred care, in line with the principles
of the Mental Capacity Act. The CCG medicines management team has worked closely with the affiliated GPs to ensure that all prescribing is evidence-based and clinically appropriate. This also means prescribing in the best interest of the patient, where the patient lacks capacity to make decisions related to their treatment.

4) **Working with commissioned health providers and care homes to support improvements in communication and access to treatment for their residents.**

The CCG has commissioned a dietetics service to support care homes. All care homes have been provided with an nhs.net mail account which makes the safe transfer of patient information easier and enables the acute providers to liaise directly with the care homes. This however requires further work due to issues with provider IT systems. The Tissue Viability Service continue to provide a comprehensive service to social care providers of care and have carried out training sessions and advice is given where required to nursing homes.

There is a commissioned GP service for each of the older people’s care homes, with a 6 monthly monitoring meeting to ensure that the patients are receiving the optimum health care. Closer working relationships between the care homes and local hospitals are being developed through the providers forum which provides opportunity for problem solving and networking. This is contributing to a safer admission and discharge process for patients in care homes.

A quality dashboard listing all CQC registered providers in Bexley is being developed. The care home, General Practitioner and domiciliary care dashboards are being used to inform quality visits and to identify emerging themes. This work continues although with the numbers of registered services is proving challenging to keep up to date.

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. Bexley CCG are statutory partners and have both executive and operational representation on the Board. The CCG is active in all sub groups and contributes financially to the work of the Board.

Representation from Bexley CCG

Simon Evans –Evans  Director Governance and Quality  
Anne Douse  Interim Director of Governance and Quality  
Judith Clark  Adult Safeguarding Lead

Bexley CCG has appointed Michael Boyce as Director of Quality, Governance and Performance and he will represent Bexley CCG as the executive lead for safeguarding on the Board.

**Key achievements of the Safeguarding Adult Board**

- 3 Challenge Events – reviewing a multi-agency audit to evidence the effectiveness of policies and procedures for the recruitment and supervision of people working with vulnerable adults. The aim is to ensure compliance with national guidance, including integration of best practice and learning. Information and practice sharing to improve the way adult protection is managed in Bexley.
- Bexley's first Serious Adult Review (SAR) was concluded and a workshop was held with key partners in order to cascade learning points which will be anonymously published.

- Analysis of National SAR cases was started and the Board Sub Groups are considering how the best practice and learning lessons could be applied in Bexley to promote a culture of prevention and responsiveness to the needs of residents.

- Developed a baseline Training Survey for all providers in Bexley working with vulnerable adults.

- Created 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.

- Held consultation events to create the Board’s new website www.safeguardingadultsinbexley.com the site acts an online forum for information sharing and signposting for both the public and professional user.

- Continued to support the London Borough of Bexley, Safeguarding Adults Team to deliver ‘free’ multi-agency training sessions to any agency working with vulnerable adults in Bexley.

- Created South East Safeguarding Adults Board,(SESAB) which comprises of all the Business Managers across 5 Regional Local Authorities to share information and work-streams as needed to give support to those Board members that work cross-borough (in some instances 1 agency had 3 boroughs) this has shown a reduction in resources and has assisted in gathering of information when applicable.

- The CCG contributes £31,000 to the total budget. The main contributors are the London Borough of Bexley, Bexley CCG and the Metropolitan Police Service. Additional contributions are received from Oxleas NHS Foundation Trust, Lewisham and Greenwich Trust, Dartford and Gravesham NHS Trust and the London Fire Brigade.

5.4 Safeguarding Adult Reviews (SAR)

A SAR has been completed for a patient from Bexley that died in Darent Valley Hospital (DVH) in July 2015 potentially from self neglect. The model used was the SCIE Learning Together systems model (Fish, Munro & Bairstow 2010). The Safeguarding concerns were raised by DVH as a serious incident and were taken forward by Bexley as a SAR.

BSAB Recommended Professional Learning:

- Vulnerable adults identified by practitioners having a history of self-neglect should have self-neglect embedded in their profiles and shared as appropriate with all key practitioners involved in their case.

- Risk assessments should be considered to ensure unsafe risks are recorded and shared as appropriate with key practitioners in their case including asking service-users’ families and carers for information about risk and include it in that person’s risk profile as well as ensuring access to appropriate advice and support is available.
• All relevant staff should be competent to manage safeguarding adult referrals including self-neglect and challenging behaviours when working with hard to reach groups.

• The Assessment and Treatment Care Pathway should be followed to ensure a patient-centred planning meeting is carried out within three-weeks, if none has been carried out within the previous six-weeks.

• All In-Patients mental capacity to be considered at the point of contact as to their ability to consent at that time to the proposed actions/action plan/care plan; and being continuously reviewed throughout their stay keeping in mind that mental capacity is time and decision-specific.

• When a patient is subject to an emergency admission and is unknown by the unit or community team, a comprehensive assessment of the family or carer’s knowledge and experience of the patient should be undertaken.

• Clinical teams should ensure that families and carers are fully engaged in the planning and delivery of care and understand the referral pathways for safeguarding adults when considering mental health, mental capacity and self-neglect concerns.

• Organisations should ensure collaborative working across adult social care, children's social care and community based health services (including: GPs, district nurse, and physiotherapists), agreeing joint referral pathways and information sharing protocols.

• A process for escalating refusal for health or social care services, when there is a concern.

A learning event is planned for September 2017 and primary care workers will be invited to attend. This will be a good opportunity for reflection and to look at whether there is a need for changes in practice in order to improve patient outcomes.

A second Safeguarding Adult Review (SAR) is in progress which is likely to conclude by September 2017. Learning Disability Mortality Reviews (LDMR) will be overseen by the SAR Sub Group. A SAR Protocol with referral information is being developed.

Key priorities for the BSAB for 2017/18 are:

- communication strategy – exploring new ways of sharing information
- engagement - shared a greater commitment and understanding that safeguarding is everyone's business, which makes working collaboratively a key priority of the Board
- establish 'critical' attendees for multi-agency training for 'added-value'
- feedback from sub groups directly to Board and back down to frontline
- explore how providers are being pro-active and preventative
- feedback on our quality assurance teams with commissioned services
- further lay person Involvement by reviewing job descriptions
- strategic review of how the Board functions - membership and how it works, links to other Boards
- identify and explore - Who are the 'unknown' people at risk?

5.4. National focus on adult safeguarding

5.4.1 Deprivation of Liberty Safeguards
The Law Commission published draft legislation to reform the law on DoLS on 13 March 2017. This law affects many thousands of people, most of whom are living in care homes and nursing homes.

There are some changes to terminology proposed, an intention to enhance advocacy provision, a proposal to strengthen current law by providing for 16/17 year olds and for people in a wider range of settings, including supported living and people’s own homes. The government has not yet responded to the proposals. If the proposals are implemented there will be additional safeguards for people who are experiencing deprivation of liberty but also increased cost pressures on both the social care and health economy. (For the local position see section 5).

5.4.2 The Learning Disabilities Mortality Review (LeDeR) Programme
This has been set up as a result of one of the key recommendations of the Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD). CIPOLD reported that people with learning disabilities are three times more likely to die from causes of death normally responsive to good quality healthcare than people in the general population.

The LeDeR Programme (2015-2018) is run by the University of Bristol and commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England. It aims to make improvements in the quality of health and social care for people with learning disabilities, and to reduce premature deaths in this population.

There are two main programme activities:
1. To support local reviews of deaths of people with learning disabilities throughout England.
2. To undertake a number of other related projects to help us find out how many people with learning disabilities die each year in England and why.

The CCG Safeguarding and Quality Team will be trained as reviewers and the Safeguarding Lead will be on the London Borough of Bexley Steering Group which is linked to the Safeguarding Adults Board.

6. Priorities for Children and Adults 2017/18

6.1 Children

- Work with LB Bexley Public Health to ensure a safe transition to Bromley health care for the 0-19yrs universal service
- Establish an out of hours CAMHS service in collaboration with Greenwich and Bromley CCG’s
- Ensure the CCG meets its responsibilities for children with special educational needs and disabilities by embedding the role of Designated Clinical Officer
- Implement Child Protection Information Sharing (CP-IS) across unscheduled care providers

6.2 Adults

- Work with the health providers and the local authority to ensure that the Learning Disability Mortality Review Programme is effectively implemented
- Continue work across the health economy to ensure that compliance with the Mental Capacity Act and Deprivation of Liberty Safeguards legislation improves
• To work with partner agencies to ensure that learning from the SAR reviews is effectively disseminated across the health economy
• To continue work with the acute hospitals, primary care providers, care home and domiciliary care providers to develop pathways of partnership working which improves the safety of care for the most vulnerable adults in Bexley
• To improve end of life care for Bexley patients

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.
Appendix 1

Child Protection Data

As of 31\textsuperscript{st} March 2017 there were 177 children subject to a Child Protection Plan in Bexley. This is a ratio of 31.6 per 10,000 children in Bexley. The National Average was 43.1 in 2015/16.

The most common category of abuse continues to be Neglect, accounting for 38\% of cases, followed by Emotional abuse 33\%. Physical abuse 23\% and Sexual abuse plans account for 5\%.

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

As of 31\textsuperscript{st} March 2017, 60\% of the children subject to a Child Protection Plan were White British and 40\% of children were from a BME background.

Data Source: Local Authority Interactive Tool 31\textsuperscript{st} March 2017, May 2017
As of 31<sup>st</sup> March 2017, 35% of the children subject to a Child Protection Plan were aged 10-15 and 5% were aged 16+.
Safeguarding Adults Data

Appendix 2
Source of Referral

Data Source: Business Objects 31st March 2017, May 2017

Location of Abuse

Data Source: Business Objects 31st March 2017, May 2017
Joining it up

Provider
- Named Professional
  - Safeguarding Committee
  - Board
    - External
      * Monitor: Annual reports; Public

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

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