NHS
Bury Clinical Commissioning Group

Safeguarding Children Annual Report

Reporting period April 2015 – March 2016

Table of Contents

Section	Title	Page
	Forward	3
Section 1	**Introduction**	4
	1.1 Profile of Child Health in Bury	
Section 2	**National Context**	6
	2.1 Statutory responsibilities **2.2** Accountability **2.3** Current Inspection regimes	 10
Section 3	**Local Context**	10
	3.1 NHS England and Assurance **3.2** Bury Safeguarding Children Board **3.3** Governance **3.4** Mandatory Training for NHS Bury CCG Staff **3.5** GP support	 11 12 13 14
Section 4	**Conclusion**	15

Forward by Executive Lead for Safeguarding at NHS Bury Clinical Commissioning Group

The twelve months from April 2015 to March 2016 has seen NHS Bury Clinical Commissioning Group (the CCG) continuing to ensure that the wellbeing and safety of children in Bury is prioritised. The CCG continues to work with the Local Authority, the Bury Safeguarding Children Board, the Children's Trust and local health providers to meet its aim.

The vision for safeguarding within the CCG strategy is to maintain robust, resilient, sustainable and effective safeguarding services and to strengthen arrangements for safeguarding adults and children across Bury by working collaboratively with partner agencies. NHS Bury Clinical Commissioning Group continued to prioritise the safety and welfare of children and vulnerable adults across all commissioned and contracted services. Additionally, the CCG has worked with non NHS providers, such as Cygnet Hospital, Bury and The Priory Group, The CCG has supported and worked to empower the health professionals in all sectors across the health economy of Bury to be confident and knowledgeable in their decision making within safeguarding.

To enable the CCG to fulfill its vision the CCG has an Executive Lead for Safeguarding who is accountable to the Governing Body of the CCG, and is a local GP. The lead is an experienced safeguarding professional and is a member of the Strategic Board of Bury Safeguarding Children Board (BSCB) and the Adult Safeguarding Board. The CCG also has in place Designated Professionals who are members of the business group and a number of sub groups of the BSCB.

During the last year, the CCG made a decision to directly employ the Designated Doctor for Child Protection. This has led to greater flexibility of the post holder and enabled the Doctor to respond to emerging demands. The post of Designated Doctor for Looked After Children continues to be commissioned from Pennine Acute Trust and the post of Designated Nurse for Looked After Children is commissioned from Pennine Care Foundation Trust, Community Services Bury.

The CCG has a clinical role in monitoring training within the providers and levels of safeguarding activity via an annual audit of safeguarding standards. For services commissioned outside the local area, the assurance is provided by the lead CCG to Bury CCG.

Primary Care services are commissioned by NHS England but the CCG has a responsibility to ensure quality and equitable services are provided. Within this remit the CCG remains committed to providing proactive and responsive training for GPs locally and provides training to local GPs and practice nurses and has a rolling programme of training and peer support.

At the time of writing Bury Children's Services at the Local Authority are awaiting the report from a March 2016 Ofsted inspection.

Dr Cathy Fines
GP, Clinical Board member, Women & Children's Lead

1. Introduction

This is the fourth safeguarding report to NHS Bury Clinical Commissioning Group.

The purpose of the annual report is to assure the NHS Bury Clinical Commissioning Group Governing Body and members of the Public that the CCG is fulfilling its statutory duties to safeguarding children.

The twelve months from April 2015 to March 2016 has seen NHS Bury Clinical Commissioning Group (the CCG) continuing to ensure that the wellbeing and safety of children in Bury is a high priority. The CCG continues to work across the Local Authority, the Bury Safeguarding Children Board, the Children's Trust and local health providers to meet its aim.

The vision for safeguarding within the CCG is to maintain robust, resilient and effective safeguarding services and to strengthen arrangements for safeguarding adults and children across Bury by working collaboratively with partner agencies. NHS Bury Clinical Commissioning Group prioritise the safety and welfare of children and vulnerable adults across all commissioned and contracted services. The CCG supports and work to empower the health professionals across the health economy of Bury to be confident and knowledgeable in their decision making within safeguarding.

1.1 Profile of child health in Bury

A profile of the health of children living in Bury from the Public Health Observatory (March 2016) notes that in 2012 that there were 46,400 children and young people living in Bury. This is 24.9% of the population. The figure for England is that 23.7% of the population is under 19 years of age. The number of school children from minority ethnic groups was 23.6% against an England average of 26.7%. The Public Health department in the Local Authority has provided the following information:

The 2016 profile paints a similar picture to Bury's previous profile. When compared with England, Bury has:

- More mothers who are current smokers at the time they give birth and a lower rate of breastfeeding initiation.

- A similar rate of infant and child mortality, although the rate of infant mortality in Bury was getting worse, this year there has been a slight decrease in mortality rates.

- Fewer children in poverty, but a higher rate of children in care (although this rate is relatively low when compared with other local authorities in the North West and the amount of children in care are on the decline). However those in care are more likely to be up-to-date with their vaccinations.

- Higher rates of admission to hospital for substance misuse, mental health conditions, dental caries and asthma.

- A similar rate of teenage pregnancy, and the trend is improving in both Bury and nationally

- A significantly high rate of (16-18 years) who are not in education, employment or training but fewer first time entrants into the youth justice system.

- A similar rate of family homelessness compared to England, but Bury has the 4th highest rate in the North West (this is a slight improvement than last year where we had the 3rd highest rate).

- There are six indicators where the difference between Bury and England has changed significantly from the previous year's profile.

- Dtap/IPV/Hib Vaccination (2 years) has gone from being not statistically different to significantly better.

- Children achieving a good level of development at the end of reception has gone from being significantly worse to not being significantly different.

- Obese children (10-11 years) has gone from being not statically different to significantly better.

- Hospital admissions caused by injuries in children (0-14 years) has gone from being significantly worse to not being significantly different.

- Hospital admissions for mental health conditions have gone from being not significantly different to significantly worse.

- http://atlas.chimat.org.uk/IAS/dataviews/childhealthprofile

For young people in their teenage years, alcohol, drug abuse and mental health difficulties are part of a cohort of risk factors that may indicate a young person is vulnerable and maybe at risk of child sexual abuse, therefore for Bury CCG, it is essential that as commissioner we are aware of the risks and ensure we are mindful when we commission mental health services for young people.

A number of the identified factors, such as homelessness, poor levels of development , being cared for by the State and living in poverty are likely to impact on children's life chances and may reduce a child's resilience. Many serious case reviews identity poverty, alcohol and drug abuse by parents and older children and poor mental health as risk factors for child abuse.

2 . National Context

2.1 Statutory responsibilities

NHS Bury CCG is required under section 11 of the Children Act 2004 to ensure that children are safeguarded and that their welfare in promoted.

In March 2013 an assurance and accountability framework was issued to the reformed NHS, (Safeguarding Vulnerable people in the Reformed NHS – Accountability and Assurance Framework) which complemented the statutory guidance Working Together to Safeguard Children (March 2015) which was reissued in March 2015 and updated the 2013 guidance.

A new update version of the NHS Accountability Framework was published in June 2015 and this year's annual report comments on level of compliance within the CCG against the updated framework. However, the responsibilities in respect of children remain similar to the previous framework; it is in respect of adults at risk that the responsibilities have been modified to reflect the Care Act 2014.

2.2 Accountability

The new framework encompasses the requirements of Working Together (2015) and the CCG responsibilities under Section 11 of the Children Act 2004:

	Responsibility	Current position for NHS Bury CCG	Lead
1	A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation's safeguarding arrangements.	The CCG has a clear identified lead and clear governance arrangements which are set out in the CCG assurance framework that is available via the CCG website	The Executive lead for Safeguarding
2	Clear policies setting out their commitment, and approach, to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate.	The commissioning policy is updated each year and refreshed standards in line with the Greater Manchester standards for Safeguarding. The policy and the standards are included in contracts with providers. In 2015 the CCG ratified an internal policy for safeguarding which makes clear the	Head of Safeguarding

		arrangements for managing allegations against people who work with children and the requirements for safe recruitment processes	
3	Training their staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring that their staff is competent to carry out their responsibilities for safeguarding.	All staff have been made aware of the policy and guidance and have access to online level 1 safeguarding training as outlined in the training strategy Training figures are reported to the Governing Body via the safeguarding dashboard each quarter All job descriptions have been amended to reflect safeguarding responsibilities	Board Secretary and Head of Safeguarding
4	Effective inter-agency working with local authorities, the police and third sector organisations which includes appropriate arrangements to cooperate with local authorities in the operation of LSCBs, SABs and Health and Wellbeing Boards.	The CCG has membership of all 3 boards at operational and strategic level The CCG co-operates with Domestic Homicide Review's, Serious Case Reviews and Safeguarding Adult Reviews and with all agencies listed	Executive Lead for Safeguarding
5	Ensuring effective arrangements for information sharing.	The CCG has clear standards for information sharing within the safeguarding policy	Head of Safeguarding
6	Employing, or securing, the expertise of Designated Doctors and Nurses for Safeguarding Children and for Looked After Children and a Designated Paediatrician for unexpected	The CCG has all staff in place as required During 2015/16 the post of Designated Nurse for Looked after Children was decommissioned from	Executive lead for Safeguarding

	deaths in childhood.	the local provider and brought in house The posts of Designated Doctor for Looked After Children and Designated Pediatrician are commissioned for Pennine Acute Trust	
7	CCG representatives at the LSCB must be accompanied by their Designated Professional to ensure their professional expertise is effectively linked into the local safeguarding arrangements.	The Designated Professionals are advisors to the both the adults and children's safeguarding boards The CCG safeguarding policy links with the LSCB and the ASB and the CCG is a signatory to the policies of both Boards The CCG has active membership of both the adult and children's safeguarding board, the Children's Trust Board and the Health and Well-being board	Executive Lead for Safeguarding
8	Designated Professionals are responsible for undertaking serious case reviews/ case management reviews/significant case reviews on behalf of health commissioners and for quality assuring the health content.	The CCG contributes expertise to case reviews and quality assure health providers reports where appropriate	Head of Safeguarding
9	Designated Professionals must be consulted and able to influence at all points in the commissioning cycle to ensure all services commissioned meet the statutory requirement to safeguard and promote the welfare of children.	The Safeguarding team are integrated into the commissioning cycle and advise at all stages from service specification formulation to final awarding of	Director of Commissioning
10	Designated Professionals are	On request the	Head of Safeguarding

	responsible for providing expert advice to HEE and Local Education and Training Boards to ensure that the principles of safeguarding are integral to education and training curricula for health professionals.	Designated Professionals support and provide advice to the listed organisations Each year a number of teaching sessions are delivered to GP trainees at the request of the Deanery and ad hoc sessions to pharmacist at the request of the Pharmacy Deanery	
11	The Designated Professional must have direct access to the Executive (Board level) Lead to ensure that there is the right level of influence of safeguarding on the commissioning process.	The Designated Nurse for Child Protection Head of Safeguarding and other members for the team have direct access to the Chief Officer	The Chief Officer
12	The CCG Accountable Officer (or other executive level nominee) should meet regularly with the Designated Professional to review child safeguarding.	The Head of Safeguarding Has regular access to Chief Officer of the CCG via one to on meetings and as a member of the Senior Management Team	The Chief Officer
13	it is strongly recommended that two Named GP sessions per 220,000 population is secured as a minimum. Broadly the role of the Named GP/Named Professional includes:	The CCG employs a Named GP for safeguarding	The Chief Officer
14	Local Authorities (LAs) are held to account for the public health duties that are transferred to them, through local management structures and LSCBs/SABs in the usual way. They are able to access specialist support and advice via the CCG safeguarding team or the Safeguarding Forum.	The Director of Public health has access to the specialist support for the safeguarding team of the CCG Additionally, the Head of Safeguarding is a member of the Starting Well Partnership, led by the Director of Public Health and is able to advise and support the work of the	Head of Safeguarding

		public health department in respect of its work with children.	

2.3 Current inspection regimes

In March 2016 Ofsted inspected services for children, including health within Bury Borough.

Bury health services, including NHS Bury CCG contributed to Ofsted inspections of the Local Authority safeguarding arrangements which include the quality of partnership working.

The report was published in May 2016 and showed that Bury Council worked well in partnership with health to safeguarding the well-being of children.

The overall judgement was that the council “Required Improvement” but was good in safeguarding children from abuse and had good leadership. The areas for improvement were the outcome for some looked after children and care leavers.

3. Local Context

3.1 NHS England and Assurance

NHS England via the Local Area Team has the statutory responsibility to ensure that safeguarding is effective across the whole health economy in Greater Manchester.

The work of NHS England Area Team is supported by the Greater Manchester Safeguarding Clinical Collaborative and clinical networks for Safeguarding. The Collaborative and clinical networks support the maintenance of resilience of the designated professionals, and ensure the professional needs of these clinical specialists are met, it provides an opportunity for shared learning across GM. The collaborative model also enables the Local Team to fulfil its statutory functions around safeguarding and report into the Quality Surveillance Group.

In the 2015/16 the Designated Professionals in Greater Manchester produced an assurance tool for CCG’s to complete to measure compliance against the accountability framework (adults and children standards). NHS England North Region adopted the tool with some minor amendments and additions and each CCG completed the tool. Following completion of the tool the Governing Body signed it off before submission to NHS England. A meeting was held by NHE England with each CCG.

NHS Bury CCG met with NHS England in March 2016 and agreement was reached that the CCG were compliant on 26 out the 28 standards. The two standards agreed to partially compliant were:-

1. The location of the Designated Nurse for Looked after Children and the job description, now completed (achieved May 2016)

2. The insertion of safeguarding into the CCG complaints policy. The wording has now been agreed and will be included in the updated policy (achieved August 2016)

NHS Bury CCG leads on the safeguarding assurance for Pennine Acute Trust on behalf of Oldham, Heywood, Middleton and Rochdale and North Manchester CCG's. Pennine Acute Trust was compliant on all standards although there are challenges in maintaining the training levels for their staff due to staff turnover. They have a clear a robust process for monitoring and it reported quarterly to the Board and the CCG.

NHS Heywood, Middleton and Rochdale CCG lead the assurance process with Pennine Care Foundation Trust with support and input from all the Designated Nurse for Safeguarding in the boroughs where they deliver services. The main challenge has been training staff and recording accurately the training due to IT issues. The figures during 2015/16 have shown an improvement. All other standards were met for Bury borough during 2015/16.

3.2 Bury Safeguarding Children Board

Bury CCG are active members of the Local Safeguarding Children Board (LSCB) and represented at all levels within the LSCB structure

Group/Board	Membership
Strategic Board	Executive Lead for Safeguarding Designated Nurse for Child Protection
Business group	Designated Nurse for Child Protection/Head of Safeguarding
Serious Case Review	Designated Nurse for Child Protection/Head of Safeguarding (Chair) Designated Doctor for Child Protection
Policies and Procedures	Designated Nurse for Child Protection/Head of Safeguarding
Monitoring and Evaluation	Head of Safeguarding/Designated Nurse for Child protection is the group sponsor
Children looked after Away from home	Designated Nurse for Looked after Children
Sexual Exploitation and Missing operational meeting	Designated Nurse for Looked after Children
Training and Development	Executive Lead for Safeguarding (Group Sponsor)

There have been no serious case Reviews in 2015/2016.

There have been a number of reviews, which did not meet the threshold for Serious Case Review, and the CCG has supported the process.

Nationally, there has been an increasing awareness of the prevalence of Female Genital mutilation. The CCG is a member of the Greater Manchester FGM forum and has included awareness raising information in all adult and children's safeguarding training throughout 2015/16. A workshop for all GP practice nursing staff was delivered in the autumn. The safeguarding team produced guidance for GP practices on the reporting and recording of cases identified. The Designated Nurse for Child protection and the police influenced via the Safeguarding Board the local reporting processes.

In the summer of 2015 the Designated Nurse for Child Protection in collaboration with the Designated Nurse for Child Protection in Trafford wrote a paper for NHS England North Region which identified a lack of holistic services for victims of FGM. Both nurses have now been invited to part of a group in the north led by NHS England to further explore and scope existing services to support future recommendations.

3.3 Governance

The safeguarding working group is chaired by the Executive Lead for Safeguarding and meets quarterly. The main providers, Pennine Acute Trust, Royal Bolton Hospital, maternity services and Pennine Care Foundation Trust provide reports to each meeting in respect of a number of key areas including training figures. Over the last 12 months, the Designated Nurses for Child Protection, for the six boroughs that PCFT provide services, have been working with Head of Safeguarding at PCFT, to provide information about safeguarding training completed by community and mental health staff.

Pennine Acute provide a wide range of figures by division and broken down between adult and child safeguarding training.

The safeguarding working group minutes inform the reports that are provided quarterly to the Quality and Risk committee. Papers are provided as required to the Governing Body either directly or via the Quality and Risk committee.

The training figures for the two main Trusts are below. The percentages relate to the staff who are eligible for training who have attended.

Safeguarding Children Level 2 and 3 uptake March 2016 for Pennine Acute Trust (CQC target 80%).

Level of training	Percentage of staff
Level 2	94%
Level 3	63%

Pennine Acute have an action plan in place to address the level 3 figures which includes the following actions:-

- Additional level 3 dates currently being provided to Neonatal staff by the Named Midwife
- All Level 3 training dates have been shared with doctors the Speciality Training Administrator, to inform them to attend
- All Level 3 practitioners red/amber within the Mandatory Training Matrix were emailed directly to request attendance
- Level 3 compliance has been reviewed by the Named Nurse & Training Management Coordinator
- Additional level 3 training to be provided, to target emergency department practitioners
- Walkround activity by all safeguarding team members, continue to highlight importance that staff attend Level 3 safeguarding children training
- Compliance of Level 3 Training discussed at Safeguarding Children Group and Managers & Named Doctors Child Protection to ensure staff attend training
- Level 3 training as per Safeguarding Training Strategy continues to be provided by the Named Nurse Children & the Named Midwife, across all hospital sites.

Safeguarding Children level 1, 2 and 3 uptake March 2016 Pennine Care Foundation Trust (CQC target 80%).

Level of training	Percentage of staff
Level 1	94%
Level 2	84%
Level 3	85%

3.4 Mandatory Training for NHS Bury CCG staff

CCG staff is required to attend training in line with the CCG training strategy. The majority of staff require level 1 and the specialist safeguarding staff are required to attend level 5.

Level of training	Percentage of staff
Level 1	83%
Level 5	100%

The Designated Nurse for Child Protection and the Executive Lead for Safeguarding have attended conferences on safeguarding and specifically on Child Sexual Exploitation, Mental Capacity Act, modern slavery and Female Genital Mutilation The Designated Doctor for Child Protection accessed courses on FGM and non-accidental injuries in children

3.5 Support for General Practice

The safeguarding team within the CCG provide support and advice to local GP's and practice staff. Additionally, there is a programme of training to enable GP's to be current with level 3 training as required by CQC. There is a further programme of targeted sessions on a range of topics which in the last year have included learning from serious case reviews, child sexual exploitation and domestic abuse. 81% of GP's are current in their training around child protection.

In 2015 the Safeguarding Board held a serious case review into a child who had been seriously injured by the father. Child I was a 6 week old baby who was injured by his father. The father had presented to the GP expressing feeling of anger and had been referred onto community mental. The mother of baby I13 was pregnant at the time, with a number of services involved, including maternity and mental health. There was no referral for pre-birth assessment to Children's Social care despite the complex family dynamics.

There was a recommendation for the CCG as follows:

Learning from this and other serious case reviews the Bury Clinical Commissioning Group should assure itself and the LSCB that GPs understand the risk factors of domestic abuse, physical abuse, drug or alcohol use and mental health (known as the "toxic trio") for unborn babies and children and make appropriate referrals to Children's Social Care and assure itself that the outcome of those referrals is also appropriate. (Child I BSCB Serious Case Review)

Information was sought from the Local Authority about the level of referrals from GP practices to children's social care and the conversion rates to assessments of the families.

Although the LA does not specifically record GP referrals (known as contacts in the social care system), a review of the system identified approximately 169 contacts from GP's in the two year period from March 2013.

The contact reasons are only broadly descriptive, the estimate is that 91 Contacts (53.8%) may have been associated with 'toxic trio' issues, of which almost exactly half (46 or 50.5%) progressed to Referral. This information provides assurance that GP's are referring appropriately as about 50% of toxic trio concerns are progressing to assessment. Likewise, it provides assurance that GP's are recognising the impact of parental health difficulties and domestic abuse on their ability to provide safe parenting to children.

The above information would lend to the belief that GP's are engaged in the process of safeguarding, contact the MASH for advice and that almost 50% of all contacts progress to a referral which could indicate good identification of risk for families.

The Designated Doctor for Child Protection worked with the manager of the Multi Agency Safeguarding Hub, and spent a morning in the MASH to enable a greater understanding of the process of contacts and referrals. As part of the morning, fourteen referrals from GP's were reviewed. The quality of completion and more specifically, the clarity of the reason for referral were reviewed.

The key findings were:-

1. All 14 referrals identified the source of the referral and their contact details
2. All referrals has a clear reason for referral identified
3. 12 out of 14 identified the child, one referral was for an unborn baby and one no details of the child were provided
4. Gender was identified for all children except the 2 outlined above
5. Disability was identified in 5 cases and included children with no disability
6. Consent was only obtained from parents in 8 cases. Where a case is child protection, consent is not required
7. 11 out of the 14 referrals were completed on the MASH referral form but the lack of a form (2 via a letter and one via email) did not prevent the MASH for accepting the referral
8. Details of the index children were, on the whole, incomplete – ie ethnicity, asylum status and disability were the main culprits.

The learning from the audit has been incorporated into the training programme for GP's.

The Bury Safeguarding Children Board accepted the audit as evidence of engagement of GP's in the child protection processes in Bury.

4. Conclusion

The report identifies some of the work that has been completed during the last 12 months within the CCG and externally with partners in both health and the LSCB. It provides assurance to both the public and the Governing Body that NHS Bury CCG is meeting its statutory obligations as outlined earlier in the paper.

There has been additionally external scrutiny of the internal processes of the CCG and this has proved a valuable exercise and identified that the CCG is compliant with both statutory guidance and good practice guidance in respect of safeguarding vulnerable children.

If there is any additional information that is required please contact the author on Maxine.lomax@nhs.net

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