

SAFEGUARDING CHILDREN AND  
LOOKED AFTER CHILDREN (LAC)

NHS Thurrock CCG ANNUAL REPORT

April 2014 – March 2015

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## Executive Summary

This is the second Annual Safeguarding Children Report to NHS Thurrock CCG Governing Body. Its purpose is to assure the Governing Body and members of the public that the Clinical Commissioning Group (CCG) is fulfilling its statutory duties in relation to safeguarding children in Thurrock; it takes account of national changes and influences and local developments and activity.

The CCG has in place governance and accountability arrangements including regular reporting via the Governing Body and the Patient Safety and Quality Committee; there is direct access by the Designated Professionals to the Chief Nurse in their role as Safeguarding leads for the CCG.

The CCG contributes to the work of the Local Safeguarding Children's Board via representation from a CCG Chief Nurse and the Designated Professionals and attendance at sub groups from the CCG Safeguarding Team. The Management Executive Group for Thurrock is a subcommittee of the Thurrock Safeguarding Children Board (TSCB) to maintain clear communication pathways for agencies represented at the board. It takes a strategic lead for the board in the broadest sense. The Designated Nurse for Safeguarding and LAC are members of the subcommittee.

There is on-going quality assurance work with our providers. All CCG Children and Young People contracts for commissioned services include safeguarding children standards. Performance monitoring of SCR action plans and oversight of safeguarding audit programmes are reported through our Local Operational Groups with oversight from the Designated Leads.

This report highlights recent updates in national, local guidance and Legislation as documented in sections within the report.

The Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM) agenda continues to be a high priority for health professionals and safeguarding teams continue, through training, to raise awareness of the indicators of CSE and FGM, how to recognise and report it and the impact it has on health and wellbeing.

Learning from the Thurrock Serious Case Review (SCR) Julia, has raised staff awareness on CSE.

The Priorities identified for 2015/16 will be monitored through the CCG Patient Safety and Quality Committee with direct accountability line to the CCG Board, they will be based on statutory responsibility and the standards outlined in the "NHS Accountability framework and Assurance framework" published in 2015 .

## 1. Introduction

1.1 The purpose of this Safeguarding and LAC report to Thurrock CCG (TCCG) is to provide information and an update to the Board of the activity within the area of safeguarding children 2014-2015. TCCG has had statutory status since 1<sup>st</sup> April 2013 following the implementation of the NHS Health and Social Care Act 2012.

1.2 The report reviews the work across the year, giving assurance that the CCG has discharged its statutory responsibilities to safeguard the welfare of children across the health services it commissions. The report will inform the Board of the main issues, risks, key priorities and learning relating to safeguarding children.

## 2. Purpose

To ensure that the health contribution to Safeguarding Children is discharged effectively across the whole health economy and that safeguarding and promoting children's welfare is a key priority in strategic planning processes.

## 3. Legal Framework

Responsibilities for safeguarding and LAC are enshrined in legislation.

The legislation and guidance relevant to safeguarding and promoting the welfare of children includes the following:

- Children Act 1989 and 2004
- Working Together to Safeguard Children (2015) – Statutory Guidance
- Promoting the Health and Well-being of Looked After Children (2015) – Statutory Guidance
- Safeguarding children and young people: roles and competences for health care staff, intercollegiate document (Updated 2014/ LAC 2015).

## 4. National Context

4.1 The Mandate from the Government to the NHS England (NHSE) for April 2013 to March 2015 (published in November 2012) says:

4.2 "We expect to see the NHS, working together with schools and children's social services, supporting and safeguarding vulnerable, looked-after and adopted children, through a more joined-up approach to addressing their needs."

4.3 "The role of CCGs and, indeed, the NHSE is about more than just managing contracts and employing expert practitioners. It is about working with others to ensure that critical services are in place to respond to children and adults who are at risk or who

have been harmed, and it is about delivering improved outcomes and life chances for the most vulnerable.

4.4 Effective safeguarding arrangements in every local area should be underpinned by two key principles: Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part. The CCG having a child-centered approach to commission services for children. In order for these services to be effective they should be based on a clear understanding of the needs and views of children. (Working Together to Safeguard Children, HM Govt 2015).

4.5 Health professionals are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and where appropriate, provide support. This includes understanding risk factors, communicating effectively with children and families, liaising with other agencies, assessing needs and capacity, responding to those needs and contributing to multi-agency assessments and reviews. There is extensive guidance, national regulations, reports and legislation that govern how services should be commissioned, provided, managed and monitored.

## 5. Safeguarding Children Statutory Guidance

Working Together to Safeguard Children 2015

5.1 The statutory guidance clarifies the responsibilities of professionals towards safeguarding children, and strengthens the focus away from processes and onto the needs of the child. Last published in 2013, Working Together has been revised and came into force on March 2015.

5.2 Many of the revisions have been made to incorporate legislation or statutory guidance that has been set out over the last couple of years, in particular amendments to legislation resulting from the Children and Families Act 2014, Special Education Needs and Development (SEND) reforms and recent organisational changes to probation services and NHS England.

5.3 Three particular changes linking to the health agendas are

- LSCBs must commission services for children who have been or may be: sexually exploited, subject to Female Genital Mutilation (FGM) or radicalization.
- LSCBs are now required to undertake regular assessments on the effectiveness of board partner's responses to Child Sexual Exploitation (CSE). This should include how agencies have used their data to promote service improvement for vulnerable Children and Young People and families including CSE.
- Organisations need clear whistleblowing procedures in line with Sir Robert Francis's Freedom to Speak Up report.

CCG policies are being amended to reflect the changes and training modified.

## 6. Multi-Agency Safeguarding / Partnership Working

6.1 CCG's have a statutory duty to be members of Local Safeguarding Children Board working in partnership with local authorities to fulfil their safeguarding responsibilities. The Thurrock Safeguarding Children Board (TSCB) provides a statutory mechanism for ensuring the effectiveness of safeguarding work undertaken Thurrock. TSCB works in close partnership with other local Safeguarding Children Boards Essex and Southend to encourage seamless working and minimise unnecessary duplication of work. The TSCB website is the central contact point and primary source of information for multi-agency safeguarding matters.

6.2 The member organisations are required to provide financial contribution to the TSCB the amount for health being agreed locally based on per head of population.

6.3 The health representations at the TSCB on behalf of the CCG are the Chief Nurse and Designated Safeguarding Professionals who provides the expert roles on the Board.

6.4 The Designated Nurse for Thurrock CCG's takes the lead role in Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM). The Designated Nurse sits on the Southend, Essex and Thurrock (SET) CSE Strategic Board and reports back to the 7 CCG's Designated Nurses.

6.5 The Designated Nurse for the CCG chairs the TSCB Multi-agency Serious Case Review (SCR) Panel. She has the lead responsibility to ensure the panel makes the appropriate decision to accept referrals and commissions a reviewer when a decision is made to progress to SCR's.

6.6 The Associate Designated Nurse for Thurrock CCG has the strategic role within the CCG as a member of the TSCB Audit subcommittee. GP Practice records are reviewed for this audit group by the Associate Designated Nurse.

6.7 Multi-Agency Training and Development is attended by Associate Designated Nurse.

6.8 The lead for Child Death Reviews within the South West Essex is the Designated Doctor for Safeguarding and the Associate Designated Nurse.

6.9 Regular reporting from all lead responsibility areas are shared at the monthly Designated Professionals meetings, which in turn is fed into the Chief Nurses / Directors of Nurses SCCN Strategic meetings.

6.10 The CCG safeguarding team liaises to ensure providers are represented at the operational group meetings.

## 7. CCG Safeguarding Statutory Duties

### Section 11 Requirements

7.1 Section 11, of the Children Act, 2004, places a duty on all agencies to safeguard and promote the welfare of children and young people. TCCG meets requirements at both strategic and organisational level and can demonstrate the following;

- Senior management commitment to the importance of safeguarding and promoting children's welfare;
- A clear statement of the agency's responsibilities towards children for all staff;
- A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children;
- Service developments that takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families;
- Training on safeguarding and promoting the welfare of children for all staff working with or in contact with children and families;
- Safe recruitment procedures in place;
- Effective inter-agency working to safeguard and promote the welfare of children
- Effective information sharing.

a) For 2014/15 the TSCB have worked together with partner agencies to ensure the self-audit tool for organisations to use to check the strength of their arrangements to safeguard and promote the welfare of children and young people.

### 7.2 Staffing

a) The team covers the Child Protection, Looked After Children and Child Deaths Services. It has a responsibility for whole health economy within South West Essex.

b) The Safeguarding Team within South West Essex CCG's is hosted by BBCCG for BB and Thurrock CCG's. All statutory post are in place. The Designated doctor is employed by NELFT.

c) The CCG Safeguarding Children Team works closely with the Named Professionals within our main provider trusts, Basildon & Thurrock University Hospital (BTUH) and North East London Foundation Trust (NELFT).

### 7.3 Safeguarding Vulnerable People in the NHS -Accountability and Assurance Framework

a) Safeguarding in the NHS - Accountability and Assurance Framework has replaced Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework which described the roles and responsibilities of NHS England, Clinical Commissioning Groups, NHS providers and various other bodies in the reformed health system.

### 7.4 Safeguarding Children’s Clinical Network (SCCN)

a) A collaborative model to deliver commissioned health safeguarding services across Essex has been developed and agreed by all 7 CCG’s.

b) A review took place during 2014 and the CCG Accountable Officers and the Chief Nurses were asked to consider through an options paper the future of the SCCN. However the model of collaborative working across Greater Essex is still considered a valuable way of managing safeguarding and is expected to continue.

c) The SCCN facilitates meetings of Greater Essex Designated professionals; this allows Greater Essex approach to be fostered for policies and guidance, and leadership on issues such as Female Genital Mutilation and Child Sexual Exploitation. This can influence the local safeguarding agenda and support a consistent approach to safeguarding children across Essex.

d) All Designated Nurses (Safeguarding and LAC) have a Lead Responsibility for specific subject areas in Safeguarding and LAC. The Lead Designated Nurse shares, disseminates, and report current national/local updates on their subject area to the 7 CCG’s via the Designated Nurses.

e) The business manager and Designated Doctor for LAC (2015) are hosted by West CCG.

## 8. CCG Accountability and Governance Arrangements - Local Context

### Section 11 Audits

Section 11 of the Children Act 2004 outlines the requirements for a clear line of accountability with NHS organisations. The NHS safeguarding accountability and assurance framework supports this requirement.

### 8.1 CCG Children Safeguarding Section 11 Audit

a) On completion of the audit the CCG had reviewed the eight domains; the CCG is compliant with the statutory safeguarding requirements. Thurrock CCG acknowledges there are still room for improvement. An action plan has been put together from the gaps that were identified during this audit. This is to support and monitor progress on the gaps identified. Areas of further work relate to emerging areas of safeguarding, mainly adult lead

including the Prevent agenda, FGM reporting mandatory duties, Mental Capacity Act (MCA) and updating Safe Recruitment Processes.

## 8.2 Thurrock CCG GP Practice Safeguarding Section 11 Audit

a) A safeguarding audit endorsed by NHS England Area Team and Local Medical Council was undertaken with practices in Oct 2014.

b) In October 2014 a Self-Assessment Tool based on a number of the domains in the TSCB Section 11 audit was sent to GP Practices from the CCG and supported by NHS England. The tool was designed to concentrate on the fundamental requirements of safeguarding children with six standards set. It was intended to facilitate self-assessment and to be formative and empowering to practices to develop actions where appropriate.

c) There was a 100% response by Thurrock GP Practices; overall positive responses were recorded with some standards considered as 'not met'. Local CCG Safeguarding Team support continues to be offered and accepted by practices to improve practice. The Safeguarding Team completed a report on findings and shared with CCG Quality and Governance Committee and NHS England. There has been ongoing face to face practice support visits and an action plan is in place to support improving practice knowledge and processes for safeguarding.

## 8.3 Leadership

a) Leadership and responsibility for safeguarding at Governing Body level is achieved through the CCG Chief Nurse, GP Champion and Designated Professionals.

b) As outlined in the SCCN section, the network allows for collaborative approach to safeguarding in Greater Essex, a Collaborative Agreement, governance and management structure supported the management of Essex wide safeguarding agenda through a work plan and lead responsibilities.

## 8.4 Clinical Expertise

a) Clinical expertise in the CCG is provided through the Designated Dr and Nurses roles of Safeguarding, Looked After Children and Child Death Review Process. The Associate Designated Nurse supports these roles and leads on work linked to Audits, Learning and Development Subgroups and Child Deaths Reviews. In addition there is a commissioned post of Designated Dr for Child Deaths. These professionals are directly accountable to the Chief Nurses. As clinical and strategic leads, they provide a vital source of advice to the CCG, SCCN, NHS England, Local Authority and LSCB's. They also provide support and advice for health professionals in provider organisations.

## 8.5 Named GP/Professional Roles (May 2015 -Out of Reporting Period)

A decision was made to appoint a Nurse to this role following no GP Clinical interest and NHSE endorsement. The post holder has been working on the safeguarding agenda with the wider safeguarding team and GP practices. Providing training, leading GP Practice Clinician Safeguarding Leads Forums with focused work and engaging with practices when safeguarding issues arise. Expert advice is given on how to embed safeguarding in GP practice and the effective multiagency working.

## 8.6 Safeguarding Contracts

Safeguarding service specifications for the main providers have been drawn up by CCG commissioners with guidance from the Designated Nurse's, outlining clear service standards consistent with the requirements of the Children Act 1989/2004. Health providers are required to undertake comprehensive Section 11 audits annually to evidence compliance with national, local and internal policy standards. Agreement has been reached across whole Essex CCG's for a standardised Safeguarding Schedule and Key Performance indicators for 2015/16.

## 8.7 Policies

CCG Safeguarding Children's Policy and a suite of guidance's (2014) are in place, they outline individual and organisational arrangements to comply with these responsibilities. These are available on the intranet for the organisation. The 2014 policies for the CCG have been revised to bring them in line with the 2015 Statutory Guidance, SET Procedures and NHSE Policies. It is anticipated that the revising of these policies will be completed by March 2016.

## 8.9 Performance

The CCG's has established governance arrangements with providers to performance manage via Clinical Quality Review Groups (CQRG) led by the Chief Nurse. Monthly CQRG meetings are held with main providers. Safeguarding Children is a standard agenda item with reporting on key performance indicators available, including training data, supervision, action plans relating to Care Quality Commission(CQC) inspections, Serious Case Review's, Serious Incidents. The Designated Nurse reviews all safeguarding children reports submitted to the quality meetings and attends and or provide clinical advice as necessary.

The TSCB holds a Performance Panel bi-monthly. The Chief Nurse is a panel member. Partner agencies are invited to present selected safeguarding arrangements within their organisation. The panel uses this forum to hold agencies account and takes the opportunity to scrutinise and challenge partner if required. This is underpinned by the Working Together 2015 LSCB responsibilities.

## 8.10 Reports

The Designated Nurses submits quarterly reports on both internal and external key safeguarding issues identifying the impact on the organisation. High level concerns/issues are submitted through Chief Nurse / exception reporting and escalated to the main board. The Designated Nurses presents reports to the Quality and Governance Committee and as required monthly Part II exception reports to Board.

## 8.11 Local Operational Group Meetings (LOG)

a) The Designated Nurse holds quarterly Local Operational Group (LOG) with providers to allow a forum for sharing good practice, raising concerns and disseminating information including from the ESCB and Thurrock LSCB. Outcomes or issues are escalated to the appropriate channels and/or multiagency meetings with pathways to the LSCB's.

b) Bi-monthly meetings with BTUH and monthly meetings with NELFT with the Heads of Safeguarding and Safeguarding Teams in the main providers are held to allow discussion on more strategic and operational issues impacting on safeguarding work. Appropriate pathways for any issues are identified i.e. Clinical Quality meetings, LOG.

## 8.12 Inspections and Audits

### Care Quality Commission - CQC

a) The CCG was involved in a CQC inspection in the last year. However, some GP practices in Thurrock have been inspected. The safeguarding Team have provided guidance and support to GP practices and some pharmacies in preparation for their CQC inspections.

b) There was a CQC inspection on TCCG and its providers in October 2015 (out of reporting period). The CCG is awaiting the draft report from CQC. Interim action plans are being progressed. Full details will be added to Committee reports.

## 8.13 Training, Supervision and Consultations

### Training

a) Achieving and maintaining a professional competency in safeguarding is the responsibility of all clinicians as part of their General Medical Council/Nursing & Midwifery Council professional registration requirements. A revised document outlining the training requirements was published in March 2014. Training material and contractual expectations have been reviewed to reflect any changes.

b) Throughout 2014/15 BB and Thurrock CCG Safeguarding Team has continued to support local GP's, Board Members clinicians in the following ways:-

- An annual training programme including Level 2 and 3 core competencies as laid down in intercollegiate guidance.

- Safeguarding Training L3 update available as part of a CCG Protected Learning Training events.
- Safeguarding Newsletter
- GP Practice targeted face to face support visits and adhoc on request visits.
- Board Development.

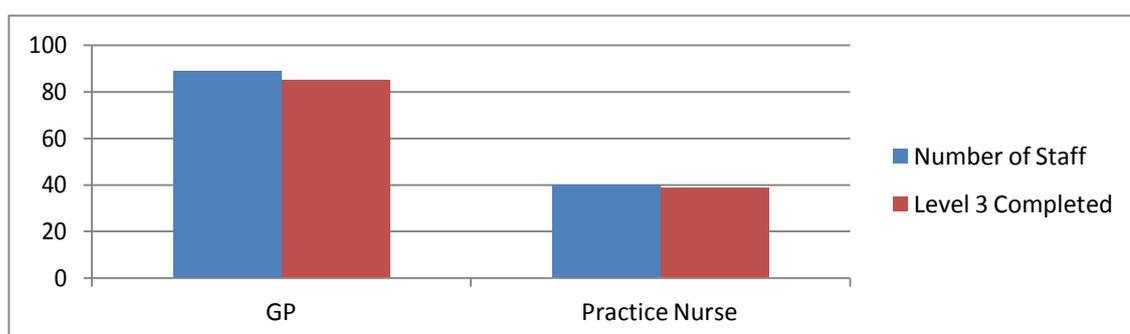
#### 8.14 Training Activities

Different staff groups require different levels of competence depending on their role and degree of contact with children, young people and families, the nature of their work, and their level of responsibility. In response to the Laming Report and other evidence, there has been recognition of the importance of the level of competence of some practitioner groups, for example GPs and paediatricians.

a) GP's are included in the Level 3 competencies for Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns. This is provided face-to-face. However, this year there has been enquiries from practices to complete the level 3 on line. The on line level 3 has not been ratified by SET safeguarding boards / Safeguarding professionals.

The table below illustrates the numbers of Clinicians trained at Level 3 as at July 2015

Staff Group	Number of Staff	Level 3 Completed	Percentage
GP	89	85	95.51%
Practice Nurse	40	39	97.50%
Total	129	124	96.12%



b) As at July 2015, 96% of GP's in Thurrock had been trained to the required level 3 safeguarding children training. There will be a mop up session for the 4% in Quarter 4

for new GPs and outstanding GP's. This should hopefully bring it up to 100%. It is not a requirement for the CCG Safeguarding Team to train practice nurses on Level 3, however, the team offers this training as good practice.

### 8.15 Supervision

a) Child Protection Supervision is a formal process of professional support and learning. The Safeguarding Team provides advice and support and the Designated Nurse provides Safeguarding Supervision to Named Professionals for the acute and community providers. As a minimum this is undertaken three monthly, the two main providers (BTUH and NELFT) Named Professionals are compliant with this arrangement. The Designated Doctor participates in the BTUH Paediatrician Peer Review meeting held monthly with a Safeguarding Children Agenda. This is led and facilitated by the Named Doctor.

b) The Designate Nurses receives supervision from an Independent (External) Safeguarding Consultant/ Designated Doctor for LAC on a quarterly basis. The Designated Doctor for Safeguarding receives peer review at the Regional Designated Professional Forums and has local case discussions with the Designated Nurse.

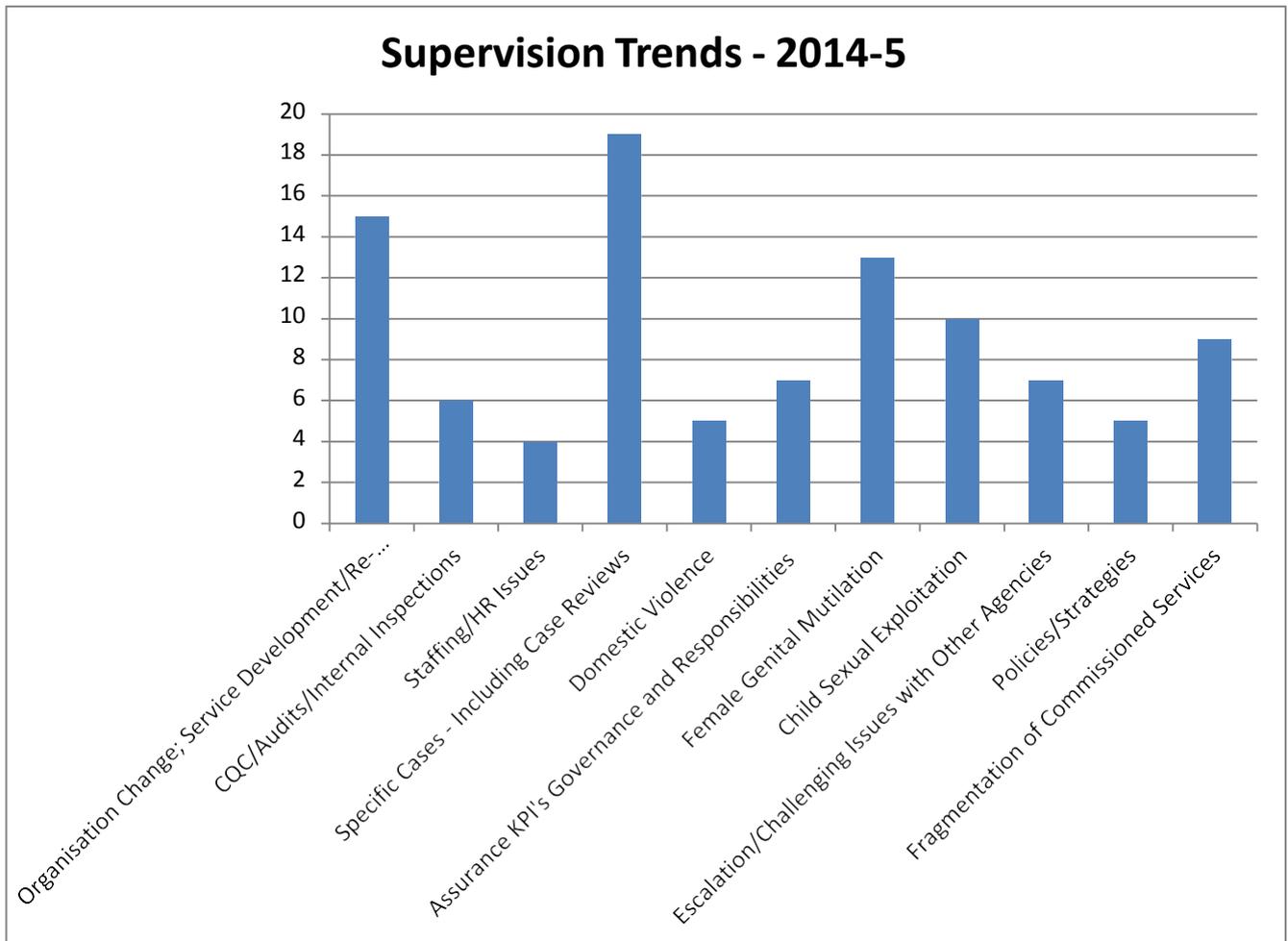
#### d) Table-Supervision Activity

Practitioner organisation	Role	1 to 1 Sessions
NELFT	Named Nurses x 2	8
BTUH	Named Nurse x 1	6
	Named Midwife x 1	5
Total	4	19

The table does not include the adhoc and informal discussions with professionals and agencies.

### e) Safeguarding Children Supervision 2014-5

A data set of session and main topics is recorded. The areas of discussion can be varied, however for recording purposes it is themed into various topics. The Designated Nurse is central to facilitating case management and escalating concerns.



f) As might be expected specific cases including case reviews were the most discussed topic where actions, timeframes, advice, challenge and learning were covered. It could be suggested this would indicate the level of both increased work and anxiety that can arise from such cases. The Designated Professionals would expect to be made aware and work with Named Nurses to identify appropriate child focused management of cases. Organisational changes and consultations on services and renewed focus emerged as the next concern. Both of the CCG main providers had their Safeguarding Team changes and consultations during this year.

g) The data offers some insight into areas covered as more than one concern is discussed within the sessions.

## 8.16 Consultations

a) Part of the role of the safeguarding professionals is to be available to offer advice and support staff on cases they are dealing with as frontline practitioners. The requests are from health professionals but may also include partner agencies. The issues can be extremely varied and may involve the safeguarding team seeking expert advice from information governance or legal guidance.

b) The consultations were predominantly from BTUH, NELFT, GP practices and Children Social care. Over 100 initial contacts were made to the office for advice and guidance on safeguarding issues. Over 50% of contacts led to further activity this may include liaison, escalation of concerns, arranging and/or participating in formal safeguarding meetings. This year for the first time saw a number of contacts for advice relating to possible Fabricated Illness, Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM), this is seen as a positive potentially indicating awareness on these subjects has increased and by seeking advice, the recognition of the complexity of managing the (potential) issues.

## 8.17 Serious Case Reviews (SCR), Multi Agency Audits and Serious Incidence

a) A SCR is undertaken when a child or young person dies or is seriously harmed through neglect or abuse and there are concerns as to the effectiveness in the way agencies worked together. TSCB is required to consider cases referred by partner agencies under the criteria outlined in Working Together to Safeguard Children. There is a further requirement for reviews to be carried out regularly on cases that do not meet the criteria, as they can provide useful insights into the way organisations are working together to safeguard and protect the welfare of children.

b) The CCG Designated Nurse chairs the TSCB subcommittee Multi-agency SCR Panel. The CCG and provider organisations participated in multi-agency case reviews and audits on a number of Thurrock cases as part of the established SCR Panel and audit processes across SET Safeguarding Boards. The CCG health contribution (on behalf of GP's) is coordinated by the Safeguarding Team with provider organisations been led by a Named Nurse. Findings and learning outcomes are shared and discussed at various forums.

c) Serious Incidents in children's safeguarding raised by commissioning or provider organisations follow national and local procedures. Action plans are scrutinised and monitored through Quality and Governance Committee meetings with relevant providers and internal quality group. Specific work is planned on supporting providers to identify thematic of the incidents.

## 8.18 Looked After Children's Services 2014-15

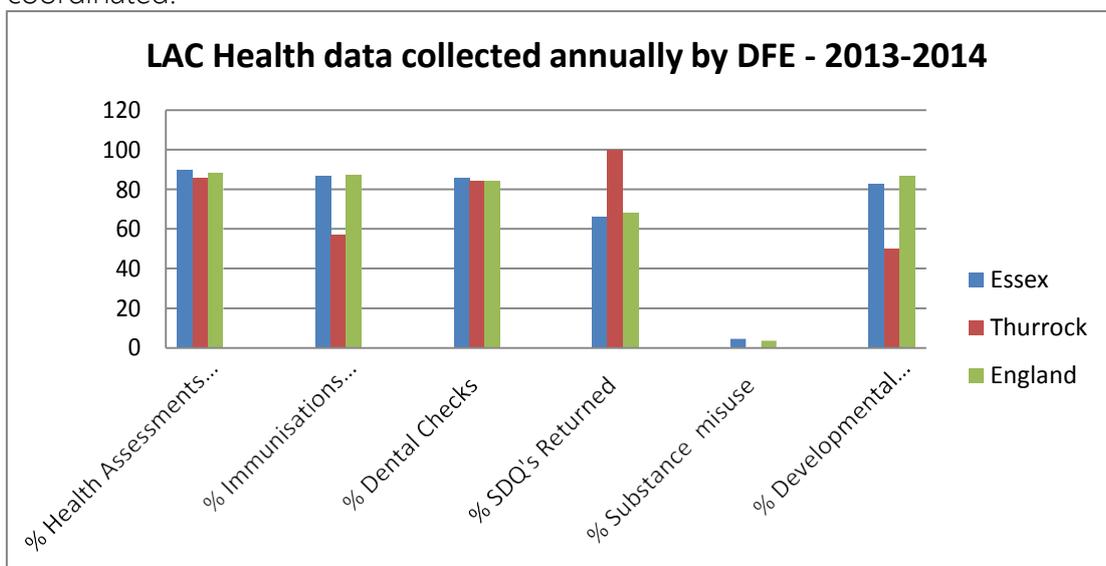
a) CCG's are the main commissioner of health services for Looked after Children. The new Promoting the Health and Wellbeing of Looked after Children (2015) document states that CCG's should ensure that they can access the expertise of a designated doctor and Nurse for Looked after Children. The Designated Doctor for Looked after Children post which has been vacant since May 2014 has now been recruited to. The successful candidate, commenced the role on 1<sup>st</sup> March 2015. The role is for 2 Programmed Activity sessions (4 hours each) per week and will cover all 3 local authorities in Essex.

### Data

b) Thurrock has continued to see an increase in the number of Children entering Care this may in part be attributable to local changes in population demographics.

This is in contrast to both Essex and Southend who have seen decreased numbers. Nationally Performances Indicators in relation to the health of looked after children are collated annually in partnership with Children's Social Care and provide data for the Children's Annual Performance Assessment required by Central Government. It was disappointing to note that completed immunisation for Looked after Children was below national average. This was felt to be a recording error (as local uptake of immunisation of all children in Thurrock is above national average.) and the Designated Nurse has worked alongside the local authority to ensure immunisations for all looked children are up to date. This has involved coordinating additional immunisation clinics and The Designated Nurse has had regular meetings with the local Authority to ensure that the strength and difficulties questionnaire (SDQ) is received in a timely manner and informs the health assessments.

The Specialist Nurse for LAC meets with CAMHS services and Local authority at Multiagency LAC (MALAC) meetings where the high SDQ scores for Looked after Children are discussed and support for young people with emotional health services is coordinated.



c) Training received-

Leadership Training –London December 14

NSPCC supervision Skills refresher Oct 14

Root Cause Analysis April 14

Level 4 Health of LAC regional Conference May 14

National Network of Designated Health Professionals – June 14

Training Delivered in relation to Looked after Children

- GP Time to learn
- GP Safeguarding up dates

d) Supervision- the Designate Nurse receives supervision from a Designated Doctor for Looked after Children from another authority on a 6 monthly basis and the Designate Nurse also has regular 1 to 1's with the Lead Designated LAC Professional At SCCN, The Designated Doctor for Looked after Children and The Designated Nurse for Safeguarding. The Designated Nurse for LAC provides supervision to the Specialist Nurses for LAC on a 3 monthly basis.

LAC Nurse Supervision

Practitioner Organisation	Role	1 to 1 sessions
NELFT	Specialist Nurses x2 Looked after Children	8
NELFT	LAC Managers meetings	4

e) Meetings

The Designated Nurse attends local, regional and National Forums for Designated safeguarding and LAC professionals.

The Designate Nurse attends the Thurrock Corporate Parenting Board, The Thurrock Participation and Engagement Group, The LAC Health Steering Group and the LSCB management Executive and MASE group. These groups provide excellent opportunities to further partnership working within Thurrock.

f) Partnership working for Looked after Children

Working in Partnership with our colleagues from all agencies both statutory and voluntary ensures that we deliver better quality and better value outcomes for the Looked after Children of Thurrock .The Designated Nurse for LAC now attends the Thurrock Corporate Parenting Committee.

The Designated Nurse also attends the weekly LAC panel which discusses children newly into care and the Quarterly transition panel where Looked after Children due to reach 18 in the coming year are discussed to ensure robust plans are in place for them moving into adulthood. There have been some examples of good partnership working over the last year where we have joined with the local authority and children in care council to support LAC activity days. This is where Looked after Children and their carers can experience a fun day out and professionals can get to know them in a less formal manner. In Thurrock the Designated Nurse supported the Specialist Nurse for LAC to run a healthy eating stall at the fun day.

Last year we also worked on developing an app for care leavers that would provide them with their health information in a more up to date format. Despite great support and feedback from young people we were unable to get it developed however we have been able to access a free app for Looked after Children built by Hampshire health services and the specialist Nurse for LAC is gradually introducing this to young people prior to leaving Care.

CQC Inspection (October 15 – Outside reporting period)

More recently Thurrock received a CQC inspection of Safeguarding and LAC services. The main concern in relation to Looked after Children was the delay for Looked after Children to be seen for a Statutory Initial health assessments, children should be seen within 28 days of entering care. A robust action plan has been put in place and weekly meetings with Thurrock social care have been instigated. A request has also been made to NELFT for a full review LAC services locally.

It also needs to be noted that 2/3rds of Thurrock Looked after Children are placed out of area and we are reliant on other health service providers to complete assessments in a timely manner.

Serious Case Reviews and SI's

As well as CQC inspection there has also been 1 death of a Looked after Child placed outside of area which has been referred for serious case review. There have also been serious incidents raised in relation to Looked after Children which are currently being investigated.

## 8.19 Child Death Review (CDR) Process

a) The ESCB is responsible on behalf of the three LSCB's (Southend, Essex and Thurrock) for ensuring that a review of each death of a child normally resident in the LSCB area is undertaken by a Child Death Review Panel. The CCG has a statutory responsibility to engage with the process and secure the expertise of a Designated Dr for Child Death.

### b) Child Death Review Rapid Response (CDRRR) Service

There has been a major change in the way that SET Rapid Response process is undertaken in that the new county wide Health Rapid Response Service became operational on 1<sup>st</sup> March 2015.

c) An Essex wide review has been undertaken in relation to the Rapid Response Process, to establish a more consistent service across Essex. The new Nurse led service, introduced in March 2015, works with the Designated Doctors, paediatricians and health professionals and in partnership with the Police, Social Care and other partners. The service provides support to families, including bereavement counselling; and is a single point of contact for the Rapid Response process across the county.

d) Local multi-agency panel meetings are held quarterly to review the cases and identify any themes and learning; membership has been compliant with the procedures, health representation is from commissioning and acute provider. These meetings are arranged and coordinated by the ESCB Child Death Review Teams on behalf of SET.

e) A change was made to the SET CDR Process during this year in that the Local Panel meetings are now chaired by Public Health representatives to ensure that appropriate independence and challenge can be evidenced. The Designate Paediatricians remain essential members of the Panel. These meetings are arranged and coordinated from ESCB Child Death Team.

## 8.20 Child Sexual Exploitation (CSE) Strategic Southend Essex & Thurrock (SET) Group

a) The Designated Nurse for the CCG is a member of the SET CSE Strategic Board. The CSE agenda continues to be a high priority for health professionals and safeguarding teams continue, through training, to raise awareness of the indicators of CSE, how to recognise and report it and the impact it has on health and wellbeing.

b) The retrospective 5 year case study requested by Local Authorities (in response to a Government directive) has been completed. It is recognised that this will be challenging for health to undertake, due to data protection, governance and referring process, as all children and young people who are identified as vulnerable will be automatically referred to the appropriate agencies. The purpose of the review was to ensure that circumstances similar to those found in the Rotherham Inquiry are not replicated nationally.

### c) Next Steps

The terms of reference for the Board are to be revisited. A task and finish group has been identified to undertake this.

The focus of 2015/2016 was agreed and is as follows:

- Training and raising CSE awareness.
- Data collection and analysis.
- Co-ordination and Commissioning of services.
- Referral Pathways and process. Referral verses information sharing/gathering. Soft intelligence.

### d) Local Delivery and Implementation of CSE

The CCG's approach and response to CSE also takes into account the revised Working Together 2015 and its previous editions, the supplementary guidance published in 2009 and the SET Procedures 2015. It is our collective responsibility as agencies to identify those children at risk of CSE, and ensure that swift and appropriate actions are taken to prevent them from becoming sexually exploited and to safeguard them from further risk of harm.

e) Two Safeguarding Designate Nurses represent the CCG's across Essex and continue to attend as members of the SET CSE Strategic Board. Identified as the current lead professionals for CSE for the seven CCG's are the Designate Nurses Safeguarding Children South West Essex and Designated Nurse LAC for South East. They are the conduit in sharing information to ensure that the SET CSE work plan is reflected within the health economy.

f) Advising and guiding the Designated Nurses within each CCG, the lead professionals share and co-ordinate the plan across the health economy. Within the CCG's the Safeguarding Designate Nurses are responsible for ensuring that the information is

shared appropriately with their providers to implement the recommendations. Feedback is then forwarded to the board and CCG's to assure that systems are in place that align with the recommended guidance and practice for SET.

g) An initial work plan has progressed and many actions have been completed and are implemented within Police, Education, Local Authorities and Health domains. The SET CSE work plan continues in line with national guidance and OFSTED key lines of enquiry in relation to CSE.

h) The Providers are requested to forward an update of the work plan every six months. Once received this is then collated and shared across the SCCN for dissemination accordingly.

i) CCG Response to CSE

- CSE Champion is in place for the CCG – Designated Nurse
- CSE Survey and Work Plan report has been collated and completed by Safeguarding Team
- CSE Key Lines of Enquiry - Assurance Visits to be planned for 2016
- CSE Risk Assessment toolkit has been disseminated, discussed at training and workshops
- Intelligence Form Pathway Disseminated and discussed at workshops
- CSE Referral Pathway

Staffs are informed and aware that CSE is to be recognised as a form of sexual abuse and to ensure clarity for those involved in working with children and young people the existing procedures for reporting or referring potential safeguarding cases will be in accordance with existing practice for safeguarding concerns. The SET Procedures have recently been refreshed (March 2015 and September 2015) and a more detailed section on CSE has been included to support practitioners.

j) SCR Julia – Child Sexual Abuse / Child Sexual Exploitation Serious Case Review

As part of our learning improvement framework, the learning from the recent serious case review "Julia" published in December 2014 has been cascaded and presented across the health economy through a series of front line workshops, trainings, booklets, meetings and GP Forums to support learning from this case. The overview booklet of the review has been developed by the TSCB to provide an easy read for front line staff. Workshop events with South West Health Economy and Sexual Health Services have taken place. A detailed action plan supporting the learning is in place and reviewed regularly to ensure practice reflects the learning from this review. The learning from the SCR has been shared across the South West GP Time to Learn and Forums.

## 8.21 Female Genital Mutilation (FGM)

a) Female Genital Mutilation (FGM) is a form of Child Abuse and it is against the law to carry out FGM in the UK. FGM" is a collective term used for a range of practices involving the removal or alteration of parts of healthy female genitalia for non-therapeutic reasons. FGM is also known as Female genital cutting and female circumcision or initiation. It's also illegal to take a British national or permanent resident abroad for FGM or to help someone trying to do this. The Department of Health and NHS England are committed to caring for FGM survivors, protecting girls from FGM, and preventing future generations from having to undergo FGM.

b) Health professionals, particularly GP's, Nurses and Midwives, need to be aware of the care required by women and girls who have undergone FGM. The care needs may become more pressing during labour and childbirth, however as and when a woman or girl presents to health services with FGM, a full assessment of her physical and mental health needs should be undertaken and an appropriate care plan put in place.

### Local Implementation of guidance

c) The Designated Nurse has the Lead Responsibility for FGM across the SCCN and 7 CCG's. She acts as a conduit by disseminating information and keeping peers abreast with current development and changes.

d) All 7 CCG Designated Nurses are aware to ensure and encourage staff within their health economy to have consistent approach to recognise, Identification, management and reporting of FGM victims, potential cases and support.

### Local Picture

e) The Acute hospital BTUH data showed that in 2014, there were 22 women who accessed maternity service had undergone FGM. As this is now mandatory reporting, the Trust has a system in place and will follow SET and DH guidance.

f) Lead Responsibility - Information Cascaded and Shared:

- FGM and Safeguarding Commissioning Responsibilities
- FGM Legal and Regulatory Responsibilities
- Serious Crime Act 2015
- Female Genital Mutilation Protection Order ("FGMPO")
- Duty to notify police of FGM
- FGM Work Plan
- FGM – GP Registration for Enhance Data set
- Recording and Reporting
- FGM and Read Coding
- Training and Workshops

#### g) Next Steps -FGM

Further work will be needed to increase GP's knowledge especially in respect of registration process, reporting, supporting victims of FGM and identifying those at risk and how and where to access support.

#### 9. Safeguarding Children – Development and Key Priorities Identified for 2015/6

Priorities identified for 2015/16 will be monitored through the CCG Quality and Governance Committee with direct accountability line to the CCG Board, they will be based on statutory responsibility and the standards outlined in the "NHS Accountability framework and Assurance framework" published in July 2015 .

- Ensure CCG work plans reflect the national and local safeguarding agenda
- Meet recommendation requirements following statutory safeguarding inspection or audits, including Section 11 audits action plans.
- Improve working arrangements with Commissioners (internal and external) and Contracts Teams.
- Undertake lead responsibility work on behalf of the SCCN.
- Review the CCG Safeguarding Policies in line with new legislation and guidance
- Maintain robust processes to learn lessons from cases where children die or are seriously harmed and abuse or neglect is suspected.
- Support the TSCB in disseminating the lessons learnt from SCR published in 2015/16.
- Evidence commissioned service including at procurement stage have effective safeguarding arrangements in place and that the views of children and young people and frontline staff inform service development.
- Work collaboratively with the Adult safeguarding lead to ensure transitional issues are identified and responded to.
- Continue to work with social care and primary care teams to improve GP engagement with child protection services.

#### 10. LAC Developments/Key Priorities for 15/16

The priorities for the Designated LAC Professionals will be to:

- Work with children's commissioners across greater Essex to ensure that future services for Looked after Children continue to improve and are responsive local need.

- Establish peer support for paediatricians who have a role in providing health care to looked After Children and drive improvement and quality standards of initial health assessments
- Develop a network of GP's with special interest in Looked After Children
- Coordinate on-going Continuing professional development for doctors working with Looked after Children on key topics.
- Provide clinical support to the safeguarding Children Clinical Network, health care providers and Social care on Looked after Children issues as required.
- A new work plan has been devised by the Designated LAC Nurses in Greater Essex for 2015/16 which will be worked to in 2016.

## 11. Conclusions

The CCG has worked in partnership with the Local Safeguarding Children Board and partner agencies to ensure robust safeguarding arrangements are in place within organisations and commissioned services provided by external health organisations.

The annual report demonstrates how we are fulfilling our duty to safeguard children and young people; however the dynamic nature of child protection work and the recognition of the significant changes to the health economy will mean a sustained focus on safeguarding children is essential to the safety of Thurrock children and young people.