

**Safeguarding Children, Looked After Children and Care Leavers**

**Annual Report**

**June 2017**

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## **1. Introduction**

This report provides an overview of the work undertaken by the Safeguarding Team for East and North Hertfordshire Clinical Commissioning Group (CCG) during the financial year, 2016/17.

Within the body of the report the term children is defined as any child or young person up to the age of 18 years. Looked after Children are those children in the care of the Local Authority, resident with foster carers, in residential homes or with family members. Care Leavers are those children who have been Looked After and are now being supported to live independently, with an age range of 17 to 25 years.

## **2. Purpose**

The purpose of the report is to provide assurance to the CCG's governing body that statutory responsibilities to safeguard the welfare of children have been discharged.

The report will detail key achievements and areas of activity during 2016/17 as well as planned areas for priority Safeguarding, Looked After Children and Care Leavers' function in the coming year.

Exploration of the local Safeguarding landscape is outlined, with pertinent national drivers included in Appendix I. Exploration of the local Safeguarding landscape is outlined and CCG governance arrangements, accountability measures and practice monitoring arrangements are discussed.

## **3. Safeguarding Children Key Achievements 2016/2017**

This reporting year has seen many changes within the Safeguarding/Looked after Children Team. A successful recruitment process saw the commencement in post of Deputy Designated Nurses for Safeguarding and Looked after Children as well as a Named GP.

Following the recruitment process, a lot of progress was made in the latter part of 2016, with an expected escalation of safeguarding work for the Team predicted for 2017. Key achievements for 2016/17 include the following:

- Successful Local Authority Scrutiny of Neglect in Hertfordshire. This was the first time a topic under Scrutiny received no recommendations for further action. It is felt that this reflected and was directly related to the work completed around Neglect by the designated office, including the launch of a multi-agency Neglect Strategy, with successful pledges submitted by key provider services.
- Commencement of a number of multi-agency work streams that will endeavour to meticulously examine and ultimately lead to development of safe, robust and high quality safeguarding related practice across all partner agencies in Hertfordshire.
- Conclusion of a number of requested Serious Case Review actions and, where advised, consequent development of multi-agency policy, to ensure safe and effective safeguarding practice.

- Support to GP surgeries in relation to mandatory reporting of Female Genital Mutilation, including assistance and guidelines to support registration.
- Creation of a Primary Care Dashboard to enable monitoring of key areas of performance in General Practice, identifying areas of good practice and highlighting those areas requiring additional support and guidance.
- Progression of the testing phase of the electronic Multi-agency Safeguarding Hub professional portal, with the objective of improving information sharing processes within Primary Care.
- Establishment of a dedicated Safeguarding Children page within the CCG's website, providing a centralised electronic platform to collate information in relation to training, legislative change, information and resources.
- Formulation of a Request for Information template for Primary Care in relation to the Hertfordshire Chanel Panel, with links to national Chanel duty guidance (2015) and the Counter-Terrorism and Security Act (2015).
- NHS England funded courses in relation to Female Genital Mutilation, Honour Based Violence, Forced Marriage, Prevent, Child Sexual Exploitation, Domestic Abuse and Executive Leadership in Safeguarding have been delivered to primary care professionals.
- Successful advancement of CCG priorities outlined in the Hertfordshire Safeguarding Children Board business plan.
- An NSPCC commissioned Training Needs Analysis has been utilised to inform the Safeguarding Board multi-agency training programme, thus ensuring that any gaps identified are addressed. New courses in relation to Neglect and Early Help as well as a focus on many aspects of vulnerability in young people reflect the current safeguarding landscape across the county.
- A Domestic Abuse Peer Review took place in November 2016, with very positive outcomes, particularly for health.
- The Section 11 Audit Template and Guidance for provider services has been rewritten with the addition of key standards relating to capturing the voice of the child and complaints, allegations and lessons learned.

## **4. The Local Context**

### **4.1 What is it like growing up in East and North Hertfordshire?**

The health and wellbeing of children in Hertfordshire is generally better than the England average (PHE 2016). However, Hertfordshire remains a county of contrasts – between rich and poor, rural and urban, tradition and innovation. Some of its strengths can also be a source of weakness, with the predominant affluence exacerbating problems of those living in poverty. The number of households in Hertfordshire is projected to increase from 460,000 to 603,000 over the 25-year period from 2012 to 2037, with an expected ongoing growth in black and minority ethnic communities with their own diverse needs and cultures.

Deprivation remains a key concern within Hertfordshire, particularly for those residing in the most underprivileged lower-layer super output areas in Stevenage, Letchworth, Hatfield and Broxbourne, where challenges in relation to low incomes, long term unemployment, and housing issues are

evident. 2016 has seen a significant increase in the number of reported incidents of Domestic Abuse and drug related crime remains above the national average (HCC 2015; PHE 2016; Hertfordshire Community Foundation 2016).

## 4.2 The Safeguarding Landscape in Hertfordshire

### 4.2.1 Number of Children with a Child Protection Plan

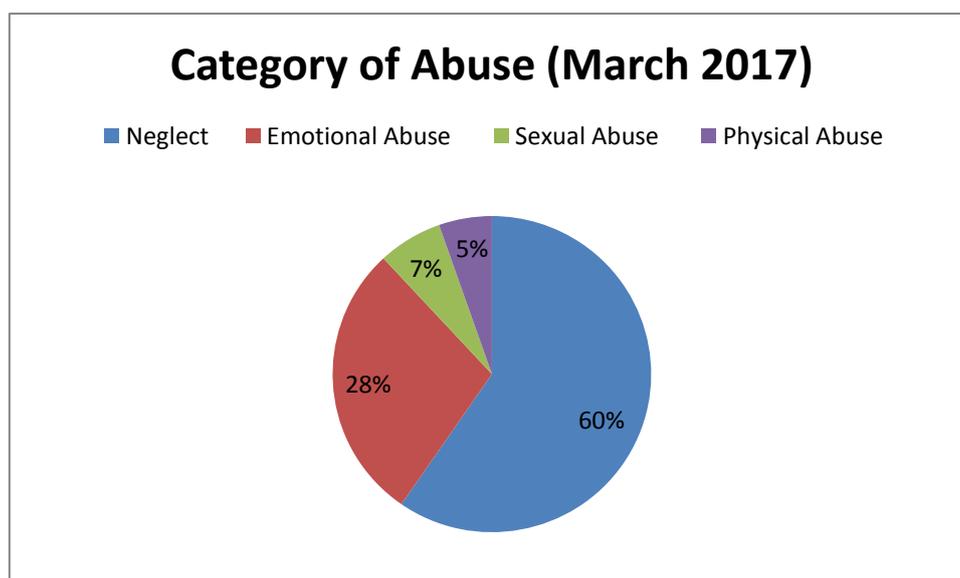
Apr 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017
761	765	746	714	716	655	610	553	519	527	523	520

The majority of children with a Protection Plan are aged five to nine years (32%). Under one year (including unborn babies) represent 20% of the numbers; ages one to four 27% and ages ten to fifteen 20%. Sixteen plus aged children may be under represented within the social care system, with a total of less than 1% currently with a Protection Plan.

The number of children with a Protection Plan has significantly reduced in the financial year 2016/2017. Anecdotal evidence would suggest that the reduction in numbers is, in part, due to the Family Safeguarding initiative, developed by Hertfordshire County Council in partnership with other local agencies including the CCG. The initiative, which will be evaluated in collaboration with Bedfordshire University in 2017, is based on a motivational change model of care delivery.

However evidence suggests that numbers of Children in Need (Children Act, 2004) in Hertfordshire is on the increase (see 4.3.4).

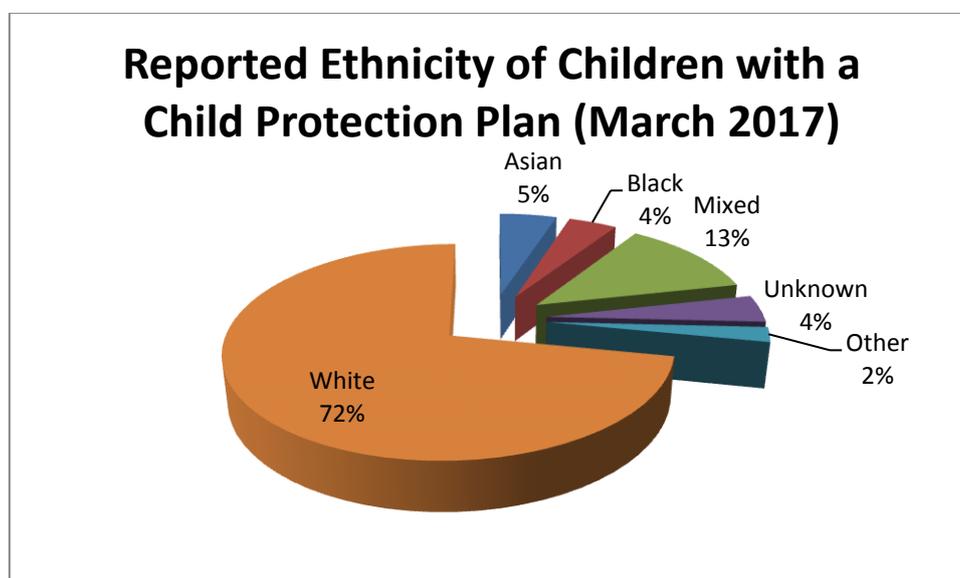
### 4.2.2 Category of Abuse for those children with Protection Plans



Neglect continues to account for the highest category of children requiring child protection plans, echoing the 2015/16 data and has thus become a high priority for action. A Neglect Strategy was launched in November 2016 and key provider services have submitted Action Pledges for their individual organisation. A Neglect working group has determined the development of a multi-agency

protocol which will be available to all providers via the HSCB website. A factsheet/leaflet is in preparation. Multi-agency training with respect to Neglect will continue and provider engagement will be monitored to ensure all commissioned services meet nationally and locally agreed safeguarding standards, demonstrating a model of continuous improvement.

#### 4.2.3 Ethnicity of Children with a Protection Plan



72% of children with a Protection Plan are of white ethnicity, which reflects previous months' figures and is a consistent finding when comparing to preceding years.

#### 4.3.4 Children in Need

Number of Children in Need in Hertfordshire											
April 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017
<b>1973</b>	<b>1977</b>	<b>1925</b>	<b>1853</b>	<b>1710</b>	<b>2083</b>	<b>2058</b>	<b>2107</b>	<b>2139</b>	<b>2162</b>	<b>2147</b>	<b>2098</b>

The reporting period has seen a fluctuating but consistently rising figure for Children in Need. It may be assumed that this reflects the changes within Children's Services whereby an Early Help initiative has been piloted across four sites in the county, with full implementation planned for this financial year. The Early Help (Families First) programme promotes multi-agency partnership working with the utilisation of Triage teams to screen referrals in order to signpost to the appropriate service in a timely manner.

To ensure children remain safe, monitoring of Child in Need referrals, practice and action plans, to ensure appropriate management oversight of cases, will be the subject of multi-agency audit managed via the Hertfordshire Safeguarding Children Board.

### 4.3.5 Looked After Children

Number of Looked After Children in Hertfordshire											
April 2016	May 2016	June 2016	July 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017
<b>1020</b>	<b>1032</b>	<b>1030</b>	<b>1018</b>	<b>985</b>	<b>974</b>	<b>967</b>	<b>974</b>	<b>958</b>	<b>948</b>	<b>930</b>	<b>918</b>

The number of Looked After Children has continued to decrease significantly since June 2016. The March figure of 918 equates to a rate of approximately 35 per 10 000 (0-18 population) compared to a statistical neighbour of 43.

## 5. NHS Governance Arrangements for Safeguarding at E&N CCG

The CCG recognises that it has a duty to ensure all statutory obligations as defined in “Safeguarding Vulnerable People in the NHS” (2015) and “Working Together to Safeguard Children” (2015) are in place. This includes ensuring that all NHS commissioned services having Named Professionals for Safeguarding Children and Looked After Children in place with dedicated time to fulfil their roles and responsibilities as outlined in the Intercollegiate Document (RCPCH, 2014). Additionally, the CCG secures the expertise of designated professionals on behalf of the health economy thus ensuring involvement in all parts of the commissioning cycle, from procurement to quality assurance.

Currently, the post of Designated Doctor is vacant and difficulty with recruitment has been experienced due to a low number of protected activity hours when assessed against population figures. However, the Executive have recently agreed to increase the number of protected hours so it is anticipated that this post will be filled within the near future.

The Director of Nursing and Quality is the CCG’s executive lead for safeguarding and is responsible for ensuring that safeguarding is embedded within the entire health economy, monitored through the quality committee, Governing Body and the Hertfordshire Safeguarding Children Board (HSCB).

## 6. Partnership Working

### 6.1 Accountability and Assurance

Regular attendance and involvement in strategic Safeguarding forums, meetings and committees provides assurance and clarifies accountability within the CCG. The Safeguarding Children Strategy (currently being updated) identifies key safeguarding priorities. Designated professionals represent the CCG at the HSCB, HSCB Executive, Domestic Abuse Executive, Children Looked After commissioning meetings, the Corporate Parenting Board and the NHS England Safeguarding Forum.

### 6.2 NHS England Area Team

NHS England is the policy lead for safeguarding and has safeguarding responsibilities for directly commissioned services. The close working relationship between the CCG and NHS England has

ensured that safeguarding remains a priority in Primary Care following the commencement of co-commissioning in April 2016. This has been enhanced through the secondment and employment of four Named GPs and a Primary Care Safeguarding Nurse Specialist who ensure that safeguarding arrangements support the CCG in meeting its responsibilities.

An electronic Safeguarding Assurance Tool (SAT), that will endeavour to afford assurance to NHS England around a number of Safeguarding/Looked After Children Key Standards, was piloted in November 2016, with the expectation that evidence would be uploaded by the end of January 2017. This has been completed. Following a focus on Safeguarding, the SAT will now include Looked After Children Standards, which are currently being updated by the Designated office. This will be peer reviewed following which the RAG rating will be confirmed.

### **6.3 Hertfordshire Safeguarding Children Board (HSCB)**

East and North Herts CCG is a committed partner to the HSCB, demonstrated by regular attendance and involvement of the Director of Nursing and Designated Professionals in board meetings, executive meetings, all HSCB sub-groups and development forums. The main NHS health providers have Director level representation on the HSCB board, with service leads/named professionals attending HSCB sub-groups. Through attendance at all HSCB events and sub-groups, oversight of provider contribution to safeguarding children is assured and partnership working is achieved to constantly improve the outcomes for children in East and North Hertfordshire.

The Designated office, in collaboration with senior management in partner agencies, set the overall strategy for the Safeguarding Board, overseeing the annual business plan, and allocating resources to meet key targets. The Designated office has a central role in fulfilling the actions outlined in the current business plan, in partnership with the HSCB. Safeguarding priorities, for 2017/18 will focus on Domestic Abuse, Change in Demographics and Vulnerable children (to include Child Sexual Exploitation, unaccompanied asylum seekers, children with disabilities and those from the travelling communities). Neglect continues to be a priority for Hertfordshire and Child in Need will be a further focal point. Work will progress via the HSCB's nine sub-groups, with an expectation that this financial year will see a number of deep dive and themed audits, driven by identified Hertfordshire Safeguarding themes.

The Designated office attends all nine HSCB sub-groups, with Chairing responsibility for two of the groups. The groups consist of a Strategic Board, Child Death Overview Panel, Serious Case Review Panel, Strategic Safeguarding Adolescents group, Policy and Procedure group, Audit group, Performance group, Training and Development group and Improving Outcomes group. For further information in relation to the sub-groups, see Appendix II.

### **6.4 Safeguarding Children in Primary Care**

The Primary Care safeguarding children team within the CCG consists of 4 Named General Practitioners (GPs) and a Primary Care Safeguarding Nurse Specialist who together ensure that effective safeguarding children arrangements are in place.

### **6.4.1 Support for Primary Care**

Primary Care support provided during the reporting period includes expert advice, training, specialised support and supervision as well as support with policy development and preparation for regulatory inspections. The Designated Doctor provides Peer Review support for the Named GPs four times per year, affording an opportunity to share knowledge, information and learning from cases as well as review of local and national guidance with a view to local application. Support for GP practice Safeguarding Children Leads has been a priority, equipping them with the skills and confidence to undertake their role. Support included Practice visits, underpinned by the Safeguarding Children Audit Tool (RCGP, 2014); information updates, training opportunities and policy and procedure guidance. Further training appropriate for these leads has been scheduled during the next reporting period, supported by the Designated team.

### **6.4.2 Training for Primary Care Staff**

Primary care staff have been offered extensive face to face training sessions including bespoke training to meet specific need and higher level training to supplement mandatory training. A number of conferences in relation to the Prevent agenda, Honour Based Abuse, Forced Marriage, Modern Day Slavery, Child Sexual Exploitation, Female Genital Mutilation, Domestic Abuse, Fabricated Induced Illness and Leadership and Accountability proved popular with good attendance and evaluation.

In conjunction with the Local Medical Committee, three Information Sharing conferences are planned for 2017 to further promote effective sharing of information within Primary Care.

## **7. Safeguarding Monitoring of Commissioned Services**

The CCG is required to provide assurance that safeguarding children processes within all commissioned services meets national and local safeguarding standards. This is achieved using a variety of methods, as demonstrated below.

### **7.1 Contract Monitoring**

The safeguarding elements of the provider contracts have been reviewed in this reporting period Providers' Dashboards are scrutinised on a quarterly basis as part of the quality schedule.

Dashboard metrics are formulated by the designated office, with certain core inclusions such as staff safeguarding training compliance and other metrics tailored to the particular provider service. Customised Dashboards may have specific metrics to monitor, for instance, safeguarding supervision of staff, safeguarding referrals made to children's services further broken down into reason for referral.

As the consequences of inadequately trained practitioners can be significant, safeguarding training compliance is often challenged by the designated office should a key performance indicator fall below expected level. The CCG has set an ambitious compliance for all providers at 95%.

## **7.2 Section 11 Annual Visit to Provider Services**

Assurance that health provider safeguarding processes are in place and robustly monitored is gained through annual Section 11 visits, as outlined in the Working Together (2015) document. Compliance with key standards, as outlined in the audit template, is assessed, with expectation of submission of appropriate evidence to verify and validate findings.

During the reporting period, Section 11 visits have been carried out with East and North NHS Acute Trust, West Herts Hospital Trust, Hertfordshire Community NHS Trust, and the Change, Grow, Live Service have been completed.

Visits to Hertfordshire Urgent Care (HUC), Hertfordshire Partnership Foundation Trust (HPfT) and the Integrated Sexual Health Service are planned.

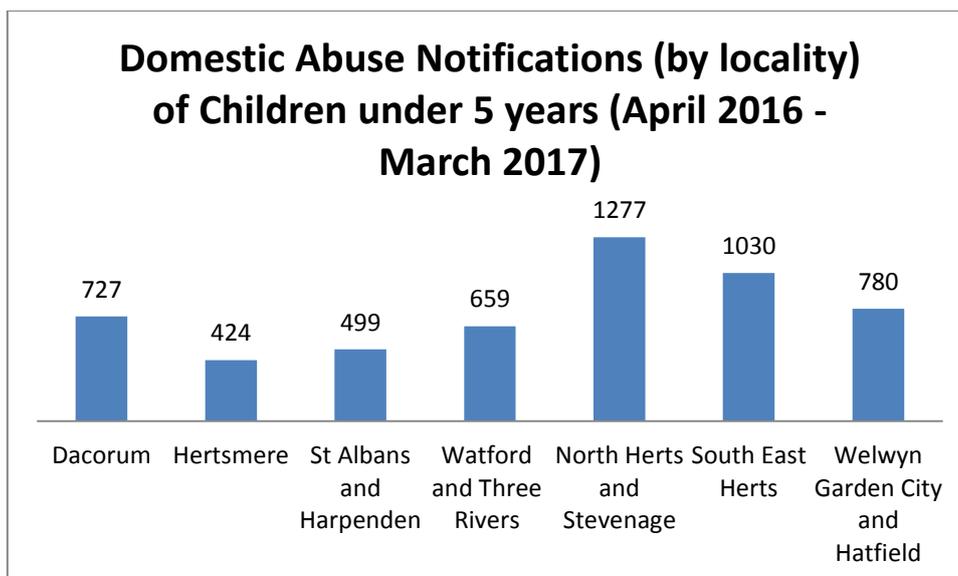
Action plans are required to provide the CCG with additional assurance for those areas where an increased need for oversight is necessary. The Designated office will monitor action plans to ensure full implementation, within a given timeframe. Further evaluation of recommended actions is assessed through Dip Sample Audit.

## **7.3 Monitoring of Non-NHS Provider Services**

The Designated office continues to provide advice to the Public Health Commissioning Team in relation to safeguarding practice and assurance for many services including Integrated Sexual Health Service, Smoking Cessation services and Alcohol and Substance misuse services. It is essential that this relationship with public health continues to ensure safeguarding children remains an integral part of service provided.

## **8.0 Domestic Abuse**

Domestic abuse remains high on the CCG's agenda in line with Hertfordshire's Domestic Abuse Strategy (2016-2019), which is overseen via the HSCB Improving Outcomes sub group. Evidence has indicated that Domestic Abuse is under reported in Hertfordshire with additional vulnerabilities increasing barriers for certain groups including, Black and Minority Ethnicity, those with a disability or those in same sex relationships (HCC 2015). There has been an 82% increase in male victims since 2014 and almost 50% of reported incidents include a child residing within the household. Alcohol is an aggravating factor in 28% of reported incidents (Domestic Abuse Executive Board, 2015).



North Herts and Stevenage has the highest number of Domestic Abuse Incidents in Hertfordshire, closely followed by South East Herts, which is of high importance to the CCG. Since the annual cost to health care is estimated at £28.5 million, full participation of all key provider services and stakeholders is necessary to ensure effective services, robust pathways and successful outcomes for victims of Domestic Abuse in East and North Hertfordshire.

Multi-Agency Risk Assessment Conferences (MARACs), where high risk cases are discussed and risk focused safety plans formulated are held five times per month across the county. However, attendance by professionals representing health is variable. This has been addressed through Section 11 visits, Whole Systems Safeguarding meetings and is currently being monitored by the designated office via a MARAC sub group.

Hertfordshire Health Agencies, including the CCG designated office, contributed to a Domestic Abuse Peer Review in November 2016, with visits carried out to Acute and Community health partners. Findings demonstrated good information sharing between health visiting and other agencies with improvement required in Primary Care. Further work is required in raising awareness within Community Adult Health Services and Mental Health Services. The placement of Independent Domestic Abuse Advisors (IDVA) within the hospital setting has been a positive step and there are plans in place to place an IDVA within Hertfordshire Community Trust as well as Hertfordshire Partnership Foundation Trust.

## 9.0 Looked After Children and Care Leavers

### 9.1 What is a Looked After Child?

In UK law, a Looked After Child (LAC) is a child who is accommodated by the Local Authority for more than 24 hours. Legally, this could be when they are subject to planned or emergency Care Orders, in a secure children's home or youth offender institution, unaccompanied asylum seeking children or Looked After with their parents' agreement. A child will stop being "Looked After" when they are adopted, return home or reach the age of 18 years. Presently the Local Authority continues to

support children leaving care until the age of 21. Social care responsibilities for Care Leavers over the age of 21 are due to change under the recently published Children and Social Work Act (2017), which enables care leavers to request support up to the age of 25, regardless of whether or not they are in education.

## 9.2 Local Landscape

East and North Hertfordshire and Herts Valley CCGs are the responsible commissioners of health services for Looked After Children, regardless of whether the placement is in or out of the county.

As discussed in Section 4.3.5, the number of Looked After Children in Hertfordshire has continued to decrease significantly since June 2016, opposing the national trend. Age ranges for those children in care in the county may be seen in the table below.

Year (Q4)	Under 1 year	Ages 1-4	Ages 5-9	Ages 10-15	Ages 16-18	Total
<b>2014</b>	60	169	184	359	265	1037
<b>2015</b>	50	159	183	352	297	1041
<b>2016</b>	56	139	200	303	306	1004
<b>2017</b>	35	92	142	391	258	918

Children placed out of county represent 33% of the total Looked After Children population, lower than the national average of 38% (DfE, 2016).

A CCG chaired “Health of Looked After Children Leadership” meeting provides a forum for commissioning and provider partner agencies to share information in order to improve existing services and meet the identified needs of this vulnerable group of children and young people. A Partnership Case Review Action Plan was monitored by the group during 2016/17, with further implementation review prioritised for 2017/18. Dashboards encompassing information in relation to Looked After Children clearance rates, health review and CAMHS compliance are examined and evaluated ensuring gaps in service provision are identified.

The Looked After Children Dashboard, in its current form, provides incomplete information about the health of Hertfordshire Looked After Children, due to limitations relating to specific reporting data. Plans to resolve this situation are in place, with the designated office working in collaboration with public health commissioners to ascertain information collected in order to ensure health outcomes in the Looked After Children population can be reported on.

### 9.2.1 Unaccompanied Asylum Seeking Children

The number of unaccompanied Asylum Seeking Children in Hertfordshire has increased due to the National re-dispersal programme. To date, there are 77 unaccompanied children under the age of 18, representing 8% of the total Looked After population which is higher than the national average of 6%.

The Designated office has provided all GPs, via the Named GPs, guidance on health review of Unaccompanied Asylum Seeking Children. Further work is needed in 2017/18 to identify health trends within the Hertfordshire population.

### **9.2.2 Care Leavers**

There are currently 538 care leavers aged 18 years and over under the care of Hertfordshire Children Services. 11% are over the age of 21 (supported whilst still in education). This number is expected to increase substantially, reflecting the recent change in legislation (Children and Social Work Bill, 2017).

Following a Partnership Case Review (2016/17), East and North Hertfordshire CCG have commissioned a specialist nurse, hosted within HPfT, to work on integrated pathways related to transitional care within mental health services for Looked After Children and Care Leavers. There will be an emphasis on improving communication between agencies caring for children with complex needs. A multi-agency risk assessment panel, where current and future care is discussed and designed, is now in place.

### **9.2.3 Health Assessments for Looked After Children in Hertfordshire**

In order to fulfil its statutory responsibilities, the CCG commissions a specialist health service for Looked After Children and Care Leavers, provided by Hertfordshire Community Trust.

Completion of health assessments for children in care in Hertfordshire is monitored by the designated professionals through a range of mechanisms. Quarterly auditing is undertaken with regard to Initial and Review Health Assessments to examine timescales of completion, communication and quality compliance in order to ensure continuous improvement through considered feedback and education.

During the reporting period, completion of Initial Health Assessments by provider services, within statutory timescales, increased from 66% to 86% although there remained some concern for one provider which is being monitored by the designated office. Out of County completion of assessments remains a concern with a rate of 11%, the impact of which may result in a delay of identification of health need and receipt of required health intervention. This is being addressed via a clear escalation process devised by the designated office, whereby designated professionals in the host CCG are contacted; response is monitored and reviewed, with involvement by the Director of Nursing and NHS England where required. A national standard approach document, currently in development, will further inform practice.

The overall completion rates for the year demonstrate an improving picture, aided by the Looked After Children team in Hertfordshire Community Trust completing those reviews for children placed out of county, within a twenty five mile radius. A completion rate of 90% for Initial Health Assessments and an average of 86% for Review Health Assessments reflect this sustained advancement. As mentioned in Section 10.3.3, out of county completion rates remain a concern which is being addressed via an escalation process, driven by the Designated office and Director of Nursing.

Dental checks for Looked After Children in Hertfordshire are low when compared to national benchmarking data. However, this is thought to be a recording issue due to difficulty with input of specific information. An audit of review health assessments will be completed in 2017 to identify if dental caries have been identified as a concern and subsequent dental checks have taken place.

## **10. Looked After Children Key Achievements 2016/17**

- There is now a fully functioning Looked After Children GP model (GPs now completing health assessments), supported by the Designated Doctor.
- Development of Podcast – the designated office has been working with the Children in Care Council and Care Leavers focus group to develop a podcast and comic strip to enable understanding of the health assessment process for children.
- Development of “My Care Journey” folder/Health Passport which will enable discussion between carers and Looked After Children, facilitate interagency working, promote independence in the children and ultimately promote the health and wellbeing of the children through their active participation in their own healthcare journey.
- Development of a Policy for Interagency Working between NHS England (Tier 4 Community Adolescent Mental Health Service - CAMHS) and Hertfordshire Children Services. The policy will ensure that children admitted to a Tier 4 service provision are discharged in a supportive manner with a multi-agency plan in place.
- A Looked After Children and Care Leavers Specialist Nurse has commenced in post, hosted within CAMHS (Hertfordshire Partnership Foundation Trust) with a work focus on transitional care for children transferring to adult services.
- Multi-agency review of the Strengths and Difficulties Questionnaire (SDQ) process which when completed will inform the Health Assessment process.
- Development of a standardised robust process for reviewing payments for Initial and Review Health Assessments completed out of county to ensure that the CCG are only financing those children for whom they are the responsible commissioner.
- Provision of Mental Health First Aid training for foster parents to improve early recognition and response to children’s emotional needs.
- Development of a Care Leavers website which includes information in relation to health:  
<https://www.hertfordshire.gov.uk/services/childrens-social-care/young-people-in-care-and-leaving-care/health-and-happiness-young-people-leaving-care.aspx>

## **11. Safeguarding Children Priorities for 2017/2018**

The CCG Safeguarding Team priorities for 2017/18 reflect and fuse with those of the Hertfordshire Safeguarding Children Board, although there are continual supplementary priorities for the designated office in relation to quality assurance, commissioning and naturally, the variable nature and unpredictability of Safeguarding Children.

## **11.1 Neglect**

Neglect clearly needs to remain as a priority for both the CCG and the Hertfordshire Safeguarding Children Board. Although there has been progress to address identification, less is presently understood about prevention and very early intervention.

## **11.2 Protecting Vulnerable Children**

There is an emphasis for 2017/18 on particularly vulnerable groups of children in Hertfordshire, evidenced through multi-agency quantitative/qualitative data as well as anecdotal report and emotional intelligence. Those children who may be at risk of Child Sexual Exploitation, Child Sexual Abuse, On-Line abuse or those who are at risk of harm due to being disabled, going missing, self-harming, gang membership, radicalisation and violence against females will be the focus of safeguarding work for the Board and CCG. A further focus will include children from the Traveller and Black and Minority Ethnicity communities.

## **11.3 Child Sexual Exploitation**

Child Sexual Exploitation (CSE) continues to be a priority area in Hertfordshire and a key multi-agency action plan, overseen by the HSCB, is in place and reviewed at the Strategic Safeguarding Adolescent sub group.

## **11.4 Female Genital Mutilation (FGM) – A Care Pathway for Hertfordshire**

The Safeguarding Team and Primary Care Team have been working closely with a senior social worker from Barnardos to design and create a Multi-agency Care Pathway for FGM in Hertfordshire. The Pathway contains information in relation to health implications, prevalence, the legal framework, care pathways for adult and child and a multi-agency screening tool. A launch event, organised by CCG and HSCB will take place following final approval.

FGM awareness training has been offered to Practice Nurses across Hertfordshire, highlighting mandatory reporting responsibilities whilst enhancing recognition and response skill. Increased contact with the CCG Safeguarding team as well as positive course evaluation demonstrates an increase in practitioner self-confidence to identify and report.

## **11.5 Multi-agency Safeguarding Supervision and Management Oversight Strategy for Hertfordshire**

As a result of recommendations following a Hertfordshire Serious Case Review, a working party is being led by the designated office to examine Safeguarding Supervision and Management Oversight of Safeguarding cases held by practitioners. The aim of the working party is multi-faceted but includes scoping of current multi-agency practice with respect to Supervision of staff; current

supervision arrangements for high risk cases or those on threshold edge; exploration of how Child in Need cases are managed within Supervision; exploration of quality and effectiveness of Safeguarding Supervision.

## **11.6 Progression of Training Agenda**

As a result of the Training Needs Analysis, commissioned by the CCG, the Board has prioritised development of training across the county. The Designated office, who chairs the Training and Development sub-group, are committed to reaching as many professionals as possible across the partnership that require multi-agency development. The advancement of utilisation of webinars to reach a wider audience is in process as well as the establishment of a pan-Hertfordshire collaborative approach to Primary Care Safeguarding children training resources.

## **11.7 Other Safeguarding Priorities**

- Domestic Abuse will remain a priority
- Launch of Primary Care Dashboard
- NHS England Primary Care Safeguarding Assessment Tool implementation
- FGM registration compliance to fulfil mandatory reporting requirements
- MASH Professional Portal implementation
- Audit of Safeguarding Children referrals to MASH, including quality of information provided by partner agencies

## **12. Looked After Children priorities for 2017/2018**

- Development of a detailed Health Dashboard, to enable identification of health need specific to Looked After Children and Care Leavers in Hertfordshire.
- Identification of numbers of Looked After Children within both Hertfordshire CCGs to enable recognition of responsible commissioner.
- Audit of review health assessments to identify if dental caries have been identified as a concern and subsequent dental checks have taken place.
- Audit to review implementation and use of health passports. To include those placed in and out of county.
- Audit of Partnership Case Review Action Plan to ensure provider compliance with actions identified.
- To ensure health assessments for those children, placed out of county, are completed within statutory timescale.
- Continued liaison with CAMHS Transformation manager to progress inclusion of Care Leavers in the Healthy Young Minds website.
- Work with health and social care partners to build a picture of health need of Unaccompanied Asylum Seeking Children in Hertfordshire.

- Completion of Looked After Children standards within the Safeguarding Assessment Tool.
- Strengthen partnership working between Health and Children's services, ensuring health is included within strategies for Looked After Children and Care Leavers.
- Support engagement of Public Health within the Looked After Children/Care Leavers agenda.

## **13. Conclusion**

This report has provided an overview of the work undertaken by the Safeguarding Team for East and North Hertfordshire Clinical Commissioning Group (CCG) during the financial year, 2016/17.

There continues to be significant change within the NHS and partner agencies. The Safeguarding team continue to strive to ensure all safeguarding processes are robust and effective, building on existing systems to support sustained improvement and service compliance in relation to safeguarding standards internally and externally.

## 14.0 Appendices

### *Appendix I – Statutory Frameworks and National Policy Drivers*

#### **The Children Act (1989)**

The Children Act (1989; 2004) provides the legal framework for safeguarding children. Section 11 of the Act places a number of duties on a range of organisations, including the NHS, to ensure their functions and any services they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children.

#### **NHS Accountability Framework: Safeguarding Vulnerable People in the NHS: Accountability and Assurance (NHS England)**

The reviewed guidance (2015) defines the safeguarding roles, duties and responsibilities of all organisations commissioning health and social care services. It is a statutory requirement for the CCG to ensure that commissioned organisations are able to demonstrate safe and robust systems both at strategic and operational level to safeguard children from abuse.

#### **Children and Social Work Act (2017)**

The Children and Social Work Act (2017) received royal assent in April 2017 and will introduce a number of significant changes within safeguarding practice in education and children's social care, particularly in relation to provision of services to Looked After Children and Care Leavers.

#### **Working together to Safeguard Children (2015)**

The Working Together document provides key statutory guidance on how agencies should work together to safeguard children. CCG expectation is clearly detailed.

#### **Mandatory Reporting of Female Genital Mutilation (Oct, 2015)**

The Serious Crime Act (2015) outlines a mandatory reporting duty that requires regulated health and social care professionals and teachers to report known cases of Female Genital Mutilation in under 18 year olds to the police.

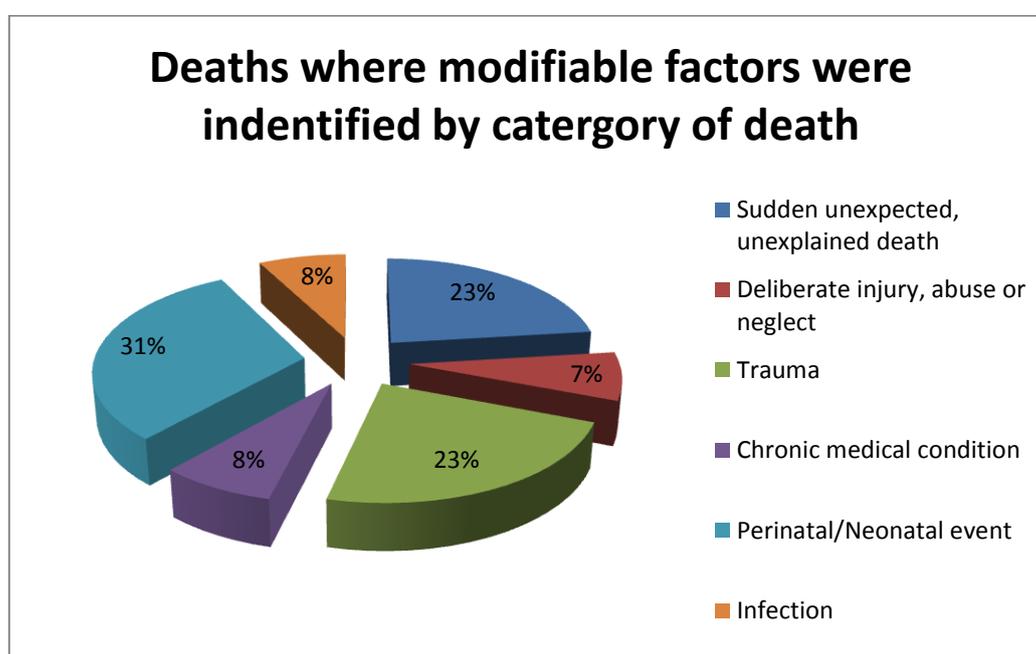
#### **Child Sexual Exploitation (2017) Guide for practitioners, leaders and decision makers.**

This advice replaces the 2009 guidance Safeguarding children and young people from sexual exploitation. Child Sexual Exploitation, identification of, response to and education regarding, is a key priority for Hertfordshire.

## Appendix II HSCB sub-groups

### **Child Death Overview Panel (CDOP)**

In line with Working Together (2015), it is a statutory requirement for agencies to notify the Safeguarding Board of all child deaths up to age 18 years. Data is gathered, assessed and reviewed by the Panel and recommendations are made where necessary. Recognition and review of any trends surrounding child deaths are identified and inform education initiatives for all agencies as well as the general public. Safer Sleeping, Water safety and Suffocation Awareness (plastic bags and window/door blinds) are just some examples of the education campaigns driven through the research and review work of the Child Death Overview Panel.



During the reporting period, the CDOP reviewed 48 child deaths, 13 of which had modifiable factors; that is, any factor which, on review, might have prevented that death and may prevent future deaths. Smoking, substance misuse co-sleeping and known family vulnerability are examples of some of the modifiable factors identified by the panel.

A detailed report is produced by CDOP annually.

### **Serious Case Review Panel**

This meeting of multi-agency senior managers and designated personnel considers whether serious case reviews or other forms of review (such as partnership case review) should be undertaken, following notification of death or serious harm to a child, to the HSCB. The panel establish whether there are lessons to be learnt in terms of how professionals worked together and analyse the practice of professionals in order to inform future developments in relation to practice development or change of process.

During the reporting period, there was one Serious Case Review Report published. There has been no new Serious Case Reviews declared. Two cases were referred for consideration but did not meet criteria for a Serious Case Review. The CCG has three open Serious Case Reviews from previous years, at varying degrees of completion.

### **Strategic Safeguarding Adolescents Sub Group**

This multi-agency group provides a framework to ensure that all agencies work together to safeguarding vulnerable young people including those who are missing, at risk of child sexual exploitation and trafficking. The framework incorporates data and intelligence collection, sharing of best practice and continuous monitoring of performance.

### **Policy and Procedure Sub Group**

Working closely with the Safeguarding Board business manager, agency policies are reviewed and overseen, assessing suitability and compliance with the requirements of the Board.

### **Audit Group Sub Group**

Reports of single agency audits are reviewed and any areas of concern addressed. The group will conduct audits on behalf of the Board to evaluate effectiveness of multi-agency safeguarding processes. The group will oversee any audit component of a Serious Case Review.

There are a number of multi-agency audits planned for 2017/18 with a current “deep dive” audit in progress in relation to Child Sexual Exploitation. The Child Sexual Exploitation audit will examine case management, equality and diversity, voice of the child and family inclusion and recording of information.

### **Performance Sub Group**

Multi-agency safeguarding performance data is analysed, evaluated and assessed to enable identification of risk in a timely fashion.

### **Training and Development Sub Group**

This group will ensure that constituent agencies have an effective safeguarding training programme in place for all staff. Additional multi-agency training requirements are identified and training is provided to meet recognised need, in line with the present local safeguarding landscape and national guidance.

### **Improving Outcomes Group**

Areas of both good and poor multi-agency performance are identified with a proposal for improvement and monitoring for those areas of concern. Where solutions pose significant difficulty, recommendations for action are made to the Strategic Board. This is an aspirational group with an identified multi-agency shared vision of outcomes to achieve, drawn from the Safeguarding Board business plan, recommendations from Serious Case Reviews and any identified pressing needs for

action. Multi-agency operational priorities are determined and a register is maintained to monitor all group progress.

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