



Brent

Clinical Commissioning Group

Safeguarding Children Annual Report

for April 2013-March 2014

Dr Arlene Boroda

Pauline Fletcher

1. Background - Reformed Commissioning System

- i. Brent PCT was disestablished on 31st March 2013.
- ii. From 1 April 2013, the functions and commissioning responsibilities for Brent Clinical Commissioning Group (CCG) changed in accordance with the Health and Social Care Act 2012 and the Accountability and Assurance Framework: Safeguarding Vulnerable People in the Reformed NHS. CCG's led by General Practitioners (GPs) and other clinicians are responsible for commissioning most local health services.
- iii. GP contracts are now with NHS England. However, the responsibility for GP improvement is with CCG.
- iv. The Public Health Department in its entirety (budget, staffing and function) is now with the Local Authority.
- v. Commissioning support services (CSS) will provide support to the CCG and NHS Commissioning Board (NHSCB) helping them to commission effective services.
- vi. Brent, Ealing, Harrow and Hillingdon CCG were an NHS Federation. From Oct 2013, Ealing joined the N W London Collaboration.

2. The health economy structure:

- 2.1 NHS Brent CCG commissions services for our patients from a number of health providers.
 - 2.1.1 Ealing Hospital NHS Trust ICO Community Services Brent (CSB) – provides community paediatrics including safeguarding children services, community nursing services and therapeutic services as commissioned by the CCG.
 - 2.1.2 Urgent Treatment Centre (UTC) and the GP walk in centre are commissioned by the CCG.
 - 2.1.3 Commissioning for children Looked After (CLA):
The main provider is Ealing Hospital NHS Trust Community Services Brent (CSB). There is now a clear division in the commissioning arrangements for CLA Designated Nurse that mirrors the Safeguarding Children Designated Professional (SCDP) arrangements, from 1 April 2013 as the post holder is employed by the CCG.
 - 2.1.4 School nursing and health visiting is under the local authority with a service level agreement (SLA) to Ealing ICO- Community Services Brent. Full transfer of school nursing is to take place in 2014 to the local authority and health visiting in 2015.

- 2.2 Quality assurance and performance assurance for all providers including local acute Trust is with CCG.
- 2.3 NHS England commissions specialist services including Sexual Assault Referral Centre (SARC), offender health (prison health care) and tier 4 CAMHS.
- 2.4 Public Health, as part of the Local Authority, commissions sexual health services. The largest provider is the genito-urinary clinics in NWLH.

3 The Brent Population:

- There are approximately 312,000 (total population) with 77,500 children. Brent has one of the highest proportion of ethnic minority residents - 92% of the Borough school population
- Significant impact of welfare reforms increasing vulnerability
- There has been a significant amount of safeguarding activity for the year 2013:
 - 207 Children Looked After (202 in 2012)
 - 255 Children with a Protection Plan (172 in 2012)
 - 30 Child Deaths (43 in 2012)

Brent LSCB annual report 2014

Total number of Children Looked After for Brent:

- Children placed in Brent 177 (45.97%)
- Children placed in London 158 (41.03%)
- Children placed out of London 50(12.98%)
- Total Brent CLA 385
- Children leaving care 72
- Total children using the service 457

CLA Annual Report June 2014

4. Organisational commitment:

Brent CCG is committed to Safeguarding Children. It is a key strategic objective for Brent CCG in 2013/14: Objective 7 Treating and caring for people in a safe environment & protecting them from avoidable harm.

The CCG abides by the legislative framework for the work is the Children Act 1989, revised in 2004.

5. Safeguarding Children leadership:

Leadership has remained stable at the senior level of the organisation.

- i. The Director of Quality, Safety and Risk Ursula Gallagher is the professional lead for the designated professionals across BHH.
- ii. The Executive lead for Safeguarding Children, Jo Ohlson, is the Chief Operating Officer (COO), who was previously the Borough Director. The Brent CCG COO line manages the Designated Professionals. The Clinical Director for Women and Children, Dr Sarah Basham, is also the Brent CCG GP lead on the Brent Safeguarding Children Board (BSCB).
- iii. The Designated Professionals for safeguarding children are Pauline Fletcher and Dr Arlene Boroda. The Designated nurse post for CLA post is filled by 2 interim nurses (as a job share for full time cover).
- iv. Structure is in Appendix A

6. Staffing:

- i. The Designated Nurse is a full time postholder employed by the CCG. The Designated Doctor post for safeguarding children is employed by the CCG with an agreement back to the provider for clinical work.
- ii. The NHS Brent CCG safeguarding children team recruited a named nurse as an additional resource to facilitate quality improvement (training, audit and reports to interagency meetings) in April 2014.
- iii. The role of Named General Practitioner safeguarding children is now commissioned by NHS England. This post is vacant and will be recruited to in due time as the Job description and funding has been agreed by NHS England.
- iv. The Child Death Overview panel co-ordinator is Oosman Tegally (3 days/week). There is part time administrative support for both services.

7. Governance and Accountability:

- i. The Director of Quality, Safety and Risk, Prof Ursula Gallagher, provides professional advice to the designated professionals across BEHH. The Brent CCG COO line manages the Designated Professionals.
- ii. The Safeguarding Children Executive Group (SEG) provides strategic oversight and direction in the area of Safeguarding Children within the CCG. This includes the senior representatives in the CCG and the Designated Professionals for safeguarding children and CLA. There are terms of

reference and meetings are minuted. The SEG reports to the Quality, Safety and Clinical Risk Committee QSCRC.

- iii. Safeguarding Children was a key requirement of Brent CCG authorisation process. It is a key strategic objective for Brent CCG in 2013/14: Objective 7 Treating and caring for people in a safe environment & protecting them from avoidable harm.

8. National policy documents:

1. Working Together to Safeguard Children March 2013.
2. The Pan London Child Sexual Exploitation Operating Protocol - Launched on 3rd February 2014.
3. London Child Protection Procedures: updated Part A - 2013
4. Assessing the Early Impact of Multi Agency Safeguarding Hubs (MASH) in London. Final Report published in 17 December 2013.
5. Commissioning Policy Brent CCG updated January 2014.
6. Safeguarding Children and Young People; roles and competencies for health care staff Intercollegiate Document. March 2014

9. Projects:

There have been a number of developments in Brent.

- 9.1. **The MASH (Multi-Agency Safeguarding Hub):**
 - i. Brent family front door BFFD receives all referrals within the Local Authority. This includes the MASH. MASH is an information-gathering process within a secure environment about all family members where there are concerns about a child's welfare, to assist decision-making about risk and need and to improve safeguarding outcomes for children.
 - ii. Two specialist health professionals are based within the MASH. The team are on secondment from school nursing and health visiting, pending permanent appointments. The project was marketed by the DPs and the LA lead as they attended the four Brent GP locality meetings and disseminated a leaflet (**Appendix B**).
 - iii. Feedback from the GPs is that they understand the need to process the requests for information in a timely way but require feedback from children social care as the outcome of social care's involvement.
 - iv. Referrals into social care are made electronically since July 2013.
- 9.2. **GP contribution to interagency meetings** is an essential part of primary care's role in safeguarding children. Attendance at case conferences may be a challenge due to GP capacity however a report to the meeting is essential. The revised template for completion of reports has been agreed across GPs after consultation and has been circulated via the locality managers. This

template is now on the Brent CCG website. (http://www.brentccg.nhs.uk/en/publications/cat_view/1-publications/73-safeguarding)

- 9.3. **Working Together to Safeguard Children 2013** published in April 2013, focuses on outcomes for children and the patient's journey .<http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children>.
- 9.4. **Child sexual exploitation (CSE)** is a major child protection issue for all our communities across the UK. This may be hidden and not recognised as a problem which has severe consequences for our community. If a professional is concerned that a young girl or boys is being groomed or abused then immediate child protection action needs to be taken by the professional. Health providers worked with the LSCB as part of the CSE subgroup to progress the CSE strategy. A MASE panel was established to manage the specific complexities of these cases. Meetings are represented by the named nurse from CSB health providers who research information and participate in a plan to protect the victim.
- 9.5. **Female Genital Mutilation**
Raising awareness of FGM as a safeguarding children and adult issue has been a priority for Brent CCG. The Designated nurse has steered the drafting of the risk assessment tool as part of an action from the LSCB FGM task group. This topic is discussed in training sessions across services and in material for prevention of child abuse and neglect.

10. Links with GPs

a) Advice:

The Designated Professionals for Safeguarding Children and CLA are available to give advice and support on safeguarding children issues. A number of calls were received and are generally followed up with an e-mail as confirmation of advice given to the GP. Requests for advice include sharing of information, consent for tests, thresholds for referral into social care, domestic violence cases, forced marriage and other topics.

b) Support:

A case of siblings subjected to emotional abuse and possible fabricated or induced illness by carer was identified by the GP practice with their continuous engagement in the safeguarding processes. Ultimately the GP was a key witness in the Court proceedings that resulted in Care Orders for the children. The health professionals were all supported and steered by the DD for Brent CCG including their participation at Court as witnesses by briefing them about Court processes and witness skills.

c) Training sessions:

Two large workshops were held in April 2013 to promote GPs contributions to interagency working especially by report. A template for GP reports was agreed at these sessions. Topics also included domestic violence and themes from serious case reviews and homicide reviews. Further sessions were delivered throughout the year with two large sessions in December 2013.

Training has been delivered to individual GP practices at their request.

(See training figures- **Appendix C**)

d) Newsletter:

In September 2013 a second newsletter was sent out to GPs to provide updates on safeguarding issues in Brent and to disseminate lessons from reviews.

(**Appendix D**)

Guidance leaflet for GPs was compiled by a GP Trainee under supervision. (**Appendix E**).

Future updates will be compiled and circulated to our health partners.

e) Brent CCG website:

A section on safeguarding children has documents for easy access by member practices and public.

11. Supervision

- i. Named professionals and safeguarding leads across the Brent health economy access supervision via the Designated Professionals.
- ii. The Designated Doctor attends the bimonthly Camden in the West Peer view group; Designated Nurse attends the Brent Ealing Harrow Hillingdon Designated Nurse group.
Designated Professionals attend the London SHA safeguarding meetings and regular meeting with Prof Ursula Gallagher, Director of Quality, Safety and Risk.

12. Complex cases:

Serious Case Reviews:

Lessons learnt are being disseminated in training across health services and also through training sessions delivered by the LSCB.

A. Child H SCR

This review was about a 14 year old boy who passed away by hanging. He came to the UK from abroad and faced many family and social challenges. He was previously involved with gangs and was placed out of London for his own safety.

The Executive Summary was published on 09/08/2013 on the Brent LSCB website http://www.brentlscb.org.uk/main/article.php?tag=serious_case&name=role§or=Home.

The review was submitted to DFE in August 2013.

A number of recommendations have been made for health including GPs.

Lessons learnt:

Complexity of out of borough placements

Increased mental health issues in LAC

Diagnosis of depression and suicide risk assessments in adolescents

Cultural competency

B. Child F SCR:

In Dec 2011 a SCR commenced following the stabbing of a 7 month old baby by an assailant who was psychotic under the influence of drugs. The baby survived the life threatening injuries. The systems review has focused on risk assessment of mental health patients and sharing of information of mental health patients and substance abusers. The review was submitted to DFE in July 2012. It was published on the NSPCC website in 2014.

Themes are: importance of knowing the family composition and context, especially fathers.

Understanding the interface between drug abuse and mental health problems is key. Sharing information with GPs about a patient's forensic past to inform about risk of violence.

Brent GPs should review how they respond to information about sustained drug use so as to make better use of local drug services.

Leaflets of services were disseminated at training.

C. Child AD Management Review by LSCB

A 6 year old alleged to his adoptive parents that he was sexually abuse whilst in the care of his birth mother after a decision by the Courts to place him back with mother after having been removed at birth. Recommendations are that learning difficulties in a parent impact on their own vulnerability and thereby their parenting especially as a child gets older and has increased needs. Child sexual abuse needs prompt and joined up action by partner agencies.

D. BSCB Health case audit:

20 month old twins were admitted to a Hospital with severe malnutrition requiring a period of hospitalisation. The case was declared as an SI by a provider as their front line services were involved with family. The review was submitted to the LSCB with action plans completed by providers.

Lessons learnt are the need to keep the focus on the child especially when parent(s) have alternate beliefs about medicines, diet and a past history of mental health problems post the delivery of her older children.

E. Child I and J Serious case review:

In January 2014 a mother sadly murdered her two children aged 5 years and 8 months and then committed suicide. A serious case review is progressing. This case was widely reported in the local press.

13. Training delivered across the health economy:

A training strategy was agreed by BHH and was adopted by the Brent CCG Quality, Safety and Risk Group in January 2014. This is being rolled out.

Level 1 training leaflet was distributed across 55 CCG staff in 2013. (**Appendix F**)

The Designated Professionals have delivered training over the period under review:

Internal courses delivered in Brent:

- GP sessions
- LSCB Working Together Level 2
- Level 3 ICO training- giving evidence in Courts, messages from serious case reviews, compiling a genogram
- ICO CSB training – session on forensic pot-pouri including case studies on FGM and genital herpes
- NWLH Paediatric Grand Round- A case presentation of a complex medical case needing the High Court to commission expert medical advice due to parental neglect

External training courses:

The messages regarding Child H SCR and doctors who see children in custody were disseminated by a contribution from the Designated Doctor to the Faculty of Forensic and Legal Medicine Level 3 safeguarding children training day.

Courses attended by Designated Professionals-

BASCPAN Course - Engaging with fathers New Directions in work with abusive men -March 2014

Health safeguarding physical abuse and neglect 10 July 2013

Health safeguarding Looked After children 20 October 2013

London Councils Safeguarding Children Annual conference 9 December 2013

Feedback from training for GPs:

"Many thanks for coming to our trainers workshop today. Every trainer found the meeting v v useful and some of us said it was the best CP training session we have ever had! Thank you so much. I think being with a group of trainers also had a lot of impact.

Many thanks once again
Best wishes,

Dr Devendra Patel MBBS MRCGP BSc(Hons) DRCOG DFFP
GP Principal / GP Trainer & Convenor / NWL GP Appraiser / Kingsbury Commissioning Locality Member"

Training across the health economy is a key performance indicator and is part of contracts.

14. Assurance of providers:

- Annual reports written by health providers for the previous year 2012-2013 were submitted to the CCG and comments were fed back by the DPs in relation to key performance indicators including training levels (CSB) and accuracy of data (NWLH Trust).
- Audits reviewed -Section 11 audits completed by providers were reviewed when submitted to the CCG. Providers produced audits on supervision and neglect cases.
- KPIs agreed in the CSB contract have resulted in discussions about performance especially around training. A contract query was issued by CSU to Ealing ICO-CSB in relation to their training figures in July 2013 with the result being an improvement in their delivery and uptake of safeguarding training in their organisation.
- Shop floor visits in partnership with providers have improved facilities for their users. (Example: GP walk in centre has a child friendly waiting area)
- Provider assurance meetings have been established with agreed terms of reference and are minuted. They occur quarterly and have brought the health providers together around the table to provide the CCG with the oversight of safeguarding in Brent.

15. Challenges put to Brent health providers by Brent CCG:

Care UK	NWLH	CSB	Imperial	CNWLH
Lead Dr role is not clear	SI report for CDOP case was requested via LSCB	Training levels of staff has been brought to contract review	Voice of service users has been captured	Case conference representation- queried
Liaison nurse pathway was updated by group of providers	Liaison nurse pathway was updated by group of providers	Liaison nurse cover and pathway was updated		CAMHS Commissioning of services has been escalated to commissioners
	Annual report: mortality figures and work load figures- were queried	ND cover has been queried		
	Disclosure and child death information – was raised			
	CRB checks			

16. Audits done by the CCG:

In May 2013 Brent CCG completed its own Section 11 audit. An action plan included training of CCG staff, upgrading the interagency information sharing policy and advising HR of their safety and recruitment responsibilities.

In October 2013, the CCG in conjunction with social care re audited the **information sharing process of lists of vulnerable children across the providers.**

Summary of findings is as follows:

1. All health providers receive the lists electronically
2. All receive the lists at the same intervals, which is weekly.
3. All lists are received via secure e-mails.
4. Some new personnel have been added to the circulation list.
5. Organisations have a low threshold for re-checking the lists.
6. A number of Trusts upload a flag against the child's name on their electronic system.

December 2013

Children who have been sexually abused and were seen for paediatric assessments for 2011-2013 and their interface with social care.

Most cases were children who had alleged abuse by a person known such as a family member.

March 2014 Audit of GP and recommendations from SCR processes - re-audit – findings were published in our newsletter with an action plan to target non-responders to ensure they are aware of the standards and are meeting them.

(Appendix G)

17. Partnership working:

i. Local Safeguarding Children Board LSCB:

The CCG contributes financially to the LSCB as does the acute Trust.

The Executive Group and subgroups have a significant contribution from health personnel. The chairs of 4 of the 6 subgroups are the Executive Leads for Safeguarding Children of health services. Subgroups have representation from the health economy that contribute and participate in the work. (see **Appendix H**)

No agreement has been made as yet from NHS England regarding representation at the Safeguarding children boards but it is likely they will not be in a position to attend each one.

ii. Interagency meetings:

The Designated Professionals contribute to complex strategy meetings and case conferences if needed.

iii. Strategy meeting flow chart

This was developed to clarify the pathways for health professionals to input into these meetings as a multi-agency piece of work under the umbrella of Brent LSCB policy and procedures group. Professionals are yet to follow this to facilitate partnership working.

iv. **Service review and delivery:**

The provision of paediatric assessments for children who have been abused has been reconfigured over the past few years: Non-acute cases are seen in the community setting over the past 3 years. (Appendix I)

Paediatric Assessments in Brent children – 2008-2014						
	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
NPH	24	10	2	41	51	60
CMH	96	89	73	17		
WCHC		15	21	32	53	54
Total	110	114	97	90	104	114
		Excluding sexual abuse cases				

18.0 Safeguarding across the services- an overview

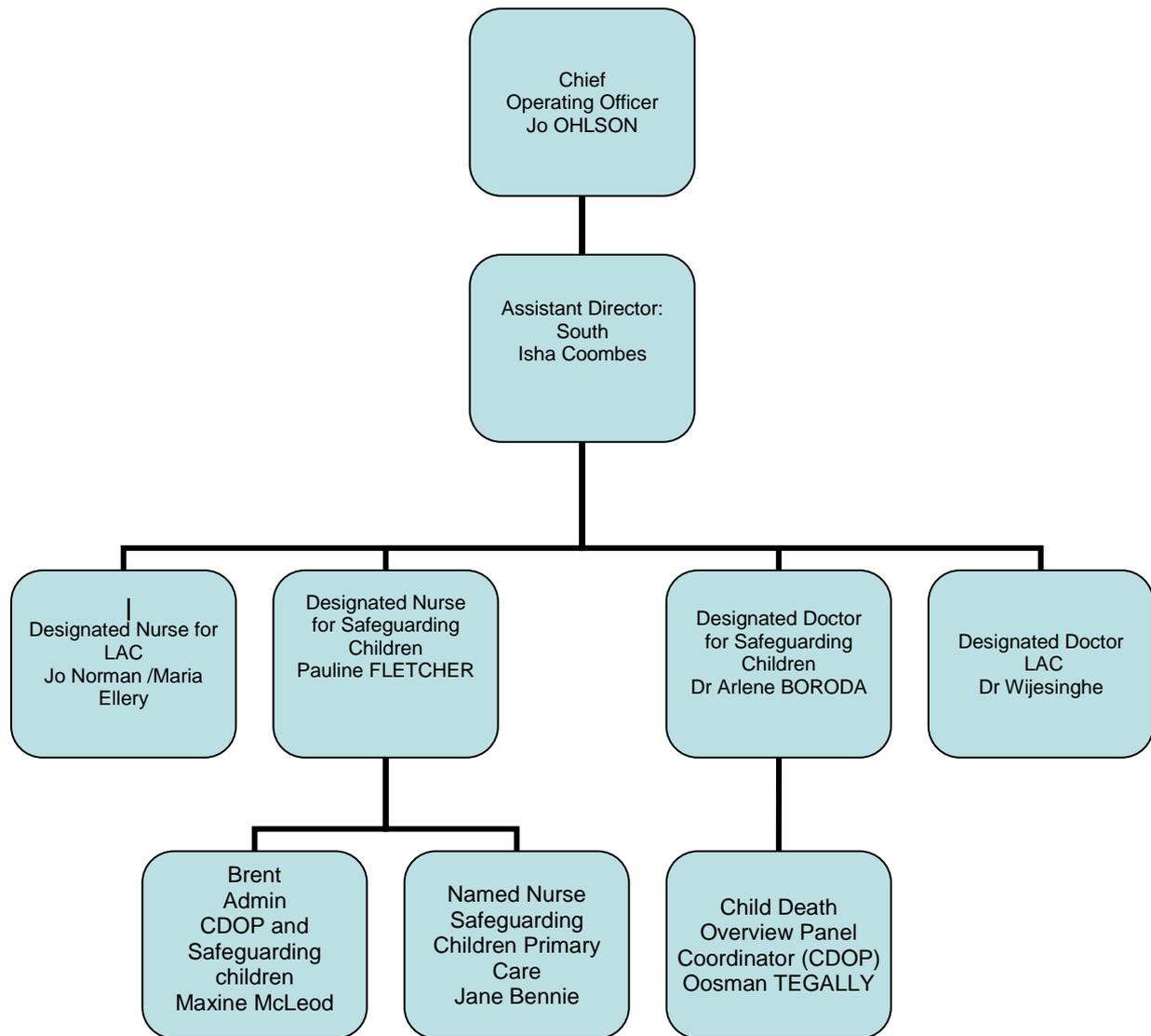
Health organisations Safeguarding Children Standards and Reporting						Year 2013-2014
	Brent CCG	Brent UTC CMH	GP Walk In Centre	NWLH	CSB	
Organisation	NHS	Care UK	Harness GP Co-operative	NHS	NHS	
Exec Lead for Safeguarding Children	Jo Ohlson	Gary Passaway	Grahame Bostock	Carole Flowers	Yvonne Leese	
Manager	NHS Brent	NHS Brent	NHS Brent	Divisional Manager	Divisions	
Commissioner	NHS Brent	NHS Brent	NHS Brent	NHS England	NHS Brent	
Nurse lead	Designated Nurse for safeguarding children	Lead Nurse for safeguarding children	Lead Nurse for safeguarding children	Named Nurse and Named midwife	Named Nurse; Lead nurse and doctor across the ICO	
Medical lead	Designated Doctor for	In post	Named Doctor	Named Doctor	Named Doctor-	

	safeguarding children; GP CCG lead				Acting
JDs have SG	Yes	Yes	Yes	yes	yes
Safety and recruitment	Yes	Yes	Yes	yes	yes
Footfall	Not applicable	children per month	year, GP surgery 6000	A+Es New births, Paediatric wards	Universal services- HVs, SNs, safeguarding team
Annual report	This document	yes	yes	yes	yes
Training - Induction -level 1 -level 2 -level 3 -level 4 Executive team	Figures – see separate Appendix D	-100% - 100% -100% -100% -100%	-yes - yes -yes -yes -yes	-yes -89% -55% -77.3% Savile report	-yes ->90% -87% -89% Savile report
Audits	Yes -GP Toolkit and SCR recommendations IS , journey of child	Yes - checking registration info - checking of children on lists	Yes -cases	Yes	Yes - supervision -cases
Flagging system for vulnerable children	yes	yes	Manual checks	yes	yes

Health Organisations Safeguarding Children Standards and Reporting					Year 2013-2014
	Brent CCG	Brent UTC CMH	GP Walk In Centre	NWLH	CSB
Information sharing	GPs receive notifications of all health contacts for children from UTCs and Hospitals	Yes- liaison nurse	Yes- liaison nurse	Yes- liaison nurse	Yes- liaison nurse, HVs/SNs
SG Children policy	Commissioning policy revised Jan 2014	In 2013	In 2013	In 2013-4	2012-2013
Supervision	DPs access supervision	Lead Nurse links with DNs	Lead Nurse links with DNs	Named Professionals link with DPs	NN links with DN Peer review for Drs
SI	nil	2012- checking lists, linking with GPs and social care	nil	Yes-2011	nil
Projects	MASH, liaison pathways,	Implementing SI action plan	Child friendly environment	Policy launch	Implementing SCR action plans
SIs	Case C report action plan,	-	-	Case C report action plan,	Case C report action plan,
KPIs	GP follow national contract	SG KPIs monitored	SG KPIs monitored in contracts meeting	Template in contracts	SG KPIs monitored in contracts meeting
SCR	Child I and J Child F 2011, DHR 2011, 2012 , 2013	nil	nil	Child I and J Child F 2011, DHR 2011,	Child I and J Child F 2011 DHR 2011,

	Child H 2012 DHR Harrow 2012; DHR Herts 2012 Health over reports Child F, H and DHRs			2012, 2013	2012 , 2013 Child H 2012
CQC Inspection	nil	May 2012, Feb 2014	nil	yes	Yes 2013

Appendix A: Safeguarding children team structure



Appendix B-

Brent Family Front Door Service: Information for health practitioners

In July 2013 Brent Council and its partners introduced a new 'Brent Family Front Door service' for the Borough in an effort to protect and promote the welfare of children. The BFFD is based at the [Brent Civic Centre](#). There will be a **single point of entry** for all queries and referrals including safeguarding and child protection concerns via an [online form](#). *(save this link)*.

The Family Front Door Service can be contacted on 020 8937 4300 (between 9am – 5pm). For an emergency outside these hours, please contact the Emergency Duty Team on 020 8863 5250.

The Family Front Door Team will:

Include the **Multiagency Agency Safeguarding Hub (MASH)** bringing together a team of co-located senior social workers, health

professionals and police in a secure; plus have access to information from a range of other services. Where information can be shared sooner and quicker when a concern is raised about a child

Experienced health professionals will request health information electronically via a secure network giving feedback to providers as to the next steps for children and families: contact for health professionals only (ehn-tr.MASH@nhs.net). Review the case and risk assess and signpost appropriately such as for additional family support or into the child protection system.

Benefits for health professionals:

As health practitioners who work closely with children and families, the new team will bring a number of benefits:

Single point of access and referral pathway;
No need to assess whether the situation meets the social care/child protection threshold – the Brent Family Front Door team will make that assessment
No need to contact separate locality social work duty teams (please do not refer via this route);

MASH health professional will collate health information to gain the full family picture, and share information with partners in the MASH as appropriate, in a timely manner.

What we need from you:

Timelines for the return of information are proportionate to the level of concern/severity relating to each family circumstance. When a referral is received by the Family Front Door team, it will be assessed and RAG rated. For example:

RED: is an immediate child protection concern (S.47). The referral will be passed to the Locality Social Work Team for immediate action and information will be gathered from partners within **2 hours**.

AMBER: is where there appear to be safeguarding concerns but further information is needed to assess the level of risk. Timescale **4 hours**.

GREEN: When families need support but there do not appear to be safeguarding concerns - information will be gathered within **24 hours**.

Appendix C: Training figures for CCG:

Date	Forum	Numbers
10/04/2013	GP Training Gwenneth Rickus	60
11/04/2013	GP Training Gwenneth Rickus	72
2/08/2013	GP Practice –Law Medical Centre	20
6/11/2013	GP Practice-Forty Lane Medical Centre	17
27/11/2013	GP Training CCG	25
05/12/2013	GP Training CCG	30
27/02/2014	GP trainers –CMH postgraduate centre	16
31/03/2014	Wembley Park Medical Centre	9

Brent CCG GP Safeguarding children newsletter: September 2013

There have been a number of developments in Brent over the summer.

1. The MASH (Multi-Agency Safeguarding Hub):

Brent family front door includes the MASH. All queries and referrals into social care will be processed through this port on **020 8937 4300** (9am - 5pm) or Brent's Emergency Duty Team after hours on 020 8863 5250.

MASH is an information-gathering process within a secure environment about all family members where there are concerns about a child's welfare, to assist decision-making about risk and need and to improve safeguarding outcomes for children.

Referrals into social care are to be made electronically on:

<https://forms.brent.gov.uk/servlet/ep.app?ut=X&type=698991&auth=11>

Key contacts for specialist health professionals in the MASH are: Email: ehn-tr.MASH@nhs.net Mob: 07900 763 828 (Varsha Shah) 07900 763 844 (Sharon Lam)

2. Serious case review – Child H.

The Executive Summary was been published on 09/08/2013 on the Brent LSCB website. This review was about a 14 year old boy who passed away by hanging. He came to the UK from abroad and faced many family and social challenges. He was previously involved with gangs and was placed out of London for his own safety.

http://www.brentlscb.org.uk/main/article.php?tag=serious_case&name=role§or=Home

Key messages for GPs:

GPs should carefully summarise information they receive from other agencies into records, obtain the full past records of a patient and forward the full records when a young person transfers to another GP. This is to ensure that GP records for patients are complete all information is shared

Primary care should be aware of the signs of depression in young people and provide them with support to manage the problem or refer to services such as CAMHS.

Referrals for Brent vulnerable children should be tracked by the referrer to ensure receipt and feedback of action.

All newly registered children should have a new patient check to ensure that their health needs are being met.

Messages from Previous Serious Case Reviews:

Brent GPs should review how they respond to information about sustained drug use so as to make better use of local drug services. See attached leaflets on services.

Brent GPs should ensure that information about patient's family details and their links with children are recorded in all relevant medical records and communicated to other professionals when this is relevant to the assessment of need and the provision of services.

GPs should encourage fathers to be involved with health care needs of their children.

3. **GP contribution to interagency meetings** is an essential part of primary care's role in safeguarding children. Attendance at case conferences may be difficult due to capacity of GPs however a report to the meeting is essential. The revised template for completion of reports has been circulated via the locality managers.

4. **Working Together to Safeguard Children 2013** is effective from April 2013 and focuses on outcomes for children and the patient's journey.

<http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children>

5. **Child sexual exploitation** is a major child protection issue for all our communities across the UK. This may be hidden and not recognised as a problem which has severe consequences for our community. If a professional is concerned that a young girl or boys is being groomed or abused then immediate child protection action needs to be taken by the professional.

The Designated Professionals for Safeguarding Children are available to give advice and support on safeguarding children issues.

Dr A. Boroda and Pauline Fletcher 04.09.2013

Appendix E

December 2013

Brent Community Paediatrics

Child safeguarding: Requirements for GPs Update December 2013

What is the relevance to the update?

The CQC Child safeguarding and looked after children inspection programme is currently in progress covering September 2013 to April 2015.

A checklist for GP practices:

Each practice should have a child protection policy including:

1. A lead for safeguarding children*
2. Staff minimum background employment checks**
3. Minimum CP training requirements including annual updates***
4. Practice staff knowledge on how to ask for advice, how to refer to LSCB (Brent referral forms online) and how to manage urgent situations
5. How to respond and act upon suspicion, concern or allegation of safeguarding concern
6. Responding to and manage multiple attendances to A&E
7. Management of appointment DNA's including OP appointments ****
8. Internal audit & review, serious case reviews and learning strategies

The RCGP document, safeguarding children & young people: a toolkit for general practice 2011 provides a template for developing a practice policy.

Other general advice to include within policy

1. Information to include in notes (I.e. Risk factors):
 - Health needs, educational needs and/or disabilities
 - Document if a Looked After Child (LAC), Registered Child in Need (CIN), Child
 - Protection Plan (CPP). Include previous registers with relevant details.
 - Migrant children especially victims of trafficking or unaccompanied children asylum seeking refugees.
 - Not English speaking, large family, children living away from home, multiple moves, new movement into borough, living in temporary accommodation

- Parents/carers - teenage or mental health problems, learning disability, other health issues, drug misuse.
- Parents/carers: history of domestic violence, belief in 'possession' or 'witchcraft'
- Children's behaviour: may indicate lack of parental control

2. Examine under 3's undressed

3. Ensure GP contribution to case conferences in form of report or attendance

*Lead is responsible for implementation and monitoring of CP policy

**Minimum requirement: face to face interview, 2 followed up references & DBS (CRB)

***Level 1 CP is mandatory for all staff. Level 2 is mandatory for nurses and GPs. Level 3 is recommended for all GPs

**** The Care Quality Commission requires that all Trusts have a policy for managing missed appointments. GPs should be aware of this requirement and the implications of missed health appointments on the well-being on children. The child's health needs may be neglected by missing health appointments and by erratic attendance at appointments

What is the CQC looking for in their inspections?

'The Children's Services Inspection team is undertaking a targeted review of how well local health services identify, help, protect and provide child-centred care and to ensure that children's health needs are effectively met. Inspectors will evaluate the quality and impact of local health arrangements for improving health outcomes for children who are looked after and the effectiveness of safeguarding arrangements within health for all children. This includes mapping the child's journey at all stages – from pre-birth through to their transition to adulthood, and from the point of their entering to leaving care.'(4)

1. Is there a clear line of accountability for commissioning and provision of services for safeguarding and looked after children?
2. Is the CP lead fulfilling their responsibility for the practice arrangements?
3. Is there a culture of listening to children and taking into account their wishes?
4. What information sharing arrangements are in place including with LSCB?
5. Are there safe recruitment practices?

6. Is there appropriate supervision for staff including safeguarding training?

The CQC will look at individual cases.=

The focus will be on the experiences of children and their families receiving health services.

Their assessment will be multi-sourced to ensure that organisations are practising within responsibilities of section 11 children's act 2004.

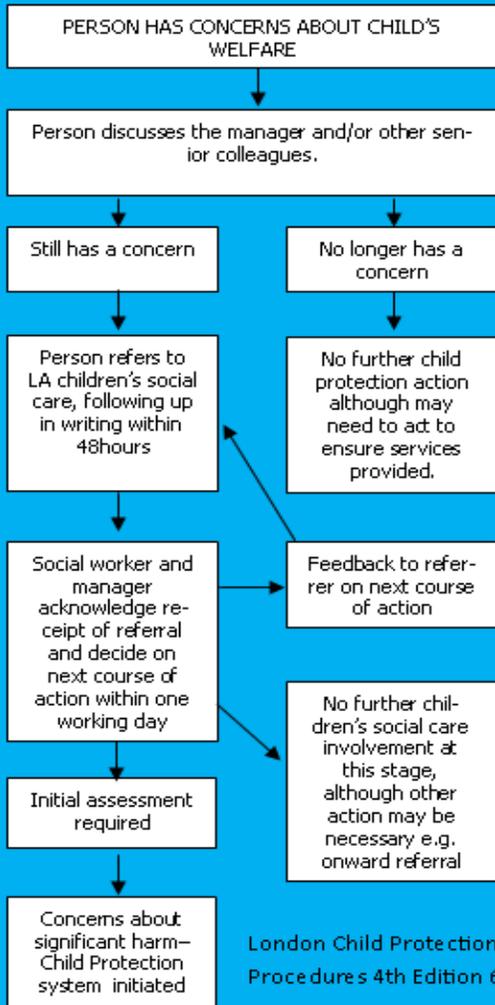
For further information and advice on developing a child safeguarding policy, please refer to ref (3).

References

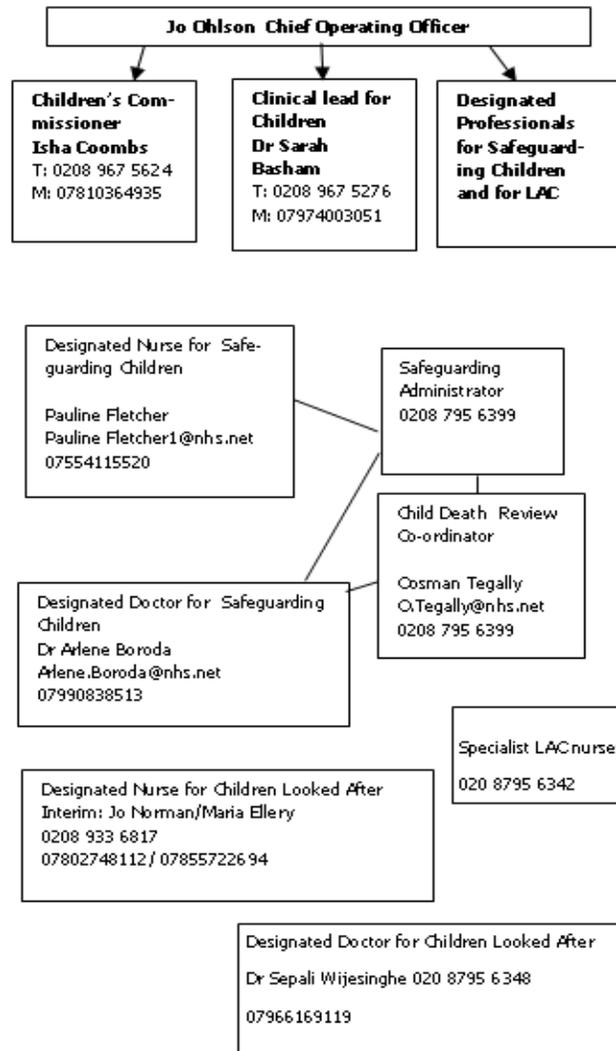
1. RCGP child health strategy 2010 - 2015
2. Care quality commission review: safeguarding children July 2009
3. RCGP safeguarding children & young people: a toolkit for general practice 2011
4. Care quality commission: Children looked after and safeguarding reviews (CLAS) Lines of enquiry 2013
5. Terms of Reference: Review of safeguarding children and services for looked after children in the NHS 2013
6. HM Government: Working together to safeguard children March 2013

This advice for GPs has been drawn up from the documented references. They have been collated by Dr Arlene Boroda consultant paediatrician & CP lead, and Dr Kiran Sodha GPST2.

What to do if you are worried that a child is being abused?



CCG Safeguarding Children Structure and Team November 2013



Clinical Commissioning Group

Safeguarding children is everyone's responsibility

This leaflet applies to all staff.

The CCG is committed to safeguarding children and vulnerable adults at all times.

The law is the Children Act 1989, revised in 2004, and the UN Convention of the Rights of the Child

A child is a child until their 18th birthday and when a Looked After Children Children's law provides for them until their 25th birthday. We also have a duty to safeguard unborn babies.

Key phone numbers:

Police Emergency 999

Brent Child Abuse Investigation Team (CAIT) 0208 733 3587

Brent Children Social Care 0208 937 4300

Child Line 0800 1111

What is child protection?

Process of protecting individual children identified as either suffering, or at risk of suffering, significant harm as a result of abuse or neglect

What is safeguarding?

"The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully.

There are 4 types of abuse.

"Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child."

Working together to Safeguard Children 2010

"Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children"

Working together to Safeguard Children 2010

"Neglect is the persistent failure to meet a child's basic physical and/ or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to :

- provide adequate food, clothing, shelter (including exclusion from home or abandonment);
- to protect a child from physical harm or danger;
- ensure adequate supervision (including the use of inadequate caregivers);
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs."

Working together to Safeguard Children 2010

"Emotional Abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say and how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children.

These may well include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyberbullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone."

Working together to Safeguard Children 2013 Appendix A 0

Vulnerable children

- **Looked after children***
- **Children with English as an additional language**
- **Children at risk of exclusion**
- **Migrants/asylum seekers/refugees**
- **Children joining school at a different date**
- **Socially/economically disadvantaged children**
- **Those on a child protection plan**
- **Children known to the police**
- **Parent with:**
 - Drug/alcohol abuse**
 - Parent in prison**
 - Divorced/separated parents**

* Children can become looked after due to abuse by their parents or carers, their parents and carers cannot meet their needs and/or they are absent (unaccompanied asylum seekers, children in inappropriate private fostering arrangements) These children require particular attention paid to promoting their welfare and safeguarding needs. Research tells us that they are more at risk of mental health problems, substance and alcohol misuse, being involved in gangs, being sexually exploited, missing education or not achieving in education. It is important that these concerns are included in any assessment of risk to the child's development

Safeguarding Children



A call to action

If you are a Brent GP, practice manager or nurse, please take five minutes to fill out this [survey](#) on safeguarding children.

A number of recent serious-case and domestic homicide reviews in Brent have made recommendations for healthcare professionals, including GPs. As children make up a large part of your consultations, it is important to keep up to date with new safeguarding-children guidelines.

The results of the survey will form a report for the CCG that will be available on our website and may contribute to your self-directed learning and safeguarding-children training. Date for completion is 7 Feb 2014.

Many thanks for your help.

Dr Harriet Barrett (GP VTS) harriet.barrett@nhs.net

Dr Arlene Boroda (Designated Doctor for Safeguarding Children for NHS Brent)

Pauline Fletcher (Designated Nurse for Safeguarding Children for NHS Brent)

GP practice audit of child protection procedures and implementation of recommendations from SCRs and DHRs – February 2014

GP cluster leads were recently surveyed in order to determine the child protection processes in place within Brent CCG general practices. Half of the practices responded (34 out of 68), with all saying they had a safeguarding lead and safeguarding policies in place.

Fewer than half (44%) of the practices said they asked patients at registration about mental health, substance abuse and history of violence, while 56% of practices said they used antenatal checks to ask pregnant women whether they were being subjected to domestic abuse and about the role of the father in the family. DNAs are now flagged by 79% of practices and the majority have a clear system and follow-up steps. The majority (89%) said they had the full records of looked-after children.

Practices that did not respond to the survey will be sent an electronic and a paper questionnaire with a self-return envelope and are encouraged to respond in order to help achieve a 100% return rate

Appendix H: Brent LSCB Subgroup Representation and attendance 2013-2014

Group	Chair	Health Representative	Deputy	Attendance of health
Executive Group	Independent Chair Chris Spencer	- Chief Operating Officer	Children's CCG lead	CCG 3/5 CSB 4/5 NWLH 4/5 CNWL 4/5
LSCB Board	Independent Chair Chris Spencer	- DD, DN, Clinical Lead for Women and Children, Children's Commissioner		DD 6/6 GP Lead 4/6 CSB 6/6 NWLH 5/6 CNWL 5/6 Care UK 6/6
Training and development: Chair:	Chief Operating Officer Brent CCG - Jo Ohlson	CSB –NN CNWL NWLH -NN	DPs to contribute to level 2 as needed	CSB 1/4 CNWL 4/4 NWLH 2/4
Quality and Audit	Deputy Director of Children's Social Care- Graham Genoni	DD, DN Mental health nurse Named midwife		DD 5/5 CSB 3/5 NWLH 1/5 CNWLH 5/5
Policies and Procedures	Borough Director Community Services Brent- Yvonne Leese	DD, DN		DD 4/4 NWLH 2/4 CNWLH 3/4
Vulnerable Groups Chair:	Borough Community Safety Lead-Tarig Sarwar	DD		
Voice of the child:	Deputy Director of Mental Health services- Catherine Knights	Children's Commissioner, Designated Nurse for LAC, SN		
SCR Subgroup	Independent Chair	DD, DD		

Appendix I

BRENT - Arrangements for medical consultation / examination for child protection concerns

Children and young people resident in Brent who require medical examination for child protection concerns are seen in a number of settings.

Cases involving acute sexual assault are referred direct to The Haven by the police.

For the remainder of cases if a medical examination is required as part of a child protection investigation, the timing of this assessment should be discussed with a Consultant Paediatrician. The timing of the assessment will be determined by the consultant paediatrician.

Medical advice and consultation is available 24 hours a day, provided jointly between the paediatricians based at Northwick Park Hospital (NPH) and Brent Community services (BCS). Arrangements for medical examination will be made with the referring agency, the majority of examinations taking place within normal working hours.

In complex cases, medical advice is also available during office hours by contacting the BCS child protection office or the Named Doctor for Child Protection at North West London Hospitals Trust. The flow chart below sets out the arrangements and contact numbers.

