

Safeguarding and Looked After Children Team Annual Report 2017/18

**For the five Hampshire Clinical Commissioning
Groups**

**Fareham & Gosport Clinical Commissioning Group
North Hampshire Clinical Commissioning Group
North East Hampshire & Farnham Clinical Commissioning Group
South Eastern Hampshire Clinical Commissioning Group
West Hampshire Clinical Commissioning Group**

April 2017 – March 2018



Report Author	Cynthia Condliffe, Designated Nurse, North East Hampshire & Farnham, South Eastern Hampshire and Fareham & Gosport CCGs On behalf of the Safeguarding and Looked After Children Team
Developed in conjunction	Naomi Black, Designated Nurse for Looked After Children Dr Clare Harris, Named GP for West Hampshire CCG Kim Jones, Designated Nurse, West Hampshire & North Hampshire CCGs Dr Simon Jones, Designated Doctor for Safeguarding Children Dr Sharon Kefford, Named GP for North East Hampshire and Farnham Dr Sheila Peters, Designated Doctor for Unexpected Child Deaths Dr Melissa Phillips, Designated Doctor for Looked After Children Dr Tania Phillips, Named GP for North Hampshire CCG Dr Jenny Rattray, Named GP for South Eastern Hampshire and Fareham & Gosport CCG
Administrative Support	Alison Bailey, Safeguarding Assistant Sharon Tinney, Safeguarding Administrator
Date	September 2018

Contents

Executive Summary	3
1. Introduction	6
2. Local Context	6
3. National Context.....	7
4. Safeguarding and Looked After Children Risks	7
5. Partnership working with the Hampshire Safeguarding Children Board	7
6. Looked After Children	12
7. Safeguarding Children in Primary Care	18
8. Safeguarding and Looked After Children Assurance	20
9. NHS England	22
10. Policy Development	23
11. Audits.....	24
12. Training.....	26
13. Safeguarding and Looked After Children team priorities (2018/19)	26
14. Conclusion	27

Executive Summary

The Annual Safeguarding and Looked After Children's Team report brings together the safeguarding activities for the year April 2017 to March 2018, including the successes and challenges and priorities for the coming financial year (2018/19). This is the fourth Safeguarding and Looked After Children Annual report to the five Hampshire Clinical Commissioning Groups.

The five Hampshire Clinical Commissioning Groups, Fareham & Gosport, North Hampshire, North East Hampshire & Farnham, South Eastern Hampshire and West Hampshire have worked effectively together this reporting year to progress the Safeguarding and Looked After Children agenda and have continued their commitment to their statutory responsibilities as set out within Section 11 of the Children Act 2004 and promoting the health and wellbeing of Looked After Children (2015).

Throughout the year there has been a robust reporting system in place that captured quarterly activities and also monthly exception reporting to the five Hampshire Clinical Commissioning Groups.

There have been some significant national updates to children's legislation affecting this reporting year. This report provides information on national and local updates and how the Clinical Commissioning Groups as commissioners have sought to fulfil their statutory responsibilities and gained assurances from their respective healthcare providers. Some of the updates and work stream developments are highlighted below:

- The Children and Social Work Act (2017) received its royal assent in April 2017
- A new information risk system was introduced for Female Genital Mutilation in May 2017
- NHS England South (Wessex) continued its safeguarding programme
- The Child Protection Information System progressed (in partnership with the Local Authority)
- The Joint Targeted Area Inspection action plan was submitted to OFSTED in March 2017 by partners in Hampshire and work commenced in this reporting year to implement the actions highlighted
- Working Together to Safeguard Children 2018 Consultation in December 2017

West Hampshire Clinical Commissioning Group continues to host Safeguarding Children and Looked After Children on behalf of the five Hampshire Clinical Commissioning Groups. This has allowed for continuity and standardised safeguarding children's practice and service across the five Hampshire Clinical Commissioning Groups, whilst allowing for each individual Clinical Commissioning Group to retain statutory accountability for safeguarding in their area.

Since establishment of the Clinical Commissioning Groups in 2013, we continue to fulfil our statutory responsibilities for safeguarding and Looked After Children as set out in legislation and statutory guidance. Looking back on the last year, we are pleased to report that in line with legislation and best practice guidance, the five Clinical Commissioning Group have the following in place:

- Executive Leads for Safeguarding and Looked After Children
- All Designated Professionals' posts are currently filled and the professionals have adequate administrative support as recommended within the Intercollegiate Document 2014 and Safeguarding Children and Looked After Children Intercollegiate Document 2015

- There are four Named GPs for Safeguarding Children in post, equating to one Named GP per area
- There are robust recruitment processes and procedures across the Clinical Commissioning Groups
- There are equality and diversity strategies across the five Hampshire Clinical Commissioning Groups
- We continue to deliver safeguarding and Looked After Children's training for primary care
- Our Designated Professionals have had access to safeguarding supervision and coaching
- We continue to work with providers of services commissioned by the Clinical Commissioning Groups to ensure effective safeguarding children's processes are within their organisations
- The Designated Professionals provide support to provider organisations across the health economy
- We have a Safeguarding Children's Policy and Strategy in place.

Our success this year has been made possible by us working effectively with each other as Clinical Commissioning Groups, as partner of the Hampshire Safeguarding Children Board, Corporate Parenting Board (formally Care Matters Board) and our other statutory partners. Our achievements this year have included:

- The Clinical Commissioning Groups are compliant with the Section 11 of the Children Act 2004. Section 11 of the Children Act 2004 highlights the statutory responsibilities of organisations working with children
- Strong working relationships with Hampshire Safeguarding Children's Board and the Corporate Parenting Board (formerly Care Matters Board)
- Full engagement with the Hampshire Safeguarding Children Board on statutory and non-statutory reviews
- An action plan was completed following a team peer review conducted by Dorset and Yorkshire Designated safeguarding leads
- Engagement with NHS England Wessex safeguarding work streams
- Implementation of local documents for Female Genital Mutilation adopted across the four Local Safeguarding Children Board which raised awareness amongst frontline staff
- The delivery a Wessex wide Female Genital Mutilation workshop to equip health professionals to recognise and manage cases
- The implementation of the Child Protection Information System in partnership with the Local Authority
- Development of a new Looked After Children's Designated Doctor specification with support from the Royal College of General Practitioners, which combines the skills of paediatricians and GPs to address the gaps in recruitment
- Recruitment to a Designated Doctor for Looked After Children
- The development and implementation of the locally commissioned service for initial health assessments for Looked After Children which has improved the quality and timeliness of statutory health assessments
- The commencement of an Abusive Head Trauma project commissioned by the Hampshire Safeguarding Children Board
- Implementation of developed information sharing forms between Primary Care and Children Services which has increased reports from GPs to case conference from 28% to 56% in a 12 month period
- The completion of an 'Unidentified Adult' project aimed at ensuring that professionals identify and engage with adults involved in a child and young person's life
- Development of Family Engagement Guidance for Primary and Secondary care in response to serious case reviews (see image of leaflets below)



- Training a significant number of General Practitioners including Safeguarding Leads within GP practices
- Successful Annual Safeguarding and Looked After Children conference in collaboration Wessex Faculty of the Royal College of GPs
- Supported the Hampshire Safeguarding Children Board with the Board's annual safeguarding conference and annual report.

We look forward to a successful 2018/19 as we continue to work together as Clinical Commissioning Groups and with our partners in improving safeguarding outcomes for children and young people in Hampshire.

1. Introduction

The Safeguarding and Looked After Children service is hosted by the West Hampshire Clinical Commissioning Group on behalf of the five Hampshire Clinical Commissioning Groups.

This annual report aims to provide a summary of progress against the teams work plan. The report also incorporates information which has been shared with the Clinical Commissioning Groups regarding the following:

- Local and National Safeguarding Children's updates
- Safeguarding Children's Risk Management
- Partnership Working
- Serious Case Review and Multi-Agency Reviews
- Looked After Children's annual report
- Safeguarding Children in Primary Care
- Safeguarding Children's assurance
- Achievement
- Training
- Priorities for 2018/19

2. Local Context

Hampshire is the third largest county in the country, with the current population at 1.32 million people (Hampshire County Council, 2011), a significant growth from the 2001 census of 1.2 million population.

Approximately 309,462 of Hampshire population are children and young people aged 0-19 years, of which currently 1,294 are on a child protection plan.

Table 1 Number of children subject to a Child Protection Plan (CPP)

Child Protection	2014/15	2015/16	2016/17	2017/18
Number of children with a Child Protection Plan (CPP) (at year end)	1,352	1,435	1,263	1,294

The county is mixed urban and rural population with 11 local districts and boroughs. The 2011 census registered a considerable growth of these districts. Within these districts are areas of affluence and also areas of significant deprivation. There are six areas in Hampshire that are listed in the 20% most deprived in England. This includes; Eastleigh, Gosport, Havant, New Forest, Rushmoor and Test Valley (Hampshire Safeguarding Children Board, 2017).

The Clinical Commissioning Groups have a good understanding of the impact of deprivation on children and to take this into consideration when commissioning, planning and working in partnership with partner agencies to secure positive outcomes for children. An example is the Gosport safeguarding children deep dive first completed in 2016 and has been repeated in this reporting year. The findings are planned to be shared with the Clinical Commissioning Group children's commissioning team and also relevant partners.

The Hampshire Safeguarding Children Board annual report highlights that critical to improving outcomes for children is understanding children's "lived experience" and giving children a voice that is not only listened to but acted upon (Hampshire Safeguarding Children Board, 2017). The Clinical Commissioning Group continues to work closely with Hampshire Safeguarding Children Board partners locally to safeguard children.

3. National Context

Working Together to Safeguard Children (HM Government, 2015) defines safeguarding and promoting the welfare of children as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes
-

The document sets out the roles and responsibilities of key agencies in ensuring that children are protected, their health and well-being are not impaired, have access to effective care and have positive outcomes.

3.1 National Updates

3.1.1 Working Together to Safeguard Children 2018 Consultation

The Working Together to Safeguard Children, 2018 consultation closed on the 31 December 2017. The Safeguarding and Looked After Children Team completed a response on behalf of the five Hampshire Clinical Commissioning Groups which was submitted to the Department for Education. The consultation response was shared with the Hampshire Safeguarding Children Board and the National Network for Designated Health Professionals. The revised document is scheduled to be published in 2018.

4. Safeguarding and Looked After Children Risks

The five Hampshire Clinical Commissioning Groups are committed to safeguarding children. Identified risks are managed in a timely way with the aim of reducing and/or mitigating the risks and improving outcomes for children. Any risk once identified is scored according to the risk matrix and controls are put in place to mitigate the impact. Risks that have an impact on the multi-agency system are highlighted and discussed with the Hampshire Safeguarding Children Board.

West Hampshire Clinical Commissioning Groups as host for the safeguarding and Looked After Children service continues to hold the risks associated with safeguarding and Looked After Children. Once a risk is identified, it is shared with the other four Clinical Commissioning Groups to ensure that they have oversight of the risk and mitigation and they are kept updated through the quarterly and exception reporting. Individual Clinical Commissioning Groups retain responsibility of risks associated to their population.

5. Partnership working with the Hampshire Safeguarding Children Board

5.1 Serious Case Reviews and Multi-Agency Reviews

Ten cases were referred to the Learning and Inquiry Group between April 2017 and March 2018 for consideration of a statutory review. Findings and recommendations from completed reviews have resulted in actions aimed at improving practice and outcomes for children throughout Hampshire.

Some of which included the following:

- Strengthening the Neglect Strategy. Work led by the Hampshire Safeguarding Children Board has significantly raised the profile and awareness amongst practitioners of neglect
- Development and promotion of a set of general principles and standards for safeguarding supervision for frontline staff, to help ensure that there is a standardised approach to safeguarding supervision across Hampshire
- Revision and re launch of the Hampshire Safeguarding Children Board policies and procedures to frontline practitioners
- Strengthening the process of how non-mobile babies with a bruise are managed (included updating of the Bruising Protocol across the four Local Safeguarding Children Board areas)
- Strengthening safeguarding practice within Primary Care. The Named GPs have worked with GP practices and practice safeguarding leads to embed learning from Serious Case Reviews
- Strengthening safeguarding in midwifery settings across the five Hampshire Clinical Commissioning Groups areas
- Commissioning of the Abusive Head Trauma (ICON campaign (see section 5.1.1)
- Completion of the Unidentified Adults work to aid identification and engagement with adults who are in the lives of children and young people (see section 5.1.2)

5.1.1 Abusive Head Trauma - learning from Serious Case Reviews in Hampshire

The Designated Nurse (West and North Hampshire Clinical Commissioning Groups) presented a proposal for a multi-agency, multi-faceted Abusive Head Trauma campaign to the Hampshire Safeguarding Children Board in June 2017 following a Serious Case Review recommendation for the Board. The proposal was fully endorsed by the Board who agreed to provide a significant financial contribution to progress the work.

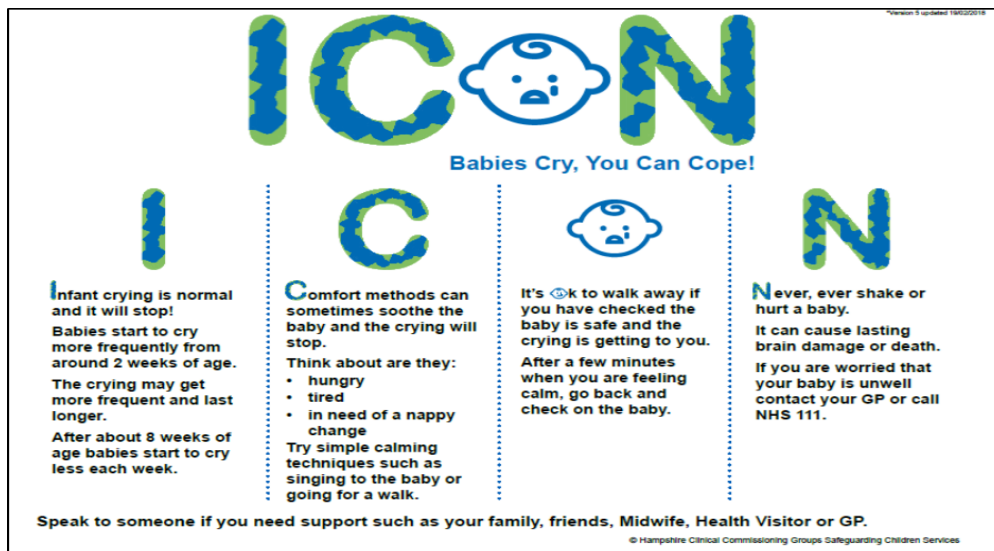
A Task and Finish Group was set up and the meetings commenced in September 2017. The meetings have representatives from health services, Children's Services, early year's providers and educational leads and are led by the Designated Nurse (West and North Hampshire Clinical Commissioning Groups). The Designated Nurse is also a member of a national Abusive Head Trauma group led by Rochdale Clinical Commissioning Group with an aim is to develop and deliver the same core message regarding babies crying, coping and support nationally.

The group has made rapid progress to devise a clear working plan which is research and evidence based and importantly informed by parents. The group has a parent representative whose son was shaken when he was a baby and sadly died as a teenager and who is working with the professionals on the Task and Finish Group to develop the information and programme.

The programme aims to educate children (upper secondary aged), parents / carers and professionals regarding a core message based on coping with a crying baby. The programme is multi-layered in terms of prevention of abuse and intervention when abuse is suspected and a prevention matrix for multi-agency partners has been developed.

The core message is based around **ICON** and this acronym represents:

- I – Infant crying is normal
- C – Comforting methods can help
- O – It's OK to walk away
- N – Never, ever shake a baby



The Task & Finish Group has achieved the following in 2017/18:

- Finalised and published the pilot materials, including the ICON leaflet, fridge magnets and posters
- Agreed the pilot sites, the date for the pilot to commence (1 May 2018) and the audit tool to gather professional and parental feedback on the message and materials
- Developed a Primary Care questionnaire to ensure a consistent approach to the six week baby and mother check, which includes questions regarding mental health and coping with crying
- Developed the DadPad App with the creator of DadPad to include more robust messages regarding coping with crying, safe-sleeping and safety
- Developed the national DadPad to include the ICON message which is available in Mothercare (nationally)
- Promoted and publicised the Hampshire ICON launch which will be delivered to six-hundred professionals in September 2018
- Developed the programme for the launch with parent and national speakers / representatives
- Continued to pursue funding for Fixers who are a charitable organisation who work with children to develop educational materials for children and young people
- Engaged with parents who have been affected by AHT
- Developed the ICON public launch including the use of Hampshire County Councils 'Daisy the Bus'
- Developed and build relationships with the judiciary and have received confirmation that the Designated Nurse (West and North Hampshire Clinical Commissioning Groups) with national experts and parent representative will present ICON at their annual conference in 2018
- Worked with other sites such as Gloucestershire to develop their bids for funding – which have been successful.

5.1.2 Understanding Unidentified Adults

The multi-agency 'Unidentified Adults' online toolkit, is the work of a Hampshire Safeguarding Children's Board Task and Finish Group which was led by the Designated Nurse (West and North Hampshire Clinical Commissioning Groups). The Understanding Unidentified Adults tool kit was launched in 2017/18 and is available on the Hampshire Safeguarding Children's Board website. The toolkit was developed to build upon learning identified in recent Hampshire Serious Case Reviews and other learning reviews. The

resource provides professionals with useful tools to inform their work with children and families including:

- Understanding Unidentified Adults – Best Practice Guide. This includes agency flow charts and ‘Top Tips’
- A recommended tool for practitioners to use when working with children and families
- Understanding Unidentified Adults Audit – Survey Monkey (multi-agency)
- Primary Care Audit that demonstrated that Hampshire primary care practices have varied procedures when registering a child under the age of 18. Whilst all complete the General Medical Services form which provides information regarding previous GP the collection of other information such as schooling, persons with parenteral responsibility, significant adults in a child’s life and history of Children’s Service involvement is inconsistent. The outcome was to produce a template for a primary care registration form for children which encompasses the suggested Local Medical Council criteria – this action is complete.
- Hidden Adults – Slide Deck (Training materials for agencies and Hampshire Safeguarding Children’s Board use)
- Posters for professionals and general public to promote Think Family / Hidden Adults

The online toolkit is available here: [HSCB Understanding Unidentified Adults](#)

The toolkit has been given a ‘soft launch’ across Hampshire and had already generated positive feedback from GPs in particular. The promotion of the toolkit has formed part of the Hampshire Safeguarding Children’s Board Learning Lessons Workshops and Regional Practitioner Forums which representatives from the Safeguarding and Looked After Children Team developed and have delivered in a number of sites across Hampshire.

5.2 Hampshire Safeguarding Children Board Quality Assurance Subgroup

The Quality Assurance Subgroup gathers and scrutinises information from multi-agency partners in order to inform its assessment of the effectiveness of safeguarding children arrangements and practice across Hampshire.

The Quality Assurance Subgroup is a key subgroup of Hampshire Safeguarding Children’s Board. The Designated Nurse (West and North Hampshire Clinical Commissioning Groups) commenced the position of chair of the Quality Assurance Subgroup in March 2018 and has contributed to the development of the Quality Assurance Subgroup work plan for 2018/19.

5.2.1 Hampshire Child and Adolescent Mental Health Service Reflective Review

The Child and Adolescent Mental Health Service requested at the Hampshire Safeguarding Children’s Board Quality Assurance Subgroup for a review to be undertaken following a number of children who have significantly self-harmed. To provide a level of independent scrutiny, the review was led by the Designated Nurse (West and North Hampshire Clinical Commissioning Groups) in collaboration with representatives from Public Health, Hampshire Safeguarding Children’s Board Partnership Support Team and the Named GPs.

The outcomes from the review are:

- Identify where the multi-agency response to self-harm could be improved (e.g. through access to additional training, contemporary research, best practice information)
- Identify any indicators of high risk self-harming behaviour that can be shared across Board partner agencies
- Identify supplementary information for inclusion within the 4 Local Safeguarding Children Boards self-harm pathway

- Identify learning to inform Hampshire Safeguarding Children Board and single-agency training
- Inform multi-agency planning and escalation routes for children with mental health problems

A thematic analysis of the Serious Incidents Requiring Investigation reports was conducted by the Clinical Commissioning Group leads, Hampshire Safeguarding Children Board and Public Health followed by a multi-agency workshop. The workshop had representation from the Child and Adolescent Mental Health Service professionals, school representatives and Children's Services Department.

The report will be ratified 2018/19 and the learning shared across partner agencies.

5.3 Child Death Overview Panel

The Hampshire Child Death Overview Panel continues to meet on a bimonthly basis and there is representation from the Clinical Commissioning Group Designated Doctor for Unexpected Child Death and the Designated Nurse, (North East, South Eastern, Fareham & Gosport CCGS).

Current themes include:

- **Children and Social Work Act 2017:** Includes proposals for reform of the child death review process, including moving Child Death Overview Panel 'ownership' from Local Safeguarding Children Boards to 'safeguarding partners' (the Local Authority, Clinical Commissioning Groups and the Police). The proposals are also likely to impact on the in-hospital child death review process, and the Designated Doctor for Unexpected Child Deaths is liaising with provider partners to support preparation for this proposed change whilst the publication of the revised guidance is awaited.
- **Engagement of health agencies:** The Designated Doctor for Unexpected Child Deaths, supported by Named GPs, continues to liaise between the Child Death Overview Panel and providers to optimise information gathering around child deaths. An audit of quality of information submitted is planned.
- **Outputs from Child Death Overview Panel:** Themes from Hampshire child death reviews have led to a planned re-launch of 'safer sleeping', and five key themes were used for teaching at a GP safeguarding workshop in November 2017
- **Learning Disability Mortality Review:** The transfer of Learning Disability Mortality Reviews to the Clinical Commissioning Groups has brought challenges in terms of liaison with CDOP, and the Designated Nurse (North East, South Eastern and Fareham & Gosport) and the Designated Doctor for Unexpected Child Death, are working to facilitate this transfer
- **Engagement with the Clinical Commissioning:** The Designated Doctor for Unexpected Child Death continues to present an annual Child Death Overview Panel summary to the Clinical Commissioning Groups through their clinical governance committees and a quarterly report.

6. Looked After Children

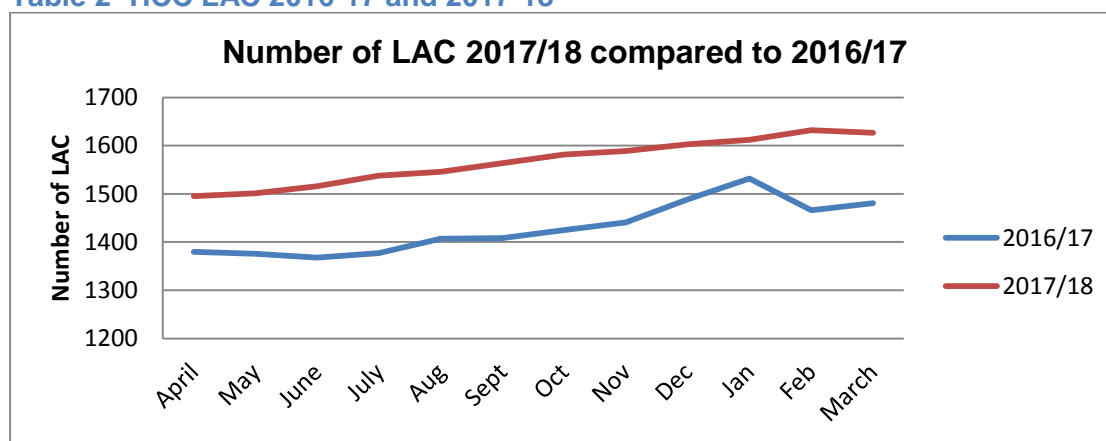
6.1 Introduction

The five Hampshire Clinical Commissioning Groups continue to commission services in relation to their statutory duties to Looked After Children. They support Hampshire County Council in discharging its corporate parenting responsibilities in assisting in addressing the health needs of Looked After Children.

This year has once again been a challenging one for all statutory organisations involved as the numbers of Looked After Children have increased. The figures of those that have been in the care of the Hampshire County Council show an increase from 2016/17 to 2017/18 of 6.3%.

Nationally the numbers of those in care across England increased in March 2017 to 72, 670, an increase of three percent on the previous year's figure. In addition, the national data reported that more children became looked after in 2017 than ceased to be looked after. The reported figures for the same period from Hampshire County Council on the numbers coming into their care shows the increase locally is higher than the national rate. Table 2 shows the increase, month by month, in numbers for Hampshire County Council of the Looked After Children in their care between 2016/17 and 2017/18.

Table 2- HCC LAC 2016-17 and 2017-18



In last year's report it stated that this increase in the numbers of Looked After Children during the period (2016-2017) had been partially attributed to the increase number of unaccompanied asylum seeking children being taken into care.

Children and young people seeking asylum gain the status of being a "Looked After Child" when they are determined to be under the age of 18 years. They then become the responsibility of the local authority as their "corporate parent" for their care. Hampshire County Council had agreed to participate voluntarily in the Governments programmes to accommodate unaccompanied asylum seeking children.

It must be acknowledged that the increase numbers within this reporting year 2017/18 could not be attributed alone to the unaccompanied asylum seeking children population. A significant rise in local Hampshire children meeting the threshold for care has impacted on the numbers, increasing demand on services to support them including health.

6.2 Areas of Success

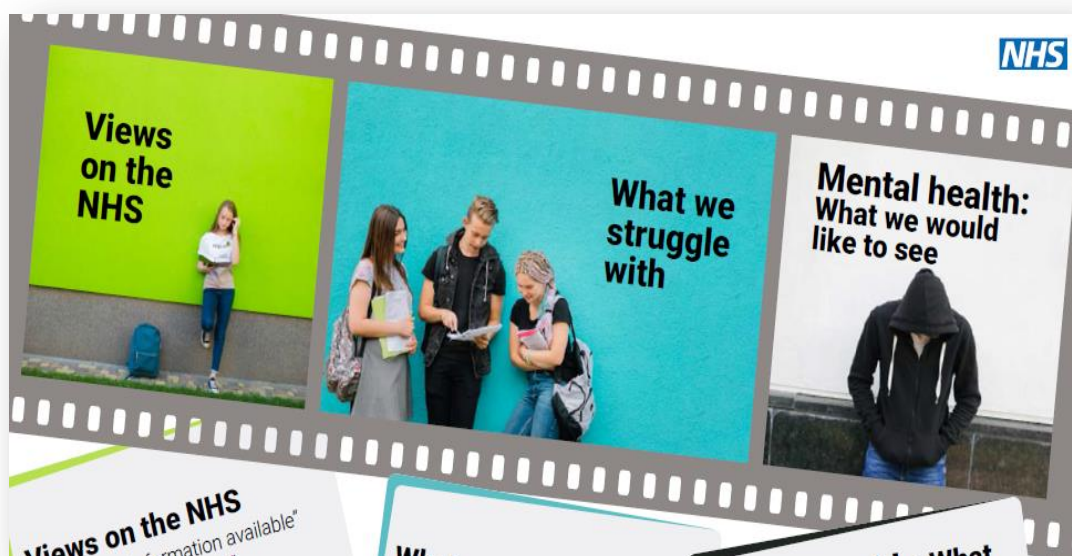
6.2.1 Voice of the child- Looked After Child

The voice of the child and their carers remains a fundamental tenant of the Clinical Commissioning Group vision to inform service provision and delivery. Ensuring that all Looked After Children and their carers have the facility and opportunity to communicate what they perceive they need and be part of the Locally Commissioned Service for initial health assessments.

The Locally Commissioned Service, as reported last year, is built around hearing clearly the commentary and concerns of Looked After Children and their carers.

Building on the success of the 2016 Safeguarding Annual Conference where a care leaver addressed the delegation on what it felt like for them accessing health services, the 2017 Safeguarding Conference asked care leavers if they would like to have an information stand about what they thought about health, what they struggle with and what they would like to see. This opportunity was taken up readily by some care leavers and with the support of their personal advisers they built a stand with feedback.

During the conference they spoke directly to delegates at the stand and then approached the organisers to speak from the platform which they did eloquently. This again was very well received by those in attendance. The comments from the young people have been developed into a poster and moving forward will form the base of the strategy to address the health of care leavers to be shared with other health providers to inform their services too.



6.2.2 Appointment of a Designated Doctor for Looked After Children

At the end of November 2015 the Designated Doctor for Looked After Children retired from the role. This meant that the five Clinical Commissioning Groups did not meet their statutory duty to have a doctor in post specifically for Looked After Children. It was swiftly identified across all five Clinical Commissioning Groups as a risk to their organisation and entered onto each organisations risk register and recruitment of the post commenced.

After a number of attempts, using a variety of iterations of models for the role, a successful appointment was made in November 2017 to the post following the development of a specific person specification with the support of the Royal Colleges. This has now been adopted by other Clinical Commissioning Groups having challenges recruiting. The new Designated Doctor took up this strategic post in January 2018 for two sessions per week for the five Clinical Commissioning Groups.

6.2.3 Improvement of Quality and Timeliness of Statutory Initial Health Assessments

As reported last year a new locally commissioned service was developed to undertake quality and timeliness statutory initial health assessments across four of the five Clinical Commissioning Group. This service was introduced in a phased approach across the four Clinical Commissioning Group areas with the last commissioned Practice coming on board in the summer of 2017.

The data collated during the year has shown that the health intervention to identify health needs have met the timeliness in over 89% of requests received from Children Services. The quality of the assessments has improved through this service as the completed assessments are scrutinised against the recognised national tool form for quality assurance.

This scrutiny is undertaken by the Designated Professionals on behalf of the five Clinical Commissioning Groups. During this period all assessments met the required level. Feedback from the professionals who deliver the service has been positive. They view that having protected time to undertake these assessments ensures that these vulnerable children get the optimum attention to identify their ongoing health needs. Some of the feedback from carers who have experienced both services (pre the Locally Commissioned Service and the new service) reported a high degree of satisfaction. They feel the new service was truly child focused and clearly wanted the voice of the child to be heard as well as the carers. Feedback from some of Children Services administrators and personal assistants is that the new Locally Commissioned Service for initial health assessments in Hampshire children placed in Hampshire has resulted in significant improvement in both quality and timeliness of the assessments

6.2.4 Care Leavers

The Children and Social Work Act (2017) outlines clearly for Hampshire County Council further work to support those young people who leave their care at a variety of ages. It identifies health as one aspect to help address care leavers needs within the Act and the five Clinical Commissioning Group are committed to support this agenda.

During the year it was identified nationally that to enable care leavers to be supported in Primary Care a "Read Code" needed to be developed. Read codes are a flagging system that can be applied to an individual's primary care record to alert practitioners of their unique background.

The Designated Professionals wanted to obtain the views of care leavers in Hampshire about the application of this code to their records and a survey was commenced in March 2018 to receive feedback. The survey wanted to establish three main things.

- Did they think this was a good idea
- How would they like this code to be applied- as they leave care automatically or as an individual consultation with the Primary Care practitioner when they attend
- That they understood the timeframe for this Code to be left on the record before they could have it removed

The findings and outcome will be reported and actioned in the early part of 2018/19 and in the next annual report.

6.2.5 Corporate Parenting Board (formerly Care Matters Board)

During 2017/18, Hampshire County Council in consultation with partners moved from the Care Matters Board which had been established since 2006 to a new Board – Corporate Parenting Board. This board is now chaired by local county councillors and membership includes young people as well as representatives from statutory agencies. Health remains a key member and at the first Board which happened in January 2018 and in March 2018 a

presentation was shared by health on meeting the health needs of Looked After Children and the ongoing work around care leavers. The presentation was well received and some of the areas shared in the presentation will be taken forward into 2018/19.

As a result of the change to the Board the previous Health Sub group for the Corporate Parenting Board was dissolved. It was decided that the direction of travel and areas for development would be determined by the new Corporate Parenting Board going forward.

6.2.6 Meeting the demand of other Local Authority placed children in Hampshire statutory health needs

Under statutory guidance the five Clinical Commissioning Groups have a duty to support other local authority Looked After Children placed in Hampshire County Council area. The numbers of these children are considerable and almost match in number the Hampshire County Council own Looked After Children population. In consultation with a local provider, agreement was reached for this provider to take on the health assessment requests for this cohort. This ensured that the five Clinical Commissioning Groups met their statutory obligation.

6.3 Areas of challenge

6.3.1 The Increased Demand on Undertaking Review Health Assessments

In four of the five Clinical Commissioning Groups areas the requests from Children Services Department to a health provider to undertake statutory review health assessments on behalf of the Clinical Commissioning Groups impacted on the service delivery. This resulted in a number of assessments falling outside statutory timeframes with under five year olds being prioritised as they require two assessments per year. The Clinical Commissioning Groups have been working diligently to find a resolution to this and are working closely with all providers to achieve a positive outcome. This has been identified as a risk on all four Clinical Commissioning Groups that are affected by the situation.

6.3.2 Meeting the statutory health assessments for those Hampshire children placed out of Hampshire

Having looked to address the quality and timeliness of statutory health assessments for those Looked After Children placed in Hampshire the Clinical Commissioning Groups were concerned about those Hampshire Children placed out of county. A small review undertaken by the Designated Nurse on retrospective Initial Health Assessments undertaken on Hampshire County Council children placed out of Hampshire confirmed that these assessments were not meeting statutory time frames or of a quality standard.

Comparison was made to a similar audit undertaken by NHS England Wessex in April 2017 using the same review tool. The findings in Table 3 did identify that there were areas that the assessments were better than both Wessex and Hampshire but areas of improvement required going forward. It must be acknowledge that to improve this outcome partnership working with Hampshire County Council needs to be developed further. In recognition of the issues a pilot project is to be developed in 2018/19 to implement a service similar to the Locally Commissioned Service that works for Hampshire children placed out of county.

Table 3- Comparative table for IHAs across Wessex, Hampshire and the Clinical Commissioning Groups

	All Wessex	Hampshire	CCGs
IHA completed within statutory 20 working days of being taken into care	43%	33%	0%
Evidence that the child / YP was offered the opportunity to be seen alone	35%	33%	57%
Assessment completed by Nurse, Paediatrician, GP	89%	100%	100%
NHS Number	39%	22%	57%
Evidence that the carers' concerns have been sought and recorded			57%
Evidence that child or young person's concern/comments have been sought and recorded			100%

In addition challenges have arisen in being able to access Looked After Children services in other Clinical Commissioning Groups areas to meet the needs of our Hampshire children placed there. It is recognised nationally that capacity across the health economy is stretched to deliver out of area placed children's health needs and statutory assessments. This issue continues to be raised with representation by the designated professional at NHS England's Looked After Children Forum and with a priority to find a national resolution within the financial landscape.

6.3.3 Alignment of health assessment for those children with complex needs or disability in care with the statutory requirements

During this year it became apparent that a number of Looked After Children were being identified both as Looked After Children and a child with Special Educational Needs and Disability. These children require as part of their Special Educational Needs and Disability assessment process a health contribution to inform the Education, Health and Care Plan (EHCP). Throughout the year these children were being supported by this process and Hampshire County Council were still requiring a health assessment because of the Looked After Children status.

The Designated Professionals for Looked After Children status feel that these children should be seen once and not subjected to multiple assessments. In recently published guidance, *A Guide to Meeting the Statutory Health Needs of Looked After Children through a Standard Approach to Commissioning and Service Delivery*. (November 2017) clearly takes the same view.

Locally this view is also supported by the Designated Clinical Officer for Special Educational Needs and Disability and it is hoped going forward in 208/19 that this pathway can be further developed.

6.3.4 Adult Medical (Health Assessments) for Prospective Adopters and Foster Carers

As reported in last year's report these medicals remain an issue with Primary Care meeting the timescales for the adoption of fostering process. There is strong support from Primary Care to undertake these assessments but they are additional work outside the General Medical Service contract.

The Named GPs for safeguarding for the Clinical Commissioning Groups have been supporting this agenda. Success has been achieved with them linking with both Practices and Practice Safeguarding leads to try and resolve this.

The number of requests for these assessments is predicted to rise as the Local Authority look more and more to connected carers or special guardianship orders being identified to

take on Looked After Children. These roles will require the same assessments as for an adoptive parent or foster carer.

6.4 Clinical Commissioning Groups Designated Representation on Strategic Boards and Groups

The Designated Looked After Children professionals continue to represent the Clinical Commissioning Groups at a number of national and local boards and forums.

Locally the newly formed Corporate Parenting Board in Hampshire requires the Designated professional to be an invited member on behalf of health. These meetings will happen quarterly and offer the opportunity to give both requests for improvement and challenge to support Looked After Children and care leavers in Hampshire.

At a National level the Hampshire Clinical Commissioning Groups Designated Nurse took over temporarily as the representative for Looked After Children on the NHS England Looked After Children sub group (now forum). This was to ensure the voice of Looked After Children across Wessex was heard on the Looked After Children issues from the Clinical Commissioning Groups.

In addition the Designated Nurse represents the South of England on the National Network for Designated Health Professionals for Looked After Children. Again this an opportunity to raise Looked After Children issues across the membership and influence legislative and national changes.

6.5 Summary

The numbers of children coming into care both nationally and locally have continued to increase over 2017/18. This has presented some challenges in meeting the health needs in a timely way and of a quality standard.

The Looked After Team continues to secure the voice of the child throughout the work they do. The support of care leavers for the Safeguarding and Looked After Children conference in November 2017 was invaluable to help inform health of their needs and issues going forward. Further work with the care leavers to secure views on new models of recording their status is important for them both individually and as a group. The new Locally Commissioned Service has shown dramatic reporting of the voice of the child at initial health assessments which has been able to identify individual needs for the child.

From last year report (2017/18) the timeliness and quality of initial health assessments for Hampshire Looked After Children placed in Hampshire has improved significantly with the introduction of the locally commissioned service. This continues to show good outcomes and will be a proposed model going forward for those children placed outside of Hampshire. The appointment of the Designated Doctor for Looked After Children after a two year gap brings the five Clinical Commissioning Groups into line with their statutory duty. The individual brings not only a wealth of experience from a paediatric background but also from Primary Care too.

The Clinical Commissioning Groups have worked to address the statutory requirements of meeting other local authority children placed in Hampshire's health needs. This work is ongoing and the support of a local provider to undertake these has been invaluable in meeting the organisations statutory obligation.

Although there are a number of areas that need further development there has been a significant amount of good work in this year to underpin the Looked After Children and care leavers' agenda going forward.

7. Safeguarding Children in Primary Care

West Hampshire Clinical Commissioning Group holds a Service Level Agreement with NHS England on behalf of the five Clinical Commissioning Groups in Hampshire for the employment of Named GPs.

The Named GPs have been in post for nearly 3 years. During that time there has been a notable shift in the primary care culture to safeguarding. Awareness has increased and primary care is more engaged. This is reflected in training attendance and types of queries received. This positive culture shift has also been noted by colleagues in secondary care.

The Named GPs for Safeguarding Children have the following processes in place to ensure effective support of the GP practices within the five Hampshire Clinical Commissioning Group areas:

- Practice visits
- Level 3 GP safeguarding Training core and advanced
- GP practice safeguarding leads meetings
- Named GP duty advice line with GP enquiry database
- Engagement with the Hampshire Safeguarding Children Board and Clinical Commissioning Group work streams
- Feedback on their role and training provided.
- Annual Primary Care Safeguarding Conference
- Quarterly newsletter
- Training program for GP trainees

7.1 Practice Visits

The Named GPs undertake practice visits across Hampshire which allows an opportunity to provide additional teaching, support and advice to GPs and practice staff on a broad range of safeguarding topics. It also provides the Named GPs with assurance that practices are following recommended safeguarding procedures. Since the Named GPs came into post in May 2015 93% (120/129) practices have had a visit from their Named GP.

7.2 Training and Development

Primary Care Training for the year (2017/18) has continued to demonstrate a steady increase in the number of GPs trained to Level 3 versus 2016/17. Feedback continues to be extremely positive. Recent examples are highlighted below:

Table 4- Example of feedback from training

“I thought that this was an outstanding programme. Very thoughtful, pragmatic. Thank you”

“Excellent overall; well organised; excellent presentation”

“Very interesting, relevant topics as a practice child safeguarding lead I will implement in my surgery”

The Named GPs in collaboration with the Safeguarding and Looked After Children’s team have also delivered the following training sessions:

Table 5- Training offered by the Safeguarding and LAC Team

Training Session	Number of times delivered 2017/18
Half Day level 3 GP and Practice Nurse Training	9 sessions delivered
Practice Safeguarding Leads training	8 Sessions delivered
Other GP Training: GP VTS training days for Portsmouth, Winchester and Southampton GP trainee schemes	3 Sessions delivered
Annual Safeguarding and LAC Conference	November 2017

The Safeguarding and Looked After Children training strategy has been reviewed in 2016/17 and is up to date and in line with current expectations as outlined in the Intercollegiate Document (2014). The team continue to offer regular Level 3 Safeguarding and Looked After Children training sessions within each Clinical Commissioning Group area. The training is accessible by GPs, Practice Nurses and Clinical Commissioning Group staff members.

7.3 GP Enquiry Data Base

The Named GPs ensure that concerns related to safeguarding and Looked After Children arising from Primary Care can be answered as quickly as possible. The Named GPs provide this assurance by each holding the safeguarding 'mobile' on a rotational basis. They are also available via email for non-urgent concerns and advice. Over 100 telephone queries have been dealt with in a 12 month period.

7.4 Work Streams

Throughout 2017/18 the Named GPs have contributed to the safeguarding and Looked After Children agenda. Examples of their involvement include:

- **Information Sharing:** The Named GPs have worked closely with Children's Social Care to improve information sharing between Primary Care and Children's Services. An information sharing forms was developed and has been in use for past year. There is evidence that demonstrates an improvement from 28% to 56% in the GP response rate of providing reports for child protection case conferences
- **Newsletter:** The Named GPs continue to produce the Children's Safeguarding and Looked After Children quarterly newsletter to disseminate key advice and training messages to all clinicians within primary care
- **Child and Adolescent Mental Health Service Fitfest:** The Named GPs had a stall at 'Fitfest' (Child and Adolescent Mental Health event) which gave the Safeguarding and Looked After Children's Team an opportunity to engage and hear the voices of children
- **Early Help:** Processes have been put in place to ensure that referrals for early help by GPs go straight to Children's Services
- **Female Genital Mutilation:** The female genital mutilation Wessex and National workstream continues and the Named GPs continue to increase awareness of female genital mutilation and encourage practices to register with the enhanced data set. Female Genital Mutilation is incorporated into new advanced training

- **Abusive Head Trauma Group:** The Named GPs have produced a maternal postnatal template incorporating advice on coping with crying and detecting parenting vulnerabilities such as mental health problems or domestic abuse. This will be piloted for use in general practice from May to July 2018
- **Co-sleeping campaign:** The Named GPs are part of the task and finish group on co-sleeping. The task and finish group is as a result of serious case review to explore professional awareness of co-sleeping and overlay with a view to providing better advice and intervention
- **Community Partnership Information Form:** Development of guidance for GPs on soft information sharing via the Police Community Partnership Information (CPI) form
- **Domestic Homicide Review Recommendations:** Named GP working with the Clinical Commissioning Group to implement and support the recommendations (there is a strong overlap with child safeguarding) for training GPs in domestic abuse identification and support
- **Community Partnership Information Sharing:** The Named GPs worked on guidance on soft information sharing with police via the Community Partnership Information form which was approved by the Hampshire Safeguarding Children's Board health subgroup and now going to the board with a view to widening this across partner agencies
- **Safeguarding in the military:** The Named GPs have established links with Military GPs to address the gaps in information sharing with a planned joint meeting of military GPs and local GP safeguarding practice leads.

8. Safeguarding and Looked After Children Assurance

The Clinical Commissioning Groups commission health services for its local population. The Clinical Commissioning Groups seek assurance from its providers that effective safeguarding children processes are in place to safeguard children and young people that access their agencies for care. The governance for safeguarding is linked into the Hampshire Safeguarding Children Board. The Hampshire Safeguarding Children Board provides scrutiny to agencies in Hampshire. This section highlights examples of good practice and challenges in this reporting year.

NHS Providers

- Frimley Health NHS Foundation Trust (FHFT)
- Hampshire Hospitals NHS Foundation Trust (HHFT)
- Independent Providers
- North Hampshire Urgent Care (NHUC)
- Partnering Health Limited (PHL)
- Portsmouth Hospitals NHS Trust (PHT)
- Salisbury NHS Foundation Trust (SFT)
- Southern Health NHS Foundation Trust (SHFT)
- Southampton University Hospital Trust (UHS)
- Sussex Partnership NHS Foundation Trust (SPFT)
- South Central Ambulance Service (SCAS)
- The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH)

8.1 Safeguarding engagement and innovation by commissioned services

In this reporting year there has been a significant engagement from commissioned health services. This has included engagement in a range of safeguarding activities and innovations which impact the whole health system. These have included the development and implementation of a range of policies, procedures and guidance and engagement with key workstreams including:

- The Child and Family Engagement Guidance for primary and secondary care
- Implementation of the shortened Child Sexual Exploitation Risk Question (CSERQ4)
- Domestic Violence and Abuse Pathway for acute settings and primary care
- Successful safeguarding recruitment to vacant posts within provider sector
- Local innovations (such as CAMHS Fitfest project)
- Detailed safeguarding newsletters to frontline staff with pertinent information
- Engagement from unscheduled care settings to implement Child Protection Information System
- Adopting and developing the 'Family Approach' to safeguarding
- Extensive work and contribution to the Unidentified Adults work
- Extensive contribution to the Abusive Head Trauma work

A significant aspect of the providers' role and responsibilities is to work effectively with partners to ensure better outcomes for children. The activities and innovations highlighted above support and provide evidence of effective multi-agency working to improve systems, processes and outcomes for children.

8.2 Challenges

There have been a number of challenges in this reporting year. Some have happened as a result of difficult and challenging "Care Quality Commissioning" inspections. The Clinical Commissioning Groups acknowledge these safeguarding children challenges and have worked with providers, the Hampshire Safeguarding Children's Board and other partners to address these challenges. They will continue to work with partner agencies concerned to reduce risks within the system and improve outcomes for children. Some of the challenges recognised in this reporting year have included the following:

- Safeguarding concerns raised by inspectors
- Information sharing continues to be a challenge within health providers
- Challenges within the health multi-agency safeguarding hub
- Cross border working

8.3 Safeguarding Children (including Looked After Children) and Adult and Mental Capacity Act Safeguarding Schedules

A combined 'Think Family' safeguarding schedule is currently included in providers' contracts and was subject to a light touch review during 2017/18 in preparation for the for the 2018/19 contract negotiations.

There is a plan in place to have a Task and Finish Group in 2018/19 to review the changes following legislative updates and NHS England requirements. The schedule will be revised to reflect the changes prior to the 2019/20 contract negotiations.

8.4 Safeguarding Schedule Assurance Visits

As part of the think family schedule, the Designated Nurse (West and North Hampshire Clinical Commissioning Groups) along with the Senior Quality Manager for West Hampshire

Clinical Commissioning Group undertook visits to Southern Health NHS Foundation Trust to gain assurance that they are compliant with the Safeguarding Schedule. Visits were undertaken at Gosport War Memorial Hospital and Elmleigh and overall provided a good level of assurance.

Following the Portsmouth Hospitals NHS Trust Care Quality Commission inspection reports the Designated Nurse (West and North Hampshire Clinical Commissioning Groups) and Senior Quality Manager for West Hampshire Clinical Commissioning Group developed a visit template which focuses on recent learning in relation to emergency care.

The template, designed to be used by providers and commissioners supports collaboration and supports quality improvement by identifying positive learning, themes and trends and any associated actions. The template is split into three key areas:

Part A: Clinical Commissioning Group and provider discussion	This section can be undertaken as a table-top discussion. The intention is for providers and commissioners to have open and honest discussions and together agree/identify any gaps in assurances (and therefore scope for quality improvement).
Part B: Supportive review undertaken by the Clinical Commissioning Group	The section is to be completed by commissioners during a supportive review under a critical friend framework. The findings will be discussed with the provider and identified gaps will be discussed.
Part C: Provider self-assessment	This section has been included for providers to complete, if they wish, as an additional part of their assurance process.

The Designated Nurse (West and North Hampshire Clinical Commissioning Groups) in collaboration with Senior Quality leads within West Hampshire Clinical Commissioning Group, the Deputy Director for West Hampshire Clinical Commissioning Group; Head of Safeguarding for Southampton City Clinical Commissioning Group and the Named GP North Hampshire Clinical Commissioning Group have undertaken visits in the following areas:

- Hampshire Hospitals NHS Foundation Trust - Andover War Memorial Hospital – Minor Injuries Unit
- Hampshire Hospitals NHS Foundation Trust - Winchester Emergency Department
- Hampshire Hospitals NHS Foundation Trust - Basingstoke Emergency Department
- Southampton University Hospital Trust (UHS) – Emergency Department

The Directors of Nursing have received a copy of the completed template from the Clinical Commissioning Group reviewers, which clearly identifies recommendations and areas for continued improvement.

9. NHS England

9.1 NHS England South (Wessex) Safeguarding Programme - Workforce Development

The Designated Nurse (West and North Hampshire Clinical Commissioning Groups) in collaboration with NHS England developed a 2-day Leadership course which was delivered in November 2017, February and March 2018. In total over sixty safeguarding professionals across Hampshire, Southampton, Portsmouth and the Isle of Wight have undertaken the training and the evaluations of the course have been excellent.

A set of 'Wessex Safeguarding Values' was developed and presented to NHS England Safeguarding Forum in January 2018. These values have been developed based on the feedback from the course and from professionals who attend the NHS England Safeguarding Forum. The values are *Creativity, Collaboration, Challenge, Courage, and Commitment*.

9.2 NHS England Child Protection- Information Sharing project

NHS Digital approached Hampshire professionals to take part in a promotional film regarding Child Protection- Information Sharing due to the unique position that Hampshire are in with regards to the number of partners live with Child Protection- Information Sharing. Hampshire was cited as being in the 'best position nationally to talk about how the system works'.

The purpose of the film is to explain to influencers, local authorities and NHS settings that have not yet implemented Child Protection- Information Sharing, and other national stakeholders:

- What Child Protection- Information Sharing is
- How it works
- What the benefits are for vulnerable children, and the staff and organisations that care for them.

The Designated Nurse (West and North Hampshire Clinical Commissioning Groups) with Named Nurse colleagues from Hampshire Hospitals NHS Foundation Trust, Portsmouth Hospitals NHS Trust and Hampshire Local Authority participated in the production of the film in June 2017.

The Designated Nurse (West and North Hampshire Clinical Commissioning Groups) following the completion of the film was approached by Sue Warburton (Head of Safeguarding – NHS England) with an invite to join the NHS England national Child Protection- Information Sharing Board and remains a member of the Board.

The Designated Nurse (West and North Hampshire Clinical Commissioning Groups) has also conducted an interview for the Nursing Times regarding Child Protection- Information Sharing and has supported the social media campaign.

10. Policy Development

10.1 Domestic Abuse Policy for Clinical Commissioning Group staff

The Domestic Violence & Abuse Policy for Clinical Commissioning Group staff is a new policy which has been developed and written by the Designated Nurse (West and North Hampshire Clinical Commissioning Groups) and Consultant Nurse for Safeguarding Adults with input from Human Resources, West Hampshire Clinical Commissioning Group Staff Forum and the Executive. The final version of the policy was presented to the West Hampshire Clinical Governance Committee in May 2018.

10.2 4 Local Safeguarding Children Boards Domestic Violence/Abuse Policy

The Designated Nurse (West and North Hampshire Clinical Commissioning Groups) has co-ordinated and updated the four Local Safeguarding Children Boards Domestic Violence and Abuse Policy. The Policy was approved by the four Local Safeguarding Children Boards Policy and Procedure Group in April 17 and has been uploaded onto Tri-x.

10.3 Adults Who Disclose Sexual Abuse – Practice Guideline

The Designated Nurse (West and North Hampshire Clinical Commissioning Groups) developed the Adults Who Disclose Sexual Abuse – Practice Guideline. The guideline was approved by the four Local Safeguarding Children Boards Policy and Procedure Group in April 17 and has been uploaded onto Tri-x.

10.4 Domestic Abuse Pathway for health professionals

A Task and Finish Group led by the Named GP (North Hampshire Clinical Commissioning Group) and the Designated Nurse (West and North Hampshire Clinical Commissioning Groups) have developed a health specific screening tool, which includes 'opening questions' and 'screening questions' and a pathway for victims of Domestic Violence and Abuse. The pathway was piloted in quarter four (2017/18) and some minor changes have been made following the feedback from professionals. The pathway was presented to the 4 Local Safeguarding Children Boards Procedures Group in February 2018 to allow the other areas to consider its adoption. The pathway is to be presented in its final form to the Hampshire Domestic Abuse Partnership and then the Hampshire Safeguarding Children Board and Hampshire Safeguarding Adult's Board in quarter one (2018/19) and will be launched in 2018/19.

11. Audits

11.1 Understanding Unidentified Adults Audit

The Hampshire Safeguarding Children Board circulated the Survey Monkey to all sub-group members with a covering letter from Derek Benson, the Hampshire Safeguarding Children's Board Independent Chair. A total of 608 professional responded to the survey.

The highlights of the report include:

- Nearly 70% of professionals highlighted that they are not aware of the 'Think Family' concept
- A majority of professionals indicated that information and training is either not available or they were not sure if it was available
- Most professionals identified that they had 'a little' amount of training regarding the importance of knowing who lives in the house with a child. 32% identified that they had not had any training, whilst 18% responded that they had had 'a lot'
- Most professionals who work with adults identified that they had received 'a little' or no training regarding the importance of knowing who lives with a child. Just over 20% identified that they had received 'lots'
- Most professionals >65% identified that they routinely ask the question 'who lives in the household'

The audit informed the work of the Understanding Unidentified Adults Task and Finish Group and will be repeated in 2018/19 once the tools have had a chance to be embedded into practice.

11.2 Domestic Abuse/Violence Training Audit

The Domestic Abuse Training Audit was a recommendation from the Joint Targeted Area Inspection (JTAI) which took place in December 2016. The recommendation highlighted that the JTAI Health Task and Finish Group should consider the following areas:

- Compliance rates of Domestic Abuse Training across health services in Hampshire

- The training needs of health professionals and undertake a training needs analysis/audit of current compliance
- The training needs of health professionals will be understood and appropriate training will be developed and implemented

The Designated Nurse (West and North Hampshire Clinical Commissioning Groups) and the Named GP (North Hampshire Clinical Commissioning Group) conducted an audit across health services. Overall, the results of the audit indicate that a majority of health professionals from across the health economy receive training regarding Domestic Violence and Abuse through mandatory safeguarding training and 100% of responses highlighted that they felt that training on Domestic Violence and Abuse changes professional practice.

11.3 Multi-Agency Safeguarding Hub and Domestic Abuse Referrals Audit

The Multi-Agency Safeguarding Hub and Domestic Abuse Audit was a recommendation from a Serious Case Review which indicated that *'West Hampshire Clinical Commissioning Group, with Multi-Agency Safeguarding Hub will undertake a review across health agencies to ascertain staff understanding and confidence levels when making referrals to Children's Services. This should include confirmation of which risk assessment is currently being used across health agencies in Hampshire'*.

The Joint Targeted Area Inspection which took place in December 2016 also gave a recommendation to undertake an audit to *'establish the number of referrals made by health professionals to Children's Services where the DASH Risk Assessment has been completed'*.

The Designated Nurse (West and North Hampshire Clinical Commissioning Groups) and the Named Nurse (Southern Health NHS Foundation Trust) made a decision to combine the two audits together and review cases which were referred into the Multi-Agency Safeguarding Hub from across the health economy considering both recommendations concurrently as highlighted above.

Overall, the results of the audit indicate that health professionals from across the health economy are not consistently using the Interagency Referral Form or a risk assessment tool. There were concerns regarding the number of referrals faxed to Children's Services and also the number of referrals made by telephone and not followed up in writing. The report made seven recommendations.

Following the audit of health referrals into Multi-Agency Safeguarding Hub, it has been agreed that the Children Services lead for Multi-Agency Safeguarding Hub, the Designated Nurse (West and North Hampshire Clinical Commissioning Groups) and a Hampshire Safeguarding Children's Board representative will review the current referral form and develop a Safeguarding SAFE reference tool to help prompt professionals when making a referral. The proposed tool has been circulated to relevant health professionals and feedback has been collated with a view to implement the changes in quarter one (2018/19).

11.4 Hampshire Safeguarding Children Board – Joint Targeted Area Inspection Dry Run – Neglect

The Hampshire Safeguarding Children Board conducted a Joint Targeted Area Inspection dry run with a focus on children experiencing neglect. The 'dry run' identified some areas of learning for the partnership which was shared by the Hampshire Safeguarding Children Board. West Hampshire Clinical Commissioning Group led the co-ordination of the health response and supported providers in feeding back to the Hampshire Safeguarding Children's Board with regards to concerns which were identified related primarily to the timeframe for the audit.

12 Training

12.1 Hampshire Safeguarding Children Board Learning Lessons Workshops

The Designated Doctor and Designated Nurse (West and North Hampshire Clinical Commissioning Groups) developed and delivered a series of multi-agency learning lesson events across the county in 2017/18. The workshops had a focus on Sexual Abuse, Fabricated and Induced Illness and Understanding Unidentified Adults.

12.2 Hampshire Safeguarding Children Board Early Years Briefing

The Designated Nurse (West and North Hampshire Clinical Commissioning Groups) collaboratively developed and presented Abusive Head Trauma including the ICON work to a large group of early year's professionals in 2017/18.

The feedback from both the Learning Lessons Workshops and the Early Years Briefings is that professionals would like additional training regarding Fabricated and Induced Illness and the Designated Doctor and Designated Nurse (West and North Hampshire Clinical Commissioning Groups) have committed to developing and delivering this training in 2018/19.

12.3 Legal Masterclass

Following a health review which the Designated Doctor and Designated Nurse (West and North Hampshire Clinical Commissioning Groups) completed, a 'Legal Masterclass' was conducted on the 26th July 2017. Seventy-Six multi-agency professionals attended the Masterclass.

76% of delegates stated that the Masterclass would change the way that they work.

Delegates identified:

'Always clearly differentiate (and quote evidence if possible) what is fact and what opinion is. Consider risk factor and positive predictive values'

'Recognising what needs to be written that may be obvious to one agency that is not to another agency. It is OK to say that you cannot give an opinion/answer if you are unable /outside of expertise'.

Following the positive feedback and the request from delegates for more training, we have agreed that we will repeat the Legal Masterclass in 2018/19. This feedback and subsequent action was presented at the Clinical Commissioning Groups General Annual Meeting as a poster.

13 Safeguarding and Looked After Children team priorities (2018/19)

The focus for next year continues to be the health and wellbeing of our children, young people and their families. Their lived experience is important to us. Although the concept of "Adverse Childhood Experiences" and outcomes is not new, we recognise the harmful effects and the significance of reducing the levels of "Adverse Childhood Experiences" for children and young people. Therefore, we have strengthened the links with our adult safeguarding colleagues and the think family approach. We aim to continue to build on this concept which links into the Hampshire Safeguarding Children Board priorities, working closely with our partners to improve outcomes for children, young people and their families.

The key priorities for the CCGs in 2018/19 are as follows:

- Ensure compliance and implementation of the Children and Social Work Act (2017) across the five Clinical Commissioning Group areas
- Launch the commissioned work regarding ICON (Abusive Head Trauma) and evaluate the impact
- Align our priorities with the Safeguarding Children Board priorities, which are:
 - Family Approach
 - Strengthening our Assurance Programmes
 - Engagement
 - Leadership and Transformation (with reference to the incoming Working Together 2018)
- Explore and progress the work on understanding “Adverse Childhood Experiences”
- Strengthening the governance process across the five Hampshire Clinical Commissioning Groups

14 Conclusion

West Hampshire Clinical Commissioning Group continues to host the Safeguarding and Looked After Children’s service for the five Hampshire Clinical Commissioning Groups and there continues to be a robust system in place to provide updates and assurance to each Clinical Commissioning Group through quarterly and exception reporting.

A significant aspect of the Safeguarding and Looked After Children Team work is risk management. The report has demonstrated that the Clinical Commissioning Groups have good risk management systems in place to continually review and assess risks affecting children and young people.

Our work and success is dependent on close collaboration with colleagues within the provider sector and also with our multi-agency partners. The Safeguarding and Looked After Children Team continues to work closely with our partners to ensure that outcomes for children and families improve and we can evidence the positive impact from our innovations and workstreams. We are confident we have robust relationships with our partners across Hampshire and this will be strengthened throughout 2018/19 as we work together to implement the Children and Social Work Act 2017 and the underpinning statutory guidance included within the 2018 Working Together to Safeguarding Children.

Reference List

Children Act 1989

Children Act 2004

Children and Social Work Act 2017

Department for Education (2015). *Promoting the health and well-being of looked-after children. Statutory guidance for local authorities, clinical commissioning groups and NHS England.*

Hampshire Safeguarding Children Board (2017). *HSCB Annual Report 2016/17.*

HM Government (2015). *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children.*

NHS England (2015). *Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework.*

Royal College of Paediatrics and Child Health (2014). *Safeguarding children and young people: roles and competences for health care staff: Intercollegiate Document.*

Royal College of Paediatrics and Child Health (2015). *Looked after children: Knowledge, skills and competences of health care staff: Intercollegiate Role Framework.*

Office of National Statistics (2011). Available from:
<https://www.ons.gov.uk/census/2011census>

UK Caldicott Guardian Council (2017). *A Manual for Caldicott Guardians.*