



**Southwark**  
Clinical Commissioning Group



# Safeguarding Children Annual Report

**April 2018 - March 2019**

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## Contents

## Page No.

Glossary of Terms.....	3
1. Purpose.....	4
2. Introduction .....	5
3. Safeguarding Governance and Accountability Arrangements .....	5
4. Quality and Contract Monitoring.....	7
5. Procurement.....	8
6. Supervision Arrangements.....	8
7. External Safeguarding Fora .....	8
8. Commissioned Services and CCG Safeguarding Children Training 2018-19 .....	9
9. National Guidance and Legislation.....	10
10. Safeguarding context in Southwark.....	13
11. Partnership Working.....	17
12. Single and Multiagency Audit.....	21
13. Learning from Serious Cases about Children.....	23
14. Supporting Safeguarding within Primary Care .....	24
15. Send Reforms 0-25 Years.....	27
16. Learning Disabilities Mortality Review (LeDeR) .....	28
17. Key Achievements Against 2017/18 Objectives and Themes .....	31
18. Priorities for 2019-20.....	31

## Glossary of Terms

BAME	Black and minority ethnic groups
SCCG	Southwark Clinical Commissioning Group
SSCB	Southwark Safeguarding Children Board
CPP	Child Protection Plan
CYP	Children and Young People
CQRG	Clinical Quality Review Groups
LeDeR	Learning Disabilities Mortality Review
FGM	Female Genital Mutilation
LBS	London Borough of Southwark
IG&P	Integrated Governance and performance Committee
MASE	Multi-Agency Sexual Exploitation
MASH	Multi-Agency Safeguarding Hub
MOPAC	Mayors Office for Policing and Crime
IRIS	Identification and Referral to Improve Safety
SCR	Serious Case Review
SEC	Safeguarding Executive Committee
SGC	Safeguarding Children

## 1. Purpose

The purpose of this report is to:

- a) Provide the Governing Body with assurance that Southwark CCG has robust safeguarding children arrangements in place. These arrangements extend across the health economy (NHS and private providers) to safeguard and promote the welfare of children and young people (CYP).<sup>1</sup> The legal responsibilities include CYP aged 0 – 18 years and up to 25 years if the child has special educational needs.<sup>2</sup>
- b) Demonstrate how Southwark CCG is fulfilling its statutory responsibilities in relation to CYP in accordance with the legislation and statutory guidance.<sup>34567</sup>

Areas covered:

- Assure NHS Southwark CCG Governing Body and the Southwark Safeguarding Children Board (SSCB) that systems are in place to ensure organisational learning from serious case reviews and internal management reviews, and that these are supported by robust action plans that address both statutory responsibilities and respond to local need.
- Confirm joint working with partner agencies, including working with the Southwark Safeguarding Children Board on the key themes for 2018-19, including child sexual exploitation (CSE) and young people who go missing, adolescents at risk including knife crime, early help and neglect and supporting vulnerable parents.
- Agree the Southwark Safeguarding Children Partnerships Priorities and Objectives for 2019/20.
- Looked after Children (LAC) have been included throughout the work of the CCG safeguarding team and where appropriate have been referred to explicitly in this report. However, the annual report for Southwark Looked After Children will be provided independently.

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<sup>1</sup> HM Government (2004) Section 11, Children Act

<sup>2</sup> HM Government (2014) Children and Families Act

<sup>3</sup> HM Government (1989) Children Act

<sup>4</sup> HM Government (2004) Children Act

<sup>5</sup> DfE (2018) Working Together to Safeguard Children

<sup>6</sup> NHS England (2013) Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework

<sup>7</sup> HM Government (2017) Children and Social Work Act

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## 2. Introduction

This is the seventh annual safeguarding children report to the NHS Southwark Clinical Commissioning Group (SCCG) Governing Body. This report covers the period 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019. It provides assurance that commissioned health services within Southwark and Southwark CCG are working collaboratively to ensure that children in Southwark live free from abuse and neglect and that those people in vulnerable circumstances are not only safe but also receive the highest possible standard of care.

## 3. Safeguarding Governance and Accountability Arrangements

Leadership and responsibility for safeguarding at the Governing Body level is achieved through the CCG Accountable Officer. The CCG has a Governing Body Clinical Lead for Safeguarding within a wider quality improvement remit, and an Executive Lead responsible for safeguarding who is the Director of Quality and Chief Nurse. The Designated and Named Professionals for Safeguarding children, Designated Professionals for Looked after Children and Designated Paediatrician for Child Deaths work in partnership to provide clinical expertise.

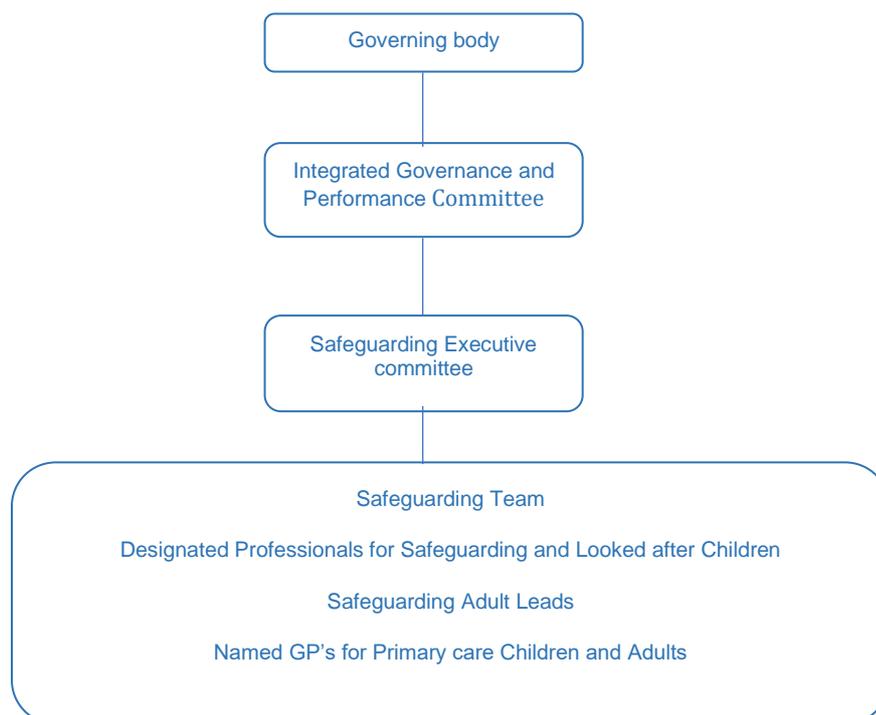


Figure 1. Southwark Safeguarding Governance arrangements

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## Southwark CCG Safeguarding Executive Committee

Safeguarding governance within SCCG is via the Safeguarding Executive Committee, which meets quarterly to align with reporting systems. It reports to the Governing Body via the Integrated Governance and Performance Committee (IG&P). Minutes from the Safeguarding Executive Committee are included in the Integrated Governance and Performance (IG&P) papers. A quarterly safeguarding update is presented to IG&P by the Designated Nurse Safeguarding children.

NHS Southwark CCG Safeguarding Executive is well attended by commissioned organisations and considers key documents from the Southwark Safeguarding Children Board (SSCB). Minutes from the CCG Safeguarding Executive Committee are included in SSCB papers.

Providers now use a template to discuss reporting compliance data and include areas of good practice, and areas for development. The meeting also includes opportunities to discuss and share learning from audits, and case discussions across the health economy.

## Southwark CCG Safeguarding Team

The safeguarding children and looked after children professionals work closely with the vulnerable adults at risk safeguarding leads and form one integrated safeguarding team in the CCG. This allows effective planning and strategies for safeguarding children who are transitioning into adulthood, the think family agenda and safeguarding themes that cut across both children and adult safeguarding such as domestic abuse, knife crime and criminal exploitation.

The organisation has access to a safeguarding team that consists of:

- Designated Nurse for Safeguarding Children (1.0 wte).
- Designated Doctor for Safeguarding Children (0.4 wte)
- Designated Nurse for Looked After Children (0.4 wte)
- Designated Doctor for Looked After Children (0.2 wte)
- Designated Doctor for Child Deaths (0.1 wte)
- GP Clinical Lead for Children and Adult Safeguarding (Clinical Director for Quality and Service Improvement) (0.1 wte)
- Named GP for Safeguarding Children (0.2 wte)
- Adults Safeguarding Lead Nurse (1.0 wte)
- Named GP for Safeguarding Adults (0.2 wte)
- Partner relationship with the Chair of the Child Death Overview Panel who is the Public Health Consultant in Medicine
- Partner relationship with the Designated Medical officer and Designated Clinical Officer for Children with Special Education Needs and Disability

The Governing Body lead for Safeguarding Children provides clinical leadership for NHS Southwark CCG and liaises closely with other Governing Body members, clinical leads, key directors, stakeholders and the named and designated professionals to enhance understanding of safeguarding issues and ensure synergy in respect of policy, practice and safeguarding training.

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The Safeguarding team ensures that multi-agency guidance documents and policies that are in place to support the work of safeguarding remain current on the CCG Members Zone and on the Safeguarding Children's Board website and are therefore accessible to all services and agencies.

## 4. Quality and Contract Monitoring

Safeguarding issues or concerns around quality and safeguarding within Provider organisations have been monitored by exception via a number of approaches during 2018-19 including:

- Clinical Quality Review Groups (CQRG) Meetings
- CCG Quality and Corporate Risk Registers
- SCCG Safeguarding Executive Committee
- Provider Safeguarding Assurance Committees

The Executive Lead and members of Southwark CCG Safeguarding Team have provided advice and challenge, set standards and attended provider Safeguarding Children Committees. This ensures triangulation of key issues, strategic oversight and close monitoring and follow-up as necessary.

NHS Southwark CCG is committed to a policy of continuously improving the health and quality of healthcare for its population. In order to commission high quality care, the CCG will ensure that all risks arising from its activities or events, threatening the well-being of patients, staff and other stakeholders, are effectively and efficiently identified, minimised or mitigated against. Through its work with provider services, the CCG safeguarding team may identify areas of practice which give cause for concern. When these concerns are of significance and/or on-going they will be formalised and raised using the process set out in the CCG Risk Management Framework 2017. The CCG safeguarding team will escalate any significant concerns with imminent risk to the Director of Quality and Chief Nurse immediately following identification.

The National Serious Incident Framework (NHSE 2013) set out the principles for serious incident management for all organisations in the healthcare system. Where serious incidents originate or involve the actions of commissioning organisations, the CCG is accountable for its response to and management of the incident in line with the framework document. In incidents where Safeguarding Children and/or Safeguarding Adults is indicated the Safeguarding Team support the Quality Lead and the Local Authority (when appropriate) in ensuring that safeguarding concerns are highlighted and addressed as part of the root cause analysis and subsequent action plans.

## 5. Procurement

During 2018/19 SCCG Safeguarding professionals worked with commissioning colleagues in all stages of the procurement processes for new services. This has ensured that safeguarding is embedded in newly commissioned services.

## 6. Supervision Arrangements

Working in the field of child protection entails making difficult and risky professional judgements. The work is increasingly demanding and can be distressing and stressful, not least because of the public interest created by national headline stories. All those staff involved in safeguarding situations have access to immediate advice and support from CCG's safeguarding team.

All health practitioners involved in day to day work with children and families require effective safeguarding supervision. Supervision and support standards are included in the Safeguarding Children Policy for provider organisations.

Supervision is included in the CCG Safeguarding Children Commissioning Strategy and Policy 2019-22. This enables robust supervision across the borough and supports the complexities of the safeguarding children agenda.

Designated Professionals provide continuing support and supervision to Named Professionals within the local NHS economy. The Designated Professionals also provide supervision, support and advice when required and on an individual case basis.

The CCG's Designated Doctors and Nurses have accessed regular safeguarding supervision through the Designated Professionals Network and through external 1:1 arrangement.

Safeguarding supervision and support for primary care is provided at the quarterly GP Safeguarding Leads Forum and via the Named GP for Safeguarding Children and the Named GP for Safeguarding Adults. The Named GPs, Designated Nurse for Safeguarding Children and Adult Lead Nurse provide individual support to general practices regarding safeguarding issues.

Peer support supervision is given within the CCG Safeguarding Adult and Children team, which includes all designates, as required. This team also meets on a monthly basis with the Director of Quality and Chief Nurse to review and progress the joint safeguarding agenda.

## 7. External Safeguarding Fora

The Designated Professionals are members of the Pan-London NHS England Designated Professional Forum, held quarterly. The Designated Nurse is also a member of the South-East London CCG Alliance Designated Nurses' Forum held bi-monthly.

The Designated doctor for Safeguarding attends the London Regional Health Group for FGM. The Executive Lead for Safeguarding attends the London Region CSA commissioning partnership board.  
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## 8. Commissioned Services and CCG Safeguarding Children Training 2018-19

All NHS staff are required to have the appropriate levels of knowledge and competence<sup>8 9</sup>. Safeguarding training is therefore critical to protecting children and young people from harm and staff must know how to identify abuse and neglect and how to act on their concerns.

Table 1: Year end 2018 – 19 Provider Safeguarding Children Training Data

Training	Q1	Q2	Q3	Q4	Target
GSTT- Level 1	98%	98%	98%	98%	80%
KCH- Level 1	77%	84%	85%	86%	80%
SLAM- Level 1	90%	89%	88%	100%	80%
GSTT- Level 2	834%	84%	85%	86%	80%
KCH- Level 2	78%	79%	80%	79%	80%
SLAM- Level 2	97%	97%	95%	95%	80%
GSTT- Level 3	81%	83%	77%	84%	80%
KCH- Level 3	78%	79%	84%	84%	80%
SLAM-Level 3	92%	93%	92%	95%	80%
GSTT-Level 4	100%	100%	100%	100%	80%
KCH-Level 4	90%	100%	100%	100%	80%
SLAM-Level 4	100%	100%	100%	100%	80%

Level 1 Safeguarding Children and Prevent training is mandatory for all staff within NHS Southwark CCG. Table 2 represents the status of CCG staff members as of end of March 2019. There are issues with the way that data is recorded which has contributed to this recorded low compliance. This has been escalated through the Senior Management team and is currently being addressed.

Table 2: Year end 2018 – 19 SCCG Safeguarding Children Training Data

Safeguarding Children – Level 1	Prevent
<b>72%</b>	<b>63%</b>

<sup>8</sup> Intercollegiate Document – Safeguarding Children and Young People Roles and Responsibilities for Healthcare staff, Jan 2019.

<sup>9</sup> Intercollegiate Role Framework -Looked After Children: Knowledge, skills and competencies of healthcare staff, March 2015.

Governing Body members received Safeguarding Children training in 2018 via protected learning time events. The Governing body will receive an update on safeguarding children in line with the recommendations of the intercollegiate document 2019. This is planned to take place in October 2019.

The Named GPs for children and adult safeguarding are both compliant with Level 4 training.

NHS Southwark CCG Designated Professionals are all compliant with Level 5 training

The Designated Professionals assist in providing the SSCB multiagency safeguarding training including disseminating key messages from National and Local Serious Case and Management Reviews. The CCG Safeguarding Executive Committee has ensured that learning from SCRs and national enquiries have been presented at Governing Body Seminars and via the CCG's Integrated Governance and Performance Committee.

## 9. National Guidance and Legislation

### Working Together to Safeguard Children DfE (July 2018)

The Department for Education released the updated version of Working Together to Safeguard Children in July 2018. The revised version makes significant changes to the following:

#### Multi-agency safeguarding arrangements

Under the new legislation, Local Safeguarding Children Boards (LSCBs) will be replaced by three safeguarding partners (local authorities, chief officers of police, and clinical commissioning groups) with equal and joint responsibility as strategic leaders to make arrangements to work together with relevant agencies to safeguard and protect the welfare of children in the area and implement local and national learning including from serious child safeguarding incidents.

The local safeguarding partners must ensure there is independent scrutiny of the effectiveness of the local arrangements which are published.

Partners must report at least annually on what they have done as a result of the arrangements, including on child safeguarding practice reviews, and how effective these arrangements have been in practice.

The safeguarding partners must set out in their published arrangements which organisations and agencies they will be working with to safeguard and promote the welfare of children.

Agree local funding for arrangements.

Consider what training is needed locally to support practitioners in continuing to develop their knowledge and skills, especially in relation to new and emerging threats to children and young people and how they should monitor and evaluate the effectiveness of any training they commission.

#### Organisational responsibilities

The NHS definition has been expanded to include independent sectors and General Practitioners.

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Under Section 11 duties, the NHS now includes NHS organisations and agencies and the independent sector and has added General Practitioners.

Organisations and agencies are reminded that it is an offence to fail to make a referral to the Disclosure and Barring Service without good reason.

The NHS commissioners and providers are required to ensure that designated and named professionals are given sufficient time to be fully engaged, involved and included in the new safeguarding arrangements.

### Assessing need and providing help

The guidance highlights specifically that practitioners should be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation requiring referral to the National Referral Mechanism
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a “privately fostered child”.

There is a new section on contextual safeguarding. This offers an approach to understanding, and responding to, young people's experiences of significant harm beyond their families; for example, exploitation by criminal gangs and organised crime networks such as county lines exploiting children to sell drugs; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. The right to special protection and help for child refugees is emphasised. The specific role of health practitioners in providing information to strategy discussions is addressed.

### Local and national child safeguarding practice reviews

National review responsibility lies with the Child Safeguarding Practice Review Panel which operates from 29 June 2018 and considers all notifications of serious incidents. It will decide whether it is appropriate to commission a national review of a case or cases.

Local safeguarding partners must make arrangements to identify and review serious child safeguarding cases which, in their view, raise issues of importance in relation to their area. The safeguarding partners are responsible for commissioning and supervising reviewers for local reviews.

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After new safeguarding partner arrangements are set up by 29<sup>th</sup> June 2019, LSCBs in the area will have a statutory 'grace' period of up to 12 months to complete and publish outstanding SCRs.

### **Information Sharing DfE (July 2018)**

This guidance provides advice for practitioners providing safeguarding services to children, young people, parents and carers.

It has been expanded to remind practitioners that they should be proactive in sharing information as early as possible. It is essential for the identification of patterns of behaviour when a child has gone missing, when multiple children appear associated to the same context or locations of risk, or in relation to children in the secure estate where there may be multiple local authorities involved in a child's care.

A myth-busting guide to information sharing has been added covering the Data Protection Act 2018 and General Data Protection Regulations (GDPR).

### **Working Together - Transitional Guidance DfE (July 2018)**

This contains the statutory guidance for Local Safeguarding Children Boards, local authorities, safeguarding partners, child death review partners, and the Child Safeguarding Practice Review Panel regarding transition arrangements commencing 29<sup>th</sup> June 2018 for completion by 29<sup>th</sup> September 2019.

### **Child Death Review (Statutory and Operational Guidance England) HM Government October 2018**

The Department of Health and Social Care and the Department for Education have now published statutory guidance for clinical commissioning groups and local authorities in England, setting out the process that follows the death of a child. The guidance builds on the statutory requirements set out in Working Together to Safeguard Children 2018 and clarifies how professionals and organisations across all sectors involved in the child death review should contribute to reviews. The guidance also states that the National Child Mortality Database recording all child deaths will launch in 2019. The wording to look for "Preventable Factors" has been replaced with identifying "Modifiable Factors" that can be altered to prevent future deaths and provide reports on identified themes for learning.

In Southwark it is planned that child death review structures and processes are based on the current Child Death Overview Panel (CDOP) framework. In order to comply with the new legislation, the Child Death Review Panel will become tri-borough with Southwark, Lambeth and Bromley, and the arrangements will be agreed and published by 29<sup>th</sup> June 2019.

### **NHS Long Term Plan (2019)**

This was published in January 2019, it outlines how the NHS plays a crucial role in improving the health of children and young people: from pregnancy, birth and the early weeks of life; through supporting essential physical and cognitive development before starting school; to help in navigating the demanding transition to adulthood. Working closely with local government and other public services, the NHS can also play an important role in tackling obesity and improving mental health. The safeguarding children professionals

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actively engage with the Southwark CYP Joint Commissioning Development Group to ensure safeguarding is embedded at all stages of this process.

## 10. Safeguarding context in Southwark

*Southwark is a borough of contrasts: from the glass-walled towers and architect-planned paradise of the Riverside 'More London bubble', to the ancient splendour and almost rural idyll of Dulwich College and Dulwich Village, Southwark is topped and tailed by affluence. Sandwiched between these two extremes, however, are pockets of some of the worst poverty and deprivation in London; for example, areas in South Bermondsey, Rotherhithe, Livesey, Nunhead, Camberwell Green and Walworth which houses some of 'the most notorious estates in the United Kingdom'. But poverty and riches are not strictly defined by wards or areas, and live side-by-side on some of Southwark's streets. Southwark's high levels of inequality lead to the conclusion that there are two Southwark's – one where people have better life chances and one where they have worse.<sup>10</sup>*

Southwark is one of the most densely populated and diverse boroughs in the country, with a young, growing and mobile population. Just over 314,200 people live in Southwark, up from 256,700 in 2001. This represents an increase of more than a fifth over that period.

Southwark is an ethnically diverse borough, almost half the population identify as an ethnic minority group. This varies markedly across age groups, with the population under 20 much more diverse than other age groups.

Southwark has one of the fastest growing populations in South East London. Our population is projected to grow by almost 20% by 2030; equating to an extra 60,000 residents.

While our population is comparatively young, this is not driven by a large number of children and young people. It is primarily a result of the large number of young adults in their 20s and 30s, and fewer adults aged 50 and over compared to other areas.

The growth in our population is being driven by both natural changes i.e.: more births than deaths, and international migration into the borough.

Southwark has one of the highest population turnover rates in the country, with the equivalent of 10% of our population moving in, and 10% of our population moving out each year. Migration flows peak among those in their late teens and 20s, declining thereafter.

The majority of our population turnover is within London, with 60% of our population inflow coming from other parts of the capital, along with 64% of our population outflow.

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<sup>10</sup> A Tale of Two Southwark's : Southwark Giving. A needs analysis of the London Borough of Southwark: The Researchery Oct. 2016 <http://southwarkgiving.org/research-report-sections>

Overall, comparing local indicators with England averages, the health and wellbeing of children in Southwark is mixed. The infant mortality rate is similar to England with an average of 17 infants dying before age 1 each year.

Southwark has a higher rate of mothers who initiate breastfeeding at 89.5%, and less women smoke in pregnancy.

However, the teenage pregnancy rate is higher, with 108 girls becoming pregnant in a year. 11.4% of children in reception and 24.5% of children in year 6 are obese. The rate of child inpatient admissions for mental health conditions is higher at 142.9% per 100,000. 23.2 % of children under 16 are living in poverty and the rates of homelessness are higher. 15.9% of 5-year olds have one or more decayed, filled or missing teeth.

The MMR immunisation level does not meet recommended coverage which is 95%. By age two, 87.8% of children have only had one dose.

*(Public Health England - Child Health Profile, March 2019)*

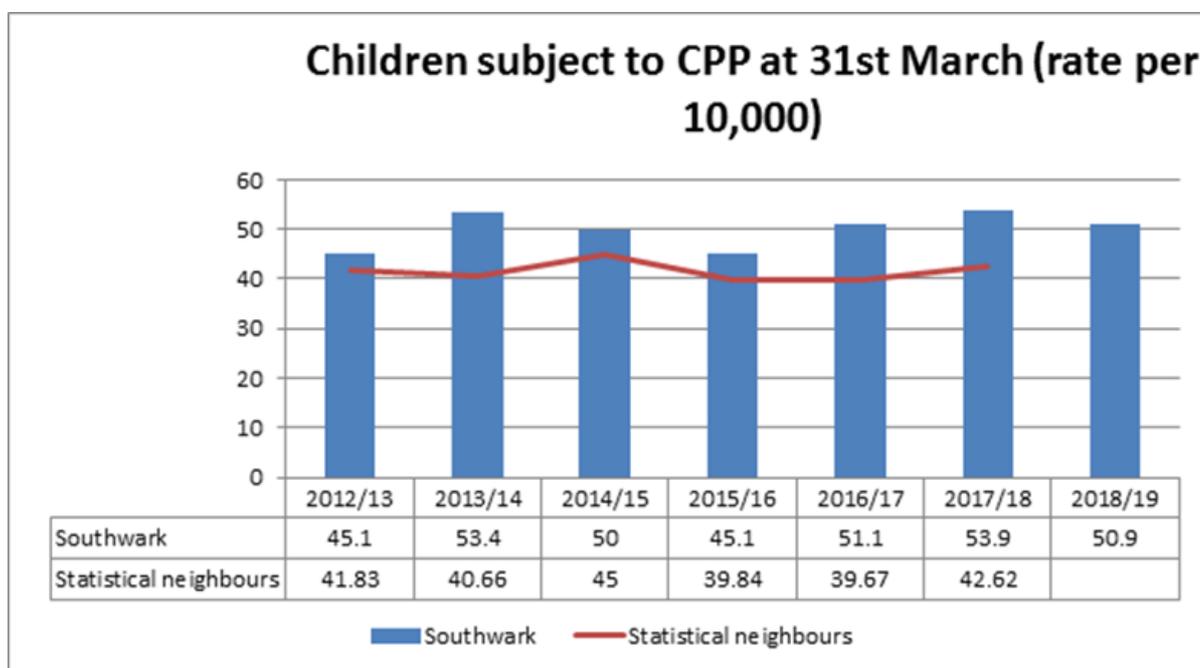
Southwark remains one of the highest volume London boroughs for knife crime (currently ranked fourth highest). One in three knife crime offences were classified as knife crime with injury making Southwark the highest volume London borough (ranked first) for this offence<sup>11</sup>.

### Children Subject to a Child Protection Plan

The following information has been provided by Southwark Children's Social Care Performance Service Manager, the data for March 2019 is subject to final verification. Hence there is no statistical neighbour information yet available for this period.

Children subject to CPP at 31st March							
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Southwark	272	327	309	284	326	347	328
Statistical neighbours	231.4	226.5	255.1	232	232.6	249.1	

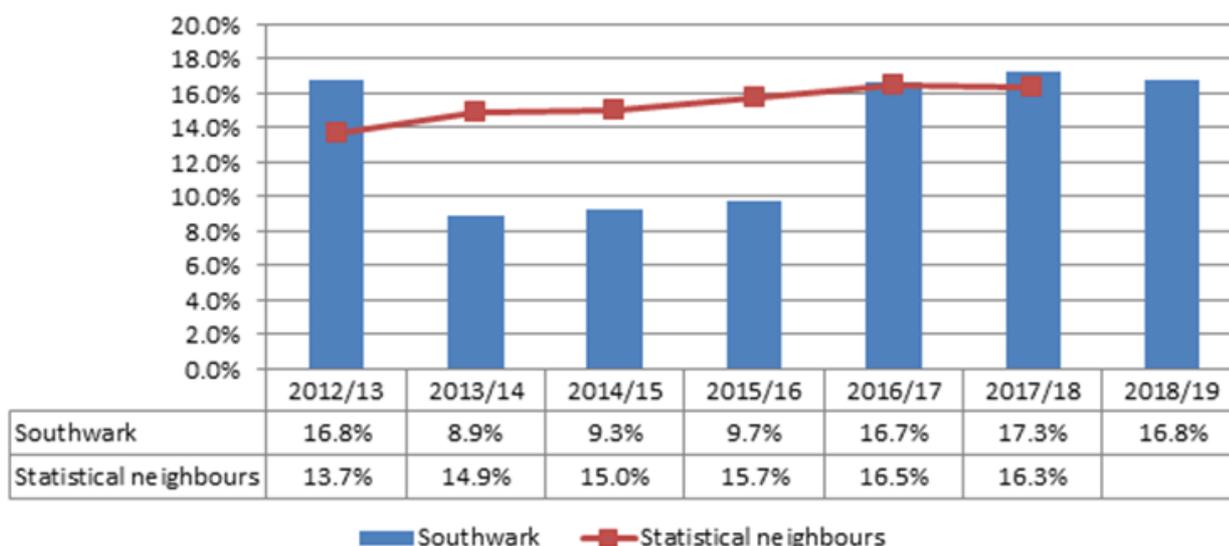
<sup>11</sup> Southwark Youth Violence Panel. December 2018



The highest category of abuse for CPP is Emotional, followed by Neglect.

Children subject to CPP at 31st March by latest category of abuse							
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Emotional abuse	49	89	80	108	138	177	161
Multiple categories of abuse	101	66	55	24	0	14	17
Neglect	110	137	138	134	160	122	132
Physical abuse	x	24	30	x	19	22	15
Sexual abuse	x	11	6	x	9	12	3

### Children becoming subject to a CPP for the second or subsequent time



The following tables show breakdown by gender, age and ethnicity:

	Southwark		Southwark CPP Population	
Male	32,829	51.0%	172	52.4%
Female	31,557	49.0%	147	44.8%
Unknown	0		9	2.7%

	Southwark Population		Southwark CPP Population	
Unborn			9	2.7%
0 – 4	21085	32.7%	91	27.7%
5 – 9	19122	29.7%	95	29.0%
10 – 12	9911	15.4%	60	18.3%
13 – 15	8563	13.3%	55	16.8%
16 - 17	5705	8.9%	18	5.5%

	Southwark (0 – 17 population)	Southwark CPP Population
White	29.2%	25.0%
Black	44.6%	37.2%
Mixed	10.0%	27.7%
Asian	5.5%	4.3%
Other	8.5%	5.8%
Not known	1.8%	

## 11. Partnership Working

### Southwark Safeguarding Children Board

The Executive Lead for Safeguarding, Designated professionals, Named GP and CCG Governing Body Lead for Safeguarding attend the SSCB.

Local Safeguarding Children Boards are the key mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children and adults in that locality, and for ensuring the effectiveness of what they do. NHS Southwark CCG supports the SSCB through attendance at Board meetings and actively supporting the subgroups; and the Designated professionals are the strategic leads across the health economy.

### Southwark Safeguarding Children Board Activity

In line with the new Working Together 2018 guidance the following actions have taken place:

- Established the Southwark Safeguarding Partnership Executive.
- Safeguarding Children partnership arrangements on target to be published by 29.06.2019.
- Review and restructure of board and subgroups and continue to include input from the wider partnership to ensure Southwark continues to make safeguarding children everybody's responsibility.
- Decision made to appoint an independent scrutineer.
- Joint Board meetings are held twice a year on issues which require closer collaboration, such as knife crime and vulnerable parents.

### Audit and Learning subgroup

This group was re-evaluated, and recommendation made to the Southwark Safeguarding Partnership Executive, that it be repositioned as the Quality and Effectiveness Subgroup. This was approved and the

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new subgroup has now been convened to establish its membership and Terms of Reference in line with the following:

- Develop and ratification of borough wide strategies, policies and guidance.
- Monitor and analyse safeguarding indicators across the partnership to identify whether
- safeguarding practice and arrangements have led to improved outcomes for children and young people.
- Manage a register of identified risks with mitigation to manage and reduce these risks which may include concerns and escalation around interagency practice and identify recommendations to be implemented.
- Provide challenge, evaluate and monitor action plans identified through section 11 of the Children Act 2004 audits.
- Identify and commission multi-agency audits to evaluate safeguarding practice and its impact on Children, Young People and their Families.
- Monitor the progress of action plans arising from any national reviews

### **Violence Against Women and Girls Delivery Group (VAWG)**

Despite its name this group addresses violence against men and boys as well as women and girls and includes all aspects the definition of Domestic abuse including so called 'honour' based violence, female genital mutilation (FGM) and forced marriage.

This meeting takes place quarterly is chaired by the SCCG Director of Quality and Chief Nurse.

The priorities of the VAWG are as follows:

- Overseeing the recommendations of the Domestic Abuse Strategy 2015-2020 action plan and monitoring progress.
- Coordinating and mobilising partnership and services to implement VAWG related work. Horizon scanning of relevant forthcoming work legislation and other changes which impact on the VAWG agenda.
- Develop policies, plans and strategies to support the implementation of VAWG related work.
- Partners to inform the group on any developments, exception reporting in relation to their field of work. To share best practice, ideas, problem solving.
- To develop a better understanding of the VAWG concerns of the community and ensure that service user/s views feed into the work of the group.
- Advise the Safer Communities delivery group and wider partnership, in relation to any issue relevant to the VAWG agenda.

### **Female Genital Mutilation**

FGM is now a standing item at the VAWG meeting. Southwark CCG is linked in with the FGM London Regional Health Group recently convened by NHS England to continue to create meaningful change

Chair: Dr Jonty Heaversedge    Accountable Officer: Andrew Bland    Managing Director: Ross Graves

strategically and operationally at the close of the National FGM Prevention Programme which ran from 2014-2018.

The purpose of the forum is for shared learning and to serve as a repository of best practice regionally. The group which reports to the National FGM Health Group will undertake mapping and scoping exercises, disseminate information to their local STP and safeguarding practitioners, escalate issues of concern and make recommendations.

The Designated doctor attends this forum and will feedback to the health economy via the CCG Safeguarding Executive Committee and to multiagency partners via the VAWG group. In June prior to the extended school holiday period a letter “*Preventing Female Genital Mutilation (FGM) - Holiday Awareness*” was sent to schools and GP practices to alert them to be extra vigilant of the risks of children being taken overseas for FGM.

### **Child Sexual Exploitation (CSE) subgroup**

The SSCB CSE subgroup takes a strategic overview across the partnership and is attended by the CCG Director of Quality & Chief Nurse and the Designated Dr for Safeguarding Children. There is active feedback to this group from the MASE. There was a special CSE Executive meeting held on 25th September 2018 to review the direction of the group. It was agreed that the workplan would be reviewed and that an extended peer learning review would be commissioned to understand the issues in the borough regarding violence and vulnerability<sup>12</sup>. This would also look at issues re County lines and knife crime. The CSE subgroup agreed to reconvene following the audit to agree progress for the multiagency partnership in response to the findings of the review.

### **Multi-Agency Sexual Exploitation (MASE) and young people who go missing**

As per the London Child Protection Procedures and Practice Guidance 2017 the multi-agency operational group has now changed its title from CSE Operational Forum to Multi Agency Sexual Exploitation (MASE). It meets monthly, bringing together operational leaders to oversee cases, share local intelligence and data, discuss risk management and interventions, disruption, hotspots and training needs. There is feedback from MASE to practitioners and on-going audit of CSE strategy meeting and case supervision.

The Designated Nurse for Looked after Children represents the CCG Safeguarding team at this meeting and ensures that the strategic overview is considered and any recommendations for health understood and shared with the health economy.

There is ongoing safeguarding training which includes CSE and updates across the health economy. Learning from multi-agency audits continues to be disseminated to Local Authority and Health staff.

There is SSCB training on CSE and related topics. The recent Ofsted Focused inspection of LAC (Jan 2019) reported that CSE and children who go missing were well identified and managed with multi-agency arrangements and good partnership engagements were effective in reducing risk for children.

GSTT Community Health Nurses and Paediatricians have established and revised a CSE tool for strategy meetings that will facilitate monitoring and audit of strategy meetings from health.

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<sup>12</sup> Southwark Extended Learning Review: Violence and Vulnerability Unit ( supported by the Home Office and the Mayor’s Office for Policing and Crime ) February 2019.

There has been a slight increase in the number of missing/absent episodes and a decrease in the number of children and young people presented at MASE from 59 to 39 a decrease 24% compared to the previous reporting year. Both the number and proportion of the MASE population who were/are looked after has reduced from March 2018 to April 2019 by nearly 50%.

GP's are notified of children and young people discussed at the MASE meetings. The Safeguarding and LAC Health Services continue to monitor and audit the health of LAC. There is a risk stratification of the LAC caseload for both missing and CSE and there is ongoing review of cases. This work has been shared with children's social care to promote a joined-up approach to working with high risk children and young people. Also, the LAC Health team share information on those at risk placed out of borough with provider services.

Local Authority and CCG employees have participated in community awareness events in the borough.

### **Joint Safeguarding Adult and Safeguarding Children Boards Meeting**

In December the Adults and Children's Boards met jointly. This is a 6-monthly meeting where both boards can consider areas of joint working and overlapping priorities.

Themes discussed at the meeting were:

- Update on Serious Violence and Knife Crime with a Southwark perspective
- Cuckooing
- All Age Disability 0-25 Pathway

### **Child Death Review**

Changes to Child Death Overview Panels in line with statutory guidance have been presented by Public Health colleagues at the Safeguarding Executive Committee. These changes are to give clinical commissioning groups and local authorities joint responsibility for child death reviews and enable a wider geographical footprint for these partnerships in order for them to gain a better understanding of the causes of child deaths.

The Designated Nurse for Safeguarding Children is a member of Lambeth and Southwark's Child Death Overview Panel (CDOP) and provides professional opinions on safeguarding issues in particular to support recommendations to the Child Death Review, partners and other organisations, where actions have been identified which may prevent future child deaths or promote the health, safety and wellbeing of children.

### **Multi-Agency Public Protection Arrangements (MAPPA)**

MAPPA is the name given to arrangements in England and Wales for the "responsible authorities" tasked with the management of registered sex offenders, violent and other types of sexual offenders, and offenders who pose a serious risk of harm to the public.

Systems are in place through the Designated Nurse and Safeguarding Adult Lead nurse to ensure linkage with the Multi Agency Public Protection Arrangements (MAPPA) in the event that actions for Health are required from Southwark CCG or its providers.

Chair: Dr Jonty Heaversedge    Accountable Officer: Andrew Bland    Managing Director: Ross Graves

## 12. Single and Multiagency Audit

### Section 11 audit

In line with Working Together to safeguarding Children 2018 this audit is requested by the SSCB for agencies to self-assess their compliance with section 11 of the children act 2004 and other statutory duties. This was undertaken by the Designated Nurse Safeguarding Children on behalf of the CCG. The following actions were identified:

- To continue to establish and develop relationships with health partners who are not commissioned by the CCG.
- To update and ratify the Health Assurance Framework document for commissioned providers.
- To review and update the safeguarding children Commissioning Strategy and Policy

These have been added with timescales to the Safeguarding team workplan and are on target for completion.

NHS Southwark CCG monitors commissioned services on their Section 11 compliance and progress with the implementation of associated action plans via the Safeguarding Executive Committee.

### Audit and Preparation for CQC CLAS (Children Looked After and Safeguarding) inspection

The CCG is anticipating an unannounced CLAS inspection at any time. In preparation for this the Safeguarding Team regularly carry out benchmarking exercises using published inspection reports from other boroughs. The most recent benchmarking was undertaken against the most recent CLAS report for the London Borough of Ealing.

A benchmark exercise was thought to be a method to encourage providers to read a CLAS report to become more familiar with the areas that will be reviewed.

Health providers and safeguarding leads were contacted and asked to read the Ealing report, and benchmark their services (for both children and adults where applicable) against both the areas that were highlighted as good, as well as the recommendations made for development. This would enable assurance to be provided to the CCG and Public Health commissioners and give the opportunity to identify and support any areas identified for development. A SMART action plan was requested to accompany recommendations. The input from frontline professionals was requested to enhance the review and ask how they engage with children and their families and hear the voice of the child.

Primary care services, GSTT including LAC and Care leavers, KCH, SLAM including CAMHS, Carelink and AMHS, Brook and CASH services and Drug and substance abuse services - Change Grow Live were represented at the feedback session which took place at the end of August 2018.

The findings were largely positive, a lively discussion ensued, and peer challenge offered.

Following the meeting a briefing and action plan has been developed and has been presented and monitored through the Safeguarding Executive Committee. These findings have also been shared with Public Health colleagues as they commission CASH services, School Nursing and Health Visiting Services.

Chair: Dr Jonty Heaversedge    Accountable Officer: Andrew Bland    Managing Director: Ross Graves

## Preparation for Joint Targeted Area Inspections (JTAI's) on Intrafamilial Child Sexual Abuse (CSA)

JTAI is the Government's programme to inspect the services and arrangements to protect vulnerable children. A number of these have taken place and have included a variety of themes e.g. gangs, neglect of older children. The theme identified in 2018 was to inspect the arrangements to safeguard children experiencing intrafamilial child sexual abuse. In preparation for this the Interim Designated Doctor for Safeguarding Children undertook a piece of work to assure the CCG of the scale of this form of abuse locally and the multiagency response and provision for these vulnerable children. In brief, the findings showed that the numbers of children that have been sexually abused that come to the attention of services are few however, when abuse is disclosed, action is taken across the partnership to safeguard and address the needs of children that have been abused in this way. Data and evidence collated indicated good health participation in the interagency offer to children that have been sexually abused with evidence that emotional and psychological support offered to children and young people in the borough had increased and become more accessible from 2017/18 to 2018/19.

## Southwark Extended Learning Review

In November Southwark and Lambeth were successful in securing funding from MOPAC and the Home Office to undertake a Locality Review on Youth Violence undertaken by the Violence and Vulnerability Unit, (VVU). It was a 5-day peer review of practice across the partnership. It focused on understanding the current local context, issues and drivers, specifically with the voluntary and community sector partners around knife and violent youth crime and any links to county lines and wider issues of exploitation. It also looked at what is known about the local gang risks and what is understood about involvement in county lines activity and exploitation. This would include making recommendations on what can be considered to improve this.

The review has been completed and the first partnership meeting has taken place to agree an action plan and way forward to address the findings. This will be progressed through the Safer Communities Partnership Board, Southwark Safeguarding Children Partnership, and the Adult Safeguarding Board.

Evidence seen as part of this review<sup>13</sup>suggests that the focus and commitment on serious youth violence in Southwark has recently strengthened and there has been a steady growth of initiatives focussing on reduction, prevention and response, these efforts are focused both on the front line and at a strategic level<sup>14</sup>.

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<sup>13</sup> Southwark Extended Learning Review: Violence and Vulnerability Unit (supported by the Home Office and the Mayor's Office for Policing and Crime) February 2019.

<sup>14</sup> Southwark Youth Violence Panel. December 2018.

## 13. Learning from Serious Cases about Children

The Director of Quality & Chief Nurse, Designated Nurse and Designated Doctor are all members of the Serious Case Review (SCR) subgroup of the SSCB and participate in SCR panels. The subgroup considers cases presented from serious incidents and unexpected child deaths for potential review.

In line with Working Together 2018 the Southwark Local safeguarding partners have made arrangements to identify and review serious child safeguarding cases which, in their view, raise issues of importance in relation to London Borough of Southwark. This has been implemented through renaming the SCR subgroup as the Child Safeguarding Practice Review (CSPR) subgroup. The terms of reference for the group and a flowchart to outline the process to be followed has been developed and approved by the group.

During 2018-19:

- One multi-agency learning review was completed.
- Child Y SCR was published (joint with Wandsworth) this was conducted by Southwark Safeguarding Children's Board (SSCB) in partnership with LB Wandsworth, with input from LB Camden and LB Croydon following a serious incident concerning a young person in May 2017.
- A learning review for health was undertaken by NHS England and the report completed in relation to a child who died whilst living at a Home Office commissioned premises in Southwark.
- One Local Learning review has been commissioned and the review is in progress and due for completion later in 2019.
- Southwark Safeguarding professionals attended a learning event for the Croydon Child Q SCR due for publication in May 2019.

These are some of the identified learning following these reviews which have been integrated into action plans and completed:

- For Public Health colleagues to identify age appropriate resources for young people who abuse alcohol under 18.
- LAC services to review and reinforce the Standard Operating Procedures with all members of the LAC team in relation to Initial Health Assessments.
- For GP Practice clinical staff to consider the need to assess risk of CSE in relevant consultations where sexual history forms part of the clinical assessment in a young person, this continues to be embedded within the learning programme for GP's via the PLT and safeguarding leads forum. CSE information is provided on the CCGs Staff and Member's Zone.
- Safeguarding Children Board to seek formal assurances from respective member agencies that existing or planned training programmes include sufficiently clear advice and guidance about the status and significance (in terms of probable need and risks) of Special Guardianship Orders (SGOs) and associated SGO Support Plans.
- Recommendations for primary care included the need to better embed the recognition of vulnerable children at registration and to improve record-keeping. This had been highlighted in the

Chair: Dr Jonty Heaversedge    Accountable Officer: Andrew Bland    Managing Director: Ross Graves

last 2 'Primary Care Safeguarding Annual Reviews and progress is already being formally monitored.

- Ensuring that new child-patient registration forms captures the name / status of the adult registering the child, any named social worker and if a 'looked after' child, seek previous records urgently from Primary Care Services England (PCSE)

### Local Safeguarding Review in progress

In May 2018 a child aged 17 years was shot and died in Southwark. In addition, there was a gang related stabbing incident in Southwark in August 2018. A Looked After Child aged 15 years was admitted to hospital with life threatening injuries following this incident.

An independent author has been commissioned to undertake a Local Safeguarding Review. At the SCR panel meeting it was agreed to undertake a thematic review across both cases, focusing on key lines of enquiries / research questions. The broad areas of focus include:

- How do agencies respond to Adverse Childhood Experiences?
- What were the windows of opportunity? Were the right people engaging at the right time.
- What have agencies got as a resource to safeguard vulnerable young people
- How do agencies engage with parents and carers in a meaningful way?
- Communities- trusting the system, feeling safe.
- How can agencies better support schools?
- How did agencies try to keep these young people safe and how effective were we?
- What has been learnt from previous SCRs?

The final report is anticipated in early autumn 2019.

## 14. Supporting Safeguarding within Primary Care

The Named GP for Children Safeguarding and the Named GP for Adult Safeguarding have continued an established and well-attended quarterly GP Forum for Safeguarding Leads. This forum covers both adult and children safeguarding issues. Attendance has continued to remain strong over the year and includes nurses and practice managers in addition to GP's.

Topics for discussion have included:

Recommendations and learning from SCR/SARs

Updates on CAMHS emergency developing crisis protocol

Family Nurse Partnership

Adult safeguarding update from principle social worker, Southwark Local Authority

Working Together 2018

Child Death Overview Panel

The Joint Strategic Needs Assessment into Child Death in Southwark and Lambeth.

Chair: Dr Jonty Heaversedge    Accountable Officer: Andrew Bland    Managing Director: Ross Graves

Key safeguarding documents and information is sent to GP Practices via the CCG Communications Department to ensure GP's have access to up-to-date safeguarding information available to support them in their role. NHS Southwark CCG also has a GP Safeguarding Webpage to promote access to safeguarding information and related resources.

Information sharing processes have included:

- Practice contact sheet updated with practice bypass numbers, shared with safeguarding partnership.
- Information about cases discussed at MARAC (multi-agency risk assessment conference) in relation to high risk domestic violence is now shared routinely with GP practices. Work is ongoing to develop a process for efficient child protection plan information distribution.
- Child death notifications are now sent to the Named GP for Safeguarding Children, who provide support practices to review, update and share information appropriately.
- The Designated Nurse and Named GP for safeguarding children have established a bi-annual meeting with the Head of Service for Assessment and Intervention, Children's Social Care.
- Information is shared with GP's of cases discussed at Multi-agency Sexual exploitation meeting (MASE) to promote awareness of children and young people identified as at risk.

### **Safeguarding Children Protected Learning Event (PLT)**

The annual safeguarding children PLT was held in July 2018. The agenda included talks on Perplexing Presentations including Fabricated Induced Illness, understanding the vulnerabilities of Looked After Children in Southwark, workshops on the law, hidden harm (recognising and supporting the impact of drug and alcohol misuse within families), mental health and impact on parenting and neglect. The session was well attended with representation from all GP practices in Southwark which included GPs, Primary Care Nurses and Clinical Pharmacists.

### **Primary Care Safeguarding Review**

In December 2018 the CCG undertook their 3rd Adult and Children Safeguarding Review within Primary Care. This meets the Section 11 duties requirement outlined in Working Together 2018. This review focused on four key areas of:

- Training
- Frontline Safeguarding, incorporating policy and procedure
- Looked after Children
- Recommendations from SCR/SARs

The review was completed by 32 out of 35 practices (91%).

Key findings and areas for improvement for 2019/20:

- All Southwark practices have a Safeguarding Lead for both adults and children with 23% turnover of position holder.

Chair: Dr Jonty Heaversedge    Accountable Officer: Andrew Bland    Managing Director: Ross Graves

- All practices have a Safeguarding Policy in place for both adults and children. In the majority of practices these have been updated within the last 12 months.
- 75% of practices have adapted their registration process on patients not strictly needing ID to register.
- There was good understanding of requirements for safe children registration with good examples of practice processes to share. There were some reported barriers described, such as asking for 'birth certificate' and this area will remain an area for improvement.
- 43% of practices have undertaken a safeguarding related audit in the last year.
- A single point audit on recording adults accompanying children revealed a wide distribution, with 15 practice reporting a 100% recording rate thereafter a fairly even distribution from 0% upward. One practice had developed an emis prompt for all children appointments which has now been shared with all practices.
- The majority of practices (86%) report to have activated the FGM- Information Sharing protocol.
- Practices gave a range of examples as to how they support vulnerable patients (homeless, asylum seeking children) to register for care
- Target training levels for Child and Adult Safeguarding are 85%. Current training levels are met for clinicians for children and adults, but not met in non-clinical staff with staff turn-over identified as a key factor.
- Prevent training levels have improved but remain below target.
- A requested patient search reported that the majority practices are coding 'look after child' status in medical records. This has improved with the development of a GP notification letter from the LAC health team.
- In terms of recommendations from SCRs upon registration 38% of practices have updated their policy to include section on referrals to London Fire Service for a home fire safety assessment and all practices report to have a whistleblowing policy with no current challenge in implementation reported.

Areas identified for improvement have been included in the Named GP's workplan to support practices as required, and help planning for future forums, learning events and information sharing

### **Identification and Referral to Improve Safety (IRIS)**

This programme has continued throughout the reporting period to raise awareness of domestic abuse, by ensuring the roll out of Identification and Referral to Improve Safety (IRIS) training in Primary Care.

NHS Southwark CCG has worked closely with Southwark Council to ensure that health services play an active role in preventing and addressing domestic abuse. Trauma and abuse can have a huge impact on a patient's mental, as well as physical, health and GPs are in a unique position to identify survivors. The CCG financially contributes to the existing contract the council has in place for the Southwark Advocacy and Support Service. This financial contribution has made it possible for the service to deliver a specialist GP based domestic abuse intervention known as IRIS, which has been endorsed by NICE and which is being rolled out to all GP surgeries in the borough.

Chair: Dr Jonty Heaversedge    Accountable Officer: Andrew Bland    Managing Director: Ross Graves

A total of 22 GP Practices have engaged with this training, 20 are now fully trained and 2 are part trained. A total of 199 clinical staff and 160 reception staff have now received training. The project has received a total of 217 referrals from GP Practices following the roll out of training. 206 of these have been victim/survivors of abuse. 6 were referred as perpetrators and 5 were referred as victims but transpired to be perpetrators.

The IRIS training consists of 3 sessions: 2 for clinical staff and 1 for admin/reception staff. After 2 years, clinical staff will receive refresher training.

IRIS trained practices benefit from a streamlined and simple referral pathway for their patients. The service supports victims and perpetrators of any gender.

## 15. Send Reforms 0-25 Years

The CCG has worked in partnership with Southwark Local Authority to establish robust local governance arrangements to ensure shared responsibility and accountability in delivering the SEND Reforms. There are joint commissioning arrangements in place and following a Joint Strategic Needs Assessment (JSNA) for Southwark SEND population, there is a better understanding of what education, health and care provision is needed by local children and what will need to be commissioned to meet those needs and who will deliver it.

To support the SEND agenda the CCG has a Designated Medical Officer (DMO) working to a Service Level Agreement (SLA) and a Designated Clinical Officer (DCO) employed directly by the CCG to coordinate the health involvement and to ensure that NHS Southwark CCG is delivering its statutory functions effectively.

The Senior Responsible Officer for SEND at Southwark CCG is the Director of Quality & Chief Nurse who is a member of the Governing Body. This Director is a member and joint chair of the strategic SEND Board meetings which report to the Health and Wellbeing Board. The DMO and or DCO represent the CCG at all of the operational and subgroups of the SEND Board. The Director of Quality & Chief Nurse and the DCO are members of the Children and Young Peoples Commissioning Development Group.

The CCG is compliant with the NHS England Assurance Framework (in relation to SEND) processes via reporting against the assurance framework as required. SEND action plans are formulated from completion of quarterly SEND audits and informs progress and priorities. Areas focused on in the last year have included: The completion of a JSNA SEND deep dive, the joint development of a SEND e-training programme with Lambeth and Enfield Local Authorities and CCG's. This e training programme is due to be launched on the Social Care Institute for Excellence platform this autumn and is aimed at all staff working with 0-25 age range.

Another area of focus has been on the national pilot for a single route of redress for SEND appeals which requires health as an equal partner to respond within a set legal framework. This has included a requirement on health to attend mediation where a child, young person or their family/carers are dissatisfied with the health element of an Education Health and Care Plan (EHCP). The CCG has agreed a process for this and the DCO has attended these when required.

The DCO works closely with the CCG Safeguarding Team on joint and overlapping areas of work such as the Learning Disabilities Mortality Review (LeDeR) and ensuring opportunities are in place to learn from

Chair: Dr Jonty Heaversedge    Accountable Officer: Andrew Bland    Managing Director: Ross Graves

the outcomes of these reviews. In addition to this the DCO and DMO work closely with the LAC Designated professionals and transforming care agenda to ensure alignment of these processes. This is important so that there is a more holistic understanding of the most vulnerable groups of children and young people who often represent and overlap in various vulnerable client groups such as LAC and care leavers, YOS, transforming care and continuing care.

To promote the work of the SEND agenda. For 19/20 some of the areas of work planned include:

- continuation of the work on primary care LD registers to increase the number and quality of annual health checks.
- The ongoing development of a more comprehensive short breaks offer
- review of the governance structure for SEND
- Southwark local area SEND inspection development plan to continually improve processes particularly in Preparation for Adulthood (14 to 25 years)

## 16. Learning Disabilities Mortality Review (LeDeR)

The LeDeR programme reports on deaths of people with learning disabilities aged 4 years and over in England. They are notified centrally and reviewed locally.

The Child Death Review Statutory and Operational Guidance (England), published in 2018, clarifies the interface between the statutory child death review process for children and the LeDeR programme for deaths of children aged 4 years and over who have learning disabilities.

A clear CDOP/LeDeR pathway has been developed and signed off by Southwark/Lambeth CDOP Panel. The LeDeR programme is not required to duplicate CDOP, but to capture and share learning where services for children with learning disabilities could be improved. SCCG Adult Safeguarding Lead Nurse attends the CDOP Panel as required to offer learning disabilities expertise and perspective.

In the period under review, the death of a 7-year-old child with learning disability was reviewed through the Southwark/Lambeth CDOP/LeDeR pathway. This review led to a specific recommendation and action for providers to review the process of assessing children who are at increased risk of sepsis to identify and prioritise which children need prompt further assessment. This resonates with the recommendations of the LeDeR annual report 2018.

### The LeDeR review annual report for 2018

This was published in 2019 by Healthcare Quality Improvement Partnership (HQIP). It identified the following in relation to children aged 4-17 years:

Children and young people from BAME groups were over-represented in deaths of people with learning disabilities. Of the deaths of children (aged 4-17 years), 42% (n=95) were from BAME groups.

Chair: Dr Jonty Heaversedge    Accountable Officer: Andrew Bland    Managing Director: Ross Graves

Due to the small number of reviews, the examples below are for illustrative purposes as the data collected was too small to be statistically relevant. Eight reviews shared examples of good practice. Most related to:

- Care coordination.
- Listening to the views of the child.
- Support for the family.
- Adjusting the way services are usually provided to accommodate the child and their family.

The majority of completed reviews did not note any concerns about the death. Of those that did seven reported either:

- Concerns about the death (these were taken forward into a serious incident investigation).
- Problems with organisational systems and processes that led to a poor standard of care.
- Delays in the child's care or treatment that had adversely affected their health.
- Gaps in service provision that may have contributed to the child's death.

The following recommendations have been made:

The Department of Health and Social Care, working with a range of agencies and people with learning disabilities and their families, to prioritise programmes of work to address key themes emerging from the LeDeR programme as potentially avoidable causes of death. The recommended priorities for 2019 include: i) recognising deteriorating health or early signs of illness in people with learning disabilities and ii) minimising the risks of pneumonia and aspiration pneumonia.

The Royal College of Paediatrics and Child Health to be asked to identify and publish case examples of best practice and effective, active transition planning and implementation for people with learning disabilities as they move from children to adult health services.

## Prevent

The CCG Prevent policy is in place and available via the CCG Staff and Members Zone. Prevent awareness training has been provided to all CCG staff via an eLearning tool. Training on Prevent has been provided to GP practices via both the Safeguarding PLTs and the quarterly GP safeguarding Forum.

The CCG provides representation to the Chanel Panel by both the adults and children safeguarding leads within the CCG.

Provider Prevent compliance is a standing agenda item at the CCG Safeguarding Executive Committee.

## Neglect Workshop

Neglect is one of the priorities of the SSCB and is a common thread across Serious Youth Violence, Child Criminal Exploitation (CCE) and Child Sexual Exploitation (CSE). Southwark had 132 children on a Child Protection (CP) Plan for neglect at 31<sup>st</sup> March 2019. It is recognised that neglect is underrepresented,

Chair: Dr Jonty Heaversedge    Accountable Officer: Andrew Bland    Managing Director: Ross Graves

poorly understood and usually addressed only when there is overwhelming evidence. Neglect is often hidden until other forms of abuse and their consequences come to light.

In February 2019 Southwark CCG and Public Health Southwark hosted a half day workshop on Child and Adolescent Neglect building on work previously done by the SSCB on neglect. (The 2014 deep dive into neglect, the 2015 Neglect Needs Assessment and the 2017 Multiagency Audit). Whilst acknowledging that the response to neglect should be multiagency in approach, the aim of the workshop was to focus on neglect through a health lens, understanding the role of the health professional and drilling down to how health identifies and responds to neglect as a single agency before considering a referral to Children's Social Care (CSC). The workshop was highly rated by attendees from various disciplines and the feedback was very positive. 48 health professionals attended from the acute and community settings across various disciplines.

The objectives were to:

- reflect on how health professionals identify neglect
- dialogue and understand the health offer for vulnerable children at risk of Neglect
- share best practice and learning from serious cases
- identify training needs, service and resource shortfalls
- ascertain what individuals, organisations and commissioners can do to improve the health offer.
- highlight any challenges on the interphase of the multiagency response to neglect that we can take back to the SSCB

The main themes identified following this workshop were in relation to:

- Training and resources for professionals
- Service provision - accessible, flexible and responsive prevention and early intervention approaches, and prioritising the child's lived experience over thresholds
- Effective communication between health professionals as well as within the multi-agency partnership
- Networking -increased access to multiagency discussion and feedback
- IT issues – improved links between health records

One key recommendation:

For Southwark to consider hosting a workshop on Adverse Childhood Experiences (ACEs) and other negative/traumatic childhood experiences as a vehicle to map the local population demographics and the neglect needs assessment to the current early help offer and address the gaps. This has been presented at the Safeguarding Partnership board, and the Safeguarding Executive Committee.

## Engagement and Hearing the Childs Voice

The CCG safeguarding professionals as part of the multiagency partnership attended 2 Youth Voice events in the review period. Students from 10 local schools and academies were invited to speak about their priorities for 2019/20. This was in relation to health, safety, schools, police, local borough resources and family life. Findings are being fed back to the safer communities' partnership and safeguarding children's partnership board to identify actions in response to this feedback.

## 17. Key Achievements Against 2017/18 Objectives and Themes

NHS Southwark CCG has fulfilled its statutory responsibilities for safeguarding children and young people and has participated in and supported the Southwark Safeguarding Children Board, the Health and Wellbeing Board, Safeguarding Adults Board (of which the Executive Lead for Safeguarding is the Vice Chair), and Safer Southwark Partnerships in a strategic approach to Safeguarding in Southwark.

The CCG Safeguarding Declaration has been updated and is published.

The SCCG safeguarding Children Strategy and Policy has been updated and is in draft form awaiting approval processes.

The primary care commissioning team has been supported in ensuring the bids for the Dulwich Procurement process have met the safeguarding children and adult statutory requirements.

Preparation has been made and is underway for any safeguarding inspections.

A workshop on Neglect for health professionals has been undertaken.

Engagement has taken place with community-based events.

## 18. Priorities for 2019-20

At the last SSCB the board decided on the following priorities:

- Serious Youth violence
- Exploitation (to include criminal exploitation in addition to child sexual exploitation).
- Children living with vulnerable parents
- SEND and disability pathway 0-25
- Neglect

The CCG safeguarding children team are working to incorporate these objectives into the CCG safeguarding children workplan and are currently identifying what further work can be led by health to understand and contribute to these priorities and influence outcomes for children, young people and their families who experience these difficulties.

Chair: Dr Jonty Heaversedge    Accountable Officer: Andrew Bland    Managing Director: Ross Graves

The objectives for 2019/20 are aligned to the SSCB objectives and will continue to support NHS Southwark CCG to fulfil their statutory responsibilities for safeguarding children and young people.

## Partnership Working

To continue to work with partners via the SSCB to progress the safeguarding children objectives.

Work with Public Health colleagues to promote safeguarding throughout the health agenda for children and young people in the borough.

To work jointly with the SSCB to identify risk and support parents and children with regards to mental health, alcohol and substance misuse which includes use of tobacco.

To empower young people and communities to eradicate FGM, CSE and Knife Crimes and work together with partners to raise awareness within schools, communities and hotspot areas with the aim of identifying local ambassadors to support the agenda and progress the findings of the Extended MOPAC review.

To engage with the partnership for a workshop on ACEs and other negative/traumatic childhood experiences as a vehicle to map the local population demographics and the neglect needs assessment to the current early help offer and address the gaps.

## Service Development

To positively contribute to early intervention/early help work through commissioning in order for children, young people and families to be able to access help and have their health needs met at the earliest possible stage

To ensure that health service planning and developments consider the views of children and young people

To ensure that health is represented with the on-going development work being undertaken with local communities via the Community and Engagement Subgroup and voluntary organisations.

To ensure the children's neglect agenda remains a high priority within Primary Care and to facilitate a workshop to develop and implement a strategy through a health lens in relation to neglect.

To provide a quarterly assurance report to the Governing Body on progress in relation to the CCGs Safeguarding Children Strategy and workplan.

## Training and Development

To ensure that learning from all reviews and audits is disseminated and embedded across the health economy.

To provide bespoke safeguarding children training for commissioners with the CCG and the Governing Body

The CCG Safeguarding team will work in collaboration with the SSCB to promote a culture of multi-agency safeguarding and child protection learning using a learning and improvement framework.

Chair: Dr Jonty Heaversedge    Accountable Officer: Andrew Bland    Managing Director: Ross Graves

To provide assurance that learning is cascaded to front line practitioners across the health economy through single agency training and multi-agency via the SSCB 'My Learning Source'.

To ensure that all front-line staff and managers are trained in recognising presenting risk factors.