

SAFEGUARDING CHILDREN ANNUAL REPORT

1 APRIL 2012 – 31 MARCH 2013

A separate report will be tabled for the Child Death Overview Panel 2012-2013.
Looked after Children Services 2012-2013 are covered in a separate report.

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1. Introduction:

1.1 Purpose of the report:

The purpose of this report is to provide Brent CCG with the assurance and information regarding their compliance with safeguarding children arrangements and duties as per Section 11 of the Children Act 2004 across health services commissioned for Brent children.

This report covers the financial year 1 April 2012-31 March 2013.

1.2 During this time, NHS Brent transitioned to a shadow CCG and then gained statutory status as a CCG, following implementation of the NHS Health and Social Care Act 2012. The CCG authorisation process during October and November 2012 scrutinised safeguarding arrangements, and all Brent CCG's were found to be satisfactory in relation to safeguarding children arrangements, with no conditions for improvement imposed.

1.3 Brent CCG commissions health services for almost 72 900 children and young people across Brent. (ONS 2011) A minority of these children will be living in circumstances where they are at risk of suffering significant harm from abuse and neglect or are in the care of the Local Authority. These children require co-ordinated multi agency assessments and planning to ensure appropriate protection plans keep them safe within their family or where this is not possible, to be accommodated by the Local Authority. Health workers across all services play an important role in this process, from identifying concerns, referring children at risk to the Local Authority and contributing to multi agency assessments and plans to support children within their families or when they are taken into care.

1.4 For services that children access, a key element to safeguarding children involves effective partnership working at all levels.

2.0 National Influences

The Health and Social Care Act 2012 has given General Practices and other clinicians the primary responsibility for commissioning health care.

The Munro Review (2011), a new inspection framework to examine the child's journey was introduced: from needing to receiving help, explore how the rights, wishes, feelings, and experiences of children and young people inform and shape the provision of services, and look at the effectiveness of the help provided to children, young people

and their families. This will have an impact on NHS services as health care may be the first service accessed in terms of the child's journey.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf

May 2012 'Munro review of child protection: progress report' was published.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/180861/FE-00063-2012.pdf

July 2012 'Children and Young People Health Outcomes Forum Report' was published.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216854/CYP-Public-Health.pdf

July 2012 the General Medical Council published the guidance document 'Protecting Children and Young People: The Responsibilities of all Doctors'.

http://www.gmc-uk.org/static/documents/content/Child_protection_-_English_0712.pdf

In September 2012 the NHS Commissioning Board produced 'Arrangements to secure children's and adult safeguarding in the future NHS- New Interim Accountability framework' which clarifies the future NHS roles and responsibilities for safeguarding children: CCGs and the NHS Commissioning Board will be statutorily responsible to

- Ensure that the organisations from which they commission local services provide a safe system that safeguards children.
- Include responsibilities for supporting the child death overview processes.

<http://www.england.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf>

In November 2012 the Department of Health (Gateway Ref. 18350) 'sent a Savile Allegations' letter to English NHS Trusts, Foundation Trusts and the NHS North West London Cluster asking them to review NHS Trusts arrangements.

March 2013 Working Together to Safeguard Children was published after a consultation process. This is the new guidance on effective multi-agency working

- This slimmed down edition is intended to reduce the burden on professionals who felt compelled to follow a wide range of prescriptive guidance.
- The guidance confirms that "safeguarding is everyone's responsibility",
- Strong focus is on legislative requirements
- Large sections of non-statutory practice guidance have been removed .

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

RCPCH Designated Doctor Appointments Advice for Clinical Commissioning Groups - 2012.

3.0 Changes during 2012-2013

- 3.1 Governance arrangements and reporting for safeguarding children in the CCG:
- the commissioning element of looked after children health services are now included in the Safeguarding Children Executive SEG strategic meetings to form the Safeguarding and Looked After Children Executive Group
 - the SEG reports to the Quality Safety and Risk Committee QSRC, as updates or exception reports.
- 3.2 NHS Organisational changes have led to renaming of CCG post holders; however their statutory safeguarding children roles and responsibilities have remained unchanged.
- 3.3 New NHS funded health providers have implemented the safeguarding children standards of checking lists of vulnerable children and linking vulnerable children with social care and sharing information of children who access their services with the GPs.
- 3.4 NHS Providers have now participated with the reformed LSCB subgroups under the new LSCB Chair.

4.0. Recommended Priorities for the CCG in 2013-2014

- 4.1. Keep safeguarding children high on the agenda of the CCG.
- 4.2. Ensure that Brent CCG as an employer of health staff (as well as a commissioner) has robust safeguarding children arrangements in place. This includes safeguarding children training for all staff and CCG governing body.
- 4.3. Support Brent CCG to ensure that safeguarding children arrangements are embedded across new and existing services commissioned for Brent children.
- 4.4. Complete action plans from reviews and audits.
- 4.5. Continued service improvement for primary care such as delivery of safeguarding children training for independent contractors including GPs and practice staff.
- 4.6 To ensure that services commissioned are making a difference with improved outcomes for children and young people.
- 4.7 To continue to contribute to effective partnership working..

5.0 Safeguarding Children Governance and Accountability arrangements

5.1 The *Safeguarding and Looked After Children Executive Group* SLEG, attended by representatives in the CCG and the Designated Professionals, provides the strategic quality and assurance and oversight for safeguarding children and looked after children systems across the health economy. The group meets monthly. A safeguarding children *update* and risk register is presented regularly by the Designated Professionals.

5.2 The group reports to the *Quality, Safety and Clinical Risk Committee* QSCRC, a subgroup of the CCG governing body. The Executive Lead for children is a member of this group to ensure that safeguarding children remains high on the CCG agenda. The Clinical Director for Woman and Children is the nominated CCG Lead on the LSCB.

5.2 The Chief Operating Officer is also the Executive Lead for Safeguarding Children and is represented on the '*multiagency high level child protection meeting*' where multiagency KPIs are reviewed.

5.3 The safeguarding children team post holders have remained the same, except for changes in the commissioners for women and children. This has brought stability to the system as well as the benefit of organisational memory.

5.3 These newly developed organisational reporting and accountability arrangements need to be tested and embedded throughout the coming year.

6.0 Commissioned Services:

6.1 Services commissioned for children

NHS Brent CCG commission services for Brent patients from a number of health providers:

6.1.1. Ealing Hospital NHS Trust Community Services Brent CSB– provides community paediatrics including safeguarding children services, community nurses and also therapy services.

6.1.2 Care UK Brent Urgent Care Centre CMH, Harness GP walk in centre- was commissioned by the CCG.

6.1.3 Sexual Assault Referral Centres SARCs as specialist services are commissioned centrally.

6.1.4. LAC commissioning – for the period of this report, the Looked After Children LAC health services including the Designated Professionals fell under the provider arm of Ealing ICO CSB, including the Designated Professionals.

6.1.5. Quality assurance and performance assurance for local acute hospital, North West London Hospitals NHS Trust, fell under the CCG.

6.2 Assurance processes for providers:

See Appendix A for details of providers and standards reviewed

6.2.1 Safeguarding children annual reports from providers

6.2.2 Safeguarding children declarations

6.2.3 Audits- LSCB, self-audits

6.2.4 Shop floor visits by Designated Professionals

6.2.4 Supervision of named professionals by Designated Professionals

6.2.5 Inspection reports such as CQC inspections

6.2.6 Action plans- SCRs, DHRs, others

6.2.7 Peer review meetings

6.3 Challenges put to providers by Brent CCG:

6.3.1 Safeguarding team staff in providers:

- NWLH- Named Nurse post is now a full time post as lead nurse role is separate (from March 2013)
- Community Services Brent: ND vacant since June 2012 , with interim cover (since October 2012)

6.3.2 SI Action plan and Inspection action plans

- Care UK have completed these from the SI in March 2012 and have passed a CQC inspection Jan 2013.

6.3.3 Staffing levels of HVs and SNs remain low - as is the national picture.

6.3.4 Information sharing in relation to CDOP and SIs – have been escalated to the LSCB Serious Case Review subgroup and was raised with a provider's Executive Lead for Safeguarding advising of the need to participate in statutory processes timely and in full.

6.3.5 Health participation at LSCB across the providers: attendance at Board and subgroups has been reviewed. Health has made a significant contribution to the LSCB.

All health providers have been asked to nominate reps to contribute to all subgroups as part of partnership working. See Appendix B

7.0 Support for primary care including GPs

7.1 The Designated Professionals for Safeguarding Children provide advice and support for primary care health staff who see many Brent children and families.

7.2 Supervision for Court involvement has also been provided

7.3 An extensive Safeguarding Training programme covering level 2-3 has continued as a rolling program from 2011. Topics covered have been learning the lessons from critical incidents in Brent such as serious case reviews, homicide reviews and child deaths. Appendix C for training 2012-2013

7.4 Revision of the Child Protection case conference report template to increase GP contribution to case conferences has been steered during this year.

7.5 A GP Nurse Adviser post recruitment process to support primary care staff further, has been attempted and is being continued.

7.6 A newsletter and update was sent out to Brent GP practices sent out in Oct 2012 via cluster managers advising of key changes in social care and lessons from SCR and DHR.

8.0 Improvement projects:

8.1 Multi-agency projects

8.1.1 Female Genital Mutilation (FGM) Task and Finish Group

NHS Brent (Public Health Division) assigned £50,000 funding for a short project on FGM for the financial year 2012/13.

A FGM workshop was held for stakeholders in Brent. The workshop formed the development and delivery of an action plan to improve multiagency responses to FGM in Brent. The FGM steering group has become the FGM “task and finish group” and now operates as part of the LSCB Vulnerable Group subgroup. The group has contributed to improved multiagency collaboration around this issue and successfully delivered two one day workshops for Brent communities and professionals to raise awareness on FGM.

8.1.2 Multi Agency Safeguarding Hub MASH

Brent CCG has worked with the Local Authority, Police and partner agencies to develop the Brent Front Door which receives all safeguarding children enquiries. The MASH

acts as the first point of contact for those safeguarding children concerns that meet the threshold. The MASH creates a safe environment where information can be shared across the safeguarding partnership in order to identify and assess risk. The Designated Nurse sits on the MASH Project Steering Group along with commissioning representation. The Designated Nurse chairs a Provider MASH health group which involves key stakeholders from all providers to ensure provider engagement across the Brent health economy.

8.1.3. Child Sexual Exploitation CSE

CSE is receiving a high level of media attention but remains a hidden problem. Recently there have been several high profile cases in Oxford and Rochdale involving groups of men sexually exploiting vulnerable young girls.

In July 2012 the government published a ministerial statement following the publication of two reports pertaining to sexual exploitation of children in gangs and groups of children going missing from care.

Brent LSCB directed that a CSE strategy is established to tackle the issue and manage risks to vulnerable young people who go missing, are sexually exploited or trafficked. As a result the Child Sexual Exploitation Steering Group was set up in September 2012 to scope the high level parameters of the strategy. The CSE group has identified work streams including the need to establish a multiagency protocol for responding to concerns about sexual exploitation trafficking and missing children.

8.2 Health services:

8.2.1 NHS 111

The replacement for NHS Direct the NHS 111 is a Government initiative intended to make it easier for patients to access local NHS healthcare. The Designated Professionals in collaboration with four London boroughs and NHS London advised on Safeguarding Children standards and a framework for this new provider to ensure robust systems for Safeguarding Children. As the call handlers are not clinicians, flow charts and prompts to alert to Safeguarding Children were suggested. Also levels of Safeguarding Children training packages were reviewed by the Designated Professionals. As a result of the need for quality assurance the Brent rollout was delayed until Feb 2013 for out of hours services.

8.2.2 Maternity and Child Health Steering Group (MACHSG).

Health visiting has been recognised as a key profession within the safeguarding agenda both from an early help and safeguarding perspective. There is recognition of resource

pressures in this service. The (MACHSG) was set up in April 2012 to ensure the adoption of national policies. The Call to Action: Health Visitor implementation plan 2011 and School Nursing getting it Right for Children, Young people guidance 2012 across the Child health 0-19 year's agenda. The work streams Included raising the profile of school nursing and leading on the growth in numbers and retention of health visitors and school nurses. The group is chaired by the Interim Director of Public Health. The Designated Nurse is also a member of the group to ensure safeguarding children remains high on the agenda across all work streams.

9.0 Serious Incidents:

Health providers have compiled chronologies and reports to a number of reviews for Brent children:

9.1 Local Safeguarding Children Board LSCB

9.1.1 Serious Case Reviews SCR

On the 21 October 2011, The Brent LSCB agreed to undertake a SCR under Section 8.9-8.12 of Working Together to Safeguard Children (HM Government 2010) following the stabbing of a seven month old baby by the father during a psychotic episode and baby sustained life threatening injuries (and survived).

On review of the case, the father had a known mental health history and a criminal past for violence. (The baby has survived). Practitioners need to think child, think parent, think family

On 8 April 2012, a 14 year old died from hanging. The child was a Looked after Child placed out of Borough and was previously involved in gangs. The inquest is scheduled for October 2013.

On review of the case, there are the following themes:

Complexity of out of borough placements

Looked after children have increased mental health problems including risk of depression and risk of self-harm

Cultural competencies are to be enhanced in professionals.

9.1.2 LSCB Management Review

A 5 year old child alleged sexual abuse whilst in the previous care of the birth mother to prospective adopters in February 2012. The review is being conducted under the SCIE model using a systems approach.

9.2 Community Safety Partnership Domestic Homicide Reviews

The Brent CCG safeguarding children professionals conducted reviews as the deceased were carers of children.

Case A: A 24 year old female was murdered on 20/04/2011 by her ex-husband who has been found guilty in the Criminal Courts in Jan 2012. There was previous involvement with social care.

Case B: A 25 year old woman was murdered on 20/09/2011 by her ex-partner. He was found guilty of murder in May 2012. Their 4 children are now LAC. There was previous involvement with social care.

Both cases have the following themes:

Professionals need to consider the roles of the father in the children's lives

In adults who are alleging domestic violence and are reluctant to engage with services for themselves, the professionals need to act to safeguard children.

9.3 Other Borough reviews:

A Health Review was conducted by Ealing LSCB to which Brent contributed as the GP was from this borough.

Brent has also contributed to DHRs in Harrow and Hertfordshire which are not yet complete.

Recommendations for the above reviews were included in the training materials and newsletters sent to primary care staff.

9.4 Health reporting of significant Incidents SIs:

Following an SI in the UTC (reported at end of March 2012) in relation to double checking of X-ray reports and sending out letters to GPs, their Safeguarding Children arrangements were also scrutinised. The action plan included safeguarding children recommendations: the lists of vulnerable children that were shared with UTC were linked electronically to their system as an alert and links are made with social services for vulnerable children who access their services.

The SIs in relation to child deaths in provider Trusts are also reviewed by the Designated Professionals. These are linked with the CDOP review processes

Appendix A:

Health organisations Safeguarding Children Standards and Reporting				Year 2012-2013	
	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 Brent	NHS Brent
Nurse lead	Designated Nurse for safeguarding children	Lead Nurse for safeguarding children	Lead Nurse for safeguarding children	Named Nurse and Named midwife	
Medical lead	Designated Doctor for safeguarding children; GP CCG lead	In post	Named Doctor	Named Doctor	Named Doctor-Locum/cover
JDs have SG	Yes	Yes	Yes	yes	yes
Safety and recruitment	-----	Yes	Yes	yes	yes
Footfall	Not applicable	1000-15000 children per month	30 000/year, GP surgery 6000	A+Es New births, Paediatric wards	Universal services- HVs, SNs
Annual report	-----	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 No figures in Annual report	-yes -99.1% -63% -82% Savile report 30/01/2013	-yes -83% -69% -76% Annual report
Audits	Yes -GP Toolkit	Yes - checking registration info - checking of	Yes -cases	Yes - Domestic violence A+E	Yes - Domestic violence -strategy

		children on lists			meetings
Flagging system for vulnerable children	yes	yes	yes	yes	yes
Health Organisations Safeguarding Children Standards and Reporting				Year 2012-2013	
	Brent CCG	Brent UTC CMH	GP Walk In Centre	NWLH	CSB
Information sharing	GPs receive notifications of all health contacts for children	Yes- liaison nurse	Yes- also have a link HV	Yes- liaison nurse	Yes- liaison nurse, HVs/SNs
SG Children policy	Commissioning policy 2012	In 2012	In 2012	In 2011	2012
Supervision	yes	Leads are linked with DPs	Leads are linked with DPs	Named midwife	NN
SI	nil	2012- checking lists, linking with GPs and social care	nil	Yes-2011	nil
Projects	Case C report submission, MASH, liaison pathways,	Implementing SI action plan	Child friendly environment	Policy launch	
KPIs	GP follow national contract	SG KPIs monitored	SG KPIs monitored in contracts meeting	--	SG KPIs monitored in contracts meeting
SCR	Child F 2011, DHR 2011, 2012 Child H 2012 DHR Harrow 2012; DHR Herts 2012 Health over reports Child F, H and DHRs	nil	nil	Child F 2011, DHR 2011, 2012	Child F 2011, DHR 2011, 2012 Child H 2012
CQC Inspection	nil	May 2012, Feb 2103	nil	yes	-

Appendix B: Health Contributions to the Brent LSCB 2012-2013

Group	Chair	Health Representative	Deputy
Executive Group	Independent Chair - Chris Spencer	Chief Operating Officer	Children's CCG lead
LSCB Board	Independent Chair - Chris Spencer	DD, DN, Clinical Lead for Women and Children, Children's Commissioner	
Training and development: Chair:	Chief Operating Officer Brent CCG - Jo Ohlson	CSB –NN DN CNWL	DD, DN to contribute to level 1, 2 as needed
Quality and Audit	Deputy Director of Children's Social Care- Graham Genoni	DD, DN Mental health nurse Named midwife	
Vulnerable Groups Chair:	Borough Community Safety Lead-Police	DD, DN	
Task groups -FGM : Chair:	Consultant in Public Health - Dr Adenekan	DN, DD maternity	May be incorporated into the Vulnerable Groups subgroup
Sexual exploitation group:	Head of Safeguarding children- Di Drury	DD, DN	
Voice of the child: Chair:	Deputy Director of Mental Health services - Catherine Knight	Children's Commissioner, Designated Nurse for LAC	
Policies and Procedures	Borough Director Community Services Brent-Yvonne Leese	DD, DN Named nurse CSB	

SCR Subgroup	Independent Chair	DD, DD	
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Appendix C: Training

Training Delivered by The Designated Professionals for Safeguarding Children in Brent Children in Brent 2012-2013		
DATE	GROUP TRAINED	NUMBER ATTENDED
19/04/2012	Breast Feeding Supporters	6
24/04/2012	Brent Borough Directorate	30
25/04/2012	Commissioners	2
26/04/2012	GP and Practice Staff	31
03/05/2012	Non-clinical	44
24/05/2012	Pharmacists and Dentists	55
14/06/2012	GP and Practice Staff	39
14/06/2012	Dentists and Practice Staff	52
21/06/2012	GP non-clinical staff	49
28/06/2012	GP and Practice Staff	29
12/07/2012	GP non-clinical staff	51
19/07/2012	Dentists and Practice Staff	39
26/07/2012	GP non-clinical staff	32
02/08/2012	GP non-clinical staff	12